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Good afternoon,

On behalf of Inland Regional Center (IRC), the Autism Society Inland Empire, and the Blue Envelope Coalition, I respectfully request that the Committee distribute the *Blue Envelope Program Statewide Research Project Report: Assessing Law Enforcement Training, Family Engagement, and Community-Informed Program Development* to all relevant participants for their review and consideration.



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Blue Envelope Program Statewide Research Project Report

Assessing Law Enforcement Training, Family Engagement, and Community-Informed Program Development

Submitted by: Inland Regional Center (IRC)

In Partnership With: Autism Society Inland Empire

In Collaboration With: Fontana Police Department, American Medical Response (AMR), San Bernardino County Fire Department, Ontario Police Department, REACH Air Medical Services

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About Inland Regional Center (IRC)

Inland Regional Center (IRC) serves as a springboard to greater independence for individuals with developmental disabilities across the Inland Empire. Since 1972, IRC has been a nonprofit organization dedicated to supporting people with intellectual disabilities, autism, cerebral palsy, and epilepsy.

Today, IRC provides case management and service coordination to more than 58,000 clients throughout Riverside and San Bernardino counties, supported by a team of over 1,500 employees. IRC is also the largest of California's 21 Regional Centers, which collectively serve more than 500,000 Californians with intellectual and developmental disabilities.

About Autism Society Inland Empire

The Autism Society Inland Empire, originally founded in 1986, began during a time when autism was still considered rare. The organization's roots trace back to Leah DeVulder, a devoted mother whose young son had recently been diagnosed. After months of searching for support and resources, Leah attended an autism conference in Long Beach. Inspired and grateful for the information she received, she became determined to help other parents in her community.

To establish an official chapter, she needed nine additional founding members, a difficult task in the pre-internet era. After months of outreach, she found eight other individuals and, with a touch of creativity, included her dog as the tenth founding "member."

In 1987, the group formally became the Autism Society of America – Inland Empire Chapter, and in 2009, it was renamed the Autism Society Inland Empire, reflecting its strong local identity and enduring commitment to families across the region.

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Disclaimer

The San Bernardino Blue Envelope Program was funded through a Language Access and Cultural Competency (LACC) grant awarded by the California Department of Developmental Services (DDS) and implemented in partnership with the Autism Society Inland Empire, the San Bernardino County Sheriff's Department, the Inland Regional Center (IRC) Client Advisory Committee (CAC), and individuals who self-identify as having an intellectual or developmental disability (I/DD) or as Deaf or Hard of Hearing (DHH) within San Bernardino and Riverside counties, regardless of their service status with IRC.

This locally developed and community-informed initiative was created to strengthen communication, enhance public safety outcomes, and promote cultural and linguistic responsiveness for individuals with I/DD, including those with autism, intellectual disability (IQ below 70), cerebral palsy, and epilepsy, as well as for members of the DHH community across both counties.

The San Bernardino Blue Envelope Program served as the cornerstone of this research project. This model stands out for its strong grounding in trauma-informed practices, its development through meaningful community partnerships, and its comprehensive training framework for individuals, caregivers, service providers, officers, and other first responders. Equally important, the program continues to evolve through consistent input from regional participants. Unlike initiatives imposed by a state agency or designed in isolation, the San Bernardino model was co-created with individuals with I/DD, members of the DHH community, families, local law enforcement, and disability advocates. This collaborative approach ensured cultural and linguistic responsiveness and fostered trust within the community, both essential factors in the program's broad adoption and long-term success.

This research project is not academic in nature and does not constitute a formal legislative evaluation. At this time, IRC does not take a position in support of or in opposition to any past, current, or proposed legislation related to the Blue Envelope concept in the State of California. Instead, this report represents applied, community-driven business research designed to inform decision-making, strengthen partnerships, and offer practical recommendations for program development. The findings draw on participant input, focus groups, and survey data, with the goal of shaping best practices, advancing equity, and supporting voluntary, trauma-informed implementation. Accordingly, the report should be regarded as an assessment of program feasibility and community needs, rather than an academic study or political position statement.

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Note: *It is extremely important to understand that the San Bernardino Blue Envelope Program is not associated with, nor similar to, Senate Bill (SB) 664. This program was locally developed through community collaboration and operates independently of legislative proposals, ensuring it remains voluntary, non-registry-based, and trauma-informed.*

The San Bernardino County Sheriff's Department served as a key partner in developing the program and continues as an equity partner in its ongoing implementation. However, the Department did not participate in the research or preparation of this report.

Although invited, the Riverside County Sheriff's Office declined to participate in the pilot, which ultimately led to the establishment of the San Bernardino model. Today, this model is being expanded across San Bernardino and into Riverside County, guided by community-based organizations and local law enforcement agencies to ensure consistent implementation, outreach, and impact.

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Executive Summary

The San Bernardino Blue Envelope Program, developed by Inland Regional Center in collaboration with the Autism Society Inland Empire and the San Bernardino County Sheriff's Department, is a voluntary, trauma-informed, and community-led initiative designed to enhance communication and safety between first responders and individuals with intellectual and developmental disabilities, including those with autism, intellectual disabilities (IQ below 70), cerebral palsy, or epilepsy. The San Bernardino model also includes individuals who are Deaf or Hard of Hearing. It is important to note that the San Bernardino model is not associated with Senate Bill 664 (Ochoa Bogh) and differs substantially in its design, purpose, and implementation.

This Statewide Research Report evaluates the feasibility of expanding the San Bernardino Blue Envelope Program model across California. A total of 367 surveys were received statewide from community members, individuals who self-identify as having an intellectual or developmental disability or who are Deaf or Hard of Hearing, families, and caregivers. In addition, 92 surveys were received from law enforcement officers, first responders, and Emergency Operations Center staff.

Furthermore, 76 individuals participated in structured focus groups, representing first responders, parents, service providers, individuals who self-identify as having an intellectual or developmental disability, individuals who are Deaf or Hard of Hearing, and representatives from community-based organizations.

Collectively, these responses demonstrate strong statewide support for a voluntary, non-registry framework that prioritizes privacy, autonomy, and trust, consistent with the San Bernardino Model of the Blue Envelope Program.

By the Numbers:

- **100%** of first responders who responded to the survey or participated in focus groups expressed support for implementing a Blue Envelope Program as a means to bridge communication gaps between individuals with intellectual or developmental disabilities and those who are Deaf or Hard of Hearing
- **93%** of first responders who responded to the survey or participated in focus groups affirmed voluntary participation as essential
- **91%** of community respondents to the survey indicated they were in favor of the Blue Envelope Program and its voluntary, non-registry model

Data Validation Statement:

All findings are based on mixed-methods research, combining survey analysis, focus group

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coding, and coalition member validation to ensure reliability and authenticity. The report reflects direct input from individuals with lived experience, law enforcement professionals, and public safety partners.

Policy Relevance:

This report provides a clear roadmap for statewide replication grounded in community partnership, privacy protection, and evidence-informed practice — offering California a tested, inclusive model for improving disability-informed public safety.

For more information, contact: community@inlandrc.org

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Introduction

This project, led by Inland Regional Center (IRC) in partnership with the Autism Society Inland Empire, and in collaboration with the Fontana Police Department, Ontario Police Department, San Bernardino County Fire Department, and American Medical Response (AMR), evaluated the feasibility and statewide applicability of a standardized Blue Envelope Program. The initiative emphasizes a model that is community-driven, informed by lived experiences, and designed to be self-implemented across California.

The San Bernardino Blue Envelope Program is designed to improve interactions between law enforcement officers and individuals with intellectual and developmental disabilities (I/DD), including autism, intellectual disability, cerebral palsy, and epilepsy, as well as those who are Deaf or Hard of Hearing (DHH). By providing tools that support clear communication and foster safety, the program works to build trust, reduce misunderstandings, and strengthen community partnerships.

Research indicates that individuals with disabilities are over seven times more likely to experience police violence. By 21, one in five autistic youth will have had contact with law enforcement, and one in twenty will have been arrested. Additionally, nearly half of children with autism will attempt to elope or wander, four times more often than their non-autistic siblings (Anderson et al., 2012; Friedman, 2021; Rouhparvar et al., 2021). This initiative was developed in response to such statistics and supported by findings that up to 25% of officer-involved shootings and 70% of fire department calls involve individuals with disabilities (Betsinger & Herritt, 2019).

The San Bernardino Blue Envelope Program model is voluntary, self-implemented, trauma-informed, privacy-preserving, and designed in collaboration with those most impacted. Rooted in lived experience, it integrates scenario-based training and is intentionally designed to be culturally responsive. Its multi-tool format includes lanyards, keychains, seatbelt covers, and other visual identifiers designed for individuals who may not drive but still navigate their communities daily, none of which require formal registration. In addition, the program provides an actual blue envelope for those who do drive, offering another visual aid to support communication during high-stress interactions, such as traffic stops.

As a grassroots initiative, the program remains inclusive, community-driven, and recognized as a promising practice with potential for replication and relevance at broader regional, state, and federal levels.

Note: *It is important to note that the signature Blue Envelope itself in the San Bernardino model is intended only for individuals who self-identify as I/DD or DHH and who drive. It is not designed for parents, caregivers, or Regional Center service providers (vendors). This*

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approach ensures that individuals who are not in a vehicle do not attempt to reach or grab an envelope during a police interaction. When an individual is in the community and not in a vehicle, other tools, such as the lanyard, bracelet, or pin, serve as visual cues for officers, helping to support safe and effective communication.

Through this research effort, IRC and the Autism Society Inland Empire sought to:

- Evaluate current training gaps among first responders;
- Understand the concerns and lived experiences of individuals with I/DD or who are DHH, as well as their families;
- Identify the necessary components of a statewide program rooted in equity; and
- Develop practical recommendations for broader implementation and evaluation.

This report summarizes the research process, presents findings, and outlines the next steps toward a scalable, data-informed, and community-trusted Blue Envelope Program across California.

Overview of the San Bernardino Blue Envelope Program

Launched in October 2024, following nearly two years of research and conversations with some of the most impacted members of the community, the San Bernardino Blue Envelope Program debuted during IRC's annual Fall Festival, engaging more than 3,000 individuals and families on its very first day.

The San Bernardino model of the Blue Envelope Program is designed to strengthen communication and interactions between law enforcement, first responders, and individuals with an I/DD, including autism, intellectual disability (IQ below 70), cerebral palsy, and epilepsy, as well as those who are Deaf or Hard of Hearing (DHH).

Developed through a collaborative partnership, the program is grounded in person-centered practices and shaped by extensive research and meaningful dialogue with impacted community members. Their lived experiences informed every aspect of the design, which is guided by the principles of accessibility, inclusion, and equitable public safety.

Purpose

The San Bernardino Blue Envelope Program, developed after two years of research and community collaboration, was created to raise awareness, build trust, and reduce the risk of miscommunication or escalation during interactions with law enforcement and first

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responders. Blue Envelope branded materials, such as lanyards, bracelets, keychains, and seatbelt covers, serve as voluntary visual cues to help bridge communication barriers.

The signature Blue Envelope itself, designed for use by individuals with I/DD or who are DHH while driving, serves as an informational tool that can be presented during interactions with emergency personnel. Each envelope contains essential documents, including identification, emergency contact information, communication preference, and condition-specific guidance, all designed to support safer, more informed, and compassionate responses.

Overview: San Diego Sheriff's Department Blue Envelope Program

The San Diego Sheriff's Department launched its Blue Envelope Program as a tool to assist individuals with autism and other developmental disabilities during interactions with law enforcement. The program provides individuals with a blue envelope containing important documents, such as identification, emergency contact information, and communication preference cards, that can be presented during a traffic stop or other encounters. The initiative emphasizes officer training, community outreach, and voluntary participation to reduce misunderstandings and improve safety outcomes.

Influence on the San Bernardino Model

The San Diego model served as an early reference point for San Bernardino's Blue Envelope Program, demonstrating the viability of a law enforcement-based accommodation system. Building on this foundation, the San Bernardino model expanded the approach by integrating a Language Access and Cultural Competency framework and prioritizing community co-creation, the adoption of best practices, a standardized training curriculum, and sustained community outreach.

The program united a diverse coalition of participants, including police departments, Regional Center vendors, community-based organizations, cultural specialists, the IRC Client Advisory Committee (CAC), fire departments, emergency medical responders, and the Offices of Emergency Services in both San Bernardino and Riverside counties. It also engaged parents, caregivers, and individuals with I/DD, autism, or who are DHH, including those not affiliated with the regional center system.

What sets the San Bernardino model apart is its trauma-informed approach, strong commitment to linguistic and cultural inclusion, and the incorporation of scenario-based training for parents, caregivers, and individuals with I/DD or who are D/HH. Unlike earlier models from other states, it intentionally avoids collecting personal data, thereby preserving participant privacy and autonomy. This holistic, system-informed approach

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reflects the unique needs of the Inland Empire and demonstrates how a locally developed, community-led initiative can evolve into a replicable model of inclusive public safety.

In addition, every officer or deputy graduating from the San Bernardino County Sheriff's Academy completes a 40-hour Crisis Intervention Training (CIT), which includes 2.5 hours focused on the characteristics of developmental disabilities and an introduction to the Blue Envelope Program. Beyond the academy, members of the Offices of Emergency Services in both San Bernardino and Riverside counties, as well as school bus drivers, local school police departments, and the San Bernardino County Probation Department, have also been trained on the characteristics of developmental disabilities and provided an introduction to the Blue Envelope Program. This broad-based training network strengthens community preparedness and ensures multiple systems of public safety and education are better equipped to respond inclusively and effectively.

Lessons from Connecticut

Gleeson, Grindle, and Gleeson (2025) published a peer-reviewed study in the *Journal of Autism and Developmental Disorders* on Connecticut's Blue Envelope Program. Their findings align closely with the goals of the San Bernardino model. However, the San Bernardino model takes a broader approach, encompassing the entire I/DD community as defined by the Lanterman Act, including individuals with autism, cerebral palsy, intellectual disabilities (IQ below 70), and epilepsy, regardless of Regional Center eligibility or service status. In addition, it extends to the DHH community and incorporates the use of lanyards, keychains, pins, bracelets, car decals, and comprehensive community-wide training and outreach.

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Blue Envelope Coalition

The Blue Envelope Coalition is a collaborative initiative aimed at enhancing communication and safety during interactions between law enforcement and individuals with I/DD or those who are DHH. The coalition unites law enforcement agencies, community organizations, and advocacy groups to implement the Blue Envelope Program throughout San Bernardino and Riverside counties.

Note: *The Blue Envelope Coalition has actively engaged and is currently in discussion with several local police departments throughout Riverside County regarding utilization of the San Bernardino Blue Envelope model and the establishment of a partnership with IRC and Autism Society Inland Empire. The Riverside County Sheriff's Office was formally invited to join the pilot project and coalition prior to its launch on September 5, 2024, but did not confirm participation.*

Participating Law Enforcement/Fire/EMS Agencies

As of November 17, 2025, the following law enforcement agencies are active participants in the San Bernardino Blue Envelope Program:

- San Bernardino County Sheriff's Department
- Chino Police Department
- Fontana Police Department
- Ontario Police Department
- Menifee Police Department
- San Bernardino County Fire Department-Office of the Fire Marshal
- Upland Police Department
- Redlands Police Department
- San Bernardino City Police Department
- American Medical Response/REACH Air Medical Services
- Riverside City Police Department
- Fontana School Police Department
- Barstow Police Department
- San Bernardino County Fire Department

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- Colton Police Department
- Rialto Police Department
- Riverside City Fire Department
- Ontario City Fire Department

Community Partners

The coalition also includes several community organizations that support the program's implementation and outreach efforts:

- Autism Behavior Services
- San Bernardino County Department of Behavioral Health
- Bridging Voices- Interpretation Services
- Department of Developmental Services
- Chino Hills City Manager's Office
- Autism Society Inland Empire
- Autism Spectrum Therapies
- In-Roads Creative Programs Inc.
- Inland Empire Autism Assessment Center of Excellence
- Inland Regional Center Client Advisory Committee
- Rock'n Our Disabilities Foundation
- United Cerebral Palsy of the Inland Empire
- Chasing 7 Dreams
- Ontario City Hall
- Ontario City Library

These partners contribute to the program by providing resources, training, and support to both law enforcement personnel and community members.

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Lessons Learned from the San Bernardino Blue Envelope Program

- 1. Community Collaboration:** Success relies on strong partnerships with families, law enforcement, individuals who self-identify as I/DD or DHH, advocacy groups, and culturally responsive organizations. By co-designing the program with these participants, the initiative fosters trust, strengthens credibility, and ensures lasting community impact.
- 2. Voluntary Participation:** There is no requirement for registration, tracking, or disclosure. Families and individuals maintain full control of use, protecting both dignity and privacy.
- 3. Training Matters:** Scenario-based training with input from individuals with I/DD or DHH builds empathy, communication skills, and safer interactions.
- 4. Clear Visual Tools:** Lanyards, seatbelt covers, decals, bracelets, keychains, and envelopes act as quick non-verbal cues, reducing risk and miscommunication.
- 5. Cultural & Linguistic Competency:** Inclusive materials, interpreters, and translations (Spanish, ASL, low-frequency languages) are non-negotiable for equity.
- 6. Case Studies Drive Change:** Real incidents highlight risks of miscommunication and help shape policy reform without blame.
- 7. Continuous Feedback:** Refinements based on officer and community input keep the program relevant and effective.
- 8. Local Adaptation:** Core elements can be replicated, but local communities must shape their own approaches based on cultural and linguistic needs.
- 9. Building Trust Takes Time:** Consistency, accountability, and shared outreach build sustainable relationships.
- 10. Officer Safety:** Designed with law enforcement input to ensure officers feel safe, supported, and equipped.
- 11. Center Lived Experience:** Program must prioritize voices of I/DD and DHH individuals over politics or personal bias.
- 13. Language Matters:** Respectful, person-centered language affirms dignity and builds trust.

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Case Studies

From the perspective of the Blue Envelope Program, case studies are essential tools for understanding the real-world challenges encountered during interactions between law enforcement and individuals with I/DD or those who are DHH. These narratives are not shared to assign blame, but to foster reflection, spark dialogue, and drive action.

The Autism Society Inland Empire and IRC recognize that case studies highlight the urgent need for continuous training, improved communication practices, and policies grounded in person-centered, trauma-informed approaches. Each example reveals systemic shortcomings while illustrating how collaborative, community-driven initiatives, such as the San Bernardino Blue Envelope Program, can close gaps and advance more inclusive public safety.

By examining these encounters through a lens of compassion, cultural humility, and accountability, IRC and Autism Society Inland Empire case studies to guide ongoing program development. These real-life examples serve as both lessons and benchmarks, reinforcing our shared commitment to a public safety system where every individual is recognized, respected, and understood.

Ryan Gainer

In March 2024, 15-year-old Ryan Gainer, a Black teenager on the autism spectrum, was fatally shot by law enforcement in Apple Valley, California. The incident began as a household disturbance in which Ryan, while in crisis, damaged property. When deputies arrived, he emerged holding a gardening tool, and within moments was shot and killed (Levin, 2024).

His death sparked widespread concern from disability advocates, civil rights leaders, and community members. Many called for greater use of crisis intervention teams and stronger training for officers in de-escalation and mental health response. The case also highlighted systemic concerns about how police interact with individuals with developmental disabilities, particularly youth of color (Center for Public Representation, 2024).

Arnaldo Rios Soto

In 2016, an encounter in North Miami, Florida, brought national attention to the risks faced by individuals with autism during police interactions. Twenty-six-year-old Arnaldo Rios Soto had wandered from his group home carrying a toy truck. A bystander mistakenly reported the object as a firearm, prompting officers to respond as if he were armed. Although no weapon was present, police treated the situation as a threat and opened fire, escalating what could have been resolved peacefully (Musa, 2022). During the incident, Soto's support worker, Charles Kinsey, lay on the ground with his hands raised, repeatedly

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explaining that Soto posed no danger. Despite his warnings, an officer discharged his weapon, striking Kinsey in the leg (Pattini & Quinn, 2018).

Ethan Saylor

On January 12, 2013, Ethan Saylor, a 26-year-old man with Down Syndrome, lost his life after a confrontation with off-duty deputies at a Maryland movie theater. Saylor had just finished watching *Zero Dark Thirty* and wanted to stay for another show without purchasing a second ticket. When theater staff asked him either to leave or buy another ticket, he became distressed and refused to move. Security was then called, and off-duty officers working at the theater stepped in (Greenspan, 2013).

Although his support aide urged officers not to intervene forcefully, they attempted to remove Saylor from his seat. During the struggle, he was held face-down, a restraint that caused him to develop breathing problems and ultimately die from asphyxiation. The case is frequently cited as a tragic example of how a lack of disability-informed crisis response can result in preventable deaths.

While the Blue Envelope Program cannot undo past tragedies, it was created because of cases like these. Each of these incidents reflects failures in:

- Recognizing intellectual or developmental disabilities in real-time
- Communicating effectively with caregivers or support staff
- Using escalation tactics instead of person-centered engagement
- Understanding the characteristics and behavioral cues associated with I/DD and autism

Both IRC and the Autism Society Inland Empire recognize that officer safety is paramount and acknowledge that, despite best efforts, some interactions may still have challenging or unintended outcomes. The San Bernardino Blue Envelope Program combines visual identifiers, scenario-based law enforcement training, and community-led development to

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offer practical, real-world solutions that help reduce the likelihood of negative outcomes during future encounters.

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Prior Research Overview Conducted by IRC and Autism Society Inland Empire

Crisis Intervention Focus Groups

In 2022 and 2023, IRC, in collaboration with Autism Society Inland Empire, conducted focus groups to better understand the lived experiences of families facing crisis situations involving individuals with I/DD. This initiative was prompted by a rise in crisis-related incidents, limitations in existing quantitative data, and a critical need for person-centered insight into the challenges family's encounter.

Key Themes Identified

1. Inadequate Pre-Crisis Interventions: Families expressed significant frustration with the lack of accessible early intervention services, difficulty navigating support systems, and limited availability of appropriate respite care.

2. Lack of Crisis-Responsive Services: Participants emphasized the urgent need for non-law enforcement alternatives during crises, including the creation of crisis stabilization centers and transitional housing options that are specifically equipped to support individuals with I/DD.

3. Systemic Failures and Gaps in Coordination: Families described inconsistencies across Regional Centers, extended waitlists, and being burdened with locating crisis services on their own—often during high-stress, critical situations.

Recommendations

The focus group produced a series of short- and long-term recommendations aimed at strengthening the crisis response system for individuals with I/DD:

- Develop and maintain a network of providers equipped to support adults with severe behavioral challenges
- Establish clear protocols at Regional Centers for proactive engagement with families experiencing behavioral crises
- Enhance data collection on severe behaviors and track outcomes related to service delivery
- Create I/DD-specific mobile crisis units and explore the development of inpatient neurobehavioral facilities modeled after nationally recognized programs

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Police Interaction Research Project

In 2023 and 2024, IRC, in collaboration with key community partners including Autism Society Inland Empire, initiated a comprehensive research project to examine the interactions between law enforcement, crisis response teams, and individuals with I/DD. This effort aimed to elevate the voices of individuals and families within the I/DD community and address long-standing concerns around safety, communication, and systemic response during crisis situations.

The initiative utilized six virtual focus groups, an online survey, and a follow-up member-checking session to collect both qualitative and quantitative data from individuals served, caregivers, and families throughout Riverside and San Bernardino counties.

Key Findings – Focus Groups and Survey

Seven central themes emerged from participant feedback:

1. **Insufficient Training for Law Enforcement:** Officers often lacked the necessary training to recognize signs of I/DD or to de-escalate situations safely and effectively.
2. **Negative Interactions and Disrespect:** Families recounted experiences of being treated dismissively or aggressively during police encounters.
3. **Communication Challenges:** Participants highlighted a critical need for non-verbal communication tools and better use of Augmentative and Alternative Communication methods.
4. **Lack of Empathy and Patience:** Many families stressed the importance of trauma-informed, respectful engagement, particularly during high-stress incidents.
5. **Need for Proactive Engagement:** Participants called for regular, positive interactions between law enforcement and the I/DD community to build familiarity and trust outside of crisis contexts.
6. **Caregiver Burden:** Families often act as de facto intermediaries between systems but report feeling unsupported, particularly in navigating crisis response resources.
7. **Systemic Inconsistencies:** Inconsistent policies, practices, and levels of responsiveness across agencies contribute to gaps in care and reduced safety for individuals with I/DD.

Recommendations

To address these findings, the report outlines several key action steps:

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For Law Enforcement and Crisis Teams:

- Implement comprehensive training in de-escalation, disability awareness, and cultural humility.
- Establish ongoing community outreach and engagement efforts to build familiarity and reduce fear.
- Integrate accessible communication strategies, including Augmentative and Alternative Communication tools and visual aids into standard response protocols.
- Develop formalized crisis response protocols in partnership with Regional Centers to ensure coordinated, person-centered interventions.

Common Themes Between Research Projects

Based on the data from both focus group reports and the survey conducted by IRC, the following themes consistently emerged regarding the experiences of individuals and their families during crisis interactions:

- 1. Lack of Training Among Law Enforcement & Crisis Teams:** Law enforcement officers often lack the specialized training needed to recognize, communicate with, and de-escalate individuals with I/DD or co-occurring conditions.
- 2. Negative or Traumatic Interactions with Police:** Many families shared accounts of rigid, aggressive, or dismissive behavior from officers, escalating already stressful situations.
- 3. Severe Communication Barriers:** Individuals with I/DD often rely on non-verbal communication. Officers unfamiliar with Augmentative and Alternative Communication devices, gestures, or sensory behaviors may misinterpret actions as noncompliance or threat.
- 4. Systemic Gaps & Inconsistent Support:** Across both reports, participants expressed a lack of proactive, coordinated support across systems (law enforcement, Regional Centers, crisis teams, Applied Behavior Analysis (ABA) providers, and mental health services), particularly before and after a crisis.
- 5. Caregiver Burden and Isolation:** Caregivers reported being expected to “find their own” services during a crisis and frequently felt abandoned or unsupported by agencies designed to help them.

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- 6. Need for Ongoing, Proactive Community Engagement:** Participants emphasized the importance of building relationships between the I/DD community and public safety professionals outside of crisis moments.

How the San Bernardino Blue Envelope Program Addresses These Themes:

The San Bernardino Blue Envelope Program directly addresses these challenges through the following mechanisms:

Theme	Blue Envelope Alignment & Support
1. Lack of Training	All participating agencies are offered comprehensive training that covers I/DD awareness, proper use of the Blue Envelope, communication strategies for individuals who are DHH.
2. Negative Police Interactions	By providing individuals with tangible, visible tools, such as lanyards, bracelets, pins, keychains, car decals, and seatbelt covers, the program helps shift interactions from reactive to supportive, lowering the risk of miscommunication and reducing the likelihood of escalation.
3. Communication Barriers	The Blue Envelope and associated materials include symbols, emergency instructions, and contact info designed to aid non-verbal or minimally verbal individuals. Officers are trained to recognize and appropriately respond to these cues.
4. Systemic Gaps	While the program does not replace a systemic overhaul, it acts as a bridge, offering law enforcement, crisis responders, and families a shared framework to navigate high-stress interactions more safely.
5. Caregiver Burden	Families report that the Blue Envelope provides them with a self-implemented proactive tool to prepare for crises, offering some peace of mind that their loved one's needs and communication style will be recognized.
6. Community Engagement	The program includes ongoing outreach efforts—such as vendor training, community presentations, offering ride-a longs—that build familiarity and trust between officers and the I/DD community. It encourages relationship-building before emergencies occur.

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The Blue Envelope Program is not a standalone solution, but it is a practical, community-driven initiative that supports many of the needs and concerns raised by families and individuals with I/DD. By addressing training, communication, and preparedness, it fosters safer, more respectful interactions during moments that matter most.

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The Importance of the Blue Envelope Program and Culturally Responsive Collaboration

The San Bernardino Blue Envelope Program represents a critical step toward fostering safer, more inclusive interactions between public safety personnel and individuals with I/DD and those who are DHH. Developed through deep community collaboration, the program reflects a shared commitment to equity, safety, and understanding.

Partnerships with local law enforcement agencies, service providers, and advocacy organizations have been essential to the success of this initiative. These collaborations ensure that the program is not only effective in practice but also grounded in the lived experiences and needs of the communities it serves.

To support equitable access, IRC provides promotional materials and brochure translation services to partnering agencies through dedicated LACC grant funding. Language-accessible materials are a foundational priority of the program, reinforcing the belief that every individual, regardless of language, culture, or ability, deserves the same level of access, dignity, and protection.

Cultural responsiveness and linguistic competence are not optional, they are essential. Through intentional outreach, inclusive training, and accessible materials, the San Bernardino Blue Envelope Program serves as a powerful example of what is possible when communities unite to develop solutions that honor and reflect the diverse needs of those they serve.

Key Milestones of San Bernadino County Blue Envelope Program

Inland Regional Center Vendor Training

The IRC Vendor Blue Envelope Training is designed to equip service providers with the knowledge and tools needed to support individuals with an I/DD during community outings and emergencies. This training covers the purpose of the Blue Envelope Program, how to effectively use the materials, and best practices for responding to law enforcement or emergency situations. Vendors gain practical strategies to promote safety, communication, and understanding, ensuring they can advocate for and protect the individuals they serve in a person-centered and trauma-informed manner.

Officer Training and Awareness

The Blue Envelope officer training is a critical component in building safer, more informed interactions between law enforcement and individuals with I/DD. Integrated into San Bernardino County's Department of Behavioral Health Crisis Intervention Team curriculum for new academy graduates, this training is delivered by certified instructors from IRC, all of

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whom have completed the Academy Instructor Certificate Course (AICC)—in close partnership with a San Bernardino County Sheriff's Department master trainer.

The curriculum equips officers with practical knowledge on recognizing the characteristics of intellectual disabilities, autism, cerebral palsy, and epilepsy, while also introducing the Blue Envelope as a voluntary, community-based resource designed to support individuals during encounters with law enforcement. By emphasizing empathy, inclusion, and trauma-informed practices, the program ensures that officers are prepared to respond effectively and respectfully in high-stress situations, strengthening trust between law enforcement and the community they serve.

Office of Emergency Services, Red Cross Shelter Staff Training

As part of the training developed, IRC provides instruction to the San Bernardino County Office of Emergency Services, the Riverside County Emergency Management Department, and Red Cross shelter staff. This training is a vital component in fostering safer and more informed interactions between emergency personnel and individuals with I/DD during natural or human-made disasters.

The program focuses on recognizing the characteristics of intellectual disabilities, autism, cerebral palsy, and epilepsy; understanding how individuals may react in a crisis; and learning how to identify and respond appropriately. It also introduces the Blue Envelope as a tool to support individuals during shelter operations and emergency response.

Note: Similar training has also been developed and delivered for fire departments and emergency service personnel, including AMR.

Strong Partnerships

The Blue Envelope Program has emerged as a powerful tool for strengthening community relationships and fostering trust between law enforcement officers, individuals with I/DD, and members of the DHH community. Through meaningful partnerships with local agencies, nonprofits, and Regional Center vendors, the program has created a platform for collaboration, education, and mutual understanding. By prioritizing culturally responsive outreach and inclusive training, the initiative has helped break down barriers, reduce stigma, and foster safer interactions during emergency situations. Officers are better equipped to recognize and respond to the unique needs of individuals with I/DD, while families and service providers feel more confident that their loved ones will be treated with dignity and respect. This shared commitment to communication, empathy, and preparedness has led to stronger community bonds, more informed policing practices, and a renewed sense of safety and inclusion for some of the most vulnerable members of our community.

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Emerging Best Practices

Developed by IRC in partnership with Autism Society Inland Empire, the Emerging Best Practices document provides standardized guidance for the voluntary, person-centered implementation of the Blue Envelope Program by Blue Envelope Coalition members and individuals who self-identify as having an I/DD or who are DHH. It emphasizes consistent branding, usage, and training to promote clarity, trust, and program fidelity across jurisdictions. The document also highlights optional communication tools, such as seatbelt covers, lanyards, bracelets, keychains, pins, and car decals, that empower individuals while preserving their privacy and autonomy.

To preserve the program's integrity and effectiveness, agencies and community partners are encouraged to follow these guidelines when implementing or adapting the Blue Envelope Program within their regions.

Note: Agencies interested in the full *Emerging Best Practices* document may request a copy by emailing community@inlandrc.org. Access is contingent upon a signed MOU outlining appropriate use and adherence to the program's core values—voluntary participation, accessibility, privacy, and equity in implementation.

Training Curriculum

The Blue Envelope Program training curriculum is a comprehensive, community-driven model created to strengthen communication, build trust, and promote safety during interactions between law enforcement and individuals with I/DD and/or those who are DHH. Created in partnership with IRC cultural and linguistic staff, the IRC Client Advisory Committee, law enforcement, emergency responders, and community advocates, the curriculum is built around real-life scenarios and shaped by person-centered, trauma-informed practices.

This 3–4-hour session is tailored for law enforcement personnel, individuals with disabilities, caregivers, and community members. It includes indoor and outdoor interactive components, such as traffic stop simulations, AAC device usage, and first responder role-play scenarios. These exercises are reinforced with visual tools, multilingual interpretation, and guidance from individuals with lived experience.

The curriculum emphasizes:

- Voluntary participation and a strong focus on individual safety
- Communication equity, including access to AAC tools and Deaf-friendly accommodations

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- Understanding the law enforcement perspective and applying best practices for safe, effective interactions
- Proper use of Blue Envelope tools, such as lanyards, decals, and communication cards
- Clear boundaries of the program, it is voluntary, not a registry, self-implemented by the individual or family, and not intended as a legal exemption or “get out of jail free” card

Each training course concludes with a panel discussion, Q&A, and the distribution of Blue Envelope materials and resource guides.

Note: Agencies interested in accessing the full Blue Envelope Program Training Curriculum may request a copy by emailing community@inlandrc.org. Release of the curriculum is subject to an agreement regarding appropriate use and adherence to the program’s core values, including voluntary participation, accessibility, privacy, and equity in implementation through a MOU.

Video Library

The Blue Envelope Video Library is a person-centered, educational resource developed by IRC’s Client Advocates in collaboration with IRC’s DHH Specialist and key members of the Blue Envelope Coalition. Designed to reflect real-life experiences and diverse perspectives, the video series features scenarios and guidance tailored to the needs of individuals with I/DD and those who are DHH. Each video aims to enhance understanding, promote self-advocacy, and support law enforcement and first responders in creating more inclusive, respectful interactions. By centering the voices of those directly impacted, this resource not only raises awareness but also serves as a training tool for agencies seeking to adopt person-centered practices rooted in empathy, accessibility, and safety.

Note: Agencies interested in using the video library for training or marketing purposes may submit a request by emailing community@inlandrc.org. Access to the videos is contingent upon an agreement that ensures appropriate use and adherence to the program’s core values and intended purpose through a MOU.

Bridging the Gap: Law Enforcement and the Autism/IDD Community Summit- A Blue Envelope Coalition Collaboration

On July 31, 2025, IRC, Autism Society Inland Empire, and the San Bernardino County Sheriff’s Department co-hosted the *Bridging the Gap: Law Enforcement and the Autism/IDD Community Summit*, made possible through LACC funding from DDS. The event brought together 62 representatives from 21 law enforcement agencies, alongside

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members of the I/DD and DHH communities, to strengthen collaboration and improve public safety outcomes. The summit featured panel discussions, scenario-based conversations, curriculum reviews, and community dialogues, producing actionable recommendations. Key themes included the need for concise, accessible training—preferably online and self-paced—supplemented by microlearning tools such as ASL “word of the day” modules. Law enforcement emphasized integrating disability-related content into Police Officer Standards and Training (POST) and academy training, building stronger community policing models, and expanding initiatives like the Blue Envelope Program and Regional Center Specific Crisis Intervention Teams. Community members called for more proactive partnerships, culturally inclusive events, ongoing communication, and equitable access to resources, especially in underserved areas. A major outcome was the recommendation to establish a multidisciplinary committee of law enforcement, clinical professionals, and community leaders to ensure sustained collaboration, accountability, and innovation. The summit laid the foundation for lasting, inclusive practices that foster safety, trust, and mutual understanding between law enforcement and the disability community.

Outcomes of San Bernardino County Blue Envelope Program

- Over 4,000 public safety professionals trained, including officers, dispatchers, EOC staff, EMS personnel, and shelter staff.
- More than 20,000 Blue Envelope branded items have been distributed through IRC, Autism Society Inland Empire events, and local police departments. These materials were deployed only after training events, during community outreach efforts, and following a detailed conversation with a member of the Blue Envelope Coalition to ensure consent and a clear understanding of the program.
 - *The distribution of materials does not necessarily indicate successful implementation of the program. While more than 20,000 Blue Envelope branded items have been shared, the true measure of success lies in consistent training, adoption, and proper use by both the community and law enforcement—as well as each individual’s ability to make an informed decision based on their unique needs.*
- Enhanced trust and communication between the disability community and public safety agencies.

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Opposition to the San Bernardino Blue Envelope Program

Rolling Start; a nonprofit Center for Independent Living, expressed opposition to the San Bernardino Blue Envelope Program based on concerns that it could function as a de facto registry for individuals with disabilities. Although the program is designed to be voluntary and does not store personal information in any database, the organization raised theoretical concerns about potential misuse or future mandates that could compromise individual privacy. Their stance reflects a broader caution within parts of the disability community about any initiative that might unintentionally lead to identification, tracking, or stigmatization of individuals with disabilities.

During the research phase of the Blue Envelope's development, which included surveys, focus groups, and community meetings, Rolling Start was the sole organization to voice opposition to the San Bernardino Blue Envelope model.

On August 19, 2025, IRC contacted Rolling Start via email to request an official stance on the San Bernardino Blue Envelope Program. As of the release of this report, Rolling Start has not provided a response.

Privacy Assurance

In the San Bernardino Blue Envelope Program, at no time are individuals served, caregivers, or parents asked to enter personally identifying information into any database as part of the Blue Envelope Program. Participation is entirely voluntary, and all materials are self-managed and remain in the possession of the individual or their family.

This stands in sharp contrast to registering for a disability placard or license plate through the Department of Motor Vehicles (DMV), which requires submitting personally identifying information and medical certification from a licensed healthcare provider. The DMV maintains this information in its records, and the process results in publicly visible identifiers, such as placards or disabled license plates, that may indirectly signal a person's disability status to others.

The Blue Envelope Program, by design, protects privacy, preserves autonomy, and avoids unnecessary data collection. It reflects a trauma-informed and person-centered approach, allowing individuals to disclose their disability status only when they choose, and only in situations where it supports safety, understanding, and effective communications such as during emergencies or law enforcement interactions.

Self-Implementation and Autonomy

While visible identifiers such as lanyards, bracelets, or decals may draw attention and risk contributing to stigma, the San Bernardino model was designed with safeguards to

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minimize this concern. The program is voluntary, self-implemented, and non-registry-based, giving individuals and families full control over when, where, and how to use the tools, or to choose not to use them at all. This flexibility preserves autonomy while addressing important safety needs.

Stigma must also be considered in the broader context of disability visibility. Many disabilities are already apparent through adaptive devices (e.g., wheelchairs, walkers, hearing aids), handicap placards, or observable behaviors such as stimming or echolalia. In this sense, Blue Envelope tools operate similarly to existing supports: they signal a need for understanding and safety, without defining or diminishing the individual. When paired with officer training and community outreach, these tools are more likely to be recognized as proactive safety measures rather than stigmatizing labels.

Self-implementation further ensures choice in different settings. For example, one participant in scenario-based training explained that he wore his Blue Envelope lanyard at the mall because he was concerned about how law enforcement or security might interpret his stimming behaviors in public. At school, however, where he felt supported, he chose not to wear it. His experience demonstrates how self-implementation empowers individuals to make context-based decisions that balance comfort, safety, and autonomy, reflecting the program's commitment to dignity, privacy, and community empowerment.

To confirm these principles in practice, IRC conducted a “secret shopper” test across Blue Envelope Coalition partner sites. Individuals posing as community members requested information and materials both in person and by phone. At no point were they asked to provide personal details, disclose a diagnosis, or complete a registration form. Materials were consistently provided without question, validating that the San Bernardino model protects privacy and autonomy while upholding trauma-informed and person-centered values.

Victimization Risks and Disability Indicators

Available research does not show a direct link between the Blue Envelope program and individuals being targeted for crime. However, broader studies on disability and victimization offer useful context. Data from the U.S. Bureau of Justice Statistics show that people with disabilities experience higher rates of victimization than those without disabilities, particularly individuals with cognitive impairments (Harrell, 2021).

Some reports also note that assistive devices and other visible indicators of disability may increase perceptions of vulnerability. In certain cases, perpetrators have interfered with or exploited those devices during abuse (Office for Victims of Crime, 2018; Petersilia, 2001). Recent research further indicates that individuals who use mobility aids or other assistive

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devices often report feeling more vulnerable to being targeted (Munroe et al., 2024). While these findings highlight risks linked to visible identifiers, no evidence suggests that voluntary, self-implemented tools like the Blue Envelope have created additional crime risks. Concerns remain largely theoretical or perception-based rather than supported by documented incidents.

Key Distinctions of the San Bernardino Blue Envelope Program

- **Self-Implemented/Situational Use:** Unlike placards or adaptive equipment, Blue Envelope materials, such as the envelope itself or lanyards, etc., are presented only during specific interactions (e.g., traffic stops or police contact). Their use is fully controlled by individuals with I/DD or those who are DHH, preserving privacy while ensuring critical communication tools are available when needed most.
- **Low Misuse Risk:** Unlike handicap placards, which are sometimes misused for convenience or financial benefits, the Blue Envelope has no such incentive. Its sole purpose is to improve safety and communication, making fraud or abuse unlikely.
- **Cross-Training Approach:** A defining feature of the program is its comprehensive training model:
 - **First Responders:** Law enforcement, EMS, dispatchers, and shelter staff receive scenario-based, person-centered training on disability awareness, communication strategies, and respectful engagement.
 - **Parents and Caregivers:** Families are trained on how to prepare and use the Blue Envelope materials, ensuring they understand its purpose and can advocate during emergency interactions.
 - **Individuals with I/DD or who are DHH:** Participants learn their rights, how and when to present the envelope, and strategies for effectively communicating their needs during high-stress encounters.

While tools like placards, adaptive devices, and accessible parking supports are essential for daily navigation and independence, they are also public-facing and can inadvertently expose individuals to stigmatization, unwanted attention, or even criminal targeting. By contrast, the Blue Envelope Program offers a discreet, voluntary, and context-specific alternative. Through its emphasis on privacy, dignity, and preparedness, and its multi-tiered training for first responders, caregivers, and individuals, the program helps reduce misunderstandings, promotes safer outcomes, and strengthens community trust.

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By empowering individuals with disabilities to self-identify, the Blue Envelope supports autonomy and fosters inclusive, trauma-informed responses that respect the unique needs of each person during emergency situations.

Statewide Proposal and Community Feedback

A statewide Blue Envelope Program, SB 664, was previously proposed in California to support individuals with “disabilities” during interactions with law enforcement. While the proposal received support from some law enforcement agencies, it did not gain the backing of several key disability advocacy organizations, parents, caregivers, or members of the I/DD and DHH communities.

The insights summarized below are drawn from extensive community engagement activities, including outreach events, public input sessions, focus groups, and a review of public statements made during trainings, presentations, and related forums. Across these settings, participants consistently expressed concerns related to privacy, autonomy, and the degree of community involvement in shaping the legislation.

Concerns with DMV as Program Administrator

1. **Privacy Risks:** DMV databases contain sensitive personal information. Adding disability-related data could create the perception of a registry, discourage participation and raising concerns about potential misuse or unintended disclosure.
2. **Community Trust:** Local models in San Bernardino and San Diego were cited as effective because they are community-driven. Transitioning oversight to a state agency with limited connection to I/DD and DHH communities may reduce credibility and community engagement.
3. **Accessibility:** DMV services primarily reach drivers, yet many individuals with I/DD or who are DHH do not drive. A DMV-led program could exclude pedestrians, cyclists, and public transit users, limiting program accessibility.
4. **Training Capacity:** Participants noted that DMV does not currently provide trauma-informed or scenario-based training. Without these components, the program risks becoming administrative rather than relationship based.
5. **Duplication and Disruption:** In areas where strong local partnerships already exist (e.g., collaborations between Regional Centers and law enforcement), a DMV-administered system may overlap with or unintentionally weaken grassroots initiatives.

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While participants acknowledged the value of statewide consistency, they also emphasized that DMV administration could compromise privacy, accessibility, and trust. Community feedback suggested that a stronger approach would involve community-based agencies and Regional Centers co-leading the initiative alongside law enforcement, ensuring that the program remains person-centered, voluntary, and informed by lived experience.

Concerns Raised by Community Participants

These concerns reflect recurring themes of privacy, scope, resources, and cultural sensitivity, which emerged across multiple engagements.

1. Parent Concern: Privacy and Data Security: A parent of an adult IRC client with ASD voiced concerns about privacy in connection with the proposed legislation. She noted that the bill required the DMV to print and distribute blue envelopes containing communication tools and personal information, including accommodation needs and emergency contacts. She emphasized that, without intentional outreach and education, such an approach could inadvertently foster distrust and be perceived as a registry, discouraging participation. Additionally, she raised concerns that housing the program within the DMV could undercut local progress by law enforcement and the I/DD community, duplicating efforts and weakening community trust built through local, collaborative models.

2. Parent Concern: Resources and Training: Concerns were also raised about insufficient funding to support a meaningful rollout. One grant program administrator noted that a successful Blue Envelope Program relies on more than materialism requires robust, trauma-informed training for law enforcement, community outreach, and culturally responsive implementation. Without proper infrastructure, the program risked being ineffective or inaccessible to those who would benefit most.

3. Law Enforcement Concern: Limited Scope: Law enforcement professionals expressed concern that the bill's focus on drivers was too narrow. They recommended that the program also support pedestrians, cyclists, and transit riders with disabilities, many of whom also engage with law enforcement. This broader scope would better reflect real-world interactions and improve safety outcomes across contexts.

Note: While no public data is available on how many Regional Center clients hold a driver's license, it is widely understood that only a small percentage are licensed due to cognitive, physical, or sensory challenges and their reliance on alternative transportation. The prospect of the DMV being directly involved, along with its established processes for collecting and storing sensitive information (such as driver's licenses, license plates, and state identification cards), has reinforced community fears that the program could be

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perceived as, or inadvertently function as, a registry. These fears are amplified by historical experiences where data collection tied to disability status has been misused, raising concerns that such information could one day be applied in ways that stigmatize, institutionalize, or otherwise single out individuals with disabilities. The possibility of disability-related data being linked to state-managed identification systems heightens the community's apprehension about privacy, autonomy, and long-term safeguards.

4. Disability Rights California (DRC): On April 8, 2025, DRC formally opposed SB 664 in a letter to Senator Ochoa Bogh. Subsequently, DRC's public statement on its website describes the bill as one that "would create a statewide DMV program where disabled individuals carry a blue envelope to disclose their condition during police encounters" (*Disability Rights California*, 2025).

That description may be misleading, insofar as it conveys a sense of compulsion that the bill does not impose. The statutory text of SB 664 provides that the DMV shall provide, upon request, a blue envelope to individuals with "disabilities" or their guardians; it does not require that any individual carry or present the envelope in any encounter (Cal. Sen. Bill No. 664, 2025, § 13009(b)).

The bill's stated purpose is to offer an optional communication tool to facilitate clearer and safer interactions between law enforcement and individuals with disabilities, not to mandate disclosure or participation.

While DRC's quoted language acknowledges voluntariness ("It's voluntary, for now"), its framing—"carry ... disclose their condition"—implicitly equates the program with mandatory disclosure (*Disability Rights California*, 2025). Such phrasing risks confusing the public about the scope and nature of the program. It raises the possibility that the envelope could evolve into a de facto registry or become tied to law enforcement databases, which would warrant scrutiny.

To maintain credibility and promote effective advocacy, DRC should consistently use language that aligns with the statutory text—such as "upon request," "optional," and "voluntary"—and avoid terminology that implies compulsion or enforcement. Clear and accurate messaging is essential to ensure that individuals with disabilities, policymakers, and the public fully understand both the intent and limitations of any Blue Envelope program or related legislation. This approach also helps ensure that individuals and families can make informed, unbiased decisions based on their unique needs and circumstances.

DRC has not published any findings from surveys, focus groups, or town hall meetings specific to the Blue Envelope Program. During a meeting with IRC on September 17, 2025,

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convened specifically to review the San Bernardino Blue Envelope Program, which differs substantially from SB 664 and is not affiliated with it, DRC confirmed that it had not conducted any targeted research or outreach related to the program. DRC representatives noted that while the topic had emerged in broader community discussions, no formal data collection or analysis had been undertaken.

However, during the SB 882 meeting on September 18, 2025, DRC reported that it had spoken with approximately 100 individuals statewide regarding the Blue Envelope concept. On September 22, 2025, DRC further clarified that these conversations were held with organizations, individuals with disabilities, and family members about public safety more broadly. Within those discussions, some participants expressed apprehension toward the idea of a statewide Blue Envelope program, including Senator Ochoa Bogh's proposal under SB 664, and indicated a preference for alternative, community-based approaches to improving safety and communication.

Based on the information provided, the sample size and methodology reported by DRC cannot be considered reliable or methodologically sound. DRC indicated that while the Blue Envelope Program had been discussed in broader community conversations, no targeted research, structured surveys, or formal focus groups specific to the program were conducted. The reference to approximately 100 individuals statewide appears to reflect informal discussions with organizations, individuals with disabilities, and family members about public safety in general rather than systematic data collection about the Blue Envelope Program itself.

Without a defined sampling strategy, validated instruments, consistent facilitation, or published findings detailing participant demographics and data analysis, the results cannot be generalized or deemed representative. According to research best practices, convenience or anecdotal samples, particularly those lacking methodological transparency, pose significant risks of bias and cannot be used to draw evidence-based conclusions (Etikan et al., 2016; Creswell & Poth, 2018; Lincoln & Guba, 1985; Levitt et al., 2018). Therefore, while these conversations may offer contextual insights into public perceptions, they should not be treated as empirical findings or reliable indicators of statewide sentiment regarding the Blue Envelope Program.

While the program is designed to be voluntary, self-implemented, and grounded in informed choice, on September 17, 2025, DRC expressed concern that such a measure could eventually lead to forced compliance, increased involvement with law enforcement, and potential pathways to institutionalization. DRC also cautioned that this approach could divert additional funding to law enforcement rather than to community-based supports. In addition, DRC noted that individuals with disabilities have consistently

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expressed opposition to being placed on any form of registry, particularly one overseen by the DMV or law enforcement. Separately, DRC reported, some parents raised concerns that the color of the envelope might pose risks if perceived as similar to a known gang color.

Although DRC has not formally opposed the concept of the San Bernardino Blue Envelope Program, which differs significantly from SB 664, discussions indicate that the model has generated some confusion. Key concerns include whether it could be perceived as a registry, whether individuals might feel compelled to carry the envelope, and whether its training and outreach components could expand law enforcement budgets. DRC has also emphasized the importance of safeguards to protect privacy and civil rights, particularly to prevent the program from being perceived or structured as a registry. They further stressed the need for clear protections to ensure that individuals are not pressured to disclose disability status and that officers receive adequate training to prevent misinterpretation during encounters.

The San Bernardino model was developed to address many of these concerns.

Specifically, the San Bernardino model directly addresses DRC's primary concerns by embedding privacy safeguards, ensuring informed consent, and maintaining local community oversight rather than centralized control. The program is not operated by the DMV or law enforcement but instead is managed collaboratively by a coalition of community-based organizations, disability advocates, and Regional Center representatives. No personal data is collected, stored, or shared, eliminating any possibility of a registry or tracking mechanism. Participation is entirely voluntary, with clear guidance that individuals are never required to disclose disability status or carry a Blue Envelope. The model also prevents "mission creep" or unintended funding diversion by securing grants through LACC initiatives, ensuring that resources strengthen community supports, cultural responsiveness, and language access, rather than expanding law enforcement budgets. In addition, all training content is trauma-informed and co-developed with individuals with lived experience to ensure that law enforcement engagement, when it occurs, is guided by empathy, communication strategies, and de-escalation practices, not enforcement or compliance. By prioritizing voluntary participation, equity-driven community governance, and disability-led design, the San Bernardino model stands as a direct, practical response to the concerns articulated by DRC.

In practice, the program also incorporates coalition oversight, standardized officer training, and continuous community feedback to promote consistent application across jurisdictions. Unlike SB 664's projected multimillion-dollar statewide cost, the San Bernardino model was locally developed and funded through DDS LACC grants. These

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resources support training, outreach, and materials without diverting funds from community-based services. The San Bernardino Blue Envelope Program was designed to complement, not replace, investments in culturally competent supports that reduce reliance on law enforcement.

It is important to acknowledge, however, that implementing a statewide Blue Envelope initiative would likely entail substantial costs and require robust oversight to ensure consistency, accountability, and sustained collaboration among state agencies, local jurisdictions, and individuals who self-identify as having an I/DD or who are DHH. Careful planning and ongoing evaluation would be essential to uphold the program's integrity, prevent inequities, and preserve its community-driven foundation.

Note: *The San Bernardino Blue Envelope model is structured to be entirely voluntary and does not involve tracking, registration, or the collection of personal information. Importantly, the program does not increase contact with law enforcement; rather, it offers a bridge if an individual makes an informed decision to attend training or outreach, agrees to wear or use the materials, or requests an envelope for their own use.*

The model was developed in collaboration with individuals with I/DD, their families, cultural specialists, and members of the Deaf and Hard of Hearing community, including those who use Augmentative and Alternative Communication devices. It emphasizes trauma-informed officer training, language access, and practical application. Officers are trained to understand that the envelope is a communication aid and not a substitute for professional judgment or conduct. Real-world use, scenario-based training, and ongoing community feedback guide its continuous improvement.

According to law enforcement representatives within the Blue Envelope Coalition, the selected envelope color is a light shade not typically associated with gang affiliation, thereby mitigating concerns about unintended associations. In gang symbolism, what matters is usually the specific shade, how it is worn, and the broader context, such as clothing styles, fonts, logos, or other markers. Without those additional identifiers, it is a stretch to suggest that this envelope mimics any known gang symbol.

For example, Dodger blue, a bright and saturated royal shade, has historically been linked to the Crips and is cited in law enforcement training materials. By contrast, the Blue Envelope is a much lighter tone, closer to powder or sky blue, which carries no gang identity and is generally considered neutral. There are no gangs or crews known to use a "blue envelope" or anything resembling it as a symbol or accessory. Gangs traditionally rely on colors, numbers, letters, tattoos, graffiti, and clothing styles, while an envelope has never been documented as a symbol in gang intelligence materials. Although gangs sometimes

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use lanyards, bracelets, or pins, these are tied to specific colors, initials, or logos, not neutral items like a light-blue envelope. Importantly, nothing in law enforcement or community gang-prevention resources connects a blue envelope, lanyard, keychain, or pin to gang activity. The San Bernardino Blue Envelope, developed through community input, was intentionally designed as a disability communication tool with neutral iconography and color choices, ensuring no overlap with gang identifiers.

Over the past three years, through conversations, outreach efforts, surveys, and focus groups with community members, as well as meetings with law enforcement and individuals with I/DD or DHH, this concern has not been raised. While this does not diminish the legitimacy of the parent's concern, it is worth noting that Riverside and San Bernardino counties together have more than 800 identified gangs with over 14,500 documented members, with many of these interactions occurring in some of the region's most gang-impacted areas.

Similar to how handicapped license plates and placards, protected under the ADA, provide a visible way to request accommodations, the Blue Envelope offers a voluntary tool that individuals may choose to use to communicate specific needs during interactions with law enforcement or first responders. Unlike license plates or placards, however, it is not tied to a database or formal registration process.

The San Bernardino model reflects principles of personal choice, cultural and linguistic responsiveness, and respect for privacy. Its purpose is not to serve as a registry or identifier, but rather to provide a practical option that may help foster safety, dignity, and clearer communication in high-stress situations.

Presenting DRC's recommendations is important for transparency, but they must be contextualized as advocacy-oriented, not neutral or research-based. Without this context, the recommendations risk creating confusion, discouraging participation, and weakening trust in the collaborative process that underpins the San Bernardino Blue Envelope Program.

5. Disability Voices United (DVU): In early 2025, DVU publicly opposed both SB 664 and the San Bernardino Blue Envelope initiative, raising concerns during a virtual training for DDS Service Access and Equity (SAE) partners. Notably, this opposition was expressed during the introductory portion of the presentation, prior to any formal review or explanation of the San Bernardino Blue Envelope model or how it aligns with DVU's stated values. The timing of these comments indicates that the objections were made without the benefit of complete or accurate information about the program's voluntary, trauma-informed, and community-driven framework. This sequence suggests that the position may

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have been formed in advance of a substantive evaluation, underscoring the importance of basing policy positions on verified data and comprehensive understanding rather than preliminary impressions.

Historically, DVU's primary focus has been on the potential for coercion, misuse, and harm, particularly for individuals who are non-speaking, autistic, or from marginalized communities. The organization has emphasized the need for strong safeguards to ensure that any such program remains voluntary and cannot be misused by law enforcement. Furthermore, DVU also critiqued prior bills for lacking specificity regarding protections against data retention or mandatory disclosure, and cautioned against symbolic solutions that do not address systemic bias or insufficient officer training.

On August 18, 2025, IRC contacted the President and CEO of DVU via email to request the organization's official position on the San Bernardino Blue Envelope Program. The request emphasized the need for confirmation to ensure accurate reporting and stated that any response, verbal or written, would be incorporated into the final report.

On August 25, 2025, DVU responded, confirming its opposition to both a statewide Blue Envelope bill and the San Bernardino Blue Envelope model. DVU expressed concern that requiring individuals to identify themselves as disabled to law enforcement could increase their risk during interactions. The written response further stated that DVU advises members of the I/DD community to avoid contact with law enforcement "at all costs."

Trauma-informed and harm-reduction models, however, emphasize empowerment through preparation, informed disclosure, and environmental modification, not avoidance (SAMHSA, 2014; Brown et al., 2021). Programs such as the Blue Envelope, developed collaboratively with individuals who self-identify as I/DD or D/HH, are intentionally designed to minimize re-traumatization and promote predictability, communication, and trust, all key tenets of trauma-informed care (Bath, 2008).

In contrast, a universal policy of avoidance may inadvertently heighten anxiety and limit autonomy by discouraging individuals from learning safe engagement strategies. During natural or human-made disasters, avoidance behaviors can place individuals with I/DD or those who are DHH at significant risk, especially when immediate communication and cooperation with emergency personnel are critical for evacuation, rescue, or shelter-in-place procedures. Without established trust or familiarity with first responders, individuals may misinterpret directions, resist assistance, or fail to access lifesaving resources. Moreover, discouraging all interaction with law enforcement and emergency services could undermine community-based crisis response initiatives that depend on collaboration and mutual trust. Evidence-based safety planning is proactive and empowering, built on

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partnerships between individuals, families, and first responders to create safer, more informed interactions.

As a result of this correspondence, IRC formally requested that DVU provide:

- Links to empirical research or systematic reviews demonstrating increased risk associated with voluntary self-identification tools.
- Evaluations of programs such as Blue Envelope that present evidence of coercion, disparate impacts, or harm.
- Guidance documents recommending avoidance of law enforcement contact “at all costs,” especially in unavoidable situations (e.g., traffic accidents).

At the time of publication, the requested materials had not been received for review or inclusion.

Lack of response to formal correspondence raises concerns about transparency, accountability, and the integrity of public dialogue. When organizations decline to provide supporting evidence or engage in follow-up discussions, it limits opportunities for informed evaluation and collaborative problem-solving. In the context of statewide policy development, non-responsiveness can hinder accurate reporting, delay consensus-building, and reduce confidence in the validity of publicly stated positions.

Note: *When training or engaging with individuals who are I/DD or D/HH, it is essential that recommendations regarding law enforcement interactions be presented with accuracy, context, and balance. Cautionary statements advising individuals to avoid police contact “at all costs” can inadvertently create fear, distrust, or hesitation in critical situations, particularly when law enforcement may be the only immediate resource available during an emergency. For example, during a disaster response or evacuation, law enforcement officers are often among the first to arrive and assist individuals in reaching safety. If individuals have been taught to fear or avoid officers, they may resist evacuation orders or delay seeking help, placing themselves and others at greater risk. Such guidance, when delivered without nuance, risks undermining public safety and the confidence of those the training seeks to protect.*

The risks associated with disclosure are nuanced and situational. While bias and misunderstanding remain concerns, there are also circumstances in which clear communication about disability-related needs can enhance safety. A balanced approach includes acknowledging both risks and benefits, while reinforcing the importance of systemic improvements such as officer training, community partnerships, and voluntary tools like the Blue Envelope Program.

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The San Bernardino Blue Envelope model directly addresses these issues. Co-designed with input from non-verbal individuals, members of the DHH community, individuals with I/DD and autism (both served and not served by IRC), caregivers, community-based organizations, and law enforcement, the model is grounded in principles of autonomy, equity, and cultural and linguistic inclusion. It emphasizes practical tools, robust training, transparency, and accountability.

Importantly, this approach aligns with many of the values DVU champions, voluntariness, lived experience, and safeguards against misuse, while also providing practical mechanisms to reduce risk and improve communication. Its collaborative design and real-world testing enhance its effectiveness and relevance, directly addressing concerns DVU has raised.

In summary, presenting DVU's recommendation without nuance could unintentionally restrict access to practical safety tools and increase risk during critical moments. The San Bernardino Blue Envelope model provides a more balanced, evidence-informed approach, offering voluntary, trauma-informed resources that empower individuals and families to navigate interactions safely, confidently, and on their own terms.

6. California State Council on Developmental Disabilities (SCDD): There is no public record indicating that SCDD has formally opposed the Blue Envelope Program. The initiative itself aligns with SCDD's mission to promote communication, understanding, and safety for individuals with developmental disabilities, objectives that are central to the Blue Envelope effort. However, during a community outreach event, a staff member from the San Bernardino Office of SCDD reportedly shared with an IRC Client Advocate that the program might be perceived as "singling out" African American individuals and further suggested that it would likely be "opposed" by SCDD.

At the same time, SCDD staff participated in Blue Envelope Coalition presentations, requested additional information, and expressed interest in further presentations focused on the Blue Envelope. During IRC trainings, community members also reported that SCDD was seeking Blue Envelope training. This overlap created confusion, as it was unclear whether SCDD was acting in a supportive role, pursuing a separate version of training, or duplicating efforts already underway through the Coalition. The lack of clarity raised concerns about alignment, consistency of messaging, and the risk that families and law enforcement agencies could receive conflicting information about the program's purpose and use.

On August 18, 2025, IRC contacted the San Bernardino Branch of SCDD requesting an official stance on the San Bernardino Blue Envelope Program and clarification regarding

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public comments attributed to SCDD. In our request, we specifically noted that the inquiry was not related to SB 664 but was directed at clarifying statements made publicly by SCDD. The email explicitly noted that the request was for confirmation to ensure accurate reporting and that any information provided, whether verbal or written, would be included in the final report. On August 20, 2025, IRC received the following response from the SCDD Deputy Director of Policy and Public Affairs:

“At this time, SCDD has not taken a position on this bill. Thank you for your interest and reaching out to us about it.”

On August 20, 2024, an email was sent to the SCDD Deputy Director of Policy and Public Affairs clarifying that the original inquiry did not request a position on SB 664, but rather sought confirmation of public comments made by a San Bernardino Branch SCDD employee to an IRC Client Advocate. As of the publication of this report, no response has been received to this follow-up email.

This response is problematic because it did not address the substance of IRC’s inquiry. The initial request from IRC clearly stated that the question was unrelated to SB 664 and instead sought clarification regarding public comments made by an SCDD representative about the San Bernardino Blue Envelope Program. By responding solely with a statement about not taking a position on SB 664, the reply failed to acknowledge or clarify whether such public comments were made or represented the views of SCDD. This lack of direct engagement created ambiguity regarding SCDD’s stance, limited transparency, and hindered IRC’s ability to ensure accuracy and accountability in its reporting process.

Research

According to publicly available sources, no peer-reviewed or systematic studies have been published to confirm or dismiss privacy concerns or resource-related criticisms surrounding the Blue Envelope Program. Coverage from outlets like Times Union reflects anecdotal observations, such as strong demand and rapid distribution of kits in Orange County, NY, but lacks empirical evidence. As of now, most discourse remains theoretical, with few documented concerns reported regarding accessories like bracelets, seatbelt covers, or car decals.

Avoidance or Limit Contact with Law Enforcement

Why Avoidance is Usually Unrealistic

- **Emergencies happen:** Medical emergencies such as seizures, injuries, or sudden illness, along with house fires, car accidents, or situations where individuals wander

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or elope from safe environments, often require a 911 call and the response of first responders.

- **Public safety responses are routine:** welfare checks, missing-person searches, and calls from worried caregivers or neighbors bring responders to residences.
- **Mandated or institutional contact:** schools, group homes, day programs, and some workplaces coordinate with police/EMS for safety, supervision, or transport.
- **Community events and transit:** accidents, disturbances, or public health incidents in transit hubs, malls, or community centers often trigger official responses.
- **Caregiver decisions:** family members, providers, or guardians may call 911 when they can't safely manage a situation, the person with I/DD or DHH didn't choose the contact.
- **Intersectional realities:** people of color with I/DD or DHH may face higher rates of public surveillance, police presence, or reporting in some neighborhoods, making avoidance even less feasible.
- **Legal and procedural requirements:** some incidents (e.g., certain abuse reports, school incidents) legally require reporting to authorities.

Practical Consequences of Trying to Avoid Responders

- **Safety risk:** avoiding responders can delay urgent medical care or evacuation during a fire or disaster.
- **Isolation:** avoidance reduces access to public services (transportation, shelters, crisis supports) that at times rely on coordinated public safety responses.
- **Reduced advocacy:** if responders are not given information about communication needs, opportunities for appropriate accommodations are lost, increasing the chance of misunderstanding or harm.
- **Conflict with the Lanterman Act:** The Lanterman Act guarantees individuals with developmental disabilities the right to services and supports that promote inclusion, independence, and safety in the community. Attempting to avoid responders undermines this principle by limiting access to emergency protections and equitable treatment that the law is designed to secure.

Where the San Bernardino Blue Envelope Program Fits In

The San Bernardino Blue Envelope Program is not intended to increase or encourage contact with law enforcement or first responders. Instead, it is a voluntary, person-

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controlled tool designed to bridge a communication gap during an interaction that already occurs. Its goals are to: Help individuals quickly share communication preferences and essential information.

Preserve privacy and dignity by being used only when the individual chooses to present it during a crisis.

- Reduce confusion and improve safety by giving responders actionable, plain-language cues so they can adjust approach and reduce escalation.
- Complement — not replace — training, language access, and trauma-informed practices that must accompany any program.

Summary

Community participants raised concerns about privacy and the perception of a registry, the need for sustainable resources and robust officer training, and the limited scope of DMV-centered proposals that risk excluding non-drivers. They cautioned against duplication of successful local models, emphasized that participation must remain strictly voluntary to avoid coercion or stigma, and stressed that tools like the Blue Envelope must be paired with systemic reforms such as trauma-informed training, language access, and anti-bias practices to build trust and ensure equitable outcomes.

Disclaimer: *Inland Regional Center neither supports nor opposes any previously proposed or current legislation related to the Blue Envelope concept at the state level. The San Bernardino Blue Envelope Program is a locally developed, community-informed initiative designed specifically to address the needs of individuals with I/DD and those who are DHH within our two-county service area. It is not affiliated with or governed by any legislative mandates and operates independently of political or legislative endorsement.*

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Conclusion and Introduction to the Statewide Research Report

The San Bernardino Blue Envelope Program has demonstrated promise as a locally developed, community-informed model designed to support safer and clearer communication between individuals with I/DD or those who are D/HH and public safety professionals. Developed through collaboration with families, self-advocates, cultural specialists, and first responders, the program emphasizes voluntary participation, privacy, trauma-informed training, and cultural and linguistic responsiveness.

At the same time, concerns raised by parents, advocacy organizations, and law enforcement highlight critical considerations that must remain central to future efforts. These include ensuring strong safeguards for privacy, addressing fears of coercion or misuse, providing adequate resources for meaningful training and outreach, and expanding the program's scope beyond drivers to reflect the range of real-world interactions.

Moving forward, thoughtful evaluation and continued dialogue with diverse participants, including DRC, DVU, and SCDD, remain important. However, while collaboration is encouraged, it should not impede timely progress, the need for action is evident, and the opportunity to act is now.

In this context, IRC, in partnership with the Autism Society Inland Empire and in collaboration with the Fontana Police Department, Ontario Police Department, American Medical Response, and the San Bernardino County Fire Department, presents this *Statewide Research Report: Assessing Law Enforcement Training, Family Engagement, and Community-Informed Program Development*. The report outlines the research methods, findings, and lessons learned during the pilot project and offers recommendations for agencies, legislators, and community participants considering adoption or adaptation of the program. Grounded in transparency, cultural humility, and accessibility, this report aims to support continued dialogue on strategies to enhance inclusion and safety for individuals with an I/DD and those who are D/HH across California.

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Program Statewide Research Report: Assessing Law Enforcement Training, Family Engagement, and Community-Informed Program Development Findings

Statement on Neutrality and Non-Bias in Data Collection

The goal of this research and report is to elevate the voices of those most impacted by the Blue Envelope Program, not to speak on their behalf.

To ensure the integrity and trustworthiness of this research and report, all focus groups were conducted in a neutral and non-biased manner using Zoom. Participants were informed that their involvement was voluntary, that they could change display names, keep cameras off if preferred, and that their responses would remain confidential. They were reminded that no answer would be considered right or wrong. Sessions were recorded for analysis, but transcripts were deleted immediately after data review to safeguard confidentiality. Participants who did not wish to be recorded were advised to exit the session before the discussion began.

The facilitators did not take a position on the Blue Envelope Program. Their role was strictly to guide discussion, encourage participation, and document participant perspectives accurately.

The survey instrument was designed to be impartial. To ensure participants had a clear and consistent understanding of the Blue Envelope Program, a short educational video with captions in English and Spanish was provided. The video presented only factual information, enabling participants to form their own judgments. The survey was available in English, Spanish, and American Sign Language (ASL) through the VideoAsk platform, with ASL facilitation provided by IRC Deaf and Hard of Hearing Specialists. All translations and ASL interpretations were carefully reviewed for linguistic accuracy and cultural relevance.

Together, these measures emphasized inclusivity, respect, and fairness, ensuring participants could share perspectives freely and that the resulting data reflects the community's diverse experiences. These procedures align with best practices in ethical research and support the collection of valid, reliable data suitable for informed decision-making.

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Survey Deployment

- Duration: September 1 – October 1, 2025
 - Law Enforcement and First Responders-92
 - A survey of 92 law enforcement and first responder participants provided valuable insight into attitudes, training needs, and perceived program impact. The trustworthiness of these findings was further strengthened through triangulation with focus group data, in which 22 law enforcement participants echoed and expanded upon the survey results. This convergence of quantitative and qualitative evidence enhances the overall credibility of the research by demonstrating consistent themes across multiple data sources. As Creswell and Creswell (2018) emphasize, methodological triangulation enhances validity by corroborating findings through diverse methods, thereby offering a more comprehensive and trustworthy understanding of the research phenomenon.
 - Families, Caregivers and Individuals Who Identify as I/DD or DHH- 367
 - A total of 367 completed surveys provided a strong and representative sample of the target population, capturing diverse perspectives from parents, family members, and individuals who self-identify across multiple regions. This breadth of participation offers sufficient statistical power to identify meaningful trends and patterns related to attitudes, training needs, the desire to have the option to use the program, and perceived program impact. Because the sample reflects the geographic and demographic diversity of participants engaged in the initiative, the findings can be considered both reliable and generalizable within the study's defined scope (Creswell & Creswell, 2018).
- Distribution: In collaboration with Regional Centers throughout the state—through Emergency Services Coordinators (ESC), Deaf and Hard of Hearing Specialists, Language Access Specialists, Cultural Specialists, Sheriff's Departments, local law enforcement agencies, emergency service providers, Emergency Operations Centers (EOC), Regional Center service providers, and community-based organizations—as well as through IRC's robust social media platforms.
 - The survey was also provided to DRC for distribution on September 17, 2025; however, it is unknown whether it was sent out.

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- Survey platforms: SurveyMonkey and VideoAsk
 - Some participants who identified as DHH chose to complete the SurveyMonkey version instead of the VideoAsk survey.

Focus Groups

- Held virtually in August–October 2025
- 8 total sessions across four participant groups
 - Law Enforcement and First Responders-22 participants
 - Service Providers/Vendors-20 participants
 - Families and Caregivers-12 participants
 - Individuals Who Identify as I/DD or DHH-22 participants
- Real-time ASL and Spanish interpretation provided

A sample size of 76 participants across 8 focus groups is generally considered methodologically sound for qualitative research, as it allows for diversity of perspectives while maintaining manageable group dynamics that encourage participation and depth of discussion. This structure supports data saturation, the point at which no new themes emerge, while ensuring participants have sufficient time to share detailed insights. This balance between breadth (number of groups) and depth (within-group discussion) enhances the credibility and transferability of findings, particularly when groups are organized by meaningful characteristics such as region, role, or lived experience. According to Creswell and Poth (2018), qualitative researchers often prioritize rich, detailed data over large numbers, and focus group designs with 5-10 participants per session are widely accepted for capturing nuanced, context-specific information.

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Focus Groups Key Findings

Law Enforcement and First Responders

The law enforcement and first responder focus groups expressed strong support for advancing a statewide Blue Envelope Program, emphasizing its potential to improve safety, communication, and outcomes during interactions with individuals with I/DD and members of the DHH community. Participants recognized the value of expanding the initiative across California, integrating it into local fire departments and emergency management services, and aligning it with statewide training frameworks such as POST to ensure consistency and effectiveness. They underscored the importance of tailoring implementation to community-specific needs, resources, and partnerships, while acknowledging certain concerns and logistical challenges. The groups voiced broad support for state-level adoption and referenced ongoing legislative efforts to formalize and fund the program.

To ensure success, the program should include essential details such as medical history, emergency contacts, communication preferences, and potentially a health passport for rapid access to critical information. Visual identifiers—such as lanyards, bracelets, and decals—must be paired with robust, POST-certified training to ensure recognition and appropriate use. Training should be embedded in police academies, in-service sessions, and roll calls, supplemented by scenario-based exercises involving individuals with disabilities. All materials should be available in multiple threshold languages to ensure accessibility. Program design should actively involve community partners, first responders, and regional centers to reflect lived experiences and address practical needs.

Comprehensive, hands-on training for law enforcement, fire, and EMS personnel is essential to strengthening real-world interaction skills, while education for families and officers will help foster mutual understanding and reduce miscommunication. Sustained outreach through safety fairs, school partnerships, community events, and media campaigns, including social media, will be critical to building trust, raising awareness, and encouraging participation statewide.

Service Providers/Vendors

This focus group brought together community-based organizations and regional center vendors to provide feedback on the Blue Envelope Program. Participants expressed both enthusiasm for the initiative and uncertainty about its use, highlighting the need for clearer guidance. While participants valued the program's potential to improve safety during law enforcement interactions, confusion persisted regarding eligibility—particularly

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distinguishing between the envelope for drivers and supplemental tools such as lanyards, decals, and bracelets for non-drivers.

Key themes included the importance of accessible training for direct support providers (DSPs), families, and clients, as well as culturally and linguistically competent outreach to address trust and communication barriers. Distribution through schools, adult transition programs, community organizations, and regional centers was strongly preferred, while reliance on the DMV or untrained volunteers raised concerns.

Participants also underscored the need to ensure equity in underserved and rural areas by leveraging trusted institutions such as schools, libraries, and churches. Building broad coalitions, including regional centers, law enforcement, schools, disability organizations, fire departments, and local government, was viewed as essential for sustainability. Overall, the findings demonstrate strong support for the program, but emphasize that its success will depend on clarity, consistency, cultural competence, and strategic collaboration.

Families and Caregivers

Awareness of the Blue Envelope Program was generally low, with most families and caregivers hearing about it for the first time. Once introduced, curiosity and receptivity increased, especially when they learned it is voluntary, self-implemented, and not a “get out of jail free” card. Families valued the flexibility of the program, particularly for youth in transition to adulthood, but emphasized that participation must remain a personal choice to avoid stigma.

Parents described mixed interactions with law enforcement. Some officers were calm and supportive, while others responded with restraint or arrest. Participants expressed concern that officers may not fully understand the needs of people with disabilities, with worries that behaviors such as pacing, covering ears, or clenching fists are often misinterpreted as aggression. This reinforced the need for standardized officer training, as well as family training to better understand officer expectations.

Trust and safety were recurring concerns. Families worried about privacy, lack of availability in their area, and uncertainty about how to use the envelope. At the same time, they expressed that visible officer training, direct family-officer interactions, and informal relationship-building opportunities such as “Coffee with Cops” in sensory-friendly venues would build confidence and trust.

Participants recommended expanding Blue Envelope contents to include medical information, while ensuring materials are available at multiple access points such as schools, libraries, regional centers, churches, and police stations. Driving and independence were also emphasized, with parents noting that DMV environments are

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overwhelming and that specialized driving instruction for people with disabilities is limited and often costly. They recommended integrating Blue Envelope use and traffic-stop education into driver training programs, and it was also recommended that regional centers explore the creation of an I/DD-specific driver's education provider.

Families strongly supported scenario-based workshops to build familiarity with the program and suggested grassroots outreach through schools, safety fairs, community events, and social media. They also highlighted the value of parent testimonials, pilot projects within Community Care Facilities (CCF), and family ambassadors to spread awareness.

Overall, families were highly supportive of the Blue Envelope Program but identified critical needs for officer and family training, broader access, integration into transition supports, stronger outreach, and clear messaging that the program is voluntary, not a registry, and designed to build safety and trust.

Individuals Who Identify as I/DD or DHH

Across both focus groups consisting of individuals who self-identify as having an I/DD or as DHH, 22 participants expressed strong support for the voluntary, trauma-informed Blue Envelope Program while emphasizing the need for increased awareness, accessibility, and trust. Most had not heard of the program prior to viewing the peer-led video, which they found helpful for understanding its purpose and materials. While some participants shared positive experiences with law enforcement, others described fear, miscommunication, or sensory challenges, reinforcing the importance of officer training in disability awareness, communication methods, and patience. Key barriers identified included privacy concerns, lack of trust, limited availability, and uncertainty about how to use the envelope.

Participants agreed that a voluntary, non-registry approach that allows individuals to control their own information would make the program more comfortable and inclusive. To build trust, they suggested partnerships with familiar and credible organizations such as Regional Centers, the Autism Society, the Department of Rehabilitation, and Deaf-serving agencies, as well as co-led training by individuals with lived experience. One participant specifically recommended that the coalition collaborate closely with Rolling Start, recognizing its credibility among people with disabilities. However, this suggestion stands in contrast to Rolling Start's current stance opposing the program, underscoring the need for continued dialogue and clarity to address misconceptions and strengthen alignment among community stakeholders.

Many participants recommended making Blue Envelope materials available at Regional Centers, police departments, schools, and community centers, and offering short, family-

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friendly workshops, both in-person and virtual, with ASL and Spanish interpretation as a best practice. Outreach ideas included social media, schools, safety fairs, and peer-created TikToks, emphasizing the value of authentic, relatable messengers. Overall, participants expressed that the combination of officer training, clear communication, and visible community collaboration would foster safety, inclusion, and trust in the Blue Envelope Program.

Focus Groups Conclusion

The collective findings from eight focus groups encompassing 76 participants across multiple participant groups, law enforcement and first responders, service providers, families and caregivers, and individuals who self-identify as I/DD or DHH, present a clear, consistent message: the Blue Envelope Program is widely viewed as a promising, voluntary, trauma-informed initiative with strong potential to improve safety, communication, and trust between law enforcement and the disability community.

Across all groups, participants underscored that the program's success depends on awareness, accessibility, trust, and training. They consistently advocated for a voluntary, non-registry model that preserves individual autonomy, protects privacy, and centers lived experience. This approach was seen as essential to ensuring comfort, inclusivity, and cultural responsiveness. However, low awareness of the program, even among community partners and families, signals a critical need for expanded outreach, clear guidance, and broader education efforts.

Participants also emphasized that effective implementation requires systemic coordination and shared accountability. Embedding Blue Envelope education within police academies, ongoing POST-certified trainings, and community-based workshops, delivered in partnership with credible organizations such as Regional Centers, the Autism Society, Deaf-serving agencies, and local advocacy coalitions, was repeatedly cited as foundational to building long-term trust and understanding. Calls for collaboration with organizations such as Rolling Start highlight both the importance of inclusive partnerships and the need to reconcile differing perspectives through transparent dialogue, factual clarification, and shared commitment to disability justice and public safety.

Equity considerations emerged as a unifying theme across all focus groups. Participants urged that implementation strategies account for geographic, cultural, and linguistic diversity, ensuring materials and trainings are accessible to underserved, rural, and monolingual communities. Providing resources in multiple threshold languages, including ASL and Spanish, and distributing materials through trusted local institutions, schools, libraries, churches, and community centers, were identified as best practices.

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Ultimately, these findings reinforce that the Blue Envelope Program's long-term credibility and impact will hinge on three interdependent pillars:

1. Comprehensive Training – Standardized, scenario-based instruction for both officers and families that integrates real-world disability awareness and communication strategies.
2. Collaborative Governance – Inclusive partnerships with cross-sector participants, including individuals who self-identify as having an I/DD or as DHH, are essential to co-design, evaluate, and sustain program activities
3. Culturally and Linguistically Responsive Outreach – Ongoing, multilingual engagement that centers authentic voices and fosters understanding across diverse communities.

By aligning program design with these guiding principles, California can advance a statewide model rooted in choice, dignity, and community partnership, setting a national standard for trauma-informed public safety initiatives that respect and empower individuals with disabilities.

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Survey Results

Law Enforcement and First Responders

Note: It's important to highlight that the results are drawn from a survey of 92 law enforcement and first responder participants, offering valuable insight into attitudes, training needs, and perceived program impact. The trustworthiness of these findings was strengthened through triangulation with focus group data, in which 22 additional law enforcement participants echoed and expanded upon the survey themes. This alignment across quantitative and qualitative data enhances the overall credibility of the research

Sample size = 92

What is your current role?

ANSWER CHOICES	RESPONSES
▼ Patrol Officer	17.57%
▼ Firefighter	8.11%
▼ EMS/EMT	6.76%
▼ Dispatcher	4.05%
▼ Supervisor	16.22%

How many years have you served in this role?

ANSWER CHOICES	RESPONSES
▼ Less than 1 year	13.33%
▼ 1-5 years	30.67%
▼ 6-10 years	12.00%
▼ Over 10 years	44.00%

Have you previously received training on interacting with individuals with any of the below?

ANSWER CHOICES	RESPONSES
▼ Intellectual or developmental disabilities (I/DD)?	41.98%
▼ Autism spectrum disorder (ASD)?	56.79%
▼ Deaf or Hard of Hearing (DHH)?	27.16%
▼ None of the above	39.51%

Have you ever interacted with an individual with I/DD, ASD, or DHH during your duties?

ANSWER CHOICES	RESPONSES
▼ Yes	73.75%
▼ No	26.25%

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Was the interaction positive, negative or mixed?

ANSWER CHOICES	RESPONSES
▼ Positive	54.10%
▼ Negative	11.48%
▼ Mixed	34.43%

Thematic Analysis of Police Interactions

As part of the survey, participants were asked to rate their experiences interacting with individuals with I/DD or who are DHH as positive, negative, or mixed (see above). In addition, they were invited to provide personal reflections describing these interactions in their own words. The following section presents a thematic analysis of the qualitative data derived from these open-ended responses, highlighting key themes, recurring patterns, and illustrative quotes that capture the depth and diversity of participant experiences.

Theme 1: Misunderstanding of Law Enforcement Role

A recurring theme across the responses is the lack of understanding among parents regarding the role and obligations of law enforcement. Several participants indicated that parents often called the police expecting therapeutic intervention or behavioral support rather than legal enforcement. This disconnect led to frustration and conflict during response calls.

“Parent called for the police to parent her adult son after he punched her. Mom didn’t understand we have an obligation to make an arrest for domesticated violence. Became upset and filed a complaint.”

“We had a clear misunderstanding reference language. Parent didn’t seem to understand the police role when called. Parent tried to use 911 as a behavioral tool or for therapy.”

“Parent didn’t understand LEO role when called.”

Analysis:

Most comments highlight a pattern of misaligned expectations, underscoring the need for community education on the role and limits of law enforcement when responding to behavioral crises.

Theme 2: Parental Expectations as a Barrier to Resolution

Participants described instances where parental behavior or expectations created barriers to effective resolution. Officers noted that parents occasionally sought outcomes

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inconsistent with law enforcement responsibilities or failed to recognize when legal obligations required certain actions (e.g., mandatory arrests).

“Parent was a barrier to solving the issue. Unreasonable expectations when responding to violent behaviors.”

Analysis:

This theme emphasizes the importance of cross-system collaboration and training for families, ensuring they understand when—and how—to appropriately involve law enforcement versus mental health or behavioral crisis teams.

Theme 3: Communication and Cultural Barriers

Several responses alluded to communication difficulties, both linguistic and conceptual, which contributed to confusion and mistrust during calls. In some cases, limited language access or lack of shared understanding complicated interactions.

“We didn’t understand each other.”

“We had a clear misunderstanding reference language.”

Analysis:

This theme points to the continued need for language access services, clear communication protocols, and training on cultural humility to bridge understanding between law enforcement and families from diverse backgrounds.

How confident do you feel responding to calls involving individuals with I/DD or DHH?

ANSWER CHOICES	RESPONSES
▼ Very confident	27.94%
▼ Somewhat confident	25.00%
▼ Neutral	39.71%
▼ Not very confident	5.88%
▼ Not at all confident	1.47%

What challenges have you faced (or would anticipate facing) during these types of interactions?

The qualitative data from this survey question revealed several interconnected themes centering on parental understanding, communication barriers, and organizational support needs. A prominent theme is the misalignment of parental expectations regarding law enforcement’s role. Several participants expressed concern that some parents may attempt to use tools such as the Blue Envelope or lanyards as a means to excuse

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inappropriate or unsafe behavior rather than as communication aids. One respondent noted being “worried parents will use lanyards etc. to excuse poor behavior and call police to parent their children,” reflecting a broader perception that families may misuse law enforcement as a behavioral intervention rather than a safety measure. This perception aligns with other comments suggesting that parents “seem to not understand our role when we respond to a call,” indicating an ongoing need for public education on appropriate program use and the legal obligations of responding officers.

Another strong theme is the critical role of effective communication in promoting safe and informed interactions. Officers repeatedly emphasized the need for families to clearly identify and explain disabilities, rather than assuming awareness. As one participant stated, “Communicating the disability, not expecting us to know,” underscores the gap in mutual understanding that can arise when critical information is not shared. Similarly, the acknowledgment that “communication is a key factor. We don’t speak the same language” reflects both linguistic and cultural barriers, which can further complicate crisis response and de-escalation.

Finally, responses highlighted the importance of organizational support and leadership engagement, as captured in the concise statement “buy in from command.” This theme suggests that successful implementation of inclusive programs like the Blue Envelope depends not only on frontline training but also on institutional commitment from agency leadership to ensure consistent application and reinforcement across departments.

Collectively, these insights underscore the need for a multi-level approach that combines parent education, cross-cultural communication training, and organizational leadership support to build trust, prevent misuse, and enhance the program’s intended impact on community safety and understanding.

Prior to this survey, were you aware of the Blue Envelope Program?

ANSWER CHOICES	RESPONSES
Yes	63.79%
No	36.21%

Would you support using the Blue Envelope Program in your department?

ANSWER CHOICES	RESPONSES
Yes	94.44%
No	0.00%
Maybe	5.56%

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What training topics would you find most helpful when interacting with individuals with I/DD, ASD, or DHH?

ANSWER CHOICES	RESPONSES
Communication strategies	86.44%
De-escalation techniques	81.36%
Understanding characteristics and behaviors associated with I/DD	83.05%
Legal rights and protections	47.46%
Partnering with caregivers/family	55.93%
Use of interpreters or assistive tools	57.63%

What should be included in the Blue Envelope?

ANSWER CHOICES	RESPONSES
Medical information	81.16%
Emergency contacts	91.30%
Communication preferences	88.41%
Behavior support plans	65.22%
Legal rights overview	36.23%
Language access tools (e.g., cue cards, ASL indicators)	88.41%

What concerns or barriers do you see in implementing the Blue Envelope Program in your department?

The qualitative feedback from this survey question reveals three interrelated themes: command-level support, training and resource needs, and accessible communication strategies. Respondents consistently emphasized that the long-term success of the Blue Envelope Program depends on strong buy-in from agency leadership. Multiple participants explicitly noted the need for “sheriff command staff buy-in” and “buy-in from the command staff,” underscoring that frontline implementation alone is insufficient without visible commitment from leadership. This sentiment extended beyond structural endorsement to include values-based leadership, with one respondent calling for “buy-in from the sheriff on equity, language accessibility, and cultural awareness,” highlighting the importance of aligning program adoption with broader organizational priorities around inclusion and community trust.

Another recurring theme centered on training design and certification. Officers noted that for widespread adoption, training must be “short and POST certified,” reflecting the practical constraints of law enforcement schedules and the credibility associated with state-recognized certification. The brief mention of “money” further reinforces the theme of resource dependency, suggesting that funding and logistical support remain key enablers for program sustainability.

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Finally, participants highlighted the importance of mutual communication cues, particularly for individuals who are nonverbal, to ensure safe and effective interactions. As one respondent recommended, “There should be some form of mutual communication cues when reaching for the envelope, especially with those who are nonverbal.” This insight points to the need for standardized gestures or visual signals that both officers and community members can recognize, fostering clarity and reducing potential misunderstandings during high-stress encounters.

Together, these themes illustrate that leadership commitment, accessible, accredited training, adequate funding, and inclusive communication practices are all critical components for ensuring the Blue Envelope Program’s fidelity, safety, and long-term success.

Families, Caregivers and Individuals Who Identify as I/DD or DHH

Note: The survey results from families, caregivers, and individuals who identify as having an I/DD or who are DHH reflect a strong and diverse sample size across the state of California. This level of participation provides a reliable foundation for analysis and helps ensure that the perspectives and experiences of these communities are accurately represented in the findings.

Sample size = **367**

What is your relationship with the individual receiving services?

ANSWER CHOICES	RESPONSES
▼ Parent	59.84%
▼ Sibling	4.51%
▼ Guardian	3.28%
▼ Other (please specify) Responses	32.38%

Other

Respondents represented a diverse range of perspectives and roles within the disability community. Several identified as “consumers” or as an individual served by a Regional Center, including individuals who explicitly stated they have autism. Others indicated their connection through supportive roles, such as a grandmother and legal guardian, reflecting the important voice of family caregivers. Some selected “other” to describe their involvement, suggesting engagement beyond traditional categories. This diversity of respondents highlights the program’s broad reach and the value of including multiple viewpoints—individuals, caregivers, and professionals alike—in evaluating and strengthening initiatives like the Blue Envelope Program.

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What is the primary diagnosis of your loved one?

ANSWER CHOICES	RESPONSES
▼ Autism	56.72%
▼ Intellectual or Developmental Disability (I/DD)	14.93%
▼ Deaf or Hard of Hearing	1.87%
▼ Cerebral Palsy	2.61%
▼ Epilepsy	1.87%
▼ Multiple Diagnoses	15.67%
▼ Prefer not to say	6.34%

Age of individual who is I/DD or DHH?

The ages of individuals supported ranged from 18 to 70 years, with an average age of 25 years.

Has your family member ever interacted with law enforcement?

ANSWER CHOICES	RESPONSES
▼ Yes	43.93%
▼ No	56.07%

Was the experience

ANSWER CHOICES	RESPONSES
▼ Positive	45.86%
▼ Negative	11.28%
▼ Mixed	42.86%

Thematic Analysis of Police Interaction

As part of the survey, participants were asked to rate their experiences with law enforcement and first responders as positive, negative, or mixed (see above). They were also invited to share personal reflections describing these interactions in their own words. This section presents a thematic analysis of the qualitative data gathered from those open-ended responses.

Theme 1: Awareness and Training Lead to Positive Outcomes

Respondents overwhelmingly described positive and reassuring interactions when officers recognized Blue Envelope identifiers, such as lanyards, bracelets, or keychains, or had received prior training through the Blue Envelope Program. In these cases, officers demonstrated empathy, understanding, and de-escalation skills.

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One parent shared,

“Fontana police were so nice to my son. He was having a bad day. He went to a training and had the blue envelope lanyard, and the officer knew what it was when they arrived. Calmed my son down and made sure we had resources.”

Another respondent noted,

“The San Bernardino deputy recognized the blue envelope bracelet and spoke to us as if he knew what ASD and CP was.”

A powerful story came from a family during a public event:

“My daughter got lost at a public event... she had the blue envelope keychain on her backpack and explained to the officer what it was. The officer knew nothing about the program, but was thankful to know it existed. We were happy to be reunited!”

Analysis:

These accounts demonstrate that recognition and training directly improve public trust, reduce fear, and enhance safety. They affirm the Blue Envelope Program’s foundational goal, to bridge awareness gaps between law enforcement and individuals with communication barriers.

Theme 2: Misunderstanding of Disability-Related Behaviors

A dominant theme across responses was the misinterpretation of stimming, speech differences, or Deaf communication as signs of defiance, intoxication, or criminal behavior. These incidents reflect systemic gaps in disability awareness training.

Several participants shared distressing experiences:

“Deputy didn’t know what stimming is and accused me of using drugs.”

“[Redacted] deputy said I was drunk. I don’t drink.”

“[Redacted] didn’t understand me and my son are Deaf. Even when I signed Deaf.”

“[Redacted] made rude comments about the sounds my son was making. ‘What’s his problem?’ was the question. It’s obvious my son is disabled.”

Another participant recalled,

“[Redacted] deputy didn’t know about autism. Treated me rudely when I stimmed.”

Analysis:

These experiences reveal a critical training gap and a need for officers to recognize neurodivergent and sensory-based behaviors. Misinterpretations not only escalate

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encounters but also erode trust and cause emotional harm. This underscores the urgency of standardized, scenario-based training across all agencies.

Theme 3: Trauma, Fear, and Avoidance of Law Enforcement

Many respondents described a deep fear of calling 911 or engaging law enforcement due to prior traumatic experiences. Individuals expressed that officers' tone, volume, or use of force were overwhelming and unsafe.

Examples include:

"I was told to avoid the police. I was in a car wreck. So I left to avoid cops. I was in trouble when they found me."

"Deputy yelled at me. He handcuffed me until my friends explained I had autism and was scared. Deputy was rude after and asked why I wasn't in a home."

"Out-of-control behavior, and they pointed a gun at him. My son doesn't follow directions, has orthopedic issues, and can't kneel down or put his hands behind his back. It was horrible."

"My son lost his respect for the [redacted] because they treated him badly."

Analysis:

Repeated exposure to fear-based interactions has left lasting trauma within the disability community. This indicates a need for trauma-informed policing, emphasizing calm communication, patience, and non-punitive engagement.

Theme 4: Inconsistent Training Across Agencies

Respondents noted variation in training and awareness between agencies and even among individual officers within the same jurisdiction. Some agencies, like Fontana PD and San Bernardino County Sheriff's Department, were praised, while others, particularly [redacted], were associated with negative experiences.

"[Redacted] deputies terrify me."

"Based on the training and prior education of police officers determines their interaction. I have encountered officers who were educated and compassionate, and I have also encountered arrogant, uneducated, power-hungry officers."

Analysis:

This inconsistency underscores the need for a standardized, statewide training model and ongoing professional development, ensuring equitable treatment across regions.

Theme 5: Compassionate De-escalation and Creative Problem Solving

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Several respondents shared stories of officers demonstrating patience, empathy, and adaptability, leading to safe and positive outcomes.

“Mental health breakdown. Police helped with just having a down-to-earth conversation.”

“Officer noticed my ASD and slowed down to speak to me.”

“Firefighters were patient and explained why they couldn’t turn off the lights. One offered sunglasses as a temporary fix.”

“He was frightened... officer was very well trained.”

Analysis:

These narratives provide model examples of effective, person-centered policing and can inform training videos and best-practice scenarios for future Blue Envelope curricula.

Theme 6: Role of Parents, Caregivers, and Advocates

Caregivers frequently acted as mediators, helping officers understand disability-related behaviors. However, this reliance also highlights vulnerabilities when caregivers are absent.

“Client is non-verbal, and support staff did not promptly and effectively represent the client.”

“I believe this program will help greatly and improve safety when facing emergency situations.”

“My son was harassed... the officer came to the house and interviewed him privately. I was nervous. My son wasn’t. The officer was very well trained.”

Analysis:

The Blue Envelope program should include family-facing training, communication cards, and protocols for officers to validate caregiver input during interactions.

Theme 7: Call for Education and Reform

Several participants linked negative encounters to inadequate training and called for systemic education reforms:

“The officer didn’t understand that my son’s behavior was part of his disability. It felt like they had no training on autism or communication differences.”

“If police and first responders had better training, maybe they wouldn’t assume my child was being defiant when he was just scared and overwhelmed.”

Analysis:

This supports advocacy for POST-mandated training on I/DD and DHH awareness and integration into academy curricula, ensuring disability competency from day one.

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Theme 8: Persistent Concerns About Future Interactions

Despite some progress, many respondents remain anxious about future encounters, citing fears of being misunderstood or harmed.

“Even though things are getting better, I still get nervous every time I see flashing lights — I worry they won’t understand my son and things could go wrong.”

“We’ve had one good experience, but I can’t relax. All it takes is one officer who doesn’t get it, and my child could get hurt.”

“I appreciate the Blue Envelope Program, but I’m still scared. What if the next deputy doesn’t know what it means or thinks we’re being difficult?”

Analysis:

Ongoing public education, agency accountability, and expanded Blue Envelope outreach are critical to address these concerns and build lasting trust.

What concerns do you have regarding future interactions with law enforcement?

The most frequently cited theme was communication difficulties, underscoring persistent barriers in understanding and being understood during critical encounters. This was followed by disability recognition and awareness, with many participants reporting uncertainty about whether officers recognized or appropriately responded to disability-related behaviors. Law enforcement training programs and Interaction and personal safety also emerged as prominent themes, emphasizing the need for improved education and protocols to ensure safe, informed, and empathetic engagement.

Additional themes included challenges with behavior misinterpretation, and officer awareness and demeanor. Respondents also highlighted gaps in autism understanding, and communication support methods. Less frequent but still significant themes included non-verbal communication challenges, interaction approaches, bias and stereotyping, as well as sensory overload and sensitivity, and legal rights and consequences.

Finally, a small number of participants referenced emergency communication, disability program effectiveness, disability disclosure, racial profiling and tensions, and physical assistance needs, indicating that while these issues were less common, they remain critical to understanding the full scope of participant experiences and concerns.

Before this survey, had you heard of the Blue Envelope Program?

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ANSWER CHOICES	RESPONSES
▼ Yes	43.17%
▼ No	56.83%

Would you be comfortable with your loved one carrying or using Blue Envelope items (like a bracelet, lanyard, or keychain) when interacting with law enforcement?

ANSWER CHOICES	RESPONSES
▼ Yes	79.55%
▼ No	4.09%
▼ Maybe	16.36%

What should be included in the Blue Envelope?

ANSWER CHOICES	RESPONSES
▼ Medical info	80.41%
▼ Emergency contact	98.65%
▼ Behavior support strategies	83.78%
▼ Communication preferences	81.08%
▼ Legal rights overview	44.59%
▼ Language/communication tools	67.57%

Other Items

Participants offered a range of recommendations for what should be included in the Blue Envelope to better assist individuals during traffic stops and other interactions with law enforcement and first responders. Many emphasized that while including legal rights information is beneficial in theory, it should also feature personalized contact details specific to the individual to ensure it is truly useful in real-world situations. Respondents further stressed the need for comprehensive medical information, such as seizure protocols, medication lists and locations, and clear instructions for specialized mobility equipment, for example, how to safely release a wheelchair from a vehicle. Collectively, these suggestions reflect a strong desire for the Blue Envelope to serve as a practical, person-centered resource that promotes safety, dignity, and understanding during critical encounters involving an individual with an I/DD or who is DHH while operating a vehicle.

What training topics do you think are most important for law enforcement?

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ANSWER CHOICES	RESPONSES
▼ Understanding autism and I/DD	89.31%
▼ Recognizing DHH communication needs	64.50%
▼ De-escalation techniques	79.77%
▼ Understanding sensory sensitivities	77.48%
▼ Building trust with individuals with disabilities	77.86%

Other Trainings

Participants emphasized the importance of recognizing visible physical signs often associated with disabilities, such as hand flapping, wearing headphones, or using earplugs, as indicators of sensory needs or self-regulation, rather than signs of noncompliance. Many respondents advocated for hands-on learning experiences for law enforcement and first responders, such as “a day in their life” activities, to foster empathy and understanding through direct interaction. Others highlighted the need for slower, warmer communication styles that prioritize patience, calmness, and clarity during encounters. Collectively, these responses underscore the value of disability culture awareness, stressing that effective engagement requires both recognition of neurodivergent behaviors and cultural competency in responding with respect and understanding.

What challenges might prevent families or officers from using the Blue Envelope Program?

Participants identified several key concerns regarding the Blue Envelope Program and broader community engagement efforts. A recurring theme was a lack of awareness, with some respondents noting they were just learning that the program existed, indicating a need for expanded outreach and education. Others expressed frustration that advocacy groups often speak on behalf of individuals with disabilities without directly seeking their input, calling for more authentic representation and lived-experience voices in decision-making.

Additionally, participants highlighted systemic challenges, such as the perception that there are too many training requirements, which some agencies use as an excuse to avoid participation or deeper understanding of the disability community. Respondents emphasized the need for proactive rather than reactive approaches, urging agencies to prioritize ongoing engagement and preventative education. A few shared concerns about safety, citing scenarios where an officer might react with force during a meltdown instead of recognizing Blue Envelope identifiers or signs of disability. Collectively, these insights

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point to a need for greater awareness, inclusion, and proactive training to ensure safety and trust across all interactions.

Where would you prefer to receive or pick up a Blue Envelope?

ANSWER CHOICES	RESPONSES
▼ DMV	37.93%
▼ Police Station	60.92%
▼ Regional Center	68.58%
▼ Community Events	58.24%

Other Locations/Comments:

Among respondents, there was a strong interest in accessible community-based locations for program material distribution, such as “Libraries” and mail-based options. Several participants noted a preference for materials being “Mailed to regional center clients” or made available through “Mail and all above,” underscoring the importance of direct and inclusive access for all individuals served.

However, feedback regarding the DMV was overwhelmingly negative. Multiple respondents emphasized that “DMV is a terrible idea – I would never go there” and “DMV is not appropriate. They are not trained to deal with people with ASD.” One participant raised a critical concern about accessibility, stating, “DMV? -my son doesn’t drive and he would be excluded.” These comments reflect a clear consensus that while distribution through familiar and inclusive settings like libraries and mail is valued, options tied to driving or vehicle ownership could unintentionally exclude individuals with disabilities or create unnecessary barriers.

Deaf and Hard of Hearing Video Ask Survey

This survey was designed as an exploratory, qualitative assessment to elevate the voices of DHH individuals, caregivers, and professionals. With 19 total respondents and 8 fully completed submissions, findings should be interpreted as reflective of participant experiences and perceptions, rather than statistically representative of the broader DHH population. The purpose of this instrument was to identify emerging themes, communication barriers, and priorities for future program design and training, not to draw definitive conclusions or measure prevalence. All insights should be viewed within the context of a small, self-selected sample.

The DHH Blue Envelope Survey was a community-driven assessment designed specifically to engage the Deaf community and gather qualitative feedback regarding law enforcement

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interactions and the accessibility of the Blue Envelope Program. Conducted via VideoAsk, the survey captured responses from Deaf individuals, caregivers, parents, and counselors. While the small sample size limits generalizability, the survey was purpose-built to amplify authentic voices using accessible methods, including ASL video responses. The findings provide credible qualitative insights into communication barriers, safety perceptions, and program design preferences that can inform statewide implementation and training strategies.

Most respondents identified as Deaf adults or professionals supporting Deaf clients, with several representing multi-generational Deaf households. One participant shared, “I am from a deaf family, so this is a household of deaf grandma, deaf children, deaf niece, nephews, etc.” Among those who had prior interactions with law enforcement, experiences were mixed to negative. Some reported distressing encounters due to the lack of interpreters and limited cultural understanding, such as “No interpreter, yelled at me to talk.” Others described more adaptive approaches: “I informed the officer I’m Deaf, and we communicated using paper and pen.”

These firsthand accounts underscore ongoing systemic gaps in communication access and highlight the urgent need for trauma-informed, culturally responsive training. When asked about key concerns, one respondent explained, “The device with an ASL interpreter provides easier access to better communicate with police than writing a note,” while another questioned, “How many officers are really familiar with the Blue Envelope? Does it really work?” Such reflections reinforce the importance of officer education and a consistent statewide rollout.

Despite these challenges, most respondents were familiar with the Blue Envelope Program, and several reported feeling comfortable using the tools for themselves or loved ones. One individual noted, “If we were to use the Blue Envelope, then the information inside would be more about how to communicate with us, such as please speak through a phone app for reading or get an interpreter.” Many advocated for robust and personalized communication materials, echoing the sentiment, “The more information, the better.”

Training priorities identified by participants included recognizing DHH communication needs, understanding autism and I/DD, and building trust with individuals with disabilities. As one respondent summarized, “They should be trained to work with all kinds of individuals with disabilities, especially those who have communication barriers.”

Several participants also identified potential barriers to adoption, including limited officer training, stigma, and privacy concerns. One wrote, “Officers may not have time to be trained properly, and parents and clients may not want to self-disclose,” while another

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added, “Challenge 1: training for officers; Challenge 2: getting the word out; Challenge 3: will they want to use the Blue Envelope? The approach has to be right.” These statements underscore the need for proactive education, trust-building, and culturally competent outreach.

When asked about distribution, respondents preferred police stations, community events, and Regional Centers as accessible pickup locations, while strongly rejecting the DMV. One participant stated, “The DMV, I would never go there,” citing prior experiences of poor accessibility and staff insensitivity. Another suggested, “It should be available at multiple locations... the Department of Rehabilitation office should have these items to provide to consumers.”

In summary, while the survey’s sample is small, the findings provide meaningful qualitative evidence of the lived experiences, preferences, and needs of DHH individuals. Participants expressed strong support for the Blue Envelope Program’s intent but emphasized that its success depends on clear communication tools, interpreter access, cultural competency, and trusted distribution channels. As one respondent powerfully concluded, “We need a bridge to cope.”

This data should be viewed as an initial, community-informed snapshot that elevates authentic DHH perspectives, serving as a foundation for future research, statewide implementation, and program refinement.

Survey Conclusion

The collective findings from over 450 participants across law enforcement, families, caregivers, individuals with I/DD and DHH, and community partners present a unified message: California is ready for a statewide Blue Envelope Initiative. The data consistently reveals a strong demand for standardized, trauma-informed, culturally and linguistically accessible training, equitable distribution of tools, and sustained leadership engagement. Across all respondent groups, there is a clear consensus that safety, trust, and understanding improve when officers are trained, identifiers are recognized, and community members feel empowered to use these tools voluntarily and without stigma.

The San Bernardino Model directly aligns with, and puts into action, the key lessons learned through this research. Co-developed by law enforcement, Regional Centers, first responders, and community-based organizations, it stands as a grassroots, evidence-informed framework that advances public safety and civil rights while centering and amplifying the voices of those most impacted. It is voluntary, self-implemented, non-registry-based, and trauma-informed, ensuring that participation enhances, not risks, individual autonomy and privacy. Its multi-tool format (envelope for drivers, lanyard,

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bracelet, seatbelt cover, car decal) reflects the diversity of needs identified in this research, allowing individuals to choose the identifiers most appropriate to their situation and comfort level.

Furthermore, the San Bernardino model's integration into POST-accredited training, scenario-based exercises, and cross-agency collaboration directly responds to survey themes such as "short and POST certified" instruction, "command staff buy-in," and "mutual communication cues." Its design, developed alongside individuals with lived experience, ensures cultural and linguistic competency, with materials translated into threshold languages and supported by ASL-accessible resources. Its distribution strategy, anchored in Regional Centers, libraries, schools, and community events, addresses the overwhelming preference for familiar, inclusive, and non-intimidating access points, avoiding barriers associated with DMV distribution.

By embedding these best practices statewide, California can move from isolated innovation to systemic equity, transforming public safety encounters for people with I/DD and DHH communities. The San Bernardino model is more than a local pilot; it is a scalable, replicable blueprint grounded in community trust, evidence-based training, and cross-sector collaboration. Its statewide adoption would fulfill both the spirit and substance of the findings, offering a model that is practical, inclusive, and ready for legislative and policy integration.

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Findings and Position Statement

Findings from surveys, focus groups, and statewide outreach confirm that the San Bernardino Blue Envelope Program is a feasible, community-driven model capable of strengthening public trust, improving officer preparedness, and fostering safer interactions between law enforcement, first responders, and individuals with I/DD or those who are DHH.

Position Statement

The Autism Society Inland Empire, and the Blue Envelope Coalition fully support the development of a statewide Blue Envelope Program, not associated with SB 664, grounded in the San Bernardino model, a proven, community-driven framework that advances inclusion, safety, accessibility, and trust across California.

The San Bernardino Blue Envelope Program is a voluntary, non-registry, trauma-informed, and community-led initiative built in partnership with those it serves. It was co-designed with individuals who identify as having I/DD, including those with autism, cerebral palsy, intellectual disability (IQ below 70), and epilepsy, along with members of the DHH communities, families, caregivers, law enforcement, emergency responders, and IRC's Client Advisory Committee.

This model has produced measurable results in improving communication, strengthening public trust, and ensuring safer, more compassionate interactions between first responders and individuals with diverse communication needs.

IRC, Autism Society Inland Empire, and the Blue Envelope Coalition strongly support any statewide legislation that:

- Protects privacy, autonomy, and dignity for all participants;
- Maintains a voluntary, non-registry structure that does not require disclosure or tracking;
- Embeds trauma-informed practices across all components of the program;
- Includes mandatory law enforcement and first responder training to ensure consistent understanding and application;
- Provides community education and outreach to promote public awareness and inclusion;
- Reflects linguistic and cultural accessibility, including materials in low-frequency languages, ASL, and plain language formats;

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- Ensures equitable access for non-drivers; and
- Upholds collaboration with local and regional partners to ensure authentic representation of the communities served.

Non-Support Conditions

The Autism Society Inland Empire, and the Blue Envelope Coalition do not support any statewide approach that would:

- Require individuals to register or disclose personal information to a state agency or database;
- Place program oversight under administrative entities, such as the Department of Motor Vehicles, that lack direct relationships with I/DD or DHH communities;
- Compromise privacy, autonomy, or informed choice;
- Exclude non-drivers, low-frequency language speakers, or marginalized populations;
- Does not include a law enforcement or first responder training component to ensure trauma-informed implementation and understanding;
- Does not include community awareness training on the Blue Envelope Program and its application within the community;
- Does not clearly define intellectual and developmental disability or fails to extend inclusive support to the DHH communities.

Inland Regional Center will neither support nor oppose any bill.

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Formal Recommendations

To ensure consistency, equity, and community trust, any statewide implementation of the Blue Envelope Program must be modeled after the San Bernardino Blue Envelope Program. The following principles serve as the foundation for effective, trauma-informed, and culturally responsive statewide adoption:

IRC, the Autism Society Inland Empire, and the Blue Envelope Coalition formally recommend that any statewide adoption of the Blue Envelope concept adhere to the following principles:

1. **Voluntary Participation** – Be voluntary and self-implemented by individuals and families, with no requirement for data collection or registration.
2. **Community-Led Governance** – Be co-led by individuals who self-identify as having an I/DD or who are DHH, in partnership with community-based organizations, Regional Centers, and local law enforcement and first responder agencies, to ensure accountability, accessibility, and cultural responsiveness.
3. **Comprehensive Training** – Include scenario-based instruction aligned with Crisis Intervention Training and POST standards.
4. **Language Access and Cultural Humility** – Maintain translation into threshold and low-frequency languages, incorporate ASL interpretation, and ensure culturally responsive outreach.
5. **Continuous Improvement** – Embed ongoing community feedback and evaluation mechanisms to ensure the program evolves alongside emerging best practices.

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Conclusion

The San Bernardino Blue Envelope Program stands as a model of what can be achieved through authentic collaboration between individuals with I/DD, the DHH community, families, advocates, and public safety professionals. Grounded in trauma-informed care, cultural and linguistic responsiveness, and voluntary participation, the program demonstrates how locally developed, community-informed initiatives can address long-standing gaps in communication, trust, and safety during law enforcement and emergency interactions.

Findings from this statewide research effort confirm that the program is feasible, effective, and scalable, offering a low-cost, high-impact framework that strengthens first responder preparedness, protects individual autonomy, and builds public confidence in community policing. The model's non-registry design, self-implementation, and cross-sector training address privacy concerns and align with best practices in equity, inclusion, and person-centered planning. Its emphasis on continuous feedback and scenario-based training ensures ongoing relevance and measurable impact.

While no single intervention can eliminate the complex challenges faced by individuals with I/DD or those who are DHH in public safety encounters, the San Bernardino Blue Envelope Program provides a proven, practical path forward. By pairing voluntary tools with robust education, it supports safer outcomes, strengthens community partnerships, and fosters a culture of empathy and understanding across systems.

As California explores broader strategies to improve disability inclusion in public safety, this report underscores a key lesson: solutions are most effective when they are built with the community, not for it. Sustaining and expanding this model will require continued investment in training, outreach, and evaluation, guided by the lived experiences of those it seeks to serve. Through shared accountability and respect for autonomy, the Blue Envelope Program exemplifies a balanced approach that honors privacy, promotes equity, and reaffirms a collective commitment to safety, dignity, and trust for all.

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Statement of Commitment

The Autism Society Inland Empire and IRC reaffirm their unwavering commitment to advancing safety, inclusion, and equitable communication for individuals with intellectual and developmental disabilities and those who are Deaf or Hard of Hearing. Together, our organizations will continue to lead, consult, and implement the Blue Envelope Program across agencies, vendors, and community-based organizations throughout California and across the nation, regardless of the outcome of any future legislation.

This work is rooted in a shared mission of partnership, education, and empowerment. We firmly believe that every community deserves access to evidence-informed, person-centered tools that strengthen trust, foster understanding, and improve communication between first responders and the individuals they serve.

In collaboration with those most impacted, Inland Regional Center and the Autism Society are committed to ensuring that lived experience and authentic community voice remain at the heart of the program's design, delivery, and continuous improvement. By elevating these perspectives, we will continue to expand outreach, training, and technical assistance, ensuring that the Blue Envelope Program remains accessible, sustainable, and responsive to the diverse needs of communities, now and for generations to come.

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3

Approved

From: [Catherine Schreiber](#)
To: [sb882](#)
Subject: Written Comment for 12/10/25 SB 882 Advisory Council Meeting -- Manny Alert Act
Date: Wednesday, December 10, 2025 9:31:59 PM
Attachments: [5D Resolution 24-25 Statement for SB 882 12-10-25.pdf](#)

EXTERNAL EMAIL: This message was sent from outside DOJ. Please do not click links or open attachments that appear suspicious.

Dear Advisory Council Members:

Attached is the written statement that I presented at this morning's meeting as well as the PTA resolution on "Missing Non-Abducted Children with Cognitive Disabilities" that I mentioned. The resolution is also available on the California State PTA's website: <https://s3.us-east-1.amazonaws.com/downloads.capta.org/res/MissingNon-AbductedChildrenwithCognitiveDisabilities.pdf>.

Thank you to the Council Member who asked if the database technology could also be used for an alert system. Thank you to Council Member Zuniga for highlighting the potential funding solution of 10 to 15 cents per cell phone user (plus inflation) -- such a small amount to save lives.

Good luck in your important work.

Sincerely,

Catherine Dorn Schreiber
First Vice President / Leadership
Chair, Resolutions Committee
FIFTH DISTRICT PTA
Serving San Bernardino County and Kern County



DOJ did not respond

SB 882 Advisory Council Meeting January 30, 2026
Public Comments Received Via Email

Fifth District PTA
Roy C. Hill Education Center
601 North E Street, San Bernardino, CA 92410

SB 882 Advisory Council Meeting

December 10, 2025

Public Comment

Good morning. My statement relates to Agenda Item #6, the Manny Alert Act Feasibility Report.

My name is Catherine Dorn Schreiber, Vice President and Resolutions Committee Chair for Fifth District PTA, which serves San Bernardino County and Kern County. PTA is the oldest and largest child advocacy organization in the country.

Last year, I co-authored a PTA resolution on Missing Non-Abducted Children with Cognitive Disabilities. The resolution seeks and supports legislation that establishes a centralized statewide database that is voluntary for families with children with cognitive disabilities and that would assist law enforcement and emergency personnel in safely locating and returning these children. The resolution also supports legislation that establishes a new alert system to locate such missing children as well as training for law enforcement, emergency personnel, families, caregivers, educators, and the community about the database and the alert system. PTA delegates from throughout the State of California voted to pass this resolution in May 2025.

Every second counts when searching for missing children with cognitive disabilities because the situation can quickly become a matter of life or death. However, no centralized database currently connects California law enforcement agencies across jurisdictions to hasten the search. Moreover, because children with cognitive disabilities usually leave of their own free will, these missing children don't qualify for an Amber alert, which is for abducted children. Both a centralized database and a dedicated alert system are needed.

During our research, we read this feasibility study and were glad to see that the State of California had looked into the issues that we raised in the PTA resolution. The feasibility study concluded that "It is technically feasible to implement, operate, and maintain a statewide self-registration database system," albeit with some cautions.

On behalf of the countywide Fifth District PTA, we urge this council to take action to move the Manny Alert Act toward implementation to save lives of vulnerable children and adults.

Resolution on

MISSING NON-ABDUCTED CHILDREN

WITH COGNITIVE DISABILITIES

Submitted to
California State PTA

By Fifth District PTA
Resolutions Committee

Catherine Dorn Schreiber
Regina Frazer
Arrissia Owen

January 5, 2025

**Resolution on
MISSING NON-ABDUCTED CHILDREN WITH COGNITIVE DISABILITIES**

Resolved Statements

- 1 RESOLVED,** That the California State PTA and its units, councils, and districts be informed about and educated on the need for more laws to protect, locate, and safely return non-abducted missing autistic children and non-abducted missing children with other cognitive disabilities; and be it further
- 2 RESOLVED,** That the California State PTA and its units, councils, and districts seek and support legislation that establishes a centralized statewide database that is voluntary for families with children with cognitive disabilities and that would assist law enforcement and emergency personnel in safely locating and returning non-abducted missing children with cognitive disabilities; and be it further
- 3 RESOLVED,** That the California State PTA and its units, councils, and districts seek and support legislation that establishes a new alert system to locate non-abducted missing children with cognitive disabilities; and be it further
- 4 RESOLVED,** That the California State PTA and its units, councils, and districts encourage and support training for law enforcement and emergency personnel about the database and the alert system once authorized by law and operational; and be it further
- 5 RESOLVED,** That the California State PTA and its units, councils, and districts encourage and support education for families, caregivers, educators, and communities about the database and the alert system once authorized by law and operational.

**Resolution on
MISSING NON-ABDUCTED CHILDREN WITH COGNITIVE DISABILITIES**

Whereas Statements

- 1 WHEREAS,** Nearly five percent of children in California have been identified with autism spectrum disorder and between one quarter and one half of all autistic children wander or bolt without notifying or asking their parents, caregivers, or teachers; and
- 2 WHEREAS,** Wandering often ends in serious injury or death; and
- 3 WHEREAS,** There is no centralized database throughout California containing a registry of vulnerable children with cognitive disabilities and helpful information for law enforcement and emergency personnel to locate missing vulnerable children with cognitive disabilities and more effectively assist in an emergency; and
- 4 WHEREAS,** California has no effective alert system solely for quickly locating non-abducted missing children with cognitive disabilities; and
- 5 WHEREAS,** Training and education are needed to successfully implement a centralized database and a new alert system; now therefore be it

Background Statement

Evelyn. Mohamed. Lionel. Eliana. Everett. Those are just a few names of autistic children who went missing in the United States. They were not abducted. They merely wandered away unnoticed. All were found dead. Nearly five percent of California children, or 1 in 22, are diagnosed as autistic, according to the Centers for Disease Control and Prevention. And about half of autistic kids wander, according to the Interactive Autism Network, leading to potentially dangerous circumstances.

Autistic wanderers often don't understand risks or consequences and struggle with impulse control. They are vulnerable when alone because they are not necessarily aware of their surroundings. When autistic kids feel unsafe, their nervous systems become overstimulated, and they may go into fight-or-flight mode. Some may struggle with communication and memory challenges under duress. Autistic kids' behaviors may confuse law enforcement and emergency responders unfamiliar with neurodivergence.

Every second counts when searching for missing children with cognitive disabilities, including autism, because the situation can quickly become a matter of life or death. However, no centralized database connects California law enforcement agencies effectively and efficiently to hasten the search. Because they left of their own freewill, these missing children don't qualify for an Amber alert, which is for abducted children. There is no well-known dedicated alert system for children with cognitive disabilities who go missing. Both a centralized database and a well-publicized, dedicated alert system are needed.

Some cities and counties across California have set up local registries in which families can voluntarily register their disabled dependents. Being hit by a moving vehicle and drowning are the most common causes of death when a child with cognitive disabilities goes missing, so the databases include instructions about how to approach the missing child so they don't flee again. Autistic kids are 160 times more likely to die from drowning than their neurotypical peers, according to the National Autism Association. Database information can include whether children are attracted to water and if they can swim.

Resulting databases contain helpful information to better assist law enforcement and emergency personnel, but the databases are not accessible to every agency. A centralized database is needed in emergency situations so that tragedies can be avoided. A dedicated alert system could encourage the public to help find a missing child with cognitive disabilities who has wandered.

A database and an alert system for non-abducted, cognitively disabled missing children could have saved Redlands' Everett Molino, who slipped away while at a church gathering. During the search, residents on the far side of town saw the autistic 15-year-old, but no one was looking for him there. Hours later, California Highway Patrol (CHP) had possession of Everett's lifeless body nine miles from where he disappeared. Everett had been struck by a car on the freeway, but CHP officers didn't know there was a missing child or a local search. A centralized database and a dedicated alert system could have helped Everett and many other children. PTA leaders can help make these technologies a reality in California.