Report of the SB 882 Advisory Council on Improving Interactions between People with Intellectual and Development Disabilities and Law Enforcement – Draft Detailed Outline 4/1/25

I. Executive Summary
   a. Short overview of each of the key points below
   b. Make sure to include overview of all recommendations

II. Introduction

   a. SB 882
      i. Summary of Key Provisions
         1. Pen. Code § 13016
            a. Creation of Advisory Council; duties of Council (evaluating training, identifying gaps in training, making recommendations to the Legislature)
            b. Definitions of intellectual & developmental disability in statute, lack of definition of mental health condition/disorder in statute, mental health condition definition for report, intersectionality
            c. Report requirements
         2. Gov. Code § 12525.2
            a. New reporting requirements: agencies must report additional information monthly to Cal DOJ, for officer-involved shootings or use of force incidents resulting in serious bodily injury or death, including whether officer perceived developmental, physical, or mental disability
            b. Definitions of developmental, mental, and physical disability applicable to this section
      ii. Summary of Legislative History

   b. Advisory Council on Improving Interactions between People with Intellectual and Development Disabilities and Law Enforcement
      i. Council Membership (bios)
      ii. Council Process (meetings, witnesses, public comment, other)
         1. Council required to meet quarterly; dates of meetings
         2. All Council meetings have been held simultaneously by Zoom and in person, and have been recorded, with agendas, minutes, and materials distributed available on the Attorney General's SB 882 website.
         3. Summary of witnesses who presented to the Council.

   c. Methodology & Limitations
      i. Literature Review
      ii. Law Enforcement Survey
      iii. Training Evaluation
      iv. Creating Recommendations
      v. Limitations of Advisory Council process
         1. Limited sample of trainings evaluated
         2. Limits on number of witnesses

   d. Summary of Recommendations [To be drafted in 2026 after Council's January meeting voting on recommendations]

III. The Rights of Individuals with Mental Health, Intellectual, and Developmental Disabilities

a. Existing training requirements
    i. AB 1718 (2000), SB 11 (2015), AB 71 (2015), SB 29 (2015)

b. Federal Legal Framework/Rights
    i. ADA, § 504 and relevant caselaw

c. California Legal Framework/Rights
    i. Unruh Civil Rights Act & related caselaw (California framework for protection against discrimination, among other provisions)
    ii. Lanterman Petris Short Act (description of associated care system below, discussion of due process and related rights here)
    iii. Lanterman Developmental Disabilities Services Act (description of associated care system below, discussion of rights here, including rights to participation in community, to receive services in least restrictive environment (See e.g. Dept. of Developmental Services, Consumer Guide to the Lanterman Act))

IV. The Current State of Care for Persons with Mental Health Challenges and IDD and Their Interactions with Law Enforcement

a. The Mental Health Care System

i. Relevant demographics
1. General prevalence of most common mental health conditions
2. Intersectionality: rates higher for Native Americans, Black and Latino/a individuals, people with inadequate resources/unhoused/etc.
3. Co-occurring conditions: IDD, hearing impairment/other linguistic barriers
4. Any data re mental health and law enforcement interactions [may be limited; may compare with other jurisdictions if others collect more data]; AB 388 data re: law enforcement contacts for youth in residential care

ii. Community based systems – summary of core elements; any important regional differences (NorCal/SoCal/other), urban/rural differences
1. Private v. public outpatient care; partial day care; residential treatment; long term care; state hospitals
2. Prop 1 reforms of CA mental health system, implementation 2024-2026

iii. Lanterman Petris Short Act
1. Welf. Inst. Code 5150 – system of involuntary placement in cases of acute crisis/grave disability, and potential for police interaction
2. Other involuntary treatment under LPS Act (brief for system of care background and consideration as available services)
a. Medium-term involuntary placements – Welf. Inst. Code 5202 et seq.
b. Conservatorships – Welf. Inst. Code 5352 et seq.

iv. Mental health care in confinement
1. Mental health care in jails, prisons
2. State hospital placements related to criminal cases

b. The System of Care for Individuals with Intellectual and Developmental Disabilities

    i. Relevant demographics
        1. General prevalence of IDD, and of different types of IDD, in California
        2. Intersectionality: people of color; unhoused persons
        3. Co-occurring conditions: mental health, hearing impairment/other linguistic barriers
        4. Any data re IDD and law enforcement interactions [may be limited; may compare with other jurisdictions if others collect more data]

    ii. Lanterman Act, Regional Centers
        1. Regional Centers (4620-4669.75)
            a. Individual Program Planning process generally
            b. RC Clients Requiring MH Services (4696-4697)
            c. Community Crisis Home Certification (4698 – 4698.1)
            d. Planning and Developing New and Expanded Programs and Facilities (4675-4679.1)
        2. Services Outside Regional Centers
            a. Developmental Centers
                i. Adult Residential Facilities for Persons with Special Health Care Needs
                ii. Group Homes for Children with Special Health Care Needs
                iii. Enhanced Behavioral Support Homes (4684.80-4684.86)
            b. State Hospitals
            c. Community Living Continuums (4825)
        3. Services, Supports, Resources for people living in the community

c. Systems of Care for Youth [plan to explore further in July meeting]

    i. School-based services
    ii. Community treatment programs
    iii. Short-term residential therapeutic programs (STRTPs)
    iv. Care for detained youth with mental health conditions/IDD

d. Police as First Responders to Mental Health Crisis
    i. Law enforcement's historical/current role in mental health care

e. Negative Outcomes of Police Interaction with Persons with Mental Health Challenges and IDD

    i. Disproportionate harms to persons with mental health challenges and IDD at all points of interaction with law enforcement

    ii. Specific Statistics/Background information on negative outcomes
        1. Calls from Public/Dispatch Issues (if data available)
        2. Encounters in the Field
            a. Use of Force [see Racial Identity and Profiling Act (RIPA) data; other data]
            b. Traffic Stops
                i. Elements tracked include: Perceived or known disability of person stopped, including mental health condition, intellectual or developmental disability, including dementia, and, for K-12: disability related to hyperactivity or impulsive behavior. (See 2019 RIPA report)
            c. Outcome of Encounters [continue research for available data]
        3. Post-Arrest
            a. Interrogation Issues
            b. Incarceration
                i. Data: Rates of incarceration, general failures to track and identify people with disabilities in carceral settings
                ii. Conditions of confinement: accommodations, appropriate housing, use of force
            c. Failure to provide follow-up care upon release
        4. Negative outcomes for youth
            a. School-based responses (e.g. using police for discipline, school to prison pipeline, disproportionality for students with mental health disabilities and IDD)
            b. Note RIPA stop reports specifically for K-12
            c. AB 388 data and the use of law enforcement by congregate care providers
        5. Treatment of Crime Victims and Witnesses with IDDs and or MH conditions

V. Council Meetings and Witness Materials

a. Overview and summary of the substantive witnesses that presented to the Council (consider organizing material by point of interaction with police as above, if the material supports (e.g., calls from public, encounters in the field, post-arrest, schools, witnesses/victims)) [Presenters through January 2025 meeting included]
    i. Law enforcement presenters
        1. Los Angeles Police Department Mental Evaluation Unit and Crisis Response Support Section
        2. Mark Stadler, Senior Program Administrator, Ventura County Sheriff's Office Crisis Intervention Team
    ii. POST and training providers
        1. POST
        2. Yolanda Cruz, Regional Manager at State Council on Developmental Disabilities
    iii. Community organizations and advocates
        1. Teresa Anderson, Executive Director, CA Policy Center for Intellectual & Developmental Disabilities
        2. Michael Bernick (Counsel, Duane Morris LLP, and former Director, California Employment Development Department (EDD)) and Camilla Bixler (Co-Chair of Board of Directors, AASCEND)
    iv. Academics / Researchers
        1. Dr. Randy Dupont, University of Memphis School of Urban Affairs and Public Policy, Department of Criminology and Criminal Justice; Co-Chair CIT International Board of Directors
        2. Joint Project of RAND and Police Executive Research Forum (PERF) on Law Enforcement Response to Persons with Intellectual and Developmental Disabilities

b. Main takeaways from information presented to the Council at meetings

VI. Training

a. Literature Review
    i. Comparing multiple training types – overview of existing research and review of limitations
    ii. De-escalation training – introduction and overview; research regarding efficacy, best practices, degree of implementation, barriers
    iii. Role Play and Simulation Training - introduction and overview; research regarding efficacy, best practices, degree of implementation, barriers
    iv. Training Specific to IDD-ASD – introduction and overview; research regarding efficacy, best practices, degree of implementation, barriers
    v. [Other] best practices based on research and data in the literature

b. Summary: Types of Existing Trainings in California
    i. POST (content, usage across jurisdictions)
    ii. Other trainings identified by council process
    iii. Other notable information identified by council process

c. Analysis
    i. Training analysis – analysis of any trainings reviewed based on curriculum only, with no attendance
    ii. Training analysis – analysis of any trainings reviewed based on both curriculum and attendance
    iii. Key findings

d. Recommendations

VII. Non-Training Interventions

a. Literature Review
    i. AB 988, other statewide responses, dispatch issues, connection with local response systems
    ii. Crisis Intervention Teams (CIT)
        1. Overview of CIT [Include info from witnesses]
        2. Prevalence in California of CIT programs/other CA-specific information gleaned from law enforcement survey or other Council process
        3. Effectiveness – review of evidence and analysis of strength of evidence
        4. Barriers to Effectiveness – how well the department implementing it understands the model, how well integrated supporting community services are for referral purposes, other barriers
        5. Costs and Savings (what data is available, evaluating strength of that data)
        6. Workforce Considerations (where is training received to engage in behavioral health crisis response, what pathways exist to attract and nurture workers with this skill set and from representative communities, salary issues)
    iii. Co-response and alternative/community response models in California
        1. Implementation in California: overview of landscape - how widely implemented, timelines of implementation, etc.
        2. Respects in which teams vary in California (e.g. team makeup, where it is housed, hours of operation, response time, population served, percentage of calls requiring police backup, partnerships, uniform/plainclothes, etc.)
    iv. Evaluation of Co-Response and Alternative Response Models identified through literature review
        1. Limitations of data – shows small positive impact but data is poor/controlled studies are difficult
        2. Benefits – cost effectiveness, better received by populace, benefits for BIPOC communities
    v. Diversion/Other programs (if data available)

b. Summary of any additional interventions identified through Council process

c. Analysis
    i. Strengths/weaknesses identified during meetings, best practices identified during meetings, include community perspectives

d. Recommendations

VIII. Conclusion

a. Key takeaways and recommendations

IX. Acknowledgements

a. Thanking council and public for the process; other acknowledgements

X. Appendices if any