Rethinking Boston's Public Safety System

Researched and Prepared by Anna Vande Velde and William Roberts
Under the supervision of the Harvard Negotiation & Mediation Clinical Program
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I. Executive Summary

Background

In June of 2020, Boston City Councilors Lydia Edwards, Michelle Wu, and Julia Mejia proposed an ordinance that would introduce an "Unarmed Community Safety Response System" to the city. This system would "divert non-violent calls for service away from the Boston Police Department," dispatching those calls instead to community safety officials in non-law enforcement agencies. In response to this proposal, the Harvard Negotiation and Mediation Clinical Program ("HNMCP") volunteered to assist the city in thinking about how it might change its approach to public safety. This report is the result of that inquiry.

Summary

Methodology

Our team conducted 15 interviews with 18 subject matter experts and local stakeholders. In addition to the interviews, we conducted secondary academic research on law enforcement, public health and emergency systems in other cities (including internationally), dispute system design theory, social work and mental health theory, and restorative justice theory. We also analyzed The Crime Incident Reports publicized by the Boston Police Department.

Contextualizing Public Safety

Part V examines some of the myriad factors that influence public safety. Boston's public safety system does not function within a vacuum and it is crucial to examine the context within which it is situated. There are several overarching community needs to consider when investigating how to best improve health, safety, and community well-being in Boston. The specific needs that we address in our report relate to:

Health care access

Broad access to healthcare is essential for community wellbeing. Research indicates that neighborhood crime may be associated with barriers to healthcare and health-enabling resources. Increased efforts to provide timely, affordable healthcare are likely to decrease some of the pressure on Boston's public safety system given that healthier communities experience less crime, and that a large percentage of Boston's emergency room visits could be treated through other means.

Mental health care access

Boston's public safety system is currently investing substantial resources into mental health-related issues, and increasing access to mental health care would likely decrease this burden on the public safety system.

Substance use disorder treatment

There is a need in Boston for more substance abuse recovery services. Substance abuse is a source of strain on Boston's public safety system. Boston has already invested in a drug treatment program for incarcerated persons, but it must continue to provide support to those suffering from substance use disorders.

Economic development

Boston is currently facing high economic inequality, which contributes to financial instability for many residents. Financial instability, as well as job and housing instability, can have a significant impact on a person's life. The impact may be so severe that the person experiences adverse health outcomes, develops mental illness, or resorts to criminal or other dangerous behavior. A public safety system must recognize the impact that economic conditions can have on people's lives, and how changes to those conditions can either help or hinder someone who has experienced a crisis.

In addition to these community needs, Boston's public safety system must acknowledge and confront structural issues that harm communities. These structural issues include, but are not limited to:

Pipelines to prison

Interaction with the juvenile court system is associated with an increased likelihood of engaging in criminal activity as an adult. Examining what leads to youth interaction with the juvenile court system is therefore essential to understanding the broader context of the public safety system. In education and youth services there are identified pipelines that lead to youth arrest and incarceration that disproportionately impact Black and Latin-x youth. Reforms to these systems that provide alternatives to the identified pipelines would decrease intervention by the public safety system and increase community well-being, in both the short and long-term.

Structural biases

Structural racism impacts public safety systems in every city, including Boston. Mayor Marty Walsh declared racism a public health crisis in Boston in June of 2020, in part due to a recognition that racial bias exists in Boston's public safety system. There is a striking lack of racial diversity within the BPD, and policing in Boston disproportionately impacts People of Color, especially so within Black and Hispanic communities. Exacerbating the issue of structural racism is the reality that the BPD is expected to respond to an extremely wide array of cases, many of which are not cases that police are traditionally trained to handle. People of color in Boston may face additional challenges and experiences with discrimination based on the intersection of their other identities with their racial identity. Rethinking Boston's public safety system will require officials to acknowledge and respond to the existence of structural racism and other structural biases.

Reform Criteria

Our research findings informed the development of three core criteria for public safety reforms. To help ensure that reforms will promote community healing and restoration, they should:

1. Emphasize rehabilitation over retribution, deterrence, or incapacitation.
2. Narrowly tailor public safety responses to meet individuals' needs.
3. Integrate short-, medium-, and long-term interventions with a focus on addressing the underlying causes of the crisis.

Emphasizing Rehabilitation

Rehabilitation recognizes that criminal behavior often results from mutable characteristics or circumstances that, with the proper help, can change to make someone less likely to act the same way in the future. It emphasizes the state's role in helping people to overcome those characteristics or circumstances that led them to commit a crime. Rehabilitative programs have been shown empirically to be more effective at reducing recidivism than traditional, more punitive programs. They also honor people's humanity and acknowledge their ability to change by giving them the opportunity to reconcile for past action and work towards improving their future behavior. They help to reintegrate people back into society who may have otherwise remained at its fringes, and those who successfully reintegrate will likely contribute productively to the economy and social sphere. They protect would-be victims of crimes that would have been committed had someone not been rehabilitated. They avoid the harms associated with overly burdensome criminal penalties. And they help connect people in need of resources and support—whether for mental health, homelessness, addiction, or other circumstance—with the proper institutions, ideally helping them to improve their situation.

Narrow Tailoring

We found that the most effective public safety systems attempt to tailor crisis responses to meet the needs of community members. Rather than allow police to become a catch-all for anything requiring public assistance, successful public safety systems look to the needs of community members, and from those needs determine how best to respond and what resources to provide.

Integrating Short-, Medium-, and Long-Term Interventions

A comprehensive public safety system—one that seeks proactively to prevent crises in addition to responding to them—must recognize that the causes of crises are often complex and require medium- or long-term intervention. Without the proper support, those confronting ongoing crises or issues will face the same incentives or circumstances that initially led to involvement with the public safety system, increasing the likelihood that emergency services will be needed again in the future. Communities and people are better served when their public safety system has established means of connecting them with resources that can provide long-term support.

Recommendations

Our report provides a menu of recommendations that are rooted in our three criteria for public safety reform. These recommendations begin with broad, overarching ideas and evolve into specific programs or reforms that have been proven to be effective in Boston or other cities. The following diagram outlines our recommendations:

Develop and fund connections between BPD and local mental health/social service organizations.	•Create crisis drop-off centers. •Establish a mechanism for follow-up on cases by a mental health or social service provider.
Introduce mental health clinicians and social workers into the city's crisis response system.	•Continue evaluating, expanding, and supporting a co-response model. •Add a mental health question to the 911 dispatch script. •Create a mental health division within the police department. •Direct calls to mental health/social work professionals.
Add additional crisis intervention training for BPD officers.	•Make CIT training mandatory for all officers.
Increase investment in and referrals to community mediation centers.	•Increase referrals to mediation. •Offer re-entry mediation services.

The above recommendations must also be evaluated in light of three additional considerations:

Boston should enlist key stakeholders to select reforms & create implementation plans

The City of Boston should convene a group of stakeholders and task them with outlining (1) reforms that will improve Boston's public health and safety systems and (2) a plan for implementing those reforms. The group should be representative of the community and should include at least the following:

- Police reform advocates
- Community members
  - Particularly those who are representative of communities that are disproportionately stopped/arrested by law enforcement officials
  - From under-policed areas
  - Who are concerned about crime
- Representatives from BPD
- Dispatch employee(s)
- Social work and mental health professionals
- A representative of the Boston Emergency Services Team (BEST)

Buy-in from stakeholders is essential

A consistent theme throughout all of our conversations with subject-matter experts was that stakeholders must buy into public safety reforms if they are to be successful. For purposes of this report, buy-in means that the stakeholder understands why a reform is needed, believes that the reform will have a positive effect, and supports efforts to implement the reform.

Alternative approaches to public safety can be more cost efficient than the status quo

Many of the reforms proposed in this report have the potential to produce cost savings that make them more economically efficient than the status quo. Significant costs of the current public safety system, including those associated with imprisonment, repeat offenders, emergency response, and lost productivity, can be reduced by adopting alternative approaches.

Conclusion

Boston has already made substantial progress in reforming its approach to public safety. Still, there remains much to be done. Our hope is that the findings and recommendations contained in this report will help the City to build on its existing successes and to develop a public safety system that prioritizes community healing and well-being.

II. Introduction

In June 2020 Boston City Councilors Lydia Edwards, Michelle Wu, and Julia Mejia proposed an ordinance that would introduce an "Unarmed Community Safety Response System" to the city. This system would "divert non-violent calls for service away from the Boston Police Department," dispatching those calls instead to community safety officials in non-law enforcement agencies. Similar reforms have been introduced to public safety systems in cities across the country, although there is no clear roadmap for how best to introduce such changes.

The City Council's ordinance is one among several recent efforts to rethink how Boston approaches public safety. Central to these efforts is the idea that the city's public safety system must emphasize community healing and restoration. Crime and other dangerous activities are often the result of circumstances that, to improve, require long-term support from community members and trained professionals. Police are currently tasked with responding to many of these crises that would benefit from long-term support; yet these police are trained primarily to respond to discrete, short-term crises, meaning that the individual and community circumstances causing the crises go unaddressed. A new approach to public safety must address both short-term crises and the longer-term causes of those crises.

Rethinking Boston's emergency response system is a serious undertaking. To do so effectively will require significant amounts of research, resources, and stakeholder engagement. In recognition of the gravity and complexity of this topic, advocates have encouraged the city to take its time in developing and implementing changes to the public safety system. The urgency of reform, then, is matched only by the necessity of adopting the right reforms.

To that end, the Harvard Negotiation and Mediation Clinical Program ("HNMCP") volunteered to assist the city in thinking about how it might change its approach to public safety. This report contains the results of that inquiry. It offers a menu of policy and programmatic options, most of which have been trialed in other cities, that Boston can draw on as it rethinks its own public safety system. These options come from a variety of fields, including mental health, social work, law, and mediation, and all are intended to help promote community healing and restoration.

Our central findings from our research were synthesized into three core criteria for reforms. New approaches to public safety should (1) emphasize rehabilitation over other theories of punishment, (2) narrowly tailor public safety responses to meet individuals' needs, and (3) integrate short-, medium-, and long-term interventions with a focus on addressing the underlying causes of the crisis. These criteria will help to ensure that a public safety reform is likely to produce community healing and restoration. Each reform option we propose in the recommendations section incorporates elements of these three core criteria.

It is important to note that this report did not attempt to collect feedback on public safety reform from all Boston stakeholders. We instead have attempted to offer a menu of potential reforms that the City of Boston can use in soliciting feedback from the city's many stakeholders.

With that said, our hope is that the following pages will provide both the public and city officials with some of the information and strategies they need to make informed, thoughtful decisions about the future of Boston's public safety system.

The following questions guided our inquiry:

1. Would changes to Boston's current public safety system lead to community healing and restoration? (Part IV)
2. What models exist for reforming a city's public safety system, and how might those models contribute to community healing and restoration? (Part VI)

III. Background

A. Political Context

Fatal police shootings across the country have sparked significant protests and outrage. More recently, the deaths of George Floyd and Breonna Taylor have galvanized a movement pushing for reform to public safety systems across America. Boston has not escaped scrutiny in this national reckoning with traditional approaches to public safety. In 2016, a Boston police officer shot and killed Terrence Coleman, a 31-year-old black man.[1] Coleman suffered from schizophrenia, and his fatal encounter with the police occurred after his mother called 911 for an ambulance to take him to the hospital.[2] To many, this incident closely resembled the police-involved killings that had occurred elsewhere, and which had been a central concern of many advocates working to achieve racial justice in Boston and other cities. Coleman's death, alongside other highly publicized police-killings, have motivated efforts to rethink Boston's public safety system.[3]

The City has since made efforts to examine and reform the policies and practices of the Boston Police Department ("BPD"). In the summer of 2020, Mayor Martin Walsh commissioned the Boston Police Reform Task Force ("Task Force") to devise recommendations for action and reform to BPD policies and procedures.[4] A few months after its inception, the Task Force issued a report detailing its recommendations. It offered five suggestions, focusing principally on ways the BPD could improve officer accountability. While the Task Force helped to identify important opportunities for improving Boston's approach to law enforcement, it did not engage with reform proposals that looked outside of the BPD.

B. Boston City Council Ordinance

Shortly after the Task Force was announced, three members of Boston's City Council proposed an ordinance that would redirect non-violent emergency calls to unarmed, non-police

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[1] Nicole Fleming & John Hilliard, *Family Disputes Police Account in Killing of South End Man*, BOSTON GLOBE, Oct. 30, 2016.
[2] Alanna Durkin Richer, *Boston Sued Over 2016 Deadly Shooting of Mentally Ill Man*, NBC BOSTON, Apr. 4, 2018.
[3] BOSTON, MASS., Ordinance to Establish an Unarmed Community Safety Crisis Response System for Nonviolent Emergency Calls (June 19, 2020).
[4] BOSTON POLICE REFORM TASK FORCE, *Boston Police Reform Task Force: Recommendations to the Mayor*, 2020 (hereinafter Task Force Report).

responders.[5] Proposed by city councilors Michelle Wu, Lydia Edwards, and Julia Mejia, the ordinance requires the City of Boston "to develop a systemic Community Safety crisis-response plan within 90 days [of the ordinance's passage]."[6] Such a plan would "divert nonviolent calls for service away from the Boston Police Department to … the appropriate non-law enforcement agencies."[7] On June 24, 2020, the ordinance was referred to the Boston City Council's Committee on Government Operations, where it is currently under review.[8]

C. HNMCP's Involvement

HNMCP undertook this project in an effort to assist the City of Boston as it develops a plan for implementing the Council's ordinance. Public safety is a critical topic that involves many elements of dispute system design. HNMCP's expertise in developing effective dispute systems will, we hope, prove valuable to the various officials and stakeholders working to rethink Boston's approach to public safety. To that end, we have shared this report publicly as a means of encouraging stakeholders to engage with the difficult questions that the city is currently confronting. While the report itself is directed primarily to policymakers, we hope it will prove a useful source of information for anyone interested in how Boston—or other cities—might approach public safety differently.

IV.   Methodology

15 interviews were conducted with 18 subject matter experts and local stakeholders (some in pairs). Of the Boston-based interviewees, three were Boston-based officials serving in public office, three worked at Boston-based non-profits, and one worked at a local graduate school. 11 interviewees were leaders and implementers of programs outside of Boston in which public safety and community healing reforms had been adopted.

We used four different interview protocols, tailored to specific individuals, for (1) law enforcement officials, (2) mental and behavioral health and social work professionals, (3) appropriate dispute resolution professionals, and (4) Boston-based officials serving in public office. We sought to learn as much as we could about public safety theories and practices in different cities and how these approaches might inform the rethinking of Boston's public safety system.

Our goal was not to comprehensively survey Boston stakeholders, but rather to offer a menu of potential reforms that the City of Boston can consider implementing. While we made every effort to be as thorough as possible in our research, we were unable to connect with several groups who likely have important perspectives on public safety.[9] While it will be essential for

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[5] BOSTON, MASS., Ordinance to Establish an Unarmed Community Safety Crisis Response System for Nonviolent Emergency Calls (June 19, 2020).
[6] *Id.*
[7] *Id.*
[8] BOSTON CITY COUNCIL, June 24, 2020 Meeting Minutes, at 0823.
[9] In particular, we were unable to speak with representatives from the Boston Police Department, the Boston Emergency Services Team (BEST), Boston residents who experience over and under-policing, members of the Mayor's police reform Task Force, representatives from the CAHOOTS program in Eugene, OR, or Boston advocates for police or prison abolition or reform.

the City of Boston to engage all relevant stakeholders before adopting public safety reforms, our report had neither the time nor the resources to conduct a sufficiently thorough review of every stakeholder that might be affected by such reforms.

Our data collection is limited in a notable way. Most of our interviewees do not live or work in Boston. Despite our efforts, we were unable to interview Boston-based individuals working within Boston's emergency response or public health and safety systems or local advocates for police reform or prison abolition.

In addition to the interviews, we conducted secondary academic research on law enforcement, public health and emergency systems in other cities (including internationally), dispute system design theory, social work and mental health theory, and restorative justice. The city of Boston implemented a Police Reform Task Force[10] in June 2020 to review police policies, soliciting community input, and report their findings to the community. While we were unable to interview the members of the task force, we reviewed their report.[11] We also analyzed The Crime Incident Reports[12] publicized by the Boston Police Department.

V. Contextualizing Boston's Public Safety System

Boston's public safety system does not function within a vacuum and it is crucial to examine the context within which it is situated. There are several overarching community needs to consider when investigating how to best design Boston's public safety system. While we do not aim to be comprehensive in our enumeration, we hope to highlight some major community needs that, when unmet, may result in crises for both individuals and the broader community. We also do not aim to be comprehensive in our coverage of the below sections. Entire books could be (and in many cases have been) written about the following topics, which are presented in no particular order. For the purposes of contextualizing Boston's public safety system, we provide only a brief overview of each topic.

A. Healthcare Access

Despite the presence of 18 hospitals (14 of which are world class teaching hospitals) and one of the densest concentrations of community-based health centers,[13] Boston has the highest average wait time for new patients of 15 large cities[14] studied.[15] A new patient can expect to wait 52 days

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[10] CITY OF BOSTON, https://www.boston.gov/departments/mayors-office/bostons-movement-end-racism/boston-police-reform-task-force (last visited Dec. 6, 2020).

[11] BOSTON POLICE TASK Force, *Boston Police Reform Task Force: Recommendations for the* Mayor, https://www.boston.gov/sites/default/files/file/2020/10/BPD-reform-task-force-english.pdf, (Oct. 13, 2020) (hereinafter "*Boston Police Reform Task Force: Recommendations*").

[12] ANALYZE BOSTON, *Crime Incident Reports*, https://data.boston.gov/dataset/crime-incident-reports-august-2015-to-date-source-new-system (last visited Dec. 6, 2020) (hereinafter *BPD Crime Incident Reports*).

[13] BOSTON PUBLIC HEALTH COMMISSION, *Boston Healthcare Access Report*, https://www.bphc.org/healthdata/other-reports/Documents/Healthcare%20Access%20Report%20FINAL.pdf, 2017 (hereinafter *Boston Healthcare Access Report*, 2017).

[14] The cities surveyed were: Atlanta, Boston, Dallas, Denver, Detroit, Houston, Los Angeles, Miami, Minneapolis, New York, Philadelphia, Portland, San Diego, Seattle, and Washington D.C.

[15] MERRITT HAWKINS, *2017 Survey of Physician Appointment Wait Times*, 2017.

before seeing a physician.[16] The shortest emergency room wait time in the city averages just under two hours while the longest clocks in at almost five hours.[17]

As of 2018, the state of Massachusetts estimated that 39% of statewide emergency room visits could have been just as effectively addressed by urgent-care clinics or doctors' offices[18] compared to national estimates between 14 and 27%.[19] Evidence suggests that patients are capable of appropriately self-triaging themselves away from emergency rooms to alternative sites such as doctors' clinics and urgent care centers.[20] Long waiting lists in Boston, then, may in part explain the large percentage of emergency room cases that could have been safely handled elsewhere.

Despite relatively high health and dental insurance coverage rates,[21,22,23] 9% of adult Boston residents between 2013 and 2015 reported being unable to visit a doctor when needed due to the cost.[24] The percentage of people who were unable to afford a needed medical appointment was (often substantially) higher and the dental insurance rate was (often substantially) lower among residents who were Black and Latin-x, out of work, living in subsidized housing or households making less than $50k annually, or who had less than a high school diploma.[25]

Boston Emergency Medical Services (EMS)—the largest municipal emergency medical service in New England[26]—saw an 18% increase in clinical incidents from 2009-2018.[27] In 2019, 8%, a substantial portion of the Boston Police Department incident reports were categorized as "Sick/Injured/Medical."[28] Broad access to healthcare is essential for community well-being. Research indicates that neighborhood crime may be associated with barriers to healthcare and health-enabling resources.[29] Increased efforts to provide timely, affordable healthcare then are likely to decrease some of the pressure on Boston's public safety system given that healthier communities experience less crime and that a large percentage of Boston's emergency room visits could be treated through other means.

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[16] *Id.*

[17] HOSPITAL STATS, *ER Wait Time in Boston Hospitals*, https://www.hospitalstats.org/ER-Wait-Time/Boston-MA-Metro.htm (last visited Dec. 6, 2020).

[18] Jessica Bartlett, *Employers Hope to Save Millions by Reducing Unnecessary ER Visits*, BOSTON BUSINESS JOURNAL, Dec. 11, 2018.

[19] Robin Weinick, Rachel Burns, & Ateev Mehrotra, *How Many Emergency Department Visits Could be Managed at Urgent Care Centers and Retail Clinics?*, PUBMED CENTRAL, Sept. 29, 2010.

[20] *Id.*

[21] NATIONAL ASSOCIATION OF DENTAL PLANS, *Who has Dental Benefits Today?*, https://www.nadp.org/Dental_Benefits_Basics/Dental_BB_1.aspx (last visited Dec. 6, 2020).

[22] *Id.*

[23] *Boston Healthcare Access Report*, 2017

[24] *Id.*

[25] *Id.*

[26] *Boston Healthcare Access Report*, 2017

[27] BOSTON PUBLIC HEALTH COMMISSION, *Boston Emergency Medical Services 2018 Vital Statistics*, https://www.boston.gov/sites/default/files/file/document_files/2019/04/2018_boston_ems_vital_stats.pdf, (last visited Dec. 6, 2020) (hereinafter *Boston Emergency Medical Services 2018 Vital Statistics*).

[28] *BPD Crime Incident Reports*

[29] Elizabeth Tung, Kelly Boyd, Stacy Tessler Lindau, & Monica Peek, *Neighborhood Crime and Access to Health-Enabling Resources in Chicago*, PREVENTIVE MEDICINE REPORTS, March 2018.

B. Mental Health Care Access

As of 2017, Massachusetts had the highest ratio among U.S. states of behavioral healthcare providers per capita, yet roughly 363,000 adults reported not receiving mental health treatment when needed, many because they could not afford it.[30] With the onset of the COVID-19 pandemic, the demand for mental health support is drastically increasing. The ambulatory psychiatry team at Boston Medical Center, for example, has experienced a 131% increase in patient volume.[31]

In 2017, the Boston Police Department was dispatched to almost 6,000 calls that involved people with mental illnesses[32] and in 2018 Boston EMS was dispatched to 9,446 cases of psychological/suicidal cases, which constituted almost 7.5% of their total caseload that year.[33] A report released in November 2020 by the U.S. Attorney's Office in MA alleged that the MA Department of Correction is, "fail[ing] to provide adequate mental health treatment to prisoners experiences a mental health crisis and exposes them to conditions that harm them or place them at serious risk of harm."[34] The public safety system is currently investing substantial resources into mental health related issues and increasing access to mental health care would likely decrease this burden on the public safety system.

C. Substance Use Disorder Treatment

Boston has 152 substance abuse recovery beds per 100,000 residents, significantly higher than anywhere else in the state, with detox programs operating at 97% capacity, suggesting the need for more beds.[35] Up to 50% of the beds are occupied by people from outside of the city. In 2014, wait times for residential placements averaged 23 days.[36] A 2015 report found that, compared to national numbers, MA is relatively successful at initiating and engaging people in substance abuse treatment. However, people in treatment in MA are much less likely to complete the treatment than those in treatment nationally and completion rates in MA are worse between racial and ethnic groups in MA than nationally.[37]

In 2018, Boston's EMS responded to almost 2,000 overdose cases.[38] In 2019, drug-related calls comprised almost 5% of the BPD's total incident reports.[39] In 2018, the MA legislature passed

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[30] Rachel Slade, *Inside Boston's Looming Mental Health Crisis*, BOSTON MAGAZINE, Sept. 22, 2020 (noting that Behavioral health reimbursements from insurance companies in MA are 60% less than they are for primary care providers. As such, many providers only accept patients who can pay out of pocket).

[31] *Id*.

[32] Melissa Morabito, Jenna Savage, Lauren Sneider, & Kellie Wallace, *Police Response to People with Mental Illnesses in a Major U.S. City: The Boston Experience with the Co-Responder Model*, RESEARCHGATE, Nov. 2018 (hereinafter *Police Response to People with Mental Illnesses: The Boston Experience*, RESEARCHGATE).

[33] *Boston Emergency Medical Services 2018 Vital Statistics*

[34] Jenifer McKim, *Mass. Violates Rights of Prisoners in 'Mental Health Crisis,' Feds Find*, GBH NEWS, Nov. 17, 2020.

[35] *Boston Healthcare Access Report*, 2017

[36] *Id*.

[37] CENTER FOR HEALTH INFORMATION AND ANALYSIS, *Access to Substance Use Disorder Treatment in Massachusetts*, April 2015.

[38] *Boston Emergency Medical Services 2018 Vital Statistics*

[39] *BPD Crime Incident Reports*

major criminal justice reform which made it easier for people with smaller drug offenses to receive treatment outside of the prison system.[40] Yet, Massachusetts is the only state in the country where individuals who have been involuntarily taken into state custody for drug treatment can be put in jail or prison, and in 2018 this was done to over 5,700 people, approximately a quarter of whom were experiencing homelessness.[41] There is currently a bill in committee that would ban this practice.[42] Substance abuse is clearly a source of strain on Boston's public safety system.

The Middlesex Sherriff's office has been recognized for the success of its drug addiction treatment program that provides medicated assisted treatment to incarcerated individuals before they are released. The program has been expanded across the state.[43] Continuing to evaluate and expand this program while also investing in successful treatment programs that reach individuals in need before they interact with Boston's public safety system would reduce the caseloads of BPD and Boston's EMS and create healthier communities. Research also indicates that having successful substance abuse treatment centers reduces both violent and financially-motivated crime.[44]

D. Economic Development

According to data from 2016, Boston has the seventh highest level of income inequality among cities in the United States.[45] While this data represents an improvement from inequality present in earlier years,[46] it also demonstrates that inequality is still an important issue facing the city. Income inequality is an issue worth addressing in its own right, but it is worth noting its connection to public safety: greater inequality has been found to correlate with higher levels of robbery and burglary, as well as other types of crime.[47] Severe inequality can also "reduce the possibilities of overall growth, with negative consequences for employment-creation and decent work."[48]

Job opportunities are important to public safety insofar as those with stable employment are less likely to engage in deviant or criminal behavior.[49] U.S. Department of Justice data show that one-third of people in jail reported that they were unemployed prior to arrest, compared to 4.6% of the general population.[50] And "eighty-three percent of people in jail reported income in the

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[40] Noor Adatia, *Advocates say Massachusetts Prisoners get Inadequate Substance Abuse Treatment*, THE BERKSHIRE EAGLE, Jan. 2, 2020.
[41] Jenny Landon, *Massachusetts Should Stop "Committing People to Prisons and Jails for Drug Treatment*, PRISON POLICY INITIATIVE, June 23, 2020.
[42] Mass. Bill H.4531 (2020).
[43] *Drug Treatment, Prison Stats go Hand in Hand*, BOSTON HERALD, Apr. 28, 2019.
[44] Jennifer Doleac, *New Evidence that Access to Health Care Reduces Crime*, BROOKINGS, Jan. 3, 2018.
[45] Alan Berube, *City and Metropolitan Income Inequality Data Reveal Ups and Downs Through 2016*, BROOKINGS, Feb. 5, 2018.
[46] Benjamin Swasey, *Report: Boston's Wide Inequality Narrows*, WBUR, Feb. 8, 2018.
[47] Jongmook Choe, *Income Inequality and Crime in the United States*, 101 ECONOMICS LETTERS 31, 33 (2008).
[48] UNITED NATIONS, *The Employment Imperative: Report on the World Social Situation 2007*, DEPT. OF ECONOMIC AND SOCIAL AFFAIRS, at 95 (2015).
[49] Robert J. Sampson & John H. Laub, *Crime in the Making: Pathways and Turning Points Through Life*, HARVARD UNIVERSITY PRESS, Cambridge, MA (1993).
[50] JUSTICE POLICY INSTITUTE, *Employment, Wages, and Public Safety*, Oct. 1, 2007.

month prior to arrest of less than $2,000," income that was roughly two-thirds that of the general population.[51] Such data support empirical findings that increases in employment and increases in wages are correlated with reduced crime rates.[52]

As of September 2020, Massachusetts had a statewide unemployment rate of 9.6%, which is 1.7% higher than the national average.[53] Average Boston-area wages, however, are substantially higher than average wages nationally, with the average Boston-area employee earning $33.29 per hour compared to $25.72 nationally.[54] But these data must be read in light of Boston's cost of living, which is more expensive than the national average for healthcare (+6.4%), housing (+24%), and certain utilities.[55]

Another issue stemming from income inequality, unemployment, and low wages is the difficulty people have acquiring stable housing. Unstable housing can create difficulties in people's lives that result in the involvement of the public safety system. Unstable housing and homelessness have been found to be associated with greater risk of HIV and STI transmission,[56] worse parent and child health outcomes,[57] and mental illness such as depression.[58]

Such outcomes should be especially concerning for a city like Boston, where housing costs are exorbitant. According to a report by the National Low Income Housing Coalition, the hourly wage necessary to afford a two-bedroom apartment in Boston is $44.44, assuming the renter is working a full-time job. In contrast, the mean wage of renters in Boston is $26.21, meaning renters would need to work 1.7 full-time jobs to avoid spending more than 30% of their gross income on housing.[59, 60]

A public safety system must recognize the impact that economic conditions can have on people's lives, and how changes to those conditions can either help or hinder someone who has experienced a crisis. Effective intervention should help people to satisfy fundamental needs, such as stable employment and housing; while it may not be possible to provide these to everyone, a public safety system should attempt to connect people with resources that may help to fulfill these needs.

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[51] *Id.*

[52] *Id.*

[53] EXECUTIVE OFFICE OF LABOR AND WORKFORCE DEVELOPMENT, *Massachusetts Unemployment and Job Estimates for September 2020*, Oct. 16, 2020.

[54] U.S. BUREAU OF LABOR STATISTICS, *Occupational Employment and Wages in Boston-Cambridge-Nashua — May 2019*, Aug. 19, 2020.

[55] Spencer Buell, *How Massachusetts' Cost of Living Compares with National Averages*, BOSTON MAGAZINE, Feb. 5, 2017.

[56] Brandon D.L. Marshall *et al.*, *Homelessness and Unstable Housing Associated with an Increased Risk of HIV and STI Transmission Among Street-Involved Youth*, HEALTH & PLACE, Vol. 15, Iss. 3, 783 (2009).

[57] Megan Sandel *et al.*, *Unstable Housing and Caregiver and Child Health in Renter Families*, PEDIATRICS, Vol. 141, Iss. 2 (2018).

[58] Shakira Franco Suglia, Cristiane S. Duarte & Megan T. Sandel, *Housing Quality, Housing Instability, and Maternal Mental Health*, JOURNAL OF URBAN HEALTH: BULLETIN OF THE NEW YORK ACADEMY OF MEDICINE, Vol. 88, No. 6, 1105 (2011).

[59] 30% of gross income is the generally accepted cost for housing to be considered affordable.

[60] NATIONAL LOW INCOME HOUSING COALITION, *Out of Reach 2020*, 126 (2020).

E. Pipelines to Prison

Most teenagers, at some point, will do something for which they could be charged in court, yet most Boston teenagers (more than 99%) never are.[61] Interaction with the juvenile court system is associated with an increased likelihood of engaging in criminal activity as an adult.[62] Examining what leads to youth interaction with the juvenile court system is therefore essential to understanding the broader context of the public safety system.

To be charged in court, youth must first be arrested. Juvenile arrest rates in Boston have been decreasing since 2010, with Black/African American youth consistently being arrested at disproportionately high rates (see graph and table below).[63] This pattern of racial disproportionality continues along every step from arrest to incarceration.[64] In fact, MA is the 46th worst state for high racial and ethnic disparities in youth incarceration rates.[65]

2015 Racial Demographics of Boston Residents under the age of 18[66]	
Latin-x	31%
Black	30%
White	25%
Asian	8%

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[61] CITIZENS FOR JUVENILE JUSTICE, *Stages of the JJ Process*, https://www.cfjj.org/jj-system-overview-stages (last visited Dec. 6, 2020).

[62] Barry White, Judy Temple, & Arthur Reynolds, *Predicting Adult Criminal Behavior from Juvenile Delinquency: Ex-Ante vs. Ex-Post Benefits of Early Intervention*, PUBMED CENTRAL, 2010 (hereinafter *Predicting Adult Criminal Behavior from Juvenile Delinquency*).

[63] COMMONWEALTH OF MASSACHUSETTS, *Data About Youth Arrests*, https://www.mass.gov/info-details/data-about-youth-arrests#youth-arrest-data-trends- (last visited Dec. 6, 2020).

[64] CITIZENS FOR JUVENILE JUSTICE, *Race Matters*, https://www.cfjj.org/jj-system-overview-race-matters (last visited Dec. 6, 2020).

[65] *Id.*

[66] BOSTON PUBLIC HEALTH COMMISSION, *Health of Boston 2016-2017*, p. 95.

Boston Youth Arrests Over Time by Race
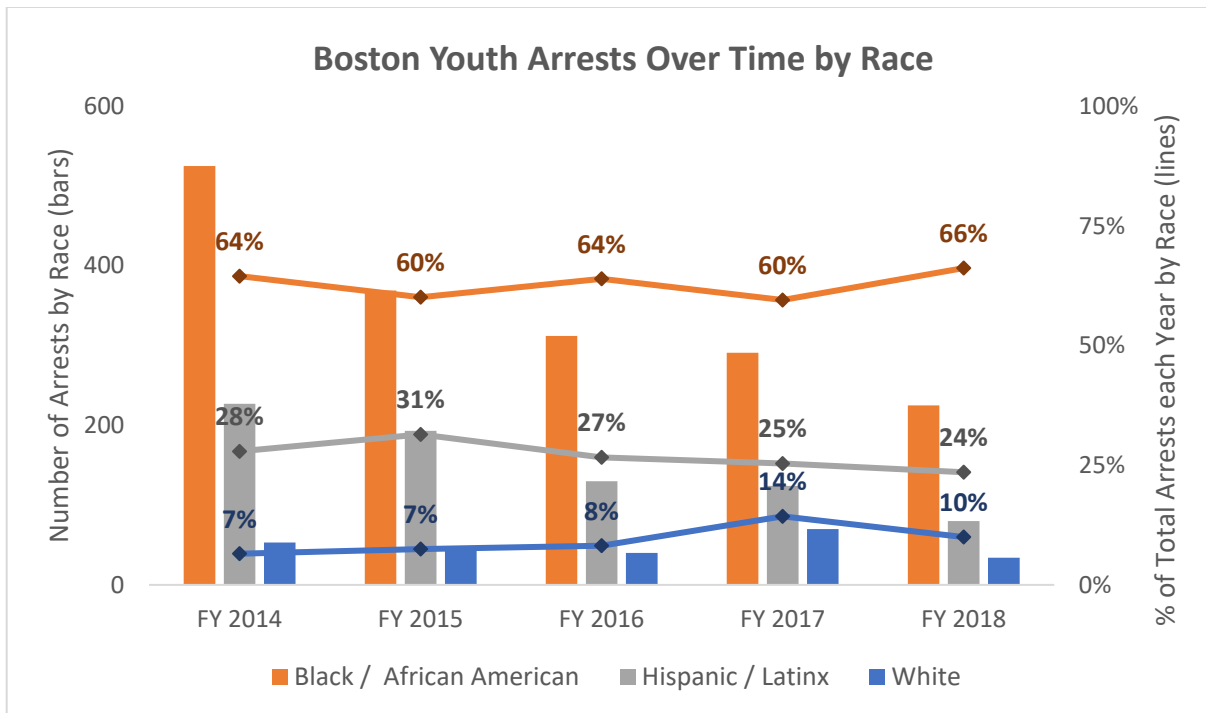
Systems built on structural racism perpetuate the outcome depicted above. In education and youth services there are identified pipelines that lead to youth arrest and incarceration that disproportionately impact Black and Latin-x youth. Reforms to these systems that provide alternatives to the identified pipelines would decrease intervention by the public safety system and increase community well-being, in both the short- and long-term.

1. School to Prison Pipeline

Two pipelines contribute to the school-to-prison pipeline:

1) exclusion from school/classrooms that leaves students disconnected from their school community and (with out-of-school disciplinary action) in situations where they are twice as likely to be arrested; and
2) arrests in school for disruptive behavior.[67]

Out-of-school suspension rates in the Boston Public School system ("BPS", see appendix for demographic information) are lower than the national average (3.4%[68] and 5.3%[69] respectively). Nationally and in BPS, out-of-school suspensions are disproportionately given to Black students

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[67] CITIZENS FOR JUVENILE JUSTICE, *The School-to-Prison Pipeline*, https://www.cfjj.org/school-to-prison-pipeline (last visited Dec. 6, 2020).
[68] MASS. DEPT. OF ELEMENTARY & SECONDARY EDUCATION, *2018-19 Student Discipline Data Report*.
[69] NAT'L CENTER FOR EDUCATION STATISTICS, *Indicator 15: Retention, Suspension, and Expulsion,* Feb. 2019.

and students with disabilities.[70,71] In BPS, discipline rates in general (which include both in and out-of-school suspensions, expulsion, and removals) are disproportionately high for Black and Hispanic/Latin-x students and students with disabilities; the disparities are even more stark in Boston Charter Schools, which are publicly funded (see graph below).[72]

Discipline Rates in Boston Public Schools 2018-19

% of Students Disciplined Among each Group

Group	Boston Public Schools	Boston Public Charter Schools
All Students	3.84%	7.55%
Black	5.71%	9.22%
Hispanic/Latino	3.94%	5.81%
White	1.37%	6.14%
With Disabilities	7.10%	12.78%
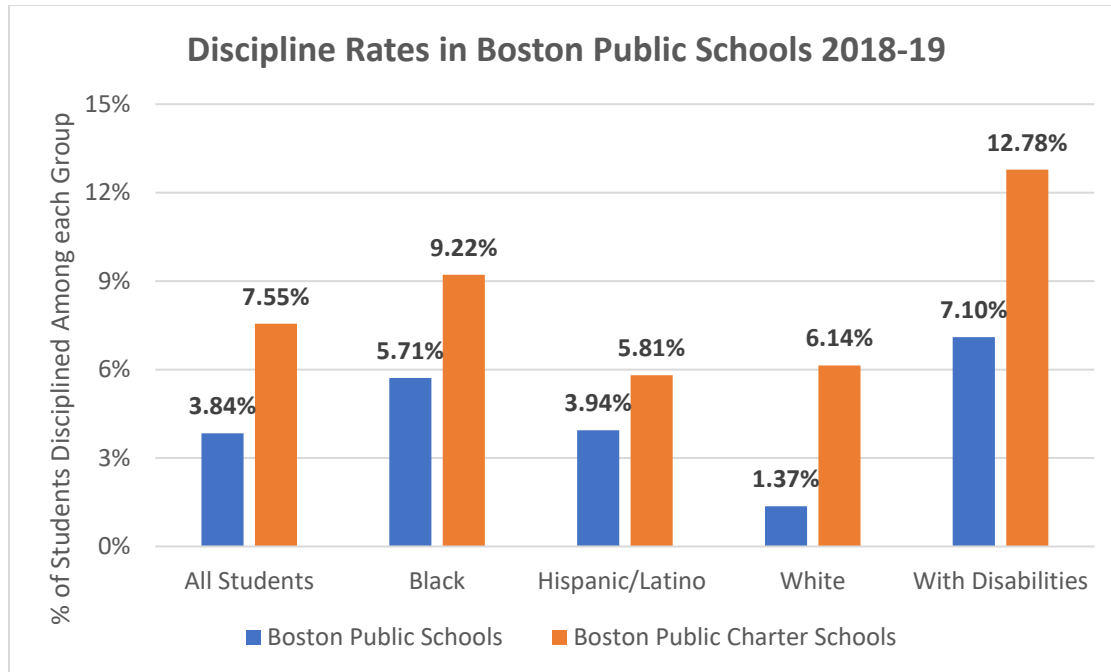
Since the start of the 2018-19 school year, MA school districts have been required to report school-based arrests to the commonwealth's Department of Elementary and Secondary Education (DESE).[73] Recent reports by advocates indicate that data is missing, likely due to confusion about reporting requirements. BPS, for example, reported 4 arrests to DESE for the 2018-19 school year but told local news station WBUR that there had been 114 school arrests that year.[74] Over the past decade, the increased presence of police in schools, often referred to as school resource officers ("SROs"), has been linked to an increase in the arrest of youths, including for non-criminal behavior.[75] BPS employs over 70 SROs and BPD has a unit of 13 school officers who are called to conduct criminal investigations at schools.[76]

As discussed in the previous section, interaction with the juvenile court system is associated with an increased likelihood of engaging in criminal activity as an adult.[77] Additionally, youth arrests

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[70] Kristen Harper, Renee Ryberg, & Deborah Temkin, *Black Students and Students with Disabilities Remain More Likely to Receive Out-of-School Suspensions, Despite Overall Declines*, CHILDTRENDS, Apr. 29, 2019.

[71] MASS. DEPT. OF ELEMENTARY & SECONDARY EDUCATION, *2018-19 Student Discipline Data Report*.

[72] *Id.*

[73] Shannon Dooling, *Mass. has been Tracking Impact of Police in Schools for a Year, but Reporting has been Spotty*, WBUR NEWS, Sept. 18, 2020.

[74] *Id.*

[75] JUSTICE POLICY INSTITUTE, *The Presence of School Resource Officers (SROs) in America's Schools*, Jul. 9, 2020.

[76] Drew Karedes, *Petition Fights to Keep Officers Assigned to Over 55 Boston Schools*, BOSTON 25 NEWS, June 30, 2020.

[77] *Predicting Adult Criminal Behavior from Juvenile Delinquency*.

are associated with an increase in high school dropout rates and a decrease in college enrollment, not because the youth don't want to learn, but because of school policies and practices that lead to the isolation and expulsion of students labeled as disruptive or delinquent.[78] Decreasing school discipline rates and rates of youth interaction with the criminal system would lessen the burden placed on the public safety system in both the short and long-term and would increase community well-being.

2. Foster Care to Prison Pipeline

Entering foster care in MA increases a young person's risk of involvement with the juvenile justice system.[79] In fact, 39% of the youth in detention in MA are dually-involved youth, meaning they are involved with both the juvenile justice system and the Department of Children and Families ("DCF," the agency charged with operating MA's foster care system).[80] One study found that approximately 40% of dually-involved youth were only in detention because they were waiting for DCF to find a suitable home placement for them.[81]

The interaction between the racial biases of the juvenile justice system and the foster care system cannot be overstated. 60% of dually-involved youth are Black and 39% are Latin-x.[82] 65% of the children in MA are white, yet white children account for only 43% of the youth in out-of-home foster care placements.[83] Meanwhile, although only 18% of the children in MA are Hispanic/Latin-x and only 10% are Black, Hispanic/Latin-x youth account for 29% of the youth in out-of-home placements and Black youth account for 14%.[84] Between 2015 and 2018, the number of white children in out-of-home places decreased, while the number of Black and, in particular, Latin-x children in out-of-home places significantly increased (see graphs, right.[85])

Figure 5. Rate of Out-of-Home Placement by Race/Ethnicity 2016-2018
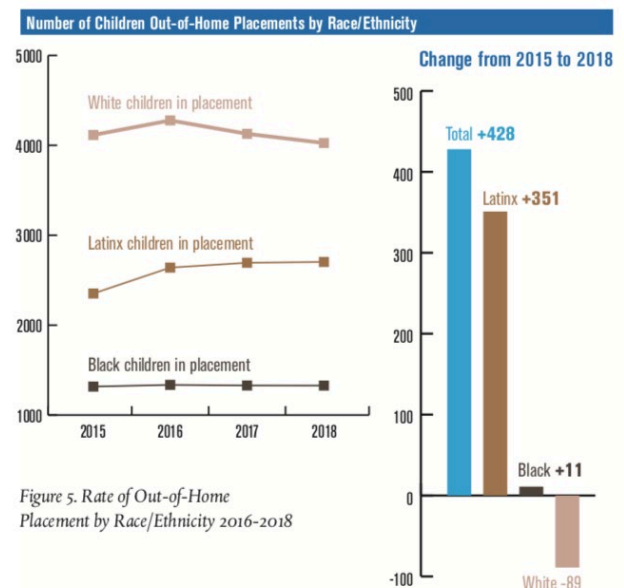
Youth who are removed from their biological parents do best when they are placed with kin (other family members). [86] DCF uses a strict background check when evaluating family members

[78] Shaun Edwards, *Consequences of Juvenile Arrests on Education: How Law and Educational Policies Hurt More than Help*, CHICAGO POLICY REVIEW, Mar. 28, 2014.

[79] Kate Lowenstein, *Shutting Down the Trauma to Prison Pipeline: Early, Appropriate Care for Child-Welfare Involved Youth,* CITIZENS FOR JUVENILE Justice, 2018 (hereinafter Lowenstein, *Shutting Down the Trauma to Prison Pipeline*).

[80] *Missed Opportunities: Preventing Youth in the Child Welfare System from Entering the Juvenile Justice System*, CITIZENS FOR JUVENILE JUSTICE, 2015, (hereinafter *Missed Opportunities*).

[81] *Id*. at 9.

[82] *Id*. at II.

[83] Lowenstein, *Shutting Down the Trauma to Prison Pipeline*, p. 5

[84] *Id*.

[85] *Id*. at 6.

[86] Jessica Berry, Andrew Hoffman, & Amy Karp, *Strategies to Promote School Success for Children in Foster* Care, Book Chapter (forthcoming).

for potential kinship placements. Loving family members may be denied their request to provide a kinship placement for a misdemeanor from fifteen years ago,[87] or even for having been involved with DCF when they were minors.[88] Given the racial inequities in the criminal and foster care systems, children of Color are less likely to be placed with family members. [89]

Trauma—including the trauma of being removed from your home[90]—without appropriate wellness, behavioral, and mental health supports, and instability due to multiple school and out-of-home placements can lead to behaviors that are punished by schools and law enforcement. [91]

Entering foster care is also a risk factor for not completing high school,[92] which in turn impacts future involvement with the criminal justice system.[93] Supporting families to prevent home removal and providing youth who are removed with stable, healthy connections and resources to thrive would decrease pressures on the public safety system and increase community well-being.

F. Structural Biases

The previous sections highlight some of the structural biases upon which various systems in Boston are built. In this section we will name those biases explicitly as important context for examining Boston's public safety system. Much of the data provided focuses on policing in Boston, though Boston's public safety system involves more than policing; it includes other emergency responders such as the fire department, emergency medical services, and 311 services.

1. Racism and Intersectionality

Boston has a long history of racism. The Massachusetts Bay Colony perpetuated genocide, ethnic cleansing, and forced displacement against Native American Tribes in the 1600s.[94] It was one of the first colonies to legalize slavery in 1641.[95] Boston's public schools were not ordered to desegregate until 1974[96] and as of January 2020, roughly 67% of Boston Public School students attended "intensely segregated" schools, where students of color make up 90+% of the

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[87] Susan Elsen, *The Ties That Bind: Strengthening and Reducing Racial Disparity in Kinship Foster Care in Massachusetts*, MASSACHUSETTS LAW REFORM INSTITUTE, 15 (Oct. 7, 2014).

[88] Interview with attorney representing youth in foster care.

[89] Jessica Berry, Andrew Hoffman, & Amy Karp, *Strategies to Promote School Success for Children in Foster* Care, Book Chapter (forthcoming).

[90] *Removal from the Home: Resulting Trauma*, UPENN COLLABORATIVE ON COMMUNITY INTEGRATION (May 8, 2020).

[91] Lowenstein, *Shutting Down the Trauma to Prison Pipeline*, p. 1

[92] *Improving Outcomes for State's Foster Kids*, BOSTON GLOBE, Jan. 19, 2020.

[93] *The Economic Value of Opportunity Youth*

[94] *Legacy of Genocide Resurfaces in Boston as Construction Planned on Burial Site*, CULTURAL SURVIVAL, Jul 27, 2019.

[95] Antoinette Antonio, *Project CommUNITY: Brief History of Race, Racism in Massachusetts*, WCVB 5 NEWS, JUL. 20, 2020.

[96] Kerry Dunne, *Busing & Beyond: School Desegregation in Boston*, DIGITAL PUBLIC LIBRARY OF AMERICA, 2016.

student body.[97] Mayor Marty Walsh declared racism a public health crisis in Boston in June of 2020, in part due to a recognition that racial bias exists in Boston's public safety system.[98]

A striking lack of racial diversity exists among the BPD. While 65% of the BPD is white, only 49% of Boston residents are white. 11% of BPD's force are Hispanic, while 20% of the residents in Boston are Hispanic. These racial disparities are even larger among BPD's captain, lieutenant, and sergeant positions (see Appendix).[99]

Policing in Boston also disproportionately impacts People of Color and, in particular, Black and Hispanic communities. While the number of Field Interrogation and Observations ("FIOs" - police stoppings) decreased significantly between 2008 (56,000) and 2016 (15,000), 64% of FIOs in 2016 involved Black/African Americans.[100]

This disproportionality continues when examining warrant and arrest data (see pie charts below). The majority of warrants served by the BPD SWAT team between 2015-2020 were for Black / African Americans and Hispanic individuals. Almost half of all arrests by BPD between 2017-2019 were of Black / African Americans.

Warrants Granted in Boston: 2015-2020[101] and Arrest Data 2017-2019[102]

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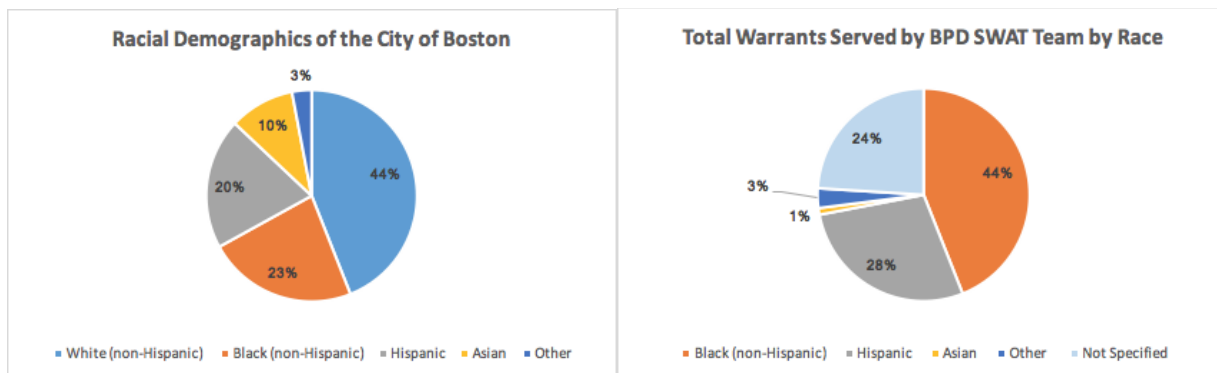
[97] Max Larkin, *Report: As Boston Grows in Wealth and Diversity, Many Schools are 'Intensely Segregated'*, WBUR NEWS, Jan. 22, 2020.
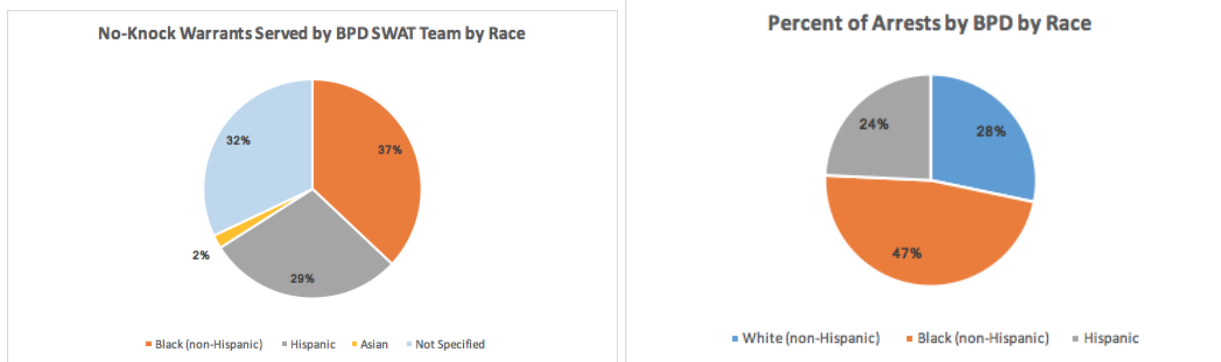[98] Quincy Walters, *Boston Mayor Declares Racism a Public Health Crisis,* NPR NEWS, June 12, 2020 (hereinafter *Boston Mayor Declares Racism a Public Health Crisis*, NPR NEWS).
[99] Task Force Report.
[100] *Boston Police Department Releases Latest Field Interrogation Observation Data*, BPD NEWS, May 23, 2017.
[101] Task Force Report, pgs. 15-16
[102] *Id.*

No-Knock Warrants Served by BPD SWAT Team by Race

37% Black (non-Hispanic)
29% Hispanic
2% Asian
32% Not Specified

Percent of Arrests by BPD by Race

28% White (non-Hispanic)
47% Black (non-Hispanic)
24% Hispanic

The Task Force provided a list of recommendations to address these issues, which can be found in the appendix.

People of Color in Boston may face additional challenges and experiences with discrimination based on other aspects of their identities. Intersectionality refers to the interconnectedness of one's social categorizations like race, class, gender identity, sex, disability status, immigration status, etc. As an illustration of this, consider the following. While Boston has been ranked as one of the most LGBT-friendly cities in the U.S.,[103] a 2015 study of trans individuals living in MA revealed that: 17% lived in poverty, 21% experienced housing discrimination in the past year and 8% experienced homelessness in the past year, 61% said they would feel uncomfortable asking the police for needed help, and 28% struggled to get necessary health insurance coverage.[104] LGBTQ People of Color face additional challenges due to the intersection of their identities as both LGBTQ and of Color, both of which independently are associated with higher rates of discrimination.[105]

G. Range of Cases for which BPD is Dispatched

According to Boston Police Commissioner William Gross, BPD officers were "too many hats. . . . A child doesn't want to go to school, you call the Boston police; a child on the bus [is] being unruly, you call the Boston police; there's an emotionally disturbed person in a home, you call the Boston police…How many hats do you want us to wear?"[106] BPD officers are indeed dispatched to a wide array of cases.

A Crime Incident Report ("CIR") documents the details of an incident to which BPD officers respond. It captures incident type, location, and time of occurrence. The BPD periodically publishes selected data from their CIRs.[107] For the purposes of this report, data from the 2019 year was analyzed.

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[103] Rob Phelps, *Boston Scores as 11th Most Gay-Friendly City in America*, BOSTON SPIRIT, May 28, 2015.
[104] *2015 U.S. Transgender Survey: Massachusetts State Report*, NAT'L CENTER FOR TRANSGENDER EQUALITY, Oct. 2017.
[105] *Equality and Equity: Advancing the LGBT Community in Massachusetts*, BOSTON INDICATORS & FENWAY INSTITUTE, 2018.
[106] *Boston Mayor Declares Racism a Public Health Crisis*, NPR NEWS
[107] *BPD Crime Incident Reports*

There were 98,107 CIRs reported in the 2019 data, sorted into 222 different categories. For purposes of this analysis, we further condensed the 222 categories into 88 by combining similar incidents (for example, the BPD categories "Animal Abuse," "Animal Control – Dog Bites – Etc.," "Animal Incidents," and "Animal Incidents (dog bites, lost dog, etc.)" for the purposes of this report were all categorized under a general "Animal Incidents" category).

Only 14 of those 88 categories individually constitute more than 2% of the total incident reports filed. These 14 categories (shown in the graph below) account for 79.7% of the total number of CIRs filed in 2019. The remaining 20.3% of cases involve 74 different categories of reports.[108]

Of the most common 14 categories, only two—Assault/Battery and Threats to do Bodily Harm—appear to (on their face) involve violence or threats of violence. While arguably, the case for a traditional police response is strongest in cases that directly involve violence or threats of violence—indeed, our review of other programs suggests that even in cities with strong alternative 911 systems, emergency calls that involve obvious violence are the most likely to receive a traditional police response—it is important to note that many situations that do not seem obviously violent at the outset may turn violent unexpectedly.

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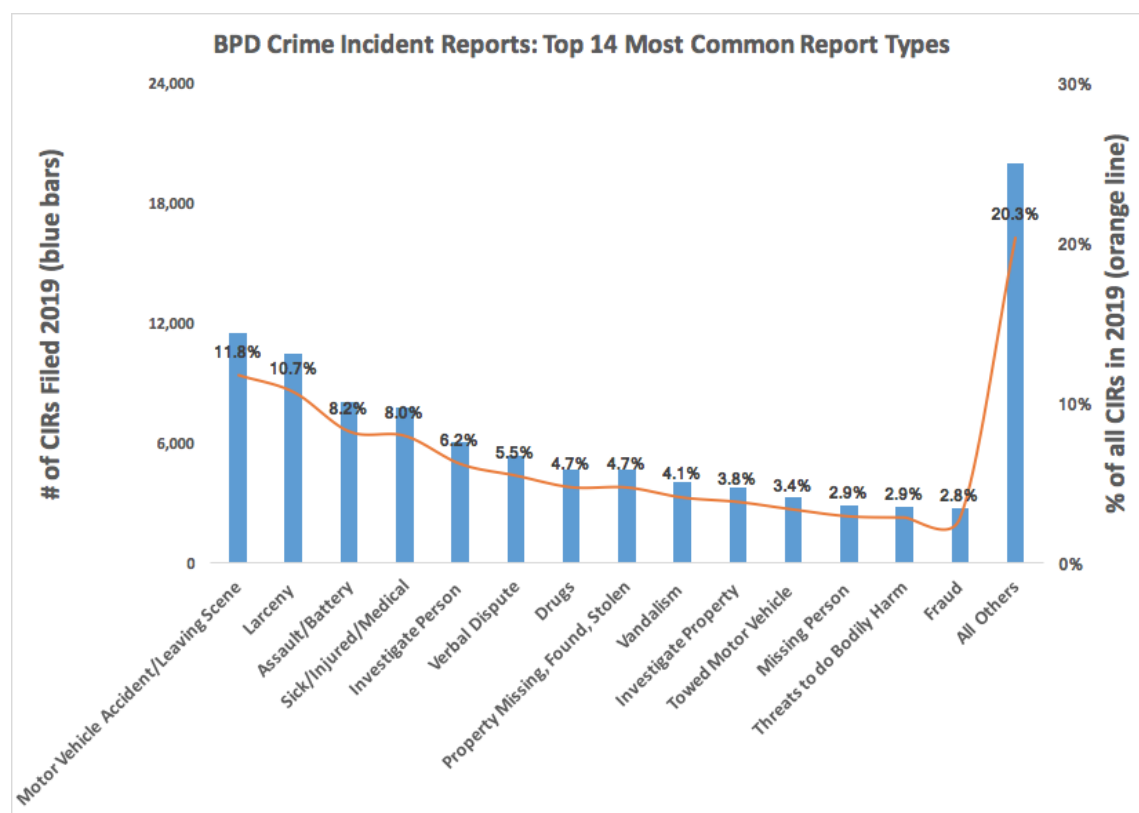
[108] Collapsing the 222 categories into 88 required judgment calls with which reasonable minds may disagree. For example, does "Sick Assist – Drug Related Illness" fit best under "Sick/Medical/Illness" or "Drugs"? We included it with "Drugs," but an equally valid argument could be made for including it with "Sick/Medical/Illness." The original 222 categories mapped onto the 88 categories used in this analysis, along with the number and total percent of all 88 categories can be found in the appendix.

Despite these judgment calls, we believe the data depict an important reality: the BPD is expected to respond to an extremely wide array of cases. This supports our case for reform: the City of Boston should consider the wide range of cases for which 911 is called and consider if the community need in each call is always best aligned with current responder expertise. As one government official put it, "It's not fair to ask police officers to do [all] of these things...they are so spread out trying to be everywhere at once." If an examination of BPD confirms this to be the case and if types of cases are identified for which other responders are better equipped to meet the community needs related to the specific call types, then reforms should be made.

VI. Theoretical Foundations for Reform

Our recommendations are grounded in both dispute systems design theory and restorative justice theory. The core tenets of each theory are briefly outlined below.

A. Dispute Systems Design Theory

Dispute System Design ("DSD") is the process of identifying, designing, employing, and evaluating effective means of resolving conflicts within an organization,[109] in this case, the city of Boston, with particular attention paid to the city's public safety system. The steps of a DSD process are:[110]

1. Establish a stakeholder-driven design team
2. Develop a vision for system goals shared by stakeholders and users
3. Use participatory and collaborative processes to engage stakeholders and users, identify and prioritize user options, and solicit feedback on a draft DSD
4. Implement the final DSD through a continuous cycle of outreach, training, disclosure, evaluation, and feedback.
5. Build a process for evaluating the program and adjusting the DSD on the basis of its performance and evaluation.

The authors of this report are not direct stakeholders in Boston's public safety system. The report therefore proposes the establishment of a stakeholder-driven design team to develop a vision, engage stakeholders, implement a DSD, and create a process for ongoing evaluation. The background information and options for reform enumerated in this report are provided as a reference point for stakeholder team members and are informed by reforms made in other cities.

The guiding principles of DSD are:[111]

- Fairness and justice
- Efficiency for institution and participants
- Engaging stakeholders—including users—in design and implementation
- Prevention

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[109] *What is Dispute System Design?*, HARV. LAW SCHOOL PROGRAM ON NEGOTIATION, June 15, 2020.
[110] Lisa Blomgren Amsler, Janet Martinez, & Stephanie Smith, *Dispute System Design: Preventing, Managing, and Resolving Conflict*, STANFORD UNIV. PRESS, 67-68, 2020 (hereinafter Blomgren et. al, *Dispute System Design*).
[111] *Id.* at 13-14.

- Providing multiple and appropriate interest-based and rights-based process options
- Ensuring user flexibility in choice and sequence of process options
- Matching design to available resources
- Training and education for system providers, users, and other stakeholders
- Making the system accountable through transparency and evaluation while considering privacy

The overarching goal of DSD is to deliver justice, which can be defined in multiple ways.[112] Based on our interviews and research, many modern reforms to public safety systems are inspired by the conceptualization of justice provided by restorative justice theory.

B. Restorative Justice Theory

Modern restorative justice ("RJ") theory traces back to the 1970s and mirrors ancient and indigenous practices from around the globe.[113] The foundational principles of RJ theory are:[114]

1. Crime harms people, relationships, and the community and justice should focus on repairing that harm.
2. Those most affected by the crime should participate in its resolution.
3. The government's role is to maintain order; the community's responsibility is to build peace.

RJ can be contrasted with retributive, deterrent, and incapacitation-focused approaches to crime, which inform more traditional approaches to public safety. These approaches are briefly described in the following section.

VII. Criteria for Public Safety Reforms

Our research findings informed the development of three core criteria for public safety reforms. To help ensure that reforms will promote community healing and restoration, they should:

1. Emphasize rehabilitation over retribution, deterrence, or incapacitation.
2. Narrowly tailor public safety responses to meet individuals' needs.
3. Integrate short-, medium-, and long-term interventions with a focus on addressing the underlying causes of the crisis.

A. Emphasizing Rehabilitation

Discourse around public safety in the United States has, for the past several decades, largely embraced punitive sanctions and incarceration as the proper means of responding to criminal or

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[112] *Id*. at 14-20.

[113] *Defining Restorative*, INT'L INSTITUTE FOR RESTORATIVE PRACTICES, https://www.iirp.edu/defining-restorative/history (last visited Dec. 7, 2020).

[114] *Lesson 1: What is Restorative Justice?*, CENTRE FOR JUSTICE & RECONCILIATION, http://restorativejustice.org/restorative-justice/about-restorative-justice/tutorial-intro-to-restorative-justice/lesson-1-what-is-restorative-justice/#sthash.sGiCJirg.dpbs (last visited Dec. 7, 2020).

delinquent behavior.[115] Such responses are largely rooted in theories of punishment that are intuitively appealing—retribution, deterrence, and incapacitation. Retribution demands that offenders receive their "just deserts," or punishment that is commensurate with their harm to society. Deterrence is the idea that punishment should discourage offenders from reoffending, typically because they want to avoid the punishment. Incapacitation, meanwhile, treats punishment as a way to *prevent* offenders from reoffending; someone cannot commit a crime against the broader society while incarcerated, so the thinking goes.

To a lesser extent, public safety—and the criminal justice system more broadly—also involves elements of rehabilitation. Rehabilitation is a theory of punishment to the extent that it is a way that society can respond to someone's criminal or delinquent behavior. But it lacks many of the characteristics that we might typically associate with punishment. Rehabilitation recognizes that criminal behavior often results from mutable characteristics or circumstances that, with the proper help, can change to make the person less likely to act the same way in the future. It emphasizes the state's role in helping people to overcome those characteristics or circumstances that led them to commit a crime. One pair of scholars defined rehabilitation to be "aimed at motivating, guiding, and supporting constructive change in whatever characteristics or circumstances engender [an offender's] criminal behavior or subvert [her] prosocial behavior."[116]

One important measure of a public safety system's success is the extent to which it prevents recidivism, or repeat offenses by individuals who have already faced punishment for past crimes. Rehabilitative programs have been shown empirically to be more effective at reducing recidivism than traditional, more punitive programs. In their review of the vast literature on rehabilitation programs, professors Mark Lipsey and Francis Cullen found that rehabilitation had a "consistently positive and relatively large" effect on recidivism rates.[117] These findings stand in contrast with their conclusion that punitive supervision and sanction responses—ranging from probation and parole to confinement—reduced recidivism rates only modestly and, in some instances, even increased recidivism rates.[118] In particular, rehabilitative programs that help people to establish or reestablish strong relationships—whether with family, friends, or co-workers—work to address some of the most salient causes of anti-social and criminal behavior.[119]

A rehabilitative approach also advances other important goals of the public safety system. It honors people's humanity and acknowledges their ability to change by giving them the opportunity to reconcile for past action and work towards improving their future behavior. It helps to reintegrate people back into society who may have otherwise remained at its fringes, and those who successfully reintegrate will likely contribute productively to the economy and social sphere. It protects would-be victims of crimes that would have been committed had someone not been rehabilitated. It avoids the harms associated with overly burdensome criminal penalties. And it helps connect people in need of resources and support—whether for mental health,

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[115] Mark W. Lipsey & Francis T. Cullen, The Effectiveness of Correctional Rehabilitation: A Review of Systematic Reviews, Annu. Rev. Law Soc. Sci., 3 ANNU. REV. LAW SOC. SCI. 297 (2007).

[116] *Id.*

[117] *Id.*

[118] *Id.*

[119] Robert J. Sampson & John H. Laub, Crime in the Making: Pathways and Turning Points Through Life, HARV. UNIVERSITY PRESS, Cambridge, MA (1993).

homelessness, addiction, or other circumstance—with the proper institutions, ideally helping them to improve their situation.[120]

B. Narrow Tailoring

When police respond to crises, they have at their disposal a specific set of tools and skills. These tools and skills are well-suited to certain situations, but currently police are asked to respond to myriad situations where a different expertise would be more beneficial. Responses to mental health crises, for instance, would likely improve if a mental health clinician were among the first responders. Wellness checks might be better performed by EMTs, nurses, or social workers.

We found that the most effective public safety systems attempt to tailor crisis responses to meet the needs of community members. Rather than allow police to become a catch-all for anything requiring public assistance, successful public safety systems look to the needs of community members, and from those needs determine how best to respond and what resources to provide. Narrow tailoring can involve providing additional training on specific issues to police, implementing a co-response program where clinicians and police jointly respond to crises,[121] sending alternative responders to a crisis scene in lieu of police (where safety permits), or formalizing systems that allow first responders to connect crisis victims with appropriate resources.

C. Integrating Short-, Medium-, and Long-term Interventions

Police are often tasked with responding to situations that cannot be adequately addressed in the brief window of time available to the officers. Some notable examples of this mismatch are when police are continually asked to relocate people who are homeless and camping near retail spaces,[122] or when police are asked to search for someone experiencing a mental health crisis. While police may be able to address the immediate, short-term issues—by forcing the homeless person to move or by locating the missing person—they are not equipped to address the more significant causes of the issues—in these examples, homelessness and mental health ailments, respectively. There is a high likelihood, then, that police will be called in again to address similar issues in the future, as the underlying causes have gone unaddressed.

A comprehensive public safety system—one that seeks proactively to prevent crises in addition to responding to them—must recognize that the causes of crises are often complex and require medium- or long-term intervention. Research on preventing crime has shown that, for both children and adults, addressing factors associated with criminal activity can have strong preventive effects for crime.[123] These factors include, but are not limited to, violence in the

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[120] This paragraph was adapted from the arguments in Peter Raynor & Gwen Robinson, Why Help Offenders? Arguments for Rehabilitation as a Penal Strategy, 1 EUR. J. PROBATION 3 (2009).

[121] H. Richard Lamb, Linda E. Weinberger & Walter J. DeCuir, Jr., The Police and Mental Health, PSYCHIATRIC SERVICES, Vol. 53, No. 10, 1266 (2002).

[122] Chris Herring, *Complaint-Oriented Policing: Regulating Homelessness in Public Space*, AMERICAN SOCIOLOGICAL REVIEW, Vol. 84(5), 769 (2019).

[123] Michel Vallée, Crime Prevention and Community Safety: A Conceptual Overview, 1 INT'L JOURNAL OF CHILD, Youth & Family Studies 1 (2010); *see also* Max D. Crowley, Building Efficient Crime Prevention Strategies: Considering the Economics of Investing in Human Development, 12.2 CRIMINOLOGY & PUBLIC POLICY 353 (2013).

home, unsupportive family life and parental behavior, poverty, poor housing, failure in school and illiteracy, drug and alcohol abuse, and unemployment.[124] Arguably none of these factors can be adequately addressed by short-term police intervention during a crisis. And other non-crime-related crises benefit from long-term interventions as well; for example, frequent users of the 911 system for various health-related emergencies have been shown to benefit from social services interventions, subsequently reducing the number of times they call 911.[125]

What they require in addition to short-term crisis intervention is follow-up and support from appropriate resources. Without the proper support, those confronting these issues will face the same incentives or circumstances that led to the initial crisis, increasing the likelihood that emergency services will be needed again in the future. Communities and people are better served when their public safety system has established means of connecting them with resources that can provide long-term support.

D. The Role of Police in a Public Safety System Focused on Community Healing

Many of the experts we spoke with expressed to us that law enforcement officers can be important allies, even in a nontraditional public safety system. They emphasized that police are equipped and trained to handle certain types of crises, and in these situations a police response may be wholly appropriate. Even in public safety systems that included clinician first-responders, police co-responders helped the clinicians to feel safer in tense and potentially dangerous scenarios. And while there are many crises where police co-response might be unnecessary, it may also be that there are crises where police are the most appropriate first responders.

It is likely that the best first-responder in a given situation will depend on the characteristics of the community in which the crisis is occurring, the community's past experiences with police, and its relationship with current law enforcement officers. In a public safety system centered around community healing, then, the role of police will need to be determined through stakeholder engagement.

VIII. Recommendations

A. Ensure Local Stakeholders have a Voice in Reform Design & Implementation

A key principle of dispute system design is the notion that any system should be closely tailored to the needs of the community. While this report attempts to share ideas that have been successful in other communities, it is essential for the city of Boston to—before adopting any reforms—work closely with Boston stakeholders to learn more about their needs and experiences. As a starting point for considering potential reforms, a group of Boston-based stakeholders should consider the following options and assess how effectively each would serve the three key criteria outlined above if implemented in Boston.

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[124] *Id.*

[125] Steven J. Weiss *et al.*, Effect of a Social Services Intervention Among 911 Repeat Users, AM. J. OF EMERGENCY MEDICINE, Vol. 23, Issue 4, 492 (2005).

The estimations of timeline to implement, cost, and impact are based on what we have learned from other cities. They are rough approximations, and evaluation of specific conditions in Boston would be required to more accurately assess what the timeline to implementation, costs, and impact of each option would be in Boston.

1. **Develop and fund connections between BPD and local mental health/social service organizations**

In examining the various approaches to public safety that cities outside of Boston have adopted, we found that most involved some level of collaboration between law enforcement and local mental health or social service organizations. For example, the Houston Police Department and Harris County Sheriff's Office works

> **"Alternative first responders need to know that if they get into trouble, they can call on police to help; likewise, law enforcement need to know that they can contact mental health professionals."**
> -Mental Health Professional in a Co-Response Program

closely with the Harris Center for Mental Health and Intellectual and Developmental Disabilities ("Harris Center") as part of their various mental health-oriented programs. Harris Center clinicians assist law enforcement officers in responding to crises as part of Houston PD's Crisis Intervention Response Team; they receive and respond to mental health emergency calls as part of Houston PD's Crisis Call Diversion program; and the Harris Center serves as a crisis drop-off center for Houston and Harris County police officers to bring those in need of mental health-related support.

Houston and Harris County are not the only localities to formalize collaboration between law enforcement and mental health professionals. We researched similar efforts at collaboration in Denver, Portland, Eugene, New York, and Boston itself. Houston's programs are somewhat unique in their scope and longevity, having begun in the early 1990s and grown steadily since, making it a helpful case study in the potential for collaboration to effect positive changes in the realm of public safety. But Houston is not alone in its success; many cities attempting to reform their approach to public safety have found success in developing connections between law enforcement and mental health or social service providers.

Collaboration between law enforcement and mental health or social service providers offers numerous advantages over discrete systems. First, it allows law enforcement to adopt formal procedures for determining when a partnering organization might be better equipped to handle a particular situation. Law enforcement may adopt procedures for including clinicians in a crisis intervention team, or procedures for when someone in custody should be brought to a mental health clinic rather than kept in jail. Absent a formal collaborative relationship between law enforcement and clinicians, these alternative approaches are unlikely to arise naturally.

Second, collaboration helps to create channels for public funding to support the work of essential mental health and social service organizations. These organizations already provide critical services to the communities they serve, and many already receive public funding for their work. But they cannot rightly be asked to provide additional support to law enforcement efforts without a concomitant show of financial support from the public. Collaboration thus creates an

opportunity to redirect some level of public safety funds to uplift the work of organizations that contribute to public safety but are not currently recognized as so doing. And it is likely that the efficiencies that collaboration creates, discussed below, will create the savings necessary to provide such financial support.

Third, collaboration can provide police with viable alternatives to incarceration. We learned through our research that oftentimes, when police are confronted with a mentally ill or highly intoxicated person, the simplest course of action is to arrest and jail that person. Such incentives should be concerning, as those suffering from mental illness or substance abuse issues are almost certainly not going to receive proper treatment for those conditions while in jail or prison. Collaboration allows for different incentives, by creating opportunities for alternatives to imprisonment. A number of cities, for instance, have collaborated with mental health organizations to create crisis drop-off centers, where police can bring those in need of treatment or assistance and who otherwise might have been jailed. Such systems also allow greater opportunity for long-term treatment of the mental health or substance abuse issues that may have led to police involvement.

Fourth and finally, collaboration can allow for longer-term intervention. Where police are primarily equipped to intervene in discrete, temporary crises, clinicians are equipped to offer prolonged treatment and support. Formal relationships between police and clinicians can also create opportunities for post-crisis follow-up. Oftentimes people who call the police in a crisis have issues and concerns that last well beyond the time when police leave the scene. In these instances, it can be incredibly beneficial to have mental health clinicians or social workers follow-up with those involved in the crisis, both as a means of offering direct support and as a way to connect those people with resources that may prove helpful. Not only will such follow-up help to prevent future crises that require police involvement, it will also help to improve the mental wellbeing of those who experience crises.

Below is a review of some of the successes of partnerships between law enforcement and mental health or social service organizations, categorized by the estimated timeline to implement, estimated costs, and the predicted impact.

  i. Create crisis drop-off centers

| Timeline: Long-term	Cost: High	Impact: High

Through years of collaboration in Harris County, TX, law enforcement officials and mental health providers have established a Mental Health Diversion Center as part of their Jail Diversion

Program. [126] According to one law enforcement official, prior to the establishment of this center, "Mental health crises were one of the worst calls an officer could receive. It was a lot easier for the officers to put people experiencing these crises in jail, but that wasn't a good solution." Implementing the program included requiring police officers to attend 40 hours of training to identify mental health crises and to provide them with skills for responding to such crises. Leaders in the police system helped increase officer buy-in by appealing to a shared understanding of the difficulty of mental health crises for officers and by framing the training as essential to increasing the safety of police officers during these calls.

The Diversion Center allows anyone picked up by law enforcement officials for low-level misdemeanors to be dropped off for assessment, treatment (mental health, medication management, health care, rehabilitation), respite beds, peer support, transitional support services, and intensive aftercare services, all on an as-needed basis. The program is voluntary, meaning people brought in by police officers can choose to instead go to jail. Their model of support is depicted below.[127] Its emphasis on assessing people's needs and providing tailored services based on that assessment serves all three of the criteria outlined in this report. By diverting people away from jail and to services, the program serves rehabilitative principles. The services provided are narrowly tailored to each person's needs and can vary in length, again based on the individual's needs.
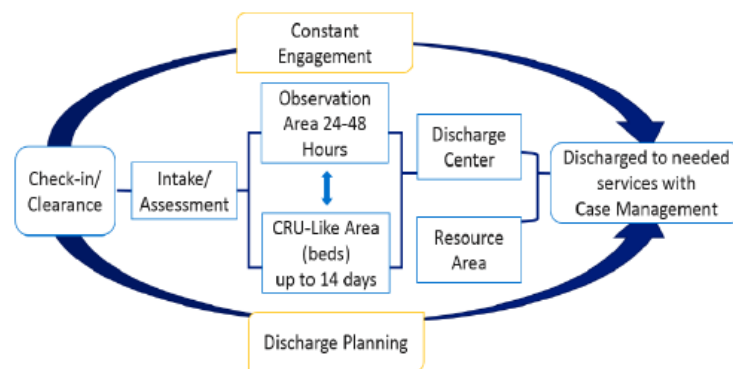
In 2019, the program diverted almost 1,800 people away from jail and prison, and over 70% of them were Black/African American or Hispanic. 220 were referred to the center by police and almost all of them were transported to the center by a law enforcement official. The average length of stay was 54 hours. In 87% of the cases, the crime committed that led to entry into the diversion program was criminal trespass. Approximately 90% of participants come at a time when they are experiencing homelessness.[128]

Participants in the center's programming are 1.3 times less likely to be booked into jail and "familiar faces" at the jail are 3.1 times less likely to be booked back into the jail after attending

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[126] *Harris County Mental Health Jail Diversion Program*, HARRIS CENTER FOR MENTAL HEALTH AND IDD, https://www.theharriscenter.org/Services/Our-Services/Harris-County-Mental-Health-Jail-Diversion-Program (last visited Dec. 7, 2020).
[127] *Id.*
[128] Interview with Professional at The Harris Center.

the center. 80% of people who come to the Diversion Center come only once. Every $1 spent on the Diversion Center saves the county $5.54. As the graph below demonstrates, program participants had almost 900 fewer jail bookings over the course of a year than did non-participants who were similarly situated.[129]
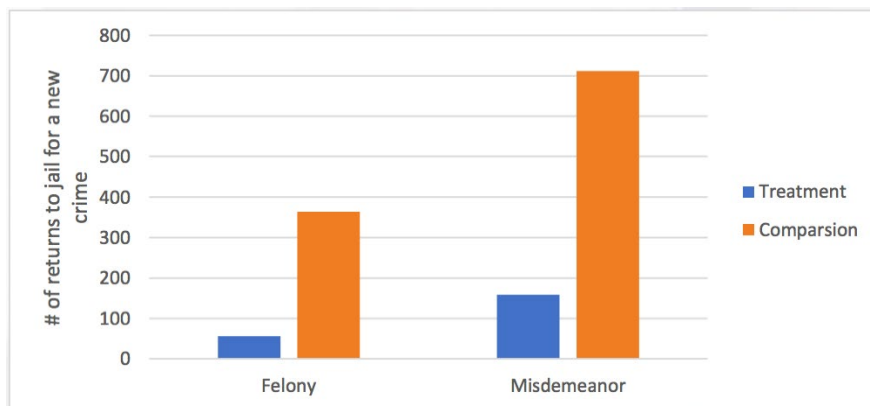
ii.   Establish a mechanism for follow-up on cases by mental health/social work providers

**Timeline:
Mid-term**

**Cost:
Low**

**Impact:
High**

A mechanism for follow-up on cases could be established through partnerships with external organizations or could be managed by a team internal to the BPD. The Portland Police Department has a Behavioral Health Unit ("BHU") that is comprised of five clinicians. All of their case referrals come directly from law enforcement. These clinicians remain involved with cases after the initial law enforcement contact. It is important to note, though, that according to someone familiar with the BHU, "'follow-up' can be [a] misleading [term] because cri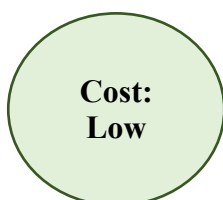ses are often ongoing." The follow-up, then, refers to following up after law enforcement interaction, which does not necessarily coincide with the end of a crisis. Clinicians in Portland's BHU may follow-up with people as soon as the day after their initial contact to connect them with resources such as mental health care, addiction recovery services, standard health care, housing resources, and community supports and services to ensure they are getting the help they need.

In Las Vegas, the Second Responders Emergency Medical Services Response Program, a non-profit staffed by social work and nursing school students and volunteers identifies repeat users of 911 services and follows up with them in an attempt to address their underlying health needs.

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[129] *Id.*

They work mostly with isolated older people who call 911 when they need assistance, often with non-emergencies. The program has reduced their clients' needs to call 911 by two-thirds.[130]

Follow-up by the appropriate professional provides individuals with a narrowly tailored response that considers their mid- and long-term well-being. The service' focus is rehabilitative in nature.

2. Further integrate mental health and social workers into the city's crisis response system

> **"There are some low-level calls where it might be appropriate to have [only] a social worker and a paramedic."**
> -Mental Health Professional in a Co-Response Program

A few U.S. cities dispatch mental health, social work, and/or other unarmed professionals to crisis scenes in response to 911 calls. Below is a review of some of the successes of such partnerships, categorized by the estimated timeline to implement, estimated costs, and the predicted impact.

Adding mental health and social work professionals to the list of people who can be dispatched allows a public safety system to more narrowly tailor its response to a crisis. Mental health and social work professionals are trained to consider how to meet the immediate, mid-term, and long-term needs of individuals through rehabilitative methods.

i.   Continue evaluating, expanding, and supporting a co-response model

Timeline: Mid-term	Cost: Medium	Impact: High
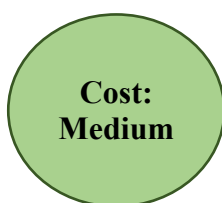
Boston currently maintains a co-response program through the Boston Emergency Services Team (BEST). The program, in operation since 2011, employs mental health clinicians and social workers who are tasked with assisting police in responding to mental health-related crises and other difficult situations. According to BPD, the purpose of the BEST program is "to provide real time, community-based psychiatric crisis services intended to stabilize nonviolent persons experiencing psychiatric emergencies."[131]

In 2017, BPD referred 509 people to BEST, a steady growth from the 25 individuals referred in 2010. That same year an additional 42 people were seen by clinicians in holding cells and police officers requested consultation on 209 cases using BEST's 1-800 number. Between 2011 and 2016, of the 1,127 incidents to which a clinician co-responded, less than 10% of cases involved criminal behavior and less than 1% involved an arrest. More than 15% of the cases were the

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[130] *Law Vegas Nonprofit Responds to Needs Underlying Nonemergency Calls to 911*, CATHOLIC HEALTH WORLD, May 1, 2019.
[131] BPD News, *Boston Police Department's Co-Response Program Continues to Evolve and Grow*, May 13, 2019.

result of suicidal ideation, 14% were related to a family dispute, and 16% involved a child's mental health crisis. In 14% of the cases, BPD officers transported people in crisis directly to a behavioral health urgent care center.[132]

In September of 2020, the Boston City Council allocated funding to hire an additional 15 social workers to the program, which would increase the total number of clinicians from four to 19; it is not clear that these additional clinicians have been hired as of the writing of this report.[133]

Boston's BEST program closely resembles co-response programs that have seen success in other metropolitan areas across the country. These programs allow for a more appropriate crisis response in situations where police alone lack the training or resources to provide adequate assistance. It will be important for Boston to continue to expand the co-response program, as well as to further integrate a mental health and social service orientation into law enforcement.

ii.   Add a mental health question to the 911 dispatch script

Timeline:
Short-term

Cost:
Low

Impact:
Low
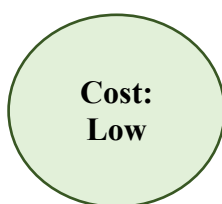
We heard from multiple cities that in a traditional public safety system, if a 911 call is not for fire or EMS, the default is to direct the call to the local police department. For this reason, at least one U.S. city is exploring the option of adding a question about mental health to their 911 dispatch script. When a 911 call is made, the first thing a caller would hear is, "Hello, 911. Is this a fire, health, police, or mental health emergency?" If Boston implemented this reform, the city would also need to adopt a protocol for how to best dispatch responders when callers report a mental health emergency. Updating the dispatch script would be a low-resource intensive project but would have little yield without also changing the responses to these calls, such that the responses could be more narrowly tailored to the need. One option for implementing this reform would be to devise a protocol for redirecting certain 911 calls to the BEST program, possibly to their 1-800 number, which would have the effect of introducing a mental-health oriented response system into the 911 dispatch mechanism.

iii.   Create a mental health division within the police department

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[132] *Police Response to People with Mental Illnesses: The Boston Experience*, RESEARCHGATE
[133] Danny McDonald, *Boston to Add 15 More Clinicians to Help Police with Mental Health Calls*, The Boston Globe, Sep. 4, 2020.

Timeline:
Mid-term

Cost:
Medium

Impact:
Medium
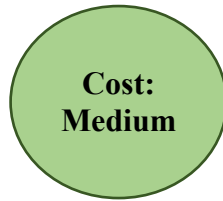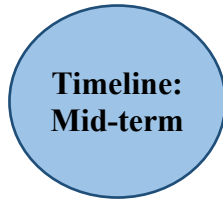
The police departments in Portland, OR, and Houston, TX, have dedicated mental health divisions. The Behavioral Health Unit ("BHU") in Portland employs five clinicians and provides crisis intervention training for Portland police officers. Houston's Mental Health Division employs both police officers and mental health clinicians and offers the following programs[134]:

- Crisis Intervention Response Team
- Homeless Outreach Team
- Crisis Intervention Training
- Chronic Consumer Stabilization Initiative

In both cities, the designated divisions empower law enforcement officials to request assistance from clinicians in mental health cases, which tend to be among the most challenging cases for police officers, allowing for more narrowly tailored responses that focus on rehabilitation versus punishment. The clinicians are equipped to target mid-term and long-term issues by addressing underlying issues such as mental health diagnoses and homelessness and provide community members with much-needed resources.

iv.   Direct appropriate calls to mental health or social work professionals

Timeline:
Long-term

Cost:
Medium

Impact:
High

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[134] CITY OF HOUSTON, TEXAS, *Police Department: Mental Health Division*,
http://www.houstontx.gov/police/divisions/mental_health/, (last visited Dec. 7, 2020).

For over 30 years, Eugene, OR, has had its Crisis Assistance Helping Out on the Streets ("CAHOOTS") program. As part of this program, an unarmed medic and mental health worker are dispatched (without law enforcement officials) to reports of mental health crises, substance abuse, or homelessness.[135] The program, which runs 24/7, utilizes the local police department's central dispatch but as an organization is separate from the police department. CAHOOTS workers arrive on scene wearing casual clothes in vans with the image of a dove on them (see image above).[136] CAHOOTS responders must complete 500 hours of training in medical care, conflict resolution, and crisis counseling. They use unconditional positive regard, trauma-informed de-escalation strategies, and harm reduction techniques. CAHOOTS teams provide immediate stabilization in cases of urgent medical or psychological crises. In addition to this, their services include[137]:

- Crisis counseling
- Suicide prevention, assessment, and intervention
- Conflict resolution and mediation
- Grief and loss
- Substance abuse
- Housing crisis
- First aid and non-emergency medical care
- Resource connection and referrals
- Transportation to services

Their response is very narrowly tailored to the issue at hand and focuses exclusively on rehabilitative versus punitive approaches and allows CAHOOTS responders to connect individuals with mid-term and long-term resources.

In 2019, CAHOOTS responded to roughly 24,000 calls and requested police backup only 150 times. CAHOOTS is allocated $2.1 million annually—around 2% of the Eugene and Springfield Police Departments' budgets—and answers 17% of the departments' calls. This amounts to a savings of around $8.5 million per year. Fewer than 1% of CAHOOTS' cases require police assistance and no one has ever been seriously injured throughout the program's duration.[138]

Oregon Senator Ron Wyden introduced a bill to Congress in August 2020 that would help other states/cities implement the CAHOOTS model using Medicaid funding.[139] The bill (S.4916) was referred to the Senate Committee on the Judiciary.[140]

Denver's pilot Support Team Assisted Response ("STAR") similarly sends a mental health professional and a paramedic to select 911 calls when public safety is not being threatened.

[135] Anna Smith, *There's Already an Alternative to Calling the Police*, HIGH COUNTRY NEWS, June 11, 2020.
[136] *Mental Health Wellness for Youth*, WHITE BIRD CLINIC, https://whitebirdclinic.org/portfolio/mental-health-wellness-for-youth/ (last visited Dec. 7, 2020).
[137] *CAHOOTS,* WHITE BIRD CLINIC, https://whitebirdclinic.org/cahoots/, (last visited Dec. 7, 2020).
[138] *Crisis Assistance Helping Out on the Streets Media Guide*, WHITE BIRD CLINIC, 2020.
[139] Jordyn Brown, *Wyden to Introduce National CAHOOTS Act Modeled after Eugene-based Unarmed Crisis Response Team*, REGISTER-GUARD, Aug. 4, 2020.
[140] U.S. CONGRESS, S.4916 FAMILIES Act, Nov. 18, 2020.

STAR members are able to work with individuals for much longer than police officials can (hours if needed) and build lasting relationships with individuals so they can connect them with long-term supports. In a 4-month pilot phase, STAR responded to over 350 calls and never called in police for back-up. The program cost $208,000 to launch.[141]

In June 2020, San Francisco's Mayor London Breed announced her plan to institute a similar program there.[142] By the end of November 2020, the city hopes to have its first mobile street crisis response team running seven days a week. The crisis response teams will be staffed by unarmed paramedics, mental health professionals, and peer support counselors. Peer support counselors will be individuals who have experienced substance recovery and potentially homelessness. Initially, these teams will take over police calls coded as a "report of a mentally disturbed person." In 2019, the San Francisco PD received almost 17,000 of these calls and only 132 of them reported a "potential for violence or a weapon." Organizers hope to expand the types of calls to which these teams respond over time. San Francisco will be the largest city in which a program like this will be implemented in the U.S.[143]

3. Add additional crisis intervention training for BPD officers

**Timeline:
Mid-term**

**Cost:
Low**

**Impact:
Medium**
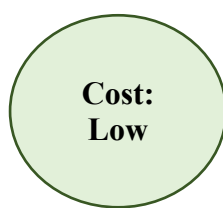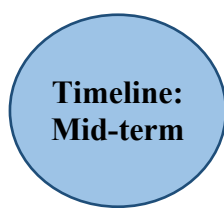
All BPD recruits currently receive an "Effective Communication" training which covers de-escalation strategies.[144] Some law enforcement officers also receive Crisis Intervention Training ("CIT") through grants provided by the Massachusetts Department of Mental Health ("DMH").[145] CIT is a 40-hour training course organized into the following themes:[146]

> **"One thing we did that helped the training be received positively is we marketed [it] as officer safety training. The way you present the training is important for buy-in."**
> -Law Enforcement Official

- Increased understanding of behavioral health
- Effective communication and engagement skills

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[141] Elise Schmelzer, *Call Police for a Woman who is Changing Clothes in an Alley? A New Program in Denver Sends Mental Health Professionals Instead*, DENVER POST, Sept. 6, 2020.
[142] Maura Dolan, *London Breed Pushes San Francisco Reforms: Police No Longer will Respond to Noncriminal Calls*, LOS ANGELES TIMES, June 12, 2020.
[143] Eric Westervelt, *Removing Cops from Behavioral Crisis Calls: 'We Need to Change the Model'*, NPR NEWS, Oct. 19, 2020.
[144] *Boston Police Department Announces Integration of Campaign Zero "8 Can't Wait" and EPIC Program Recommendations to Use of Force Policies*, BPD NEWS, June 11, 2020.
[145] *Crisis Intervention Team Program*, MASS. ASS'N FOR MENTAL HEALTH, https://www.mamh.org/science-innovation/tested-solutions/crisis-intervention-team-program (last visited Dec. 7, 2020).
[146] *CIT Training Overview*, METROBOSTON, https://www.metrobostoncit.org/what-is-cit-training (last visited Dec. 7, 2020) (hereinafter *CIT Training Overview*, METROBOSTON).

- Verbal and tactical de-escalation
- Navigating community resources
- Risk assessment tools

Studies of CIT have found increased police officer satisfaction and a reduction in self-perceptions of use of force. Cost savings have been documented in some cities after implementing CIT training. The exact impact of CIT training varies by context, but the training likely leads to jail diversion to psychiatric facilities.[147] Communities where CIT Trainings and teams are vigorously implemented see a decrease in serious and fatal police incidents.[148] Equipping police officers with these tools allows them to more narrowly tailor their responses to an individual's needs and shifts the focus away from punitive measures.

Boston could consider making CIT mandatory for all law enforcement officers. DMH currently recommends that 20 percent of all officers in a given department receive CIT, and many police departments in Massachusetts have voluntarily set the goal of achieving a 100 percent training rate.[149] These measures could be encouraged and further expanded by requiring CIT for all officers in the Boston area.

4. Increase investments in and referrals to community mediation centers

Mediation is a voluntary process through which disputing parties have the opportunity to discuss their dispute and potential solutions with a neutral third-party mediator. Various models of mediation exist.[150] Over 130 cities across the U.S. have community mediation centers.[151] The commonwealth of Massachusetts funds 12 community mediation centers, three of which serve the residents of Suffolk county.[152] Across the state of MA in 2019, these 12 centers handled more than 4,000 cases. In almost 73% of the cases, the parties came to a mediated agreement. The commonwealth's 2019 investment of $990,000 in these mediation centers led to a total return (in cost savings and leveraged resources) of over $13.5 million.

> **"While we're reforming 911, we're looking at all the ways we could prevent things from ever reaching the point of calling 911."**
> -Community Mediator

By creating a space in which parties can resolve their disputes, mediation can prevent conflict from escalating to the point of requiring crisis intervention (a 911 call). This benefit might extend beyond the immediate dispute at issue in a mediation, as parties' relationships with each

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[147] Michael Rogers, Dale McNiel, & Renée Binder, *Effectiveness of Police Crisis Intervention Training Programs*, J. OF AMERICAN ACADEMY OF PSYCHIATRY AND LAW, Sept. 2019.

[148] *Understanding CIT*, METROBOSTON, https://www.metrobostoncit.org/new-page (last visited Dec.7, 2020).

[149] *CIT Training Overview*, METROBOSTON

[150] Katie Shonk, *Types of Mediation: Choose the Type Best Suited to your Conflict*, HARV. LAW SCHOOL PROGRAM ON NEGOTIATION, May 7, 2020.

[151] NAT'L ASS'N FOR COMMUNITY MEDIATION, https://www.nafcm.org/search/newsearch.asp (last visited Dec. 7, 2020).

[152] *Funded Centers*, MASS. OFFICE OF PUBLIC COLLABORATION, https://www.umb.edu/mopc/what_we_do/projects/community_mediation_center_grant_program/centers (last visited Dec. 7, 2020).

other may improve as a result of the mediation. Of mediation participants surveyed in MA in 2019, the following was found:[153]

- 48% reported decreased conflict/tension about topics discussed in the mediation
- 46% said communication between them and the other party had improved
- 32% reported an improved relationship with the other party
- 43% reported an increased ability to handle disputes

Below is a review of the successes and visions of another state's community mediation centers. A resounding theme we heard regarding community mediation centers is that the mediators must be representative (racially, culturally, socio-economically, etc.) of the communities they serve. This is supported by research.[154]

    i.   Increase referrals to mediation

Timeline: Mid-term

Cost: Low

Impact: Medium
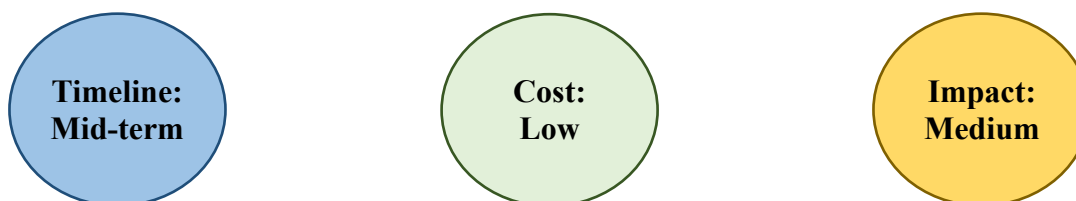
One community mediator with whom we spoke described a collaboration between their mediation center in Maryland and the local DA's office. The mediation center identifies a list of misdemeanors for which they believe mediation may be effective. Someone at the DA's office pulls cases involving that list of misdemeanors and allows mediation center representatives to screen them. The mediators select cases for which they think mediation would be a good fit and then secure prosecutor approval before proceeding to mediation. If participants come to a mediated agreement, the DA's office generally chooses not to prosecute the case or to put it on the inactive docket and allow it to close within a year if no additional actions are brought. This directs folks away from the court process to a more rehabilitative process that is narrowly tailored to resolve conflict and which allows more attention to be paid to mid-term and long-term conflict. When criminal misdemeanor cases are sent to mediation, the predicted probabilities of various outcomes are statistically significantly different (see table below).[155]

	Mediated Case	Non-Mediated Case
Judicial Action	5.3%	29%
Jury Trial Prayed	2.4%	13%
Supervised Probation or Jail-time	0.9%	8.3%

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[153] *Massachusetts Community Mediation Grant Program*, MASS. OFFICE OF PUBLIC COLLABORATION & JOHN W. MCCORMACK GRADUATE SCHOOL OF POLICY & GLOBAL STUDIES, Dec. 2019.

[154] Lorig Charkoudian & Ellen Kabcenell Wayne, *Does It Matter If My Mediator Looks Like Me: The Impact of Racially Matching Participants and Mediators*, 15 DISP. RESOL. MAG. 22 (2009).

[155] *Impact of Mediation on Criminal Misdemeanor Cases*, STATE JUST. INSTITUTE & MARYLAND JUDICIARY, Sept. 2016, https://mdcourts.gov/sites/default/files/import/courtoperations/pdfs/criminalcourtimpactreport.pdf.

Additionally, the mediated cases are nearly five times less likely to return to criminal court than non-mediated cases.

The community mediation center is also leveraging the networks of well-connected community members to increase referrals to mediation. For example, they have partnered with local pastors, barbers, and salon owners, people who frequently hear stories of ongoing conflict. These trusted community members explain mediation and provide a mediation center business card to people who share conflicts for which mediation may be appropriate.

  ii.   Offer re-entry mediation services

Timeline: Mid-term   **Cost: Low**   **Impact: Medium**
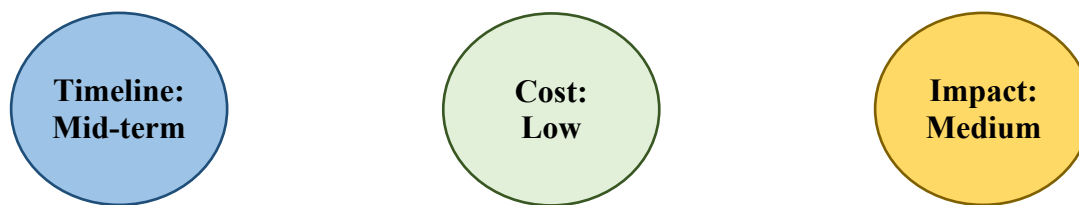
Community Mediation Maryland offers mediation services to folks who are incarcerated before they are released from prison. This service connects incarcerated individuals who will soon be released with a support person from their life (family, friend, etc.) and fosters a conversation to prepare them both for the person's release. Someone's incarceration can create difficult emotions for both them and their support systems. Creating space to work through these emotions before re-entry helps people plan out how to successfully move forward upon release.   One mediation session (lasting about two hours) decreases the predicted probability of re-incarceration by 10%. Each addition mediation session decreases that probability by another 7%.[156] Their website describes mediation as, "a short term intervention with a long term impact."[157] It provides incarcerated individuals with the opportunity to improve their relationships, which serves rehabilitative ends.

Recommendations	Timeline	Cost	Impact
Crisis drop-off centers	Long-term	High	High
Establish mechanism for mental health follow up	Mid-term	Medium	High
Expand Co-Response Model	Mid-term	Medium	High
Add mental health question to 911 dispatch script	Short-term	Low	Low
Create mental health division within BPD	Mid-term	Medium	Medium

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[156] *Re-entry Mediation Evaluation Results*, COMMUNITY MEDIATION MARYLAND, https://re-entrymediation.org/evaluation-results/ (last visited Dec. 7, 2020).
[157] *Re-entry Mediation*, COMMUNITY MEDIATION MARYLAND, https://re-entrymediation.org/ (last visited Dec. 7, 2020).

Direct appropriate 911 calls to mental health/social work professionals	Long-term	Medium	High
Add additional CIT opportunities for BPD officers	Mid-term	Low	Medium
Increase referrals to mediation	Mid-term	Low	Medium
Offer re-entry mediation services	Mid-term	Low	Medium

B. Enlist Key Stakeholders to Select Reforms & Create Implementation Plans

The City of Boston should convene a group of stakeholders and task them with outlining (1) reforms that will improve Boston's public health and safety systems and (2) a plan for implementing those reforms. The group should be representative of the community and should include at least the following:

- Police reform advocates
- Community members
    - Particularly those who are representative of communities that are disproportionately stopped/arrested by law enforcement officials
    - From under-policed areas
    - Who are concerned about crime
- Representatives from BPD
- Dispatch employee(s)
- Social work and mental health professionals
- A representative of the BEST Team

The group should be given sufficient time and resources to explore deeply the needs of the community and to solicit feedback on their proposals from the broader community, and they should have access to any relevant data sets that are not protected under law. The group should provide plans for establishing a mechanism for collecting and responding to ongoing feedback from community members and other stakeholders.

1. Buy-in from stakeholders is essential if reforms are to be effective.

A consistent theme throughout all of our conversations with subject-matter experts was that stakeholders must buy into public safety reforms if they are to be successful. For purposes of this report, buy-in means that the stakeholder understands why a reform is needed, believes that the reform will have a positive effect, and supports efforts to implement the reform. We want to highlight three stakeholder groups for whom buy-in is especially important: law enforcement officers and leaders, city officials, and the public.

First and foremost, buy-in from law enforcement is critical to the success of any public safety reform. This recognition was by far the most common among those with whom we spoke from cities that have adopted alternative approaches to public safety. It is doubtless that any changes to a city's public safety system will impact the role of police officers; it is also likely that changes will require the active participation of and support from law enforcement. As an

example, a program where clinicians co-respond to emergency calls with police would require police officers to (1) accept clinicians as part of the response team, (2) understand how and when a clinician might be equipped to respond to a situation, and (3) cede some authority to the clinician in situations where a clinical response is most appropriate. Police have substantial opportunity to undermine or impede the program's implementation, and they might take those opportunities if they do not believe that the program will improve public safety relative to the status quo. Conversely, when police accept and embrace reforms, the opportunities for positive impact increase.[158]

Second, successful reform requires buy-in from city officials. Relevant officials include members of the city council, the mayor's office, and certain department leaders. These actors wield tremendous power, whether as the gatekeepers to public funding or as the drafters of law and policy. Their input and compliance are a necessary part of any reform to a city's public safety system. While buy-in from these officials may not be a concern in the months or years immediately following the introduction of a public safety reform, it may be difficult to maintain buy-in from officials who were not present for the initial design and passage of reforms. Without some way of cultivating buy-in among officials, electoral turnover risks bringing with it reduced program funding or the cancellation of programs altogether. But as is the case with police buy-in, if city officials buy into public safety reform efforts, their influence and resources can be used to further hone and improve the efficacy of reforms through engagement, evaluation, and innovation.

Third, the public must buy into new approaches to public safety. It likely goes without saying that the public, as the principal users of a public safety system, must believe in its efficacy, or else they may rationally choose to rely on other forms of crisis response when the need arises. Indeed, a chief concern of many public safety experts is the extent to which the current police-centric public safety system is perceived as unhelpful or dangerous to certain populations, particularly among minority groups. The public needs to be able to trust that the public safety system can and does help anyone who needs it, and this is especially true for persons of color who have internalized harms associated with police discrimination and violence.

C. A Note on Funding: Alternative approaches to public safety can be more cost efficient than the status quo.

While the primary consideration in public safety reform should always be how best to improve the lives of the people that the public safety system serves, cost can oftentimes interfere as an economic or political obstacle. New public safety programs often require additional public funding, sometimes making them unpalatable for legislators or policymakers operating under strict budgetary constraints. But many of the reforms proposed in this report have the potential to produce cost savings that make them more economically efficient than the status quo. Significant costs of the current public safety system, including those associated with imprisonment, repeat offenders, emergency response, and lost productivity, can be reduced by adopting alternative approaches.

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[158] For instance, in Houston, after the police department implemented mental health training for officers, a number of officers took up an interest in mental health and enrolled in outside classes to continue learning about these issues.

In Houston, for instance, the Houston Police Department's Crisis Call Diversion ("CCD") Program has saved the city an estimated $1.5 million per year, even after accounting for the costs of the program itself.[159] The CCD Program redirects non-emergent, non-life-threatening 911 calls that are mental health related to tele-counselors located at the 911 call center.[160] This program saves the city costs associated with unnecessary in-person responses from law enforcement and emergency medical services, while also providing a more narrowly tailored, mental health-oriented response to those experiencing mental health crises.

Other programs can reduce costs in similar ways. A crisis drop-off center would help to reduce costs associated with jail and imprisonment. Rehabilitative programs for those suffering from mental illness or experiencing homelessness can help reduce repeat offenses, thereby reducing costs associated with those offenses and resulting emergency responses. And rehabilitative programs that include job training and provide connections with employers would help to expand the working population and would further reduce the likelihood of repeat offenses.

One key takeaway from these examples is that it will be important for policymakers and stakeholders to account for both the short-term and long-term costs associated with any reforms they are contemplating. While some reforms may involve a large initial investment of public funds, it may be that those funds are likely to be recovered as the program takes effect. Regardless, the City should closely monitor costs and savings to ensure that public funds are being effectively allocated.

IX. Conclusion and Acknowledgments

Boston has already made substantial progress in reforming its approach to public safety. Still, there remains much to be done. Our hope is that the findings and recommendations contained in this report will help the City to build on its existing successes and to develop a public safety system that prioritizes community healing and well-being.

We'd like to acknowledge and thank the many public servants and practitioners who spoke with us about their work. In addition, we'd like to thank Jennifer Allison for her wonderful research assistance. And lastly, we'd like to extend our utmost gratitude to Rachel Viscomi, whose work and supervision made this project possible.

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[159] *Houston Police Department Mental Health Division, Annual Report* (2019) (access online at https://www.houstoncit.org/wp-content/uploads/2020/07/Annual-Report_2019.pdf).
[160] *Id.*

X. Appendix

Demographics of Boston and BPD[161]

Racial Demographics of the City of Boston

- White 44%
- Black 23%
- Hispanic 20%
- Asian 10%

White · Black · Hispanic · Asian

Racial Demographics of Boston Police Force

- White 65%
- Black 21%
- Hispanic 11%
- Asian 2%

White · Black · Hispanic · Asian

Racial Demographics of BPD Patrol Officers

- White 63%
- Black 22%
- Hispanic 12%
- Asian 3%

White · Black · Hispanic · Asian

Racial Demographics of BPD Captains

- White 85%
- Black 7%
- Hispanic 4%
- Asian 4%

White · Black · Hispanic · Asian

Racial Demographics of BPD Sargeants

- White 79%
- Black 14%
- Hispanic 6%
- Asian 1%

White · Black · Hispanic · Asian

Racial Demographics of BPD Lieutenants

- White 97%
- Black 3%

White · Black

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[161] Task Force Report, p. 18

Boston Police Task Force Recommendations

The Task Force recommended five high-level goals to the City of Boston. We do not seek to analyze their recommendations here, but present them briefly as a further illustration of the need for reform. The goals proposed by the Task Force are as follows:

i.   Create an independent Office of Police Accountability and Transparency ("OPAT") that has investigatory and subpoena power.[162]

The proposed structure of the OPAT is illustrated below.[163] On November 12, 2020, Mayor Walsh created by executive order Boston's first Civilian Review Board and strengthened the Internal Affairs Oversight Panel. He also announced his intention to file an ordinance with the city council that would create an OPAT.[164]
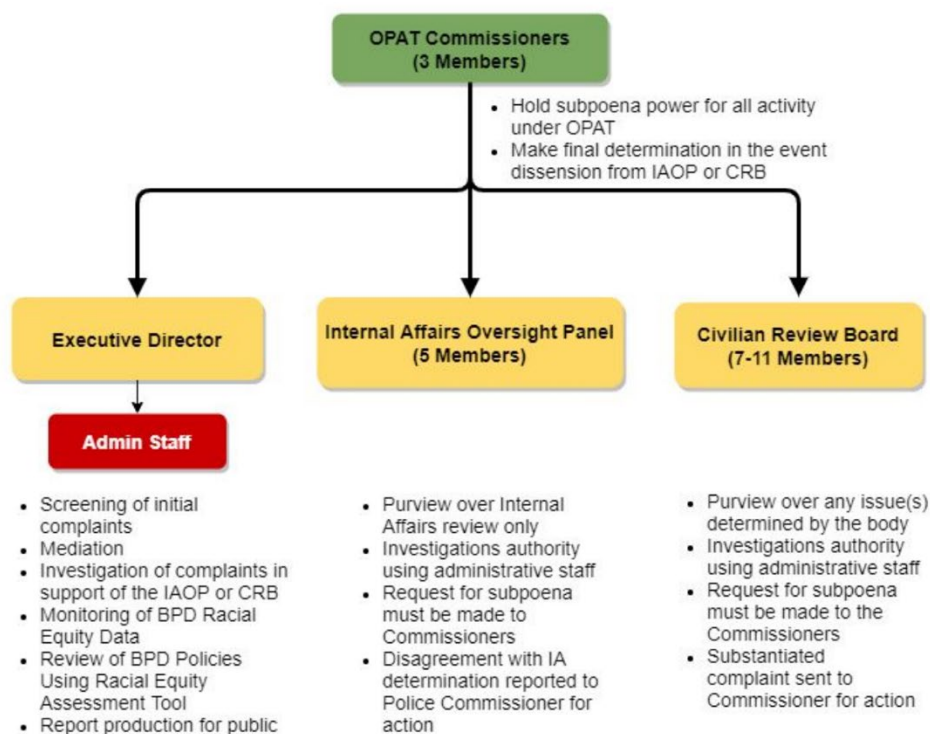
ii.   Create a Diversity and Inclusion unit within the BPD[165]

Currently, the BPD does not have a diversity and inclusion policy. The Task Force recommends that the Diversity and Inclusion unit prioritize local hiring by creating a preference for graduates of the Boston Public School (BPS) system. The Task Force suggests such a preference would

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[162] Task Force Report, pgs. 3-8

[163] Task Force Report, pgs. 1, 17

[164] *Mayor to File Ordinance to Create Office of Police Accountability and Transparency*, CITY OF BOSTON, Nov. 12 2020.

[165] Task Force Report, pgs. 8-11

increase BPD's diversity and increase the community connections of BPD personnel (see Pie Charts below).

Racial Demographics of the City of Boston

Racial Demographics of Boston Public Schools

iii.   Expand BPD's Body-Worn Camera Program & Maintain Biometrics and Facial Recognition Software Ban[166]

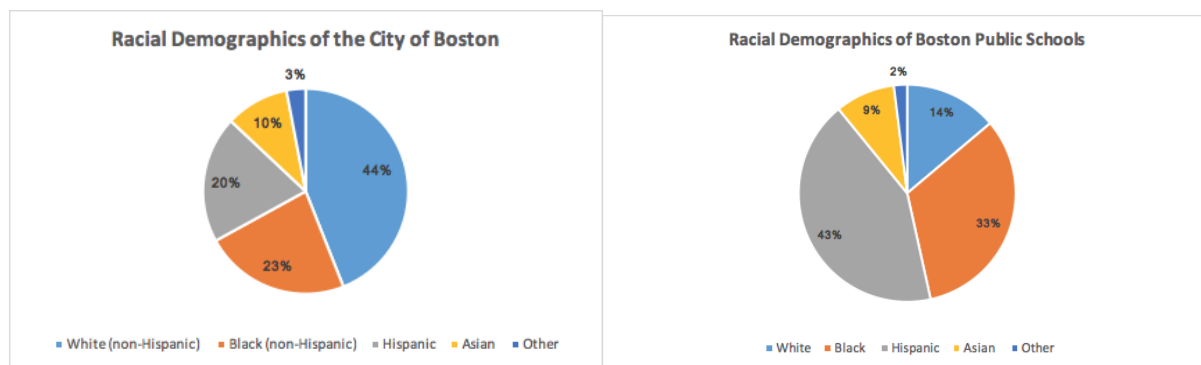The Task Force recommends requiring all uniformed officers to leave their body cameras on for the entirety of their work hours, with limited exceptions for officer privacy. Currently, the BPD has no formal process of ensuring body camera compliance[167] and officers are not required to wear body cameras while working overtime, leaving tens of thousands of police hours unrecorded.[OBJ][168] The Task Force also recommends making recordings available both to those recorded or their next of kin and to the public via FOIA requests.

iv.   Enhance BPD's Use of Force Policies; Include Clear Disciplinary Guidelines[169]

The Task Force recommends that the BPD create clear policies regarding use of force and disciplinary steps for infractions. Toward this end, they recommend publicly reporting data on the use of force, arrest-related deaths, and officer infractions. Currently, the only BPD datasets provided on Boston's public data dashboard are crime incident reports, firearm recovery counts, and field interrogation and observation data.[170]

v.   Maximize accountability, transparency, and public access to the BPD[171]

The Task Force advises the city of Boston to ensure that all reporting tools are accessible to all Boston residents. This includes making the data available in the languages spoken by Boston residents and accessible on all types of devices.

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[166] Task Force Report, pg. 11
[167] Ally Jarmanning, *Boston Police has no Formal Policy to Check Body Camera Compliance*, WBUR NEWS, Oct. 28, 2020.
[168] Ally Jarmanning, *Boston Police Working Overtime Still do not Wear Body Cameras, Despite City's Pledge a Year Ago*, WBUR NEWS, Oct. 7, 2020.
[169] Task Force Report, pgs. 12-13
[170] *BPD Crime Incident Reports*
[171] Task Force Report, pgs. 13-14

**CIR Data Categories: How the Original BPD Categories
Fit into the Categories Used in our Analysis**

Condensed Categories Used in Report	Original BPD Categories	Total # CIRs	% of all CIRs
Abduction/Kidnapping	ABDUCTION - INTICING	42	0.043%
	KIDNAPPING/CUSTODIAL KIDNAPPING/ ABDUCTION		
	KIDNAPPING/CUSTODIAL KIDNAPPING		
	KIDNAPPING - ENTICING OR ATTEMPTED		
Affray	AFFRAY	46	0.047%
Aircraft Incidents	AIRCRAFT INCIDENTS	19	0.019%
Animal Incidents	ANIMAL ABUSE	223	0.227%
	ANIMAL CONTROL - DOG BITES - ETC.		
	ANIMAL INCIDENTS		
	ANIMAL INCIDENTS (DOG BITES, LOST DOG, ETC)		
Annoying and Accosting	ANNOYING AND ACCOSTING	14	0.014%
Arson	ARSON	17	0.017%
Assault/Battery	ASSAULT - AGGRAVATED	8070	8.226%
	ASSAULT - AGGRAVATED - BATTERY		
	ASSAULT - SIMPLE		
	ASSAULT SIMPLE - BATTERY		
Auto Theft	AUTO THEFT	1283	1.308%
	AUTO THEFT - LEASED/RENTED VEHICLE		
	AUTO THEFT - MOTORCYCLE / SCOOTER		
Auto Law Violation	VAL - VIOLATION OF AUTO LAW	768	0.783%
	VAL - VIOLATION OF AUTO LAW - OTHER		
B&E Motor Vehicle	BREAKING AND ENTERING (B&E) MOTOR VEHICLE	65	0.066%
	BREAKING AND ENTERING (B&E) MOTOR VEHICLE (NO PROPERTY STOLEN)		
Ballistics Evidence	BALLISTICS EVIDENCE/FOUND	314	3.873%
Biological Threats	BIOLOGICAL THREATS	1	0.012%
Bomb Threat	BOMB THREAT	16	0.197%
Burglary	BURGLARY - COMMERICAL	1619	1.650%
	BURGLARY - COMMERICAL - ATTEMPT		
	BURGLARY - COMMERICAL - FORCE		
	BURGLARY - COMMERICAL - NO FORCE		
	BURGLARY - OTHER - ATTEMPT		

	BURGLARY - OTHER - FORCE		
	BURGLARY - OTHER - NO FORCE		
	BURGLARY - RESIDENTIAL		
	BURGLARY - RESIDENTIAL - ATTEMPT		
	BURGLARY - RESIDENTIAL - FORCE		
	BURGLARY - RESIDENTIAL - NO FORCE		
Child Abandonment / Endangerment / CHINS / Delinquency	CHILD ABANDONMENT (NO ASSAULT)	144	0.147%
	CHILD ENDANGERMENT		
	CHILD ENDANGERMENT (NO ASSAULT)		
	CHILD ENDANGERMENT/ABANDONMENT (NO ASSAULT)		
	CHILD REQUIRING ASSISTANCE (FOMERLY CHINS)		
	CHINS		
	CONTRIBUTING TO DELINQUENCY OF MINOR		
Conspiracy (except drug law)	CONSPIRACY EXCEPT DRUG LAW	9	0.009%
Dangerous or Hazardous Conditions	DANGEROUS OR HAZARDOUS CONDITION	64	0.065%
Death Investigation	DEATH INVESTIGATION	390	0.398%
Demonstrations/Riot	DEMONSTRATIONS/RIOT	46	0.047%
Disorderly Conduct/ Disturbing the Peace	DISORDERLY CONDUCT	514	0.524%
	DISTURBING THE PEACE		
	DISTURBING THE PEACE/ DISORDERLY CONDUCT/ GATHERING CAUSING ANNOYANCE/ NOISY PAR		
Drugs	DRUGS - CLASS A TRAFFICKING OVER 18 GRAMS	4658	4.748%
	DRUGS - CLASS B TRAFFICKING OVER 18 GRAMS		
	DRUGS - CLASS D TRAFFICKING OVER 50 GRAMS		
	DRUGS - CONSP TO VIOL CONTROLLED SUBSTANCE		
	DRUGS - OTHER		
	DRUGS - POSS CLASS A - HEROIN, ETC.		
	DRUGS - POSS CLASS A - INTENT TO MFR DIST DISP		
	DRUGS - POSS CLASS B - COCAINE, ETC.		
	DRUGS - POSS CLASS B - INTENT TO MFR DIST DISP		
	DRUGS - POSS CLASS C		
	DRUGS - POSS CLASS C - INTENT TO MFR DIST DISP		
	DRUGS - POSS CLASS D		
	DRUGS - POSS CLASS D - INTENT TO MFR DIST DISP		
	DRUGS - POSS CLASS E		
	DRUGS - POSS CLASS E - INTENT TO MFR DIST DISP		
	DRUGS - POSSESSION		

	DRUGS - POSSESSION OF DRUG PARAPHANALIA		
	DRUGS - POSSESSION/ SALE/ MANUFACTURING/ USE		
	DRUGS - SALE / MANUFACTURING		
	DRUGS - SICK ASSIST - HEROIN		
	DRUGS - SICK ASSIST - OTHER HARMFUL DRUG		
	DRUGS - SICK ASSIST - OTHER NARCOTIC		
	SICK ASSIST - DRUG RELATED ILLNESS		
Drunkenness	DRUNKENNESS	7	0.007%
Embezzlement	EMBEZZLEMENT	85	0.087%
Evading Fare	EVADING FARE	107	0.109%
Explosives	EXPLOSIVES - POSSESSION OR USE	7	0.007%
	EXPLOSIVES - TURNED IN OR FOUND		
Extortion or Blackmail	EXTORTION OR BLACKMAIL	63	0.064%
Fire Report	FIRE REPORT	509	0.519%
	FIRE REPORT - CAR, BRUSH, ETC.		
	FIRE REPORT - HOUSE, BUILDING, ETC.		
	FIRE REPORT/ALARM - FALSE		
Firearm Report	FIREARM/WEAPON - ACCIDENTAL INJURY / DEATH	515	0.525%
	WEAPON - FIREARM - CARRYING / POSSESSING, ETC		
	WEAPON - FIREARM - OTHER VIOLATION		
	WEAPON - FIREARM - SALE / TRAFFICKING		
	FIREARM/WEAPON - FOUND OR CONFISCATED		
	FIREARM/WEAPON - LOST		
Forgery / Counterfeiting	FORGERY / COUNTERFEITING	369	0.376%
Fraud	FRAUD - CREDIT CARD / ATM FRAUD	2755	2.808%
	FRAUD - FALSE PRETENSE / SCHEME		
	FRAUD - IMPERSONATION		
	FRAUD - WELFARE		
	FRAUD - WIRE		
Fugitive from Justice	FUGITIVE FROM JUSTICE	77	0.078%
Graffiti	GRAFFITI	124	0.126%
Harassment	HARASSMENT	1459	1.487%
	CRIMINAL HARASSMENT		
	Fondling - Indecent Assault		
	HARASSMENT/ CRIMINAL HARASSMENT		
Harbor Incident/ Violation	HARBOR INCIDENT / VIOLATION	77	0.078%
Home Invasion	HOME INVASION	11	0.011%
Human Trafficking	HUMAN TRAFFICKING - INVOLUNTARY SERVITUDE	2	0.002%
Injury Bicycle No M/V Involved	INJURY BICYCLE NO M/V INVOLVED	17	0.017%

Intimidating Witness	INTIMIDATING WITNESS	76	0.077%
Investigate Person	INVESTIGATE PERSON	6084	6.201%
Investigate Property	INVESTIGATE PROPERTY	3756	3.828%
Investigation for Another Agency	INVESTIGATION FOR ANOTHER AGENCY	49	0.050%
Landlord - Tenant	LANDLORD - TENANT	312	0.318%
	LANDLORD - TENANT SERVICE		
Larceny	LARCENY ALL OTHERS	10479	10.681%
	LARCENY PICK-POCKET		
	LARCENY PURSE SNATCH - NO FORCE		
	LARCENY PURSE SNATCH - NO FORCE		
	LARCENY SHOPLIFTING		
	LARCENY THEFT FROM BUILDING		
	LARCENY THEFT FROM COIN-OP MACHINE		
	LARCENY THEFT FROM MV - NON-ACCESSORY		
	LARCENY THEFT OF BICYCLE		
	LARCENY THEFT OF MV PARTS & ACCESSORIES		
License Premise Violation	LICENSE PREMISE VIOLATION	619	0.631%
Liquor Violation	LIQUOR - DRINKING IN PUBLIC	446	0.455%
	LIQUOR LAW VIOLATION		
	LIQUOR/ALCOHOL - DRINKING IN PUBLIC		
M/V Plates Lost	M/V PLATES - LOST	151	0.154%
MANSLAUGHTER - VEHICLE - NEGLIGENCE	MANSLAUGHTER - VEHICLE - NEGLIGENCE	1	0.001%
Missing Person	MISSING PERSON	2874	2.929%
	MISSING PERSON - LOCATED		
	MISSING PERSON - NOT REPORTED - LOCATED		
Motor Vehicle Accident/Leaving Scene	M/V - LEAVING SCENE - PERSONAL INJURY	11532	11.755%
	M/V - LEAVING SCENE - PROPERTY DAMAGE		
	M/V ACCIDENT - INVOLVING Â BICYCLE - INJURY		
	M/V ACCIDENT - INVOLVING BICYCLE - INJURY		
	M/V ACCIDENT - INVOLVING BICYCLE - NO INJURY		
	M/V ACCIDENT - INVOLVING PEDESTRIAN - INJURY		
	M/V ACCIDENT - INVOLVING PEDESTRIAN - NO INJURY		
	M/V ACCIDENT - OTHER		
	M/V ACCIDENT - OTHER CITY VEHICLE		
	M/V ACCIDENT - PERSONAL INJURY		
	M/V ACCIDENT - POLICE VEHICLE		
	M/V ACCIDENT - PROPERTY Â DAMAGE		
	M/V ACCIDENT - PROPERTY DAMAGE		

	M/V ACCIDENT INVOLVING PEDESTRIAN - INJURY		
Murder, Non-Negligent Manslaughter	MURDER, NON-NEGLIGIENT MANSLAUGHTER	47	0.048%
Noisy Party	NOISY PARTY/RADIO-ARREST	96	0.098%
	NOISY PARTY/RADIO-NO ARREST		
Obscene Materials	OBSCENE MATERIALS - PORNOGRAPHY	56	0.057%
Obscene Phone Calls	OBSCENE PHONE CALLS	8	0.008%
Operating MV Illegally	VAL - OPERATING AFTER REV/SUSP.	1638	1.670%
	VAL - OPERATING UNREG/UNINS Â CAR		
	VAL - OPERATING W/O AUTHORIZATION LAWFUL		
	VAL - OPERATING WITHOUT LICENSE		
Operating Under the Influence	OPERATING UNDER THE INFLUENCE (OUI) ALCOHOL	155	0.158%
	OPERATING UNDER THE INFLUENCE (OUI) DRUGS		
	OPERATING UNDER THE INFLUENCE ALCOHOL		
	OPERATING UNDER THE INFLUENCE DRUGS		
Other Offense	OTHER OFFENSE	149	0.152%
Possession of Burglarious Tools	POSSESSION OF BURGLARIOUS TOOLS	50	0.051%
Prisoner Related Calls	PRISONER - SUICIDE / SUICIDE ATTEMPT	8	0.008%
	PRISONER ATTEMPT TO RESCUE		
	PRISONER ESCAPE / ESCAPE & RECAPTURE		
Property - Accidental Damage	PROPERTY - ACCIDENTAL DAMAGE	251	0.256%
Property - Concealing Leased	PROPERTY - CONCEALING LEASED	9	0.009%
Property Missing, Found, Stolen	PROPERTY - FOUND	4644	4.734%
	PROPERTY - LOST		
	PROPERTY - LOST THEN LOCATED		
	PROPERTY - LOST/ MISSING		
	PROPERTY - MISSING		
	STOLEN PROPERTY - BUYING / RECEIVING / POSSESSING		
	PROPERTY - STOLEN THEN RECOVERED		
Prostitution	PROSTITUTION	49	0.050%
	PROSTITUTION - ASSISTING OR PROMOTING		
	PROSTITUTION - COMMON NIGHTWALKER		
	PROSTITUTION - SOLICITING		
Protective Custody / Safekeeping	PROTECTIVE CUSTODY / SAFEKEEPING	6	0.006%
Rape	SEX OFFENSE - RAPE - FONDLING	55	0.056%
	SEX OFFENSE - RAPE - OTHER		
	SEX OFFENSE - RAPE - FORCIBLE		

	SEX OFFENSE - RAPE - SODOMY		
Recovered MV	RECOVERED - MV RECOVERED IN BOSTON (STOLEN IN BOSTON) MUST BE SUPPLEMENTAL	270	0.275%
	RECOVERED - MV RECOVERED IN BOSTON (STOLEN OUTSIDE BOSTON)		
Recovered Stolen Plate	RECOVERED STOLEN PLATE	14	0.014%
Report Affecting Other Depts.	REPORT AFFECTING OTHER DEPTS.	39	0.040%
Robbery	ROBBERY	1045	1.065%
	ROBBERY - BANK		
	ROBBERY - CAR JACKING		
	ROBBERY - COMMERCIAL		
	ROBBERY - HOME INVASION		
	ROBBERY - OTHER		
	ROBBERY - STREET		
Search Warrant	SEARCH WARRANT	307	0.313%
Service	SERVICE TO OTHER AGENCY	975	0.994%
	SERVICE TO OTHER PD INSIDE OF MA.		
	SERVICE TO OTHER PD OUTSIDE OF MA.		
Sexual Assault Kit Collected	SEXUAL ASSAULT KIT COLLECTED	19	0.019%
Sick/Injured/Medical	SICK ASSIST	7806	7.957%
	SICK/INJURED/MEDICAL - PERSON		
	SICK/INJURED/MEDICAL - POLICE		
Stalking	STALKING	9	0.009%
Sudden Death	SUDDEN DEATH	403	0.411%
Suicide	SUICIDE / SUICIDE ATTEMPT	81	0.083%
Threats to do Bodily Harm	THREATS TO DO BODILY HARM	2802	2.856%
Towed Motor Vehicle	TOWED MOTOR VEHICLE	3290	3.353%
Trespassing	TRESPASSING	957	0.975%
Truancy / Runaway	TRUANCY / RUNAWAY	8	0.008%
Vandalism	VANDALISM	4030	4.108%
Verbal Dispute	VERBAL DISPUTE	5371	5.475%
Violation - Restraining Order	VIOL. OF RESTRAINING ORDER W ARREST	518	0.528%
	VIOL. OF RESTRAINING ORDER W NO ARREST		
	VIOLATION - RESTRAINING ORDER (NO ARREST)		
Violation - City Ordinance	VIOLATION - CITY ORDINANCE	172	0.175%
	VIOLATION - CITY ORDINANCE CONSTRUCTION PERMIT		
Violation - Harassment Prevention Order	VIOLATION - HARASSMENT PREVENTION ORDER	16	0.016%
Violation - Hawker and Peddler	VIOLATION - HAWKER AND PEDDLER	13	0.013%
Warrant Arrest	WARRANT ARREST	1600	1.631%
	WARRANT ARREST - BOSTON WARRANT (MUST BE SUPPLEMENTAL)		

	WARRANT ARREST - OUTSIDE OF BOSTON WARRANT		
Weapon - Other	WEAPON - OTHER - CARRYING / POSSESSING, ETC	199	0.203%
	WEAPON - OTHER - OTHER VIOLATION		
Weapon Violation	WEAPON VIOLATION - CARRY/ POSSESSING/ SALE/ TRAFFICKING/ OTHER	57	0.058%

Boston Public Schools Demographics

The Boston Public School system (BPS) is responsible for over 54,000 students across 125 schools.[172] The student population creates some unique opportunities and challenges for BPS. Its students hail from 139 different countries with almost one in every two students speaking a language other than English at home; it is one of the most diverse school districts in the country. In the 2019-20 school year, 43% of BPS students were Hispanic, 33% were Black, 14% were white, and 9% were Asian.[173] 21% of BPS students have a disability (compared to 14% nationally[174]) and 72% are economically disadvantaged.[175] The poverty rate among children in Boston is nearly 27%,[176] compared to 16% nationally.[177]

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[172] *Facts and Figures*, BOSTON PUBLIC SCHOOL, https://www.bostonpublicschools.org/domain/238 (last visited Dec. 7, 2020).

[173] *Boston Public Schools at a Glance 2019-2020*, BPS COMMUNICATIONS OFFICE, Dec. 2019 (hereinafter *BPS at a Glance 2019-20*).

[174] Katherine Schaeffer, *As Schools Shift to Online Learning Amid Pandemic, Here's what we Know about Disabled Students in the U.S.*, PEW RESEARCH CENTER, Apr. 23, 2020.

[175] *BPS at a Glance 2019-20*

[176] *Poverty in Boston*, BOSTON REDEVELOPMENT AUTHORITY, Mar. 2014.

[177] *An Urgent and Preventable Crisis*, CHILDREN'S DEFENSE FUND, 2020.