



Intellectual & Developmental Disabilities Commission

January Special Meeting

Thursday, January 18

4:25-4:50pm

New Zoom Meeting link: <https://us06web.zoom.us/j/83887697863?pwd=eZMWun2xoroarbayuBQk0mykjWObu.1>

Phone Call-In: +1 301 715 8592 US (Washington DC)

Meeting ID: 838 8769 7863

Passcode: 887124

4:25 pm	Gathering	
4:30 pm	Welcome, Chair Quorum Determination Call to Order	Chair

	<p>Review of Today's Agenda</p> <p>Approval of December Meeting Minutes</p>	
4:40	<p>Presentation & Vote on Proposed Commission Letter for Bill 33-23</p> <p>There will be formal vote on the proposed letter for Bill 33-23 which has been put together based on extensive input from Commissioners over the past 3 months. Our deadline for submission of the letter is January 20th so this will be a final vote and the commission session is not intended for further discussion or input. If the letter is approved by a majority, it will be moved forward to the Joint Committees.</p>	Vice Chair
4:50	<p>Adjournment</p>	Chair

Meeting Accessibility Notice: Sign language interpreter services and other auxiliary aids or services will be provided upon request with as much advance notice as possible, preferably at least three (3) full business days before the meeting/event. To request any other reasonable accommodation or to advise us of any dietary considerations, please send a request to Ahmna.Khan@montgomerycountymd.gov. Taking these steps will help us have sufficient time to best meet your needs.

Dear Ms. Khandikile Sokoni,

Thank you for the opportunity to provide input on Montgomery County Bill 33-23 Voluntary Registry for Emergency 911 Calls. The new Montgomery County Intellectual and Developmental Disabilities Commission (IDDC) has carefully reviewed and discussed the Bill. The request by the Joint Committees to the IDDC was to weigh in on four specific questions and amendments and provide any other recommendations the IDDC Commission felt were important.

As part of the IDDC work on this matter, the Commissioners discussed various aspects of the Bill during its October and November 2023 meetings to collect input and questions from Commissioners. Additionally, a survey was sent out to all Commissioners to further clarify remaining questions and to afford additional opportunity for input. Numerous supporting documents and publications were available and reviewed¹. During the October 2023 IDDC meeting, Legislative Attorney Sokoni presented an overview of Bill 33-23. Both officer Reyes and Councilmember Luedtke participated both providing input and answering questions from the Commission. The Commission reviewed in its entirety the Bill 33-23 Staff package and all associated reports and public testimony, the full proceedings of the September 18, 2023, Joint Committees work session, and answers to Commissioner questions provided by Councilmember Luedtke's office.

The IDDC remains available for any further clarifications or follow-up the Joint Committees may desire. The IDDC is also available to provide input on any revisions to the Bill that are considered, or on operational aspects of the program. If the Bill is passed and program implemented, the IDDC requests a collaborative review with the Council and MCPD after the first year. We are grateful to Councilperson Dawn Luedtke and her team for their work in further support people with disabilities.

¹ #1-Bill 33-23 Staff Report Package, Dated September 14, 2023, submitted for PS/HHS#1 Worksession on September 18, 2023; #2-Video Link to Hearing Bill 23-33; Disability Rights Maryland, Health and Government Operations Committee, March 8, 2023, HB 1176-Voluntary 9-1-1 Registry for Individuals Needing Special Assistance; #3- International Association of Chiefs of Police, A Guide to Law Enforcement-Voluntary Registry Programs for Vulnerable Populations; #4- Commissioners Survey for Bill 33-23; Police Entrance Level Training Objectives Effective July 1, 2024 Approved by the Maryland Police Training and Standards Commission on October 4, 2023; #5 Memo from Office Councilmember Dawn Leudke, Bill 33-23, October 3, 2023; #6- Follow Up Questions Submitted on Bill 33-23 #7 – ARC MD Input Statement; #8 – People on the Go Input Statement

The IDDC appreciates the open and shared process afforded by the Joint Committees and MCPD on Bill 33-23, and looks forward to future opportunities to partner in benefit to people with disabilities.

Sincerely yours,

Michael D. Greenberg, MD
Chair, IDD Commission

John Whittle
Vice Chair, IDD Commission

Intellectual & Developmental Disabilities Commission

Input and Recommendations

There was extensive discussion by the full Commission on Bill 33-23 as a whole and with respect to the Joint Committees request for specific input on key questions and amendments

It was strongly felt that robust community outreach, including BIPOC communities, was important to ensure equity and afford all individuals with IDD the opportunity to benefit if the Bill were passed.

Enhancing police training on race and ethnicity sensitivity and ensuring additional widespread training on the Behaviors detailed in section 35-12 (b) 1 was emphasized collectively by the commissioners.

It was suggested that there be a vigorous program to include publicly available data collection metrics surrounding socioeconomic and race and ethnicity status. Additionally, metrics that look at outcomes stratified by those who register versus those who do not was suggested.

A number of commissioners proposed that the Behavior categories identified in Bill Section 35-12 (b) 1 should be re-written in person-first language with inclusion of a broader range of behaviors, to include those that better captured those with behavioral challenges or complex medical needs.

There was concern with respect to the ambiguity surrounding the fiscal impact of Bill 33-23. The formal fiscal impact study cited a 5 year cost of \$1.3 million. This figure differed from the presentation to the IDD Commission where the speakers felt it would be less. Some commissioners suggested clarifying with more precision the projected costs. There were some who felt that the same amount of money would have a bigger impact if used for other programs for those with IDD.

The following questions and proposed amendments were presented to the IDD Commission for input. The following summarizes the overall points raised collectively by the commissioners.

Question #1

Whether to recommend inclusion of a requirement for annual revalidation of registered

information?

Current Proposed Amendment

An amendment to state that the information provided by registrants would be automatically purged annually unless the registrant renews the registration.

IDD Commission Input:

Commissioners were divided on this issue. While some agreed with calling for annual revalidation others were opposed and felt this was not needed. There as a suggestion by to extend the renewal period from one year to two years. Other suggestions included ensuring formal notification to registrants before renewal. Some members felt that revalidation requirements could be guided by the age of the individual. There were questions raised regarding the counties capacity to ensure an effective renewal process.

Question #2.

Whether to recommend excluding public guardians from being able to register the people they serve as guardians into the registry

Current Proposed Amendment

An amendment requested by Disability Rights Maryland that provides that for purposes of this section, guardian does not include a court-appointed public guardian.

IDD Commission Input

While there were some differing opinions the prevalent opinion was that the guardian should not include a court appointed public guardian as proposed by DRM.

Question 3

Whether to recommend that the Council require an annual report from MCPD on program participation by geography and metrics measuring improvement in police interactions to monitor the effectiveness of the registry program in advancing RESJ as recommended in OLO's RESJ Impact Statement.

IDD Commission Input

There was a general opinion among commissioners in support of this recommendation.

4. *Current Proposed Amendment:*

An amendment to line 30 of Bill 33-22 as introduced to replace the term "Mental health disability" with the term "Behavioral health condition."

IDD Commission

There was significant discussion on this point with many commissioners pointing out that the two terms have different meanings. There was a suggestion that mental health” condition” replace “disability.” The primary recommendation was that the amendment be modified to include both terms.

Sincerely,

Michael D. Greenberg, MD
Chair, IDD Commission

John Whittle
Vice Chair, IDD Commission

Letter of Information

HB1176 – Voluntary 9-1-1 Registry for Individuals Needing Special Assistance

People on the Go of Maryland, Maryland's statewide self-advocacy organization ran for and by those with intellectual and/or developmental disabilities submits this letter of information to the Senate judicial proceedings committee for the consideration of HB1176 - Voluntary 9-1-1 Registry for Individuals Needing Special Assistance.

POG wants to start off by outlining the benefits of this legislation, which include:

- The 9-1-1 registry is voluntary.
- The information is not shared with outside entities only first responders.
- The information contained on an individual is deleted after two years if the individual, or family member fails to respond to attempts to renew their registration.
- Police would not have access to the registry during a traffic stop.

Although, there are pros to HB1176 here are the potential drawbacks of this legislation should it become law.

- No additional training is required in de-escalation for police and other first responders as part of this legislation. Individuals will be asked to disclose personal information about themselves, or their family members without demanding additional training. The mandatory in-service training is not currently adequate.
- More training is necessary to address issues of hidden bias and people with disabilities need to have a role in not only leading that training, but designing its curriculum.
- One concern with this legislation that POG foresees, but is not certain how to address. What happens if a person has a hidden disability, and they are in the situation, for example, like a traffic accident? Even though the police officer does not have access to the registry at that time, he or she could go back and access the registry in their jurisdiction, and if they find the individual involved is on the registry it could change their determination of who was or was not at fault for the accident.
- This legislation also makes no mention of how the individual's data will be protected. This is especially important if you are asking individuals to place not only their personal information like name, address, and characteristics but photographs potentially as well. We live in a time where hacking is rampant and entities like the Maryland Department of Health have been hacked before.

- At the suggestion of a POG self-advocate, POG recommends that language be added to enable an individual parent or guardian to remove themselves or their child from the registry at any time.
- How will the registry be monitored for overall effectiveness in increasing awareness about individuals with disabilities and their specific support needs? Currently, as far as POG is aware in the jurisdictions where these registries exist there is no mechanism for monitoring of their effectiveness. It POG's recommendation that entities like the Maryland Developmental Disabilities Council (DD Council), The Arc of Maryland, and whomever else The General Assembly may see fit to include be charged with the development of the survey. This survey could be conducted on an annual basis about the effectiveness of these registries in their applicable jurisdictions.
- POG recommends in lines 20 and 21 the phrase under penalty of perjury should be added when discussing the fact that an individual certifies they are the parent of a minor child or guardian of somebody with special needs. We see this as a necessary step towards protecting the rights of an individual with a disability otherwise a parent who does not in fact have guardianship may put an adult on a registry without the authority to do so.
- POG recommends that for anyone entering into residential services with a Developmental Disabilities Administration, or other applicable service provider disclose the fact that the 9-1-1 registry is voluntary and has to be discussed as part of their service agreement. This ensures that individuals and families are at the very least made aware that this is not something they have to participate in.
- The way this legislation is currently written it seems to be biased towards individuals with disabilities having a legal guardian. This may not always be the case, in the cases where this does not apply the individual with a disability should be required to legally attest in whatever way they are able. That they are making the choice to voluntarily place themselves on a 9-1-1 registry and that they understand the terms and conditions.
- This legislation does not take into account alternatives to guardianship. For example, a parent or guardian should utilize the principles of Supported Decision Making when discussing the registry with an individual. However, POG is not sure how to mandate this.

- Page 4, Line 32, New Line (G)(2) each local jurisdiction or local 9-1-1 call center shall contact the individual subject to the registry once they have reached 18 years of age to notify the individual that they are on the registry and may be removed upon request.
- (G)(3) An individual aged 18 years and older who is under guardianship and is placed on the registry shall receive notice of this fact, along with a copy of the information provided to 9-1-1 by the registrant.
- (G)(4) An individual aged 18 years and older who is under guardianship may remove themselves from the registry upon request.

In closing POG recognizes the steps that advocates have taken to make this legislation meet the needs that families have expressed while protecting the rights of the individual. However, we strongly advise that this language be added if not to this bill, then before any future expansion of this legislation is considered. Moreover, even though it is explicitly stated in this legislation as it currently exists POG wishes to make the point that one of the concerns that we hold is that by having legislation of this type in the state a future general assembly, or other entity may decide that something like this should be mandatory for individuals with disabilities. This should always be a choice and carefully monitored and it is with that understanding that POG feels that this legislation in its current form is the best for the goals outlined within. Thank you for your time and attention to this matter. Should you have any questions please contact Mat Rice.

Additions to the Letter of Information

People On the Go (POG) wishes to acknowledge the attempts by the House Health and Government Operations Committee to make House Bill 1176 (HB1176) better. Our members appreciate the removal of the term special needs throughout the legislation as many of our members consider such language, antiquated and offensive. We also appreciate the need for a mandatory report looking at the impact of registries of this type these programs should HB1176 become law. However, where we are concerned is that the reporting requirement is delayed until 2028, which means that 9-1-1 registries would be active for almost five years with no real monitoring. Additionally, we acknowledge the importance of the house decision to adapt language which would

prevent a public guardian of an individual that is appointed by the court from placing the person on the registry in their jurisdiction. However, language still needs to be added to the attestation requirement which requires an individual which would require someone not under guardianship to sign for themselves either by signature, name stamps, or other accommodation which says that they are the one choosing to be on a registry.

Returning to the topic of the individual under are required guardianship the house has not excepted POG's suggestions that language be adopted states under the penalty of perjury an individual must certify that they are the legal guardian of the individual with a disability. This is necessary because POG is aware that parents of people with disabilities who may not be under guardianship often say they are the guardian of the individual in question. This has also come up in discussion when discussing this bill with provider advocates.. Therefore, we would also suggest that some sort of proof of guardianship in the form of documentation be required.

Some advocates will say that the HIPAA law which protects an individual private health information is adequate. POG is not certain that this law could even be applied to HB1176, as the laws original intent was to protect the individual's healthcare information for themselves with their healthcare providers. Even if that is the case many individuals with disabilities are not aware of this law nor would they be aware that a parent or other supporter has put them on a registry without consulting unless these provisions we have requested are required. Even this may not prevent some individuals from having their rights violated if this legislation becomes law. Furthermore, we are providing a hyperlink <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7883355/>, this is to an article which outlines issues with HIPAA and we also recommend the Senate Adapt Language which would give jurisdictions the choice as to whether or not to enact programs of this type. This is because the relationship between police and the community will not look the same in each county within Maryland and in some cases has been more antagonistic. We would recommend that this be left up to the jurisdiction to decide and at minimum HB1176 could provide the standards that a jurisdiction is required to follow should they decide to undertake one of these programs.

We are attaching to our testimony a white paper developed by The Arc of the United States. We are not stating what their position is, that is up to the interpretation of the reader. However, this publicly available document makes some highly effective points that legislatures should consider before enacting laws of this type. In our initial letter of information POG agreed that the house adopt this language, and that we support the version as amended. However, at this time we strongly recommend that the Senate undertake the changes we have suggested. Regardless people on the go will work with the advocates should this bill become law..

POG had the opportunity to attend Kennedy Krieger Institutes Neurodiversity in the

Workplace Conference in Washington, D.C. Haben Girma, Human Rights Lawyer and Author was one of the keynote speakers at the conference and POG was able to ask her opinion of registries like this. Haben brought up the point that since she's not from Maryland, but if she wanted to visit and she needed to interact with first responders her fear was that she would be treated differently because she would not be able to access the registry since she is from out-of-state. This scenario brings up the point that if an individual chooses not to be on a registry they may be treated differently by first responders or even disrespected. Also, Haben is deaf and blind, and she has become a lawyer who graduated from Harvard Law, POG feels this is an important point to make because many of the advocates will say they need this bill to become law because some people can't communicate, but you have someone like Haben Girma who can communicate, it's all about the expectations set forth for people, we also must remember that when we enact laws that is not only for the present time, but for the future laws may not be perfect but must ensure we do all that we can to make sure that people get equal treatment.

Sincerely,

Mat Rice

Executive Director

People On the Go of Maryland mat@pogmd.org

Bill 33-23 Commissioner Input

We are asking all commissioners to provide their opinions and formal input to each of the key questions being asked of the Commission related to Bill 33-23. This input will be incorporated into a draft letter by the Vice Chair (John) and then recirculated to everyone along with the responses used to prepare the letter. Finally there will be an open, public meeting for all interested commissioners to discuss the initial draft. A final letter will then be drafted and presented at the December Commission meeting.

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Commissioner Name

test.....

QUESTION: Whether to recommend inclusion of a requirement for annual revalidation of registered information?

Current Proposed Amendment::

An amendment to state that the information provided by registrants would be automatically purged annually unless the registrant renews the registration.

.....

QUESTION: Whether to recommend excluding public guardians from being able to register the people they serve as guardians into the registry

Current Proposed Amendment:

An amendment requested by Disability Rights Maryland that provides that for purposes of this section, guardian does not include a court-appointed public guardian

.....

QUESTION: Whether to recommend that the Council require an annual report from MCPD on program participation by geography and metrics measuring improvement in police interactions to monitor the effectiveness of the registry program in advancing RESJ as recommended in OLO’s RESJ Impact Statement

Current Proposed Amendment:

An amendment to line 30 of Bill 33-22 as introduced to replace the term “[[Mental health disability]]” with the term “Behavioral health condition”

Provide input on any other area of Bill 33-23 that you feel important.

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Commissioner Name

Ervin

QUESTION: Whether to recommend inclusion of a requirement for annual revalidation of registered information?

Current Proposed Amendment::

An amendment to state that the information provided by registrants would be automatically purged annually unless the registrant renews the registration.

No objection.

QUESTION: Whether to recommend excluding public guardians from being able to register the people they serve as guardians into the registry

Current Proposed Amendment:

An amendment requested by Disability Rights Maryland that provides that for purposes of this section, guardian does not include a court-appointed public guardian

So, a public guardian may enter people for whom they are appointed guardian into the registry; however, "private" guardians may not? I would object to this. Public policy distinguishing guardianship type is ill-advised.

QUESTION: Whether to recommend that the Council require an annual report from MCPD on program participation by geography and metrics measuring improvement in police interactions to monitor the effectiveness of the registry program in advancing RESJ as recommended in OLO’s RESJ Impact Statement

No objection.

Current Proposed Amendment:

An amendment to line 30 of Bill 33-22 as introduced to replace the term “[[Mental health disability]]” with the term “Behavioral health condition”

This should not be framed as either mental health or behavioral health condition. I have raised this issue in testimony. Suggested language is mental and/or behavioral health condition.

Provide input on any other area of Bill 33-23 that you feel important.

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Bill 33-23 Commissioner Input

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Commissioner Name

Stephen Riley

QUESTION: Whether to recommend inclusion of a requirement for annual revalidation of registered information?

Current Proposed Amendment::

An amendment to state that the information provided by registrants would be automatically purged annually unless the registrant renews the registration.

Oppose

QUESTION: Whether to recommend excluding public guardians from being able to register the people they serve as guardians into the registry

Current Proposed Amendment:

An amendment requested by Disability Rights Maryland that provides that for purposes of this section, guardian does not include a court-appointed public guardian

Oppose

QUESTION: Whether to recommend that the Council require an annual report from MCPD on program participation by geography and metrics measuring improvement in police interactions to monitor the effectiveness of the registry program in advancing RESJ as recommended in OLO’s RESJ Impact Statement

Oppose

Current Proposed Amendment:

An amendment to line 30 of Bill 33-22 as introduced to replace the term “[[Mental health disability]]” with the term “Behavioral health condition”

Support

Provide input on any other area of Bill 33-23 that you feel important.

No

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Commissioner Name

Rick Callahan

QUESTION: Whether to recommend inclusion of a requirement for annual revalidation of registered information?

Current Proposed Amendment::

An amendment to state that the information provided by registrants would be automatically purged annually unless the registrant renews the registration.

I agree

QUESTION: Whether to recommend excluding public guardians from being able to register the people they serve as guardians into the registry

Current Proposed Amendment:

An amendment requested by Disability Rights Maryland that provides that for purposes of this section, guardian does not include a court-appointed public guardian

I agree

QUESTION: Whether to recommend that the Council require an annual report from MCPD on program participation by geography and metrics measuring improvement in police interactions to monitor the effectiveness of the registry program in advancing RESJ as recommended in OLO’s RESJ Impact Statement

I agree

Current Proposed Amendment:

An amendment to line 30 of Bill 33-22 as introduced to replace the term “[[Mental health disability]]” with the term “Behavioral health condition”

I think it should include both

Provide input on any other area of Bill 33-23 that you feel important.

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Commissioner Name

jenn lynn.....

QUESTION: Whether to recommend inclusion of a requirement for annual revalidation of registered information?

Current Proposed Amendment::

An amendment to state that the information provided by registrants would be automatically purged annually unless the registrant renews the registration.

Agree.....

QUESTION: Whether to recommend excluding public guardians from being able to register the people they serve as guardians into the registry

Current Proposed Amendment:

An amendment requested by Disability Rights Maryland that provides that for purposes of this section, guardian does not include a court-appointed public guardian

I think this option should be available to all adults regardless of their guardianship status or not. This is up to the individuals and is voluntary. However if an individual is behavioral and nonverbal and possibly dangerous, I think that information is important for safe interactions during crisis situations. This information would be critical.

QUESTION: Whether to recommend that the Council require an annual report from MCPD on program participation by geography and metrics measuring improvement in police interactions to monitor the effectiveness of the registry program in advancing RESJ as recommended in OLO's RESJ Impact Statement

agree with data collection.

Current Proposed Amendment:

An amendment to line 30 of Bill 33-22 as introduced to replace the term "[[Mental health disability]]" with the term "Behavioral health condition"

We should use both behavioral and mental health, as well as I/DD

Provide input on any other area of Bill 33-23 that you feel important.

Thanks for including me.

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Bill 33-23 Commissioner Input

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Commissioner Name

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QUESTION: Whether to recommend excluding public guardians from being able to register the people they serve as guardians into the registry

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QUESTION: Whether to recommend that the Council require an annual report from MCPD on program participation by geography and metrics measuring improvement in police interactions to monitor the effectiveness of the registry program in advancing RESJ as recommended in OLO’s RESJ Impact Statement

Current Proposed Amendment:

An amendment to line 30 of Bill 33-22 as introduced to replace the term “[[Mental health disability]]” with the term “Behavioral health condition”

Provide input on any other area of Bill 33-23 that you feel important.

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Bill 33-23 Commissioner Input

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Commissioner Name

Lisa Lorraine

QUESTION: Whether to recommend inclusion of a requirement for annual revalidation of registered information?

Current Proposed Amendment::

An amendment to state that the information provided by registrants would be automatically purged annually unless the registrant renews the registration.

I would recommend this every two years (not annually) - and that registrants will be automatically notified every two years.

QUESTION: Whether to recommend excluding public guardians from being able to register the people they serve as guardians into the registry

Current Proposed Amendment:

An amendment requested by Disability Rights Maryland that provides that for purposes of this section, guardian does not include a court-appointed public guardian

I trust DRM's recommendation on this, and therefore support the amendment.

QUESTION: Whether to recommend that the Council require an annual report from MCPD on program participation by geography and metrics measuring improvement in police interactions to monitor the effectiveness of the registry program in advancing RESJ as recommended in OLO's RESJ Impact Statement

I don't believe that an annual report in itself will actually effect changes for underserved communities. In my opinion, what is needed is additional outreach to traditionally underserved communities. However, an annual report is the only way to track the metrics and see who is participating, etc., so for that reason, I do recommend this requirement.

Current Proposed Amendment:

An amendment to line 30 of Bill 33-22 as introduced to replace the term "[[Mental health disability]]" with the term "Behavioral health condition"

Recommend using both of these terms in the amendment: "Mental health condition and/or Behavioral health condition"

Provide input on any other area of Bill 33-23 that you feel important.

Without additional outreach to underserved communities and without specific training to officers on the intersection between disability and race/ethnicity, it is likely that this bill will only benefit those "in the know" (typically higher socio-economic, more well-educated, predominantly white people). This bill could then lead to an increase in positive police interactions that occur within the "in the know" communities, leading to greater disparities for people of color with disabilities.

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Bill 33-23 Commissioner Input

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Commissioner Name

Carmen Zahra

QUESTION: Whether to recommend inclusion of a requirement for annual revalidation of registered information?

Current Proposed Amendment::

An amendment to state that the information provided by registrants would be automatically purged annually unless the registrant renews the registration.

Agree to annual revalidation/renewal.

QUESTION: Whether to recommend excluding public guardians from being able to register the people they serve as guardians into the registry

Current Proposed Amendment:

An amendment requested by Disability Rights Maryland that provides that for purposes of this section, guardian does not include a court-appointed public guardian

Agree to excluding court-appointed public guardians.

QUESTION: Whether to recommend that the Council require an annual report from MCPD on program participation by geography and metrics measuring improvement in police interactions to monitor the effectiveness of the registry program in advancing RESJ as recommended in OLO's RESJ Impact Statement

Agree to requiring annual report on effectiveness of registry program.

Current Proposed Amendment:

An amendment to line 30 of Bill 33-22 as introduced to replace the term "[[Mental health disability]]" with the term "Behavioral health condition"

Agree.

Provide input on any other area of Bill 33-23 that you feel important.

If possible, it would be important to research how to pinpoint and include cell phone locations for a future registry. Many eligible participants have emergencies outside of the home and when calling the emergency line, their critical information will not appear unless at the specific location listed.

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Bill 33-23 Commissioner Input

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Commissioner Name

Jamie Doyle

QUESTION: Whether to recommend inclusion of a requirement for annual revalidation of registered information?

Current Proposed Amendment::

An amendment to state that the information provided by registrants would be automatically purged annually unless the registrant renews the registration.

I would support this only if: 1) revalidation does not involve manually entering all of the same information again and is only a click of a button, or 2) if the revalidation requirement was instead bounded by age (annually for individuals who are 16+, every 5 years for ages 2 to 5, etc). Parents of younger children with IDD's are swamped with therapies, paperwork, IEP meetings and the like. It's a part-time job. Remembering to annually revalidate for a service that a 2 year old or 3 year old may not ever need is low on the list of priorities. It makes more sense for teens and older who may have more interactions with first responders to have an annual requirement. Older kids and adults also tend to have fewer therapy demands than younger kids and may have a higher probability of needing to interact with a first responder.

QUESTION: Whether to recommend excluding public guardians from being able to register the people they serve as guardians into the registry

Current Proposed Amendment:

An amendment requested by Disability Rights Maryland that provides that for purposes of this section, guardian does not include a court-appointed public guardian

Ok

QUESTION: Whether to recommend that the Council require an annual report from MCPD on program participation by geography and metrics measuring improvement in police interactions to monitor the effectiveness of the registry program in advancing RESJ as recommended in OLO’s RESJ Impact Statement

Absolutely

Current Proposed Amendment:

An amendment to line 30 of Bill 33-22 as introduced to replace the term “[[Mental health disability]]” with the term “Behavioral health condition”

Provide input on any other area of Bill 33-23 that you feel important.

This content is neither created nor endorsed by Google.



Bill 33-23 Commissioner Input

We are asking all commissioners to provide their opinions and formal input to each of the key questions being asked of the Commission related to Bill 33-23. This input will be incorporated into a draft letter by the Vice Chair (John) and then recirculated to everyone along with the responses used to prepare the letter. Finally there will be an open, public meeting for all interested commissioners to discuss the initial draft. A final letter will then be drafted and presented at the December Commission meeting.

All Commissioner responses will be part of the formal public record, included with meeting minutes and provided to our Vice Chair and all other commissioners to ensure transparency.

Commissioner Name

Yvonne VanLowe

QUESTION: Whether to recommend inclusion of a requirement for annual revalidation of registered information?

Current Proposed Amendment::

An amendment to state that the information provided by registrants would be automatically purged annually unless the registrant renews the registration.

I am not in favor of purging registrants information annually without a formally documented and implemented plan to notify registrants that they need to renew.

QUESTION: Whether to recommend excluding public guardians from being able to register the people they serve as guardians into the registry

Current Proposed Amendment:

An amendment requested by Disability Rights Maryland that provides that for purposes of this section, guardian does not include a court-appointed public guardian

I am not in favor of this amendment

QUESTION: Whether to recommend that the Council require an annual report from MCPD on program participation by geography and metrics measuring improvement in police interactions to monitor the effectiveness of the registry program in advancing RESJ as recommended in OLO's RESJ Impact Statement

Absolutely!!!

Current Proposed Amendment:

An amendment to line 30 of Bill 33-22 as introduced to replace the term "[[Mental health disability]]" with the term "Behavioral health condition"

Let's expand the language to be as inclusive as possible - include both terms.

Provide input on any other area of Bill 33-23 that you feel important.

I support the bill.

This content is neither created nor endorsed by Google.



Bill 33-23 Commissioner Input

We are asking all commissioners to provide their opinions and formal input to each of the key questions being asked of the Commission related to Bill 33-23. This input will be incorporated into a draft letter by the Vice Chair (John) and then recirculated to everyone along with the responses used to prepare the letter. Finally there will be an open, public meeting for all interested commissioners to discuss the initial draft. A final letter will then be drafted and presented at the December Commission meeting.

All Commissioner responses will be part of the formal public record, included with meeting minutes and provided to our Vice Chair and all other commissioners to ensure transparency.

Commissioner Name

Natori Green

QUESTION: Whether to recommend inclusion of a requirement for annual revalidation of registered information?

Current Proposed Amendment::

An amendment to state that the information provided by registrants would be automatically purged annually unless the registrant renews the registration.

Not recommend inclusion of a requirement for annual revalidation of registered information

QUESTION: Whether to recommend excluding public guardians from being able to register the people they serve as guardians into the registry

Current Proposed Amendment:

An amendment requested by Disability Rights Maryland that provides that for purposes of this section, guardian does not include a court-appointed public guardian

Recommend excluding public guardians from being able to register the people they serve as guardians into the registry

QUESTION: Whether to recommend that the Council require an annual report from MCPD on program participation by geography and metrics measuring improvement in police interactions to monitor the effectiveness of the registry program in advancing RESJ as recommended in OLO’s RESJ Impact Statement

Recommend that the Council require an annual report from MCPD on program participation by geography and metrics measuring improvement in police interactions to monitor the effectiveness of the registry program in advancing RESJ as recommended in OLO’s RESJ Impact Statement

Current Proposed Amendment:

An amendment to line 30 of Bill 33-22 as introduced to replace the term “[[Mental health disability]]” with the term “Behavioral health condition”

No

Provide input on any other area of Bill 33-23 that you feel important.

If there will be annual revalidation of registered information, to send notification to participants about revalidating.

This content is neither created nor endorsed by Google.



Bill 33-23 Commissioner Input

We are asking all commissioners to provide their opinions and formal input to each of the key questions being asked of the Commission related to Bill 33-23. This input will be incorporated into a draft letter by the Vice Chair (John) and then recirculated to everyone along with the responses used to prepare the letter. Finally there will be an open, public meeting for all interested commissioners to discuss the initial draft. A final letter will then be drafted and presented at the December Commission meeting.

All Commissioner responses will be part of the formal public record, included with meeting minutes and provided to our Vice Chair and all other commissioners to ensure transparency.

Commissioner Name

Justin Hack

QUESTION: Whether to recommend inclusion of a requirement for annual revalidation of registered information?

Current Proposed Amendment::

An amendment to state that the information provided by registrants would be automatically purged annually unless the registrant renews the registration.

I do think their registrants registration should expire annually, they should stay active unless they unenroll their selves. That's a lot of extra on a person who is already dealing with a lot to remember to reenroll annually.

QUESTION: Whether to recommend excluding public guardians from being able to register the people they serve as guardians into the registry

Current Proposed Amendment:

An amendment requested by Disability Rights Maryland that provides that for purposes of this section, guardian does not include a court-appointed public guardian

Guardians should included court appointed guardians , for some people that's the only person they have that cares for them.

QUESTION: Whether to recommend that the Council require an annual report from MCPD on program participation by geography and metrics measuring improvement in police interactions to monitor the effectiveness of the registry program in advancing RESJ as recommended in OLO's RESJ Impact Statement

Yes always recommend a report to see how effective the bill is.

Current Proposed Amendment:

An amendment to line 30 of Bill 33-22 as introduced to replace the term "[[Mental health disability]]" with the term "Behavioral health condition"

Yes

Provide input on any other area of Bill 33-23 that you feel important.

This content is neither created nor endorsed by Google.





December 18, 2023

The Honorable Councilmember Dawn Luedtke
Montgomery County Council

Via Electronic Facsimile

RE: Comments on Montgomery County Council Bill 33-23 Voluntary Registration for 911

Dear Ms. Luedtke:

On behalf of the Commission for People with Disabilities I am writing to follow up on our previous correspondence and comments on Montgomery County Council Bill 33-23 Voluntary Registration for 911. We would like to thank you for visiting the Commission and appreciated the additional information provided to help us to determine if we might change our position as stated in the Commission's letter on October 30, 2023. After careful consideration of our discussion and the information provided we remain steadfast in our significant concerns about the ability to safeguard this information, the cost to maintain the accuracy of the information, and the danger first responders may face if the information is not accurate. Therefore, the Commission does not support voluntary registration for 911 as we stated in the October 30, 2023, letter.

The Commission continues to believe that County should spend the proposed funding of Bill 33-23 on training first responders would better serve the needs and improve interactions with persons with disabilities in all types of emergency situations. This training would help first responders remain current on the best way to manage situations where people with disabilities are on the scene whether in their home or in the community. In addition, this training would benefit every person who has a disability in an emergency whether on a list or not. We believe additional training will better prepare first responders for any situation they may face without operating on assumptions provided from a database where the information may no longer be valid and it could put first responders at risk because of this misinformation.

We recommend that the County direct any leftover funding to continued support for the Developmental Disability Supplement. In addition, increased support for more services for transitioning youth, mental and behavioral health services for younger children and teens with disabilities including co-occurring disabilities.

The Commission is willing to assist in the development of any training programs for first responders to effectively respond in an emergency when people who have a temporary or permanent disability are present.

Respectfully,

Patricia A. Gallalee, Chair

c: Dr. Patrice McGhee, Chief, Aging and Disability Services

MEMORANDUM

September 14, 2023

TO: Public Safety Committee
Health & Human Services Committee

FROM: Khandikile Sokoni, Legislative Attorney

SUBJECT: Bill 33-23, Police – Voluntary Registry for Emergency 911 Calls – Established

PURPOSE: Committee Worksession – recommendation vote expected

EXPECTED/INVITED ATTENDEES:

- Elaine Bonner-Tompkins, Senior Legislative Analyst, Office of Legislative Oversight
- Officer Laurie Reyes, Montgomery County Police Department (MCPD), Autism/IDD/Dementia Lead.
- Earl Stoddard, Assistant Chief Administrative Officer, Office of the County Executive
- Luke J. Hodgson, Director Office of Emergency Management and Homeland Security
- Patrice L. McGhee, Chief, Aging & Disability Services, Montgomery County Department of Health and Human Services
- Interim Fire Chief John Kinsley, Montgomery County Fire & Rescue Service

Bill 33-23, Police – Voluntary Registry for Emergency 911 Calls – Established, whose lead sponsor is Councilmember Luedtke, and which is co-sponsored by Councilmember Stewart, Council President Glass, Council Vice-President Friedson, and Councilmembers Albornoz, Katz and Fani-Gonzalez, was introduced on July 25, 2023. A public hearing was held on September 12, 2023, and a joint committee worksession before the Public Safety Committee and the Health and Human Services Committee is scheduled for September 18, 2023.

Bill 33-23 seeks to establish a voluntary registry for emergency 911 calls to enable the public to opt into providing specified personal and medical information that could assist emergency responders responding to a 911 call.

BACKGROUND.

As more fully outlined in the Lead Sponsor, Councilmember Luedtke’s memorandum to Council¹, similar programs exist in other jurisdictions and aim to assist emergency responders provide appropriate response especially for persons with special needs or other health conditions. Legislation failed in the State Assembly, but individual jurisdictions have implemented similar voluntary registries. Howard County implemented its voluntary registry as a program without being legislated.

¹ ©4. Bill 33-23 was originally tentatively scheduled for introduction on July 18th.

BILL SPECIFICS

The registry contemplated by Bill 33-23 concerns all kinds of 911 emergency calls including ones where the emergency responders might be fire department or police officers. The Bill defines a First Responder as follows:

***First Responder** means an individual dispatched to assist a member of the public through a 9-1-1 system. It includes an individual who provides police, fire fighting, emergency medical services or mobile crisis response. © 2.*

Bill 33-23 would allow individuals or caregivers to voluntarily pre-register to alert emergency responders that someone residing at a specific address may have any of the following conditions that could potentially impact the emergency response:

(1) Behaviors:

- (i) Nonspeaking or the user of a communication device;
- (ii) Sensitive to loud sounds;
- (iii) Sensitive to bright lights;
- (iv) Sensitive to touch;
- (v) Delayed with response times;
- (vi) Prone to avoid eye contact;
- (vii) Unaware of danger; or
- (viii) Prone to wander or elope.

(2) Diagnoses or traits:

- (i) Blind or low vision;
- (ii) Deaf or hard of hearing;
- (iii) Wheelchair user;
- (iv) Alzheimer's or dementia;
- (v) Autism;
- (vi) ~~[[Mental health disability]]~~ Behavioral health condition²;
- (vii) Intellectual disability;
- (viii) Physical disability; or
- (ix) Developmental disability.

There would be no fee for registering and the onus of updating the information would lie with the registrant.

Bill 33-23 specifically provides that participation in the voluntary emergency call registry under this section does not create a private cause of action by any person. This provision is included for added clarity of existing law. Immunity of first responders against liability is a subject extensively addressed in Maryland statutory and case law and this Bill stays clear of that. For instance, Section

² There is a proposed amendment addressed later in this memo seeking to replace the term "Mental health disability" at line 30 of the bill as introduced with "Behavioral health condition."

5-603(a) of Maryland's Good Samaritan Act provides that a person is entitled to immunity under the statute is not civilly liable for any act or omission in giving any assistance or medical care, if: (1) The act or omission is not one of gross negligence; (2) The assistance or medical care is provided without fee or other compensation; and (3) The assistance or medical care is provided: (i) At the scene of an emergency; (ii) In transit to a medical facility; or (iii) Through communications with personnel providing emergency assistance. *Coit v. Nappi*, 248 Md. App. 44, 239 A.3d 824, 2020 Md. App. LEXIS 949.

Section 5-603(b) of the Good Samaritan Act provides that the immunity provided in subsection (a) of the statute applies to several categories of people, including "[a] member of any State, county, municipal, or volunteer fire department, ambulance and rescue squad, or law enforcement agency, the National Ski Patrol System, or a corporate fire department responding to a call outside of its corporate premises, if the member [satisfies other conditions.]"³ Section 5-604[(a)] of the Fire & Rescue Companies Act provides: "Notwithstanding any other provision of law, except for any willful or grossly negligent act, a fire company or rescue company, and the personnel of a fire company or rescue company, are immune from civil liability for any act or omission in the course of performing their duties"⁴.

The bill further provides that the Department must provide information to the public about the program and inform the public about how to register for the program.

Bill 33-23 also requires that "any individual adult, parent or legal guardian of a minor, or individual with guardianship of an adult who opts to provide information for the registry must use the form provided by the Department, certify to the accuracy of the information provided and agree to notify the Department of any changes. In this regard, it is important to note that for minors, a guardian is typically a parent or other adult who may or may not have a court order authorizing custody over the child. However, for adults (i.e. persons above the age of 18), if they have special needs and are not able to make decisions on their own behalf, there may be a court-appointed guardian. There are two kinds of such guardians – a guardian of the person who makes decisions about personal care or a guardian of the property who is charged with making financial decisions. In the context of this bill, when we speak of someone having "guardianship of an adult" we are talking about a guardian of the person."⁵ There is a proposed amendment which is discussed later in this report, seeking to limit the ability of agency guardians to register someone in this voluntary registry.

A decision point for this joint committee, as more fully outlined later in this report under proposed amendments, is whether to provide a restriction that prevents "public guardians" from being able to register people under their care in the registry or leave that matter to the Courts that already oversee all guardianships. There may be administrative considerations for the Department to address in terms of how such a restriction would be monitored and implemented. Please note that this restriction was included in the State Bill even though the Bill itself was ultimately not enacted by the State Assembly.

³ Id.

⁴ Id.

⁵ See [Guardianship and Its Alternatives: A Handbook on Maryland Law](#) Joan O'Sullivan, J.D., Virginia Rowthorn, J.D. Ellen A. Callegary, J.D., *Guardianship and Its Alternatives: A Handbook on Maryland Law*, 2011 Edition Co Editors; A Joint Publication of the University of Maryland Francis King Carey School of Law's Law & Health Care Program and the Maryland State Bar Association.

SUMMARY OF IMPACT STATEMENTS

In its Economic Impact Statement dated August 2, 2023, OLO states that it anticipates that Bill 33-23 would have an insignificant impact on economic conditions in the County in terms of the Council's priority indicators. © 2.

The Office of Legislative Oversight (OLO) issued a Racial Equity and Social Justice (RESJ) Impact Statement dated August 15, 2023,⁶ which concluded that the anticipated RESJ impact of Bill 33-23 is indeterminant as there is insufficient information to estimate the potential demographics of voluntary registry participants in the County by race and ethnicity and insufficient evidence on the effectiveness of law enforcement registries to improve law enforcement interactions for people with disabilities in general and Black, Indigenous, and Other People of Color (BIPOC) with disabilities in particular. OLO does point out that due to historical distrust between BIPOC communities and law enforcement, there could be racial and ethnic disparities in program participation.

OLO offers one policy option for discussion and consideration:

“Target outreach on voluntary registry to BIPOC constituents and require annual report for voluntary registry program. Because of established distrust with law enforcement, BIPOC communities may be less likely to participate in the voluntary registry. To address this, resources can be devoted to conducting targeted outreach in BIPOC communities with culturally and linguistically appropriate strategies that meet BIPOC constituents where they are. Metrics could also be established in collaboration with local disability rights groups to evaluate the registry's effectiveness in improving police interactions among BIPOC with disabilities – this could include data on response protocols used at flagged addresses by officers within the I/DD unit and MCPD at large. The Council could require an annual report from MCPD on program participation by geography and metrics measuring improvement in police interactions to monitor the effectiveness of the registry program in advancing RESJ.” © 15.

The Fiscal Impact Statement (©17) from the Office of Management and Budget anticipates the following fiscal impact:

- Expenditures could increase by up to \$89,906 in FY25. Over the six-year period, expenditures are expected to total \$1,301,911. There is no anticipated impact on revenues.
- A Program Manager I would be needed to facilitate the creation of the registry. Costs for this position in FY25 are \$89,906 increasing to \$94,401 in FY26 and in each year thereafter. The position would be responsible for entering existing and any new names into the registry, which aligns with the classification of the Department's Sexual Offender Registry position. Additionally, this position will determine whether behavioral health issues meet the threshold of the conditions described in the legislation and whether these conditions warrant inclusion in the registry.

⁶ ©14

- Operating expenditures in FY25 are \$240,000 and \$100,000 annually thereafter to support the implementation and maintenance needed to accompany the registry creation, including servers for redundancy.
- Information Technology Impact: As the registry requires the creation and maintenance of a shared database that will need to have internal and external access with Emergency 911 call centers from neighboring jurisdictions, there will be some impact on the County Information Technology (IT) or Enterprise Resource Planning (ERP) systems.

SUMMARY OF PUBLIC HEARING TESTIMONY

Six people testified at the public hearing on September 12, 2023. The written statements submitted in connection with the public hearing testimony are included at © 22.

In addition to the public testimony, Councilmember Jawando has submitted a letter outlining his position on Bill 33-23. © 19

We have invited subject matter experts from the respective departments including Fire and Rescue Service, MCPD and the Department of Health and Human Services to address some of the issues presented.

PROPOSED AMENDMENTS

Councilmember Luedtke is proposing three amendments to the bill as introduced:

Proposed Amendment #1:

An amendment to state that the information provided by registrants would be automatically purged annually unless the registrant renews the registration.

This amendment would entail adding subsections:

“(f) Each registrant must annually confirm whether the registered individual will remain on the registry and, if so, whether the information on the registered individual is correct.”

“(g) If a registrant does not update or validate information on the registry after one year, the registered individual may be removed from the registry.”

Proposed Amendment #2:

An amendment requested by Disability Rights Maryland (© 35) that provides that for purposes of this section, guardian does not include a court-appointed **public** guardian as defined under Md. Code Ann., Estates and Trusts.

Proposed Amendment #3:

An amendment to line 30 of Bill 33-22 as introduced to replace the term “[Mental health disability]” with the term “[Behavioral health condition]”

DECISION POINTS FOR THIS JOINT COMMITTEE

1. Whether to recommend inclusion of a requirement for annual revalidation of registered information.
2. Whether to recommend excluding public guardians from being able to register the people they serve as guardians into the registry.
3. Whether to recommend that the Council require an annual report from MCPD on program participation by geography and metrics measuring improvement in police interactions to monitor the effectiveness of the registry program in advancing RESJ as recommended in OLO’s RESJ Impact Statement.
4. Whether to recommend enactment of the bill as introduced or whether to adopt the proposed amendments.

This packet contains:

	<u>Circle #</u>
Bill 33-23	© 1
Memo from Councilmember Luedtke to Council	© 4
Economic Impact Statement	© 6
Climate Assessment	© 9
Racial Equity & Social Justice Impact Statement (RESJ)	© 12
Fiscal Impact Statement	© 17
Letter from Councilmember Jawando	© 19
Public Testimony	
Jewish Community Relations Council	© 22
Jeneva Stone	© 23
Jenn Lynn	© 25
Silver Spring Justice Coalition	© 28
Howard County Autism Society	© 32
Statement from Officer Laurie Reyes ⁷	© 33
Disability Rights Maryland Statement ⁸	© 34

⁷ Montgomery County Police Department (MCPD), Autism/IDD/Dementia Lead

⁸ This Statement was originally presented to the State Assembly.

Bill No. 33-23
Concerning: Police – Voluntary Registry
for Emergency 911 Calls - Establish
Revised: 7/7/2023 Draft No. 2
Introduced: July 25, 2023
Expiration: December 7, 2026
Enacted: _____
Executive: _____
Effective: _____
Sunset Date: None
Ch. _____, Laws of Mont. Co. _____

COUNTY COUNCIL FOR MONTGOMERY COUNTY, MARYLAND

Lead Sponsor: Councilmember Luedtke
Co-Sponsors: Councilmember Stewart, Council President Glass, Council Vice-President
Friedson, Councilmember Alborno and Councilmember Katz

AN ACT to:

- (1) establish a voluntary registry for emergency 911 calls; and
- (2) generally amend the law regarding emergency response, policing and law enforcement.

By enacting

Montgomery County Code
Chapter 35
Section 35-12

Boldface	<i>Heading or defined term.</i>
<u>Underlining</u>	<i>Added to existing law by original bill.</i>
[Single boldface brackets]	<i>Deleted from existing law by original bill.</i>
<u>Double underlining</u>	<i>Added by amendment.</i>
[[Double boldface brackets]]	<i>Deleted from existing law or the bill by amendment.</i>
* * *	<i>Existing law unaffected by bill.</i>

The County Council for Montgomery County, Maryland approves the following Act:

1 **Sec. 1. Section 35-12 is amended as follows:**

2 **35-12. [Reserved]Voluntary Emergency Call Registry.**

3 (a) Definitions. In this Section the following words have the meanings
4 indicated:

5 Department means the Montgomery County Police Department.

6 First Responder means an individual dispatched to assist a member of
7 the public through a 9-1-1 system. It includes an individual who
8 provides police, fire fighting, emergency medical services or mobile
9 crisis response.

10 (b) Established. The Department must maintain a voluntary registry for
11 emergency 9-1-1 calls that enables an individual adult, parent or
12 guardian of a minor child, or individual with guardianship to provide
13 information to the Department via the registry to alert first responders
14 encountering a registered individual that the individual:

15 (1) May exhibit certain behaviors, including that the individual may be:

16 (i) Nonspeaking or the user of a communication device;

17 (ii) Sensitive to loud sounds;

18 (iii) Sensitive to bright lights;

19 (iv) Sensitive to touch;

20 (v) Delayed with response times;

21 (vi) Prone to avoid eye contact;

22 (vii) Unaware of danger; or

23 (viii) Prone to wander or elope; or

24 (2) Has one or more of the following diagnoses or traits:

25 (i) Blind or low vision;

26 (ii) Deaf or hard of hearing;

27 (iii) Wheelchair user;

- 28 (iv) Alzheimer’s or dementia;
- 29 (v) Autism;
- 30 (vi) Mental health disability;
- 31 (vii) Intellectual disability;
- 32 (viii) Physical disability; or
- 33 (ix) Developmental disability.

34 (c) Participation in the voluntary emergency call registry under this section
35 does not create a private cause of action by any person.

36 (d) The Department must provide information to the public about the
37 program and inform the public of how to register for the program.

38 (e) Any individual adult, parent or legal guardian of a minor, or individual
39 with guardianship of an adult who opts to provide information for the
40 registry must use the form provided by the Department, certify to the
41 accuracy of the information provided and agree to notify the
42 Department of any changes.



MONTGOMERY COUNTY COUNCIL
ROCKVILLE, MARYLAND

DAWN LUEDTKE
COUNCILMEMBER
DISTRICT 7

July 6, 2023

FROM: Councilmember Dawn Luedtke

A handwritten signature in black ink, appearing to read "Dawn Luedtke".

TO: Councilmembers

SUBJECT: Introduction of Bill to Establish a Voluntary 9-1-1 Registry Program

Dear Colleagues,

On July 18, I will introduce Bill xx-23 to establish a Voluntary 9-1-1 Registry. The program establishes a flagging program through which individuals and/or their caretakers who choose to can provide information to first responders about symptoms and behaviors that may present in a person with intellectual, developmental, physical, or mental disabilities. Some of the symptoms and behaviors covered include auditory, visual, and tactile sensitivities, elopement, avoidance of eye contact, and preferred communication methods.

A resident (or their caretaker) would opt-in to the program by registering online at no cost, thereby creating a flag on the associated address. That flag would then remain in the Computer Aided Dispatch (CAD) system for our first responders. The information shared with first responders would be shared on a need-to-know basis or when a call references the associated address. The individual who registers bears the responsibility to update the program with any changes.

This past legislative season, the General Assembly came close to passing [HB1176](#) to require Counties to establish such a voluntary flagging system. The language in my proposed bill closely mirrors the language in the proposed state bill, while focusing on the processes in place for other jurisdictions that have this program.

Voluntary 9-1-1 registries are valuable tools in-place in several Maryland jurisdictions. Howard County [launched its program in 2012](#) and first responders have praised the additional

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240-777-7860 • Councilmember.Luedtke@montgomerycountymd.gov
www.montgomerycountymd.gov

information provided to them by the registry that they can use to tailor their response appropriately.

In advance of introducing this bill, I consulted with members of MCPD's Autism and I/DD outreach team, MCFRS' Mobile Health Integrated Program, the Office of Emergency Management and Homeland Security (OEMHS), and the Emergency Communications Center (ECC). After detailed discussions including logistics, administrative duties, and resources available, I incorporated the feedback they gave, such as making sure we do not put an undue burden on the ECC by requiring participants to maintain the accuracy of the information they provide.

We want our first responders to have the information they need to be as prepared as possible when responding to a call. By establishing a formal system of voluntary information sharing that has proven successful elsewhere, this legislation helps to achieve that. It also gives greater agency to individuals and their caregivers in partnering with public safety agencies.

Please let me know if you have any questions. If you would like to co-sponsor this legislation please let me or my Chief of Staff Aaron Kraut know by July 11. Thank you for your consideration.

Economic Impact Statement

Montgomery County, Maryland

Bill 33-23 Police – Voluntary Registry for Emergency 911 Calls – Established

SUMMARY

The Office of Legislative Oversight (OLO) anticipates that Bill 33-23 would have an insignificant impact on economic conditions in the County in terms of the Council's priority indicators.

BACKGROUND AND PURPOSE OF BILL 33-23

Voluntary 911 registry programs collect personal and medical information of individuals with disabilities and provide law enforcement and other first responders with access to this information during emergency responses. Registry programs aim to improve interactions during emergencies between responders and individuals with disabilities or special needs who opt-in to the program.¹

During the 2023 legislative session, the Maryland General Assembly proposed but failed to pass a bill that would require local jurisdictions to establish voluntary 911 registry programs.² Voluntary registries have been implemented in other jurisdictions in Maryland, including Howard County.³

If enacted, Bill 33-23 would:

- Establish a voluntary registry for emergency 911 calls for individuals to provide, directly or through a caregiver, personal and medical information;
- Permit the collection of information regarding an individual's behaviors and other diagnoses such as sensitivity to bright lights, tendency to avoid eye contact, nonverbal language, hearing or visually impairment, autism, physical disability, and others; and
- Permit the registry information to be accessed by first responders, including those who provide police, fire fighting, emergency medical services or mobile crisis response, when responding to a call at a flagged address.⁴

According to the Bill's lead sponsor, the personal information submitted to the registry will remain in the Computer Aided Dispatch System for first responders after the individual or caregiver completes an online form at no cost.⁵

The Council introduced Bill 33-23, Police – Voluntary Registry for Emergency 911 Calls – Established, on July 25, 2023.

¹ [Policy Brief: Law Enforcement Registries for Individuals with Disabilities.](#)

² [HB 1176.](#)

³ [Introduction Staff Report for Bill 33-23.](#)

⁴ *Ibid.*

⁵ *Ibid.*

INFORMATION SOURCES, METHODOLOGIES, AND ASSUMPTIONS

Per Section 2-81B of the Montgomery County Code, the purpose of this Economic Impact Statement is to assess the impacts of Bill 33-23 on County-based private organizations and residents in terms of the Council’s priority economic indicators and whether the Bill would likely result in a net positive or negative impact on overall economic conditions in the County.⁶ OLO found no evidence of a direct connection between voluntary 911 registry programs and the Council’s priority economic indicators. For this reason, OLO anticipates the Bill would have insignificant economic impacts on private organizations, residents, and overall economic conditions in the County.

VARIABLES

Not applicable

IMPACTS

WORKFORCE ▪ TAXATION POLICY ▪ PROPERTY VALUES ▪ INCOMES ▪ OPERATING COSTS ▪ PRIVATE SECTOR CAPITAL INVESTMENT ▪ ECONOMIC DEVELOPMENT ▪ COMPETITIVENESS

Not applicable

DISCUSSION ITEMS

Not applicable

WORKS CITED

Maryland General Assembly. [HB 1176, Public Safety – Voluntary 9-1-1 Registry](#),. Introduced on February 10, 2023.

Montgomery County Code. [Sec. 2-81B, Economic Impact Statements](#).

Montgomery County Council. [Introduction Staff Report for Bill 33-23, Police – Voluntary Registry for Emergency 911 Calls - Established](#). Introduced on July 25, 2023.

[Policy Brief: Law Enforcement Registries for Individuals with Disabilities](#). The National Center on Criminal Justice & Disability. July 2019.

CAVEATS

Two caveats to the economic analysis performed here should be noted. First, predicting the economic impacts of legislation is a challenging analytical endeavor due to data limitations, the multitude of causes of economic outcomes, economic shocks, uncertainty, and other factors. Second, the analysis performed here is intended to *inform* the legislative

⁶ Montgomery County Code, [Sec. 2-81B](#).

process, not determine whether the Council should enact legislation. Thus, any conclusion made in this statement does not represent OLO's endorsement of, or objection to, the Bill under consideration.

CONTRIBUTIONS

Stephen Roblin (OLO) prepared this report.

Climate Assessment

Office of Legislative Oversight

Bill 33-23: Police – Voluntary Registry for Emergency 911 Calls - Established

SUMMARY

The Office of Legislative Oversight (OLO) anticipates Bill 33-23 will likely have little to no impact on the County's contribution to addressing climate change as the proposed voluntary registry is unlikely to have a measurable impact on the County's overall community resilience.

BACKGROUND AND PURPOSE OF BILL 33-23

Voluntary 911 registry programs collect the personal and medical information of individuals with disabilities and provide law enforcement and other first responders with access to this information during emergency responses. Registry programs are intended to improve interactions during emergency situations for individuals with disabilities or special needs who choose to opt-in.¹

During the 2023 legislative session, the Maryland General Assembly proposed but failed to pass a bill that would require local jurisdictions to establish voluntary 911 registry programs.² Voluntary registries have been implemented in other jurisdictions in Maryland, including Howard County.³

If enacted, Bill 33-23 would:

- Establish a voluntary registry for emergency 911 calls for individuals to provide, directly or through a caregiver, personal and medical information;
- Permit the collection of information regarding an individual's behaviors and other diagnoses such as sensitivity to bright lights, tendency to avoid eye contact, nonverbal language, hearing or visually impairment, autism, physical disability, and others; and
- Permit the registry information to be accessed by first responders, including those who provide police, fire fighting, emergency medical services or mobile crisis response, when responding to a call at a flagged address.⁴

According to the sponsor of Bill 33-23, the personal information submitted to the registry will remain in the Computer Aided Dispatch System for first responders after the individual or caregiver completes an online form at no cost.⁵

Bill 33-23, Police – Voluntary Registry for Emergency 911 Calls – Established, was introduced by the County Council on July 25, 2023.

ANTICIPATED IMPACTS

Some literature suggests that voluntary registries could improve emergency response after a natural disaster, especially for registries designed to identify individuals who may require special assistance during and after a natural disaster.⁶ By opting in and making first responders aware of one's location and needs, it could aid in a quicker emergency response.⁷ However, the registry proposed by Bill 33-23 does not mention if information will be accessed during a "large-scale disaster", such as a natural disaster, like other jurisdictions mention in their voluntary registry programs.⁸

OLO anticipates Bill 33-23 will have little to no impact on the County's contribution to addressing climate change, including the reduction and/or sequestration of greenhouse gas emissions, community resilience, and adaptative capacity.

RECOMMENDED AMENDMENTS

The Climate Assessment Act requires OLO to offer recommendations, such as amendments or other measures to mitigate any anticipated negative climate impacts.⁹ OLO does not offer recommendations or amendments as Bill 33-23 is likely to have little to no impact on the County's contribution to addressing climate change, including the reduction and/or sequestration of greenhouse gas emissions, community resilience, and adaptative capacity.

CAVEATS

OLO notes two caveats to this climate assessment. First, predicting the impacts of legislation upon climate change is a challenging analytical endeavor due to data limitations, uncertainty, and the broad, global nature of climate change. Second, the analysis performed here is intended to inform the legislative process, not determine whether the Council should enact legislation. Thus, any conclusion made in this statement does not represent OLO's endorsement of, or objection to, the bill under consideration.

PURPOSE OF CLIMATE ASSESSMENTS

The purpose of the Climate Assessments is to evaluate the anticipated impact of legislation on the County's contribution to addressing climate change. These climate assessments will provide the Council with a more thorough understanding of the potential climate impacts and implications of proposed legislation, at the County level. The scope of the Climate Assessments is limited to the County's contribution to addressing climate change, specifically upon the County's contribution to greenhouse gas emissions and how actions suggested by legislation could help improve the County's adaptative capacity to climate change, and therefore, increase community resilience.

While co-benefits such as health and cost savings may be discussed, the focus is on how proposed County bills may impact GHG emissions and community resilience.

CONTRIBUTIONS

OLO staffer Kaitlyn Simmons drafted this assessment.

¹ [Policy Brief: Law Enforcement Registries for Individuals with Disabilities](#), The National Center on Criminal Justice & Disability, July 2019.

² [HB 1176](#), Maryland General Assembly, Introduced February 10, 2023.

³ [Introduction Staff Report for Bill 33-23](#), Montgomery County Council, Introduced July 25, 2023.

⁴ Ibid.

⁵ Memorandum from Councilmember Luedtke to Councilmembers, [Introduction Staff Report for Bill 33-23](#), July 6, 2023.

⁶ [Improving Disaster Resilience Among Older Adults](#), Rand Health Quarterly, August 2018. ; [Resilient Communities: Empowering Older Adults in Disasters and Daily Life](#), The New York Academy of Medicine, July 2014; [Disability and Health Emergency Preparedness Monitoring](#), Centers for Disease Control and Prevention, Accessed August 2, 2023.

⁷ Ibid.

⁸ [Community Connect](#), Albany, CA Fire Department, Accessed August 3, 2023. ; [Special Medical Needs Voluntary Registry](#), Pitt County, North Carolina, Accessed August 3, 2023.

⁹ Bill 3-22, Legislative Branch – Climate Assessments – Required, Montgomery County Council, Effective date October 24, 2022

Racial Equity and Social Justice (RESJ) Impact Statement

Office of Legislative Oversight

BILL 33-23: POLICE – VOLUNTARY REGISTRY FOR EMERGENCY 911 CALLS – ESTABLISHED

SUMMARY

The Office of Legislative Oversight (OLO) finds the anticipated racial equity and social justice (RESJ) impact of Bill 33-23 is indeterminant as there is insufficient information to estimate the potential demographics of voluntary registry participants in the County by race and ethnicity and insufficient evidence on the effectiveness of law enforcement registries to improve law enforcement interactions for people with disabilities in general and BIPOC with disabilities in particular. OLO offers one policy option for discussion and consideration.

PURPOSE OF RESJ IMPACT STATEMENTS

The purpose of RESJ impact statements (RESJIS) is to evaluate the anticipated impact of legislation on racial equity and social justice in the County. Racial equity and social justice refer to a **process** that focuses on centering the needs, leadership, and power of communities of color and low-income communities with a **goal** of eliminating racial and social inequities.¹ Achieving racial equity and social justice usually requires seeing, thinking, and working differently to address the racial and social harms that have caused racial and social inequities.²

PURPOSE OF BILL 33-23

Voluntary 911 registry programs collect the personal and medical information of individuals with disabilities to be accessed by law enforcement and other first responders during emergency responses. Registry programs are intended to create more effective interactions during emergency situations for individuals with disabilities or special needs who choose to opt-in.³

During the 2023 legislative session, the Maryland General Assembly proposed but failed to pass a bill that would require local jurisdictions to establish voluntary 911 registry programs.⁴ Voluntary registries have been implemented in other jurisdictions in Maryland, including in Howard County.⁵

If enacted, Bill 33-23 would:

- Establish a voluntary registry for emergency 911 calls for individuals to provide, directly or through a caregiver, personal and medical information;
- Permit the collection of information regarding an individual's behaviors and other diagnoses such as sensitivity to bright lights, tendency to avoid eye contact, nonverbal language, hearing or visually impairment, autism, physical disability, and others; and
- Permit the registry information to be accessed by first responders, including those who provide police, fire fighting, emergency medical services or mobile crisis response, when responding to a call at a flagged address.⁶

According to the sponsor of Bill 33-23, the personal information submitted to the registry will remain in the Computer Aided Dispatch System for first responders after the individual or caregiver completes an online form at no cost.⁷

RESJ Impact Statement

Bill 33-23

Bill 33-23, Police – Voluntary Registry for Emergency 911 Calls – Established, was introduced by the County Council on July 25, 2023.

In July 2022, OLO published a RESJIS for Bill 14-22, Police – Private Security Camera Incentive Program – Established. Please refer to this RESJIS for more detailed background on policing and racial equity.⁸

LAW ENFORCEMENT INTERACTIONS, PEOPLE WITH DISABILITIES, AND RACIAL EQUITY

While serving people with disabilities can present unique challenges in various emergency situations – including during medical emergencies, fires, and natural disasters – challenges arising from emergency responses involving law enforcement have raised the most concern among disability rights advocates.

According to Serving Safely, a national initiative led by the Vera Institute of Justice in collaboration with the Bureau of Justice Assistance, “[c]onservative estimates show that at least 10 percent of calls to police involve people who have serious mental illnesses, and that a third to a half of all use-of-force incidents involve an individual with some type of disability.”⁹ Local data suggests this condition also exists in the County, as mental illness was a contributing factor in 33 percent of use-of-force incidents in 2022.¹⁰ Law enforcement interactions can escalate and become dangerous when police officers misunderstand the behavior of people with disabilities.¹¹ For instance, as described in “Advancing Public Safety for Officers and Individuals with Intellectual and Developmental Disabilities (I/DD):”

“It can be quite challenging for law enforcement officers to spot [I/DD], which often have no outward or obvious signs. As a result, people with I/DD are often mistakenly perceived as suspicious when, in actuality, the behavior is related to their disability. In interactions with law enforcement, some individuals with I/DD may not be able to understand or respond appropriately to an officer’s commands or, out of fear, may even try to run away. Like many others, officers may have preconceived notions about disability and related behaviors, but officers need to serve all communities in a fair and impartial way.”¹²

The intersection of policing inequities by race, ethnicity and disability status compound challenges experienced by Black, Indigenous, and Other People of Color (BIPOC) with disabilities during law enforcement interactions. For instance:

- A study published in 2017 of a nationally representative dataset found that more than half of Black people with disabilities were arrested by age 28.¹³
- A study published in 2021 of the Washington Post’s database of police-involved shootings found that “police are more likely to shoot and kill unarmed Black men who show signs of mental illness than [W]hite men who exhibit similar behaviors.”¹⁴

Disparities in law enforcement interactions among BIPOC with disabilities emerge from a legacy of racial inequity in policing, where the earliest policing efforts, slave patrols, were charged with policing free and enslaved Black people.¹⁵ Today, racial inequities in policing persist with harsher treatment of BIPOC in the criminal justice system, mass incarceration, and the collateral punishment of incarceration on BIPOC families and communities.^{16,17} Locally, while Black constituents account for 18 percent of the County’s population, they account for 30 percent of traffic stops, 44 percent of arrests, and 59 percent of use of force incidents by the Montgomery County Police Department (MCPD).^{18,19,20}

RESJ Impact Statement

Bill 33-23

Several groups have focused on developing resources to improve law enforcement interactions for people with disabilities, for instance:

- **The Vera Institute of Justice’s Serving Safely Initiative** is a national initiative in partnership with the Bureau of Justice Assistance to enhance policing for people with mental illnesses and developmental disabilities.²¹ Vera has also developed a Civilian Crisis Response Toolkit providing equitable alternatives to police for responding to behavioral health crises.²²
- **The Arc’s National Center on Criminal Justice and Disability** “pursues and promotes safety, fairness, and justice for people with [I/DD], especially those with hidden disabilities and marginalized identities, as victims, witnesses, suspects, defendants, and incarcerated persons.”²³ The Arc partnered with the Office of Community Oriented Policing to increase awareness and learning resources on I/DD for law enforcement.²⁴ Additionally, the Bureau of Justice Assistance hosted a virtual workshop in 2019 from the Arc and Vera with guidance for law enforcement officers to effectively serve people with I/DD.²⁵

ANTICIPATED RESJ IMPACTS

To consider the anticipated impact of Bill 33-23 on RESJ in the County, OLO recommends the consideration of two related questions:

- Who are the primary beneficiaries of this bill?
- What racial and social inequities could passage of this bill weaken or strengthen?

For the first question, OLO considered the potential demographics of people who opt-in to the voluntary registry, as they could benefit from first responders having personal and medical information to assist in emergency responses. There is insufficient data and research for OLO to estimate the potential demographics of voluntary registry participants in the County by race and ethnicity. However, because of established distrust between BIPOC communities and law enforcement,²⁶ there could be racial and ethnic disparities in program participation. In a study reviewing voluntary registry programs throughout the Country, researchers at the International Association of Chiefs of Police noted that “community members who fear law enforcement [were] often reluctant to participate.”²⁷

For the second question, OLO considered whether the voluntary registry program could address inequities in law enforcement interactions for people with disabilities in general and BIPOC with disabilities in particular. As described by the Arc’s policy brief on law enforcement registries for people with disabilities, “despite their growing popularity, there is currently no research or evidence that registries improve police responses to those with disabilities.”²⁸

Taken together, OLO finds the anticipated RESJ impact of Bill 33-23 is indeterminant.

RECOMMENDED AMENDMENTS

The Racial Equity and Social Justice Act requires OLO to consider whether recommended amendments to bills aimed at narrowing racial and social inequities are warranted in developing RESJ impact statements.²⁹ OLO finds the anticipated RESJ impact of Bill 33-23 is indeterminant. As such, OLO does not offer recommended amendments. However, should the Council seek to improve the RESJ impact of this Bill, OLO offers one policy option for discussion and consideration:

RESJ Impact Statement

Bill 33-23

- **Target outreach on voluntary registry to BIPOC constituents and require annual report for voluntary registry program.** Because of established distrust with law enforcement, BIPOC communities may be less likely to participate in the voluntary registry. To address this, resources can be devoted to conducting targeted outreach in BIPOC communities with culturally and linguistically appropriate strategies that meet BIPOC constituents where they are. Metrics could also be established in collaboration with local disability rights groups to evaluate the registry’s effectiveness in improving police interactions among BIPOC with disabilities – this could include data on response protocols used at flagged addresses by officers within the I/DD unit and MCPD at large. The Council could require an annual report from MCPD on program participation by geography and metrics measuring improvement in police interactions to monitor the effectiveness of the registry program in advancing RESJ.

CAVEATS

Two caveats to this racial equity and social justice impact statement should be noted. First, predicting the impact of legislation on racial equity and social justice is a challenging analytical endeavor due to data limitations, uncertainty, and other factors. Second, this RESJ impact statement is intended to inform the legislative process rather than determine whether the Council should enact legislation. Thus, any conclusion made in this statement does not represent OLO's endorsement of, or objection to, the bill under consideration.

CONTRIBUTIONS

OLO staffer Janmarie Peña, Performance Management and Data Analyst, drafted this RESJ impact statement with assistance from Diana Carrillo, OLO Summer Fellow.

¹ Definition of racial equity and social justice adopted from “Applying a Racial Equity Lens into Federal Nutrition Programs” by Marlysa Gamblin, et.al. Bread for the World, and from Racial Equity Tools. <https://www.racialequitytools.org/glossary>

² Ibid.

³ [Policy Brief: Law Enforcement Registries for Individuals with Disabilities](#), The National Center on Criminal Justice & Disability, The Arc, July 2019.

⁴ [HB 1176](#), Maryland General Assembly, Introduced February 10, 2023.

⁵ [Introduction Staff Report for Bill 33-23](#), Montgomery County Council, Introduced July 25, 2023.

⁶ Ibid.

⁷ Memorandum from Councilmember Luedtke to Councilmembers, Introduction Staff Report for Bill 33-23, July 6, 2023.

⁸ [RESJS for Bill 14-22](#), Office of Legislative Oversight, July 21, 2022.

⁹ Fact Sheet, [Serving Safely: The National Initiative to Enhance Policing for Persons with Mental Illnesses and Developmental Disabilities](#), Vera Institute of Justice, February 2019.

¹⁰ [MCPD 2022 Annual Use of Force Report](#), Montgomery County Police Department.

¹¹ Keith M. Christensen and Jill Bezyak, [“Communicating with Individuals with Disabilities: Policies and Training for Law Enforcement Personnel,”](#) ADA National Network, July 28, 2017.

¹² [“Advancing Public Safety for Officers and Individuals with Intellectual and Development Disabilities \(I/DD\),”](#) Community Policing Dispatch, Office of Community Oriented Policing Services, U.S. Department of Justice, May 2019.

¹³ Erin J. McCauley, [“The Cumulative Probability of Arrest by Age 28 Years in the United States by Disability Status, Race/Ethnicity, and Gender,”](#) American Journal of Public Health, December 2017.

RESJ Impact Statement

Bill 33-23

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- ¹⁴ Minyvonne Burke, [“Policing Mental Health: Recent Deaths Highlight Concerns Over Officer Response,”](#) NBC News, May 16, 2021, citing Marilyn D. Thomas, et. al., [“Black and Unarmed: Statistical Interaction Between Age, Perceived Mental Illness, and Geographic Region Among Males Fatally Shot by Police Using Case-Only Design,”](#) Annals of Epidemiology, January 2021.
- ¹⁵ Michael A. Robinson, [“Black Bodies on the Ground: Policing Disparities in the African American Community—An Analysis of Newsprint From January 1, 2015, Through December 31, 2015,”](#) Journal of Black Studies, April 7, 2017.
- ¹⁶ [Report to the United Nations on Racial Disparities in the U.S. Criminal Justice System](#), The Sentencing Project, April 19, 2018.
- ¹⁷ Andrea Flynn, Susan Holmberg, Dorian Warren and Felicia Wong, *The Hidden Rules of Race: Barriers to An Inclusive Economy*, Roosevelt Institute (Cambridge University Press, 2017)
- ¹⁸ Natalia Carrizosa, [OLO Memorandum Report 2022-12, Analysis of dataMontgomery Traffic Violations Dataset](#), Office of Legislative Oversight, October 25, 2022.
- ¹⁹ Elaine Bonner-Tompkins and Natalia Carrizosa, [OLO Report 2020-9, Local Policing Data and Best Practices](#), Office of Legislative Oversight, July 12, 2020.
- ²⁰ MCPD 2022 Annual Use of Force Report
- ²¹ Serving Safely: The National Initiative to Enhance Policing for Persons with Mental Illnesses and Developmental Disabilities
- ²² Jackson Beck, et. al., [Civilian Crisis Response: A Toolkit for Equitable Alternatives to Police](#), Vera Institute of Justice, April 2022.
- ²³ [Our Initiatives: Criminal Justice](#), The Arc.
- ²⁴ “Advancing Public Safety for Officers and Individuals with Intellectual and Development Disabilities (I/DD)”
- ²⁵ Video, [Intellectual/Developmental Disabilities: 10 Facts Officers Need to Know](#), Office of Justice Programs, U.S. Department of Justice, December 10, 2019.
- ²⁶ [Race, Trust, and Police Legitimacy](#), National Institute of Justice, U.S. Department of Justice, January 9, 2013.
- ²⁷ [“A Guide to Law Enforcement on Voluntary Registry Programs for Vulnerable Populations,”](#) International Association of Chiefs of Police.
- ²⁸ Policy Brief: Law Enforcement Registries for Individuals with Disabilities
- ²⁹ Bill 27-19, Administration – Human Rights – Office of Racial Equity and Social Justice – Racial Equity and Social Justice Advisory Committee – Established, Montgomery County Council

Fiscal Impact Statement

Office of Management and Budget

Bill 33-23

Police - Volunteer Registry for Emergency 911 Calls - Established

Bill Summary

Bill 33-23 establishes a voluntary registry for emergency 911 calls, enabling the public to preregister personal and medical information to assist emergency responders.

Fiscal Impact Summary

Expenditures could increase by up to \$89,906 in FY25. Over the six-year period, expenditures are expected to total \$1,301,911. There is no anticipated impact on revenues.

Fiscal Year	2025	2026	2027	2028	2029	2030	Total
Personnel Costs	\$89,906	\$94,401	\$94,401	\$94,401	\$94,401	\$94,401	\$561,911
Operating Expenses	\$240,000	\$100,000	\$100,000	\$100,000	\$100,000	\$100,000	\$740,000
Total Expenditures	\$329,906	\$194,401	\$194,401	\$194,401	\$194,401	\$194,401	\$1,301,911
Revenues	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Total Impact	(\$329,906)	(\$194,401)	(\$194,401)	(\$194,401)	(\$194,401)	(\$194,401)	(\$1,301,911)
FTE	1.00	1.00	1.00	1.00	1.00	1.00	

Fiscal Impact Analysis

A Program Manager I would be needed to facilitate the creation of the registry. Costs for this position in FY25 are \$89,906 increasing to \$94,401 in FY26 and in each year thereafter. The position would be responsible for entering existing and any new names into the registry, which aligns with the classification of the Department's Sexual Offender Registry position. Additionally, this position will determine whether behavioral health issues meet the threshold of the conditions described in the legislation and whether these conditions warrant inclusion in the registry.

Operating expenditures in FY25 are \$240,000 and \$100,000 annually thereafter to support the implementation and maintenance needed to accompany the registry creation, including servers for redundancy.

Staff Impact

The Program Manager I's primary responsibility will be to collect and maintain any information related to the behavioral health registry and delineate whether behavioral health issues meet the threshold of the conditions described in the legislation; and whether these conditions warrant inclusion into the registry. This position classification is similar to the Department's Sexual Offender Registry position.

Actuarial Analysis

The bill is not expected to impact retiree pension or group insurance costs.

Information Technology Impact

As the registry requires the creation and maintenance of a shared database that will need to have internal and external access with Emergency 911 call centers from neighboring jurisdictions, there will be some impact on the County Information Technology (IT) or Enterprise Resource Planning (ERP) systems.

Other Information



Later actions that may impact revenue or expenditures if future spending is projected

The bill does not authorize future spending.

Contributors

Dale Phillips, Montgomery County Department of Police
Derrick D. Harrigan, Office of Management and Budget





MONTGOMERY COUNTY COUNCIL
ROCKVILLE, MARYLAND

WILL JAWANDO
COUNCILMEMBER, AT-LARGE
CHAIR, EDUCATION & CULTURE COMMITTEE
PLANNING, HOUSING, AND PARKS COMMITTEE

September 13, 2023

Dear Colleagues,

I am writing in advance of the Public Safety Committee worksession on Bill 33-23, Voluntary Registry for Emergency 911 Calls - Established. While I appreciate the motivation in introducing this bill, namely to encourage more compassionate interactions between law enforcement and individuals with certain personal and medical characteristics, I believe that it is premature to establish this program and ask that the Public Safety Committee postpone its consideration of the bill until it can ensure that the County has the infrastructure to support the appropriate implementation of the bill and until such time that the public has the opportunity to provide comments on a more detailed version of this bill.

Earlier this year, the Montgomery County Police Department (“MCPD”) briefed this committee on its implementation of the Use of Force Policy.¹ As you will recall, key aspects of the requirements set forth in Bill 27-20E - Police - Regulations - Use of Force Policy,² had not yet been implemented. Of particular relevance to Bill 33-23, at the time this committee was briefed, MCPD had not completed the required consultation process with the relevant community stakeholders and the subsequent issuance of written guidance related to use of force with vulnerable populations, such as persons with mental, behavioral, or physical disabilities or impairments and persons suffering from mental health concerns. In other words, the required consultations and written guidance related to guiding the department’s interactions with the populations most impacted by the 911 Registry Bill had not yet been completed.

Aside from being a critical aspect of implementing the Use of Force Policy, these consultations and written guidance are essential for MCPD to be equipped with the information and knowledge necessary to create and implement the 911 Registry. Presumably, these consultations will arm MCPD with more information about the needs of these communities in interactions with law enforcement and will require MCPD to adapt its training so that all officers understand the challenges and best practices for interacting with residents with these conditions and are fully prepared. Such preparation is essential for the officers’ own safety and the safety of the public.

As of now, without the benefit of such consultations and written guidance, it is unclear from the proposed Bill 33-23 what it would mean to officers responding to a home for a 911 call to know that persons with

¹ [▶ March 6, 2023 - PS Committee Worksession](#) .

² <https://apps.montgomerycountymd.gov/ccllms/BillDetailsPage?RecordId=2666&fullTextSearch=use-of-force>.

mental, behavioral, or physical disabilities or impairments and persons suffering from mental health concerns live in that home. There are several questions that arise:

- How would the officers respond differently to the emergency? Would such differences in response be required or merely guidance?
- How would the officers know the difference between the various types of mental and behavioral impairments and what is most appropriate for a person with a given condition?
- How would the officers deescalate a situation involving someone who is registered on the 911 Registry and experiencing an emergency?
- How would the response to people in mental health crises who are registered on the 911 Registry differ from the response to those in mental health crises who are not registered?
- How would force be used with those registered in the 911 Registry who resist arrest versus individuals not in the 911 Registry who resist arrest?

These questions must be answered for ourselves and for the public before the Council directs the Executive Branch to implement this proposed law. Accordingly, before this bill proceeds any further, I would ask the Public Safety Committee to request the following updates from MCPD and the County Executive:

- Details of MCPD's implementation of the Use of Force Policy to date and the anticipated timeline for full implementation of the law.
- In particular, MCPD should be requested to provide an update regarding the department's required consultation process with the relevant community stakeholders and the subsequent issuance of written guidance related to use of force with vulnerable populations.³
- The anticipated timeline for completion of a written de-escalation policy, as required by state law,⁴ and information regarding how non-law enforcement stakeholders, including vulnerable populations, are involved in that process.
- The department's efforts to improve engagement with mentally ill individuals and individuals in crisis (not only in the Use of Force context, but more generally), including in collaboration with the Mobile Crisis Outreach Teams (MCOTs).
- An anticipated timeline and details regarding efforts to strengthen the data related to use of force and de-escalation, including, but not limited to, through the new records management system.
- MCPD's plan to address the racial disparities in the use of force in police interactions with residents.

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https://apps.montgomerycountymd.gov/ccllms/DownloadFilePage?FileName=2666_1_10868_Bill_27-20E_Signed_20200810.pdf at Lines 78-88 and Lines 185-205; MCC Sec. 35-22(b)(2); MCC Sec. 35-22(g).

⁴ Md. Code, Pub. Safety §3-524(g)

<https://mgaleg.maryland.gov/mgawebsite/Laws/StatuteText?article=gps§ion=3-524&enactments=false>.

Such an update will allow this Committee, and the full Council, to more realistically grapple with what it would mean to create a 911 Registry, and how it would impact those who choose to register. To the extent that more time is needed for any of the implementation, I would ask that the Committee please follow up on a regular basis to ensure that these provisions of the law are faithfully implemented.⁵ To the extent that MCPD does not know how best to proceed in implementation, there are numerous resources in the County to assist, such as through partnerships with the County's public health professionals and/or with academics who are experts in these areas.

In summary, I believe there are many unanswered questions and incomplete policies that require attention before the Council can responsibly move forward with this new program. I request that the Public Safety Committee work to answer such questions before proceeding.

Thank you in advance to the Public Safety Committee for the thoughtful consideration of these suggestions, and, as always, I would be happy to discuss these issues with you in more depth.

Sincerely,



WILL JAWANDO

CC:

County Executive Marc Elrich

Dr. Earl Stoddard, Assistant Chief Administrative Officer

Chief Marcus G. Jones

Assistant Chief Darren Francke, Chief, Management Services Bureau

Captain Ian Clark, Director, Public Safety Training Academy

Captain Stacey Flynn, Director, Policy and Planning Division

Lt. Brendon Johnston, 2D and Use of Force Trainer

⁵ I of course recognize the staffing limitations within the department, and the time-intensiveness of some of the Use of Force Policy requirements. However, I would ask that a detailed timeline for implementation be provided expeditiously.



**Testimony in SUPPORT of:
Bill #33-23 – Voluntary Registry for Emergency 911 Calls - Established
September 12, 2023**

The Jewish Community Relations Council of Greater Washington (JCRC) serves as the public affairs and community relations arm of the Jewish community. We represent over 100 Jewish organizations and synagogues throughout Maryland, Virginia, and the District of Columbia. The JCRC is strongly committed to cultivating a society based on freedom, justice, and pluralism. To that end, we have a history of advocating for our nonprofit partners which serve, on a nonsectarian basis, the most vulnerable populations among us.

The JCRC supports Bill 33-23, which would create a voluntary 911 registry, allowing residents or their caregivers to self-identify traits that could help emergency response officers when responding to emergencies. These traits can include disabilities and health challenges such as being non-verbal, sensitive to loud noises or bright lights, and prone to avoid eye contact. This Bill was inspired by legislation in the Maryland General Assembly which the JCRC also supported through written testimony.

For decades, the JCRC has been committed to prioritizing the needs and rights of people with special needs. Our agency is committed to advancing and supporting policy measures to empower individuals with disabilities to achieve maximum independence and to break down barriers to opportunity and inclusion. Bill 33-23 is critical to fulfilling the JCRC's above stated priorities. It should also be noted that the value of this registry is limited unless coupled with quality practical training for first responders. In short, first responders must have the skills to appropriately respond to the special needs of the individuals this legislation seeks to protect. With this understanding in mind, we strongly support Bill 33-23.

TESTIMONY IN OPPOSITION TO BILL 33-23
VOLUNTARY REGISTRY FOR 911 CALLS
SEPTEMBER 12, 2023 PUBLIC HEARING

Jeneva E. Stone
Montgomery County Parent



Dear Councilmembers,

My name is Jeneva Stone, and I am testifying as the parent of an adult dependent with multiple disabilities. Both my son and I are members of [People on the Go, a disability rights organization that has raised serious concerns about registry bills at the State level](#). I oppose Bill 33-23 for many reasons, because I believe the bill will not improve the lives of citizens with disabilities in Montgomery County, and may well harm them.

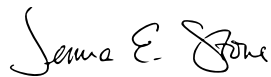
1. Bill 33-23 **does not contain any provisions or funding for training for first responders to learn how to work with people with disabilities**. Both my son Rob and I are graduates of the Arc of Maryland's Partners in Policymaking course, and, while we thought we had a good understanding of disability before taking the course, we discovered that there was still much we did not know. If the two of us, one of us disabled and the other a parent dealing with disability bias all of her child's life, still had things to learn, **how can the Montgomery County Police Dept and other first responders possibly know enough to help in emergency situations that involve people with disabilities?**
2. Bill 33-23 **does not include language that respects the rights and self-agency of people with disabilities**. Who would be allowed to add a person to the registry? As a parent of an adult dependent with disabilities, Rob's independence is of sufficient concern to my husband and myself that we decided NOT to seek legal guardianship for Rob. Rob is free to make his own decisions, with guidance. **Will the disabled individual have any rights with regard to this registry? Will their permission be sought? What evidence/documentation would be used to determine that the disabled person had agreed to put themselves on a public registry?** The County isn't acting in the best interests of people with disabilities unless they are respectful of their human and civil rights.
3. Finally, **what is the point of having a registry if first responders cannot be held responsible for any negative consequences that might occur in the case of a person who chose to be on the registry?** As a parent, that does not make me feel any safer about my child. First responders would know they were dealing with a disabled person, but would receive no training on this issue, and then wouldn't be held accountable for negative consequences?

4. Last session in the Maryland General Assembly, a bill on creating registries was introduced, but did not pass. **Why would our County Council attempt to create a registry without further guidance from the State?** This makes no sense.

I feel that the County Council is simply attempting to establish a registry without any safeguards, training, or other funding to make it at all helpful without actually consulting with the disability community, state officials or legislators, all for the purpose of appearing to take action on something that appears to be primarily supported by parents, not disabled persons themselves.

Please do not enact this bill.

Sincerely,

A handwritten signature in cursive script that reads "Jeneva E. Stone".

Jeneva E. Stone

Bill 33-23 Voluntary 9-1-1 Registry
8.23.23

Good morning Councilmembers and all concerned,

Please receive this official testimony generally in favor of Bill 33-23 which would establish the Voluntary 9-1-1 Registry for those with Autism or other I/DD, MH, Alzheimer's related disabilities. The common thread, you'll note, in most of these challenging diagnoses, is the "invisible" aspect of the symptoms.

Therefore, the existence of an easily accessible, perhaps CAD registry, would be extremely helpful to First Responders. If an officer or mental health worker can enter a situation or crisis where autism or I/DD is involved, they can tailor their approach from the first contact.

I've seen first-hand how just an officer in uniform can heighten anxiety in an individual with Autism+ diagnoses. Sometimes, even if they approach slowly, quietly and with a smile, unanticipated visual cues of officer defensiveness, officer stress in raised shoulders, a confused look or a fast-paced walk, can escalate emotions of a person with Autism. A First Responder or officer knowing ahead of time, what they are responding to, will allow them to adjust their interactions, body position, breathing, as they approach.

On the flip side, to fully understand and balance all sides of this proposed bill there are a few points needing consideration.

1) If it is voluntary, then parents and caregivers should not be the ones entering information on their adult children without their consent. This needs to be the choice of the individual, unless they are under 18 years of age. This data base would ideally inform responders about self-advocates whose challenges are truly invisible, are independent in the community and oftentimes capable of driving. Many of those self-advocates do not take part in self-disclosure.

2) Since efforts of the "Reimagine/Defund the Police" advocates caused dozens of resignations/retirements to our local law enforcement agencies, we need to make sure the development of this data base does not pull manpower from the ECC. I would suggest a position (full or part time/civilian or not) established to manage the data base to do it correctly. To engage with families to assist if necessary. Please be sure to lay an appropriate groundwork and funding so this can be established and sustained properly. *(The county would benefit from an Autism/I/DD expert on staff or contracted to work with all emergency response efforts, this included.)*

3) Is there any liability risk to consider? If someone is in the data base and officers respond in a way indicating they don't know the background of the autistic individual, then what happens? A family will say they updated the data base to prevent a stressful interaction from

happening... but the information never made it to the officer for whatever reason. Just another angle to consider.

Just trying to cover all the bases for consideration. Overall, I love the idea. Implementation needs to be thoughtful and careful.

Jenn Lynn, Executive Director
Upcounty Community Resources, Inc



**TESTIMONY IN OPPOSITION TO BILL 33-23
VOLUNTARY REGISTRY FOR 911 CALLS
SEPTEMBER 12, 2023 PUBLIC HEARING**

My name is Marissa Ditowsky and I submit this written testimony on behalf of the Silver Spring Justice Coalition (SSJC). SSJC is a coalition of community members, faith groups, and civil and human rights organizations from throughout Montgomery County. We envision a county where harm by police is eliminated, while community and individuals are empowered.

As a disabled Silver Spring resident, I joined the SSJC because I have seen the harms of police violence in my community. As a neurodivergent person with hearing loss, and who uses a wheelchair and other mobility aids, I fear police interactions: I am concerned about the way my reactions may be perceived as resistance and potential damage and increased risk of injury related to my durable medical equipment, for example.

SSJC's opposition to this bill is rooted in the fact that in our County's emergency response system, police are almost always dispatched in response to a 911 call, despite our years of advocacy to move towards a non-police response when someone is in crisis. However, this bill does nothing to require police to respond appropriately to the disabled people the bill aims to help. The bill does not even provide the people who choose to provide our County with private health information with additional rights, or any guarantee that the information will be used as intended. Outside of anecdotal reports, there is no evidence to suggest these registries are effective at reducing harm to people with disabilities. Generally speaking, participation in the registry may provide community members with a false sense of well-being and security when interacting with first responders.

We need policies that actually hold our police accountable and ensure they meet, at the very minimum, their legal obligations under the Americans with Disabilities Act. While there are laws in place that address, to some degree, how police interact with disabled people, the Montgomery County Police Department (MCPD) is not in compliance with these laws. MCPD has still not issued guidance for using force with a range of vulnerable populations as required in our County's use of force law, and it still has not issued a deescalation policy as required by our state's use of force law.

This bill similarly does not require any training for first responders to address the needs that might be reported by participants in the registry. The result of this non-compliance and insufficient training is real: [according to MCPD's own data](#), one-third of all uses of force in 2022 involved someone who the officer identified as having a mental illness, and in 2022, as in every previous year, rates of force used by MCPD officers have been on the rise (even discounting the newly expanded definitions for the use of force).

Officers must be prepared to interact with disabled residents regardless of what information is in a registry, and the burden should not be on people with disabilities to provide this information in advance. If information is not provided in the registry, officers may presume they do not need to assess the situation to accommodate any potential disabilities and they may ignore information presented to them. Even with a registry, officers would need to be prepared for emergency interactions with no time to search the registry. Disabled individuals may also feel uncomfortable providing their information to a registry, as lists and registries of marginalized individuals have been of concern. Officers are still required to accommodate individuals who are not on the registry under the ADA.

It is difficult to understand why we should ask members of our community to entrust the police with their private information when we have no assurance that this information will be used to reduce harm. In fact, having information about a person's disability may increase the likelihood that an officer will inflict harm fueled by bias or discrimination, particularly without proper training or protocols. Officers may come to a scene thinking they know all they need to know about a person, without understanding that they must be open to addressing each situation in real time. Or, they may be inappropriately defensive based on presumptions and biases formed from information in the registry.

Furthermore, this bill includes vague and troubling language stating that participation in the registry does not create a private right of action. Assuming this language means that a plaintiff in a lawsuit cannot use the fact that they provided information about their disability to the County in support of a claim that the County failed to accommodate their disability, this could serve to reduce the ability of individuals to seek redress for harm. Interpreted strictly, this would mean that a person with a disability who told a responding officer about their disability would retain greater rights in a subsequent action than a person who placed that information on the registry. Moreover, we wonder whether failure to participate in the registry would be used against a claimant by the County in a legal action. The bottom line is that our publicly-employed first responders have an obligation under the ADA to accommodate the disabilities of the people they serve; our county should not be able to get around this obligation through the existence of this registry.

While the bill includes language limiting the right to seek legal redress, it omits language that would provide protections for people who choose to participate in the registry. There are no restrictions on how the information provided can be used and who it can be shared with. There are no protections for minors or for people under legal guardianship. There are no time-limitations to participation and no requirement that information be updated if someone

moves from the address of record. And there is no information about how the information will be used if the person with a disability is encountered in the community and unable to communicate their identity. Moreover, there is absolutely no guidance provided to MCPD for what information to collect, what form to collect the information in, or any oversight whatsoever for the (still unknown) process that MCPD plans to employ to administer the program.

[A bill that was introduced in the Maryland General Assembly last year](#) aimed to enable local jurisdictions to create registries like the one proposed by Bill 33-23. That bill contained a number of guardrails, some of which we've mentioned, that are not included in the bill before this Council. While we would not support the statewide bill in its present form, it is certainly premature for our County to consider legislation creating a 911 registry before the state has weighed in on the minimum requirements for such a registry. We anticipate that a similar bill will be reintroduced in the upcoming session, and we urge the Council to at least wait until the end of the session before considering the creation of a registry in our county.

Finally, aside from anecdotal reports, there is no evidence that registries work to reduce harm to people with disabilities. Perhaps for this reason, a 30-page [report recently released by the United States Department of Justice and the United States Department of Health and Human Services](#) providing guidance to local jurisdictions on emergency response for people with disabilities does not include 911 registries in their long list of recommendations. For this same reason, and for several others, the Arc's National Center on Criminal Justice and Disability issued [a paper in 2019 coming out against 911 registries](#).

While the Arc has come out against registries, SSJC recognizes that a range of disability rights organizations and individuals submitted testimony in support of the above-referenced state-wide bill, and we anticipate that some will be testifying in support of this bill. However, it is important for the Council to consider the specific concerns articulated in testimony provided by some disability rights organizations in regards to the above-discussed statewide bill. This includes testimony provided by [People on the Go](#) and the [Maryland Department of Developmental Disabilities](#).

In addition, the Council should know that when SSJC polled its members regarding this bill, every member who identified as a person with a disability opposed the bill. Similarly, with one exception, every person who identified as a caregiver of a person with a disability opposed the bill. There are a range of voices in the disability rights community on this issue and our members represent one part of that range. We urge the Council to consider our concerns and vote against this bill.



TO: Montgomery County Council

FROM: Howard County Autism Society
Melissa Rosenberg, Executive Director

RE: Bill 33-23 Voluntary 911 Registry

POSITION: Support

DATE: September 12, 2023

I am submitting this testimony on behalf of the Howard County Autism Society which serves the Autism community in Howard, Montgomery, and Anne Arundel Counties, as well as the surrounding areas.

We join with others in the Intellectual/Developmental Disabilities community in supporting Bill 33-23 introduced by Councilmember Luedtke. The bill would establish a Voluntary 911 Registry Program to alert first responders to certain behaviors, diagnoses, or traits with which individuals with special needs may present during certain encounters with first responders.

This legislation was inspired by HB1176 which was sponsored by Delegate Atterbeary (D-13) last session to create a statewide 911 registry. That bill cleared the House but got stuck in the Senate. We are optimistic that 2024 will see its passage and with our continued support.

The intent of both bills is to be a voice otherwise not heard in an emergency situation. It does not replace training of first responders, which is so critical. But, we believe, a 911 registry complements it.

In 2012, the Howard County Autism Society partnered with the Howard County Police Department to create a 911 Flagging Program, so we know the strength of the program. We share regularly with our community about the voluntary registry which offers peace of mind. And we support giving first responders the tools and tips they need to be most effective. There are many positive stories we could share from the Howard County 911 Registry:

- The repeated partnerships of the police department, school system, the Autism Society, and others in working together to safely bring a child or young person home
- A non-speaking child found wandering in downtown Columbia reunited within 30 minutes with his family
- Another child found wandering near a retaining pond intercepted and returned safely home.

And just a word about water safety. The Autism Society offers water safety training to lifeguards and swim instructors because we know that a high percentage of children with Autism wander or elope. That combined with an attraction to water of all kinds – pools, canals, ponds, lakes, rivers, drainage ditches – yield a scary statistic: *74% of Autistic children who elope/wander and die do so by drowning*. It is a safety issue for our families, particularly on this issue.

The 911 Registry should be voluntary and confidential. Registrants can be added by a parent or guardian of a minor child as a way in which to share with first responders about their child's needs. We have several adult self-advocates in our community who register themselves for that very reason and we think that is telling.

We encourage the Council to provide funds that will address any administrative burden this could put on the 911 system to promote and maintain it. It is imperative that individuals who wish to no longer be on the list, particularly those who turn 18 or change their minds, can easily remove their names from the registry. Training, too, will be a key element in implementing the bill. The Autism Society along with other IDD organizations are committed to supporting that effort.

We hope that you look favorably on and pass Bill 33-23.

Thank you for your consideration.

Officer Laurie Reyes, Coordinator, MCPD Autism/IDD, Alzheimer's, Dementia Unit

Laurie.Reyes@mongomerycountymd.gov © 2408551605

The Montgomery County Police Autism/IDD, Alzheimer's, Dementia Unit was created in 2004. MCPD Officer, Laurie Reyes, noticed the increase in calls for service involving those who have Autism/IDD (Intellectual and Developmental Disabilities), Alzheimer's and dementia. The program began in response to calls for wandering and elopement but has since grown to provide outreach and ACTION, not just awareness, beyond calls for wandering to include calls from the mundane to the very serious. The unit provides a broad approach to action through, Training (all officers, individuals, caregivers, community), Outreach, Empowerment, Follow-Up and Response. This broad approach allows for MCPD to provide a safe and effective response along with resources and comfort, to individuals and caregivers in times of crisis, but it also makes certain that Officer Reyes and the assisting unit officers learn what works and what may not, what officers need to know. Officer Reyes has taken the years of her own and her fellow officers experience to provide a curriculum of instruction that not only covers the mandatory training objectives but provides a comprehensive, experiential based, up to date, fluid presentation. Officer Reyes has partnered with other Autism/IDD, Alzheimer's, dementia organizations to ensure that the curriculum is comprehensive and accurate in material provided to officers. Some of these organizations include, Pathfinders for Autism, Autism Speaks, Down Syndrome Network MC, Alzheimer's Association. However, the most valuable resources are most often those we have interacted with, both caregiver's and individuals.

The instruction for recruits is a three hour block of instruction. There is a shorter version and more crisis-based presentation for our MCPD CIT (Crisis Intervention Team) training. The Instruction covers all mandatory Maryland Police and Corrections Training Certifications training objectives but goes beyond the mandatory instruction ensuring officers leave the instruction with the tools to recognize a person who may have autism/IDD as well as provide effective, positive safe interactions. Due to the broad approach in outreach of the unit, coupled with the continuous calls and interactions by our officers, the instruction is carried into the field. Officers will say time and time again, the instruction provided the platform to be empowered to go above and beyond for those they interact with on calls. Montgomery County Police was the first department to utilize self-advocates, those who have autism/IDD to share their point of view with officers. Please see video attached below.

Officer Reyes felt the way to positive, effective, safe interactions does not only fall to the officers. Reyes and assisting officers have gone on to provide education for individuals, caregivers and the general community, from schools to community groups.

It should be noted that the MCPD Autism/IDD, Alzheimer's, Dementia Unit has been recognized as a national model to follow by Autism Speaks, National Center for Missing and Exploited Children, Pathfinders for Autism and more. The unit has been awarded by the White House as Champion of Change, as well as the Department of Justice. It is the only unit of its kind in a police department.

[A TEEN WITH AUTISM HELPING POLICE LEARN TO HELP THOSE IN A MENTAL HEALTH CRISIS \(wmur.com\)](http://wmur.com)



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HEALTH AND GOVERNMENT OPERATION COMMITTEE

MARCH 8, 2023

HB 1176 - VOLUNTARY 9-1-1 Registry for Individuals Needing Special Assistance

POSITION: SUPPORT WITH AMENDMENTS

Disability Rights Maryland (DRM) is Maryland's designated Protection & Advocacy organization, mandated to advance the civil rights of people with disabilities. DRM works to champion the rights of individuals with disabilities and eliminate the incarceration, institutionalization, and serious injury or death of people with disabilities due to the unnecessary involvement of law enforcement when responding to individuals with disabilities.

Communities want to be able to trust their local public safety departments to engage with them in professional and ethical manner, particularly in times of crisis. Historically, some communities have had a fraught relationship with their local public safety departments due to a lack of understanding and unfair stereotypes of people with disabilities, leaving to unfair treatment and civil rights violations. Maryland is home to 1,040,158 adults with a diagnosed disability, ranging from cognitive to mobility to self-care disabilities. Many face significant challenges when interacting with the criminal justice system. Individuals who present with psychiatric or cognitive disabilities are twice as likely to be arrested for minor infractions as individuals who do not present with a disability but engaged in similar behavior. Additionally, In Maryland, of the 109 people who died during police interactions between 2004 and 2014, 38 percent (41 people) were likely individuals with mental health disabilities. The U.S. Department of Justice's investigation into the Baltimore Police Department (BPD) revealed that officers often resorted too quickly to using force against individuals with mental health disabilities, particularly involving the use of tasers against non-violent individuals.

HB 1176 aims to create safer interactions between individuals with disabilities and public safety personnel by creating a 9-1-1 registry where individuals, families and guardians of an individual with a disability can voluntarily share information about an individual's disability and needed accommodations so that first responders and law enforcement can use the information to inform their interactions with an individual with disabilities. HB 1176 is modelled on a successful program in Howard County that was established through a collaboration with families that have a member with a disability and the Howard County Police Department. The expert consensus is that programs related to police responses to persons with disabilities work best when there is collaboration between families, advocates, individuals with disabilities, and

the law enforcement community. Howard County's program demonstrates the wisdom of such an approach. HB 1176, rather than mandating that local jurisdictions create such programs, should simply authorize the creation of these programs.

Disability Rights Maryland fully supports the goal of ensuring people with disabilities have safe and positive interactions with first responders and law enforcement. We support HB 1176, with the following amendments:

1) Ensure that we are using appropriate terminology when referring to individuals with disabilities:

- Throughout the bill, substitute "individuals with disabilities" for "individuals with special needs."
- On Page 2, Line 20, change the language to "Blind or Low-Vision";
- On page 2, Line 21, change the language to "Deaf or Hard of Hearing";
- Page 2, line 1, ADD: (4) AS USED IN THIS SECTION, "GUARDIAN" DOES NOT INCLUDE A PUBLIC GUARDIAN APPOINTED BY THE COURT.

2) DRM notes that different jurisdictions and law enforcement agencies are at different points in their development and implementation of community policing policies. Some jurisdictions are just beginning to explore mobile crisis response and training for officers on interacting with persons with disabilities We believe it is essential to the success of a Registry that there be enthusiastic support from advocates, parents, and public safety departments for the program. For these reasons, we recommend that the legislation authorize the creation of such registries, but not mandate it:

- Page 3 line 5 (D) "To accomplish the purpose of the program each local jurisdiction or local 9-1-1 call center MAY:"

3) As HB 1176 is a voluntary 9-1-1 registry, we recommend amendments to clarify procedures for individual removal from the 9-1-1 registry to foster transparency and independence.

The certifications placed on the disclaimer should require an individual who is over 18 to sign the disclaimer themselves.

- Page 4 (F) line 20: Page 4, Line 20, "I certify that I am the INDIVIDUAL SUBJECT OF THE REGISTRY, parent or legal guardian of the minor child or guardian of the individual with special needs.

To provide for notification and removal of the 9-1-1 registry, we recommend that adding the following provisions to clarify that an adult may remove themselves from the Registry at any time. This voluntary removal authorization should apply to adults under guardianship, given that the guardianship statute explicitly provides that a court order placing someone under guardianship does not equal a finding of incompetency.

- On Page 4, Line 32, New Line (G)(2): EACH LOCAL JURISDICTION OR LOCAL 9-1-1 CALL CENTER SHALL CONTACT THE INDIVIDUAL SUBJECT TO THE REGISTRY ONCE THEY HAVE REACHED 18 YEARS OF AGE TO NOTIFY THE INDIVIDUAL THAT THEY ARE ON THE REGISTRY AND MAY BE REMOVED UPON REQUEST.
- New (G)(3): AN INDIVIDUAL AGED 18 YEARS AND OLDER WHO IS UNDER GUARDIANSHIP AND IS PLACED ON THE REGISTRY SHALL RECEIVE NOTICE OF THIS FACT, ALONG WITH A COPY OF THE INFORMATION PROVIDED TO 9-1-1 BY THE REGISTRANT.
- (G)(4) AN INDIVIDUAL AGED 18 YEARS AND OLDER WHO IS UNDER GUARDIANSHIP MAY REMOVE THEMSELVES FROM THE REGISTRY UPON REQUEST.
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A voluntary 9-1-1 registry list has the potential to aid loved ones of individuals with disabilities. as such, it is imperative there are parameters set in place to foster greater autonomy within the disability community when implementing this program. The suggested amendments above will strengthen HB 1176 to provide for greater autonomy and transparency for loved ones of those with disabilities and individuals with disabilities themselves. For those reasons, we support HB 1176 with amendments. Should you have any questions, please contact Samuela Ansah at Samuelaa@DisabilityRightsMD.org.



October 30, 2023

The Honorable Councilmember Dawn Luedtke
Montgomery County Council

Via Electronic Facsimile

RE: Comments on Montgomery County Council Bill 33-23 Voluntary Registration for 911

Dear Ms. Luedtke:

On behalf of the Commission for People with Disabilities I am writing to comment on Montgomery County Council Bill 33-23 Voluntary Registration for 911. After careful review of the Bill, we understand how valuable this information could be to first responders and individuals with disabilities. However, we have significant concerns about the ability to safeguard this information, the cost to maintain the accuracy of the information, and the danger first responders may face if the information is not accurate. Therefore, the Commission does not support voluntary registration for 911.

The Commission has many concerns about creating a database to store this type of private information that could be stolen or compromised, opening the door to the possibility that people on this list could be targeted for criminal behavior. The development of this type of database would cost the County a significant amount of funding to develop the database, advertise to the public to get them to sign up to be included in the database, and maintain the database.

Relying on the public to voluntarily sign up, update addresses, and delete names from the database would leave the database incomplete and inaccurate. In addition, the database would not be helpful to persons with disabilities who need first responder's services away from their home. Although there is language suggesting that the information provided to the system is intended only for first responders in an emergency setting, the Commission is concerned about how the information would be protected from being shared with others beyond first responders. Adding persons based on one of their diagnostic categories seems to open the door for preconceptions by the responders, as well as possible discrimination. The bill does not provide funding for training first responders on understanding the possible needs of people with disabilities. Without proper training, first responders may default to preconceived notions of various disabilities, which could be prejudicial or injurious or harmful to the individual receiving emergency assistance.

If first responders want to improve interactions with persons with disabilities the County would be better served spending the proposed funding of Bill 33-23 on training first responders on the needs of persons with disabilities in all types of emergency situations. This training would benefit every person who has a disability in an emergency whether on a list or not. Any leftover funding should be directed to continued support for the Developmental Disability Supplement. In addition, there needs to be increased support for more services for transitioning youth, mental and behavioral health services for younger children and teens with disabilities including co-occurring disabilities.

The Commission is willing to assist in the development of any training programs for first responders to effectively respond in an emergency when people who have a temporary or permanent disability are present.

Respectfully,

Patricia A. Gallalee, Chair

c: Dr. Patrice McGhee, Chief, Aging and Disability Services



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MARCH 8, 2023

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the law enforcement community. Howard County's program demonstrates the wisdom of such an approach. HB 1176, rather than mandating that local jurisdictions create such programs, should simply authorize the creation of these programs.

Disability Rights Maryland fully supports the goal of ensuring people with disabilities have safe and positive interactions with first responders and law enforcement. We support HB 1176, with the following amendments:

1) Ensure that we are using appropriate terminology when referring to individuals with disabilities:

- Throughout the bill, substitute "individuals with disabilities" for "individuals with special needs."
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- Page 3 line 5 (D) "To accomplish the purpose of the program each local jurisdiction or local 9-1-1 call center MAY:"

3) As HB 1176 is a voluntary 9-1-1 registry, we recommend amendments to clarify procedures for individual removal from the 9-1-1 registry to foster transparency and independence.

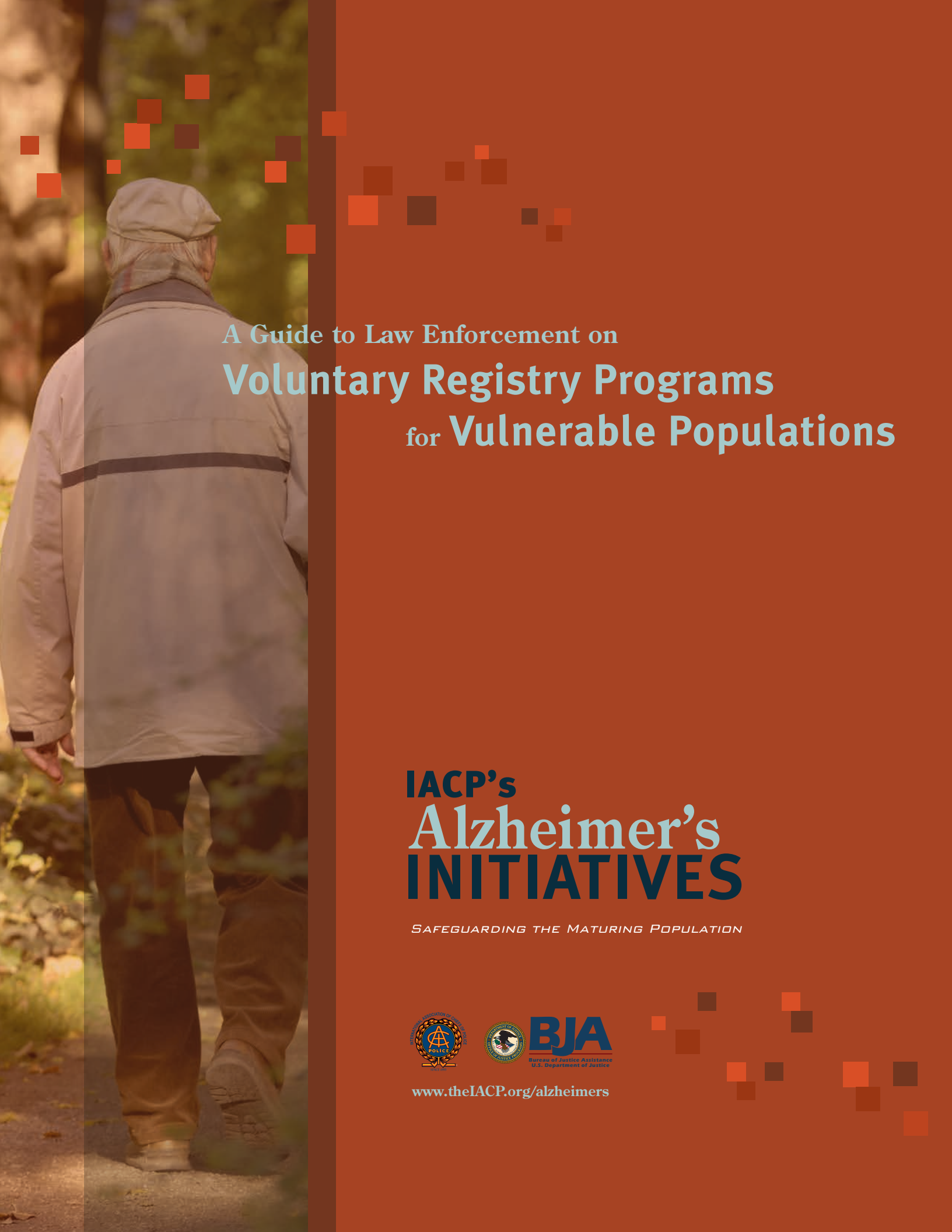
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A voluntary 9-1-1 registry list has the potential to aid loved ones of individuals with disabilities. as such, it is imperative there are parameters set in place to foster greater autonomy within the disability community when implementing this program. The suggested amendments above will strengthen HB 1176 to provide for greater autonomy and transparency for loved ones of those with disabilities and individuals with disabilities themselves. For those reasons, we support HB 1176 with amendments. Should you have any questions, please contact Samuela Ansah at Samuelaa@DisabilityRightsMD.org.



A Guide to Law Enforcement on
Voluntary Registry Programs
for **Vulnerable Populations**

IACP's
Alzheimer's
INITIATIVES

SAFEGUARDING THE MATURING POPULATION



BJA
Bureau of Justice Assistance
U.S. Department of Justice

www.theIACP.org/alzheimers



acknowledgements

We would like to express our sincere gratitude to the leadership and staff of the following agencies and organizations for sharing their time and expertise to contribute to this project:

- Bureau of Justice Assistance, Office of Justice Programs, United States Department of Justice
- Canton, Connecticut, Police Department
- Colerain, Ohio, Police Department
- Franklin, Wisconsin, Police Department
- Highland, Indiana, Police Department
- Irvine, California, Police Department
- Polk County, Florida, Sheriff's Office
- San Diego County, California, Sheriff's Office
- Upper Saddle River, New Jersey, Police Department

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executive summary

In 2013, approximately 5.1 million Americans were living with Alzheimer’s disease and related dementias.¹ In the coming decades, it is projected that the baby boom generation will add about 10 million to the total number of people in the United States with Alzheimer’s disease.² By 2050, the total estimated prevalence of Alzheimer’s disease is expected to be 13.8 million.³ Of those living with Alzheimer’s disease, approximately 60 percent will wander at least once during the progression of their disease (many will wander more frequently).⁴

Law enforcement executives cannot afford to ignore the implications of these statistics. The initial response to a missing person with Alzheimer’s disease could be the most crucial component of the investigation. Increasing numbers of seniors and other individuals with Alzheimer’s disease and similar diseases, mean more cases of individuals who wander, and who will display behavior that law enforcement agencies must be prepared to respond to. In addition, an average search and rescue costs \$13,500 per effort.⁵ Having information already submitted through a voluntary registry system could cut that cost substantially by providing information that would reduce the time, manpower, and resources necessary to locate a missing individual with Alzheimer’s disease.

Law enforcement agencies around the country are beginning to address the need to respond to these populations in innovative ways, including utilizing voluntary registry systems that provide officers with critical information on individuals with special needs such as those with Alzheimer’s disease. These law enforcement agencies have found that such registries can

- promote community safety;
- improve officer safety;
- increase the speed and efficiency in which officers are able to respond, decreasing department liability;
- reduce strain on department resources (human and financial) during emergencies;
- give community members peace of mind; and
- promote community partnerships in responding to special needs community members.

Voluntary registry systems enable law enforcement agencies to obtain critical information (prior to an actual emergency) that assists in response to calls for service involving an individual with Alzheimer’s disease. This information proves especially valuable when police are called to locate a

1 National Institutes of Health (NIH), “What Is Alzheimer’s Disease?” NIH Senior Health web page, <http://nihseniorhealth.gov/alzheimersdisease/whatisalzheimersdisease/01.html> (accessed January 28, 2014).

2 William Thies, Laura Bleiler, and the Alzheimer’s Association, “2013 Alzheimer’s Disease Facts and Figures,” *Alzheimer’s & Dementia* 9, no. 2 (March 2013): 208-245, <http://www.ncbi.nlm.nih.gov/pubmed/23507120> (accessed January 28, 2014).

3 Ibid.

4 Ibid.

5 Alzheimer’s Foundation of America, *Lost and...FOUND: A Review of Available Methods of Technologies to Aid Law Enforcement in Locating Missing Adults with Dementia* (June 2012), http://www.alzfdn.org/documents/Lost&Found_forweb.pdf (accessed on December 2, 2013).

wandering individual with Alzheimer’s disease. Voluntary registry information provided to law enforcement could, for example, include a location that holds special interest to a missing individual with Alzheimer’s disease; in which direction they tend to wander; a history of past interests or residences that may shine light on their behavior; whether or not they are verbal (and able to respond to questions); and, often, a picture of the individual. This type of information can expedite the search for a wandering individual by reducing the amount of information collection necessary after a call for service, enhancing immediate efforts, and providing a basis from which additional information can be gathered to further tailor the search. In addition, the information assists officers by preparing them to respectfully and appropriately interact with the individual once they have been located.

In many participating departments, voluntary registry systems are equally helpful in responding to individuals in other special needs populations. Departments utilize the system for community members living with Alzheimer’s disease, as well as for those

“...voluntary registry systems are equally helpful in responding to individuals in other special needs populations”

with autism spectrum disorders (ASD), developmental disabilities, attention deficit/hyperactivity disorder (ADHD), epilepsy, brain injury, mental illness, and other disabilities that may affect the way individuals interact and respond to law enforcement officers and other first responders.

This guide provides an overview of existing voluntary registry system programs; lays out key considerations for implementation of a voluntary registry system; and provides samples of documentation from existing programs in place around the United States.





background

MISSING ALZHEIMER'S DISEASE PATIENT INITIATIVE

This guide has been developed as part of the IACP's *Alzheimer's Initiative*. The IACP, in partnership with the Bureau of Justice Assistance, Office of Justice Programs, U.S. Department of Justice, launched its Alzheimer's Initiatives program in 2009. The goal of the initiative is to enhance the capacity of law enforcement to handle calls involving persons with Alzheimer's disease and related dementias, thereby strengthening police-community relations and providing improved services to this growing segment in our communities. IACP's Alzheimer's Initiatives program provides education, resources, and training to help law enforcement better recognize those with Alzheimer's disease or who may be at risk; improve interactions with persons with Alzheimer's disease to facilitate positive outcomes; and develop policies related to search and rescue operations, specific to those with Alzheimer's disease.

IACP's Alzheimer's Initiatives program offers a host of resources, information, and training regarding law enforcement's response to persons with Alzheimer's disease or dementia. The following resources can be accessed or requested by visiting IACP's website at www.theiacp.org/alzheimers:

- A Model Policy and Issues and Concepts Paper on Missing Persons with Alzheimer's disease
- A state-by-state guide to Silver Alert programs
- A podcast on IACP's Alzheimer's Initiatives
- Several resources and tools for law enforcement
- No-cost training and educational seminars for law enforcement
- Roll-call training video
- A guide to locative technologies for missing persons with Alzheimer's disease.⁶

THE INTERNATIONAL ASSOCIATION OF CHIEFS OF POLICE (IACP)

The IACP is the world's largest and most innovative nonprofit membership organization of police executives, with 27,000 members in over 130 countries. The IACP was founded in 1893 to promote the highest standards of performance and conduct within the police profession. IACP's leadership consists of the chief executives of federal, state, tribal,

⁶ IACP's *Alzheimer's Initiatives Program*, overview brochure, <http://www.theiacp.org/portals/o/pdfs/AlzheimersOverviewBrochure.pdf> (accessed April 11, 2014).

territorial, and local law enforcement agencies of all sizes. In addition to chief executives and law enforcement personnel of other ranks, IACP members include criminal justice researchers, university faculty, and private sector professionals.

The association's goals are to advance the science and art of police services; to develop and disseminate improved administrative, technical, and operational practices and promote their use in police work; to foster police cooperation and the exchange of information and experience among police administrators throughout the world; and to bring about recruitment and training of qualified persons in the police profession.

The IACP is a dynamic organization that serves as the professional voice of law enforcement. Building on its past success, the IACP addresses cutting-edge issues confronting law enforcement through advocacy, programs, and research, as well as training and other professional services. IACP is a comprehensive professional organization that supports the law enforcement leaders of today and develops the leaders of tomorrow.

THE BUREAU OF JUSTICE ASSISTANCE (BJA)

This project was supported by Grant No. 2010-SJ-BX-K005 awarded by the Bureau of Justice Assistance. The Bureau of Justice Assistance is a component of the U.S. Department of Justice, Office of Justice Programs, which also includes the Bureau of Justice Statistics, the National Institute of Justice, the Office of Juvenile Justice

and Delinquency Prevention, the Office for Victims of Crime, the Community Capacity Development Office, and the Office of Sex Offender Sentencing, Monitoring, Apprehending, Registering, and Tracking. Points of view or opinions in this document do not necessarily represent the official positions or policies of the U.S. Department of Justice.

THE GUIDE'S PURPOSE & METHODOLOGY

This guide has been developed as one of many resources in the IACP's *Alzheimer's Initiative* toolbox. It is designed to provide an introduction to the use of voluntary registry systems to aid law enforcement agencies in responding to cases involving individuals with Alzheimer's disease.

The guide provides the following:

- an overview of voluntary registry systems;
- an analysis of the need for voluntary registry systems;
- sample registration forms, training documentation, and marketing documentation.

Information included in this guide has been gathered through interviews with representatives from law enforcement agencies throughout the United States that have designed and implemented voluntary registry systems for use in their communities. The systems featured in this document are not funded by the U.S. Department of Justice. They are meant as a cross section or compilation of types of systems that are currently being used for this type of work.

The programs included have been selected to represent a broad range of agency size, geographic location, and type. The resulting information has been synthesized into overarching strategies to guide law

enforcement agencies interested in similar approaches. The table below gives a snapshot of law enforcement agencies interviewed, and their voluntary registry system programs.

DEPARTMENT NAME	POPULATION SERVED	TOTAL # MEMBERS OF DEPARTMENT	VOLUNTARY REGISTRY SYSTEM NAME	YEAR SYSTEM ESTABLISHED	POPULATIONS SERVED	# REGISTERED (AS OF 11/13)	TECHNOLOGY USED	LEVERAGED EXTERNAL PARTNERSHIPS?
Canton, Connecticut Police Department	10,000	15	Alzheimer's Voluntary Registry	2012	Alzheimer's/ Seniors	4	Paper File	Yes
Colerain, Ohio Police Department	60,000	50	Children and Residents Encounter (CARE)	2009	All Special Needs	85	Database	No
Franklin, Wisconsin Police Department	35,520	75	Special Needs Registry	2013	All Special Needs	7	RMS	No
Highland, Indiana Police Department	23,000	50	Special Needs Registry for First Responders	2012	Autism, Alzheimer's, Developmental Disabilities	15	RMS	No
Irvine, California Police Department	300,000	4,200	Return Home Registry	2008	All Special Needs	500	SQL Database	Yes
Polk County, Florida Sheriff's Office	378,000	1,650	Project Safe & Sound	2007	Any condition that causes individual to wander	359	Bracelet/ Database	Yes
San Diego, California Sheriff's Office	870,780	3,942	Take Me Home Program	2008	All Special Needs	526	Database	Yes
Upper Saddle River, New Jersey Police Department	8,400	21	At Risk Resident Registry	2013	All Special Needs	4	Paper File	Yes

introduction

In 2013, approximately 5.1 million Americans were living with Alzheimer's disease and related dementias.⁷ In the coming decades, it is projected that the baby boom generation will add about 10 million to the total number of people in the United States with Alzheimer's disease. By 2050, the total estimated prevalence of Alzheimer's disease is expected to be 13.8 million. This is one new case every 33 seconds, or nearly a million new cases a year.⁸

Of the more than 5 million people living with Alzheimer's disease, approximately 60 percent will wander at least once during the progression of their disease (many will wander more frequently).⁹ That means approximately 3 million people will wander due to the effects of Alzheimer's disease in the coming months and years. Projections on the aging population in the United States and the number of individuals with Alzheimer's disease predict that this number will only continue to grow.

IMPLICATIONS FOR LAW ENFORCEMENT

The growth in the number of individuals living with Alzheimer's disease has serious implications for all social institutions, but none more critical than for law enforcement. The nature of Alzheimer's disease creates unique scenarios that police departments must be prepared to address during calls for service. Individuals with Alzheimer's disease who wander face a multitude of dangers including hypothermia, starvation, drowning,

and automobile accidents, to name a few. The behavior of those with Alzheimer's disease can be erratic and unpredictable, making search and rescue efforts difficult, ending with tragic results.

"Wandering is the result of the brain being unable to recall familiar surroundings or routes, problems with way-finding and spatial orientation, and the brain's inability to problem solve."¹⁰ Those with Alzheimer's disease may not respond to officers in a way consistent with that of individuals who want or require assistance. Their wandering path may not be a logical one, and they may not respond to the calling of their name. When they are found, they may be frightened and/or combative, may not be able to verbalize, and some have even

from fox news

december 7, 2013

"The last walk that Ronald Westbrook took started around 1 a.m. He slipped unnoticed from his North Georgia home with his two dogs.

It ended three hours later when the 72-year-old Westbrook, who suffered from Alzheimer's disease, knocked on a stranger's door.

Police say a man inside that home, 34-year-old Joe Hendrix, got a .40-caliber handgun, went outside to investigate and shot Westbrook in a horrible mistake.

It was an unlikely collision between two strangers, one of them deeply confused and another who perceived a threat in the dark. It shows the difficulties that caregivers face in keeping loved ones with Alzheimer's safe and the consequences of miscalculation in a state that celebrates its gun culture."¹¹

7 National Institutes of Health (NIH), "What Is Alzheimer's Disease?"

8 Thies, Bleiler, and the Alzheimer's Association, "2013 Alzheimer's Disease Facts and Figures."

9 Ibid.

10 The International Association of Chiefs of Police, *IACP Training Key #648: Missing Persons with Alzheimer's Disease* (2013).

11 Associated Press, "Suffering from Alzheimer's Georgia Man Wanders Toward Stranger's Home, Fatally Shot," FoxNews.com, December 7, 2013, <http://www.foxnews.com/us/2013/12/07/suffering-from-alzheimers-georgia-man-wanders-toward-stranger-home-fatally-shot> (accessed April 11, 2014).



wielded weapons due to diminished cognitive abilities. In the coming years, it is expected that there will be a substantial increase in the number of calls for service and search and rescue calls, for those affected by Alzheimer's disease and other related dementias.

As a result, it is imperative that law enforcement agencies evaluate the way they prepare for and respond to calls for service involving those living with Alzheimer's disease, as well as similar special needs populations. Children with autism spectrum disorders (ASD), for example, can display similar behavior. Children with ASD are prone

to wandering; can lack the ability to verbalize; and are often frightened by lights and sirens.

Some law enforcement leaders have begun to address the need. They are requiring training for their officers on how to work with special needs populations, such as those with Alzheimer's disease and ASD. In addition, they are implementing innovative systems and programs to arm their officers with the best information available so that they are better equipped to respond to calls involving special needs individuals. Voluntary registry systems are providing this needed link for law enforcement and other first responders.

“Emergency responders should receive special training on how to search for autistic children who are nonverbal and often scared by lights and sirens. Emergency personnel also need to know to check streams or ponds, since many children with autism are drawn to bodies of water, as well as highways.”¹²

¹² Roni Caryn Rabin, “Study Shows Children with Autism Tend to Stray,” *The New York Times*, October 8, 2012.

voluntary registry systems: an overview

WHAT ARE VOLUNTARY REGISTRY SYSTEMS?

Voluntary registry systems enable law enforcement agencies to obtain critical information (prior to an actual emergency) that assists in response to calls for service involving an individual with Alzheimer's disease. This information proves especially valuable when police are called to locate a wandering individual with Alzheimer's disease. Voluntary registry information provided to law enforcement could, for example, include a location that holds special interest to a missing Alzheimer's disease individual; in which direction they tend to wander; a history of past interests or residences that may shine light on their behavior; whether or not they are verbal (and able to respond to questions); and often includes a picture of the individual. This type of information can expedite the search for a wandering individual by reducing the amount of information collection necessary after a call for service, enhancing immediate efforts, and providing a basis from which additional information can be gathered to further tailor the search. In addition, the information assists officers by preparing them to respectfully and appropriately interact with the individual once they have been located.

In many participating departments, voluntary registry systems are equally helpful in responding to individuals in other special needs populations. Departments utilize the system for Alzheimer's disease community members, as well as for those with ASD, developmental

“...initial response to a missing person with Alzheimer's disease could be the most crucial component of the investigation”

disabilities, attention deficit/hyperactivity disorder (ADHD), epilepsy, brain injury, mental illness, and other disabilities that may affect the way individuals interact and respond to law enforcement officers and other first responders.

WHAT ARE SOME BENEFITS OF VOLUNTARY REGISTRY SYSTEMS?

Agencies with established voluntary registry systems point to community safety; officer safety; mitigation of department liability; and reduction of strain on department resources as primary reasons for implementing voluntary registry systems. In addition, they cite providing peace of mind for caregivers of Alzheimer's disease patients and promoting community partnerships as benefits of implementing voluntary registry systems.

First, voluntary registry systems enhance community safety by providing timely information critical to locating wandering individuals quickly, efficiently, and safely. Law enforcement's initial

response to a missing person with Alzheimer's disease could be the most crucial component of the investigation. Studies show that of those individuals requiring law enforcement assistance and found alive, about 60 percent were found within the first 6 hours, and about 30 percent within 6-12 hours (and within 1-5 miles from home).¹³ The Virginia Department of Emergency Services found that 61 percent of wanderers not located within the first 24 hours are found deceased.¹⁴ To add to the challenge, first responders often begin the search with a time deficit because caregivers have already spent time searching for the wandering individual, sometimes for hours, prior to even contacting police. Therefore, law enforcement's access to the information that will aid their quick and efficient response is key to the safety of Alzheimer's disease community members.

Information provided through voluntary registry systems helps promote officer safety and can reduce department and officer liability. Departments that have implemented voluntary registry systems that report information regarding client communication methods, fears, and "triggers" often helps to de-escalate calls for service involving individuals with

Alzheimer's disease, as well as individuals with other disabilities such as autism spectrum disorders. Officers having information about the nuanced behavior of an individual with Alzheimer's disease, or a child with ASD, prior to responding to their home, is better prepared to bring the call to a peaceful resolution without necessitating the use of force. In the case of children with autism, for example, lights and sirens can be a particularly stimulating trigger for aggressive behavior. Officers can approach the call in a more sensitive manner and may be able to better resolve the situation.

Voluntary registry systems can reduce strain on department resources, particularly in times of crisis. According to the Alzheimer's Foundation of America, a typical search and rescue operation can cost taxpayers \$1,500 per hour, with low-tech operations averaging nine hours. That is an average of \$13,500 per search and rescue effort.¹⁶ Having information already submitted through a voluntary registry system could cut that cost substantially by providing information that would reduce the time, manpower, and resources necessary to locate a missing person with Alzheimer's disease. For example, knowing that a wandering individual with Alzheimer's disease is attracted to bodies of water or traffic can point officers in the right direction when beginning a search.

Voluntary registry systems also provide peace of mind for caregivers and those with Alzheimer's disease in the community. Caregivers can rest assured that the police department is prepared to respond to calls for service involving their loved one living with Alzheimer's disease. They are armed with the information necessary to immediately expedite a search when someone wanders; and, they are better prepared to treat the individual with

In Irvine, California, an elderly female wandered away from her home and her caretaker. Due to the effects of Alzheimer's disease, she attempted to walk to a home she had lived in many years ago. She walked to the back of the home through a path that was no longer accessible. As she attempted to get to the home, she tripped and fell. IPD did all they could to search for her, using bloodhounds, helicopters, and all other search and rescue support available. She passed away there before being found a few days later. Timely information about her condition, her history, and where she may have been going could have provided the details necessary to locate her earlier, and save her life.¹⁵

¹³ The International Association of Chiefs of Police, *IACP Training Key #648: Missing Persons with Alzheimer's Disease*.

¹⁴ Alzheimer's Foundation of America, *Lost and...FOUND*.

¹⁵ Troy Gielish, telephone interview, November 18, 2013.

¹⁶ Alzheimer's Foundation of America, *Lost and...FOUND*.

In 2009, Officer Nick McCarthy of the Colerain, Ohio, Police Department was dispatched to a call involving “an out of control 11/12-year old boy was destroying the house.” Upon arriving on scene, McCarthy (whose own son has autism) realized, based on the child’s behavior, that the boy had autism. The boy’s mother was fearful of having a police officer in her home, so McCarthy was faced with calming her in addition to getting the boy under control. Twice during the call, the boy attacked McCarthy, once with a chair and once with a vase, while he spoke to the boy’s mother. The call took three hours to resolve (average call lasts between 5 and 12 minutes). Because of his experience with his own son, McCarthy was eventually able to calm the boy and resolve the situation without further escalation. However, he realized that it could have gone very differently had he not had prior experience with autism spectrum disorders. The incident resonated with McCarthy and made him realize that any officer without the knowledge that he had would have been justified in responding with force. He wanted to identify a way to arm officers responding to similar situations with information that would help them best serve the special needs community and protect themselves.

appropriate dignity and respect when they do find him or her. This proactive approach provides a positive bond between the police department and community. Some departments have even found that stronger relationships with the special needs community can reduce calls for service from those community members, ultimately reducing costs.

Finally, police department representatives report that having a voluntary registry system in their community promotes partnerships. Although some departments have “gone it alone,” implementing systems without external involvement, many others develop and leverage strong partnerships with community groups, government agencies, and other stakeholder groups to develop, implement, and maintain the voluntary registry program. In doing so, the benefits of these partnerships extend well beyond the confines of rescuing individuals with Alzheimer’s disease who wander. They allow for a more open dialogue with Alzheimer’s disease (and other special needs) organizations. In addition, working with community organizations helps to create a more knowledgeable police force

that is better able to connect special needs community members with helpful resources.

HOW DO VOLUNTARY REGISTRY SYSTEMS WORK?

Although there are myriad variations of voluntary registry systems (which will be discussed in more detail in the next section of this document), all provide a means for caregivers of community members with Alzheimer’s disease (or other disabilities) to voluntarily submit information to law enforcement agencies. The information is

“Voluntary registry systems provide peace of mind for caregivers and those with Alzheimer’s disease in the community”

At the Colerain, Ohio, Police Department, officers use registry information to identify homes that may benefit from “pop-ins.” Officers stop by these homes on a regular basis to forge relationships with the special needs individuals residing there and their caregivers. By doing this, officers believe that calls for service to those homes (which cost approximately \$18.25 per call) can be reduced.

then used to bolster officer efforts in the event of an emergency.

Some departments allow for information to be provided via electronic forms on the Internet. Others have caregivers fill them out by hand and mail or drop them off at the department. Still others require that department members conduct individual interviews with caregivers to gather the information. Registration forms request a broad range of information from caregivers of special needs individuals.¹⁷ Basic information requested includes full name; nickname; full contact information for caregivers and others (such as neighbors or other family); physical descriptors; and diagnosis. In addition, many departments ask

“For most departments there is little or no additional cost to develop, implement and maintain their voluntary registry programs”

for more specified information regarding the individual’s special need that will help officers respond to calls for service including: whether or not they are verbal; behaviors; sensitivities; fears; and triggers. Most forms also request a picture of the individual be included.

Once submitted, the information from the form is reviewed, organized, and stored in the appropriate location within the police department. In many departments, the Crime Prevention Unit, Community Policing Unit, or similar unit or division within the department is responsible for the voluntary registry system. In others, the Communications Division has oversight. In others still, the task falls to whoever has the interest and skill set needed to manage the program. In some departments registration forms are kept in a paper file, while others keep registry data in a searchable electronic database. Some departments utilize existing records management systems (RMS) to store registry data.

Once registry data is entered and stored, internal processes are put in place for officers to access the information during calls for service. Again, the variation is broad. In some cases, the job of searching the registry falls to dispatchers during calls for service. In other cases, both premise and individual data is tagged in the RMS, and responding officers can access the data using their mobile data terminal (MDT).

Most departments report that there is little to no additional cost to develop, implement, and maintain their voluntary registry program, although some do report a slight cost to purchase new technology to organize, store, and access registry information.

¹⁷ Examples of voluntary registry forms in use in law enforcement agencies around the United States are included in Appendices A of this document.

key considerations for voluntary registry system implementation

IDENTIFYING THE NEED

Voluntary registry programs have been implemented in response to an identified need in a community. Some departments report that they have already begun to see an increased number of seniors in their community and are responding to wandering individuals with Alzheimer's disease more frequently. In many instances, high-profile cases of missing Alzheimer's disease (or other special needs individuals) shine the spotlight on the department's response and challenge police department leadership to identify a better way to respond to vulnerable populations.

In some cases, the idea for the voluntary registry system comes from inside the department. Savvy officers or progressive leaders; officers who have personal connections to Alzheimer's disease (or other vulnerable populations); or department staff who have received specialized Alzheimer's disease training may bring the need to light. Other departments receive external input from community members or stakeholder groups encouraging them to begin a registry system.

Regardless of the genesis of the voluntary registry program, it is important that law enforcement executives recognize the significance of the issue and support efforts to get it under way. Resources such as manpower, and in some case, funding may be necessary to move the program forward. In addition, support from the chief executive gives the program validity and facilitates getting others, including reluctant community members, on board with the system.

Sergeant Troy Gielish of the Irvine, California, Police Department, whose mother was reaching an age where she was forgetting where she was going and why she was there, feared what could happen if she wandered alone. Although focused on more enforcement activities during his career, Gielish realized the importance of programs that utilized prevention to help his department respond to the Alzheimer's disease population. Gielish used his knowledge of policing, coupled with his concern for community members like his mother to develop Irvine Police Department's "Return Home Registry" Program.

A community member in Franklin, Wisconsin, stopped by the Franklin Police Department (FPD) to drop off a special needs registration form from a neighboring agency. She suggested that FPD start a similar program. The dispatch desk officer who received the form brought it to the Communications Supervisor who received approval and began to develop the program. Six months later, the Franklin Police Department Special Needs Registry was up and running.

CONSIDERATIONS FOR COST AND BUDGETING

The majority of law enforcement agencies interviewed for this guide find their voluntary registry program to be **primarily cost neutral**. They cite nominal program costs, such as:

- manpower (officers/staff time);
- marketing/outreach (e.g., printing of brochures, holding events); and
- costs to upgrade or build databases and other technology (many agencies, however, did not incur technology costs).

For the most part, agencies have been able to create, implement and maintain a voluntary registry program with little to no additional budget. They have used existing resources, stretched budgets and included voluntary registry expenses in overarching crime prevention budgets in an effort to provide more services to their communities.

“The majority of law enforcement agencies interviewed for this guide find their voluntary registry program to be primarily cost neutral”

Those who have required additional funding to implement a voluntary registry system have had success using various strategies. They have:

- made a case for additional city budget funding by citing the cost for search and rescue efforts versus the cost to run the voluntary registry system, which is still nominal in comparison;
- identified public and private grant opportunities;
- re-appropriated existing funds to support the program; and
- leveraged partnerships to reduce costs or gain access to additional resources.

The cost to develop and maintain a voluntary registry program stands in stark contrast to costs for search and rescue efforts necessary to find wandering individuals with Alzheimer’s disease. As cited earlier, according to the Alzheimer’s Foundation of America, a typical search and rescue operation can cost taxpayers \$1,500 per hour, with low-tech operations averaging nine hours. That is an average of \$13,500 per search and rescue effort.¹⁸ Given the increased number of individuals who will be diagnosed with Alzheimer’s disease in the coming years, and prone to wandering, the cost to law enforcement agencies could be staggering.

¹⁸ Alzheimer’s Foundation of America, *Lost and...FOUND*.

Having information provided by a caregiver through a voluntary registry system could cut costs substantially by providing officers information that:

- helps focus deployed officers more efficiently;
- reduces the number of man hours necessary to locate a missing individual;
- provides officers with information that can be critical to bringing interactions with an individual with special needs to a successful resolution, reducing the need for use of force;
- improves the public's perception of the law enforcement effort to assist special needs communities;

- potentially reduces the number of officers (as well as other staff and volunteers) necessary to respond, as searchers are prepared with more information; and
- potentially decreases the need to deploy other search and rescue resources (helicopters, dogs, etc.), or the length of time that they are needed.

Each law enforcement agency interviewed for this guide employed different cost structures and budget strategies. What they do agree on, however, is that the benefits of having the voluntary registry in place within their agency far outweigh the costs.

cost scenario

Below are two scenarios involving a missing man with Alzheimer's disease. While the scenarios are fictitious, they are descriptive of the types of benefits provided by voluntary registry systems.

SCENARIO 1 (Police Department A has not yet implemented a Voluntary Registry System):

An 85-year-old man wanders out of his home without his caretaker's knowledge. It is the dead of winter and his coat is still hanging on the coat rack by the door. The caretaker spends an hour searching for the man before calling the police. Dispatch sends the closest officer to the call. The officer spends 30 minutes gathering preliminary information before rushing to search, learning that the man has Alzheimer's disease and has wandered before. The caretaker tells the officer that the man is drawn to a lake a half a mile away, as it is the one at which he had gone fishing with his son when his son was a boy. The caretaker is frightened and frazzled and forgets to tell the officer that there is a specific path to the lake that the man typically takes. The officer searches the home, property, and neighborhood with no sign of the man (who has now been missing for two hours). A search and rescue effort is launched, four officers, four volunteers, a K-9 Unit, and a helicopter are all deployed during the search. The man is found four hours later in a densely wooded area leading to his favorite lake with severe hypothermia.

The cost to the department included:

- 4 officers @ 4 hours of search time
- 1 civilian staff to coordinate volunteers
- 1 K-9 Unit @ 2 hours search time
- Helicopter deployment costs
- Lawyer fees for family's law suit against police department and/or PR firm to handle negative media coverage

continued on page 16

SCENARIO 2:

An 85-year-old man wanders out of home without his caretaker's knowledge. It is the dead of winter and his coat is still hanging on the coat rack by the door. The caretaker searches the house and the property, and decides that since she has already established a relationship with the local police department through the department's Alzheimer's Voluntary Registry Program, she will call her favorite officer on his cell phone to help her search. The officer is familiar with the caretaker, and knows that the missing man has Alzheimer's disease and is registered with the department. He quickly pulls up the man's registry information on his MDT, and heads to the man's home to continue the interview with the caretaker. In the meantime, based on information in the registry profile, the officer requests a second unit to respond to a wooded area leading to the lake that the man often wanders to. According to the registry, this is the path he has taken in the past. The officers are also notified (based on his registry profile) that the man is frightened by lights and sirens and are requested to approach without using them. Within 30 minutes, the man is located by the unit responding to the wooded area. They approach him quietly and calmly, and verify (using the picture in the voluntary registry) that it is in fact the missing man, as he does not respond to his name. They take him to a local hospital for observation where he is met by his loved ones.

Cost to the department:

- Voluntary registry implementation costs
- 2 officers x 2 hours cost scenario

STAFFING

Like most policing activities, the most critical resource in developing a voluntary registry system is manpower. Department staff is often responsible for all aspects of the program, making manpower the primary cost associated with it. Voluntary registry system program responsibilities include, program design and implementation; marketing and outreach; input and quality control of data; maintenance of information management systems; department outreach and training; and on-going maintenance of registry data. Some departments utilize different units such as the Crime Prevention Unit or the Community Policing Unit to administer voluntary registry programs. In other departments, the Communications Division has oversight. The tasks may even fall to whoever has the interest and skill set needed to manage the program.

Regardless of the unit or division, virtually all interviewed individuals responsible for voluntary registry programs oversee the program in addition to their regular duties—they are crime prevention specialists, communications supervisors, dispatchers, police officers and even chiefs of police.

Departments that utilize volunteers can leverage those with the appropriate skills for tasks such as technology development, data input, and program maintenance activities.¹⁹ In addition, volunteers can provide a strong community connection to be leveraged during marketing and outreach of the program. Police officers making field contacts with special needs individuals may also be employed to inform the caretakers about the program and to provide them with a registration form once the call is resolved.

Some innovative departments delegate programmatic tasks to reduce dependency

¹⁹ For more information on Volunteers in Police Service, visit <http://www.policevolunteers.org/>.

on department resources. Partnerships with nonprofit or other government organizations can provide staffing support for administrative or outreach and marketing tasks. Partnerships with private businesses may provide specialized skilled labor, such as development of promotional videos or graphic layout and printing of brochures, at little to no cost.

Despite where the voluntary registry system is housed within the agency or partner organization, the most successful programs seem to be staffed by those who have a passion for the program—and for serving the special needs community.

DEVELOPING THE REGISTRATION PROCESS

For those working to develop voluntary registry programs, ensuring ease of registration for caregivers of special needs individuals is a key consideration. Departments use a number of options to invite potential registrants.

- Web-based (document version) registration form—the form is accessible on the department’s, cities, or partner’s website. It can be downloaded and filled out on the computer, or by hand, and then emailed, mailed, faxed, or hand delivered back to the department. Once the completed form is submitted, department staff often manually enters the information into an information management system, or it is stored in a paper file.
- Web-based (database version) registration form—the form is accessible on the department’s, cities, or partner’s website. It can be customized by the law enforcement

agency to include check boxes and pull-down menus for ease of completion. It often automatically populates the registry database, eliminating the need for manual data entry by the department.

- Interview—Some voluntary registry systems require that police department personnel conduct face-to-face or telephone interviews with caregivers of special needs individuals to register. Often, the interested caretaker approaches the law enforcement agency via telephone, email, visiting the station, or contacting an officer. An interview is then scheduled, and the information gathered is then input into the registry’s information management system.
- Paper registration form—Many departments also produce and provide paper registration forms. They make them available at the police department, city hall, community events, in targeted venues (such as nursing homes or other assisted care facilities), and through partner organizations. Caregivers fill out the form by hand and then return it to the police department.

“Ensuring ease of registration for caregivers of special needs individuals is a key consideration.”

Determining what registry information to collect is also paramount. Information gathered should provide officers the tools necessary to find someone who has wandered, identify them, communicate with them, and to provide the appropriate assistance. Some departments work with local branches of organizations such as the Alzheimer’s Association or Autism Society to

develop the list of questions, while others work directly with parents and caregivers of special needs individuals. Many report that the form itself, and the questions continue to change and grow as the department learns more about the value of information gathered. A sampling of types of questions to include on voluntary registry questionnaires includes:²⁰

Personal Information:

- Full Name
- Nickname
- Address
- DOB
- Physical Characteristics (height, weight, race, sex, hair/eye color, scars/marks/tattoos)
- Medical conditions

Caregiver Information:

- Name
- Relationship
- Address

Specific Special Needs Information:

Communication:

- Is the individual verbal or nonverbal?
- What languages does the individual speak?
- Is he or she hearing impaired?
- Preferred method of Communication (If nonverbal)?

Officer Safety:

- Has the individual had any sort of specialized training?
- Is he or she former military?
- Is he or she former law enforcement?
- Is he or she a former boxer or martial arts specialist?

Behavior

- Favorite attractions or locations to where the individual may wander or be drawn?
- Favorite toys, topics, or interests?
- Location of bedroom or other location in the home where the individual may hide?
- Has the individual previously wandered?
- What fears/triggers/sensitivities does the individual have?
- Does the individual fear or will he or she run from police/fire/EMS?
- Best method of approach?
- What calms the individual?
- Is the individual prone to seizures?
- Any other information about the individual that may help police to find, interact, and serve the individual.

Other:

- Names and contact info of other family, friends, neighbors who interact with individual.
- Quality photo of the individual.

²⁰ Full sample registration forms are available in the appendices of this document.

INFORMATION MANAGEMENT & OTHER TECHNOLOGY

The key consideration for management of voluntary registry system information is ensuring timely, accessible, accurate information for first responders. Systems should be searchable; accessible by dispatchers, officers, and/or other pertinent department members; and have the capacity to hold the necessary information to assist officers (to include photos). Many departments also utilize systems that allow regional access to registry information so that neighboring law enforcement agencies are aware when responding to special needs individuals.

Each department interviewed uses its own unique technology to manage voluntary registry information. It is important to remember that each department must determine which type and what implementation of technology will work the best based on department size, capacity

(internal technological skill set or ability to access technology skills), and need. The following list provides an overview of systems used to manage voluntary registry data:

- Paper files—Some, particularly smaller departments, or those that do not have ready access to technology, use paper files to keep voluntary registry information. Typically these departments have only a handful of registered individuals and utilize internal manpower to organize, store, and search the paper file when needed.
- Databases—Other departments utilize databases to store registry information. Some departments have started with less robust databases, such as Access- or even spreadsheets such as Excel, to store and organize information. Others have moved to a

The San Diego Sheriff's Office "Take Me Home Registry" (TMHR) utilizes a custom-made database based on the department's regional mug shot database. The database features facial recognition technology and feeds TMHR information directly into the department's communication system. This way if a deputy in the field encounters a member of a vulnerable population, especially one who is nonverbal, the system can be queried, or the client image searched within the system using facial recognition, to identify the client and return him or her home safely.

The screenshot shows a web-based search interface for a person's information. At the top, there's a title "Find Person" and fields for "Operator:" and "Dt or Inc #:". A red warning message states "Do NOT enter any medical data - protect personal privacy". Below this, a instruction says "Leave field blank or unchecked if information is unknown to you". The search criteria are organized into several sections: "Name or part of name" and "Vehicle License" (text input); "Gender" with radio buttons for "Male" and "Female"; "Height range", "Weight range", and "Age range" (each with two input boxes and a hyphen); "Eye Color" and "Ethnicity" (dropdown menus); "Additional Search Info:" (text input); and a grid of checkboxes for "Scars", "Glasses", "Hearing aid", and "Tattoo(s)", each with "Yes" and "No" options. On the right side, there are three buttons: "Search for People Matches", "Search for People Matches Long Format", and "Missing Persons Flyer". At the bottom right, there's a "Revised more than 6 months ago" indicator and a "STOP" sign icon. A button at the bottom center says "Add or Edit Persons".

Screenshot of database query page for Irvine, California, Police Department's Return Home Registry.

more high-capacity database, such as an SQL-based database, that can store and search high-resolution photos and more data. Often the registry information in the database feeds directly into the department's communication system so that dispatchers are automatically aware of the individual's special needs when a call is linked to a registered premise or when individual information comes in. Some departments have chosen to have a new database custom built, and others have been able to adapt existing databases to fit the needs of their voluntary registry system. Many departments have used internal police department staff with IT skills to adapt or build the database, while others utilize technology vendors to assist. Some have even been able to leverage volunteers to do the work.

The Highland, Indiana, Police Department is a medium-sized department located in Northwest Indiana, just outside of Chicago, Illinois. HPD uses a commercial off-the-shelf records management system (RMS) in its day-to-day operations. The department implemented its Special Needs Registry for First Responders in 2012, utilizing existing RMS technology. Once a special needs registry form is received, a flag is placed on the individual's name and premise information in the RMS. The actual registration form and accompanying photo is scanned and attached electronically to the individual's name and address. If an officer is called to that location or individual, he or she automatically sees that the individual is registered and is able to access the detailed registry information on the form by opening the attachment directly from his or her squad car's MDT. The process does not require additional technology or expense.

- **Records Management Systems (RMS):** Some departments utilize existing RMS technology to manage voluntary registry information. In most cases, the name and address of the individual with Alzheimer's disease (or other special needs) is flagged in the RMS, a capability that comes standard with most commercial RMS. The flag lets first responders know that the individual is registered with the special needs program. In addition, the full registration form and photo can be attached to the premise and individual file in the RMS so that all information provided can be accessed by the officer via his or her MDT, or by the dispatcher, when the officer responds to a special needs call.
- **Other technology:** Some departments utilize other technology to bolster the efforts of their voluntary registry system. Identification bracelets or ID cards linking the registered individual to their registry file at the police department helps concerned citizens who may stumble upon a wandering individual with Alzheimer's disease. Bracelets, for example, may have the department's phone number, and the individual's voluntary registry number on them so that citizens can easily call the department and identify the individual utilizing the personal ID number. Other departments employ locative technologies such as GPS bracelets to assist in locating wandering individuals with Alzheimer's disease.²¹ While these technologies are beneficial for some, they typically do incur additional costs. More information on locative

²¹ For more information on locative technologies, see <http://www.theiacp.org/portals/0/pdfs/AlzheimersLocativeTechnologies101Brochure.pdf>.

technologies can be found on the IACP Alzheimer's Initiatives website at <http://www.theiacp.org/portals/0/pdfs/AlzheimersLocativeTechnologies101Brochure.pdf>.

CONFIDENTIALITY OF DATA

Although the majority of departments interviewed have not experienced concern over the confidentiality of information provided through the voluntary registration system, a few have. Confidentiality concerns coupled with a general fear of law enforcement, common in some communities, could create a barrier to community participation in voluntary registry programs. Some community members fear exploitation of registry data. Some fear that registry information collected may be used to violate the rights of special needs individuals by inappropriately releasing the information to outside entities. Others

question the Health Insurance Portability & Accountability Act (HIPAA) compliance of registry information collection and storage.

To mitigate issues, departments use disclaimers, waivers, or releases on voluntary registry systems' registration forms/questionnaires to notify registrants that providing data is voluntary and to let them know that information will be used solely for the purpose of assisting first responders in providing service. Signature of the waiver at the end of the registration form releases the department from liability.

All police departments interviewed for this guide strongly suggest that a release be added to voluntary registration forms to address confidentiality issues. They also strongly suggest that release wording be reviewed and approved by municipal/city/jurisdictional attorneys to ensure coverage prior to program inception.

release examples

San Diego County, California, Sheriff's Office Take Me Home Registry:

"I acknowledge that I have voluntarily provided this information for entry into the Take Me Home Registry with the understanding it will remain confidential at all times and be released only to police, fire, or medical personnel assisting in the identification, safety, and return of this person if found or reported missing, or otherwise determined to be at-risk by emergency response personnel. I further acknowledge that I have the legal authority to enter the registrant named on this form into the Take Me Home Registry." — Printed Name, Signature, Relationship, and Date.

Franklin, Wisconsin, Police Department:

"IMPORTANT: Please review the following before completing, signing or submitting this form: Responding to this form is strictly voluntary. The information on this form will be added to the Franklin Police Department's record management system and may be distributed to emergency responders in order to better care for you or your family members. The city respects your right to confidentiality and will strive to ensure that your personal information remains confidential. However, by definition of this form, once submitted, is a public record, and may be subject to disclosure under Wis. Stat. 19.35, except as otherwise exempt by law. The city does not collect or maintain information about you that is not essential for your safety and well-being. By completing this Special Needs Registry form, I acknowledge that the information provided here in is accurate and was submitted voluntarily for the sole purpose of assisting Police, Fire and Emergency Response Departments in more effectively responding to a potential emergency in or near my residence. I, therefore, authorize the use of this information for those purposes." — Signature of person completing form, Printed Name if not electronically signed, Date.

COMMUNICATING INTERNALLY: POLICY AND TRAINING²²

Ensuring that department members understand how and why the voluntary registry system works is essential to its success. Once again, how internal communication takes place varies between departments. While few develop formal standard operating procedures (SOPs), many more utilize informal communication and/or structured training methods to communicate information about voluntary registry system protocol and procedures throughout the department—and with partners.

In some departments, voluntary registry systems are mentioned in and influence SOPs regarding calls for service. However, few police departments have implemented SOPs specifically governing the voluntary registry program. Instead, it was found that most departments interviewed utilize structured internal communication and trainings to inform department members about the voluntary registry program. Training bulletins, briefings, field officer trainings, and roll call trainings all communicate the role of department staff in the program. In addition, progressive departments provide broader training focused on special needs communities served by the voluntary registry system. For example, many departments provide training on the department's voluntary registry program as part of, or in conjunction with, officer training on responding to individuals with Alzheimer's disease, Autism spectrum disorders and other disabilities.

Voluntary Registry System Training may cover the following:

- Program overview
- How to gather information and the type of information to be gathered
- Data input procedures
- Data storage and backup procedures
- Data search capability
- Outreach
- Maintenance of registry information

Internal communications and trainings should be targeted to specific groups within the department—officers, detectives, managers, dispatchers—based on their interaction with the voluntary registry system. Communications should also publicize “early wins” when they happen, letting department and community members know when the program succeeds in helping to find an individual with Alzheimer's disease.

PARTNERSHIPS

Many police departments concur that the key to the success of their voluntary registry system is the strong partnerships formed with interested non-governmental organizations, government agencies, and private businesses. Partnerships can act as force multipliers, expert advisors, resource providers, and ambassadors for voluntary registry system programs. Some programs are born out of existing partnerships focused on providing quality service to seniors, or other special needs communities, such as TRIAD (an agreement between law

²² Examples of actual training documents used in police departments are attached in the appendix of this document.

The San Diego County Sheriff's Office "Take Me Home Registry" (TMHR) Program credits much of its success to strong partnerships with numerous local organizations. These organizations specialize in providing services and support to community members, their caregivers, and loved ones facing various needs and challenges, as this program incorporates multiple vulnerable populations within their community. Partners include Arc of San Diego, Alzheimer's Association – San Diego Chapter, Area Board XIII State Council on Developmental Disabilities, Autism Society of San Diego, Epilepsy Foundation of San Diego, Health and Human Services, Marine & Family Services Children, North Coastal Consortium for Special Education, San Diego-Imperial Counties Developmental Services, Inc., St. Madeleine Sophie's Center, Stepping Stone Resources, and United Cerebral Palsy of San Diego. The organizations not only provided expert input during the design of the program, but also continue to provide ongoing support and guidance. In fact, these organizations serve as the "point of entry" for individuals interested in registering for the TMHR program. Partner organizations can directly input registry information from community members into the TMHR. In addition, the Honorary Deputy Sheriff's Association of San Diego, the Deputy Sheriff's Association of San Diego, and the Regional Access Network Board provided funding for development of the program.

enforcement and community members to help keep older adults safe). Others form partnerships for the purpose of implementing voluntary registry systems.

Departments that have implemented voluntary registry systems have found success in these partnerships:

- Non-governmental (NGO)/ nonprofit / community organizations: NGO, non-profit and community organizations focused on special needs communities are strong allies in implementing voluntary registry systems. Local chapters of the Alzheimer's Association and Autism Society are just two examples of possible voluntary registry system partners. They provide program input such as questions to include on the registry questionnaire and how to best increase participation. They also provide assistance with outreach by identifying ways to access target groups and to advertise the availability of the registry

program. More importantly, these groups provide program legitimacy that is often necessary when encouraging caretakers to register their loved one who is suffering from Alzheimer's disease, or who has other special needs.

- Government organizations: Government organizations can provide a strong source of support for law enforcement voluntary registry programs. Neighboring police departments and other local first responder agencies, such as fire and EMS, can provide connections to those in need in the community and can also benefit from the information gathered through the registry. Governmental agencies such as senior and social services also have a vested interest in voluntary registry programs and can often provide support.

The Polk County Sheriff's Department Project Safe and Sound provides bracelets to its registrants in an effort to help identify wandering individuals with Alzheimer's disease. The program leverages partnership with a local engraver who engraves Project Safe and Sound bracelets with ID numbers at no cost for the department.

- Private sector: Businesses in the community may also be able to provide assistance with a voluntary registry program. For example, privately run care providers can facilitate outreach by distributing information about the program to loved ones of residents with Alzheimer's disease.²³ In some cases, businesses have donated goods and services to help bolster voluntary registry system programs. Police departments must ensure that when receiving support from individuals and businesses, they follow all departmental protocols regarding receipt of public donations. Police foundations, established TRIAD programs, community fund organizations, and other local law enforcement or community focused non-profit organizations may be able to help manage such donations.

“In order for the program to succeed, the community must know the registry program exists...”

²³ State and municipal business licensing departments retain a list of privately run health care facilities that provide services to elderly and developmentally disabled persons.

²⁴ Examples of actual marketing and outreach materials used in police departments are included in Appendix C of this document.

MARKETING AND OUTREACH TO THE COMMUNITY²⁴

Marketing and outreach that promote voluntary registry systems are critical. In order for the program to succeed, the community must know the registry program exists; they must understand its purpose; and they must trust that it will help provide quality service to their loved one or ward living with Alzheimer's disease. Marketing and outreach strategies should be tailored to fit the community. For example, outreach strategies primarily utilizing Internet presence may miss a large portion of the elderly market. Combinations of various strategies to reach target groups provide the best coverage. However, budgetary, staffing, and technological constraints may also dictate the level of marketing possible.

The following are marketing strategies employed by departments who have voluntary registry systems in place.

- Print Media—Brochures, One-pagers & Posters: Most departments create brochures, one-page overviews, or other marketing documents that are distributed at community events or posted in locations throughout the community. Brochure and poster placement at community and senior centers, hospitals, rehabilitation centers, and doctors' offices provide a broad viewing by those who visit these locations.
- Print Media—Articles in local newspapers and periodicals: Press releases covering the launch of the voluntary registry program, or other program events, can be picked up by local print media and published in newspapers and other periodicals,

providing wide readership. Local community groups and local chapters of national associations who provide services to special needs communities may also be interested in publishing articles covering voluntary registry systems in their periodicals.

- **Video/Audio Media:** Some departments develop videos and/or radio spots to be played on local cable television channels and radio stations to promote voluntary registry systems. This requires having access to technology necessary to develop the media piece. Producers and editors are often interested in special interest pieces that the community can relate to. Broad viewership/listenership could mean excellent exposure for the program.
- **Websites and Social Media:** Today, most government agencies, including police departments, utilize websites and other social media (such as Facebook or Twitter) to push important information out to their community quickly and easily.²⁵ Providing information about, and a link to,

the voluntary registry system on department, municipality, and partner websites and social media sites can efficiently promote the program with little to no cost. In addition, city e-newsletters and local blogs can help cover the program as a community interest story.

- **Other municipal paging system:** Many police departments and municipalities across the country have access to systems (such as reverse 9-1-1) that enable them to push information to subscribing community members via email, text message, or telephone message. If access to this type of system is already in place, it can be leveraged to send a short introduction of the voluntary registry program to subscribers.
- **Events:** Some departments prefer a more face-to-face approach to marketing their voluntary registry system. In many cases, crime prevention specialists or police officers provide information about the system at community events targeting special needs populations.

The Colerain, Ohio, Police Department holds the Children and Residents Encounter (CARE) program open forum event every September to promote the CARE program, and to register special needs community members. The event targets those with autism spectrum disorders, Alzheimer's/dementia, Down syndrome, and other developmental disorders. It is held at the police department where police, fire, and EMS personnel bring their vehicles for participants to explore; grill hamburgers and hotdogs; and socialize with special needs attendees and their caregivers. At the same time, the attendees are given a registration packet that they can fill out and provide back to CARE personnel to register the special needs individual on the spot. A local photographer volunteers his time to take high-quality photos of the registrants for inclusion in their registry packet. The event not only promotes CARE registration, but also gives special needs community members the opportunity to interact with first responder personnel in a fun, informal, and social environment.

²⁵ Refer to IACP's Center for Social Media to learn more, <http://www.iacpsocialmedia.org>.

For example, a department may present information, and the opportunity to register, at crime prevention events held at the community's senior center. Some departments even hold events specifically focused on promoting the system and registering community members.

- **Officer Contact:** Officers carry questionnaires with them while on patrol so that if they are called to, or otherwise encounter an individual who could benefit from the voluntary registry system, they are able to present a questionnaire to caretakers, and encourage them to fill it out.²⁶
- **Community/Service Organizations:** As mentioned in previous sections, partnerships with organizations that provide services to special needs groups provide a myriad of opportunities to promote voluntary registry programs. Local chapters of organizations such as Down syndrome associations and epilepsy associations are often willing to include information about the program in newsletters, blogs, and other regular communications. In addition, their meetings provide opportunities to make face-to-face connections directly with groups the registry is intended to serve. These groups also have internal distribution lists that may be used to get the word out about the voluntary registry program.

PROGRAM MAINTENANCE AND SUSTAINABILITY

As with any department program, it is important to consider the future of the effort. Voluntary registry system programs require leadership to sustain it programmatically, technologically, and even financially.

Once the registry is implemented, decisions will need to be made about how to sustain it going forward. Those questions may include the following:

- How do we continue to grow the registry?
- Do we expand to other special needs groups? How?
- Do we need changes to technology to support program growth?
- What partnerships should be included?
- Do we need more staff?
- Do we need to update training?
- How can the program better serve the Alzheimer's disease community?
- What type of registry maintenance is necessary?

Departments that have implemented voluntary registry programs report that developing a process for maintenance of system data should not be overlooked. They suggest that departments ensure there is a written process in place that specifies how data will be kept current and who will be responsible for updating it. Most departments make targeted efforts to update the information semiannually or annually. They make phone calls or send

²⁶ IACP Alzheimer's Initiatives offers a number of resources to assist officers in the field interact with individuals with Alzheimer's. Resources can be found at <http://www.theiacp.org/Missing-Alzheimers-Disease-Patient>.

emails to those registered (or their caregivers) to request updated information. While this responsibility often falls to program staff, some departments ask volunteers or officers assigned to light duty to take on the task. They note that it is critical to ensure that volunteers, officers, and other staff responsible for

maintenance be trained on how to deal with the often-sensitive conversations necessary to update voluntary registry system data. A sample dialogue or script is often helpful to provide to staff and volunteers who are responsible for updating information.



challenges

Most departments employing voluntary registry systems report that benefits of the program far outweigh the challenges of implementation. However, some challenges are worth mentioning so that departments launching programs can prepare to address them.

ENCOURAGING PARTICIPATION

It seems that launching a voluntary registry system can be a lonely endeavor. Many departments report that encouraging participation in the program is the biggest challenge. As mentioned previously, community members who fear law enforcement are often reluctant to participate in the registry. Some may fear that such private and personal information about a loved one's disability is not safe in the hands of law enforcement. They may fear that it could be used inappropriately to deny special needs individuals their rights, or that it may be released to other entities without permission. In addition, caretakers may fear that law enforcement will perceive their quality of care to be insufficient. Some families will

“One of the early challenges we met was in marketing the program to the elderly, as they were concerned the program would serve as a “watch dog” and that we were looking to enforce laws against them such as taking away their driver’s licenses. Using the VIP’s [Volunteers in Police Service] and working directly with organizations such as Alzheimer’s Association and the other similar groups helped us overcome this challenge.” — Irvine, California, Police Department, Return Home Registry

even feel that from a cultural standpoint the responsibility of caretaking solely belongs to the family.

In addition to encouraging community participation in the program, some departments have found gaining internal participation a challenge. Incentivizing sworn and civilian department members who are not yet connected to the program to take on additional duties can be tough. Some may not see a need for the program; others may be reluctant to add responsibilities to their heavy workloads. Some departments have also found encouraging neighboring law enforcement agencies' participation challenging. Those departments may have not yet recognized the need within their communities, or competing priorities have stifled their interest in the voluntary registry concept.

Prioritizing ongoing marketing, outreach, and training can ameliorate reluctance to participate. Targeted outreach strategies that focus on special needs groups can help get the word out about the program. Departments can also encourage community connections of their police volunteers to increase participation in the voluntary registry system. Gaining support of groups and individuals respected within the target community can help provide program legitimacy and encourage participation.

Providing department members with training that teaches why the program is important to quality community policing also encourages participation. Ensuring that system successes are well publicized both externally and internally also helps bolster program support.

Finally, chief executives' overt public support for voluntary registry systems provides a powerful weapon in combating complacency and lack of participation.

MAINTENANCE

It is important that those developing voluntary registry systems plan for regular maintenance of the program and, specifically, updating system data. It may seem like a task that can be put off until after the system has been operational for a length of time. However, the status of registered individuals and their caregivers often change. A database full of information that is not maintained will not be useful to officers. It can become a large, difficult-to-manage system providing faulty information. Failing to properly maintain data may deter officers from using the system and may even cause harm if inaccurate information is used during a call.

Planning a regularly scheduled process of updating data helps to mitigate risk and ensures that the voluntary registry system is kept manageable. In addition, having a stated process for maintenance communicates that the department is serious about the program and is willing to do the work to keep it functioning properly. The process for updating system data will depend, in part, on the number of individuals registered and staffing available to take on the task. Many departments make direct contact, through telephone, email, or face-to-face interaction with caretakers on an annual or semiannual basis to check the status of the information in the system. Program staff, officers assigned to light duty, and police volunteers can be responsible for the tasks associated with maintaining data. Those tasked

The Colerain, Ohio, CARE Program relies on a centralized county dispatch to relay registry information to Colerain Police Department officers. Ensuring that information is passed along in a way that is timely and helpful to officers, when they are called to serve a registrant, continues to be a challenge.

with maintaining data should be properly trained on the appropriate way to make contact with and have sensitive conversations with special needs individuals, their caretakers, and their loved ones.

SUSTAINABILITY

One of the cited advantages of a voluntary registry system is the cost-benefit ratio. However, because many departments are able to implement the program with little financial impact, the expectation that it will continue to run with little or no support can exist. Similarly, focusing enough manpower on the program to keep it running properly and growing can be difficult. Making the voluntary registry system a priority in light of many other programs can be a hurdle and may challenge the sustainability of the program.

Strong communication about the voluntary registry system program and its successes can combat this challenge. Keeping both quantitative and qualitative data on the program can also help promote it and keep it from being overlooked during budgeting and staffing decisions.

chief executive's guide to implementing successful voluntary registry systems

While understanding key considerations when implementing a voluntary registry system is important, to achieve success, law enforcement executives should also be aware of over-arching strategies.

STRATEGIC IDEAS

This section suggests a few strategies employed by law enforcement executives to promote successful development and implementation of voluntary registry programs.

- *Implement a voluntary registry system as part of a larger effort to prepare your department for interacting with and serving the Alzheimer's disease community, as well as other special needs communities.* Voluntary registry systems implemented as part of a larger strategy to better serve the special needs community are most successful by ensuring that officers understand the challenges faced by individuals with Alzheimer's disease and their caregivers. As part of the implementation strategy, departments should offer and require training for officers on how to identify characteristics of the disease and how to respond effectively to incidents involving individuals with special needs to help improve agency response. IACP offers a number of Alzheimer's disease training options

for police departments, including no-cost classroom training, training videos, and training keys.²⁷

- *Leverage Partnerships.* Chief executives can provide leadership in forming and sustaining partnerships with organizations that will serve the special needs community. Leveraging existing relationships; identifying ways to continually involve partners; and giving credit where credit is due are all ways chief executives can aid in forming critical partnerships to advance voluntary registry system programs.
- *Lend YOUR leadership, support, encouragement, and weight.* Although in many departments, the details of the voluntary registry system will be delegated to others, it is important that chief executives understand, believe in, and communicate the merit of the program, both internally and externally.
- *Design processes, policy, technology, and budget that suit your department and your community.* It is important to understand that although the benefits of voluntary registry systems to the Alzheimer's disease community are universal, the design and implementation vary from department to department. Law enforcement

²⁷ More information on IACP Alzheimer's Initiatives training can be found at <http://www.theiacp.org/Missing-Alzheimers-Disease-Patient>.

Officers of the Borough of Upper Saddle River, New Jersey, Police Department attended training on issues facing officers in dealing with individuals with special needs. After the class, they suggested that the department develop a voluntary registry system. The chief approved the idea, and the At Risk Resident Registry was launched.

Chief Christopher Arciero of the Canton, Connecticut, Police Department attributes much of the success of the Alzheimer's Registry program to the partnership with Canton's Senior and Social Services. He credits the forward motion of the program to the energy and drive of the director of Senior and Social Services, and to the partnerships of the community's TRIAD program.

When presented with the challenge, Chief Daniel Meloy of the Colerain, Ohio, Police Department gave Officer Nick McCarthy the authority and latitude to design and implement the Children and Residents Encounter (CARE) voluntary registry program. As the program grows, Chief Meloy continues to support the program, providing words of encouragement; refocusing program staff on the merits of the program when necessary; and presenting the program in national forums.

In San Diego County, California, Officer Brian Herritt of the Palomar College Police Department not only responded to incidents involving special needs individuals, but also is a father of a special needs child and has received police assistance as the family and caregiver of the child. Officer Herritt understood the challenges from all sides. He brought the idea for the Take Me Home Program to the San Diego County Sheriff's Department and lent clarity and expertise to its implementation.

executives must consider the uniqueness of their communities, including community and department size, demographics, needs, and partnerships when deciding on the implementation details of a voluntary registry system.

- *Whenever possible, choose staff who are passionate about serving the Alzheimer's disease community and/or have a personal connection to the issue to be involved in or take leadership roles in the voluntary registry program. Although not necessary, having individuals involved in the voluntary registry system program who have a passion, and a vision for better serving a special needs community, helps to drive program implementation and*

growth. Those individuals often have an unwavering drive to help the program succeed.

- *Be resourceful. Think outside the box. Police departments have become experienced at doing more with less, at making things happen with few resources, while still providing the best possible service to the community. Skillful utilization of existing resources and continually identifying strategies to promote and expand the use of*

**“Be resourceful.
Think outside
the box.”**

In Colerain, Ohio, Officer McCarthy had both personal and professional experience in dealing with individuals with special needs. This drove him to bring the need to develop a better way to serve the special needs community to Chief Meloy and to implement the CARE Program.

At the Polk County, Florida, Sheriff's Department, existing grant monies were re-appropriated to the Office of Communications to build and sustain Project Safe and Sound. In addition, the program leverages partnerships with two local engravers who create Project Safe and Sound bracelets with ID numbers at no cost.

The Highland, Indiana, Police Department utilizes the existing RMS to store and access voluntary registry information, forgoing the need to spend time and money on building a new database for the Special Needs Registry. HPD has historically used the RMS to tag individuals with information that officers need to know when responding. The department simply expanded on the idea to include Special Needs Registry information.

voluntary registry systems are both helpful to bolstering program success. For example, utilize existing manpower, technology, and resources to build a voluntary registry system. If possible, leverage business partnerships that may provide pro bono services to help defray program costs. Identify ways that the voluntary registry program can expand to serve other special needs populations—or to serve those populations in different ways. Many departments who have implemented voluntary registry programs started

by focusing on one special needs community, such as Alzheimer's disease or autism spectrum disorders, but have expanded to serve all special needs individuals in the community.

- *Encourage program staff to keep programmatic data.* Although a seemingly ancillary task, keeping detailed program data can help promote success of voluntary registry systems, both internally and externally. Data on how many special needs missing persons cases are undertaken in a year, as well as costs associated with those cases can help to justify the need for a voluntary registry system. After implementation, statistics such as the number of registrants, percentage of the elderly community participating, and cost data can help promote the program in the community. Anecdotal data, such as descriptions of cases where the voluntary registry program could have or did help locate a missing Alzheimer's disease individual can be immensely helpful in encouraging dispatchers and officers to participate and can show the community the importance of the system. Finally, data such as how often the system was queried; how many officers searched the voluntary registry database; and what types of searches they made can tell quite a bit about how the system is being used within the department. All of this information can help when making programmatic decisions.

conclusion

Voluntary registry systems are an integral part of a holistic approach to Alzheimer’s disease, and/or special needs programming in law enforcement agencies; and their benefits are undeniable. The need for officers to have access to information that helps better serve vulnerable populations is becoming increasingly important. The flexibility of these systems allows law enforcement agencies to create programs that best fit their communities. Agencies can reap the benefits of having access to critical information in times of emergency, without depleting budgets or overextending resources.

Departments that have developed voluntary registry systems continue to think outside the box regarding ways to grow and improve the reach of the program. Many look to expand to other vulnerable populations not currently included in their systems by increasing training and outreach to those communities. They also continually identify new, innovative ways to ease the fears of caregivers and family members of special needs clients who are reluctant to provide personal information to law enforcement. In addition, they continue to identify ways to nurture and expand the program without incurring debilitating costs.

Of the departments interviewed, many expressed interest in learning what other law enforcement agencies are doing to better serve the senior, special needs, and other vulnerable populations in their communities. They encourage the development of a national database that provides insight into law enforcement programs serving those populations to be shared among the law enforcement community. Building on the successes of other departments can help law

enforcement agencies to continue to evolve the services provided to vulnerable communities.

Looking to the future, some law enforcement agencies also show interest in increased regionalization of the voluntary registry concept. They would like to identify a standardized way to share registry information regionally and nationally, so that if an individual living with Alzheimer’s disease wanders farther than their jurisdictional line, neighboring law enforcement agencies have access to their registry data. In addition, others want to see advancing technology to support voluntary registry systems, such as an application that would enable registration quickly and easily through smart device technology.

chief’s quotes

Chief Christopher Arciero, Canton (Connecticut) Police Department:

- “This program shows the community that the police are about more than traffic accidents; they are willing to go the extra mile to keep the community safe.”

Sheriff William D. Gore, San Diego County, California, Sheriff’s Office:

- “Over the last three years we have completed, on average per year, 559 Missing Adult reports and 1,199 Missing/Runaway Juvenile reports. Information that is timely, accurate, searchable, and regional is THE critical component when a loved one goes missing. This is especially true if your loved one has unique challenges that make communicating difficult.”
- “This is a program simple in design and highly effective.”
- “Through creating a smarter response, we hope to have safer people. The San Diego region endeavors to keep our most vulnerable populations safe from harm.”

appendix a

SAMPLES OF VOLUNTARY REGISTRATION APPLICATIONS/QUESTIONNAIRES

Additional samples can be found at www.theIACP.org/alzheimers.



Colerain Police Department C.A.R.E. SPECIAL NEEDS QUESTIONNAIRE



1. Name of your loved one: _____
2. What is the address where your loved one spends the majority of their time? _____

3. Does your loved one go by a nick name? If so, what? _____
4. Date of birth and age of the registered person: _____
5. Diagnosis of the registered person: _____

6. List all pertinent names and phone numbers officers may need when dealing with your loved one. _____

7. Physical description of the registered person:
Height: _____
Weight: _____
Hair Color: _____
Eye Color: _____
Race: _____
Gender: _____
Glasses: YES NO
8. Is there a special interest (outside of their residence) that your loved one is drawn to? (For example: trains, water, woods, parks, malls, traffic, etc.). _____

9. Has your loved one ever ran away or been reported as missing? If so, where was he/she found? _____

10. Is the registered person verbal or non-verbal? Explain in detail. _____

appendix a (continued)

11. Does the registered person fear Police or Fire-EMS personnel or emergency vehicles?
Explain in detail. _____

12. Name of care givers, parents, grandparents or other family members involved in
your loved one's life: _____

13. If your loved one becomes confrontational, how could Officers or Rescue Personnel
calm them without your presence? _____

14. Are you willing to allow the Colerain Police Department to place your address and the
information of your loved one's needs into the system to insure that officers are better
prepared to handle the situation? _____

15. Please explain in detail any other important information that we may need to know that
might assist us in not triggering a violent response from your loved one: _____

16. Does your loved one have any triggers ie: lights, sirens, loud radio noise? _____

17. Address you would like your C.A.R.E. card mailed to? _____

appendix a (continued)



Colerain Police Department **C.A.R.E.**



Release Waiver

I, _____ give permission to the Colerain Police Department to release any and all pertinent information related to the care or well-being of _____ to the Hamilton County Communications Center. I realize this information may be released to other agencies via the communications center such as Fire Department and Emergency Medical Services.

Signature _____ Date _____

appendix b

POLICY, SOPS, INTERNAL COMMUNICATION & TRAINING SAMPLES

Additional samples can be found at www.theIACP.org/alzheimers.



RETURN HOME REGISTRY Training Bulletin

In *(Insert Date Here)*, our department began the implementation of the Return Home Registry (RHR). The Registry is a searchable database that can be used by personnel to assist in reuniting lost or found persons with their family members and/or caregivers in the event they wander from their home. Persons who are prone to wander can include persons of all ages who suffer from any developmental disorder or dementia related illness that may impact their ability to safely return home. These conditions include, but are not limited to Alzheimer's, Autism, Cerebral Palsy, Down Syndrome, and children with debilitating illnesses or special needs. The program will be open to any person fitting the criteria that wants to register, or to any family member or caregiver who wants to register another individual. Registration will be limited to persons who have a direct nexus to the City of (XXXXX) either through residence or by caregiver location.

In order to be in compliance with the Health Insurance Portability and Accountability Act (HIPPA), the registry will only contain biographical information, two current photographs (portrait & full body), contact information and locations the person frequents. No medical information will be collected.

PROGRAM APPLICATION:

There are several ways the program can be used by field personnel. In the event a person is contacted and unable to provide biographical information that would assist in identifying their place of residence or caregiver, the officer would run the subjects physical descriptive data through dispatch to obtain a possible match in the RHR software database. This descriptive data includes height, weight, approximate age, hair color, eye color, scars, or other descriptive information.

Another feature of the RHR software is that it is equipped with a "Key Word" search function that can be used to further assist in identifying the registrant. Because each of the aforementioned illnesses has unique characteristics that may affect the persons memory or their ability to communicate effectively this feature was designed.

Find Person

Operator: [] Or by Inc #: [] Reset Form

Do NOT enter any medical data - protect personal privacy

Leave field blank or unchecked if information is unknown to you

Name or part of name: [] Gender: Male Female

Vehicle License: [] Search for People Matches

Height range: [] Eye Color: [] Search for People Matches Long Format

Weight range: [] Ethnicity: []

Age range: []

Scars: Yes No

Glasses: Yes No

Hearing aid: Yes No

Tattoo(s): Yes No

Missing Persons Flyer

Revised more than 6 months ago

Add or Edit Persons

STOP

appendix b (continued)



For example illnesses concerning the elderly such as dementia, the persons are likely to remember events that earlier occurred in their life. For this reason, Officers will attempt to obtain the place the person was born and their previous career that they held. A Key Word search could be done on these areas.

In illnesses affecting younger persons who may suffer from developmental disorders and have difficulties communicating, they are likely to have a unique characteristic the parent or caregiver may share during the registration process. These characteristics can include a clothing item or accessory worn or a specific mannerism from the registrant. When registering persons for the program personnel should ask the parents about these characteristics to obtain information for a Key Word search being mindful not to collect any medical information.

Additional information in the RHR data is locations the person frequents or is likely to wander. This information can be entered in to the Key Word search field as well. Examples would be; "Turtle Rock" or "Library" that could be queried by dispatch.

If a match is found a photograph and contact information will be available to assist in returning the person to their caregiver. The dispatcher will send a photograph via e-mail to the officer's MDC where a comparison can be performed to identify the subject.

Another application for the program will be when handling a missing person call for service who is a program registrant; the officer could access the database and obtain a current photograph and a template for a Missing Person flyer. The registrants file will also give personnel locations to be included in their search based on data previously collected

REGISTRATION:

(YOUR CITY NAME) residents and persons working in the care providing industry will be able to begin the registration process via a link on the City of (XXXXX) website. There will also be several locations throughout the city including the Front Desk of the Police Department, the (Insert other Locations Here), and special advertised events where registration can take place with the assistance of Crime Prevention Personnel and trained volunteers.

appendix b (continued)



Field personnel handling calls for service with persons who fit the criteria will explain the RHR program to the family member or caregiver and attempt to register the individual. Field personnel will complete the RHR Registration Form and have CSI respond to take photographs. If CSI is not available to take photographs a digital camera can be used. The pictures should include (1) portrait style and a (1) full body photograph. The photographs should be downloaded to the following file:

R:\GenFiles\Patrol\Return Home Registry\Photographs

The photographs file name should include the last name and (*your department name*) case number. If the persons are not interested in joining and just want additional information, they can be given a Return Home Registry pamphlet or be referred to RHR website below:

[http://www.ci.irvine.ca.us/ipd/in the community/return home registry.asp](http://www.ci.irvine.ca.us/ipd/in%20the%20community/return%20home%20registry.asp)

Field Personnel handling lost or found persons will reference in their report any use of the RHR database or if there were any referrals to the program. Example:

I advised Jones (family member or caregiver) about the RHR program and completed the RHR registration form and Waiver. CSI/Officer Brown took two digital photographs of Smith (person being registered) which were later downloaded into the RHR folder.

I contacted Smith (person who was lost or wandering) and had dispatch run his identifying information through the RHR Database. It revealed a match and his name and caregiver were identified.

The RHR forms can be located in the Report Writing room adjacent to the Missing Person forms. They will also be available under "Forms" on the Intranet.

The completed forms will be turned in for approval and be forwarded to Crime Prevention. They will not be turned into Records.

Remember that there are many undiagnosed illnesses in young children and one in five people over 65 have early stages of dementia even though they have not been diagnosed with the illness. Please don't hesitate to recommend the program if there is any question the person may be prone to wander. Many family members are also unaware of the initial signs of dementia.



appendix c

MARKETING & OUTREACH SAMPLES

Additional samples can be found at www.theIACP.org/alzheimers.

Expert organizations specialize in providing services and support to the various needs and challenges faced by many of our community members. These expert organizations – both government and community based – exist throughout our region.

The offer of collaboration by stakeholder experts, The Deputy Sheriff's Association (DSA), Rapid Automatic Naming (RAN) Board and HDSA coordinated support for this secure, Sheriff-hosted application.

Funding and support of this program has been provided by HDSA, Rapid Automatic Naming (RAN) Board and DSA.

Stakeholder Organizations

Sheriff's Department

Police Departments

WORKING TOGETHER TO IMPROVE PUBLIC SAFETY IN THE SAN DIEGO REGION


For more information about the **Take Me Home** program please contact the applicable agency or contact San Diego County Sheriff's Department Henry Tirado at 760.966.3588, Henry.tirado@sdsheriff.org or visit www.sdsheriff.net.

If your local law enforcement agency is not currently participating in the **Take Me Home** program, you are encouraged to contact the Public Relations office within your community's agency.


Collaborating for Safety

TAKE ME HOME

...a regional registry for community members with special needs




San Diego Sheriff's Department
William D. Gore, Sheriff



Take Me Home is intended to serve people with developmental disabilities and/or medical conditions that increase their risk of wandering off and becoming lost. Additionally, members of this group may not be able to identify themselves or provide accurate information to first responders about their immediate needs.

Why do we need TAKE ME HOME?

Members of our community who have developmental issues or medical conditions are sometimes reported to law enforcement as missing and/or "at risk." Due to their circumstances, they are often unable to identify themselves, their needs, or their caregiver's information.



Via the **confidential Take Me Home** database, first responders across the region can access critical information about the immediate needs of an individual with special factors.

The system quickly and seamlessly provides crucial information about behavioral considerations, medical conditions, special care instructions, detailed description of the person and a photo. This information minimizes law enforcement response time, and maximizes search efforts.

REGISTRATION IS FREE!

How do I register someone I care for? Register with **Take Me Home** by contacting the appropriate stakeholder organization based on the enrollee's circumstances. Enrollment in the **Take Me Home** registry is free and easy. It requires submitting an enrollment form and a digital photo to the appropriate stakeholder organization. Participating organizations are listed below.

ARC of San Diego	619.685.1175
Alzheimer's Assn. San Diego/Imperial Chapter	858.492.4400
Area Board XIII State Council on Developmental Disabilities	619.688.3323
Autism Society of San Diego	619.517.4156
Epilepsy Foundation of San Diego	619.296.0161
Health & Human Services	858.505.6474
Marine & Family Services Children	760.725.6212
North Coastal Consortium for Special Education	760.761.5120
San Diego/Imperial Counties Development Services, Inc.	858.576.2966
St. Madeleine Sophie's Center	619.442.5129
Stepping Stone Resources	760.728.6951
United Cerebral Palsy of San Diego	858.571.7803

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A Guide to Law Enforcement on Voluntary Registry Programs for Vulnerable Populations





BJA

Bureau of Justice Assistance
U.S. Department of Justice

INTERNATIONAL ASSOCIATION OF CHIEFS OF POLICE
44 Canal Center Plaza, Suite 200 Alexandria, VA 22314
(800) THE-IACP alzhaimers@theiacp.org
www.theIACP.org/alzhaimers



Question on Bill 33-23 Submitted With Responses
Michael D. Greenberg

1. In the Joint Committees Meeting (Public Safety / HHS), it was referenced, that there were six counties that had similar programs in place.

Can we please ask the presenting Legislative Attorney to provide background information including: which counties, how long programs have been in place, how many individuals they cover, issues, problems and experience with the program?

In addition to Howard County, special needs registries exist in six counties: Alleghany, Anne Arundel, Calvert, Charles, St. Mary's. Cecil County appears to have a more informal system, where residents can reach out directly to the Captain and provide relevant information. A complete list can be found [here](#).

2. In the Joint Committees Meeting the question of what training and protocols specifically related to those who would form the cohort for the "registry" were received by first responders.

Can we please ask the presenting Legislative Attorney to provide specific information on the training programs received. This would include names of programs, who is trained and if possible ability to see summary of the actual specifics of the training?

This information is included in the [committee staff packet](#) at circle 33. I've also copied and pasted it here:

Officer Laurie Reyes
Coordinator, MCPD Autism/IDD, Alzheimer's, Dementia Unit
Laurie.Reyes@mongomerycountymd.gov, 240-855-1605

The Montgomery County Police Autism/IDD, Alzheimer's, Dementia Unit was created in 2004. MCPD Officer, Laurie Reyes, noticed the increase in calls for service involving those who have Autism/IDD (Intellectual and Developmental Disabilities), Alzheimer's and dementia. The program began in response to calls for wandering and elopement but has since grown to provide outreach and ACTION, not just awareness, beyond calls for wandering to include calls from the mundane to the very serious. The unit provides a broad approach to action through, Training (all officers, individuals, caregivers, community), Outreach, Empowerment, Follow-Up and Response. This broad approach allows for MCPD to provide a safe and effective response along with resources and comfort, to individuals and caregivers in times of crisis, but it also makes certain that Officer Reyes and the assisting unit officers learn what works and what may not, what officers need to know. Officer Reyes has taken the years of her own and her fellow

officers experience to provide a curriculum of instruction that not only covers the mandatory training objectives but provides a comprehensive, experiential based, up to date, fluid presentation. Officer Reyes has partnered with other Autism/IDD, Alzheimer's, dementia organizations to ensure that the curriculum is comprehensive and accurate in material provided to officers. Some of these organizations include, Pathfinders for Autism, Autism Speaks, Down Syndrome Network MC, Alzheimer's Association. However, the most valuable resources are most often those we have interacted with, both caregiver's and individuals.

The instruction for recruits is a three hour block of instruction. There is a shorter version and more crisis-based presentation for our MCPD CIT (Crisis Intervention Team) training. The Instruction covers all mandatory Maryland Police and Corrections Training Certifications training objectives but goes beyond the mandatory instruction ensuring officers leave the instruction with the tools to recognize a person who may have autism/IDD as well as provide effective, positive safe interactions. Due to the broad approach in outreach of the unit, coupled with the continuous calls and interactions by our officers, the instruction is carried into the field. Officers will say time and time again, the instruction provided the platform to be empowered to go above and beyond for those they interact with on calls. Montgomery County Police was the first department to utilize self-advocates, those who have autism/IDD to share their point of view with officers. Please see video attached below. Officer Reyes felt the way to positive, effective, safe interactions does not only fall to the officers. Reyes and assisting officers have gone on to provide education for individuals, caregivers and the general community, from schools to community groups. It should be noted that the MCPD Autism/IDD, Alzheimer's, Dementia Unit has been recognized as a national model to follow by Autism Speaks, National Center for Missing and Exploited Children, Pathfinders for Autism and more. The unit has been awarded by the White House as Champion of Change, as well as the Department of Justice. It is the only unit of its kind in a police department.

[A TEEN WITH AUTISM HELPING POLICE LEARN TO HELP THOSE IN A MENTAL HEALTH CRISIS \(wmur.com\)](http://wmur.com)

3. In both public testimony and the Joint Commission there were questions raised asking about objective metrics from other counties showing the impact of initiating such a program.

Can we please ask the presenting Legislative Attorney to provide specific information on any metrics that exist?

We are trying to track down some performance metrics and will share when we have them.

4. The question has been raised with respect to the exact information that would be collected.

Can we please ask the presenting Legislative Attorney to clarify if the existing CAD form is being used or if a new one is being constructed and can we see the current form if it exists?

This is an executive function on which we stand ready to collaborate with the County Executive. If the program is established, the language in Montgomery County's form would probably closely mirror that of Howard County. (See materials packet sent to the Commission, Appendix I.)

5. Questions related to privacy and protection of sensitive information have been raised at the hearings.

Can we please ask the presenting Legislative Attorney to provide specific information with respect to :

1. Once the initial "registration form" is submitted, received by the designated staff person and entered into the CAD system what happens to the forms?

This is an executive function on which we stand ready to collaborate with the County Executive. When a person registers, their information is copied from the (digital) form into a spreadsheet, then into the CAD. Residents are encouraged to update this annually; their information could be removed from the system if more than one year has passed since its input.

2. Since much of the data information contains medical information such as diagnoses are the systems and protocols in place considered to align with HIPPA regulations

Please refer to the information provided by Ms. Khandikile Sokoni, Legislative Attorney.

6. In the Joint Committees Meeting the topic of "use of force" protocols was discussed.

Can we please the presenting Legislative Attorney clarify if existing use of force protocols in place have specific protocol for those with the heterogeneous diagnosis of "IDD" and is there existing data that can be provided by MCPD related to the number of "use of force" occurrences in the population that the bill would apply to.

Use of force incidents account for a very small portion of all police interactions with people with disabilities. We are looking into this data and will provide additional information.

Ahmna Khan

Program Administrator

Intellectual & Developmental Disabilities Commission

Ahmna.Khan@montgomerycountymd.gov

c. 202-557-4054

Prepared November 21, 2023 for the Commission on People with Disabilities Steering Committee

Police Entrance Level Training Objectives Effective July 1, 2024

Approved by the Maryland Police Training and Standards Commission on October 4, 2023

Section 9: Crisis Intervention

<i>Terminal</i>	<i>Objective</i>
09.06	Identify the police officer’s role and responsibilities related to persons with disabilities.
09.06.05	Identify differences when encountering a person with a disability as an offender, victim, witness, or individual in need of assistance.
09.06.06	Identify requirements of the Americans with Disabilities Act for police officers interacting with persons with disabilities.
09.07	Identify important considerations when interacting with a person who may have an Intellectual/Developmental Disability (I/DD).
09.07.03	Identify general behaviors associated with persons with an I/DD.
09.07.04	Identify non-verbal distractions, both personal and environmental, that may affect an encounter with a person that has an I/DD.
09.07.05	Identify the impact of prior trauma on interactions with a person who has an I/DD.
09.07.06	Identify medical and physical vulnerabilities commonly associated with a person with an I/DD.
09.07.07	Identify what it means to be safe from the perspective of a person with an I/DD.
09.08	Demonstrate effectively interacting with a person who has an Intellectual/Developmental Disability (I/DD).
09.08.01	Identify “person first language” and how it should be used when encountering a person with an I/DD.
09.08.02	Identify communication and de-escalation techniques for effectively interacting with a person who has an I/DD.
09.08.03	Identify how a person with an I/DD may acknowledge understanding.
09.09	Given a scenario, identify how to effectively interact with a person who has a physical disability.

09.09.01	Identify indicators that a person may have a physical disability.
09.09.02	Identify communication and de-escalation techniques for effectively interacting with a person who has a physical disability.
09.09.03	Identify resources available to assist a police officer when responding to an individual with a physical disability.

MCPD Annual Report on Community Policing (2019)

Page 6

Over ten years ago, an MCPD officer recognized a rising concern related to an increase in calls for service attributed to those with Autism and Alzheimer’s throughout Montgomery County. Since then, the officer and coordinator of the Montgomery County Police Autism/ Intellectual and Developmental Disabilities (IDD) outreach program has worked tirelessly in the community to provide resources and support to caregivers and families of those with intellectual disabilities. Initially, the program consisted of resources for wandering prevention and general safety, but since then, Officer Laurie Reyes has created a layered approach to autism and intellectual disabilities awareness through education, outreach, follow-up, empowerment, and response. In 2018, Officer Reyes was recognized by the U.S. Department of Justice for Distinguished Service in Policing. Officer Reyes and Jake, the MCPD Autism Ambassador, a young man with autism who has partnered with her to help educate police officers throughout Maryland and other states about autism and what to expect from someone with an intellectual or developmental disability, trained more than 1,500 officers in the last year. In addition, Officer Reyes has worked hard to institute an annual Autism/IDD Night Out event for individuals, caregivers, family, and the community, with the help of several different organizations, including Autism Speaks and Pathfinders for Autism.

2015 Report from the Commission for Effective Community Inclusion of Individuals with Intellectual and Developmental Disabilities

Page 4

The Training Subcommittee of the Commission is [composed] of members from law enforcement and the disability community. In addition to developing and recommending to the Maryland Police and Correctional Training Commissions training objectives for all new entry law enforcement, the Subcommittee worked closely with on a curriculum that would meet the adopted objectives. The Police and Correctional Training Commissions conducted two dry runs of the curriculum for police recruits and members of the disability community. Feedback from the attendees was incorporated into the training program. The Police and Correctional Training Commissions has conducted two “Train the Trainers” sessions and the curriculum is now

available to each training academy. The curriculum includes videos, scenarios, role plays and information on the range of intellectual and developmental disabilities necessary for officers to maximize the likelihood of a safe outcome for everyone involved.

Page 5

The training curriculum developed by staff at the Police and Correctional Training Commissions in collaboration with Commission members was offered officially to entry-level cadets in January 2015 after it had been piloted in August and December 2014. The training incorporates the objectives that the Commission recommended in its 2014 Annual Report and which the Police and Correctional Training Commissions adopted for all entry-level cadet training at its October 2014 meeting which took effect in January 2015. The content covers common characteristics associated with people with intellectual and developmental disabilities, effective means of interaction, and appropriate procedures to follow. The training lasts eight hours and utilizes role playing exercises, activities, group discussions and videos. Most importantly, it allows for the involvement of both a disability professional and a self-advocate alongside law enforcement trainers.

In October 2015 during a Police and Correctional Training Commissions meeting, the Commission's training subcommittee proposed a condensed version of the entry-level cadet training (from eight to four hours) to be provided to veteran law enforcement and included the following four categories:

- Characteristics: Identify the indicators that a person may have intellectual or development disabilities, including general behaviors, hidden disabilities, etc.
- Communication: Identify communication and de-escalation techniques required to safely and effectively interact with a person with intellectual or developmental disabilities.
- Vulnerabilities: Identify the physical, emotional, and procedural vulnerabilities of people with intellectual or developmental disabilities when interacting with law enforcement as a victim, witness or suspect.
- Resources: Identify community resources for law enforcement officers interacting with people with intellectual and developmental disabilities and identify opportunities to make connections within the community that can lead to positive relationships between law enforcement and people with intellectual or developmental disabilities.

The Police and Correctional Training Commissions approved these recommendations which are effective January 2016.

Page 7

All training proposed by the Training Subcommittee include the recommendations for in person, scenario based training delivered by training teams that include law enforcement, disability specialists and self-advocates.

LINK TO JOINT COMMITTEES (Public Safety/HHS) MEETING

https://montgomerycountymd.granicus.com/player/clip/16912?view_id=169&redirect=true&h=325f1bb156ae836eb5de2ad32edf1a5d

MEMORANDUM

October 3, 2023

To: Members, Intellectual and Developmental Disability Commission (IDDC)

From: Office of Councilmember Dawn Luedtke

Subject: Bill 33-23 - Voluntary Registry for Emergency 911 Calls - Established

Background and purpose:

Bill 33-23 would establish a Voluntary 9-1-1 Registry for Montgomery County. This program would give individuals and/or their caretakers the option to provide information to first responders about symptoms and behaviors that may present in a person with intellectual, developmental, physical, or cognitive disabilities. Some of the symptoms and behaviors covered include auditory, visual, and tactile sensitivities, elopement, avoidance of eye contact, and preferred communication methods.

The intent of this bill is twofold: (1) to increase the effectiveness of our emergency response by ensuring that first responders have as much information as possible, and (2) to allow individuals agency over their care.

A flag, which is associated with an address rather than an individual, would appear in an officer's Computer Aided Dispatch (CAD) when that officer is responding to a Call for Service (CFS) at that address.

This program would be modeled after other successful similar programs around the State, [including, notably, in Howard County](#). Councilmember Luedtke invited Howard County Police Lt. William Chevront, who runs Howard County's program, to discuss details with leaders from the Montgomery County Emergency Communications Center (ECC), Montgomery County Police Department (MCPD), Montgomery County Fire and Rescue Service (MCFRS), and Office of Emergency Management (OEMHS). This productive conversation further illuminated how such a program could best function in Montgomery County.

There was a bill in the 2023 General Assembly ([HB 1176](#)) that would have required each jurisdiction to establish a Voluntary 9-1-1 Registry program. Bill sponsor and Ways and Means Committee Chair Vanessa Atterbeary has expressed her intent to bring the bill back for the 2024 General Assembly.

IDDC Chair Dr. Michael Greenberg requested this information to distribute to IDDC members for their consideration of this legislation. Included in this document are:

- Benefits of a Voluntary 9-1-1 Registry
- Amendments proposed by Councilmember Luedtke
- Other concerns and issues
- Howard County Voluntary 9-1-1 Registry
- Legal matters
- Responses to Dr. Greenberg's questions from October 1, 2023
- Appendices

Benefits of a Voluntary 9-1-1 Registry:

The Voluntary 9-1-1 Registry would provide emergency responders with information they may need to tailor their response to certain addresses in certain circumstances in order to better serve residents at an address. Examples of a better-tailored response that could result from the program include not using a siren if an individual is sensitive to loud noises or bright lights, speaking in soft or soothing tones if an individual may perceive the responder as a threat, or understanding that the individual might be deaf or non-verbal.

Please see this specific example of the benefit of Howard County's program from Elizabeth Benevides, Associate Director of the Hussman Institute for Autism, in a September 23, 2023 email to Councilmember Luedtke:

Dear Councilmember Luedtke,

Thank you for the legislation you have proposed to require local police agencies in Montgomery County to offer residents with disabilities the opportunity to "flag" their addresses in the 911 database.

I live in Howard County, and I was involved in developing the program in Howard County with the responsive collaboration of the Howard County Police Department. My son has autism and one of my greatest fears when he was little was that he would not understand danger. If I was unconscious or unable to get to him, he would not know to leave the house if the stove were on fire. As my son aged, I worried that behavior dysregulation might cause someone to misinterpret his disability and his needs.

I participated in the team of advocates that worked with Del. Vanessa Atterbeary on her bill to require police agencies across the state to develop similar programs. (NOT a statewide program. But individual programs across the state, in every police agency.) Attached is my oral testimony that I delivered in committee.

I know firsthand the peace of mind this program has given me over the past 12 years. When my son was a teen in crisis, and a new caregiver could not reach me, she called 911. He was having a migraine and agitated in severe pain. Fortunately, the dispatcher was able to relay to the responding officers all the information I had provided in advance on the 911 Flagging Form: “Nonverbal, autistic, migraines, give space, do not overcrowd, talk in slow and short phrases, offer reassurance. Do not take away [his] computer. If you must give a command, use plain language. Will calm down on his own with time.” I arrived 10 minutes after the police officers. They stood quietly in the hallway, offering my son reassurance that he was ok, and they were there to help. That’s all they did. No lights. No sirens. No rushing in to solve anything. They knew in advance what to expect and how to help.

Please ensure the public knows that 911 registries assist people in non-police emergencies as well—fire and EMS utilize the same database of information. People with special health care needs (oxygen tank users, wheelchair users, people with mobility issues) may want fire department personnel or EMS to know they may need more hands on deck to assist.

The WTOP article and MoCo360 article referenced some citizen concerns. I would like to help you in your advocacy by responding to a few of the concerns:

Joanna Silver commented: ““I have little confidence that information I give to the police about my son would be used to protect him from harm. . . . If I knew we had a system in place in which someone other than an armed police officer would be coming to my door I might feel differently.”

My response: the program is entirely voluntary. If a person with a disability or a legal guardian did not want to provide information to police, they simply would not choose to participate. If a person with a disability or a legal guardian felt a mental health counselor would be necessary should there be an emergency, that could be included in the database information.

Marissa Ditkowsky commented: “As a disabled person, I fear police interactions myself and I also fear having my name on a government list of disabled people.”

My response: the program is 100% voluntary. Only the person with a disability, a parent of a child, or a legal guardian of a person 18+ can enroll in the voluntary program. There is no requirement to enroll.

Stone raised in her written testimony: “What is the point of having a registry if first responders cannot be held responsible for any negative consequences that might occur in the case of a person who chose to be on the registry?”

My response: Officers should be held accountable for their actions, whether a person is voluntarily included in the registry or not. Having a disability does not excuse an officer from providing the same level of service and assistance required.

Others have commented that it would require a dedicated police officer to collect and maintain the information.

My response: there was never a rush to add people to the database; 500+ forms came in over 12 years. The work involved in inputting the data in the computer aided dispatch system can be included in an officer's duties, perhaps in the outreach division, the autism division, or the crisis intervention division. It is highly unlikely that this would ever require a full-time person.

In order to address citizen worries, I would strongly suggest having police officers who are familiar with the successful programs already in place available to answer questions.

If I can be of any assistance in your efforts, please do not hesitate to reach out.

Thank you again.

Sincerely,

*Elizabeth Benevides
Associate Director
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Ellicott City MD 21043
443.977.0513
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Amendments proposed by Councilmember Luedtke

- Guardianship: The Arc of Maryland requested this amendment to distinguish between a public guardian and a private guardian, only allowing the latter to use the registry. We know that public guardians, who are often agencies or serial custodians, do not always have the best interest of their “ward” in mind.
- Annual renewal: To keep the registry up to date, this amendment would require that a resident renew their flag annually.
- Change language from “mental health disability” to “behavioral health condition.” This helps to keep the focus on the behaviors that would present during an emergency response. The proposal to change the language came from On Our Own MD, a peer-to-peer support organization for folks in the disability space.

Other concerns and issues

- **Use of information provided to the registry:** At the public hearing on September 12, 2023, several speakers raised concerns about the use of this information and questioned to what extent the data was protected. In response, Councilmember Luedtke has drafted the following language for a mandatory certification, which would be completed by the

registrant (or their caretaker) at the time of registration. Further, it is our expectation and understanding with the County Executive Branch (which expressed its support for this program at the September 12 public hearing) that this information would be protected and accessible only in the CAD in the course of responding to a 9-1-1 call:

"I certify that the information submitted is true and correct to the best of my knowledge. By signing this form, I give authorization for the medical information herein to be relayed for use in the Montgomery County Computer Aided Dispatch (CAD) system for official use only. I understand that this information will be utilized by emergency dispatch personnel and other first responders to provide assistance in emergency situations. I understand that this information will not be forwarded to commercial or private organizations for any reason. I understand that this information is confidential, is not shared with outside entities, and is used only by first responders in the performance of their duties. I provide and release this information voluntarily.

I certify that I am the individual adult, parent or legal guardian of the minor child, or legal guardian of the individual. I understand that if this registration applies to a minor child, that it will terminate once the minor child reaches the age of majority. I also understand that it is my obligation as the parent or legal guardian of the minor child to inform the child that their information has been included in the registry and provide them with information on how to remain on the registry after they reach the age of majority if they choose to do so. I further certify that I will make any changes necessary to the information provided voluntarily to the registry in order to keep the information current, including but not limited to change in residence, status, or condition."

- **Public support from providers and nonprofits in the IDD community:** At the public hearing, representatives from The Arc of MD and Potomac Community Resources who work in this space and interact with this population daily testified in strong support of this bill. The favorable written testimony from JCRC, Arc of Maryland, Upcounty Community Resources, Howard County Autism Society included in [the staff packet for the September 18, 2023 joint Committee worksession](#) confirmed that those who know the most about the issues facing vulnerable populations want this system in place.
- **Fiscal impact:** The Office of Management and Budget noted in their fiscal impact statement that implementation would have an associated cost in the form of additional personnel for administrative purposes. Councilmember Luedtke does not believe that the program would require significant additional resources, as explained in the next bullet point.
- **Administrative impact:** Some have raised concerns that the flagging system would place a considerable burden on our already-strained emergency response agencies. However, the Computer Aided Dispatch (CAD) system is being updated constantly with

information. In the attached letter of support for the legislation, the Fraternal Order of Police Lodge 35 noted that this is a common and routine procedure:

“Voluntary registrations are not new to this County, for decades the police department has maintained a voluntary alarm registration. Additionally, new information is being constantly added to the Computer Aided Dispatch (CAD) system, such as new hazards, addresses, etc. Adding the voluntary information outlined in bill 33-23 shouldn’t result in any additional personnel or any other costs to a system that is already capable of handling such information and is already staffed with personnel who enter other information into the CAD...Furthermore, on almost a daily basis, first responders are providing real-time information to the Emergency Communications Center (ECC) regarding new, updated, out-dated, or incorrect information that is available [in the CAD].”

- **State legislation:** This past legislative session, the General Assembly came close to passing [HB1176](#) to require Counties to establish such a voluntary flagging system. Written testimony submitted in favor of that bill (Appendix II) highlighted the personal story of a family who was part of the impetus for the program and greatly benefitted from its implementation. The language in my proposed bill closely mirrors the language in the proposed state bill, while incorporating the best practices in place for other jurisdictions that already have this program. Key stakeholders and advocates believe that similar legislation will be re-introduced in the 2024 legislative session.

The bill we have is, in effect, the same as the version that passed the House earlier this year. In the event the State passes a bill, and the perhaps unlikely event the bill has more stringent requirements, we will update the requirements of our program to be in compliance, as we do for every subject we pass that the General Assembly also takes up.

Councilmember Luedtke believes it’s important to be proactive and establish this program that can make a real impact, rather than reactive and wait until a potential State bill that requires the County to establish the program later.

- **Does this program need to be created by legislation?:** While the County Executive Branch, via Assistant Chief Administrative Officer Dr. Earl Stoddard, expressed its support for this legislation [during the public hearing](#), to this date, the Executive Branch has not unilaterally moved to establish such a program absent legislation. It is our understanding from the Executive Branch during the September 18 joint Committee worksession that establishing such a program has been discussed before by the participating agencies.

Councilmember Luedtke feels it’s important to move forward with this straightforward and commonsense option and has introduced legislation to do so - no different than other

legislative actions taken up by the Council that establish programming, budgeting, or other actions to be taken up by the County Executive Branch.

Howard County Voluntary 9-1-1 Registry

Voluntary 9-1-1 registries are valuable tools in place in several Maryland jurisdictions. Since Howard County [launched its program in 2012](#), first responders have praised the additional information provided to them by the registry that they can use to tailor their response appropriately. In its [letter supporting Bill 33-23](#), the Autism Society of Howard County noted:

“We share regularly with our community about the voluntary registry which offers peace of mind. And we support giving first responders the tools and tips they need to be most effective. There are many positive stories we could share from the Howard County 911 Registry:

- *The repeated partnerships of the police department, school system, the Autism Society, and others in working together to safely bring a child or young person home*
- *A non-speaking child found wandering in downtown Columbia reunited within 30 minutes with his family*
- *Another child found wandering near a retaining pond intercepted and returned safely home.”*

The program in Howard County was launched executively as a departmental initiative by the Howard County Police Department (Appendix I). About 500 residents or about .15 percent of the county’s population participate in the program. At the same rate of participation, Montgomery County would have fewer than 1,500 participants.

Legal matters

- Title II of the Americans with Disabilities Act (ADA) states that “a public entity (including local governments) shall operate each service, program, or activity so that the service, program, or activity, when viewed in its entirety, is readily accessible to and usable by individuals with disabilities.” This voluntary registry would make emergency response services more readily accessible to and usable by individuals with disabilities.
- Brooklyn Center for Independence of the Disabled (BCID), et al. v. Mayor Bloomberg, et al. (2011): In 2011, in the aftermath of Hurricane Irene, the city of New York was [sued for its emergency response](#) involving members of the aging and disabled community. In that case, a [federal court ruled](#) that disabled and elderly New Yorkers suffered needlessly in recent hurricanes because of the City’s failure to plan for their needs.

- Communities Actively Living Independent and Free (CALIF), et al. v. City of Los Angeles (2009): A [landmark ruling in February 2011](#) held that the City of Los Angeles violated the Americans with Disabilities Act by failing to meet the needs of its residents with mobility, vision, hearing, mental, and cognitive disabilities in planning for disasters. A court order followed requiring the City to revise its emergency plans to include people with disabilities.
- In response to these highly publicized cases, and in concert with agencies from jurisdictions across the country, Montgomery County’s Department of Emergency Management and Homeland Security began its own discussions in the early- to mid-2010s about a flagging system for residents with special needs.

Responses to Dr. Greenberg’s questions from October 1, 2023

ITEM 1

The Bill 33-23 is titled “Police – Voluntary Registry for Emergency 911 Calls” and further states it seeks to establish a voluntary registry for emergency 911 calls to enable public to opt into providing specified personal and medical information that could assist emergency responders responding to a 911 call”

The wording “establish a voluntary registry” implies the creation of a standalone “registry” for those with disabilities. This is further reinforced in the fiscal impact statement where the “sex offender registry” is used as a model for budgetary business assumptions.

Question:

It was my understanding that the existing Computer Aided Dispatch (“CAD”) system which is already in place would be used. There is a fundamental difference between allowing individuals with disabilities to enter information into an existing system and creating a new, standalone “registry” It would seem that allowing those with disabilities to “register” their information in an existing system is what is being done; not creating a “registry” Please clarify.

Response:

While the language in titles of bills can be confusing, the clear intent of Bill 33-23 is not to create a separate or standalone registry and nothing other than the materials that would be entered into the CAD and removed from the registry on an annual basis if a participant does not renew.

ITEM 2

In the memo from Councilmember Leudtke dated July 6th, 2023 it states “A resident (or their

caregiver) would opt-in to the program by registering online” This would imply that the decision is not directly up to the individual but could be made by a “caregiver” Most support staff for individuals with disabilities are not legal guardians but employees or could be family without legal guardianship.

Question:

Clarification is needed with respect to the term “caregiver.”

Response:

Councilmember Luedtke has proposed an amendment to address part of this issue that would not allow public guardians, who are often agencies or serial custodians who may not have the best interests of the individual in mind, to take part in the registry. This amendment was suggested by advocates and is similar to the same amendment that was made in the State legislation during the 2023 General Assembly.

ITEM 3

The CAD system typically works by creating a flag that is associated with a given address; not by identifying a given individual. If for example there were 4 family individuals in a house it is my understanding that the “flag” would relate to the address, not the individual.

Question:

Is it the “individual” or the “address” that is flagged? Do first responders see the information for an individual (e.g., John Smill is autistic, he can be aggressive) or solely for the address (104 Thompson Square, autistic individual, aggression)

If there are multiple individuals in a shared residence is permission needed from other occupants of the dwelling to place a “flag” on the location.

Response:

The level of detail and identification is up to the individual who registers for the program or their private caregiver and this specific point may require further adjustment from an administrative standpoint if the legislation requiring establishment of the program is approved.

ITEM 4

Bill 33-23 is titled “Police – Voluntary Registry for Emergency 911 Calls” and further states it seeks to establish a voluntary registry for emergency 911 calls to enable public to opt into providing specified personal and medical information that could assist emergency responders responding to a 911 call” It further cites creation of other registries, specifically in Howard county to support the need for the current legislation. The initial memo states “By establishing a

formal system of voluntary information sharing that has proven successful elsewhere, this legislation helps to achieve that”

Question

Outside of “anecdotal” reports is there any objective data to show what benefits have been demonstrated (e.g., surveys, reduced negative interactions with police, etc)

Response:

It’s important to note the highly successful performance of this program in other jurisdictions including Howard County as evidenced by the strong support for establishing this in jurisdictions statewide and the experience of those who are involved.

It’s likewise important to point out that it would be difficult to quantify “reduced negative interactions” - in essence estimating the negative interactions that may have happened but have not. Further, please see Appendix III that provides details from [MCPD’s Autism/IDD Unit](#) and what all officers are already trained to do in any situation - regardless of whether there’s a Voluntary 9-1-1 Registry.

ITEM 5

Bill 33-23 provides a “flag” with information for responders (e.g., disability, behaviors that may be demonstrated, etc) The initial memo also indicates “We want our first responders to have the information they need to be as prepared as possible when responding to a call”

Question:

How is this information supposed to be acted upon by first responders? What if any training, protocols, or SOP are in place to direct practices? Has there been or does the bill call for specific training or development of response protocols?

Response:

Please see first two sections of this memo for examples of how this information would be acted upon by first responders and the response to the previous question as well as Appendix III for further details on what MCPD already requires and provides in terms of specific training and policies.

ITEM 6

The fiscal impact statement from OMB projects the need for a Project Manager (FY25, cost \$89,906) and annual operating expenditures of \$240,000 in FY25 to support implementation.

Question:

If we are using the existing CAD system already in place and inputting information into this system why would there be a need for both a Project Manager and the degree of annual costs outlined This is not a “new system.” It is a system that allows voluntary registry.

Response:

Councilmember Luedtke agrees that the actual fiscal impact of implementing this program could likely be less than stated in the fiscal impact statement and will continue to work with the County Executive Branch on efficient and effective implementation.

Appendix I



HOWARD COUNTY DEPARTMENT OF POLICE
GENERAL ORDER OPS-79
911 FLAGGING PROGRAM
EFFECTIVE MAY 31, 2022

This General Order contains the following numbered sections:

- I. POLICY
- II. DEFINITIONS
- III. PROCEDURE
- IV. PROGRAM MAINTENANCE

I. POLICY

It is the policy of the Howard County Department of Police (HCPD) to respond to calls for persons with an identified intellectual or developmental disability who have wandered off, gone missing, or are in a state of crisis. HCPD encourages those with special circumstances to use the 911 Flagging Program so that officers can be provided with important information when responding to calls for service.

II. DEFINITIONS

- A. 911 Flagging Program: A voluntary program that allows individuals to provide information regarding intellectual or developmental disabilities to the 911 system so that officers are alerted prior to responding to a call. All information remains confidential and is only used to assist responding officers.
- B. Developmental Disability: An umbrella term that includes more than 200 disabilities that are generally apparent during childhood, originated before age 22, and are likely to continue throughout the individual's lifetime.
- C. Intellectual Disability: A disability characterized by significant limitations both in intellectual functioning i.e. reasoning, learning, problem-solving, etc., and in adaptive behavior, which covers a range of everyday social and practical skills.
- D. Physical Disability: A physical condition, infirmity, malformation, or disfigurement caused by bodily injury, birth defect, trauma, or illness, which significantly interferes with or significantly limits at least one major life activity of an individual.

Appendix I

III. PROCEDURE

A. Howard County Police Department Website

1. An informational summary of the 911 Flagging Program shall be displayed on the Howard County Police Department website.
2. Citizens may submit a request to “Flag Address in 911” by submitting an electronic form via the website.

B. Community Outreach Division

1. Information collected from submissions to the website’s electronic form is received in email format by a designee in the HCPD Community Outreach Division. Upon receipt, the designee confirms with the submitter that the information is complete and correct.
2. The verified information is then tracked via an Excel Spreadsheet stored on a secure network, entered into the Records Management System (RMS), and forwarded via email to a designee for CAD. All information collected is stored in restricted areas on the secure network and accessible only to authorized members.
3. All information collected will be kept confidential.

C. Police Communications

1. A designee in the Howard County Police Communications Division shall enter the information into the CAD system to create a 911 Flag associated with the [a]ffected address.
2. The Communications Dispatcher will verbally relay any 911 Flags along with all associated information to responding Units as the 911 Flag is not displayed through Mobile Data Terminals (MDTs).
3. No other additional resources will be dispatched based solely on the information provided in the 911 Flag. Responding Units may request additional resources, i.e., HopeWorks, an American Sign Language Interpreter, etc. if needed.

IV. PROGRAM MAINTENANCE

- A. The Community Outreach Division designee shall ensure entries into the Excel Tracking Database, the RMS, and the CAD system are reviewed for accuracy on an annual basis.

Appendix I

B. Citizens may contact the Community Outreach Division for any updates to their flagging request, i.e., addresses, new symptoms, etc.

C. Citizens may also contact the Community Outreach Division to request voluntary removal from the program.

AUTHORITY:

Chief Gregory J. Der 05/13/2012

Gregory J. Der
Chief of Police



Elizabeth Benevides
Associate Director, Hussman Foundation
Hussman Institute for Autism
House Bill No. 1176

Public Safety – Voluntary 9-1-1 Registry
March 29, 2023

Position: SUPPORT

More than 10 years ago, I requested the support of the Howard County Police Department (HCPD) in developing a Voluntary 9-1-1 Registry for residents with disabilities. HCPD responded to that request and since then, several hundred Howard County individuals have enrolled in the registry.

My son is autistic, limited in speaking, slow in processing, prone to anxiety, and at times may use negative behavior to communicate. In an emergency, he has no way to tell a first responder any of this. He also has no way to tell a first responder that he is unaware of danger, or that he does not understand why he must stay outside of a burning house or why he should not climb out his window. He has no way to describe the pain he feels when he is having a migraine; or why he is incredibly frightened by sirens or that flashing lights may cause a seizure.

The Voluntary 9-1-1 Registry for people with disabilities provides me with the peace of mind that a first responder will know all of this before arriving at my home, or at an emergency scene involving my son.

The registry is not only connected to a name, but to an address. It leads to an “address flag” so that not only is my son’s name pulled up, but should there be an emergency in the area, first responders will know my son is nearby. If my neighbor’s home is on fire, first responders will know that next door, there is a person who may need their protection as well. Similarly, if a tornado or storm blows through and takes down trees, it is important to know that there is a person with oxygen in a particular home or a person who relies on electricity to breathe. If there is a car accident, it is important to know that a child in the car has seizures and that may be more important to watch for, then exchanging insurance information.

For any one of us, the more we know, the better prepared we are to help. For people with disabilities, a first responder “in the know” can make all the difference.

The Voluntary 9-1-1 Registry does not benefit just one particular group of people. It is there for people with autism, such as my son, and also for people who are affected by dementia, a mental health issue, a physical disability, or any other condition that may heighten an emergency situation.

Appendix II

It is there for a blind person who wants a firefighter to know that they may require additional assistance to exit a building, or that they cannot be separated from their service animal. It is there for people with dementia who may go wandering and who may not be able to remember how to get back home. It is there for a child who runs to a nearby pond each time they elope from a guardian's home.

The registry saves first responders critical time. They know where to go, they know where to look first.

We know of situations in which first responders are aware of a person's favorite topic. In an emergency situation, talking about the Ravens, Jeopardy, Clifford the Big Red Dog, or the weather – whatever matters most to that individual person -- can de-escalate a situation, bring calm when everything else is in disarray.

We also know of situations in which first responders are told to speak slowly, allow more time for processing, to be aware of an OCD or particular behavior. Training is critical, but personal information that may not be able to be relayed in the middle of an emergency is crucial.

The registry allows us to put individual, person-specific information in the 911 system so it is there the minute a name or an address is given.

When my son experienced a migraine and the caregiver could not get through to me, she called 911. She did not understand why my son was kicking so hard he put his foot through the wall, why he was screaming in despair, or throwing things all to be "heard." When the dispatcher typed in his name and our address, *my voice* could be heard through my written words: "experiences migraines, needs Motrin; give him space, approach calmly, turn off sirens, no flashing lights. No demands. Usually lasts no more than 20 minutes."

When my friend's son had an emotional crisis at the community center swimming pool and the lifeguard called 911 for help, the officers knew in advance that this child's favorite topic was his family's boat. If they could redirect his attention, they could buy some time to calm him down, and guide him to a safe space to fully deescalate.

When a child wandered away from home and was found walking along a city street, she could be quickly identified by her picture in the 911 registry.

This bill protects people with disabilities. It is voluntary. A person's name and information cannot be entered without the person's permission or, for minors or adults with guardianship, without the parent or guardian's permission. We—as individuals and parents--decide what goes in the registry—how much or how little, and for how long. We can update or withdraw information at any time.

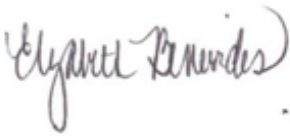
Appendix II

We know this program has worked in Howard County and has the potential to save lives. We know it has given families in Howard County peace of mind that first responders are more informed about their loved one. All individuals and families in every county and district in Maryland should be given this same peace of mind.

We know police officers and first responders benefit from this advance information. They feel better equipped to help. The costs are minimal. The data system is already in place in every police jurisdiction. It is a matter of choosing a point person in the emergency dispatch system to enter the information, update the information, and send a notice to registrants once a year.

Many other states have these programs. Very few counties in Maryland have them. **Maryland is a leader in first responder training on intellectual and developmental disabilities. Adding this registry will enhance its effectiveness and responsiveness to people with disabilities.**

Respectfully submitted,

A handwritten signature in cursive script that reads "Elizabeth Benevides".

Elizabeth Benevides

Appendix III

MCPD Training Overview

Officer Laurie Reyes, Coordinator, MCPD Autism/IDD, Alzheimer's, Dementia Unit

Laurie.Reyes@mongomerycountymd.gov

(240)855-1605

The Montgomery County Police Autism/IDD, Alzheimer's, Dementia Unit was created in 2004. MCPD Officer, Laurie Reyes, noticed the increase in calls for service involving those who have Autism/IDD (Intellectual and Developmental Disabilities), Alzheimer's and dementia. The program began in response to calls for wandering and elopement but has since grown to provide outreach and ACTION, not just awareness, beyond calls for wandering to include calls from the mundane to the very serious. The unit provides a broad approach to action through, Training (all officers, individuals, caregivers, community), Outreach, Empowerment, Follow-Up and Response. This broad approach allows for MCPD to provide a safe and effective response along with resources and comfort, to individuals and caregivers in times of crisis, but it also makes certain that Officer Reyes and the assisting unit officers learn what works and what may not, what officers need to know. Officer Reyes has taken the years of her own and her fellow officers experience to provide a curriculum of instruction that not only covers the mandatory training objectives but provides a comprehensive, experiential based, up to date, fluid presentation. Officer Reyes has partnered with other Autism/IDD, Alzheimer's, dementia organizations to ensure that the curriculum is comprehensive and accurate in material provided to officers. Some of these organizations include, Pathfinders for Autism, Autism Speaks, Down Syndrome Network MC, Alzheimer's Association. However, the most valuable resources are most often those we have interacted with, both caregiver's and individuals.

The instruction for recruits is a three hour block of instruction. There is a shorter version and more crisis-based presentation for our MCPD CIT (Crisis Intervention Team) training. The Instruction covers all mandatory Maryland Police and Corrections Training Certifications training objectives but goes beyond the mandatory instruction ensuring officers leave the instruction with the tools to recognize a person who may have autism/IDD as well as provide effective, positive safe interactions. Due to the broad approach in outreach of the unit, coupled with the continuous calls and interactions by our officers, the instruction is carried into the field. Officers will say time and time again, the instruction provided the platform to be empowered to go above and beyond for those they interact with on calls. Montgomery County Police was the first department to utilize self-advocates, those who have autism/IDD to share their point of view with officers. Please see the video attached below.

Officer Reyes felt the way to positive, effective, safe interactions does not only fall to the officers. Reyes and assisting officers have gone on to provide education for individuals, caregivers and the general community, from schools to community groups.

It should be noted that the MCPD Autism/IDD, Alzheimer's, Dementia Unit has been recognized as a national model to follow by Autism Speaks, National Center for Missing and Exploited Children, Pathfinders for Autism and more. The unit has been awarded by the White House as Champion of Change, as well as the Department of Justice. It is the only unit of its kind in a police department.

[A TEEN WITH AUTISM HELPING POLICE LEARN TO HELP THOSE IN A MENTAL HEALTH CRISIS \(wmur.com\)](http://wmur.com)