Arrest Less: Improving Community Relations through a Juvenile-Based Police Response to Behavioral Health

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Lieutenant Leonard DiPietro
Cambridge Safety Net Collaborative

The mission of the Cambridge Safety Net Collaborative is to foster positive youth development, promote mental health, support a safe community and schools, and limit youth involvement in the juvenile justice system.
Cambridge Safety Net Collaborative

The goals are to prevent youth incarceration and improve access to mental health services.
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Integrating Police & Mental Health

*Safety Net Hypothesizes:*

1. We can reduce arrests and police calls to the school, homes and communities for at-risk youth.
2. We can ensure greater follow through and adherence to treatment.
3. We can improve relationships and partnerships between police officers, service providers, youth, and families.
Information Sharing and Evaluation

• Cambridge community prioritizes building relationships and coalitions to support children and adolescents.

• Cambridge Protocols:
  • Release of information
  • Memorandum of understanding
  • Data-sharing agreement

• Leveraging multiple data sources to reveal a more complete profile because of shared interest and outcomes.
With the appropriate framework, a police presence in schools can maximize student support and minimize discipline and displacement that arrests or suspensions causes.

Safety Net utilizes Youth Resource Officers (YROs) in schools, after-school programs and street outreach in Cambridge.

YROs participate in bi-weekly meetings between school, health & law enforcement.
New Role for Police Officers

Officer selection.

The job of the officer does not end at the point of a referral.

Baseline & specialized training for our Youth Resource Officers, Youth Outreach Officers, and Juvenile Detectives with a mental health focus:

- Hallmarks of Child/Adolescent Mental Health
- Typical Child and Adolescent Development
- Policing the Teen Brain in Schools
- Person-Centered Case Management

Implementation of a validated risk/needs assessment tool.
Safety Net: Intervention & Police Diversion Models

1. Identify At-Risk Youth
   - Child Behavior
     - Type I: Concerning behavior pattern; victim; witness
       - Truancy; Acting out; Drinking; CHINS; Bullying victim; Witness to violence
     - Type II: Potentially criminal incident or behavior
       - Fighting; Illegal drug use; Shoplifting; Serious bullying; Bringing weapon to school
   - Location
     - School, Youth Center, Community, Home
   - Observer/Responder
     - School staff, Youth center staff, SRO, Other police, Parent, Mental health professional

2. Case Enters Safety Net
   - Case assigned to SRO or Detective
   - Conduct risk assessment and develop intervention plan by consulting with:
     - Youth
     - Parents (1 home visit required)
     - Teachers, Principal, school staff
     - Youth centers
     - Cambridge Health Alliance
     - Commanding officers
     - Victim of crime

3. Deliver Intervention Plan
   - Youth becomes court-involved

4. SRO Manages Case Progress
   - Follows up on referral recommendations
   - Monitors youth and family life through phone calls, engaging with youth at school or youth centers, and home visits
   - SRO works with partner agencies to support/mentor youth (e.g., probation for CHINS)
   - Provides status updates and gets feedback at bi-weekly Safety Net meetings
   - if needed, reassess intervention plan (return to step 2)

5. Youth Outcome
   - Outcome A: Concerning behavior stops, no further incidents
     - SRO moves case to inactive
   - Outcome B: Concerning behavior continues; further incident occurs; youth breaks diversion
     - Youth becomes court-involved

Police Diversion
- Connect with resources
  - Youth programs
  - Mental health services
  - Mentoring from SRO
  - Family support
  - Help parent file CHINS
- Develop diversion contract
  - Mediation/Restorative justice
  - Community service
  - Restitution
  - Good behavior
  - Mental health evaluation
- Connect with resources
Comparing Areas:
Juvenile Arrests Per 100,000
Results: Estimation of Program Impact

- 561 mental health referrals by youth officers between 2009-2014
  - Consultation & Treatment
- Majority of referred youth (66%) had no prior treatment
- Most received care in community psychiatric settings
Preliminary Treatment Findings

Safety Net Patients

- $n = 50$
- Age ($M=16.5$, $SD=3$)
- 78% Male

Race

- Black: 18%
- Hispanic: 27%
- South Asian: 13%
- White: 34%

Comorbidity

- ADHD: 31%
- Anxiety: 34%
- Mood: 34%

Diagnoses

- ADHD: 9 patients
- Anxiety: 7 patients
- Mood: 6 patients
- SI/Self-harm: 2 patients
- Conduct: 12 patients
- Adjustment: 7 patients
- PTSD: 7 patients
- Substance: 3 patients
- Behavioral: 3 patients
- Depression: 9 patients
- Learning: 3 patients
- Environmental: 1 patient
- Health: 6 patients
- Mean # of Dx: 2.4

Patients (n = 32)
“As I was leaving the meeting this morning with Amy Tuckman (our new Cambridge DCF representative), she turned to me and said "That was the most informative one hour meeting I have had regarding kids we work with at DCF."

Please continue to do the incredible work you are doing!

Sean Carleton, Area Program Manager
MA Department of Children & Families
## Underlying Principles of Policing

<table>
<thead>
<tr>
<th>Statutory Authority</th>
<th>Legitimate Authority</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Authority Driven</td>
<td>• Willing Cooperation</td>
</tr>
<tr>
<td>• Command &amp; Control: Lawful Use of Force</td>
<td>• De-escalation and Alternatives to Use of Force</td>
</tr>
<tr>
<td>• Treat Everyone the Same</td>
<td>• Fair &amp; Impartial Policing</td>
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<tr>
<td>• End Justifies Means</td>
<td>• Quality of the Process</td>
</tr>
<tr>
<td>• Problem-Driven</td>
<td>• Build Community Trust</td>
</tr>
<tr>
<td>• Measure Results</td>
<td>• Measure Success</td>
</tr>
<tr>
<td>• Address Symptoms</td>
<td>• Address Underlying Factors</td>
</tr>
<tr>
<td>• Warrior</td>
<td>• Guardian</td>
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If you have questions or would like more information, please contact:

CommunityRelations@CambridgePolice.org
Phone: 617-349-3236
Thank you!