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**FW: Agenda Item 3.3 Please support non-police alternative response & share TRUST information**

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**From** City Clerk <city.clerk@sanjoseca.gov>  
**Date** Thu 1/30/2025 10:19 AM  
**To** Agendadesk <Agendadesk@sanjoseca.gov>

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**From:** Sandra Asher <[REDACTED]>  
**Sent:** Thursday, January 30, 2025 10:16 AM  
**To:** George Casey <[REDACTED]>; Casey, George <George.Casey@sanjoseca.gov>; District 10 <District10@sanjoseca.gov>; Dexter, Michele <Michele.Dexter@sanjoseca.gov>; Escorcia, Gema <Gema.Escorcia@sanjoseca.gov>  
**Cc:** City Clerk <city.clerk@sanjoseca.gov>  
**Subject:** Agenda Item 3.3 Please support non-police alternative response & share TRUST information

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Dear Council Member Casey,

As a constituent who has lived in Almaden Valley for over 20 years, I have had the privilege to live in an area that is well-funded and resourced. But I'd like to tell you about my son. He is the reason I advocate for disability justice and participate in [SURJ](#) – so marginalized people, including those with disabilities, will have better outcomes in our City.

Aidan was 11 the first time he told me he wanted to die. He's now a young adult and still struggles with Suicidal Ideation and Self Harm. At 12, he was diagnosed as Autistic, in addition to Major Depressive Disorder and Generalized Anxiety Disorder among other disabilities. We've had Non-Police Youth Mobile Crisis Intervention (MRSS) at our home multiple times. They were literally a lifesaving intervention and I don't know what we would have done on those nights without them! And I'm so grateful for TRUST now that he's an adult. The Trusted Response Urgent Support Team, also known as TRUST, is a community service that offers non-police alternative response for non-violent mental health and substance abuse emergencies.

In light of the updated Options for Expanding Alternative Response and Co-Response Programs to 911 Calls for Service Report, I urge you to support non-police, alternative response for 911 call diversion, not co-response. As inequality grows in San Jose due to the ever growing tech industry, mental health crisis is increasingly prevalent as more people are unable to afford necessities like housing and food, and are increasingly stressed about meeting their basic needs and getting support for disabilities or neurodivergence. When people are in a mental health crisis, they need trauma-informed mental health providers trained in de-escalation and crisis resolution (such as TRUST, MRSS and MCRT).

The recent report's goal was to find ways to divert calls from 911 to relieve police officers and better support disabled community members. However, the report focused on co-response solutions despite consulting with many disability community organizations that called for a non-police, alternative response. The memo also fails to acknowledge the evidence that the SJPD's Crisis Intervention Training (CIT) has failed to protect community members, as documented in this [report showing the grievous harm](#) that can happen when CIT trained officers respond to mental health crisis calls.

Mobile crisis units staffed by non-police professionals, like TRUST, are an essential component of an emergency response system. According to the Substance Abuse and Mental Health Services Administration's (SAMHSA) National Guidelines for Behavioral Health Crisis Care, "centrally deployed, 24/7" mobile crisis teams are a necessary component of a proper mental health emergency response system." Furthermore, the United States Department of Justice, who are in charge of interpreting the language of the Americans with Disabilities Act, filed a statement of interest in *Bread for the City v. D.C.* supporting the contention that **sending police as default responders to mental health crisis violates the ADA**. This includes co-response.

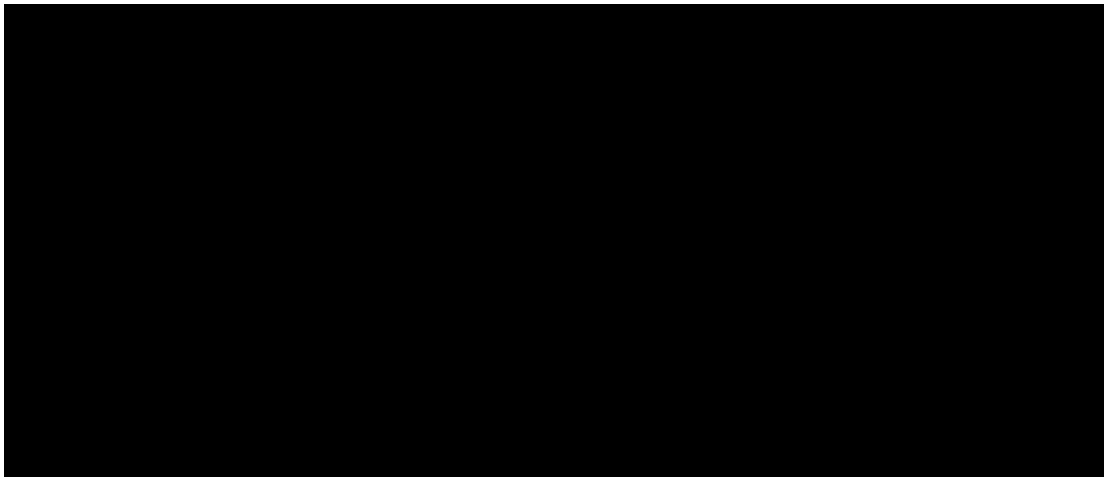
Community based mental health support is necessary for creating healing for our San Jose and Santa Clara County community members dealing with mental health and substance abuse issues. The City has dedicated funds for a year to a San Jose specific TRUST van to respond to crisis calls within San Jose. Can I count on you to support non-police, alternative responses to 911 call diversion? Can you prioritize publicizing the TRUST program and contact information and refer your constituents to TRUST?

I appreciate your time and consideration of my letter and look forward to hearing from you.

Warm Regards,  
Sandra Asher

\*\*\*\*\*

[Sandra Asher](#)



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**FW: Feb 4, 2025, Agenda Item 3.3**

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**From** City Clerk <city.clerk@sanjoseca.gov>  
**Date** Thu 1/30/2025 3:47 PM  
**To** Agendadesk <Agendadesk@sanjoseca.gov>

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**From:** Kathryn Hedges [REDACTED]  
**Sent:** Thursday, January 30, 2025 3:44 PM  
**To:** District3 <district3@sanjoseca.gov>  
**Cc:** The Office of Mayor Matt Mahan <mayor@sanjoseca.gov>; City Clerk <city.clerk@sanjoseca.gov>  
**Subject:** Feb 4, 2025, Agenda Item 3.3

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Dear Mr. Salas:

Welcome to District 3 as our interim Councilmember!

I have lived in District 3 since 2016 in affordable housing downtown. Many of my neighbors have mental health concerns (including but not limited to folks in the 10 of our 100 tenant units earmarked for County Behavioral Health clients) and need support in a crisis from time to time. I also have a front row seat to unhoused people who have no privacy for their mental health or substance use crises.

As a member of Showing Up for Racial Justice in Santa Clara County, I have heard heartbreaking stories from the SV De-Bug families who have lost loved ones in SJPD crisis response incidents. I've also heard stories from eyewitnesses to non-fatal but still inappropriate treatment of people in crisis. So I am glad that we now have a more compassionate response to their distress than calling SJPD: namely, the Trusted Response Urgent Support Team (TRUST) crisis line and mobile units.

TRUST responds to about 10 calls daily in Santa Clara County, half of which are in the City of San Jose. The mobile teams include a mental health clinician, a medic, and a peer counselor, and are eligible for Medi-Cal reimbursement on field calls. But the teams are spread thin and response times are around 1 hour. That is why the Council voted last June to fund a dedicated San Jose team for 40 hours a week.

In light of the recent Public Safety, Finance & Strategic Support Committee (PSFSS) report, I urge you to support non-police, alternative response for 911 call diversion, not co-response. As inequality grows in San Jose due to the ever growing tech industry, mental health crisis is increasingly prevalent as more people are unable to afford necessities like housing and food, and are increasingly stressed about meeting their basic needs and getting support for disabilities or neurodivergence. When people are in a mental health crisis - they need trauma-informed response teams trained in de-escalation and crisis resolution response teams.

As I mentioned earlier, the Trusted Response Urgent Support Team, also known as TRUST, is a community service that offers non-police alternative response for non-violent mental health and substance abuse emergencies.

The recent PSFSS report's goal was to find ways to divert calls from 911 to relieve police officers. However, the report focused on co-response solutions despite consulting with many disability community organizations that called for a non-police, alternative response. Mobile crisis units staffed by non-police professionals, like TRUST, are an essential

component of an emergency response system. According to the Substance Abuse and Mental Health Services Administration's (SAMHSA) National Guidelines for Behavioral Health Crisis Care, "centrally deployed, 24/7" mobile crisis teams are a necessary component of a proper mental health emergency response system. In fact, following the DOJ's June 2023 investigation into Minneapolis policing practices, the U.S. Department of Justice stated that "a law enforcement-led response to calls involving behavioral health issues can cause real harm in the form of trauma, injury, and death to people experiencing behavioral health issues, as well as other impacts."

Community based mental health support is necessary for creating healing for our San Jose and Santa Clara County community members dealing with mental health and substance abuse issues. The City has dedicated funds for a year to a San Jose specific TRUST van to respond to crisis calls within San Jose. Can I count on you to support non-police, alternative responses to 911 call diversion? Can you prioritize publicizing the TRUST program and contact information and refer your constituents to TRUST?

Kathryn Hedges

A large black rectangular redaction box covers the area below the name Kathryn Hedges.

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**FW: Agenda item 3.3, Alternative and Co-Response Options Report**

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**From** City Clerk <city.clerk@sanjoseca.gov>  
**Date** Fri 1/31/2025 7:34 AM  
**To** Agendadesk <Agendadesk@sanjoseca.gov>

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**From:** Teresa Ponikvar <[REDACTED]>  
**Sent:** Thursday, January 30, 2025 9:10 PM  
**To:** City Clerk <city.clerk@sanjoseca.gov>; The Office of Mayor Matt Mahan <mayor@sanjoseca.gov>; District 6 <district6@sanjoseca.gov>  
**Subject:** Agenda item 3.3, Alternative and Co-Response Options Report

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Hi, my name is Teresa Ponikvar. I live in the unincorporated Burbank neighborhood in San Jose, my son attends [REDACTED] School in District 6. I am a member of Showing Up for Racial Justice Santa Clara County, and a school-based therapist serving students in San Jose and Santa Clara.

I am concerned about the City Manager's Alternative and Co-Response Options Report. The report finds that co-response is ineffective and alternative response is considered best practices, but goes on to focus on and recommend co-response. The ACLU and the Department of Justice say that sending police to a mental health crisis violates the ADA.

The council had directed staff to explore alternate response for incidents involving people with disabilities. The report completely fails to examine other alternate response for diverting calls regarding incidents other than mental health crises. City staff had a year to explore models across the country and even globally that have success in this field, and do not mention a single one in the report.

As a mental health therapist, I have unfortunately frequently heard from clients, including children, about mental health crises and domestic disputes in which help and support were desperately needed, but there was fear about the potential for deadly consequences if the police were to become involved. Imagine being a 12-year-old child, frightened and perhaps endangered by a parent's manic episode, but even more frightened by the possibility of this parent being harmed or killed by police. In the current political climate, fears like this will surely only increase. An option for a trusted non-police response is essential for true community safety.

Please, instruct the City Manager's Office to redo this report in the vein of the original intent of the 911 Diversion Report and focus on non-police, alternative response models such as

TRUST as initially instructed—and actually divert calls from 911.

Sincerely,  
Teresa Ponikvar

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**FW: 2/4/2025 City Council Meeting Agenda Item 3.3**

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**From** City Clerk <city.clerk@sanjoseca.gov>  
**Date** Tue 2/4/2025 7:35 AM  
**To** Agendadesk <Agendadesk@sanjoseca.gov>

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**From:** Michele M [REDACTED]  
**Sent:** Monday, February 3, 2025 5:59 PM  
**To:** City Clerk <city.clerk@sanjoseca.gov>  
**Cc:** The Office of Mayor Matt Mahan <mayor@sanjoseca.gov>; District 10 <District10@sanjoseca.gov>; District1 <district1@sanjoseca.gov>; District2 <District2@sanjoseca.gov>; District3 <district3@sanjoseca.gov>; District4 <District4@sanjoseca.gov>; District5 <District5@sanjoseca.gov>; District 6 <district6@sanjoseca.gov>; District7 <District7@sanjoseca.gov>; District8 <district8@sanjoseca.gov>; District9 <district9@sanjoseca.gov>  
**Subject:** 2/4/2025 City Council Meeting Agenda Item 3.3

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Dear Mayor Matt Mahan and City Councilmembers:

I am writing to express my deep concern regarding the ongoing treatment of disability in our city. As a longtime advocate and community leader, I have seen how local policies and reports overlook or mishandle the needs of individuals with disabilities. This systemic bias harms the disability community and reinforces harmful stereotypes, excluding disabled people from fully participating in the life of our city.

The report in question highlights multiple issues with its framing and analysis. Outreach efforts continue to fall short because the disability community knows we are not valued or understood. This report is just another example of how community priorities are sidelined, allowing structural ableism to persist unchecked.

According to the National Alliance on Mental Illness (NAMI), a mental health crisis occurs when someone's behavior puts them at risk of hurting themselves or others, and/or prevents them from caring for themselves. Despite this clear definition, City Council directed staff to exclude situations where a person may be at risk to themselves from the 911 call analysis and evaluation of alternative response options. By omitting these situations, the report fails to address the risks disabled individuals face during mental health crises, meaning the default response will continue to be law enforcement intervention. This limited scope perpetuates a harmful cycle where police are called during mental health crises, particularly when suicidal thoughts are involved.

In *Bread for the City v. D.C.*, the court ruled that sending police rather than qualified mental health responders to individuals in crisis may violate the Americans with Disabilities Act (ADA) (*Bread for the City v. District of Columbia*, No. 1:23-cv-01945-ACR, Feb. 22, 2024). The U.S. Department of Justice filed a statement of interest in support of this position, emphasizing that police-led responses to mental health crises are not compliant with the ADA. This is consistent with findings from the Department of Justice's investigations into the Minneapolis and Louisville police departments, which highlighted the risks of harm, trauma, and even death when law enforcement responds to behavioral health issues. These cases underscore the urgent need for mental health professionals, not police, to be the primary responders in such crises.

The data cited in the report significantly underrepresents the prevalence of disability. The report states that disability prevalence in San José is 10.1%, based on Census data. However, the Centers for Disease Control and Prevention (CDC) reports that 26.6% of California adults have a disability, more than double the rate stated in the report (1). This discrepancy impacts how resources are allocated. If decision-makers believe only 10.1% of people are disabled, they may treat disability as a niche issue rather than a widespread concern. In reality, over one in four adults in California has a disability, making accessibility, inclusion, and crisis response a public health and civil rights priority.

The CDC's Disability and Health Data System (DHDS) uses data from the Behavioral Risk Factor Surveillance System (BRFSS), a more comprehensive source for state-level disability data than the Census. Continuing to rely on Census data minimizes the true scope of disability and its intersection with systemic inequities. The Leadership Conference on Civil and Human Rights (2) and the American Association on Health and Disability (3) have called for improved data collection, yet recent federal actions have started to suppress these efforts. Additionally, the National Governors Association published "Promising Practices for State and Territory Disability Data Collection and Use" in December 2024 (4). Moving forward, all levels of government must address the undercounting of disability populations and prioritize accurate data collection. This issue is a priority on the Disability Equity Inclusion Pledge that must be funded and addressed in San José.

CDC 2022 Disability Prevalence in California (5):

Any disability:	26.6%
Cognitive disability:	12.4%
Hearing disability:	5.8%
Mobility disability:	11.1%
Vision disability:	5.1%
Self-care disability:	3.3%
Independent living disability:	7.0%
No disability:	73.4%

The urgency of addressing a problem that affects over a quarter of the adult population is vastly different from one affecting only 10%. The more disability is undercounted, the easier it becomes for governments to deprioritize reforms and funding, placing already marginalized community members at greater risk. This report fails to address the systemic inequities in crisis response, healthcare, and community support, and it does not offer an equitable solution for disability inclusion.

Language and descriptions play a critical role in shaping perceptions of individuals, and when discussing disability, they can perpetuate harmful biases and stereotypes. For instance, the framing of individuals with developmental disabilities and intoxication together can sensationalize the situation and create an implied link between disability and substance use. This not only distorts the reality of the crisis but also raises the question: is the perceived issue the disability or the intoxication? Such framing often fails to address the underlying need for appropriate care and support and instead reinforces existing biases that individuals with disabilities are inherently problematic or in crisis. Similarly, terms like "wheelchair-bound," which is an outdated and no longer used term, increase the risk for individuals by emphasizing their disability in a way that suggests they are limited or incapable, rather than highlighting their agency and right to full participation in society. For more accurate and respectful language, individuals are encouraged to refer to the Disability Affairs Glossary (6). These types of language choices, though often unintended, contribute to a cycle of harm by framing disabled individuals as subjects of surveillance and control rather than individuals entitled to dignity, support, and appropriate responses in times of crisis.

On page 17, the report presents a misleading interpretation of accessibility requirements, suggesting that an ASL interpreter is an optional "co-responder." Under the Americans with Disabilities Act (ADA) and Section 504 of the Rehabilitation Act, law enforcement is legally required to provide effective communication for d/Deaf and hard-of-hearing individuals. Interpreters are not optional—they are a legal requirement for any interaction with d/Deaf individuals, and this must be integrated as a standard service, not an "add-on."

People with disabilities and their families are facing significant challenges. Pending budget cuts and policies that treat disabled individuals as burdens reflect a dangerous return to outdated beliefs that devalue disabled



lives. The framing in this report mirrors these biases—portraying people with disabilities as problems to be managed rather than individuals with rights and agency. If we do not actively challenge these narratives, they will continue to harm disabled communities.

The harmful stereotypes disabled people face today are rooted in historical practices like eugenics, where they were seen as burdens. This ideology fueled the atrocities of the Holocaust, with disabled individuals among the first to be targeted for extermination. Acknowledging this history underscores the urgency of changing how we view disabled individuals. Recent actions by President Trump, including rolling back DEIA programs (7) and blaming disabled people for incidents like the plane crash near Ronald Reagan Washington National Airport (8), show a troubling shift in societal attitudes. These actions highlight the need to stay vigilant against dehumanizing views and ensure disabled individuals are treated with dignity and respect.

I urge you to direct the City Manager's Office to revise this report to accurately reflect the needs of the disability community, not an analysis with limited input and biased language. Reports like this perpetuate the harmful idea that disabled people are invisible in San José. The City of San José must take intentional steps to address the historic ableism that has marginalized this community.

It is essential to prioritize alternative response programs over co-response, with clear budget recommendations to support this shift. Increased training and research across City departments are urgently needed, with funding that should be directed away from institutionalization and incarceration. Direct staff to conduct thorough research on how emergency responses can meet the needs of all people with disabilities, including those with blindness, d/Deafness, mobility disabilities, autism, or mental health conditions. This research must also address the intersection of disability and mental health, ensuring that response systems don't default to law enforcement during crises. Lastly, the City must allocate funds for a community education campaign to raise awareness of 988 and the TRUST line, ensuring proper crisis support access.

Sincerely,  
Michele Mashburn  
District 3 Resident

#### **Sources**

- (1) <https://dhds.cdc.gov/SP> (then select California and Disability Estimates)
- (2) <https://civilrights.org/blog/disability-data-convening-first-of-many-needed-steps/>
- (3) <https://aaahd.us/2024/10/disabilitydataaction/>
- (4) <https://www.nga.org/publications/promising-practices-for-state-and-territory-disability-data-collection-and-usage/>
- (5) <https://dhds.cdc.gov/SP>
- (6) <https://www.sanjoseca.gov/your-government/departments-offices/office-of-the-city-manager/office-of-racial-and-social-equity/disability-affairs/glossary>
- (7) <https://www.aclu.org/news/racial-justice/trumps-executive-orders-rolling-back-dei-and-accessibility-efforts-explained>
- (8) <https://www.ndrn.org/resource/dca-crash/>

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**Michele Mashburn**

[All Things Disability Equity](#)

[MicheleM1029@gmail.com](mailto:MicheleM1029@gmail.com) or

[Michele@AllThingsDisability.org](mailto:Michele@AllThingsDisability.org)

Phone: 669-291-9013

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**SUPPORT for Expanding ALTERNATIVE Response to 911 Calls for Service - Item 3.3 - City Council 2/4 Public Comment**

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From Jordan Moldow <[REDACTED]>

Date Mon 2/3/2025 8:52 PM

To The Office of Mayor Matt Mahan <mayor@sanjoseca.gov>; District1 <district1@sanjoseca.gov>; District3 <district3@sanjoseca.gov>; District 6 <district6@sanjoseca.gov>; District4 <District4@sanjoseca.gov>; District9 <district9@sanjoseca.gov>; Agendadesk <Agendadesk@sanjoseca.gov>; City Clerk <city.clerk@sanjoseca.gov>; District2 <District2@sanjoseca.gov>; District5 <District5@sanjoseca.gov>; District7 <District7@sanjoseca.gov>; District 10 <District10@sanjoseca.gov>; District8 <district8@sanjoseca.gov>

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To Mayor Mahan, Vice Mayor Foley, my Councilmember Salas, and the City Council,

On Item 3.3, I urge you to support the [Memorandum from Ortiz, Candelas, and Cohen, 1/31/25](#), as well as Recommendation 2. in the [Memorandum from Mulcahy, 1/31/25](#).

Furthermore, I urge you to adopt the full set of recommendations that have been provided in the many letters from members of San Jose's disability communities, the Race Equity Action Leadership (REAL) Coalition, Parents Helping Parents, Standing up for Racial Justice (SURJ), and the State Council on Developmental Disabilities.

It is necessary for staff to create proposals for more ALTERNATIVE response models, and to have those proposals ready for budget deliberations in May. TRUST is fantastic, and it absolutely needs to be expanded and funded on a permanent basis, but there is more to alternative response beyond just TRUST.

Co-response has its place in certain contexts, but the many letters from professionals, researchers, and those with lived experiences show that there are many situations where we should be reaching for an alternative response model. It is irresponsible to adopt the current staff recommendation that only proposes co-responses.

Especially in a tough budget year, it makes financial sense to invest in alternative response, where we can send only the relevant responders to a call, and not also require pulling in a police officer who could be responding to incidents that only they are best suited for.

Best,

Jordan Moldow (speaking for himself)

District 3, Japantown, 95112

**FW: City Council Meeting**

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**From** City Clerk <city.clerk@sanjoseca.gov>  
**Date** Tue 2/4/2025 7:36 AM  
**To** Agendadesk <Agendadesk@sanjoseca.gov>

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**From:** Sarah Kishler [REDACTED]  
**Sent:** Monday, February 3, 2025 8:55 PM  
**To:** City Clerk <city.clerk@sanjoseca.gov>  
**Subject:** City Council Meeting

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Hello, I am writing to show my support for the city to pass a resolution "Reaffirming the City's Commitment to Preserving the Safety and Dignity of all its Residents, Regardless of National Origin or Legal Status." it is extremely important that San Jose takes a stand for our immigrant community and reaffirm its commitment to being a welcoming city.

I also support TRUST, the non-police alternative response to people in crisis.

Thank you.

Sarah Kishler  
[REDACTED]

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**FW: 3.3: 911 Diversion Report: We Need Non-Police / Alternative Response, Not Co-Response**

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**From** City Clerk <city.clerk@sanjoseca.gov>  
**Date** Tue 2/4/2025 7:36 AM  
**To** Agendadesk <Agendadesk@sanjoseca.gov>

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**From:** Jacqueline Martin [REDACTED]  
**Sent:** Monday, February 3, 2025 9:25 PM  
**To:** City Clerk <city.clerk@sanjoseca.gov>; The Office of Mayor Matt Mahan <mayor@sanjoseca.gov>; District2 <District2@sanjoseca.gov>  
**Subject:** 3.3: 911 Diversion Report: We Need Non-Police / Alternative Response, Not Co-Response

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Hello,

My name is Jacquie Martin and I am a voter in District 2 and a SURJ Santa Clara County member.

I am concerned about the City Manager's Alternative & Co-Response Options Report. The report finds that co-response is ineffective and alternative response is considered a best practice, but the report focuses on and recommends co-response. The ACLU and the Department of Justice say that sending police to a mental health crisis violates the ADA.

Nationally, more than half of Black Americans with disabilities are arrested by the age of 28. The intersectionality of race and disability puts people of color with disabilities in unnecessary risk of life & livelihood for things beyond their control.

We insist that the City Council instructs the City Manager's Office to redo this report in the vein of the original intent of the 911 Diversion Report and focus on non-police, alternative response models such as TRUST as initially instructed—and actually divert calls from 911.

Sincerely,

--

Jacquie Martin  
[REDACTED]

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**FW: Item 3.3, File #25-085 - SUPPORT**

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**From** City Clerk <city.clerk@sanjoseca.gov>  
**Date** Tue 2/4/2025 7:37 AM  
**To** Agendadesk <Agendadesk@sanjoseca.gov>

 1 attachment (199 KB)  
2025.02.03 - HealthRIGHT 360 - File #25-085 - SUPPORT.pdf;

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**From:** Wesley Saver [REDACTED]  
**Sent:** Monday, February 3, 2025 9:35 PM  
**To:** The Office of Mayor Matt Mahan <mavor@sanjoseca.gov>; City Clerk <city.clerk@sanjoseca.gov>  
**Cc:** Razelle Buenavista <[REDACTED]>  
**Subject:** Item 3.3, File #25-085 - SUPPORT

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Dear Mayor Mahan and Councilmembers,

On behalf of HealthRIGHT 360, please find the attached letter expressing our support for Item 3.3, File #25-085.

Thank you for your leadership and consideration.

Sincerely,

Wes

--

**Wesley Saver** | Director of Policy & Public Affairs  
Policy & Public Affairs Department  
(he/him/his pronouns)



**Get Better. Do Better. Be Better.**

986 Mission Street | San Francisco, CA 94103-2543

[REDACTED] [www.healthright360.org](http://www.healthright360.org)



**Get Better. Do Better. Be Better.**

February 3, 2025

The Honorable Matt Mahan  
200 E. Santa Clara St.  
San José, CA 95113  
[mayor@sanjoseca.gov](mailto:mayor@sanjoseca.gov)

*Submitted via electronic mail*

**Re: Item 3.3, File #25-085 - Options for Expanding Alternative Response and Co-Response Programs to 911 Calls for Service - SUPPORT**

Dear Mayor Mahan and Councilmembers,

On behalf of HealthRIGHT 360, I write in strong support of expanding alternative response options to ensure that every crisis in San José is met with the appropriate expertise, care, and compassion. We join the growing call for a public safety approach that prioritizes behavioral health professionals, social workers, and peer-led crisis teams over armed law enforcement in nonviolent situations.

HealthRIGHT 360 is a nonprofit provider of substance use disorder treatment, mental health services, and primary care to over 45,000 Californians annually. We provide compassionate, non-judgmental, and evidence-based care, regardless of one's ability to pay, guided by our belief that healthcare is a right, not a privilege. We bring a unique perspective on crisis intervention, drawn from our extensive engagement with individuals impacted by the criminal legal system.

We commend the Council and staff for exploring alternative response models and recognizing the need for non-police interventions in behavioral health and homelessness-related crises; however, we urge the Council to take decisive action and fully commit to alternatives that prioritize care over criminalization.

Research consistently shows that police-led responses to behavioral health crises often escalate situations, leading to unnecessary arrests and tragic outcomes. National best practices emphasize the effectiveness of alternative models that pair crisis intervention with community-based care. The Substance Abuse and Mental Health Services Administration (SAMHSA) has explicitly stated that co-response models — combining law enforcement with clinicians — are not as effective as standalone crisis response teams composed of behavioral health professionals and peer specialists.<sup>1</sup>

San José must prioritize models that ensure appropriate, de-escalating, and harm-reducing responses for those experiencing homelessness, behavioral health crises, and disabilities. This is particularly critical as individuals with disabilities face heightened risks when law enforcement is the default response.

To build a future centered on care, we urge the City Council to:

- Direct staff to research and present alternative response models, integrating them into the Fiscal Year 2026 budget.

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<sup>1</sup> Substance Abuse and Mental Health Services Administration. (2025). National Behavioral Health Crisis Care Guidance. <https://library.samhsa.gov/product/national-behavioral-health-crisis-care-guidance/pep24-01-037>

- Hold a study session during budget season to examine the 911 and 988 dispatch systems, identify barriers to expanding 988 eligibility, and explore the benefits of alternative models;
- Develop a plan to utilize Opioid Settlement Funds to sustain and expand community-based crisis response services;
- Invest in community education to raise awareness about 988 and TRUST, reducing reliance on 911 for nonviolent crises;
- Ensure that hiring practices for alternative response teams reflect the cultural and linguistic diversity of San José’s communities;
- Provide resources to community-based organizations to deliver culturally competent services to unhoused and underserved populations;
- Prioritize mobile crisis teams trained in de-escalation for people with cognitive, psychiatric, and sensory disabilities; and,
- Avoid expanding co-response models that fail to meet the needs of disabled and marginalized populations;

San José has an opportunity to lead in reimagining public safety by centering community-driven, health-first crisis response models. Investing in alternative response programs will provide care rather than criminalization, strengthen trust with historically harmed communities, reduce violent outcomes, advance equity, and save public resources by diverting nonviolent calls away from law enforcement.

We appreciate your commitment to this critical issue and urge you to support policies that prioritize care, dignity, and public health over punitive approaches. For questions regarding our position, please contact me at [REDACTED]

Sincerely,

[REDACTED]

Wesley Saver | Director of Policy & Public Affairs  
Policy & Public Affairs Department  
986 Mission Street, San Francisco, CA 94103-2543

[REDACTED]

Cc: Office of the City Clerk via [city.clerk@sanjoseca.gov](mailto:city.clerk@sanjoseca.gov)

**FW: Agenda item 3.3 (25-085) City Council Meeting 2/4/2025**

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**From** City Clerk <city.clerk@sanjoseca.gov>  
**Date** Tue 2/4/2025 11:51 AM  
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**From:** Forrest Nixon <[REDACTED]>  
**Sent:** Tuesday, February 4, 2025 11:47 AM  
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Mayor Mahan and members of the Council,

San Jose police officers have always treated me professionally and reasonably. Their responsibility is to maintain law and order. It would be unreasonable to expect them to perform heart surgery. It is likewise unreasonable to expect them to respond optimally to the mentally ill and unhoused, though many officers do respond admirably. It would be much better to have skilled community responders handle situations with the mentally ill and unhoused whenever possible. Their responsibility is to get individuals the help and care they need. We still have the back-up of the police for questions of law and order. The more community response teams we have, the better it will be for all of us.

Forrest Nixon  
[REDACTED]

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