

Executive Summary

September 2015



Diagnostic Analysis of the City of Rockford, IL

Opportunities for Evidence-Based Technical Assistance

Deliberative and Predecisional

Preface: OJP Diagnostic Center Confidentiality Policy

This document is confidential and is intended solely for the use and information of the Department of Justice (DOJ) and the City of Rockford and its partners, as part of an intergovernmental engagement between these entities.

The Office of Justice Programs (OJP) Diagnostic Center considers all information provided to the Diagnostic Center by the requesting state, local or tribal community or organization to be confidential in nature, including any materials, interview responses and recommendations made in connection with the assistance provided through the Diagnostic Center. Information provided to OJP is presented in an aggregated, non-attributed form, and will not be discussed or disclosed to anyone not authorized to be privy to such information without the consent of the state, local or tribal requesting executive, subject to applicable laws.

Booz | Allen | Hamilton



Acknowledgements: The authors thank the many individuals and organizations that contributed to this Diagnostic Analysis, including Subject Matter Experts David Olson, Ph.D., Loyola University Chicago; Lt. Thomas Woodmansee, Madison Police Department; and Dr. Rod K. Brunson, Rutgers School of Criminal Justice. We would also like to thank representatives from the National Center for Injury Prevention and Control and Agency for Toxic Substances and Disease Registry, U.S. Centers for Disease Control and Prevention; Substance Abuse and Mental Health Services Administration and Health Resources and Services Administration, U.S. Department of Health and Human Services; Office of Juvenile Justice and Delinquency Prevention, Executive Office for U.S. Attorneys, Bureau of Justice Assistance, Office of Community Oriented Policing Services, U.S. Department of Justice; and the International Association of Chiefs of Police.

Department of Justice Disclaimer. This project was supported by Contract No GS-23F-9755H awarded by the Office of Justice Programs, Department of Justice, to Booz Allen Hamilton and its partners: the Institute for Intergovernmental Research and CNA. Points of view or opinions in this document are those of the author and do not necessarily represent the official position or policies of the Department of Justice.

Preface: About this Document

- ▶ This document is part of the technical assistance package provided by the U.S. Department of Justice (DOJ) Office of Justice Programs (OJP) Diagnostic Center in response to a request for assistance from the City of Rockford.
- ▶ Through services provided across OJP's many programs, the Diagnostic Center aims to fulfill a nationwide call from the criminal justice community to improve access to information on what works in preventing and controlling crime, as well as provide guidance on how to implement data-driven programming. Diagnostic Center services are customized for each community's justice problem.
- ▶ The purpose of this document is to:
 - *Identify and analyze the factors* that are contributing to the issues identified in the request from the City of Rockford.
 - *Recommend data-driven solutions and promising practices* that address the contributing factors. The community has responsibility for evaluating and selecting the practices that they deem the best fit to implement in their community.
 - *Inform development of a response strategy*, in close coordination with the requesting community leaders, for implementing the recommended data-driven solutions.

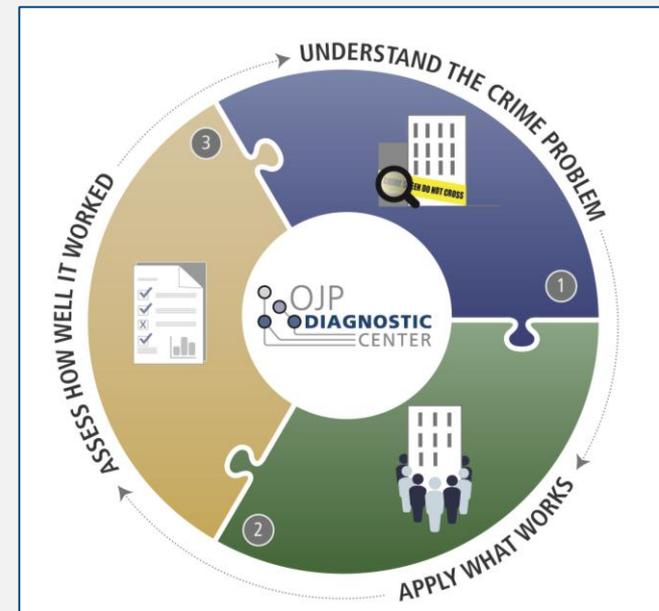


Table of Contents

- ▶ Overview
- ▶ Data Analysis and Key Findings
 - Community
 - Violent Crime
 - Heroin Abuse Data
 - Use of Force
 - Stakeholder Interviews
- ▶ Recommendations and Model Practices
- ▶ Training and Technical Assistance Plan
- ▶ Appendix



The City of Rockford requested assistance in addressing violent crime, heroin abuse and community-police relations

Rockford's goal is to develop strategies that are data-driven and effective in reducing violent crime and heroin abuse while improving community-police relations.

Support Area 1: Assess the scope of violent crime and heroin abuse

- ▶ Analyze violent crime data with emphasis on gun homicides and assaults.
- ▶ Analyze trends in heroin abuse using public health and law enforcement data.
- ▶ Identify criminal justice and public health responses to these problems.
- ▶ Assess the Rockford Area Violence Elimination Network (RAVEN) program compared to model practices in focused deterrence.

Support Area 2: Assess community-police relations

- ▶ Conduct onsite interviews with criminal justice, public health and community stakeholders.
- ▶ Identify strengths, gaps, challenges and recommendations for improvements.

Support Area 3: Expand capacity for data-driven decision-making

- ▶ Develop recommendations for addressing violent crime, heroin abuse and community-police relations.
- ▶ Assist Rockford with implementing recommendations through technical assistance and training.



The City's request came as a result of the Strong Cities, Strong Communities initiative and perceived increases in violent crime and heroin abuse

- ▶ Rockford's crime rate decreased from 13,230 (per 100,000) in 1999 to 9,167 in 2013. This drop in crime was due almost entirely to a reduction in property crime; violent crime increased in the same period, from 1,446 per 100,000 residents to 2,037. (Source: Illinois Uniform Crime Report [UCR]).
- ▶ Heroin overdoses and deaths were reportedly increasing and viewed as a serious problem in the Rockford area. Nationally, self-reported heroin abuse increased 150% from 2007-2013 and heroin-related deaths increased 152% from 2009-2013.
- ▶ The city of Rockford is a Strong Cities, Strong Communities (SC2) city, with a number of federal agencies providing support on a range of issues. Local government committees have formed to address crime, including the Violent Crime Task Force.
- ▶ Public health agencies – including Substance Abuse and Mental Health Services Administration (SAMHSA), Health Resources and Services Administration (HRSA) and the Centers for Disease Control and Prevention (CDC) – agreed to work with the Diagnostic Center on this engagement. These partnerships enable the identification of both criminal justice and prevention-oriented solutions.
- ▶ The city of Rockford seeks technical assistance to:
 - Assess the extent and scope of violent crime, specifically gun violence;
 - Determine the extent of heroin use and related issues;
 - Develop data-driven response strategies; and
 - Enhance community-police relations.



The City of Rockford and the Diagnostic Center completed the diagnose phase of evidence-based program selection and implementation

To complete the *diagnose phase*, the Diagnostic Center:

- ▶ Collected and analyzed violent crime and gun-related crime data to identify patterns and trends.
- ▶ Conducted on-site interviews of criminal justice, public health and community stakeholders.
- ▶ Identified training and technical assistance to strengthen strategies for reducing violent crime, gun violence, heroin abuse and improving community-police relations.

		Completed		Next Steps				
		Diagnose		Implement	Assess			
		Understand the Criminal Justice Problem	Find What Works in the Community	Do What Works in the Community	Assess How Well It Worked			
ACTIVITIES	1.1	Identify the need for an intervention	2.1	Understand what makes a program practice- or evidence-based	3.1	Determine necessary program adaptations (if needed)	4.1	Develop an evaluation strategy and tools
	1.2	Generate initial hypotheses on criminogenic contributing factors	2.2	Identify practice- or evidence-based program options	3.2	Develop program implementation and sustainability plans	4.2	Implement evaluation strategy and collect data
	1.3	Identify and interview stakeholders	2.3	Evaluate and select the "best fit" practice- or evidence-based model	3.3	Build or engage community coalitions	4.3	Conduct periodic reviews of evaluation results and program fidelity
	1.4	Collect and synthesize data to identify baseline indicators	2.4	Assess community and organizational readiness	3.4	Begin implementation and training activities	4.4	Share success stories and lessons learned
	1.5	Refine hypotheses and prioritize criminogenic contributing factors						
OUTPUTS	✓	Problem definition and scope	✓	Identification of "best fit" practice- or evidence-based model(s) and program design	✓	Delivery of interventions to target population	✓	Evaluation results, lessons learned, best practices, and measurement of change against baseline indicators
	✓	List of contributing factors and baseline indicators	✓	Best practices on how to implement the model	✓	More informed community	✓	Documentation of program accountability and integrity
	✓	Hypotheses for how each factor contributes to the problem	✓	Feasibility of implementing the model in your community	✓	Increased staff skills	✓	Recommendations for future program modifications and improvements
IMPACTS	✓	Understanding and data-driven diagnosis of problem	✓	Selection of "best fit" practice- or evidence-based model	✓	Successful implementation of practice- or evidence-based programs and practices, with fidelity and integrity	✓	Reduction or elimination of criminal justice problem
					✓	Immediate improvement in mission area	✓	Results that inform future management and funding decisions



The Diagnostic Center conducted 58 interviews and two focus groups with community stakeholders

The Diagnostic Center conducted interviews and analyzed data to:

- ▶ Develop a baseline understanding of the city of Rockford's violent crime and heroin use trends.
- ▶ Identify community perspectives and insights on the city of Rockford's responses to violence, heroin use and community-police relations.
- ▶ Identify the city of Rockford's strengths, challenges and areas for improvement.

Stakeholder Interviews

Law Enforcement

- ▶ Rockford Police Department (RPD)
- ▶ Winnebago County Sheriff's Office (WCSO)
- ▶ Winnebago County State's Attorney's Office (WCSAO)

City/County/State Government

- ▶ City of Rockford
- ▶ Rockford Housing Authority (RHA)
- ▶ Winnebago County

Courts

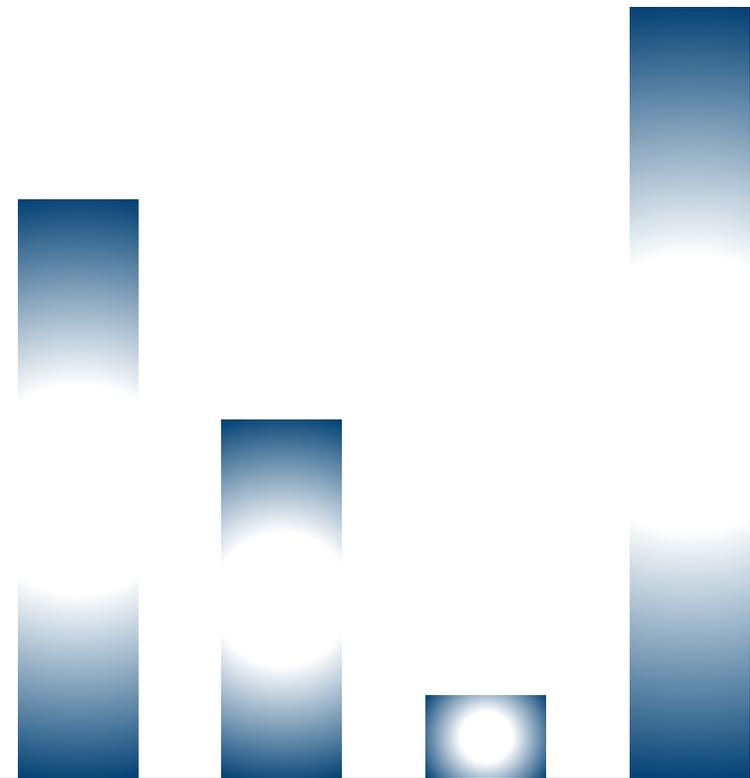
- ▶ Winnebago County District Court, 17th Judicial Circuit

Community Providers*

- ▶ Alignment Rockford
- ▶ Rosecrance
- ▶ United Way of Rock River Valley
- ▶ Youthbuild Rockford

Individual and Small Group Interviews

Law Enforcement	City/County/State Government	Courts	Community Providers
-----------------	------------------------------	--------	---------------------



Totals

21

13

3

28



*Only includes examples of providers interviewed; Many other providers were interviewed for this engagement

Per the preface disclaimer, points of view or opinions in this document do not necessarily represent the official position or policies of the U.S. Department of Justice.

Table of Contents

- ▶ Overview
- ▶ Data Analysis and Key Findings
 - Community
 - Violent Crime
 - Heroin Abuse Data
 - Use of Force
 - Stakeholder Interviews
- ▶ Recommendations and Model Practices
- ▶ Training and Technical Assistance Plan
- ▶ Appendix

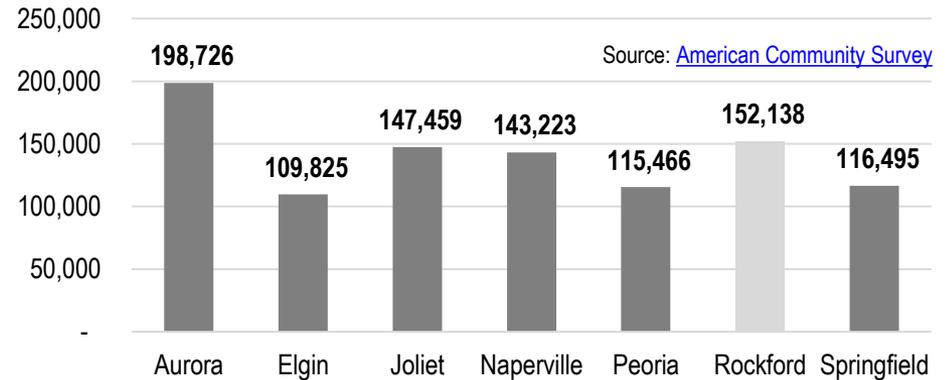


The Diagnostic Center reviewed census data to gain insight into the City of Rockford's demographic characteristics

Demographic Overview

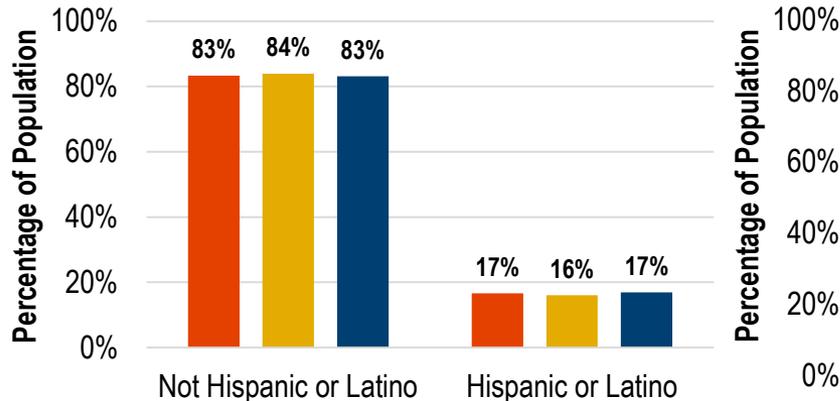
- ▶ Rockford is the third largest city in Illinois.
- ▶ Rockford has a higher proportion of black residents and lower proportion of white residents than both the United States and Illinois.
- ▶ Rockford's proportion of Hispanic or Latino residents is similar to both Illinois and the United States.

Comparable Illinois Cities by Population, 2013 Estimates



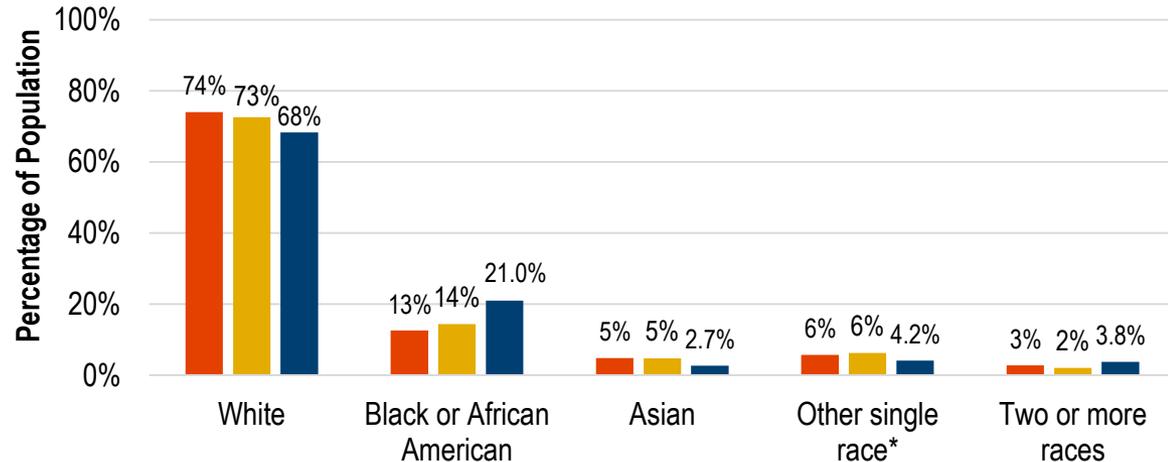
Population by Ethnicity, 2013 Estimates

United States Illinois Rockford



Population by Race, 2013 Estimates

United States Illinois Rockford



Source: [American Community Survey](#)

Ethnicity

Source: [American Community Survey](#)

Race

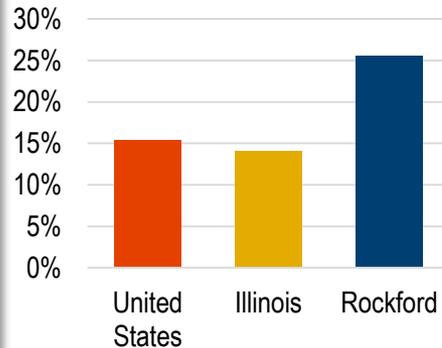


Census data also yielded insight into the socioeconomic characteristics of Rockford residents

Socioeconomic Overview

- ▶ Rockford residents are less likely to have earned a college degree and more likely to have not graduated high school than residents of Illinois and the United States.
- ▶ Rockford has both a higher poverty rate (26 percent) and a higher proportion of families making less than \$30,000 per year (32 percent) than Illinois and the United States.

Poverty Rate for Individuals, 2013 Estimates



Source: [American Community Survey](#)

Families by Income Level, 2013 Estimates

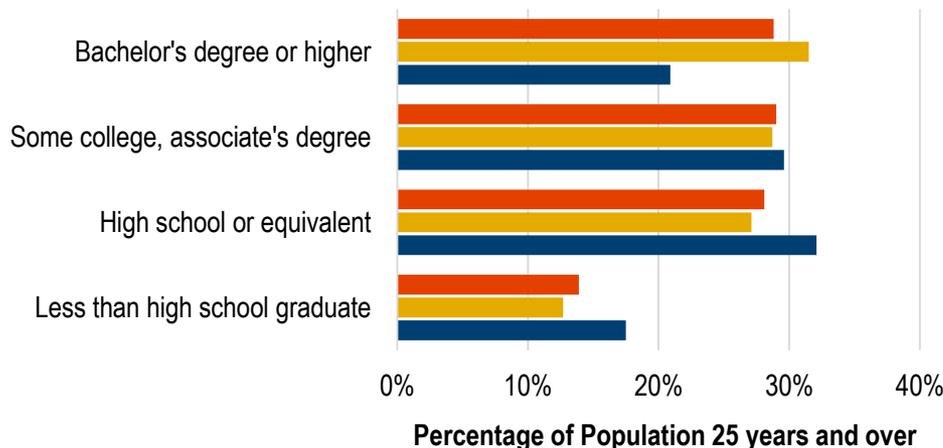


Source: [American Community Survey](#)

Education Attainment, 2013 Estimates

United States Illinois Rockford

Educational Attainment



Source: [American Community Survey](#)



Table of Contents

- ▶ Overview
- ▶ Data Analysis and Key Findings
 - Community
 - Violent Crime
 - Heroin Abuse
 - Use of Force
 - Stakeholder Interviews
- ▶ Recommendations and Model Practices
- ▶ Training and Technical Assistance Plan
- ▶ Appendix

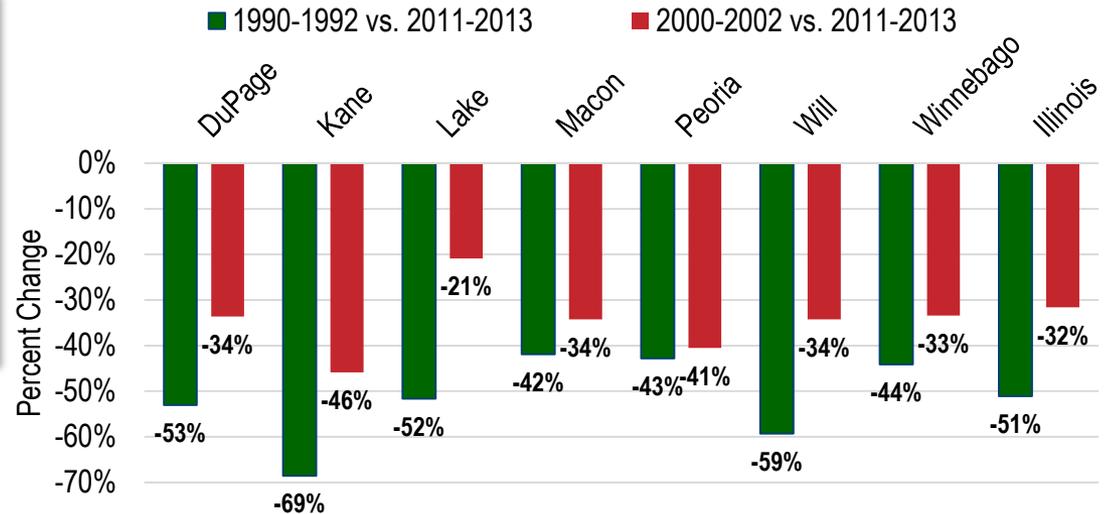


While crimes in the City of Rockford and Winnebago County have declined, crime rates remain high compared to the rest of the state

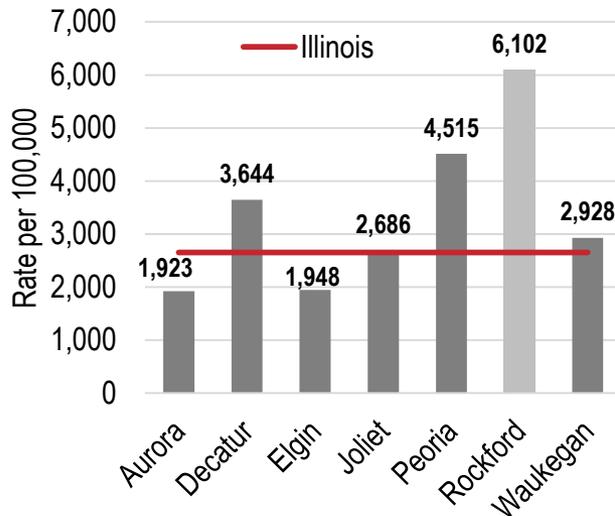
General Crime Comparison

- ▶ Similar to other jurisdictions, the crime rate in Winnebago County dropped substantially over time – 44 percent since the early 1990s and 33 percent since the early 2000s.
- ▶ Although declining, Winnebago County's crime rate is substantially higher than in comparable jurisdictions.
- ▶ In 2013, Rockford's crime rate was roughly double the statewide rate in Illinois.

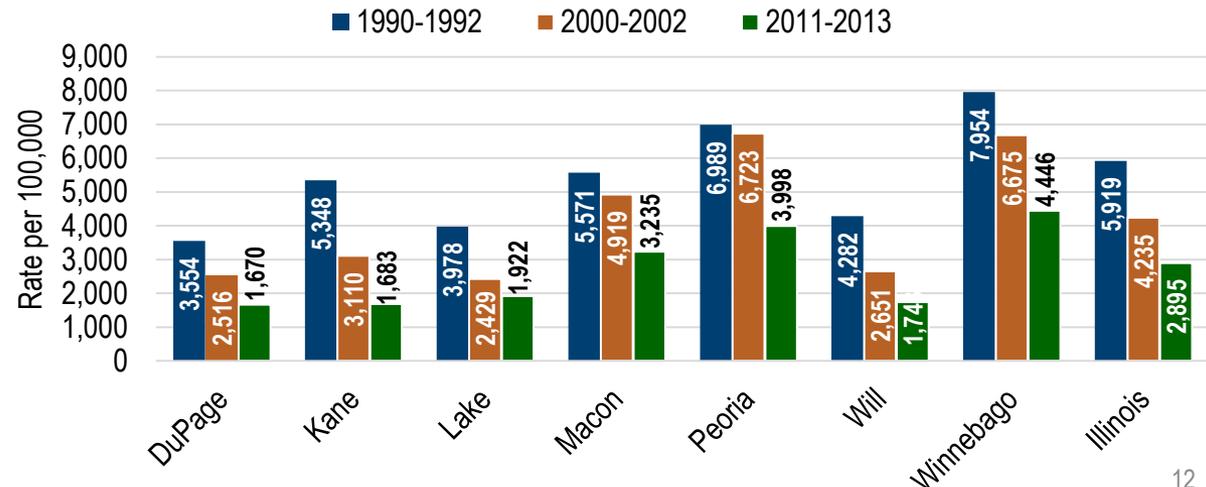
Change in Crime Rate per 100,000 Residents



Crime Rate per 100,000 Residents, 2013



Crime Rate per 100,000 Residents

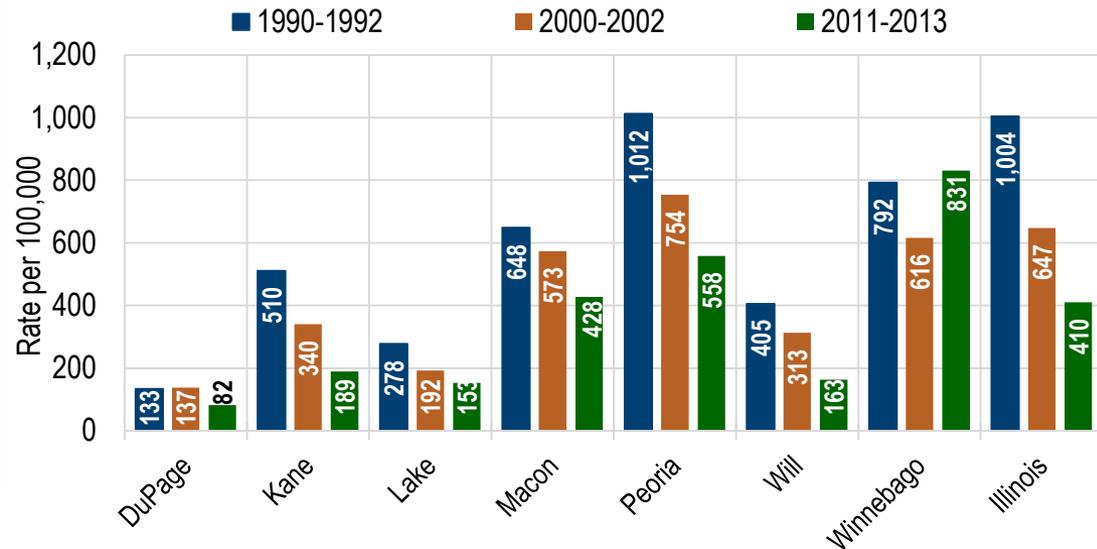


The City of Rockford's violent crime rate is much higher than comparable jurisdictions and the state of Illinois

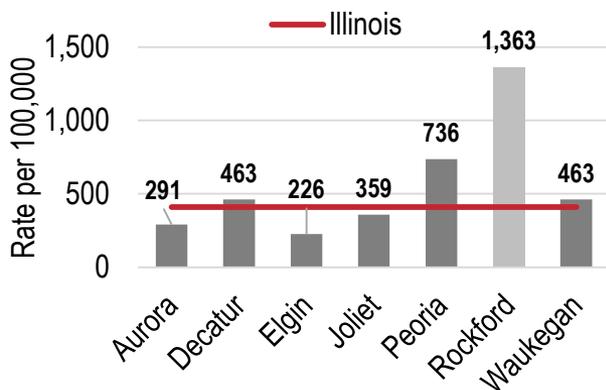
Violent Crime Comparison

- ▶ Relative to comparable jurisdictions and the state of Illinois, Winnebago County's violent crime rate has not experienced the same levels of decrease since the early 1990s.
- ▶ In 2012-2013, Rockford's violent crime rate was substantially higher than all other comparable jurisdictions and three times the statewide average.
- ▶ Rockford's homicide rate is slightly higher than comparable jurisdictions, except for Peoria; its aggravated assault, sexual assault and robbery rates are much higher -- two to nine times higher than comparable jurisdiction rates and the state of Illinois.

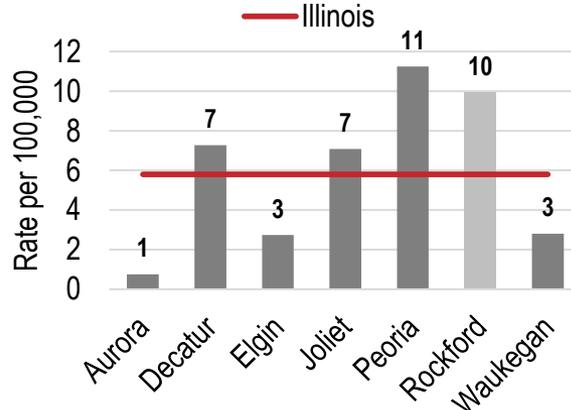
Violent Crime Rate per 100,000 Residents



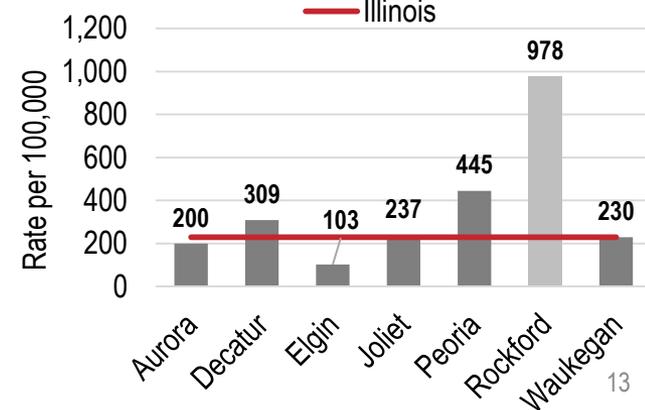
Violent Crime Rate per 100,000 Residents, 2012 - 2013



Homicide Rate per 100,000 Residents, 2012 - 2013



Aggravated Assault/Battery Rate per 100,000 Residents, 2012 - 2013

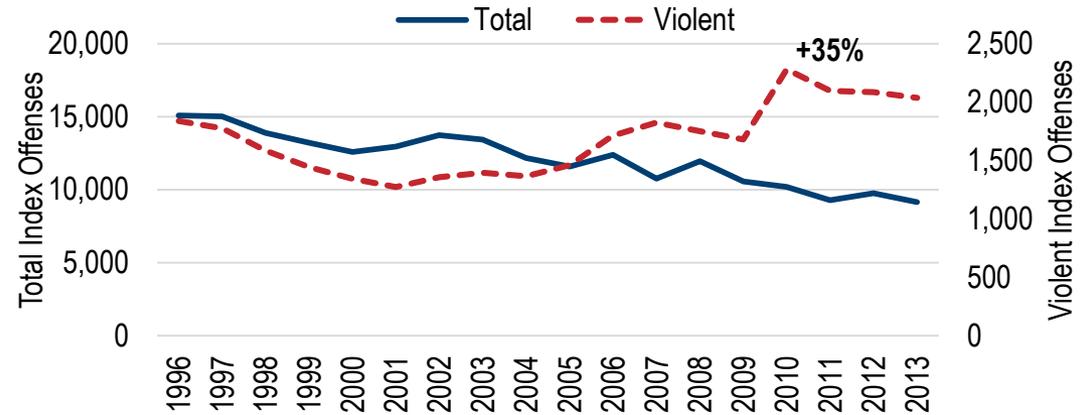


Violent crime in the City of Rockford has trended upwards since 2001

Violent Crime Trends

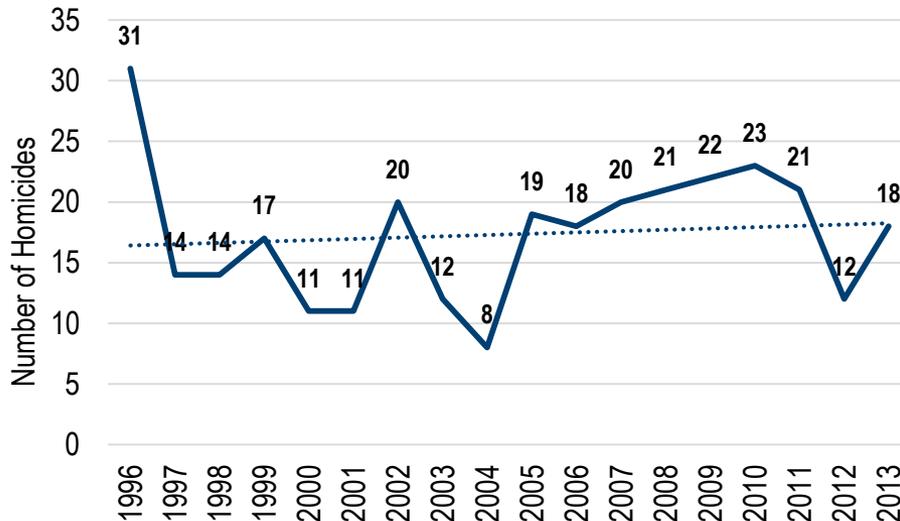
- ▶ Since 2001, Rockford's violent crime trended upwards, while total crime (including both property and violent crime) trended downwards.
- ▶ By far, most violent offenses in Rockford are aggravated assaults; in 2013, aggravated assault comprised nearly 75 percent of all violent crime.
- ▶ Rockford's homicides have not shown any consistent trend—up or down—since the mid-1990s.
- ▶ Since a low of eight homicides in 2004, there has been an average of 19 homicides per year from 2005-2013.

Trends in Total Crime vs Violent Crime in Rockford*

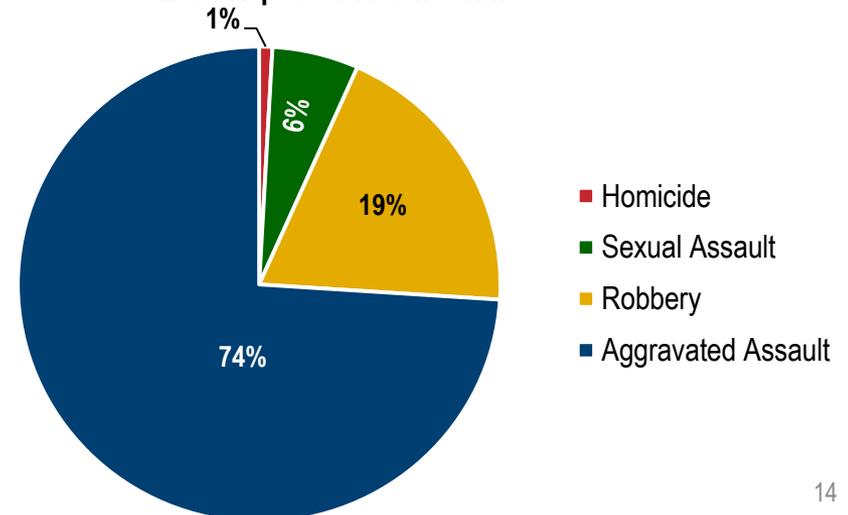


*Note: Some of the increase between 2009 and the 2010-2013 period is likely due to changes in reporting as a result of a switch to NIRBS reporting in Rockford

Homicide Offenses in Rockford



2013 Reported Violent Crime

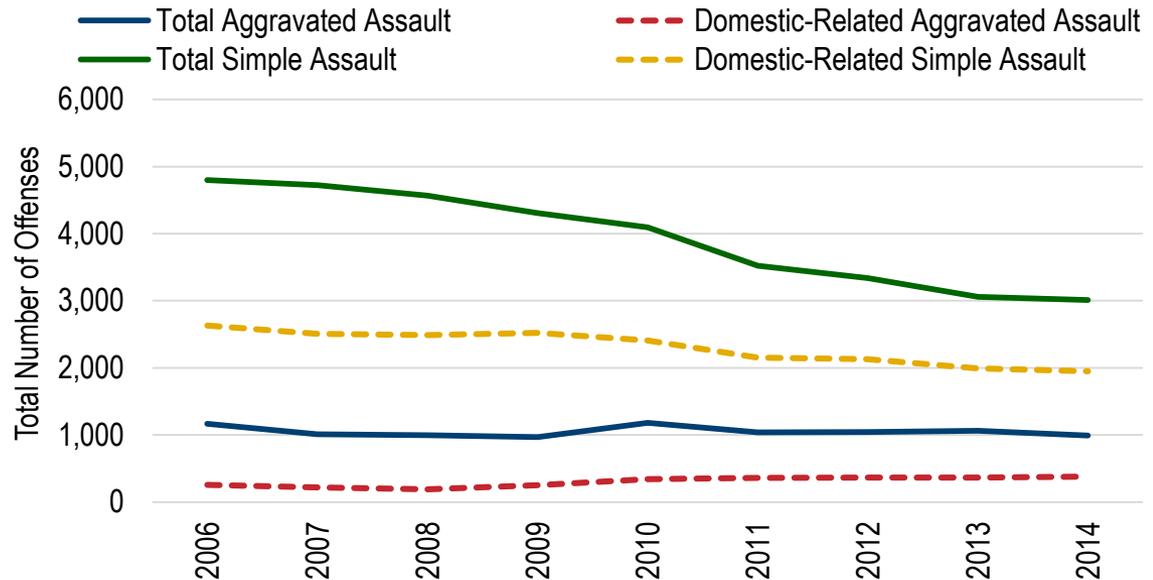


The number of domestic-related assaults in Rockford trended upward since 2006

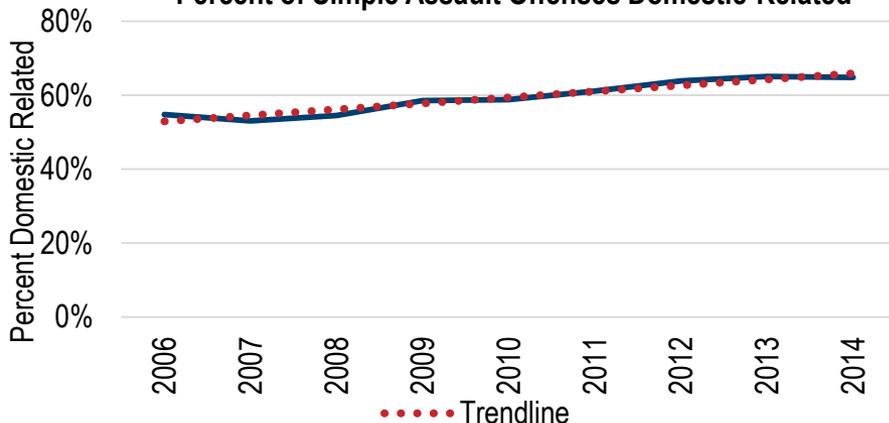
Assault Trends

- ▶ While Rockford's aggravated assaults were relatively stable from 2006 to 2014, the proportion linked to domestic-related assaults increased substantially in that time period.
- ▶ Domestic-related assaults increased from 20 percent of all aggravated assaults in 2006 to nearly 40 percent by 2014.
- ▶ The overall number of simple assaults and the number that were domestic-related decreased consistently during the period, although the proportion of simple assaults that were domestic-related exceeded 50 percent.

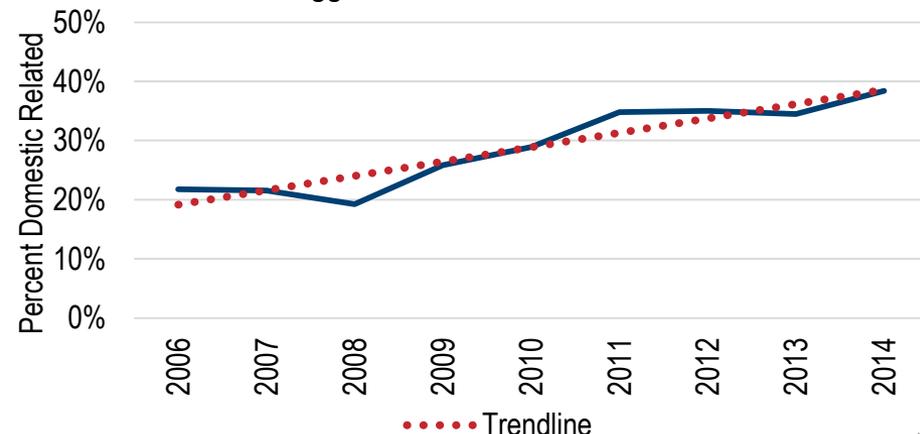
Total and Domestic-Related Aggravated and Simple Assault Offenses



Percent of Simple Assault Offenses Domestic-Related



Percent of Aggravated Assault Offenses Domestic-Related

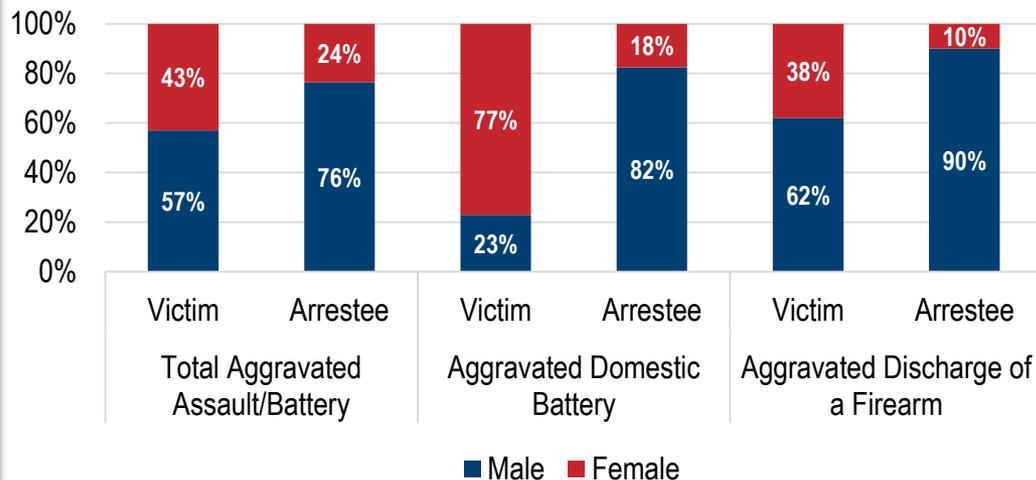


Further analysis of aggravated assaults and batteries in Rockford showed differences in victim and arrestee demographics

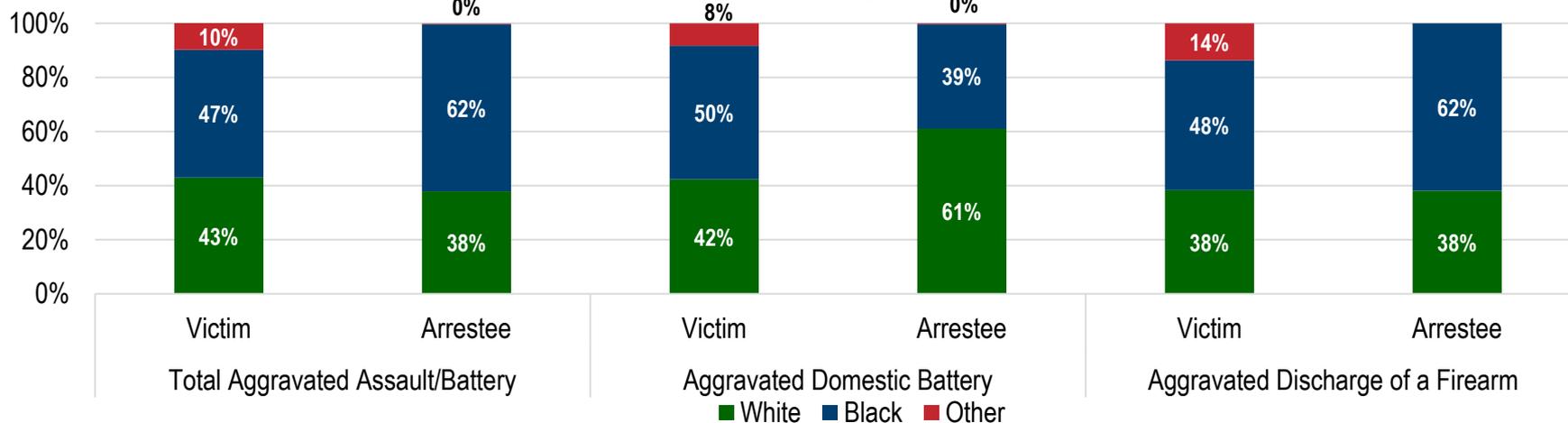
Victim/Arrestee Demographics

- ▶ Males accounted for the majority of victims and arrestees in total aggravated assault/batteries and aggravated discharge of a firearm.
- ▶ Females accounted for the majority of victims (77 percent) in aggravated domestic batteries, but males accounted for the majority (82 percent) of arrestees in these incidents.
- ▶ Blacks made up the majority of arrestees (61 percent) in total aggravated assault/batteries and aggravated discharge of a firearm from 2009 through June 30, 2015.
- ▶ Whites accounted for the majority of arrestees (61 percent) in aggravated domestic batteries during this time period.

Victim/Arrestee Demographics – Sex, 2009 – June 30, 2015*



Victim/Arrestee Demographics – Race, 2009 – June 30, 2015*



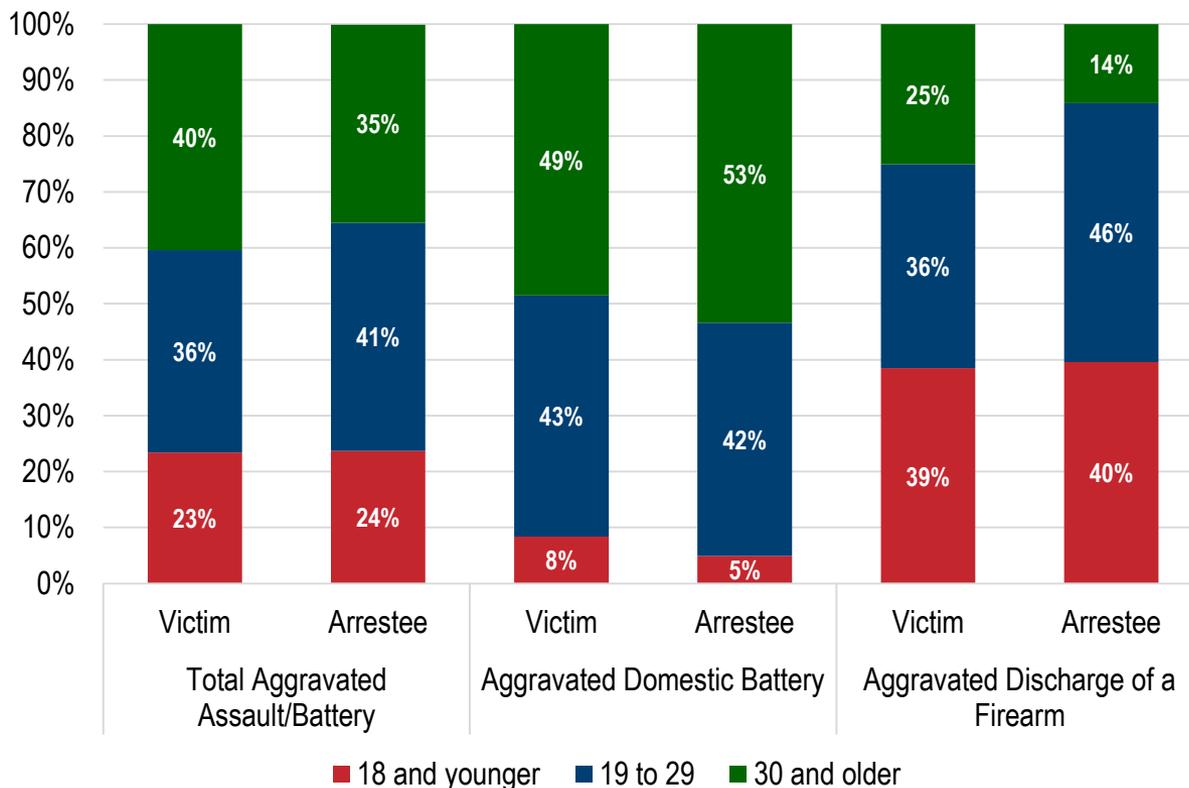
*Based only on cases where the characteristics of both the victim and arrestee were known, and in cases that resulted in an arrest. Analyses are based on counts of individual victims and arrestees, and there may be more than one victim or arrestee per incident.

Further analysis of aggravated assaults and batteries in Rockford showed differences in victim and arrestee demographics (continued)

Victim/Arrestee Demographics

- ▶ Both victims and arrestees in aggravated discharge of a firearm tended to be much younger compared to total aggravated assault/batteries and aggravated domestic battery.
- ▶ Nearly 40 percent of victims and arrestees in aggravated discharge of a firearm were 18 years old or younger.
- ▶ In contrast, almost half of the victims and arrestees in aggravated domestic batteries were 30 and older.

Victim/Arrestee Demographics – Age, 2009 – June 30, 2015*



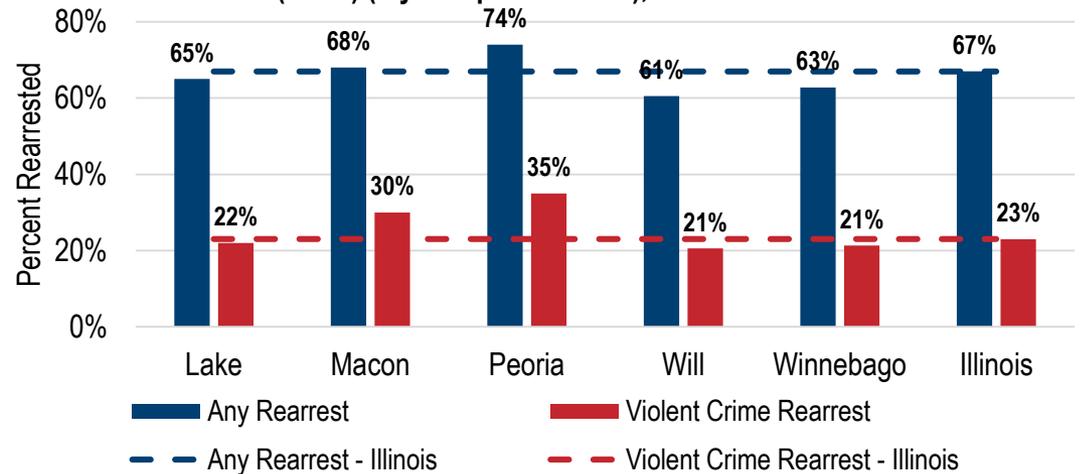
*Based only on cases where the characteristics of both the victim and arrestee were known, and in cases that resulted in an arrest.

Winnebago County's rate for felons under correctional supervision and custody is higher than comparable jurisdictions and the state of Illinois

Offender Population

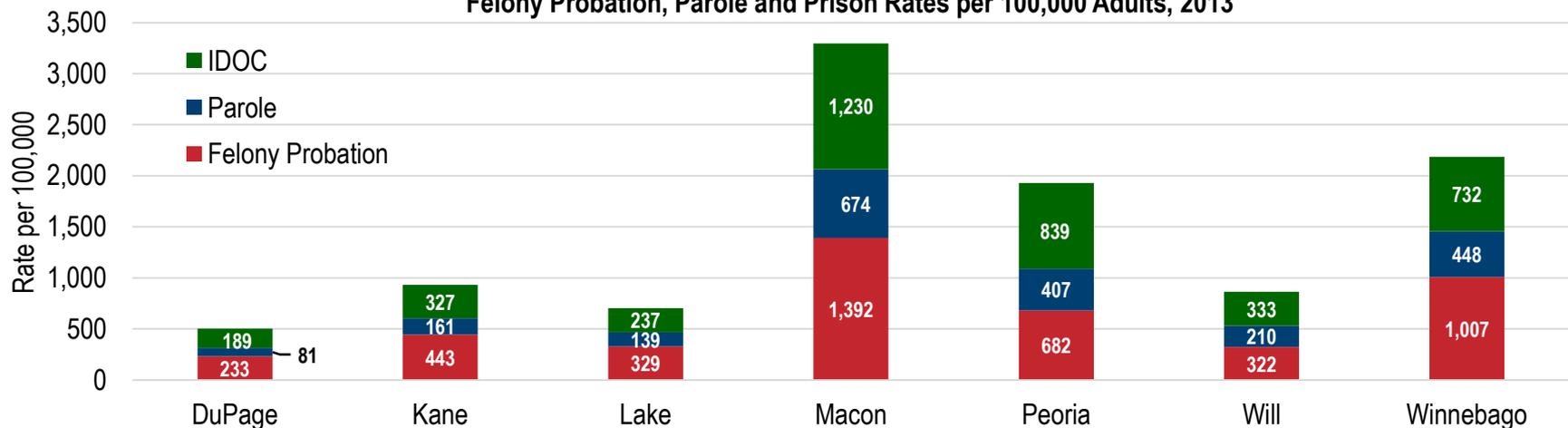
- ▶ Between 2008 – 2010, recidivism for Winnebago County offenders released from prison was similar to recidivism rates in the comparable jurisdictions and below the statewide average.
- ▶ In 2013, Winnebago County's felony probation and parole rate (1,007 and 448 per 100,000, respectively) was much higher than the statewide average and all comparison jurisdictions except for Macon County.
- ▶ Winnebago County's prison population rate in 2013 (732 per 100,000) was also higher than the statewide average and comparable jurisdictions except for Peoria and Macon counties.

Recidivism of Offenders Released from Illinois Department of Corrections (IDOC) (3-years post-release), 2008-2010 Cohort



Source: Generated from ICJIA web-based Criminal History Tool

Felony Probation, Parole and Prison Rates per 100,000 Adults, 2013



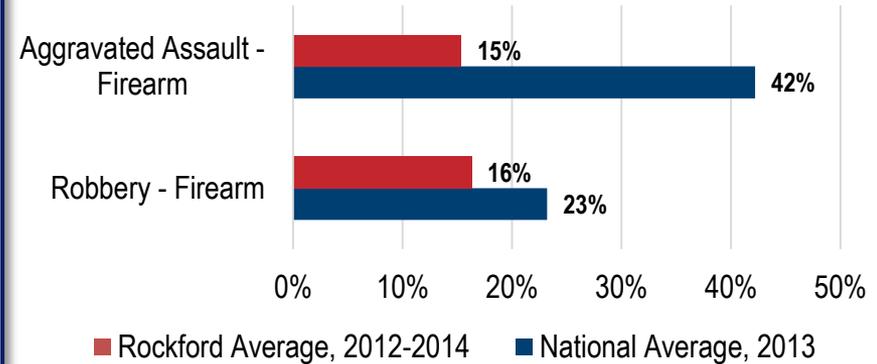
Source: Illinois Administrative Office of the Illinois Courts (AOIC) and IDOC

In the City of Rockford, the clearance rate for violent gun offenses are substantially lower than the national average

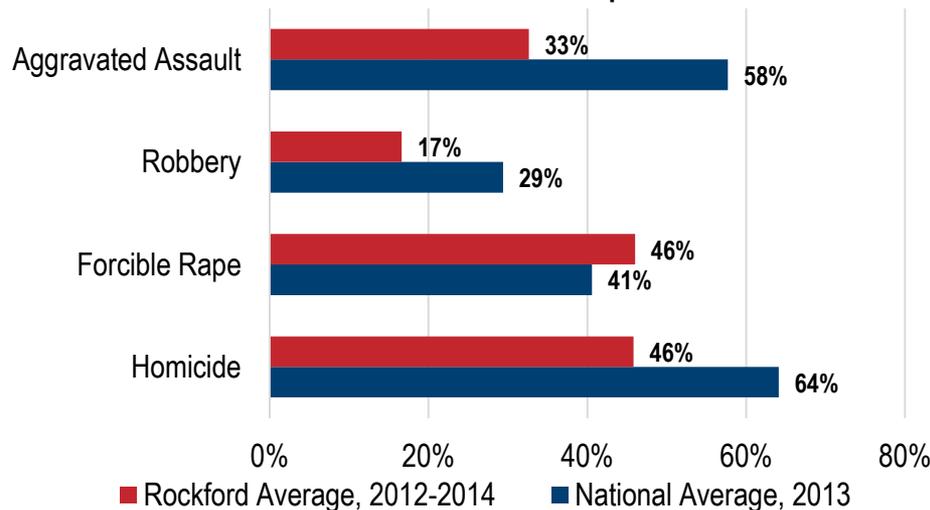
Clearance Rates *(The ratio of total reported cases to cases cleared by an arrest)*

- ▶ The clearance rate average from 2012-2014 ranks well behind the 2013 national averages for aggravated assault, robbery and homicide rates.
- ▶ The clearance rate for forcible rape was marginally (nearly 6 percent) above the 2013 national average.
- ▶ The clearance rates for robbery and aggravated assault involving a gun are significantly lower than the national average; 25 percent and 13 percent, respectively.
- ▶ The clearance rate for homicide has declined nearly 27 percent from 2006 to 2014.

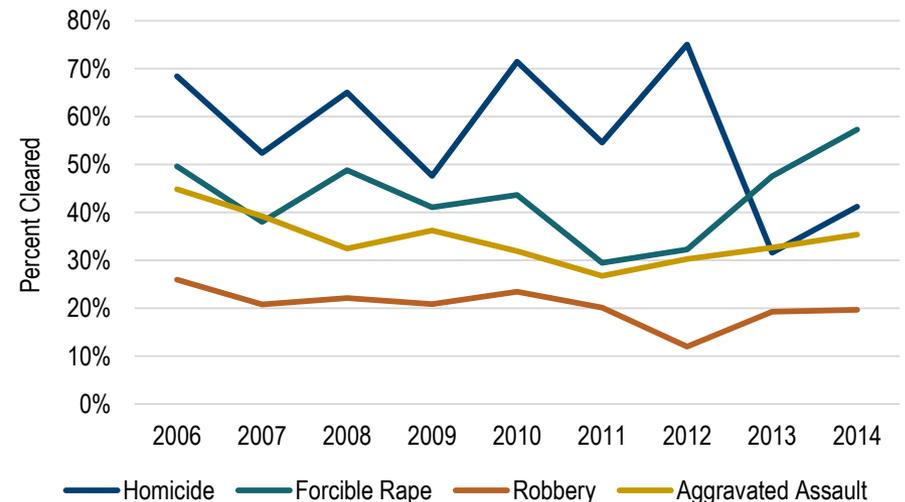
National Clearance Rate Firearm Comparison



National Clearance Rate Comparison



Clearance Rates in Rockford, 2006 - 2014



Source: Rockford Police Department

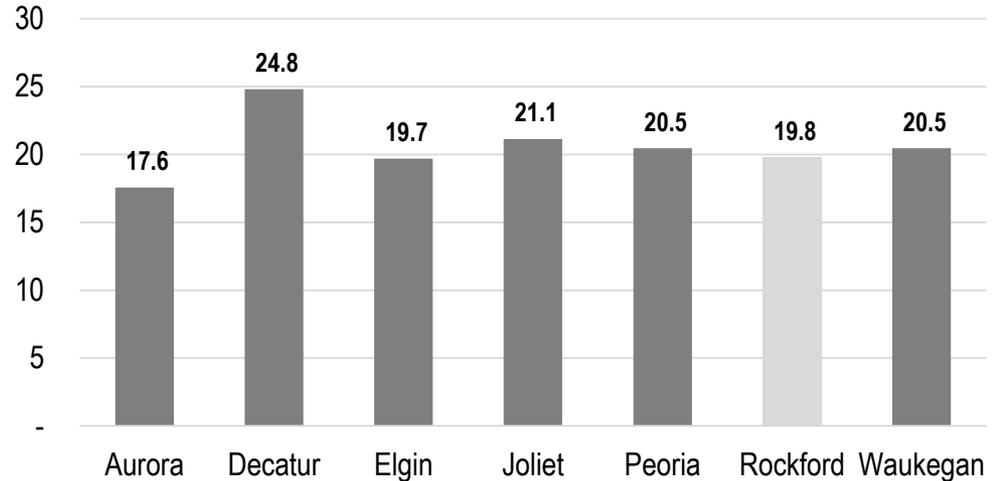
The size of Rockford's police force has decreased slightly since 2007

Officer Strength

- ▶ Rockford's police force comprised 281 officers in 2014.
- ▶ The size of the police force has trended downward since 2007, although it has increased in recent years.
- ▶ Rockford's rate of officers per 10,000 residents (19.8) is similar to comparable jurisdictions.

Rate of Officers, Per 10,000 Residents, 2012

Source: [FBI UCR](#)



Number of Officers on Police Force, RPD, 2004 - 2014

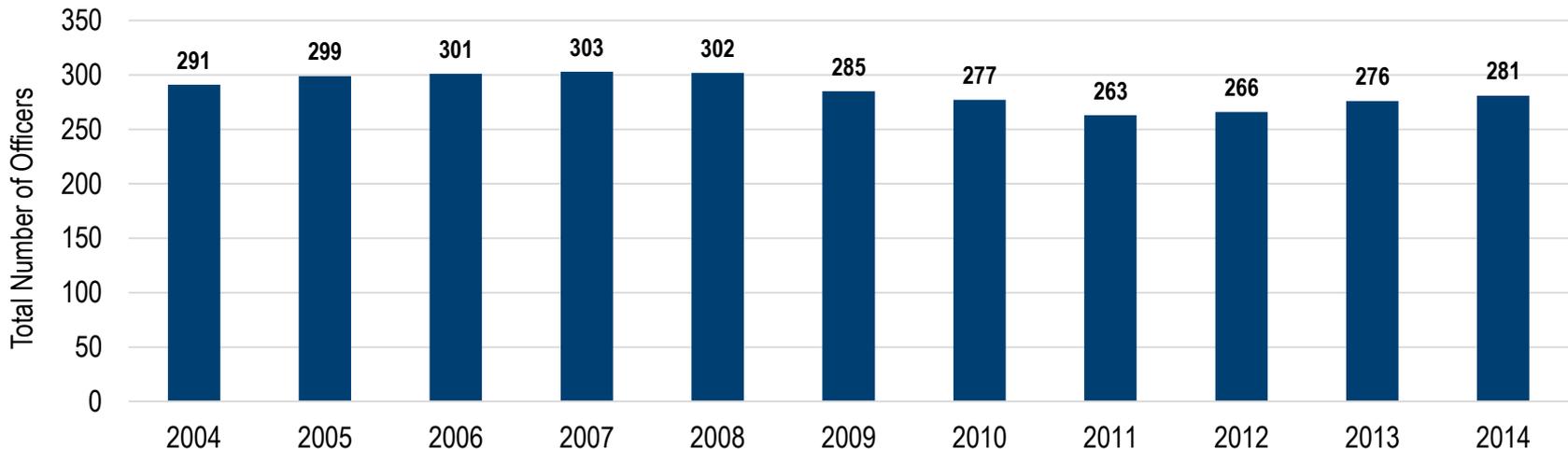


Table of Contents

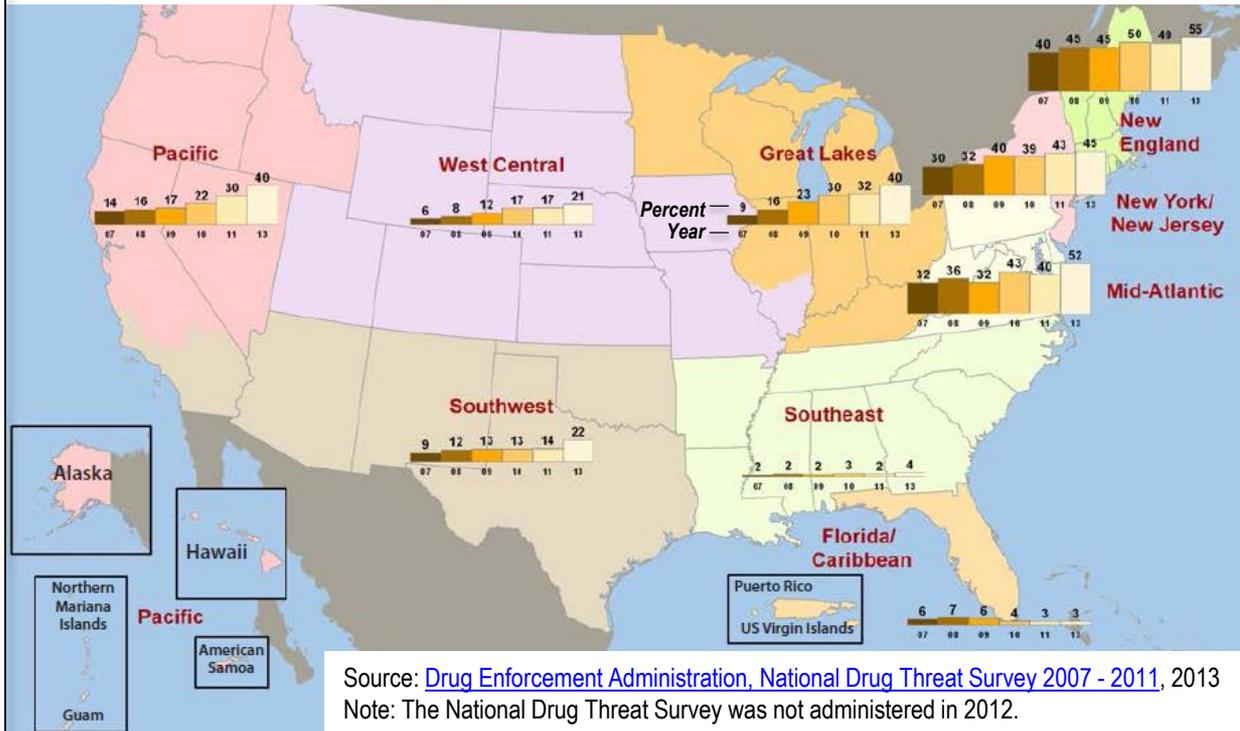
- ▶ Overview
- ▶ Data Analysis and Key Findings
 - Community
 - Violent Crime
 - Heroin Abuse
 - Use of Force
 - Stakeholder Interviews
- ▶ Recommendations and Model Practices
- ▶ Training and Technical Assistance Plan
- ▶ Appendix



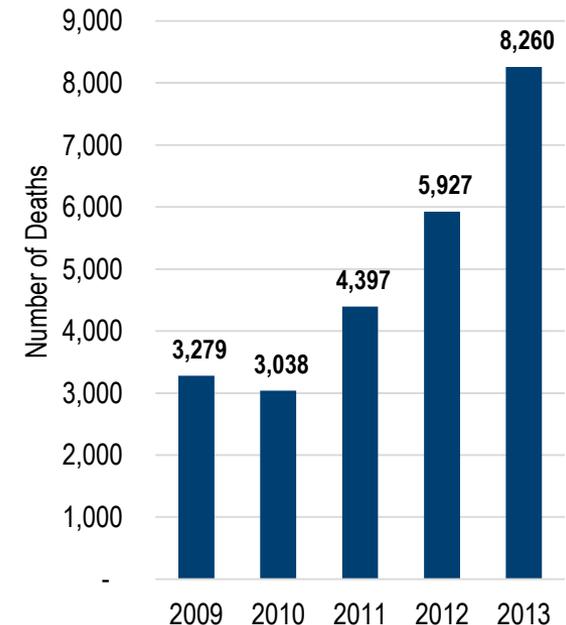
Understanding national trends in heroin use places the City of Rockford's heroin problem in perspective

- ▶ The U.S. experienced a 152 percent increase in the number of heroin-related deaths from 2009-2013.*
- ▶ In 2013, an estimated 517,000 persons reported past-year heroin abuse or dependence, a nearly 150 percent increase since 2007.*
- ▶ As seen on the map below, the Great Lakes Region, which includes Rockford, experienced an increase in the number of law enforcement respondents reporting high heroin availability.†

Percentage of NDTs Respondents Reporting High Heroin Availability in their Jurisdictions 2007-2011, 2013



Drug Poisoning Deaths Involving Heroin, 2009 - 2013



Source: National Center for Disease Control/National Center for Health Statistics (NCHS). Multiple Cause of Death 1999-2012 on CDC WONDER Online Database, released 2014. Data for 2013 are unpublished from NCHS (December 30, 2014)



*Source: Vital Signs: Demographic and Substance Use Trends Among Heroin Users — United States, 2002–2013, early release July 2015, Morbidity and Mortality Weekly Report, CDC

†Source: CDC Reports

Per the preface disclaimer, points of view or opinions in this document do not necessarily represent the official position or policies of the U.S. Department of Justice.

The National Drug Threat Assessment identifies possible reasons for the upward trend in heroin use and abuse

People are switching from abusing prescription drugs to abusing heroin

- ▶ Heroin abusers began using after having first abused prescription opioids, such as painkillers (e.g. oxycodone).
- ▶ Heroin is cheaper and more easily obtained than prescription drugs, and provides a high similar to that of prescription opioids.
- ▶ Many opioid addicts will use whichever drug is cheaper and/or available to them at the time.
- ▶ Heroin is highly addictive, relatively inexpensive and more readily available than prescription opioids.
- ▶ Abusers who have recently switched to heroin are at a higher risk for accidental overdose.
- ▶ Heroin purity and dosage amounts vary, and heroin is often cut with other substances, all of which could cause inexperienced abusers to accidentally overdose.

Greater availability of high-purity heroin

- ▶ Reported increases in high-purity heroin are available at the street level.
- ▶ 4,840 pounds of heroin were seized at the southwest border in 2013 – four times the amount seized annually from 2000 to 2008.

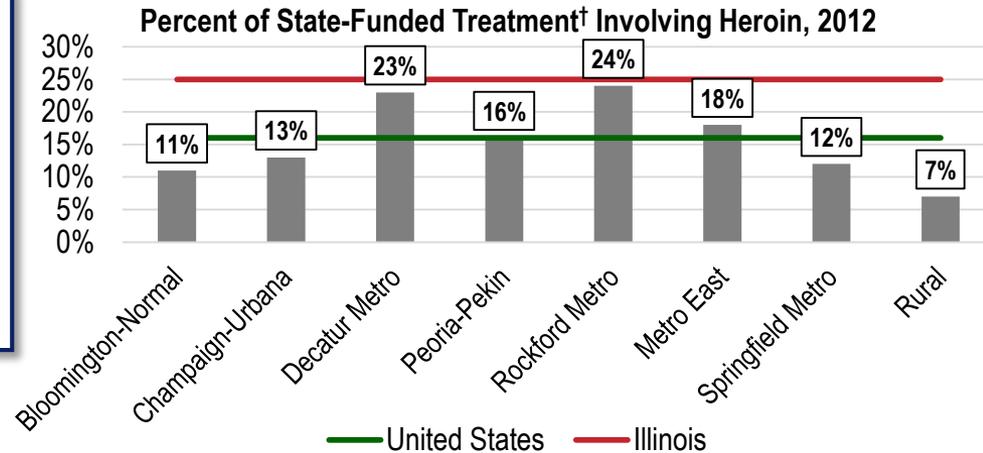
More people are using heroin, and at a younger age

- ▶ The number of new heroin users increased from 142,000 in 2010 to 178,000 in 2011; a sizeable increase from the average annual estimates from 2002 to 2008, which ranged from 91,000 to 118,000.
- ▶ New heroin users are considerably younger, too; the average age at first use among heroin abusers ages 12 to 49 was 22.1 years in 2011 – significantly lower than the 2009 estimate of 25.5 years.



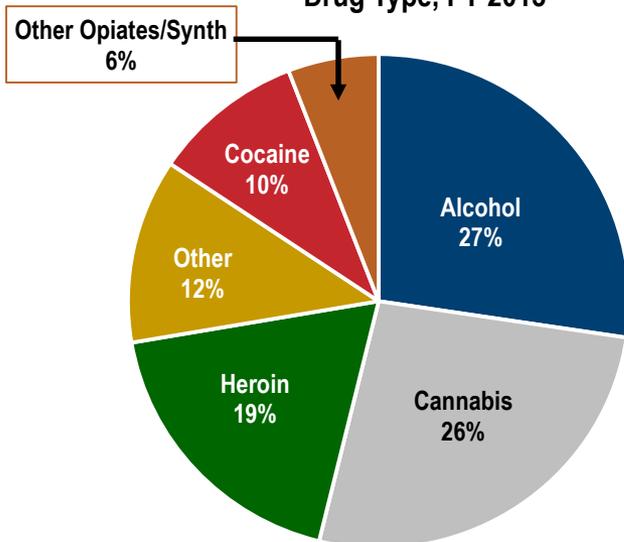
The drug treatment admission rate for heroin is one data source for understanding the local context

- ▶ A quarter (24 percent) of state-funded treatment admissions in the Rockford Metropolitan area (which includes Boone, Ogle and Winnebago Counties) involved heroin, compared to 16 percent of treatment admissions nationally and 25 percent in Illinois.
- ▶ Winnebago County's treatment admission rate for heroin was substantially higher than the rate in comparable jurisdictions and statewide.
- ▶ 25 percent of individuals admitted to drug treatment from Winnebago County were there for heroin or other opiates.



Source: *Diminishing Capacity: The Heroin Crisis and Illinois Treatment in National Perspective*, Illinois Consortium on Drug Policy at Roosevelt University: August 2015

Drug Treatment Admissions in Winnebago County – Drug Type, FY 2013

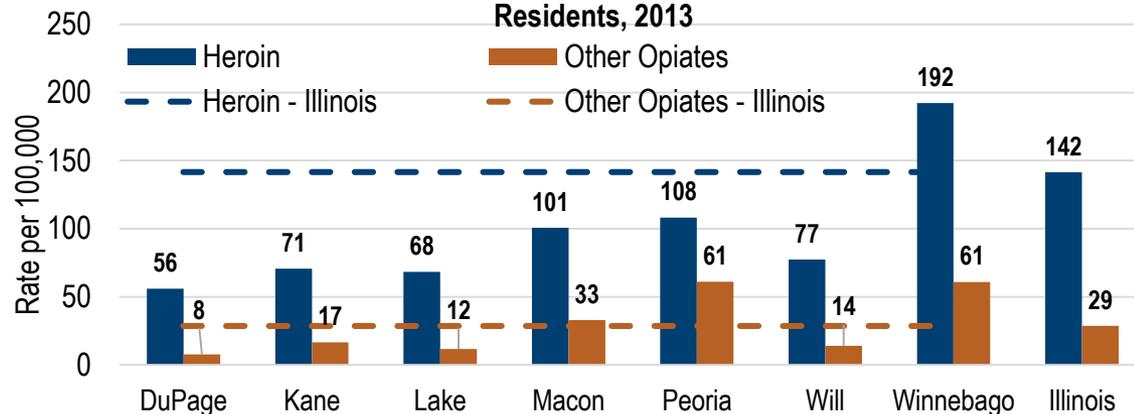


Source: Illinois Department of Human Services, Division of Alcoholism and Substance Abuse

*Count of individuals served, not number of services provided

†Admissions were supported with treatment resources provided by the state of Illinois

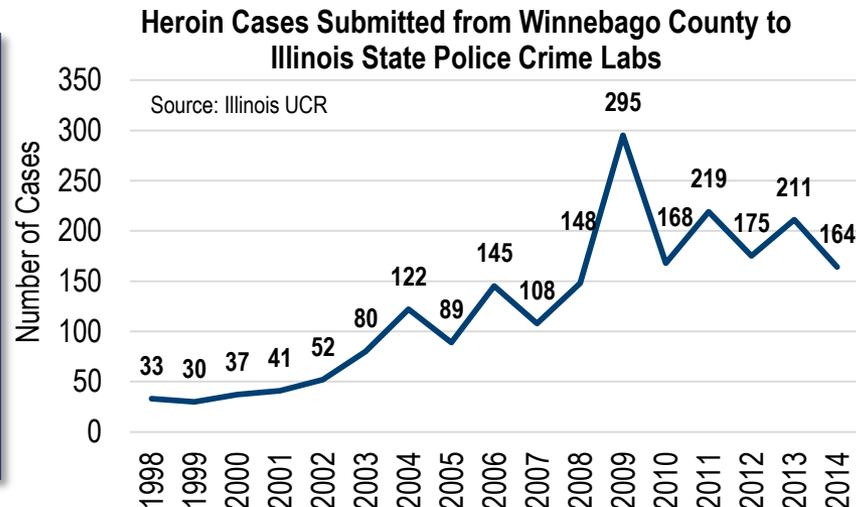
Heroin & Other Opiate Treatment Admission Rates*, per 100,000 Residents, 2013



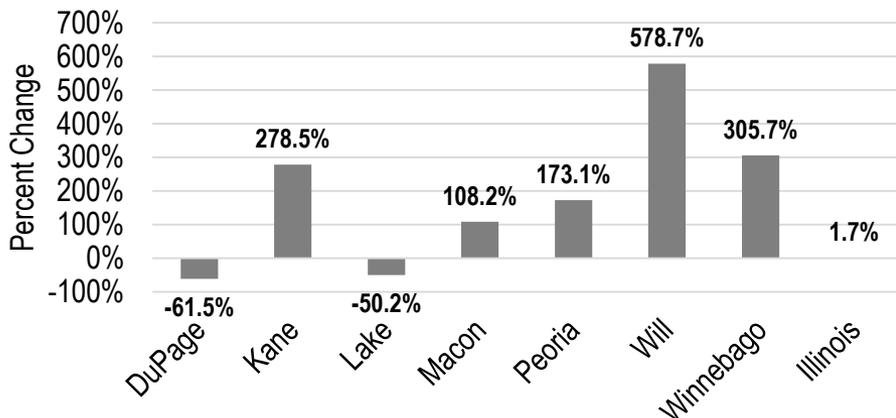
Source: Illinois Department of Human Services, Division of Alcoholism and Substance Abuse (DASA); Only DASA or Medicaid-funded clients

Illinois crime lab data indicate that Winnebago County experienced a higher rate of increase in heroin case submissions compared to statewide submission rates

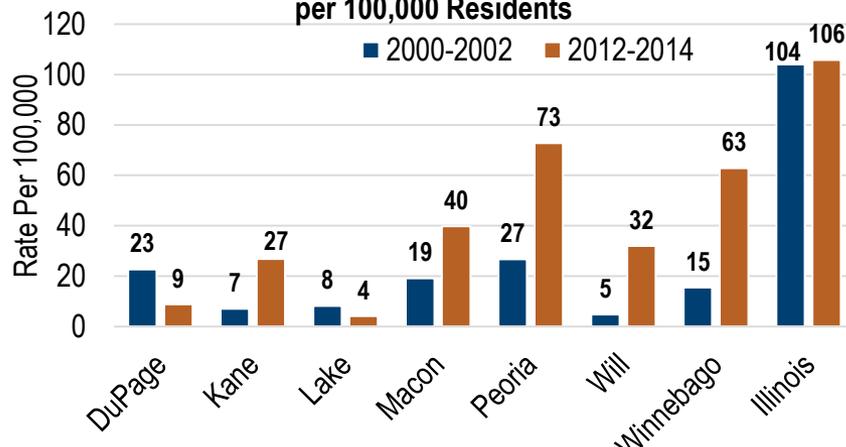
- ▶ The number of Winnebago County heroin cases submitted to the Illinois State Police (ISP) Crime Lab increased from fewer than 50 per year prior to 2002, peaked at nearly 300 in 2009, and then fell to just over 150 in 2014.
- ▶ Between the periods 2000-2002 and 2012-2014, the rate of heroin case submissions from Winnebago County increased four-fold (300 percent).
- ▶ Comparing the heroin case submission rates across counties and time, the Winnebago County submission rate during the 2012-2014 time period was below the statewide rate, which is heavily influenced by Chicago activity and Peoria County, but significantly higher than all the comparison counties.
- ▶ In the state as a whole, heroin case submissions remained stable between the two time periods examined.



Heroin Case Submission Rates to ISP Crime Labs*, Percent Change Between 2000-2002 and 2012-2014



Heroin Case Submission Rates to ISP Crime Labs*, per 100,000 Residents



Source: Illinois State Police Crime Lab Submission data published by the Illinois Criminal Justice Information Authority

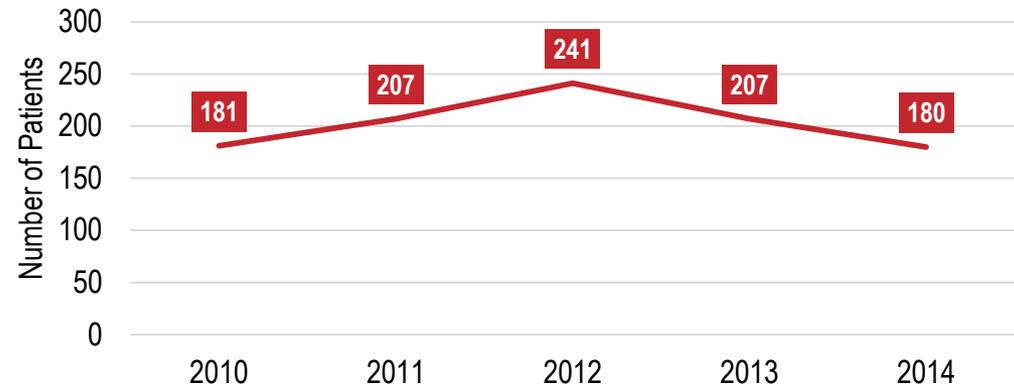
* Does not include cases submitted to DuPage Sheriff's Office lab or Northern Illinois Crime lab that primarily serves Lake County

Note: Data only captured at the county level

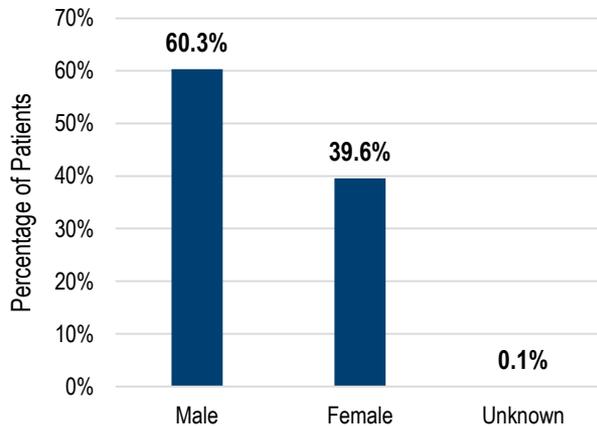
The data from the Rockford Fire Department indicate heroin overdoses have increased and stabilized in the last five years

- ▶ The Rockford Fire Department (RFD) responded to just over 1,000 heroin overdose patients from 2010 to 2014.
- ▶ RFD's calls for service related to heroin overdoses trended upward from 2010 to 2012, but have since dropped to the 2010 level.
- ▶ Heroin overdose patients were concentrated among whites (73.7 percent), males (60.3 percent) and young adults ages 20-29 (34.7 percent).

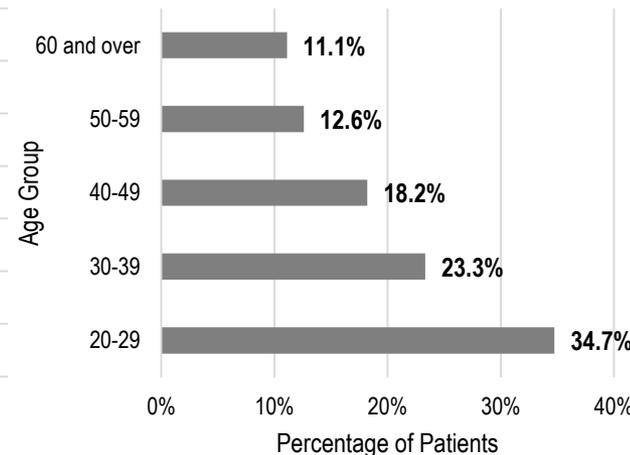
Heroin Overdoses 2010 – 2014



Heroin Overdoses - Gender, 2010-2014



Heroin Overdoses - Age, 2010-2014



Heroin Overdoses - Race, 2010-2014

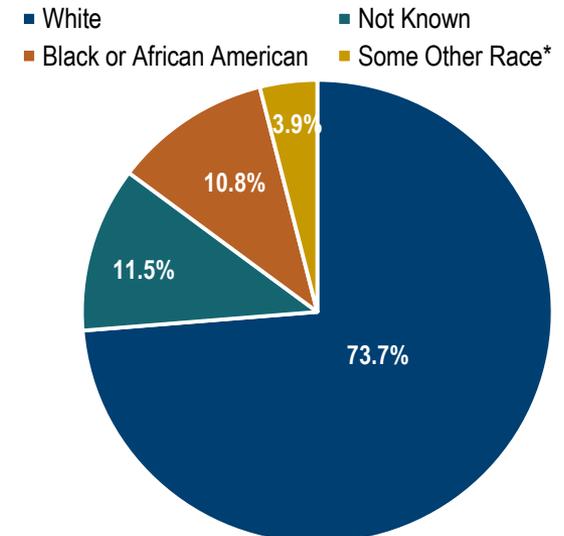


Table of Contents

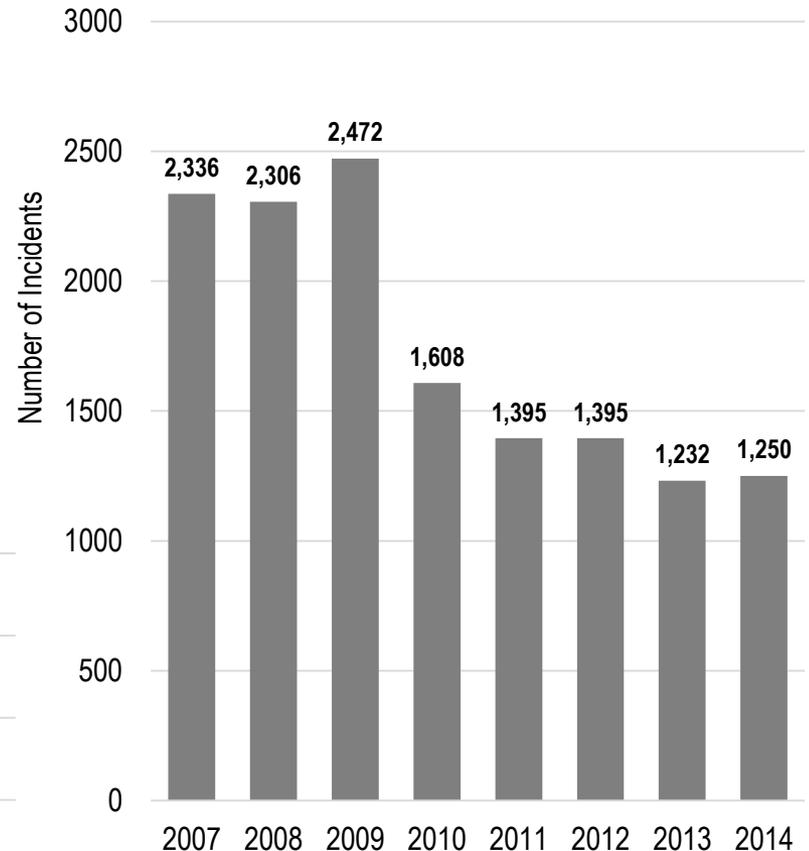
- ▶ Overview
- ▶ Data Analysis and Key Findings
 - Community
 - Violent Crime
 - Heroin Abuse
 - Use of Force
 - Stakeholder Interviews
- ▶ Recommendations and Model Practices
- ▶ Training and Technical Assistance Plan
- ▶ Appendix



RPD incidents of use of force have decreased by 46 percent since 2007

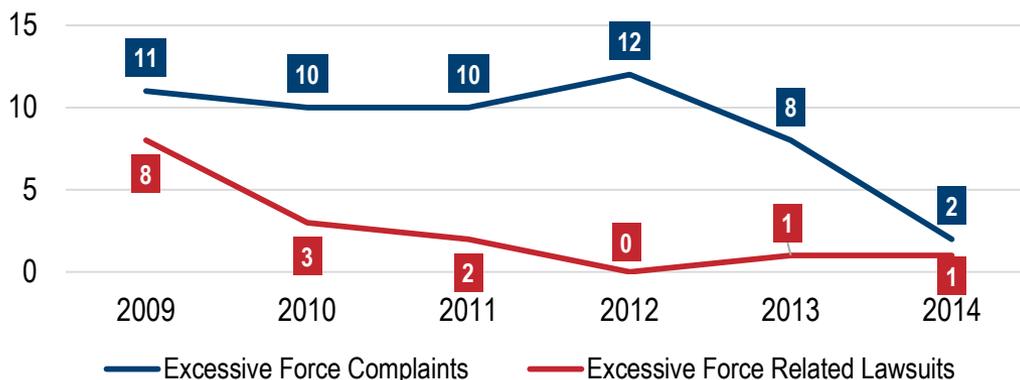
- ▶ From 2007 to 2014, the number of police reported use of force incidents decreased by 46 percent.
- ▶ The total number of excessive force complaints filed against RPD has trended downward since 2009.
- ▶ The decrease in complaints coincides with a downward trend in the number of excessive force related lawsuits filed since 2009.
- ▶ It is difficult to determine the cause of the decrease in excessive use of force complaints (e.g. increased officer training, lack of citizen confidence in the reporting process).
- ▶ A lack of data on use of force incidents in other jurisdictions precluded the ability to make national comparisons.

Police Reported Incidents Involving Use of Force, 2007 - 2014



Source: RPD

Total Excessive Use of Force Citizen Complaints and Excessive Force Related Lawsuits, 2009 – 2013



Source: RPD



Table of Contents

- ▶ Overview
- ▶ Data Analysis and Key Findings
 - Community
 - Violent Crime
 - Heroin Abuse
 - Use of Force
 - Stakeholder Interviews
- ▶ Recommendations and Model Practices
- ▶ Training and Technical Assistance Plan
- ▶ Appendix



Stakeholders described strengths in the City of Rockford's responses to violent crime, heroin abuse and community-police relations

Rockford Police Department

Data collection and analysis highly valued:

- ▶ CompStat, a monthly accountability meeting open to the public, employs geographic information systems and crime data to map crime and identify public safety problems.
- ▶ Violent crime data are presented monthly at Violent Crime Task Force meetings.

Community-police relations is improving:

- ▶ RPD's current leadership is perceived as more transparent on police shootings, increasing community interaction with officers, making the complaint process easier to access; and changing the tone of their relationship with the African American community.
- ▶ In collaboration with United Way, RPD is creating Strong Houses in the community for police and community members to interact.

Evidence-based programs and practices are a focus:

- ▶ The Narcotics Unit with the State Line Area Narcotics Team (SLANT), Drug Enforcement Administration (DEA) agents and the RPD drug unit are co-located to share information and resources.
- ▶ A "hot list" of violent offenders in the community has been developed.
- ▶ RPD adopted a Lethality Screening Instrument to identify victims of domestic violence at risk of lethal outcomes and training officers to use it. The Domestic Violence Unit coordinates with the domestic violence court.
- ▶ The RAVEN program was developed in response to a spike in homicides, based on focused deterrence.



Stakeholders described strengths in Rockford's responses to violent crime, heroin abuse and community-police relations

City of Rockford

Data collection and analysis are highly valued:

- ▶ Monthly RockStat meetings hold Rockford government leaders accountable.

A number of collaborative efforts address challenging issues:

- ▶ Alignment Rockford is aligning community resources in support of public school strategies and raising student achievement.
- ▶ Connect Rockford is in the early stages of developing collective impact strategies on public safety.
- ▶ My Brother's Keeper-Rockford is aligning community and faith-based efforts to ensure the success of boys and men of color.
- ▶ Strong Cities, Strong Communities (SC2) is strengthening local capacity, coordinating federal investments and sparking growth in economically distressed communities.
- ▶ Transform Rockford is creating and implementing a community strategic plan for improving the social and economic well-being of residents.
- ▶ TriCounty Reentry Coalition is addressing the employment challenges of individuals with criminal histories and offenders returning from prison.

Rockford Housing Authority focuses on accountability:

- ▶ RHA is identifying client problems, intervening with services, advocating for clients and monitoring progress and outcomes.
- ▶ Crisis intervention services are provided on public housing property to address clients' alcoholism and mental health issues.

Winnebago County

Evidence-based programs and practices are well-integrated:

- ▶ Coordinated Domestic Violence Court is improving coordination of domestic violence cases with the court, state's attorney's office and police department.
- ▶ Drug Court is increasing judicial supervision, offender accountability and access to substance abuse treatment for non-violent drug offenders.
- ▶ Resource Intervention Center is providing comprehensive services for court-involved individuals including substance addiction services, domestic violence intervention, and cognitive behavior change programs.



Despite these positive signs, stakeholders identified several key challenges Rockford faces

Gaps in law enforcement relationships:

- ▶ Law enforcement agencies do not always act in concert.
- ▶ WCSO and RPD differ in their approaches to violent crime.
- ▶ The Violent Crime Task Force formed after intervention by U.S. Senator Dick Durbin of Illinois; just beginning to implement the Safe Streets model to focus on violent street gangs and chronic violent offenders.
- ▶ Ongoing communication between RPD and Winnebago County State's Attorney's Office is lacking.
- ▶ There are conflicting opinions about how to apply and analyze crime data.

Incomplete implementation of police strategies:

- ▶ There is limited use of data for shaping violence reduction strategies, such as the hot list of gun offenders.
- ▶ RAVEN is lacking some fundamental practices essential to focused deterrence programs.
- ▶ There are gaps in officer training on use of the Lethality Screening Instrument and making referrals to domestic violence services.

Gaps in community policing:

- ▶ There is a perception in the community that police do not leave their cars and engage with the community enough.
- ▶ Greater opportunities are needed for positive interaction with youth and a continuing dialogue with people of color.
- ▶ There is a perception in the community that the police force lacks diversity and officers from local neighborhoods.

Tension at many levels eroding public confidence:

- ▶ Conflict exists among city and county officials.
- ▶ The relationship between police leadership and the police union is strained.
- ▶ Segregation of the black community on Rockford's Westside is called hypersegregation*; community perceives Westside as historically under-resourced by city and education officials.
- ▶ High levels of violence continue in the community.



*Source: Racial Segregation in the 2002 Census: Promising News; The Brookings Institutions, April 2001

Despite these positive signs, stakeholders identified several key challenges Rockford faces (continued)

Lack of community-wide efforts to prevent youth violence:

- ▶ Service organizations and agencies are disconnected; there is insufficient cross-sector planning, coordination and collaboration.
- ▶ Small disorganized gangs of juveniles are involved in gun violence.
- ▶ There is a lack of youth prevention and early intervention programs.
- ▶ More resources and opportunities are needed in Rockford's Westside neighborhoods focused on youth.
- ▶ There is a lack of grassroots community input and involvement in violence prevention.

Lack of employment opportunities for offender population:

- ▶ "Ban the Box" law an important first step; barriers still exist in the hiring process for individuals with criminal histories.
- ▶ Many inmates are coming out of prison lacking a GED or job readiness skills.
- ▶ The TriCounty Reentry Coalition is making progress; however, greater support is needed from local businesses, community leaders and funders.

Heroin epidemic:

- ▶ Heroin users are more likely to be white and dispersed around the suburban area; many started with the use of prescription opioid painkillers, such as OxyContin and Opana.
- ▶ The Winnebago County Mental Health Advisory Committee is providing local leadership; law enforcement can be an important partner.
- ▶ There is a lack of prevention and community education to address the problem.
- ▶ A lack of drug treatment capacity to meet local demand exists; for example, Rosecrance, a local substance abuse and mental health service provider, serves 1,000 youth and 5,000 adults annually, but still has a waiting list
- ▶ Spending for drug treatment in the state of Illinois has decreased nearly 30 percent since 2007. (Source: *Diminishing Capacity: The Heroin Crisis and Illinois Treatment in National Perspective*, August 2015)

An in-depth assessment of RAVEN identified its strengths and gaps

Importance of the RAVEN Program:

- ▶ Focused deterrence is a crime reduction strategy in which carefully selected high-risk offenders are subject to concentrated law enforcement attention and, simultaneously, to offers of concentrated social services, through direct and persuasive communication and follow-up. It requires community collaboration and support.
- ▶ A rigorous review of focused deterrence strategies found these interventions were associated with significant reductions in gun violence. (Anthony A. Braga and David L. Weisburd. "The Effects of Focused Deterrence Strategies on Crime: A Systematic Review and Meta-analysis of the Empirical Evidence." *Journal of Research in Crime and Delinquency* 49, no. 3, 2012: 323-358.)

Program Assessment:

- ▶ A focused deterrence expert examined whether RAVEN is following model practices and the program's strengths and gaps.

Program Strengths

- ▶ Call-in meetings are well-organized with the appropriate stakeholder involvement; and presentations are direct and on message.
- ▶ Michigan State University is conducting an outcome evaluation, though not yet completed.

Program Gaps

- ▶ Lack of:
 - Clearly identified goals and objectives
 - Evaluation and monitoring data on a regular basis
 - Interagency collaboration and oversight
 - Data-driven offender criteria and selection process
 - Clear follow-through -- both law enforcement scrutiny and resource support for offenders
 - Protocols on community involvement and engagement



Based on the data and interviews, the Diagnostic Center identified factors that contribute to Rockford's public safety challenges

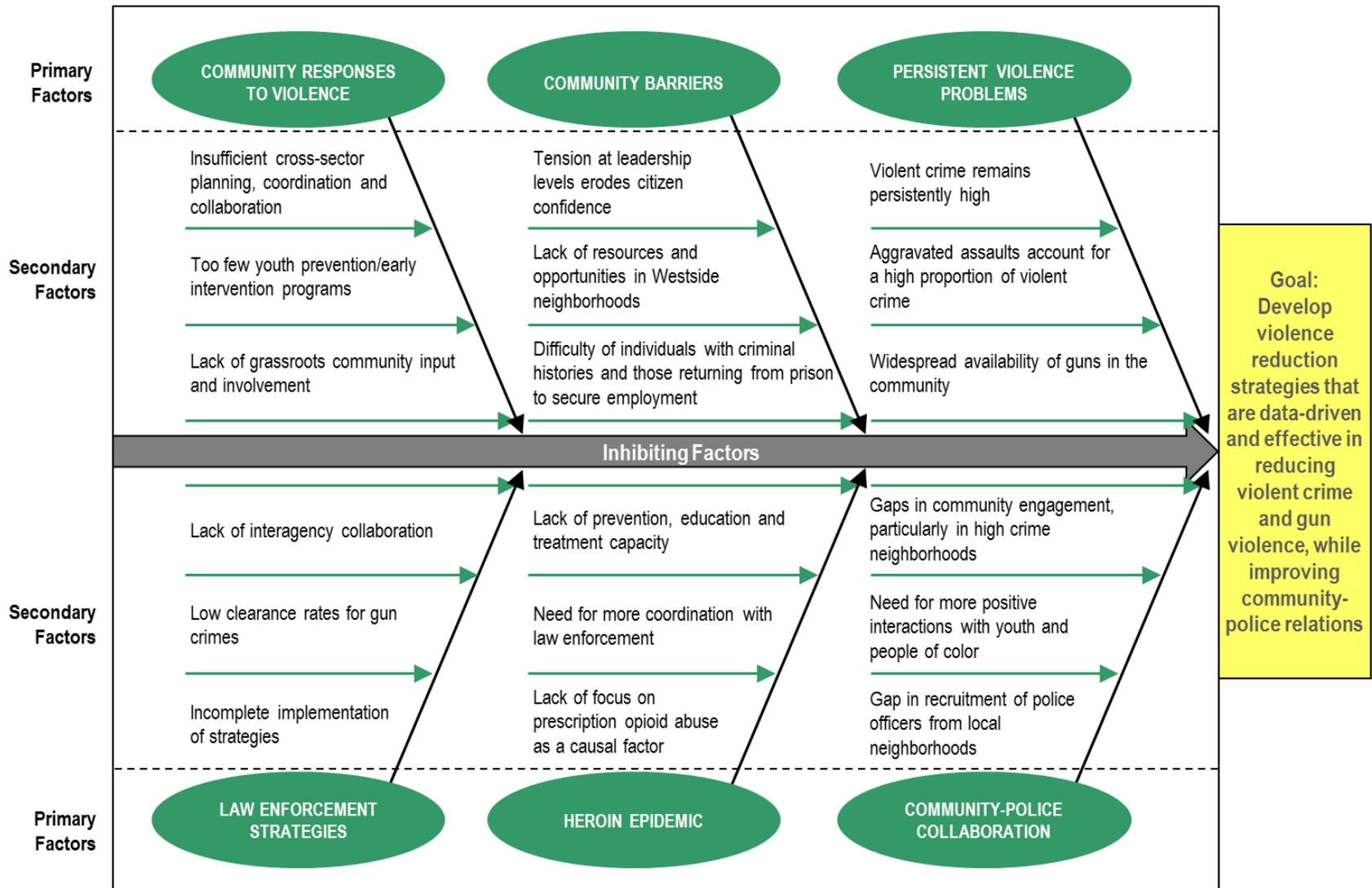
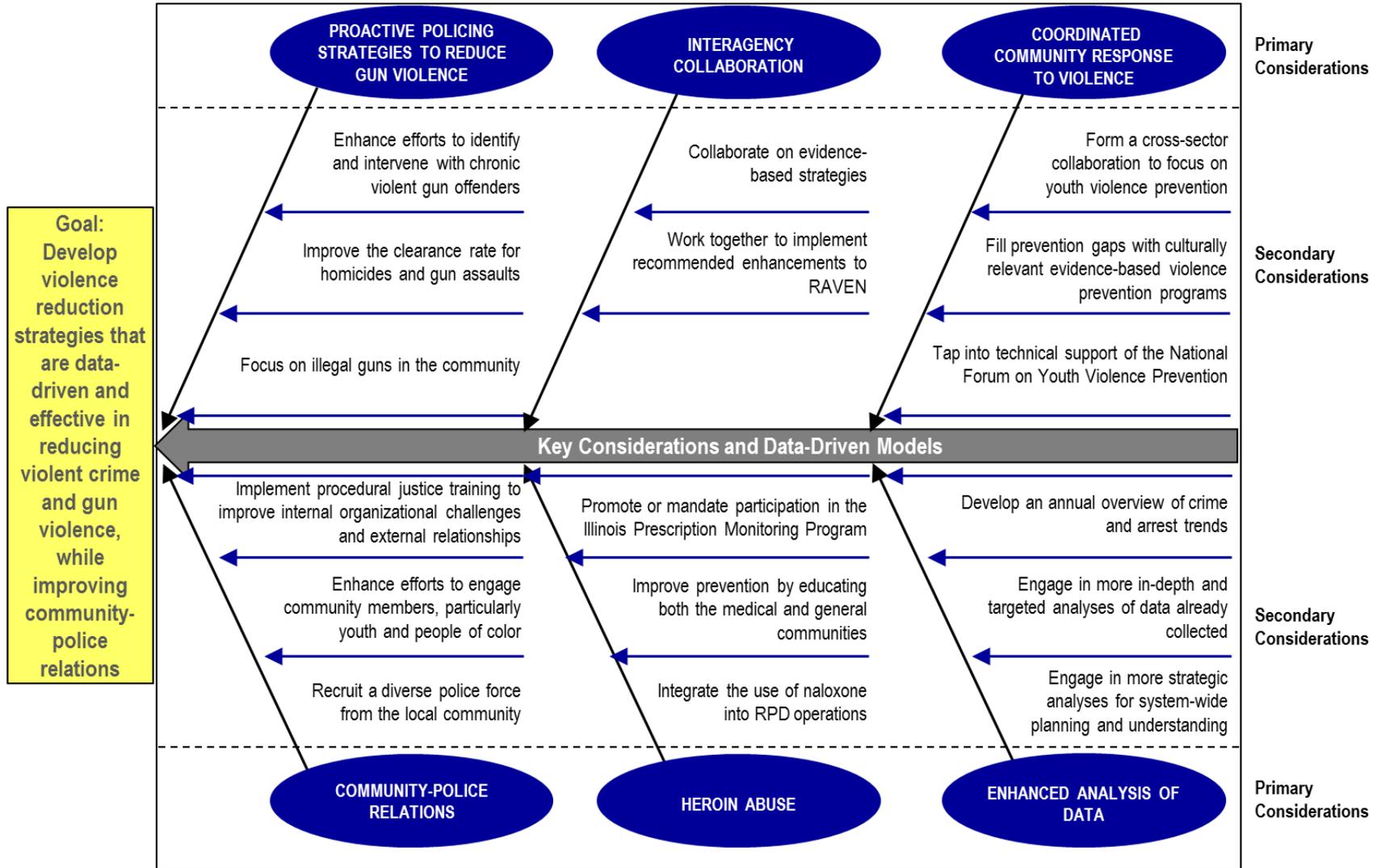


Table of Contents

- ▶ Overview
- ▶ Data Analysis and Key Findings
 - Community
 - Violent Crime
 - Heroin Abuse
 - Use of Force
 - Stakeholder Interviews
- ▶ Recommendations and Model Practices
- ▶ Training and Technical Assistance Plan
- ▶ Appendix



The Diagnostic Center identified model practices to address the contributing factors revealed in the Diagnose phase



The Diagnostic Center identified several model programs for reducing gun violence and heroin abuse

Gun Violence Reduction Strategies

Strategy	Model Programs
Using POP Approaches in Persistent Hot Spots	Boston Smart Policing Initiative
Targeting Offenders in Persistent Hot Spots	Los Angeles Smart Policing Initiative
GunStat and Gun Offender Registry	Baltimore Smart Policing Initiative
Cross-disciplinary Homicide Reviews	Milwaukee Homicide Review Commission
Focused Deterrence	Kansas City Smart Policing Initiative, Indianapolis Violence Reduction Partnership, Operation Ceasefire (Boston)

Source: CrimeSolutions.GOV, SmartPolicingInitiatives.com

Responding to the Heroin Epidemic

PREVENT People from Starting Heroin

Reduce prescription opioid painkiller abuse: Improve opioid pain killer prescription practices and identify high-risk individuals early.

REDUCE Heroin Addiction

Ensure access to Medication-Assisted Treatment (MAT): Treat people addicted to heroin or prescription opioid painkillers with MAT, which combines the use of medications (e.g. methadone, buprenorphine or naltrexone) with counseling and behavioral therapies.

REVERSE Heroin Overdose

Expand the use of naloxone: Use of naloxone, a life-saving drug, can reverse the effects of an opioid overdose when administered in time.

Source: CDC Vitalsigns, July 2015

In line with the model practices, principles of procedural justice build community trust and enhance police accountability

Key Components of Procedural Justice*

- ▶ **Voice** – perception that the community member’s side of the story has been heard.
- ▶ **Respect** – perception that police officers treat community members with dignity and respect.
- ▶ **Neutrality** – perception that the decision-making process is unbiased and trustworthy.
- ▶ **Understanding** – perception that community members comprehend the process and how decisions are made.
- ▶ **Helpfulness** – perception that system players are interested in each person’s personal situation to the extent that the law allows.

Guiding Principles for Police-Citizen Contacts**

- ▶ Allow for citizen participation (give individuals the opportunity to state their case).
- ▶ Demonstrate fairness and neutrality.
- ▶ Treat people with dignity and respect.
- ▶ Demonstrate trustworthiness.

- ▶ Every police-citizen contact is an opportunity to build public confidence in police, or alternatively, to cause tension and erode public trust.***
- ▶ Research shows that people who perceive they are treated fairly and respectfully by police report positive impressions of law enforcement, even if the interaction results in a sanction.****
- ▶ Police agencies must also model principles of procedural justice in how officers are treated within the organization.

*Horowitz, Jake. “Making every encounter count: Building trust and confidence in the police.” *NIJ Journal*, (2007): 8-11.

**Tyler, Tom R. and Jeff Fagan. “Legitimacy and cooperation: Why do people help the police fight crime in their communities?” *Ohio State Journal of Criminal Law*, 6 (2008), 231-275.

***Tyler, T. R. “Why people obey the law.” New Haven: *Yale University Press* (1990).

****Mazerolle, L., Antrobus E., Bennett, S., and Tyler, T.R. “Shaping citizen perceptions of police legitimacy: A randomized field trial of procedural justice.” *Criminology*, 51, 33-63



Using these model practices and examples, the Diagnostic Center prepared several recommendations

Factor #1: Coordinated community response to youth violence	
Strategic Improvement	The City of Rockford should create a multi-sector collaboration to build local capacity for preventing youth violence and promoting positive youth development.
Model Practices	<ul style="list-style-type: none"> ▶ Form a collaboration of stakeholders from law enforcement, schools, social services, public health, labor, community and faith-based organizations, parents and youth, and business and philanthropic organizations to develop and implement a comprehensive strategy for stopping youth violence before it starts (prevention) and responding effectively when it does (intervention); consider doing this as part of Connect Rockford. ▶ Use the National Forum on Youth Violence Prevention Strategic Planning Toolkit for Communities to guide development of the strategic plan. Integrate 3 key principles – multidisciplinary partnerships; data and evidence-driven strategies; and a coordinated and balanced set of programs (i.e. prevention, intervention, enforcement and reentry). See Appendix A for a list of evidence-based prevention and intervention programs. ▶ Develop an inventory of available services with a focus on youth and domestic violence services and make it accessible to police officers and service providers in the field. ▶ Seek resources to hire and train a prevention coordinator; evidence indicates coalitions are less effective without a paid, trained coordinator.* ▶ Establish a consultation process for obtaining input from the community members who are most impacted by the violence. ▶ Develop pro-social strategies and programs that are culturally and spatially relevant, such as leadership development, mentoring programs and job development for young black males from Westside neighborhoods. ▶ Develop strategies for improving Westside community anchor points (e.g. parks, recreational facilities, community centers) that promote youth development and positive youth activities. ▶ Tap into the technical support provided by the Office of Juvenile Justice and Delinquency Prevention to 15 communities nationwide in the National Forum on Youth Violence Prevention (e.g. resource materials, webinars, and peer to peer learning).

*Source:

J. David Hawkins, Valerie B. Shapiro and Abigail A. Fagan, "Disseminating Effective Community Prevention Practices: Opportunities for Social Work Education;" *Research on Social Work Practice* 20(5) 518-527 (April 2001).

N. D. Reppucci, J. L. Woolard, and C. S. Fried, "Social, Community, and Preventive Interventions", *Annual Review of Psychology* 50:387.418 (1999).



Recommendations (continued)

Factor #2: Interagency collaboration	
Strategic Improvement	Law enforcement agencies should work together to implement evidence-based, proactive violence reduction strategies.
Model Practices	<ul style="list-style-type: none"> ▶ Continue working together using the Safe Streets model within the Violent Crime Task Force to proactively address violent street gangs and chronic violent offenders, including RPD, WCSO, FBI, ATF, DEA, U.S. Marshals Service, Illinois State Police and the Loves Park Police Department. ▶ Increase collaboration among RPD, Winnebago County State’s Attorney’s Office, U.S. Attorney’s Office, and the ATF to identify, brief on a regular basis, and bring to prosecution significant gun cases. ▶ Enhance RAVEN by implementing recommendations of a focused deterrence expert, including: <ul style="list-style-type: none"> – Form an interagency coalition comprised of RPD, Winnebago County Sheriff’s Office, Winnebago County State’s Attorney’s Office, Illinois Department of Corrections, United States Attorney’s Office Northern District of Illinois, Alcohol Tobacco and Firearms (ATF) and the TriCounty Reentry Coalition to provide input and oversight. – Collaborate with a local research partner or crime analyst to conduct ongoing evaluation and use data to support offender selection (consider the high risk probation population for call-ins). – Establish a dedicated position or unit within RPD to identify, coordinate and follow through with selected offenders. – Reduce the number of offender call-ins by moving to bi-monthly or quarterly meetings. – Integrate offender assessment, mentoring and life skills coaching, and domestic violence services into case management. – Require RPD commanders and officers attend offender call-ins to promote greater understanding and department wide buy-in. – Improve community awareness and support including more “moral voices” in the call-ins.



Recommendations (continued)

Factor #3: Proactive policing strategies to reduce gun violence	
Strategic Improvement	RPD should enhance and fully implement proactive policing strategies to reduce gun violence.
Model Practices	<ul style="list-style-type: none"> ▶ Enhance efforts to identify chronic violent gun offenders (or “hot list” of individuals causing the greatest harm) and link them with proactive intervention strategies. Use offender and probation data (e.g. arrest, criminal histories, risk assessment) in addition to intelligence information to develop criteria and determine who is a chronic violent gun offender. Validate the list statistically and with officers in contact with offenders on a daily basis (e.g. gang unit, detectives, and patrol officers). ▶ Increase the clearance rate for homicides and gun assaults (and non-fatal shootings) by conducting cross-disciplinary homicide reviews. RPD can learn from the Milwaukee Homicide Review Commission. ▶ Focus on the source of illegal guns in the community. Better leverage the use of ATF's firearm tracing center and National Integrated Ballistic Information Network (NIBIN) capabilities for detecting patterns in the source and types of crime guns found in Rockford. Initiate and invest in proactive investigations by utilizing both ATF and RPD data to identify gun traffickers and target violent offenders and the sources of illegal guns. Add source information to the Gun Dashboard and work with the Violent Crime Task Force to develop appropriate responses. ▶ Consider developing a gun offender registry requiring individuals convicted of gun crimes to register with the police department and for officers to check on the offenders periodically through home visits. RPD can learn from gun offender registries developed in New York City and Baltimore. ▶ Provide enhanced leadership and management training to ensure full implementation of proactive policing strategies.

Recommendations (continued)

Factor #4: Community-police relations	
Strategic Improvement	The RPD should embrace principles of procedural justice and enhance collaboration with the community.
Model Practices	<ul style="list-style-type: none"> ▶ Implement procedural justice training for all officers and supervisors in the department. Procedural justice training focuses on four main pillars: 1) <i>Fairness</i> refers to consistency of rule application, 2) <i>Voice</i> refers to involving individuals or groups in the decisions that affect them, 3) <i>Transparency</i> refers to openness of the process by which decisions are made without secrecy or deception, and 4) <i>Impartiality</i> refers to unbiased decision-making where decisions are based on relevant evidence or data. Procedural justice training focuses on both internal and external relationships. Training of line officers will focus on the fairness of process during interactions between police officers and community members to help build trust between the department and the community being served. Training of supervisors and command staff will focus on the fairness of process during interactions between the officers and their supervisors. Internal procedural justice is closely tied to the mission, vision and morale of the department. ▶ Provide support to officers for expanding community engagement and collaboration with stakeholders and residents in high crime areas including faith leaders, non-profits, schools, businesses, community groups and youth. ▶ Recruit a diverse police force from the local community by developing relationships with Rockford’s middle and high schools, holding multicultural job fairs and highlighting officers with strong relationships in the community.
Factor #5: Heroin Abuse	
Strategic Improvement	The City of Rockford should work with the Winnebago County Mental Health Advisory Committee to support evidence-based practices in response to the heroin epidemic.
Model Practices	<ul style="list-style-type: none"> ▶ Promote the use of, or mandate participation in, the Illinois Prescription Monitoring Program by all medical prescribers (i.e. doctors, pharmacists, dentists) to reduce practices that result in highly abused drugs and “doctor shopping.” ▶ Integrate the use of naloxone into RPD operations, since police are often the first to arrive on the scene of an emergency or happen to encounter someone who has overdosed. See the BJA Law Enforcement Naloxone Toolkit for guidance and information. ▶ Work together (City of Rockford, Winnebago County Mental Health Advisory Committee and law enforcement) to develop and widely promote regularly scheduled prescription drug drop-off programs and events. ▶ Focus on prevention and education on 2 levels: <ul style="list-style-type: none"> – Target the medical community with education on “doctor shopping” and other prescription fraud and abuse activity. – Target the wider community and those more likely to abuse heroin (young, suburban, white males), focusing on helping people to understand the dangers of prescription opioid abuse and addiction.

Recommendations (continued)

Factor #6: Enhanced Data Analysis	
Strategic Improvement	City and county agencies should use the large amount of criminal justice data collected for more system-wide, strategic and problem-focused analyses.
Model Practices	<ul style="list-style-type: none"> ▶ RPD should develop an annual report that provides a comprehensive overview of crime and arrest trends. The Crime Analysis Unit has access to a great deal of data including National Incident Based Reporting System data, which could be used in this report. ▶ In addition to CompStat and other short-term analyses, RPD should engage in more in-depth analyses examining specific issues, such as what influences clearance rates in Rockford, using social network analysis to identify high risk offenders, and more sophisticated evaluations of their operations and programs. ▶ Winnebago County should engage in more in-depth and systematic analyses of criminal justice data for purposes of strategic and system-wide planning. This would illustrate the interconnectedness of agencies, how cases are moving through the system and how various components of the system are performing. This would allow for analyses of how arrests matriculate through the system, identify potential reasons for cases taking the route they do and the ultimate outcome of cases. ▶ RPD should collect data on citizen perceptions of crime, community and the police, or work with an independent entity to do so. In addition, RPD should collect data on officer perceptions of crime and community, or work with an independent entity to do so.



Table of Contents

- ▶ Overview
- ▶ Data Analysis and Key Findings
 - Community
 - Violent Crime
 - Heroin Abuse
 - Use of Force
 - Stakeholder Interviews
- ▶ Recommendations and Model Practices
- ▶ Training and Technical Assistance Plan
- ▶ Appendix



The Diagnostic Center proposes the following training areas to support a comprehensive, coordinated, system-wide response

Training and Technical Assistance Plan

Coordinated Community Response to Youth Violence

Overview: Build capacity among organizations, agencies and community members to plan, coordinate and collaborate on stopping youth violence before it starts (prevention) and responding effectively when it does (intervention) by leveraging technical support and peer-to-peer relationships with cities and communities in the National Forum on Youth Violence Prevention.

Interagency Collaboration

Overview: Increase collaboration among law enforcement agencies and enhance and improve RAVEN through technical assistance provided by an expert in focused deterrence and offender call-ins.

Proactive Policing Strategies

Overview: Build capacity for RPD to fully implement and sustain proactive law enforcement strategies by leveraging peer-to-peer relationships with police departments and national experts with experience in model gun violence reduction programs.

The Diagnostic Center proposes the following training areas to support a comprehensive, coordinated, system-wide response (continued)

Training and Technical Assistance Plan

Community-Police Relations

Overview: Build capacity to improve RPD's internal and external relationships through the provision of procedural justice training and leveraging peer-to-peer relationships with police departments that have successfully integrated community policing.

Heroin Epidemic

Overview: Enhance Rockford's response to the heroin epidemic through technical assistance from a crime prevention expert experienced in strategies to address prescription drug abuse through collaboration and coordination with community treatment providers, the medical community, and law enforcement.

TTA Topic #1: Coordinated Community Response to Youth Violence

The City of Rockford can receive technical assistance on youth violence prevention.

1 Technical Assistance to develop a Coordinated Community Response to Youth Violence Prevention

The Diagnostic Center will identify cities in the National Forum on Youth Violence Prevention that have developed and implemented community strategies on youth violence prevention and would be appropriate as peer learning sites for Rockford. The peer exchanges will create an opportunity for Rockford to learn from other cities' experiences with multi-sector collaboration on youth violence prevention.

- ▶ **Potential Training Providers:** Technical assistance will be provided by peer cities in the National Forum on Youth Violence Prevention.
- ▶ **Target Audience:** Connect Rockford, agencies involved in youth violence prevention.

TTA Topic #2: Interagency Collaboration

Rockford's law enforcement agencies can receive technical assistance to facilitate interagency coordination and enhance RAVEN.

1 Technical Assistance to Facilitate Interagency Collaboration and Enhancements to RAVEN

Technical assistance will be provided by a national expert in focused deterrence and offender call-ins. Technical assistance will help facilitate collaboration among law enforcement agencies, greater understanding of focused deterrence, and the implementation of recommended improvements to RAVEN.

- ▶ **Potential Training Provider: TBD**
- ▶ **Target Audience: RPD, WCSO, WCSAO, IDOC, USAO**

TTA Topic #3: Proactive Policing Strategies

RPD can receive technical assistance on proactive policing strategies.

1

Peer-to-Peer Relationships Focused on Proactive Policing Strategies

The Diagnostic Center will identify law enforcement agencies that have implemented successful evidence-based strategies for addressing gun violence. The peer exchange will create an opportunity for RPD to learn from other police agencies' successful and sustainable proactive approaches including strategies for targeting the most prolific violent offenders. A potential peer agency is the Kansas City Police Department, which has reduced homicides by creating a collaborative partnership to oversee the use of social network analysis for identifying individuals involved in social deviance and employing focused deterrence strategies. Another potential peer agency is the Chicago Police Department, which uses social network analysis to identify violent offenders and reduce homicides.

- ▶ **Potential Training Provider:** Technical assistance will be provided by peer agencies that have implemented successful evidence-based strategies to chronic violent gun offenders.
- ▶ **Target Audience:** RPD

2

Technical Assistance on the Homicide Review Prevention Model

The Diagnostic Center will work with the COPS National Homicide Review Training and Technical Assistance program to provide technical assistance to RPD in conducting homicide reviews. The Homicide Review prevention model uses problem-solving approaches that seek not only to solve homicides, but also prevent non-fatal shootings and near fatal domestic violence incidents.

- ▶ **Potential Training Provider:** TBD
- ▶ **Target Audience:** RPD, WCSAO and other partners

TTA Topic #3: Proactive Policing Strategies (continued)

3

Technical Assistance on Gun Offender Registry

- ▶ Technical assistance will be provided by a national expert closely involved in the development of the Gun Offender Registry in Baltimore to help RPD implement similar initiatives in Rockford.
- ▶ **Potential Training Provider:** TBD
- ▶ **Target Audience:** RPD and other law enforcement agencies

TTA Topic #4: Community Police Relations

1 Peer-to-Peer Relationship Focused on Community Policing and Collaboration

The Diagnostic Center will identify potential law enforcement agencies that have implemented successful strategies in community policing and collaboration. The peer exchange will create an opportunity for RPD to learn from other police agencies' successful efforts to build community relationships and collaborative approaches to violence reduction. A potential peer agency is the Indio (CA) Police Department, which has formed a successful relationship and collaborative practices with faith leaders and faith-based groups in the community. Another potential peer agency is the Brooklyn Park Police Department, which has formed successful relationships and collaborative practices with youth in the community.

- ▶ **Potential Training Provider:** Technical assistance will be provided by peer agencies that have implemented successful engagement practices and relationship building with community members.
- ▶ **Target Audience:** RPD, faith organizations, youth groups, schools, community leaders

2 Training on Procedural Justice

The Diagnostic Center will support procedural justice training for the RPD in order to promote the principles of transparency, impartiality, fairness, and giving voice within the police organization and for enhancing external relationships.

- ▶ **Potential Training Provider:** TBD
- ▶ **Target Audience:** All RPD officers and supervisors

TTA Topic #5: Heroin Abuse

The City of Rockford can receive technical assistance to support recommendations related to heroin abuse.

1 Technical Assistance related to Heroin Abuse

Technical assistance will be provided by an expert in prescription drug abuse reduction strategies, including work with Prescription Monitoring Programs, medical community training, relationship building with medical regulatory boards, and community outreach and education.

- ▶ **Potential Training Provider:** TBD
- ▶ **Target Audience:** RPD, City of Rockford, Winnebago County Mental Health Advisory Board

Next Steps and Contact Information

Next Steps

- ▶ Develop an implementation plan based on the priorities Rockford selects
- ▶ Identify specific training and technical assistance to support an implementation plan

Contact Information for the OJP Diagnostic Center

Your Community Leaders:

City Manager, Jim Ryan
Chief of Police, Chet Epperson

Your Senior Diagnostic Specialist:

Hildy Saizow

Contact@OJPDiagnosticsCenter.org



Main Telephone Number:

(855) OJP-0411 (or 855-657-0411)



Website:

www.OJPDiagnosticsCenter.org



Table of Contents

- ▶ Overview
- ▶ Data Analysis and Key Findings
 - Community
 - Violent Crime
 - Heroin Abuse
 - Use of Force
 - Stakeholder Interviews
- ▶ Recommendations and Model Practices
- ▶ Training and Technical Assistance Plan
- ▶ Appendix



Appendix A: Youth Violence Prevention Programs and Strategies

1. Violence Prevention Approaches Based on the Best Available Evidence

Approach	Description	Examples of Programs, Policies, and Practices
Universal School-based Youth Violence Prevention	Provide students and school staff with information about violence, change how youth think and feel about violence and teach nonviolent skills to resolve disputes.	<p>Life Skills Training (LST) teaches anger management and conflict resolution. Evaluations of this program have shown significant reductions in fighting and delinquency, including a 26 percent reduction in high frequency fighting within one year.</p> <p>Other evidence-based universal school programs include: Good Behavior Game, Positive Action, Project Towards No Drug Abuse, and Promoting Alternative Thinking Strategies.</p>
Parenting Skill and Family Relationship Approaches	Provide caregivers with support and teach communication, problem-solving, monitoring, and behavior management skills.	<p>The Strengthening Families program teaches parents to use discipline, manage their emotions, and communicate with their child and teaches youth strategies to deal with peer pressure, manage stress, and solve problems. Evaluations of this program have shown significant reductions in aggression, hostility, and conduct problems and improvements in parent’s limit-setting, parent-child communication and youth’s prosocial behavior.</p> <p>Other examples of evidence-based parenting and family programs include: the Incredible Years, Triple P (Positive Parenting Program), and Guiding Good Choices.</p>
Intensive Family-focused Approaches	Provide therapeutic services to high-risk, chronic youth offenders and their families to address individual, family, school and community factors that contribute to violence and delinquency.	<p>Multidimensional Treatment Foster Care is for youth who need out-of-home placements and includes extensive training of foster parents, family therapy for biological parents, skills training and support for youth, and school based academic and behavioral supports. This program has been shown to significantly reduce delinquency, violence, and violent crime and sustain improvements over time.</p> <p>Other examples of evidence-based intensive family-focused approaches include: Multisystem Therapy and Functional Family Therapy.</p>

Appendix A: Youth Violence Prevention Programs and Strategies (continued)

Approach	Description	Examples of Programs, Policies, and Practices
Policy, Environmental and Structural Approaches	Involve changes to community environments that can enhance safety and affect youth violence and youth violence risk/ protective factors.	<p>Business Improvement Districts (BIDs) are public-private partnerships that collect resources from businesses and invest in local services and activities. Significant reductions in violence have been documented in BIDs neighborhoods.</p> <p>Other examples include: policies to reduce youth access to alcohol and changes in the physical environment using principles of Crime Prevention Through Environmental Design (CPTED).</p>
Street Outreach and Community Mobilization	Connects trained staff with at-risk youth to conduct conflict mediation, make service referrals and change beliefs about the acceptability of violence.	<p>Cure Violence (formally known as CeaseFire) works to interrupt violence, particularly shootings, and change norms about the acceptability and inevitability of violence. An evaluation found reduced shootings and killings and fewer retaliatory killings in most communities where the program was implemented.</p> <p>Other examples include: Richmond Comprehensive Homicide Initiative, Operation Ceasefire and Safe Streets.</p>
Early Childhood Home Visitation	Provides information, caregiver support and training about child health, development and care to families in their homes.	<p>Nurse-Family Partnership (NFP) provides training and support to mothers during pregnancy and two years after giving birth to support a healthy pregnancy and increase mothers' knowledge and skills about child development and care. It has been shown to decrease risk factors for youth violence, such as child maltreatment and early behavior problems, and reduce adolescent arrests and delinquency.</p> <p>Another example includes: Triple P</p>

Appendix A: Youth Violence Prevention Programs (continued)

2. Evidenced Based Programs

Aggressors, Victims and Bystanders: Thinking and Acting to Prevent Violence

A curriculum designed to prevent violence and inappropriate aggression among middle school youth, particularly those living in environments with high rates of exposure to violence.

Communities That Care (CTC)

A community-level intervention that mobilizes stakeholders to collaborate on selecting and implementing evidence-based prevention programs designed to prevent youth problem behaviors, such as substance abuse and delinquency.

Curriculum-Based Support Group Program

A support group intervention designed to increase resiliency and reduce risk factors among children and youth between ages four and 17 who are identified as being at an elevated risk for early substance use and future delinquency and violence.

Multisystemic Therapy® (MST®)

A juvenile crime prevention program to enhance parenting skills and provide intensive family therapy to troubled teens and delinquent teens that empower youth to cope with the family, peer, school and neighborhood problems they encounter—in ways that promote pro-social behavior while decreasing youth violence and other antisocial behaviors.

SANKOFA Youth Violence Prevention Program

A strengths-based, culturally-tailored preventive intervention for African American adolescents ages 13-19. The goal is to equip youth with the knowledge, attitudes, skills, confidence and motivation to minimize their risk for involvement in violence, victimization due to violence and other negative behaviors.



Source: Substance Abuse and Mental Health Services Administration's National Registry of Evidence-Based Programs and Practices, Blueprints for Healthy Youth Development

Per the preface disclaimer, points of view or opinions in this document do not necessarily represent the official position or policies of the U.S. Department of Justice.

Appendix B: Substance Abuse and Mental Health Services Administration (SAMHSA) Resources

SAMHSA: Prescriber and Patient Education

Resource	Link
Free online CME courses on “Prescribing Opioids for Chronic Pain.” SAMHSA in partnership with Boston University, School of Medicine	www.opioidprescribing.com
Prescriber’s Clinical Support System for the appropriate use of Opioids for the treatment of chronic pain and opioid related addiction (PCSS-O): free physician mentoring from experts on clinical topics such as prescribing opioids for chronic pain and office-based treatment of opioid-dependent patients	www.pcss-o.org
Provider’s Clinical Support System for Medication Assisted Treatment (PCSS-MAT): a national training and mentoring project developed in response to the prescription opioid misuse epidemic	www.pcssmat.org
SAMHSA (2013) is developing a new Opioid Brief Guide for primary care physicians on how to use FDA-approved medications to treat opioid addiction in the medical office	http://store.samhsa.gov/product/Clinical-Use-of-Extended-Release-Injectable-Naltrexone-in-the-Treatment-of-Opioid-Use-Disorder-A-Brief-Guide/SMA14-4892R
SAMHSA has published information for patients and the public on prescription drug abuse and its treatment	http://www.samhsa.gov/prescription-drug-misuse-abuse

Appendix B: SAMHSA Resources (continued)

SAMHSA: Prescription Drug Monitoring Programs

Programs	Link
<p>SAMHSA released Prescription Drug Monitoring Program-Electronic Health Records (PDMP-EHR) Integration and Interoperability Expansion Grants (2012-13)</p> <ul style="list-style-type: none"> Funds nine states, including the Wisconsin State Department of Safety and Professional Services Improves real-time provider access to PDMP data by integrating PDMPs with existing EHR technologies 	<p>http://www.pdmpassist.org/pdf/PDMP-SAMHSA-RFA-2012.pdf</p>
<p>Office of National Drug Control Policy (ONDCP) and Bureau of Justice Assistance (BJA) offers assistance for state-state/state-tribal PDMP linkages/interoperability</p>	<p>http://www.pdmpassist.org/</p>

SAMHSA: Prevention and Early Intervention

Program	Link
<p>National Prescription Drug Take-Back Day: Bi-annual, national event to promote safe disposal of leftover medicines that are ripe for diversion, misuse and abuse</p>	<p>http://www.deadiversion.usdoj.gov/drug_disposal/takeback/</p>
<p>Screening, Brief Intervention and Referral to Treatment (SBIRT): An evidence-based practice that involves screening individuals in primary care settings for risk of substance abuse, providing brief intervention and, when necessary, referral to substance use treatment</p>	<p>www.integration.samhsa.gov/clinical-practice/sbirt www.samhsa.gov/prevention/sbirt</p>
<p>College of Pharmacy Toolkit: Teaches college and high school students about prescription drug use, Ohio State University</p>	<p>www.pharmacy.ohio-state.edu/outreach/generationrx/resources/BulletinBoardPanels.pdf</p>
<p>Maximizing Your Role as a Teen Influencer: Toolkit to keep teens safe from prescription drugs, National Council on Patient Information and Education (NCPIE)</p>	<p>www.talkaboutrx.org/maximizing_role.jsp</p>

Appendix B: SAMHSA Resources (continued)

SAMHSA: Publications

Name	Link
Prevention Resources on the Nonmedical Use of Prescription Drugs	https://captus.samhsa.gov/access-resources/samhsas-capt-develops-important-new-prevention-resources-nonmedical-use-prescriptio
Risk and Protective Factors Associated with Nonmedical Use of Prescription Drugs: A Review of Literature (2006-2012)	https://captus.samhsa.gov/access-resources/factors-prevent-non-medical-use-prescription-drugs-using-prevention-research-guide
Managing Chronic Pain in Adults with or in Recovery from Substance Use Disorders	http://store.samhsa.gov/product/Managing-Chronic-Pain-in-Adults-With-or-in-Recovery-From-Substance-Use-Disorders/SMA13-4792
Opioid Overdose Toolkit	http://store.samhsa.gov/product/Opioid-Overdose-Prevention-Toolkit/SMA13-4742

SAMHSA has Treatment Locators, Physician Locators, and Treatment Improvement Protocols (TIPs) on treatment with methadone, buprenorphine and other drugs, as well as on treating chronic pain in persons with substance use disorders: www.samhsa.gov/treatment/index

Appendix B: SAMHSA Resources (continued)

Additional Federal Public Health Resources on Violence Prevention

Name	Link
CDC National Center for Injury Prevention and Control	www.Healthysafechildren.org
Youth Violence: A Report of the Surgeon General	www.Healthysafechildren.org
Refer Youth to a Safe Place to Talk	www.ok2talk.org
DOJ Office of Justice Programs Youth Violence Resources	http://ojp.gov/programs/yvp_resources.htm
Department of Education Office of Elementary and Secondary Education	http://www2.ed.gov/about/offices/list/oese/oshs/
Extreme Violence Prevention	http://www.whitehouse.gov/sites/default/files/empowering_local_partners.pdf
National Teen Dating Violence Hotline	http://www.loveisrespect.org/
National Center for Mental Health Promotion and Youth Violence Prevention	www.promoteprevent.org