Public Safety For All Task Force

2025 Report

Mayor
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DEPARTMENT OF
RACIAL &
SOCIAL JUSTICE
CITY OF SOMERVILLE, MA

Public Safety For All Task Force

The list below reflects the membership of the Public Safety for All Task Force. The Public Safety for All Task Force comprised Somerville constituents, elected officials, subject matter experts, City staff, and community partners.

As a part of this community-driven process, these individuals have all played a role in forming these recommendations and developing this report. They have worked together to ensure the recommendations capture the community voice and needs of Somerville.

Supported by the Department of Racial and Social Justice, the Public Safety for All Task Force received extensive training and opportunities to meet with local, regional, and national experts operating in their focus areas.

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EXECUTIVE SUMMARY

Like many US communities, Somerville has been considering as a community how to bring beneficial and innovative changes to its public safety system. The City faces two important and linked questions: (1) how can the government deploy its resources to prevent harm and victimization of residents; and (2) how can Somerville manage and oversee its government to avoid injustices caused by government action? In some instances, these two goals can be in conflict—the US has decades of examples of efforts designed to improve community safety that have harmed vulnerable people. Yet, there is also ample evidence that both these goals can be pursued successfully and simultaneously. Our committee believes that we must consider the benefits and harms that our government creates for Somerville's varied people and communities, and that we must pursue both goals to truly create "Public Safety for All."

One area where there is clear community interest is exploring the role of non-officer civilian specialists who can respond to calls for service (also known as alternative responders). There is ample evidence that civilian specialists such as clinicians or social workers could be better placed to deal with certain types of crises compared to police officers. This is an area that police officers themselves agree with—there are clear benefits to specialization. The major question, though, is how specialists might best be used to help Somerville specifically.

The Public Safety for All (PSFA) Task Force reviewed articles and case studies about innovations across several districts and talked to practitioners in Hartford, CT and Durham, NC who had set up civilian specialist response units. We also consulted research studies done in jurisdictions across the country, as well as survey work done with Somerville residents and non-profit organizations. In addition, we gathered data from Somerville's Community Outreach, Help & Recovery Unit (COHR), a clinical unit within Somerville Police Department (SPD) that focuses on follow up and aftercare for behavioral health calls for service and is also a regional Training and Technical Assistance Center to inform police response to behavioral health.

Our recommendations first discuss four different ways in which Somerville could consider expanding the use of non-officer civilian specialists to respond to emergency calls. We consider the pros and cons of each approach and ultimately recommend that (1) Somerville invest in expanding its COHR program to include co-responders, (2) that COHR and civilian specialists more broadly should be used to improve SPD capabilities, and (3) that the City prioritize crisis prevention and solving the problems facing citizens, as this could be the most impactful approach to crisis management. As part of this, we discuss an important, related question: how could Somerville best use its resources? Somerville will only build an effective specialist response unit if it truly invests in trained staff to accomplish the work. There are opportunities, including for state and federal grants, that could support the City as it pursues innovative policies.

"The Police Department is a significant hub of information and data regarding community safety as well as social determinants of health."

The second part of our recommendations focuses on SPD. In reviewing the broad opinion of residents across the City, it is clear that many community members are looking for more changes to the public safety system than adding a civilian response unit. (For example, over 40% of respondents suggested more community policing or an increased police presence.) The Police Department is a significant hub of information and data regarding community safety as well as social determinants of health. For this reason we recognize that the implementation of any new initiatives around public safety in Somerville are going to involve SPD. In reviewing research, listening to community feedback, talking with police officers, mental health experts, and other people in government, and considering opinions of residents gathered by the Department of Racial and Social Justice (RSJ) this Task Force identifies several changes that should be made by SPD to advance Somerville's goals of Public Safety for All.

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SUMMARY OF RECOMMENDATIONS

Recommendations for alternative responders in Somerville:

- Somerville should adopt a co-response model staffed by clinicians and mental health specialists, building off its existing Community Outreach, Help and Recovery (COHR) program. Co-response would offer several benefits to Somerville:
    - This plan would benefit from work that has been done to adapt COHR to existing community needs and challenges. Case studies from multiple jurisdictions emphasize that this sort of iteration (which necessarily takes time) is a key element in creating good outcomes for community members.
    - Co-response is most likely to avoid barriers such as data-sharing prohibitions, legal restrictions and union rules that would make co-response ineffective.
    - It is the most realistic model for the City to implement in the next five years.
- The co-responder program should hire three new dedicated COHR staff positions.
    - Two positions would be clinicians, one would be a peer or recovery coach. Positions would respond to behavioral health calls alongside an officer and would be focused on connection and redirection to services as well as diverting cases away from the criminal justice system. This could entail extensive crisis prevention and aftercare work when co-responders are not responding to calls for service.
    - These new positions would join the two clinicians that COHR has hired this year as the basis of their co-response team.
    - When not responding to crises, COHR staff could take on a variety of other roles:
        - Coordinating with existing City non-profits to serve people at risk of being in crisis or being involved in the criminal justice system.
        - Identifying gaps in the City's current service and outreach capacity.

- Assisting in applications to state and federal grants to support alternative response work in Somerville, as well as looking for funding opportunities to expand its service capacity for people at risk of being in crisis.

- The co-response program will need to be supported through staffing from SPD officers. The standard co-response model is for clinicians to ride in police cars for some shifts. Officers that accompany clinicians can sometimes travel in unmarked cars or wear civilian clothes. In any case, SPD will need to devote CIT trained officers and vehicles to this effort.

Recommendations for public safety infrastructure and Somerville Police Department (SPD):

- **Civil service and bid reform:** In order to effectively respond to community needs in the long term, SPD should drop the state's antiquated civil service system and its seniority assignment process. These rules prevent Somerville from hiring officers that have diverse backgrounds or skill sets, and prevent police leadership from assigning officers to their areas of greatest strength. Many neighboring towns and cities have recently dropped the civil service for this reason, and other departments let leadership assign officers to the area of their strengths.
    - To ensure that positions are filled based on aptitude and strengths, SPD should simultaneously implement a new bid process that includes detailed job descriptions, interview, and selection processes. Without this, the department will be vulnerable to internal bias and nepotism in its staffing selections.
- **New SPD chief:** SPD needs stable leadership to make changes that create Public Safety for All. Somerville could consider hiring The Edward Davis Company which provided advice that secured Boston its new police commissioner, Michael Cox.

"The PSFA Task Force recommends that the City reconvene the Task Force for a short period of time every six months for the first two years in order to report on the progress the City has taken toward the recommendations."

- **Body cameras:** Somerville should move forward with its plans to issue officers with body-worn cameras, with the footage reviewed by Community Outreach, Help and Recovery (COHR) clinicians to generate ongoing improvements in mental and behavioral response, as well as by Somerville's civilian oversight commission in the normal course of their duties.
- **Civilians in SPD:** The Staffing and Operations Analysis mentions several areas where civilians could take on roles in SPD. Aside from leveraging the civilian specialists of COHR, we recommend the City consider civilian roles in property crimes investigation to better serve the expressed needs of vulnerable and disadvantaged community members.
    - Another potential is using civilian roles from other parts of government to revitalize the City's tradition of community policing. This concept would require SPD to work more closely with key stakeholders such as RSJ, HHS, other City departments, and key non-profits. This could create a foundational system to better integrate public health and public safety.
- **Training for SPD:** Somerville is a regional hub for training and technical assistance for Crisis Intervention Team (CIT) trainings, and has an excellent track record in delivering evidence-based trainings to officers. There are opportunities to build on these strengths by targeting a 100% training rate for advanced CIT related topics and expanding use of procedural justice trainings. In addition, the City should consider undertaking active bystander training (ABLE).

Making progress on these recommendations:

Task force recommendations are most productive when accompanied by a system of review and evaluation. The PSFA Task Force recommends that the City reconvene the Task Force for a short period of time every six months for the first two years in order to report on the progress the City has taken toward the recommendations. Following this, the Task Force could move to annual reporting for a few years, with a final evaluation report delivered at the end of five years total. Based on this final report, the City may wish to constitute a new Public Safety for All Committee to pursue a new set of innovative reforms for the City.

Alternative Response/Specialist Crisis Response in Somerville

The PSFA Task Force spent a number of months reviewing public safety reform efforts from around the country, including examinations of civilian responder models in Boston, Lowell, Hartford, CT, Durham, NC, Austin, TX, Portland, OR and Camden, NJ. This included conversations with Hartford and Durham staff and with the evaluator of Boston's civilian responder model (the Boston BEST Program).

One obvious challenge in reviewing these other jurisdictions is that all are very different from Somerville in a number of ways. Therefore, it was a key goal of the PSFA Task Force to consider the diverse array of experience and evidence available and how changes could be implemented within Somerville's specific local context and constraints.

The PSFA Task Force identified four different civilian response plans that Somerville could adopt, which are not mutually exclusive:

Co-response, building off of Somerville's Community Outreach, Help and Recovery (COHR) program

Description from the COHR website: *COHR was created to provide assistance with assessment, referral, alternative to arrest, as well as pre and post adjudication planning for individuals impacted by behavioral health. Staff include clinicians, recovery coaches and case management interns who work alongside SPD and surrounding Mental Health stakeholders to quickly identify individuals in crisis and make referrals to provide resources for them on their recovery path from substance abuse and mental health. Staff work with courts and police to determine diversion.*

Using the existing COHR program as a basis for expanding civilian response would offer Somerville several benefits. Building off an existing program (such as COHR) is the most reliable (and likely viable in the short-term) approach to setting up alternative response or co-response in Somerville. COHR has developed trust and support in the Somerville community to build upon. While creating

new programs takes a significant investment in resources and customization of the program to address community needs, expanding COHR would allow for significant innovation in the public safety system and would benefit from the extensive community work that COHR has already developed.

COHR would also benefit from its immediate proximity to the criminal justice system, as this places it in the best possible position to interact with justice-involved individuals and divert people away from system involvement. Co-responders based in COHR would also have the easiest access to criminal justice data to support their jobs and could avoid restrictive legal or union rules present in other agencies.

The PSFA Task Force reviewed research on co-response in several cities and talked to the researcher who studied Boston's well-regarded co-response model.[1] One objection that is sometimes lodged against co-response is that having a specialist response unit that involves police officers would invalidate the overall effort in the eyes of community members. While this is certainly possible, this contention is not supported by the available research on the subject. For example, one of the few studies done of co-response, in Baltimore, Maryland, found that after engaging with the co-response teams, residents felt "respected and empowered."[2] Other studies have found similar results.[3]

"COHR was created to provide assistance with assessment, referral, alternative to arrest, as well as pre and post adjudication planning for individuals impacted by behavioral health."

One additional benefit of having a co-response model that involves CIT officers is that it provides for fluid ability to deal with safety incidents at crisis scenes. A co-response team may have the flexibility to respond to more types of incidents than a civilian-only team.

It is worth noting that co-response was by far the most common suggestion from community members in the PSFA survey, with over 55% recommending adding more social workers or mental health professionals to response teams.

[1] See Morabito et. al 2018. https://doi.org/10.1080/15564886.2018.1514340
[2] See White and Weisburd 2017 https://academic.oup.com/policing/article-abstract/12/2/194/3059323
[3] See Lamanna et. al 2017. https://doi.org/10.1111/inm.12384

Assigning a clinician to sit in 911 dispatch

As noted earlier, none of these ideas are mutually exclusive. In fact, Durham, NC has four different types of civilian responders, including a co-response unit, an alternative response unit, and a team of mental health clinicians that sit in Durham's 911 call center to triage, assess, and respond to behavioral and mental health related calls for service. It is worth noting that Durham is a city of approximately 300,000, and therefore has more resources for public safety.

In addition to its conversations with Durham city staff, the PSFA Task Force was also able to gather information from the city of Cambridge, which has consulted with and visited Durham in the last several years, and has adopted Durham's model of having a clinician sit in 911 dispatch.

Although the Cambridge clinical dispatch effort is quite new (less than a year old), the following represent some early impressions from Cambridge staff:

- The clinician attended a full dispatch training to develop an understanding of the system.
- According to the current emergency medical dispatch protocols used by the city, there are relatively few calls that can be dispatched to alternative responders.
- Some calls seem to be a good match for the clinician, but it can create a great deal of confusion for the caller if another dispatcher answers the call initially. Callers are generally not expecting a second person to join, and are not expecting a clinician.
- Cambridge has found that it can be much more effective to identify calls in need of clinical help and then follow up afterwards, either the same day or the next day.
- A majority of the clinician's time is conducting follow-up and trying to refer people to community services.

Given what Cambridge has learned, it is not clear that Somerville would benefit from a clinician sitting in 911 dispatch full-time. Three alternative approaches to using clinicians to improve dispatch include:

- An annual audit of calls over a fixed period of time (for instance, one month window) to identify the number of mental-health related calls coming into dispatch and to consider if dispatch could be doing anything else to respond to those calls in the moment;
- Having a clinical staff person regularly review all incoming calls retrospectively to consider how dispatch could be informed by clinical knowledge;
- Ongoing annual training of 911 dispatchers by clinicians, based on 911 call reviews.

Contracting with Mobile Crisis Teams to provide expanded service to Somerville

Massachusetts has an existing system of mental health and substance abuse emergency service providers that respond to crises in various communities.[4] These providers are often contacted by residents directly, and their work generally aims to prevent emergency room visits for people in crisis, rather than intervening in the criminal justice system.

One option for Somerville is to contract with an existing mobile crisis team to respond to calls for service. One advantage to using this type of team is that these positions are integrated into the larger statewide system, and thus can access medical records, bed availability and facilitate the process of transferring people to state services, if needed immediately.

There are also significant disadvantages to this model. For one, contracting means that this would no longer be a city-funded position that could shift and adapt to meet local needs. The mobile crisis teams also have limited capacity for follow up and aftercare, which could be a significant downside as they would be less able to *prevent* crises than a city-based program.

Designing a new alternative response team, not based in the police department

Several communities across the country employ alternative response models that are largely separate from the police. We examined the Durham model, known as the Community Response Team. Their program has the following features:

- Each CRT team consists of a social worker and a certified peer support specialist.
- CRT responds to a variety of calls, most frequently in regards to trespassing, wellness checks, mental health crises with no reports of physical violence, suicide-related calls, intoxicated people, indecent exposure, and prostitution.
- CRT brings harm reduction supplies, including Narcan and safe sex materials.

[4] https://namimass.org/wp-content/uploads/esps.pdf

- There are a number of places CRT transports individuals to, including hospitals, shelters, and other services. If EMS is needed, then they are called to take over.
- CRT had a response time of about nine minutes in the first year, but now has a slightly longer response time of 12-15 minutes.
- CRT staff are not always busy with responses, and use their down time to do "self-initiated calls." These are calls where CRT staff proactively identifies and engages community members who seem vulnerable or in need of resources.

"Several communities across the country employ alternative response models that are largely separate from the police."

Somerville has several limitations, in terms of infrastructure and legal/union rules, that would make establishing this sort of alternative unit more difficult than establishing co-response.

Another consideration is that alternative response already exists in the police department through COHR, which currently has some elements of the CRT team. For example, through a Department of Public Health grant, COHR conducts follow up and aftercare for all opioid overdoses on a bi-monthly basis, this includes providing harm reduction supplies as well as narcan and narcan training. Therefore, any new alternative response team would necessarily duplicate functions that are grant funded through other positions.

Somerville would need to overcome the following additional infrastructure challenges:

- How to resource such a team. Having a two-person team covering even half a day would likely require 5-6 new full-time staff.
- The new system would need to be integrated into existing dispatch and would not naturally have as many opportunities to divert people away from the criminal justice system as a co-response program.
- Somerville would have to find office space, cars, and parking for the new unit.
- The new unit would need to be placed in a department where the union or where legal liability did not prevent them from responding to crises. For example, if placing this team in the Department of Health and Human Services (HHS), unionized social workers would be prohibited from providing response in the community. HHS social services unit has adopted a "medical" model. This means that clinicians are unable to share identifying information when seeking collaborations with other departments and non-profits. This can create barriers to care by limiting coordination between different types of services.
- Significant funding (Durham's current budget is $6.4 million annually, an increase from the previous budget of $4.7 million annually).[5]

In short, following a model like the Durham Community Response Team could be an eventual long-term goal for Somerville, but would face so many short-term challenges that it is likely not going to be able to reach people to create a positive impact. If Somerville wishes to pursue this model it will be a multi-million dollar investment that will take considerable time to develop.

[5] https://participedia.net/case/12955

Recommendation: Adopt Co-Response in Somerville, but also Focus Heavily on Crisis Prevention to Reduce Need for Response

Reviewing the strengths and weaknesses of the four alternative response/specialist response models described above, we have three key recommendations for Somerville:

- Adopt a co-response model building upon the existing COHR program. Co-response based in COHR would benefit from previous work to tailor a civilian specialist program to the needs of Somerville, as well as benefit from the work already done to refine that program through community feedback. This would include two CIT officers on every day and first half shift. These officers would be in the community with Clinical Co-response staff from COHR to address behavioral health concerns and be dispatched to psych emergencies. This could be connected with a return to community policing in Somerville.
- Integrate COHR and the co-response team more thoroughly into SPD operations. COHR and its clinician specialists should support other efforts that promote Public Safety for All, such as supporting training for all responders, improving the operation of dispatch, and reviewing body-worn camera footage to understand how officers react to mental health crises in the community.
- Enhance COHR's aftercare and prevention approach to prevent crises from happening in the first place and be a primary intervention point to divert individuals from the criminal justice system.

Build co-response into COHR

COHR has a lot of assets that make them ideally suited to building a civilian crisis response unit in Somerville—for one, they just hired two clinicians who could be the start of a co-response team. To build a full co-response team in Somerville, COHR should add three additional units: two clinicians and one peer or recovery coach. Having this team would allow the co-responders to cover a range of shifts during the week as well as cover other critical activities for making a co-responder unit effective. For example, the co-response team could devote its time when it is not in crisis response to linking and coordinating the City's service and non-profit sectors in order to help people who are at risk of being involved in a crisis, or to provide aftercare following a crisis. In addition to leveraging and organizing existing capacity, these roles could also identify and elevate service gaps in the community.

These positions would be front-facing in the community, overlap shifts, (i.e. 7am- 3pm and 3pm-11pm), and have flexibility to shift schedules to accommodate court hearings and clinical reviews. Community feedback emphasized the importance of a quick response time, which will be necessary to measure and monitor over time. In order to achieve a good response time, we recommend adding two CIT (crisis intervention team) officer positions for each day and first half shift. These officers would be in the community with the clinician or recovery coach to patrol and build rapport with community members, assist with behavior management and quality of life concerns, and also be priority dispatched to psych emergencies. In some jurisdictions these units operate in civilian clothes or in unmarked cars to minimize the idea of police presence. These positions would not be vulnerable to seniority picks, as 95% of officers are CIT trained, so these positions could be part of a typical shift assignment with a specific job description and role.

In summary, co-response in Somerville will require:

- Support from the existing COHR unit, including the two clinicians that COHR just hired as part of a co-response team.
- Hiring three new staff for COHR, including two clinicians and one peer or recovery coach.
- Increase staffing of patrol officers to fully staff each shift.
- Two CIT officers should cover Day and First Half shifts (this would ensure better Citywide coverage, i.e. one CIT officer for West Somerville and one for East Somerville.
- This would create a timely, multidisciplinary response model and also potentially give constituents the opportunity to request this team.

Use COHR to support other public safety priorities

Beyond just co-response, COHR forms the basis for a blended public health and public safety system in the City of Somerville. COHR is already placed inside the police department, which gives it the ability to touch many parts of the criminal justice system, bring clinical expertise to many traditional law enforcement functions, and divert as many people as possible away from the justice system into pathways for recovery. COHR is already taking on several important public safety roles, including jail diversion work and aftercare for people who have suffered from opioid overdoses. Our recommendations highlight several areas in which COHR could expand:

- Assisting emergency dispatch with understanding mental health calls. Following some of the lessons from Durham and more recently Cambridge, Somerville could benefit from devoting clinical expertise to its 911 dispatch system. The most productive way for COHR to accomplish this would be to review calls that come into dispatch for mental and behavioral health related calls, review the procedure used in these calls and identify areas for process improvements, train 911 operators using the information learned about call processing, and identify people who COHR can follow up with in subsequent days.
- Reviewing incident reports for police interactions to identify cases where police were interacting with individuals who had mental and behavioral health challenges. Through reviewing reports and through first-hand experience of co-responders, provide ongoing training to police on how to respond to community members in these situations.
- Using body-worn camera footage as a training tool to walk through incidents with officers and refine officer approaches to community members in mental or behavioral health situations (this would rely on Somerville adopting body-worn cameras, a recommendation which is discussed later).
- Continuing to embed clinically-informed public health principles into SPD as a whole.

"... COHR has become a broader community resource, and often serves as a triage point to determine if a non-police response is appropriate in a situation."

Focus on crisis prevention as the best way to reduce harm

While the PSFA Task Force sees the potential for civilian crisis response to help Somerville, it is also important to keep focus on the value of follow-up and aftercare, as this is work that can prevent future crises from happening in the first place. COHR has already been doing this work within the community—often without the presence of police already. Through participation with non-profits, City departments, and regular stakeholder meetings, COHR has become a broader community resource, and often serves as a triage point to determine if a non-police response is appropriate in a situation.

Looking beyond the moment of crisis, people in the community who are most vulnerable are often facing a significant lack of resources, forcing these community members to function in survival mode. This often leads to behavior management issues that affect the broader community. A key question is how Somerville can provide resources to vulnerable community members to prevent these issues from occurring. This is an important insight from alternative responders in Eugene, Oregon (the CAHOOTS model) — the responders could reach and treat vulnerable people in crisis, but they often had nowhere to bring them after the moment of crisis had passed.

Somerville has done significant work in providing sustainable housing supports, and to reduce the number of residents at risk of being unhoused. The Somerville Homeless Coalition has implemented an engagement center, but has been unable to secure a space which would allow individuals the ability to manage daily living tasks such as showering and laundry. Somerville is in the process of implementing long term restroom access. COHR is already established as a hub to understand current resources and being based in the Police Department allows them to actually intervene at the entry point of the criminal justice system on a 24/7/365 basis. Beyond expanding COHR staff to include co-responders, SPD and the City should also work as one to support the broader fabric of local services that prevent crisis moments from occuring.

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Recommendations for Broader Public Safety Infrastructure and Somerville Police Department

Why make recommendations about SPD?

Whatever Somerville decides in terms of civilian responders, it is certain that SPD will be heavily involved in the operation and success of the initiative. For instance, 911 dispatch sits in SPD. If Somerville develops a co-response model, it will require support from SPD officers and equipment. Even an alternative response model that is not placed in the police department would heavily coordinate its outreach and service with SPD to be able to deescalate unsafe situations and work proactively to keep people out of the criminal justice system.

Beyond the practical concerns of civilian response, we acknowledge a broader set of opinions and voices regarding public safety. We have listened to numerous Somerville constituents and reviewed responses to the Somerville PSFA survey, and residents have identified more than just civilian responders as an area they care about. For example, among the 84 Black respondents in the PSFA survey, the most frequent suggestion was “more community policing” (from over half of respondents), with “non-police alternative response” selected the least of any suggestion. It is clear that for many residents, public safety is more than an innovative civilian response program. The following are a brief set of recommendations that could help SPD support the City’s goal of providing public safety for all.

Reform the civil service and bid systems:

Massachusetts has a 140 year old civil service law that governs how police, fire and other city jobs are filled. While the law was designed to prevent the corruption in the late 1800s, it has since become an outdated relic that makes it very difficult for Massachusetts cities to hire for new positions. In the last several years, 36 Massachusetts police departments have left the civil service system, including Concord, Lexington, and Bedford. 18 more are in the process of leaving, including Brookline. State lawmakers have recognized how outdated the civil service system is and have proposed reforming it—an effort that has brought up lots of good work and challenges.[6] Currently civil service makes it very difficult for the department to hire people with diverse skills or backgrounds into the Somerville police department.

Leaving the civil service system would also provide SPD with more options in reforming the bid system. We quote Somerville's Staffing and Operations Analysis Report and echo their recommendation to reform the bid system:

> *"The majority of sworn assignments in the Department are chosen by the sworn staff themselves, per union agreement. Each year, officers, sergeants, and lieutenants bid on the positions they are interested in, with higher-seniority individuals getting priority for assignment. Most positions are assigned based on this methodology, although the Chief of Police does have the prerogative to assign staff to certain positions, known as "Chief's Picks."* [7]
>
> *...The bid system has the advantage of rewarding seniority, helping incentivize employees to remain with SPD. However, the system also has drawbacks. Because more senior officers have the first pick of roles, they can choose the more "desirable" roles, as judged by them and their colleagues, meaning that newer officers have limited options for where they can serve. In interviews, several officers complained of a perception that they are stuck where they are, without significant options for lateral moves. This can impact morale and has the risk of increasing turnover by causing officers to look for roles elsewhere where they would be exposed to more variety and upward mobility.*
>
> *Additionally, lack of lateral mobility limits opportunities for officers to learn new skills that would enhance their value to the Department."*

Beyond these points raised by the Staffing and Operations Analysis, the bid system could also thwart any public safety innovations in Somerville. SPD leadership should be able to assign officers to the areas of their greatest strengths in support of the City's Public Safety for All goals.

[6] https://malegislature.gov/Bills/193/H4436

[7] https://www.somervillepd.com/images/Policies/SPD-Staffing-and-Operations-Analysis-Final-Report-2023.pdf

Hire a new SPD Chief

Somerville has been working with a capable Interim Chief for many years, but will need a new permanent Police Chief to undertake new innovations in the public safety system. The importance of having permanent leadership will be paramount to making any significant changes within the department.

Institute body-worn cameras

In alignment with recommendation twelve of the Police Department Staffing and Operations Analysis[8], this committee recommends that Somerville adopt body-worn cameras (BWC) for its officers in short order, following well-codified best practices and with the following salient features:

- Clearly defined and transparent policies on how the cameras will be used by officers.
- Emphasis on the potential of the cameras to be used for ongoing officer training, with COHR allowed open access to camera footage to discuss techniques and approaches with officers dealing with people who may have mental or behavioral health challenges.
- Clear policies allowing BWC footage to be reviewed by the civilian oversight commission.

The Campbell Systematic Review of studies on BWC found that BWC can reduce citizen complaints against officers.[9] The latest estimates on BWC indicate they provide about $5 in benefit for every $1 in cost, and that "as much as one-quarter of the estimated benefits accrue to government budgets directly, which suggests the possibility that this technology could, from the narrow perspective of government budgets, even pay for itself." [10]

The Campbell Systematic Review also suggests that BWCs can reduce officer use of force, although evidence is much less consistent and seems to depend highly on setting and implementation. A randomized evaluation of BWC in Boston found that "Relative to control officers, BWC treatment officers received fewer citizen complaints and generated fewer use of force reports." [11]

[8] https://www.somervillepd.com/images/Policies/SPD-Staffing-and-Operations-Analysis-Final-Report-2023.pdf
[9] https://onlinelibrary.wiley.com/doi/full/10.1002/cl2.1112
[10] https://bfi.uchicago.edu/wp-content/uploads/2021/04/BFI_WP_2021-38.pdf
[11] https://news.northeastern.edu/wp-content/uploads/2018/08/BPD-BWC-RCT-Full-Report-07272018.pdf

In a more normative analysis, Cambridge offers a painful case study on how BWC footage may be a crucial factor for government accountability and legitimacy. After Sayed Faisal was lethally shot by officers, Cambridge has been wracked by claims and counterclaims about the incident. An outside report commissioned by the city of Cambridge noted that lack of BWC was one of the primary factors contributing to citizen outrage.[12] Somerville Police Unions have stated support for BWC, so this would not be an additional barrier.

A number of groups have already developed guidelines and best practices for BWC use. These are noted in the Staffing and Operations Analysis:

- The Massachusetts Law Enforcement Body Camera Task Force has a clear set of recommendations.[13]
- The American Bar Association's Coalition on Racial and Ethnic Justice has a set of best practices listed in the Staffing and Operations Analysis report.

Use civilians in public safety to address community needs:

The Somerville PSFA survey elicited suggestions from 40% of respondents for either expanded police presence in the City or more community policing. Another suggestion from residents was to form an alternative response unit that does not involve police (although this was the least common suggestion from residents, with under 25% selecting this). Overall, respondents seem to be in alignment with the goals of prioritizing safety, reducing the criminalization of behaviors related to behavioral health, and improving quality of life for all.

Beyond the expansion of COHR that has already been discussed, civilians could take on other innovative roles in the department. This would bring several benefits to SPD: civilians bring valuable specialties that can support SPD's overall mission (including civilian responders), free up officers to focus on the most crucial tasks, and in some roles would be much easier to hire during the current police staffing shortage. A more civilian force could also meet the needs of both sets of residents mentioned earlier: it could enable the police to be more effective and operate more on community policing principles, while also not increasing the presence of officers in the City. Below, these recommendations discuss two approaches to using civilians to help public safety. One is focused on prevention work, through a revitalization of community policing (although this would require new departmental leadership and an extensive overhaul of existing systems). A second, more straightforward approach, would be using civilians to address areas of frequent concern to community members by investigating property crimes.

[12] https://www.thecrimson.com/article/2023/9/8/police-report-faisal/
[13] https://www.mass.gov/law-enforcement-body-camera-task-force

Property crime investigation

The Staffing and Operations Analysis also identifies property crime as an area where Somerville should be devoting more resources—in fact, it recommends that Somerville reassign one of its existing officers as a property crime detective:

> *The proportion of property crimes referred for investigation has been decreasing in recent years because of staffing constraints, and many property crimes receive little investigative attention as a result. These are the most common type of investigation and, by their nature, one of the most common quality of life issues that communities face. Assigning a Detective specifically to these cases will help address this downward trend.*

The victims of property crime are disproportionately low-income residents. In general, police departments do not spend a lot of effort investigating and resolving property crime incidents, as they are a lower priority than many other community concerns. However, this is one of the most common ways for a resident to interact with the police, and often leaves citizens feeling unhelped and uncared-for by a system that devotes little time and attention to addressing these concerns. The impact of a property crime can also be devastating on a low-income person.

In an effort to address staffing shortages and low performance on property crime investigations, some cities are now hiring civilians to investigate property crimes. 1-2 civilians tasked with augmenting the property crimes division could improve the attention and responsiveness of the unit, going a long way to making citizens feel like their safety (and possessions) are being taken seriously by the public safety system and improving police-community relationships.

Community policing

The most frequent suggestion from Black respondents to the PSFA survey was “more community policing.” In practice, this is a challenging area to address since it is often poorly understood and poorly implemented. In some jurisdictions, community policing means little more than “send officers to community events.” In some cases, departments have individual community policing units. This is in contrast to the description of community policing by noted scholar Wes Skogan: “Community policing is not a set of specific programs. Rather, it involves changing decision-making processes and creating new cultures within police departments. It is an organizational *strategy* that leaves setting priorities and the activities that are needed to achieve them largely to residents and the police who serve in their neighborhoods. Community policing is a process rather than a product.” [14]

[14] See Skogan https://www.skogan.org/files/Community_Policing.Police_Innovations_2nd_ed_2019.pdf

Historically, Somerville had a very robust and department-wide community policing. While the department currently has a Community Affairs Unit, that undertakes valuable activities such as basketball games in the Mystic housing developments, it does not have community policing suffused throughout the entire department.

A department-wide strategy relying upon community policing would rely on three key principles. First, there would have to be extensive engagement of the community to set priorities, with the government taking special attention to reach the parts of the community most affected by safety concerns. Second, SPD and the City administration more broadly would have to undertake problem solving to arrest neighborhood conditions beyond just focusing on arrests. Finally, there would need to be a somewhat decentralized structure that delegates authority to address chronic safety concerns to officers who work with community members in particular areas.

If Somerville wanted to return to its community policing traditions, there are a wide range of civilian stakeholders who could help the department. The COHR unit would be a good starting point as a problem-solving and outreach partner, but SPD could also form a closer collaboration with RSJ and HHS to reach residents and identify their priorities and concerns.

This could be an innovative public safety development that is popular in the community, but would require extensive work within SPD and coordination across City government agencies and nonprofits to achieve. This type of recommendation would only be possible with strong leadership from a new chief.

Expand training for SPD

Training is a controversial subject in police reform due to its wide variation across departments.[15] There are numerous trainings with either poor theory or implementation, meaning that police departments undergo the training with little to no apparent benefit. However, numerous scientific studies also show that some police officer training can produce a range of benefits at the community and officer level.[16] One training with promising evidence is Crisis Intervention Team (CIT) training. Somerville is a recognized leader in this area, and runs the Metro Boston Training and Technical Assistance Center for CIT. In addition, nearly every Somerville Officer is trained in CIT. This recommendation discusses Somerville's current strength in CIT training and recommends expanding Somerville as a training hub.

[15] https://councilonj.foleon.com/policing/assessing-the-evidence/iv-effectiveness-of-police-training

[16] https://www.policinginstitute.org/press-releases/study-intensive-specialized-training-of-police-officers-leads-to-reduced-crime-fewer-arrests-and-more-positive-interactions-and-community-evaluations/

What is CIT?

A University of Pennsylvania report produced for Somerville provides the following background: *CIT typically lasts 40 hours and includes instruction in mental health diagnosis, psychiatric medications, drug abuse and dependence, mental health law, cross-cultural sensitivity, and verbal de-escalation. Over 90% of Somerville's police department, up to and including executive leadership, have engaged in CIT training as part of ongoing accountability efforts.*

A recent review of evidence finds several benefits from CIT. These include benefits to officers and benefits to people with mental health challenges, as studies have found results in more people being diverted to psychiatric facilities instead of jail. (Rogers, McNeil & Binder, 2019) It should be noted that we don't yet have any experimental studies of CIT and that there is variation in quality and amount of training across different jurisdictions. In 2013 Somerville Police implemented a regional CIT Training and Technical Assistance Center through funding from the Department of Mental Health. This program is now known as the MetroBoston CIT Training and Technical Assistance Center (MB CIT TTAC). In 2018 the team used workshop evaluations and examined the construct of de-escalation, operationally defining it as the ability to assess the scene for risk and use various communication strategies to prevent violence. Results found that participants had increased knowledge of behavioral health and were significantly more confident in shifting their approach to encounters based on de-escalation strategies. Massachusetts also has higher training standards than other states—in 2024 the Department of Mental Health implemented a certification process that requires officers to pass a knowledge test and also be evaluated on their ability to apply deescalation skills in scenario based training. Officers have to achieve a minimum score on each to achieve CIT Certification.

Since Somerville is already well-regarded as a regional CIT training hub, the City should continue to leverage the benefit of CIT for SPD officers. SPD has in the past targeted (and achieved) 100% CIT training rates for officers, and Somerville should resume this standard and advertise to citizens its 100% training rate for not just basic CIT training, but for some advanced topics. Having all SPD officers trained in CIT sends a powerful message to the community, and even some large departments such as Miami Police Department aim for 100% CIT training.[17]

"Having all SPD officers trained in CIT sends a powerful message to the community."

[17] https://www.theatlantic.com/politics/archive/2017/08/how-mental-health-training-for-police-can-save-livesand-taxpayer-dollars/536520/

Other trainings for SPD:

There are a few other stand-out trainings that SPD should consider for its officers:

Procedural justice

Cambridge police department provides the following: *Procedural justice deals with the process, not the outcomes of policing. Instead of prescribing outcomes, procedural justice establishes four basic rules when interacting with community members:*

1. *Listen and allow a person to explain their side of the story.*
2. *Be transparent about decisions that are made.*
3. *Demonstrate care and concern for a person's safety.*
4. *Treat people with dignity and respect.*

The Cambridge Police has long been a proponent of procedural justice and ensuring legitimacy within the department. This commitment was exemplified when it was one of the first departments in the country to implement procedural justice in training (starting with a CPD developed curriculum on legitimacy and police authority in 2010 and Fair and Impartial Policing in 2012) as well as its creation of the Office of Procedural Justice in 2018.

A recent large-scale experiment in the Proceedings of the National Academy of Science found that there were many apparent benefits to procedural justice: it may lead officers to engage in fewer arrests while bringing down crime at the same time, and residents were significantly less likely to perceive police as harassing or using unnecessary force.[18]

ABLE, also known as active bystander training

The ABLE website provides the following: *Building upon a training developed by Dr. Ervin Staub, the Founding Director of a program on the psychology of peace and violence, to help police officers stop unnecessary harmful behavior by fellow officers, in 2014, Dr. Staub, other consultants, and the New Orleans Police Department developed the EPIC (Ethical Policing Is Courageous) peer intervention program.*

ABLE builds upon EPIC and Dr. Staub's prior work to develop and deliver practical, scenario-based training for police agencies in the strategies and tactics of police peer intervention. ABLE guides agencies and communities on the concrete measures that must be in place to create and sustain a culture of peer intervention.

[18] https://www.pnas.org/doi/10.1073/pnas.2118780119

While ABLE could provide benefits to Somerville, the City as a whole would have to commit to the program in order for SPD to implement it—ABLE requires commitment from not just the police, but the Mayor and at least two community organizations before it will agree to conduct a training in a community.

Advanced De-escalation & Documentation

Advanced De-escalation & Documentation is a scenario based training that uses simulations classroom teaching to further enhance tactical and verbal de-escalation skills. Program goals:

- Recognizing physiological changes and cognitive limitations that occur when someone is hostile or angry: how to move from emotion to rational decision making.
- Components of communication: oxygen, posture, and word choice.
- Gaining collaboration: introduction to motivational interviewing, skills to reframe and gain collaboration with others to defuse hostile encounters.

Rewire4 by Roca

Roca, in partnership with Massachusetts General Hospital, developed Rewire CBT, a flexible, trauma-informed approach to cognitive behavioral theory (CBT) skill building. Rewire4 teaches law enforcement the theory and skills to help them stay focused, read themselves, examine their thinking, and act on what's important to them.

Program goals:

- Introduction to the basics of brain science, and concepts of Cognitive Behavioral Therapy
- Understand the impact of trauma on the brain, and how it impacts behaviors and life-long patterns.

Whole Health Resilience, Mind, Body & Spirit

This program focuses on using methods and tools to sustain the skills of the previous two classes. Program goals:

- Enhancing mindfulness and awareness.
- Taking charge of the influences of our life.
- Using skills of personal resilience to expand public service capacity.

Making Progress on These Recommendations

> **"The PSFA Task Force recommends that the Mayor and City Council review these recommendations and identify priorities for follow-up."**

A Task Force's recommendations can only be as good as the follow through. The PSFA Task Force recommends that the Mayor and City Council review these recommendations and identify priorities for follow-up. Following this prioritization, the PSFA Task Force should reconvene approximately six months following the release of this document to review progress and questions that have arisen from key stakeholders who have been working to advance public safety for all.

Reconvening the PSFA Task Force will serve as key accountability and transparency mechanism. Somerville should have the ability to move quickly on at least some of these recommendations. The hope would be that six months following the release of this document the Task Force will be able to recognize and comment upon that quick progress, consider roadblocks to further progress, and reconsider the recommendations presented here in light of new data and new conversations.

We believe an ideal schedule for reconvening the PSFA Task Force would be as follows:

1. Six months following initial Task Force report.
2. Six months following the first follow up.
3. One year following the second follow up.
4. One year following the third follow up.
5. Two years following the fourth follow up.

For each of these five follow-up sessions, RSJ would have a meeting to reconvene as many of the original PSFA Task Force members as possible (since the current members have already had extensive conversations with community members and have done many months of background research on the subject).

Each re-convening would be a short effort to assess what the City has done in the following areas of recommended action:

- Alternative responders
- Civil service and bid reform
- New SPD chief
- Body cameras
- Civilians in SPD
- Training for SPD

For each follow-up, the PSFA Task Force should produce a short progress summary that will be shared publicly.

For the second and fourth follow-up, the PSFA Task Force would invite feedback from the public as part of the effort to assess where the City is in each area of the recommendations. This public engagement could include another Community Workshop like the one RSJ convened in April 2024, and would inform the progress summary.

At the end of this five year process, our hope is that Somerville will have progressed significantly enough through its public safety innovations that the City may want to convene a new task force with a more specific mandate and focus.

A future task force could be oriented to a specific problem identified in the City to provide a focused counterpoint to the broad effort undertaken by this PSFA Task Force.

“At the end of this five year process, our hope is that Somerville will have progressed significantly enough through its public safety innovations that the City may want to convene a new task force with a more specific mandate and focus.”

APPENDICES FOR PUBLIC SAFETY FOR ALL RECOMMENDATIONS

Items

Appendix A: Community Feedback

The Public Safety for All Task Force sought to consider the opinions, ideas, and concerns of community members through several different forums. One of the three subcommittees for the PSFA Task Force was entirely focused on community engagement. No method of community engagement is perfect, so it is important to discuss the various types of feedback the Task Force received and considered.

One important form of feedback was through the Emergency Response Community Workshop that was advertised widely to the public and held on April 3rd, 2024. Somerville had impressive turnout for the event, covering a wide range of languages, neighborhoods, and lived experiences. It is important to note that research has extensively documented the fact that people who show up to local meetings are generally not representative of the public at large.[19] Even online meetings can suffer from an imbalance of who chooses to participate.[20] That being said, engaging the community in public presents a valuable opportunity to listen to and understand the range of experiences and ideas that exist in Somerville (and even from some passionate residents of other towns who showed up!) Each citizen has different experiences with public safety in the City, and our understanding of the City's challenges should embrace that complexity. The extensive language support provided at the Community Workshop also gave the Task Force and the RSJ the opportunity to hear from and discuss with residents who might have difficulty inputting their ideas and concerns through other forums. This most human form of feedback provides the richest data that is also hardest to draw definitive conclusions from—one thing that is clear is that there is a range of opinions and ideas across the City of what to do with public safety, and some of these ideas are apparently in conflict with each other. The PSFA Task Force endeavored to listen and learn as much as possible from these resident perspectives in making the recommendations.

A second form of feedback used by the PSFA Task Force was the PSFA Community Survey conducted by RSJ from September 2022 to March 2023. RSJ managed to get widespread participation in the survey, reaching approximately 1300 residents and covering every neighborhood and type of demographic in the City.[21] Having both overall resident opinions as well as breakdowns by neighborhood and demographics allowed the PSFA Task Force to consider how different types of residents experienced and thought about public safety in the City.

Again, it is worth noting that the data in the Community Survey may not be completely representative of the community, as not everyone in the community chooses to respond to a survey opportunity. Still, the PSFA Task Force thought this data did illuminate broad experiences and opinions in the City in a valuable way and offered some opportunity to draw conclusions about community preferences.

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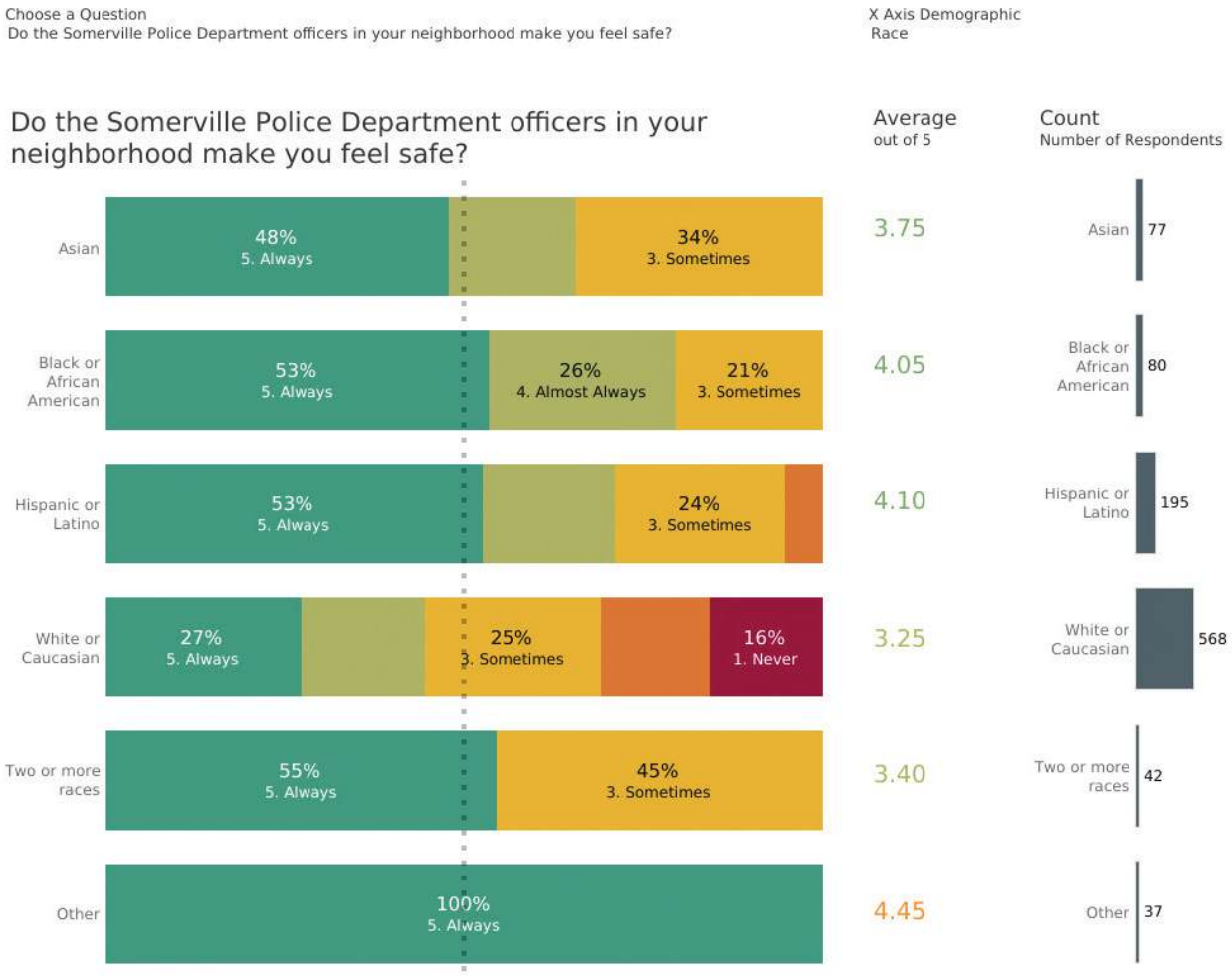
[19] https://sites.bu.edu/kleinstein/files/2017/09/EinsteinPalmerGlick_ZoningPartic.pdf

[20] https://www.housingpolitics.com/research/online_meetings_participation.pdf

[21] An interactive portal and the underlying data is available here: https://data.somervillema.gov/Public-Safety/Public-Safety-for-All-Community-Survey-Results/9a8v-ve6k/about_data



In general, respondents felt safe in their communities, and that Somerville Police Department officers made them feel safe in their communities, with some notable exceptions in each case.

The PSFA Task Force encourages the public to explore the data in more detail on the Somerville open data website.

In terms of informing the committee's recommendations, respondents were given a chance to make suggestions to the City at the end of the survey, and these were particularly informative about the preferences of participants.

In line with the PSFA Task Force recommendations, the most common suggestions from residents were “add more social workers to response teams” and “add more mental health professionals to response teams.” 723 of the 1295 respondents (55%) suggested one of these two options for the City (605 suggested social workers, 644 suggested mental health professionals, with substantial overlap).

The next most common suggestion from respondents was “training on how to respond to mental health crises” which is also a key part of the PSFA Task Force recommendations. 563 respondents (43%) selected this option.

The third most common suggestion was “more community policing” which was selected by 461 respondents (36%). The Task Force recommendations also discuss this subject.

Highlighting the substantial range of opinion in the City, there were also 328 respondents (25%) who suggested “increase police presence to promote safety” and 307 respondents (24%) who selected “I prefer an alternative response that does not involve police.”

It is also worth looking at subgroups of respondents in the data to understand the diversity of opinion among respondents. While we are not going to report every demographic here, it is worth taking a close look at responses from Black or African American survey participants (84 residents total), as this demographic group has historically been most heavily impacted by the negative consequences of the public safety system.

For these respondents, the most common suggestions were “more community policing” (51%) and “increase police presence to promote safety” (39%). Social workers and mental health workers on response teams were suggested by 31% of respondents (46% suggested one or the other with considerable overlap). 11% of Black or African American respondents selected “I prefer an alternative response that does not involve police.”

Given the heavy emphasis on community policing within this demographic group, the PSFA Task Force thought it was important to discuss this idea in the recommendations.

Appendix B: More Expansive Visions of Alternative Response

The PSFA Task Force recommends that Somerville adopt a co-response model as one of its key recommendations. The Task Force believes this would achieve positive results for the City and could be achieved in the relative short term. It does conflict with the desire of some community members to have alternative responders that do not involve the police (see Appendix A).

Beyond the practical considerations of the report, it is worth providing ideas and a vision for the future of public safety. What could our community achieve as new ideas of emergency response are developed and as government evolves and shifts its regulatory framework in the future? This is a very valuable question and one that the PSFA Task Force could produce an entire separate report on here, but it is worth providing some resources for further consideration as well as discussing some of the very real challenges to creating truly innovative public safety systems. We discuss the challenges briefly first to illuminate how ideas might develop in the future.

As part of the development of the recommendations, the PSFA Task Force worked with researchers at UMass Lowell and the University of Pennsylvania who have studied alternative responders. (There were also several researchers on the Task Force). The researchers and Task Force discussed various challenges facing alternative response. Some of these challenges might be addressed with effort, including logistics (housing and transport for responders) and legal (insurance and union rules, data sharing). Other challenges may be difficult to address by our current government, and are worth mentioning as part of envisioning the future:

1. There is a lack of evaluation evidence to guide development of alternative response.

For example, the CAHOOTS program in Eugene, Oregon, is frequently cited, but it is not an evidence-based model. One of the few existing evaluations of an alternative responder program is of the Denver STAR program.[22] More evaluations would make developing alternative response programs an easier task.

2. The prevalence of firearms makes unarmed response uniquely challenging.

Several countries have police departments that are unarmed by default. However, the United States has the highest rate of civilian guns per capita of any country in the word—120 guns per 100 people (or about 20% more guns than citizens).[23] Compare this staggering figure to England

[22] https://www.urban.org/research/publication/understanding-denvers-star-program
[23] https://www.urban.org/research/publication/understanding-denvers-star-program

and Wales which has 4.6 guns per 100 people. Advocates of unarmed alternative response mention the rate of civilian gun ownership as a major barrier to progress.

3. It is difficult to recruit alternative responders, as they lack natural career pathways.

One little-appreciated challenge is considering who is willing and available to respond to calls during late shifts or in uncertain settings. Surveys of social workers reveal that they often feel uncomfortable responding to calls without a police officer present. Those who are selecting into the policing profession do so with an understanding that they may be exposed to difficult work conditions, including working the night shift. This expectation is much less present in social work career pathways, meaning there are not many "pipelines" training people to become alternative responders currently. Somerville has in the past had difficult filling even basic clinician roles. This will be a significant challenge for Somerville and all jurisdictions when developing alternative response models.

4. It is hard to build response models that rely on specialists.

Response models that rely on specialists face a consistent challenge—it is hard to get the right specialist to the right event. This challenge has been documented in Boston's experience in developing its co-response program.[24] Even though Boston has several teams of clinician specialists responding to crises, if several incidents happen in one afternoon then specialists are sometimes tied down with one incident and cannot respond to another in a reasonable time. This problem can be mitigated by having more specialists on duty, but this will likely result in specialists who have significant idle times, as response need is generally uneven. (This is part of why most response models rely on training generalists rather than hiring specialists.)

With these caveats mentioned, this Appendix would also like to highlight a thoughtful and valuable discussion of alternative responders offered by the Sociologist Patrick Sharkey.[25] A few excerpts are included below:

> *"When neighborhood organizations engage young people with well-run after-school activities and summer jobs programs, those young people are dramatically less likely to become involved in violent activities. When street outreach workers intervene, they can be extremely effective in interrupting conflicts before they escalate. When local organizations reclaim abandoned lots and turn them into green spaces, violence falls. When community nonprofits proliferate across a city, that city becomes safer."*

[24] https://www.ojp.gov/ncjrs/virtual-library/abstracts/police-response-people-mental-illnesses-major-us-city-boston
[25] https://www.washingtonpost.com/outlook/2020/06/12/defund-police-violent-crime/

"We could begin with a demonstration project that is both more cautious and more radical than the call to defund the police, tailored for a bold mayor and a bold philanthropist. It consists of a half-dozen steps: Select a set of neighborhoods or precincts where residents are actively seeking an alternative to law enforcement. Bring local organizations, leaders and residents together around a single entity, sometimes called a 'community quarterback,' to begin planning for a new model of public safety and well-being. Find an outside source of funding, from a philanthropist or a foundation, to make sure the coalition has the same resources the police department would receive to patrol that precinct. Do not fire any cops or touch the police budget, but reassign officers to different roles or different precincts, outside the neighborhoods selected for the project. Last, make a long-term commitment to the new coalition and give it a chance, with methodical planning and sustained resources over at least five to 10 years." [26]

Appendix C: Materials from University of Pennsylvania Research Report

The University of Pennsylvania and the University of Massachusetts Lowell provided advice and materials to the Public Safety For All Taskforce. We provide some excerpts from their report "Reimagining Public Safety in Somerville, MA" here:

Should some public safety services be provided by non-officers?

Modern police are expected to fill a multitude of roles. Officers are often called upon to deal with issues like mental health problems, drug use, and minor traffic violations that aren't always well-suited to traditional armed responses. Many communities have been experimenting with new models for responding to these kinds of specialized challenges, either by deploying other kinds of responders alongside police or having separate teams of alternative responders on hand.

Expanding the public safety toolkit to include non-police responses to certain problems may improve citizen happiness and make government more effective. However, there is still much to be learned about how to effectively implement these alternative forms of response.

[26] Sharkey's recommendations are not made with the goal of preserving the police budget (which he does not take a position on)—he emphasizes that alternative response would have the best chance of success if it did not need to figure out its innovative operations amid other contentious budget cuts and reorganizations.

Integrated Approaches

Some approaches are designed to work alongside traditional officers, whether riding along on particular deployments or meeting to discuss particular cases. These approaches often focus on people with mental illnesses, who make up an estimated 6-7% of **all** public contacts by police (Morabito et al. 2018) highlighting the need for a specialized response. (Another analysis of computer-aided dispatch (CAD) data of 911 calls for service in nine cities found a much lower estimate of 1.3%, although the CAD data could be undercounting mental health incidents—see Lum et. al. 2021.)

> *Oftentimes, police officers are sent to situations for which we're not always the best trained or the best equipped. We're just simply the only ones available.*
>
> *Brian Manley, former Chief of Police, Austin, Texas*

Co-Response

One of the most prevalent responses is Co-Response. In the Co-Response model, clinicians or specialists in areas like mental health and domestic violence are directly integrated with police. Some co-responding clinicians ride alongside police, others are dispatched when needed, and others offer support remotely.

Co-response programs vary a lot from city to city, and there is little experimental evidence on their effectiveness (Puntis et al. 2018). But in observational studies, co-response programs appear to reduce arrests (Shapiro et al. 2015), help connect vulnerable community members to social services, avoid unnecessary hospital trips, reduce use of force by police (Blais et al. 2020). A broader systematic review of Canadian co-response programs found that co-response can reduce involuntary hospital transport, improve referrals, and decrease emergency department wait times (Ghelani et al. 2023).

One quasi-experimental study found that mobile co-responders reduced the amount of time officers needed to spend on the scene (Kisely et al. 2010) and another recent study found that community members receiving co-response were "less likely than those in the usual-police-response group to be arrested immediately following the 911 incident" (Bailey et al. 2022). There have been positive experiences with this model in Baltimore (White and Weisburd 2017), Toronto (Lamanna et al. 2018), and Boston (Morabito et al 2018). In general, however, co-responder programs tend to be limited in scope and size, due in part to the difficulty of recruiting and retaining the required personnel. In particular, finding and retaining clinicians who are suited to co-response can be challenging for communities. The type of clinical work necessitated by Co-Response—emergency triage working closely with emergency service providers—requires a unique constellation of skills. At the writing of this report, a google search indicates 34 co-responding clinician positions open in Massachusetts alone.

In the section below, the example of Co-Response in Boston is described.

Boston's Co-Response Model

In 2011, the Boston Police Department and the Boston Medical Center's Boston Emergency Service Team (BEST) began a collaboration in which Master's level clinicians ride along with police officers and are available on call for remote consultation.

In an examination of Co-Responding clinician collected data, researchers found that substance abuse (10.3%), family disputes (13.7%), suicidal ideation (15.4%), and children's mental health (16.5%) crises are the most common kinds of incidents leading to co-response deployments. Fewer than 1% of deployments lead to arrests: transport to an urgent care center or Emergency Department (44.3%) and following up with a referral (22.3%) are both much more common outcomes (Morabito et al. 2018, p. 1100).

The program has led officers to make more direct referrals to BEST: more than 500 people were referred to BEST in 2017, compared with 25 in the year before the program began. Officers who have participated in the program generally see it as a positive contribution to their work: "Clinicians have de-escalation skills and can put people at ease". But officers also worry about having another person in need of protection in volatile situations.

The main concern has been insufficient resources. Insufficient funding means co-responders can only cover a few areas and shifts at a time. The response time for telephone consultation can be up to an hour, and the lack of a dedicated car for mental health responses means field clinicians often co-respond to non-mental-health calls rather than following up on previous calls that match their expertise.

It has also been difficult to hire and retain clinicians, in part because of shortfalls and inconsistencies in funding. Lack of retention is especially problematic, since it takes time to develop trust between officers and co-responders. For more on the Boston model's strengths and limitations, see Morabito et al. 2018.

Case Management

In the Case Management model, police officers and civilian specialists meet proactively to plan help for people who are in regular police contact. For example, officers and specialists might discuss someone with a mental health challenge who is about to be released from an inpatient facility and may soon show up in calls for service, so police are better prepared to respond appropriately and divert them to services rather than arresting them.

This model is employed by different cities under different names, but one well-known program it is associated with is the Law Enforcement Assisted Diversion (LEAD) program, which was developed in Seattle, Washington and now operates in 52 places across America. In Seattle, the program

appears to have reduced arrests and criminal justice system involvement (Collins, Lonczak, and Clifasefi 2017). Transplanting its success to other contexts may not be straightforward, however: attempts to implement LEAD in New Haven, Connecticut and Albany, New York failed to produce any impacts. These negative results may indicate implementation is difficult, rather than the program is ineffective, as it is not clear any of these programs really began the case management process. (Joudrey et al. 2020; Worden and McLean 2018).

Parallel Approaches

The models above focus on augmenting existing police responses with other types of expertise. There is also a growing interest in models that create new, parallel forms of civilian responders. These groups usually still co-exist with police departments, rather than replacing police entirely.

Mental Health Response Teams

One such model is the Mental Health Response Team. The oldest and best-known MHRT is the CAHOOTS program (Crisis Assistance Helping Out On The Streets) in Eugene, Oregon, a city with a large chronically homeless population. CAHOOTS teams consist of a crisis worker and a medic who deal with problems like mental health disturbances, potential suicides, and other crises that don't necessarily require armed response.

The program is popular among both the public and the police, and 911 callers often request CAHOOTS specifically. The program responds to 17% of the city's emergency calls (this figure is high because they reply to a wide range of calls that emergency responders would not normally address and replaces 5-8% of armed police dispatches. CAHOOTS teams are unarmed and have never killed anyone, and the program appears to save the city money. Despite its popularity, CAHOOTS does face operational issues. It is difficult to retain enough trained staff to respond quickly at all hours, and there are still few alternative places to bring people in crisis other than the hospital or jail.

Other cities have started following the CAHOOTS model and have developed their own MHRTs. One notable example is Denver, Colorado, which launched its pilot Support Team Assisted Response program (STAR) in 2020 and has released a six-month progress report on the program's data and statistics. While limited to less than one percent of emergency response calls, the program managed 748 cases without resulting in any arrests or requiring assistance from the police. "I think the report itself just confirms how valuable this type of approach is," Denver Police Chief Paul Pazen told the Denver NBC affiliate. "If we can get better outcomes for people in crisis, as well as free up officers to address the very difficult and challenging job they have, it's a win-win all the way around." The report also suggests that the program could be expanded to address 2.8% of emergency calls. Following the report, the program was expanded to more vans, more locations, and wider hours. In early 2022 the City Council voted to expand the program still further from three vans to six.

Denver officials and program staff have emphasized that any success of the pilot has been the result of years of careful planning and research, as well as Denver's decision to fund the program by raising its sales tax. To date, no cities larger than Denver have piloted a similar program. The city of San Francisco does have a suite of "Community Paramedicine" programs run by the city's fire department, although these programs have not been evaluated.

Somerville's After-Incident Care Model

The Somerville Police Department (SPD) has also pioneered a unique type of alternative response program, called Community Outreach, Help, and Recovery (COHR). Instead of responding to incidents alongside police officers or accepting calls as a separate service, COHR intervenes with individuals experiencing behavioral health crises after they have been referred by SPD. After this referral, COHR follows-up via phone to connect individuals with assessment, service referrals, and pre- and post-adjudication if needed. COHR services can also serve as an alternative to arrest. Notably, COHR is not a carbon copy of another city's model. Its services and approach were developed according to the Somerville community's needs.

Violence Interrupters

Inspired by methods in public health, another model employs community members as "Violence Interrupters" and outreach workers to help reduce the risk of violence in specific neighborhoods. These workers learn to try to anticipate and prevent shootings in the community, and work to break cycles of retaliation by lowering tensions. They also develop caseloads of at-risk people, and proactively try to change norms around violence.

The model is most associated with the non-profit group Cure Violence. There have been a number of evaluations of Cure Violence but none that have met the highest standards of evidence (Butts et al. 2015). The evidence we do have has shown mixed results: some sites have shown reductions in violent crime and shootings, but others have shown negative results, potentially due to ineffective implementation. Similar programs like Advance Peace in California (Corburn & Fukutome-Lopez, 2020) and civilian dispute mediation efforts in other countries have also shown promising results (Gray et al. 2006).

Whatever the model, research provides very little indication as to whether or how violence interruption programs can play a larger role in public safety systems—most existing examples operate on limited funding with limited scope.

Crisis Intervention Training

A common issue with both integrated and parallel response models is the difficulty of providing alternatives that can respond everywhere, at any time of day. In particular, finding and funding sufficiently trained staff for this level of coverage can be a challenge (Morabito et al. 2018). This might be solved by simply investing more in these programs. But many departments have decided to take a different approach: instead of adding new types of responders, they have chosen to train police officers themselves to be more like social workers or mental health specialists. This training-centric approach has been around for decades but has gained new interest during recent reform discussions.

The most common version of this approach is Crisis Intervention Team training (CIT), sometimes called "the Memphis Model" after the Tennessee city where it gained widespread recognition. There are currently over 2,700 CIT sites across the US. Programs generally focus on volunteers from the police force and aim to train at least 25% of the force to ensure participants are available on every shift.

CIT typically lasts 40 hours and includes instruction in mental health diagnosis, psychiatric medications, drug abuse and dependence, mental health law, cross-cultural sensitivity, and verbal de-escalation. Members of Somerville's police department, up to and including executive leadership, have engaged in CIT training as part of ongoing accountability efforts.

Despite the widespread adoption of CIT, there is little experimental evidence on how well it works in promoting safety. A recent review of studies found evidence that CIT provides benefits to officers and results in more people with mental health challenges being diverted to psychiatric facilities instead of jail (Rogers, McNeil & Binder, 2019). We don't yet have evidence on whether CIT reduces arrests, prevents injuries to officers and civilians, or reduces use of force. There are very significant differences in the quality and amount of training delivered in different settings.

Further complicating the issue, CIT training can also be paired with other approaches such as co-response, or officers can receive CIT training without being on the mental health response team. Some departments are now providing CIT training to all of their officers. Advocates for the extensive use of CIT say that results from Miami indicate it is worthy of heavy, sustained investment.

What could alternate responses look like in Somerville?

After compiling examples of alternative responses in other cities, our research team was tasked with envisioning what a new public safety model could look like in the City of Somerville. To accomplish this, we surveyed local service providers on how they interact with the City's public safety structure, how and if they would like those interactions to change, and whether they would be interested in participating in a new public safety response. In addition, respondents were asked to briefly describe their organizations, the demographic of their clientele, their administrative structure, and the most pressing challenges they face. The public safety landscape in Somerville is uniquely situated given COHR's integration into the police department, interest in re-allocating or reducing the City's policing budget, and high demand for alternatives to traditional policing. The survey responses provided gave valuable insight into how service organizations navigate this context and the resources they would need to support a new model.

Survey Methodology

In early 2023, representatives from the City of Somerville Department of Racial and Social Justice reached out to 39 local service providers, including five City departments, to survey their experience working in the public safety realm. The organizations contacted represent Somerville's diverse array of public services, which provide resources including youth substance abuse intervention, supporting unhoused community members, providing resources for new immigrants, and alleviating poverty in the City. It is also important to note that the Somerville City departments or divisions who participated in this survey provide constituent-facing services to Somerville residents while interfacing with local nonprofits. Of the 39 organizations or City departments contacted, 15 completed our survey creating a response rate of 38.5%. The lack of response after repeated outreach attempts from several organizations also forms a valuable data point, which could indicate lack of interest or capacity to engage on this issue.

Survey Results

Of the 15 respondents, 10 (66%) reported that they'd be interested in being part of a co-response or alternative response program in Somerville. These organizations include Community Action Agency of Somerville, Inc., Somerville Homeless Coalition, RESPOND, Inc., Riverside Community Care—Child and Family Services Division, Somerville Housing Authority, Constituent Services, Immigrant Service Providers Group, Somerville Community Corporation, Bay Cove Human Services, Inc., and The Elizabeth Peabody House. Two of the 10 interested organizations specifically mentioned alternative response as a way they'd like to interact differently in the public safety sphere. Three organizations also cited national and local conversations around public safety as part of their responses, describing the impact of these headlines in the quote below.

"In recommending a 'wellbeing' visit in a particular situation, [I] found myself wondering if summoning police put people at risk. [It's] not a good thought and is more related to the constant reminders in the daily news of how policing is conceived across the country. [I] have seen very different approaches here and know it doesn't have to be that way, but [I am] concerned that my almost first reaction is a temptation to hesitate."

Given the weight of these national incidents, it is unsurprising that many respondents are interested in piloting new approaches. However, the five organizations that are disinterested in alternative response have solid reasons not to participate: funding, staffing, and organizational bandwidth. Of the 15 respondents, 10 reported funding as a major challenge, 9 reported problems with staff burnout, and 8 reported a lack of organizational bandwidth. On bandwidth specifically, three organizations mentioned that alternative response would be outside their direct mission. One even mentioned that focusing on their current service work is "hard enough." Although Somerville has a deeply embedded system of services, City agencies, rather than local nonprofits, are overrepresented as providers. These responses indicate that both City providers and the narrower base of local nonprofits are operating at or very near their maximum capacity. The low survey response rate could also reflect how little bandwidth service employees have to spare. This, combined with insufficient funding, could make participating in a new public safety model overwhelming for the provider base.

More positively, respondents disinterested in participating in a new public safety model had minimal concerns with the City pursuing this work. One even stated that co-response or alternative response "sounds like a fantastic and important initiative." Questions regarding a new model were generally focused on what training would be provided to community partners, asking for more details on how the program would operate, and what legal considerations participants in co-response models would need to make.

Analysis and Key Takeaways

The major question raised by the surveys is "who has the capacity to be part of a new effort, and what resources do they have that they could bring to bear?" Only ten of the groups contacted by the Department of Racial and Social Justice gave any indication they would be able to help, and many of those responses were heavily caveated. Still, these ten resources form an important community resource that could contribute to a co-response or alternative response model. Yet, given that all of these organizations have significant challenges to their current work, an outside partner (ideally part of a City agency) will be necessary to coordinate the community resources that are available and provide a structure through which these community partners can have a clearly defined and beneficial role. These organizations have indicated they do not have the ability to lead co-response or alternative response on their own—they will need assistance from government to leverage their skills, talents, and connections to assist in public safety.

Conclusion and Recommendations

Our research, survey work, and review of existing programs points to a few general conclusions:

- Our survey shows that some community partners exist to support co-response or alternative response, but those resources will need government to enable and coordinate their efforts to be effective. Community groups are usually already operating on the edge of their capacities, and do not have the bandwidth to do alternative response on their own.
- Building off existing institutions is the most reliable (and likely the only viable approach short-term) approach to setting up alternative response or co-response in Somerville. Building new programs takes a significant investment in resources and should include extensive customization of the program to address community needs. Prominent examples such as CAHOOTS have refined their model over decades, but even CAHOOTS built their efforts off the existing resources of the White Bird Clinic, while integrating their operations into the city's existing emergency response and public safety system. CAHOOTS has also never been formally evaluated and is not an evidence-based response.
- Failure to integrate co-response or alternative response with the police department will likely ensure that the new system has limited scope or ability to help people. Alterative responders could theoretically be run out of EMS or the Department of Human Services, but legal and technical barriers would limit the ability of staff in these departments to interact with community members, and staff in these departments would have to contend with serious safety challenges that they might be legally prohibited from engaging with. Coordinating alternative response or co-response with the police ensures that the new responders are bringing fresh perspectives and approaches to bear on the criminal justice system, rather than duplicating existing service and also missing the chance to interact with community members who are already justice-involved.
- Because these new response systems would benefit greatly from being integrated with the Somerville Police Department, the instinct to reduce the SPD budget should be reconsidered. Restricting the funding available to SPD would impact funding to support new salaries, technologies, and infrastructures that would support alternative responses and build capacity among service providers. Instead, City officials could consider earmarking parts of the police budget specifically for building co- or alternative response models. This may entail an overall increase in the SPD budget but would be doing so in service of building a department that can deploy a greater variety of resources (including community partners, clinicians, and other specialists) than just relying on sworn officers.

Works Referenced

Addison, H. A., Shefner, R. T., Wood, J., & Anderson, E. (2023). Resident perspectives on police involvement in the response to mental health crises. Journal of Community Safety and Well-Being, 8(3), 112–11

American Civil Liberties Union. 2018. "A Model Act for Regulating the Use of Body Worn Cameras by Law Enforcement CAMERAS BY LAW ENFORCEMENT." 0(October): 1–10. https://www.aclu.org/sites/default/files/field_document/aclu_police_body_cameras_model_legislation_v2.1.pdf.

Bailey, K., Lowder, E. M., Grommon, E., Rising, S., & Ray, B. R. (2022). Evaluation of a police–mental health co-response team relative to traditional police response in Indianapolis. Psychiatric services, 73(4), 366-373.

Blais, Etienne et al. 2020. "Assessing the Capability of a Co-Responding Police-Mental Health Program to Connect Emotionally Disturbed People with Community Resources and Decrease Police Use-of-Force." Journal of Experimental Criminology.

Butts, Jeffrey A., Caterina Gouvis Roman, Lindsay Bostwick, and Jeremy R. Porter. 2015. "Cure Violence: A Public Health Model to Reduce Gun Violence." Annual Review of Public Health 36: 39–53.

Clarke, Paul T. 2019. "Do we really need prisons and police?" Africa is a Country. https://africasacountry.com/2019/09/its-time-to-talk-prison-abolition-in-south-africa

Collins, Susan E., Heather S. Lonczak, and Seema L. Clifasefi. 2017. "Seattle's Law Enforcement Assisted Diversion (LEAD): Program Effects on Recidivism Outcomes." Evaluation and Program Planning 64(October 2016): 49–56.

Das, A., & Bruckner, T. A. (2023). New York City's Stop, Question, and Frisk Policy and Psychiatric Emergencies among Black Americans. Journal of urban health : bulletin of the New York Academy of Medicine, 100(2), 255–268. https://doi.org/10.1007/s11524-022-00710-x

Engel, Robin S., Nicholas Corsaro, Gabrielle T. Isaza, and Hannah D. McManus. 2020. Examining the Impact of Integrating Communications, Assessment, and Tactics (ICAT) De-Escalation Training for the Louisville Metro Police Department: Initial Findings. Cincinnati.

Ghelani, A., Douglin, M., & Diebold, A. (2023). Effectiveness of Canadian police and mental health co-response crisis teams: A scoping review. Social Work in Mental Health, 21(1), 86-100.

Gillooly, J. W. (2020). How 911 callers and call-takers impact police encounters with the public: The case of the Henry Louis Gates Jr. arrest. Criminology & Public Policy, 19(3), 787-804.

Hawkins D. S. (2022). “After Philando, I Had to Take a Sick Day to Recover”: Psychological Distress, Trauma and Police Brutality in the Black Community. Health communication, 37(9), 1113–1122. https://doi.org/10.1080/10410236.2021.1913838

Joudrey, Paul et al. 2020. Formative Evaluation of the City of New Haven Law Enforcement Assisted Diversion (LEAD) Pilot Program.

Lawson, Edward. 2019. “TRENDS: Police Militarization and the Use of Lethal Force.” Political Research Quarterly 72(1): 177–89.

Lum, Cynthia, Christopher S. Koper, and Xiaoyun Wu. 2021. “Can We Really Defund the Police? A Nine-Agency Study of Police Response to Calls for Service.” Police Quarterly.

MacDonald, John. 2021. Race, Crime, and Police Interaction. Conference Paper. Federal Reserve Bank of Boston Economic Research Conference Series: Racial Disparities in Today’s Economy, 64th Economic Conference.

Morison, Kevin P. 2017. Hiring for the 21st Century Law Enforcement Officer: Challenges, Opportunities, and Strategies for Success. Washington, D.C. https://cops.usdoj.gov/RIC/Publications/cops-w0831-pub.pdf (May 19, 2021).

Morabito, Melissa & Savage, Jenna & Sneider, Lauren & Wallace, Kellie. 2018. “Police Response to People with Mental Illnesses in a Major U.S. City: The Boston Experience with the Co-Responder Model.” Victims & Offenders. 13. 1093-1105. 10.1080/15564886.2018.1514340.

Peyton, Kyle Michael Sierra-Arévalo, and David G. Rand. 2019. “A field experiment on community policing and police legitimacy.” PNAS https://www.pnas.org/doi/abs/10.1073/pnas.1910157116

Puntis, Stephen et al. 2018. “A Systematic Review of Co-Responder Models of Police Mental Health ‘street’ Triage.” BMC Psychiatry 18(1): 1–11.

Sacharoff, Laurent, and Sarah Lustbader. 2017. “Who Should Own Policy Body Camera Videos?” Washington University Law Review 95(2).

Shapiro, G. K. et al. 2015. “Co-Responding Police-Mental Health Programs: A Review.” Administration and Policy in Mental Health and Mental Health Services Research 42(5): 606–20.

Sharkey, Patrick. 2018. Uneasy Peace: The Great Crime Decline, the Renewal of City Life, and the Next War on Violence. W.W. Norton.

Simpson, R. (2021). Calling the police: Dispatchers as important interpreters and manufacturers of calls for service data. Policing: A Journal of Policy and Practice, 15(2), 1537-1545.

South African Police Service. 2020. Annual Report 2019/2020. https://www.saps.gov.za/about/stratframework/annual_report/2019_2020/annual_report_2019-2020.pdf

Watson, A. C., Compton, M. T., & Draine, J. N. (2017). The crisis intervention team (CIT) model: An evidence-based policing practice?. Behavioral Sciences & the Law, 35(5-6), 431-441.

Weisburd, Sarit. 2021. “Police Presence, Rapid Response Rates, and Crime Prevention.” The Review of Economics and Statistics. 103(2).

Wertz, Joseph et al. 2020. “A Typology of Civilians Shot and Killed by US Police: A Latent Class Analysis of Firearm Legal Intervention Homicide in the 2014–2015 National Violent Death Reporting System.” Journal of Urban Health 97(3): 317–28.

Worden, Robert E., and Sarah J. McLean. 2018. “Discretion and Diversion in Albany’s Lead Program.” Criminal Justice Policy Review 29(6–7): 584–610. https://journals.sagepub.com/doi/10.1177/0887403417723960 (May 19, 2021).

Appendix II: Timeline Activity

The Public Safety for All Task Force's members were asked by RSJ to provide their recommendations about an implementation timeline for each individual goal outlined in their policy recommendations. Assuming that each goal is pursued, the Task Force recommends the following timeline:

Priority of the PSFA Task Force Recommendations

#1. **The Co-Response program should hire three new dedicated COHR staff positions**

#2. **Hire Police Chief and more civilians in SPD**

#3. **Training for SPD**

#4. **Body-Worn Cameras**

#5. **Civil Service and BID Reform**

Proposed implementation timeline for the PSFA Task Force Recommendations

6 Months

- Training for SPD
  - Trainings should be ongoing during this period
- Hire three new dedicated COHR staff positions
  - Hiring should be ongoing during this period

12 Months

- Hiring of civilians in SPD
  - Hiring should be ongoing during this period
- Body-Worn cameras
  - Implementation should be ongoing during this period
- Co-Response model
  - (12-18 months)
  - Protocol should be developed and deployment should begin during this period

24 Months

- Civil Service and BID Reform
  - The Task Force acknowledges that this is a lengthy process but the process should be underway during this period

The following are brief summaries of what each goal entails:

- **Co-Response Model -** A co-responder is a mental health professional or service provider who responds to calls for service with a police officer. The Co-Response Model employs this approach with the goal of reducing harm and providing alternatives to arrest, especially for calls involving people experiencing a mental health crisis or homelessness.
- **The Community Outreach, Help and Recovery (COHR) -** is the Somerville Police Department's in-house program. COHR was created to assist with assessment, referral, alternative to arrest, as well as pre- and post-adjudication planning for individuals impacted by behavioral health.
- **Body-Worn Camera -** Small devices that law enforcement officers wear on their chest or head to record audio, video, or photographic interactions with the public.
- **Civilians in SPD -** We recommend the City consider civilian roles in property crimes investigation to better serve the expressed needs of vulnerable and disadvantaged community members. Another potential is using civilian roles from other parts of government to revitalize the City's tradition of community policing.
- **Civil Service -** Somerville should consider eliminating the civil service and bid reform processes so that it can assign officers to positions based on strengths and to encourage hiring officers of diverse backgrounds and skillsets.
- **Training for SPD -** Somerville is a regional hub for training and technical assistance for Crisis Intervention Team (CIT) training. SPD should expand to have 100% of SPD officers trained to the highest level and by providing more training in procedural justice. As well adding Active Bystander Training (ABLE) which guides agencies and communities on the concrete measures that must be in place to create and sustain a culture of peer intervention.