



March 21, 2024

CCD 2024 Statement on Reducing Police Responses to People with Disabilities¹

The national unrest in the wake of police killings of George Floyd, Breonna Taylor, Charleena Lyles, Daniel Prude, and so many other Black Americans before and since, brought into stark relief the need to change policing practices in the United States. Black Americans are more than [three times as likely as white Americans to be killed by the police](#). The undersigned members of the Consortium for Constituents with Disabilities (CCD) Education, Rights and Transportation Task Forces call for reforms, including eliminating the role of police in responding to situations that should be addressed by better-resourced disability service systems or other social or human services. Police responses in those situations have too often resulted in people with disabilities being needlessly incarcerated or even murdered. For disabled Black, Indigenous, and other People of Color (BIPOC), and particularly Black disabled people, these [outcomes are even more likely](#). This must change.

Disability-Related Reforms Should be Driven by People with Disabilities including Disabled BIPOC

Too often, policy changes concerning how disabled people are served occur without input from disabled people themselves. People with disabilities best understand their experiences with police. Service providers, mental health professionals, family members, and policymakers have a role to play, but ultimately it is people with disabilities who should be at the center of decision-making concerning policy changes aimed at reducing police responses to people with disabilities. Disabled BIPOC people, and particularly Black disabled people, must also drive such decisions, as they experience the greatest harm from police interactions. Family members of children and youth, for whom [specialized responses](#) may be needed, also play an important role in this discussion.

Police Responses Have Caused Deaths, Incarceration, and Overcriminalization of Disabled People and Especially Black People with Disabilities

Countless individuals with disabilities have died at the hands of police when police responded to calls from family members or bystanders concerned about their behavior. [One quarter](#) of individuals killed by police officers across the country are people with mental health disabilities. Black men with behavioral health disabilities are killed by law enforcement officers at [significantly higher rates than](#) white men who exhibit similar behaviors. Stories of people with disabilities killed by police during “wellness” or “welfare” checks [abound](#). For example:

Deborah Danner, a 66-year old Black woman with a diagnosis of schizophrenia, was [shot dead in her Bronx apartment](#) by police who were called by a building security guard because she was speaking loudly in a hallway and tearing down posters. When the police arrived, they entered her apartment and rushed at her, she retreated to her bedroom. She picked up a baseball bat after the police followed her into her bedroom, and the police shot and killed her.

Osaze Osagie, a 29-year old Black man with autism and schizophrenia, was [shot and killed by police in his home in State College, Pennsylvania](#) after his family called the police to check on him because they were concerned based on his text messages that he might harm himself. Officers asserted that he would not put down a knife when they arrived and that they tasered him but this did not stop him from walking toward them, so they shot and killed him.

Ethan Saylor, a 26-year old white man with Down syndrome, was [killed by police in a movie theater in Frederick County, Maryland](#) after the theater manager called police because Mr. Saylor refused to leave the theater after he had seen a movie once and wanted to see it again, not understanding that he had to pay a second time. Police wrestled Mr. Saylor to the ground, fracturing his larynx and asphyxiating him.

Police interactions have also resulted in the needless entanglement and incarceration of people with disabilities, including children and young adults, in the criminal legal system. People with mental health disabilities are [disproportionately incarcerated in jails and prisons](#) by significant margins, although they [do not engage in more criminal behavior than others](#). Further, [those who are Black are incarcerated at even higher rates](#). As a downstream effect of over-policing, people with mental health disabilities are [overrepresented on probation or parole at the rate of one of every five supervisees](#)—twice the rate of mental health disability in the general population. People with other disabilities are similarly overrepresented in post-release supervision at much higher rates.

Police Training Alone Is Not the Answer

Police training is needed, but more must be done systematically to stop both the excessive use of force by law enforcement, particularly where Black people are concerned, and the overreliance of municipalities on police to respond to calls for assistance. Systemic racism and ableism persist within all facets of the criminal system.

Trainings can be used to help police recognize when individuals have mental health disabilities, autism, intellectual disabilities, diabetes, or epilepsy, physical disabilities, have a speech / communication disability, or are Blind or low vision, or are Deaf or hard of hearing, and avoid bad outcomes based on a lack of understanding of these disabilities. Training programs are no substitute, however, for investments in other, more appropriate first-responders for people experiencing a mental health crisis or displaying behavior related to one's disability.

Police officers themselves have expressed concerns that they are being asked to do social services and mental health related work. Further, studies have shown mixed results when

evaluating the effectiveness of training programs such as the widely used Crisis Intervention Training. [Some studies found no impact from these trainings](#) and [other studies found the main positive impact was](#) improved officer confidence. Any training for law enforcement personnel must be mandatory, consistent, and evaluated in its impact upon use of force.

We Must Expand Community Services and Institute Systems that Reduce Police Responses

Community-based services, provided on a voluntary basis, help reduce interactions of people with disabilities with law enforcement as well as avoiding needless incarceration when used to divert individuals from the criminal justice system. Services such as supported housing, mobile crisis services, peer support services, and supported employment have [proven effective in reducing incarceration as well as institutionalization](#). Home and community-based waiver services for people with intellectual and developmental disabilities have been [similarly effective](#) in achieving these goals.

These services are in [short supply](#) across the country. Moreover, [people in racial or ethnic minority groups are less likely than white people to receive needed mental health services](#) and Black Americans with mental health disabilities [experience disproportionate rates of involuntary hospitalization](#).

Expanding community-based mental health and [intellectual disabilities](#) services is a critically important step to reduce police interactions with people with disabilities. To be effective, these services must be provided on a voluntary basis and in a non-coercive manner. They should be trauma-informed and culturally responsive.

In addition, most calls to 911 or to the police involving individuals with mental health disabilities, those with intellectual disabilities, or other persons experiencing a crisis should be routed to disability services or other social services systems rather than to the police. For people with sensory disabilities, the mere presence of police can escalate a situation. For example, loud sirens and rapid-fire commands can overwhelm Autistic people. Unarmed responders, including those from disability or social service systems, are better equipped to respond to many situations to which police are now dispatched. People with lived experience working as peer support specialists are working on many of these alternative response teams.

Police are called to respond not only to mental health crises, but also to numerous situations where individuals with disabilities are simply acting in ways that others do not recognize or understand. For example, police apprehended Elijah McClain, an unarmed Black man who was walking home from a convenience store because someone had called 911 to report that he [“looked sketchy,”](#) as he was waving his arms and wearing a ski mask that he wore to keep warm due to anemia. Police officers restrained him in a carotid hold and called paramedics who injected him with an [inappropriately high dosage of ketamine](#). Mr. McClain had a heart attack shortly afterward and died three days later.

A number of jurisdictions have instituted programs that reduce police responses to calls involving people with mental health disabilities, including by routing certain 911 calls to mental health responders. The Crisis Assistance Helping Out on The Streets ([CAHOOTS](#)) program, in which EMTs and mental health workers, many with lived experience, respond to calls for help instead of the police, has been operating in Eugene, Oregon for several decades to great success. In recent years, there has been a substantial increase in demand across the country for programs like CAHOOTS, a trend that persists. Various cities nationwide have adopted similar models, highlighting the pivotal role crisis response can play in reshaping an individual's life trajectory. Importantly, these programs yield noteworthy [cost savings](#) for the government and law enforcement entities by curbing emergency medical expenditures through contractual arrangements.

There is a growing body of [resources](#) showing how [crisis response can and should be led by civilians](#). However, mobile crisis response alone is not sufficient to support individuals with mental health disabilities in living in their own homes and communities. Beyond investments in non-police responders, municipalities must fund and expand crisis call centers staffed with mental health professionals who can respond to and triage mental health emergency calls. Municipalities must also invest in crisis receiving centers that provide medically appropriate care to people experiencing different levels of mental health emergencies and, crucially, connect consumers to ongoing care. These crisis receiving centers should meet a variety of needs: crisis beds for short-term service provision over one to two weeks; extended observation units where people can voluntarily receive mental health services for 23-72 hours; and respite facilities where people can visit or stay temporarily to engage in peer and group therapy after a crisis or when at risk of a crisis. To stop the cycle of crises, hospitalization, and incarceration, alternative first responders must be able to engage and link people with a robust array of mental health and disability services and supports, including safe and affordable housing.

Reducing Police Responses in Transportation

Significant changes must also be made to police practices involving modes of transportation, including traffic stops, on public buses and rail and in transit stations, and with pedestrians and cyclists. Proposals that have gained support include removing armed police officers from making routine traffic stops as they too often result in injuries and death for BIPOC drivers, especially those with disabilities. For example, Clifford Owensby was pulled over by police and they demanded to search Clifford's car and for him to exit the vehicle. Clifford stated that he could not use his legs and police [officers forcibly removed him from his car by his hair](#). [Reforms to increase safety and address over-policing](#) in public transportation settings include hiring unarmed personnel and connecting riders to housing and mental health services. Law enforcement must not be the only way in which traffic safety is managed and enforced. The federal government should fund state and local public safety agencies to evaluate equitable and confidential ways of collecting accurate data about these interactions, to help drive [change](#).

Reducing Police Responses in Schools

The expansion of support services should extend to our schools, where the over-policing of students with disabilities causes great harm. Schools serving students of all ages should be safe places where all can thrive. Federal funding should be redistributed from school-based police to positive, proven, and evidence-based approaches to improving school safety—such as mental health counselors, [restorative practices](#), and violence interruption programs. For crises that occur in schools, mobile response teams with specialized training should respond to de-escalate the situation onsite. Studies have shown that placing police in schools and on campuses does not improve school safety or student behavior, and leads to [increased suspensions, expulsions, referrals, and arrests in school as well as decreased graduation rates](#). Students with disabilities, especially BIPOC students, are disproportionately harmed by these practices. In contrast, schools that employed more mental health providers saw [improved student engagement and graduation rates](#). Schools, [including institutions of higher learning](#), that used other types of supports, including restorative and trauma-informed practices, saw [reduced suspensions and student arrests](#). Investing in interventions that promote positive student interactions can make schools safer and healthier learning environments for BIPOC students and students with disabilities.

Police Encounter Data Should be Collected and Made Public

Police departments and all levels of government must collect quantitative and qualitative data on police encounters with people with disabilities, including racial and ethnic characteristics of those with whom officers interact. With appropriate protections for confidential personal information and within the limits of the Family Educational Rights and Privacy Act (FERPA) for school-based law enforcement, this data should be shared with stakeholders, including people with disabilities and their families and advocates, [to aid affected communities in developing and implementing necessary changes](#).

Additional Policing Reforms are Needed to Address Excessive Use of Force

While this statement is focused on disability-specific reforms, we note that additional policing reforms are needed to stop the widespread excessive use of force by law enforcement officers, particularly on people of color. 450 civil rights groups, including disability rights organizations, have [called for](#) reforms such as raising the federal standard for use of force by law enforcement; eliminating qualified immunity and other increased accountability measures; prohibiting chokeholds, neck holds, and similar maneuvers by police; holding officers accountable for racial profiling, and requiring robust data collection on police-community encounters; eliminating federal programs providing military equipment to law enforcement; prohibiting the use of no-knock warrants; and other changes. Police departments must also end the use of so-called “jump out squads” as a means of surveillance in communities as these are disproportionately used in intimidation of individuals in low income and minority communities. These types of changes are important to minimize the harm that may occur when police interact with disabled people and others—especially people of color.

Police responses in neighborhoods, schools, transportation and elsewhere too often result in people with disabilities being needlessly criminalized, incarcerated or even murdered. More effective supports and services for people with disabilities, such as peer support, a decrease in armed interactions, and the involvement and leadership of disabled people, especially BIPOC people, in reforming public safety systems are needed. Please contact Brittany Owens, owens@thearc.org, for more information.

Access Ready Inc

American Association of People with Disabilities

American Civil Liberties Union

American Council of the Blind

American Network of Community Options and Resources (ANCOR)

Association of University Centers on Disabilities

Autism Society of America

Bazelon Center for Mental Health Law

Caring Across Generations

Center for Learner Equity

Center for Public Representation

Children and Adults with Attention-Deficit/Hyperactivity Disorder

CommunicationFIRST

Council of Parent Attorneys and Advocates

Council of State Administrators of Vocational Rehabilitation (CSAVR)

Disability Rights Education & Defense Fund

Epilepsy Foundation

Family Voices

Learning Disabilities Association of America

National Association of Councils on Developmental Disabilities

National Center for Learning Disabilities

National Center for Parent Leadership, Advocacy, and Community Empowerment (National PLACE)

National Disability Rights Network (NDRN)

National Down Syndrome Congress

The Advocacy Institute

The Arc US

United States International Council on Disabilities

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The Consortium for Constituents with Disabilities (CCD) is the largest coalition of national organizations working together to advocate for Federal public policy that ensures the self-determination, independence, empowerment, integration and inclusion of children and adults with disabilities in all aspects of society free from racism, ableism, sexism, and xenophobia, as well as LGBTQ+ based discrimination and religious intolerance.

¹ This is an update to a statement drafted and published in 2020, <https://www.c-c-d.org/fichiers/Policing-statement-9-14-20.pdf>