



The Overuse of Police and Its Impact on People with Disabilities in Texas

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About Disability Rights Texas

Disability Rights Texas (DRTx) advocates for the human and civil rights of Texans with disabilities. Protection and advocacy agencies (P&As) like DRTx were created in the early 1970s following a media investigation of a New York State institution for children with mental disabilities that exposed deplorable conditions and inhumane treatment of its residents. In response, Congress passed legislation in 1975 designating an organization within each state to protect and advocate for the rights of people with disabilities.

In 1977, Disability Rights Texas opened its doors as the Texas state protection and advocacy organization. Over time, its mandate has grown with the passage of laws that have expanded rights and services for people with disabilities. DRTx attorneys and advocates fulfill its mission in the following ways:

- Provide direct legal assistance to people with disabilities whose rights are threatened or violated
- Protect the rights of individuals and groups of people with disabilities through the courts and justice system
- Educate and inform policy makers about issues that impact the rights and services for people with disabilities
- Inform people with disabilities and family members about their rights
- Make referrals to programs and services

SECTION 1: Report Introduction

As our nation mourns Texas native George Floyd and has a serious conversation on the role of police in society, we write to explain the ways that people with disabilities suffer physical and psychological harm from over-policing, especially people who are Black or brown. The misguided reliance on police to respond to mental health crises¹ has repeatedly been shown to have harmful consequences. A 2016 report by the Ruderman Family Foundation estimates that between a third to a half of all Americans killed by police have a disability, and many more experience non-lethal force at the hands of police.² Insufficient funding for healthcare and community services continues to be strongly correlated to increased police interaction and thus harm caused to people with disabilities. A 2018 Briefing Report by the United States Commission on Civil Rights stated that community advocates and police officials agree that excessive police use of force against people with disabilities is largely rooted in the absence of comprehensive community health supports.³

The underfunding of healthcare and overfunding of police in Texas especially impacts people of color. Black and brown people are predisposed to disabilities due to economic racism and, most significantly, a lack of equal access to healthcare.⁴ They are also more likely to encounter police violence. According to data collected by *The Washington Post*, Black people in America are 2.38 times more likely than white people in America to be killed by police.⁵ Brown people are 1.77

¹ Disability Rights Texas defines a mental health crisis as any situation in which a person's behavior puts them at imminent risk of hurting themselves or others and/or prevents them from being able to care for themselves or function effectively in the community.

² David M. Perry and Lawrence Carter-Long, [The Ruderman White Paper on Media Coverage of Law Enforcement use of Force and Disability](#) (March 2016) at 7.

³ United States Commission on Civil Rights, Briefing Report, [Police Use of Force: An Examination of Modern Policing Practices](#), (Nov. 15, 2018) at 140.

⁴ Dominic Bradley and Sarah Katz, [Sandra Bland, Eric Garner, Freddie Gray: The Toll of Police Violence on Disabled Americans](#) THE GUARDIAN June 9, 2020.

⁵ [Fatal Force](#), THE WASHINGTON POST.

times more likely than white people to be killed by police.⁶ Furthermore, 2018 data from the Centers for Disease Control (CDC) shows that about 29% of Black and brown individuals reported having a disability in Texas when the state and national average is about 25%.⁷ Given the overlap between the lack of healthcare and police brutality toward individuals with disabilities and people of color, any meaningful attempt at change must address both factors.

The excessive use of police force is also rooted in a specific bias against both individuals who are experiencing a mental health crisis and people who are Black, a bias which exaggerates the dangerousness of that person.⁸ People who appear to be in crisis and people who appear to be Black are both subject to attributions of superhuman strength.⁹ However, there is little research that looks at the intersection of race, mental state, and use of force. This intersection of race and crisis has been little studied, but it is evident that being Black and in crisis is dangerous – to the Black person in crisis. Where is it safe to be a Black person in crisis? Until there are answers to this question, changes must be made to mental health services as well as police services.

In this report, we express our support for calls being made to eradicate unnecessary policing and criminalization of behavior associated with mental illness, developmental disabilities, poverty, homelessness, and other socially stigmatized conditions. Texas communities should divest from unnecessary policing in schools and communities and increase resources for mental health crisis intervention, housing, and supports for people with disabilities. In addition to redistributing funds, policies should be enacted or amended to decrease the amount of unnecessary police

⁶ *Id.*

⁷ Centers for Disease Control and Prevention, [Disability and Health Data System – Texas \(2018\)](#).

⁸ Jim Ruiz and Chad Miller, [An exploratory study of Pennsylvania police officers' perceptions of dangerousness and their ability to manage persons with mental illness](#), 7 POLICE QUARTERLY 359-371 (September 1, 2004); Rachel Spector, [Is there racial bias in clinicians' perceptions of the dangerousness of psychiatric patients? A review of the literature](#), 10 JOURNAL OF MENTAL HEALTH 5-15 (July 6, 2009).

⁹ Adam Waytz, Kelly Marie Hoffman, & Sophie Trawalter, [A Superhumanization Bias in Whites' perceptions of Blacks](#), 6 SOCIAL PSYCHOLOGICAL AND PERSONALITY SCIENCE 352-359, (October 8, 2014).

contact that individuals with disabilities endure, especially those who are also Black, brown, or uniquely high risk.

There is a correlation between the lack of healthcare infrastructure in Texas and the fact that, nationally, Texas has the third highest rate of police killings of individuals with known mental health disabilities.¹⁰ 2020 data shows that Texas is ranked last out of all states and the District of Columbia in access to mental health care.¹¹ Both of these circumstances can be significantly improved with the elimination of unnecessary contacts between officers and individuals experiencing crises and the diversion of funds to health, housing, education and poverty prevention interventions. By diverting funds and creating effective policy, Texas can decrease unnecessary police contact and boost its mental healthcare access. In the following, Disability Rights Texas advocates for consideration of how people with disabilities and people of color are simultaneously impacted by: (1) police in schools, (2) police and lack of disability awareness, (3) police responding to emergency mental health crises, and (4) policing and lack of community based alternatives. In the last sections, DRTx presents alternatives to police as first responders in mental health and intellectual and developmental disability (MH/IDD) crisis situations and issues recommendations for reducing the over-policing of persons with disabilities, particularly those who are Black and brown.

¹⁰ [Fatal Force](#), THE WASHINGTON POST. It is important to note that this data is not a complete depiction of law enforcement interaction with people with disabilities because there are many use of force situations that are non-lethal or involve individuals with disabilities that are not psychiatric in nature—these stories are worth attention, as well.

¹¹ Mental Health America [Access to Care Ranking 2020](#).

SECTION 2: Overuse of Police in Texas Schools

DRTx analysis of 23 articles from across the country on police presence/school resource officers in schools concludes that during the time since George Floyd's death on May 25, 2020, at least 21 communities around the country have made a serious commitment to remove or significantly limit police presence in schools.

School Resource Officers (SROs) in American Schools and Risk to Students with Disabilities

Until this century, American schools did not maintain their own law enforcement departments or contract with law enforcement agencies for routine police presence in schools.¹² Schools previously relied on natural and educational interventions and disciplinary practices. Schools should continue to rely on tiered interventions systems as part of disciplinary practices. Schools can, as they have always done, make calls to outside police in rare emergencies that necessitate law enforcement involvement.

School-based policing is one of the fastest growing areas of law enforcement.¹³ Although there is no official count of SROs, there are more than 14,000 officers in only 30% of our nation's schools.¹⁴ Yet there is no evidence that adding SROs actually results in safer schools, according to the Justice Policy Institute.¹⁵ In fact, adding SROs to campuses tends to disproportionately and specifically harm students of color and students with disabilities as illustrated in these recent examples from Texas schools.

Examples:

- Houston — A recent DRTx client requested that Houston Police Department Crisis Intervention Team (CIT) officers be called. The officers found the student upset and lying on the ground. They yelled and cursed at the student, who was calm, and then proceeded to

¹² Texas School Safety Center, [A Brief History of School-Based Law Enforcement, Texas State: Texas School and Safety Center](#) (Feb. 2016).

¹³ Cheryl Corley, [Do Police Officers in Schools Really Make Them Safer?](#), NPR (Mar. 8, 2018).

¹⁴ *Id.*

¹⁵ Justice Policy Institute, [Measured Responses: Why Increasing Law Enforcement in Schools is not an Effective Public Safety Response to the Newton Tragedy](#), (Dec. 22, 2012),

drag him down a long school hallway, hyperextending his arms, because he wouldn't get up on their command. In front of his schoolmates, they handcuffed and put him in a police car. All he needed was mental health care.

- Katy — Jevon Washington was a 17-year-old Black student with an intellectual disability who was being bullied in class. Normally he could retreat to a safe space, but it was occupied at the time. As a result, he walked into the hallway and toward a door that led to a breezeway between campus buildings. He was stopped by a school official and Tased several times by a school resource officer, even as other staff shouted for the officer to stop.¹⁶
- San Antonio — Samuel Arias was a 7-year-old student diagnosed with autism and a mood disorder who had an outburst in class. He was taken away from the school in handcuffs, flanked by officers, confused, and crying as he was placed in the back of a police car.¹⁷
- Dallas — Yosio Lopez, a 7-year-old student diagnosed with ADHD and a mood disorder, was put in a chokehold, tased and handcuffed during an outburst. Yosio was allegedly banging his head against the wall in class. He usually had a trained school aide nearby to calm him down. During this incident, however, Dallas ISD Police used extreme force to restrain Yosio, cuff him, and transport him to a mental health facility without his mother's permission. She was not able to visit her son for two days while he was sedated and treated.¹⁸
- In all of these examples, police intervention was unnecessary and harmful, the students were in need of mental health supports, and each child was a student of color with a disability.

The School-to-Prison Pipeline

The over-policing of schools is the foundation of the school-to-prison pipeline. Having more police on campus than counselors, social workers, and behavior and wraparound specialists combined creates an environment in which it is far easier for a student to be arrested than to receive needed supports and services. The American School Counselor Association recommends a ratio of 1 counselor to 250 students.¹⁹ The national ratio of counselors to students is 1 to 430 and 2018-2019 data shows Texas at 1 to 423.²⁰ Even the limited number of counselors that

¹⁶ Brooke Lewis, [Parents of Katy ISD Special-needs Student Sues District Over Tasing Incident](#), HOUSTON CHRONICLE, June 8, 2018.

¹⁷ Matthew Seedorff, [7-year-old Student with Autism Taken from School in Handcuffs](#), NEWS4SA, Sep. 17, 2019.

¹⁸ Artemis Moshtaghian, [Dallas School Police use Handcuffs to Restrain 7-year-old Boy](#), CNN, May 19, 2017,

¹⁹ American School Counselor Association, [Careers/Roles](#), (last visited Oct. 27, 2020),

²⁰ American School Counselor Association, [Student-to-School-Counselor Ratio 2018–2019](#), (last visited Oct. 27 2020).

Texas schools employ are often forced to spend their days on standardized testing instead of providing the interventions they are trained to offer.

Students with disabilities are at an increased risk for entering the juvenile justice system and facilities.²¹ The Texas Juvenile Justice Department (TJJD) estimates that about 30% of students arrested were “eligible for special education” and received moderate to high levels of mental health treatment.²² Data further indicates that students with disabilities and students of color are overrepresented in law enforcement interactions.²³

The U.S. Department of Justice explained that “SROs should not enforce the school code of conduct or engage in routine discipline of student.”²⁴ However, the data shows Black and brown students and students with disabilities are disproportionately referred to SROs and juvenile probation. A 2016 report by Texas Appleseed and Texans Care for Children analyzed data from school districts across Texas and found that:

In many of the sampled districts with the highest rates of tickets and complaints, Black students received two to four times as many disciplinary actions as their representation in the student body from 2011 to 2015. In Austin ISD, for example, 20% of tickets and complaints went to Black students, who make up just 8% of the district’s students overall. In Dallas ISD 49% of tickets and complaints went to Black students, who make up about 23% of Dallas ISD’s student population.

²¹ Texas Appleseed, *Guarding our Most Precious Resources: Comparing the Staffing of Counselors and Mental Health Professionals to Police in Texas Schools* (March 2019),

<https://www.texasappleseed.net/sites/default/files/Guarding%20our%20most%20precious%20resources.pdf>.

²² Adrian Gaspar, Disability Rights Texas, *Perspectives Regarding Students with Disabilities*, (last visited Oct. 27, 2020), <http://stories.texasappleseed.org/collateral-consequences>.

²³ *Id.*

²⁴ Statement of Interest of the United States, *S.R. v. Kenton Co.*, 15-CV-143-WOB-JGW (E.D.Ky.) (Doc. 32, at 13) (Oct. 2, 2015), available at: <https://www.justice.gov/opa/file/780346/download>.

Of all youth who were referred to juvenile probation from schools in 2015, 25% were Black, 53% were Latino, 21% were White and 1% were classified as “Other.” Statewide population data show that, among youth ages 10 to 17, 14% are Black, 46% are Latino, 34% are White, and 6% are classified as “Other.”

Students with disabilities were over-represented in tickets/complaints, arrests, and use of force incidents. Notably, youth with disabilities experienced more than twice as many arrests as their representation in the student body: 24% of arrests versus 9% of student enrollment.²⁵

Police in schools increase the risk that youth of color and youth with disabilities will enter the juvenile justice system. Reinvesting resources away from police to alternatives—including diversion programs, appropriate counselor to student ratios, and strategies to promote safe and supportive school climate—benefit all youth.

²⁵ Deborah Fowler, et. al., [*Dangerous Discipline: How Texas Schools are Relying on Law Enforcement Courts, and Juvenile Probation to Discipline Students*](#), (Dec. 2016).

SECTION 3: Police Lack Training on Variety of Disability Awareness and

Accommodation Needs

Police presence can be triggering for persons of color and persons with disabilities and lack of training specific to individuals with disabilities or the need for accommodations often causes law enforcement to misinterpret disability-related behaviors. For example, communication-related disabilities such as deafness, Tourette syndrome, Huntington's disease, and intellectual or developmental disabilities (IDD) may give the appearance of non-compliance or aggressiveness. Physical conditions such as low blood sugar caused by diabetes can result in behaviors that are mistaken for intoxication, resulting in misinterpretation of the situation by law enforcement. Interaction between the police and people with disabilities also raises accessibility issues. Many law enforcement officers are not trained on how to safely transport someone with a service animal or wheelchair. These issues are exacerbated when the person with the disability is also a person of color.

Example:

- Austin, Texas -- Esther Valdez, a Latinx woman who is deaf, was charged with resisting arrest after failing to comply with orders that she could not hear. During this encounter the officer was told by a person walking with Valdez that she was deaf. Still, the officer tried to communicate with Valdez by speaking loudly. When she failed to comply, he wrestled her to the ground.²⁶

²⁶ Jordan Smith, [Tone Deaf](#), THE AUSTIN CHRONICLE, Dec. 3, 2010.

SECTION 4: Overuse of Police for Persons with Disabilities in Crisis

By state law, law enforcement officers are called upon as first responders when a person experiences a mental health crisis.²⁷ Even in situations which involve relatively minor transgressions and no evidence of aggression, law enforcement is called to intervene. When law enforcement officers are called to intervene in a situation involving a person with mental illness or IDD who is in crisis, the outcome of their response depends upon many variables, including the officers' training and experience, the quality of information received from dispatchers prior to entering the scene, the ability and willingness of police to take the time needed to make assessments, their knowledge and understanding of the community in which they are responding, their access to support from mental health professionals as needed during the call, and the availability of non-justice system referral options. Because law enforcement officers have discretion to choose how to intervene in a crisis situation, it is essential that they be fully informed about available options and trained to select the one most likely to be effective in safely resolving each situation.

Following the death of Sandra Bland, Texas attempted to address the alarming rate of police force against Black people and individuals with disabilities. In 2015, Texas State Trooper Brian Encinia pulled over Bland, a Black woman diagnosed with epilepsy and depression, for a traffic violation. Dashboard camera and cell phone video show Encinia pulled a stun gun out and demanded Bland get out of her car. Three days later, Bland died in jail and her death was ruled a suicide. After this tragedy, Texas lawmakers authored the Sandra Bland Act which was signed by Governor Greg Abbott in 2017.

The goals of the Sandra Bland Act were to address bail reform, jail safety, officer training, racial profiling, data collection, officer discipline, and behavioral health services in jails.²⁸ The law requires law enforcement cadets in the state of Texas to receive forty hours of mental health

²⁷ See e.g., [TEX. HEALTH & SAFETY CODE § 573.001](#).

²⁸ Whitmire Criminal Justice, [Bill Analysis](#), Senate Bill 1849 (May 5, 2017).

training to learn better de-escalation skills and how to respond during and after a mental health call.²⁹ However, current law does not ban police officers from arresting people when the sole purpose of the initial police interaction was a mental health crisis. Additionally, a significant number of school discipline and emergency calls in Texas disproportionately involve individuals with disabilities. Each call creates an increased risk of harm from police contact and is generally characterized by a lack of mental health supports.

Although Texas has increased the requirements of Crisis Intervention Training (CIT) across Texas police departments in an attempt to improve the outcome of police interactions with people with mental illness by teaching de-escalation in crisis situations and decreasing the use of force in officers' calls, these officers are still uniformed and are required to address a plethora of other calls. Despite the focus on increasing CIT in law enforcement, there are continued reports of negative interactions with law enforcement. This demonstrates that the training alone is insufficient to off-set uniformed officer's military style engagement which treats the individual as a threat requiring a command and control approach.

Being approached by armed individuals in uniforms is terrifying for individuals with a mental illness or IDD who are in crisis. Often the individual is confused, fearful, and misperceives what is happening in their environment. If the person is experiencing delusions or hallucinations, they may not hear or comprehend commands. The brain is conditioned to perceive an obviously armed person as an immediate threat, reacting with fight or flight. When this natural reaction is assessed as non-compliance by the officer, the situation often escalates into use of force.

Ron Bruno, the vice president at CIT International, is aware firsthand and agrees that uniformed officers aren't the best solution or help to a person in an escalated state.

Every time a police officer goes out to a crisis situation, it's going to escalate the person's emotional state. Yes, we can and will train officers to de-escalate

²⁹ Josh Hinkle, [Abbott signs 'Sandra Bland Act,' bolstering training for officers](#), KXAN, (Jun. 15, 2017).

*situations, but often, their mere presence is stressful, and the person in crisis can become fearful and enter flight or fight. That's when we see major problems.*³⁰

Unfortunately, many people with mental health concerns have had multiple interactions with police where force was used. As a result, they often develop a significant stress response when seeing an officer or uniform.

Examples:

- Houston, Texas—Nicholas Chavez, a disoriented Latinx man diagnosed with mental illness and drug addiction, was shot and killed by Houston police after being tased and dropping to his knees.³¹ The officers claim that they reacted to Chavez pulling the Taser toward him, but footage of the shooting left even Houston Police Department (HPD) Chief Art Acevedo with questions.³² According to HPD protocol for responding to someone in a mental health crisis situation, police should use de-escalation techniques such as giving space; being aware that guns may frighten the person; and, if the person is suicidal, discussing it with the person.³³ Instead, at least seventy officers showed up to the scene, aware that Chavez was in distress and might attempt suicide, cornered Chavez and drew their guns.³⁴ Protocol was not followed, the situation escalated, and it cost Chavez his life.
- Austin, Texas—Officer Christopher Taylor is currently at the center of the investigation of Michael Ramos's death. Ramos was an unarmed Black and Latinx man killed by Austin police in April 2020. Nine months before, Taylor was involved in the murder of Mauris DeSilva, a neuroscientist having a mental breakdown and holding a knife to his own neck. Like Ramos, DeSilva was a man of color whose action did not warrant Taylor's use lethal force. Further highlighting the disproportionate use of force towards people with disabilities and people of color, nine months before DeSilva's murder, two of the policemen that were involved in DeSilva's death, Tased and arrested a white woman rather than shooting her. Similar to DeSilva, the woman was welding a knife, yelling and making threats, and refusing to comply with commands, yet her outcome was very different than DeSilva's or Ramos's. A 2018 City

³⁰ Substance Abuse and Mental Health Services Administration, [National Guidelines for Behavioral Health Crisis Care: Best Practice Toolkit](#), Interview with Ron Bruno, Executive Director of CIT Utah and Vice-President at CIT International, at 68 (2020).

³¹ Keri Blakinger and Mike Hixenbaugh, ["It was an Execution": Nicholas Chavez was on his Knees when Police Killed him. His Father Wants Answers](#) THE MARSHALL PROJECT, Jun. 19, 2020.

³² Juilan Gill and St. John Barned-Smith, [Houston Police Chief Art Acevedo Addresses Video Showing Fatal Shooting of Kneeling Man](#) THE HOUSTON CHRONICLE, Apr. 30, 2020.

³³ Houston Police Department, [Responding to the Mentally Ill: A Guide for Texas Peace Officers](#) (May 2018).

of Austin audit found that, “[o]f the top 15 most populous U.S. cities, Austin has the highest per capita rate of fatal mental health-related police shootings.”³⁵

- San Antonio, Texas — In August 2020, Damon Lamar Daniels, a Black combat veteran was fatally shot by deputies during a mental health call. The combat veteran and his family made four separate calls in the lead up to the shooting, reporting that he was suicidal and suffering paranoid episodes. When the deputies determined he needed mental health help, but it became apparent that he was not going to come along, the deputies moved close to him, a struggle ensued for about a minute, at which point the deputies shot him.

³⁵ Michelle Raji, [Why is APD Responding to Mental Health Crises Like Violent Crimes?](#) THE TEXAS OBSERVER, Jun. 4, 2020,; see also City of Austin, Office of the City Auditor, [APD Response to Mental Health Related Incidents](#) (September 2018).

SECTION 5: Lack of Non-Justice System Referral Options Prolongs Police

Presence at Crisis Calls

The goal of law enforcement in a mental health crisis is to contain the situation quickly and expedite handing the person off to another entity. The limited resources available to facilitate that hand-off are typically jails or emergency rooms. There is no question that jails are inappropriate placements for individuals with a mental illness or IDD who are in crisis. Further there is little benefit to the individual in a hospital-based personnel response as they are often ill-equipped to appropriately respond to these individuals.

Emergency rooms entail extensive wait periods, during which the individual becomes increasingly agitated and may attempt to leave, resulting in physical, chemical and/or mechanical restraints, and frequently result in assault charges against the individual. Due to the lack of mental health crisis services and the lack of outpatient and residential treatment options in communities across the country, the American College of Emergency Physicians (ACEP) documented in its 2008 survey that the number of persons with mental illness or IDD who must await appropriate placement while being “boarded” in hospital emergency rooms is significant and growing.³⁶ Most emergency rooms require law enforcement officers to unnecessarily remain until an appropriate placement is identified or the psychiatric crisis has abated, causing more stress and trauma for the individual. Even when law enforcement does not remain at the emergency room, many emergency rooms employ law enforcement or security staff as frontline staff who continue to use a command and control approach and often escalate the situation.

³⁶ American College of Emergency Physicians, [ACEP Psychiatric And Substance Abuse Survey 2008](#).

Often when individuals voluntarily seek inpatient psychiatric treatment, they are turned away because staff conclude the person has sufficient insight to receive help in the community instead of an inpatient setting. Yet, there are insufficient community supports available in Texas, not only for crisis care, but also for substance use, housing, and employment. The lack of community-based resources for those seeking voluntary care necessitates waiting until further decompensation and a mental health crisis occurs in which police are called to respond.

SECTION 6: Alternatives to Uniformed Police as First Responders in Mental Health/IDD Crisis Situations

It is time for public mental health crisis services to return to the community and enable people in crisis to remain near their support, instead of removing them from their support systems. As Ron Bruno, vice president of CIT International said himself, “It’s easier for people to transition back into their lives if they’re never fully yanked out of them in the first place and can be treated in the community.”³⁷ For example, an alternative crisis line can be created and utilized by those needing mental health services or support rather than a uniformed officer with a gun. Mental health and IDD related calls can also be redirected from police response to a crisis response. Calls that do not involve a weapon or violence against another should require dispatching only mobile mental health staff, typically organized as mobile crisis teams, or using a crisis assistance program like Crisis Assistance Helping Out On The Streets (CAHOOTS) to respond quickly and de-escalate the situation. Both approaches can be reinforced by the use of peer support specialists trained in crisis intervention.

CAHOOTS began in Eugene, Oregon in 1989. The cities of Olympia, Denver, Oakland, New York City, Indianapolis, Portland, Austin, and Chicago as well as cities in other countries have investigated or implemented the program. The CAHOOTS team receives calls from 911 that do not pose a danger to others and are related to addiction, disorientation, mental health crises, and homelessness. The responding two-person team consists of a medic and a mental health crisis counselor. Once on the scene, the responders attend to immediate health issues, de-escalate the individual, and help formulate a plan, which may include finding a bed in a homeless shelter or transporting the person to a mental health facility.³⁸ Other cities are exploring the use of emergency medical systems instead of police along with mental health professionals as first responders in emergency calls that do not indicate weapons are involved.

³⁷Interview with Ron Bruno, *supra* fn. 32 at 69.

³⁸CAHOOTS, WIKIPEDIA, (Last edited Aug. 9, 2020), [https://en.wikipedia.org/wiki/CAHOOTS_\(crisis_response\)](https://en.wikipedia.org/wiki/CAHOOTS_(crisis_response)).

For example, following the death of a former combat veteran in a mental health crisis, Bexar County Judge Nelson Wolff said, “It may have been better to send crisis mental health professionals rather than deputies with guns and uniforms. Even the Bexar County Sheriff Javier Salazar said he has previously and continues to propose a mental health pilot program similar to CAHOOTS.³⁹

Where a call involves a deadly weapon, several localities in Texas already have a program that utilizes police officers that are not uniformed—mental health deputies. Mental health deputies respond only to mental health calls, are not uniformed, use unmarked cars, and have a knowledge of and a collaborative relationship with the mental health services delivery system. They focus on de-escalating and stabilizing the situation and utilizing the least restrictive environment for the person to receive support and treatment when necessary.⁴⁰ For individuals receiving services, the approach used by mental health deputies has proven to be less aggressive and frightening as well as provides more reassurance for the individual’s support system. Unfortunately, there are not many of these programs throughout Texas or a sufficient number of mental health professionals or peer specialists trained in crisis intervention to accompany the mental health deputies.

Individuals with a mental illness have encouraged the use of peer support specialists and peer recovery specialists as professionals in these situations. Peer specialists are more likely to be perceived as non-threatening because they are less likely to use coercion to take a person to a hospital or jail or to force medication. The use of peer specialists counters the stigma about individuals with a mental illness, positively impacts self-esteem and self-worth, provides valuable employment opportunities, and has been shown to reduce costs associated with law enforcement use, hospitalization, and incarceration. Utilizing their own personal experiences, peer specialists are likely to proceed more at the pace of the individual, focusing on developing

³⁹ Danielle Moody, [Sheriff Javier Salazar to Launch ‘CAHOOTS’ Mental Health Program](#), NEWS4SA, August 30, 2020.

⁴⁰ [Mental Health Deputies Program: Gulf Coast Center](#) TEXAS POLICE NEWS, (Last visited Jul. 28, 2020).

trust, and helping the individual de-escalate by engaging them and providing choices rather than orders or commands.

No matter the type of call, an array of facilities must be available in each county for crisis care, including respite apartments, staffed apartments for short term stays, peer run crisis respite programs, and crisis centers. Short term detox facilities should be available as well, with follow up treatment for substance use disorders. After the immediate issue is resolved, the mental health system must follow-up, making sure the individual has access to needed services on an on-going basis. Individuals with the most significant mental health needs require access to housing assistance, intensive case management, peer support services, treatment delivered by a mobile crisis team, and supported employment.

SECTION 7: Recommendations

Based on this report, DRTx offers the following solutions to the problem of over-policing and its impact on people with disabilities in Texas:

School Recommendations

1. **Invest in “Counselors Not Cops.”** Police presence is unnecessary and counter-productive in schools. Local districts should reallocate resources from policing to counselors, social workers, and behavior and wraparound specialists.
2. **Join the “Dignity in School Campaign.”** Independent school districts should adopt and implement the policy recommendations of the “Dignity in School Campaign” which is comprised of more than 100 organizations advocating for “Counselors Not Cops.”⁴¹

Community Recommendations

1. **Change the response to 911 calls for people experiencing mental health crises.** Develop a robust system for identifying 911 calls that require a mental health intervention, not a police presence. Train and equip call takers with a clear and comprehensive list of questions to ask and behaviors that indicate panic attacks, suicidality, psychotic breaks, and other mental health crises. Transfer these calls to a mental health clinician on-site at the call center to determine what, if any, intervention is necessary.
2. **Develop or clarify criteria for determining who will respond to a call.** Develop or clarify existing criteria for when law enforcement should be dispatched instead of, or in conjunction with, mental health specialists. Substitute Emergency Medical Services and mental health specialists for law enforcement officers, particularly peer support specialists as first responders to calls that require a mental health intervention and do not involve weapons.
3. **Use mental health deputies.** When responding to calls that require a mental health intervention and do involve weapons, mental health deputies should be utilized instead of police trained in CIT.
4. **Invest in community supports.** Increase the number and availability of mental health respite facilities, including respite apartments, staffed apartments for short-term stays, crisis centers, and access to peer-run crisis respite services.

⁴¹ Dignity in Schools, [Counselors not Cops: Ending the Regular Presence of Law Enforcement in Schools](#) (2016).