SB 882 Advisory Council
Staff Notes Taken Live and Presented on Screen
Agenda Items 3, 6, and 10 – Clean Copy
January 30, 2026

Proposed Recommendations of the SB 882 Advisory Council

The below recommendations are included in the Draft Report of the SB 882 Advisory Council on Improving Interactions between People with Intellectual and Development Disabilities and Law Enforcement and are reprinted here for ease of access during discussion of Agenda Items 3, 6, and 10 at the January 30, 2026 Advisory Council meeting.

Agenda Item 10: Background Recommendations

Guiding Principles and Process Recommendations

The California Legislature and local policymakers have a critical opportunity to strengthen and expand coordinated systems of care for individuals with mental health conditions and intellectual and developmental disabilities —including those experiencing crises. By building upon existing frameworks and championing the following priorities, lawmakers can deliver lasting benefits to Californians, improve public safety, and ensure the state leads the nation in compassionate, effective care. The following priorities will be essential to realizing these outcomes:

- **Prioritize person-centered planning** so individuals receive care tailored to their unique needs.

- **Consider the needs of people with multiple disabilities** in care systems and policy planning.

- **Ensure access to lifelong services** to reduce gaps that lead to instability and crisis.

- **Improve coordination across agencies** to ensure individuals consistently receive the right services at the right time.

- **Encourage innovative resources** that address complex needs and improve service delivery.

- **Reduce reliance on crisis law enforcement interventions** to improve outcomes and promote safety for individuals and communities.

By investing in these improvements, legislators will drive a more responsive, equitable, and effective system of care—one that delivers measurable health outcomes, strengthens families, enhances public safety, and reduces costly emergency interventions. These actions will demonstrate legislative leadership, fiscal responsibility, and a commitment to the well-being of all Californians.

[*move this paragraph to Training section*]

The Council also developed recommendations related to training of law enforcement in informed by two "non-negotiable guiding principles"—stopping use of force/officer involved shootings and building trust and relationships with the community. The subcommittee also identified key challenges for law enforcement training. These include limited resources and tools tailored to encounters with the SB 882 population, the overwhelming volume of new policies without clear integration into existing training, lack of centralized, accessible guidance for officers in the field, insufficient inclusion of subject matter experts in curriculum development, need for more realistic, scenario-based training that reflects community needs, lack of trust and fear between law enforcement and the community which can heighten the response, and difficulty finding subject matter experts who also have the background both to relate to and to make materials relevant to law enforcement.

Finally, in addition to guiding principles and recommendations addressing the substance of the Council's charge, the Council considered how to leverage data and research practices to continue expanding the knowledge base related to interactions between law enforcement and the SB 882 population. Included in this study would be methods of evaluating the success of programs intended to improve these interactions, including but not limited to any of the Council's recommendations that are adopted and implemented.

34
- Recommendations[1] about how to use data:

  - It is important to identify a mechanism to assess the efficacy of any new ideas or programs using research. As the current Council will disband in April, the subcommittee recommend that the Legislature create some structure or position to perform ongoing assessment of program success.
  - One such model is to run a pilot project, have researchers assess the efficacy of the pilot project, and make decisions about whether to institute the project more broadly (statewide, or otherwise) based on the results of that research.

35
- Recommendations about data collection going forward:

  - The subcommittee has concerns regarding whether the data about officer perception that someone has a disability is accurate. The subcommittee recommends engaging researchers to assess this, including on the ground "red-teaming" or trying to apply the data collection system to very difficult conditions to identify failure points.
  - The subcommittee recommends identifying priority markers of success to be ensure that the goal of any reforms is measurable. Options for the full Council to consider include:
    - Reduction in death/injury following interactions with law enforcement
    - Increase in connection to helpful services following interactions with law enforcement

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[1] Data recommendations are drawn from materials posted for December 10, 2025 meeting of the Advisory Council.

- Reduction in calls to law enforcement to respond to incidents involving people with MHD/IDD
- Reduction in internal affairs complaints about officer behavior during interactions with the MHD/IDD communities

36   • The subcommittee recommends identifying a central repository for data about these interactions, more likely in a public health related agency as opposed to DOJ.

37   1. It is important to identify a mechanism to assess the efficacy of any new ideas or programs using research. As the current Council will disband in April, the subcommittee recommends that the Legislature create some structure or position to perform ongoing assessment of program success. Program success includes study of whether training for law enforcement related to interactions with the SB 882 population is effective in improving the population's experience in those interactions, and study of any other interventions recommended above.

This structure or position should include funding and a clear plan for who is responsible for gathering and analyzing data, and reporting results.

a) One such model is to run a pilot project, have researchers assess the efficacy of the pilot project, and make decisions about whether to institute the project more broadly (statewide, or otherwise) based on the results of that research. Alternative project development models may prove equally cost effective, however, so the Council recommends an individual assessment for each program.

b) [*Specific project options to be proposed following further development of other Council recommendations – topic for discussion at January 30 Council meeting*]

38   2. The Council has concerns regarding whether the data about officer perception that someone has a disability is accurate. Obtaining accurate data is a crucial baseline to measure markers of success as described below.

a) The subcommittee recommends engaging researchers to assess whether the current data collection system is accurate or whether an alternate would improve data quality.

b) Because data collection usually relies on officers who have multiple simultaneous tasks to perform, the process of developing a data collection plan should include on the ground "red-teaming" or trying to apply the data collection system to very difficult conditions to identify failure points.

39   3. The Council recommends the following priority markers of success to ensure that the goal of any reforms is measurable:

a) Reduction in use of force in law enforcement encounters with SB 882 population
   1) Issues: this will likely be a low number. Consider using RIPA data but expanding to include instances of handcuffing.
b) Increase in connection to helpful services following interactions with law enforcement
   1) Issues:
      1. It would be helpful to name these services and who is delivering the services
      2. This may be best explored through independent research in the community about experiences with law enforcement
c) Improved ability of law enforcement to respond to calls regarding "wandering"/lost adults and children who are members of the SB 882 population
   1) Issues: May need new datasets (potentially the Missing Persons System) or independent research
d) Building trust and relationships between law enforcement and the SB 882 population
   1) Reduction in internal affairs complaints about officer behavior during interactions with the MHD/IDD communities
      1. Issues: challenging to measure
   2) Improvement in knowledge among SB 882 population, and their family members and providers, about interventions available that are alternatives to law enforcement response
      1. Issues: This may be best explored through independent research in the community about prevalence of this knowledge

40   4. The Council recommends identifying a central repository for data about these interactions, more likely in a public health related agency as opposed to DOJ.

Agenda Item 3: Recommendations Related to Crisis Response Models and Other Systems Interventions

Partnerships

1 • Law enforcement agencies should collaborate with community/non-law enforcement entities to allow for more natural, regular, non-emergency interactions between community members and law enforcement officers. Examples:

1.a o **Host community events with law enforcement officers** to build trust, reduce fear, and allow families to practice positive interactions in a safe environment. For example, agencies can have individuals with disabilities visit police stations and chat with law enforcement officers (e.g., "Meet the Police" days, sensory-friendly safety fairs) or have officers visit individuals with disabilities at various locations such as day programs, regional centers, regional center vendors.

1.b o Agencies, with community partners, can organize community events where natural conversations can occur, such as a community park, and officers and individuals do activities together (such as assigning buddies and playing games together).

2 • Law enforcement agencies should create programs or focus existing community outreach programs on community members with disabilities to encourage more natural, regular, non-emergency interactions.

3 • Foster law enforcement awareness of/connection with regional centers and county departments of behavioral health. Establish and maintain a library of sample memoranda of understanding between law enforcement, regional centers, and county departments of behavioral health.

Programs and Services

4 • Investigate and identify data-driven strategies to help address workforce shortages among law enforcement, regional centers, and county departments of behavioral health, and their vendors. Invest in creating educational, licensure, and recruitment pathways to becoming a behavioral health crisis responder. For example, loan repayment, scholarship, and internship programs developed through the California Department of Health Care Access and Information for students and graduates working in health and behavioral health professions.

5 • Require IDD Competent Behavioral Health Treatment Capacity in All New Prop 1 and BHCIP Funded Facilities. California should require that all behavioral

health treatment facilities funded under Proposition 1 (2024) and the Behavioral Health Continuum Infrastructure Program (BHCIP), which together represent a historic $13 billion state investment, demonstrate the ability to serve individuals with IDD who have co-occurring behavioral health needs. Proposition 1 and BHCIP are projected to create 6,800–11,150+ new residential treatment beds statewide, marking the largest expansion of behavioral health capacity in California's history. To ensure these investments are equitable and accessible, the state should establish IDD competent treatment standards for all grantees and licensed operators. These standards should require facilities to:

- a. Accept individuals with co-occurring Autism/IDD and mental health conditions and prohibit exclusion based solely on disability, consistent with federal and state civil rights laws.
- b. Demonstrate operational capacity to serve individuals with Autism/IDD, including staff trained in communication supports, sensory aware crisis response, positive behavioral strategies, and de-escalation techniques.
- c. Incorporate physical and environmental design features that support sensory regulation and behavioral stabilization.
- d. Coordinate with Regional Centers, county behavioral health departments, and other disability serving entities to ensure continuity of care.
- e. Embed IDD competent requirements directly into funding agreements, licensing conditions, and DHCS operational standards, ensuring California's behavioral health expansion—funded through Prop 1 and strengthened by BHCIP—finally includes individuals with Autism and IDD, who have historically been among the most frequently excluded from crisis, inpatient, and residential care.

6
- Implement the Manny Alert Act per the recommendations of the November 2020 Manny Alert Act (AB 911) Feasibility Study of a Self-Registration Database for 911 Calls Final Report, including a funded voluntary statewide registry that is connected to all law enforcement agencies' and dispatchers' computerized systems.

6.a
- Fund and require local law enforcement agencies and 911 dispatchers to utilize wireless emergency alerts to notify the public to be on the lookout for missing persons with IDD (including notice to check pools and bodies of water, or freeways). Such funding could come from a modest increase in the Emergency Telephone Users Surcharge from the State Emergency Telephone Number Account (SETNA) for wireless phone plans.

6.b
- Systemically integrate calls for service with Computer-Aided Dispatch (CAD) for officer-initiated stops so that law enforcement is aware whether a given interaction was initiated by a family member who has called for help for a relative or whether an officer comes across the scene by other means.

7   • Consider adopting Blue Envelope system or lanyard system (voluntary system where people with IDD can self-identify so officers know). Translate to common community languages.

8   • Encourage inclusion of people with MHD/IDD on civilian oversight boards regarding use of force.

9   • Systemically integrate calls for service with Computer-Aided Dispatch (CAD) for officer-initiated stops so that law enforcement is aware whether a given interaction was initiated by a family member who has called for help for a relative or whether an officer comes across the scene by other means.

10 • Study response models that have been implemented by agencies that triage calls. For example, in Sacramento County Sheriff's Department response model, dispatchers determine which calls require a law enforcement response and which ones require a service-provider response (e.g., mental health provider) instead of law enforcement. Dispatcher determines, for example, whether to call fire department, California Highway Patrol, local government (e.g., traffic light not working), mental health providers, etc.

Funding

14 • Consider the following funding streams to support these recommendations:

14.a   o Priorities or special grants for smaller departments especially in rural areas, including opportunities for joint regional trainings.
14.b   o An increase in the SETNA surcharge for wireless phone plans.
14.c   o Proposition 63/Mental Health Services Act funds.

Agenda Item 6: Recommendations Related to Training for Law Enforcement or Other Agencies, Organizations, or Community Members

Content of Training for Law Enforcement or Other Government Personnel

15
- Develop training for law enforcement on the range of the RB 882 population's diagnoses including people with multiple conditions.

16
- Require POST to:

16.a
- o Review and strengthen the content of Learning Domains 20 and 37 as well as perishable skills courses in consultation with subject matter experts, including, but not limited to, staff with clinical expertise from the Department of Developmental Services, staff with clinical expertise in serving the SB 882 population from the Department of Health Care Services, organizations with expertise in the SB 882 populations, and people with lived experience as a person in the SB 882 population or a family member or caregiver of such a person.
- o Integrate MHD/IDD into de-escalation training. Embed MHD/IDD-specific scenarios and considerations into POST learning domains, emphasizing time, distance, and family involvement. Additionally, embed information and strategies for differentiating causation of certain behaviors requiring law enforcement response, and how different causations may impact intervention strategy, where helpful and appropriate. Trainings should include how to identify potential physical or mental conditions.
- o Train for different settings with potentially different responses, e.g., if CFS (call for service) is at a residence v. in the street. Responses may be different.

16.b
- o Increase required hours of training related to Learning Domain 20 from 16 to 20 hours, with the 4 additional hours focused on de-escalation techniques and principles specifically in the context of the SB 882 population.

16.c
- o Increase required hours of training related to Learning Domain 37 from 15 to 20 hours, with the 5 additional hours focused both on interacting with people with IDD and on practical exercises.

16.d
- o Require specific training for POST-certified trainers who provide courses in Learning Domains 20 and 37 as well as perishable skills related to the SB 882 population, in particular people with IDD. For example, the Legislature could provide DDS an annual allocation to provide train-the-trainer courses for POST-certified trainers related to IDD and law enforcement. Such an allocation to DDS should include one full-time staff and funds for limited-term, intermittent consultants to serve as co-trainers/panelists to provide a lived-experience component.

16.e
- o Set a minimum number of hours for perishable skills training related to the SB 882 populations for officers.

17	•	[]
17.a		
17.b	○	
18	•	Require POST to develop training for dispatch on handling calls that may involve an individual or caregiver of a person in the SB 882 population or bystander—what to screen for, prompts they can present, criteria for sending out law enforcement and how to code it. This could cover, for example, missing person reports and behavioral crises. This guidance should be developed in consultation with subject matter experts, including, but not limited to, staff with clinical expertise from the Department of Developmental Services, staff with clinical expertise from the Department of Health Care Services, organizations with expertise in the SB 882 populations, and people with lived experience as a person in the SB 882 population or a family member or caregiver of such a person.
19	•	[*moved to 16.a*]
20	•	Consider including in training options for decision-making that include complete disengagement. Study agencies that have adopted these policies, such as San Francisco Police Department, which has a disengagement policy that establishes protocols for disengage from a barricaded/isolated subject. (See SFPDDGO_5_24_20230606.pdf)
21	•	[*cut*]
22	•	[*16.a*]
23	•	Encourage trainings cover culture and local history of interactions and how those can lead to escalation. For example, having law enforcement officers share information on family members who are in the SB 882 Population to build trust and understanding among officers.
24	•	[*see 16 and sub-recs*]

Law Enforcement Training Delivery and Process

25	•	Develop field-ready resources and make them accessible via QR codes, mobile apps, and patrol vehicle desktops. For example, this could include: (1) training bulletins on black letter law; (2) best practices for different situations; (3) if/then guides; (4) relevant protocols.
26	•	Create a centralized training hub/library.
26.a	○	Target audiences: law enforcement, medical professionals, non-profits, facilities like group homes and Regional Center vendors.
26.b	○	Library to include: trainings, recommendations, and sample policy language other agencies can access.
26.c	○	Access: Include mobile training units that can be "checked out" especially for smaller and rural agencies.
27	•	**POST Training Portal:** Encourage all agencies to learn how to maximize the POST training portal for standardized access.

27.a		○ **POST Training.** Suggest POST continue to review third party trainings/products and link to POST training portal where appropriate.
28	•	Micro-learning at briefings: Integrate short video reviews (e.g., YouTube body-cam footage) to discuss real scenarios, what went well, and what could be improved. (For example, third-party videos, scenes on the news through third-party sources, in-house videos, or other agencies' incidents of community concern, other agencies posting of events.)
29	•	Self-paced, interactive training modules featuring scenario-based decision trees, accessible through a secure online portal. Officers can complete these modules asynchronously, making it convenient for rural departments and those with varying schedules. To keep engagement high, the training should include realistic decision-tree scenarios where officers make choices and receive immediate feedback on outcomes. These branching pathways adapt to responses—providing extra resources for incorrect choices and unlocking advanced content for correct ones. Combined with interactive quizzes and knowledge checks, this approach ensures officers are actively engaged while reinforcing best practices through real-world decision-making. Consider hosting these on the POST portal for easy access.
30	•	Leverage technology, including simulation technology.
30.a		○ Expand the use of virtual reality. Encourage/explore use of virtual reality to enhance training (e.g., goggles or participation in a video game simulated setting). Develop statewide mobile training units available to smaller agencies, and bodycam-based platforms like Pro-Forma to simulate real-world encounters involving individuals with MHD/IDD.
30.b		○ Virtual Reality (VR) Training: Provides immersive, scenario-based experiences that enhance decision-making and retention (Brown et al., 2023). While not yet standardized as a best practice, VR provides immersive, scenario-based experiences that enhance decision-making, de-escalation skills, and situational awareness. [Early research and pilot programs demonstrate improved engagement and knowledge retention among officers, particularly in high-stress or complex scenarios.]

Technical-related recommendations – please include specifics about which agency would be responsible for development/maintenance, and sources of funding
Consider AI policies when relevant
For role playing & simulation, consider recommending increased role playing/simulations in training generally, not only VR

Training for Community

31	•	Develop and promote community training programs as the "flip side" of officer training, ensuring persons with IDD and their families learn how to respond effectively to stressful law enforcement interactions.

31.a	o Ensure training includes lived experiences of people with MHD/BD.

31.b   o Have law enforcement train people in the MHD/BD community how to interact with law enforcement. Develop and implement safety trainings for (1) youth/adults with behavioral health conditions and their families; and for (2) direct support staff specific to interacting with law enforcement and emergency services.

31.c   o Key Components:
- Teach how to self-identify (e.g., Blue Envelope or lanyard systems).
- Explain what to do during a traffic stop or police interaction. Emphasize safety steps, such as not automatically reaching into a wallet—instead, ask the officer when it's safe to move your hands.
- Offer guidance on managing your own stress signals and staying calm during high-pressure situations.
- Encourage role-play and scenario-based practice for individuals and families to build confidence.

32   • Provide a one-time allocation to the Department of Developmental Services to fund regional centers that do not yet have one to develop an ongoing service that provides safety training for individuals and direct support professionals specific to interacting with law enforcement and emergency services (including local law enforcement agencies where possible). These skills may include wandering prevention, emergency response, seeking help, and communication tools for high-stress situations. The Department of Developmental Services should develop guidance to regional centers about which billing codes to use for these services for uniform reporting.

33   • California should develop legislation requiring the California Department of Education as the lead agency to develop a statewide, evidence-informed safety curriculum—requesting collaboration from the California-based University Centers for Excellence in Developmental Disabilities Education, Research, and Service, Regional Centers, Special Education Local Plan Areas, disability advocacy organizations/self-advocates, communication/behavior experts, [*POST?*,] law enforcement agencies—to support special educators in teaching functional safety skills through developmentally appropriate communication. These skills may include wandering prevention, emergency response, seeking help, and communication tools for high-stress situations. The curriculum should be voluntary, rights-affirming, culturally responsive, and accessible for students with diverse disabilities. The curriculum should encourage the engagement of school resource officers or local law enforcement officers where feasible. Once developed, the California Department of Education and Special Education Local Plan Areas should disseminate the curriculum and professional development statewide. The legislation should require Individual Education Program teams to discuss the availability of support, resources, and information on how to interact with law enforcement and how to address wandering/eloping.

33.a   ○ []
33.b   ○ []
33.c   ○ []
33.d   ○ []
12   • []

11   • []

13   • Provide special grants for each county to operate 24/7 mental health crisis teams to respond to non-crime related 911 and 988 calls.
13.a   ○ Require IDD training for these county mental health crisis teams.
13.b   ○ Require IDD as a topic in Medi-Cal Mobile Crisis Training and Technical Assistance Center (M-TAC) required core trainings.

Draft Motion Language

Agenda Item 3:

I move to amend the recommendations identified as numbers 4, 5, 6, 6.a, 6.b, 14, 14.a, 14.b, and 14.c in the Proposed Recommendations document being presented on screen with the language that the Council agreed upon during public discussion. I use these numbers for reference only, this numbering is not intended to be a part of the recommendations themselves.

I move to adopt the recommendations as amended identified as numbers 4, 5, 6, 6.a, 6.b, 14, 14.a, 14.b, and 14.c in the Proposed Recommendations document being presented on screen with the language that the Council agreed upon during public discussion. I use these numbers for reference only, this numbering is not intended to be a part of the recommendations themselves.

Agenda Item 6:

I move to amend the recommendations identified as numbers 13, 13.a, 13.b, 32, and 33 in the Proposed Recommendations document being presented on screen with the language that the Council agreed upon during public discussion. I use these numbers for reference only, this numbering is not intended to be a part of the recommendations themselves.

I move to adopt the recommendations as amended identified as numbers 13, 13.a, 13.b, 32, and 33 in the Proposed Recommendations document that was presented on screen with the language that the Council agreed upon during public discussion. I use these numbers for reference only, this numbering is not intended to be a part of the recommendations themselves.