Reimagining Public Safety in Davis

Recommendations of the Temporary Joint Subcommittee

November 18, 2020

Contents

List of Abbreviations

ACS   American Community Survey
ADP   Average Daily Population
AIC   Addiction Intervention Court
ALPR   Automated License Plate Readers
BIPOC   Black, Indigenous, and People of Color
CBT   Cognitive Behavioral Therapy
CDC   Centers for Disease Control
CESH   California Emergency Solutions and Housing
CHCD   UC Davis Center for Healthcare Decisions
CHIS   California Health Interview Survey
CIT   Crisis Intervention Team
DA   District Attorney (Yolo County)
DCMH   Davis Community Meals & Housing
DHA   Davis Homelessness Alliance
DPD   Davis Police Department
ED   Emergency Department
EMS   Emergency Medical Services
H-NHC   Homeless Neighborhood Court Pilot Program
HHSA   Health and Human Services Agency (Yolo County)
HPAC   Homelessness and Poverty Action Coalition
HRC   Human Relations Commission
IRWS   Interfaith Rotating Winter Shelter
LGBTQ+ Lesbian, Gay, Bisexual, Transgender, Queer
MACRO   Mobile Assistance Community Responders of Oakland
MHAAT   Mental Health Acute Assessment Team
MHC   Mental Health Court
MHSA   Mental Health Services Act
MRAP   Mine-Resistant, Ambush-Proof
NHC   Neighborhood Court
PAC   Police Accountability Commission
PACER   Police and Crisis Early Response
PAM   Psykiatrisk Akut Mobilitet (Psychiatric Emergency Response Team)
PIT   Point-in-Time
PMI   People with Mental Illnesses
RIPA   Racial and Identity Profiling Act

S2S	Steps to Success
SMI	Severe Mental Illness
SPARQ	Social Psychological Answers to Real-World Questions, Stanford University
SSC	Social Services Commission
SUDs	Substance Use Disorders
TJS	Temporary Joint Subcommittee
YPP	Yolo People Power

Acknowledgements

Key recommendations

Recommendation 1: Determine why racial disparities in arrests, charges, and stops exist in Davis.

The percentage of Hispanic and Black arrestees in Davis over the 2015-19 period is strongly disproportionate to the population shares of these groups in the City, a finding which holds even when considering arrests of Davis residents only. Black people are arrested at 5.9 times and Hispanic people 1.5 times the rate of white people in Davis; when considering only Davis residents, Black people are arrested at 5.0 times and Hispanic people 1.4 times the rate of white residents. Both sets of figures far exceed the racial disparity in arrests in the United States as a whole. Similar racial inequalities hold with respect to the overall number of criminal charges filed in the city, and Hispanic and Black people are also subject to traffic-related stops and searches at a much higher rate than their respective population shares in Davis (though roughly proportional to regional population shares). We recommend a detailed study of the determinants of racially disproportionate stops, arrests, and charges in Davis, including an analysis of the relative contributions of potential bias in policing, potential bias in community reporting, and socio-economic factors. This will likely require a regional analysis in partnership with agencies from Yolo County and surrounding counties.

Recommendation 2: Encourage the DPD to dialogue with the Police Accountability Commission (PAC) on the content of its Use of Force Policy.

We laud the DPD for taking proactive steps towards the "8 Can't Wait" reforms on use of force best practices. Conversation with the PAC may help to identify aspects of the policy that could be improved to elevate the best practice standard even further. Possible changes may include:

- Specifying de-escalation techniques in more detail;

- Specifying the timetable for crisis intervention re-certification and de-escalation, procedural justice, and implicit bias re-training;

- Prohibiting the use of physical force in the case of fleeing subjects who have not committed a serious crime and do not pose an active threat; and

- Adopting more restrictive guidelines for the use of deadly force.

Recommendation 3: Evaluate the impact of de-escalation, crisis intervention, procedural justice, and implicit bias trainings.

We encourage exploring opportunities to partner with University of California-Davis researchers working on community development, racial equality, and other relevant issues. The first project could be an evaluation of DPD trainings. We laud the DPD for its commitment to crisis intervention, implicit bias, and procedural justice trainings for its officers. However, recent research calls into question the long-term impact of implicit bias and crisis intervention trainings, although procedural justice trainings do have strong and consistent effects on reducing the use of force. We recommend continuing to hold all of these trainings, but using rigorously designed evaluations to determine the enabling factors that would lead to lasting impact.

Recommendation 4: Shift non-violent service calls to unarmed personnel.

We suggest that some service calls received by the DPD could be shifted to unarmed personnel outside the DPD without increasing risk to the community or to responders. The nuisance/code enforcement, traffic/minor violations, and property theft categories are the primary candidates for near-term diversion to unarmed responders, with mental health/welfare check calls a possible medium-term goal. Between 2015 and 2019, these four categories comprised 23.9% of service calls received by the DPD. Any such shifts would be led by considerations of both client and responder well-being.

Recommendation 5: Reinvent the police-community conversation.

We recommend the City establish an ongoing, confidential public input process focused on communities of color, the homeless, and other at-risk groups. We recognize that a trove of information from past public input processes on policing exists. However, these past efforts suffered from two weaknesses: they

did not adequately provide accessible yet confidential means for marginalized communities to share their views; and they were not rigorously evaluated for their impacts on police-community trust and perceptions of police legitimacy. We believe that strong evaluation will better inform the design of both input processes and broader trust-building initiatives. We also recommend the City carry out an anonymous survey of police officers to solicit perspectives about their work, racial bias, and building stronger relationships with the community. We suggest that the City connect with two ongoing community input processes on race and policing, one by the local group Yolo People Power and the other by the University of California-Davis's Center for Healthcare Practices.

Recommendation 6: Restart the warm hand-off program with COVID-safe protocols and de-prioritize or decriminalize minor, victimless offenses.

We recommend developing COVID-safe protocols that allow immediate restart of the warm hand-off program, an initiative in which the DPD directed non-violent drug offenders to CommuniCare facilities. We also recommend de-prioritizing the enforcement of a wider of set of minor, victimless offenses and, working with the Yolo County District Attorney, moving towards decriminalizing as many minor offenses as possible.

Recommendation 7: Work with County partners to build a "Crisis Now" model for behavioral health crisis emergencies.

The characteristics of Davis—a low violent crime rate, an acknowledged growing behavioral health and substance use crisis, and existing trust between the DPD, Yolo County HHSA, nonprofit agencies, and other stakeholders—are ideal for implementing a diverse approach to behavioral crisis response. This entails several steps. First, bolster the menu of options for crisis response: provide resources to allow existing and planned DPD crisis intervention and co-responder teams to be available 24/7; and support the development of unarmed mobile crisis teams. Second, pilot a crisis call hub to route calls to the appropriate crisis response team. Third, work with health providers to set up a joint behavioral health receiving facility that is safe and supportive. We urge that the Crisis Now approach be accompanied by a robust evaluation framework exploring the impact of interventions on client health outcomes, responder attitudes and skills, overall stakeholder satisfaction, and financial sustainability of City and County agencies.

Recommendation 8: Expand the City's community navigator workforce.

We recommend continuing and expanding the community navigator pilot initiative in the Davis Emergency Shelter Program. The DPD's Homeless Outreach Services program is effective and well-respected, and additional human resources would greatly help improve coverage and frequency of contact with at-risk individuals, including the homeless, those with mental illness, and those with substance use issues. Navigators help build client trust in the care team, help the client navigate available social and healthcare services, and work to keep the members of the care team—clinicians, social workers, social service agencies, etc.—well-coordinated. The community navigator force would be led by paid professionals, but paraprofessional and volunteer involvement is viable given Davis's unique human resources.

Recommendation 9: Commit to a vision of re-imagined public safety.

We see three broad visions of re-imagined public safety in Davis:

1. a "New Programs" (NP) model in which homeless, mental health, and substance use services within the non-sworn side of the DPD are greatly expanded to meet the community's needs;

2. a "New Department" (ND) model in which social services and non-violent aspects of public safety are placed under the responsibility of a new City agency lateral to the DPD;

3. a "New Structure" (NS) model in which all public safety services, including the DPD, are placed under a single umbrella agency.

NP is the simplest implementation path and could result in mutual learning and stronger coordination between police officers and social service workers, but does not propose bold solutions to systemic racism. ND affirms the City's commitment to taking a public health approach to issues of racism, poverty, and public safety, but may present coordination challenges with the police department. NS may be the most powerful option to facilitate the development of a Crisis Now model and offers the opportunity to instill principles of anti-racism and social justice across City institutions, but is also the most challenging transformation of City structure. The Temporary Joint Subcommittee, by a * to * vote, endorses the — model. Regardless of which model is chosen by the City Council, we recommend clearly and expeditiously articulating and committing to the vision.

Introduction: The local and national context of reform

On June 16, 2020, the Davis City Council passed the following motion as part of an agenda item discussing the upcoming year's budget:

> Direct Staff to develop a proposed outreach plan/work plan related to identifying and funding community health and safety improvements.
>
> 1. Staff will seek input from the Police Accountability Commission, Human Relations Commission, Social Services Commission, Independent Police Auditor, and Yolo County.
> 2. Focus shall include preventative solutions and consideration of systems of interaction between police and community and will inform the upcoming Police Department strategic plan.

The three City Commissions convened a Temporary Joint Subcommittee (TJS), composed of two to four members from each Commission, to formulate recommendations for City Staff. This report is the outcome of the TJS process.

The national debate around race and policing, and particularly the reality that communities of color are disproportionately subject to arrest and use of force by police departments, motivated the City Council's motion. This debate revolves around two sets of public sector reforms:

- Changes in the culture and operations of police departments to prevent and correct racial bias;

- The strengthening of social services to prevent crime, offer alternatives to armed emergency response, and create opportunities for offenders to rehabilitate through pathways other than the criminal justice system.

Both of these topics have local relevance. The Davis Police Department (DPD) was criticized for possible racial bias in the events of Picnic Day 2017, and as Section 1.1 details, Black, Indigenous, and people of color (BIPOC) populations are stopped, arrested, and charged at disproportionate rates in Davis. This disparity is reduced slightly but not eliminated when considering only arrestees who are Davis residents. In addition, homelessness, mental illness, and substance use are increasing in Davis, Yolo County, and California generally, contributing to higher incarceration rates among BIPOC.

The purpose of this report is to review the current landscape of racial bias, policing, and social service gaps in the City of Davis, and to offer recommendations on how the City might re-imagine public safety. The report reflects three streams of research: primary data analysis of publicly available datasets on traffic stops, charges, arrests, and 911 service calls in Davis; a review of the peer-reviewed academic and grey literature on best practices in police-community interactions and preventative social services; and discussions with various stakeholders, including City Council members, City Staff, Police Department staff, Yolo County officials and program officers, representatives of nonprofit and advocacy groups, and academic experts. The full list of informants is provided in Appendix A.

Section 1 focuses on race and policing. Section 1.1 examines the racial breakdown of traffic stops, arrests, and charges in Davis. Section 1.2 describes the DPD's use-of-force policies, including progress towards the high-profile "8 Can't Wait" set of reforms. Section 1.3 outlines our recommendations for cultural and operational reforms to reduce the risk of racially biased policing and criminal justice outcomes in Davis.

Section 2 then looks at the relationship between social services and public safety. Section 2.1, examines trends in homelessness, mental health, and substance use in Davis and Yolo County, respectively. Section 2.2 surveys existing City, County, and civil society services to address these issues, and describes the gaps that remain in service provision. Section 2.3 offers our recommendations for preventative and responsive reforms to social services. The report concludes by considering possible pathways to re-imagine public safety in Davis.

Before proceeding to the main body of the report, we make two observations. First, we note that the current debate around policing reform rests on deeply held, opposing assumptions about public safety: on one side, that redirecting funding away from police departments will lead to an increase in crime; on the other side, that redirecting funding will reduce racial bias in policing and criminal justice outcomes. We begin this report by noting that the evidence base for either of these assumptions is very thin. With respect to the first assumption, despite decades of research, there is no scientific consensus on the relative contribution of police activity, or specific policing strategies, to reductions in crime (see [48] for a review of the various strands of this literature). With respect to the second assumption, few long-term models of diverting police budgets to alternative public safety interventions exist in the United States[1]. The universal applicability of the models that *do* exist for either anti-racism or public safety objectives is uncertain. Given the overwhelming evidence for racial disparities in policing, social services, and criminal justice in the United States, a lack of data does not imply cause for policy hesitation, but it does suggest that changes be designed judiciously and evaluated rigorously.

Second, we note that this report is framed by the TJS's own assumptions and beliefs. We urge readers to interpret our conclusions in light of these assumptions

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[1]Various models do, however, exist internationally; we examine some of these models in Section 2.3

and beliefs, which include the following:

- *This work is urgent and important.* Throughout this process of re-imagining public safety, we keep close the urgency of the moment, the demand to address and redress structural racism, the prevailing indifference to mental health needs, and the hurt and concerns of a larger beloved community that may not experience itself as beloved.

- *Re-imagining policing will be an iterative process, and requires community will.* Community, policing, mental health, homelessness, and substance use live in an interconnected system. The TJS process has helped us learn more about this system as it expresses itself in Davis and Yolo County, and we will continue to improve our understanding as we move forward. Community participation and engagement through this iterative process is critical to success. Davis will define anti-racism and public safety in its own unique way.

- *Policy should be driven by evidence, which itself depends on data that is transparent, understandable, and accessible to the community.* We request that all members of the community, including the police department and the City, engage openly in sharing their information and expertise. We as a community are blessed with a wealth of expertise, and we will be informed by this expertise while bearing in mind that expertise comes with its own inherent biases.

- *Lived experience is also a form of expertise.* We will center the lived experience of community members that are not in socially privileged positions. Lack of empathy for the lived experience of others keeps us separated and indifferent to the inequalities within our community. We welcome the qualitative data provided by personal stories to humanize and better understand, in the context of Davis and Yolo County, the quantitative data collected.

- *Racism is an expression of each moment, not an unchangeable essence of people.* Historian Ibram X. Kendi writes that "'Racist' and 'antiracist' are like peelable name tags that are placed and replaced based on what someone is doing or not doing, supporting or expressing in each moment. These are not permanent tattoos" [47, p. 23]. Throughout this process of re-imagining public safety, we strive toward policies, structures, and behaviors that are anti-racist while assuming the good intent of individuals.

1 Racial bias and the use of force

BIPOC in the United States are stopped, arrested, and killed by police at rates disproportionate to their fraction of the population (Figure 1.1). Black people, for example, comprise 12.3% of the US population but 26.7% of arrests, 24.6% of those shot and killed by police, and 30.6% of those who were unarmed when shot and killed by police. The evidence base for these disparities is large and growing (see [80] for an overview of the literature, [22] for a high-profile use-of-force study, and [63] for an analysis of police bias and racial disparities in traffic stops).

The following section examines racial disparities in pedestrian/traffic stops (hereafter referred to as "stops"), arrests, and charges in Davis. We note that these disparities are not necessarily caused by bias in policing; many other factors potentially contribute. However, the existence of racial disparities shows that Davis, despite being a relatively high-income, low-crime jurisdiction, is not immune to the inequalities that are fueling the national debate.

1.1 Racial breakdown of stops, arrests, and charges

To contextualize the data below, we first note the 2018 race/ethnicity breakdown of Davis' population: 55.7% white; 22.0% Asian; 13.9% Hispanic or Latino; 2.2% Black; 0.4% American Indian, Alaska Native, Native Hawaiian, or other Pacific Islander; and 5.8% other groups [83].[1] These percentages come from the American Community Survey (ACS) 5-year estimates, which tend to have a lower margin of error than 1-year estimates.[2]

We also note that, relative to other municipalities in California and the United States, Davis is a low-crime city. Its 2018 violent crime rate was 62%

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[1]In this document, all groups other than "Hispanic or Latino" refer to non-Hispanic populations. We use the shorthand term 'race' to refer to race and ethnicity together, e.g., white refers to non-Hispanic white, whereas "Hispanic or Latino" refers to Hispanics/Latinos of any race. This usage is not conventional, but is used to succinctly convey racial/ethnic disparity information in figures.

[2]We acknowledge that the racial composition of Davis fluctuates from year to year, but we feel that the ACS 5-year estimates are the best possible reflection of demographics in the City. The percentages given in the main text are in fact close to the racial composition of Davis at the time of the last census in 2010: 58.9% white; 21.7% Asian; 12.5% Hispanic or Latino; 2.2% Black; 0.4% American Indian, Alaska Native, Native Hawaiian, or other Pacific Islander; and 4.3% other groups [84].
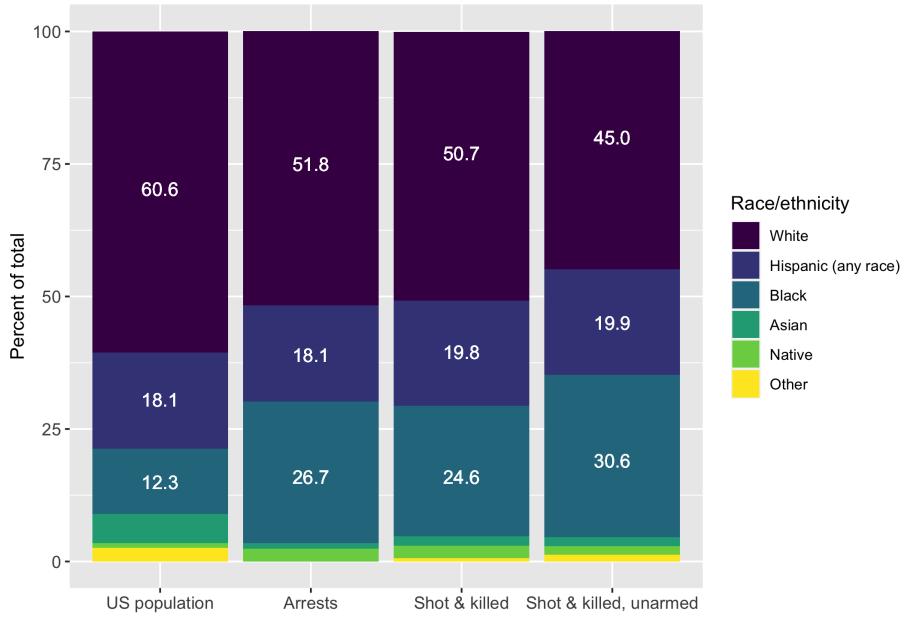
Figure 1.1: Race and policing outcomes. Left to right: Racial/ethnic proportions of the US population, arrests nationwide, individuals shot and killed by the police nationwide, and unarmed individuals shot and killed by the police nationwide. US population, arrests, and shot/killed data are from 2017. To increase sample size, unarmed shot/killed data are taken from a nearly six-year period, 2015 to 2020. Non-Hispanic white, Black, Asian, and Native proportions in arrests data were imputed based on non-Hispanic fractions of these groups in the general population. FBI arrest data did not include an "Other" category. Sources: population data [83], arrests [27], shootings [80].

lower than the statewide figure [13, 26], although the City's property crime rate is comparable to California's rate.[3] The datasets underlying the discussion below can be further explored at https://ssc-davis.shinyapps.io/public-safety/.

1.1.1 Stops

California Assembly Bill 953, the Racial and Identity Profiling Act (RIPA) of 2015, requires city and county law enforcement agencies to submit demographic

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[3]Davis had 117 violent crimes in 2018, a rate of 168.6 per 100,000 people. The violent crime rates for California and the United States in the same year are 441.2 and 379.4 per 100,000 people, respectively. Davis had 1701 property crimes in 2018, a rate of 2451.7 per 100,000 people. The property crime rates for California and the United States in the same year are 2331.2 and 2109.9 per 100,000 people.

and other data on pedestrian and traffic stops. The Davis Police Department (DPD) recently released 2019 RIPA data, well in advance of the 2023 deadline stipulated by AB 953 for small police agencies.[4]

The RIPA data suggest that **Black and Hispanic people are stopped overall, stopped on suspicion, searched, stopped at the initiation of the officer, and arrested at rates disproportionate to their share of the Davis population** (Figure 1.2).[5] Although place of residence is not collected as part of RIPA stop data, we note that the traffic stop shares for Black people remain disproportionate when compared to the Yolo County Black population but approach the Black population share of Sacramento County. The reverse applies for Hispanic/Latino people: traffic stop shares are proportional to the Yolo County population share but not to Sacramento County (Table 1.1). We encourage, in cooperation with regional partners, further investigation of the place of residence of those stopped.

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[4] Note that the race variation in the below data refers to the reporting officer's subjective perception of an individual's race.

[5] "Stopped on suspicion" refers to a legal standard of proof weaker than probable cause, but based on rational inferences based on specific facts. Stops are either "officer-initiated" or initiated through a call for service, dispatch, or radio call.
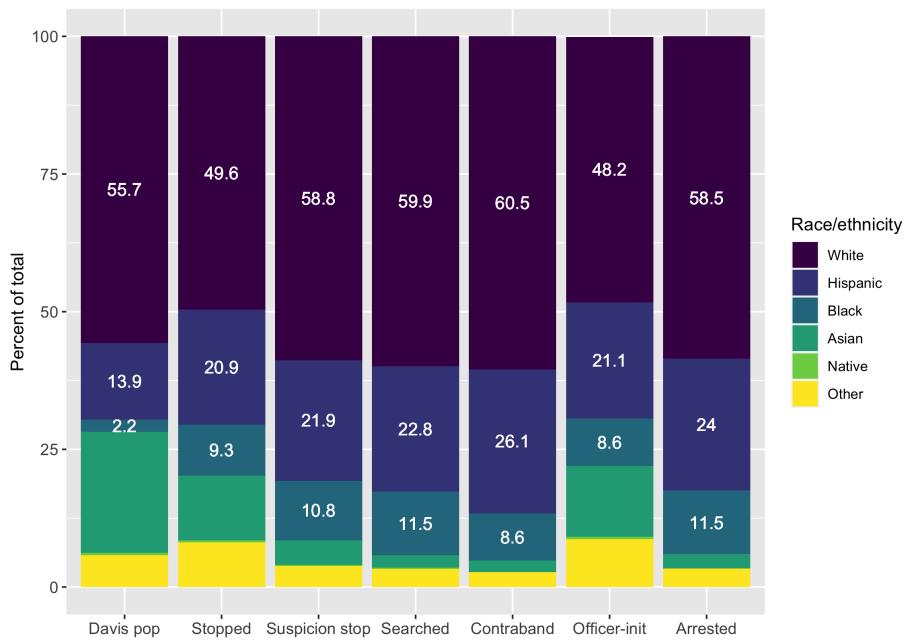
Figure 1.2: Stop outcomes by race, 2019. Left to right: proportions by race of the Davis population, individuals stopped by police, individuals stopped because of suspicion, stopped individuals who were searched, stopped individuals for whom contraband was found in the search, officer-initiated stops, and individuals who were arrested after the stop. The place of residence of those stopped is unknown. Source:[14].

Race/ethnicity	Davis	Yolo County	Sac County	Stopped	Suspicion stop	Searched	Contraband	Officer-initiated	Arrested
White	56.7	47.1	45.2	49.6	58.8	59.9	60.5	48.2	58.5
Hispanic	13.9	31.5	23.0	20.9	21.9	22.8	26.1	21.1	24.0
Black	2.2	2.4	9.5	9.3	10.8	11.5	8.6	8.6	11.5
Asian	22.0	13.7	15.3	11.7	4.5	2.3	2.1	12.9	2.6
Native	0.4	0.6	1.5	0.4	0.2	0.2	0.0	0.4	0.0
Other	5.8	4.7	5.5	8.1	3.8	3.3	2.7	8.7	3.4

Table 1.1: Population and RIPA data by race, 2019. Each cell represents the proportion of a race with respect to the variable indicated by the column; for example, white people comprise 56.7% of the Davis population and 49.6% of all people stopped, etc. Sources: population data [83], RIPA data [14].

Small racial disparities persist when considering the events that happen subsequent to the initial stop. For example, Black people comprise 11.5% of everyone who was searched after being stopped, but only 9.3% of everyone who was stopped. Overall, Black and Hispanic people have slightly higher rates of being stopped on suspicion, searched, and arrested relative to their share of total stops. This is true for white people as well, however; the main source of under-representation—those stopped on suspicion, searched, and arrested at disproportionately low rates relative to their share of stops—is Asian people. We also note that Black people are less likely to be found with contraband, and are also less likely to be stopped through the initiation of the officer, than their total share of stops.[6]

To summarize, strong racial disparities exist between Davis population shares and the proportions of those stopped, searched, and arrested. Smaller disparities exist when considering the various events that could occur after a stop.

1.1.2 Arrests

The Davis Police Department provided data on arrests by date, sex, race, age, place of residence of arrestee, level (misdemeanor vs. felony), and charges for the period 2015-2019. As Figure 1.3 shows, **the percentage of Hispanic and Black arrestees is disproportionate to the population shares of these groups in Davis. This disparity is only slightly reduced when considering arrests of Davis residents exclusively** (see rightmost column in Figure 1.3).

As Figure 1.1 earlier showed, racial disparity in arrests is a nationwide phenomenon, with Black people arrested at 2.2 times the population-adjusted rate of white people in the United States as a whole. However, the disparity is much more pronounced in Davis: Black people are arrested at 5.9 times the rate, and Hispanic people 1.5 times the rate, of white people in the City.

1.1.3 Charges

A look at the charges data shows similar patterns (Figure 1.4). Black and Hispanic people are over-represented in charges relative to their share of the Davis population. This disparity is only slightly diminished when considering only Davis residents charged, and exacerbated when considering only felonies. A more detailed racial breakdown by charge category (e.g., drug offenses, theft, assault and battery, etc.) is available at `https://ssc-davis.shinyapps.io/public-safety/`.

In addition, Black people had a slightly higher number of charges applied per arrest (Table 1.2).

The overall message of Section 1.1 is that serious racial disparities in stops, arrests, and charges exist in Davis. We do not have a clear sense of why these disparities exist, however.

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[6]8.6% of those with contraband are Black and 8.6% of those stopped at the initiation of the officer are Black, while 9.3% of all those stopped are Black.
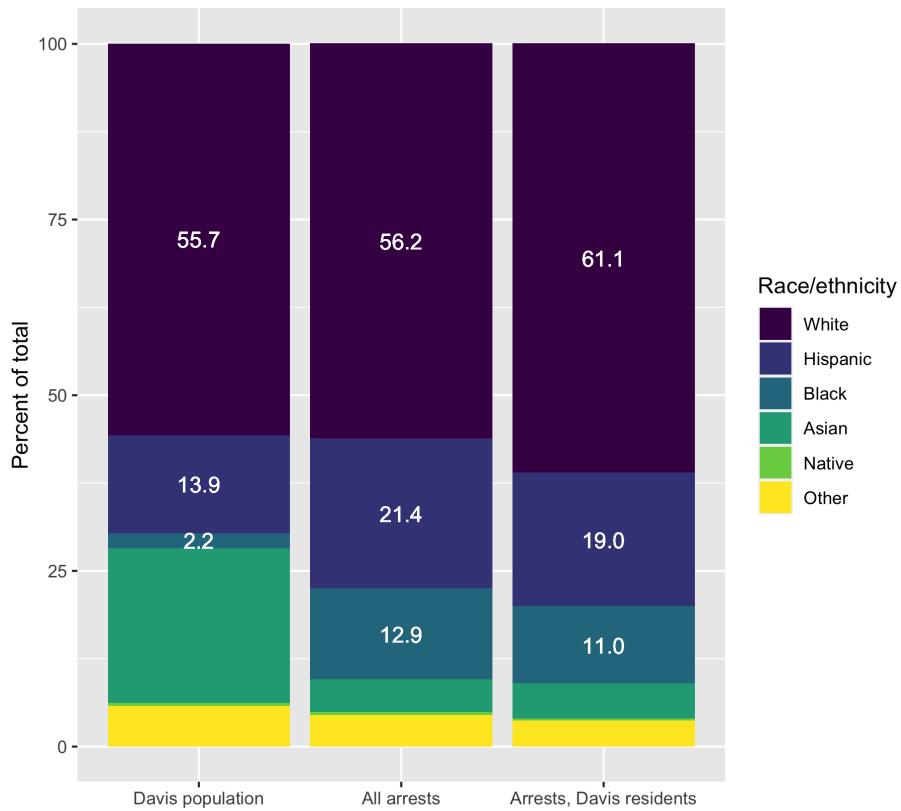
Figure 1.3: Arrests by race, 2015-2019. Left to right: proportions by race of the Davis population, all arrests, and arrests of Davis residents only. Source: [18]

| Race/ethnicity	Mean number of charges per arrest
White	1.75
Hispanic	1.78
Black	1.89
Asian	1.80
Native	1.67
Other	1.76

Table 1.2: Charges per arrest by race, 2015-2019.
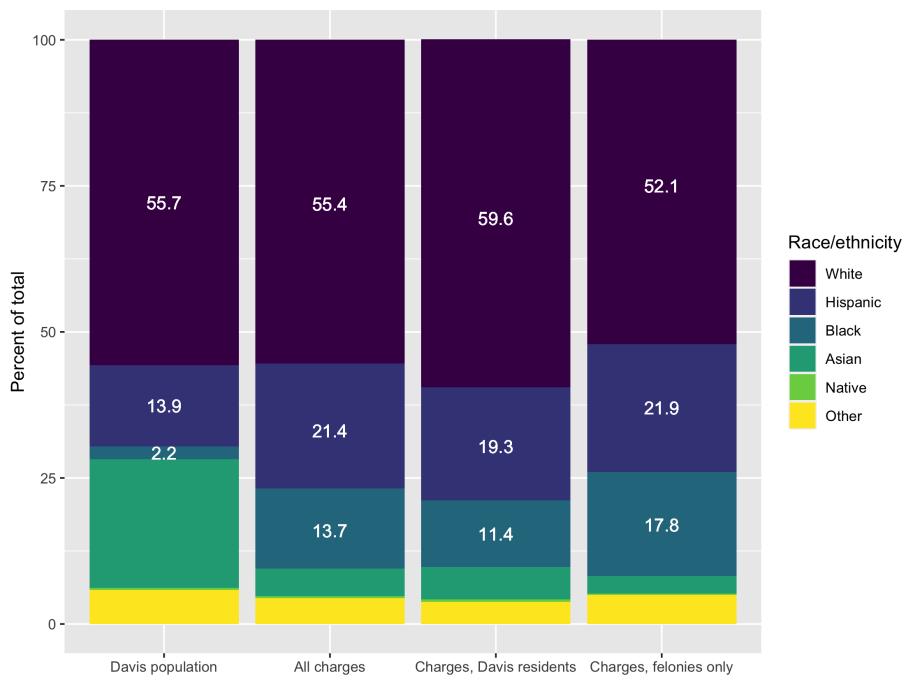
Figure 1.4: Charges by race, 2015-2019. Proportions by race of the Davis population, all charges, charges of Davis residents only, and felony charges only. Source: [18]

1.2 8 Can't Wait: DPD's Use of Force Policy

The national conversation around racial bias and policing is closely linked to the inappropriate use of force. As noted earlier, BIPOC are disproportionately subject to the use of force and deadly force by police officers. In this section, we look at the DPD's Use of Force Policy.

The "8 Can't Wait" list of reforms advanced by Campaign Zero has gained national attention as an evidence-backed approach to reducing the risk of police violence [6]. A large and growing body of research strongly supports the contention that restrictive use of force standards like those found in the 8 Can't Wait list reduce police violence while also preventing officer deaths and injuries. Reforms often have effects of remarkable magnitude; for example, the 1985 *Tennessee v. Garner* Supreme Court decision affirming that deadly force to apprehend fleeing, unarmed, non-violent felony suspects violated the Fourth Amendment is associated with a 16% drop in police homicides a year [81]. Studies on New York [30], Philaelphia [91], and a range of other cities [74] confirm the general argument.

The Davis Police Department has taken important steps towards adopting the list of use of force reforms. A brief summary of 8 Can't Wait and current DPD guidelines follows [6]:

1. *Ban chokeholds and strangleholds.* "Allowing officers to choke or strangle civilians results in the unnecessary death or serious injury of civilians. Both chokeholds and all other neck restraints must be banned in all cases."

   - On June 5, 2020, the DPD amended its use of force policy to completely ban "chokeholds, strangeholds, Lateral Vascular Neck Restraints, Carotid Restraints, or any other tactics that restrict oxygen or blood flow to the head or neck" [15]. The DPD had previously allowed carotid control hold and other neck restraints in situations when deadly force was authorized, although no officer had used the technique in "at least 20 years" [16].

2. *Require de-escalation.* "Require officers to de-escalate situations, where possible, by communicating with subjects, maintaining distance, and otherwise eliminating the need to use force."

   - Section 3.05-A(I)(A) of the DPD's Department Manual outlines de-escalation procedures, stating that "to the extent it is feasible, there is time, and without compromising law enforcement priorities under the circumstances (e.g., unnecessarily creating further risk of harm to the officer or others) officers will use alternatives including, but not limited to, tactical communication, crisis intervention, tactical repositioning, strategic disengagement and/or de-escalation techniques" [15]; subsection 3-05-A(II)(D) then outlines de-escalation guidelines in more detail.

3. *Require warning before shooting.* "Require officers to give a verbal warning in all situations before using deadly force."

   - Section 3.05-A(I)(D) of the DPD's Department Manual states that "when feasible, officers will make reasonable efforts to identify themselves as a peace officer...[and] shall tell a person they are under arrest and issue a verbal order to submit to their authority, including providing a warning that force may be used, prior to using force" [15].

4. *Require exhausting all alternatives before shooting.* "Require officers to exhaust all other alternatives, including non-force and less lethal force options, prior to resorting to deadly force."

   - Section 3.05-A(I)(C) states that "When feasible, officers should endeavor to do everything reasonably possible to avoid unnecessary use of force, and minimize the force that is used, while still protecting themselves and the public. An officer is justified in using deadly force upon another person only when the officer reasonably believes...that such force is necessary for either of the following reasons: To defend against the an imminent threat of death or serious bodily injury to the officer or to another person...[or] To apprehend a fleeing person for any felony that threatened or resulted in death or serious bodily injury" [15].

5. *Duty to intervene.* "Require officers to intervene and stop excessive force used by other officers and report these incidents immediately to a supervisor."

   - Section 3.05-A(I)(F) states that "Any officer present and observing another officer using force that is clearly beyond that which is necessary...taking into account the possibility that other officers may have additional information regarding the threat posed by a person shall, when in a position to do so, intercede to prevent the use of such excessive force. Officers shall report potential excessive force to a supervisor" [15].

6. *Ban shooting at moving vehicles.* "Ban officers from shooting at moving vehicles in all cases, which is regarded as a particularly dangerous and ineffective tactic. While some departments may restrict shooting at vehicles to particular situations, these loopholes allow for police to continue killing in situations that are all too common. 62 people were killed by police last year in these situations. This must be categorically banned."

   - Section 3.05-A(I)(G) states that "Officers may not shoot at any part of a moving vehicle in an attempt to disable the vehicle nor intentionally target a moving vehicle. An officer may only discharge a firearm at an occupant of a moving vehicle when the officer believes

there are no other reasonable means available to avert the threat to themselves or others" [15].

7. *Require use of force continuum.* "Establish a Force Continuum that restricts the most severe types of force to the most extreme situations and creates clear policy restrictions on the use of each police weapon and tactic."

   - Section 3.05-A(I)(C) describes the situations in which the use of deadly force is permitted. Section 3.05-A(III) outlines the various approved force options (e.g., pain compliance techniques, physical strikes, batons, pepper spray, tear gas, etc.) and circumstances under which each option should be employed.

8. *"Require comprehensive reporting.* Require officers to report each time they use force or threaten to use force against civilians. Comprehensive reporting includes requiring officers to report whenever they point a firearm at someone, in addition to all other types of force."

   - Section 3.05-A(V) outlines the circumstances in which supervisors must be notified of the use of force. These circumstances include when a visible injury is caused; the individual suffered sustained discomfort; the individual upon whom force was used complained of injury or pain; the individual threatens litigation; a taser or control device (e.g., baton, kinetic energy projectiles) is used; non-standard restraint devices are used; physical strikes are used, firearms are pointed at an individual; or allegations of any of the above.

We note that with respect to many of the above reforms, the DPD acted in advance of the State of California's stringent use of force standards mandated through AB 392 (in place since January 2020) and SB 230 (in effect January 2021). We consider possible remaining gaps in the DPD's Use of Force Policy in Section 1.3.2.

1.3 Recommendations

Taking into account the data detailed in the previous sections, the TJS now presents our recommendations around race and policing. We begin with our most important recommendation: to establish an ongoing process by which the voices of community members can be heard on the topics of race, policing, and public safety. The subsequent sections then discuss best practices in cultural and operational reforms in policing and criminal justice that may be effective in reducing racial disparities while protecting public safety.

1.3.1 Cultural reforms

Seek community input and build trust

Community members have been providing public comment and feedback about the Davis Police Department[7] for many years. In the early 2000s, the Human Relations Commission (HRC) and local activists attempted to establish a Police Review Board. After years of occasional tensions between community groups and the DPD, the city of Davis engaged a consultant in 2013 to facilitate dialogue sessions between November 2013 and September 2014. The dialogues led to the creation of four programs:

1. *The Alternative Conflict Resolution (ACR) process.* The ACR is an informal, confidential mediation process based on two restorative practices: circle processes and non-violent communication. Through the ACR Pilot Program, community members with a specific complaint about an interaction with a DPD employee (especially related to perceived rude conduct and racial profiling) meet face-to-face with the DPD employee(s) in a restorative process with the assistance of trained Circle Co-Keeper(s) who are members of the Davis Community.

2. *Community Forums.* These meetings provide a place to discuss national and state hot-button issues, e.g., a forum was convened after the shooting death of Michael Brown in Ferguson, MO in 2014.

3. *Informal meetings with marginalized groups.* These meetings are called to discuss issues that specifically impact marginalized groups, e.g., how DPD policies affect immigrants in Davis, a sanctuary city.

4. *Conflict prevention meet-ups.* These are informal meetings between police officers and community members in public places like coffee shops, local bars, soccer fields, parks, and the Davis farmer's market to discuss community issues, e.g., noise, alcohol violations, etc.

Initially a number of forums, meetings, and meet-ups were held, including discussions on the topics of sanctuary cities (10/2014); acquisition of a mine-resistant, ambush-proof vehicle (MRAP) (11/2014); hate crimes (03/2015); body cameras (07/2015); and protests (05/15/2016). Interest in these programs waned over time, however, and the four programs are underutilized today.

Scrutiny on police behavior was again heightened in the wake of the events of April 22, 2017. During the annual Picnic Day celebration sponsored by the University of California-Davis, three plainclothes officers attempted to clear a lane using their undercover van, honking their horn and yelling at the assembled crowd. A fracas ensued, and five individuals in the group were charged

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[7]We note also that a reoccurring theme in public comment since the 1980s is adverse police interactions between students and individuals perceived to be DPD officers [93], though in some cases officers were actually affiliated with high school security or the UC Davis Police Department. It will be important to consider reform plans that address challenges with all three entities.

with participating in the assault of the police officers. The individuals claimed that they were not initially aware that the three people in the van were police officers. The criminal charges were eventually resolved through a restorative justice process, but not before generating strong public criticism of the police's behavior in the incident [32].

Follow the Picnic Day incident, the City of Davis decided to hire outside consultants to receive community input and determine a path forward. That process resulted in a report that includes community feedback relevant to the current project of re-imagining public safety [76]. [8]. The following paragraphs quote the key messages from the 2018 report [76]:

- "Concerns have been raised about disparate policing and the need for robust oversight for many years. Although many of the stories told were regarding incidents from the past, other statements indicated that some of the problems are ongoing. Many stakeholders testified that there are issues of profiling by DPD, and that crime or other problems in their communities have not been taken seriously by the police. Concerns were raised that some members of the community were afraid to speak out, based on immigration status or fear of retaliation. Other community members asserted that the problems have been overblown, that it is a vocal minority that continues to raise issues that are no longer problems, and that DPD is doing a good job in spite of the rancor and disharmony in the community" (p10).

- "A significant number of those testifying raised issues about DPD customer service. Examples of service complaints included community members who felt that they were treated condescendingly and not taken seriously when attempting to report incidents, dismissiveness to calls from residents of low income housing, failure to respond to calls regarding homeless people who needed police and mental health assistance, and reports of victims' statements being dismissed and not pursued. The issue of members of the community being unable to obtain, or having long delays when requesting police reports, was raised several times. Many called for better coordination between the Davis Police Department and the University of California Davis Police Department—to issue warning alerts about crimes in progress and crimes pending action, to refer complaints between departments, and to coordinate responses to incidents. Some community members stated that DPD officers are not supported for the challenging job that they do. From their perspective, officers are reluctant to take enforcement action to deal with some issues, and people supportive of DPD are afraid to speak out for fear there will be backlash and accusations

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[8]Groups consulted for the 2018 report include the following: representatives from the ACLU, People Power, the Davis Phoenix Coalition, Justice for Picnic Day 5, and Blacks for Effective Community Action; affinity groups and organizations representing BIPOC groups, low income people, the homeless, the disabled, and people with mental illness; and other stakeholders including University of California-Davis students and faculty, DPD officers, the Police Chief and command staff, and the DPD Community Advisory Board.

made that they are uncaring about social issues. Several residents reported overly aggressive tactics by DPD, e.g., bringing the SWAT team in to make arrests in circumstances in which they would have had compliance without such a show of force" (p11).

Additional community testimonials and research conducted on the 2017 incident and other events can be found online.[9]

The 2018 community process resulted in important municipal changes, most notably the creation of the Police Accountability Commission (PAC). In addition, the Davis Police Department utilized the information gleaned from the process to update their Strategic Plan, which included a strong commitment to community input and partnerships.

In 2020, Davis saw a resurgence in public outcry around policing, spurred in part by the national conversation. Despite a global pandemic, community members gathered repeatedly in Central Park and other public venues throughout the summer to speak their concerns and offer first-person accounts of experiencing racial bias and hate in Davis. Many BIPOC residents feel marginalized, ignored, and unheard by the City, and this theme was reinforced through public comment at various forums throughout the summer and into fall.

The TJS now recommends that the City establish an ongoing public input process, especially among communities of color in the City. We are aware of the aforementioned long history of community input around policing, and that City Staff is working to compile all 2020 public comment on this topic from various public venues, including City Council Meetings, TSJ meetings, and various commission meetings. These comments will be synthesized to determine any new themes not yet captured in the 2018 report or within this report. However, despite the rich trove of information gathered in previous community engagement processes, we recommend that the City sustain and broaden its efforts to hear the voices of marginalized communities specifically, with two specific objectives in mind. First, given that certain groups and individuals may not feel comfortable engaging directly or publicly with the DPD, the City should provide alternative, confidential means for receiving community input. Second, the City should undertake such a process with the goal of evaluating, with established baselines and well-defined metrics of progress, whether City, DPD, and civil society efforts are indeed building trust between the community and the police. If they are not, then the City and DPD should reconsider its approach to trust-building and be willing to experiment with other modalities of building police legitimacy, which may imply greater budgetary investment and policy boldness. Overall, the City must convince its BIPOC and marginalized constituents that listening is a mode of constant operation, as

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[9]See especially police misconduct stories from the early 2000s at `https://localwiki.org/davis/Police_Misconduct_Stories`; accounts of racism in Davis from 2016 at `https://www.davisvanguard.org/2016/03/personal-accounts-of-racism-in-davis/`; commentary of racism in Davis from 2017 at `https://www.davisvanguard.org/2017/08/monday-morning-thoughts-discussions-race-davis-difficult-important/`; and commentary on being Black in Davis from 2017 at `https://www.davisvanguard.org/2017/08/black-davis-not-picnic/`.

recommended by the President's Task Force on 21st Century Policing [1].

We also encourage the DPD to alter officer schedules to facilitate even greater non-enforcement contacts with the community than the activities specified in the last Strategic Plan, and to reward officers who prioritize such contacts. Especially critical are officer interactions with youth. Youth voices are a unique and important lens to see public safety, especially given the recent increase in teen anxiety, mental health issues, drug use and suicide concerns, as reported by DJUSD counselors, mental health and climate surveys [12], and the data on youth homelessness and mental illness reported by Yolo HHSA [72]. Also critical is reaching out to young adults (18-25 year olds) and UCD students who have may have different perspectives than other Davis groups on interactions with the police. Many of the City and County personnel interviewed for this report emphasized the importance of early intervention in building trust in public institutions. As part of the overall dialogue, we also encourage the DPD to research and publicly chronicle any historical instances of racial bias and other forms of discrimination in the organization, showing its willingness to acknowledge and remedy the prejudices of the past.

Two current initiatives may provide models and/or support mechanisms for community input. First, the local activist group, Yolo People Power (YPP), has created several channels to understand the nature of public safety in Davis. YPP has the stated goal of "creating a community where traditionally over-policed groups feel safe in a real way—where public safety is not for one group at the expense of another" and where those groups have a direct voice in the proposals being generated for re-imagining public safety. This not only means creating forums for community input, but also making sure that these forums enable sustainable long-term participation of vulnerable and disenfranchised community members. YPP's Local Voices team is working toward these goals in part by collecting quantitative and qualitative data about police interactions in Davis. They have a developed a testimonial survey[10] to collect records of specific police interactions and a data survey[11] to collect information on general impressions of police conduct. To extend the reach of the surveys, YPP asks "community connectors"—those who have roots and trust in the community—to reach out to potentially marginalized individuals and provide assurances that their information will be shared in a private, confidential manner. Yolo People Power invites collaboration on this project from the City Council, City Commissions, and local stakeholder groups. **We recommend the City engage with YPP in their process.** [12]

Second, the University of California-Davis's Center for Healthcare Decisions (CHCD) has an ongoing police reform project. The CHCD has over 20 years of experience leading formal public deliberation processes that take the following sequential steps: "decide on a particular health policy issue for discussion;

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[10]Found at https://docs.google.com/forms/d/e/1FAIpQLSeXNw62seyxzo_nTJmPKWCk4_9rqHoO3BhoM-VeUmTSOg3VsQ/viewform?usp=sf_link

[11]Found at https://docs.google.com/forms/d/e/1FAIpQLScgqIZyJy7jy2SBpucMX7XbkzJeo8s9BsP_KJeBhKvKRWB33w/viewform?usp=sf_link

[12]For more information, email yolopeoplepower@gmail.com.

identify the individuals or groups whose input is important; develop accurate, non-partisan educational material; design pre- and post-discussion survey questions; create a non-partisan, step-by-step guide for the group discussion; recruit and convene participants; facilitate interactive in-person or on-line discussions; plan/implement the quantitative and qualitative analysis; and distribute the findings to policymakers" [89]. The CHCD designed a project to work with community members to gain insights about how to make improvements in policing, originally intending to focus only on two communities (Boyle Heights and Stockton); very recently, however, they have agreed to include the City of Davis in the project. The CHCD processes will generate unique insights on community attitudes towards police reform in Davis. **We encourage the City Council to use these data sources in re-imagining public safety**.

Trust is at the heart of the national debate on race and policing. This can be especially pronounced within communities of color, where distrust stems from generations of over-policing and racial bias. There is also growing unease among police officers, who perceive a lack of support from the communities they are sworn to serve. As suggested above, prioritizing community input in a thoughtful, sustained manner helps to build trust. This includes input from the police community, who can share knowledge about the concerns and ideas that officers have—not just the official policies written in the Department Manual, but also how officers perceive their work, the risks they engage in, their feelings on racial bias, and their relationship to the community. To that end, **we suggest that the City of Davis conduct a survey of DPD officers**—anonymous in order to permit officers to speak freely—to solicit their perspectives. Such a survey would also help assess whether rank-and-file sentiment is in line with DPD leadership and City Council goals and priorities.

Davis has over the years suffered a cyclical pattern: a negative policing incident leading to increased scrutiny, reform, passivity, followed by another negative incident, which starts the cycle again. An ongoing community engagement process would help receive input and enact policing reforms before negative incidents occur, disrupting this dysfunctional loop and proactively building trust between the DPD and the community.

Evaluate the impact of trainings

We commend the DPD for its commitment to crisis intervention, implicit bias, and procedural justice trainings for its officers. Going forward, the Yolo Health and Human Services Agency plans to expand its crisis intervention training (CIT) offerings to the DPD and other police departments in the County, including a 32-hour initial certification and an annual 8-hour refresher course. All DPD employees also undergo a four-hour training in implicit bias, as well as procedural justice trainings. The DPD posts its training materials available online, including the principled policing modules focusing on implicit bias and procedural justice [17].

However, the long-term impact of implicit bias trainings [75, 29] and crisis intervention trainings [25] is in question. Implicit bias trainings appear to have

a short-term effect on reducing bias, but longer-term impacts depend not on the subject's pre-existing concerns about discrimination, active use of strategies to reduce bias, and willingness to practice self-aware engagement with people of diverse races and backgrounds [19]. Other research suggests that supportive changes in work conditions—for example, reducing the duration of police officer shifts and increasing rest time between shifts—appears to have a significant effect on decreasing bias [46]. With respect to crisis intervention trainings, one large-sample study suggests that CIT training has no effect on the rate of police killings, including when disaggregating by different types of situations (armed, mental illness, armed and mental illness, neither) [25]. It is possible that increasing the specificity of CIT training—for example, guidelines for action with respect to a specific type of mental illness and/or a specific weapon—may show improved results. We do note, however, that procedural justice training does seem to have more robust impacts, strongly reducing complaints against the police and the use of force in rigorous studies in Chicago [94] and Seattle [60].

We recommend **continuing to conduct crisis intervention, implicit bias, and procedural justice trainings**—and to continue updating the curricula in accordance with best practice—but to do so **with a strong evaluation component**, e.g., the use of periodic implicit bias tests or randomized evaluations. The evaluation component may also reveal feasible strategies to increase the impact of the trainings, for example by limiting the total number of hours officers should work in a given period, especially hours in high-stress conditions, to maintain optimal personal well-being and performance [1].

Examine racial disparities in stops, arrests, and charges

We **strongly recommend that the determinants of racial disparities in traffic stops, arrests, and charges in Davis be studied in detail**, examining in particular the contribution of police bias, biased reporting by the community, and socioeconomic forces to the observed disparities. This will likely require a regional analysis, in partnership with agencies from Yolo and surrounding counties.

We also note more broadly that the impact of all the recommendations in this report depends in part on whether implementation is accompanied by strong research, especially monitoring and evaluation. Examples of successful police department-university partnerships abound:

- The Oakland Police Department partnered with Stanford University's Social Psychological Answers to Real-World Questions (SPARQ) center to investigate racial bias in traffic stops and formulate strategies for improvement—recommendations that helped reduce discretionary stops in Oakland by 37%, including 43% among African-Americans, in 2017-18 [40, 21].

- The Seattle Police Department worked with researchers from various universities to experimentally evaluate a procedural justice program, finding

trained officers "were less likely to resolve incidents with an arrest or to be involved in incidents where force was used" [60].

- The Chicago Police Department shared a large procedural justice training dataset with researchers from Northwestern University and Yale University, finding that training reduced complaints against police by 10% and the use of force against civilians by 6.4% over a two year period. [94].

Davis is fortunate to be located next to one of the world's finest research universities, with an array of faculty and students working on community development, racial equality, and other relevant issues. The process of re-imagining public safety in Davis would be greatly enhanced by the active participation of trained researchers from UC-Davis.

Expand the specialty courts

We also mention here one institutional reform relevant to the criminal justice system more broadly. The Yolo County District Attorney's Office, Public Defender's Office, Probation Department, Superior Court, and Health and Human Services, among others, have collaborated to establish and implement a network of "specialty" or alternative courts. These courts, which include Neighborhood Court (NHC), the Homeless Neighborhood Court Pilot Program (H-NHC), Steps to Success (S2S), Mental Health Court (MHC), and Addiction Intervention Court (AIC), generally follow a restorative justice model, diverting a limited number offenders from the traditional court system. Taken together, the specialty courts serve qualified offenders charged with a range of misdemeanor to felony offenses.

The specialty courts, which have been rigorously evaluated, have led to positive outcomes for participants, including reductions in arrests and in jail and hospital bed days. Stakeholders widely agree that the success of the specialty courts is due in large part to the close coordination among partners in providing wraparound services to participants. Expanding or replicating these programs for a broader population would require significant additional time and resources, but the specialty courts provide a model of what is possible when stakeholders partner together to implement a public health-first approach to public safety issues. Other obstacles to expanding these courts include the lack of housing available to potential participants (given the important role that housing plays in facilitating stability), and eligibility criteria that make certain programs unavailable to undocumented residents.

We recommend the City (1) **urge stakeholders to expand these courts** (and more generally, a restorative justice approach to criminal justice), (2) consider how the lessons learned from these courts may translate as we address the needs of the broader population of similarly situated persons (including non-offenders), and (3) consider how to fill the gaps noted (for the unhoused, undocumented residents, etc.).

The "if you build it, they will come" philosophy may apply to the specialty courts. In other words, there are more than enough qualified offenders to fill

the slots in these courts, so if more resources were to be invested in them, their success would be replicated, likely affecting every stage of the criminal justice system. In the current system, these courts are the exception, not the rule; with a paradigm shift in the culture of criminal justice, they could–and should— become the rule, with few exceptions (e.g., domestic violence, sex offenses, and certain very serious felony cases). This shift would likely lead the DPD to approach certain aspects of its work much differently.

1.3.2 Operational reforms

Shift service calls to unarmed personnel

The DPD provided the TSJ with a dataset of service calls from January 2015 to December 2019, including information on date, time, type of call, beat number in Davis, location, and disposition of the call. In addition, the DPD categorized the call types into categories and placed these categories on a rough continuum from least to most severe [18], with some caveats.[13] The categories are shown in Figure 1.5.

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[13]From the DPD: "the methodology should not be used to establish any kind of duty nor is it reflective of PD policy. Call types are still subject to great variance (even within a particular type) and careful examination of each call, coupled with qualitative insight, is required for the most meaningful outcome."
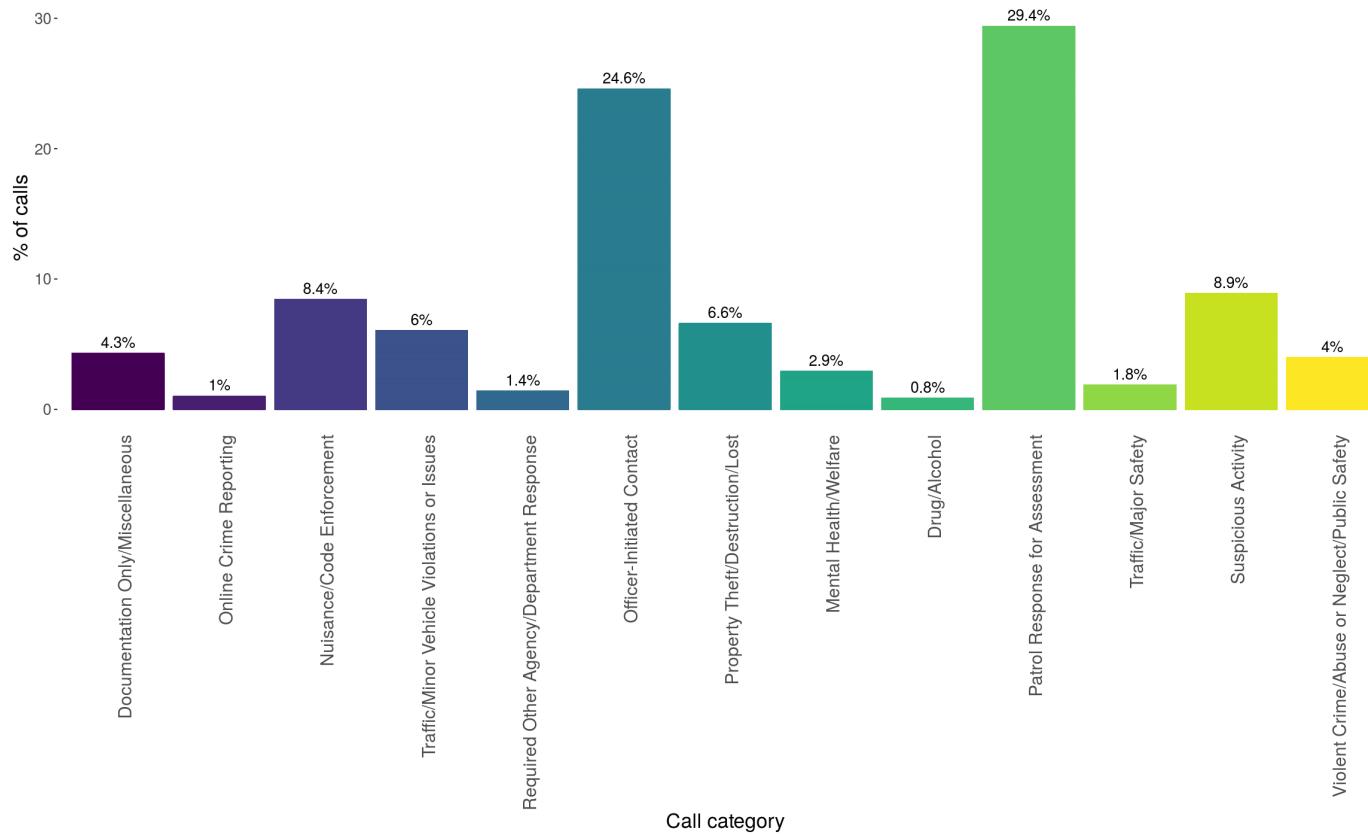
Figure 1.5: Service calls received by the DPD, 2015-2019. Call categories are arranged in rough order of severity, increasing from left to right; however, see Footnote 13 for caveats. Source: [18].

We suggest that many service calls could be shifted to unarmed personnel outside the DPD, without increasing risk to the community or to responders. Code enforcement, for example, was the responsibility of unarmed personnel in Davis as recently as a few years ago. The nuisance/code enforcement, traffic/minor violations, and property theft categories arethe primary candidates for near-term diversion to unarmed responders. Mental health/welfare check calls may also qualify, given available trained personnel. These four categories together comprise 23.9% of service calls.

Ultimately the decision to move any specific responsibility to unarmed personnel should take into primary account the judgment and wishes of the responders involved. We stress also that some types of calls may typically be low-risk, but can quickly escalate, with serious consequences on public safety; these calls should be handled by armed, trained police officers. Finally, we note that, in addition to calls for service, other responsibilities—for example, support to the Daytime Respite Center—might also be shifted away from the DPD's purview.

Dialogue with the PAC on Use of Force Policy

In Section 1.2, we detailed the various ways in which the DPD has met or exceeded the standards set by AB 392 and SB 230, as well as by the "8 Can't Wait" reforms recommended by Campaign Zero.

We suggest that the DPD dialogue with the Police Accountability Commission on possible further improvements of its current Use of Force Policy. Further alterations in wording and specificity may strengthen the policy to come closer to Campaign Zero's Model Use of Force Policy [7], which was created through a review and analysis of policies in police departments across the nation. Focus areas may include:

- Being more precise in making clear distinctions between de-escalation and crisis intervention techniques in the Use of Force Policy.

- Offering more precise definitions of certain key terms and phrases in the Use of Force Policy, e.g., the "when in a position to do so" clause in Section 3.05-A(I)(F) on the duty to intervene.

- Specifying de-escalation techniques in more detail. In particular, we encouraging emphasizing that de-escalation is not static; it is fluid and can be started, paused, restarted, or stopped at any time. It is also important to note that while formal guidelines should be used, they should not be so rigid as to not allow officers to make quick judgements and to "think outside the box" in finding ways to peacefully resolve any conflict. An important outcome of de-escalation techniques is slowing down the conflict to shift responses of both the officer and the individual from the quick decision making sympathetic (fight, flight, freeze) response that stems from unconscious bias to the parasympathetic response wherein the frontal lobe's executive thinking functions of problem solving and social interaction are active.

- Specifying the timetable for re-certification in crisis intervention and re-training/reinforcement in procedural justice and implicit bias subject matter. We also recommend, following guidance from the National Alliance on Mental Illness, bringing in peers to participate in the CIT training.

- Prohibiting officers from using physical force against a fleeing subject who has not committed a serious crime and poses no current, active, and immediate threat to bystanders or officers.

- Stipulating that *all* of the following conditions must be met for a officer to use deadly force: 1) an objectively reasonable belief that deadly force is necessary for self-protection or the protection of others; 2) all reasonable alternatives, including de-escalation, are exhausted; and 3) the use of deadly force would not endanger others.

De-prioritize enforcement of minor offenses

The so-called "broken windows" or "order maintenance" theory of policing—that lax enforcement of misdemeanor laws and infractions creates an environment of disorder and more serious crime—has not stood up to empirical scrutiny [36]; in fact, aggressive order maintenance policing may itself lead to greater crime [42]. **We suggest the DPD de-prioritize victim-less infraction and misdemeanor enforcement in the short-term**. We further recommend the DPD and the City to work with the Yolo County District Attorney and other partners over the next several years to decriminalize as many of these minor offenses as possible, especially victim-less crimes. There is already some interest in the DA's office in reducing felony drug charges in some cases to misdemeanors, though this will require the endorsement of the DPD leadership and rank-and-file. We acknowledge that some members of the Davis community may be opposed to relaxing enforcement of minor offenses; we urge the City Council to balance the needs of all its residents while bearing in mind that the most marginalized and at-risk communities may not be the most prominent voices at public meetings.

In the short-term, **we recommend a revival of the "warm hand-off" program**, first initiated in December 2019 as a collaboration between the Yolo District Attorney, Yolo HHSA, and the DPD to discharge non-violent drug offenders to the care of substance abuse specialists at CommuniCare, a local health provider. In effect, the DA and DPD agreed to de-criminalize certain minor crimes—less than the ideal set of offenses, but a promising start—and rather treat the offense as a public health issue, not as a criminal matter. In practice, however, the program was unsuccessful, for a variety of reasons: offenders rejected being dropped off at the CommuniCare center; officers were booking at County Jails, bypassing the warm hand-off option; the initiation of the program quickly overlapped with the onset of the COVID-19 pandemic, and CommuniCare centers were closed; CommuniCare had trouble locating clients for follow-up; funding ran short. In short, the program required dedicated personnel to focus on these specific offenders—ideally individuals known to and

trusted by the offenders—to connect them to services and follow-up; we discuss the possibility that community navigators might serve this purpose in Section 2.3.4. In any case, both the DPD and CommuniCare are willing to revisit the possibility of a COVID-safe warm hand-off program, a decision we wholeheartedly support, especially given the drug offenses are likely to be disproportionately borne by BIPOC.

We also note that, although drug offenses are at the top of the list of offenses to be potentially de-criminalized, not all drug offenses can or should be. Nearly 40% the of drug arrests made between 2015-2019 were accompanied by a non-drug related offense [18], and many drug arrests involve repeat offenders unwilling to enter treatment as an alternative to booking. Still, opportunities exist to advance on decriminalization, as we discuss further below in Section 2.3.2.

Establish privacy protection and anti-bias measures

We further recommend a few procedural changes to protect privacy and guard against racial bias, especially **starting data collection on intelligence-led stops, increasing regulation of automatic license plate readers, and a enacting a total ban on facial recognition technology**.

As noted earlier, the 2019 RIPA data indicates serious racial disparities in traffic stops. Section 2.42-A on Biased-Based Policing in the DPD Department Manual requires that "an officer conducting a stop of a person shall collect the data elements required" by the relevant sections of AB 953, including the reason for the stop. However, the current policy does not require officers to state whether they had information that the person stopped had been involved in specific criminal activity, nor to describe the nature of that information. Such data on "intelligence-led stops," in combination with other risk management measures employed by the Oakland Police Department, appears to have played a role in steeply reducing discretionary stops in the city, including a 43% decline in stops of African Americans (a total reduction of 8,311 stops) and a 35% reduction in stops of Hispanic people (a total reduction of 2,372 stops) in just one year, 2017-18 [57]. We recommend that the DPD include data fields in their stop report forms that capture the specific intelligence that led to stops, and that supervisors be required to review and approve these fields. In addition, we recommend banning stops made on the basis of suspicious movements or because of matching of generalized suspect descriptions (e.g., "Black male, age 25-35"). Such stops tend to be focused on BIPOC.

Automated license plate readers (ALPR) are part of the DPD's parking enforcement system. It is currently permissible, however, for ALPRs to also be used to run 'hot lists,' i.e., to flag vehicles associated with criminal activity. In recent months, ALPRs have been criticized for their potential threat to civil liberties [20], with inappropriate use by law enforcement agencies being flagged by the California State Auditor [43]. In addition, the widespread use of ALPRs may lead to a focus on offenses disproportionate to BIPOC, including suspended licenses/registrations, parking tickets, probation violations, etc. For example,

Black and Hispanic people were associated with 19.1% and 27.9%, respectively, of all vehicular violations in Davis between 2015 and 2019, proportions greater than their share of total charges (13.7% and 21.5%). We recommend the following guidelines to minimize the potential negative consequences of ALPRs:

- ALPR data collected by DPD shall be used exclusively for the purposes of parking enforcement;

- All data collected shall be deleted after 90 days, excepting that which is necessary to retain for the purposes of issuing citations in accordance with existing law;

- Any access to stored ALPR data by DPD or third parties for purposes other than parking enforcement shall require a warrant.

Finally, we recommend that the City ban the use of facial recognition technology. The threat of such technology to civil rights and liberties outweighs any potential policing benefits.

2 Social services and public safety

The following sections examine the intersection of social services and public safety in Davis and Yolo County. We adopt a public health approach to conceptualizing the linkage between these two subjects. A public health frame focuses on [10]:

- *Preventing* social problems from occurring in the first place through a combination of information dissemination, the strengthening of safety nets, and proactive outreach services;

- Monitoring social well-being and *intervening early* when the problem first begins to emerge;

- In the event of an ongoing crisis, *managing a problem quickly and comprehensively* to prevent deterioration of well-being and enhance resilience.

A public health frame thus sees public safety and crime as arising not only from individual decisions, but also from the social context that incentivizes or predisposes individuals towards criminal activity. The possible benefits of a such an approach—as operationalized through more expansive provision of social services–become clear when considering that, for example, at least 30% of all people killed by police since 2015 had mental health issues [80], and similar percentages of inmates in prisons and jails report past or current mental disorders [5].

Section 2.1 reviews the most prominent and worrying emerging social issues in Davis: homelessness, mental illness, and substance use. Section 2.2 then describes social services currently offered by the City, DPD, and the County, as well as the gaps that remains. Section 2.3 presents our recommendations for filling these gaps in the context of public safety reform.

2.1 Homelessness, mental illness, and substance use

Homelessness, mental illness, and substance use are increasing in California, Yolo County, and Davis. The January 2019 point-in-time (PIT) count showed 190 homeless individuals in the City of Davis, a 30% increase in

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just one year. Considering only adults for whom information could be obtained, 33% of Davis' homeless population struggled with post-traumatic stress disorder, 35% with serious mental illness, and 32% with substance use disorders. Nearly three-fifths had a prior criminal conviction, and 31% had been evicted in the past [41]. Over three-fifths of the Davis homeless population had been homeless for 12 months or longer. Over a quarter became homeless after fleeing domestic violence and 31% had been in the foster care system [41]. Latinx, African-American, Native American, and LGBTQ+ populations are disproportionately represented among the homeless [72]. For example, African-Americans are 2.2% of the Davis population and 2.6% of the Yolo Population, but make up 9% of the homeless in Davis and 14% in Yolo.

Mental illness in California is also rising. The 2018 California Health Interview Survey (CHIS) found that 3.2 million Californians had experienced serious mental distress in the preceding year, a net increase of one million people from just four years prior [61]. The 2018 figure represents 10.9% of the state's population. The mental illness prevalence data for LGBTQ+ (31%), unemployed and not looking for work (23.5%), and below federal poverty level (15.8%) groups are especially worrying. These numbers corroborate other data sources; for example, the Centers for Disease Control (CDC) estimate that nearly 15% of the state's population has experienced depression [8]. While 2018 data is not yet available for Yolo County, the CHIS 2016 data indicate local percentages similar to the statewide figures: 7.1% of Yolo's population, and 6.5% of Davis residents, reported serious psychological distress in the past year.

These trends reflect serious flaws in California's mental health care system, as detailed in the State Auditor's strongly critical report of July 2020 [44]. The Auditor noted the state's lack of available treatment beds, lack of subsequent community-based care for individuals existing involuntary treatment programs, the failure of the majority of counties to adopt assisted outpatient treatment, lack of impact evaluation, and incomplete and disorganized reporting of funds. The recently passed AB 1976, a strengthening of previous legislation called "Laura's Law," fills some of these needs. Major gaps remain, however, including the problem of where to house and treat so-called "5150 holds," individuals determined by law enforcement to be a danger to themselves and others and thus detained for 72 hours. Overburdened hospital emergency departments typically receive 5150 holds, but this approach is not sustainable and can result in poor treatment outcomes: patients are released to re-enter the same conditions from which they came—which often include unstable housing, substance use, systemic racism, and lack of support in accessing medication or therapeutic services [92]. **Jails and emergency rooms have become the default care facilities for many of those struggling with substance use and mental illness**, a job for which these institutions are ill-equipped; substance use accounts for 35.4% of the criminal charges filed in Davis between 2015 and 2020 [18]. Probationers with a recent mental health diagnosis are also at much high risk of recidivism than the general probation population [55].

[SUBSTANCE USE TRENDS SECTION TO BE ADDED HERE—NEED TO GATHER MORE INFORMATION ON LOCAL SITUATION]

Figure 2.1: The constellation of services connected to the City of Davis Homeless Outreach Services Program. Source: [52].

2.2 County and City services

2.2.1 Homelessness

Over the past several years, a coalition of public, civil society, and private actors in Davis has worked to close gaps in social services for the homeless. The City of Davis launched a new Daytime Respite Center. The state-funded Project Roomkey has placed the highest risk individuals in hotel and motel rooms for the duration of the pandemic. The Davis Emergency Shelter Program, a new apartment rental initiative, will provide non-congregate shelter this coming winter. Paul's Place, a facility containing permanent supportive housing, transitional housing, emergency beds, and connections to other services, will soon begin construction.

Given this report's focus on public safety, we describe in greater detail one particularly important actor in this network: the City of Davis Homeless Outreach Services program, based within the DPD. The program provides short-term essential services while linking clients to a wide range of longer-term social services (Figure 2.2.1).

The program's employees are not sworn peace officers, but rather

> unsworn first responders who do social work...that role is limited to upfront, intensive support until we are able to link clients with resources at partner agencies to provide longer term support...Our goal is to work cooperatively with clients, operating under a person-centered, trauma-informed framework of service delivery, to successfully connect persons experiencing homelessness and homelessness-related needs with resources offered by community partners to meet those needs.[52]

The program works primarily with partners in the Homelessness and Poverty Action Coalition (HPAC), a coalition of public sector, non-profit, and private stakeholders coordinating various aspects of homeless services in Yolo County. Table 2.2.1 describes the various activities in which the DPD's Homeless Outreach Services Program is engaged, as well as key partners in each activity:

Despite the efforts of the DPD and its partners, however, gaps still exist. Two overarching problems are particularly important: 1) the lack of adequate housing and 2) the lack of personnel to do intensive homeless outreach, navigation, and service provision. The first issue is outside of the scope of this report, although we note that the long-term efficacy of all other homeless activities rests on building more housing of diverse kinds: non-congregate emergency shelters, transitional housing, permanent supportive housing, and subsidized affordable housing. The second gap is the focus of our recommendations in Section .

2.2.2   Mental health

State lawmakers, cognizant of the increasing mental illness burden in California, have steadily raised funding for services over the past two decades. Proposition 63 (the Mental Health Services Act, MHSA), passed by California voters in 2004, enacted a 1% tax on millionaires and directed the revenue into statewide mental health services. Mental health services in the City of Davis are strongly integrated with Yolo County programs, and the county's Health and Human Service Agency's (HHSA) recently released a three-year program and expenditure plan for the use of MHSA funds [72]. The scope of the plan is too broad to detail here, but several points are important to summarize:

- An extensive community focus group exercise found that greater public education on what mental illness is and how to support those with mental illness is needed. Focus group participants reported confusion in navigating the maze of County services, particularly in times of crisis. Participants also indicated a need for integrated mental health, physical health, and substance use services, as well as a 24-hour safe respite location that does not necessitate interaction with 911, 5150, or hospital emergency room teams. In short, the mental health needs in the County exceed the services offered.

- Several populations are particularly difficult for HHSA to reach, including "people experiencing homelessness, children and youth, adults older than 60, Russian-speaking people, Latinx, Native Americans and Alaska Natives, and LGBTQ+ people." Although Davis has a relatively high human development index score (calculated using life expectancy, educational attainment, and median income indicators), particular groups in Yolo County have a lower score than even the lowest US state, including Native Americans, West Sacramento residents, African Americans, and Hispanic people (in order of increasing score). These socio-economic characteristics are strong predictors of both mental illness and arrests.

- Homelessness, incarceration, and vulnerable children/youth are key elements in a cycle of deepening mental illness. Over 6% of public school students in Woodland are homeless, and youth aged 5-19 in the County are hospitalized for mental health issues at a rate more than 20% higher than California as a whole. Over one-fifth of 11th graders in Davis had suicidal ideation, and a stunning 37.6% of students who identified as gay, lesbian, or bisexual seriously attempted suicide in Yolo County.

With respect to the intersection of mental health and public safety, the HHSA has also developed a criminal justice continuum of care, divided into six sequential intercept points:

1. Initial incident

2. Initial detention/court hearing

3. After adjudication court/jail

4. Re-entry

5. Community corrections

6. Reintegration assistance

Opportunities to address mental health needs occur within each of these intercepts. Figure 2.2 shows the continuum of care map for mental health needs during the criminal justice process in Yolo County. The numbered circles on the map indicate existing gaps in the process color-coded by priority, with red indicating the top priority gaps, orange the priority gaps, and white the remaining gaps. Table 2.2 describes the top priority gaps; Appendix B lists the complete set of gaps. Some of the key priority gaps are public safety areas that could be filled by new or existing City programs or nonprofit organizations, especially gaps 1 (officer mental health training), 2 (crisis intervention prevention), 24 (social services navigation), 29 (transition planning), 45 (case management expansion), 49 (supportive housing), and 51 (medication support). Section 2.3 bases its recommendations on the gaps identified in the HHSA's continuum of care map.

The Yolo HHSA and the DPD have a strong working relationship. Between 2014-2017, the County implemented a co-responder program in which officers were accompanied by clinicians on mental health calls. The program terminated due to low demand (averaging two calls a day countywide), which may have in part been due to the fact the clinicians were not available 24 hours a day, 7 days a week. However, the model is slated to be re-implemented, spurred by police department requests; the costs will be shared 50/50 across the DPD and the HHSA.

2.2.3 Substance use

COVID-19 appears to be linked to higher rates of substance use [59, 2]...

[SUBSTANCE USE SERVICES AND GAPS SECTION TO BE ADDED HERE – NEED MORE INFORMATION]

2.3 Recommendations

With the above considerations in mind, we recommend that the City of Davis, in concert with Yolo County, non-profit organizations, and private health care providers, utilize this opportunity to **build an emergency response structure specific to behavioral health**, following the guidelines of the "Crisis Now" model developed by the National Association of State Mental Health Program Directors and their partners [78].[1] Such a program would be targeted at the most vulnerable groups: the homeless, those suffering from mental illness, and substance users.

Such a structure would have four main elements:

1. Mobile crisis outreach teams of different types, including crisis intervention teams of trained police officers, co-responder teams of police officers and clinicians, ambulance-based response systems, and unarmed mobile crisis teams.

2. Crisis-receiving facilities in which tailored care, follow-up treatment, and social service linkages can be managed within a safe, supportive environment.

3. Crisis call centers active 24 hours a day, 7 days a week, 365 days a year.

4. A community navigator force, part paid staff and part volunteer, to help establish long-term relationships of trust with at-risk individuals.

The above ideas are discussed in detail in Sections 2.3.1, 2.3.2, 2.3.3, and 2.3.4. We note that Yolo HHSA is already convening partners around the implementation of a Crisis Now system in the county; we recommend that the City immediately engage in this process.

Before we detail our recommendations, we review why a strong behavioral health response is critical for public safety. The criminalization of people with mental illnesses (PMI) and/or substance use disorders (SUDs), coupled with widespread under-funding of necessary social services, has created a nationwide criminal justice system crisis. In California specifically, the percentage of state prisoners with mental illnesses has steadily increased over the last two decades to 32%, despite a decrease in overall prison population size [69].

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[1]We note that integrated Crisis Now models have seen impressive results in several cities, including the municipalities of Tucson [3] and Peoria [78] in Arizona, in both of which law enforcement-led drop-offs—and trust—in behavioral crisis facilities steadily increased. Neither case had any 'silver bullet' ingredients explaining their success, but rather attained results through a slow learning-by-doing process spanning years, backed by committed leadership.

This crisis is recognized locally by the Yolo County Community Corrections Partnership, who lists substance use and mental illness as "significant issues facing Yolo County's criminal justice and probation systems" [62]. As is the case nationally, in Yolo County PMI spend twice as many days in jail and are 3x more likely to re-offend than those without mental illness [55]. Despite their continued involvement in the criminal justice system, PMI or those with SUDs are unlikely to receive treatment while incarcerated. The American Public Health Association suggests around only 11% of incarcerated individuals nationally receive necessary addiction treatment and support [82], while academic research finds sufficient mental healthcare is rare in state prisons [66]. Furthermore, incarcerating PMI rather than providing them with treatment is not cost effective. Annually, incarceration of a single person in a California state prison costs over $70,000, not including mental healthcare costs, while providing treatment for a PMI in the community costs only $22,000 [69]. In addition to their troubling over-representation in prisons and jails [64], PMI are more likely to be shot and killed by police; approximately 24.4% of annual fatal shootings by a police officer between 2015 and 2019 involved a PMI [80, 70].

In short, the case for a revolution in behavioral health care is clear and urgent; we believe the City should keep that fact in mind as it re-imagines public safety.

2.3.1 Diversify and solidify behavioral crisis response models

A wide variety of possible behavioral crisis intervention models have been implemented across the world, with many showing evidence of impressive impact on reducing hospitalizations, arrest rates, and injuries to officers and mental health clients [88]. However, these successes may be contextual, as demonstrated by opposing studies questioning the universal validity of any given model's effect [68, 65]. We suggest that the conditions in Davis—a low violent crime rate, an acknowledged growing behavioral health and substance use crisis, and existing trust between the DPD, Yolo County HHSA, nonprofit agencies, and other stakeholders—are ideal for **implementing a diverse approach to behavioral crisis response, employing DPD crisis intervention teams, co-responder teams, ambulance-based services, and mobile crisis teams**. We urge that this diverse approach be accompanied by robust evaluation framework exploring the impact of interventions on client health outcomes, responder attitudes and skills, overall stakeholder satisfaction, and financial sustainability of City and County agencies.

The foundation for these models already exists or is being built. The DPD trains officers in crisis intervention, and the upcoming embedding of a Crisis Clinician within the DPD creates the basis for a co-responder team. Ambulance-based services are of course widely available, though not typically trained in behavioral health. Yolo County HHSA and partners are actively exploring a Crisis Now model which typically includes unarmed mobile crisis teams roughly similar to the prominent CAHOOTS model in Eugene, Oregon, but with other

supportive components. The subsections below discuss these various modalities of emergency response in more detail.

Support crisis intervention teams

All Davis police officers have completed the crisis intervention team (CIT) training [11]. CIT was first developed in Memphis, TN in collaboration with local law enforcement agencies and the National Alliance on Mental Illness (NAMI) in 1988 after the fatal shooting of a man with a history of mental illness and substance abuse. The CIT curriculum focuses on expanding officer's knowledge around mental illness, substance use, and other vulnerable populations (e.g. disabilities, veteran status, homelessness); building officer's empathy through conversations with affected populations and community site visits; and translating these lessons into practical de-escalation and communication skills which they can use in the field. The goals of CIT training are to improve an officer's ability to identify and appropriately respond to crisis situations, to divert individuals away from the criminal justice system when possible, and to help connect individuals to existing social services [85].

Since its inception, there have been various evaluations in both the academic literature and internal departmental reports on the efficacy of CIT training on myriad real-world outcomes (such as likelihood of arrest, use of force, etc). Although differences in implementation make drawing broad conclusions more difficult, the body of available evidence provides insights into certain program outcomes. A review of literature found consistent evidence for CIT training's ability to increase officer knowledge of mental illness and available local mental health services [35]. Research also showed a consistent increase in officer's self-reported 1) satisfaction, 2) confidence, and 3) perception of their ability to avoid using force during incidents involving PMI [86]. Some evidence exists for the conclusion that CIT trained officers divert more PMI to referral services compared to their non-CIT trained counterparts [87]. On the other hand, evidence that CIT training decreases officer-held stigma around mental illness is limited and inconclusive [35]. Most surprisingly, despite being implemented across the United States for more than 20 years, there is no established consensus that CIT training results in a decreased use of force, decreased officer or citizen injury, or decreased arrest rates for PMI [68, 79, 86, 88, 35].

Despite the mixed evidence base, CIT represents an improvement over standard police response to behavioral health crises. The DPD was in fact the first department in Yolo County to embrace CIT training, and as noted earlier the HHSA plans to take the lead on future CIT certification and refresher trainings. We believe that other models have an important lead role within the menu of options around behavioral crisis response, but investment in CIT is an excellent best practice policy for police departments.

Expand the availability of co-responder teams

The TJS lauds the restoration of the Crisis Clinician position within the DPD, and urges the City, in partnership with the County, to **make this position available 24/7**. The availability of a Crisis Clinician enables the DPD to utilize the co-responder model.

The defining characteristic of the co-responder model is that it pairs a sworn police officer with a clinician or trained professional specializing in mental/behavioral health or addiction [67]. Even with advanced training such as CIT, police officers have less training than mental health professionals or social workers who specialize in crisis intervention. These professionals are required to have specialized higher education degrees (B.S., M.S., PhDs, or M.D.s) and are licensed with state medical or professional boards. These rigorous education standards underscore the nuanced, complicated, and often delicate nature of providing behavioral and mental health care. Several examples of the co-responder model are already implemented in the United States, including the Mobile Mental Health Crisis Unit in Knoxville, Tennessee; the Mobile Crisis Program in DeKalb County, Georgia; the Systemwide Mental Assessment Response Team in Los Angeles, California; the Seattle Police Department Crisis Response Team; and the Boston Police Department Co-responder program.

Many of the health personnel we spoke with, at both County agencies and private health providers, indicated a short-term preference for a co-responder model in comparison to all-police or completely unarmed teams. The design details of co-responder model partnerships are highly variable due to community needs, strength of existing law enforcement and clinician relationships, budgetary constraints, etc. [65]. For example, some co-responder teams will respond together in the same vehicle, while others will arrive on scene separately, sometimes due to jurisdictional mandates that police arrive first to secure the scene before clinicians are allowed to assist. In some cases, the police officers on the co-responder team may have undergone CIT or specialized training to be able to better support the clinical or mental/behavioral health specialist [90]. An additional benefit of co-responder models is the mutual learning opportunity; for example, observing mental health experts in practice helps develop officer skills in dealing with behavioral crisis effectively.

Co-responder models also have weaknesses. A study done on an Australian co-response model, Police And Crisis Early Response (PACER), noted that PACER service users prefer unmarked vehicles and non-uniformed police officers to help alleviate potential distress or embarrassment [23]. Studies on co-responder models note that there can be a large disconnect in knowledge between the two parties on co-responder teams, as the police officers have little to no formal training on mental health and on handling behavioral health crises, and similarly, the clinician or mental health professional has little knowledge on law enforcement practices [49, 73].

Overall, however, the co-responder model is a step forward from police officer-only responses to behavioral crisis, and is a strong component of a comprehensive set of emergency response services. Local agencies generally report

satisfaction with the model; having access to a mental health clinician has assisted the Yolo County Probation Department, for example, greatly reduce—and nearly eliminate—reliance on the use of force in its own activities.

Train emergency medical services personnel in behavioral health

Existing emergency medical services (EMS) and ambulance-based response systems can also be used to address 911-calls related to mental health crises or substance abuse problems [88]. While design can vary, EMS and ambulance-based first-responder models typically involve a team composed of some combination of a paramedic, a social worker, and/or a mental health specialist. Central to this approach is the recognition that those in psychological crisis are in need of medical care, support, and de-escalation strategies to prevent immediate harm to themselves or others and connect them with appropriate long-term services. In terms of feasibility, the use of existing infrastructure may make it easier to implement this model as an alternative to armed police presence. Other possible strengths of this approach include quicker response times than other models that use non-emergency vehicles, improved care and connection to appropriate mental health and substance use disorder services [38], and substantial monetary savings for emergency medical services.

Although formal research on this model is limited [88], likely due to its relative novelty, several domestic and international case studies of its implementation provide insight into its potential. In 2013, recognizing the routine use of force and arrest of patients experiencing mental health crises, the Grady Health System in Georgia created an EMS-based response team that included a paramedic, a licensed counselor, a clinical social worker, and sometimes a third-year psychiatry resident [77]. Early in the project, the crisis team co-responded with regular EMS personnel and an ambulance, but later moved to responding to crises independently. Another component of this program involved a process to allow 911 dispatchers to transfer some calls directly to a statewide hotline for accessing mental health services. This program saved the emergency department (ED) and EMS system hundreds of thousands of dollars, as well as was reported to have increased job satisfaction among paramedics and emergency medical technicians (EMTs) by allowing for specialization in areas they are passionate about [77].

Although differing public safety and healthcare infrastructure in other countries may limit comparability, several international examples of alternative EMS-based models are worth noting. In Western Sydney, Australia, the Mental Health Acute Assessment Team (MHAAT), created in 2013, includes a response team consisting of a specially trained paramedic and a mental health nurse. A proof-of-concept study on this program found it to be largely successful in diverting patients away from the ED to an appropriate mental healthcare or other facility [24]. In Stockholm, Sweden, PAM (Psykiatrisk Akut Mobilitet, the Psychiatric Emergency Response Team) was created to divert mental health crisis calls (especially those involving an acute risk of suicidal behavior) away from the police, who traditionally responded to such calls [4]. In this case, the response

team includes a paramedic and two nurses trained in psychiatry. In its first year, PAM responded to 1,036 calls for acute psychiatric crises, the majority of which either resulted in admittance to a psychiatric ED or substance use ED, or was able to be handled on-site.

The EMS/ambulance-based model is subject to some challenges. Currently, paramedics are not typically trained to deal with psycho-social crises [28]; thus, like any of the models presented, additional training/hiring of experts will be needed to fill this skills gap. In addition, there must also be appropriate service options available once first responders are dispatched, which may include expansion of destination options from hospitals and psychiatric facilities to behavioral health or rehabilitation clinics. Another potential limitation of this model, depending on how it is implemented, is the limited availability of emergency service providers to spend enough time on each call when the situation would benefit from a longer response.

Looking ahead, at least two new pilot programs in California are being created to employ EMS-based models. In Alameda County, plans are underway to partner EMTs with mental health workers to respond to 911 calls relating to mental health crises or substance abuse problems in Oakland, San Leandro, Hayward, and Alameda [39]. In June of 2020, the Oakland City Council voted to allocate $1.3 million to another program, called Mobile Assistance Community Responders of Oakland (MACRO), which also pairs EMTs and mental healthcare workers [58]. Future data from these and other programs will be important in providing insight into the effectiveness of EMS-based models in California communities.

Build capacity for mobile crisis teams

The presence of police is likely to be traumatic and counter-productive in some situations. The defining characteristic of mobile crisis teams is unarmed response, although teams should be well-coordinated with law enforcement if case back-up is immediately required.

Mobile crisis teams should include a qualified clinician, be able to provide round-the-clock response, and be well-connected to receiving facilities [78]. Paraprofessional staff, for example community navigators or peer support workers, should also be on the team to assist; these are the members of the team who may have the most strongest past relationship with the client. Mobile crisis teams should be able to perform a range of duties, including triage and screening, clinical assessment, de-escalation, peer support, coordination with receiving facilities and other health providers, and helping the client to plan for future events.

Given the daily volume of calls, mobile crisis teams may be best organized at the County level; one interviewee suggested that around five mobile crisis teams may be able to handle the County's needs. One difficulty of a County-wide model may, however, be the reluctance of the DPD to hand emergency duties to non-Davis personnel when the eventual blame for a poorly handled emergency situation may be directed by Davis residents towards their police department.

For this and other reasons, at least one Davis-based team on call at all times may be preferable.

[FILL IN MOBILE CRISIS TEAM SECTION INFORMATION, INCLUDE DISCUSSION OF CAHOOTS]

2.3.2 Build the receiving infrastructure

As noted earlier, overburdened emergency rooms and jails have become the de facto care facilities for those suffering from mental health, substance use, or related crises, with disastrous results. The preferred alternative is to **create crisis receiving facilities: safe, supportive environments with personnel trained to treat and support specific mental health programs, follow-up on treatment and care, and connect clients to the available array of social and health services**. These facilities would directly address the weaknesses in California's health care system noted by the CA state auditor [44]: a lack of outpatient and home-based follow-up care for those just released from inpatient treatment.

Much like emergency rooms, receiving facilities should be designed to accept all behavioral health clients, regardless of severity, at all hours [78]. Once a client enters the doors of the facility, the responsibility for further care, including the possibility of transfer to a hospital, is in the hands of the facility. This entails having the capacity to assess violence and suicide risk. Staff should include trained psychiatrists and possibly peer support/community navigator personnel that have pre-existing relationships with clients. Similar facilities, or special rooms in the same facility, could also act as "sobering centers" where inebriated individuals could become sober in a safe location, reducing threats to themselves and others while avoiding the criminal justice system.

2.3.3 Create an integrated emergency dispatch system

A strong behavioral crisis response model relies on innovations in the emergency dispatch system. **The preferred option for the Crisis Now model is creating crisis call hubs: centers staffed by personnel trained to evaluate which type of response is best suited for a mental health, substance use, suicidal, or other type of emergency.** The Crisis Now alliance is advocating for legislation establishing a national 988 hotline—a "911 for the brain" that routes emergency calls to the call centers [78]; jurisdictions like Davis could do the same locally. In such a model, non-emergency mental health calls are directed to tele-counselors that then help connect callers to services. In cases where immediate intervention is needed, counselors dispatch a CIT, co-responder, ambulance-based behavioral health services, or mobile crisis team. This foundation could later be built on by adding services like caller ID, GPS-enabled geo-location, access to real-time data on emergency responder and receiving facility capacity, and scheduling of necessary appointments [78]. The eventual goal is to provide crisis call hubs with an integrated database of the

regional behavioral health situation, both in terms of demand for and available supply of services.

More broadly, we note that a significant proportion of the public's interaction with police are through 911 calls [50, 71]. Therefore, the 911 dispatch process, and in particular the call-takers' interactions with callers, which serve an important interpretive function and help construct a narrative of the event [33], is an important consideration in improving public safety. Issues with 911 dispatch have recently motivated a range of cities to divert 911 calls from police response. The main options, which are not exhaustive, are (in order of the level of resources required): 1) alternatives to 911, like 311 or other hotlines; 2) training for 911 call-takers on crisis response; 3) diversion of 911 calls to tele-counselors; and 4) diversion to an alternative first responder team, as described in the previous paragraph.

Davis and Yolo County already implement some of the alternatives to calling 911. The DPD, for example, allows for many non-emergency issues to be reported online. In addition, 211 Yolo provides a database of community services and a 24/7 mental health crisis hotline. However, the volume of 911 calls regarding public services and other non-emergency or non-criminal issues suggests that these alternatives can be expanded. Some cities have 311, a non emergency public services line that can be used to file complaints about issues such as noise and potholes, as well as obtain public information. While 311 is still fairly rare, in cities where it has been implemented, like Baltimore, Buffalo, and Dallas, it has been very effective in diverting 911 calls [34]. There is also the option of redirecting 911 calls to 211 and other existing hotlines as appropriate. These alternatives to 911 also have the benefit of being more accessible to communities that may be hesitant to call 911 due to previous traumatic incidents with police.

Another complementary reform, particularly in addressing racially motivated calls, is to reform the 911 dispatch process itself. Caller expectations, trainings and protocols that overly emphasize customer service, and a general tendency to risk aversion push call-takers to request, and dispatchers to send, police for most calls [54]. Greater flexibility and clearer protocols for probing potentially problematic calls, as well as public awareness campaigns about proper usage of 911, such as Sonoma County's call scripts to guide call-makers [2], helps in preserving scarce police resources and enhances public safety.

2.3.4 Expanding the community navigator program

The social issues discussed throughout this report—especially homelessness, mental illness, and substance use—are not addressed simply through one-off contacts with health care and other service providers. **At-risk individuals would greatly benefit from strong relationships with individuals that can support them through follow-up stages. Community navigators can fill this role.**[3]

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[2] (https://sonomacounty.ca.gov/Health/Behavioral-Health/911-Scripts/)

[3] Community navigators go by other names in locales around the world, including community health workers, community health aides, patient facilitators, promotoras, among many

Community navigator-type programs already exist in Davis. The newly established Davis Emergency Shelter Program relies on both paid and volunteer community navigators to assist with providing services to homeless people. Davis Community Meals and the Davis Interfaith Rotating Winter Shelter utilize hundreds of volunteers that work year-round to serve the homeless population. The Neighborhood Court also depends on more than one hundred volunteers to help carry out the reparations process. The warm hand-off program is also planning to include a cohort of community members to be sponsors to individuals with substance abuse issues. These various volunteer teams have already built relationships with individuals and could be important sources of first-wave recruits in a community navigator program focused on behavioral health.

The work of community navigators can be roughly divided into three categories (adapted from [51]): building trust, navigating social services, and coordinating the care team.

Building client trust begins by emphasizing the client's sense of personal dignity. By showing warmth, care, and respect for the client, navigators create a foundation for trust between the client and the entirety of the care team, including clinicians, social workers, and social services providers [56]. Navigators who have past personal experience with behavioral crisis or homelessness, or have worked extensively with these groups, are particularly effective in the trust-building process [45]. The overarching goal is for the client to perceive the navigator as both an ally worthy of trust and an insider with access to information about the social service and healthcare systems. The navigator also takes the lead in creating a culture within the care team of trauma-informed interaction with the client. This entails knowing the client's medical and social history, as well as being trained in trauma-informed and motivational techniques of interaction. Navigators could also be trained in cognitive behavioral therapy (CBT) to assist with long-term mental health care [9], which may be especially useful when interacting with youth experiencing homelessness [45]. Overall, the navigator ensures that the care team creates an atmosphere of sensitivity to the client's culture, race, ethnicity, gender, sexual orientation, disability status, age, and other characteristics [31].

Navigators are helpful in helping the client access available social and healthcare services. The first step is to raise awareness about the presence of such services, requiring that the navigator be knowledgeable about the full range of social and healthcare services and agencies at various jurisdictional levels——municipal, county, state, and federal——that could be of use to the client. The navigator must organize and disseminate this information in an manner that helps build a belief in the client that services are reachable, for example by providing step-by-step information on how to make contact with service providers, as well as by assuaging fears about affordability through presenting options for free or subsidized care. Clients have often had poor past experiences with social and healthcare services, and require evidence and assurances that this experi-

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others.

ence will be different. This may entail setting up meetings between the client and other members of the care team, talking with other previously homeless individuals who have had positive experiences with the services in question, and answering client questions about social services and healthcare procedures. The navigator could also help with overcoming bureaucratic and logistical hurdles, for example by scheduling appointments, filling out necessary paperwork, and assisting with health-related and other basic transportation needs. Navigators also often assist clients in setting long-term priorities and goals for improving physical and mental well-being, as well as monitoring progress towards these goals [9]. The navigator advocates for the client when needed, communicating the client's thoughts and feelings to the broader care team and to other social service and healthcare providers. Importantly, the navigator may also serve as a liaison to the police department and the criminal justice system more generally, keeping law enforcement aware of the client's medical and social history.

Finally, navigators work to keep the care team well-coordinated. Navigators are the client's focal point for integrated care. The navigator is responsible for clearly communicating to the client the responsibilities of each actor in the care team, and how the client may access various members of the team. The navigator also serves as the care team's eyes and ears on the ground. Especially important is the navigator's role in preventative care, including organizing regular screenings and monitoring for clinical signs that require more detailed checkups [53]. Clear lines of coordination and responsibility across members of the care team in general are important in overcoming barriers to access, and the navigator is a critical link in sustaining lines of communication. Given the complexity of the healthcare and social services delivery systems, providers tend to be siloed within their own activities without a clear sense of what's happening across the entire service landscape [31]; one Yolo County official we interviewed characterized the county as "program-rich but coordination poor.". Navigators can monitor lines of communication and action, ensuring that clients and providers are aware of all actors involved in social services and healthcare provision.

Table 2.1: Resource map of DPD-linked homeless services and partners in Davis. Source: [52].

Category	Partners	Services
Emergency Shelter	Yolo DA (victim advocacy program), Yolo HHSA, DCMH, Empower Yolo, Fourth & Hope, IRWS, CommuniCare, DHA, Yolo Food Bank	*Project Roomkey*: State-funded program to place elderly and medically at-risk people in hotel shelter during COVID-19 *Short-term emergency shelter stays*: CESH grant providing hotel vouchers for vulnerable individuals *Apartment shelter program*: 24 two-bedroom apartments leased October-March for highest COVID risk clients
Street Outreach	Various HPAC-affiliated agencies	Needs assessment, resource linkage
Case Management	City Staff, partner agencies	Short-term needs assessment, resource linkage, and referral
Medical Care	CommuniCare, Sutter Health, Yolo Hospice	Referral & transport to hospital, provider of street medicine, shelter medicine, or clinic appointment
Behavioral Health Care	CommuniCare, HHSA, Fourth & Hope, Turning Point, Yolo Community Care Continuum	Linkage to inpatient and outpatient providers
Food	HHSA, CommuniCare, Yolo Food Bank, various nonprofit and faith organizations	Emergency food provision, referral to respite center to meet immediate food needs, food bank for distributions, HHSA for CalFresh benefits
Legal Assistance	DA (victim advocacy, restorative justice programs), Yolo Public Defender's Office, Empower Yolo, Legal Services of Northern California, Yolo Conflict Resolution Center	Resource linkage
Transport	Amtrak, Lyft, Unitrans, Yolobus	Assistance through City vehicles, bus passes, rideshare booking, transport of belongings, Amtrak/Greyhound; coordination with DMV for ID support
Housing	HHSA, DCMH, Department of Veteran's Affairs, Empower Yolo, Fourth & Hope, Legal Services of Northern California, Short Term Emergency Aid Committee, Volunteers of America, Yolo Community Care Continuum, Yolo Housing	Needs assessment, resource linkage to prevent eviction, generate income, locate housing, procure rental assistance, enter rapid rehousing and permanent supportive housing programs; direct assistance for eviction prevention, move-in, transport, conflict mediation costs; direct referrals to Yolo Housing's Getting to Zero program
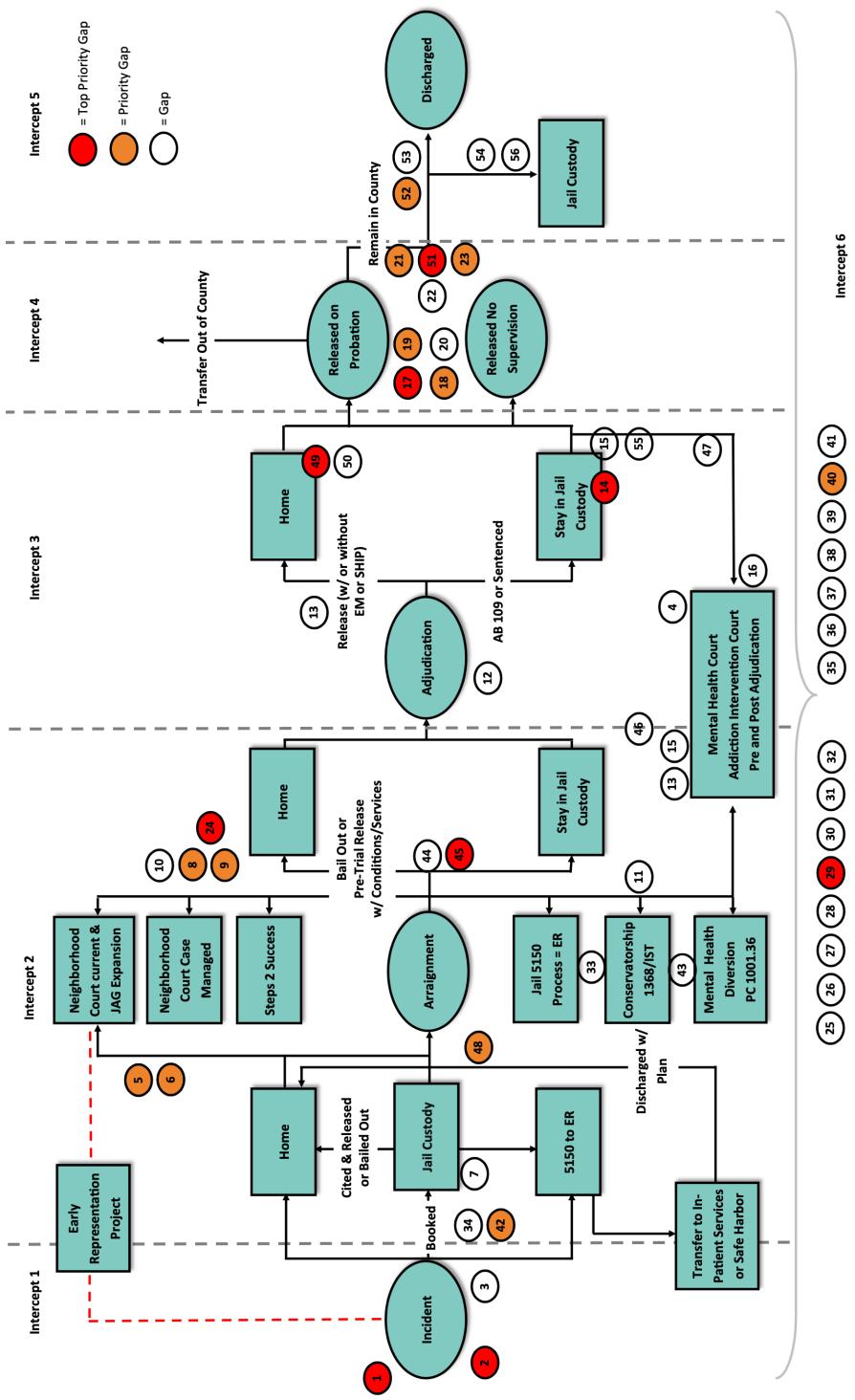
Figure 2.2: The criminal justice continuum of care map. Source: [37].

Table 2.2: High priority gaps in the criminal justice continuum of care. Source: [37].

Intercept	Gap	Description
Initial incident	1	Review and improve officer training around individuals with mental health needs, including outreach to community about de-escalation methods
Initial incident	2	Crisis intervention prevention personnel to assist on-scene, post-event follow-up including review of protocols for routing to hospital vs jail, and support for post-hospital discharge
After adjudication court/jail	14	In-person psychiatrists at the jail; increase in evidence-based jail programming including more behavioral health services and time in safe space outside of cell for mental health de-escalation
Re-entry	17	Assistance in planning release for individuals with severe needs
Initial detention/court hearing	24	Navigator to link people to and coordinate services
Reintegration assistance	29	Need for a transition after an individuals re-entry planning
Initial detention/court hearing	45	Expand short- and long-term case management services for diversion options, including for non-medical and non-Yolo defendants
After adjudication court/jail	49	Expand stable, safe housing for SMI treatment as alternative to incarceration while case is pending
Re-entry	51	Ensure availability of medications upon release

Conclusion: The path forward

In closing, we return to the national debate around race and policing and its relationship to re-imagining public safety. As we noted in the Introduction, this debate is framed by differing assumptions about the role and value of police departments. The social scientific literature has not reached a consensus on the determinants of either declines or increases in crime. We simply do not know with a high degree of confidence how radical changes in policing strategies, or the large-scale diversion of budgets from police departments to social services, will impact public safety or racism. We *do* know that specific ideas—those profiled throughout this report—have a strong track record of improving racial disparities in criminal justice outcomes, building police legitimacy, strengthening community-police trust, and improving the physical and mental health of society's most vulnerable groups.

Davis is in an excellent position to be a municipal leader in implementing these evidence-backed ideas. The city has low rates of violent crime. The DPD generally enjoys a close working relationship with other City and County agencies, as well as many social service-oriented civil society groups and health providers. Despite the current fiscal impact of the COVID-19 pandemic, the City has a wealth of financial and intellectual resources, including one of the world's finest research universities at its doorstep. The City Council faces difficult choices about re-imagining public safety in the months ahead, but it also has the opportunity and the ability to demonstrate leadership that affirms our commitment to racial equality, public health, and social justice.

We do not believe that any of the ideas presented in this report are fundamentally controversial, but pursuing a new vision of public safety will require the City Council to make major choices about the administrative structure of government. Broadly speaking, we see three paths forward, each of which comes with exciting opportunities and imposing challenges (Figure 2.3).

The first path, which we call the New Practices (NP) model, builds on the foundation the DPD has built in recent years—specifically, increasing the diversity and scope of social services offered through the department. In the best case scenario of this model, the DPD's homeless outreach and mental health services personnel would expand to cover the City's unmet needs, addressing the socio-economic and psychological determinants of criminal activity, while innovative programs like the warm hand-off project will seek to further divert entry into the criminal justice system. Closer collaboration with County part-

New Practices (NP)   New Department (ND)   New Structure (NS)
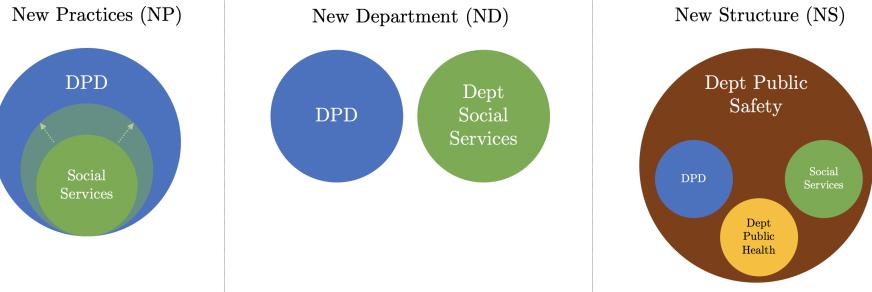
Figure 2.3: Three visions of public safety. Left, the New Practices model: an expansion of social services within the DPD. Center, the New Department model: the creation of a new social services-oriented department lateral to the DPD. Right, the New Structure model: the creation of an umbrella body that oversees various aspects of public safety, including policing, social services, and public health (among other areas).

ners, civil society, health providers, and other stakeholders will result in mutual learning between police officers, clinicians, and social workers, deepening the meaning of community policing. By building on an existing foundation, the NP model would be the simplest of all models to implement, not requiring major administrative shifts.

The NP model would also be the most prone to preserving the flaws of the current approach to public safety, including the myriad forms of systemic racism that pervade our society. The NP model also leaves the City open to critique, particularly by BIPOC and their allies, that Davis is not committed to meaningful reforms to address the root causes of the racial disparities in criminal justice that damage the lives of so many families. The DPD would also be taking the unprecedented responsibility of being an expansive social service provider, a role that will likely bring cultural and organizational challenges.

The second model, which we call the New Department (ND) model, would establish a new City department lateral to the DPD.[4] The unsworn members of the DPD working on social services might comprise the foundation of this new body. The department may take on certain responsibilities currently held by the DPD, for example supporting the Daytime Respite Center and conduct-

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[4]The ND and NS models will have to carefully specify and communicate their remit to the community; a judicious choice of name can assist this process. For example, a Department of Public (or Community) Health might be modeled as a municipal complement to the work done by the Yolo County Health and Human Services Agency, covering health topics as broad-ranging as substance use, mental illness, infectious disease, child and maternal care, and so on. A Department of Social Services might serve a coordinate focal point for the delivery of city, county, state, and civil society services to at-risk populations, restricting itself to a narrower range of health issues but extending into the realms of food security, affordable housing, etc. A Department of Public (or Community) Safety might focus on addressing the socio-economic and psychological determinants of crime, extending into the areas of mental and physical health, restorative justice, community education, and so on.

ing welfare checks; it may partner with the DPD on co-responder teams, warm hand-offs, and crisis call hubs; it may also launch new initiatives, such as creating mobile crisis teams and behavioral health receiving facilities. The ND model would respond to the public demand to address many behavioral health emergencies with unarmed, specially trained first responders, potentially reducing racial disparities in arrests and unnecessary escalation of incidents.

The ND model would also come with challenges. An entirely new administrative structure would require a major reshuffling of City resources. Moving social services funding out of the DPD, where budgets have generally been protected even in lean times, brings the risk of future cutbacks; the City may need to create new mechanisms to ensure financial commitments. The extensive involvement of cities in social service provision, while not entirely novel, is still a largely unexplored frontier. Some presumed non-violent emergencies may result in unforeseen consequences that would have been more effectively dealt with by police officers. Logistical coordination with the police may be complicated.

The third model, which we call the New Structure (NS) model, would establish a new entity encompassing the DPD and all other public safety services. The NS model would be the most powerful response to the call to re-imagine public safety. The DPD would remain the frontline force against violent crime, but its activities would be complemented by a range of other specialized units dealing with issues like homelessness, mental health, substance use, code enforcement, parking enforcement, etc. The NS model would facilitate the creation of crisis call hubs and enable smoother coordination with various types of first responders—firefighters, emergency medical technicians (EMTs), social workers, police, mobile crisis teams, etc.—and receiving facilities. An integrated model may alleviate some of the budgetary concerns of the ND model. In the ideal scenario, the NS model would have great potential to advance the core principles of anti-racism, social protection, and restorative justice.

The NS model represents the most dramatic change from the status quo, and as such presents the largest process challenges. The City's administrative structure would require a protracted and complex transformation, with uncertain fiscal and human resource effects. While housing all public safety agencies under the same roof may facilitate coordination, the presence of so many (presumably lateral) bodies might hinder nimble action, at least in the first few years.

All three models are currently being implemented, to greater or lesser degree, by jurisdictions around the world. All are capable of succeeding, and all will face formidable challenges. We urge the City Council to be guided by the principles of public health thinking in making their decision. In particular, we urge that the Council choose the vision that in their estimation is most likely to promote investment in preventative approaches to crime and racism; most likely to observe early warning signs of deterioration in community well-being; and most likely in the event of crisis to prove resilient—to contain the design elements that enable learning and adaptation. The members of the Temporary Joint Subcommittee look forward to supporting Staff and City Council in this exciting time of change.

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A   List of informants

Gloria Partida, Mayor of Davis
Will Arnold, City Councilmember, Davis
Dan Carson, City Councilmember, Davis
Lucas Frerichs, City Councilmember, Davis
Darren Pytel, Chief, Davis Police Department
Deanne Machado, Deputy Director of Police Services, City of Davis
Robb Davis, ex-Mayor of Davis
Karen Larsen, Director, Yolo Health and Human Services Agency
Mary-Louise Frampton, Director of the Aoki Center for Critical Race and Nation Studies
Sara Gavin, Chief Behavioral Health Officer, CommuniCare
Evan Priestly, Director of Operations, CommuniCare
Martha Trotter, Davis Homelessness Alliance
Jonathan Raven, Chief Deputy District Attorney, Yolo County
Danin Fruchtenicht, Chief Probation Officer, Yolo County
Allison Zuvela, Chief Deputy Public Defender, Yolo County

B Criminal justice continuum of care gaps

Source: Yolo County Health and Human Services Agency.

Priority	Intercept	Gap	Description
Top priority gap	Initial incident	1	Review officer training around individuals with MH needs to identify potential areas for improvement, also assisting with addressing community fears about potential for escalated responses
Top priority gap	Initial incident	2	Loss of CIP to assist in intervention on scene and post-event follow up including review of protocols for when hospital vs jail is appropriate, and supporting post-hosptail discharge.
Gap	Initial incident	3	Greater law enforcement participation in diversion program connections at incident
Gap	After adjudication court/jail	4	Need to improve VA verification at jails/improve access to VA services/Make VA point of contact infrmation more readily available
Priority gap	Initial detention/court hearing	5	Post-booking jail diversion programs may need expansion or development
Priority gap	Initial detention/court hearing	6	Need for more programs and restorative justice opportunities for women with trauma
Gap	Initial detention/court hearing	7	Connect individuals to outpatient treatment prior to arraignment or adjudication who would benefit from the greater supports in SOR/Lack of funds for Supervised OR/funds for probation supervision for mental health diversion
Priority gap	Initial detention/court hearing	8	Prevent mental health escalation for misdemeanor cases pre-adjudication
Priority gap	Initial detention/court hearing	9	Misdemeanor cases do not receive discharge planning
Gap	Initial detention/court hearing	10	Pre-adjudication process needed for those now competent
Gap	Initial detention/court hearing	11	There are some inmates with mental illness that may sit in jail awaiting trial/Expedite IST process for misdemeanors/Track all felony 1368 defendants and identify individuals for pre and post adjudication programs (MHC, S2S, and NHC/CM)/improve Dept of State Hospital admission and release process/Collaborate with Court to expedite 1368 process that gets inmates placement/Expedite Harper Medical Reports.
Gap	After adjudication court/jail	12	Delays related to ALTA occurring with mental health patients

Priority	Intercept	Gap	Description
Gap	After adjudication court/jail	13	Greater usage of Electronic Monitoring for those with mental health
Top priority gap	After adjudication court/jail	14	Lack of in-person psychiatrists at the jail/increase jail programming including more behavioral health services and time outside of cell/safe place for MH de-escalation; individuals in jail only receive 2-4 hours a day out of their cell, depending on classification. This is very difficult for those with mental health/Jail Services for SMI and SUD inmates/Evidence based programming
Gap	After adjudication court/jail	15	How to best manage VA individuals with mental illness and get them into treatment
Gap	After adjudication court/jail	16	Need to review and potentially expand Mental Health Court
Top priority gap	Re-entry	17	Difficulty in planning release for individuals with severe needs when it is clear they cannot take care of themselves
Priority gap	Re-entry	18	Difficulty in connecting individuals with short term sentences (30 days or less) to services; particularly those with mental illness
Priority gap	Re-entry	19	The Public Defender and Probation provide some release planning services for straight sentence and 1170 individuals, but the rest do not receive release planning services
Gap	Re-entry	20	HHSA sets up psychiatric appointments for clients prior to their release but the appointment wait time is delayed
Priority gap	Re-entry	21	Once individuals are released from jail they frequently do not follow through on assignments/meetings. 22
Gap	Re-entry	22	If not a public defender client, they leave with a prescription, not medication in hand (many may not make it to pharmacy to get meds)
Priority gap	Re-entry	23	It is common that individuals are released without Medi-Cal reinstated so they are unable to get their medication
Top priority gap	Initial detention/court hearing	24	Navigator to link people to and help coordinate services
Gap	Re-integration assistance	25	Gap in assistance services for those with mild to moderate disorders that may benefit from that level of support
Gap	Re-integration assistance	26	Delays with Veterans Services
Gap	Re-integration assistance	27	Lack of outpatient substance use disorder services in Davis
Gap	Re-integration assistance	28	Transportation for individuals to meet appointments

Priority	Intercept	Gap	Description
Top priority gap	Re-integration assistance	29	Need for a transition after an individuals re-entry planning
Gap	Re-integration assistance	30	Barriers to housing: Fee to get on housing waitlist ($40) and some housing providers don't allow eligibility w/ any convictions
Gap	Re-integration assistance	31	After transitional housing there are no linkages to stability (Jobs, housing, and income); getting people to self-sufficiency
Gap	Re-integration assistance	32	Some clients need assistance in navigating out in the community; some are not able to be self-sufficient and have varying levels of care. Including those recovering from relapse.
Gap	Initial detention/court hearing	33	Evaluate 5150 Process: difficulties in transportation of inmates to hospital and hospital acceptance of inmates
Gap	Initial detention/court hearing	34	Greater information sharing at time of booking
Gap	Re-integration assistance	35	Definition of SMI not known across agencies
Gap	Re-integration assistance	36	Need for increased knowledge and training on evidence based practices, services and resources (what services are available to those with mental health, substance abuse and Fetal Alcohol Spectrum Disorders)
Gap	Re-integration assistance	37	Difficulty sharing information due to 42CFR P.2. requirements
Gap	Re-integration assistance	38	Greater understanding of Release of Information policies (ROI) /create universal ROI for all programs
Gap	Re-integration assistance	39	Timely information sharing among agencies: for clients leaving/returning to the area; care data for MH and substance abuse clients; ongoing court dates; probation violations while engaged in services; timely notification of who is getting released, released to whom, what services/treatment did they receive and what issues or problems may they have Information sharing among all responsible parties on necessary client data (jail programs, services received/receiving, responsible party for inmate's plan/coordination.
Priority gap	Re-integration assistance	40	Baseline data: number of mentally ill in jail, length of time in jail, recidivism rates, % engaged in custody, charges, mental health diagnosis (SMI, Mod, co-occurring)
Gap	Re-integration assistance	41	Greater coordination among program providers; How to track client connections and successes among providers and among community providers

Priority	Intercept	Gap	Description
Priority gap	Initial detention/court hearing	42	Standardized Mental health Screening tool/Formal Mental health assessment/link with MH record/Expand early clinical evaluations for in custody defendants to determine treatment options. (Nav Center) [13]
Gap	Initial detention/court hearing	43	Involuntary Medication/outreach to the public
Gap	Initial detention/court hearing	44	Create single entry point for mental health assessment and program placement. Currently referred to HHSA using different entry points. Either S2S via Nav Center, MHC/AIC team or AAC for assessment.
Top priority gap	Initial detention/court hearing	45	Expand Case Management Services for diversion options, including for non-Medical and non-Yolo defendants (i.e. privante insurance, VA, non-citizens), and long-term case management options.
Gap	Initial detention/court hearing & After adjudication court/jail	46	Create detox facility in Yolo County with transition into appropriate treatment.
Gap	After adjudication court/jail	47	Community Providers able to meet clients in custody
Priority gap	Initial detention/court hearing	48	Contigenency Planning for pre-arraignment release (SB-10 planning)
Top priority gap	After adjudication court/jail	49	Expand stable housing for treatment as alternative to incarceration while case is pending (MHC, AIC, S2S, PC 1001.36), develop continuum of housing transitions for SMI/safe housing for those with MH/SUD/Availability of appropriate housing (particularly transitional housing in West Sac)
Gap	After adjudication court/jail	50	Money to Support housing until SSI re-instated
Top priority gap	Re-entry	51	Clients relesed without meds
Priority gap	Community corrections	52	Employment Day Services
Gap	Community corrections	53	PO Assigned Forensic Assertive Commuity Treatment
Gap	Community corrections	54	MAT access countywide and mutiple types(Vivitorl, Suboxone, Methadone)
Gap	After adjudication court/jail	55	Coordination w/parole prior to release for paper commitments
Gap	Community corrections	56	Re-Entry Success Center

Table 3: Criminal justice continuum of care gaps. Source: Yolo HHSA.