



Memorandum

TO: HONORABLE MAYOR AND CITY COUNCIL **FROM:** Sarah Zárate

SUBJECT: See Below

DATE: January 13, 2025

Approved

Date:

1/21/24

COUNCIL DISTRICT: Citywide

REPLACEMENT

SUBJECT: Options for Expanding Alternative Response and Co-Response Programs to 911 Calls for Service

REASON FOR REPLACEMENT

This report replaces the project status report provided to the Public Safety, Finance, and Strategic Support (PSFSS) Committee on October 17, 2024.¹ This report contains project updates as well as additional information based on PSFSS Committee and community feedback. This memorandum includes:

- Updates on existing alternative and co-response programs, including an update on the Trusted Response Urgent Support Team expansion pilot;
- Updated information on resident awareness of services available through the County of Santa Clara's 988 call center;
- A revised finding on eligible uses for opioid settlement funding;
- Addition of a Racial and Social Equity Impact Analysis;
- Additional information on an upcoming committee report on disability data collection and ongoing work to gather community input on domestic violence programs;
- Restructuring the report's formatting for clarity; and
- Recommended City Council direction for continuing alternative response program collaboration with the County of Santa Clara.

RECOMMENDATION

- (a) Accept the Options for Expanding Alternative Response and Co-Response Programs to 911 Calls for Service Report.
- (b) Direct the City Manager or her designee to continue collaboration with the County of Santa Clara to identify opportunities to expand the 911-to-988 call transfer program, educate residents on services available through 988, and monitor implementation of the Trusted Response Urgent Support Team expansion pilot.

¹ <https://sanjose.legistar.com/View.ashx?M=F&ID=13367590&GUID=C933B299-06A4-4A5C-AC34-D4122EC2DE83>.

SUMMARY AND OUTCOME

This report provides an update on three overlapping projects addressing multiple interrelated City Council directives given between February and June 2024. First, staff continued exploration of alternative response models for select 911 calls for service, including for calls involving unhoused individuals and/or individuals with a disability, including mental health issues. Second, staff explored potential co-response models for incidents involving individuals with a disability. Third, staff explored co-response models for domestic violence incidents. Across these three projects, staff report both activity updates and research findings that identify options for expanding alternative response and co-response programs for City residents.

Accepting this report and approving the recommendation will direct staff to continue ongoing collaboration with the County of Santa Clara (County) to expand the 911-to-988 call transfer program, educate residents on services available through 988, and monitor implementation of the Trusted Response Urgent Support Team (TRUST) expansion pilot.

BACKGROUND

In April 2022, the City Council received the Report of the Reimagining Public Safety Community Advisory Committee, which called for public safety reforms including expanded alternative response programs to “create better outcomes for community members and better utilize police resources.”² Through the approval of the Mayor’s March Budget Message for Fiscal Year (FY) 2023-2024, the City Council directed staff to “identify types of 911 calls that might be assigned to capable public safety or health personnel, including in partnership with the County or other service providers.” Staff was asked to focus on exploring call types that “may be suitable for an alternative response model, especially calls involving mental health crises, homelessness, and youth.”³

In response to this direction, staff brought forward an analysis of 911 calls and findings for opportunities to expand alternative and co-response to City Council on February 27, 2024.⁴ After receiving this report, City Council directed staff to explore the following:

- Potential models for alternative response and co-response for incidents involving individuals with a disability;
- Alternative response models for welfare checks, disturbances, suspicious circumstances, and trespassing calls involving mental health issues or unhoused individuals;

² <https://sanjose.legistar.com/View.ashx?M=F&ID=10860951&GUID=67148606-483F-4E54-B28F-3492A9FD7886>

³ <https://sanjose.legistar.com/View.ashx?M=F&ID=11736439&GUID=C8DF76A7-700D-49D0-8D26-2831051BA9F6>

⁴ <https://sanjoseca.primegov.com/Portal/viewer?id=0&type=7&uid=e643d076-312e-4f9f-a7cd-8d37b0b22290>

- Potential models that include partner organizations as a co-response with police to domestic violence calls.⁵

City Council also directed staff to return to the PSFSS Committee in the fall of 2024 with an update on collaboration and coordination efforts with the County, as well as information on staffing and budget needs for expanding this work in the future.⁶

Through the approval of the March Budget Message for FY 2024-2025, the City Council directed staff to participate in exploratory conversations with the County's leadership team to develop a shared framework for alternative response models. City Council also directed staff to develop a Manager's Budget Addendum with cost estimates for funding additional TRUST coverage through partnership with the County focused specifically on responding to calls within San José city limits.⁷

Finally, through the approval of the June Budget Message for FY 2024-2025, the City Council directed staff to continue engaging with the County to accomplish two additional goals: (1) identify opportunities for expanded alternative response and 911-to-988 call diversion and return to the PSFSS Committee by December 2024;⁸ and (2) appropriate \$450,000 of City funding to add an additional 40 hours per week of TRUST coverage for one year.⁹ Staff was also directed to explore whether opioid settlement funding could fund alternative response efforts.

Staff prepared the **Attachment** - Options for Expanding Alternative Response and Co-Response Programs to 911 Calls for Service Report - in response to this direction. Staff provided a status report on this body of work to the PSFSS Committee on October 17, 2024, which cross-referenced the report to the full City Council.¹⁰ This report is an updated version of the October 2024 item brought to the PSFSS Committee.

ANALYSIS

Starting in February 2024, the City Manager's Office has explored options for expanding City residents' access to alternative response and co-response programs. Staff approached this effort with the primary goal of improving responses to calls for service by matching residents' needs with the most effective response. When exploring alternative response models, staff also sought to identify opportunities to divert calls where police officers' specialized skills and training are not required, allowing officers increased ability to focus on other priorities.

⁵ <https://sanjoseca.primegov.com/Portal/viewer?id=0&type=7&uid=a721f3e3-35ed-469d-9c05-0265e9ee40f7>

⁶ <https://sanjoseca.primegov.com/Portal/viewer?id=0&type=7&uid=a721f3e3-35ed-469d-9c05-0265e9ee40f7>

⁷ <https://www.sanjoseca.gov/home/showdocument?id=111351>

⁸ <https://sanjoseca.primegov.com/Portal/viewer?id=0&type=7&uid=caf282cb-679a-4400-adfc-5649cb024e0f>

⁹ <https://www.sanjoseca.gov/home/showpublisheddocument/111619/638508700307070000;>

<https://sanjoseca.primegov.com/Portal/viewer?id=0&type=7&uid=03561e84-9cba-48b0-bef9-d06d477c8cf5>

¹⁰ [https://sanjose.legistar.com/View.ashx?M=F&ID=13367590&GUID=C933B299-06A4-4A5C-AC34-D4122EC2DE83.](https://sanjose.legistar.com/View.ashx?M=F&ID=13367590&GUID=C933B299-06A4-4A5C-AC34-D4122EC2DE83)

This report provides an update on three overlapping projects addressing multiple interrelated City Council directives given between February and June 2024. This report's findings identify multiple avenues for expanded alternative and co-response services.

Alternative Response

First, staff continued exploration of alternative response models for select 911 calls for service, including for calls involving unhoused individuals and/or individuals with a disability, including mental health issues. This project was approached in four parts: (1) mapping community awareness of alternative response programs available through the 988 call center and exploring opportunities to educate City residents about those services; (2) initiating a collaborative dialogue with County stakeholders to identify opportunities for expanding San José Police Department's (SJPD) existing 911-to-988 call transfer program; (3) collaborating with County and City stakeholders to effectuate City Council's appropriation of \$450,000 to fund an additional TRUST for City residents for a one-year period; and (4) evaluating whether opioid settlement funding could be used for alternative response programs.

Most existing local alternative response programs are operated by the County and dispatched through the 988 call center. Staff initiated quarterly polling to gauge resident awareness of these programs and found approximately three-fourths of local residents were not aware of the services accessible through 988. Staff are collaborating with the County and other City departments to identify opportunities to educate residents; this effort does not currently have a dedicated budget and is therefore limited.

Staff have also continuously engaged with County stakeholders to identify opportunities for expanding the existing 911-to-988 call transfer program. City and County staff are currently discussing opportunities to expand the call transfer program to include calls for service involving individuals exhibiting symptoms of mental health crisis. Calls describing acute public safety risks, including information indicating an individual is a threat to themselves or others, are not under discussion as potential transfer candidates.

Staff have completed negotiating a memorandum of agreement to effectuate City Council's appropriation of \$450,000 for one-year of additional TRUST coverage for residents. The County has hired and fielded an additional TRUST team, which is providing 40 hours per week of additional program coverage to City residents through November 21, 2025. Staff are monitoring the implementation of this effort.

Finally, the California Department of Health Care Services advises that alternative response programs like TRUST are potentially eligible for opioid settlement funding. Using this funding source for the existing TRUST expansion would likely require an update to the City's Memorandum of Agreement with the County. Staff are working with County counterparts and the City Attorney's Office to assess the legal considerations and feasibility of this approach.

Key findings and activities from this workstream are highlighted in **Table 1** below. Additional information on each topic can be found in the attached report.

Table 1 – Alternative Response: Key Findings and Activities

#	Topic	Description
1	Alternative Response: 988 Education	Approximately three-fourths of City residents are not aware of alternative response services available through the County’s 988 Call Center.
2	Alternative Response: 911-to-988 Call Transfer Pilot Expansion	Expanding the current 911-to-988 call transfer pilot program – to include select calls for service involving individuals experiencing mental health crises – offers a significant opportunity to expand alternative responses available for City residents.
3	Alternative Response: TRUST One-Year Pilot	City staff have partnered with the County to effectuate the City Council’s allocation of \$450,000 in the FY 2024-2025 budget to fund a one-year expansion of TRUST services for City residents through November 21, 2025.
4	Alternative Response: Opioid Funding	The California Department of Health Care Services advises that alternative response programs like TRUST are potentially eligible uses for opioid settlement funds. Staff are working with County counterparts and the City Attorney’s Office to assess the legal considerations and feasibility of this approach.

Co-Response for Individuals with Disabilities

Second, staff explored potential co-response models for incidents involving individuals with a disability. This project was approached in three parts: (1) mapping community needs and existing local response resources; (2) working with SJPD to understand its officers’ current training and data collection procedures; and (3) engaging with disability advocates and individuals with lived experience, law enforcement agencies, and other local government entities to understand successful co-response models in other jurisdictions.

During the limited community engagement staff conducted, some members of the disability community and advocates shared broad concerns about law enforcement interactions with community members with disabilities--including physical, mental, developmental, and sensory disabilities--and generally preferred alternative response programs over co-response programs. Community members also shared concerns about officer training in de-escalation and disability accommodation practices.

As part of evaluating the City’s current response to incidents involving individuals with disabilities, staff also worked with SJPD to understand current disability-related

training and data collection practices. All SJPD officers, call takers, and dispatchers receive Crisis Intervention Training, a 40-hour training course focused on de-escalation and creating positive outcomes from law enforcement interactions with people in behavioral or mental health crisis. SJPD officers are also required to attend refresher training at regular intervals that includes instruction on de-escalation and disability accommodation. While this program is comparable to training in other jurisdictions, staff recommends continuing to evaluate this program to ensure it meets evolving community needs, including alignment with the City’s disability affairs framework. SJPD is also examining improvements to 911 call data collection around people with disabilities, including people with mental health conditions. SJPD will bring a report to the PSFSS Committee in May 2025 on these efforts.

Staff compared current local co-response programs to those in other jurisdictions. The City’s existing co-response program, the Psychiatric Emergency Response Team, is provided in partnership with the County, and provides comparable services to programs in other jurisdictions. However, it is extremely limited: the one existing Psychiatric Emergency Response Team provides only 40 hours per week of co-response coverage. Should the City Council want to expand co-response program coverage, staff could bring additional cost information through the budget process.

Key findings and activities from this workstream are highlighted in **Table 2** below. Additional information on each topic can be found in the attached report.

Table 2 – Co-Response for Individuals with Disabilities: Key Findings and Activities

#	Topic	Description
5	Disability Response: Community Engagement	Some disability community members and advocates prefer alternative response over co-response programs for crisis events involving people with disabilities.
6	Disability Response: Police Department Crisis Intervention Training	SJPD’s current crisis intervention training should continue to be evaluated to ensure it meets evolving community needs.
7	Disability Response: Data Collection	SJPD is examining improvements to 911 call data collection around people with disabilities, including people with mental health conditions.
8	Disability Response: Current Program	The City currently partners with the County to provide the Psychiatric Emergency Response Team co-response program for incidents involving individuals in high-risk, high-acuity behavioral, or mental health crisis. This program provides comparable services to co-response programs in other jurisdictions, but currently provides limited coverage: it could be expanded by partnering with the County to hire additional clinicians.

Co-Response for Domestic Violence Incidents

Third, staff explored co-response models for domestic violence incidents. This project was approached in two parts: (1) engaging SJPD and YWCA to understand existing resources for domestic violence survivors and opportunities to expand services; and (2) exploring domestic violence co-response models in other jurisdictions.

SJPD currently partners with YWCA to provide the Domestic Violence High Risk Response Team program, which offers co-response services and other support to select domestic violence survivors at high risk of future harm. In-person services under this program are currently limited. Using best practices identified in other jurisdictions, staff are partnering with SJPD and YWCA to improve this program through enhanced data collection, renewed protocols, and updated training.

Some jurisdictions have co-response programs that focus on in-person responses to domestic violence incidents. Programs differed significantly in their response team composition and orientation; however, staff determined that shared best practices included dedicated staffing and clear dispatch criteria for in-person responses.

Separately, staff are working with a consultant to collect research and community input on community-led domestic violence services outside of law enforcement as directed by the FY 2023-2024 Adopted Budget.¹¹ The Community-Led Solutions to Domestic Violence consultant is expected to report findings to City Council in March 2025. This report could inform improvements to existing domestic violence services or new programs.

Key findings and activities from this workstream are highlighted in **Table 3** below. Additional information on each topic can be found in the attached report.

Table 3 – Co-Response for Domestic Violence Incidents: Key Findings and Activities

#	Topic	Description
9	Domestic Violence: Co-Response	Other jurisdictions have co-response teams dedicated to providing in-person responses to domestic violence incidents. Best practices identified include dedicated staffing and clear dispatch criteria for in-person response.
10	Domestic Violence: Current Program	SJPD currently partners with the YWCA on the Domestic Violence High Risk Response Team co-response program. In-person services are limited, and the program will be improved through enhanced data collection, renewed protocols, and updated training.
11	Domestic Violence: Community Engagement	The City is working with a consultant to engage residents on domestic violence solutions outside of law enforcement. Aligning any new domestic violence programming with the consultant’s final report in March 2025 ensures consideration of community input.

¹¹ <https://www.sanjoseca.gov/home/showpublisheddocument/106750/638367848009000000>

In addition, staff also sought to consider the racial and social equity implications of such programs.

Racial and Social Equity Impact Analysis

Based on national data, the selection of responders dispatched for 911 emergency incidents may inadvertently lead to disproportionate impacts on marginalized communities, including people with disabilities and people of color.¹² For example, national data indicates that people with mental health conditions are more likely to experience police use of force than those unaffected by mental health conditions.¹³ And people with disabilities—as reported by prisoners—are overrepresented at various stages of the criminal justice system at the national level, as they make up 38% of people in state prisons and one-third to half of all people killed by police.¹⁴ No such analysis has been conducted specifically for the City of San José; these statistics are snapshots at the national level. However, to better understand if any local improvements can be made, the San José Police Department has placed additional emphasis on improving the data collection on people with disabilities in response to the 911 Event Data Analysis report delivered to City Council in February 2024.¹⁵

When race, disability, and other social identities intersect, these disparities can magnify and work together to impact a person. For example, individuals who identify as both Black or Brown and disabled may be at an increased risk of experiencing discrimination. This compounded discrimination can deepen their susceptibility to adverse outcomes, highlighting the value of equitable treatment in justice and emergency services.

Alternative response programs may help reduce these disparities and lead to better societal outcomes by connecting people to appropriate services and treatment, leading to recovery and long-term community benefits,¹⁶ and helping create more equitable outcomes for marginalized populations, including people of color, people with disabilities, survivors of domestic violence,¹⁷ unhoused individuals, and other

¹² Berke, David S., Donald E. Reidy, Brianna Gentile, Steven M. Silverstein, and Joshua D. Miller. "Understanding Mental Health in Marginalized Populations." *Journal of Clinical Psychology* 79, no. 2 (2023): e9877383. https://www.researchgate.net/publication/291331905_Overlooked_in_the_Undercounted_The_Role_of_Mental_IIness_in_Fatal_Law_Enforcement_Encounters

¹³ Shah, N. "A Use of Deadly Force: Disparities in Fatal Police Shootings." *Harvard Law Review*, vol. 132, no. 5, 2019, pp. 1873-1924. Harvard Law Review, https://journals.law.harvard.edu/hrj/wp-content/uploads/sites/83/2019/07/Shah_A-Use-of-Deadly-Force.pdf.

Varying national data exists due to absence of standardized definitions, lack of universal participation, inconsistent data collection and reporting methods, and lack of central oversight.

¹⁴ U.S. Department of Justice, Bureau of Justice Statistics. (2016). Disabilities Reported by Prisoners: 2016. Retrieved from <https://bjs.ojp.gov/content/pub/pdf/drpspi16st.pdf>.

Ruderman Family Foundation. (2017). *Media coverage of law enforcement use of force and disability: A report by the Ruderman Family Foundation*. Retrieved from https://rudermanfoundation.org/wp-content/uploads/2017/08/MediaStudy-PoliceDisability_final-final.pdf

¹⁵ <https://sanjoseca.primegov.com/Portal/viewer?id=0&type=7&uid=e643d076-312e-4f9f-a7cd-8d37b0b22290>

¹⁶ Knapp, E. A., et al. (2021). Disparities in police use of force in the United States. *Science Advances*, 7(51), eabm2106. <https://doi.org/10.1126/sciadv.abm2106>

¹⁷ National data from 2016-2017 shows that almost 50% of women and 40% of men report experiencing domestic violence during their lifetime (https://www.cdc.gov/nisvs/documentation/NISVSReportonIPV_2022.pdf) Black women, American

historically underserved groups.¹⁸ As the City continues to refine data collection on 911 calls for service outcomes, it may lead to identification of local disparities that can be evaluated and addressed.

According to the February 2024 911 Event Data Analysis Report, nearly 9% of the City's 911 calls for service that are currently receiving a law enforcement response were potentially suitable for alternative responses.¹⁹ Given the scale of the local opportunities for expanded alternative response programs, the racial and social equity impacts could be substantial.

EVALUATION AND FOLLOW-UP

Staff will continue to engage with the County to identify opportunities for educating residents on services available through 988, expanding the existing 911-to-988 call transfer pilot, and to monitor and evaluate the TRUST pilot expansion. Staff will also continue to collaborate with SJPD to evaluate and enhance disability-related training and Domestic Violence High Risk Response Team programs.

SJPD will deliver a report to the PSFSS Committee on 911 calls received in calendar year 2024 with a nexus to disability (including mental health) and/or homelessness, including an update on the implementation of data-entry processes and training to appropriately "flag" these incidents. This report is scheduled for May 15, 2025.

Other proposals would require new investments of staff time and financial resources within the City Manager's Office and SJPD. Given the level of effort this work entails, staff may require City Council direction through the annual budget process, as implementation requirements would need to be balanced against other workload demands, overall financial conditions, and other city-wide budget priorities.

COORDINATION

This memorandum and report have been coordinated with the City Attorney's Office, City Manager's Budget Office, City Manager's Office of Racial and Social Equity, the Parks, Recreation, and Neighborhood Services Department, and SJPD.

The County Executive's Office and the County's Behavioral Health Services and Office of Disability Affairs helped inform this report.

Indian or Alaska Native women, incarceration women, and bisexual women and men all experience disproportionately higher rates of domestic violence (<https://bwjp.org/wp-content/uploads/2024/10/Defense-Fact-Sheet-UPDATED.pdf>).

¹⁸ Police Executive Research Forum. (2018). *Responding to persons experiencing mental illness or in crisis: Improving police response to mental health emergencies*. Police Executive Research Forum. <https://www.policeforum.org/assets/MBHResponse.pdf>

¹⁹ This number is likely underinclusive, as data limitations prevented the study of select call categories, including calls involving people with disabilities. Not all calls for service analyzed are suitable for responses from existing alternative response programs.

HONORABLE MAYOR AND CITY COUNCIL

January 13, 2025

Subject: Options for Expanding Alternative Response and Co-Response Programs to 911 Calls for Service

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PUBLIC OUTREACH

This memorandum will be posted to the City's Council Agenda website for the February 4, 2025 City Council meeting.

Staff met regularly with members of the Race Equity Action Leadership Coalition during the development of the report to gather input and listen to community perspectives, particularly from former members of the Reimagining Public Safety Community Advisory Committee who helped to craft that committee's recommendations related to alternative response.

Additionally, staff met episodically with stakeholder organizations and people with lived experience representing the disability community through individual and focus group meetings. Staff also held a community outreach meeting on July 30, 2024.

COMMISSION RECOMMENDATION AND INPUT

No commission recommendation or input is associated with this item.

CEQA

Not a Project, File No. PP17-009, Staff Reports, Assessments, Annual Reports, and Informational Memos that involve no approvals of any City action.

PUBLIC SUBSIDY REPORTING

This item does not include a public subsidy as defined in section 53083 or 53083.1 of the California Government Code or the City's Open Government Resolution.



Sarah Zárate
Director, Office of Administration,
Policy and Intergovernmental
Relations

For questions, please contact Tom Westphal, Deputy Director, City Manager's Office of Administration, Policy, and Intergovernmental Relations, at thomas.westphal@sanjoseca.gov.

ATTACHMENT:

Options for Expanding Alternative Response and Co-Response Programs to 911 Calls for Service Report

Options for Expanding Alternative Response and Co-Response Programs to 911 Calls for Service Report

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1. INTRODUCTION

This report provides staff findings from three interrelated projects exploring how the City responds to select types of 911 calls for service.

When City residents call 911, they seek assistance resolving a broad array of concerns. The City's 911 call takers and dispatchers match callers' concerns with the correct responder. Under the City's current model, police officers are dispatched to respond to many resident concerns. These range in severity and urgency, from addressing noise complaints to stopping violent crimes in progress.

This approach has several drawbacks. While the City's police officers are highly trained to conduct law enforcement activities, they are not best suited to respond to situations requiring other specialized skills, such as addressing mental or behavioral health crises. Additionally, dispatching police officers to these types of calls can decrease the time they are able to spend on higher-priority issues, such as reducing violent crime.

Alternative response and co-response models are emerging concepts in emergency response that seek to address these drawbacks. Each type of model is defined in greater detail below.

Defining Alternative and Co-Response

"Alternative response" refers to a strategy for sending civilian responders to incidents that are currently or traditionally responded to by police officers. Incidents involving individuals with mental health challenges, with developmental disabilities, who are intoxicated, or who are unhoused are common types of calls for service selected for alternative response programs. Alternative response teams can be composed of a single type of responder or combined teams of multiple types of responders, and may include emergency medical technicians, paramedics, mental health clinicians, social workers, or peer support specialists who have lived experience and can act as credible messengers for individuals in crisis.

"Co-response" programs traditionally involve pairing a sworn police officer with a civilian specialist and having both respond to the scene of an incident together. Co-response is often appropriate in situations where a civilian responder can provide specialized care or services—for example, a clinician responding to a mental health incident—but safety considerations make it necessary for a police officer to respond along with civilian personnel. This report defines co-response broadly to also include programs where police officers respond to an incident first for security reasons, and after an incident scene is secure, civilian responders with specialized skills subsequently arrive to supplement the police response.

City Council Direction

Through approval of the Mayor's March Budget Message for Fiscal Year (FY) 2023-2024, the City Council directed staff to "identify types of 911 calls that might be assigned to capable public safety or health personnel, including in partnership with the County or other service providers." Staff was asked to focus on exploring call types that "may be suitable for an alternative response model, especially calls involving mental health crises, homelessness, and youth."¹

In response to this direction, staff brought forward an analysis of 911 calls and findings for opportunities to expand alternative and co-response to City Council on February 27, 2024.² After receiving this staff report, City Council directed staff to explore the following:

- Alternative response models for welfare check, disturbance, suspicious circumstances, and trespassing calls involving mental health issues or unhoused individuals;
- Potential models for alternative response and co-response for incidents involving individuals with a disability; and
- Potential models that include partner organizations as a co-response with police to domestic violence calls.³

City Council also directed staff to return to the Public Safety, Finance, and Strategic Support (PSFSS) Committee in the fall of 2024 with an update on collaboration and coordination efforts with the County of Santa Clara (County), as well as information on staffing and budget needs for expanding this work in the future.⁴

Through approval of the March Budget Message for FY 2024-2025, City Council directed staff to participate in exploratory conversations with the County's leadership team to develop a shared framework for exploring alternative response models. City Council also directed staff to develop a Manager's Budget Addendum with cost estimates for funding an additional Trusted Response Urgent Support Team (TRUST) through the County, focused specifically on responding to calls within San José city limits.⁵

Finally, through approval of the June Budget Message for FY 2024-2025, the City Council directed staff to continue engaging with the County to accomplish two additional goals: (1) identify opportunities for expanded alternative response and 911-to-988 call diversion, and return to the PSFSS Committee by December 2024;⁶ and (2) transfer \$450,000 of City funding to add an additional 40 hours of TRUST coverage for a one-year period.⁷ Staff was also directed to explore whether opioid settlement funding could fund alternative response efforts.

¹ <https://sanjose.legistar.com/View.ashx?M=F&ID=11736439&GUID=C8DF76A7-700D-49D0-8D26-2831051BA9F6>

² <https://sanjoseca.primegov.com/Portal/viewer?id=0&type=7&uid=e643d076-312e-4f9f-a7cd-8d37b0b22290>

³ <https://sanjoseca.primegov.com/Portal/viewer?id=0&type=7&uid=a721f3e3-35ed-469d-9c05-0265e9ee40f7>

⁴ <https://sanjoseca.primegov.com/Portal/viewer?id=0&type=7&uid=a721f3e3-35ed-469d-9c05-0265e9ee40f7>

⁵ <https://www.sanjoseca.gov/home/showdocument?id=111351>

⁶ <https://sanjoseca.primegov.com/Portal/viewer?id=0&type=7&uid=caf282cb-679a-4400-adfc-5649cb024e0f>

⁷ <https://www.sanjoseca.gov/home/showpublisheddocument/111619/638508700307070000>;

<https://sanjoseca.primegov.com/Portal/viewer?id=0&type=7&uid=03561e84-9cba-48b0-bef9-d06d477c8cf5>

Staff provided a status report on this body of work to the PSFSS Committee on October 17, 2024.⁸ The PSFSS Committee accepted and cross-referenced the report to the full City Council.⁹ This report is an updated version of the October 2024 item brought to the PSFSS Committee.

Report Approach and Findings

Staff organized City Council’s direction into three separate but overlapping projects. First, staff explored potential co-response models for incidents involving individuals with a disability. Second, staff continued exploration of alternative response models for select 911 calls for service, including for calls involving unhoused individuals and/or individuals with a disability, including mental health issues. Third, staff explored co-response models for domestic violence incidents.

Staff approached all three projects with a common goal: improve local responses to calls for service by matching residents’ needs with the most effective response. When exploring alternative response models, staff also sought to identify opportunities to relieve police officers of responsibility to respond to calls where their specialized skills and training are not required. All projects were informed by community engagement, interviews with other jurisdictions and key stakeholders, literature reviews of current best practices in the field, and collaboration with City and County departments.

Based on this work to date, staff report 11 key findings and activities.

#	Topic	Description
1	Alternative Response: 988 Education	Approximately three-fourths of City residents are not aware of alternative response services available through the County’s 988 Call Center.
2	Alternative Response: 911-to-988 Call Transfer Pilot Expansion	Expanding the current 911-to-988 call transfer pilot program – to include select calls for service involving individuals experiencing mental health crises – offers a significant opportunity to expand alternative responses available for City residents.
3	Alternative Response: TRUST One-Year Pilot	City staff partnered with the County to effectuate the City Council’s allocation of \$450,000 in the FY 2024-2025 budget to fund a one-year expansion of TRUST services for City residents through November 21, 2025.

⁸ <https://sanjose.legistar.com/View.ashx?M=F&ID=13367590&GUID=C933B299-06A4-4A5C-AC34-D4122EC2DE83>

⁹ <https://sanjose.legistar.com/View.ashx?M=F&ID=13367590&GUID=C933B299-06A4-4A5C-AC34-D4122EC2DE83>.

4	Alternative Response: Opioid Funding	The California Department of Health Care Services advises that alternative response programs like TRUST are potentially eligible uses for opioid settlement funds. Staff are working with County counterparts and the City Attorney's Office to assess the legal considerations and feasibility of this approach.
5	Disability Response: Community Engagement	Some disability community members and advocates prefer alternative response over co-response programs for crisis events involving people with disabilities.
6	Disability Response: Police Department Crisis Intervention Training	SJPD's current crisis intervention training should continue to be evaluated to ensure it meets evolving community needs.
7	Disability Response: Data Collection	SJPD is examining improvements to 911 call data collection around people with disabilities, including people with mental health conditions.
8	Disability Response: Current Program	The City currently partners with the County to provide the Psychiatric Emergency Response Team co-response program for incidents involving individuals in high-risk, high-acuity behavioral, or mental health crisis. This program provides comparable services to co-response programs in other jurisdictions, but currently provides limited coverage: it could be expanded by partnering with the County to hire additional clinicians.
9	Domestic Violence: Co-Response	Other jurisdictions have co-response teams dedicated to providing in-person responses to domestic violence incidents. Best practices identified include dedicated staffing and clear dispatch criteria for in-person response.
10	Domestic Violence: Current Program	SJPD currently partners with the YWCA on the Domestic Violence High Risk Response Team co-response program. In-person services are limited, and the program will be improved through enhanced data collection, renewed protocols, and updated training.
11	Domestic Violence: Community Engagement	The City is working with a consultant to engage residents on domestic violence solutions outside of law enforcement. Aligning any new domestic violence programming with the consultant's final report in March 2025 ensures consideration of community input.

The following sections of this report detail and provide expanded detail on these three projects.

2. EXPANDING ALTERNATIVE RESPONSE FOR SELECT 911 CALLS FOR SERVICE

2A. Project Background, Approach, and Work Plan

Project Background

Alternative response programs provide a different approach to responding to 911 calls that do not require a traditional law enforcement response. These programs usually match select 911 calls with a response from trained civilian professionals, such as mental health experts and social workers, who can offer specialized responses. Such responses can often help address the emergency's root causes, preventing future crises, reducing recidivism, and promoting better long-term outcomes for both individuals and the community. Additionally, alternative response programs can reduce dispatch of police officers to calls for service, allowing officers to focus on more serious crimes and other priorities. Depending on the resources involved, alternative response programs can also be more cost effective than traditional law enforcement responses.

Alternative response programs are typically not suitable for the vast majority of 911 calls SJPD currently responds to, especially calls with a high risk of violence. Diverting emergency calls to alternative response programs carries some risk that an incident will become violent and result in injury to the responders or other residents. This risk can be mitigated by the tailored selection of call criteria diverted to alternative responders, careful screening of incoming calls, and ensuring alternative responders are properly trained in de-escalation and risk mitigation techniques.

The 911 Event Data Analysis Report, presented to City Council on February 27, 2024, identified several key findings related to alternative response. First, the report analyzed a number of 911 call types, including welfare checks, disturbances, trespassing, and suspicious circumstances, and concluded they potentially merited an alternative response. Second, the report found that response teams for mental health events are also well-suited to respond to low-risk events involving unhoused individuals and substance abuse. Finally, the report noted that the County currently operates a range of alternative response programs providing specialized mental health services dispatched through its 988 Call Center. The report also cataloged an extensive list of alternative response programs across jurisdictions nationwide.

City Council subsequently directed staff to collaborate with the County to identify opportunities to expand alternative responses to the types of 911 calls identified in the report.

Concurrently, City Council issued direction through the FY 2024-2025 budget process to provide the County additional resources for its existing alternative response, allocating \$450,000 to make an additional TRUST available for City residents for a one-year pilot period. City Council also directed staff to examine whether the ongoing funding obtained through the City's participation in opioid-

related legal settlements would be suitable for providing multi-year funding for this effort if the one-year pilot proved successful.

Existing Programs

The City of San José does not currently operate any alternative response programs. However, the County operates multiple types of mobile mental and behavioral health services, many of which are designed to offer an urgent in-person response. Most of these services are dispatched through the County's 988 Call Center and includes the Mobile Crisis Response Team (MCRT) program (described in the following section) and the TRUST program (described below).

- **988 Call Center.** The 988 Call Center program is a federally-created, locally-run three-digit 24/7 help line to connect callers with resources to address mental health, suicide prevention, and substance abuse issues. The County's Suicide Crisis Hotline was rebranded to 988 on July 16, 2022. The local 988 Call Center is operated by the County and is staffed by 988 counselors trained in de-escalation and resolution of mental health crises. Individuals can call 988 for assistance with situations that involve acute emotional distress, either from a long-term mental health condition (such as depression) or emotional distress resulting from a specific event.

988 can provide short-term support and connect individuals to relevant services, such as those for mental health or substance use. In addition to providing support and resources over the phone, 988 is the County's portal for mobile crisis response. If a 988 counselor is unable to resolve a caller's issues over the phone and determines that an in-person response may be appropriate, the counselor can refer the case to one of the County's mobile crisis response services. These services include MCRT, TRUST, and other County-run mobile crisis response programs.

988 differs operationally from 911 in one notable respect. 911 callers are routed to the call center closest to their physical location, even when they call from an out-of-area number. By contrast, 988 callers are usually routed to the call center that services the area code of the number they are calling from. For example: a 988 caller geographically located in the County with a New York City area code will be routed to New York City's 988 call center, not the County's 988 Call Center. Though callers can be transferred between 988 call centers, this feature of the 988 system can cause delays and frustration for callers.¹⁰ However, this changed as of September 16, 2024. Individuals calling from T-Mobile or Verizon-serviced cell phones will be connected with their closest 988 call center, even if they call from an out-of-region area code.¹¹ Additional information on the 988 call center is available on the County website.¹²

¹⁰ Proposed federal legislation would provide 988 similar geolocation capacity as 911.

[https://www.congress.gov/bill/118th-congress/senate-bill/3444#:~:text=Committees%20\(1\)%20Related%20Bills%20\(1\)%20Summary:%20S.3444%20%E2%80%94%20118th%20Congress](https://www.congress.gov/bill/118th-congress/senate-bill/3444#:~:text=Committees%20(1)%20Related%20Bills%20(1)%20Summary:%20S.3444%20%E2%80%94%20118th%20Congress)

¹¹ Vibrant Emotional Health/National Suicide Prevention Lifeline and the United States Substance Abuse and Mental Health Services Administration are still negotiating with AT&T to provide 988 routing by geolocation.

¹² <https://bhsd.santaclaracounty.gov/get-prevention-services/crisis-and-suicide-prevention/crisis-and-suicide-prevention-lifeline-dial>.

- **Existing 911-to-988 Call Transfer Program.** In early 2024, SJPD's 911 Call Center and the County's 988 Call Center initiated a call transfer pilot. Under the current pilot's limited scope, 911 callers experiencing a mental health crisis that can be addressed over the phone are connected with the 988 Call Center, which is best equipped to address their needs. Calls that normally require an in-person response are not currently being transferred from 911 to 988. Calls currently being transferred include the following:
 - Callers experiencing a mental health crisis and not threatening or actively attempting suicide;
 - Callers experiencing a mental health crisis with no verbal or physical dispute or threats to hurt others;
 - Repeat callers stating a mental health need and not currently in danger;
 - Parents calling for a child with behavioral issues, regardless of a known mental health/development disability component (acting out, not going to school, trouble at school, etc.); and,
 - Callers requesting mental health or substance abuse referrals for themselves or someone else and not currently in danger.

SJPD estimates the City currently transfers an average of around 50 calls per month from 911 to the 988 Call Center, though this number fluctuates substantially with seasonal trends in incoming 911 calls.

- **TRUST.** The TRUST program is one of the County's mobile crisis response programs. It is a non-law enforcement, community-based intervention service. TRUST teams respond to lower acuity mental health incidents throughout the County for persons 18 years or older, provide treatment and support, and help connect residents to other services. TRUST's three-person teams are composed of a first aid responder, a crisis intervention specialist, and a peer support specialist. TRUST can provide services either in-person or over the phone. TRUST can be dispatched 24/7, 365 days per year by calling either: (1) its new direct number 408-596-7290; or (2) County's 988 Call Center. Callers using the number 408-596-7290 can reach TRUST dispatchers directly without going through the 988 Call Center. As of the start of November 2024, the County deployed four TRUST teams on a 24/7 basis. More information on TRUST is available on the County's Behavioral Health Services website.¹³
- **California Systemic, Therapeutic, Assessment, Resources, and Treatment Program.** The California Systemic, Therapeutic, Assessment, Resources, and Treatment Program, available locally through the San Andreas Regional Center, is an evidence-based model of crisis prevention and intervention for people ages 6 and older with intellectual and/or developmental disabilities. To qualify, individuals must be residents of California and receive services through the

¹³ <https://bhsd.santaclaracounty.gov/programs-services/community-mobile-response-teams>. Additional information on TRUST can also be found in the staff analysis of 911 Call Events brought to City Council on February 27, 2024 (<https://sanjoseca.primegov.com/Portal/viewer?id=0&type=7&uid=e643d076-312e-4f9f-a7cd-8d37b0b22290>), as well as the February 15, 2024 Joint Special Meeting of the City of San José Public Safety, Finance, and Strategic Support Committee and County of Santa Clara Public Safety and Justice Committee (<https://sanjose.legistar.com/MeetingDetail.aspx?ID=1169167&GUID=A862CCA1-A36A-4917-8883-40A487C916FF&Search=>).

regional center. The program is designed for people who have complex bio-medical, psychological, and social needs that require an integrated, multi-disciplinary approach to care. The model is founded on the principles of positive psychology and relies on these philosophies to develop person-centered prevention plans with the collaboration of the support system. The program has a 24/7/365 hotline that the caregiver team can access for in-person support. The responding team member will collaborate with the support system to de-escalate the situation, with the goal of preventing the need for emergency services or law enforcement.

Project Approach

This project was approached in four parts: (1) mapping community awareness of alternative response programs available through the 988 call center and exploring opportunities to educate City residents about those services; (2) initiating a collaborative dialogue with County stakeholders to identify opportunities for expanding San José Police Department’s (SJPD) existing 911-to-988 call transfer program; (3) collaborating with County and City stakeholders to effectuate City Council’s appropriation of \$450,000 to fund an additional TRUST for City residents for a one-year period; and (4) evaluating whether opioid settlement funding could be used for alternative response programs.

Project Work Plan

Task	Description	Timeframe
Initiate City-County Coordination	Staff initiated high-level discussions with the County to identify opportunities for expanding 911-to-988 call transfer criteria.	March 2024
Continue City-County 911-to-988 Dialogue	Staff continuing coordination with the County on expanding 911-to-988 call transfer criteria.	April 2024 – Until Complete
Expand 988 Education for City Residents	Staff, in coordination with 988 Call Center staff, identified opportunities to leverage City resources to educate residents on services available through 988.	June – Until Complete
Facilitate TRUST Expansion and Funding Transfer	Staff convened City and County stakeholders to negotiate TRUST expansion and funding transfer implementation.	July 2024
Complete TRUST Funding Transfer Agreement	Staff coordinated with County to draft and sign a TRUST funding transfer agreement. Staff coordinated City Council approval of TRUST funding agreement.	August-September 2024

Draft and Deliver Status Report	Staff brought an update on this project's status to the PSFSS Committee.	September-October 2024
Monitor TRUST Pilot Progress and Results	Staff will continue to monitor the County's hiring and fielding an additional TRUST team funded by the City.	October 2024 – Until Complete
Refine Findings	Staff will refine project report and gather additional information based on committee input	November 2024
Draft and Deliver Final Report	Staff will bring a final report to City Council	February 2025

2B. Project Status Updates and Findings

City Resident Awareness of 988 Services

To make full use of the alternative response resources available through the County's 988 Call Center, residents must first be aware of how to access those services. Starting in May 2024, staff began polling City residents to determine their level of awareness of services available through 988. Awareness questions were integrated into three polls (May 2024, August 2024, and December 2024). All polls surveyed at least 800 City residents.¹⁴

Residents were asked: "Prior to taking this survey, were you aware that you can dial 988 to connect to trained counselors and support for a mental health crisis, suicidal thoughts, and substance abuse?"

Survey results show a large majority of City residents are not yet aware of these services; however, they also show small but steady improvements in resident awareness. Survey results are depicted in **Figure 1** below.

¹⁴ The May 2024 survey was conducted between May 21 and May 28, 2024 and consisted of 1,201 interviews taken with City residents in English, Spanish, and Vietnamese. The August and December surveys were conducted as part of the City's quarterly Focus Area polling, and both surveyed more than 800 City residents in English, Spanish, Vietnamese, and Chinese.

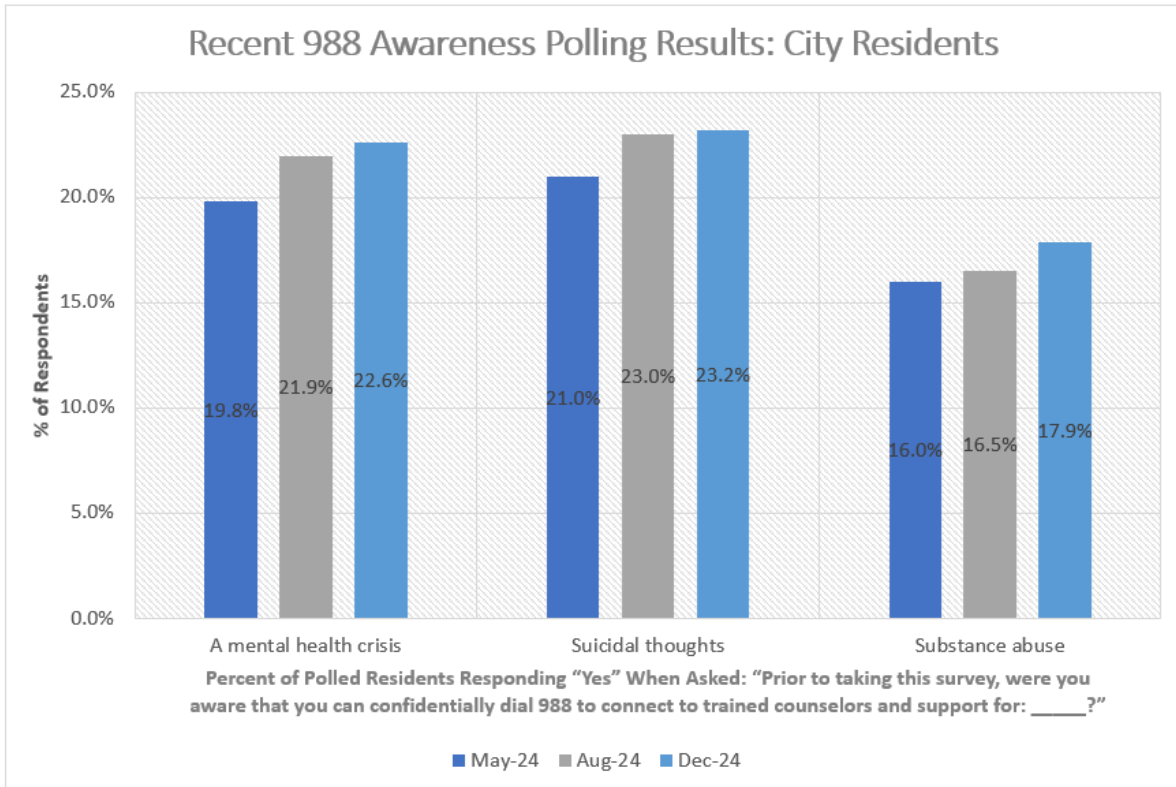


Figure 1: San José Resident Awareness of 988 Services, May-Dec. 2024

Additionally, 6% of the August 2024 survey respondents and 3.66% of December 2024 survey respondents stated that either they or someone in their household had dialed 988 in the past 12 months. Staff have integrated these 988 awareness questions into the City’s quarterly Community Survey, and will continue to monitor survey results to understand changes in resident awareness of these services.

These survey results are a point-in-time snapshot of residents’ specific knowledge of these services and may not fully capture residents’ overall awareness of the 988 program. The County continues to run a comprehensive public awareness campaign to improve resident awareness.

To augment this campaign, the City Manager’s Office began coordinating with the County on public information efforts. The County has prepared educational materials about 988, including a 988 informational flyer, a 988 versus 911 flyer that helps explain when to call each service, and a social media toolkit. The City will work to distribute these materials through various channels, including the City’s social media accounts, crime prevention meetings provided through the Police Department, and other community touchpoints. To date, staff has focused on no-cost opportunities to reach residents through existing City programs, such as SJPD’s Crime Prevention Unit, as this work currently does not have a dedicated funding source in the City budget.

At the PSFSS Committee meeting on October 17, 2024, City Councilmembers asked staff to explore integration opportunities between the SJ311 Contact Center and the County’s 988 Call Center. Staff determined that over the 12-month period from

October 2023 to October 2024, the SJ311 Contact Center received 15 calls related to mental health, some of which may be appropriate for referral to services available through 988. Staff will work to create a SJ311 Contact Center protocol to refer select callers to 988 for services.

Increasing City residents' awareness of services available through 988 is a straightforward opportunity to connect residents with existing alternative response programs.

#	Topic	Description
1	Alternative Response: 988 Education	Approximately three-fourths of City residents are not aware of alternative response services available through the County's 988 Call Center.

911-to-988 Call Transfer

In March 2024, City staff initiated collaborative dialogue with County stakeholders to identify opportunities for expanding SJPD's existing 911-to-988 call transfer program. This goal of this effort is to identify additional 911 call types, based on those identified in the 911 Event Data Analysis Report, that would be best responded to by the County's mental and behavioral health resources dispatched through its 988 Call Center.

This approach offers multiple advantages over other potential avenues for expanding alternative emergency responses in San José. First, this approach makes more efficient use of existing services instead of building new programs, allowing for much quicker implementation and greatly reduces the expense to taxpayers. Second, the County's 988 system is already configured to provide specialized call triage and assessments and staffed with personnel to match the caller with the appropriate type of response. Third, the 911-to-988 transfer program partially mitigates gaps in resident awareness of 988 services by allowing for a "no-wrong-door" approach to accessing those services. Finally, it leverages the County's long history and considerable institutional expertise in administering mental and behavioral health services, expertise that would be difficult to match were the City to attempt to duplicate these services through its own proprietary programs. Transferring additional 911 call types to the County's 988 system therefore represents one of the best opportunities to connect City residents with trained, professional mental and behavioral health specialists at no additional cost to City and County residents.

City and County staff have continued to regularly meet and correspond since March 2024 to identify a mutually agreeable path forward. County staff have been receptive to the effort and have expressed a desire to widen the discussion to include neighboring municipalities, with an ultimate goal of establishing uniform call transfer criteria for all 911 call centers in the county.

City and County staff have adopted a phased, iterative approach to this process. As a first step, City and County staff have agreed to focus on developing and evaluating transfer criteria for low-acuity mental health calls potentially suitable for response by existing alternative response programs, such as TRUST. If this transfer effort is

successful, additional call types will be considered. Calls describing acute public safety risks, including information indicating an individual is a threat to themselves or others, are not under discussion as potential transfer candidates. City staff will continue to engage with the County to make forward progress on this issue in the coming months.

Concurrently, the City Manager’s Office and SJPD collaborated to identify specific call criteria that may eventually be suitable for transfer to the 988 Call Center. These include call types identified by the 911 Event Data Analysis Report, including select welfare checks and trespassing calls that have a high probability of involving individuals experiencing mental health crises. These call types require County staff approval and will only be transferred if City staff confirm adequate County resources for urgent in-person responses.

#	Topic	Description
2	Alternative Response: 911-to-988 Call Transfer Pilot Expansion	Expanding the current 911-to-988 call transfer pilot program to include select calls for service involving individuals experiencing mental health crises offers a significant opportunity to expand alternative responses available for City residents.

Funding Additional TRUST Services

Between June and September 2024, City staff collaborated with the City Attorney’s Office and County Behavioral Health Services to effectuate City Council’s June Budget Message direction to transfer \$450,000 to the County to fund an additional TRUST available for City residents for a one-year pilot period. The finalized memorandum of agreement between the City and the County was approved by City Council on September 10, 2024.¹⁵

On October 27, 2024, the County notified the City that TRUST personnel had been identified. Pursuant to the memorandum of agreement, the City transferred the allocated funding on November 21, 2024.

The City-funded TRUST expansion will provide services for a one-year period, which began on November, 21, 2024. The team will operate Monday through Friday, 11:00 a.m. to 7:30 p.m. The memorandum of agreement requires the funded TRUST only provide services in San José and provide regular reports of TRUST call data and outcomes. Staff will continue to monitor this effort to evaluate if the additional TRUST staff is effective in providing services to City residents.

Staff engaged with the City Attorney’s Office, the Parks, Recreation, and Neighborhood Services Department, the County’s Behavioral Health Services Department, and the California Department of Health Care Services to determine whether ongoing funding obtained through the City’s participation in opioid-related legal settlements would be suitable for providing multi-year funding for existing alternative response programs, such as TRUST. Following community and City

¹⁵ City Council Item 2.10, <https://sanjoseca.primegov.com/Portal/Meeting?meetingTemplateId=42216>

Councilmember feedback at the October 17, 2024 PSFSS Committee meeting, staff requested an opinion from the California Department of Health Care Services as to whether alternative response programs, including TRUST, are an eligible use of Opioid Settlement Funds. The Department of Health Care Services staff advised that TRUST appears to be an eligible use of these funds, as the program provides connections to care for people who have or are at risk of developing Opioid Use Disorder and other co-occurring substance use disorders and mental health conditions. Using this funding source for the existing TRUST expansion would likely require an update to the City’s memorandum of agreement with the County. These updates would potentially include additional reporting requirements and formalizing the TRUST program’s approach to opioid harm reduction and outreach. Staff are working with Parks, Recreation, and Neighborhood Services Department to identify available funding, and with County counterparts and the City Attorney’s Office to assess the legal considerations and feasibility of this approach.

#	Topic	Description
3	Alternative Response: TRUST One-Year Pilot	City staff partnered with the County to effectuate the City Council’s allocation of \$450,000 in the FY 2024-2025 budget to fund a one-year expansion of TRUST services for City residents through November 21, 2025.
4	Alternative Response: Opioid Funding	The California Department of Health Care Services advises that alternative response programs, such as TRUST, are potentially eligible uses for opioid settlement funds. Staff are working with County counterparts and the City Attorney’s Office to assess the legal considerations and feasibility of this approach.

2C. Additional Policy Options

Expanded alternative response programs offer two primary benefits to City residents: (1) better outcomes for residents to emergency calls; and (2) reduced strain on SJPD resources, allowing officers to allocate additional time to higher priority crimes and community engagement. However, there are multiple additional policy options that could address one or both benefits of expanded alternative response programs.

- Fund Expanded 988 Education and Outreach for City Residents.** As described above, City staff determined that more could be done to educate residents about the services available through the County’s 988 Call Center. While the County continues to resource a wide-ranging advertising and community engagement campaign to raise awareness of these services, the City could consider supplementing this campaign with targeted education and outreach to underserved populations within San José. The City could consider either conducting this outreach in-house (in partnership with the County) or transferring funding to the County to expand its ongoing campaign. If the City pursued this option, staff would further analyze existing outreach data and gather cost estimates for consideration during the FY 2025-2026 budget process.

- **Fund Expanded Co-Response Programs.** If alternative response programs prove infeasible, the City could consider funding expanded co-response programs to improve emergency call outcomes for City residents. The City and County's existing co-response program, PERT, is described in detail in Section 3 below. If directed to pursue this option, staff would work with SJPD to gather cost estimates for consideration during the FY 2025-2026 budget process.

2D. Next Steps and Related Efforts

- **January 2025-Until Complete:** Staff will continue to engage with the County to identify opportunities for expanding the existing 911-to-988 call transfer program and educate residents on services available through 988. Staff will also continue evaluate whether the pilot TRUST expansion is effective in providing better emergency response services to City residents.

3. EXPLORING CO-RESPONSE MODELS FOR INCIDENTS INVOLVING INDIVIDUALS WITH A DISABILITY

3A. Project Background, Approach, and Work Plan

Project Background

Disability is “an evolving concept resulting from attitudinal and environmental barriers hindering the participation of persons with disabilities in society,” according to the City’s adopted Disability Inclusion Equity Pledge.¹⁶ Disability is generally defined as any condition that impacts the ability of a person to do certain activities or effectively interact with the world around them, socially or materially, and can include difficulties in hearing, vision, speech, cognitive function, and mobility. It can also include mental and chronic health issues.

Some people with disabilities have expressed concerns about interactions with law enforcement due to a variety of reasons. For example, individuals who are d/Deaf or have cognitive disabilities may have difficulty understanding or responding to police commands, which can lead to unnecessary escalation and/or use of force. Additionally, officers responding to individuals with mental health issues or developmental disabilities may lack training necessary to safely address their needs, leading to misinterpretations of behavior as non-compliant or aggressive. Recent national data indicates that people with mental health conditions are more likely to experience police use of force and police-related injury than those unaffected by mental health conditions.¹⁷ Mental health conditions often accompany other disabilities, such as autism, and when accompanied with other structural social identities, such as race or socioeconomic status, the compounding intersection of these conditions and identities can lead to higher rates of victimization and criminalization.¹⁸

Alternative and co-response models can help provide a better response to calls for service involving individuals with disabilities by replacing or pairing police officers with professionals specifically trained in de-escalation and treatment of individuals with disabilities.⁵ The specific training can vary significantly based on the particular disability in question. For example, an American Sign Language interpreter could co-respond to facilitate communication with a d/Deaf individual, or a mental health clinician could assist with treating an individual experiencing a mental health crisis.

Existing Programs

SJPD, in partnership with the County, has historically offered two co-response programs that responded to incidents involving individuals with disabilities: the PERT and the MCAT/MCRT. Both programs involved San José police officers co-responding to psychiatric emergencies alongside County clinicians. MCRT has since

¹⁶ [Disability Inclusion Equity Pledge](http://www.sanjoseca.gov) (www.sanjoseca.gov)

¹⁷ Shah, N. "A Use of Deadly Force: Disparities in Fatal Police Shootings." *Harvard Law Review*, vol. 132, no. 5, 2019, pp. 1873-1924. Harvard Law Review, https://journals.law.harvard.edu/hrj/wp-content/uploads/sites/83/2019/07/Shah_A-Use-of-Deadly-Force.pdf.

¹⁸ "Interaction of Autistic Individuals with Law Enforcement" January 24, 2024. Center for Racial and Disability Justice, Northwestern University Pritzker School of Law.

transitioned to be a primarily alternative response program; PERT is currently operating, albeit in a limited capacity.

- **PERT.** PERT is a co-response program that pairs a licensed mental health clinician (employed by the County) with a police officer (employed by the City) to respond to calls involving imminent danger, safety concerns, and/or individuals in high-acuity crisis. PERT responders offer several services, including crisis intervention, de-escalation, service linkage, safety planning, and referral for post-crisis support. PERT clinicians are trained to work with law enforcement partners and the program is dispatched through calls to 911. The two responders--the mental health clinician and the police officer--form a team that works together on a continuous basis. PERT currently provides one Citywide co-response team available Wednesday through Saturday, 10:00 a.m. to 8:00 p.m.

There are two PERT clinician positions. PERT clinicians are County employees; the City funds one of the two PERT clinician positions. PERT ceased operating in San José in 2023 due to vacancies in both clinician positions. However, a PERT clinician candidate was recently hired and the program resumed co-response activities on November 13, 2024. There is currently one PERT clinician position vacant.

- **MCAT/MCRT.** MCRT is a County-operated program consisting of clinicians who respond to medium-high acuity mental health-related incidents. MCAT is a SJPD team consisting of officers with specialized training in trauma-informed care and de-escalation. Historically MCRT and MCAT were simultaneously dispatched as co-responders to calls involving psychiatric emergencies. In February 2024, MCRT and MCAT stopped regularly dispatching together to comply with updated Medi-Cal reimbursement guidance⁷ and national best practices for providing mental health services. MCRT continues to support MCAT and other SJPD officers upon request. SJPD officers can also refer residents to MCRT for follow-up services through 988.

Project Approach

This project was approached in three parts: (1) mapping community need and existing local response resources; (2) working with SJPD to understand both our officers' current training and how individuals with disabilities are identified during the call-taking procedures; and (3) engaging with disability advocates and individuals with lived experience, law enforcement agencies, and other local government entities to understand successful co-response models in other jurisdictions. Throughout the process, staff also proactively identified policy alternatives that might help improve responses to calls for service involving individuals with disabilities.

Project Work Plan

Task	Description	Timeframe
Initial Research	Staff conducted initial research on community needs and co-response models used in other jurisdictions for incidents involving individuals with a disability and existing programs/approaches in Santa Clara County.	March-June 2024
Crisis Intervention Team (CIT) Training Observation and SJPD Engagement	Staff gathered information and observed SJPD CIT training, and engaged with SJPD call takers and law enforcement personnel about the department's existing procedures.	June 2024
Community Outreach Meeting	Staff conducted an outreach meeting with 17 community members, including community members with disabilities.	July 2024
Finalize Research	Staff compiled and analyzed gathered research.	August 2024
Attend SJPD CIT Training	Staff attended the full 40-hour CIT training course.	September 2024
Draft and Deliver Status Report	Staff will bring an update on this project's status to the PSFSS Committee.	September-October 2024
Refine Findings	Staff will refine project report and gather additional information based on committee and community input.	November 2024
Draft and Deliver Final Report	Staff will bring a final report to City Council	February 2025

3B. Project Status Updates and Findings

Mapping Community Need

According to the American Census Survey of 2022, San José has about 97,863 residents with disabilities (10.1% of the total population).¹⁹ American Census Survey provides disaggregated data by age, gender, race, and disability type. Notably, disability is known to vary across data sets, which makes it hard to quantify the true number of people with disabilities. Inconsistent data is likely due to lack of consensus on the definition of disability, suggesting that people with disabilities are

¹⁹ Bureau, United States Census. *Explore Census Data, San Jose Disability Characteristics*. <https://data.census.gov/table/ACSST1Y2022.S1810?q=San%20Jose%20city,%20California%20Health&g=160XX00US0668000&tid=ACSST5Y2022.S1810>

not reporting or might not have information to self-identify accurately.²⁰ Community advocates and the County Office of Disability Affairs also caution that such surveys often undercount individuals with disabilities.

Community Outreach

Staff conducted community outreach to understand the community need around emergency response programs. A wide-ranging, comprehensive outreach effort was constrained by lack of budget; however, staff were able to engage local community members and disability organization representations. Staff conducted a virtual disability community engagement meeting on July 30, 2024. To prioritize accessibility, Spanish translation and interpretation and American Sign Language interpretation were provided. Staff also met with advocacy groups, community organizations, and government organizations, including the Vista Center for the Blind, San Andreas Regional Center, Silicon Valley Independent Living Center, The Arc for People with Intellectual and Developmental Disabilities, the State Council on Developmental Disability, Disability Rights California, Parents Helping Parents, the REAL Coalition, individuals with lived experience, and the County Office of Disability Affairs.

Community members and advocates shared concerns around training and education of sworn police officers in how to engage with people with physical and sensory disabilities (such as people who are d/Deaf or use a wheelchair) and not just mental or behavioral health conditions, the need for education about 988 as an alternative resource if the event is non-violent, the need for videophone devices at SJPD’s Communication Center to improve communication for individuals with hearing loss or who are d/Deaf, adequate data collection of 911 callers with disabilities, and continued specialized training for officers after initial certification. Some community members and advocates also supported prioritizing further investment and resources in alternative response and community-based programs over co-response programs.

#	Topic	Description
5	Disability Response: Community Engagement	Some disability community members and advocates prefer alternative response over co-response programs for crisis events involving people with disabilities.

Current SJPD Training and Call Taking Procedures

The SJPD currently requires all officers to attend a 40-hour training course called Crisis Invention Training (CIT). This training equals or exceeds standards of other CIT programs across the nation and is designed to:

²⁰ The Center for Disease Control, for example, estimates 27% of the California population has a disability. Disability Impacts California Infographic | CDC. (2024, September 23). Centers for Disease Control and Prevention. <https://www.cdc.gov/dhds/impacts/index.html>

1. Create a system of ongoing support that gives law enforcement the training, cognition, information, skills, and resources needed to promote effective problem-solving and the likelihood of positive outcomes when interacting with people in behavioral or mental health crisis; and
2. Redirect mental health consumers from the judicial system to the services and support needed to stabilize their condition and reduce future contacts with law enforcement.

SJPD officers are required to attend CIT once during their career. Current SJPD Academy graduates attend CIT immediately following their academy instruction and prior to entering field training. SJPD officers that graduated the academy after this requirement was instituted or that lateralled from another agency have been attending the training as staffing levels allow. As of the date of this memorandum, approximately 97% of sworn police officers have completed the City's CIT.

San José's 23-module CIT program is based on the Memphis Model of Crisis Intervention Team training and was the first program in California established in 1998. It was originally developed by the City of Memphis in 1988 through partnership between the City of Memphis Police Department, Memphis Chapter of the National Alliance on Mental illness, mental health providers, and the University of Memphis and the University of Tennessee. Similarly, San José's program is rooted in partnership with community and was established for the purpose of developing an informed, understandable, calm, and safe approach to mental and behavior crisis. The training addresses varying topics focusing on behavioral and mental health, intellectual and developmental disabilities, community engagement and resources, connection with people with lived experiences, case studies, and immersive scenario-based skill building.

Topics covered include:

- Trauma and post-traumatic stress disorder;
- Veterans;
- Suicide;
- Mental health in adults and minors;
- Alzheimer's disease and dementia;
- Gun violence restraining order;
- Autism spectrum disorder;
- Traumatic brain injury;
- Working with the unhoused;
- De-escalation and tactical conduct;
- Intellectual and developmental disabilities;
- Alternative and co-response programs;
- Local community mental and behavioral resources; and,
- Stress management, wellness, and support.

Additionally, SJPD officers are required to complete a continuous professional training unit every two years focusing on review of the department's tactical conduct

policy, persons with disabilities, and de-escalation techniques. This unit supplements the state’s requirement to complete a bias-based policing training unit every five years, which also includes interaction with people with disabilities.

During staff community outreach, some community members expressed concern that CIT is not producing adequately trained officers and were skeptical that CIT alone would produce meaningful progress toward improving outcomes for community members with disabilities. Potentially, ongoing CIT for sworn police officers and forums for input between police officers and people with lived experiences could increase the benefits and outcomes of CIT and cultivate disability community trust and relationships.

SJPD call center staff are also required to attend CIT. Call center staff report that the training can help call takers recognize and support disabled community members and to de-escalate or resolve issues over the phone, preventing the need to dispatch officers. CIT is required for SJPD dispatchers and call takers.

Under current SJPD procedure, 911 call takers do not directly ask callers whether the caller or other individuals involved in the reported incident have a disability. Disabilities are therefore not directly identified during the call taking process unless that information is voluntarily provided by the caller. Callers experiencing communication barriers, such as members of the d/Deaf community, have the option to communicate with 911 call takers through teletypewriters and Telecommunications Devices for the Deaf.

#	Topic	Description
6	Disability Response: Police Department Crisis Intervention Training	SJPD’s current crisis intervention training should continue to be evaluated to ensure it meets evolving community needs.

SJPD tracks 911 calls for service that involve an individual with a perceived disability. This includes calls involving individuals with perceived mental health, developmental, and/or substance use conditions. In calendar year 2023, about 5.3% of 911 calls for service involved this flag. Notably, this data only captures perceived disabilities; it is therefore likely that the number of calls involving residents with disabilities is higher. When initially implemented, SJPD’s disability data collection practices were not standardized, making data on emergency calls and their outcomes difficult to analyze. SJPD is continuing to refine the implementation of this relatively new procedure.

SJPD will deliver a report to the PSFSS Committee on 911 calls received in 2024 with a nexus to disability, including mental health and/or homelessness, and an update on the implementation of data entry processes and training to appropriately “flag” these incidents. This report is tentatively scheduled for May 15, 2025.

#	Topic	Description
7	Disability Response: Data Collection	SJPD is examining improvements to 911 call data collection around people with disabilities, including people with mental health conditions.

Co-Response Models in Other Jurisdictions

In a recent survey led by the University of Cincinnati Center for Police Research and Policy, large municipal police agencies were assessed on prevalence and nature of police training, partnerships, and programs to support crisis response, including innovative practices in responses to people with behavioral health conditions, including mental health and substance use and intellectual and developmental disabilities.²¹ Results showed that 93% of agencies reported at least one type of crisis response program in their jurisdiction, 59% reported at least one police-led/co-responder program, and at least one community-led program.

Staff conducted outreach to jurisdictions nationally to learn more about the practices of other agency's co-response programs. In reviewing the data collected, the City's co-response model (PERT) is comparable to programs in other jurisdictions, as shown in the chart below.

Co-Response Practices of other Jurisdictions

Strategy	Jurisdiction	Description
Co-Response	Los Angeles County Department of Mental Health	Los Angeles County's law enforcement teams are co-response teams consisting of an officer and a mental health clinician who respond to 911 calls involving mental health crises. These teams ensure that the individuals in crisis receive appropriate, specialized care and safe transportation to the treatment facilities.
Co-Response/ Working Group	San Francisco Police Department	San Francisco Police Department's co-response field units consist of four members, two clinicians and two CIT trained officers, who provide support to 911 callers in crisis. The police department ensures a safe space for the clinician to engage, and if appropriate, determines if the clinician is clear to engage with the individual alone. The program is also part of a working group composed of the City Attorney, BART Police Department, mental health organizations, ASCEND (Autism), and others.

²¹ Examining Crisis Response: Survey Results from the Largest Municipal Police Agencies in the United States, May 2022.

https://www.informedpoliceresponses.com/files/ugd/e7007a_3b0bd70691774f3086cccb96dd60fb4.pdf

Strategy	Jurisdiction	Description
Working group/Co-Response	City of San Diego	San Diego Police Department has a working group that addresses the needs of the disabled community. The working group includes San Diego Fire Department, the District Attorney's Office, and community groups. To respond to calls related to persons experiencing mental health crises, the San Diego Police Department has licensed PERT clinicians paired with specific patrol units. PERT clinicians are able to assist police officers in interacting and identifying resources to aid those with behavioral health issues and may pose a threat to themselves or others. This partnership allows for the officer to ensure the situation is safe for the PERT clinician to then begin their assessment of the individual.
Co-Response	City of Houston/ Harris County, Texas	Houston Police Department partners a Houston CIT officer with a masters-level, licensed professional clinician from the Harris (County) Center for Mental Health and Intellectual and Development Disabilities. Its Crisis Intervention Response Team (CIRT) pairs an officer and clinician; they attend roll call and ride together in a patrol car. This is its highest level of response to individuals in serious mental health crises. CIRT units ride citywide with the sole responsibility of responding to CIT-related calls. The CIRT teams are not in the calls-for-service loop.
Co-Response	City of Columbus, Ohio	City of Columbus Rapid Response Emergency and Addiction Crisis Team partners a multi-disciplinary team of Columbus Division of Fire, Columbus Division of Police, and clinicians from multiple agencies throughout Franklin County. The team, led by the Columbus Fire Department, was created to address barriers to treatment and the effects of substance use disorder has on individuals and families. All team members are CIT certified to respond to situations requiring de-escalation, mental health, or addiction crisis.
Co-Response/CIT	City of Philadelphia, Pennsylvania	Philadelphia Police Department has a Behavioral Health Unit that utilizes CIRT. The teams include two sworn police officers paired with a civilian mental health service provider. Four CIRT teams are available citywide, Monday through Friday from 7:00 a.m. to 6:00 p.m. CIRT

Strategy	Jurisdiction	Description
		teams must complete an 80-hour training course in crisis response techniques, focusing on identifying and de-escalating crisis situations. CIRT teams also receive additional crisis negotiation training.
Co-Response/CIT	City of Portland, Oregon	All Portland Police Bureau officers receive basic Mental Health Response Training/CIT, as well as annual mental health refresher training. The bureau has a Behavioral Health Unit that coordinates several crisis response programs, including the Behavioral Health Response Team and the Enhanced Crisis Intervention Team. The Behavioral Health Response Team is made up of an officer and mental health clinician who work in partnership. The team prioritizes connecting individuals with appropriate mental health services. The Enhanced Crisis Intervention Team is made up of volunteer patrol officers who respond to crisis calls related to mental health. Enhanced Crisis Intervention Team officers receive additional training in order to identify risks during a behavioral crisis, utilize crisis communication techniques to help de-escalate a person in crisis, and have knowledge of available community resources.

As mentioned above, PERT ceased operating in San José in 2023 due to vacancies in the clinician positions. However, one City-funded PERT clinician began onboarding and training in mid-October 2024 and resumed co-response activities on November 13, 2024. PERT currently provides one Citywide co-response team available Wednesday through Saturday, 10:00 a.m. to 8:00 p.m.

As of December 2, 2024, an additional County-funded PERT clinician position remains vacant and the County is actively recruiting candidates. Additional PERT clinicians would be needed to provide coverage outside of those hours and/or expand the program’s capacity. However, this program has historically struggled to attract job candidates for a variety of reasons, including competition from higher-paying clinician positions elsewhere. Should the City wish to consider expanding this program, City Council could consider allocating resources for recruitment incentives, including hiring or retention bonuses to attract and retain more quality candidates.

Finding #	Topic	Description
8	Disability Response: Current Program	The City currently partners with the County to provide the PERT co-response program for incidents involving individuals in high-risk, high-acuity behavioral or mental health crisis. This program provides comparable services to co-response programs in other jurisdictions, but currently provides limited coverage. The program could be expanded by partnering with the County to hire additional clinicians.

3C. Additional Policy Options

In effort to improve outcomes of 911 response incidents for people with disabilities, staff has reviewed and considered additional policy options based on best practices of other jurisdictions and community input. Additional policy options include voluntary disability disclosure programs, legislative advocacy, designation of a disability affairs coordinator within SJPD, and expanded funding to increase the availability of alternative response programs.

- Consider Voluntary Disclosure Programs.** Disability advocates are often concerned that police officers may not have adequate training to recognize various disabilities while responding to calls for service, leading to misinterpretations of behavior as non-compliance or aggression. The Town of Los Gatos and City of Santa Clara Police Departments' Special Needs Awareness Program attempts to address this concern. The Special Needs Awareness Program allows individuals with disabilities to voluntarily, confidentially register and disclose their disability with the police department. If that individual or their associated address or vehicle license plate is subsequently involved in a 911 call for service, dispatchers can alert responding officers of relevant accommodations that may need to be considered upon arrival and/or during the incident. The City of Sunnyvale is also considering implementation of such a program. These programs are provided at no cost to residents.

The City of Santa Clara shared that the program was implemented using its existing database platforms, and therefore did not require large up-front costs to procure new software; however, the program requires significant ongoing investments of staff time for training and administration. Future costs may include purchase of program-branded products for participants to signal participation and outreach with community organizations for partnership and promotion.

The County of San Diego implements disability disclosure program called the Blue Envelope Program across 13 jurisdictions.²² To participate, an individual

²² <https://www.sdsheriff.gov/community/blue-envelope>

displays the Blue Envelope logo or presents a Blue Envelope upon contact with law enforcement or other community service personnel. The Blue Envelope-branded products can contain the individual's identification, contact information, or pertinent vehicle operating documents, such as the vehicle registration and proof of insurance. In addition to the envelope, other Blue Envelope-branded products can be used to signal participation in the program, include lanyards, seatbelt covers, buttons, and bracelets. This program was designed to enhance communication between law enforcement and community members diagnosed with a disability, such as autism spectrum disorder, dementia, anxiety, or other conditions that might require additional accommodations or awareness during a law enforcement interaction. The County of San Diego incurred a one-time cost of \$75,000 for program materials, which included both public outreach materials and participating organization training resources. This program differs from the Special Needs Awareness Program because it does not have a registration component; instead, individuals simply participate by displaying the Blue Envelope symbol.

Community members have provided mixed input on voluntary disclosure programs. While some community organizations and members are in support of such programs for specific disabilities, for example, autism, sensory, Alzheimer's, dementia, other community members and disability rights advocates caution against the unintended consequences, such as a presumption that an individual does not have a disability if they are not a participant of the voluntary disclosure program, false sense of expectations on behalf of caregiver or individual with the disability, mistaking a person reaching for their envelope as trying to reach for a weapon (specific to Blue Envelope), and security risks concerning the collected data (specific to the Special Needs Awareness Program). Community support and adequate training with law enforcement could play a critical role in the success and benefits of such programs. City Council could direct further exploration and additional outreach to community stakeholders regarding interest in establishing a local program that meets the needs of the community. The City could also consider engaging with stakeholders to determine the feasibility of implementing a countywide disclosure program similar to the one in San Diego.

- **Monitor and Advocate for State Legislation Implementing Other Disclosure Programs.** State legislators have proposed multiple bills in recent years implementing novel disability disclosure programs to improve interactions between law enforcement and individuals with disabilities. These included Assembly Bill 2002 (creating a statewide "blue envelope" disclosure program through coordination with the Department of Motor Vehicles)²³ and Senate Bill 1285 (creating a disability identifier symbol to be placed on driver's licenses and/or identification cards).²⁴ City Council could further direct the

²³ https://leginfo.ca.gov/faces/billNavClient.xhtml?bill_id=202320240AB2002

²⁴ https://leginfo.ca.gov/faces/billNavClient.xhtml?bill_id=202320240SB1285

City's Intergovernmental Relations team to explore monitoring and advocating for similar legislation in future sessions.

- **Designate Disability Affairs/ Americans with Disabilities Act Coordinator within SJPD.** Other jurisdictions of comparable size to San José have designated personnel that ensure the department's compliance with the Americans with Disabilities Act; ongoing education and training on disability equity, inclusion, and accessibility best practices; and continued engagement with the disability community and people with lived experience. Often, these roles are created in reaction to incidents. SJPD leadership is proactively considering and exploring such designation. Should this new assignment require the equivalent responsibilities of a full-time employee, additional funding may be needed.
- **Fund Additional MCAT Personnel.** San José Police officers assigned to MCAT receive specialized training in trauma-informed care, de-escalation, and crisis intervention. However, current MCAT capacity is limited: the existing teams provide daily coverage from 10:00 a.m. to 8:00 p.m. The City Council could allocate funding for additional MCAT personnel in future City budgets.
- **Continue Funding Expanded TRUST Coverage.** Based on the outcome of the City-County TRUST funding pilot program,²⁵ the City Council could consider appropriation of ongoing funding for expanded alternative response services in future City budgets. This was described in greater detail in the previous section.

3D. Next Steps and Related Efforts

- **May 2025:** SJPD will deliver a report to the PSFSS Committee on 911 calls received in 2024 with a nexus to disability, including mental health and/or homelessness, along with an update on the implementation of data-entry processes and training to appropriately "flag" these incidents.

²⁵ Pilot program outlined in the memorandum of agreement available at the following link: <https://sanjoseca.primegov.com/Portal/viewer?id=0&type=7&uid=ad2a90b1-c1b3-4031-838b-9f987715cd5d>

4. EXPLORING CO-RESPONSE MODELS FOR DOMESTIC VIOLENCE INCIDENTS

4A. Project Background, Approach, and Work Plan

Project Background

Domestic violence survivors often experience significant trauma and may need support creating a safety plan and securing basic needs following a domestic violence incident. However, responding law enforcement officers may not always be best equipped to provide this support. Domestic violence survivors frequently report feeling fearful of law enforcement involvement²⁶ and may not understand the criminal justice system or their rights. Additionally, police officers may not always have access to the specialized training or skills necessary to provide effective support for domestic violence survivors. There has therefore been a growing interest in providing specialized civilian responders at the scene to help support survivors and connect them with services.

However, domestic violence calls for service are not suitable candidates for alternative response programs. Police officers need to be on scene given that violent criminal activity has potentially occurred. Additionally, domestic violence calls can be dangerous for responders. Emotions are often heightened, making the situation volatile and unpredictable. Weapons are often present and can increase the risk of harm to responders. The suspect may also direct anger or frustration toward responders.

Given the high risk, some jurisdictions are exploring co-response models that typically pair a sworn officer with a civilian advocate, social worker, mental health professional, or forensic nurse. In a similar vein, some programs are structured so that police officers respond to an incident first, secure the scene, and ensure it is safe before requesting a secondary team of specialized domestic violence responders. For the purposes of this report, both models are considered co-response models.

Existing Programs

SJPD has specific protocols when responding to 911 calls for service involving domestic violence. This includes use of a lethality assessment to help assess the risk of serious injury or death to the survivor. The DV-HRRT program was created in partnership with YWCA Golden Gate Silicon Valley (YWCA) to provide the option of in-person support at the scene of high-lethality domestic violence incidents. Since 2019, the City has contracted with the YWCA to provide either in-person or over the phone support at the scene and connect survivors with immediate services and/or referrals to longer term case management.

²⁶ <https://www.thehotline.org/news/survivors-of-domestic-violence-report-feeling-less-safe-after-contacting-law-enforcement/>

- **DV-HRRT.** DV-HRRT is a partnership program between SJPD and YWCA to provide immediate support to high-risk domestic violence survivors. When an officer responds to a domestic violence incident, they complete a mandatory lethality assessment to evaluate the survivor's lethality risk. The lethality assessment includes questions, such as the suspect's use and access to weapons, threats, violent acts, and personal circumstances, including unemployment and shared children. If there is a high-lethality risk to the survivor and the survivor agrees to speak with an advocate, the responding officer calls the YWCA 24-hour confidential hotline. The majority of DV-HRRT services are provided to survivors over the phone; however, in-person responses are occasionally provided at the scene by a YWCA advocate at the request of SJPD. YWCA advocates offer crisis support counseling and may also assist survivors with safety planning. This could entail immediate services as well as follow-up services that include counseling, personal advocacy, criminal advocacy, temporary emergency housing, danger assessments, and external referrals. In-person responses for this program could be considered a co-response model, but are currently very limited.
- **Embedded YWCA Advocate in Family Violence Center.** SJPD also contracts with YWCA to staff an embedded domestic violence advocate who works out of the department's Family Violence Center. Domestic violence survivors who encounter SJPD are referred to this advocate, who reaches out to consenting survivors up to three times per reported domestic violence incident. This partnership facilitates follow-up with survivors as soon as possible after an incident and coordination between YWCA and SJPD on domestic violence cases. The advocate provides ongoing case management, including counseling, advocacy, safety planning, and linkage to restraining order, family law, criminal law, immigration, and specialized LGBTQIA+ services. Most YWCA staff are bilingual in English and Spanish; interpretation services are used for other languages.
- **Language Access Services.** SJPD adheres to a language access plan for all 911 call responses, including responses to domestic violence calls. Officers are required to provide language assistance services to people with limited English proficiency. This includes requesting an officer who is certified to provide interpretation and, if none are available, using the contracted SJPD language interpretation service.
- **Community-Led Solutions to Domestic Violence.** As directed by the FY 2023-2024 Adopted Budget,²⁷ a request for proposals process selected the Battered Women's Justice Project to engage residents on gaps in domestic violence services outside of law enforcement. The consultant is expected to prepare a final report by March 2025. Any new domestic violence programs inspired by this report would require resource allocation during the FY 2025-2026 budget process.

²⁷ <https://www.sanjoseca.gov/home/showpublisheddocument/106750/638367848009000000>

Project Approach

This project was approached in two parts: (1) engaging SJPD and YWCA to understand existing resources for domestic violence survivors and opportunities to expand services; and (2) exploring domestic violence co-response models in other jurisdictions.

Project Work Plan

Task	Description	Timeframe
SJPD Engagement	Staff engaged SJPD on current domestic violence services and opportunities for service expansion.	April – November 2024
YWCA Engagement	Staff engaged with YWCA on current City-contracted services and opportunities for service expansion.	April – November 2024
Interviews with Other Agencies	Staff interviewed cities, counties, and nonprofits on domestic violence co-response models.	September 2024
Draft and Deliver Status Report	Staff brought an update on this project’s status to the PSFSS Committee.	October 2024
Refine Findings	Staff refined the project findings based on stakeholder input.	November 2024
Draft and Deliver Final Report	Staff will bring a final report to City Council.	February 2025

4B. Project Status Updates and Findings

Co-Response Models in Other Jurisdictions

Staff interviewed seven different city, county, and nonprofit agencies to better understand types of co-response models to domestic violence incidents. The full list of agencies is included in **Table 1** below. All organizations primarily deploy specialized domestic violence services after officers have already responded and secured the scene. Exceptions include when a survivor is in a safe location, such as a hospital or police station. In these instances, some agencies will deploy specialized domestic violence teams as a first response.

All agencies expressed that co-response programs are valuable in getting survivors connected with resources and support. Others recognized the value of these models to facilitate evidence collection. Interviewees also expressed the benefit to police officers. One agency reported that officers become better equipped to communicate with someone in crisis and support domestic violence survivors after observing advocates and mental health professionals provide this support.

One drawback of co-response models identified in interviews included the potential to create confusion for the survivor at the scene. It may be difficult for a survivor to differentiate which individuals work for law enforcement versus an outside agency and who provides which services. The word advocate can also be used to refer to a legal professional in some countries outside of the United States, creating further confusion. Addressing these drawbacks requires clear and culturally relevant communication with survivors.

Some key insights from interviews include variance in how co-response teams are staffed, if programs are integrated into broader crisis response teams, and the criteria needed to dispatch a specialized domestic violence response.

- **Co-Response Team Staffing.** Domestic Abuse Response Teams in the City of Los Angeles and the City of Houston are composed of a sworn staff member paired with a domestic violence advocate or social worker. The presence of a sworn officer on these teams enables the first responder dispatched police officers to leave the scene for another call. It also enables a Domestic Abuse Response Team officer with additional domestic violence training and awareness of supportive services to respond out. Houston also has teams with a paired forensic nurse and sworn officer that can provide additional support and perform medical examinations for evidence at the scene.

The County of Multnomah, Oregon, the City of Rochester, New York, and the City of Austin, Texas all deploy civilian-only teams of specialized social workers, mental health experts, or advocates as a secondary response. These teams coordinate with officers on the scene to determine if they need to remain onsite for safety. The City of Long Beach deploys a domestic violence detective as a secondary response to certain domestic violence incidents. This allows the survivor to get assigned to and meet their detective immediately following an incident.

Staff also interviewed Community Solutions, a local domestic violence service provider serving Santa Clara and San Benito Counties. Community Solutions formerly operated a South County Domestic Violence Response Team co-response program in partnership with the County of Santa Clara's Sheriff's Office and Department of Family and Children's Services, City of Morgan Hill Police Department, and City of Gilroy Police Department. The program deployed either: (1) a Community Solutions advocate; or (2) an advocate and a Child Protective Services social worker to certain domestic violence incidents. This program ended when grant funding expired and because the organization experienced challenges with the service model. Community Services staff cited safety concerns for advocates on the scene. They also expressed that a co-response model caused confusion for survivors on advocates' role, making them less likely to accept services.

All agencies interviewed, except for the City of Los Angeles and Community Solutions' former local program, employ specialized civilian staff directly. A

benefit to government agencies employing staff directly is that government agencies may be able to offer greater pay and benefits to staff and more flexible hours, increasing retention and decreasing burn out.²⁸ Agencies also cited the value of employing advocates directly in order to facilitate stronger rapport with law enforcement and government staff. However, government-employed advocates may be required to share information with law enforcement and some survivors may be more comfortable communicating with a confidential community-based advocate.

- **Crisis Response.** Some domestic violence response teams, such as the Domestic Abuse Response Team program in Houston and People in Crisis in Rochester, also respond to broader crisis intervention calls. This may include crisis support for family members at the scene of a homicide or bystanders at the scene of a deadly event. The Rochester People in Crisis program is the only model studied that does not operate within a police department. The People in Crisis program responds to calls involving community members in crisis or experiencing victimization. It is estimated that about 25% of the People in Crisis response are for domestic violence calls.
- **Dispatch Criteria.** Agencies interviewed vary in how co-response teams are dispatched. The City of Long Beach and the City of Houston, for example, prioritize response based on the severity of the domestic violence incident. Other agencies allow for more discretion by first responders to decide whether to request a co-response team. Some agencies deploy co-response teams after getting consent from the survivor; others deploy more automatically to certain calls.

#	Topic	Description
9	Domestic Violence: Co-Response	Other jurisdictions have co-response teams dedicated to providing in-person responses to domestic violence incidents. Best practices identified include dedicated staffing and clear dispatch criteria for in-person response.

²⁸ The County of Multnomah recently moved advocacy staff from outside community-based agencies into county positions, citing pay equity and burnout concerns.

Table 1: Agencies with domestic violence co-response models interviewed for this project.

Agency	Program Name	Department Location	Specialized Staffing	Area	Hours
County of Multnomah	Domestic Violence Crisis Response Unit	Portland Police Special Victim's Unit	County advocates	Countywide	Mon-Fri 7 a.m. to 12 a.m.; Sat-Sun 1 p.m. to 12 a.m.
City of Houston	Domestic Abuse Response Team	Houston Police Victim Services Division	City sworn staff, city advocates, city forensic nurses	Citywide	6 p.m. to 4 a.m. (Two hours allocated for follow-ups)
City of Los Angeles	Domestic Abuse Response Team	Los Angeles Police Divisions	City sworn staff, community-based organization advocates	Citywide	Thurs-Sun (hours vary by division)
City of Rochester	Person in Crisis	Department of Recreation and Human Services	City emergency response social workers or mental health professionals	Citywide	24/7
City of Austin	Crisis Response Team	Austin Police Department Victim Services Division	City mental health social workers	Citywide	24/7
City of Long Beach	Domestic Abuse Response Team	Long Beach Police Department Investigations Bureau	City police detectives	Citywide	24/7
Community Solutions Formerly Operating Program	South County Domestic Violence Response Team	Partnership model between government agencies and nonprofit partner	Sheriff's Office, Morgan Hill and Gilroy Police Departments, County Department of Family and Children's Services	South Santa Clara County	Mon-Fri 8 a.m. to 8 p.m.

San José Domestic Violence Current Services

To better understand the need for domestic violence services, staff analyzed six months of data shown in **Table 2** below.

Table 2: SJPD Domestic Violence Data from November 1, 2023 – April 30, 2024.

Type of Data	Number of Instances
Domestic Violence Cases Received	3,435
Domestic Violence-related Homicides	4
YWCA DV-HRRT Over-the-Phone Response	36
YWCA DV-HRRT In-Person Response	3

As shown in Table 2, YWCA responded in-person on the scene to three high-lethality domestic violence incidents over the course of six months and provided immediate over-the-phone services in 36 additional instances. These three in-person responses do not include YWCA in-person responses for other programs, such as YWCA’s strangulation protocol, which may include high-risk cases. As SJPD does not currently track how many domestic violence cases are assessed as high-lethality by responding officers, staff is not currently able to evaluate the proportion of high-lethality survivors receiving DV-HRRT services.

SJPD is adjusting how domestic violence reports capture case data to facilitate deeper analysis of the DV-HRRT program. This includes collecting data on the number of high-lethality cases and number of survivor requests for in-person YWCA services. The data will enable a more robust evaluation of the DV-HRRT program. Once data fields are updated, SJPD and YWCA will also initiate additional training with officers and supervisors on data collection and protocols for the DV-HRRT program.

The limited amount of in-person services within the DV-HRRT program may be influenced by several factors, including the survivor’s willingness to accept in-person services and the need to coordinate SJPD officers remaining on the scene if there is a safety concern (for example, if the suspect is at large and their return could threaten an advocate’s safety). As discussed above, other jurisdictions studied have co-response models with dedicated sworn staffing and advocacy personnel who deploy together. Some co-response models in other jurisdictions also tend to be deployed automatically in certain circumstances, without requiring the survivor to accept services before speaking with an advocate.

#	Topic	Description
10	Domestic Violence: Current Program	SJPD currently partners with the YWCA on the DV-HRRT co-response program. In-person services are limited and the program will be improved through enhanced data collection, renewed protocols, and updated training.

Community Engagement

The Community-Led Solutions to Domestic Violence consultant is expected to report findings to City Council in March 2025. The purpose of this project is to collect research and resident input on community-led domestic violence services outside of law enforcement. This will entail a review of best practices as implemented by other cities or studied in relevant academic literature, development of a community needs assessment, asset mapping for domestic violence services, and an extensive community outreach process. This report could provide helpful information to inform improvements to existing domestic violence services or new programs.

#	Topic	Description
11	Domestic Violence: Community Engagement	The City is working with a consultant to engage residents on domestic violence solutions outside of law enforcement. Aligning any new domestic violence programming with the consultant's final report in March 2025 ensures consideration of community input.

4C. Additional Policy Options

Domestic violence co-response models provide survivors direct access to support when an incident occurs. However, each survivors' experience is unique and some may not be willing or physically able (in the case of severe injuries) to accept services at the time of an incident. Therefore, it is beneficial to explore additional policy options to connect domestic violence survivors with resources and improve outcomes.

- **Increase Case Management Staffing.** The Family Violence Center hosts an in-house YWCA advocate who connects survivors with resources, such as housing, counseling, safety planning, financial aid, and referrals to restraining order, family law, and immigration resources. The YWCA advocate provides follow-up contact to all domestic survivors within 72 hours of being referred by SJPd and attempts to connect with a survivor as many as three times if the survivor does not respond. YWCA reports a year-over-year increase in domestic violence follow-ups and ongoing case management. In FY 2023-2024, the YWCA embedded advocate provided 1,764 follow ups to survivors at the Family Violence Center, a 55% increase from FY 2022-2023. While supporting on-going case management is not a co-response model, the City Council could explore adding resources to this effort.

4D. Next Steps and Related Efforts

- **January 2025:** Staff will deliver a final project report to City Council.
- **March 2025:** Staff will deliver Community-Led Solutions to Domestic Violence final report findings to City Council.
- **January-June 2025:** Staff will monitor DV-HRRT data collection enhancements, training, and renewed protocols.

5. CONCLUSION

This report's primary purpose was to provide findings from three interrelated efforts exploring options for expanding alternative response and co-response programs to 911 calls for service. These three efforts build on the 911 Event Data Analysis Report and respond to a range of City Council directives provided between February and June 2024.

This report's findings identify multiple avenues for improving City responses to 911 calls for service. Staff will continue to engage with the County to identify opportunities for educating residents on services available through 988, expanding the existing 911-to-988 call transfer pilot, and to monitor and evaluate the ongoing TRUST pilot expansion. Staff will also continue to collaborate with SJPD to evaluate and make improvements to the CIT and DV-HRRT programs.

Other options, including expanding the City's existing co-response program, would require new investments of staff time and financial resources within the City Manager's Office and/or SJPD. Given the level of effort this work entails, staff may require City Council direction and potentially additional resources through the annual budget process, as implementation and/or further policy work would need to be balanced against other workload, overall financial conditions, and budget priorities in the City Manager's Office and SJPD.