

Reforms Toward Community Policing

City of South Portland Intern Research, Summer 2020

Questions

1. Were funds deallocated from the PD to support the new social workers, counselors, etc. or were they taken from other areas?
2. Were PD staffing and costs able to be reduced because the program was effective?
3. Have some communities had success with these models while other have failed?

Summary

“Community policing is a philosophy that promotes organizational strategies that support the systematic use of partnerships and problem-solving techniques to proactively address the immediate conditions that give rise to public safety issues such as crime, social disorder, and fear of crime.” It is comprised of three key components: community partnerships (other gov’t agencies, community members/groups, nonprofits/service providers, private businesses, media), organizational transformation (agency management, organizational structure, personnel, information systems/technology), and problem solving (Scanning, Analysis, Response, Assessment). (COPS, DOJ)

<https://cops.usdoj.gov/RIC/Publications/cops-p157-pub.pdf>

There have been many studies done to research best practices for police departments. Some of these studies looked at different strategies for community policing like police substation, home visits, community response team, special drug unit, crisis intervention teams, new dispatcher response procedures, and second responder programs. The City Bureau, non-profit organization, explains in an article that it is important to introduce and welcome community support while researching the climate of the public’s interaction and perception of law enforcement. A couple practices that were implemented in communities; these are alternate ways to respond to 911 calls, sending out a social worker as part of a crisis intervention team or secondary response, and partnering with a non-profit to respond to nonviolent 911 calls.

How we respond to 911 calls can make the difference. One way is to train the dispatchers in different ways to assess calls if they can be handled over the phone by a nurse consultant who then can talk the caller through a series of questions to assess the situation further and if 911 response is necessary. This could bring down the costs of sending EMS into the field when not necessary. Using a nurse consultant could help with the response of police officers being sent out as well and would be able to have a better understanding of the situation before engaging with the caller. Another way is to train EMS personnel and give them the equipment to handle patients with behavioral health concerns. Along with this method, a paramedic can be partnered with a mental health professional to address the caller.

The City of Boston has recently proposed an alternative way to “respond to nonviolent calls for service involving mental health, homelessness, substance use, and traffic crashes, which are matters beyond the scope of law enforcement’s function and would be better served by a public health response.”

(ordinance) CAHOOTS-Crisis Assistance Helping Out On The Streets-in Eugene, OR is a program that takes police out of the equation when someone is going through a mental health crisis, struggling with substance abuse, or experiencing homelessness.”

Most of the police reform dealing with hiring counselors or social workers come from the Police Department budget. Under the Police Department, in most communities, there is a portion of the budget set aside for Crisis Response employees. Most communities have seen success with these models, but there was one report of a department in Kentucky that had difficulties with communication between the social workers and the police officers. This same department expressed the positive effects that these social workers had on their community and their fellow police officers.

Using all of the research from these models, the best course of action would be to create community support from non-profits, businesses, and residents. These would help create the key component of community partnership; educating the public that they do have some alternatives instead of calling 911. The next course of action would be to train officers on how to handle calls that may have to do with mental health patients and partner them with a counselor or social worker. We could also research alternative ways to address 911 calls by prioritizing certain calls and setting the callers up with either a nurse or counselor to better assess the situation of the caller. These steps would emphasize the second key component of organizational transformation. The final key component of problem solving would require the community and officers to engage in best practices to discover what works best for our community.

Other areas of interest would be education and the use of Restorative Justice. There is a non-profit here in Maine that specializes in restorative justice, which is a court diversion program that provides juvenile offenders with the chance to avoid arrest, adjudication, jail and probation. Another area is looking at reforms that are listed on Campaign Zero’s website. Campaign Zero, a project of the non-profit called WeTheProtesters, has presented ten policy areas to help protect and preserve life; they include community oversight, limit use of force, independently investigate and prosecute, community representation, body cameras, extra training, end for-profit policing, demilitarization, fair police union contracts, and end broken windows policing.

Research:

Smith, W. R., Culley, L., Plorde, M., Murray, J. A., Hearne, T., Goldberg, P., & Eisenberg, M. (2001). Emergency medical services telephone referral program: An alternative approach to non-urgent 911 calls. *Prehospital Emergency Care, 5*(2), 174-180. doi:10.1080/10903120190940092

Telephone referral program; goal to result in fewer basic life support (BLS) responses with no adverse patient outcome or decrease in patient satisfaction. "During phase 1, a BLS unit was dispatched on all calls and a nurse intervention was simulated. During phase II, no BLS unit was dispatched for calls meeting study criteria. Callers were transferred to the nurse, and consulting nurse protocols were used to direct care. Data were collected from dispatch, BLS, nurse, and hospital records and patient self-assessment. During phase 1, 38 callers were transferred to the consulting nurse with no nurse intervention. During phase II, 133 cases were transferred to the nurse line. There were no adverse outcomes detected. The nurse recommended home care for 31%, physician referral for 24%, referral back to 911 for 17%, community resource for 11%, and other referral for 17%. Nurses contacted 85 patients for telephone follow-up. Ninety-four percent of the patients reported feeling better, 6% felt the same, and none felt worse. Transferring 911 calls to a nurse line resulted in fewer BLS responses and no adverse patient outcomes, while maintaining high patient satisfaction. This study has major implications for communities interested in efficient use of emergency medical services resources.

Colman, M., & Mackey, K. (2017). Novel paramedic programs respond to behavioral health-related calls. *ED Management, 29*(2), 13.

"A number of communities are turning to community paramedicine programs to help manage the crushing demand on EDs and EMS providers by patients with behavioral health (BH) concerns. In Modesto, CA, a pilot program provides extra training to paramedics to respond to BH-related calls, and programs in Atlanta pairs paramedics with mental health social workers to meet the needs of BH patients, many of whom repeatedly call 911 for help. Both programs curb the need for hospital and ED visits while linking patients with appropriate care more expeditiously. However, a shortage of psychiatric treatment facilities remains a barrier. Paramedics in the Modesto, CA program undergo 140 hours of specialized training in how to handle BH related 911 calls safely and appropriately. Program developers note that most of these patients can be stabilized w/in 23 hours, nixing the need for a bed in an inpatient psychiatric facility. Developers say that the pilot program has saved more than \$1 million and significantly reduced the time to treatment for BH patients. The Upstream Crisis Intervention program in Atlanta teams a paramedic with a mental health social worker to respond to BH related calls through a mental health unit that is dispatched through the 911 system. The mental health unit teams also check on BH patients when they are not in crisis to make sure they have their medicine and are on track with their plan of care; the teams will intervene if patients need assistance."

Manfield, L. (2019, December 10). Dallas Has Been Dispatching Social Workers to Some 911 Calls. It's Working. Retrieved July 13, 2020, from <https://www.dallasobserver.com/news/dallas-has-been-dispatching-social-workers-to-some-911-calls-its-working-11810019>

Dallas emergency department "placed a social worker inside the dispatch center to triage calls and sent out a special team staffed with a mental health professional whenever possible." The number of psych patients arriving at the hospital has dropped by 20%. Kurtis Young, the director of social work at the local hospital said, "The program was resulting not only in fiscal savings, but also better care."

RIGHT care team. “The City of Dallas receives 1,500 mental health service calls per month, each of which results in the dispatch of five police officers.” “The program created a special mental health team – made up of a paramedic, a police officer and a social worker – that would respond to calls in South Central Dallas. It was modeled off a similar program launched in 2012 in Colorado Springs, and it is the first of its kind in a major city like Dallas.”

Mulder, E. (2015, July 26). Colorado Springs groups work to lessen mental-health related 911 calls, better help those in need. Retrieved July 13, 2020, from https://gazette.com/health/colorado-springs-groups-work-to-lessen-mental-health-related-911-calls-better-help-those-in/article_d21988df-8f91-5bec-81ff-3a75209ed57e.html

Colorado Springs created Community Response Team, CRT, or Mobile Mental Health Unit. “Since it began in 2012, CARES has decreased the average number of calls made by each super-utilizer by 69%, according to Jeff Martin, Colorado Springs Fire Department administrator of community and public health.” For mental health related calls, police officers could leave after the CRT arrived 60% of the time so they can use their skills to deal with the mentally ill and take them down.

Cravens, S. (2018, January 15). Up Close with Colorado Springs' Community Response Team. Retrieved from <https://www.emsworld.com/article/219668/close-colorado-springs-community-response-team>

“The city’s Community Response Team (CRT) is a collaboration between the Colorado Springs Fire Department (CSFD); AspenPointe, a provider of mental and behavioral health services; and the Colorado Springs Police Department (CSPD).” The team responds to 911 calls and calls made through the State Crisis Hotline. Initial launch was Dec 2014. The program was initially through a state grant program,

Farberov, S. (2020, July 10). Florida police to use social workers on non-violent calls. Retrieved July 13, 2020, from <https://www.dailymail.co.uk/news/article-8511179/St-Petersburg-Police-Department-Florida-replace-cops-social-workers-non-violent-calls.html>

New division within the police department in St. Petersburg, FL called the Community Assistance Liaison, which will be staffed by social service professionals. “Instead of sending a police officer, a member of the new division will respond to calls involving a wide array of non-violent complaints, including disorderly intoxication, drug overdoses, mental health or suicide crises, panhandling and neighborhood disputes.” “The creation of the social service division is just one part of a broader reform plan, which includes additional training in de-escalation and non-lethal self-defense tactics for officers, and more training for recruits.”

Community Assistance Liaison (CAL) new division within the department. The new division will take over some calls “rather than a previous commitment to add 25 new officers to the dept. over the next two years. The dept. will lose \$3.125 mill in federal grant funding awarded for the 25 new officers” The city was planning to match funds required by the grant so the new program will be funded by the \$3.8 million. “Law enforcement leaders hope it will free up officers for more urgent emergency calls and provide better assistance to those with mental health, substance abuse and housing issues.”

'CAHOOTS': How Social Workers and Police Share Responsibilities in Eugene, Oregon [Interview by A. Shapiro]. (2020, June 10). Retrieved July 13, 2020, from

<https://www.npr.org/2020/06/10/874339977/cahoots-how-social-workers-and-police-share-responsibilities-in-eugene-oregon>

The CAHOOTS program has been around for more than 30 years. It “is a collaboration between local police and a community service called the White Bird Clinic.” The service team that would respond to nonviolent behavioral health related calls use their training as tools. They have de-escalation training, crisis training and a knowledge of local resources and how to appropriately apply them. “A total of about 24,000 calls, 150 times they called for police backup for some reason.” Program costs around \$2.1 million a year for Eugene and Springfield. The PD annual budget for Eugene is \$70 million and for Springfield is about \$20 million. They estimate savings of over \$15 million a year through their ER diversion, through picking up calls that would otherwise have to be handled by law enforcement or EMS.

“CAHOOTS is dispatched through the Eugene police-fire-ambulance communications center, and within the Springfield urban growth boundary, dispatched through the Springfield non-emergency number. Each team consists of a medic (either a nurse or an EMT) & a crisis worker (who has at least several years’ experience in the mental health field). CAHOOTS provides immediate stabilization in case of urgent medical need or psychological crisis, assessment, information, referral, advocacy & (in some cases) transportation to the next step in treatment.” <https://whitebirdclinic.org/services/cahoots/>

“The City funds CAHOOTS through the Eugene Police Department. In FY18 (July 2017- June 2018) the contract budget for the CAHOOTS program was approximately \$798,000 which funded 31 hours of service per day (this includes overlapping coverage), seven days a week. One van was on duty 24 hours a day and another provided overlap coverage 7 hours per day.

Over the last several years, the City has increased funding to add more hours of service. The FY20 (July 2019 – June 2020) budget included an additional \$281,000 on a one-time basis to add 11 additional hours of coverage to the existing CAHOOTS contract. CAHOOTS was able to add 5 of the 11 hours of service to bridge an afternoon gap to maintain two-van coverage. The City carried over the funding for the 5-hour expansion through FY21 (July 2020 – June 2021).” <https://www.eugene-or.gov/4398/Eugene-Police-and-CAHOOTS-Funding>

<https://www.kpbs.org/news/2020/jun/17/proposal-would-use-social-workers-not-lapd-for/>

“On Monday, Albuquerque, New Mexico, Mayor Tim Keller said he wants to create a new city department to provide another option besides dispatching police or firefighters and paramedics whenever someone calls 911. The department would be made up of social workers and other civilian professionals who would focus on violence prevention, mental health and homelessness, for example.”

SAMHSA (Substance Abuse and Mental Health Services Administration)

National Guidelines for Crisis Care: 1. Regional Crisis Call Center 2. Crisis Mobile Team Response 3. Crisis Receiving and Stabilization Facilities

<https://www.samhsa.gov/sites/default/files/national-guidelines-for-behavioral-health-crisis-care-02242020.pdf>

SFY 2013 Year End DHHS Integrated Quarterly Crisis Report PBC

Initial Face to Face Contact for Adults 60.3% with Emergency Department

<https://www.maine.gov/dhhs/samhs/documents/SFY2013IntegratedCrisisReportPBC.pdf>

<https://www.cincinnati.com/story/news/local/campbellcounty/2016/07/09/alexandria-hires-police-socialworker/86906004/>

<https://medium.com/@JustSolutions/everyone-benefits-when-police-departments-hire-social-workers-34d536f8802a>

<https://alexandriaky.org/official-city-records/>

<https://www.citybureau.org/new-page>

Article: What's your emergency?: Finding Community-based Alternatives to 911 by Evie Lacroix

“People are using restorative justice techniques and networking within communities to build safe spaces open to dialogue and change on a community or neighborhood level.”

Nonprofits in the area: Chain Reaction goal to create a tool kit giving strategies to alternative to policing that centered on restorative justice. Workshops were to get youth to start thinking about alternatives to calling the police using the idea of safe spaces and mentorships.

not just changing the way we respond to 911 calls but also educating the community in alternative ways to address conflict.

Article: Distrust in the police: the intersection of being black and mentally ill

“The Washington Post reported about a quarter of the 1000 police shootings they were able to track in 2015 was related to mental illness.” “National trends show 3 to 10% of calls made to any 911 dispatch center are related to mental health a year.”

In Chicago, Cook County Jail became the largest mental health provider with an average of 25-30% of inmates self-identifying with mental health needs. Six of 12 mental health clinics that were shut down in 2012.

NON-PROFITS:

National Alliance on Mental Illness (NAMI)

<https://www.nami.org/Find-Your-Local-NAMI/Affiliate?state=ME>

NAMI Portland (137 Park St) President Mr. Fred Yapuncich: namitricities@gmail.com

Restorative Justice Project Maine <http://www.rjpmidcoast.org/>

They have programs for Knox, Hancock, Waldo, Sagadahoc, and Lincoln County.

Efficacy Study: [http://www.rjpmidcoast.org/uploads/3/9/7/7/39770382/rjpefficacyposter3pdf_\(1\).pdf](http://www.rjpmidcoast.org/uploads/3/9/7/7/39770382/rjpefficacyposter3pdf_(1).pdf)

Court diversion program that provides juvenile offenders with the chance to avoid arrest, adjudication, jail and probation.

Restorative Practices Collaborative of Maine (contact info: pamelaa@maine.edu)

The Restorative Practices Collaborative of Maine partners with schools, organizations and communities statewide to cultivate a restorative approach.

BOOK: The Challenge of Community Policing by Dennis P. Rosenbaum

“Community policing relies upon organizational decentralization and a reorientation of patrol in order to facilitate two-way communication between police and the public... It also implies a commitment to helping neighborhoods solve crime problems on their own, through community organizations and crime prevention programs.” (p 167 chapter 9)

Community Policing Experiments In Six Cities:

Baltimore, Maryland:

Two versions of a program were tested, foot patrols for approx. 25 hours a week frequently talking with residents, business owners, and people on the street.

- spent much of their time dispersing groups of youths on street corners and looking for drug transactions and other legal infractions

- the other focused on talking with residents and merchants more

Birmingham, Alabama:

Three programs were used:

- special drug enforcement unit was formed to crack down on open drug dealing (Undercover operations),

- officers made ‘home visits’ in order to pass out crime and drug prevention pamphlets and conduct interviews with area residents

Results: victimization down with home visits

- police substation was opened, staffed 24/7 by 8 officers; assisted in a cleanup of the public housing project that dominated the area (increasing the visibility of police in the community)

Result: fear of crime down with substation

Madison, Wisconsin:

Innovative management structure emphasized teamwork and employee participation in decision-making, as well as peer supervision. “‘value added policing’ that called for spending more time on calls for service and follow-up contacts with victims. Police officers in the experimental area had greater job satisfaction and believed more firmly in the principles of problem solving and community policing with a more benign and trusting view of the public. Residents living in the area reported a decrease in neighborhood problems.

Houston, Texas:

Three programs were evaluated:

-Neighborhood police substation: “the office was their base of operations for getting acquainted with neighborhood residents and business people, identifying and helping solve local problems, seeking ways of delivering better service to the area, and developing programs to draw the police and community closer together.”

Results: fear of crime and disorder down with substation

-CORT (Community Organizing Response Team) immediate goal was to identify a group of residents who would work regularly with them to define and help solve neighborhood problems. “Long-term goal was to create a permanent organization in the community, one that would remain active after CORT left the area.”

Results: disorder down with organizing

-home visits

Results: disorder and victimization down with home visits

Findings: enforcement programs did not do as well as community policing at meeting their goals; only 6 of 14 were successful

National Institute of Justice (NIJ)

Article: Fighting Stress in the Law Enforcement Community by Jim Dawson April 8, 2019

<https://nij.ojp.gov/topics/articles/fighting-stress-law-enforcement-community>

In 2016, NIJ’s scientists used taxonomy from WHO and the CDC to articulate a health and safety strategic plan for officers.

Overcoming the “tough guy” culture: “the more successful health and wellness programs were held at sites away from the departments ‘because officers are not going to go if it is at the department. If you show any indication that you’re under stress or anything like that, it could impact your career.’”

Stress related health problems: obesity, cardio problem, divorce, suicide, violence, alcohol use, and drug use.

(University of Chicago study; Law Enforcement Officers Safety and Wellness: A Multi-Level Study)

(State University of New York at Buffalo study; The Effects of Post-Traumatic Stress Disorder (PTSD) Symptoms on Behavioral, Psychological, and Neurophysiological Measures of Decision Making in Police Officers)

(Wayne State University in Detroit study; Neighborhoods, Stress, and Police Behavior: Understand the Relationships)

(University of Wisconsin-Madison study: The Impact of Mindfulness-Based Resilience Training on Stress-Related Biological, Behavioral, and Health-Related Outcomes in Law Enforcement Officers.)

(University of Louisville, Kentucky study; Effects of Mindfulness-Based Stress Reduction in Correctional Officers: A Biopsychosocial Approach)

(University of Nebraska, Omaha; Examining the Role of Physiological and Psychological Responses to Critical Incidents in Prisons in the Development of Mental Health Problems Among Correctional Officers)

(Oregon Health & Science, Portland study; Defining Impact of Stress and Traumatic Events on Corrections Officers)

(RAND Corporation study; Suicide Prevention and Intervention Strategies by Law Enforcement Agencies: Utilization, Characteristics, and Costs)

Higgins, B., & Hunt, J. (2016, May 1). Collective Efficacy: Taking Action to Improve Neighborhoods. Retrieved July 13, 2020, from <https://nij.ojp.gov/topics/articles/collective-efficacy-taking-action-improve-neighborhoods>

Social Cohesion: how residents think and feel about their neighborhood

Collective efficacy: what residents are willing to do to improve their neighborhoods.

“All of these data led to a number of important findings. The researchers found that generally, homeowners, older residents and other who used neighborhood facilities, volunteered and attended community meeting were more likely to see their neighborhoods as having social cohesion, whereas renters, younger residents, women and those who relied on income assistance perceived lower levels of collective efficacy and social cohesion.”

High perceptions of collective efficacy and social cohesion: residents saw themselves and their neighbors as protectors of their community, perceived their communities to have fewer incivilities and were more satisfied with the work of police

Researchers offered policy recommendations to help neighbors come together to reduce crime and build up neighborhoods: Invest in research and evaluation; Engage in problem solving; Target problems and interventions; Restore anchor points; Organize the community and encourage volunteerism.

Nolette, J. (2016, Jan 4). Using Research to Move Policing Forward. Retrieved July 13, 2020, from <https://nij.ojp.gov/topics/articles/using-research-move-policing-forward>

Kansas City Preventive Patrol Experiment; best-known research project

Saskatchewan Hub Model (Canada) approach to reducing crime by addressing both criminal and social aspects and how to keep offenders from re-offending

CompStat: looks at crime and accountability; map track and evaluate, assess resources and techniques

LEADS (Law Enforcement Advancing Data and Science) partnership between NIJ and IACP (International Association of Chiefs of Police) -- brings together the researchers who study policing, the policymakers who make policing decisions and the officers who implement those decisions with goal of supporting law enforcement in learning how to use and integrate research into policing.

Haskins, P. (2019, Oct 24). Research will shape the future of proactive policing. Retrieved July 13, 2020, from <https://nij.ojp.gov/topics/articles/research-will-shape-future-proactive-policing>

Community-Based policing: using community resources to identify and control sources of crime

Community-Oriented Policing (community partnerships and problem-solving techniques to proactively address conditions giving rise to crime),

Police Legitimacy (building public trust and confidence in law enforcement)

Procedural Justice Policing (perceived fairness in law enforcement processes)

Broken Windows Policing (“intense enforcement against minor offenses, such as broken windows, on the theory that neighborhoods marked by social and physical disorder suggest resident indifference to crime and invite more predatory crime”)

CRIMESOLUTIONS.gov

“Crisis Intervention Teams (CITs) use specialized police-led, pre-booking responses to divert individuals with mental illness. CITs consist of police officers who have undergone training in identifying and addressing serious mental illness.” Designed to reduce stigma around mental illness and direct individuals with mental illness to needed treatment programs and away from arrest. The goals are to reduce police officers’ injuries, reduce arrests of individuals with mental illness, minimize officers’ use of force, and increase mentally ill individuals’ diversion from the criminal justice system and their access to mental health services.”

Also called the Memphis Model developed by Memphis PD in 1988

Training usually 40 hours conducted by police trainers, local mental health professionals, family advocates, and consumer groups that may include risk assessment/intervention, child and adolescent disorders, geriatric disorders, legal issues, and departmental procedures with role-play exercises.

Results: no statistically significant differences between CIT trained police officers and non-trained police officers in arrests of individuals with mental illness. No statistically significant differences in use of force between CIT trained officers and non-trained officers. Studies took place in Akron, Ohio; Bloomington, Ind; Chicago, Ill; Escambia County and Pinellas County, FL; multiple cities in GA; and in New South Wales, Australia. No cost information.

<https://www.crimesolutions.gov/PracticeDetails.aspx?ID=81>

Second responder programs; “The purpose of the programs is to reduce the likelihood of recurring abuse by working directly with victims to provide them with information about their options so they can develop long-term solutions for their situations... also try to establish greater independence for victims by connecting them to counseling and other social services that may help to lessen their dependence on their abuser. Second responder programs operate under the assumption that victims of family violence can be empowered through information about their situation, available services, and legal options.”

Teams consist of a law enforcement officer and a family violence specialist. They visit homes where family violence incidents were recently reported to the police. Response time varies by program; some occur within 72 hours of a report others can take 7-14 days after the incident.

Results: found a small effect size for reports of abuse to the police indicating that the odds of reporting new abuse to the police were slightly higher for households that were assigned to receive a home visit through a second responder program. Effect size close to zero, no statistically significant effect on victims' reports of abuse. 10 studies between 1992 and 2007 in NYC; New Haven, CT; Redlands, Cali; Richmond, VA; Miami, FL; and San Diego, Cali. No cost information.

<https://www.crimesolutions.gov/PracticeDetails.aspx?ID=12>

“Police Foot Patrol-Philadelphia 2009; involved rookie officers patrolling an avg beat of 1.3 miles during one shift per day in hot spots. Compared with the control areas, there were statistically significant reductions in reported violent crime in patrolled areas, although the effect faded once officers were removed from their targeted beats.”

Results: in Philadelphia targeted by foot patrols experienced a statistically significant reduction in reported violent crime in comparison with the control areas. 23% reduction in reported violent crime in comparison with the control areas. Officers received a 1-week orientation; walked with an experienced officer for the first couple of weeks. No cost information.

<https://www.crimesolutions.gov/ProgramDetails.aspx?ID=234>

Specialized Multi Agency Response Team (SMART); “A drug-control program to reduce drug-related problems and improve habitation conditions at targeted sites. Half the treatment sites experienced improvements in field contacts or arrests. There were reductions in the number of individuals contacted or arrested at the same SMART site; in the number of persons displaced to a catchment area address; and in the number of new individuals attracted to a site.”

Results: “There was a significant decrease in the mean number of people contacted at the SMART sites: from 3.7 in the year before SMART implementation to 1.5 in the year following, a 59% decrease. Sample included 321 sites that received a SMART intervention in 1991. Data obtained from the Oakland PD. No cost information.

<https://www.crimesolutions.gov/ProgramDetails.aspx?ID=105>

Cautioning and Relationship Abuse (CARA); “was a policing strategy designed to reduce the severity of intimate partner violence and the rearrests of males who had been previously arrests for, or had admitted to, a first domestic violence offense and received a conditional caution. Results indicated a statistically significant reduction in frequency and prevalence of rearrests of offenders assigned to the treatment group compared with offenders assigned to the control group.”

<https://www.crimesolutions.gov/ProgramDetails.aspx?ID=614>

Chicago Alternative Policing Strategy (CAPS); “program beings police, local gov agencies, and the community together to prioritize problems and prevention efforts in five Chicago neighborhoods. The study found that in close to half of the target beats, there was a reduction in crime versus what was found in comparison beats. However, the results also showed that there were some unsuccessful cases where the crime rate in the intervention increased versus the comparison beat.”

<https://www.crimesolutions.gov/ProgramDetails.aspx?ID=299>

Cure Violence Chicago, IL; “A violence prevention program that uses a public health approach, using trained street violence interrupters and outreach workers, public education campaigns, and community mobilization to reduce shootings and killings. The program was associated with significant reductions in shootings, killings, and retaliatory homicides and also appeared to make shooting hot spots cooler in some neighborhoods but not others.”

<https://www.crimesolutions.gov/ProgramDetails.aspx?ID=205>

Law Enforcement Assisted Diversion (LEAD) {Seattle, WA} “pre-booking, community-based diversion program designed to divert those suspected of low-level drug and prostitution offenses away from jail and prosecution and into case management and other supportive services. The intervention group was significantly less likely to have been arrested, compared with the control group, at the shorter- and longer-term follow-ups. However, there was no significant impact on non-warrant arrests.”

Results: Across all outcomes, LEAD participants showed statistically significant reductions in systems utilization and costs (-\$2100) compared to control group of an increase (+\$5961). “Over the first 29 months of implementation, the LEAD program costs were approx. \$899 per participant per month. The initial start-up costs per person during the first month of the program were \$24, 275 but decreased to \$532 per person by the 29th month of operation. This decrease in program costs was due to greater recruitment of participants, more efficiency in client assistance spending, and the expansion in Medicaid as a result of the Affordable Car Act.”

<https://www.crimesolutions.gov/ProgramDetails.aspx?ID=477>

Repeat Offender Program in Phoenix, Arizona; involved cooperation between police and prosecutors to increase the likelihood that high-risk chronic offenders would be convicted and incarcerated. The experimental group had a statistically significant greater likelihood of being sentenced to prison and having longer prison sentences, compared with the control group. However, there was no statistically significant difference for conviction rates between the groups.”

<https://www.crimesolutions.gov/ProgramDetails.aspx?ID=66>

The City of Brockton’s “Champion Plan”: The Role of Police Departments in Facilitating Access to Treatment authored by: Varano, Sean, Kelley, Pamela, and Nicholas Makhoulta

https://journals-sagepub-com.wv-o-ursus-proxy01.ursus.maine.edu/doi/full/10.1177/0306624X19866127?utm_source=summon&utm_medium=discovery-provider

“Feb 2016 as part of community-wide effort to redefine the public safety sector’s approach to policing the drug crisis. TCP program model allows those suffering from addiction to walk into a police station and ask for treatment. Findings from this study indicate police-centered treatment-on-demand programs may be viable strategies for getting those suffering from the disease of addiction into treatment.”

Community policing and intelligence-led policing: An examination of convergent or discriminant validity authored by Carter, Heremy and Bryanna Fox (11 Feb 2019)

<https://www-emerald-com.wv-o-ursus-proxy01.ursus.maine.edu/insight/content/doi/10.1108/PIJPSM-07-2018-0105/full/html>

“Intelligence-led policing (ILP) is a relatively recent policing philosophy in the USA, having emerged in the wake of the terrorist attacks of 9/11. Though the roots of ILP are found in the UK, specifically from the National Intelligence Model (NIM), the US experience with ILP is largely attributed to the failure of law enforcement agencies to share information leading up to the 9/11 attacks and the demand for police to be more efficient with limited resources” “ The collection and analysis of information related to crime and conditions that contribute to crime, resulting in an actionable intelligence product intended to aid law enforcement in developing tactical responses to threats and/or strategic planning related to emerging or changing threats.”

<https://www.carolstream.org/departments/police-department/police-divisions>

Social Services Division, support service to police personnel as a proactive intervention and interaction service provider to the Carol Stream community of about 39,601 people. Services include a comprehensive referral service, diagnostic consultation, crisis intervention, and individual/family/couples/group counseling. The Division has 3 FT licensed clinical social workers (one of the FT LCSW is the Social Service Supervisor) and one PT secretary. The social workers provide 24/7 on-call response to the Patrol Division. The “team serves residents and crime victims by providing comprehensive services that include: crisis interventions, counseling, court advocacy, victims’ assistance, case management, restorative justice, neighborhood mediation, disaster response coordination, juvenile fire setter evaluations, juvenile station adjustment coursing, and benefits linkage and resource referrals. The number of police officers has remained steady at about 56 with the proposed to go down to 55 officers for the FY20/21 budget.

FY16/17 total actual police budget 13,732,654 and for Social Services the actual budget was 440,315. Under salaries & wages the total of the budget was 434,762 (personal services 332,712, group insurance 28,747, IMRF 48,139, FICA 24,543, and Workers Comp 621). Under Contractual Services the total was 4,264 (Meetings 252, Training 2,598, Office Equip. Maint. 253, Dues & Subscriptions 851, and paging 310). Under commodities is operating supplies at 1,289

FY20/21 total proposed police budget 17,144,390 and for Social Services, the proposed budget is 496,641. Under salaries & wages the total proposed budget is 496,036 (Personal Services 374,265, Group insurance 40,116, IMRF 52,397, FICA 28,631, and workers comp 627). Under Contractual Services there is 605 budgeted for Office Equip Maint.