Cambridge Safety Net Collaborative
Clinical Support Unit

This operational unit has been established to provide specific services to members of the community who would be better served through a “social justice approach” than what could be afforded to them through conventional criminal justice approaches.
Youth & Family Services Unit

The Youth & Family Services goes above and beyond the role of the traditional juvenile unit with different levels of support for youth and families. The idea is to intervene early, interact with the youth and their family and work with them to resolve the issue(s) that may have led to the negative act or crime.
The mission of the Social Justice Unit is to participate in the continuum of care and assist people and organizations in accessing services and resources by improving relationships and providing individualized case management.
Case Management Process

- Identify individual
- Gather background information
- Conduct home visit
- Assess risks and needs
- Communicate and connect with service providers
- Identify next steps
- Continuously monitor and follow-up
What is Safety Net?

Safety Net is a collaboration between the Cambridge Police Department, Cambridge Health Alliance, Department of Human Services, and Cambridge Public Schools whose mission is to foster positive youth development, promote mental health, support a safe community and schools, and limit youth involvement in the juvenile justice system through coordinated services for Cambridge youth and families.
Safety Net

• Goal: prevent youth incarceration & improve access to mental health services
• Youth police officers actively involved in the follow-up & outreach to at-risk youth
  – Pre-complaint community based diversion
• Collaborative partnership:
  – Police
  – Mental health providers
  – School staff
  – Human services
Safety Net Collaborative cont.

• Voluntary Consent: Families asked to sign a release of information allowing partner agencies to communicate regarding the case

• Police trained in youth development, multicultural competency, youth mental health, youth & family systems & services, & fundamentals of case management

• Youth Level of Service/Case Management Inventory (YLS/CMI; Hoge & Andrews, 2011)
  – All officers trained in administration of YLS-CMI
  – Certification test & booster sessions during police academy training
  – Protocols reviewed & authorized by clinical coordinator & affiliated partners
  – Partners agree on achievable & measurable goals for each youth

• The child psychiatry department at Cambridge Health Alliance (CHA) reserves one weekly intake slot to a youth or family referred by the program.
New Role for Police Officers

- **Officer selection**
- **The job of the officer does not end at the point of a referral**
- **Baseline & specialized training for our Youth Resource Officers, Youth Outreach Officers, and Juvenile Detectives with a mental health focus:**
  - Hallmarks of Child/Adolescent Mental Health
  - Typical Child and Adolescent Development
  - Policing the Teen Brain in Schools
  - Person-Centered Case Management
- **Implementation of a validated risk/needs assessment tool (YLS).**
Offer constructive consequences and resources to youth who have committed a prosecutable offense as an alternative to being prosecuted.

Connect at-risk youth with a service plan before delinquent or criminal behavior occurs.

Engage in activities to build trust and model behavior for all Cambridge youth.
Services offered by Safety Net

- Promote school safety
- Connect youth to mental health services
- Conduct home visits with families and youth
- Sponsor sports programs, mentoring programs, and youth development activities
- Coordinate and implement juvenile diversion program
Safety Net: Intervention & Police Diversion Models

1. Identify At-Risk Youth
   - Child Behavior
     - Type I: Concerning behavior pattern; victim; witness
     - Type II: Potentially criminal Incident or behavior
     - Fighting; illegal drug use; shoplifting; serious bullying; bringing weapon to school
   - Location
     - School, Youth Center, Community, Home
   - Observer/Responder
     - School staff, Youth center staff, SRO, Other police, Parent, Mental health professional

2. Case Enters Safety Net
   - School intervenes
   - Youth Center intervenes
   - SRO may be consulted

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

4. Youth Outcome
   - Outcome A: Concerning behavior stops, no further incidents
     - Youth becomes court-involved
   - Outcome B: Concerning behavior continues; further incident occurs; youth breaks diversion
     - Youth becomes court-involved

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

Intervention
- Connect with resources
  - Youth programs
  - Mental health services
  - Monitoring from SRO
  - Family support
  - Help parent file CHINS

Police Diversion
- Develop diversion contract
  - Mediation/restorative justice
  - Community service
  - Restitution
  - Good behavior
  - Mental health evaluation
  - Connect with resources
Number of Cambridge Youth Arrested, 2005 to 2014

<table>
<thead>
<tr>
<th>Year</th>
<th>Number of Arrested</th>
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<tbody>
<tr>
<td>2005</td>
<td>54</td>
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<tr>
<td>2006</td>
<td>36</td>
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<td>2007</td>
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<td>2012</td>
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<tr>
<td>2013</td>
<td>23</td>
</tr>
<tr>
<td>2014</td>
<td>16</td>
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</table>
Juvenile Arrests

Cambridge Juvenile Arrests

Year

Absolute # of Juvenile Arrests


-3.2x + 111.4
R² = 0.3

-0.9x + 138.6
R² = 0.7

Total Rate of Change '04-'08 Rate of Change '08-'14

Cambridge Police
Comparing Counties: Juvenile Arrests per 100,000
Summons of Cambridge Juveniles

<table>
<thead>
<tr>
<th>Year</th>
<th>Summons</th>
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<tbody>
<tr>
<td>2015</td>
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<td>2016</td>
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<td>2017</td>
<td>21</td>
</tr>
<tr>
<td>2018</td>
<td>16</td>
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</table>
Safety Net Reduces Short-term Recidivism

![Graph showing the reduction of recidivism with the Safety Net program compared to control. The graph includes data points at 6, 12, 18, 24, 30, and 36 months, with significant differences marked by asterisks. The graph compares the percent with a second offense between the Control group and the Safety Net group.](image-url)
Results: Mental Health Diagnoses

Rate of Diagnoses

- Trauma/Stress Disorders
- Substance Abuse Disorders
- Psychotic Disorders
- Mood Disorders
- Disruptive Behavior Disorders
- Developmental Delays
- Anxiety Disorders

Legend:
- Arrest/Summons (N=119)
- Safety Net (N=61)
## Comparing MH Diagnoses (Y/N) Across Groups

<table>
<thead>
<tr>
<th>MH Diagnoses</th>
<th>SN (n=61)</th>
<th>Non-SN (n=119)</th>
<th>$\chi^2$ value</th>
<th>$P$-value</th>
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<tbody>
<tr>
<td>Anxiety Disorders</td>
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<td>44</td>
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<td>Developmental Delays</td>
<td>4</td>
<td>10</td>
<td>0.06</td>
<td>0.81</td>
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<tr>
<td>Disruptive Behavior Disorders</td>
<td>34</td>
<td>63</td>
<td>0.13</td>
<td>0.72</td>
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<td>Mood Disorders</td>
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<td>57</td>
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<td>Psychotic Disorders</td>
<td>2</td>
<td>5</td>
<td>0.09</td>
<td>0.76</td>
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<tr>
<td>Substance Abuse Disorders</td>
<td>20</td>
<td>52</td>
<td>2.00</td>
<td>0.16</td>
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<tr>
<td>Trauma/Stress Disorders</td>
<td>15</td>
<td>40</td>
<td>1.83</td>
<td>0.18</td>
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</table>

No significant differences between SN diverted youth vs. Arrested/Summonsed youth on MH diagnoses.
Results: Service Use Outcomes
Overall Study Lifetime Means

<table>
<thead>
<tr>
<th>Service Type</th>
<th>SN (n=71)</th>
<th>Non-SN (n=136)</th>
<th>F-value</th>
<th>P-value</th>
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</thead>
<tbody>
<tr>
<td>Acute Inpatient Visits</td>
<td>0.17</td>
<td>0.32</td>
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<td>Outpatient Care Visits</td>
<td>5.87</td>
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<td>Emergency Department Visits</td>
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<td>2.46</td>
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<td>0.13</td>
<td>0.19</td>
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## Results: Service Use Outcomes

### Pre-Post Police Contact

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<th>Behavioral Health Service</th>
<th>SN (n=71)</th>
<th>$\chi^2$-value</th>
<th>P-value</th>
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<th>$\chi^2$-value</th>
<th>P-value</th>
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<tbody>
<tr>
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<td>Pre</td>
<td>Post</td>
<td></td>
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<td>Pre</td>
<td>Post</td>
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<td>Acute Inpatient Visits %</td>
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<td>7.04</td>
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<td>5.88</td>
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<tr>
<td>Outpatient Care Visits %</td>
<td>18.31</td>
<td>36.62</td>
<td>5.97</td>
<td>0.01*</td>
<td>26.47</td>
<td>20.59</td>
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<tr>
<td>Emergency Department Visits %</td>
<td>26.76</td>
<td>36.62</td>
<td>1.59</td>
<td>0.21</td>
<td>33.09</td>
<td>29.41</td>
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- **Safety Net youth**: significant increase in outpatient MH services following contact with program
- **Arrested/Summoned youth**: no significant differences in service use pre-post police contact
## Results: Service Use Outcomes

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- Significant difference between Safety Net youth and Arrested/Summonsed youth on pre-post percentage of outpatient mental health service visits