

Report of the  
**SB 882 Advisory Council on Improving  
Interactions Between People with Intellectual and  
Developmental Disabilities and Law Enforcement**

*April 2026*

**Appendices**

# Appendix A

## Glossary of Terms Used in SB 882 Council Report

**California Commission on Peace Officer Standards and Training or POST:** Commission established by the Legislature in 1959 to set minimum selection and training standards for California law enforcement agencies and officers.

**Crisis Intervention Training or CIT:** Crisis Intervention Training, a type of response model also known as the Memphis Model, which involves training officers in how to respond to calls for service for persons experiencing mental health crises.

**Intellectual and/or developmental disability or IDD:** This term is defined in SB 882's text to have the same meaning as "developmental disability" in California Welfare and Institutions Code section 4512. This is defined as "disability that originates before an individual attains 18 years of age, continues, or can be expected to continue, indefinitely, and constitutes a substantial disability for that individual," and includes "intellectual disability, cerebral palsy, epilepsy, and autism," as well other disabling conditions closely related to intellectual disability.

**Mental health condition:** One of several terms used in SB 882 to refer to the large and varied set of conditions other than intellectual and developmental disabilities that are covered by SB 882. Mental health condition is intended to be broad and inclusive.

**SB 882:** Senate Bill No. 882 (2021-2022, Eggman) *Advisory Council on Improving Interactions between People with Intellectual and Development Disabilities and Law Enforcement*. The 2022 California law that created this SB 882 Advisory Council, amending Government Code section 12525.2 and adding Penal Code section 13016.

**SB 882 population:** A collective reference to people who have intellectual and/or developmental disabilities and/or mental health conditions.

# Appendix B



## Senate Bill No. 882

### CHAPTER 899

An act to amend Section 12525.2 of the Government Code, and to add and repeal Section 13016 of the Penal Code, relating to law enforcement.

[Approved by Governor September 30, 2022. Filed with Secretary of State September 30, 2022.]

#### legislative counsel's digest

SB 882, Eggman. Advisory Council on Improving Interactions between People with Intellectual and Development Disabilities and Law Enforcement.

Existing law requires specified categories of law enforcement officers to meet training standards pursuant to courses of training certified by the Commission on Peace Officer Standards and Training (POST). Existing law requires POST to include in its basic training course adequate instruction in the handling of persons with developmental disabilities or mental illness, or both. Existing law also requires POST to establish and keep updated a continuing education classroom training course relating to law enforcement interaction with developmentally disabled and mentally ill persons.

This bill would, upon appropriation by the Legislature, create the Advisory Council on Improving Interactions between People with Intellectual and Development Disabilities and Law Enforcement, under the Department of Justice, to, among other things, evaluate existing training for peace officers specific to interactions between law enforcement and individuals with intellectual and developmental disabilities. The bill would require the council to be composed of 9 members, appointed by the Governor, Senate Committee on Rules, and Speaker of the Assembly, including an individual with an intellectual or developmental disability and a representative from a law enforcement organization. The bill would require the council to meet quarterly beginning July 1, 2023, and would require the council to submit a report including recommendations to the Legislature for improving outcomes of interactions with both individuals who have an intellectual or developmental disability and mental health conditions, as specified. The bill would repeal these provisions as of July 1, 2026.

Existing law requires each law enforcement agency to report specified use of force incidents to the Department of Justice and requires the Department of Justice to annually publish a summary of those incidents, as specified.

This bill would require these reports to include whether an officer perceived a civilian involved in an incident had a developmental, physical, or mental disability. The bill would also require these reports to include additional information, including the reason for contact and the injuries

sustained, as specified. By imposing new duties on law enforcement agencies, this bill would create a state-mandated local program.

The California Constitution requires the state to reimburse local agencies and school districts for certain costs mandated by the state. Statutory provisions establish procedures for making that reimbursement.

This bill would provide that, if the Commission on State Mandates determines that the bill contains costs mandated by the state, reimbursement for those costs shall be made pursuant to the statutory provisions noted above.

*The people of the State of California do enact as follows:*

SECTION 1. Section 12525.2 of the Government Code is amended to read:

12525.2. (a) Each law enforcement agency shall monthly furnish to the Department of Justice, in a manner defined and prescribed by the Attorney General, a report of all instances when a peace officer employed by that agency is involved in any of the following:

- (1) An incident involving the shooting of a civilian by a peace officer.
- (2) An incident involving the shooting of a peace officer by a civilian.
- (3) An incident in which the use of force by a peace officer against a civilian results in serious bodily injury or death.
- (4) An incident in which use of force by a civilian against a peace officer results in serious bodily injury or death.

(b) For each incident reported under subdivision (a), the information reported to the Department of Justice shall include, but not be limited to, all of the following:

- (1) The gender, race, and age of each individual who was shot, injured, or killed.
- (2) Whether the officer perceived the civilian had a developmental, physical, or mental disability.
- (3) The date, time, and location of the incident.
- (4) Whether the civilian was armed, and, if so, the type of weapon.
- (5) The type of force used against the officer, the civilian, or both, including the types of weapons used.
- (6) The number of officers involved in the incident.
- (7) The number of civilians involved in the incident.
- (8) The reason for contact.
- (9) The reason for using force.
- (10) The injuries sustained.
- (11) If any medical aid was rendered.
- (12) If the officer observed signs of any of the following:
  - (A) Mental, physical, or developmental disability.
  - (B) Drug or alcohol impairment.
  - (C) Erratic behavior.

(c) Each year, the Department of Justice shall include a summary of information contained in the reports received pursuant to subdivision (a) through the department’s OpenJustice Web portal pursuant to Section 13010 of the Penal Code. This information shall be classified according to the reporting law enforcement jurisdiction. In cases involving a peace officer who is injured or killed, the report shall list the officer’s employing jurisdiction and the jurisdiction where the injury or death occurred, if they are not the same. This subdivision does not authorize the release to the public of the badge number or other unique identifying information of the peace officer involved.

(d) For the purposes of this section, the following terms are defined as follows:

(1) “Developmental disability” has the same meaning as in Section 4512 of the Welfare and Institutions Code.

(2) “Mental disability” has the same meaning as “serious mental disorder” in Section 5600.3 of the Welfare and Institutions Code.

(3) “Physical disability” has the same meaning as in Section 12926 of the Government Code.

(4) “Serious bodily injury” means a bodily injury that involves a substantial risk of death, unconsciousness, protracted and obvious disfigurement, or protracted loss or impairment of the function of a bodily member or organ.

SEC. 2. Section 13016 is added to the Penal Code, to read:

13016. (a) For the purposes of this section, the following terms are defined as follows:

(1) “Council” means the Advisory Council on Improving Interactions between People with Intellectual and Development Disabilities and Law Enforcement.

(2) “Intellectual and Developmental Disability” has the same meaning as “developmental disability” in Section 4512 of the Welfare and Institutions Code.

(b) Upon appropriation by the Legislature, the Advisory Council on Improving Interactions between People with Intellectual and Developmental Disabilities is hereby created under the jurisdiction on the Department of Justice.

(c) The council shall consist of nine members, appointed by the Governor, Senate Committee on Rules, and Speaker of the Assembly, as follows:

(1) One person with an intellectual or developmental disability appointed by the Senate Committee on Rules.

(2) One parent or family member of a person with an intellectual or developmental disability appointed by the Governor.

(3) One representative from an advocacy organization that represents the intellectual and developmental disability community appointed by the Senate Committee on Rules.

(4) One representative from an advocacy organization that represents the mental health community appointed by the Speaker of the Assembly.

(5) One representative from the State Department of Developmental Services appointed by the Governor.

(6) One representative from the Association of Regional Center Agencies appointed by the Governor.

(7) One representative from a law enforcement organization appointed by the Speaker of the Assembly.

(8) One representative from the Commission on Peace Officer Standards and Training appointed by the Governor.

(9) One representative from a labor organization that represents county behavioral health, independent in-home personal care, or intellectual and developmental disability service providers appointed by the Governor.

(d) The appointment of members to the council shall ensure, to the greatest extent possible, that the membership of the council is representative of the ethnic, cultural, age, gender, sexual orientation, and disability diversity of the state, and all of the geographic areas of the state, including rural areas. Once all members are appointed, or no later than July 1, 2023, the members shall collectively appoint a chair.

(e) Members of the council shall serve without compensation but shall be reimbursed for actual and necessary expenses incurred specific to serving on the council.

(f) The Attorney General's Office shall provide a staff member to coordinate and support the council and assist with implementing the council's recommendations.

(g) The council shall meet quarterly beginning July 1, 2023, and submit a report, with recommendations for improving outcomes of interactions between people with intellectual and developmental disabilities and mental health conditions, and law enforcement, to the Legislature within 24 months of the first convening. The report submitted to the Legislature shall be submitted in compliance with Section 9795 of the Government Code.

(h) Duties of the council shall include, but are not limited to, the following:

(1) Evaluation of the existing training for peace officers specific to interaction with the intellectually and developmentally disabled community. The evaluation shall include all types of training, including, but not limited to, instruction received in basic academy, on-going and mandatory training, including in-person, classroom-based, web-based, and field training.

(2) Evaluation of the existing training for peace officers specific to interaction with individuals with mental health disorders. The evaluation shall include all types of training including, but not limited to, instruction received in basic academy, on-going and mandatory training, including in-person, classroom-based, web-based, and field training.

(3) Identification of gaps in peace officer training specific to interactions with individuals who have an intellectual or developmental disability.

(4) Identification of gaps in peace officer training specific to interactions with individuals who have a mental health disorder.

(5) Make recommendations to the Legislature for improving outcomes of interactions with both individuals who have an intellectual or developmental disability and mental health conditions.

(i) This section shall remain in effect only until July 1, 2026, and as of that date is repealed.

SEC. 3. If the Commission on State Mandates determines that this act contains costs mandated by the state, reimbursement to local agencies and school districts for those costs shall be made pursuant to Part 7 (commencing with Section 17500) of Division 4 of Title 2 of the Government Code.

## Appendix C

# SB 882 Training and Policy Survey

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## Introduction

Please review the instructions thoroughly before beginning the survey.

Thank you for participating in this survey, which the California Department of Justice (DOJ) is administering for the [Advisory Council on Improving Interactions Between People with Intellectual and Developmental Disabilities and Law Enforcement \(Advisory Council\)](#) created by Senate Bill No. 882 (2021-2022) (SB 882).

The purpose of this survey is to gather information, insights, and recommendations from California law enforcement agencies to aid the Advisory Council with:

- Evaluating peace officer training related to interactions with people with intellectual and developmental disabilities and those with mental health conditions;
- Identifying gaps in the training; and
- Making recommendations to the Legislature for improving the outcomes of interactions between law enforcement and individuals who have an intellectual or developmental disability and/or a mental health condition.

The questions in this survey are about law enforcement interactions with people with intellectual and developmental disabilities and/or mental health conditions.

- **People with intellectual and/or developmental disabilities:** Individuals who have long term conditions that affect their cognition and/or adaptive functioning, often beginning in childhood. Examples of disabilities include (but are not limited to) autism, cerebral palsy, and Down syndrome.
- **People with mental health conditions:** Individuals who experience one or more of a wide range of psychological disorders that affect their thinking, mood, and behavior. Examples of conditions include (but are not limited

to) post-traumatic stress disorder (PTSD), bipolar disorder, schizophrenia, and major depressive disorder.

- In the interest of brevity, this survey uses the term behavioral health to refer to both intellectual and developmental disabilities and mental health conditions.

You can expect to answer questions regarding:

- Trainings available to your law enforcement agency about interacting with persons with behavioral health conditions.
- Any specialized units, approaches, policies, or other specialized resources your agency has in place for responding to calls involving persons with behavioral health conditions.
- Your perspective on areas of improvement.

Your participation in this survey is voluntary. Opting out of the survey will not affect your agency's standing with the DOJ. Individual responses will not be shared publicly unless required by law. After the survey closes, DOJ will provide the Advisory Council with a report that presents a composite of survey responses from agencies across the state (e.g., the percentage of agencies with specialized crisis intervention teams). The report will not highlight the responses of any particular agency. The report will also be available to the public.

The survey should take about 15 minutes to complete. Your answers will not save until you reach the end and hit submit, so please plan to complete the survey in one sitting. You are encouraged to answer all of the questions, but you are able to skip questions as needed. The survey is open for responses until Friday, February 28, 2025, at 11:59 PM.

Please email [SB882\\_Surveys@doj.ca.gov](mailto:SB882_Surveys@doj.ca.gov) for any inquiries regarding the survey. If you wish to submit more extensive comments to the Advisory Council, please join the public comment period at an upcoming meeting or email [sb882@doj.ca.gov](mailto:sb882@doj.ca.gov).

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## Information About Your Agency

**1) What areas is your law enforcement agency responsible for policing (check all that apply)?**

Rural

Large urban area

Small urban area

Suburban

College/University campus

Transportation system

Other (please specify): \_\_\_\_\_

**2) About how many employees work at your agency?**

\_\_\_\_\_

\_\_\_\_\_

# Training

**3) Does your agency offer training related to people who have behavioral health conditions?**

- Yes, trainings related to people with intellectual or developmental disabilities
- Yes, trainings related to people with mental health conditions
- Yes, trainings related to both people with intellectual disabilities and/or mental health conditions
- No

**Logic: Hidden unless: #3 Question "Does your agency offer training related to people who have behavioral health conditions?" is one of the following answers ("Yes, trainings related to people with intellectual or developmental disabilities", "Yes, trainings related to people with mental health conditions", "Yes, trainings related to both people with intellectual disabilities and/or mental health conditions")**

**Please briefly describe these trainings.**

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**4) Are the trainings offered or provided to your personnel related to interactions with people behavioral health conditions certified by an organization recognized by the state (e.g., POST)?**

- All of the trainings are certified.
  - Some of the trainings are certified.
  - None of the trainings are certified.
-

## Areas for Improvement in Training: Recognizing and Understanding Behavioral Health Conditions

The next set of questions in this survey ask about your perspective on training at your agency related to interactions with people who have intellectual or developmental disabilities and/or mental health conditions, and any areas where training can be improved.

5) Please review the following training areas. To what extent is there a need for improvement in how agency personnel are trained to do the following:

	No need for improvement	Some need for improvement	Significant need for improvement	Not included in training	Unsure
Recognize intellectual and developmental disabilities	()	()	()	()	()
Recognize mental health conditions	()	()	()	()	()
Understand increased health vulnerabilities associated with behavioral health conditions	()	()	()	()	()
Understand stigma and biases surrounding behavioral health conditions	()	()	()	()	()

Understand perspectives of individuals and families with lived experiences of behavioral health conditions	( )	( )	( )	( )	( )
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## Areas for Improvement in Training: Interacting With Members of the Public

6) Please review the following training areas. To what extent is there a need for improvement in how agency personnel are trained to do the following:

	No need for improvement	Some need for improvement	Significant need for improvement	Not included in training	Unsure
Communicate with people with intellectual and developmental disabilities	()	()	()	()	()
Communicate with people with mental health conditions	()	()	()	()	()
Interview people with intellectual and developmental disabilities	()	()	()	()	()
Interview people with mental health conditions	()	()	()	()	()

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## Areas for Improvement in Training: Responding to Incidents

7) Please review the following training areas. To what extent is there a need for improvement in how agency personnel are trained to do the following:

	No need for improvement	Some need for improvement	Significant need for improvement	Not included in training	Unsure
Use de-escalation techniques tailored to interactions with people with intellectual and developmental disabilities	( )	( )	( )	( )	( )
Use de-escalation techniques tailored to interactions with people with mental health conditions	( )	( )	( )	( )	( )
Identify available non-law enforcement resources and when/how they can be employed	( )	( )	( )	( )	( )

Respond to behavioral health crisis	( )	( )	( )	( )	( )
Respond appropriately to people with behavioral health needs in custody	( )	( )	( )	( )	( )
Handle call transfers between 911 and 988	( )	( )	( )	( )	( )

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## Areas for Improvement in Training: Including People with Lived Experience and Effective Training Strategies

8) Please indicate the extent to which there is need for improvement in how the following practices are included in training.

	No need for improvement	Some need for improvement	Significant need for improvement	Not included in training	Unsure
Consistent use of knowledgeable and experienced trainers	()	()	()	()	()
Inclusion of a person with a disclosed mental health condition among the trainers	()	()	()	()	()
Inclusion of a person with a disclosed intellectual or developmental disability among the trainers	()	()	()	()	()
Inclusion of scenarios or other interactive elements that build skills	()	()	()	()	()

and reinforce training content					
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## Monitoring Training Impact

**9) There are many ways to evaluate whether there are areas for improvement in training. Does your agency use any of the following methods to evaluate whether training related to interactions with people with behavioral health conditions achieves the desired outcomes (e.g., personnel have learned key skills and can apply them)? Select all that apply.**

Exams at the end of the training to assess trainee's understanding of key skills and concepts

Surveys of trainees administered before and after training to assess trainees' growth in key skills and concepts

Directly observing training to assess things like trainee engagement and trainer skill

Examining stop, arrest, and/or use of force data to assess the impact of training on trainee behavior in the field

Other (please describe): \_\_\_\_\_

My agency does not evaluate the efficacy of this type of training

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## Special Units

**In addition to focused training, some law enforcement agencies have specialized teams or approaches for responding to calls involving individuals with behavioral health conditions. This section briefly addresses specialized programs.**

**10) Does your agency have a specialized team (e.g., a local or regional co-responder team) or other specialized approach for responding to calls involving people with behavioral health conditions conditions? Select all that apply.**

- Crisis intervention team
- Co-responder team with agency-employed mental health professional
- Co-responder team with county/city employed mental health professional
- Disability response team
- Phone-based support to a specialist for officers in the field
- "Blue Envelope" or similar voluntary self-identification program
- Other (please describe): \_\_\_\_\_
- None of the above

**Logic: Hidden unless: #10 Question "Does your agency have a specialized team (e.g., a local or regional co-responder team) or other specialized approach for responding to calls involving people with behavioral health conditions conditions? Select all that apply." is one of the following answers ("None of the above")**

**Please briefly describe why the agency does not currently have a specialized team or other specialized approach for engaging with people with behavioral health conditions. Are there specific concerns, challenges, or roadblocks you would like the Advisory Council to be aware of?**

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**Logic: Hidden unless: #10 Question "Does your agency have a specialized team (e.g., a local or regional co-responder team) or other specialized approach for responding to calls involving people with behavioral health conditions conditions? Select all that apply." is one of the following answers ("Crisis intervention team", "Co-responder team with agency-employed mental health professional", "Co-responder team with county/city employed mental health professional", "Disability response team", "Phone-based support to a specialist for officers in the field", "Other (please describe)")**

**Is the availability and capacity of your agency's specialized team(s) sufficient to meet the level of need seen in the community?**

Does not meet need       Meets some of need       Meets most of need

Meets all of need

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## Resource Availability and Access

**Responding to incidents involving people with behavioral health conditions may in some circumstances require or benefit from a collaborative effort between law enforcement, health care professionals, and other governmental and non-governmental entities.**

**The next few questions ask about the community resources your agency utilizes to respond to these incidents.**

**11) Which, if any, of the following community resources does your agency work with or rely on to improve interactions with people with behavioral health conditions? Select all that apply.**

- Regional centers
  - Mobile (civilian) crisis units
  - Community organizations supporting people with intellectual disabilities
  - Community organizations supporting people with mental health conditions
  - In-patient mental health treatment facilities/providers, besides for the purpose of 5150 holds
  - Day centers
  - Substance use treatment centers
  - Supportive housing resources
  - State agencies, such as the Dept. of Developmental Services or the Mental Health Services Division of the Dept. of Healthcare Services
  - City or County agencies, such as the County Dept. of Mental Health
  - Another organization or agency
  - My agency does not work with or rely on community resources that are specifically focused on people with behavioral health conditions
-

## Resource Availability and Access

**12) Would it be helpful for your agency to have better access to any of the following community resources to improve interactions with people with behavioral health conditions? Select all that apply.**

- Regional centers
- Mobile (civilian) crisis units
- Community organizations supporting people with intellectual disabilities
- Community organizations supporting people with mental health conditions
- In-patient mental health treatment facilities/providers, besides for the purpose of 5150 holds
- Day centers
- Substance use treatment centers
- Supportive housing resources
- State agencies, such as the Dept. of Developmental Services or the Mental Health Services Division of the Dept. of Healthcare Services
- City or County agencies, such as the County Dept. of Mental Health
- Another organization or agency
- My agency does not need better access to any of these community resources

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## Resource Availability and Access

**13) Please briefly describe any challenges to working with these state or local agencies or community resources as much as you would like to.**

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## **Actual and Ideal Law Enforcement Response to Incidents**

**Some situations involving people with behavioral health conditions may require a law enforcement response, some may warrant a non-law enforcement response, and some may require or benefit from a combined response.**

**14) What criteria do you recommend using to distinguish cases that should receive a law enforcement response or a combined response from cases that should not receive a law enforcement response?**

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**15) What are the challenges to ensuring that incidents involving people with behavioral health conditions receive the appropriate type of response (e.g. a law enforcement response, a non-law enforcement response, or a combined response)?**

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## Policies

Many agencies use an outside vendor (e.g., Lexipol) for their policy manuals, some have their own policies, and many modify or augment the policies offered by an outside vendor. The next question focuses on whether your agency has any agency-specific (in addition to or instead of outside-vendor) policies for interacting with people who have behavioral health issues.

To help you answer, it may be useful to have your agency's policy manual open. You will also be asked to upload or share a link to the relevant policy or manual.

16) Does your agency have any in-house policy or policies (not Lexipol) that specifically address personnel interactions with people who have, or are perceived to have, behavioral health conditions (for example, an agency policy or SOP describing when a specialized team should be called into action)?

Select the option that best describes your agency's policy.

My agency has an agency-specific policy or policies regarding interactions involving people with...

- Mental health conditions
- Intellectual and developmental disabilities
- Both
- My agency does not have an agency-specific policy or policies regarding interactions with either people with mental health conditions or people with intellectual or developmental disabilities
- Other (please describe): \_\_\_\_\_\*

Validation: Accepts up to 2 files. **Allowed types:** png, gif, jpg, jpeg, doc, xls, docx, xlsx, pdf, txt, mov, mp3, mp4. Max file size: 10 MB

**Logic: Hidden unless: #16 Question "Does your agency have any in-house policy or policies (not Lexipol) that specifically address personnel interactions with people who have, or are**

**perceived to have, behavioral health conditions (for example, an agency policy or SOP describing when a specialized team should be called into action)?**

**Select the option that best describes your agency's policy.**

**My agency has an agency-specific policy or policies regarding interactions involving people with..." is one of the following answers ("Mental health conditions", "Intellectual and developmental disabilities", "Both", "Other (please describe)")**

We would appreciate if you could upload a copy of your agency's in-house policies related to interactions with people who have, or are perceived to have, behavioral health conditions. This will help us better understand the unique approaches taken by different agencies across the state.

**You may upload just the relevant sections of your policy manual or the entire manual if that is easier. (Max file size: 10 MB)**

\_\_\_\_\_1  
\_\_\_\_\_2

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## **Data and Analysis**

**17) In addition to collecting and submitting data in accordance with the Racial and Identity Profiling Act, does your agency undertake any of the following analyses of data related to agency personnel interactions or engagement with people with behavioral health conditions? Select all that apply.**

Examining calls for service involving people with an intellectual or developmental disability and/or mental health condition

Comparing stop data based on mental health and disability status of people stopped

Comparing arrest data based on mental health and disability status of people arrested

Comparing use of force data based on mental health and disability status of people involved

Evaluating civilian complaints related to treatment of people with an intellectual or developmental disability or mental health condition

Evaluating internal affairs cases related to treatment of people with an intellectual or developmental disability or mental health condition

Other (please describe): \_\_\_\_\_

None, our agency does not conduct these type of analyses

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## **Areas for Improvement/Gaps**

**18) What additional resources or engagement from government entities and/or non-governmental organizations would you like to see in your community/jurisdiction to improve interactions and outcomes for people with behavioral health conditions?**

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**19) What recommendations do you have for improving law enforcement agency interactions with people with behavioral health conditions and the outcomes of these interactions?**

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## **Additional Thoughts**

**20) This is the final question of the survey and is an opportunity to share any additional thoughts you have related to any aspect of law enforcement training, policy and procedure, or other subject matter bearing on interactions between law enforcement and people with behavioral health conditions.**

**Is there any additional feedback you would like to share?**

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**Thank You!**

**Thank you for taking our survey. Your response is very important to us.**

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# Appendix D

State of California

Department of Justice  
1300 I Street P.O. Box 944255  
Sacramento, California 94244

## Memorandum

**To:** The Members of the SB882 Advisory Council

**Date:** 09/08/2025

**Telephone:** 916-210- 3170

**E-mail Address:** Casey.ODonnell@doj.ca.gov

**Via:** Daniel Harmon, PhD.  
*Acting Director, Research Services Branch*

**From:** S. Casey O'Donnell  
*Research Associate II, Research Services Branch*

Fabiana De Lima  
*Research Analyst II, Research Services Branch*

**Subject:** SB882 Survey of Law Enforcement Agencies

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## BACKGROUND

The SB-882 (2021-2022) **Advisory Council on Improving Interactions between People with Intellectual and Development Disabilities and Law Enforcement** is tasked with providing recommendations to the legislature related to police training and law enforcement agency policy.

To assist the council in making their recommendations, the DOJ administered a survey of law enforcement agency heads across the state. Of the 467 agencies that were emailed, 156 (34%) completed the survey.

Throughout this memo, we abbreviate intellectual and developmental disabilities as IDD and sometimes use the umbrella term, behavioral health, to describe the combination of IDD and mental health conditions.

### Interpreting Estimates Based on a Sample

In this summary of survey results, we report estimates along with their margin of error. In technical terms, 90% of estimates would fall within that margin of error were samples of the same size repeatedly drawn from the population of all agencies in the state.

Due to the high response rate, this sample is well-suited to make generalized statements about agencies across the state with a margin of error around 5 percent. The size of the margin of error depends on the percentage estimate, with percentages near 50% having the widest margins of error and percentages near 0% or 100% having the narrowest margins of error.

## KEY FINDINGS

### Offered Training

- 9 out of 10 agencies reported some type of training for IDD/mental health.
- Almost all agencies (96.8%) reported offering or providing at least some POST-certified trainings.

### Areas for Improvement

- LEAs reported some need for improvement across four domains:
  - *Including People with Lived Experience and Effective Training Strategies,*
  - *Responding to Incidents*
  - *Interacting With Members of the Public*
  - *Recognizing and Understanding Behavioral Health Conditions*
- By a slight, but statistically significant margin, the highest reported need for improvement was *“Interacting With Members of the Public”*.
- LEAs that reported more need for improvement in one domain, tended to have similar assessments of other domains.
- 1 in 5 LEAs reported that their trainings did not include handling call transfers between 911 and 988.
- 1 in 10 LEAs reported that their trainings did not include a person with a disclosed IDD or mental health condition among the trainers.

## Training Evaluation

Agencies reported a range of methods to assess whether trainings delivered desired results.

- Just over half of agencies (51.9%) reported using direct observation to evaluate their trainings.
- 2 in 5 agencies (41%) examine their use of force, arrest, and stop data.
- One third of agencies (34.6%) evaluated their trainings using exams after training and 3 in 10 used surveys pre and post training.
- About 1 in 5 (22.4%) agencies did not report evaluating their trainings.

## Special Units Utilized By Agencies

Agencies primarily reported utilizing crisis intervention teams (51.3%) and County/City co-responder teams (45.5%).

- Very few have disability response teams (< 3%).
- Just over 1 in 10 agencies do not have any specialized team or approach.
- Just under 1 in 10 agencies have blue envelope programs, but no other special teams or approaches.
- Most agencies report that their special teams meet between some (28.2%) and most of the needs (35.9%) in their community.

## Resource Availability and Access

### Availability

- Most agencies work with or rely on City or County Agencies (80.8%) and Mobile Crisis Units (73.1%).
- The least common resources LEAs rely on were Day Centers (21.8%) and State Agencies (32.7%).

### Access

- Just over 2 in 5 agencies (41%) said it would be helpful to have better access to in-patient mental health treatment.
- Agencies also reported that it would be helpful to have better access to substance use treatment centers (38.5%), supportive housing resources (37.8%), and mobile crisis units (37.2%).

### Challenges in Utilizing Government and Community Resources

- 1 in 4 (25.6%) agencies described the challenge of access to and availability of resources like crisis teams and mental health care services.
- The next most common challenges were the quantity and quality of trained providers like social workers (14.1%) and the geographical location of services relative to where they are needed (9.6%).

## Actual and Ideal Law Enforcement Response to Incidents

### Criteria for a Law Enforcement or Combined Response

- Concerns with public safety (47.4%) and criminal activity (24.4%) were the two most common criteria for deciding whether or not a law enforcement response is necessary.

### *Challenges for Ensuring Appropriate Responses*

- Agencies most commonly reported struggles related to capacity (37.8%). This includes challenges with obtaining sufficient staffing, resources, and funding.
- About 1 in 5 respondents (20.2%) described challenges with assessing situations. This includes difficulty obtaining accurate information that can be used to determine the type of response needed.

## **Policies**

- About 2 in 5 agencies (41.7%) do not have bespoke policies for responding to incidents involving people with behavioral health conditions.
- Just under half (48.1%) have bespoke policies related to mental health conditions, intellectual and developmental disabilities, or both.

## **Data and Analysis**

- Almost half of agencies (44.2%) do not evaluate whether personnel are adhering to policies.
- 1 in 4 agencies (25.6%) review civilian complaint data, while one in five examine calls for service (21.2%), use of force (21.2%), and internal affairs documents (21.8%).
- 11 agencies (7.1%) reported using a method not listed to evaluate policy adherence.

## **Areas for Improvement/Gaps**

### *Additional Resources Desired by Agencies*

- The most desired resources were related to capacity (30.8%). This includes more resources, funding, and staffing.
- About 1 in 10 respondents mentioned a desire for expanded training, more coordination with local and state government, more clinicians/providers, and expanded facilities.

### *Recommendations for Improving Law Enforcement Interactions*

- Recommendations were most commonly associated with training (29.5%). This includes better quality training and increased frequency of training.
- Less than 20% of agencies recommended more support through additional resources (17.9%) and from non-law enforcement co-responders (14.7%) such as mental health professionals.

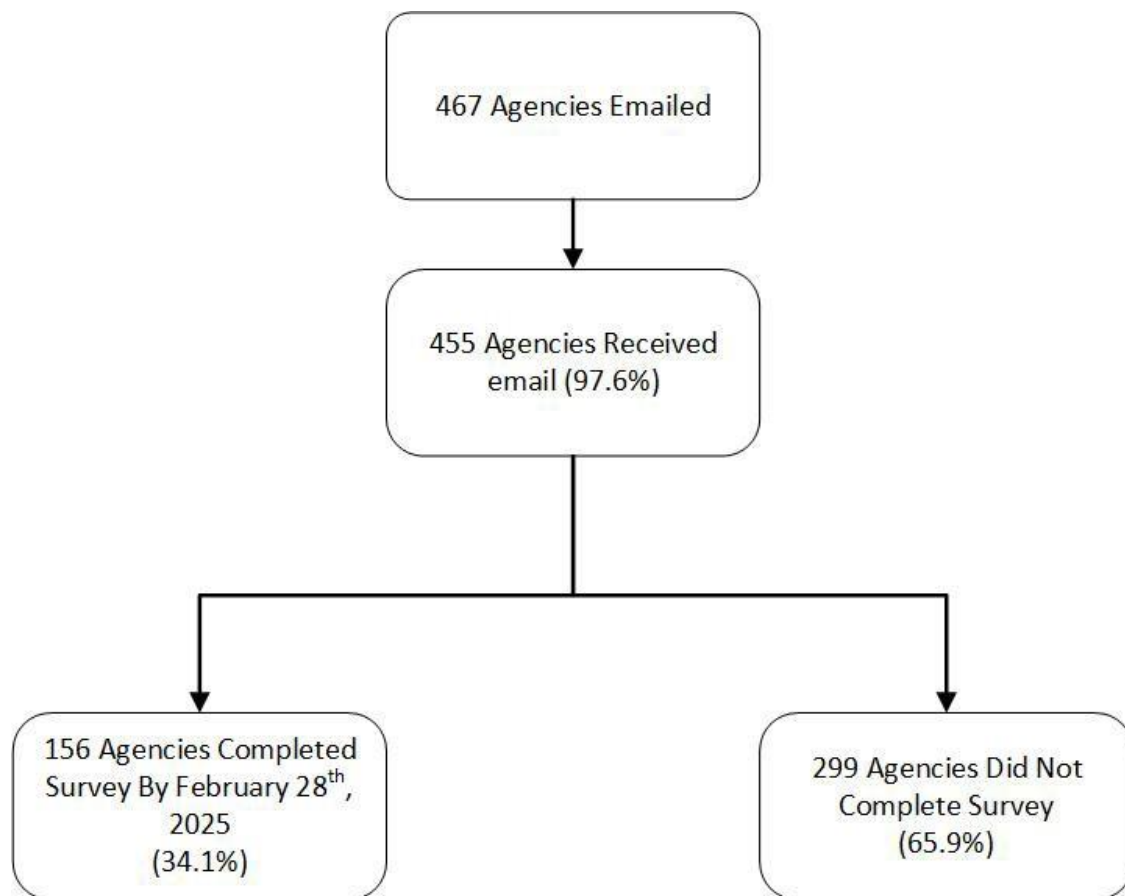
## RESPONSE RATE

The figure below shows the number of agencies initially emailed, how many actually received the email, and how many completed the survey.

On January 28th, 2025, the DOJ sent unique survey links to the email address of 467 heads of law enforcement agencies across the state. Several of the emails were either out-of-date or resulted in email bounce-backs when contacted. DOJ research staff made reasonable efforts to identify the correct email address for these contacts, but were not able to identify contact info for 12 agencies in the initial list.

The survey was active in the field from January 28th to February 28th of 2025. While in the field, the DOJ sent weekly reminder emails to those agencies that had not yet responded. When the survey closed on February 28th, 156 of the 467 (34.1%) agencies had completed the survey.

**Figure 1:** Response Rate Tree



## SAMPLE DESCRIPTION

The respondents included agency heads from small, medium, and large police, sheriff, and campus safety departments across the state, with jurisdictions over urban, suburban, and rural geographies. As such, the respondents provides a representative sample of law enforcement agencies in California.

## Agency Types

**Table 1:** Agency Types

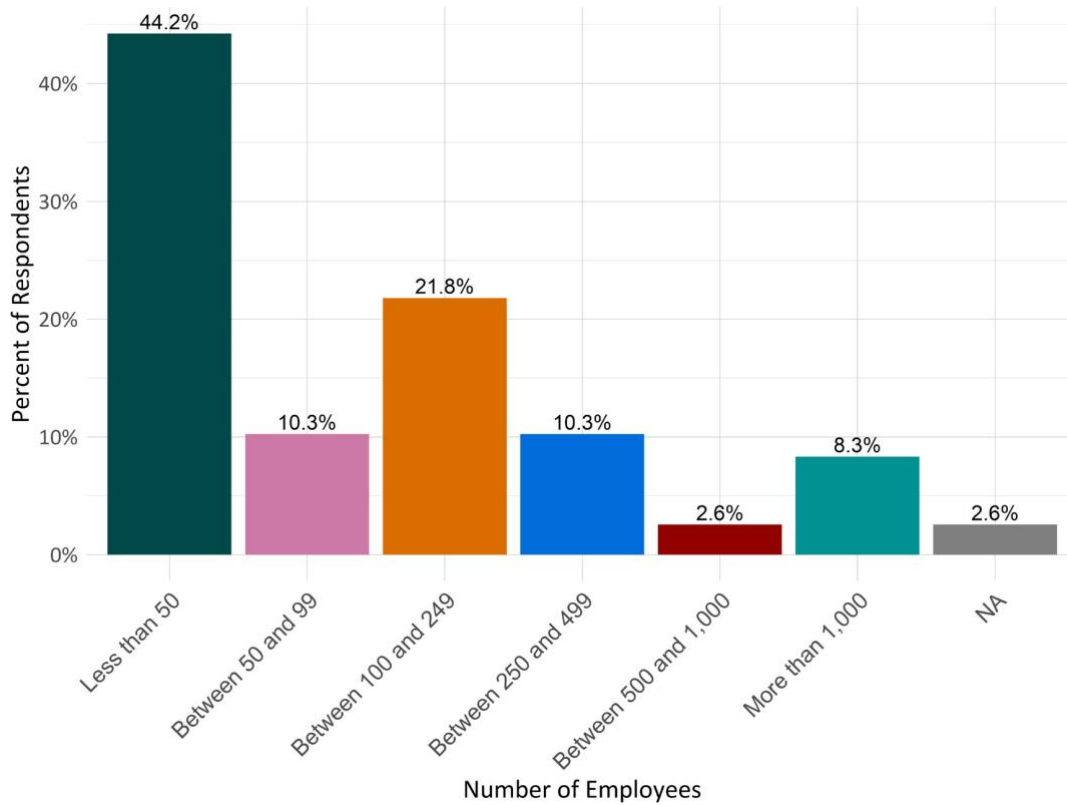
<b>Agency Type</b>	<b>Number Responded</b>	<b>Percent of Responded</b>	<b>Number Contacted</b>	<b>Percent of Contacted</b>
Police Department	108	69.2%	322	70.6%
Sheriff	22	14.1%	57	12.5%
Community College	11	7.1%	28	6.1%
K-12	2	1.3%	15	3.3%
University	11	7.1%	32	7.0%
Other	1	0.6%	2	0.4%
Unknown <sup>1</sup>	1	0.6%	-	-

<sup>1</sup>One agency could not be identified, so type of agency is not known

## Agency Size

The figure below shows the distribution of agency sizes based on the number of employees. The distribution of the sample mostly matches the distribution of agency sizes across the state as reported in the annual law enforcement personnel survey. The modal law enforcement agency in California is small, with fewer than 50 employees.

**Figure 2:** Agency Types



## Agency Jurisdiction

Many agencies from the sample cover multiple jurisdictions. For example, Sheriff's Departments often cover some combination of rural, suburban, and urban jurisdictions.

**Table 2:** Agency Jurisdictions

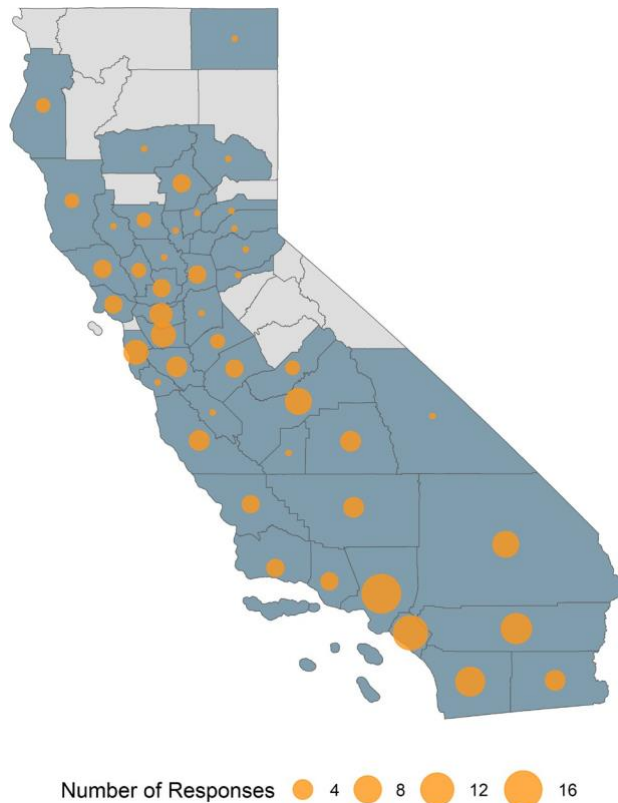
Agency Jurisdiction	Number of Agencies	Percent <sup>1</sup>
Large Urban	24	15.4%
Small Urban	69	44.2%
Suburban	40	25.6%
Rural	42	26.9%
College/University	25	16.0%
Transit System	9	5.8%
Other	6	3.8%

<sup>1</sup>Percentages do not sum to 100% because respondents could select multiple options

## GEOGRAPHIC REPRESENTATION

The sample includes agencies from 46 of 58 counties across the state. The map below shows where responses came from. Blue-shaded counties had at least one responding agency. The size of the orange circles corresponds with the number of responding agencies in that county.

**Figure 3:** Geographic Representation in the Survey



## TRAINING TYPE AND CERTIFICATION

### Type of Training

The survey asked agencies to indicate what types of training they provide with the following question: *Does your agency offer training related to people who have behavioral health conditions?*

- **9 out of 10 agencies reported some type of training for IDD/mental health.**
- 64.1% of agencies have training related to both MH conditions and IDD.
- 10.9% have training related to IDDs only.
- 16.0% have training related to MH conditions only.
- 7.7% reported no training.

**Table 3:** Types of Trainings Offered

	Number of Agencies	Percent	Margin of Error
Yes, trainings related to people with intellectual or developmental disabilities	17	10.9%	3.4%
Yes, trainings related to people with mental health conditions	25	16.0%	3.9%
Yes, trainings related to both people with intellectual disabilities and/or mental health conditions	100	64.1%	5.2%
No	12	7.7%	2.9%
-	2	1.3%	1.2%

## Training POST Certification

The survey asked respondents to indicate whether or not their trainings are post-certified with the following question: *Are the trainings offered or provided to your personnel related to interactions with people behavioral health conditions certified by an organization recognized by the state (e.g., POST)?*

- **Almost all agencies (96.8%) offer or provide at least some POST-certified trainings.**
- 51.9% of agencies offer or provide POST-certified training exclusively.
- 44.9% of agencies offer or provide some POST-certified trainings.
- Only 1.9% of agencies do not use any POST-certified trainings.

**Table 4:** Are Relevant Trainings Certified by POST

	Number of Agencies	Percent	Margin of Error
All of the trainings are certified.	81	51.9%	5.4%
Some of the trainings are certified.	70	44.9%	5.4%
None of the trainings are certified.	3	1.9%	1.5%
-	2	1.3%	1.2%

## AREAS WITH NEED FOR IMPROVEMENT

### Identifying Areas with Need for Improvement

The survey asked respondents to indicate the extent to which there is a need for improvement in training in how officers understand context of, interact with, and respond to people with intellectual disabilities and/or mental health conditions. Respondents were also asked to indicate need for improvement in the features of the trainings they provide.

Agencies responded to questions on a three-point scale:

1 = No Need For Improvement; 2 = Some Need for Improvement; 3 = Significant Need for Improvement

Agencies were also able to indicate that the question pertained to something not included in their agency’s trainings or that they were unsure.

The table below displays the individual areas of improvement that make up each of the four domains of improvement. To summarize these responses, we calculated the average response across items in each domain.

**Table 5:** Questions Comprising Each Domain of Improvement

<b>Four Domains for Potential Improvement</b>			
<b>1. Recognizing and Understanding Behavioral Health Conditions</b>	<b>2. Interacting With Members of the Public</b>	<b>3. Responding to Incidents</b>	<b>4. Including People with Lived Experience and Effective Training Strategies</b>
Recognize intellectual and developmental disabilities	Communicate with people with intellectual and developmental disabilities	Use de-escalation techniques tailored to interactions with people with intellectual and developmental disabilities	Consistent use of knowledgeable and experienced trainers
Recognize mental health conditions	Communicate with people with mental health conditions	Use de-escalation techniques tailored to interactions with people with mental health conditions	Inclusion of a person with a disclosed mental health condition among the trainers
Understand increased health vulnerabilities associated with behavioral health conditions	Interview people with intellectual and developmental disabilities	Identify available non-law enforcement resources and when/how they can be employed	Inclusion of a person with a disclosed intellectual or developmental disability among the trainers
Understand stigma and biases surrounding behavioral health conditions	Interview people with mental health conditions	Respond to behavioral health crisis	Inclusion of scenarios or other interactive elements that build skills and reinforce training content
Understand perspectives of individuals and families with lived experiences of behavioral health conditions	-	Respond appropriately to people with behavioral health needs in custody	-

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**Four Domains for Potential Improvement**

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**1. Recognizing and Understanding Behavioral Health Conditions**

**2. Interacting With Members of the Public**

**3. Responding to Incidents**

**4. Including People with Lived Experience and Effective Training Strategies**

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Handle call transfers between 911 and 988

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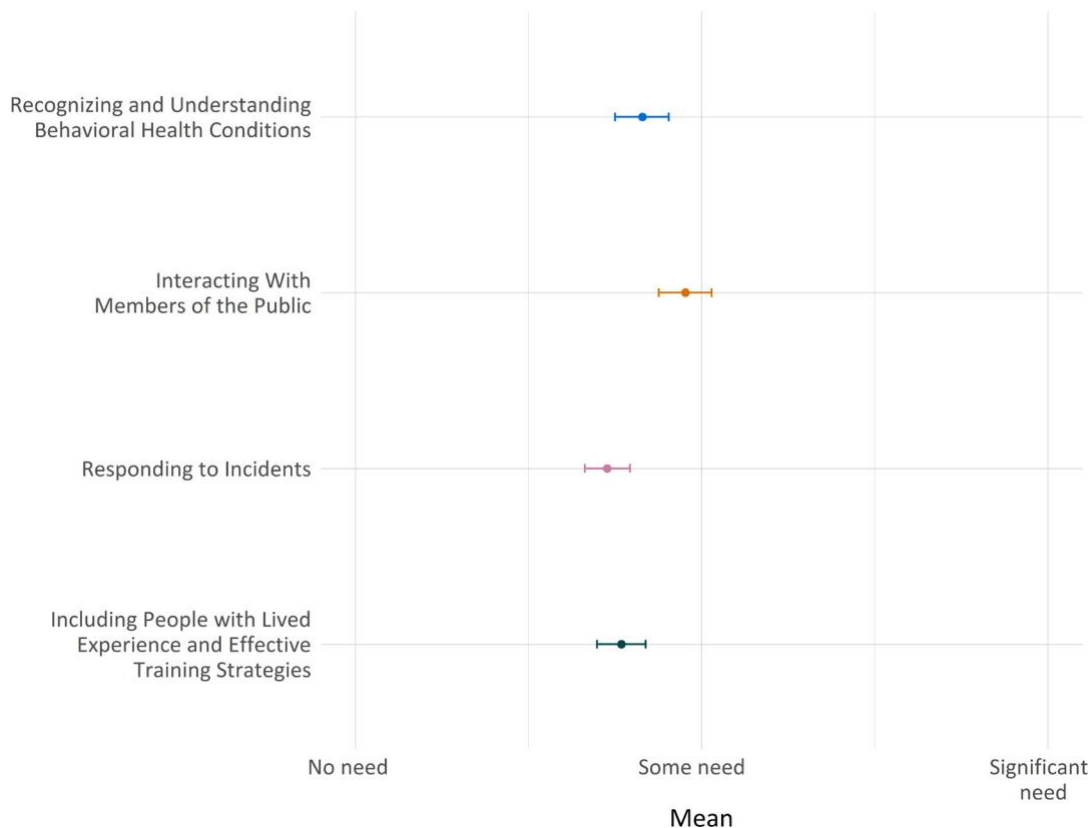
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## Commonly Cited Areas for Improvement

The chart below shows the mean (i.e., the average response) extent of improvement and 90% Confidence intervals (CI) for each of the four domains respondents were asked about. When the error bars do not overlap, it means the difference is “statistically significant.”

- LEAs largely report little-some need for improvement across all topics of training.
- **“Interacting with members of the public”** was the area with the highest reported need for improvement (M = 1.95, 90% CI[1.88, 2.03]).
- **“Responding to incidents”** was the area with the lowest reported need for improvement was (M = 1.73, 90% CI[1.66, 1.79]).

**Figure 4:** Extent of Need for Improvement Separated By Domain



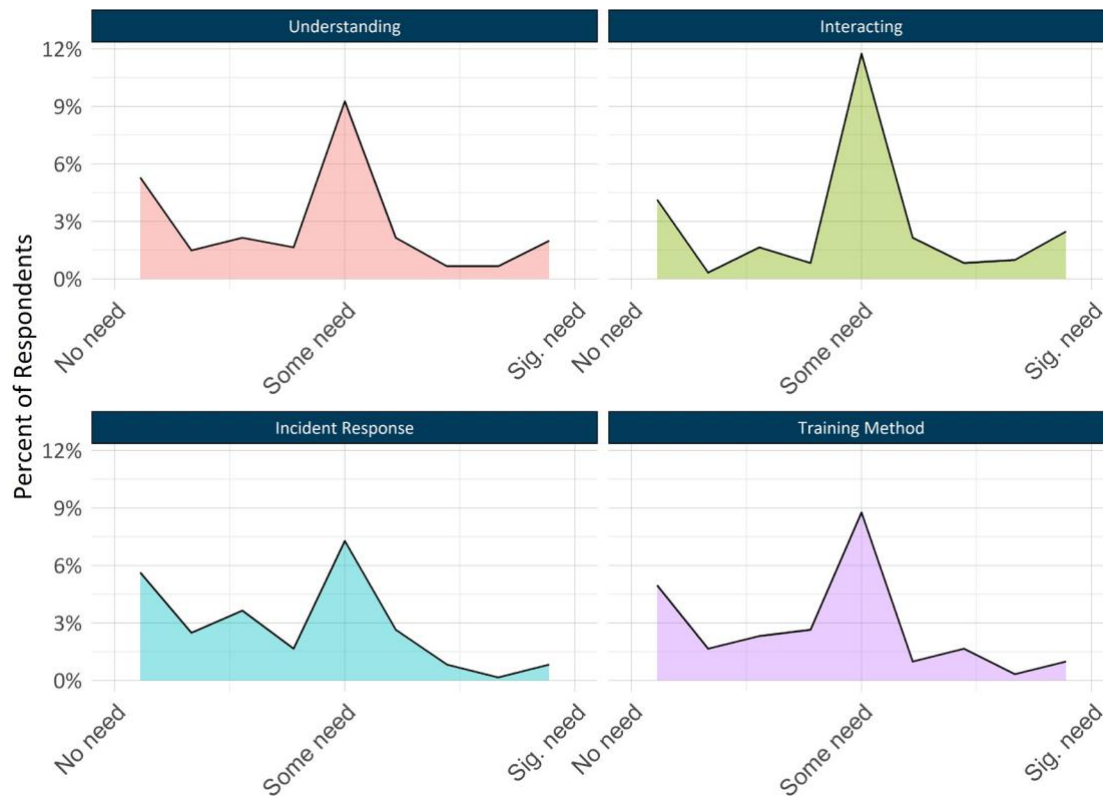
## Distribution of Responses

Figure 5 shows the distribution of scores from 1 to 3 on each of the four domains of improvement. The distributions spike when many agencies rated some areas of improvement similarly.

- Agencies predominantly reported “some need” for improvement across each of the four domains.
- Each of the four domains has a small, but notable peak on the left: indicating a subset of agencies tended to indicate that there was no need for improvement.

- **Understanding behavioral health conditions** and **interacting with members of the public** both have a small, but notable increase in concentration near significant need.
- **Incident response** and **inclusive, high quality training methods** had a higher concentration of responses between no and some need for improvement than the other two domains.

**Figure 5:** Distribution of Responses in Need for Improvement Separated By Domain



## Areas Not Included in Training

As mentioned above, the domains for improvement allowed respondents to indicate that some areas were not included in the trainings offered to their personnel.

Responses were divided into those with relatively high rates of exclusion and those with relatively high rates of inclusion.

### Commonly Excluded Areas of Training

- **Handling call transfers to 911/988** was the most common area of training agencies said was not included in their trainings.
- **Inclusion of a disclosed mental health condition or intellectual or developmental disability as a trainer** were the next most common areas not included in training.

**Table 6:** Domains Commonly Excluded in Trainings

Domain Excluded From Training	Number of Agencies	Percent of Agencies	Margin of Error
Handle call transfers between 911 and 988	27	17.8%	4.1%
Inclusion of a person with an intellectual or developmental disability among the trainers	16	10.7%	3.3%
Inclusion of a person with a disclosed mental health condition among the trainers	15	10.1%	3.2%
Inclusion of scenarios or other interactive elements that build skills and reinforce training content	10	6.6%	2.7%
Respond appropriately to people with behavioral health needs in custody	8	5.3%	2.4%

### Rarely Excluded Areas of Training

- No agencies indicated that their trainings excluded **identifying available non-law enforcement resources and when/how they can be employed**.
- Very few agencies (1% to 3%) exclude from their training the other training objectives listed in the table below.

**Table 7:** Domains *Rarely* Excluded in Trainings

Domain Excluded From Training	Number of Agencies	Percent of Agencies	Margin of Error
Consistent use of knowledgeable and experienced trainers	4	2.7%	1.7%
Understand perspectives of individuals and families with lived experiences of mental health conditions and/or intellectual and developmental disabilities	4	2.6%	1.7%
Use de-escalation techniques tailored to interactions with people with intellectual and developmental disabilities	3	2.0%	1.5%
Interview people with mental health conditions	3	2.0%	1.5%
Respond to behavioral health crisis	2	1.3%	1.2%
Use de-escalation techniques tailored to interactions with people with mental health conditions	2	1.3%	1.2%

Domain Excluded From Training	Number of Agencies	Percent of Agencies	Margin of Error
Understand increased health vulnerabilities associated with mental health conditions and intellectual and developmental disabilities	2	1.3%	1.2%
Recognize intellectual and developmental disabilities	2	1.3%	1.2%
Understand stigma and biases surrounding mental health conditions and/or intellectual and developmental disabilities	2	1.3%	1.2%
Interview people with intellectual and developmental disabilities	1	0.7%	0.9%
Recognize mental health conditions	1	0.7%	0.9%
Communicate with people with intellectual and developmental disabilities	1	0.7%	0.9%
Communicate with people with mental health conditions	1	0.7%	0.9%
Identify available non-law enforcement resources and when/how they can be employed	0	0.0%	0.0%

## TRAINING EVALUATION METHODS

### Training Evaluation Methods

The survey assessed how agencies evaluate the trainings they provide to personnel with the following question: *Does your agency use any of the following methods to evaluate whether training related to interactions with people with behavioral health conditions achieves the desired outcomes (e.g., personnel have learned key skills and can apply them)?*

A critical component to training development and improvement is knowing whether people who receive trainings learn from them and implement their learning in the field. A multi-method approach to evaluation, conducted on a regular basis could shine light on areas that need improvement and, importantly, showcase areas of training that are working well.

Agencies surveyed reported a wide range of evaluation methods.

- Just over half of agencies reported using **direct observation**.
- 2 in 5 agencies examine their **use of force, arrest, and stop data**.
- One third of agencies evaluate their trainings using **exams at the end of trainings** and 3 in 10 using **surveys pre and post training**.
- About 1 in 5 agencies **do not evaluate their trainings**.

**Table 8:** Training Evaluation Methods

Training Evaluation Methods	Number of Agencies	Percent <sup>1</sup>	Margin of Error
Direct Observation of Training	81	51.9%	5.4%
Examine Stop, Arrest, or UOF Data	64	41.0%	5.3%
Exams (End of Training)	54	34.6%	5.1%
Surveys (Before and After Training)	43	27.6%	4.8%
Does Not Evaluate Trainings	35	22.4%	4.5%
Other	10	6.4%	2.6%

<sup>1</sup>Percentages do not sum to 100% because respondents could select multiple options

## Descriptions of “Other” Methods

The other methods agencies use are similar to the options listed above.

- One agency examines body-worn camera footage, which could enhance methods examining trends seen in arrest, stop, and use of force reporting.
- At least one agency mentioned NGOs, which may imply they have taken steps to do more rigorous evaluations.

## SPECIAL UNITS

### Special Units Utilized By Agencies

The survey examined the use of special units by agencies with the following question: *Does your agency have a specialized team (e.g., a local or regional co-responder team) or other specialized approach for responding to calls involving people with behavioral health conditions?*

- Agencies primarily utilize **crisis intervention teams** (51.3%) and **County/City co-responder teams** (45.5%).
- About half as many agencies (25%) use the next most common special unit/approach: **Agency co-responder teams**.
- Very few have **disability response teams** (< 3%).
- One in ten agencies **do not have any specialized team or approach**.

**Table 9:** Types of Special Units Utilized By Agencies

Special Units	Number of Agencies	Percent <sup>1</sup>	Margin of Error
Crisis Intervention Team	80	51.3%	5.4%
County/City Co-Responder Team	71	45.5%	5.4%
Agency Co-Responder Team	39	25.0%	4.7%
Phone-based Support	27	17.3%	4.1%
Blue Envelope or Similar Program	15	9.6%	3.2%
Disability Response Team	4	2.6%	1.7%
Other	24	15.4%	3.9%
None	17	10.9%	3.4%

<sup>1</sup>Percentages do not sum to 100% because respondents could select multiple options

## Description of “Other” Teams

- Agencies selecting “Other” to the above question mostly describe slight variations on one of the types of teams listed in the question above.
- Other agencies list approaches that are specific to college campuses like providing on-site counseling services and offices dedicated to students with disabilities.

## Why Agencies Do Not Have Special Units

Of the 17 agencies without specialized teams, 12 cite budget and/or staffing limitations as the primary reason for not having a team.

## Level of Needs Met by Special Units

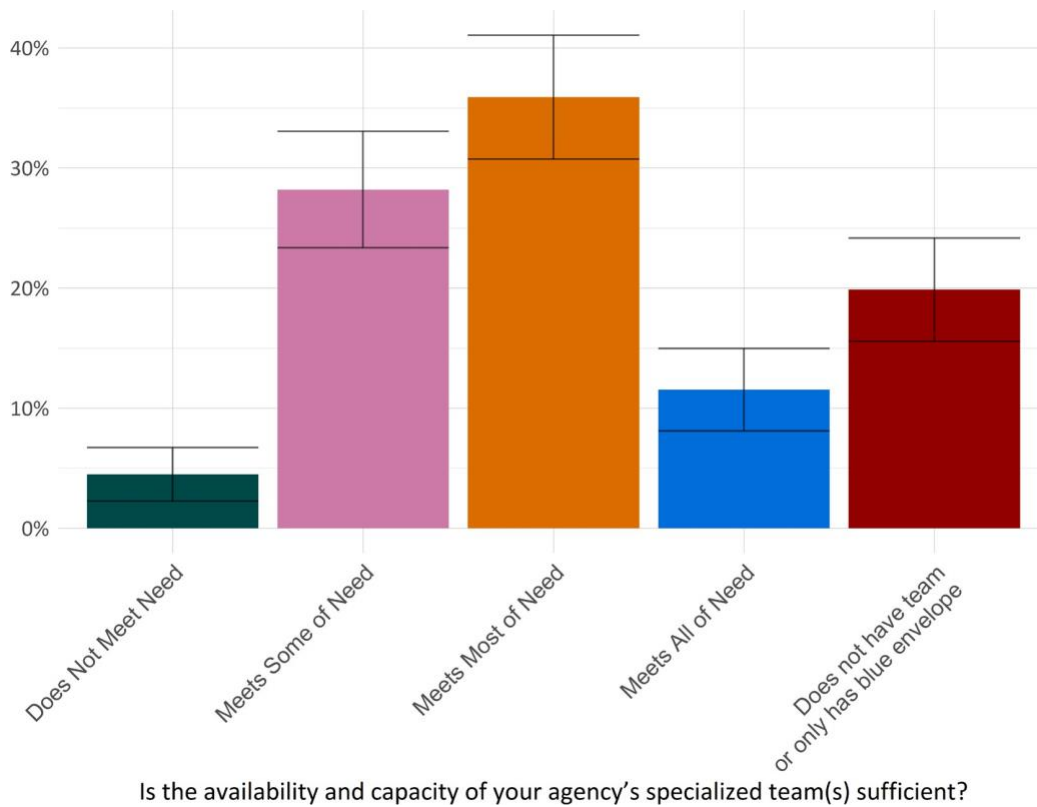
The survey assessed the level of needs that are met by special units with the following question: *Is the availability and capacity of your agency’s specialized team(s) sufficient to meet the level of need seen in the community?*

Agencies responded to questions on a four-point scale: 1 = Does not Meet Need; 2 = Meets Some of Need; 3 = Meets Most of Need; 4 = Meets All of Need

- Most agencies report that their special teams meet between **some** (28.2%) and **most of the need** (35.9%) in their community (Mean = 2.68, 90% Confidence Interval [2.56, 2.79]).
- Just over 1 in 10 (11.5%) agencies reported that their teams **meet all of the need** in their community.
- Of the 31 agencies with no response to this question, 17 (10.8%) indicated they had **no specialized team or approach** and 14 (8.9%) indicated that they only had a **blue envelope program**.

Note: Because respondents were asked to rank their overall level of needs met, we cannot report on views for particular teams in an agency that has multiple types of special teams.

Figure 6: Availability and Capacity of Specialized Teams



Is the availability and capacity of your agency's specialized team(s) sufficient?

**Table 10:** Availability and Capacity of Specialized Teams

Level of Need Met	Number of Agencies	Percent	Margin of Error
Does Not Meet Need	7	4.5%	2.2%
Meets Some of Need	44	28.2%	4.8%
Meets Most of Need	56	35.9%	5.2%
Meets All of Need	18	11.5%	3.4%
Does not have team or only has blue envelope <sup>1</sup>	31	19.9%	4.3%

<sup>1</sup>Of the 31 agencies with no response to this question, 17 indicated they had no specialized team or approach and 14 indicated that they only had a blue envelope program.

## RESOURCE AVAILABILITY AND ACCESS

### Resource Availability

The survey assessed which community resources agencies work with using the following question: *Which, if any, of the following community resources does your agency work with or rely on to improve interactions with people with intellectual or developmental disabilities and/or mental health conditions?*

- Most agencies work with or rely on **City or County Agencies** (80.8%) and **Mobile Crisis Units** (73.1%).
- The least common resource LEAs rely on were **Day Centers** (21.8%) and **State Agencies** (32.7%).
- Just under 1 in 4 (23.1%) agencies report relying on some **other, not listed resource**.

**Table 11:** Resource Availability

Resources Available	Number of Agencies	Percent <sup>1</sup>	Margin of Error
City or County Agencies	126	80.8%	4.2%
Mobile Crisis Units	114	73.1%	4.8%
MH Community Organizations	69	44.2%	5.3%
Regional Centers	68	43.6%	5.3%
Supportive Housing Resources	64	41.0%	5.3%
In-Patient Mental Health Treatment	60	38.5%	5.2%
IDD Community Organizations	58	37.2%	5.2%
Substance Use Treatment Centers	55	35.3%	5.1%

Resources Available	Number of Agencies	Percent <sup>1</sup>	Margin of Error
State Agencies	51	32.7%	5.0%
Day Centers	34	21.8%	4.4%
Other	36	23.1%	4.5%
None	1	0.6%	0.9%

<sup>1</sup>Percentages do not sum to 100% because respondents could select multiple options

## Resource Access

The survey which resources agencies would like better access to with the following question: *Would it be helpful for your agency to have better access to any of the following community resources to improve interactions with people with mental health conditions and/or intellectual or developmental disabilities?*

- Just over 2 in 5 agencies (41%) said it would be helpful to have better access to **in-patient mental health treatment**.
- Other agencies said it would be helpful to have more access to include **substance use treatment centers** (38.5%), **supportive housing resources** (37.8%), and **mobile crisis units** (37.2%).
- Just over 1 in 10 agencies (12.8%) stated that they **do not need better access to resources**.

**Table 12:** Resource Accessibility

Desired Resources	Number of Agencies	Percent <sup>1</sup>	Margin of Error
In-Patient Mental Health Treatment	64	41.0%	5.3%
Substance Use Treatment Centers	60	38.5%	5.2%
Supportive Housing Resources	59	37.8%	5.2%
Mobile Crisis Units	58	37.2%	5.2%
Regional Centers	50	32.1%	5.0%
State Agencies	49	31.4%	5.0%
MH Community Organizations	48	30.8%	5.0%
IDD Community Organizations	47	30.1%	4.9%
City or County Agencies	44	28.2%	4.8%
Day Centers	34	21.8%	4.4%
Other	18	11.5%	3.4%
None	20	12.8%	3.6%

Desired Resources	Number of Agencies	Percent <sup>1</sup>	Margin of Error
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<sup>1</sup>Percentages do not sum to 100% because respondents could select multiple options

## Challenges Utilizing Government and Community Resources

The survey asked agencies to identify challenges to working regional resources with the following question: *Please briefly describe any challenges to working with these state or local agencies or community resources as much as you would like to.*

Using natural language processing techniques, we extracted several themes from responses to this question. Specifically, we broke responses down into words and combinations of up to three words. We iterated through this list to generate a list of words used to indicate whether responses mentioned a particular theme (see below). If any of the words associated with a theme appeared in a response, that response was coded as referencing that theme.

- The most common theme was **Access** (25.6%): access to and availability of resources like crisis teams and mental health services.
- Just over 1 in 10 respondents (14.1%) mentioned challenges with **Personnel**: sufficient quantity of properly trained staff.

**Table 13:** Key Terms Used to Identify Themes in Challenges to Working with Government and Community Resources

Theme	Key Terms
Access	availability, available, weekends, 24-hour
Personnel	staffing, staff, personnel, clinicians
Funding	budget, funding, financial money
Location	location, located, travel, area, drive, transportation, commute, transport, distance
Treatment	treatment, care, long-term, appointments, insurance

**Table 14:** Challenges to Working with Government and Community Resources

Theme	Number of Agencies	Percent	Margin of Error	Example Response
Access	40	25.6%	4.7%	<i>availability 24/7. Normal working dayshifts is not a problem. However, nights and weekends can be problematic.</i>
Personnel	22	14.1%	3.7%	<i>The turnover in County staff is high, as well as it is hard to find qualified candidates for the County co-response unit.</i>
Location	15	9.6%	3.2%	<i>Resources are at times limited and/or a far distance away from the City</i>
Funding	10	6.4%	2.6%	<i>Some challenges we face are resource shortages, financial obligations, and ensuring Department policies are in line with the involved organizations.</i>
Treatment	9	5.8%	2.5%	<i>State or County services are poorly organized and most of the time someone doesn't meet criteria, leading to the person not receiving necessary assistance. Entry threshold are too specific and the person returns to the street. The frontline workers seem to care, but everyone points at another agency to solve problems.</i>

## ACTUAL AND IDEAL LAW ENFORCEMENT RESPONSE TO INCIDENTS

### Criteria for a Law Enforcement or Combined Response

The survey asked agencies to what criteria is best for determining law enforcement or combined responses with the following question: *What criteria do you recommend using to distinguish cases that should receive a law enforcement response or a combined response from cases that should not receive a law enforcement response?*

Using the same natural language processing techniques as described in “Challenges Utilizing Government and Community Resources”, we generated a list of words used to indicate whether responses mentioned a particular theme (see below). If any of the words associated with a theme appeared in a response, that response was coded as referencing that theme.

- Almost half of respondents mentioned that **Safety Concerns** (47.4%) as a key factor in determining whether a law enforcement response is necessary.
- Similarly, about 1 in 4 respondents (24.4%) reported that the presence of **Criminal Activity** is important when considering whether a law enforcement response is necessary.

**Table 15:** Key Terms Used to Identify Themes in Criteria for Responses

Theme	Key Terms
Criminal Activity	crime, criminal, crimes, violations, violation, broken
Safety Concerns	safety, unsafe, safe, threat, danger, dangerous, endangering, violence, violent, weapons, injury, hurt

**Table 16:** Recommended Criteria to Determine Type of Response

Theme	Number of Agencies	Percent	Margin of Error	Example Response
Safety concerns	74	47.4%	5.4%	<i>If there is a threat of violence to others, police should respond. If the threat is against self and does not risk others, it should be medical.</i>
Criminal activity	38	24.4%	4.6%	<i>Every situation is different, and unless a crime has been committed. I don't think officers should respond</i>

## Challenges in Ensuring Appropriate Law Enforcement Response

The survey asked agencies to identify challenges to ensuring that incidents receive the appropriate type of response with the following question: *What are the challenges to ensuring that incidents involving people with behavioral health conditions receive the appropriate type of response (e.g. a law enforcement response, a non-law enforcement response, or a combined response)?*

Using the same natural language processing techniques as described in “Challenges Utilizing Government and Community Resources”, we generated a list of words used to indicate whether responses mentioned a particular theme (see below). If any of the words associated with a theme appeared in a response, that response was coded as referencing that theme.

- The most common theme was **Capacity** (37.8%): challenges with having sufficient staffing, resources, and funding.
- About 1 in 5 respondents (20.2%) mentioned issues with obtaining accurate information that can be used to determine the type of response (**Situation Assessment**).

**Table 17:** Key Terms Used to Identify Themes in Challenges to Appropriate Response

Theme	Key Terms
Capacity	resources, services, money, services, budget, funding, staffing, personnel
Liability	liability, lawsuits, legal, criticize
Situation Assessment	properly, accurate, correct, incorrect, information, assess, assessment, determining, determine
Safety Concerns	safety, unsafe, safe, threat, danger, violence, violent
Training	train, trained, training, education

**Table 18:** Challenges to Appropriate Response Theme Frequency

Theme	Number of Agencies	Percent	Margin of Error	Example Response
Capacity	59	37.8%	5.2%	<i>Law enforcement is always the first responder. Challenges include getting non-law enforcement response after hours or on weekends. Lack of facilities and behavioral health personnel unduly delay law enforcement officers in the field.</i>
Assessment	33	21.2%	4.4%	<i>The challenge comes in the form of how the information or call is received. It is difficult to truly assess the level of 'proper' response based on a phone call or third-party reporting party</i>
Safety	18	11.5%	3.4%	<i>Not knowing the specific condition or issue that may be involved. A combined response works well, as officers can step back if there is no danger. Most behavioral health conditions do well when law enforcement can stay in the background.</i>
Liability	7	4.5%	2.2%	<i>Liability, real or perceived, surrounding the decision to not send LE to a call</i>
Trainings	6	3.8%	2.1%	<i>number of available resources with proper training. Funding being the biggest factor in restricting deployment</i>

## IN-HOUSE POLICIES

The survey asked agencies to identify their in-house policies using the following question: *Many agencies use an outside vendor (e.g., Lexipol) for their policy manuals, some have their own policies, and many modify or augment the policies offered by an outside vendor. The next question focuses on whether your agency has any*

*agency-specific (in addition to or instead of outside-vendor) policies for interacting with people who have behavioral health issues. Does your agency have any in-house policy or policies (not Lexipol) that specifically address personnel interactions with people who have, or are perceived to have, behavioral health conditions (for example, an agency policy or SOP describing when a specialized team should be called into action)?*

Many agencies across the country and in California contract with Lexipol to write their policy materials (Eagley & Schwartz, 2017). Lexipol is a private company that provides, in its words, “fully developed, state-specific policies researched and written by subject matter experts and vetted by attorneys”. Lexipol’s policy manuals tend to focus on limiting legal liability while staying within the statutes governing law enforcement agencies.

- About 2 in 5 (41.7%) of agencies do not have bespoke policies for responding to incidents involving people with behavioral health conditions.
- About half (50.7%) of agencies have bespoke policies related to mental health conditions, intellectual and developmental disabilities, or both.

**Table 19:** Do Agencies Have In-house or Lexipol Policies

In-House Policies	Number of Agencies	Percent	Margin of Error
Mental health conditions	20	12.8%	3.6%
Intellectual and developmental disabilities	2	1.3%	1.2%
Both	53	34.0%	5.1%
Other (please describe)	4	2.6%	1.7%
My agency does not have an agency-specific policy or policies regarding interactions with either people with mental health conditions or people with intellectual or developmental disabilities	65	41.7%	5.3%
-	12	7.7%	2.9%

## DATA AND ANALYSIS

The survey examined which types of data and analyses agencies utilize with the following question: *In addition to collecting and submitting data in accordance with the Racial and Identity Profiling Act, does your agency undertake any of the following analyses of data related to agency personnel interactions or engagement with people with behavioral health conditions?*

- Almost half of agencies (44.2%) do not evaluate whether personnel are adhering to policies.
- 1 in 4 agencies (25.6%) review civilian complaint data, while one in five examine calls for service (21.2%), use of force (21.2%), and internal affairs documents (21.8%).
- 11 agencies (7.1%) reported using a method not listed to evaluate policy adherence.

**Table 20:** Methods Agencies Use to Assess Impact of Policy and Training

Types of Data and Analyses	Number of Agencies	Percent <sup>1</sup>	Margin of Error
Civilian Complaints	40	25.6%	4.7%
Internal Affairs Cases	34	21.8%	4.4%
Calls for Service	33	21.2%	4.4%
Use of Force Data	33	21.2%	4.4%
Arrest Data	21	13.5%	3.7%
Stop Data	19	12.2%	3.5%
None	69	44.2%	5.3%
Other	11	7.1%	2.8%

<sup>1</sup>Percentages do not sum to 100% because respondents could select multiple options

## Additional Resources and General Recommendations

### Additional Resources Desired by Agencies

The survey asked what additional resources agencies desire with the following question: *What additional resources or engagement from government entities and/or non-governmental organizations would you like to see in your community/jurisdiction to improve interactions and outcomes for people with behavioral health conditions?*

Using the same natural language processing techniques as described in “Challenges in Ensuring Appropriate Responses”, we generated a list of words used to indicate whether responses mentioned a particular theme (see below). If any of the words associated with a theme appeared in a response, that response was coded as referencing that theme.

- The most common theme was **Capacity** (30.8%): a desire for resources, funding, and staffing.
- About 1 in 10 respondents mentioned a desire for expanded training, more coordination with local and state government, more clinicians/providers, and expanded facilities.

**Table 21:** Key Terms Used to Identify Themes in Additional Resources Responses

Theme	Key Terms
Capacity	resources, services, money, services, budget, funding, staffing, personnel
Providers	clinicians, professionals
Housing	housing, shelter, unhoused, homeless
Facilities	facilities, beds, hospital, facility
Institutions	county, government, community based organizations
Training	train, training, education
Special Teams	crisis intervention team, response team, co-responder team, crisis stabilization unit, mobile crisis team, psychiatric emergency response team (pert)

**Table 22:** Additional Resources Theme Frequency

Theme	Number of Agencies	Percent	Margin of Error	Example Response
Capacity	48	30.8%	5.0%	<i>We need more resources available during weekends and graveyard hours.</i>
Trainings	20	12.8%	3.6%	<i>It appears that one of the goals of SB 882 will be to increase training on behavioral health conditions. Increased real, not virtual, training would be very helpful.</i>
Institutions	18	11.5%	3.4%	<i>I would like to see a proactive role being taken by government organizations that specifically deal with mental health instead of the current reactive approach.</i>
Facilities	14	9.0%	3.1%	<i>MORE BEDS AVAILABLE FOR MENTALLY ILL PERSONS THAT ARE LONG TERM</i>
Special teams	14	9.0%	3.1%	<i>Availability of Mobile Crisis Team through behavioral health or civilian groups. Facilities for people in crisis. There is currently no secure facility that does not require law enforcement presence for people who are in crisis or on a hold with problematic behavior</i>
Providers	13	8.3%	3.0%	<i>Improved 24 hour access to clinicians who can assist with resources instead of using law enforcement officers</i>
Housing	5	3.2%	1.9%	<i>Easier access to immediate housing for homeless people suffering from mental health issues</i>

## Recommendations for Improving Law Enforcement Interactions

The survey asked agencies to identify recommendations for improving interactions with the following question: *What recommendations do you have for improving law enforcement agency interactions with people with behavioral health conditions and the outcomes of these interactions?*

Using the same natural language processing techniques as described in “Challenges Utilizing Government and Community Resources”, we generated a list of words used to indicate whether responses mentioned a particular theme (see below). If any of the words associated with a theme appeared in a response, that response was coded as referencing that theme.

- Recommendations were most commonly associated with **Training** (29.5%). This includes better quality training and increased frequency of training.
- Less than 20% of agencies recommended more support through additional **Resources** (17.9%) and from non-law enforcement **Co-Responders** (14.7%) such as mental health professionals.

**Table 23:** Key Terms Used to Identify Themes in Recommendations for Improving Interactions

Theme	Key Terms
Resources	resources, services, services, budget, funding, funded, program
Co-Responders	clinicians, expert, co-responder, partners, professionals, organizations, mobile, partners, worker
Training	train, trained, training, education, scenarios

**Table 24:** Recommendations to Improve Interactions Theme Frequency

Theme	Number of Agencies	Percent	Margin of Error	Example Response
Trainings	46	29.5%	4.9%	<i>Design practical exercises or simulator scenarios with forced interaction, specifically related to those suffering from a behavioral/mental health crisis.</i>
Resources	28	17.9%	4.1%	<i>Provide greater resources and reduce the volume of Law Enforcement responding to these types of calls. L/E is often tasked to deal with situations that are non-criminal, increasing liability and adverse outcomes for events that better-specialized services and resources can handle.</i>
Co-responders	23	14.7%	3.8%	<i>Law enforcement should not be the go-to when people are suffering from mental health issues. That being said, having a social worker or team that could respond to calls related to mental health with law enforcement personnel would be beneficial as the mere presence of law enforcement can escalate a situation</i>

## ADDITIONAL FEEDBACK

Research Services selected several thoughtful responses to the final question of the survey. These responses tended to be longer, consider multiple factors, or bring up important themes.

- “More training is always needed, along with refreshers or outlines to help with understanding how to engage and support this demographic. It would be helpful for jurisdictions to create a resource list of organizations that offer support and for what purpose. Even in such a technologically advanced era, it can still be difficult to navigate systems or understand how to obtain services. Many of the people that are successful in dialing into the appropriate resources have accomplished this by advocating for themselves and being very determined to obtain those services. Unfortunately, this is not within every person’s capacity to do so, especially when they are in the mits of a challenging life experience. Being that law enforcement has continued to be society’s catch all of problems and concerns, we are not always provided the resources needed to support these matters. While systems are developed to help remove or reduce some of this response, it will not fully eliminate it. There is still a need to discuss and plan for situations that require for law enforcement to response and what is to be anticipated by the community when that response happens.”*
- “The biggest failure in the mental health and de-escalation training officers receive [sic], is they lump intellectual disabilities in with people who have no cognitive impairment. Officers are not taught to recognize the signs of people with cognitive disabilities and how the response to those people should be different.*

- *“While we recognize that law enforcement officers are often the first responders to incidents involving folks in crisis, a completely different model needs to be explored. Officers are trained to investigate, uncover, and prevent crime and not necessarily in a position to help a person who is in crisis. Behavioral health professionals need to be heavily involved in these incidents from the initial call and up until the person has received necessary services so that they may move forward without a need for immediate attention from law enforcement.”*
- *“More facilities are needed. In our county we do not have a designated mental health facility for people in crisis. The alternative is the hospital emergency room which is not properly equipped to deal with behavioral health patients. This causes law enforcement officers to spend too much time away from other duties while supervising people in crisis waiting for behavioral health response.”*

# Appendix E

## Training Review Tool

SB 882 Advisory Council on Improving Interactions  
Between People with Intellectual and Developmental  
Disabilities and Law Enforcement

### Evaluator Data

1. Evaluator

2. Course Title

3. Date of Training

4. Mode of Review

- In-person, live presentation
- In-person, video recording
- Remote, live presentation
- Remote, webinar
- Other

## Instructor and Training Background

### 5. Training Agency ID

### 6. Vocational background of instructor (select all that apply)

- Community professional
- Contracted instructor
- Volunteer
- Law enforcement
- Mental health advocate/professional
- Clinical/social
- Other

### 7. Educational background of instructor relating to subject matter

### 8. Does instructor have lived experience working with subject matter or community of interest focused on in training?

If yes, please specify.

### 9. Targeted level of trainee experience

- Basic Academy coursework
- On-going and mandatory coursework
- Specialized training

## 10. Course length

- One Hour
- Two to Four Hours
- One Day
- Two Days
- Three to Five Days
- More than Five Days

## Substantive Overview of Training

11. Topic/focus/goals of training

12. Does this training address...

Check all that apply. Include additional details in the "other" section.

- Mental Health Conditions
- Intellectual and Developmental Disabilities
- Other

13. Is the training required? By what agency/law? For what purpose? (E.g., to become a peace officer.)

14. Is there evidence that this training was developed using community guided resources or committees? Please specify.

15. Was this training developed in partnership with law enforcement personnel?

If yes, please note what agency.

16. Was this training developed in partnership with behavioral health system personnel?

If yes, please note what agency.

17. Was this training developed in partnership with and/or specifically using advocacy group insights or resources?

18. Did the training actively reference and/or include the perspective of individuals with mental health conditions?

19. Did the training actively reference and/or include the perspective of individuals with intellectual or developmental disabilities?

20. Did the training actively reference and/or include the perspective of family members or loved ones of individuals with mental health, intellectual, or developmental disabilities?

21. How many students/trainees were present for the training being evaluated?

The value must be a number

22. Adult learning strategies used:

Please check all that apply.

- Discussion encouraged
- Question and answer sessions available
- Focused on participants' life experiences
- Materials are visually interesting
- Other

### 23. Scenario learning:

Please check all that apply.

- Scenarios based on realistic experiences
- Trainees participated in scenarios
- Adequate time was devoted to scenarios
- Trainees received feedback on participation
- No scenario training included

### 24. Specialized learning and resources covered in training:

Please check all that apply.

- De-escalation skills
- Criminal justice system diversion
- Behavioral health resources
- Social determinants of health (e.g. poverty, housing, and education)
- Other

## Course Review

25. How accurately did the training address the core subject matter as reflected by the syllabus?

- 5 (Very Well)
- 4
- 3 (Moderately)
- 2
- 1 (Not at All)
- Unknown
- Other

26. How thoroughly did the training address the goals and objectives of the course as identified in the syllabus?

- 5 (Very Well)
- 4
- 3 (Moderately)
- 2
- 1 (Not at All)
- Unknown
- Other

27. Identify major areas of subject matter or presentation style that were well developed.

28. Identify major areas of subject matter or presentation style that need further development.

29. Is the effectiveness of the training measured in any way (e.g. pre- or post-training questionnaires, quizzes, class participation etc.)?

If so, please describe.

30. Please share any other observations relevant to review of this course.

# Appendix F

## SB 882 Advisory Council

### Resources Identified by Advisory Council Witnesses

The following is a list of resources identified in presentations to the SB 882 Advisory Council.\* Any omissions are inadvertent.

#### I. Articles and Books

- 911 Authority, *Manny Alert Act (AB911) Feasibility Study of a Self-Registration Database for 911 Calls*, Cal. Off. of Emergency Services (Nov. 2020) <https://www.caloes.ca.gov/wp-content/uploads/PSC/Documents/Manny-Alert-Act-Feasibility-Study.pdf> (Referenced by Panelist Joel McCamley at December 10, 2025, meeting)
- Abram, et al., *Comorbid psychiatric disorders in youth in juvenile detention* (2003) *Archives of General Psychiatry* 60:11 (Referenced by Panelist Megan Buckles at September 18, 2025, meeting)
- Abramson, *Building mental health into emergency responses* (July 2021) *American Psychological Association Monitor on Psychology* 52:5 <https://www.apa.org/monitor/2021/07/emergency-responses> (Referenced by Panelist Megan Buckles at September 18, 2025, meeting)
- Anderson & Hewitt, *The effect of competency restoration training on defendants with mental retardation found not competent to proceed* (2002) *Law and Human Behavior* 26:3 (Referenced by Panelist Megan Buckles at September 18, 2025, meeting)
- *Justice-Involved Youth with Intellectual and Developmental Disabilities: A Call to Action for the Juvenile Justice Community*, The Arc's National Center on Crim. J. and Disability (2015) [https://thearc.org/wp-content/uploads/2019/07/15-037-Juvenile-Justice-White-Paper\\_2016.pdf](https://thearc.org/wp-content/uploads/2019/07/15-037-Juvenile-Justice-White-Paper_2016.pdf) (Referenced by Panelist Megan Buckles at September 18, 2025, meeting)
- Bahneyn et al., *Law Enforcement's Leadership Role in Juvenile Justice Reform: Actionable Recommendations for Practice and Policy* (July 2014) *International Assn. of Chiefs of Police* [www.theiacp.org/sites/default/files/all/i-i/JuvenileJusticeSummitReport.pdf](http://www.theiacp.org/sites/default/files/all/i-i/JuvenileJusticeSummitReport.pdf) (Referenced by Panelist Gabriella Celeste at September 18, 2025, meeting)
- Bernstein & McElwee, *National Poll: Shift Law Enforcement Funds to Non-Police Emergency Response* (Apr. 2021) *The Appeal* <https://theappeal.org/the-lab/polling-memos/likely-voters-support-non-police-emergency-response/> (Referenced by Panelist Megan Buckles at September 18, 2025, meeting)

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\* Please note that inclusion here is not an endorsement by the Advisory Council or the California Department of Justice.

- Bonnie, *The Competence of Criminal Defendants with Mental Retardation to Participate in Their Own Defense* (1990) *J. of Crim. Law & Criminology* 81:419, <https://scholarlycommons.law.northwestern.edu/cgi/viewcontent.cgi?article=6665&context=jclc> (Referenced by Panelist Megan Buckles at September 18, 2025, meeting)
- Cochrane, et al., *The relationship between criminal charges, diagnoses, and psycholegal opinions among federal pretrial defendants.* (2001) *Behavioral Sciences and the Law* 19:4 (Referenced by Panelist Megan Buckles at September 18, 2025, meeting)
- Colwell & Ganesini, *Demographic, criminogenic, and psychiatric factors that predict competency restoration* (2011) *J. of the Am. Academy of Psychiatry and the Law* 39:3 (Referenced by Panelist Megan Buckles at September 18, 2025, meeting)
- Compton et al., *Characterizing Arrests and Charges Among Individuals with Serious Mental Illnesses in Public-Sector Treatment Settings* (2022) *Psychiatric Services* 73:10 <https://pubmed.ncbi.nlm.nih.gov/35378991/> (Referenced by Panelists Dr. Watson and Dr. Compton at April 1, 2025, meeting)
- Compton et al., *Misdemeanor Charges Among Individuals with Serious Mental Illnesses: A Statewide Analysis of More Than Two Million Arrests* (Jan. 2023) *Psychiatric Services* 74:1 <https://psychiatryonline.org/doi/10.1176/appi.ps.202000936> (Referenced by Panelists Dr. Watson and Dr. Compton at April 1, 2025, meeting)
- *Issues in Law Enforcement Reform: Responding to Mental Health Crisis* (Oct. 2022) Congressional Research Service [https://www.congress.gov/crs\\_external\\_products/R/PDF/R47285/R47285.2.pdf](https://www.congress.gov/crs_external_products/R/PDF/R47285/R47285.2.pdf) (Referenced by Panelist Monica Porter Gilbert at April 1, 2025, meeting)
- Correll et al., *The influence of stereotypes on decisions to shoot* (2007) *Eur. J. Soc. Psychol.* 37:1102 (Referenced by Panelist Dr. Jack Glaser at July 15, 2025, meeting)
- Darley et al., *A hypothesis-confirming bias in labeling effects* (1983) *J. Personality and Social Psychology* 44:1 (Referenced by Panelist Dr. Jack Glaser at July 15, 2025, meeting)
- Dee et al., *A community response approach to mental health and substance abuse crises reduced crime* (2022) *Science Advances* 8:23 <https://www.science.org/doi/10.1126/sciadv.abm2106> (Referenced by Panelist Monica Porter Gilbert at April 1, 2025, meeting)
- Drizin et al., *Reducing Risks: An Executive's Guide to Effective Juvenile Interview and Interrogation* (Aug. 2018) International Assn. of Chiefs of Police <https://www.theiacp.org/sites/default/files/all/p->

- [r/ReducingRisksAnExecutiveGuidetoEffectiveJuvenileInterviewandInterrogation.pdf](#) (Referenced by Panelist Gabriella Celeste at September 18, 2025, meeting)
- Eberhardt, et al., *Seeing Black: Race, Crime, and Visual Processing* (2004) J. Personality and Social Psych. 87:6, (Referenced by Panelist Dr. Jack Glaser at July 15, 2025, meeting)
  - Everington & Dunn, *A second validation study of the Competence Assessment for Standing Trial for Defendants with Mental Retardation (CAST-MR)* (1995) Crim. J. and Behavior 22:1, 44–59 (Referenced by Panelist Megan Buckles at September 18, 2025, meeting)
  - Fagan & Tyler, *Legal Socialization of Children and Adolescents* (2005) Social J. Research 18 [https://scholarship.law.columbia.edu/faculty\\_scholarship/1386](https://scholarship.law.columbia.edu/faculty_scholarship/1386) (Referenced by Panelist Gabriella Celeste at September 18, 2025, meeting)
  - Fontaine, et al., *Supportive Housing for Returning Prisoners: Outcomes and Impacts of the Returning Home-Ohio Pilot Project* (Aug. 2012) Urban Inst. J. Policy Center <https://www.urban.org/sites/default/files/publication/25716/412632-Supportive-Housing-for-Returning-Prisoners-Outcomes-and-Impacts-of-the-Returning-Home-Ohio-Pilot-Project.PDF> (Referenced by Panelist Megan Buckles at September 18, 2025, meeting)
  - Gassman-Pines & Hill, *How social safety net programs affect family economic well-being, family functioning, and children's development* (2013) Child Development Perspectives 7:3 (Referenced by Panelist Megan Buckles at September 18, 2025, meeting)
  - Glaser, et al., *Implicit Motivation to Control Prejudice* (2008) J. Experimental Social Psych. 44:164 (Referenced by Panelist Dr. Jack Glaser at July 15, 2025, meeting)
  - Goff, et al., *The essence of innocence: consequences of dehumanizing Black children* (Feb. 2014) J. of Personality and Social Psychology 106 (Referenced by Panelist Gabriella Celeste at September 18, 2025, meeting)
  - Green, et al., *Implicit bias among physicians and its prediction of thrombolysis decisions for black and white patients* (2007) J. General Internal Medicine 22:9 <https://pubmed.ncbi.nlm.nih.gov/17594129/> (Referenced by Panelist Dr. Jack Glaser at July 15, 2025, meeting)
  - Hahn, *Research roundup: LEDTA and police responses to people in behavioral crises (PBCs)* (Nov. 2023) Niskanen Center <https://www.niskanencenter.org/research-roundup-ledta-and-police-responses-to-people-in-behavioral-crises-pbcs/> (Referenced by Panelist Megan Buckles at September 18, 2025, meeting)
  - Harrell & Davis., *Disabilities Reported by Prisoners: Survey of Prison Inmates, 2016 Contacts Between Police and the Public, 2018 – Statistical Tables* (Feb.

- 2023) Bur. of J. Statistics <https://bjs.ojp.gov/content/pub/pdf/cbpp18st.pdf> (Referenced by Panelist Megan Buckles at September 18, 2025, meeting)
- Jackson, *Juvenile Competency Law and Remediation Programming: Santa Clara County's Experience Replicating the Virginia Model*, National Partnership for Juvenile Services (2018) J. of Applied Juvenile Justice Services <https://irp.cdn-website.com/45a58767/files/uploaded/2018-Juvenile%20Competency%20Program%20%28Jackson%29.pdf> (Referenced by Panelist Megan Buckles at September 18, 2025, meeting)
  - Lai, et al., *Reducing implicit racial preferences: I. A comparative investigation of 17 interventions* (2014) *J. Experimental Psychology: General* 143:4 <https://pubmed.ncbi.nlm.nih.gov/24661055/> (Referenced by Panelist Dr. Jack Glaser at July 15, 2025, meeting)
  - Lai, et al., *The Impact of Implicit-Bias-Oriented Diversity Training on Police Officers' Beliefs, Motivations, and Actions* (2023) *Psychological Science* 34:4 (Referenced by Panelist Dr. Jack Glaser at July 15, 2025, meeting)
  - Lowery et al., "Distraught people, Deadly results" (June 2015) *Washington Post* [https://www.washingtonpost.com/sf/investigative/2015/06/30/distraught-people-deadly-results/?utm\\_term=.35f764ac5f22](https://www.washingtonpost.com/sf/investigative/2015/06/30/distraught-people-deadly-results/?utm_term=.35f764ac5f22) (Referenced by Panelist Megan Buckles at September 18, 2025, meeting)
  - Males, *Opinion: Police Shooting Statistics of Unarmed Suspects Show the Young More Likely to Be Killed*. (Dec. 2021) *Juvenile Justice Information Exchange*, <https://jjie.org/2021/02/11/police-shooting-statistics-of-unarmed-suspects-show-the-young-more-likely-to-be-killed> (Referenced by Panelist Gabriella Celeste at September 18, 2025, meeting)
  - *Police Violence Report*, Mapping Police Violence (2025) <https://policeviolencereport.org/> (Referenced by Panelist Megan Buckles at September 18, 2025, meeting)
  - Maruschak, et al., *Disabilities Reported by Prisoners: Survey of Prison Inmates, 2016* (Mar. 2021) Bur. of J. Statistics, <https://bjs.ojp.gov/library/publications/disabilities-reported-prisoners-survey-prison-inmates-2016> (Referenced by Panelist Megan Buckles at September 18, 2025, meeting)
  - McConville & Premkumar, *A Closer Look at Behavioral Health Crises and Police Responses*, Public Policy Inst. of Cal. (May 2025) <https://www.ppic.org/blog/a-closer-look-at-behavioral-health-crises-and-police-responses/> (Referenced by Panelist Megan Buckles at September 18, 2025, meeting)
  - McGaha et al., *Juveniles adjudicated incompetent to proceed: a descriptive study of Florida's Competence Restoration program*. (2001) *The J. of the Am. Academy of Psychiatry and the Law* 29:4 (Referenced by Panelist Megan Buckles at September 18, 2025, meeting)

- Mikolajewski et al., *Patient Characteristics and Outcomes Related to Successful Outpatient Competency Restoration* (2017) *Behavioral Sciences and the Law* 35:3 (Referenced by Panelist Megan Buckles at September 18, 2025, meeting)
- Morris & Parker, *Jackson's Indiana: state hospital competence restoration in Indiana* (2008) *J. of the Am. Academy of Psychiatry and the Law* Vol. 36:4 (Referenced by Panelist Megan Buckles at September 18, 2025, meeting)
- Mosotho, et al., *Demographic, Clinical and Forensic Profiling of Alleged Offenders Diagnosed with an Intellectual Disability* (2020) *J. of Forensic Psychology Research and Practice* 20:4 (Referenced by Panelist Megan Buckles at September 18, 2025, meeting)
- Mossman, *Predicting restorability of incompetent criminal defendants* (2007) *J. of the Am. Academy of Psychiatry and the Law* 35:1 (Referenced by Panelist Megan Buckles at September 18, 2025, meeting)
- Perry & Carter-Long, *The Ruderman White Paper on Media Coverage of Law Enforcement Use of Force and Disability*, Ruderman Family Foundation (Mar. 2016) [https://rudermanfoundation.org/wp-content/uploads/2017/08/MediaStudy-PoliceDisability\\_final-final.pdf](https://rudermanfoundation.org/wp-content/uploads/2017/08/MediaStudy-PoliceDisability_final-final.pdf) (Referenced by Panelist Megan Buckles at September 18, 2025, meeting)
- Peruche, et al., *The Correlates of Law Enforcement Officers' Automatic and Controlled Race-Based Responses to Criminal Suspects* (2006) *Basic and Applied Social Psychology* 28:2 (Referenced by Panelist Dr. Jack Glaser at July 15, 2025, meeting)
- Pope, et al., *Crisis Response Model Preferences of Mental Health Care Clients With Prior Misdemeanor Arrests and of Their Family and Friends* (2023) *Psychiatric Services* 74:11 <https://pubmed.ncbi.nlm.nih.gov/37070262/> (Referenced by Panelists Dr. Watson and Dr. Compton at April 1, 2025, meeting)
- Pope, et al., *Entangled: How People with Serious Mental Illness Get Caught in Misdemeanor Systems* (2025) (Referenced by Witness Teresa Anderson at July 25, 2024, meeting)
- Premkumar, et al., *Police Use of Force and Misconduct in California*, Public Policy Inst. of Cal. (Oct. 2021) <https://www.ppic.org/publication/police-use-of-force-and-misconduct-in-california/> (Referenced by Panelist Megan Buckles at September 18, 2025, meeting)
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<https://www.samhsa.gov/mental-health/national-behavioral-health-crisis-care> (Referenced by Panelist Monica Porter Gilbert at April 1, 2025, meeting)
- *Foundation Work for Exploring Incompetence to Stand Trial Evaluations and Competence Restoration for People with Serious Mental Illness/Serious Emotional Disturbance*, U.S. Dept. of Health and Human Services Substance Abuse & Mental Health Services Admin. (Dec. 2023) HHS Publication No PEP23-01-00-005  
<https://library.samhsa.gov/product/foundation-work-exploring-incompetence-stand-trial-evaluations-competence-restoration/pep23-01-00-005> (Referenced by Panelist Megan Buckles at September 18, 2025, meeting)
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- Sharkey, *An Uneasy Peace: The Great Crime Decline, the Renewal of City Life, and the Next War on Violence*, W. W. Norton & Company (2018) (Referenced by Panelist Megan Buckles at September 18, 2025, meeting)
- Stafford & Wygant, *The role of competency to stand trial in mental health courts* (April 2005) Behavioral Sciences and the Law 23:2 (Referenced by Panelist Megan Buckles at September 18, 2025, meeting)
- Stinson & Robbins, *Characteristics of people with intellectual disabilities in a secure U.S. forensic hospital* (2014) J. of Mental Health Research in Intellectual Disabilities 7:4 (Referenced by Panelist Megan Buckles at September 18, 2025, meeting)
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- Vallas, *Disabled Behind Bars: The Mass Incarceration of People With Disabilities in America's Jails and Prisons* (July 2016) Am. Progress

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- Wood, et al., *Intellectual disability and adjudicative competence evaluations: A detailed review of an often-overlooked population* (2025) Psychology, Public Policy, and Law 31:3 (Referenced by Panelist Megan Buckles at September 18, 2025, meeting)
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- Worden, et al., *Implicit Bias Training for Police: Impacts on Enforcement Disparities* (2024) State U. of N.Y., U. of Albany

[https://scholarsarchive.library.albany.edu/psychology\\_fac\\_scholar/50](https://scholarsarchive.library.albany.edu/psychology_fac_scholar/50)  
(Referenced by Panelist Dr. Jack Glaser at July 15, 2025, meeting)

- II. Law Enforcement Agency Programs, Crisis Intervention Programs, and Organizations
- 988 Suicide & Crisis Lifeline (Referenced by Dr. Anh Thu Bui at April 1, 2025, meeting)
    - Homepage: <https://www.chhs.ca.gov/988california/>
    - 988 Lifeline Information: <https://988lifeline.org/>
    - Behavioral Health Crisis Care Continuum Plan: [https://www.chhs.ca.gov/wp-content/uploads/2023/08/CalHHS\\_Behavioral-Health-Crisis-Care-Continuum-Plan.pdf](https://www.chhs.ca.gov/wp-content/uploads/2023/08/CalHHS_Behavioral-Health-Crisis-Care-Continuum-Plan.pdf)
    - AB 988 Five-Year Implementation Plan to the State Legislature: <https://www.chhs.ca.gov/wp-content/uploads/2025/01/AB-988-Five-Year-Implementation-Plan-Final-ADA-Compliant.pdf>
  - Albany County Crisis Officials Responding and Diverting (ACCORD) Program in Albany County, NY (Referenced by Panelist Monica Porter Gilbert at April 1, 2025, meeting)
    - 2022 Evaluation Report: <https://www.albanycountyny.gov/home/showpublisheddocument/22105/637983135518570000>
  - Albuquerque Community Safety (ACS) in Albuquerque, NM (Referenced by Panelist Monica Porter Gilbert at April 1, 2025, meeting)
    - Homepage: <https://www.cabq.gov/acs/services/services>
  - Bridges Oregon (Referenced by *Being Michelle* Panelists at April 1, 2025, meeting)
    - Homepage: <https://bridgesoregon.org/>
    - Visor Card: <https://bridgesoregon.org/wp-content/uploads/2021/01/Visor-Card-LawEnforcement.pdf>
    - Wallet Card: <https://bridgesoregon.org/wp-content/uploads/2021/01/Wallet-Card-LawEnforcement.pdf>
  - CAHOOTS (Crisis Assistance Helping Out On the Streets) Program in Eugene, OR (Referenced by Panelists Dr. Watson and Dr. Compton at April 1, 2025, meeting)
    - As of April 2025, the CAHOOTS program ended and was replaced in Eugene, OR: <https://www.lanecounty.org/cms/One.aspx?portalId=3585881&pageId=20307412>
    - Andrew, *This Oregon town of 170,000 replaced some cops with medics and mental health workers. It's worked for over 30 years*, CNN (Jul. 5, 2020) <https://www.cnn.com/2020/07/05/us/cahoots-replace-police->

- [mental-health-trnd/index.html](#) (Referenced by Panelist Monica Porter Gilbert at April 1, 2025, meeting)
- Call BlackLine in Hudson Valley, NY (Referenced by Panelist Megan Buckles at September 18, 2025, meeting)
    - Homepage: <https://www.callblackline.com/aboutfaq>
  - CIT International (Referenced by several panelists including Panelist Yolanda Cruz at October 18, 2024, meeting)
    - Main website: <https://citinternational.org/>
    - *Guide to Best Practices in Mental Health Crisis Response*, CIT International (2019) <https://citinternational.org/bestpracticeguide> (Referenced by Panelist Yolanda Cruz at October 18, 2024, meeting)
  - Community Alternative Response Emergency Services (CARES) Program in Madison, WI (Referenced by Panelist Monica Porter Gilbert at April 1, 2025, meeting)
    - Homepage: <https://www.cityofmadison.com/fire/emergency-medical-services/community-alternative-response-emergency-services-cares>
  - Community Assistance and Life Liaison (CALL) Program in St. Petersburg, FL (Referenced by Panelist Monica Porter Gilbert at April 1, 2025, meeting)
    - Homepage: <https://police.stpete.org/call/index.html#gsc.tab=0>
  - Community Response Initiative to Strengthen Emergency Systems (C.R.I.S.E.S) Act Grant Pilot Program by CDSS (Referenced by Panelist Vinny Eng at April 1, 2025, meeting)
    - Homepage: <https://www.cdss.ca.gov/inforesources/cdss-programs/civil-rights/crises>
  - Grady Emergency Medical Service - Mobile Integrated Health (MIH) in Atlanta, GA (Referenced by Panelist Monica Porter Gilbert at April 1, 2025, meeting)
    - Article: <https://talk.crisisnow.com/how-a-911-ems-crisis-intervention-diverts-people-in-mental-health-crisis/>
  - Greater Los Angeles Agency on Deafness (GLAD) (Referenced by *Being Michelle* Panelists at April 1, 2025, meeting)
    - Homepage: <https://gladinc.org/>
  - Holistic Empathetic Assistance Response Team (HEART) Program in Durham, NC (Referenced by Panelist Monica Porter Gilbert at April 1, 2025, meeting)
    - Homepage: <https://www.durhamnc.gov/4576/Community-Safety>
  - Los Angeles County Board of Supervisors, Incarcerated Mentally Ill Task Force (IMITF) (Referenced by Panelists Elizabeth Reyes and Jon Larsen of LAPD at October 18, 2024, meeting)
    - Article: <https://www.latimes.com/archives/la-xpm-1992-09-22-me-1229-story.html>

- LAPD Mental Evaluation Unit (MEU) (Referenced by Panelists Elizabeth Reyes and Jon Larsen of LAPD at October 18, 2024, meeting)
  - LAPD MEU Homepage: <https://www.lapdonline.org/office-of-the-chief-of-police/office-of-special-operations/detective-bureau/detective-services-group/mental-evaluation-unit/>
  - LAPD Mental Health Intervention Training, Expanded Course Outline: [https://lapdonlinestrgeacc.blob.core.usgovcloudapi.net/lapdonlinemedia/MENTAL-HEALTH-INTERVENTION-TRAINING-1850-20911\\_110723.pdf](https://lapdonlinestrgeacc.blob.core.usgovcloudapi.net/lapdonlinemedia/MENTAL-HEALTH-INTERVENTION-TRAINING-1850-20911_110723.pdf)
- LA County Department of Mental Health, Alternative Crisis Response (Referenced by Panelists Elizabeth Reyes and Jon Larsen of LAPD at October 18, 2024, meeting)
  - Homepage: <https://dmh.lacounty.gov/our-services/acr/>
- LA County, Unarmed Model of Crisis Response (UMCR) Pilot Program (Referenced by Panelists Elizabeth Reyes and Jon Larsen of LAPD at October 18, 2024, meeting)
  - Article: <https://www.latimes.com/california/story/2024-04-05/l-a-launches-new-cahoots-style-mental-health-pilot-program#:~:text=Los%20Angeles%20officials%20%E2%80%94%20eager%20to%20ease%20the,civilians%20with%20training%20to%20respond%20to%20such%20calls>
- LA County, Psychiatric Mobile Response Team (PMRT) (Referenced by Panelists Elizabeth Reyes and Jon Larsen of LAPD at October 18, 2024, meeting)
  - Homepage: <https://dmh.lacounty.gov/our-services/countywide-services/eotd/pmrt/>
- MH (Mental Health) First: Community First Response, Anti Police-Terror Project (Referenced by Panelist Megan Buckles at September 18, 2025, meeting)
  - Homepage: <https://www.antipoliceterrorproject.org/mental-health-first>
- NorCal Services for Deaf & Hard of Hearing (Referenced by *Being Michelle* Panelists at April 1, 2025, meeting)
  - Homepage: <https://norcalcenter.org/>
- National Data Service (Referenced by Panelists Camila Bixler and Michael Bernick of AASCEND at January 17, 2025, meeting)
  - Homepage: <https://smart911.com/>
- City of Oakland, CA, Reimagining Public Safety Task Force (Referenced by Panelist Megan Buckles at September 18, 2025, meeting)
  - Homepage: <https://www.oaklandca.gov/Government/Boards-Commissions/Community-Policing-Advisory-Board/Reimagining-Public-Safety-Task-Force>
  - Report: <https://www.oaklandca.gov/files/assets/city/v/1/boards-amp-commissions/documents/cpab/oakland-rpsth-report-final-4-29-21.pdf>

- San Francisco Police Department (SFPD) Crisis Intervention Team (CIT) Program in San Francisco, CA (Referenced by Panelist Lieutenant Donald Anderson at September 18, 2025, meeting)
  - Homepage: <https://www.sanfranciscopolice.org/your-sfpd/explore-department/crisis-intervention-team-cit-program>
- STAR (Support Team Assisted Response) Program in Denver, CO (Referenced by Panelists Dr. Watson and Dr. Compton at April 1, 2025, meeting)
  - Homepage: <https://www.denvergov.org/Government/Agencies-Departments-Offices/Agencies-Departments-Offices-Directory/Public-Health-Environment/Community-Behavioral-Health/Behavioral-Health-Strategies/Support-Team-Assisted-Response-STAR-Program>
- The Modesto Police Department as a Certified Autism Center (Referenced by Witness Teresa Anderson at July 25, 2024, meeting)
  - Articles: <https://ibcces.org/blog/2024/02/15/modesto-pd/>
- Scott, *Moving Toward More Positive Interactions Between Police Officers and Persons with Disabilities* (March 2019)
  - <https://www.youtube.com/watch?v=nQqD898EaSY> (uploaded April 10, 2019) (Referenced by Witness Teresa Anderson at July 25, 2024, meeting)
- Urban Alchemy, Crisis and Incident Response through Community-Led Engagement (CIRCLE) Program (Referenced by Panelists Elizabeth Reyes and Jon Larsen of LAPD at October 18, 2024, meeting)
  - Homepage: <https://urban-alchemy.us/cities/los-angeles/>
- Ventura County, Rapid Integrated Support and Engagement (RISE) Program (Referenced by Panelist Mark Stadler at October 18, 2024, meeting)
  - Homepage: <https://vchca.org/behavioral-health/rise-program/>

## Appendix G

### California Crisis Co-response and Community/Alternative Response Programs

Name & Location	Type of model	Additional information
Psychiatric Emergency Response Team (PERT) in San Diego County, CA	Co-response (licensed MH professionals are paired with trained peace officers)	<ul style="list-style-type: none"> <li>Assess, stabilize, and either transport individuals to appropriate treatment centers or connect them to community-based services</li> <li>Funded by the County of San Diego, HHS, Behavioral Health Services</li> <li>70 teams partnered with the 11 municipal law enforcement departments throughout San Diego County</li> <li>Referrals to PERT are made through the 911 dispatch operator</li> <li>PERT services are available to any individual<sup>1</sup></li> </ul>
Co-Response Crisis Intervention Team (CCIT) in Sacramento County, CA	Co-response (consists of CIT-trained officer or deputy, licensed senior MH counselor, and peer navigator)	<ul style="list-style-type: none"> <li>A collaboration between Behavioral Health Services (BHS) and Sacramento County Law Enforcement</li> <li>Provides immediate de-escalation and referrals to mental health stabilization programs</li> <li>Integrates Peer Specialists with lived experience of mental health conditions who follow up after the crisis has passed and help to bridge trust gaps between systems and clients and to provide community resource expertise.</li> <li>Calls are routed via dispatch and communication centers<sup>2</sup></li> </ul>
Law Enforcement Teams (LET) in Los Angeles County, CA	Co-response (consists of an officer and a LACDMH mental health clinician)	<ul style="list-style-type: none"> <li>Currently active in 39 of the 46 police departments in Los Angeles County<sup>3</sup></li> <li>Includes the LA County Sheriff Department's Mental Evaluation Teams (MET)</li> <li>Sheriff deputies undergo rigorous training, completing over 750 hours in various mental health-related subjects<sup>4</sup></li> <li>Directly dispatched through 911 calls</li> <li>Works with LA County Department of Mental Health (LACDMH) and their Psychiatric Mobile Response Teams (PMRT)</li> </ul>

<sup>1</sup> PERT, CRF Behavioral Healthcare, <https://www.crfbehavioralhealthcare.org/programs/PERT/>.

<sup>2</sup> Sacramento County Co-Response Crisis Intervention Team, Sacramento County Department of Health Services, <https://dhs.saccounty.gov/BHS/Pages/Co-Response%20Crisis%20Intervention%20Team.aspx>.

<sup>3</sup> Law Enforcement Teams (LET), Los Angeles County Department of Mental Health, <https://dmh.lacounty.gov/our-services/countywide-services/eotd/let/>.

<sup>4</sup> LASD MET Fact Sheet (Apr. 2023) Los Angeles County Sheriff's Department, p. 6, [https://lasd.org/wp-content/uploads/2023/06/Transparency\\_MET\\_Fact\\_sheet\\_April2023.pdf](https://lasd.org/wp-content/uploads/2023/06/Transparency_MET_Fact_sheet_April2023.pdf).

		<ul style="list-style-type: none"> <li>• In 2019, LET served nearly 14,500 LA County residents, with 31% of these clients experiencing homelessness<sup>5</sup></li> </ul>
LACDMH's Psychiatric Mobile Response Teams (PMRT) in Los Angeles County, CA	Co-response / alternative (on its own does not involve peace officers, but may provide assistance to LET)	<ul style="list-style-type: none"> <li>• Consists of clinicians designated to perform evaluations for involuntary detention of individuals and whenever possible avoids outcomes that involve hospitalization, incarceration, or additional injury to the individual experiencing a psychiatric emergency</li> <li>• Provide information, referrals, and other kinds of alternative support</li> <li>• More than 23 entities across LA County send referrals to PMRT</li> <li>• In FY19-20, the PMRTs served more than 20,000 clients<sup>6</sup></li> <li>• Works with the Therapeutic Transportation Program (TTP) that was launched in 2021 to use unmarked vans staffed by clinical drivers, psychiatric technicians, and peer support specialists to safely transport individuals to urgent care centers or psychiatric facilities<sup>7</sup></li> </ul>
Therapeutic Transportation Program (TTP) in Los Angeles County, CA	Community / alternative response	<ul style="list-style-type: none"> <li>• Utilize specially-designed vans to respond to calls related to individuals in crisis</li> <li>• All vans are staffed with an expert team from the LACDMH and are comprised of a clinical driver, psychiatric technician, and a peer support specialist</li> <li>• Vans are designed with therapeutic interiors and staff are dressed in civilian clothes, not uniforms</li> <li>• Mental health experts should be available 24 hours a day, seven days a week in five LA Fire Stations to respond to incoming emergency calls related to an individual experiencing a mental health crisis<sup>8</sup></li> </ul>
Community Wellness and Crisis Response Team (CWCRT) in San Mateo County, CA	Co-response (peace officers and an assigned clinician respond at the same	<ul style="list-style-type: none"> <li>• Two-year pilot program that resulted in collaboration between San Mateo County, Daly City, Redwood City, San Mateo, South San Francisco, the non-profit organization Star Vista, and the research organization the John W. Gardner Center of Stanford University</li> <li>• A mental health clinician is assigned to each participating city's police department</li> <li>• Police officers and clinicians respond to behavioral health crisis calls at the same time, but separately</li> </ul>

<sup>5</sup> *Law Enforcement Teams* (Oct. 2020) Los Angeles County Department of Mental Health,

[https://file.lacounty.gov/SDSInter/dmh/1081144\\_LET\\_2020\\_DMH\\_FactSheet.pdf](https://file.lacounty.gov/SDSInter/dmh/1081144_LET_2020_DMH_FactSheet.pdf).

<sup>6</sup> *Psychiatric Mobile Response Teams (PMRT) Fact Sheet*, Los Angeles County Department of Mental Health,

[https://file.lacounty.gov/SDSInter/dmh/1081142\\_PMRT\\_2020\\_DMH\\_FactSheet.pdf](https://file.lacounty.gov/SDSInter/dmh/1081142_PMRT_2020_DMH_FactSheet.pdf).

<sup>7</sup> *Therapeutic Transportation Program Fact Sheet* (Mar. 2022) Los Angeles County Department of Mental Health,

[https://file.lacounty.gov/SDSInter/dmh/1103101\\_DMHTTFFactSheet.pdf](https://file.lacounty.gov/SDSInter/dmh/1103101_DMHTTFFactSheet.pdf).

<sup>8</sup> *id.*; see also <https://centerforhealthjournalism.org/our-work/reporting/la-promised-mental-health-crisis-response-without-cops-why-isnt-it-happening> (discussing challenges with staffing these services throughout Los Angeles).

	time, but separately)	<ul style="list-style-type: none"> <li>• Each of the 4 cities report individual data that can be accessed online, with data pertaining to the call types, actions taken, time of day, day of week, and age of the affected individual<sup>9</sup></li> </ul>
Alternative Response Unit (ARU) in City of Pleasanton, CA	Co-response	<ul style="list-style-type: none"> <li>• Non-uniformed officers trained in crisis intervention and de-escalation respond with licensed clinicians from Bonita House and other mental health organizations</li> <li>• Performs risk assessment of the situation, provides crisis intervention, and connects individuals in crisis to resources along with follow-up support</li> <li>• On top of mandatory de-escalation and crisis intervention training, staff receive additional training on mental health resources as well as the Pleasanton Unified School District’s medic first responder course</li> <li>• Has a focus on homeless outreach, in which ARU connected unhoused individuals to a variety of community resources and organizations<sup>10</sup></li> <li>• Resulted in a reduction of 47% of psychiatric holds and a placement of 50% of the city’s unhoused population into permanent or long-term housing<sup>11</sup></li> </ul>
Crisis Alternative Response of Eureka in City of Eureka, CA (CARE)	Co-response	<ul style="list-style-type: none"> <li>• Partnership between Eureka Police Department (EPD), EPD’s Community Safety Engagement Team, and Eureka’s UPLIFT program targeted towards community members experiencing homelessness</li> <li>• Staffed with mental health clinicians and case managers who respond to 911 calls and assist individuals with accessing mental health resources through patient advocacy and support</li> <li>• Additionally, provides direct street outreach to at-risk residents, provides education to destigmatize mental health treatment, and provides housing support</li> <li>• Has partnerships across different social service entities, including hospitals, to establish a closed-loop crisis care continuum plan<sup>12</sup></li> </ul>

<sup>9</sup> Community Wellness and Crisis Response Team, County of San Mateo, <https://www.smcgov.org/ceo/community-wellness-and-crisis-response-team>.

<sup>10</sup> Mental Health & Homeless Outreach, City of Pleasanton, <https://www.cityofpleasantonca.gov/our-government/police/mental-health-and-homeless-outreach/>.

<sup>11</sup> Trujano, Pleasanton receives award for police alternative response unit (Sept. 27, 2023) Pleasanton Weekly, <https://www.pleasantonweekly.com/news/2023/09/27/pleasanton-receives-award-for-police-alternative-response-unit/>.

<sup>12</sup> Crisis Alternative Response Eureka, City of Eureka California, <https://www.eurekaca.gov/768/Crisis-Alternative-Response-Eureka>.

Psychiatric Emergency Response Team (PERT) of Santa Clara County, CA	Co-response	<ul style="list-style-type: none"> <li>• Six mobile response teams to provide effective help during mental health crises</li> <li>• Offers weekday services with peace officers and clinicians riding together in plain clothes and unmarked cars</li> <li>• Accessible through the 911 system or law enforcement non-emergency line</li> <li>• When not responding to active calls, PERT conducts follow-up visits to the community or responds to referrals from law enforcement<sup>13</sup></li> </ul>
Mobile Crisis Response Team in Ventura County, CA	Community / alternative response	<ul style="list-style-type: none"> <li>• Ventura County Behavioral Health operates a crisis team 24 hours a day, 7 days a week</li> <li>• Initial support is over the phone, and in person responses will be as needed<sup>14</sup></li> </ul>
Specialized Care Unit (SCU) in City of Berkeley, CA	Community / alternative response	<ul style="list-style-type: none"> <li>• Staffed by a 3-person team consisting of a peer support specialist, a mental health clinician, and an EMT<sup>15</sup></li> <li>• Originally operated by the nonprofit Bonita House in its pilot, now transitioning to the Alameda County Behavioral Health Care Services<sup>16</sup></li> <li>• Runs seven days a week between 6 am – 4 pm</li> <li>• Conducts proactive outreach, especially in high-traffic or underserved areas, to raise awareness of available services and offer support before a crisis escalates</li> <li>• Pilot’s oversight was provided by a city-led steering committee composed of stakeholders from health, housing, and community organizations</li> <li>• Has a direct number that is completely disengaged from the centralized 911 system for residents to request SCU services<sup>17</sup></li> </ul>
M.H. First in the Cities of Oakland, CA	Community / alternative response	<ul style="list-style-type: none"> <li>• Launched by the Anti Police-Terror Project</li> <li>• Staffed by trained volunteers, many of whom are mandated reporters with a goal to replace law enforcement with unarmed</li> </ul>

<sup>13</sup> *Psychiatric Emergency Response Team (PERT) Operations Manual* (Oct. 16, 2023) County of Santa Clara Behavioral Health Services, <https://files.santaclaracounty.gov/2024-01/pert-operations-manual-10.16.23.pdf>.

<sup>14</sup> *Mobile Crisis Response Team*, Ventura County Behavioral Health, <https://hca.venturacounty.gov/behavioral-health/mobile-crisis-response-team/>.

<sup>15</sup> *Berkeley Specialized Care Unit*, Bonita House, <https://bonitahouse.org/berkeley-scu/>.

<sup>16</sup> Buddenhagen, *Specialized Care Unit: City Council Report* (Apr. 22, 2025) City of Berkeley Office of the City Manager, <https://berkeleyca.gov/sites/default/files/documents/2025-04-22%20%20%20%20Specialized%20Care%20Unit.pdf>.

<sup>17</sup> *Specialized Care Unit (SCU) Brochure*, City of Berkeley, [https://berkeleyca.gov/sites/default/files/documents/SCU%20Brochure\\_ver1.1%5B28734%5D.pdf](https://berkeleyca.gov/sites/default/files/documents/SCU%20Brochure_ver1.1%5B28734%5D.pdf).

and Sacramento, CA		<p>responders who are skilled in trauma-informed care, substance use support, and domestic violence safety planning</p> <ul style="list-style-type: none"> <li>• Emphasizes socially competent mental health services, meaning services that acknowledge and address the broader systems of racism, poverty, and criminalization that often intersect with psychiatric crises</li> <li>• Can be accessed through a direct line that is not affiliated with 911</li> <li>• Relatively small in scale and run on a volunteer basis, so is only available on limited days<sup>18</sup></li> </ul>
Mobile Assistance Community Responders of Oakland (MACRO) in Oakland, CA	Community / alternative response	<ul style="list-style-type: none"> <li>• Operated by the Oakland Fire Department</li> <li>• Currently made up of 24 responders, with response teams consisting of a Community Intervention Specialist (CIS) and an Emergency Medical Technician (EMT) to respond to 911 calls related to mental health, substance use, or general distress that are non-violent, non-criminal, and not an emergency</li> <li>• Integrated within the 911 system and also has its own direct line that residents can call</li> <li>• Operates 7 days a week between 6:30 am and 8:30 pm<sup>19</sup></li> </ul>
Street Crisis Response Team (SCRT) in San Francisco, CA	Community / alternative response	<ul style="list-style-type: none"> <li>• Deploys community paramedics, peer counselors or homeless outreach specialists, and behavioral health clinicians to crisis calls routed through the city's 911 center</li> <li>• Emphasizes rapid response, warm hand-offs to service providers, and continuity of care</li> <li>• Multi-agency initiative that operates in partnership with the Department of Emergency Management, the Fire Department, the Department of Public Health, and the Department of Homelessness and Supportive Housing</li> <li>• Operates citywide, seven days a week, 24 hours a day</li> <li>• Up to 12 operating teams, with two overnight teams<sup>20</sup></li> <li>• As of November 2025, there have been 68,507 cumulative calls for service since launch on November 30, 2020</li> <li>• 44% of cumulative engagement outcomes resulted in on-scene resolution and safety<sup>21</sup></li> </ul>

<sup>18</sup> M.H. First Community First Response, Anti Police-Terror Project, <https://www.antipoliceterrorproject.org/mh-first-oakland>, <https://www.antipoliceterrorproject.org/mh-first-sac>.

<sup>19</sup> Mobile Assistance Community Responders of Oakland (MACRO), City of Oakland, <https://www.oaklandca.gov/Public-Safety-Streets/Crime-Prevention/Mobile-Assistance-Community-Responders-of-Oakland-MACRO>.

<sup>20</sup> Street Crisis Response Team, City and County of San Francisco, <https://www.sf.gov/street-crisis-response-team>.

<sup>21</sup> Street Crisis Response Team (SCRT) Report (Nov. 2025) City and County of San Francisco, [https://media.api.sf.gov/documents/F\\_November\\_2025\\_SCRT\\_Report.pdf](https://media.api.sf.gov/documents/F_November_2025_SCRT_Report.pdf).

Crisis Care Services and Support in Nevada County, CA	Community / alternative response	<ul style="list-style-type: none"> <li>• Contracted with the Sierra Mental Wellness Group</li> <li>• Staffed by behavioral health professionals who offer 24/7 mobile response, in-person assessments, and referrals to treatment and can be accessed through a direct Crisis Triage Line</li> <li>• Operates a Crisis Stabilization Unit, a 23-hour facility with four beds, for individuals in acute psychiatric distress<sup>22</sup></li> </ul>
Mobile Crisis Response Team (MCRT) in San Diego County, CA	Community / alternative response	<ul style="list-style-type: none"> <li>• Operates 24/7 and responds to behavioral health calls when there is no known threat of violence or medical emergency</li> <li>• Teams consist of a licensed mental health clinician, a case manager, and a peer support specialist</li> <li>• Dispatched through the Access and Crisis Line or the 988 line</li> <li>• Aims to stabilize crises on-site through intervention and de-escalation, connect individuals to treatment, and provide short-term case management for up to 30 days</li> <li>• Provides transportation to appropriate services</li> <li>• Outreach and support extends to public local schools and districts<sup>23</sup></li> </ul>

<sup>22</sup> *Crisis Care Services and Support*, Nevada County Health & Human Services Agency, <https://www.nevadacountyca.gov/470/Crisis-Care-Services-and-Support>.

<sup>23</sup> *Mobile Crisis Response Teams (MCRT)*, San Diego County Behavioral Health Services, <https://www.sandiegocounty.gov/content/sdc/mcrt.html>.