

SCRANTON COMMUNITY HEALTH AND SAFETY LANDSCAPE ANALYSIS



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About Muflehun

Muflehun is an independent non-profit organization at the nexus of society, security, and technology, serving as a resource center for preventing and countering hate, extremism, and violence. Muflehun's vision is to facilitate a world with justice for all, with a mission to cultivate prosperity. We collaborate with partners to design contextualized solutions to complex social challenges aimed at increasing social resilience. Drawing upon our rich subject matter expertise and vast network of resources, we apply technology tools and systemic thinking methods to design relevant solutions for the local challenges faced in society.



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1 OVERVIEW

Community health and safety of the residents of the City of Scranton is a priority of the current city administration. In partnership with the Scranton Police Department, the City government has made significant strides and made considerable improvements in community safety.

It is important to place in context the unique situation of Scranton. The city was designated as a financially distressed municipality under Pennsylvania's Act 47 in 1992. After nearly 30 years, in January 2022, Scranton officially exited its Act 47 distressed status. This marked a major milestone in the city's financial recovery. Although a significant achievement, Scranton continues to fight several challenges, including economic, social, health, infrastructure, labor market and community safety. This report focuses on the last, i.e., community safety while placing it in the context of other primary identified challenges.

The report provides an assessment of the community safety and well-being situation from previously less explored perspectives.

1. The study conducted a quantitative assessment of the community safety situation from a public health perspective. A methodology, Community Resilience Early Warning System (CREWS) was applied to help prioritize the risk factors to mitigate and protective factors to enhance for the primary prevention of violence.
2. A qualitative analysis of the city stakeholder landscape was conducted. The report provides an inventory of the current active service providers in the city. These are assets that need improved utilization by the City, community, and other service providers in joint efforts to make the City a better place to live for its residents. The report summarizes the viewpoints of the stakeholders.
3. A deep dive into the Calls for Service data provided by the Scranton Police Department (SPD) was conducted to better understand the workload of the SPD and identify existing strengths of the department, where improvements can continue, and explore gaps where changes can be made.

This assessment provides information to the SPD on resource allocation and collaborative partnerships needed for service delivery that meets the changing needs of the population of Scranton.

A study was conducted to summarize the existing best practices in the nation. Relevant information has been provided as recommendations to be considered by the SPD.

For developing a community safety plan from the medium- and long-term perspective, the population growth projections and expected demographic shifts in the city have been documented. This will help plan for growth in the service demands of the SPD.



2 SCRANTON COMMUNITY RESILIENCE – QUANTITATIVE ASSESSMENT

Scranton, like the rest of the globe, saw a change in the trends and trajectories for many facets of life due to the COVID19 pandemic. Given this reality, this analysis draws on the most recent data that is available, i.e., Years 2018-2022. This study applies a unique method for an accelerated primary understanding of the public safety scenario in the city.

The Community Resilience Early Warning System (CREWS) methodology was applied. CREWS is a data analytics approach for ranking the socio-ecological factors of a location based on their contribution to the vulnerability to violence, both positive and negative. These prioritized risk and protective factors feed into further analysis of the trends over time, and to inform stakeholder engagement including local governments, criminal justice, health, education, and community stakeholders. The combined CREWS analysis process informs recommendations to local governments regarding which risk factors ought to be mitigated and which protective factors ought to be strengthened in the local primary prevention strategies.

The CREWS analysis examined the potential risk and protective factors that impact vulnerability to violent crimes, and especially for gun shootings.

The result of the data analytics conducted by CREWS is illustrated in Figure 1.

In parallel, service providers and local organizations were also consulted to

understand how they prioritize issues to improve community safety and well-being. This is described in the Qualitative Analysis section of the report.

The analysis shows that the risk of violent crimes increases with a combination of specific features in Scranton. The noticeable high-risk factors include:

- Housing
- Lack of Social Support
- Low Quality of Education and Access to Education
- Health Risks
- Social Participation of the community
- Income (Inequality)

The most protective features the CREWS model identifies include:

- Population Diversity
- Community Safety
- Quality of Life
- Access to Health
- Political Participation

It is important to note that none of the features act individually but in relationship to each other. Looking at the trends of the individual feature helps understand the riskiness or protectiveness of each relevant feature.

In summary, Figure 1 illustrates that the residents of Scranton face housing challenges and sub-optimal social support systems (shortage of childcare centers, arts,



sports and recreational facilities and civic organizations). Additionally, education, income (inequality, child poverty, food security and employment opportunities) and health sector challenges continue. Mental health was identified as a specific challenge, and substance abuse as well. The increasing

population diversity and improved community safety led by the SPD are the major protective factors.

As mentioned earlier, this overview is a first step in understanding the situation of the community health and safety landscape.

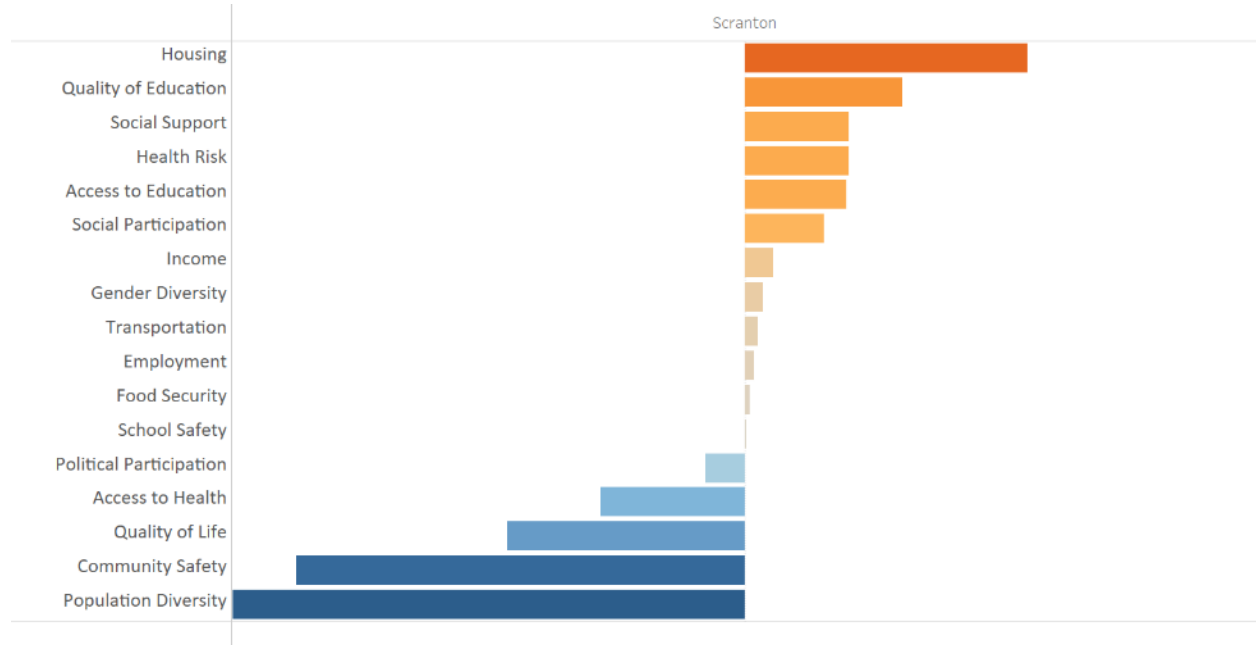


Figure 1: Risk and Protective Factors



3 LANDSCAPE AND STAKEHOLDER ANALYSIS

3.1 OBJECTIVES OF THE STAKEHOLDER ANALYSIS

The data analysis conducted using the CREWS methodology establishes a robust evidence base for understanding the community safety landscape. It offers a clear depiction of the factors contributing to community safety issues. This analysis is further enriched by stakeholder input, offering diverse perspectives from selected community members.

By integrating qualitative landscape analysis with quantitative data analysis, we achieve a comprehensive understanding of the complex issues at play. This combined approach enhances our understanding of the situation, enabling the City of Scranton to develop a more effective and informed strategy.

1. Depth and Context

Quantitative data offers valuable insights into the primary social challenges in the city, such as housing issues and juvenile crimes, by providing incidence rates, demographic patterns, and time trends. These numbers and trends are essential for understanding the scale and frequency of these challenges. However, quantitative data alone cannot explain why these patterns exist.

Qualitative interviews bridge this gap by providing context and deeper understanding of the contributing factors to violence. They reveal the underlying social challenges, resource limitations, economic conditions,

and local histories that shape these patterns. Together, these methods offer a comprehensive view of the issues, enabling more effective and informed interventions.

2. Identifying Root Causes and Enhancing Data Interpretation

Key informant interviews are crucial for identifying the root causes of community challenges. While quantitative data can highlight correlations, qualitative insights delve deeper to explore and explain these correlations. For instance, if quantitative analysis reveals recurring juvenile crimes in Scranton, interviews with local community leaders and relevant stakeholders can uncover underlying issues, such as the lack of relevant juvenile detention facilities or insufficient after-school programs.

This integration of quantitative and qualitative data enhances the interpretation of findings, uncovering important stories behind the numbers and providing a more comprehensive understanding of the situation. By combining these approaches, we can develop more effective strategies to address the identified challenges.

3. Increasing Stakeholder Engagement

Engaging key informants in qualitative interviews not only enriches the research with in-depth insights but also fosters stakeholder engagement. This process



empowers community members and stakeholders by giving them a voice in the research, enhancing their sense of ownership and involvement. Their participation can lead to the development of programs and strategies that are more widely accepted and sustainable, as they are informed by the real needs and perspectives of the community.

4. Addressing Data Gaps

In many cases, available quantitative data may be limited or incomplete. Qualitative interviews can help fill these gaps by providing insights that are not captured in quantitative datasets. For instance, qualitative research can explore phenomena that are under-reported or difficult to quantify, such as the impact of violence on mental health or community cohesion and vice versa. Both challenges are prevalent in Scranton.

5. Informing Strategy and Policy Development

Integrating qualitative and quantitative analyses creates a robust evidence base for strategy and policy development. Quantitative data highlights the need for policy intervention by demonstrating trends and correlations, while qualitative insights inform the specifics of policy design, Organization Type:

| | |
|---------------------|----------------------------|
| 1. State / County | 2. Educational Institution |
| 3. City | 4. Community / Nonprofit |
| 5. Religious Entity | 6. Private Entity |

Service Type:

ensuring that policies are contextually appropriate and grounded in real-world experiences. This combined approach ensures that policies are not only data-driven but also tailored to the unique needs and perspectives of the community. Methodology

Muflehun researched multiple categories of providers delivering services to the residents of Scranton. The list was compiled from several sources:

1. Service providers working with the City of Scranton – list provided by the Office of Economic and Community Development (OECD)
2. Lackawanna County Resources – list provided by the Scranton Police Department
3. ‘Neighborly’ online public database sharing information on community resources
4. Desk research of service providers operating in the City of Scranton

The compiled list of community resources includes 154 organizations and government agencies providing free or subsidized services to the residents of Scranton (see [Appendix 1 – List of Organizations / Agencies Providing Services](#)). These were categorized by the following characteristics:



| | | |
|---------------------------------------|---------------------------------------|--|
| 1. Addiction Recovery / Substance Use | 2. Administration and Management | 3. Advocacy & Community Organizing |
| 4. Aging / Adult Services | 5. Arts and Culture | 6. Behavioral and Mental Health |
| 7. Business & Private Sector | 8. Child Welfare | 9. Community / Municipal Services |
| 10. Crisis & Emergency Services | 11. Developmental Disabilities | 12. Disability and Assistance Services |
| 13. Educational Opportunities | 14. Employee Assistance Program (EAP) | 15. Financial Assistance |
| 16. Food and Nutrition | 17. Health Care | 18. Housing / Shelter |
| 19. Justice and Corrections | 20. Legal Assistance | 21. Material Assistance |
| 22. Military / Veterans Assistance | 23. Nursing Home | 24. Occupational |
| 25. Protective Services | 26. Recreational and Leisure | 27. School and Education |
| 28. Suicide Support | 29. Youth Programs | 30. Transportation |

Annual Revenue Size:

| | |
|-----------------------|-----------------------|
| <\$100,000 | \$100,000 - \$499,999 |
| \$500,000 - \$999,999 | \$1M - \$9.999M |
| \$10M+ | Unknown |

The publicly available contact information of all the organizations has been documented. Muflehun has compiled and shared all the

information with the Office of Economic and Community Development (OECD).



3.2 QUALITATIVE INFORMATION COLLECTION

Based on all the stakeholder information available, Muflehun collected information through three different mechanisms.

3.2.1.1 *Participation in Community Meeting*

Muflehun was invited to the first meeting of 'Community Service Providers for the Unsheltered' in Scranton. More than twelve community organizations had representatives in the room, with the City's OECD and Parks and Recreation Department staff present in the discussion. The challenges being faced by the unsheltered population and the City of Scranton as well as the provided services were discussed. Muflehun staff was an observer in the discussion. The findings of the discussion are included in the description below.

3.2.1.2 *City Official Individual Interviews*

Muflehun conducted individual interviews with selected city officials in the offices of OECD, Parks and Recreation and the Scranton Police Department (SPD). Multiple, detailed discussions were held at several stages to understand the priority challenges in Scranton and to collect relevant information from the relevant officials.

3.2.1.3 *Community Key Informant Interviews*

As per directions of the OECD, only Community Non-profit Organizations were

contacted. Preference was given to reaching out to the organizations that were known to be working with the City of Scranton. During the discussions, it was verified if the organizations had a formal or informal working relationship in any context with the City.

An invitation to meet was sent out to executives of 34 organizations, of which 16 responded and agreed to discuss their operations and share their opinions about the challenges faced in the City of Scranton. The following is a summary of the primary topics discussed with the key interviewees.

3.3 SUMMARY OF STAKEHOLDER CONSULTATIONS

The findings of discussions with the city officials and community organizations are summarized in this section. The information shared by the interviewees is grouped by the identified features that were discussed. Their perspectives are summarized by:

- The perspective of the interviewees on the current situation
- Priorities of the stakeholders
- A key takeaway from the discussions



3.3.1 Housing

“The housing situation is a major challenge in Scranton. The problem has been going on longer than [has] been paid attention to. Our housing stock is old and condemned!”

Stakeholder perspectives

- Housing was the most frequently mentioned challenge in the discussions.
- Many interviewees consider the lack of housing inventory, blight, and the landlord/tenant relationship to be a primary root of several social challenges.
- The housing challenge is not limited to housing unavailability but also the Scranton residents not having a housing of choice.
- The neighborhoods the residents live in might not be the one of their preferences but they either do not have the affordability or there is lack of availability.
- Housing developers are not interested in developing affordable housing stock for Scranton residents.
- Landlords are hesitant to rent to low-income clients, even if the unit remains unoccupied.
- Eviction is not the only problem resulting from unaffordability; sometimes it is utility shutoff causing significant inconvenience or even a life-threatening situation (in extreme weather).
- Rented houses are frequently dilapidated; the renters have no channel to voice their concerns.

Stakeholder priority

- Stakeholders understand that it is not the City’s responsibility to provide housing, but the City needs to facilitate a non-government entity (or entities) to find a sustainable solution.
- The Lackawanna County Land Bank needs to step up its operations.

Key takeaway

- Access to safe housing in Scranton is confirmed by the stakeholders as a primary (the most important) risk factor for community safety. Prioritizing tackling of this challenge will have significant impacts (primary and secondary) on the community well-being.



3.3.2 Income

“I pair housing with income. Housing cannot be solved without solving the income problem. Same with food security – anyone with an income challenge will face food security issues.”

Stakeholder perspectives

- Income is frequently coupled with the housing challenge.
- Several stakeholders mentioned that the income inequality in the city is increasing and becoming a challenge.
- The immigrants in the city and the growing minorities are facing increased income inequality.
- Income challenges impact the children and the youth the most.
- Low-income households occasionally have both parents working more than one job, resulting in youth receiving less attention.

Stakeholder priority

- There is expectation that the City will increase the focus on low-income population’s needs and facilitate a long-term strategy to create opportunities for income.

Key takeaway

- Income opportunity and income inequality are interrelated with many other social issues in society, acting as catalyst to other risk factors. The City will need to take additional responsibility for coordinating the spectrum of solutions.



3.3.3 Food Security

“Food is the starting point. We've found that when students have food services in schools, their attendance goes up, grades go up, graduation goes up. We know when kids have food at school, they won't steal, won't get into trouble.”

Stakeholder perspectives

- Child food insecurity in Scranton is a well acknowledged challenge.
- Many suggestions were made to provide quality food at schools.
- Several programs offer food to all ages, not just youth. There is realization that recently food insecurity has increased, especially during and after the pandemic.
- Food banks in Scranton and Lackawanna County are not accessible to all residents needing support. The system needs to be made more robust.
- The SNAP program is not well managed. Too many people fall through the cracks.

Stakeholder priority

- No one is taking the responsibility of coordinating the services of multiple service providers offering food to lower income populations resulting in some facilities being underutilized while others are overburdened. The City can easily either play the facilitation role or assign a nongovernment entity to do so.

Key takeaway

- Although food security is not a primary risk factor, it couples with several other children and youth related social challenges in the city. Due attention is required to overcome this relatively easily surmountable issue in Scranton.



3.3.4 Mental Health

“Mental health needs of the community seem to be at an extreme! The county needs to step in to provide resources; the city cannot provide the services.”

Stakeholder perspectives

- Mental health challenges peaked during the pandemic and have continued.
- The Scranton community does not have sufficient access to mental health services.
- Schoolchildren increasingly need mental health services, but the school system is not paying due attention. This issue is most unrecognized amongst children from the immigrant and refugee communities.
- Youth are also emotionally and mentally impacted by each event of lawlessness, but no one pays due attention, magnifying the mental health challenge in the age group.
- Multilingual mental health service facilities are increasingly needed to cater to the changing demographics of the city.
- The mental health needs of the unsheltered population are also ignored, further exacerbating their situations.
- Law enforcement needs to be educated about the growing mental health needs of the community and how to cope with the situation. There is an effort to develop co-responder models but there is a major gap to fill.
- Mental health services face the challenge of a small talent pipeline in the city. The service providers are unable to retain staff from an already limited pool of qualified workforce.
- Supply is unable to keep up with demand due to lack of funding and affordability. Service providers are unable to maintain the quality and volume of service needed in the city.

Stakeholder priority

- There needs to be prioritization of the recipients of mental health services with children and youth on the top of the list.

Key takeaway

- The City needs to engage more with the Lackawanna County Behavioral Health department to help the relevant service providers in the city cater to the community needs.



3.3.5 Transportation

“Public transport in Scranton has never been reliable if existent. Workers cannot get to work; youth are not able to get to after school programs. This impacts income, food security, equitable options for all.”

Stakeholder perspectives

- Unavailability of transportation limits the work opportunities for the low-income population.
- Even with availability of after school programs, the children who need them the most do not have access due to lack of transportation.
- Opportunities in Wilkes-Barre and surrounding towns in Lackawanna County cannot be accessed by Scranton residents or vice versa.
- Residents cannot access relevant health facilities and social services depending on their location due to the unavailability of public transport.
- Bus routes have kept changing and the service timing is unreliable.

Stakeholder priority

- The City needs to coordinate with the Lackawanna County Bus Service to maintain a reliable bus service to cater to the needs of the low-income population.
- Explore the option of public-school buses being used to transport children to after school hours programs offered by community organizations.

Key takeaway

- Lack of reliable transportation is an impediment for residents to access resources and facilities. Improvement in the public transport service can result in it becoming a protective factor for the community safety.



3.3.6 Education

“Urban youth are disadvantaged by the public education system. We need to find an avenue to get the kids excited. Not just books, we need to mobilize youth in arts, sports, other skills. Create opportunities for youth. But schools are not doing that!”

Stakeholder perspectives

- The quality of the public school system in Scranton (and Lackawanna County) has deteriorated.
- Attempts by community organizations to reach out to the school district has resulted in the conversations going “ice cold.”
- Schools need to improve in fulfilling the responsibilities of providing services other than basic education. Additional programs in arts and sports for all students need to be developed.
- Special programs need to be developed for youth who are not book smart but ‘hand smart’ and need a vocation. Vocational training needs to be provided in the public schools.
- Any disciplinary action in schools needs to provide on-campus substitute engagement rather than sending the students off-campus where they get into additional trouble.
- Mental health support for youth needs to be an essential feature of the education system.

Stakeholder priority

- The school district needs to actively reevaluate today’s needs of the school age children and restructure the educational offerings.
- School campus environment can be controlled the most in a city – this needs to be taken advantage of; utilize campus space for post school hours programs.

Key takeaway

- The school district needs to actively involve the community members and customize the education system to the changing needs of the resident children.



3.3.7 Employment Opportunities

“We are an aging community; our workforce is small. There is nothing that is retaining the working age adults in the city or tying the community together. This is a problem for the businesses as well which cannot find qualified staff.”

Stakeholder perspectives

- Young adults are not finding jobs of interest in the city and are migrating to other locations.
- Employers in Scranton find it challenging to pay a competitive salary due to which hiring and retaining qualified staff is difficult.
- The City is not focusing on the needs of the youth reaching the age of entering the workforce.
- Businesses need to be provided an incentive to hire, train and retain local youth and working age adults.
- Develop workforce programs for adults in prison, drug influenced or unsheltered.
- Adults and youth reentering the economy from the corrections system need retraining and preparation for job readiness, but existing programs are insufficient.

Stakeholder priority

- More skill development and employment programs need to be developed to provide opportunities for youth and young adults who withdraw from school.

Key takeaway

- There is a mismatch between human resources capacity and work opportunities in Scranton. A detailed assessment of the situation needs to be conducted to find potential solutions.



3.3.8 Homelessness (Unsheltered)

“Homelessness is a multi-faceted challenge, and it is increasing. People come to us for our services, but we cannot keep up with the growing demand. We reach out to other service providers but passing on recipients is not possible either – funding for all is going down.”

Stakeholder perspectives

- Scranton has a growing number of unsheltered residents with an increase during the pandemic. The chronic unsheltered has remained consistent in number.
- Lack of affordable housing is a starting point, but many people go homeless because of exploitative landlords who evict on weekends when the agencies are closed or take advantage of language barriers amongst immigrants and refugees.
- Immigrants/refugees are frequently too scared to receive support or approach agencies fearing an interruption in their immigration processing.
- There is an increased number of unsheltered families with children; the adolescent unsheltered population has increased and has now remained consistent in number.
- Substance abuse is very frequent among the unsheltered, which results in increased challenges to keep them off the streets.
- There are not enough homeless shelters / enough access to beds. During winter, the service providers rely on blue code status to provide the support.
- Behavioral health challenges frequently accompany the unsheltered.
- The chronic unsheltered have established their own communities and are unwilling to receive essential support or leave to live in housing units outside Scranton.

Stakeholder priority

- The City needs to work with the County in providing an increased number of transitional housing and shelter beds to get people off the streets.

Couple unsheltered challenge with mental health issues and tackle together

Key takeaway

- The unsheltered population is a growing challenge to be served by the social service providers and not a community safety problem as is sometimes portrayed. The services of the relevant players need to be coordinated with less involvement from the SPD.



3.3.9 Community Safety

“Community relationship with law enforcement is important. It helps to keep us united. We should teach our kids to work with the police; not wait till they get involved in the justice system!”

Stakeholder perspectives

- There is a general opinion that the Scranton community has a good relationship with law enforcement.
- Police have been supportive and encouraging youth to be enrolled in youth shelters.
- Public safety (primarily Juvenile crimes) remains a concerning problem for the community with a combination of challenges to potential violence emerging from gangs outside the borders of the city.
- There is a lack of communication between the community and the Police department about the efforts being made to improve public safety.
- Incidents in the recent past have raised concerns about community safety.

Stakeholder priority

- The community needs to be educated about the role of police in community safety and social services outside of public safety; Police cannot solve all the social problems for them, nor can they provide safety alone. Many service providers are aware but realize that the community does not have a wholistic picture.

Key takeaway

- The City needs to play a more coordinating role in working with the SPD and relevant service providers to develop a more wholistic approach to community safety.



3.3.10 Population Diversity

“Why do we consider the Amtrak station as going down a dark track? I see this as an opportunity. This will bring immigrants who bring an entrepreneurial spirit. Diversity is important for the growth of Scranton!”

Stakeholder perspectives

- Scranton is considered a fast-changing city by many service providers. Although there is uncertainty about the needs of the population, there is a general positive attitude towards the changes happening.
- The Black population in the city has been steadily increasing.
- There is a large immigrant population in the city. There was repeated mention of Latinos in general but specific mention of Afghans, Syrians, Ukrainian, Colombian, Guatemalan and Nepali refugee, and immigrant populations.
- One respondent specifically mentioned a significant immigration of an increasing number of Orthodox Jewish migrant families from New York City.
- The refugees need customized services due to language barriers and their need to understand the new systems.
- In general, the native Scranton population is welcoming of the immigrants due to the growing market and diverse skill set they bring.
- Parallel to this, there is an increased rhetoric about immigrants in the population, sowing unfounded fears in the minds of selected neighborhoods.

Stakeholder priority

- There is need for customized services for the minorities in the city and for immigrants/refugees to help them integrate faster in Scranton.

Key takeaway

- Increasing immigration in Scranton will continue and needs to be considered an opportunity by all residents and the City administration, providing relevant services catering to everyone’s needs.



3.3.11 Community Resources Coordination

“Program coordination in the city is a major challenge. There are too many chiefs and not enough Indians! There is a lack of workers with feet on the ground.”

Stakeholder perspectives

- Several respondents brought to attention the lack of awareness or coordination of programs being offered by organizations.
- The City needs an improved understanding of the resources available at its disposal to utilize them better and play a role in coordinating the activities plus avoid duplication of efforts.
- There is an unfilled gap of partnership creation amongst service providers.
- Some service providers understand that their resources remain underutilized since the community is unaware of their offerings. They suggested the city play a stronger role in raising awareness of resource availability.
- Concern was raised that the City needs to coordinate better with the County as well to improve services for the community.
- Similarly, there is a concern that the Police needs to coordinate better with the county provided juvenile offender justice system.

Stakeholder priority

- Repeatedly, all the stakeholders brought to attention that improved coordination can be helpful for all the service providers and the recipients. A systemic effort needs to be made in this direction without delay.

Key takeaway

- The City needs to play a more active role in coordinating efforts, even where the city resources cannot be directly used. An example of this is the recently established ‘Service Providers for the Unsheltered Committee.’



4 SUMMARY OF KEY TAKEAWAYS FROM STAKEHOLDER CONSULTATIONS

Housing

- Access to safe housing in Scranton is confirmed by the stakeholders as a primary (the most important) risk factor for community safety. Prioritizing tackling of this challenge will have significant impacts (primary and secondary) on the community well-being.

Income

- Income opportunity and income inequality are interrelated with many other social issues in society, acting as catalyst to other risk factors. The City will need to take additional responsibility for coordinating the spectrum of solutions.

Food Security

- Although food security is not a primary risk factor, it couples with several other children and youth related social challenges in the city. Due attention is required to overcome this relatively easily surmountable issue in Scranton.

Mental Health

- The City needs to engage more with the Lackawanna County Behavioral Health department to help the relevant service providers in the city cater to the community needs.

Transportation

- Lack of reliable transportation is an impediment for residents to access resources and facilities. Improvement in the public transport service can result in it becoming a protective factor for the community safety.



Education

- The school district needs to actively involve the community members and customize the education system to the changing needs of the resident children.

Employment Opportunities

- There is a mismatch between human resources capacity and work opportunities in Scranton. A detailed assessment of the situation needs to be conducted to find potential solutions.

Population Diversity

- Increasing immigration in Scranton will continue and needs to be considered an opportunity by all residents and the City administration, providing relevant services catering to everyone's needs.

Community Safety

- The City needs to play a more coordinating role in working with the SPD and relevant service providers to develop a more wholistic approach to community safety.

Community Resource Coordination

- The City needs to play a more active role in coordinating efforts, even where the city resources cannot be directly used. An example of this is the recently established 'Service Providers for the Unsheltered Committee.'



5 CALLS FOR SERVICE ANALYSIS

Scranton, a growing city attracting people from across the country, has also seen a growth in its minority population. After an almost 10% increase over the past decade, minorities now make up almost a quarter of the city's population (see Section [Population Demographics](#) for details). With the upcoming opening of Amtrak railway station in Scranton and the general population growth trends projected by the US Census Bureau (see Section [Population Growth & Service Demand Projections](#) for details), these trends expected to continue in the near future.

The Scranton Police Department (SPD) must ready itself for a growing city population with a police force that is able to connect with all parts of the community and cater to their varying needs. As a well-trusted agency by the residents, the Scranton Police Department is often the first agency called by residents to address their concerns, even when the issue is outside policing responsibilities.

Like trends seen around the country, issues such as substance use, mental health crises and unsheltered/homeless individuals are often referred to law enforcement first, rather than other agencies. In interviews with SPD officers, some recounted anecdotes where they were even called by parents who were experiencing difficulties managing unruly children!

Parallel to this, the SPD faces the same challenge as many law enforcement agencies around the country, namely increasing officer retirements coupled with a

decrease in the number of qualified applicants for unfilled positions. Ensuring that the SPD is able to strategically approach public safety to prevent violent crime as the city grows and changes requires understanding the current resource utilization and identifying gaps in resources, training, coordination and social services.

5.1 BACKGROUND

For law enforcement agencies, having the optimal level of staffing to meet the demand for calls for service (CFS) while maintaining efficient resource allocation and officer well-being has been evolving over time. Multiple studies have been conducted to understand the best practices for improved utilization of law enforcement resources. The primary studies are summarized below.

The International Association of Chiefs of Police (IACP) recommends that 30% of officer time should be for administrative tasks, 30% time for patrol officers to respond to CFS (committed patrol time), 30% of time should be spent on proactive tasks and community policing (uncommitted patrol time), with the remaining 10% being flex time.



There are four common approaches for staffing used by law enforcement agencies across the nation¹:

- A per-capita approach based on an assumption of an optimal number of officers per capita. This basic approach does not account for differences in the intensity of workload for any agency, policing styles or contextual factors. The IACP has strongly advised against using this approach.
- A minimum-staffing approach. This approach is based on subjective criteria for determining what is the minimum level of officers that are perceived to be required. The criteria can vary from location to location based on the contextual needs.
- An authorized-level approach. This approach is based on the allocated budget, resource availability and political buy-in to determine what resources will be made available to handle the CFS.
- A workload-based approach. This is the latest evolution in the ways to determine workforce levels using data on the actual workload, rather

than setting levels based on subjective assumptions.

The Police¹² network describes a police workload assessment as “the process of examining the actual and anticipated workload the police department will encounter to determine effectiveness, efficiency and areas for improvement.” This is done by analyzing the type and frequency of calls for service and the resources needed to adequately respond to the demand.

“Workload assessments can provide agencies with valuable data-based insight into how their existing resources are being utilized and whether they can be redeployed to reach agency goals for officer availability or if additional officers are needed.” – IACP

The steps to conduct a workload-based assessment³ are the following:

1. Examine the distribution of calls for service by hour of day, day of week, and month.
2. Examine the nature of calls for service.

¹ Wilson, Jeremy M., and Alexander Weiss. 2014. *A Performance-Based Approach to Police Staffing and Allocation*. Washington, DC: Office of Community Oriented Policing Services.

² *Creating a nexus between workload and costs: A case study from Ocean View PD*

<https://www.police1.com/chiefs-sheriffs/articles/creating-a-nexus-between-workload-and-costs-a-case-study-from-ocean-view-pd-tfQ6Vcx1tUNcNgh7/>

³ Wilson, Jeremy M., and Alexander Weiss. 2014. *A Performance-Based Approach to Police Staffing and Allocation*. Washington, DC: Office of Community Oriented Policing Services.



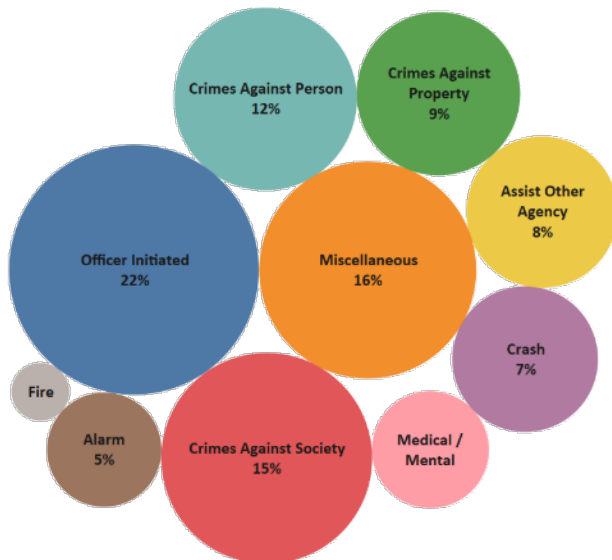
3. Estimate time consumed on calls for service.
4. Calculate agency shift-relief factor.
5. Establish performance objectives.
6. Provide staffing estimates.

5.2 SCRANTON WORKLOAD

Over the past few years, more than one fifth of the cumulative Calls for Service were officer initiated, with over 25% in 2023. These proactive service calls have been increasing over time and are an indicator of a promising strategy to prevent and reduce crime by the Scranton Police Department.

To understand the Scranton officer workload, this analysis examined all the SPD calls for service from 2018 to 2023. The data provided by the SPD for this analysis was

Figure 2 Incident Types - cumulative category from 2018-2023.



anonymized and scrubbed of any personally identifiable information (PII) to protect the privacy of all. The +140 types of calls were further categorized into ten different categories developed by the SPD for this purpose. Further review and refinement of these categories can be done to ensure

standardization of tagging and provide different perspectives on the existing data.

The distribution of calls for service by hour of day, day of week, and month, the nature of these calls and their patrol shifts have been examined and summarized in this section. These results can be used by SPD in conjunction with their internal records of time needed for calls for service and shift-relief to determine staffing needs for the future.

Over the past few years, more than one fifth of the cumulative Calls for Service were officer initiated, with over 25% in 2023. These proactive service calls have been increasing over time and are an indicator of a promising strategy to prevent and reduce crime by the Scranton Police Department.

Figure 2 and Table 1 highlight the cumulative proportion of each category of service call from 2018 to the end of 2023.



Table 1 Incident Types - cumulative category from 2018-2023

Crimes Against Persons, Property and Society combined are one-third of all calls. Medical and Mental Health related calls are 5%, which are well within the national range of 1-10%.

A list of all the incident types and their categorization is included in [Appendix 2 - Incident Types and Categories](#).

Improved tracking of calls for service within the law enforcement record management system (LERMS) through better tagging of proactive officer-initiated events and completing reports would be of significant benefit to the SPD.

In addition, tracking how long it takes to service each type of call will equip SPD to

| Incident Type Category | |
|-------------------------|-----|
| Alarm | 5% |
| Assist Other Agency | 8% |
| Crash | 7% |
| Crimes Against Person | 12% |
| Crimes Against Property | 9% |
| Crimes Against Society | 15% |
| Fire | 1% |
| Medical / Mental Health | 5% |
| Miscellaneous | 16% |
| Officer Initiated | 22% |

complete the analysis for shift-relief, performance and therefore determine the optimum staffing levels for the agency. This approach can then be applied for subsequent years to address any change in CFS numbers

Key Takeaways:

Data collection, tagging and tracking

Improved tracking of calls for service within the law enforcement record management system (LERMS) through better tagging of proactive officer-initiated events and completing reports would be of significant benefit to the SPD.

Review and refinement of incident categories can assist in viewing existing data through different lenses.

Tracking how long it takes to service each type of call will equip SPD to complete the analysis for shift-relief, performance and therefore determine the optimum staffing levels for the agency.



5.3 CALL DISTRIBUTION

The cumulative distribution of calls for service from 2018 to 2023 was examined over varying time periods: by 24 hours in the day, by weekday and by month. The CFS were also examined by shifts, and the nature of calls per shift. When combined with the time it takes to process each type of call for service, the shift intensity can also be calculated. The graphs in the following section illustrate the consistent trends that have been observed over the past five years individually, and cumulatively.

5.3.1 By Hour

The highest calls for service occur in the daytime, with a rapid increase from the early

morning to a peak in the afternoon before the volume increases again. By volume, the afternoons are the busiest times for officers, and the early morning hours have the least activity. This analysis depicts the volume of the calls for service and does not indicate which calls require more time or effort from the officers.

As seen in the following graphs this trend has been consistent over the past five years, with a peak occurring at ~3pm followed by a decline in calls for service until 10pm, followed by an increase again at ~11pm. The calls then decline until ~7am when they start to increase. These times- 7am, 3pm and 11pm- mark the beginning of each of the three daily shifts.

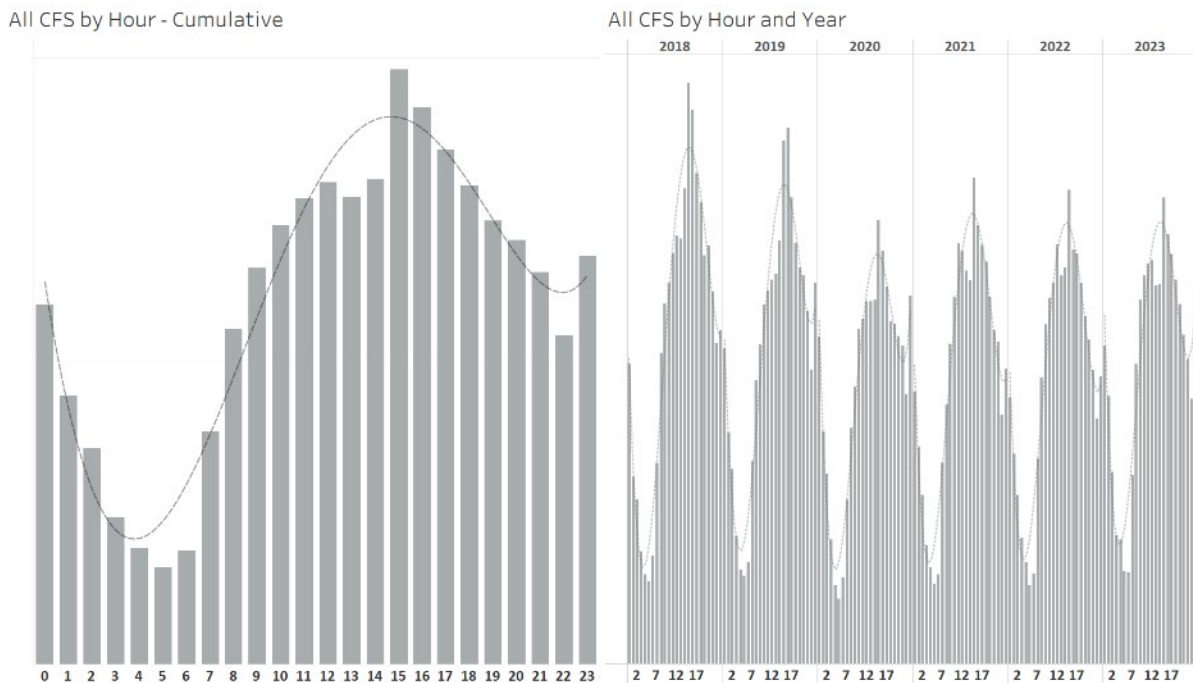


Figure 3 Calls for Service - 24 hours average and over the last five years



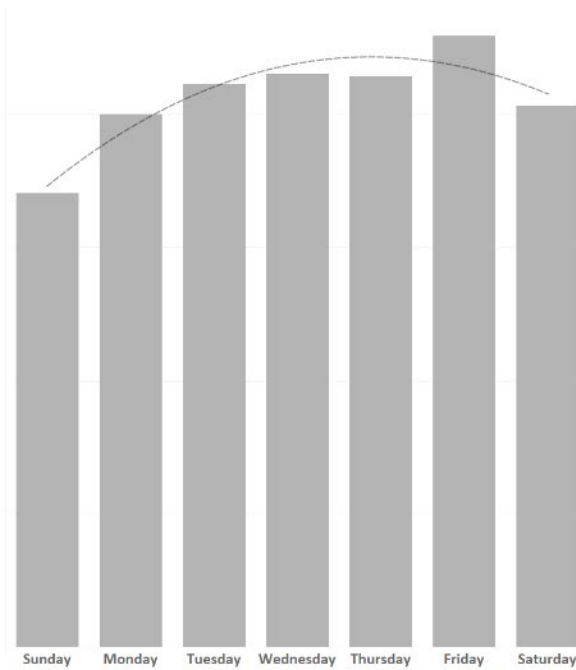
5.3.2 By Weekday

The following graphs in Figure 4 show that CFS increase over the course of the week, with a peak happening on Fridays, and the lowest volume is received over the weekend.

In the 2018 to 2023 cumulative graph, Friday is the busiest day for calls for service and Sunday is the least busy day of the week. The calls for service slowly increase over the

course of the week. The next graph shows the calls by weekday disaggregated over the past five years. The trend lines highlighting peak activity on Fridays are clear over the time period, and even more apparent over the last year, in 2023. The graphs also highlight that the volume of calls for service went down during the peak COVID-19 pandemic years with the lowest levels in 2020.

All CFS by Weekday - Cumulative 2018-2023



All CFS by Weekday and Year

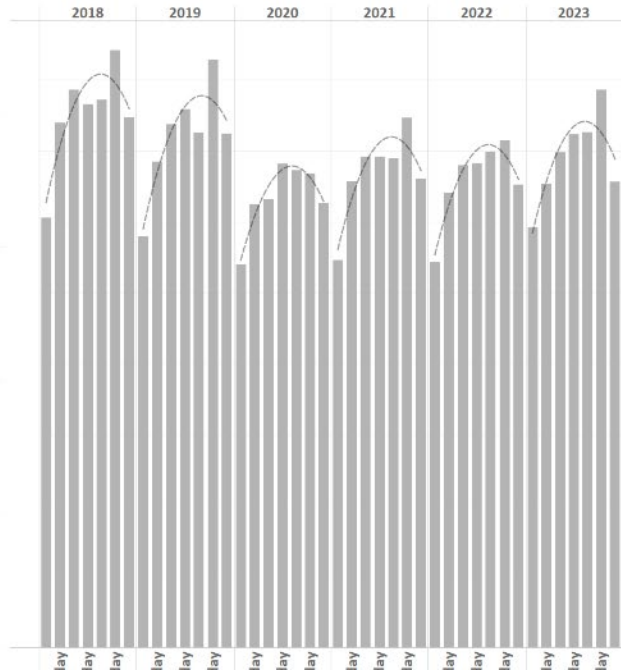


Figure 4 Calls for Service - average during the week and over the last five years



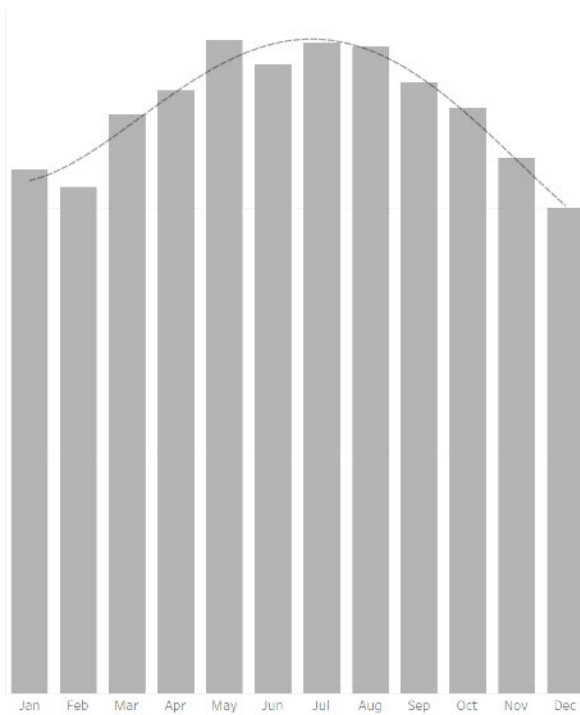
5.3.3 By Month

The following graphs show the CFS by month highlighting the seasonality of the observed trends. The summer months show a clear increase in activity that drops over the fall into winter and rises again in the spring, to peak in summer.

The 2018 to 2023 cumulative graph highlights the trend observed over the past five years: an increase in CFS in spring with a summer peak in May, July, and August (not June), before decreasing until the end of the year. The next graph disaggregates the CFS

by month for each year to see if there is a consistency in the seasonal trends observed in the cumulative graph. The same is observed for the first four years (2018 to 2022), however in 2023 a slightly different dynamic emerges with peaks in summer (like previous years but happening earlier in May-June) and an increase again in the fall (September-October). With just one year showing a different trend it is too early to ascertain if there is a longer-term change in the pattern or if 2023 was an anomalous year.

All CFS by Month - Cumulative 2018-2023



All CFS by Month and Year

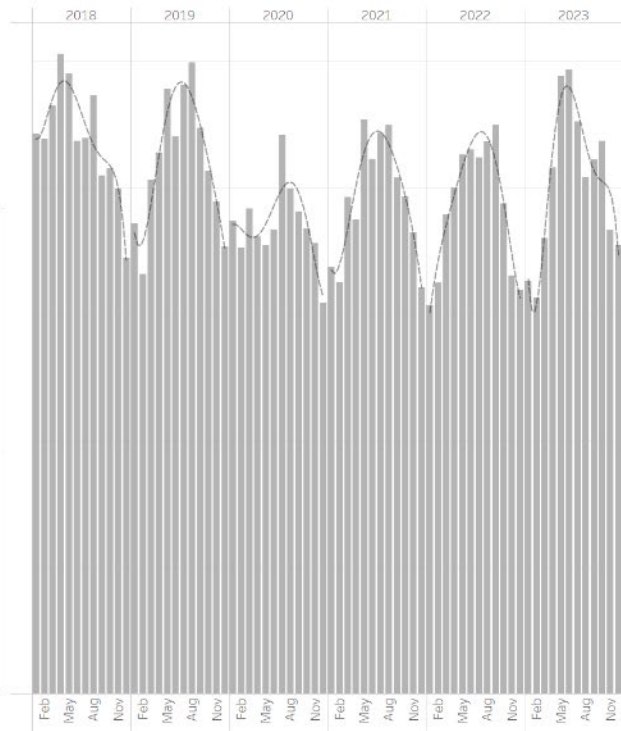


Figure 5 : Calls for Service - average by month and over the last five years



5.3.4 By Shift

The calls for service were further analyzed by shift. The SPD uses a standard eight-hour, three shift breakdown for the day with a Night Shift from 11pm-7am, a Day Shift from 7am to 3pm, and a Mid-Shift from 3pm to 11pm.

These three shifts are currently staffed evenly, though the demand for service by volume is significantly higher in the two daytime shifts from 7am-3pm and from

3pm-11pm (almost double the night shift). The Night Shift sees a relatively higher percentage of officer-initiated calls for service.

It is important to note that the volume of the calls for service does not indicate the intensity of work per shift as different types of call take different levels of time and effort to address.

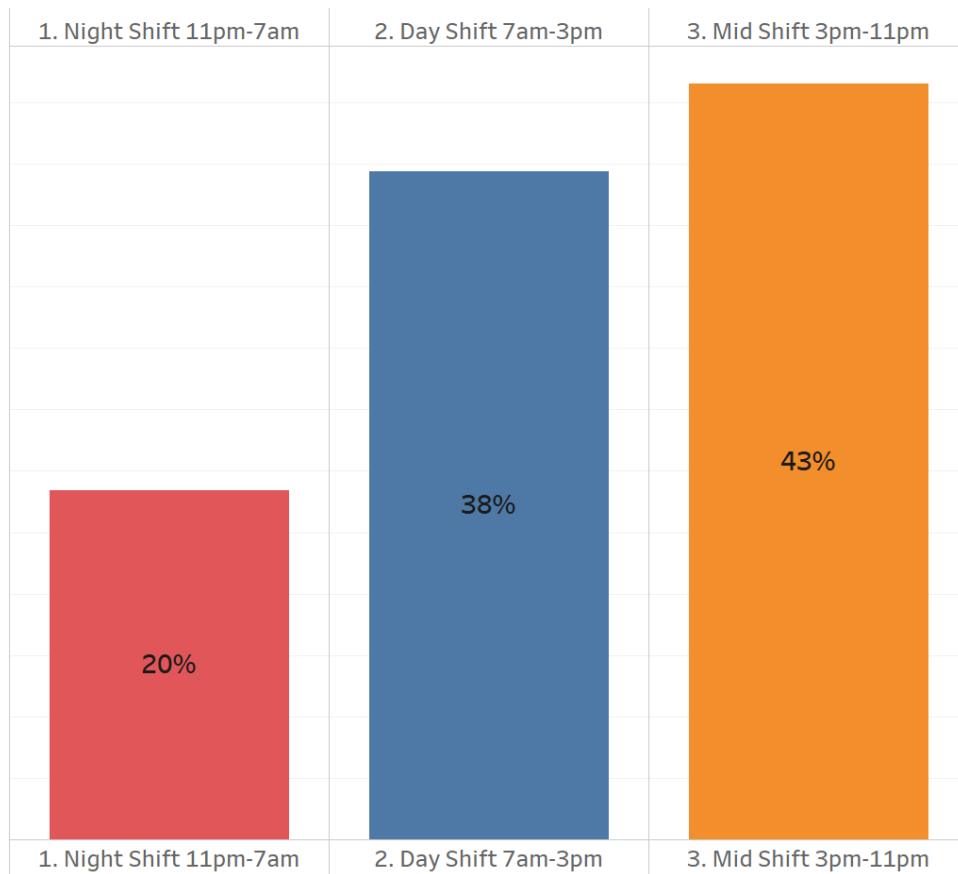


Figure 6: CFS by shift



5.4 NATURE OF CALLS- TEMPORAL OVERVIEW

The promising trend of decreased calls for service for most incident types, coupled with an increase in proactive, officer-initiated efforts is an indicator of a strong public safety sector in the City of Scranton.

A further breakdown of calls by incident type categories can be seen in the following figures and tables, starting with an overview, and followed by graphs for incident type categories. This analysis helps inform the following section on service delivery models.

Over the past five years (and especially over the past three years), calls for service have been declining in most categories. The exceptions are the proactive officer-initiated calls and the miscellaneous category. The largest sub-category by volume under miscellaneous are welfare checks that are a mix of proactive outreach by SPD officers as well as responding to calls. The list of all types of CFS under each category are included in [Appendix 2- Incident Types and Categories](#). The following sections highlight some of the trends.

The relative percentage of Alarms, Assistance to other Agencies, Crashes and Fires from the total calls for service stayed the same from 2018 to 2023 with slight fluctuations seen in the interim years.

Similarly, there was a slight decrease in the percentage of calls for Alarms and Medical/Mental Health related issues (see Table 2).

Over the past five years, larger decreases in the relative percentage of calls for service were seen in the Crimes Against Persons, Crimes Against Property and Crimes Against Society categories. The promising trend of decreased calls for service for most types of incidents, coupled with an increase in proactive, officer-initiated efforts is an indicator of a strong public safety sector in the City of Scranton.

| Incident Type Category | 2018 | 2019 | 2020 | 2021 | 2022 | 2023 |
|-------------------------|------|------|------|------|------|------|
| Alarm | 5% | 5% | 5% | 4% | 4% | 4% |
| Assist Other Agency | 8% | 9% | 7% | 8% | 8% | 8% |
| Crash | 8% | 8% | 7% | 7% | 8% | 7% |
| Crimes Against Person | 13% | 11% | 13% | 11% | 11% | 10% |
| Crimes Against Property | 11% | 10% | 10% | 8% | 9% | 8% |
| Crimes Against Society | 15% | 15% | 17% | 17% | 15% | 14% |
| Fire | 1% | 1% | 1% | 1% | 1% | 1% |
| Medical / Mental Health | 5% | 4% | 5% | 5% | 5% | 4% |
| Miscellaneous | 14% | 17% | 16% | 16% | 17% | 18% |
| Officer Initiated | 20% | 20% | 21% | 22% | 22% | 26% |

Table 2: Incident type over the last five years

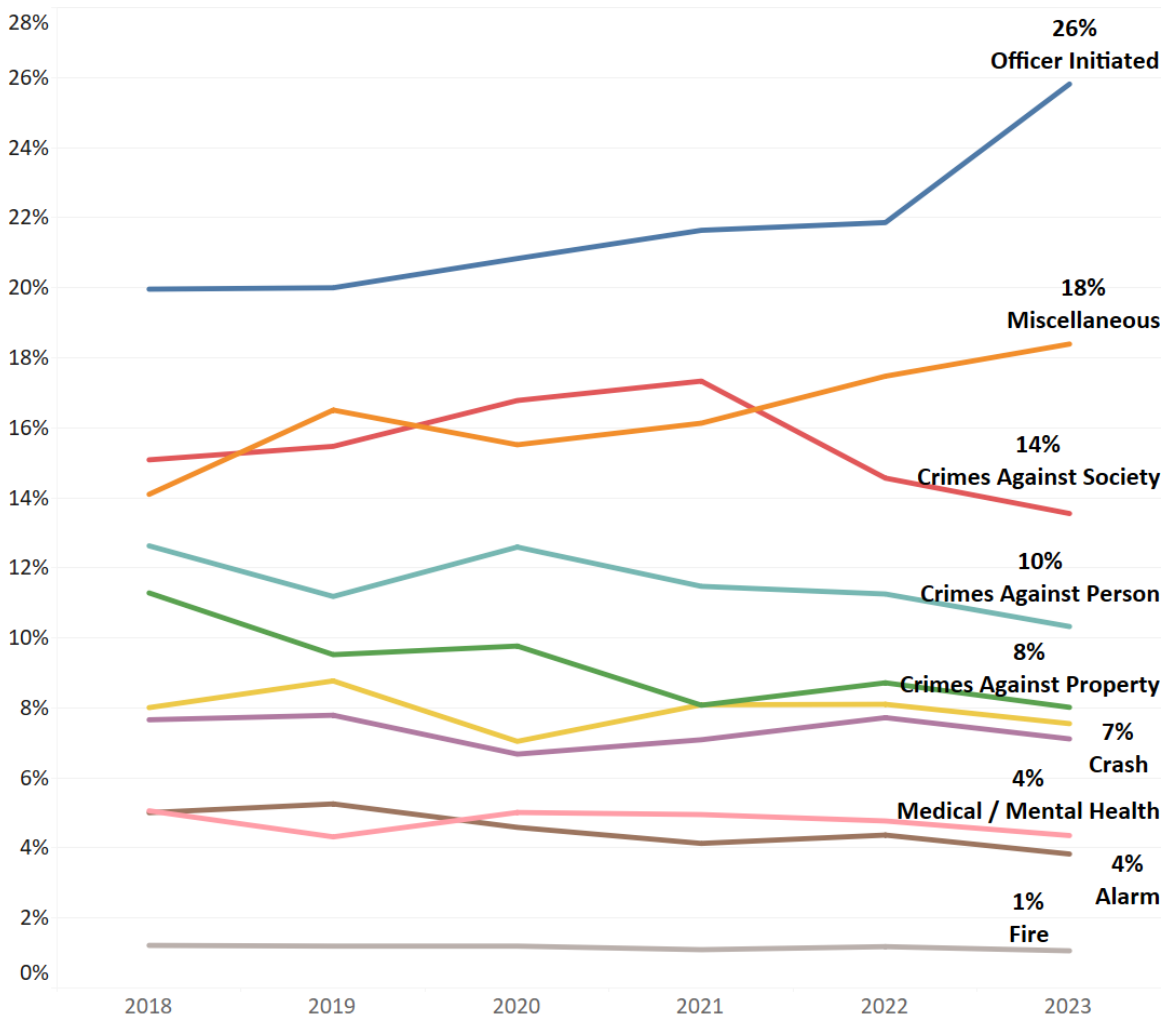


Figure 7: CFS - Incident type



5.4.1 Crimes Against Society, Persons and Property

Over the past five years, the calls for service for the aggregate categories of Crimes Against Society, Crimes Against Persons and Crimes Against Property have all been decreasing.

In a further breakdown within the Crimes Against Society category there were significant declines in most CFS (by volume and relative percentage), except for Public Nuisance complaints and Parking complaints where there were small increases since 2018.

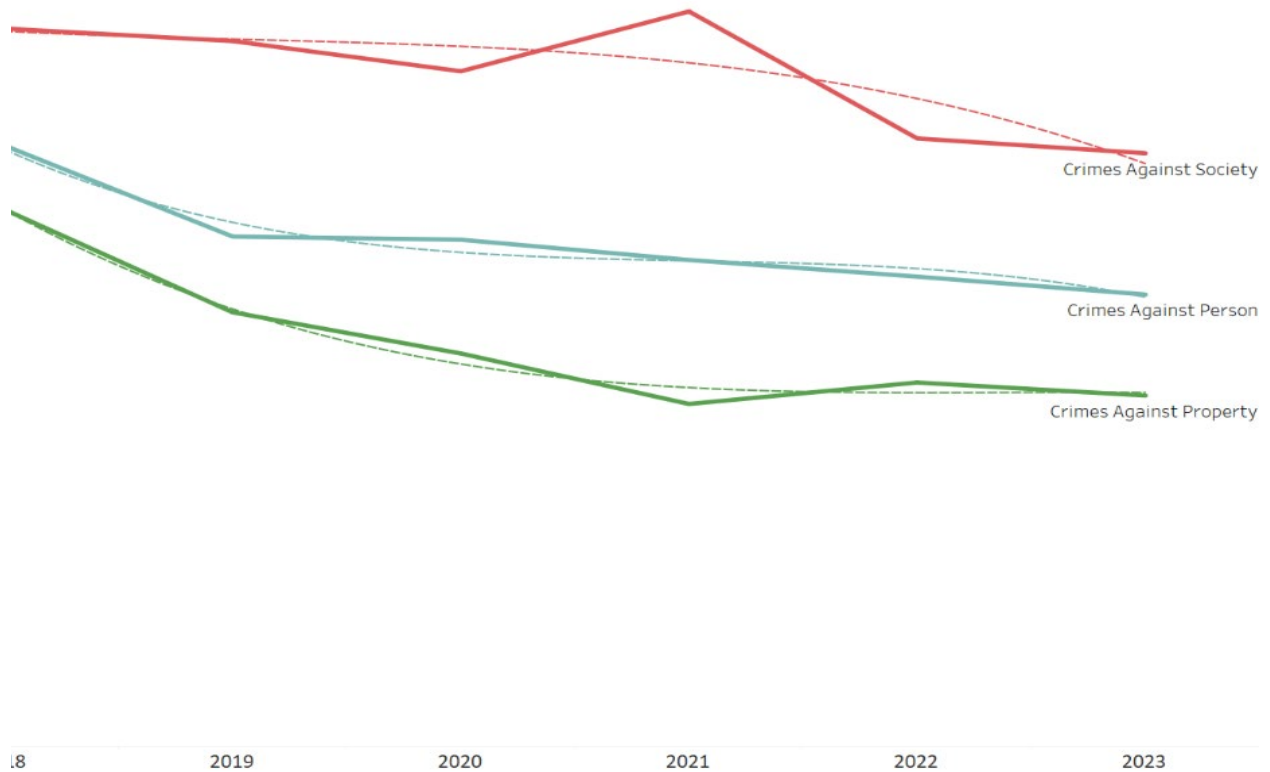


Figure 8: CFS – Crimes Against Society, Persons, Property



Doing a deeper dive into Crimes Against Society, there are multiple CFS for Disorderly conduct, Drug Related Incidents and Loitering repeatedly coming from the same addresses, with an overlap for some locations. These are the observed peaks in the graphs shown in Figure 9.

For those locations experiencing repeat calls for service across multiple types of Crimes Against Society, SPD can evaluate if co-responder models, working with social workers and medical professionals who can provide additional resources to ameliorate the situations would be feasible.



Figure 9: Repeat CFS from addresses from 2018-2023 (addresses suppressed for privacy) for selected Crimes Against Society



For Crimes Against Persons, there is a decline across almost all types of Calls for Service both in actual counts as well as in relative percentages. The exceptions are Stalking, Stabbing and Blackmail where there is a modest increase in the actual numbers. Calls for Domestic issues have also gone down.

Further analysis shows that despite Assaults and Fights decreasing over time, there are a

few locations from where there are repeated calls for service. These are the observed peaks in Figure 10.

For those locations experiencing repeat calls for service across multiple types of Crimes Against Persons, SPD should ensure that officer safety is prioritized when responding to the calls.



Figure 8: Repeat CFS from addresses from 2018-2023 (addresses suppressed for privacy) for selected Crimes Against Persons



For Crimes Against Property, there were rapid declines in almost every type of call for service. Trespassing was an exception which has increased from 10% in 2018 to 21% in 2023. Vandalism also saw a small increase over time.

In analyzing in further depth, Trespassing was the only type of call for service where there were observable repeated calls from

the same locations. These are the observed peaks in the following graphs.

For those locations experiencing repeat calls for service for Crimes Against Property, SPD should consider more patrols during the days of the week, months, and shifts when more calls for service have been received historically.

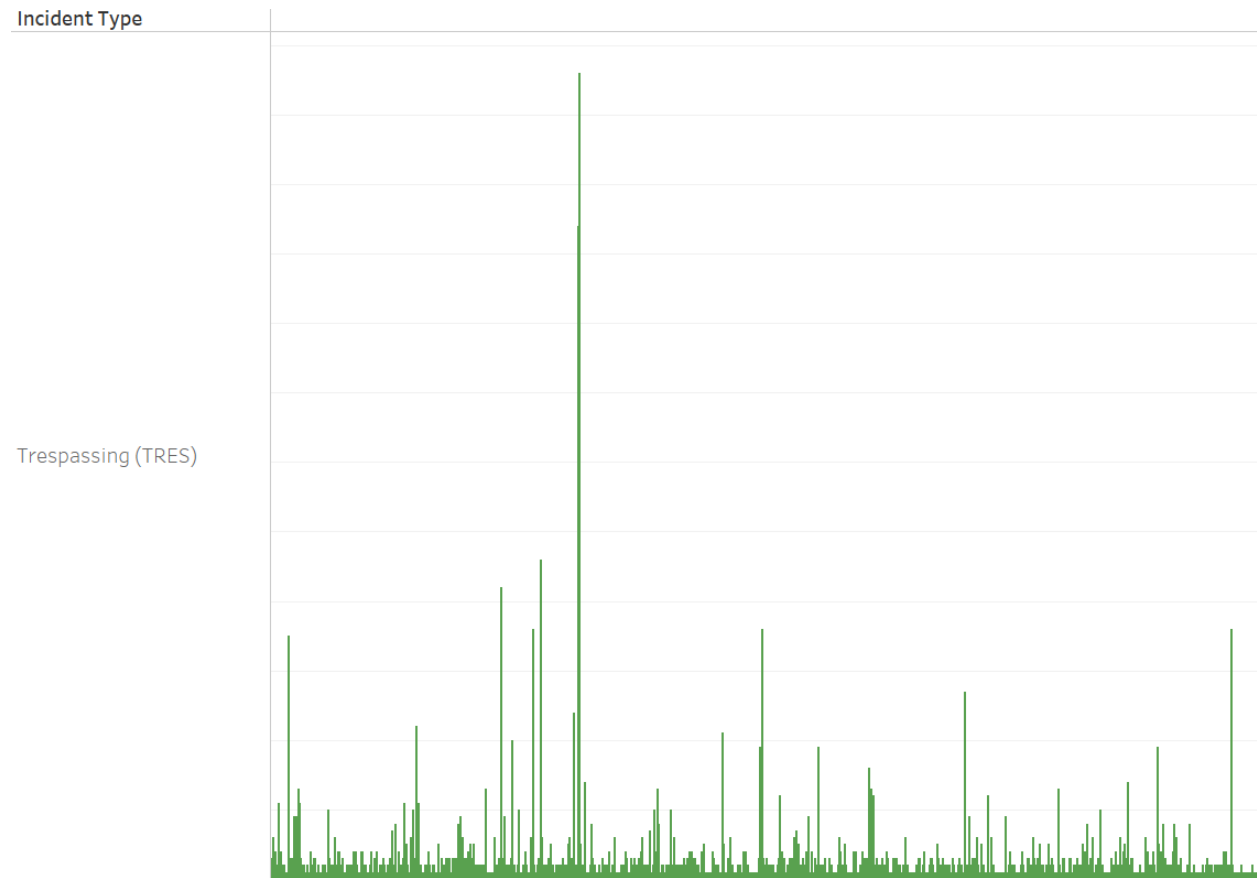


Figure 9: Repeat CFS from addresses from 2018-2023 (addresses suppressed for privacy) for selected Crimes Against Property



5.4.2 Medical/Mental Health

Over the past five years, from 2018 to 2023, there has been more than a 50% increase in calls for service for Suicide/Attempted Suicide. The Scranton Police Department cannot be expected to address this issue alone, without coordination and resources from other City agencies.

The Medical/Mental Health category has also seen a gradual decline in Calls for Service, though not to the same degree as some of the other service types. The breakdown of the Calls for Service shows that there is a decrease in all types of calls for service, except for Suicide/Attempted Suicides.

Over the past five years, from 2018 to 2023, there has been more than a 50% increase in calls for service for Suicide/Attempted Suicide. The Figure 11 graph illustrates the percentage change in each CFS type from 2018 to 2023. The Scranton Police Department cannot be expected to address this issue alone, without coordination and resources from other City agencies.

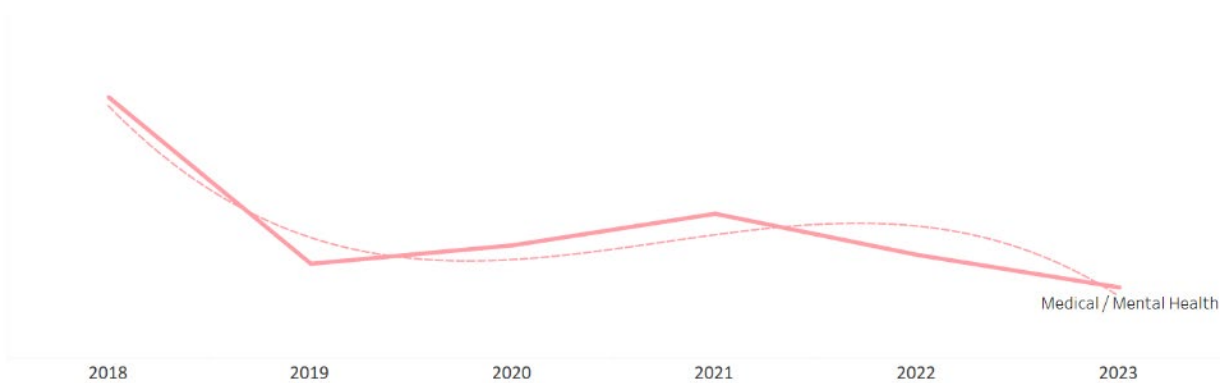


Figure 10 Figure 10 CFS for Medical/Mental Health

This startling trend does however highlight the need for all SPD staff (leadership, officers, communications and all staff that have any touchpoints with the community) to have Crisis Intervention Training (CIT), Mental Health First Aid (MHFA), and for mental health professionals to be co-responders for such calls for service. The SPD already has CIT in place for its officers

and initiated a co-responder program in 2023.

Additionally, the residents of Scranton should have greater awareness of calling 988 (a suicide and crisis lifeline) to connect to behavioral or mental health crisis services. Contacting 988 will connect individuals to 24/7 free and confidential support if they are in distress or in need of prevention and crisis resources for

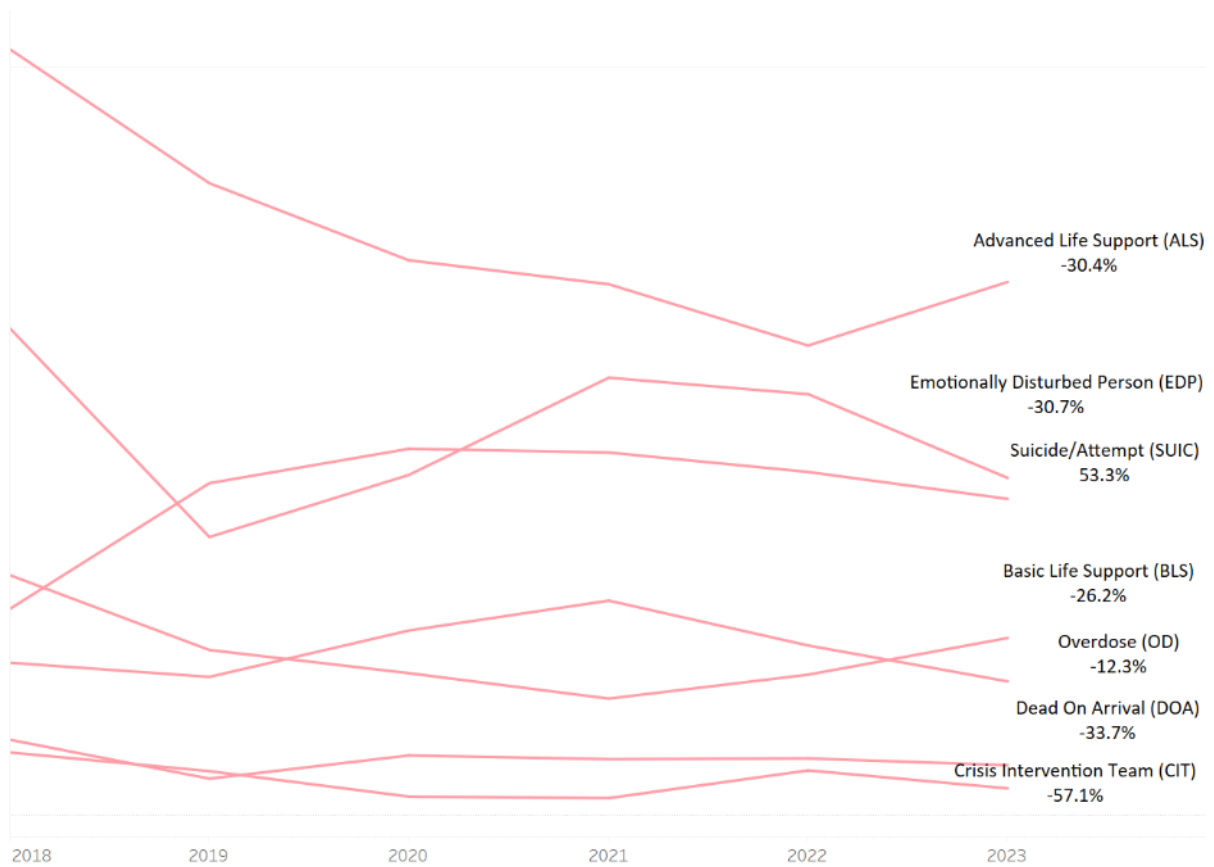


Figure 11 Breakdown Medical/Mental CFS

themselves or a loved one⁴. Started in July 2022, a survey shows that only “13% of adults in the U.S. have heard of the 988 Suicide and Crisis Lifeline and know its purpose.”⁵

The survey further showed that people with mental health issues were concerned about

calling 988 as it would result in law enforcement being sent (56%), they would be forced to go to the hospital (55%), they would incur costs they could not pay (49%), and that others would find out (46%)⁶. These barriers to accessing the 988 Lifeline should be addressed by the City of Scranton.

⁴ <https://www.dhs.pa.gov/Services/Mental-Health-In-PA/Pages/988.aspx>

⁵ <https://www.pewtrusts.org/en/research-and-analysis/articles/2023/05/23/most-us-adults-remain-unaware-of-988-suicide-and-crisis-lifeline>

⁶ Ibid



A deep dive into the CFS logs shows that there are multiple locations with repeated calls for service, and there is a tremendous overlap in locations for Emotionally Disturbed Persons and Suicide/Attempts. These are the observed peaks in the following graphs.

For those locations experiencing repeat calls for service across multiple types of Medical/mental Health crises, SPD should coordinate with its co-responders and other agencies across the city for them to proactively provide care, check-ins and

conduct follow-ups for the individuals involved, and their loved ones.

Coupled with raising awareness of the statewide 988 Suicide and Crisis Lifeline and accessing additional mental health resources that the state, the county and the city provide, reducing the numbers of suicides and attempted suicides should be considered a priority by the city, and not just a reactive category for SPD to address by itself.

This category of CFS will be further analyzed in the following chapter on co-responder models



Figure 12 Repeat CFS from addresses from 2018-2023 (addresses suppressed for privacy) for selected Medical/Mental Health CFS



5.4.3 Officer Initiated and Miscellaneous

Proactive officer-initiated calls have been increasing over time, specially Building Checks, Investigations of Situations and Court/Hearings. This category of service has increased from 20% of all calls, to 26% of all calls.

Using additional information on how much time/effort is needed for each of the call types, the level of time utilized by the SPD officers for proactive calls should be calculated. SPD officers should ensure that

all CFS are accurately logged and tagged in the LERMS.

The volume of Calls for Service in the Miscellaneous category has also increased from 14% to 18% of the total CFS.

Although many CFS categorized under Miscellaneous have seen a decrease over the past five years, of note are Welfare Checks, that have increased by 18% over the past five years.

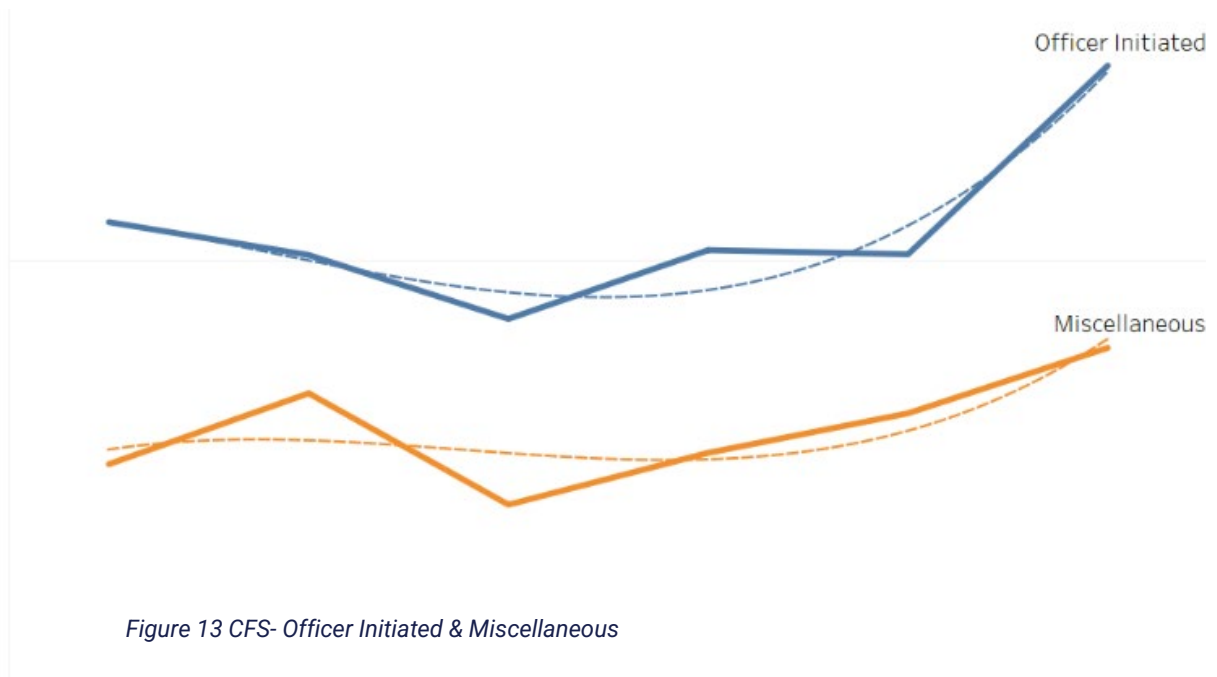


Figure 13 CFS- Officer Initiated & Miscellaneous



A further analysis shows that repeat CFS are coming from some specific addresses.

For those locations, experiencing repeat Welfare Checks, SPD can take a proactive approach by initiating Welfare Checks for known individuals and households. In addition, SPD can coordinate and work with

These are the observed peaks in the following graph in Figure 14.

social workers who can provide additional resources to ameliorate the situation, beyond the mandate of the police department.



Figure 14 Repeat Welfare Checks CFS from addresses from 2018-2023 (addresses suppressed for privacy)



5.4.4 Other Calls for Service

Crashes, Assists to Other Agencies, Alarms and Fires have also seen gradual declines

through the years though their rates were not very high even five years ago.

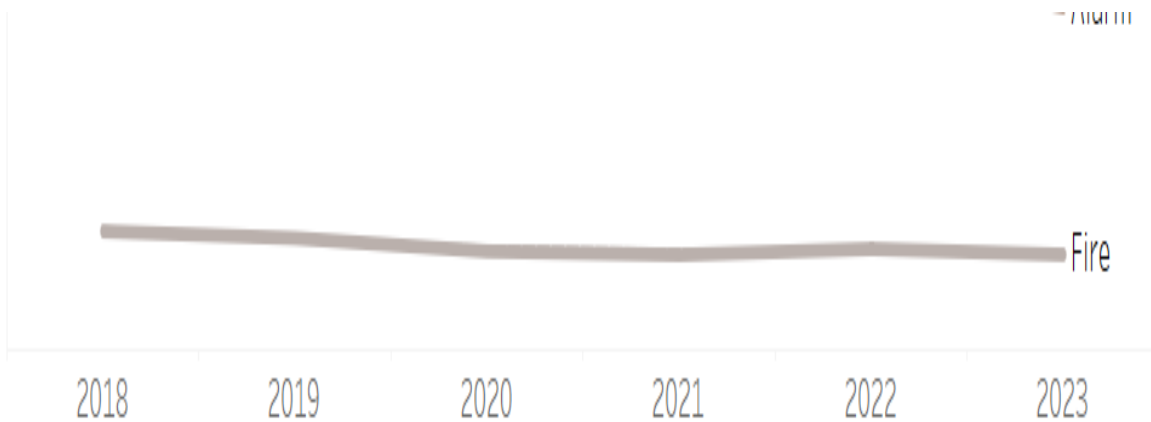


Figure 15 CFS- Crashes, Assists, Alarms, Fire



Key Takeways - Nature of Calls

For those locations experiencing repeat calls for service across multiple types of Crimes Against Society, SPD can evaluate if co-responder models, working with social workers and medical professionals who can provide additional resources to ameliorate the situations would be feasible.

For those locations experiencing repeat calls for service across multiple types of Crimes Against Persons, SPD should ensure that officer safety is prioritized when responding to the calls.

For those locations experiencing repeat calls for service for Crimes Against Property, SPD should consider more patrols during the days of the week, months, and shifts when more calls for service have been received historically.

There has been a 50% increase in CFS for Suicide/Attempted Suicide over the past five years. The Scranton Police Department cannot be expected to address this issue alone, without coordination and resources from other City agencies.

All SPD staff (leadership, officers, communications and all staff that have any touchpoints with the community) should have Crisis Intervention Training (CIT), Mental Health First Aid (MHFA), and mental health professionals should be co-responders for such calls for service.

The residents of Scranton should have greater awareness of calling 988 (a suicide and crisis lifeline) to connect to behavioral or mental health crisis services. The barriers to accessing the 988 Lifeline should be addressed by the City of Scranton.

For those locations experiencing repeat calls for service across multiple types of Medical/mental Health crises, SPD should coordinate with its co-responders and other agencies across the city to provide case management- to proactively provide care, check-ins and conduct follow-ups for the individuals involved, and their loved ones.

For those locations, experiencing repeat Welfare Checks, SPD can take a proactive approach by initiating Welfare Checks for known individuals and households. In addition, SPD can coordinate and work with social workers who can provide additional resources to ameliorate the situation, beyond the mandate of the police department.



5.5 NATURE OF CALLS - BY SHIFT

Additional analysis into the nature of the CFS by shift shows that except for Officer-Initiated calls and Alarms, no more than 20% of all other categories of calls for service occur during the night shift (between 11pm and 7am). This includes calls for medical and mental health reasons.

Taking this difference in the volume of calls for service over shifts can equip the SPD to better manage the resources needed during peak demand times, the timing of coordination and resources for co-responder models, and to coordinate with city, county, and state agencies for providing needed support for city residents.

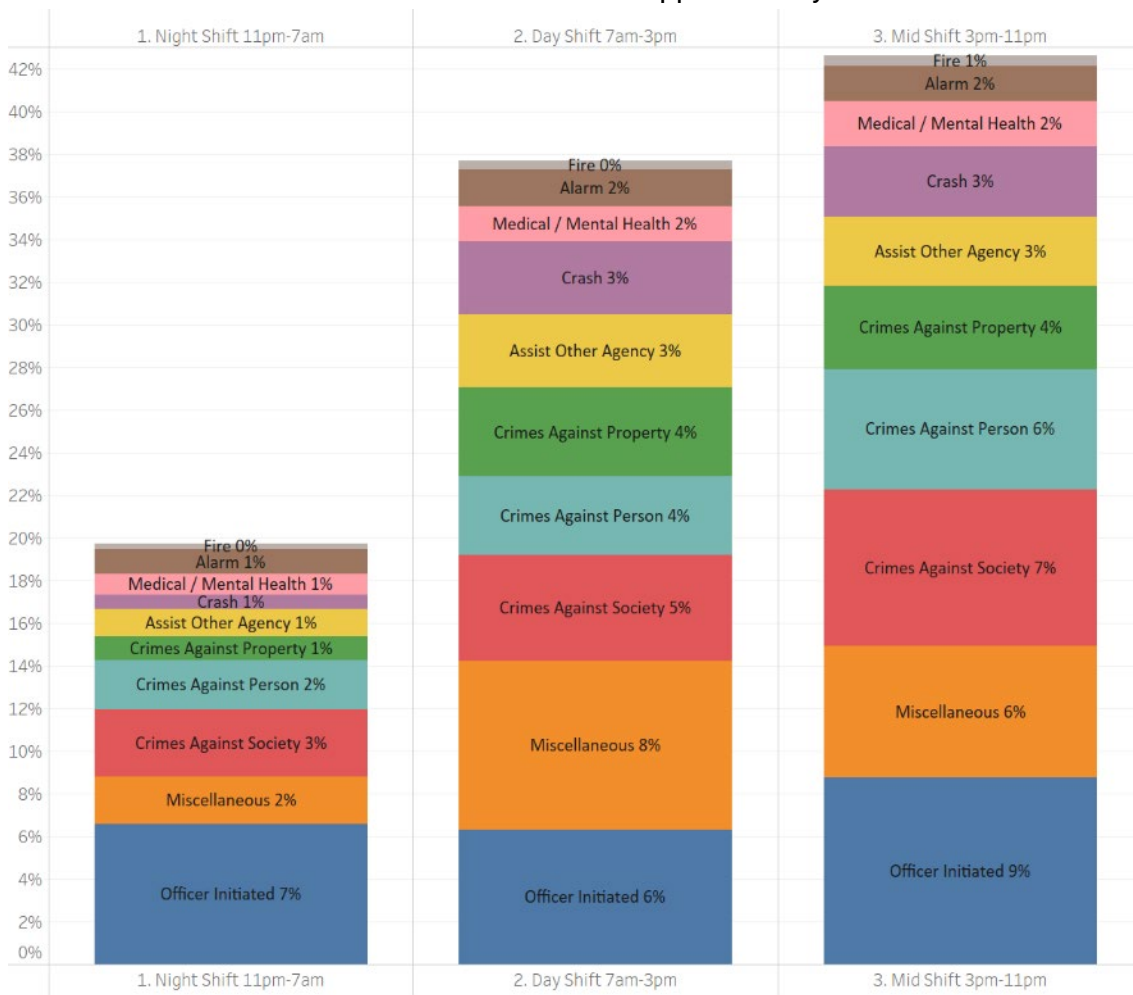


Figure 16 Nature of Calls By Shift as Percentage of Total CFS



A breakdown by CFS category highlights this phenomenon clearly in Figure 17 that follows.

As an example, 80% of all CFS for Medical/Mental Health incidents come in during the Day and Mid shift, and only 20% come in during the night shift. With 45% of calls occurring in the mid-shift, a further breakdown by hour shows that the CFS peaks in the late afternoon and only decreases by the end of the shift. This highlights that the co-responder teams are needed more between 10am and 10pm, and that the demand for such calls does not align with the existing SPD shifts.

Nearly half of all Calls for Service for Crimes Against Persons and Crimes Against Society occur during the mid shift, during the week, and during the months of May through

August. Calls for Service for Crimes Against Property are more evenly distributed through the day and mid shifts, but they too increase during the months of March through October.

An interesting point to note is that despite the mid-shift being the busiest shift by volume of CFS, it still has the highest percentage of Officer Initiated CFS as well, highlighting the proactive nature of policing in Scranton, across all shifts.

The nature of the CFS was further analyzed to see if there were any patterns of occurrence by hour, by weekday and by month for each of the categories. The graphs for each category (by year and cumulative) are included in [Appendix 3 – Nature of CFS Categories by Hour, Weekday and Month](#).



Figure 17 Percentage of Calls for Service by category per shift (Night, Day and Mid)



6 SERVICE DELIVERY MODELS

“Law enforcement is often on the front lines in responding to community concerns, even if the concerns themselves are not within a traditional policing scope.”

The Scranton Police Department is often the first agency called by residents to address their concerns, even when the issue is outside policing responsibilities. Like trends seen around the country, issues such as substance use, mental health crises and unsheltered/homeless individuals are often referred to law enforcement first, rather than other agencies. In interviews with SPD officers, some recounted anecdotes where they were even called by parents who were experiencing difficulties managing unruly children!

As first responders, law enforcement are expected to respond to all crises, even when there is recognition that they are not equipped with the tools or resources to address the underlying causes nor do they have the mandate or certifications to act as social workers, mental health professionals or medical providers in addition to their own policing responsibilities.

It is important to note that “homelessness and overall health and wellness are deeply intertwined issues that should be treated together”⁷ and that will require collaboration between law enforcement, city agencies, the health sector, social service providers and community-based organizations.

Research conducted on homelessness on the behalf of the National Institute of Justice (NIJ) by the Police Executive Research Forum (PERF) and the RAND Corporation has shown that “Law enforcement is often on the front lines in responding to community concerns, even if the concerns themselves are not within a traditional policing scope.”

The Substance Abuse and Mental Health Services Administration (SAMHSA) reports similar findings for individuals experiencing mental health and substance use crises.

⁷ Goodison, Sean E., Jeremy D. Barnum, Michael J. D. Vermeer, Dulani Woods, Siara I. Sitar, and Brian A. Jackson, The Law Enforcement Response to Homelessness: Identifying High-Priority Needs to Improve Law Enforcement

Strategies for Addressing Homelessness. Santa Monica, CA: RAND Corporation, 2020. https://www.rand.org/pubs/research_reports/RA108-6.html.



“In many communities across the United States, the absence of sufficient and well-integrated mental health crisis care has made local law enforcement the de facto mental health mobile crisis system.”

- SAMHSA

The SAMHSA 2020 National Guidelines for Behavioral Health Crisis Care⁸ states that “In many communities across the United States, the absence of sufficient and well-integrated mental health crisis care has made local law enforcement the de facto mental health mobile crisis system.” The guidelines further note that “This is unacceptable and unsafe. The role of local law enforcement in addressing emergent public safety risk is essential and important. With good mental health crisis care in place, the care team can collaborate with law enforcement in a fashion that will improve both public safety and mental health outcomes. Unfortunately, well-intentioned law enforcement responders to a crisis call can escalate the

situation solely based on the presence of police vehicles and armed officers that generate anxiety for far too many individuals in a crisis.”

The National League of Cities (NLC) recommends in its 2021 report on “Reimagining Public Safety: A Toolkit for Cities and Towns” that public safety should be redefined “to reduce overdependence on law enforcement as the sole guarantors of public safety” and that “the time has come for the leaders of the nation’s cities, towns, and villages to declare that community safety requires a broader and more holistic definition including the components of public health and well-being.”⁹

⁸ SAMHSA
<https://www.samhsa.gov/sites/default/files/national-guidelines-for-behavioral-health-crisis-services-executive-summary-02242020.pdf>

⁹ <https://www.nlc.org/resource/reimagining-public-safety-a-toolkit-for-cities-and-towns/>



6.1 BENEFITS OF POLICE AND SERVICE PROVIDER COLLABORATIONS

Cities and towns throughout the country share this perspective and have been moving away from solely law-enforcement led response models, and moving towards community-based approaches that complement the existing systems. These can be seen in co-responder models where law enforcement and agencies collaborate to respond to calls for service for individuals in distress or in community-led responses for low-risk/low priority situations where law enforcement is called in as needed.

Figure 18 Benefits of Police-Mental Health Collaborations

Locations also have hybrid versions of these three categories of crisis-response models ¹⁰. In addition, having strong deflection programs for individuals facing substance use, addiction, or mental health crises where law enforcement can be a referral pathway can be an effective approach for the long term.

The following figure lists some of the benefits of collaboration identified by the Bureau of Justice Assistance.¹¹

| | |
|--|--|
| Improved Safety | Fewer uses of force |
| | Fewer injuries to officers |
| | Fewer injuries to consumers |
| Increased Access to Behavioral Healthcare | Increased use of crisis services |
| | More referrals to appropriate behavioral health services |
| | Increased continuity of healthcare |
| Decreased Repeat Encounters with the Criminal Justice System | Fewer arrests |
| | More jail diversions |
| Reduced Costs | Fewer repeat calls for service (CFS) |
| | Fewer SWAT call-outs |
| | Reduction in civil lawsuits |
| | Reduction in time spent on mental health calls |
| Improved Community Relations | Improved engagement between Police and Community |
| | Improved engagement between Police and other agencies |
| | Improved engagement between Police and community-based service providers |

¹⁰ Critical Issues in Policing Series: Rethinking the Police Response to Mental Health-Related Calls: Promising Models, PERF (2023) <https://www.policeforum.org/assets/MBHResponse.pdf>

¹¹ Bureau of Justice Assistance, DOJ, Police-Mental Health Collaboration (PMHC) Toolkit <https://bja.ojp.gov/program/pmhc>



The Scranton Police Department has all officers undergo Crisis Intervention Training (CIT), and additionally recently launched a co-responder model where SPD officers and a mental health provider jointly respond to certain types of calls for service during limited daytime hours. The SPD also have a Homeless Operations Supervisor to address issues with the unsheltered population in Scranton.

In interviews with SPD officers, their options during a response to calls for service regarding homelessness, mental health or substance use are often limited to arresting individuals or taking them to the local hospital ER. In both cases, these are mostly temporary options and do not address the underlying causes, resulting in repeated calls for service at the same locations with the same individuals.

In addition, having an arrest record can have a negative impact on the ability of an individual to get public assistance, to find employment and increases their risk of homelessness. As noted by the IACP “chronic rates of arrest for low-level offenses among substance-involved individuals may be more harmful than helpful.”¹²

What is needed in addition to the co-response model is the development of treatment and services partnerships to create deflection for both prevention and intervention,¹³ to complete the continuum of care needed by many.

A 2023 RAND report describes the aim of deflection programs is “to connect individuals with substance use disorder (not necessarily limited to opioids or one particular substance) who encounter the criminal justice system with treatment and other services according to the individual's needs.” As the IACP Police Chiefs Magazine notes, “deflection is distinct from, but complementary with, efforts like crisis intervention teams (CIT), which are focused primarily on officer safety and situation de-escalation (both legitimate goals) at crisis points. The goal of deflection is to refer people to the help they need before such a crisis occurs. This timing is an important distinguishing feature of deflection.”¹⁴

A pre-requisite for setting up any such program is ensuring that the behavioral health capacity exists in the community to receive referrals¹⁵.

¹² Sobering Centers: Implementation Guide, International Association of Chiefs of Police 2023 <https://www.theiacp.org/resources/sobering-centers-implementation-guide>

¹³ Labriola, Melissa M., Samuel Peterson, Jirka Taylor, Danielle Sobol, Jessica Reichert, Jon Ross, Jac Charlier, and Sophia Juarez, A Multi-Site Evaluation of Law Enforcement Deflection in the United States. Santa Monica, CA: RAND Corporation, 2023.

https://www.rand.org/pubs/research_reports/RRA2491-1.html.

¹⁴ Charlier, Jac, Deflection: A Powerful Crime-Fighting Tool That Improves Community Relations, IACP Police Chief Magazine <https://www.policechiefmagazine.org/deflection-a-powerful-crime-fighting-tool-that-improves-community-relations/>

¹⁵ Ibid



6.2 TYPES OF SERVICE DELIVERY MODELS

A summary of different types of service delivery models used across the nation and associated good practices are provided in

the following table. They are used to address Substance Use and Addiction, Mental Health, Homeless and Unsheltered Persons.

| | |
|---------------------------------|--|
| Law enforcement led | This is the traditional model of policing where law enforcement are the first responders for all issues, from low risk CFS for homelessness to medical and mental health crises. |
| Crisis Intervention Teams (CIT) | <p>Crisis intervention teams are the most commonly used approach by law enforcement agencies. After completing a 40-hour training course, CIT officers are dispatched to mental health calls or to assist officers who are not CIT qualified.¹⁶</p> <p>Police departments nationwide have been improving their response protocols to include these various trainings beyond CIT: Mental Health First Aid (MHFA), motivational interviewing and trauma-informed policing.</p> <p>These additional trainings reduce the risk for law enforcement officers as they can deescalate situations better, improve their relationships with the community and conduct better investigations.</p> |
| Co-response Teams | <p>Co-response models are when “a police officer responds alongside a mental health clinician or service provider... to calls for service that may involve a person experiencing a mental health crisis and/or homelessness.”¹⁷ Co-response models with EMTs and clinical providers are also used for calls for service for substance use and addiction.</p> <p>Service providers may ride in the same vehicle as the police for the entire shift or might meet officers at the scene and they handle the call</p> |

¹⁶ <https://bja.ojp.gov/program/pmhc/learning>

¹⁷ Bille, Ernest, Co-Response Models in Policing, FBI Law Enforcement Bulletin, Sept 2023 <https://leb.fbi.gov/articles/featured-articles/co-response-models-in-policing>



| | |
|-------------------------------------|---|
| | <p>together. However, several jurisdictions have found that having the service provider arrive in a separate vehicle also has benefits:</p> <ul style="list-style-type: none"> • Individuals in crisis often respond better when the service provider is seen as being distinct from the police, and • Service providers are able to provide a ride to the individual for additional health services without needing to take up additional officer time. <p>Some jurisdictions have law enforcement officers dress in plain clothes to improve de-escalation outcomes.</p> <p>Using co-response teams for Welfare Checks, and not just for medical/mental crises can improve outcomes for the community.</p> <p>Successful implementation requires a high degree of coordination and communication prior to and during a call for service to ensure the dispatch process and logistics at the incident site run smoothly. It also assumes that there are community-based treatment services for referral.</p> <p>This implies that the protocols and responsibilities of each part of the co-responder team have already been determined to avoid challenges later. Trust and the change in mindset on the part of the co-responders, as well as the change in the response and expectations of community members is gradually developed over time through clear protocols, coordination, and open channels of communication.</p> <p>Deploying a case management team that can provide follow-up services will also increase the success of the CIT or co-response team. Officers do not treat or diagnose individuals but work with behavioral health professionals to develop specific solutions to reduce repeat interactions around mental health and substance use. Case management with social services can also be effective for repeat CFS for Welfare Checks.</p> <p>EMTs or paramedics can be effective additional members of co-response teams as they reduce the cases that need to be taken to the ER.</p> |
| Specialized Civilian Response Teams | Specialized civilian teams can also respond to low risk, low priority calls for service surrounding mental health and homelessness |



| | |
|--|--|
| | <p>issues¹⁸. These teams can include social workers, licensed clinicians and EMTs, and can be employees of the police department or external to it.</p> <p>These teams pair at least two people to respond to any site. They are deployed either through request from law enforcement or might have their own field outreach. In some cases, these teams are civilian employees of the police force.</p> <p>The success of these teams depends on good communication and coordination with the police departments, as well as on building trust within the community. They also require robust treatment services for referral.</p> |
|--|--|

¹⁸ Simmons, Molly M., Daniel Tapia, Richard H. Donohue, Denis Agniel, Matthew L. Mizel, Lisa Wagner, Amanda Charbonneau, and Danielle Sobol, SAFE Charlotte: Alternative Response Models and Disparities in Policing. Santa Monica, CA: RAND Corporation, 2022.
https://www.rand.org/pubs/research_reports/RRA1355-1.html.



Key Takeways for Service Delivery Models

Police departments nationwide have been improving their response protocols to include various trainings beyond CIT. These include Mental Health First Aid (MHFA), motivational interviewing and trauma-informed policing.

Service providers may ride in the same vehicle as the police for the entire shift or might meet officers at the scene and they handle the call together, depending on the situation.

Robust and dedicated commitment and partnership is needed from law enforcement, behavioral health providers, community leaders, and community partners. Options for referral to treatment need to be established beforehand.

Successful implementation requires a high degree of coordination and communication prior to and during a call for service to ensure the dispatch process and logistics at the call site run smoothly.

Protocols and responsibilities of each part of the co-responder team should be established before deployment to avoid miscommunication, misunderstandings and challenges later.

Deploying a case management team that can provide follow-up services can increase the success of the CIT or co-response team. Case management with social services can also be effective for repeated CFS for Welfare Checks.

Specialized civilian teams can be deployed for low risk and low priority Calls for Service for behavioral health and homelessness issues.



6.3 EXAMPLES OF SERVICE DELIVERY MODELS

This section includes examples of service delivery models implemented across the nation to highlight some of the good practices that have been developed and the challenges that have been overcome. Los Angeles County was selected as an example as they initiated the first co-responder model in the country over thirty years ago. The county has more than 10 million residents and the size of operations is scaled accordingly. Of note is that while the police-mental health co-responder model is decades old, specialist programs for homelessness, mental health and substance use were set up more recently. This transition from only police-led responses, to adding co-responder teams, to further adding specialist & generalist teams to address social issues such as mental health,

substance use and homelessness (that are not necessarily crimes) is one that has been occurring in many of the larger cities around the country. Having multiple parallel and complementary programs is essential to serve the needs of large populations.

Another large city, New York (population +8 million) similarly has co-responder teams setup in 2016 that partner the Department of Health and Mental Hygiene with the New York City Police Department¹⁹. Each team includes two police officers and one behavioral health professional. These teams work 14 hours per day, 7 days per week, to serve community members presenting mental health or substance use challenges who are at an elevated risk of harm to themselves or others.

| | |
|--|--|
| Los Angeles County, California | |
| Los Angeles County Sheriff's Department (LASD) | <p>Size: The largest Sheriff's Department in the United States, with nearly 18,000 budgeted sworn and professional staff. Almost 10,000 are sworn deputies and the rest are civilian staff.</p> <p>Budget: \$3.8 billion</p> <p>Population Served: +10 million</p> |
| MENTAL Health | |
| Name | Mental Evaluation Team (MET) |

19

<https://mentalhealth.cityofnewyork.us/program/co-response-teams>



| | |
|------------------------------|---|
| Type | Co-response: Police-mental health |
| Established: | 1991 (first co-response model in country) |
| Description | MET includes a LASD deputy sheriff with CIT training teaming up with a mental health clinician. They respond to calls for service or assistance from patrol units related to a community member who may be having a mental health emergency. Deputies are in plain clothes but clearly identifiable as law enforcement. |
| Size | MET has 35 field response teams. Population served: 10 million residents |
| Homelessness | |
| Name | Homeless Outreach Services Team (HOST) |
| Type | Co-response: Police - Homelessness Response Team |
| Established: | 2017 |
| Description | The LASD HOST team consists of deputy sheriffs trained in crisis response that team up with government homeless service agencies and NGOs. A primary partner for LASD is the Los Angeles Homeless Services Authority (LAHSA) and their network of community service providers. |
| Size | HOST has 4 teams that consist of 1 lieutenant, 1 sergeant, and 4 deputies. Population served: 75,000 homeless |
| Mental Health & Homelessness | |
| Name | Homeless Outreach and Mobile Engagement (HOME) |
| Type | Specialist: Los Angeles County Department of Mental Health (DMH) Team |
| Established: | 2022 |
| Description | HOME Specialist teams provide field-based outreach, engagement, support, and treatment to individuals with severe and persistent mental illness who are experiencing unsheltered homelessness. Services are provided by addressing basic needs; conducting clinical assessments; providing street psychiatry; and |



| | |
|--------------------------------|---|
| | <p>providing linkage to appropriate services (including mental health services substance abuse treatment and shelter).²⁰</p> <p>Most referrals are submitted by generalist homeless outreach providers who identify individuals with severe impairment that require specialized and intensive support and engagement.</p> |
| Size | Population served: 75,000 homeless |
| Mental Health or Substance Use | |
| Name | Alternative Crisis Response (ACR) ²¹ |
| Type | Specialist: Los Angeles County Department of Mental Health (LACDMH) |
| Established: | 2022 |
| Description | <p>The goal of ACR is to treat individuals experiencing a behavioral health crisis. A “behavioral health crisis” refers to situations where someone’s behavior might put themselves or others at risk or make it hard for them to take care of themselves or be part of their community. This can be due to their mental health or substance use. Behavioral health crises can include various things, like thoughts of suicide, acting aggressively, losing touch with reality, or having major mood changes.</p> <p>The Alternative Crisis Response program seeks to flip the response to individuals experiencing a mental health crisis by establishing a coordinated and clinically sound crisis continuum that aligns the 988 Call Center (someone to call), Field Intervention Teams (someone to respond), and Mental Health Urgent Care Centers, and Crisis Residential Treatment Programs (someplace to go).</p> |
| Size | Population served: 10 million residents |

²⁰ <https://dmh.lacounty.gov/our-services/countywide-services/home/>

²¹ <https://dmh.lacounty.gov/our-services/acr/>



Key Takeaways from Service Delivery Models deployed in large cities

Co-response models are one part of a larger continuity of care used. Each of the model types is a complement to the rest and does not replace each other.

For large jurisdictions multiple, overlapping co-response, specialist and generalist teams are deployed that address different needs, and provide multiple referral pathways.

Coordination, communication and collaboration are essential for success. Designing response protocols that meet the needs of the clients and build trust are more important in the long run.

Co-response teams are made up of law enforcement departments and other government behavioral health agencies. The health agencies coordinate with the community level implementing partners.

Case management and field outreach are essential responsibilities of the mental /behavioral health and social service agencies. Police officers are essentially called when needed but are not expected to to be social workers.

| | |
|--------------------------------------|---|
| Fort Collins, Colorado ²² | |
| Fort Collins Police Services (FCPS) | Size: 232 sworn officers and 137 non-sworn professional staff Budget: \$57.6 million Population Served: 169,249 |
| MENTAL Health | |
| Name | Mental Health Response Team (MHRT) |
| Type | Co-response: Police-mental health. Managed by local healthcare provider. |

²² <https://www.fcgov.com/police/mental-health>



| | |
|-----------------------------|---|
| Established: | 2018 |
| Description | <p>In 2020, FCPS approved the formation of a full-time Mental Health Response Team. In January 2021, two officers began working with the clinician and community paramedic to enhance mental health services to community members and to expand partnerships with local service providers.</p> <p>Each team consists of a police officer, a licensed behavioral health clinician and addiction counselor and a community paramedic. The community paramedic and the social worker are in one vehicle. The police officer is in their own vehicle because they may have to transport someone or leave that call and go to something else. FCPS covers the cost of the police officers only.</p> <p>Community members can request for the MHRT to be sent when calling the FCPS or 911 for assistance. MHRT are always deployed for Calls for Service for Suicide/Attempted Suicide and Welfare Checks.</p> |
| Size/Hours | <p>In 2022, the unit expanded to three officer-clinician teams and added a sergeant to support MHRT efforts.</p> <p>When set up, the MHRT provided coverage for 7 days a week for 10 hours a day. Based on their CFS data, they worked from noon to 10 p.m. on weekdays and started later on weekends. With the three teams, they now have coverage 24 hours a day, 7 days a week.</p> |
| Interagency Treatment Group | |
| | <p>The Interagency Treatment Group is a monthly forum of 25 community agencies; medical, mental health, social service, criminal justice and law enforcement, designed to assist Fort Collins Police Services in its efforts to intervene safely and effectively with individuals who exhibit mental illness and addictive behaviors.</p> <p>Law enforcement, fire, mental health, medical, justice system, and community social service agencies interact with many of the same individuals with mental illness or dual diagnosis issues on a regular basis. The best use of limited community resources requires effective coordination of services. The Mental Health Co-Responder attends this meeting to facilitate coordination of intervention efforts.</p> <p>The program’s mission is to bring together agencies that share clients with law enforcement in order to effectively coordinate services between agencies, provide the most effective interventions, reduce recidivism, enhance the safety</p> |



| | |
|--|---|
| | of all service providers, and provide education and emotional support for agency representatives. |
|--|---|

| | |
|---------------------------------|---|
| Boulder, Colorado ²³ | |
| Boulder Police Department (BPD) | Size: 212 sworn officers and 75 non-sworn staff (2019) Budget: \$41.99 million Population Served: 105,485 |
| MENTAL Health | |
| Name | Crisis Intervention Response Team (CIRT) |
| Type | Co-response: Police-mental health with the Department of Housing and Human Services and BPD |
| Established: | 2021 |
| Description | CIRT is a co-response team composed of licensed behavioral health clinicians who are Housing and Human Services employees embedded in the Boulder Police Department. Clinicians respond with police on calls involving a behavioral health crisis. About one in four CIRT encounters involved a person experiencing homelessness. Approximately 25% clients had more than one encounter with the CIRT |
| Size/Hours | Mondays through Friday from 8 a.m. to 11 p.m. Saturdays and Sundays from 9 a.m. to 9 p.m. |
| Behavioral Health | |
| Name | Community Assistance Response and Engagement Team (CARE) |

²³ <https://www.fcgov.com/police/mental-health>



| | |
|--------------|--|
| Type | Specialized Civilian Response Team |
| Established: | 2023 |
| Description | The Community Assistance Response and Engagement (CARE) pilot program creates an alternative to police response for calls that are not criminal in nature. CARE team consists of behavioral health clinicians, case managers and paramedics, who respond to 911 and the Police & Fire non-emergency line calls that do not present safety or serious medical concerns and may be more appropriate for health care and behavioral health professionals. |
| Size/Hours | Seven days a week from 9 a.m. to 7 p.m. |

Key Takeaways from Service Delivery Models deployed in mid-sized cities

Including a community paramedic within the co-responder team, in addition to the licensed clinician and law enforcement officer can reduce trips to the ER and save costs for the agencies involved

An interagency working group can help effectively coordinate services between law enforcement, fire, mental health, medical, justice system, and community social service agencies.

An interagency working group can additionally enhance the safety of all service providers, and provide education and emotional support for agency representatives.



7 POPULATION GROWTH & SERVICE DEMAND PROJECTIONS

Last year, the US Census Bureau released the 2023 National Population Projections, the first one to be based on the 2020 Census. These projections account for the impact of COVID-19 on increased mortality rates, the existing gradual decline in fertility rates and include updated data for births, deaths, and international migration.

The US Census projections series²⁴ uses the official estimates of the resident population on July 1, 2022, as the base for projecting the US population from 2023 to 2100. The series uses the cohort-component method and historical trends in births, deaths, and international migration to project the future size and composition of the national population. The US population in 2022 was

333,287, 557. The population of Scranton was 76,328.

The 2023 national projections include a main series (the mid series) which is assumed to be the most likely of the four scenarios, and three alternative immigration scenarios that show how the population might change under high, low and zero immigration assumptions²⁵.

The Scranton population projection estimates from 2023 to 2050 are based on the starting population of 76,328 and are based on the national population estimates and projections provided by the US Census Bureau for the next 25 years.

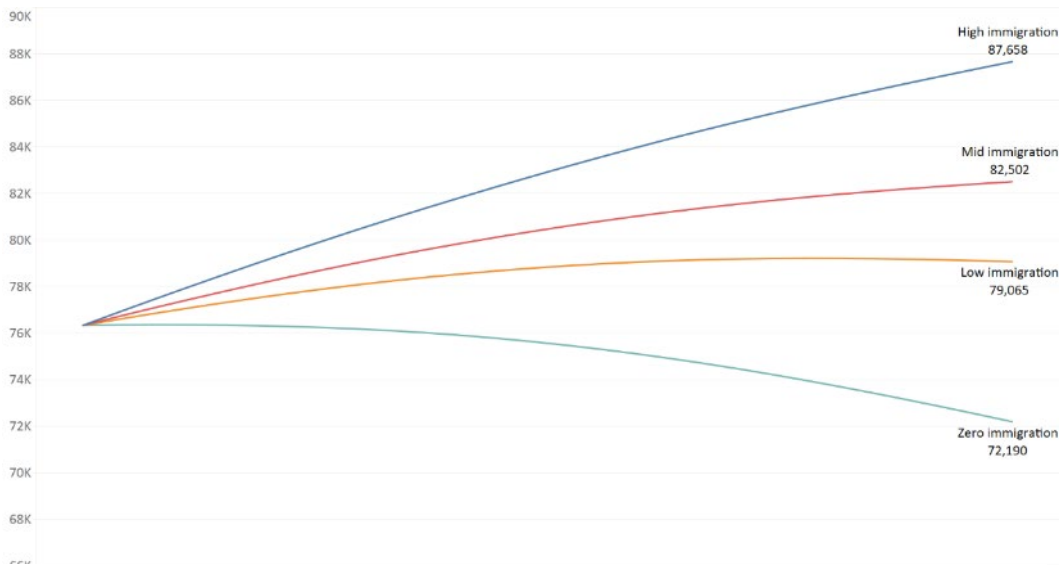


Figure 19 Scranton Population Projections Based on 2022 ACS 5-Year Estimates

²⁴ <https://www.census.gov/data/datasets/2023/demo/popproj/2023-popproj.html>

²⁵ <https://www.census.gov/newsroom/press-releases/2023/population-projections.html>



Figure 19 illustrates the estimated population projections at different immigration levels.

- Zero immigration: the population is projected to decrease by 5%.
- Low immigration: the population is projected to increase by ~4%
- Mid-immigration: the population is projected to increase by ~8%
- High immigration: the population is projected to increase by ~15%

Given the upcoming opening of Amtrak rail service corridor from Scranton to New York, the city should expect that they will experience a higher population growth rate than the mid-scenario.

What is important to note though is that the age distribution of the population will also shift over time. Currently, the population has

a clear youth bulge as can be seen in Figure 20.

The 20- to 24-year-old age category may be partially attributed to the university population however the 15- to 19-year-old category represent the local high school students²⁶.

In the current time, services are needed that cater to this age cohort. This includes improving the quality of education, skill alignment and preparation for entering the workforce, vocational training, and mentoring programs, as well as safe and healthy entertainment, sports, and after-school options.

Over time, the population is projected to grow the fastest for the forty and above age group in all four projection scenarios. The services needed for an older and/or retiring population such as access to good quality healthcare and better mobility options will require planning and infrastructure improvements over the next few decades.

For Scranton to chart its own course- a in community safety and well-being, and not just follow the national trends- it will need to become more inviting for a younger work force. This will require better economic opportunities, affordable housing, better youth programming and family-friendly sports and entertainment options that bolster social cohesion and support.

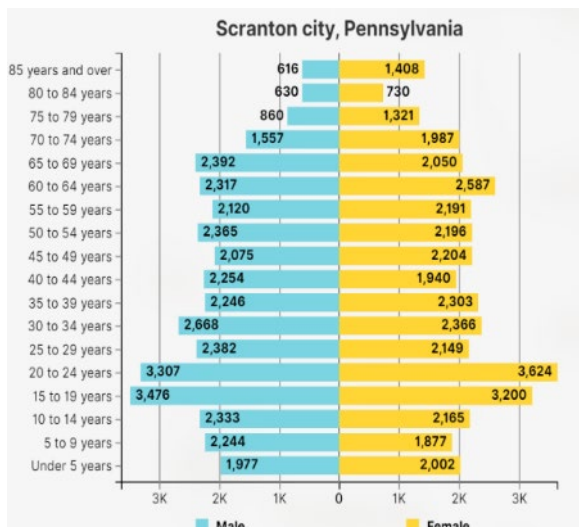


Figure 20: Scranton, Age Distribution

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https://data.census.gov/profile/Scranton_city,_Pennsylvania?q=160XX00US4269000



Scranton Population Projections 2022-2050 by Age Groups

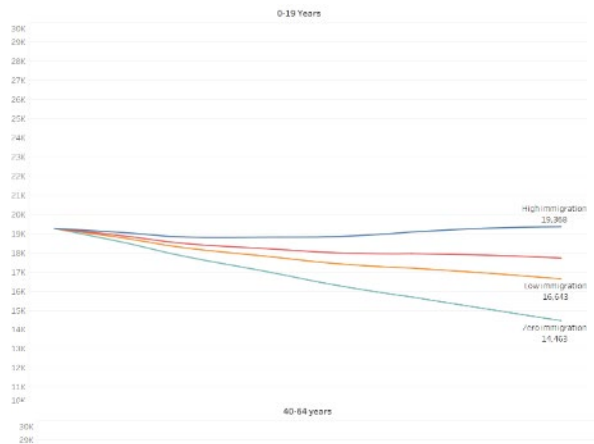


Figure 22: Age Projection; 0-19 years group

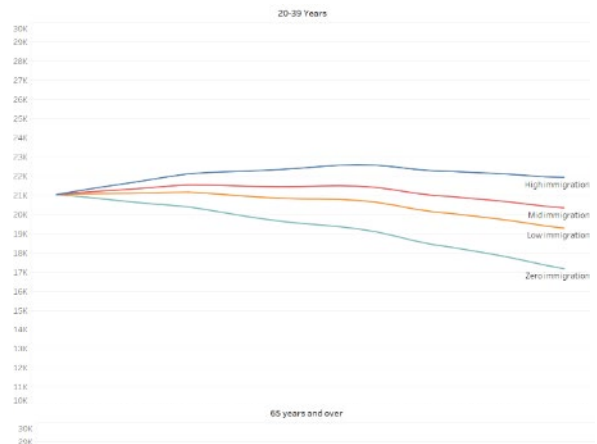


Figure 21: Age Projection; 20-39 years group

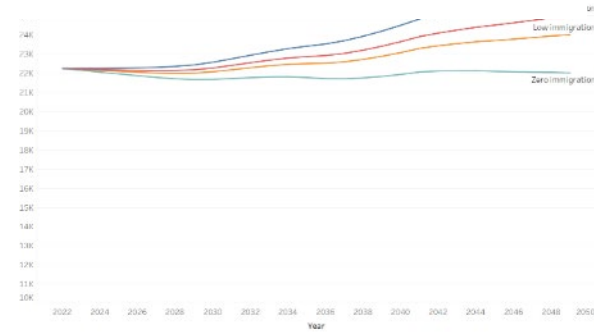


Figure 24: Age Projection; 40-64 years group

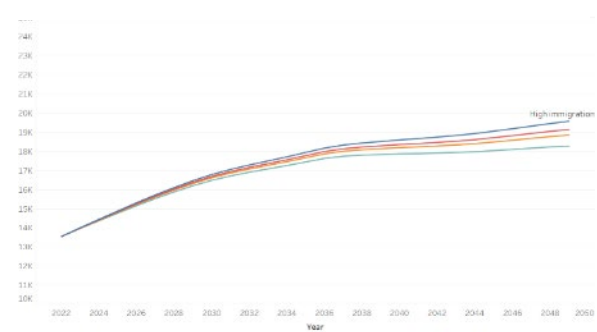


Figure 23: Age Projection; 65 years and above

Key Takeaway- Population Projections

For Scranton to prosper and increase its community safety and well-being, it will need to become more inviting for a younger work force.

This will require better economic opportunities, affordable housing, better youth programming and family-friendly sports and entertainment options that bolster social cohesion and support.



8 POPULATION DEMOGRAPHICS

Scranton, a growing city attracting people from across the country, has also seen a growth in its minority population. After a ~10% increase over the past decade, minorities now make up almost a quarter of the city’s population. With the upcoming opening of Amtrak railway station in Scranton and the general population growth trends projected by the US Census Bureau, these trends are unlikely to reverse in the near future.

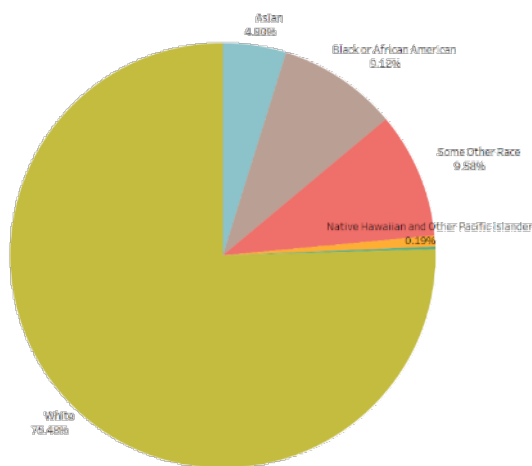


Figure 26: Scranton Demographics, 2023

8.1 IMPACT ON POLICING IN SCRANTON

The Scranton Police Department (SPD) will need to ready itself for a growing city

²⁷ Responding to the Staffing Crisis: Innovations in Recruitment and Retention, Aug 2023, Police Executive Research Forum, Washington, D.C.

population with a police force that is able to connect with all parts of the community; in the meanwhile, it faces similar challenges as many law enforcement agencies around the country, ²⁷ namely increasing officer retirements coupled with a decrease in the number of qualified applicants for unfilled positions.

8.1.1 Demographics and Diversity

The Police Executive Research Forum (PERF) identifies through its *Responding to*

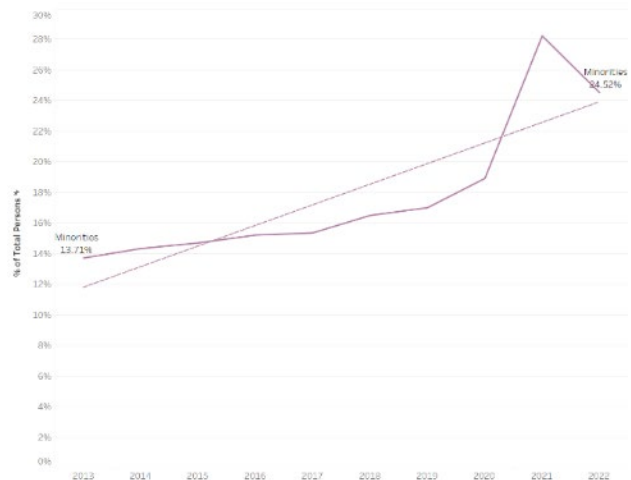


Figure 25: Growth in Minorities 2013-2023

the Staffing Crisis: Innovations in Recruitment and Retention, Aug 2023 report that “Millennials (people born between 1981 and 1996) now make up 35 percent of workers, more than any other generation, and Generation Z (born 1997-2012) is set to constitute more than 25 percent of the



workforce in coming years.” These two age cohorts “regardless of race, are attracted to working at racially diverse organizations” and “prioritize work-life balance, flexibility, and use of technology.” They are looking for “a profession with a purpose, an organization with a good reputation, and diversity among their peers.”

The current Scranton police force makeup, with ~5% minorities at end-of-year 2023, does not reflect the expectations of a younger workforce that will be incoming over the next decades. It will also be an essential element of increasing community support for the SPD.

To recruit and retain this younger workforce, PERF has multiple recommendations on improving and updating policies and procedures for improving the diversity of the police force. More details are included in [Appendix – 10 Strategies to Address Staffing Challenges](#).

1. Update hiring standards.
2. Re-examine hiring processes.
3. Adopt innovative recruiting strategies.
4. “Go upstream” to identify future officers.
5. Offer recruitment incentives.
6. Be wary of lateral recruitment.
7. Share burdens to help address understaffing.

8. Make greater use of professional staff.
9. Help officers improve their well-being.
10. Build community support.

“Agencies recognize the value of officers who are community-service oriented, empathetic, and strong communicators. Agencies also recognize the value of having a diversity of races, ethnicities, and genders that mirrors the community they serve.”

This is a shift for many police agencies, to attract and retain officers who may be different from themselves and possibly from the agency’s current culture. But it aligns with changing public expectations for policing, which increasingly focus on collaboration and community problem-solving.

-PERF Critical Issues in Policing Series 2023

A U.S. Department of Justice, Office of Community Oriented Policing Services report²⁸ highlights youth law enforcement experience programs as a mechanism to recruit a workforce that represents the local community diversity. These youth-experience programs include non-school programs, school career programs and pipeline programs.

²⁸ Schultz, Dana, Richard H. Donohue, Rebecca Lawrence, Joe Coffee, and Lois M. Davis. 2024. *Youth Law Enforcement Experience Programs as a Potential Recruitment Pipeline*. Washington,

DC: Office of Community Oriented Policing Services.



Non-School programs (such as explorer/cadet programs, internships, youth camps and teen academies) are often managed by law enforcement agencies while School Career programs (such as stand-alone high schools, law enforcement academies, and technical education programs) are often administered by public schools with law enforcement involvement. Pipeline programs are two or more sequential programs (Non-School and/or School Career) that feed into the next.²⁹

8.1.2 Gender Diversity

An additional facet of agency diversity identified by PERF is gender diversity as “agencies with greater gender diversity have increased engagement with the community, less use of force, and fewer citizen complaints.”³⁰

Additionally, communities with greater gender diversity in their police force are not only more likely to report sexual violence cases, but those cases are also more likely to be cleared by the police agency.

The national 30x30 Initiative reports “Research shows women officers use less force and less excessive force; are named in fewer complaints and lawsuits; are

perceived by communities as being more honest and compassionate; see better outcomes for crime victims, especially in

“Women officers use less force and less excessive force; are named in fewer complaints and lawsuits; are perceived by communities as being more honest and compassionate; see better outcomes for crime victims, especially in sexual assault cases; and make fewer discretionary arrests.”

30x30 Initiative

sexual assault cases; and make fewer discretionary arrests.”³¹

Despite the obvious benefits to the quality of policing, “women are seriously underrepresented in policing, making up only around 13 percent of full-time sworn officers in local police agencies and 7 percent of sworn state troopers.”³² In Scranton, women are 9% of the police force (end of year 2023).

PERF lists ten action items for agencies to encourage more women to enter policing and enable them to rise to leadership positions in their *Responding to the Staffing Crisis: Innovations in Recruitment and Retention* report, Aug 2023. These include:

1. Agencies should foster a culture in which all women feel included, valued, respected, and equal.

²⁹ Ibid

³⁰ Responding to the Staffing Crisis: Innovations in Recruitment and Retention, Aug 2023, Police Executive Research Forum, Washington, D.C.

³¹ 30x30 Initiative <https://30x30initiative.org/about-30x30/>

³² Responding to the Staffing Crisis: Innovations in Recruitment and Retention, Aug 2023, PERF



2. Agencies should make it a priority to hire more women at the recruit level. Among other things, they can sign the 30x30 Pledge, in which they commit to take steps to increase the representation of women in all ranks.
3. Agencies should ensure that women are not being unfairly excluded from the hiring and training process, especially with respect to physical fitness standards.
4. Agencies should create or expand family-friendly policies and resources that support women (and men) in balancing the demands of the job and the needs of their families.
5. Agencies should provide women members with equal opportunities to the full range of assignments, including in specialized units.
6. Agencies should ensure their promotional processes are transparent, equitable, and free of any biases that may have an adverse impact on women.
7. Agencies should provide women members with equal opportunities to attend training and other development activities throughout their careers.
8. Agencies should create or expand mentoring and career development programs geared toward women. Efforts to develop and promote women should not be restricted to the sworn ranks only.
9. Agencies need to make a concerted effort to hire, promote, and provide opportunities to women members of their professional staffs.
10. Agencies should collect and analyze data on women members in their department to identify possible disparities, obstacles to advancement, and strategies for improvement.

Detailed suggestions for implementing each of these changes are also provided in the PERF report.

**Key Takeaways
from Impact
of Population
Demographics
on Policing**

SPD must adjust and adapt to the expectations of the workforce of tomorrow. Diversity across age, demographics and gender must be improved to be able to attract the best candidates.



9 SUMMARY OF KEY TAKEAWAYS FOR SPD

Data collection, tagging and tracking

- Improved tracking of calls for service within the law enforcement record management system (LERMS) through better tagging of proactive officer-initiated events and completing reports would be of significant benefit to the SPD.
- Review and refinement of incident categories can assist in viewing existing data through different lenses.
- Tracking how long it takes to service each type of call will equip SPD to complete the analysis for shift-relief, performance and therefore determine the optimum staffing levels for the agency.

Nature of Calls

- For those locations experiencing repeat calls for service across multiple types of Crimes Against Society, SPD can evaluate if co-responder models, working with social workers and medical professionals who can provide additional resources to ameliorate the situations would be feasible.
- For those locations experiencing repeat calls for service across multiple types of Crimes Against Persons, SPD should ensure that officer safety is prioritized when responding to the calls.
- For those locations experiencing repeat calls for service for Crimes Against Property, SPD should consider more patrols during the days of the week, months, and shifts when more calls for service have been received historically.
- There has been a 50% increase in CFS for Suicide/Attempted Suicide over the past five years. The Scranton Police Department cannot be expected to address this issue alone, without coordination and resources from other City agencies.
- All SPD staff (leadership, officers, communications and all staff that have any touchpoints with the community) should have Crisis Intervention Training (CIT), Mental Health First Aid (MHFA), and mental health professionals should be co-responders for such calls for service.
- The residents of Scranton should have greater awareness of calling 988 (a suicide and crisis lifeline) to connect to behavioral or mental health crisis services. The barriers to accessing the 988 Lifeline should be addressed by the City of Scranton.
- For those locations experiencing repeat calls for service across multiple types of Medical/mental Health crises, SPD should coordinate with its co-responders and other agencies across the city to provide case management- to proactively provide care, check-ins and conduct follow-ups for the individuals involved, and their loved ones.
- For those locations, experiencing repeat Welfare Checks, SPD can take a proactive approach by initiating Welfare Checks for known individuals and households. In addition, SPD can coordinate and work with social workers who can provide additional resources to ameliorate the situation, beyond the mandate of the police department.



Service Delivery Models

- Police departments nationwide have been improving their response protocols to include various trainings beyond CIT. These include Mental Health First Aid (MHFA), motivational interviewing and trauma-informed policing.
- Service providers may ride in the same vehicle as the police for the entire shift or might meet officers at the scene and they handle the call together.
- Robust and dedicated commitment is needed from law enforcement, behavioral health providers, community leaders, and community partners. Options for referral to treatment need to be established beforehand.
- Successful implementation requires a high degree of coordination and communication prior to and during a call for service to ensure the dispatch process and logistics at the call site run smoothly.
- Protocols and responsibilities of each part of the co-responder team should be established before deployment to avoid miscommunication, misunderstandings and challenges later.
- Deploying a case management team that can provide follow-up services can increase the success of the CIT or co-response team. Case management with social services can also be effective for repeated CFS for Welfare Checks.
- Specialized civilian teams can be deployed for low risk and low priority Calls for Service for behavioral health and homelessness issues.

Service Delivery Models deployed in large cities

- Co-response models are one part of a larger continuity of care used. Each of the model types is a complement to the rest and does not replace each other.
- For large jurisdictions multiple, overlapping co-response, specialist and generalist teams are deployed that address different needs, and provide multiple referral pathways.
- Coordination, communication and collaboration are essential for success. Designing response protocols that meet the needs of the clients and build trust are more important in the long run.
- Co-response teams are made up of law enforcement departments and other government behavioral health agencies. The health agencies coordinate with the community level implementing partners.
- Case management and field outreach are essential responsibilities of the mental /behavioral health and social service agencies. Police officers are essentially called when needed but are not expected to to be social workers.

Service Delivery Models deployed in mid-sized cities

- Including a community paramedic within the co-responder team, in addition to the licensed clinician and law enforcement officer can reduce trips to the ER and save costs for the agencies involved
- An interagency working group can help effectively coordinate services between law enforcement, fire, mental health, medical, justice system, and community social service agencies.
- An interagency working group can additionally enhance the safety of all service providers, and provide education and emotional support for agency representatives.

Impact of Population Demographics on Policing

- SPD must adjust and adapt to the expectations of the workforce of tomorrow. Diversity across age, demographics and gender must be improved to be able to attract the best candidates.



10 RECOMMENDATIONS FOR NEXT STEPS

This report is a first step in understanding the landscape of the social challenges that contribute to community safety in the City of Scranton.

To continue improving the Community Safety and Well Being of the city of Scranton

for its residents, the City needs a multi-pronged strategy for increased efficiency of service delivery from the Scranton Police Department and reduced burden on its limited resources.

10.1 STRATEGIC COMPONENT 1: UTILIZE DATA TO UNDERSTAND THE CHANGING NEEDS OF THE CITY AND MAKE DECISIONS FOR BETTER RESOURCE UTILIZATION

1. Improve data collection and tagging in LERMS. The SPD has a wealth of information in its LERMS. This can be better utilized by adjusting the data collection practices and analytics used for decision-making.
 - a. Improve data entry for both proactive and reactive Calls for Service, ensuring the reports are complete and accurate.
 - b. Improve the categorization of data by better understanding the decisions for which data will be used.

Improved data collection and reporting will enhance the capacity of decision-making of SPD by providing detailed insights into CFS patterns and trends, enabling improved analysis and preventative policing. This will lead to efficient resource allocation and targeted interventions in high-risk areas. Overall, data-driven approaches will ensure that resource utilization strategies are evidence-based, effective, and accountable, ultimately leading to a safer Scranton for both the residents and the police force that serves them.

2. Apply data analytics-based decision-making practices for improved utilization of limited resources.
 - a. Determine the level of effort needed for each category of Calls for Service to determine better allocation of resources per shift.
 - b. Regularly use data to better understand the community needs at any time and to recognize the changes in needs over time.
 - c. Improve the analytical capacity of the SPD and the City for improved utilization of the wealth of internal data.

Data based decisions will reduce the time lag in catering to the changing needs of community safety of Scranton. They will improve coordination and communication through integrated systems and data sharing, enabling better resource allocation. These will result in reducing operational costs by optimizing workflows while also increasing citizen satisfaction through faster response times and higher service quality.



10.2 STRATEGIC COMPONENT 2: INCREASE INVOLVEMENT OF COMMUNITY RESOURCES AND INCREASE COMMUNITY AWARENESS OF AVAILABLE RESOURCES.

1. Conduct additional in-depth assessment of identified service providers that have the capacity to cater to the needs of the city population.
 - a. Improve the coordination of the service providers amongst each other and with the City agencies (including SPD).
 - b. Reduce redundancies and fill identified gaps in the service providers that cater to the prioritized community safety risk factors in Scranton.
 - c. Actively apply the available resources of the service providers in the local service delivery models.

Community service providers can enhance community safety in Scranton by forming collaborative partnerships with SPD and other community organizations. They can help implement preventive measures and reduce the intensity of the risk factors through social service delivery, educational programs, and youth engagement.

They can be involved in developing and implementing localized service delivery models with SPD. They can offer crisis intervention and mental health services and engage the community through town hall meetings and feedback mechanisms. By integrating these strategies, providers will help create a safer, more responsive, and supportive community safety environment.

2. Increase community awareness of available resources.
 - a. Increase community awareness of 988 Suicide and Crisis Lifeline and other resources already available.
 - b. Improve communication about SPD safety initiatives, co-response models and other partnership options.

Increased awareness of existing services and utilization of community resources will enhance public safety through preventive measures and early intervention, while also building trust and improving community relations by showing a commitment to public well-being.

Improving community awareness of the 988 Suicide and Crisis Lifeline and other resources will directly benefit SPD by reducing non-emergency calls, allowing officers to focus on critical law enforcement duties and emergency situations. This will optimize resource allocation, leading to cost savings and enabling the police to concentrate on their core responsibilities, ultimately fostering a more efficient and safer community environment.



10.3 STRATEGIC COMPONENT 3: ADAPT THE SPD RESOURCES TO THE SOCIETAL CHANGES OF SCRANTON.

1. Improve diversity (age, demographics, and gender) across the police department.

The SPD will develop improved trust with the city population the closer its employee composition reflects the demographics of the city. Increased diversity will also facilitate staff recruitment and retention in the long term.

2. Develop service delivery models catering to the local needs of the city.
 - a. Deploy effective co-response teams by reviewing and refining the communications, coordination, and response protocols.
 - b. Create a city-wide inter-agency group to coordinate and support co-response team members.

Localized service delivery models in Scranton will enhance resource efficiency by streamlining processes, reducing redundancies, and incorporating automation, leading to cost savings and higher productivity of the SPD. Parallel to this, it will relieve the SPD of burdens which do not fall under its responsibilities. Overall, these improvements will result in more efficient use of financial, human, and material resources, ultimately enhancing organizational performance.



Appendices



APPENDIX 1 – LIST OF ORGANIZATIONS / AGENCIES PROVIDING SERVICES

| Organization Name | Organization Type | Primary Service |
|---|-------------------|------------------------------------|
| A Better Today | Community Entity | Addiction Recovery / Substance Use |
| Clean Slate | Community Entity | Addiction Recovery / Substance Use |
| Community Intervention Center | Community Entity | Addiction Recovery / Substance Use |
| Drug and Alcohol Treatment Service | Community Entity | Addiction Recovery / Substance Use |
| Just Believe Recovery PA | Community Entity | Addiction Recovery / Substance Use |
| Outreach Center for Community Resources | Community Entity | Addiction Recovery / Substance Use |
| The Recovery Bank | Community Entity | Addiction Recovery / Substance Use |
| Lackawanna Historical Society | Community Entity | Administration and Management |
| PA Anthracite Heritage Museum | Community Entity | Administration and Management |
| Better Tomorrows Village Park Apartments | Community Entity | Advocacy & Community Organizing |
| Center For the Living City | Community Entity | Advocacy & Community Organizing |
| Katie's Place Clubhouse | Community Entity | Advocacy & Community Organizing |
| Lackawanna County Department of Aging | Community Entity | Advocacy & Community Organizing |
| LRJ Foundation | Community Entity | Advocacy & Community Organizing |



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| National Alliance on Mental Illness (NAMI) | Community Entity | Advocacy & Community Organizing |
| National Association for the Advancement of Colored People (NAACP) Lackawanna County | Community Entity | Advocacy & Community Organizing |
| United Way of Lackawanna & Wayne County | Community Entity | Advocacy & Community Organizing |
| Elan Gardens | Community Entity | Aging / Adult Services |
| Linwood Nursing and Rehabilitation Center | Community Entity | Aging / Adult Services |
| Marywood Heights | Community Entity | Aging / Adult Services |
| Serving Seniors | Community Entity | Aging / Adult Services |
| Still Flying | Community Entity | Aging / Adult Services |
| Telespond | Community Entity | Aging / Adult Services |
| VNA Home Health Visiting Nurse Association | Community Entity | Aging / Adult Services |
| Artists for Art Gallery | Community Entity | Arts and Culture |
| Scranton Cultural Center | Community Entity | Arts and Culture |
| Scranton Fringe Festival | Community Entity | Arts and Culture |
| The Black Scranton Project (center for arts and culture) | Community Entity | Arts and Culture |
| Advanced Community Service Associates | Community Entity | Behavioral and Mental Health |
| Advocacy Alliance | Community Entity | Behavioral and Mental Health |



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| Family Enrichment Center | Community Entity | Behavioral and Mental Health |
| Friendship House (Same as Advocacy Alliance?) | Community Entity | Behavioral and Mental Health |
| Gert's Gang | Community Entity | Behavioral and Mental Health |
| Jewish Family Service Of Northeastern Pennsylvania | Community Entity | Behavioral and Mental Health |
| Lighthouse in Scranton | Community Entity | Behavioral and Mental Health |
| Northeast Behavioral Health Care Consortium | Community Entity | Behavioral and Mental Health |
| Scranton Counseling Center | Community Entity | Behavioral and Mental Health |
| St. Joseph's Center | Community Entity | Behavioral and Mental Health |
| NEPA Alliance | Community Entity | Business & Private Sector |
| North Scranton Rotary Club | Community Entity | Business & Private Sector |
| Scranton Tomorrow | Community Entity | Business & Private Sector |
| CASA of Lackawanna County | Community Entity | Child Welfare |
| Children's Advocacy Center | Community Entity | Child Welfare |
| Valley Youth House | Community Entity | Child Welfare |
| United Neighborhood Centers, Community Health Department | Community Entity | Community / Municipal Services |
| Deutsch Institute | Community Entity | Disability and Assistance Services |



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| The Arc Of Northeastern Pennsylvania Foundation | Community Entity | Disability and Assistance Services |
| Child Hunger Outreach Partners | Community Entity | Food and Nutrition |
| Friends of the Poor | Community Entity | Food and Nutrition |
| Greenhouse Project | Community Entity | Food and Nutrition |
| Here 4 a Reason | Community Entity | Food and Nutrition |
| Meals on Wheels of NEPA Inc. | Community Entity | Food and Nutrition |
| St. Francis of Assisi Kitchen | Community Entity | Food and Nutrition |
| Hospice of the Sacred Heart | Community Entity | Health Care |
| Lackawanna Blind Association | Community Entity | Health Care |
| Maternal and Family Health | Community Entity | Health Care |
| Northeast Regional Cancer Institute | Community Entity | Health Care |
| PA for Human Life | Community Entity | Health Care |
| Providence Pregnancy Center | Community Entity | Health Care |
| Scranton Primary Health Care Center | Community Entity | Health Care |
| The Wright Center | Community Entity | Health Care |
| United Cerebral Palsy of Northeastern PA | Community Entity | Health Care |



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| Agency for Community EmPOWERment of NEPA | Community Entity | Housing / Shelter |
| Catherine McAuley Center | Community Entity | Housing / Shelter |
| Catholic Social Services | Community Entity | Housing / Shelter |
| Keystone Mission Alliance | Community Entity | Housing / Shelter |
| NeighborWorks | Community Entity | Housing / Shelter |
| NEPA Youth Shelter | Community Entity | Housing / Shelter |
| Ronald McDonald House | Community Entity | Housing / Shelter |
| Safety Net | Community Entity | Housing / Shelter |
| UNC Scranton/Lackawanna County Continuum of Care | Community Entity | Housing / Shelter |
| Lackawanna Pro Bono | Community Entity | Legal Assistance |
| North Penn Legal Services | Community Entity | Legal Assistance |
| Camp Freedom | Community Entity | Military / Veterans Assistance |
| Valhalla Veterans Services | Community Entity | Military / Veterans Assistance |
| Women's Resource Center | Community Entity | Protective Services |
| Griffin Pond Animal Shelter | Community Entity | Recreational and Leisure |
| Lackawanna County 4-H | Community Entity | Recreational and Leisure |
| Day Nursery Association | Community Entity | School and Education |
| Gino LaRusso Foundation for Suicide Awareness | Community Entity | Suicide Support |



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| Northeast Suicide Prevention Initiative | Community Entity | Suicide Support |
| NEPA Moves | Community Entity | Transportation |
| Boy Scouts of America NEPA | Community Entity | Youth Programs |
| Boys and Girls Clubs of NEPA | Community Entity | Youth Programs |
| Girl Scouts | Community Entity | Youth Programs |
| Girls on the Run | Community Entity | Youth Programs |
| Greater Scranton YMCA | Community Entity | Youth Programs |
| Jewish Community Center | Community Entity | Youth Programs |
| Junior Achievement of Northeastern Pennsylvania | Community Entity | Youth Programs |
| Presence From Prison | Community Entity | Youth Programs |
| Salvation Army | Community Entity | Youth Programs |
| Jane Kopas Women's Center | Educational Inst. | Advocacy & Community Organizing |
| Counseling and Psychological Services (CAPS) at Penn State | Educational Inst. | Behavioral and Mental Health |
| Psych Center Of Northeastern Pa At The University Of Scranton | Educational Inst. | Behavioral and Mental Health |
| Career Technology Center of Lackawanna County | Educational Inst. | Educational Opportunities |
| Nativity Miguel School | Educational Inst. | Educational Opportunities |



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| Perry's Academy of Learning at the Fricchione Center, Marywood University | Educational Inst. | School and Education |
| Scranton School for Deaf and Hard of Hearing Children | Educational Inst. | School and Education |
| Turning Point Alternative Living Solutions | For Profit Entity | Addiction Recovery / Substance Use |
| Abington Manor Genesis Healthcare | For Profit Entity | Aging / Adult Services |
| Clarks Summit Senior Living | For Profit Entity | Aging / Adult Services |
| Dunmore Health Care Center | For Profit Entity | Aging / Adult Services |
| Traditional Home Health and Hospice | For Profit Entity | Aging / Adult Services |
| Ritz Performing Arts Center | For Profit Entity | Arts and Culture |
| Aaron Center | For Profit Entity | Behavioral and Mental Health |
| Dr. John G. Kuna and Associates | For Profit Entity | Behavioral and Mental Health |
| Integrative Counseling Services | For Profit Entity | Behavioral and Mental Health |
| Jacob's Ladder Counseling And Wellness | For Profit Entity | Behavioral and Mental Health |
| Marley's Mission | For Profit Entity | Behavioral and Mental Health |



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| Matthew Berger and Associates | For Profit Entity | Behavioral and Mental Health |
| Omni Health Services | For Profit Entity | Behavioral and Mental Health |
| Peerstar | For Profit Entity | Behavioral and Mental Health |
| Puglisi Counseling LLC | For Profit Entity | Behavioral and Mental Health |
| Tiffany Griffiths, Psy.D. & Associations | For Profit Entity | Behavioral and Mental Health |
| Wholistic Counseling Services | For Profit Entity | Behavioral and Mental Health |
| Penn's Northeast | For Profit Entity | Business & Private Sector |
| Small Wonders Learning Center | For Profit Entity | Child Welfare |
| Amedisys Hospice | For Profit Entity | Health Care |
| Commonwealth Health Hospitals | For Profit Entity | Health Care |
| Gardens at Scranton | For Profit Entity | Health Care |
| Geisinger Community Medical Center | For Profit Entity | Health Care |
| Mountain View Care Center | For Profit Entity | Health Care |
| Oakwood Terrace | For Profit Entity | Housing / Shelter |
| Webster Towers | For Profit Entity | Housing / Shelter |
| Dress for Success | For Profit Entity | Material Assistance |
| Office of Parish Life | Religious Entity | Administration and Management |



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| St. John Neuman (formerly Nativity Church) | Religious Entity | Administration and Management |
| Geneva House | Religious Entity | Aging / Adult Services |
| Association Of Catholic Mental Health Ministers | Religious Entity | Behavioral and Mental Health |
| Scranton Redevelopment Authority | City | Administration and Management |
| Scranton School Board | City | Administration and Management |
| Scranton Small Business Development Center | City | Administration and Management |
| Scranton Police Department | City | Crisis & Emergency Services |
| Scranton Housing Authority | City | Housing / Shelter |
| Scranton Public Library | City | School and Education |
| Lackawanna/Susquehanna Drug and Alcohol Services Program | State / County | Addiction Recovery / Substance Use |
| Lackawanna County Land Bank | State / County | Administration and Management |
| Lackawanna Heritage Valley | State / County | Administration and Management |
| Lackawanna River Conservation Association | State / County | Administration and Management |
| Clarks Summit State Hospital | State / County | Behavioral and Mental Health |



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| Lackawanna-Susquehanna Counties Behavioral Intellectual Disabilities Early Intervention (BHIDEI) Program | State / County | Behavioral and Mental Health |
| Scranton Vet Center | State / County | Behavioral and Mental Health |
| Governor's Action Team | State / County | Business & Private Sector |
| Disability Rights Pennsylvania | State / County | Disability and Assistance Services |
| Pennsylvania Department of Community and Economic Development | State / County | Educational Opportunities |
| Lackawanna County Assistance Office | State / County | Financial Assistance |
| Housing Authority of the County of Lackawanna | State / County | Housing / Shelter |
| District Attorney's Office | State / County | Justice and Corrections |
| Gino J. Merli Veterans' Center (GMVC) | State / County | Military / Veterans Assistance |
| Lackawanna County Department of Veterans Affairs | State / County | Military / Veterans Assistance |
| Adult Protective Services | State / County | Protective Services |
| Department of Human Services' Office of Children, Youth, and Families | State / County | Protective Services |



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|---|----------------|----------------------|
| Lackawanna County Children's Library | State / County | School and Education |
| County of Lackawanna Transit | State / County | Transportation |



APPENDIX 2 - INCIDENT TYPES AND CATEGORIES

This table lists all the types of service calls associated with each category, and the percentage of calls from 2018-2013.

| Incident Type Category | Incident Name | % of Total Service Calls |
|----------------------------|----------------------------------|--------------------------|
| Alarm | Intrusion/Burglar Alarm | 3.5% |
| | Automatic Fire Alarm | 0.9% |
| | Holdup/Robbery | 0.1% |
| | Carbon Monoxide Alarm Activation | 0.1% |
| Assist Other Agency | Assist Motorist | 1.5% |
| | Transport of Individual | 1.4% |
| | Warrant Service | 1.4% |
| | Highway/Roadway Hazard | 1.0% |
| | Police Assistance | 0.8% |
| | Escort | 0.4% |
| | Hazardous Material Incident | 0.3% |
| | Tow Truck Request | 0.3% |
| | Wire Down | 0.3% |
| | Water Main/Pipe Break | 0.2% |
| | Lockout | 0.1% |
| | Attempt To Locate | 0.1% |
| | Rescue Other Than MVA | 0.1% |



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|--------------|-------------------------------|------|
| | Cave In/Sink Hole | 0.1% |
| | Flooding | 0.1% |
| | Absent Without Leave | 0.1% |
| | Vehicle Repossession | 0.0% |
| | Water Rescue | 0.0% |
| | Water Removal/Pumping | 0.0% |
| | Perjury | 0.0% |
| | Probation Violation | 0.0% |
| | Search Party | 0.0% |
| | Parole Violation | 0.0% |
| | Obstruction of Justice | 0.0% |
| | Request For Fire Police | 0.0% |
| | Referred To Another Agency | 0.0% |
| | Bail Violation | 0.0% |
| Crash | Motor Vehicle Crash | 4.4% |
| | Hit and Run Accident | 1.7% |
| | Accident | 0.8% |
| | Accident Injuries | 0.2% |
| | Accident Involving ATV | 0.2% |
| | Accident Involving Pedestrian | 0.0% |
| | Accident EMS | 0.0% |
| | MVA w/o Injuries | 0.0% |



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|--------------------------------|-------------------------------|------|
| | Accident Involving Train | 0.0% |
| Crimes Against Person | Domestic Violence | 4.8% |
| | Harassment | 1.7% |
| | Assault | 1.3% |
| | Threats/Non-Physical | 1.3% |
| | Fight | 1.0% |
| | Protection From Abuse | 0.7% |
| | Sex Crime | 0.3% |
| | Shooting | 0.3% |
| | Stalking | 0.1% |
| | Robbery/Hold Up | 0.1% |
| | Stabbing/Knife | 0.0% |
| | Blackmail/Extortion | 0.0% |
| | Attempted Abduction | 0.0% |
| | Kidnapping | 0.0% |
| | Robbery | 0.0% |
| | Rape | 0.0% |
| | Murder/Negligent Manslaughter | 0.0% |
| Justifiable Homicide | 0.0% | |
| Homicide | 0.0% | |
| Crimes Against Property | Theft | 2.7% |
| | Criminal Mischief | 1.6% |



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|-------------------------------|------------------------------------|------|
| | Trespassing | 1.5% |
| | Burglary | 1.0% |
| | Fraud | 0.8% |
| | Shop Lifter/Retail Theft | 0.4% |
| | Stolen Vehicle/Vehicle Theft | 0.4% |
| | Identity Theft | 0.3% |
| | Unauthorized Use Motor Vehicle | 0.2% |
| | Stolen Registration Plate | 0.2% |
| | Dumping | 0.1% |
| | Flim Flam | 0.1% |
| | Motor Vehicle Theft/Stolen Vehicle | 0.0% |
| | Vandalism | 0.0% |
| | Arson | 0.0% |
| | Forgery | 0.0% |
| | Stolen Property | 0.0% |
| | Damage To Property/Vandalism | 0.0% |
| Crimes Against Society | Parking Complaint | 3.7% |
| | Disorderly Conduct | 3.0% |
| | Nuisance Complaint | 2.6% |
| | Motor Vehicle Violation | 1.6% |
| | Ordinance Violation | 1.1% |
| | Drug Related Incident | 1.1% |



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|-------------|----------------------------------|------|
| | Drunk/Drinking | 0.4% |
| | Juvenile Delinquent | 0.4% |
| | Weapon | 0.3% |
| | Person With Firearm/Gun Priority | 0.3% |
| | Vagrant | 0.2% |
| | Loitering | 0.2% |
| | Driving Under Influence | 0.1% |
| | Public Indecency | 0.1% |
| | Liquor Law Violation | 0.0% |
| | Riot/Mob Fight | 0.0% |
| | Bomb Threat | 0.0% |
| | Prowler | 0.0% |
| | Prostitution | 0.0% |
| | Littering | 0.0% |
| | Terrorism/Terroristic Threats | 0.0% |
| | Escape | 0.0% |
| Fire | Structure Fire | 0.8% |
| | Non-Structure Fire | 0.2% |
| | Vehicle Fire | 0.1% |
| | Brush Fire | 0.1% |
| | Chimney Fire | 0.0% |
| | Illegal Burn/Controlled Burn | 0.0% |



| | | |
|--------------------------------|--------------------------------|------|
| Medical / Mental Health | Advanced Life Support | 1.6% |
| | Emotionally Disturbed Person | 1.1% |
| | Suicide/Attempt | 0.9% |
| | Overdose | 0.5% |
| | Basic Life Support | 0.5% |
| | Dead On Arrival | 0.2% |
| | Crisis Intervention Team | 0.1% |
| Miscellaneous | Welfare Check | 4.7% |
| | Abandoned Vehicle | 2.1% |
| | Dog Complaint | 1.9% |
| | Other Unspecified Incident | 1.2% |
| | Missing Person | 1.1% |
| | Animal Incident | 1.0% |
| | Traffic Control Device Problem | 0.7% |
| | Neighbor Dispute | 0.6% |
| | Lost/Recovered Property | 0.6% |
| | Police Information | 0.5% |
| | Landlord/Tenant Dispute | 0.5% |
| | Call By Phone | 0.5% |
| | Child Custody Incident | 0.4% |
| | Traffic Control/Direct Traffic | 0.4% |
| Fireworks Complaint | 0.1% | |



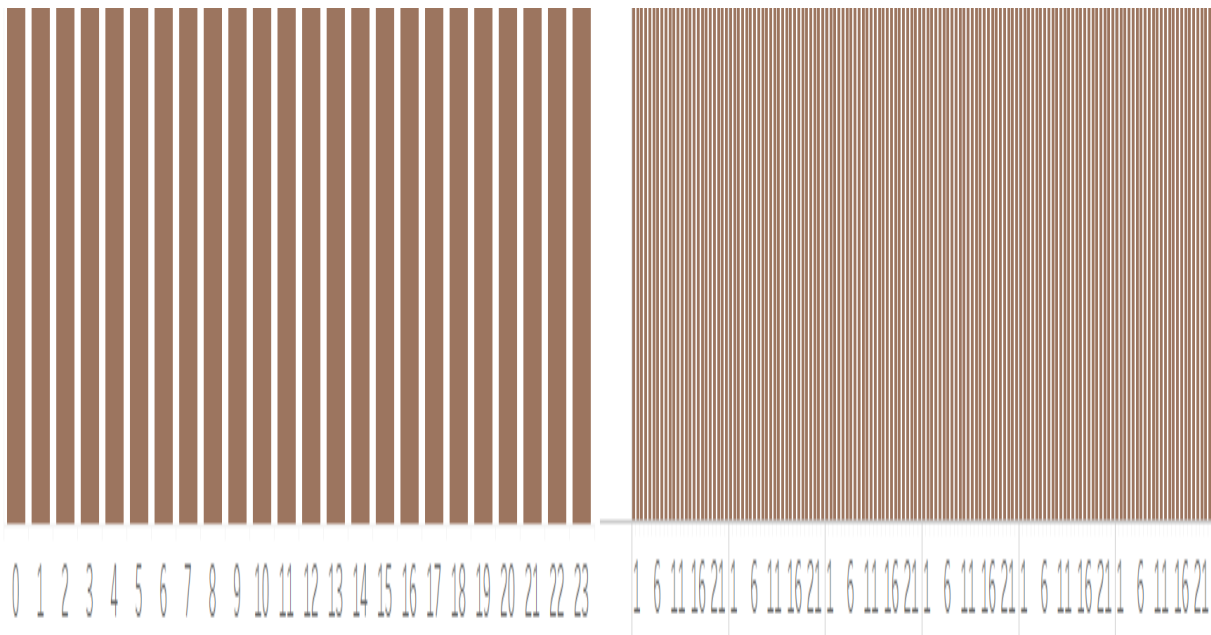
| | | |
|--------------------------|----------------------------|------|
| | Recovered Vehicle | 0.1% |
| | Unknown Incident Type | 0.0% |
| | Test | 0.0% |
| | Gambling Law Violation | 0.0% |
| | Game Law Violation | 0.0% |
| | 1st Amendment Assembly | 0.0% |
| Officer Initiated | Traffic Stop | 8.3% |
| | Investigation Of Situation | 6.2% |
| | Building Check | 2.2% |
| | Suspicious Person | 1.7% |
| | Suspicious Vehicle | 1.2% |
| | Special Duty/Assignment | 0.9% |
| | Service OF Subpoena | 0.5% |
| | Ticket/Parking | 0.4% |
| | Hearing /Court | 0.2% |
| | Vehicle Pursuit | 0.0% |
| | Suspicious Event | 0.0% |

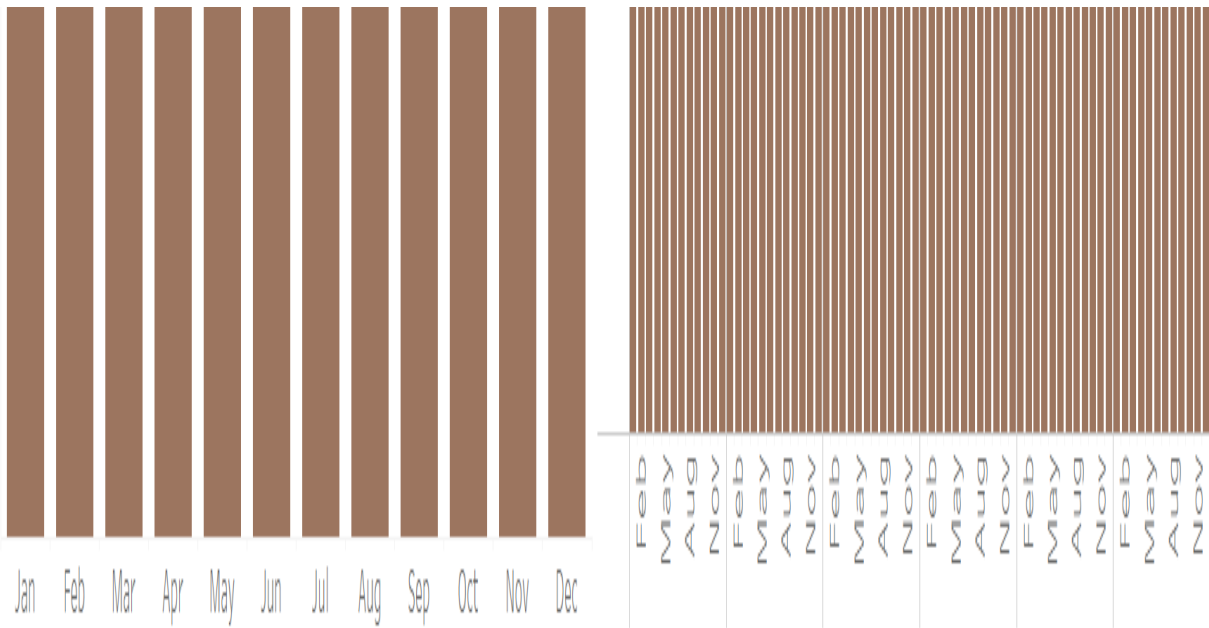
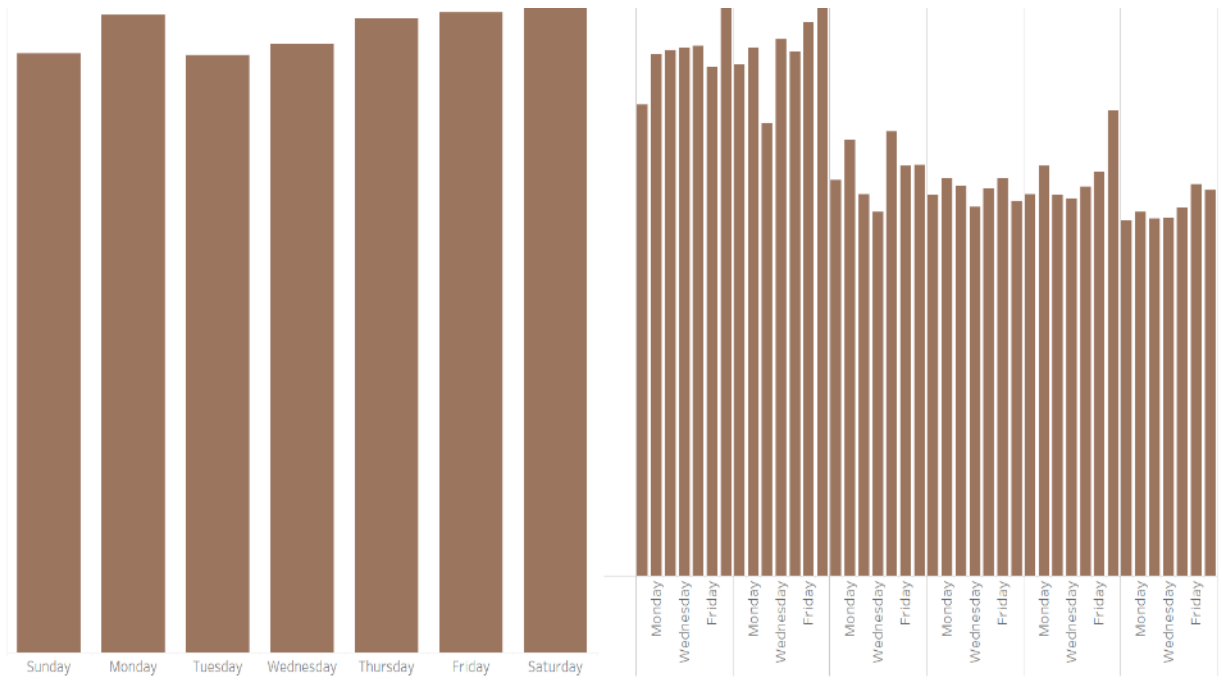


APPENDIX 3 – NATURE OF CFS CATEGORIES BY HOUR, WEEKDAY AND MONTH

The graphs in this appendix show the patterns in the categories of calls for service over the hour of the day, the day of the week and the month of the year. They show the cumulative patterns, as well as by year for comparison.

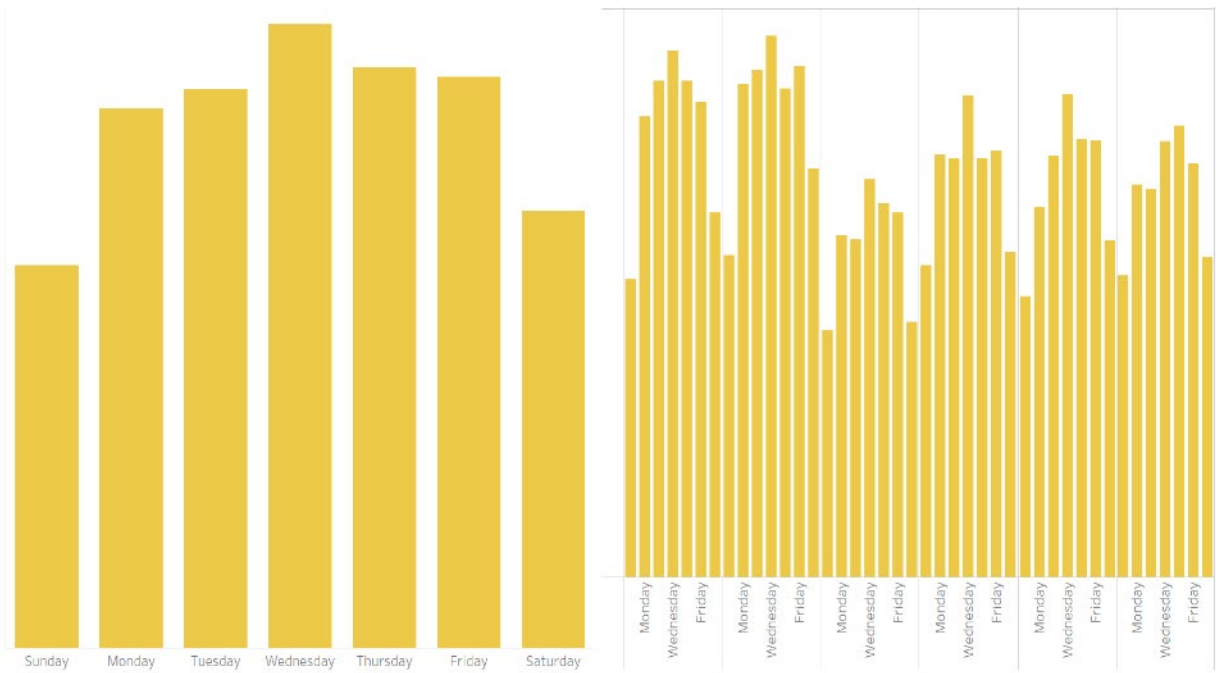
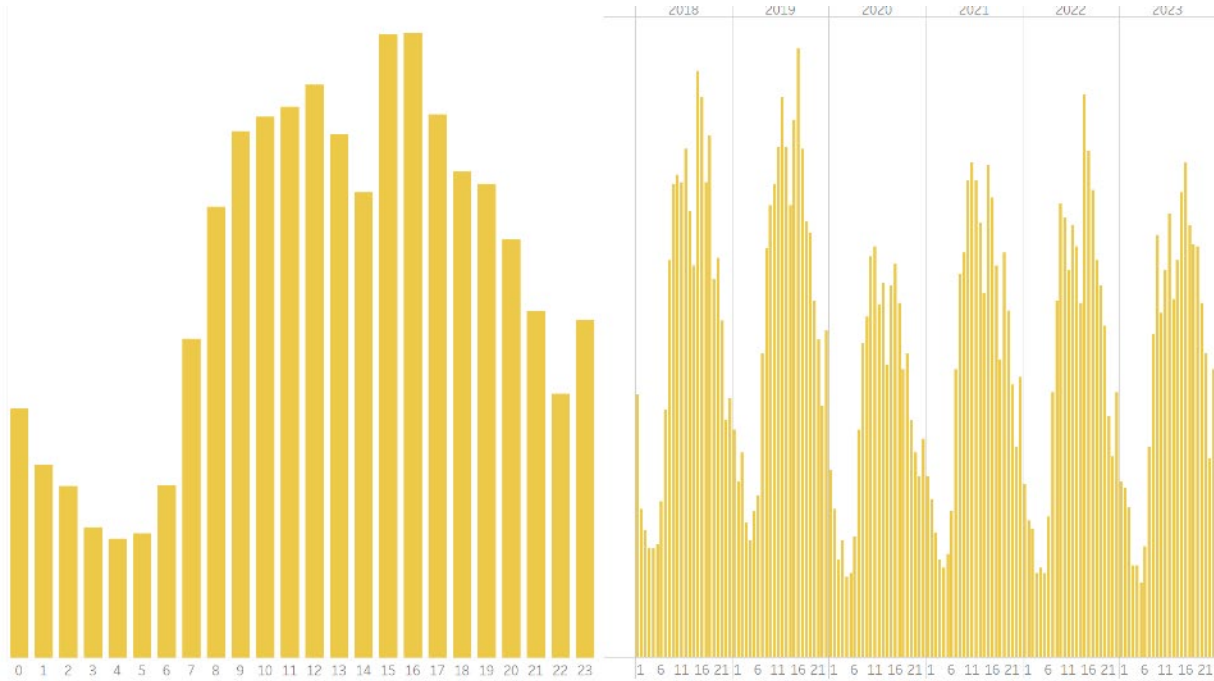
Alarm

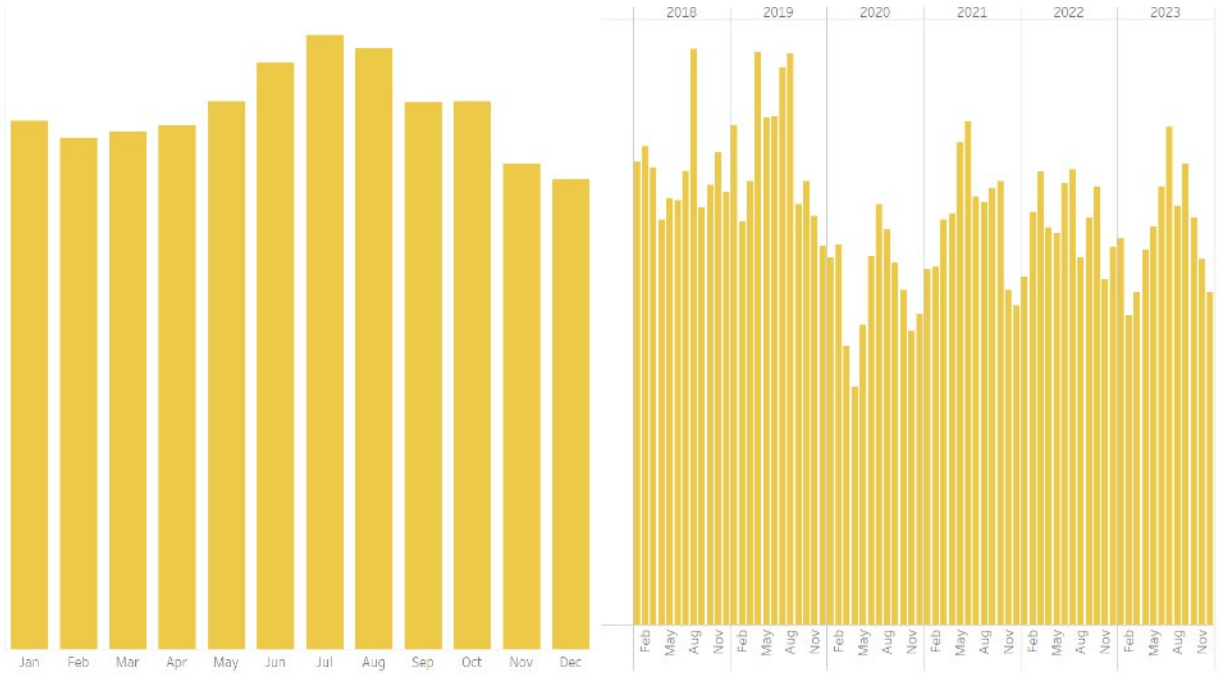




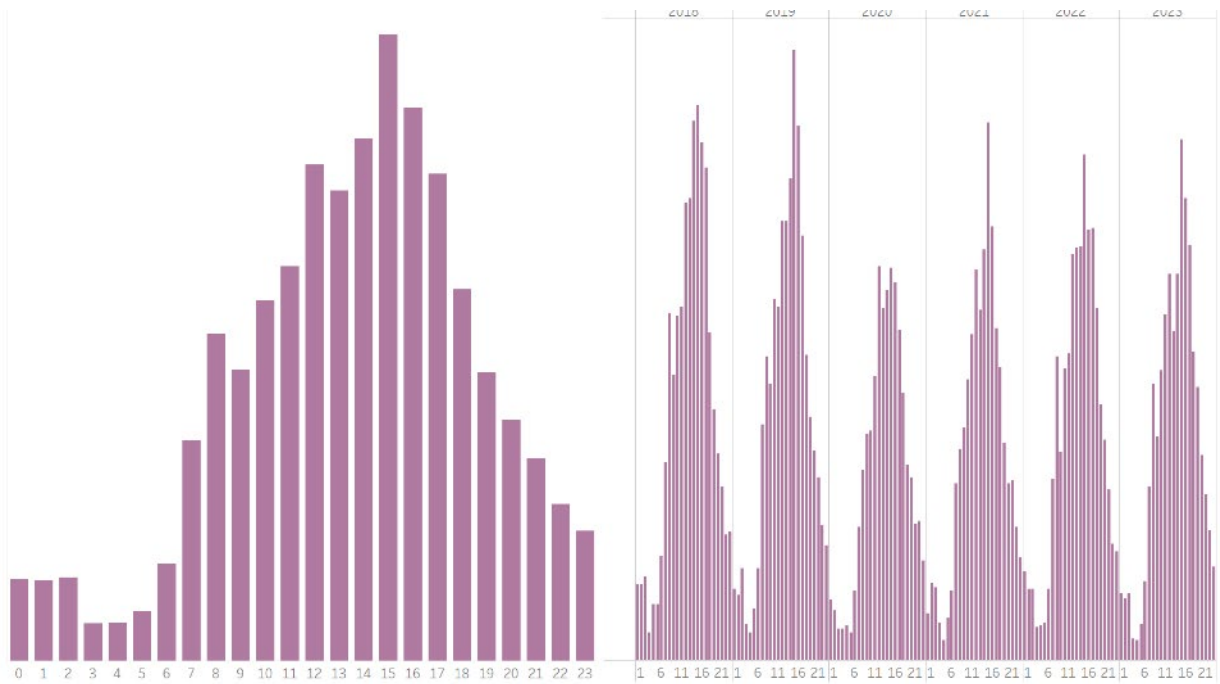


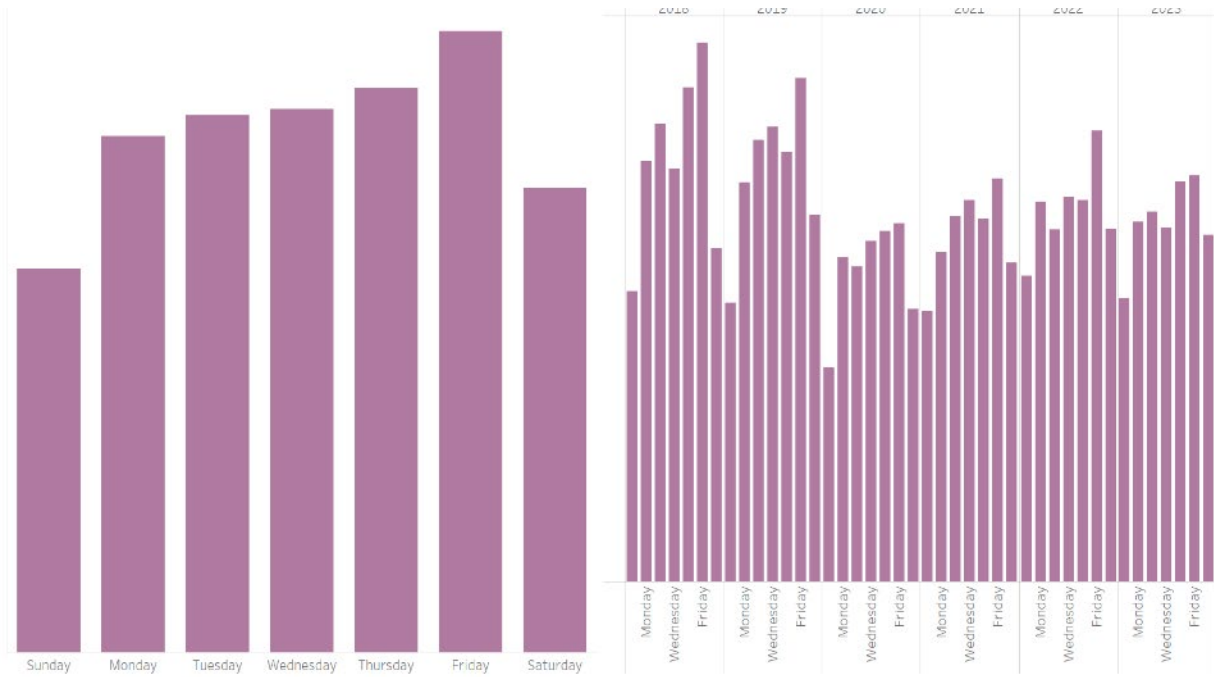
Assist Other Agencies





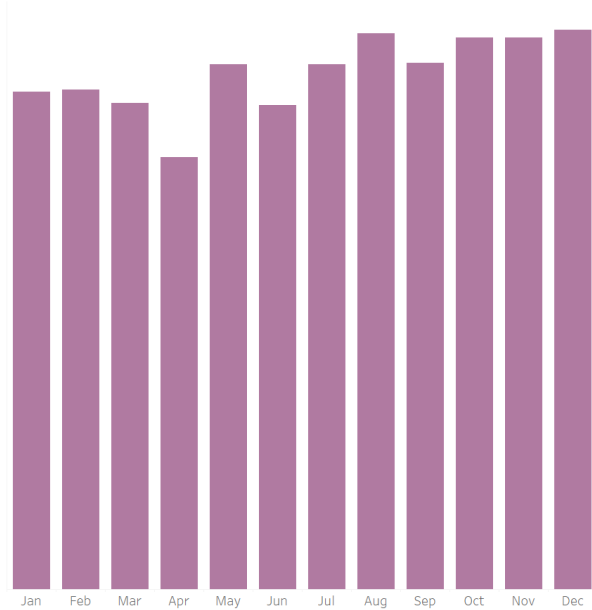
Crash



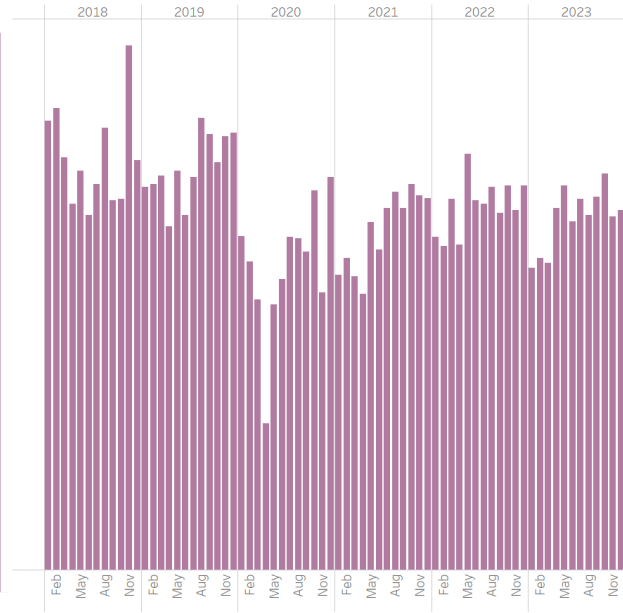


Crash

Crash CFS by Month - Cumulative



Crash CFS by Month and Year

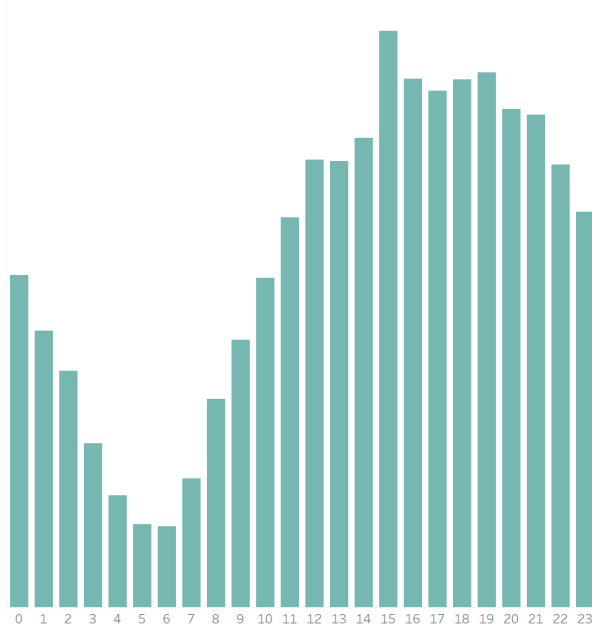




Crimes Against Persons

Crimes Against Person

Crimes Against Person CFS by Hour - Cumulative

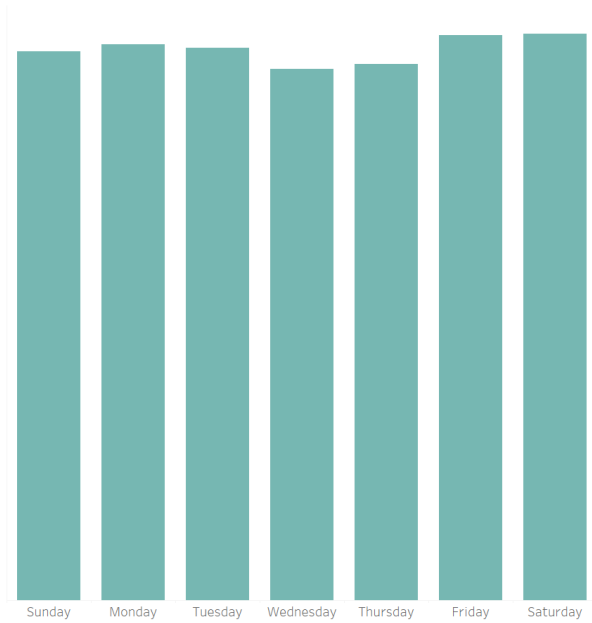


Crimes Against Person CFS by Hour and Year

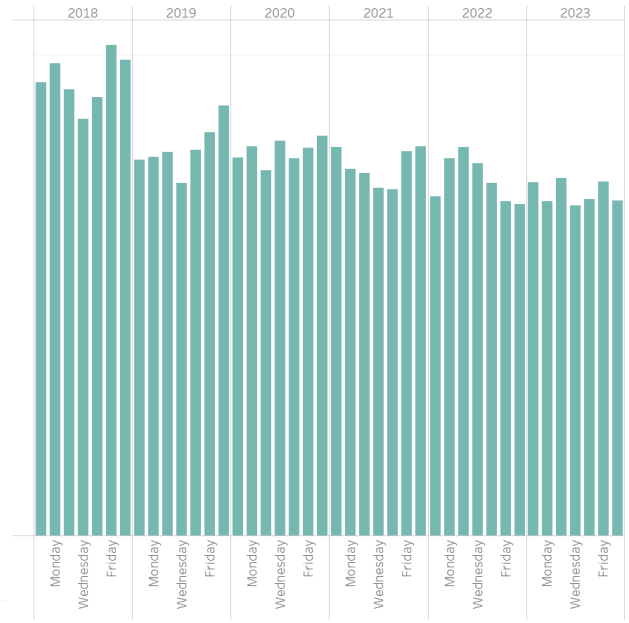


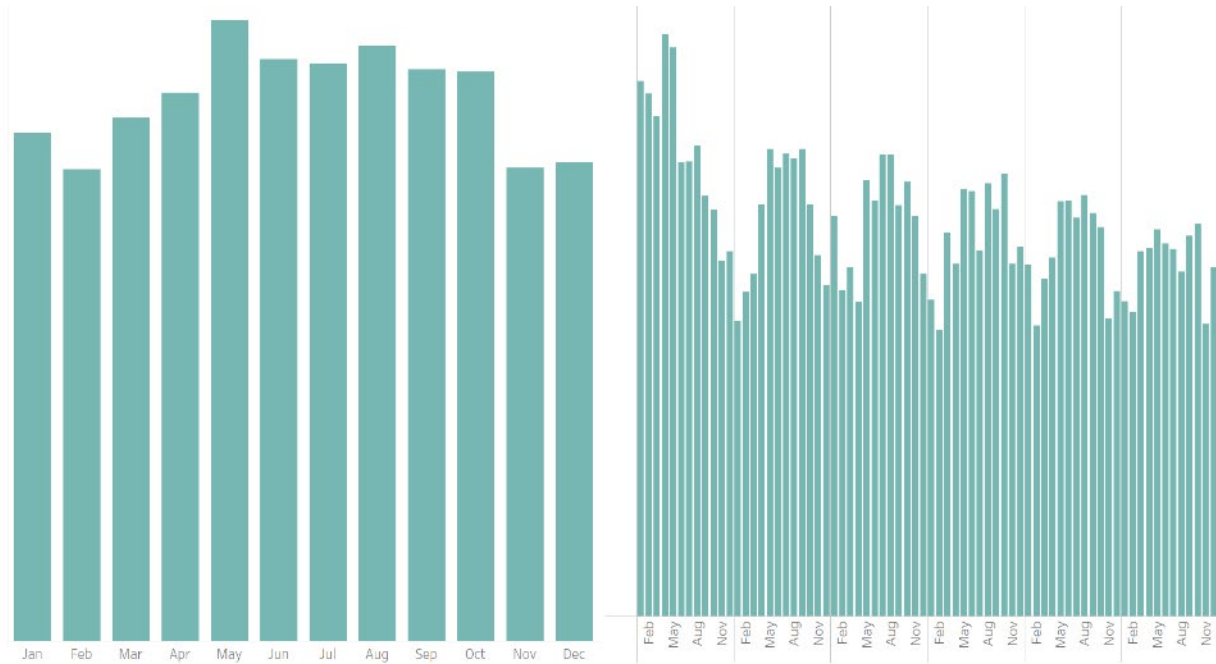
Crimes Against Person

Crimes Against Person CFS by Weekday - Cumulative



Crimes Against Person CFS by Weekday and Year

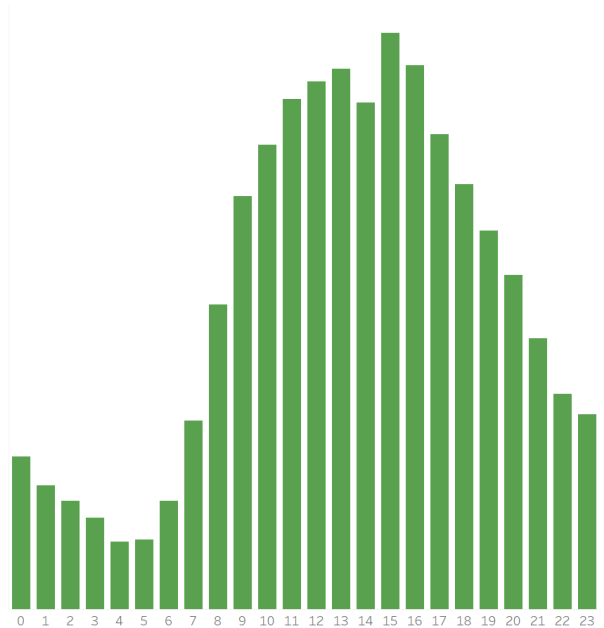




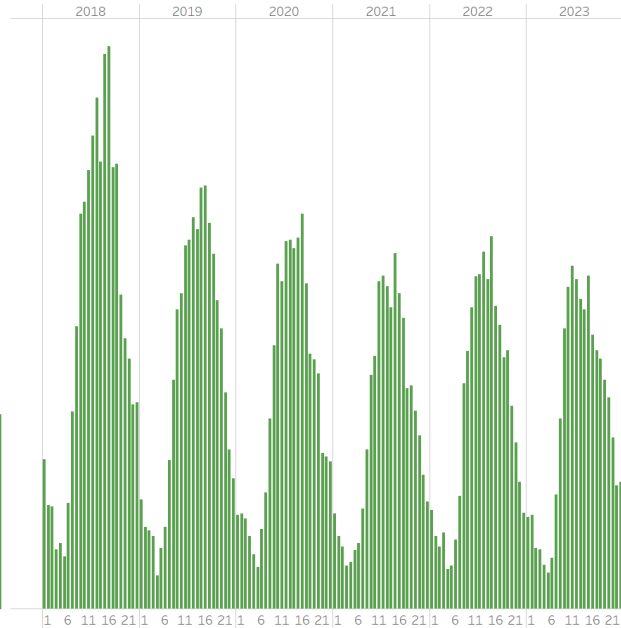
Crimes Against Property

Crimes Against Property

Crimes Against Property CFS by Hour - Cumulative

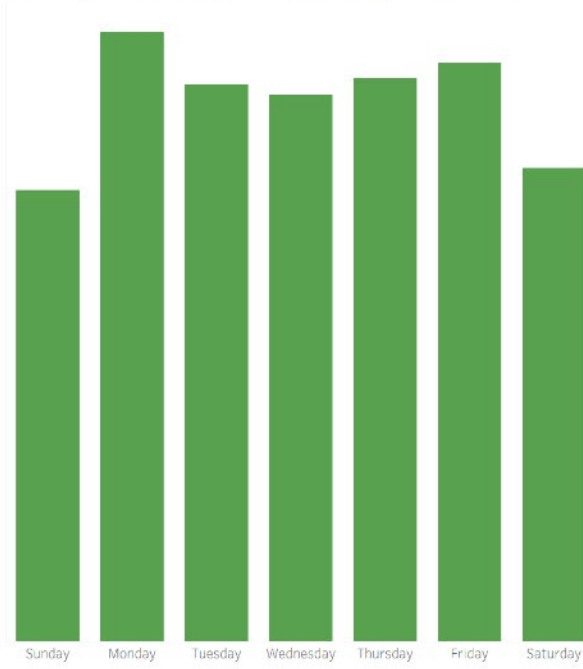


Crimes Against Property CFS by Hour and Year

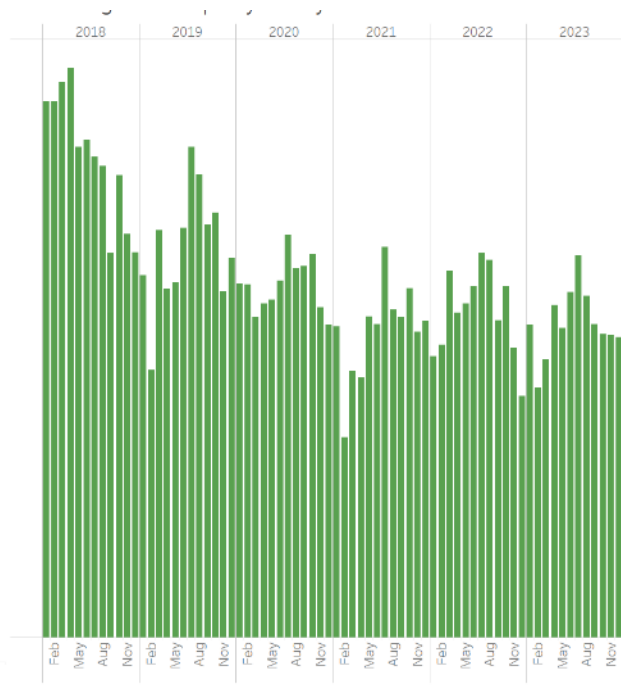
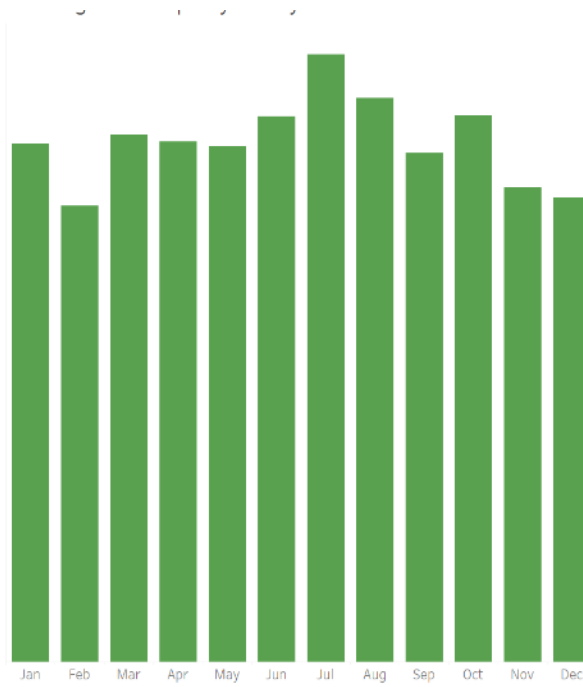
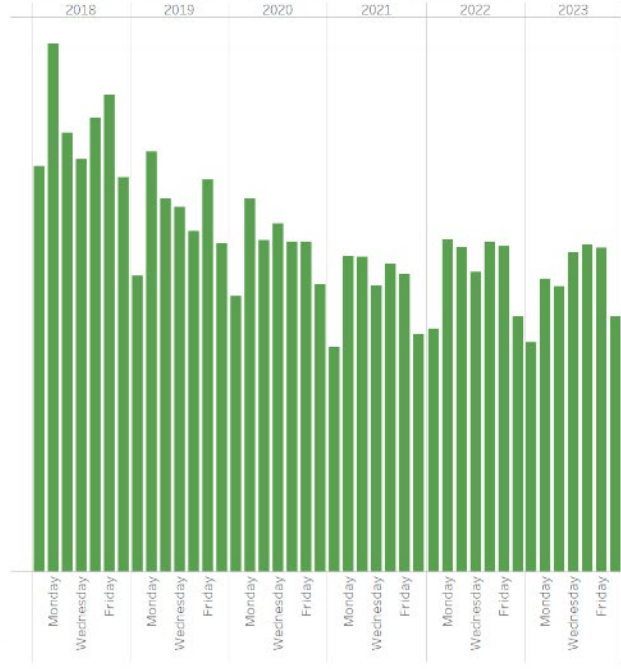




Crimes Against Property C/A by weekday - cumulative

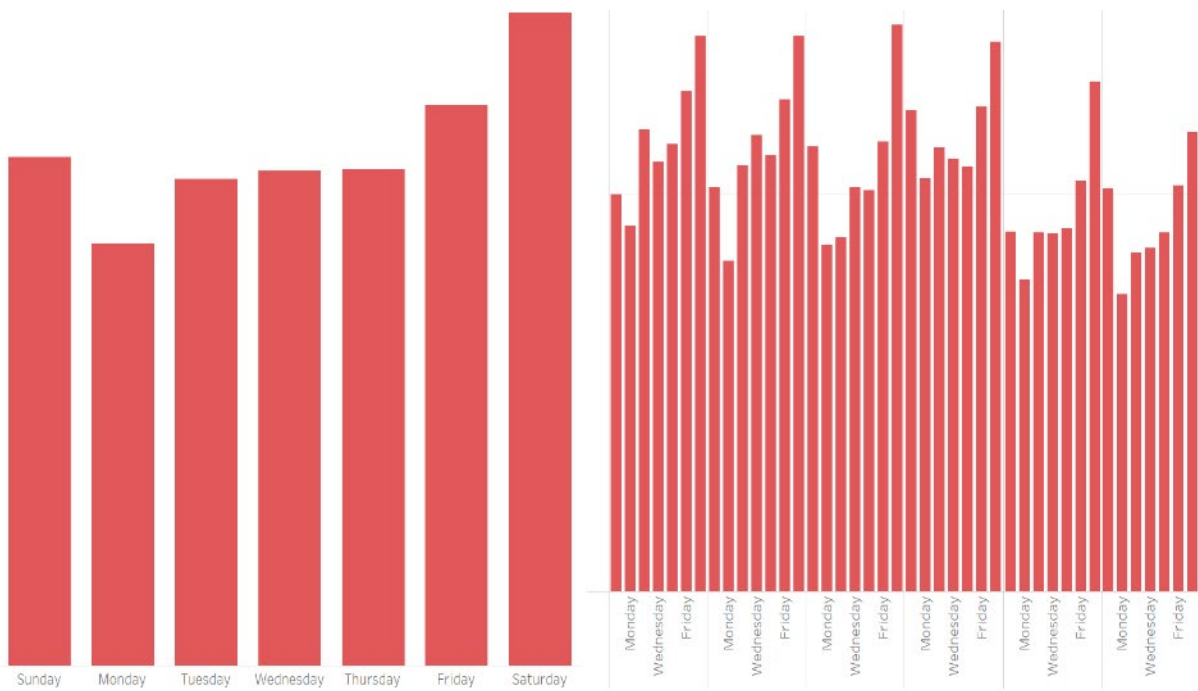
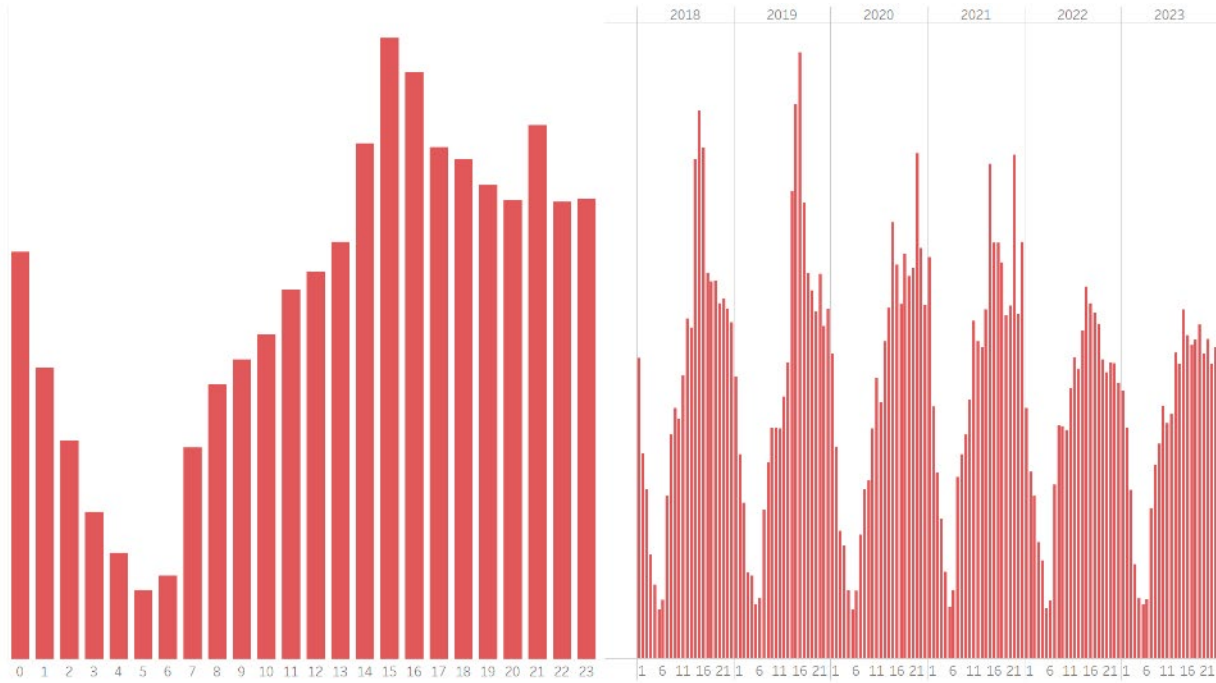


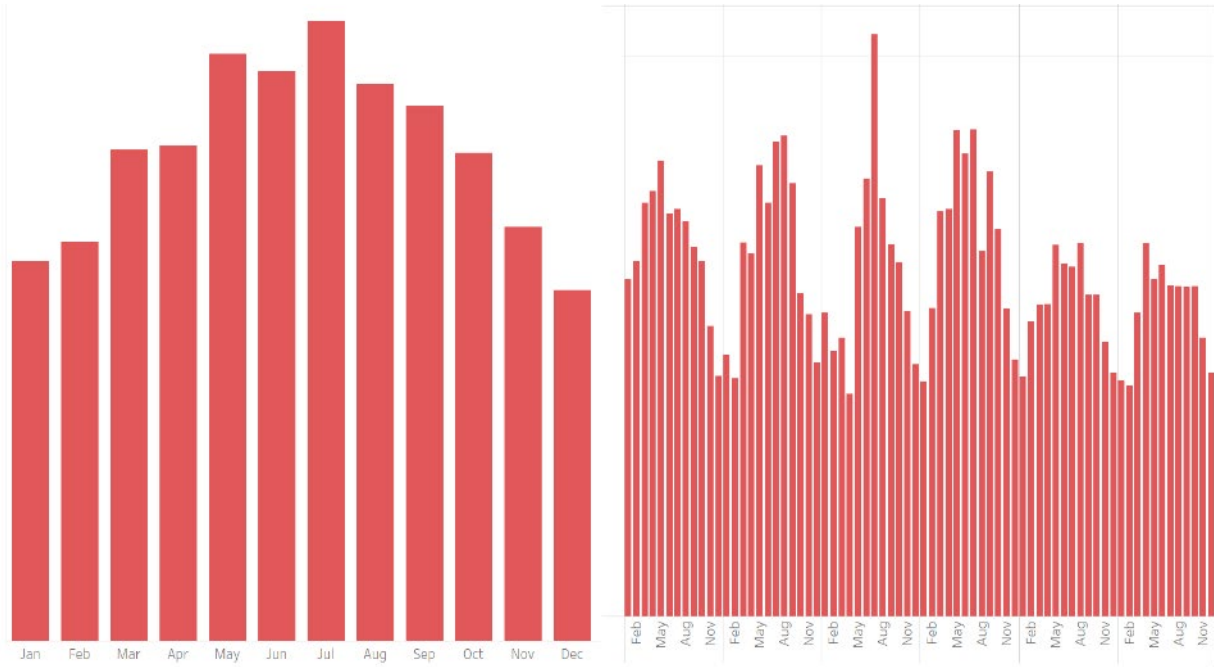
Crimes Against Property C/A by weekday and year



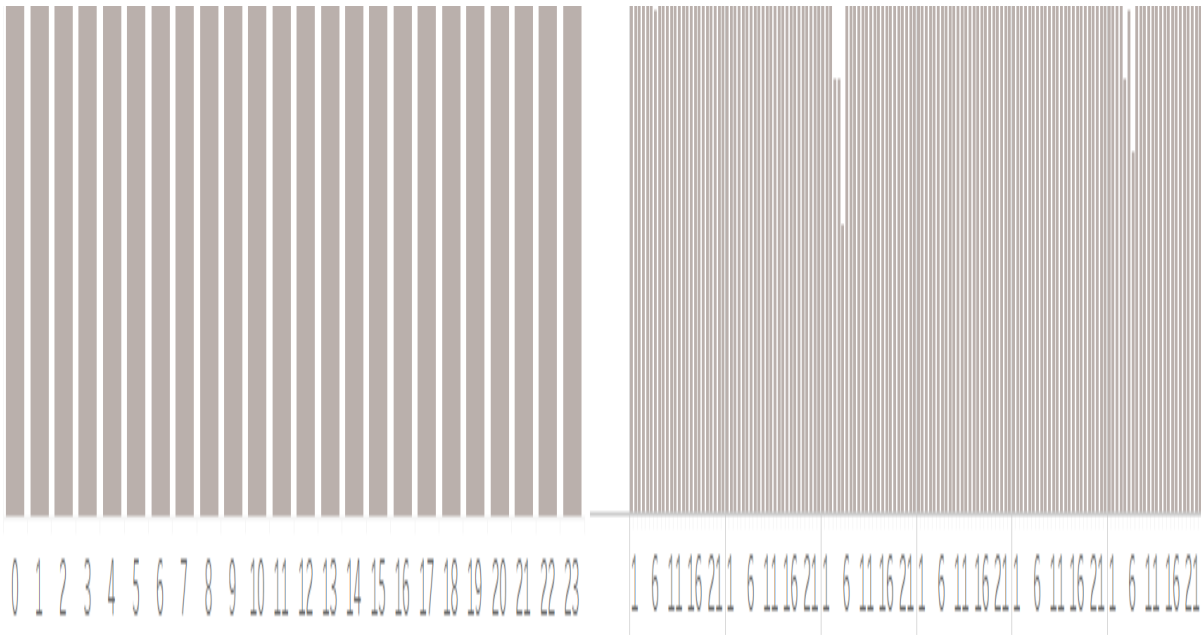


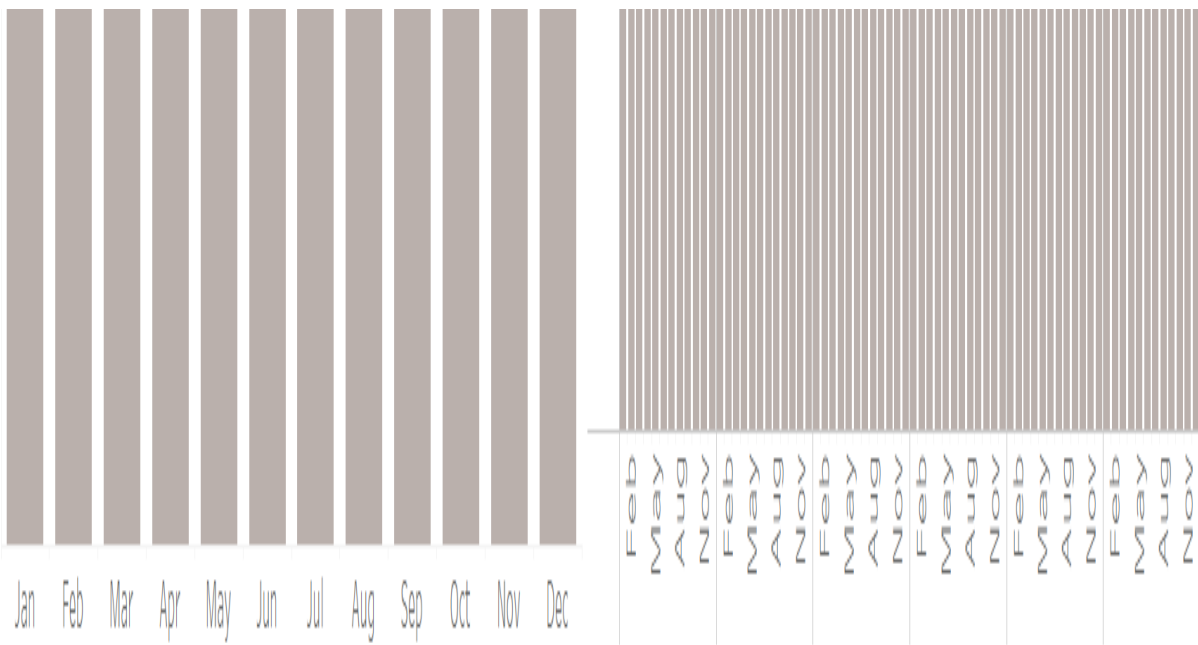
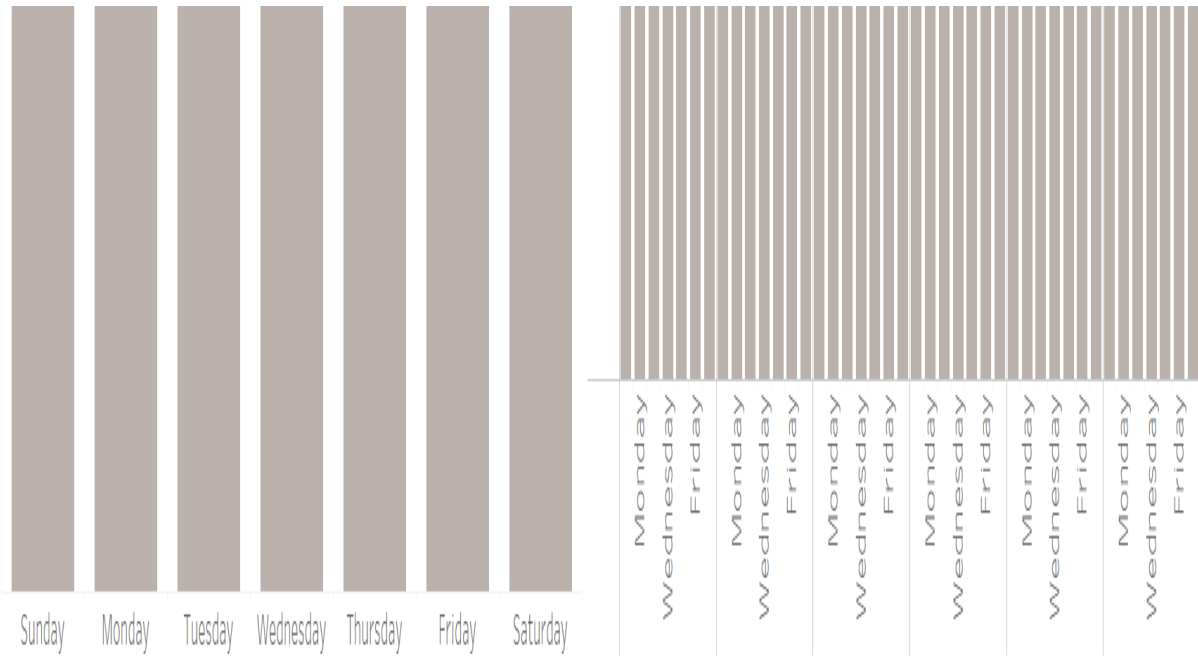
Crimes Against Society





Fire

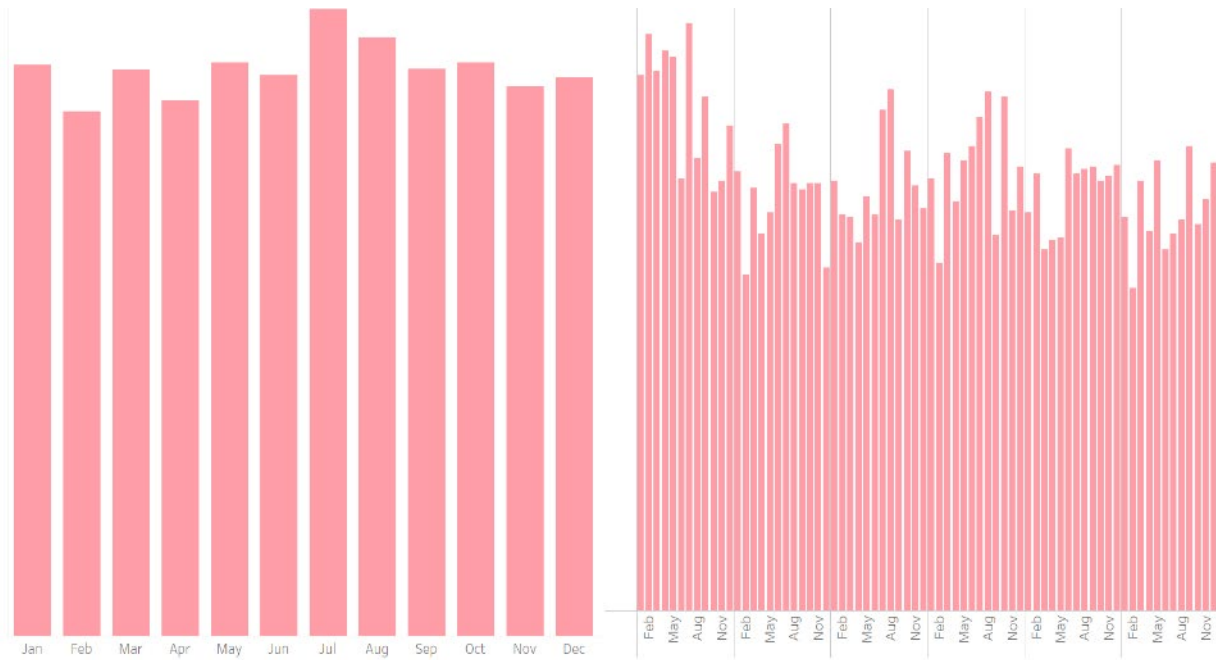




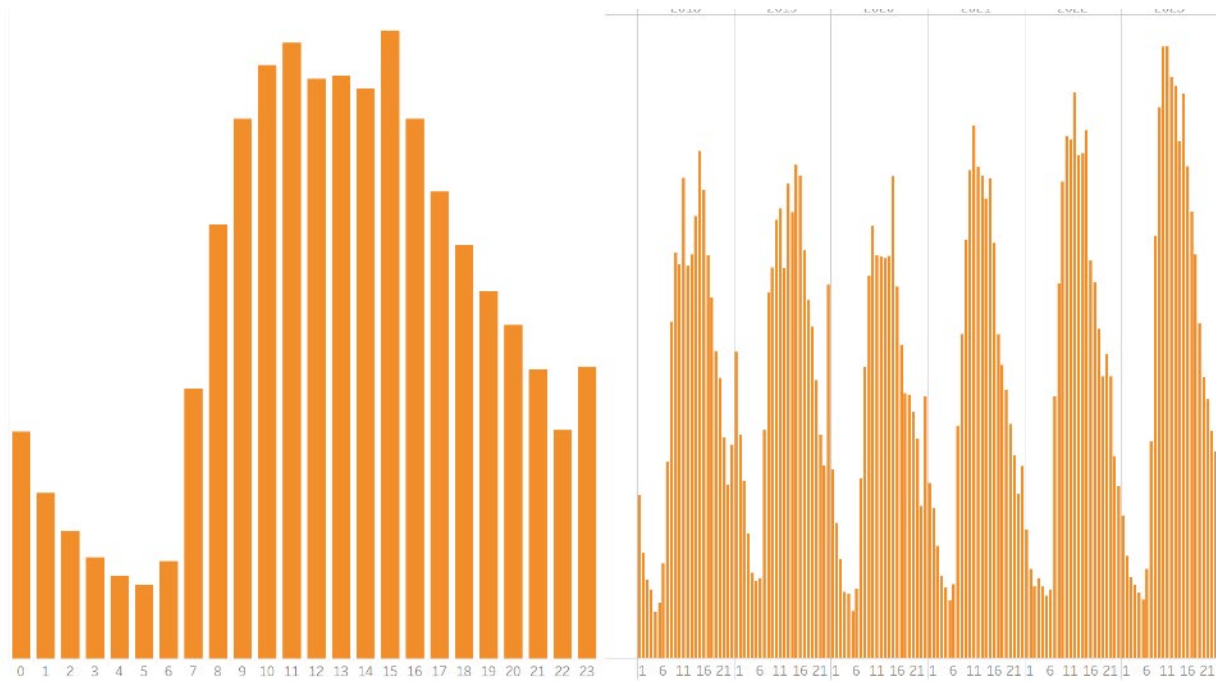


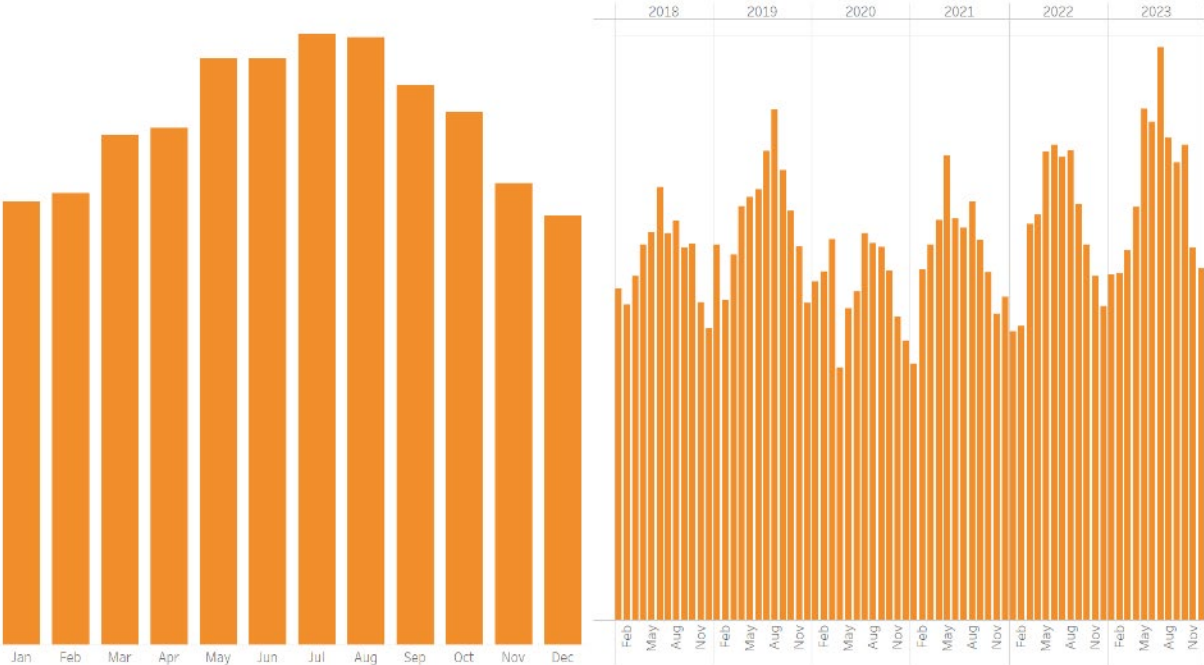
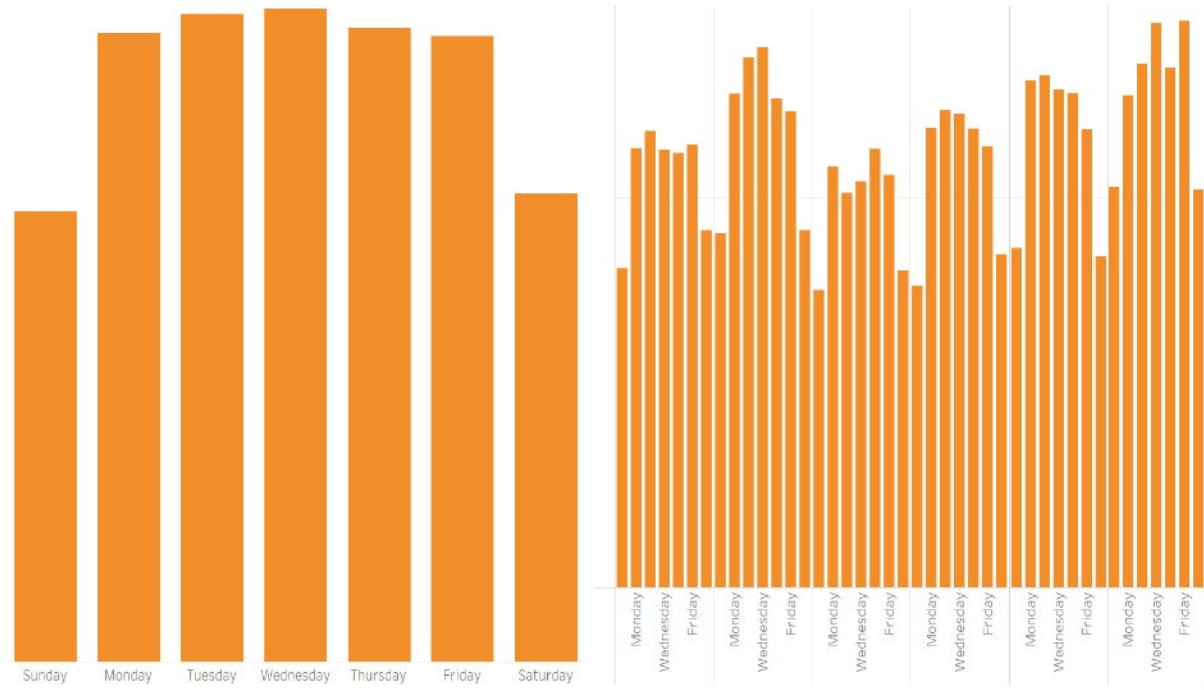
Medical/Mental Health





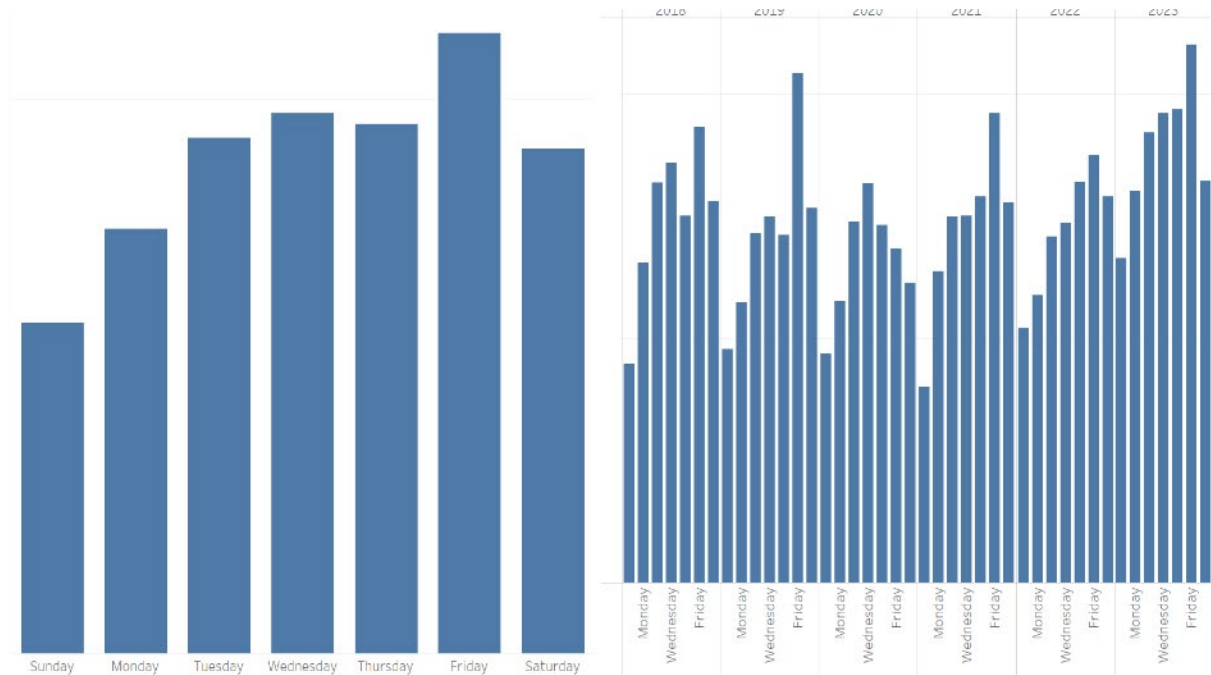
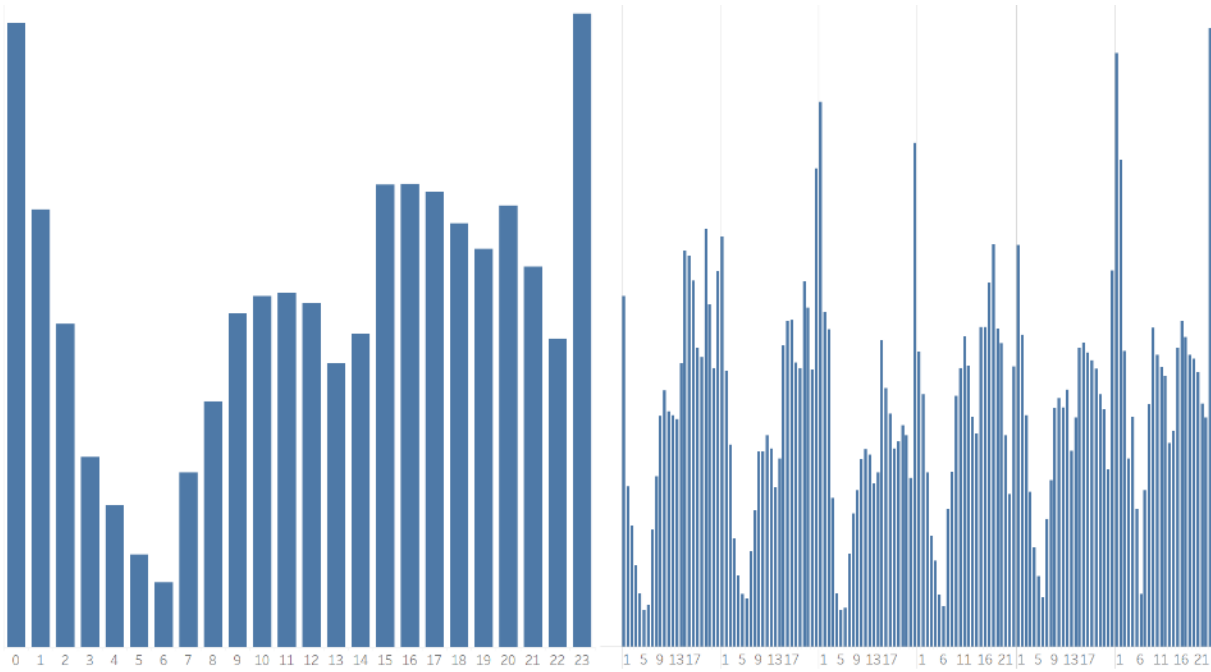
Miscellaneous







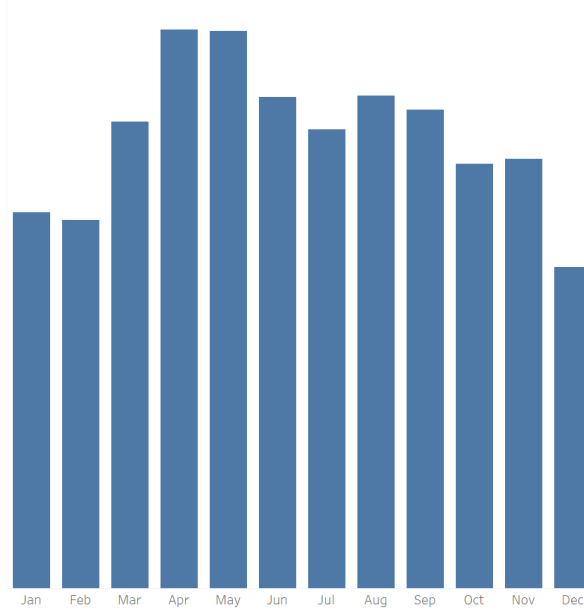
Officer Initiated



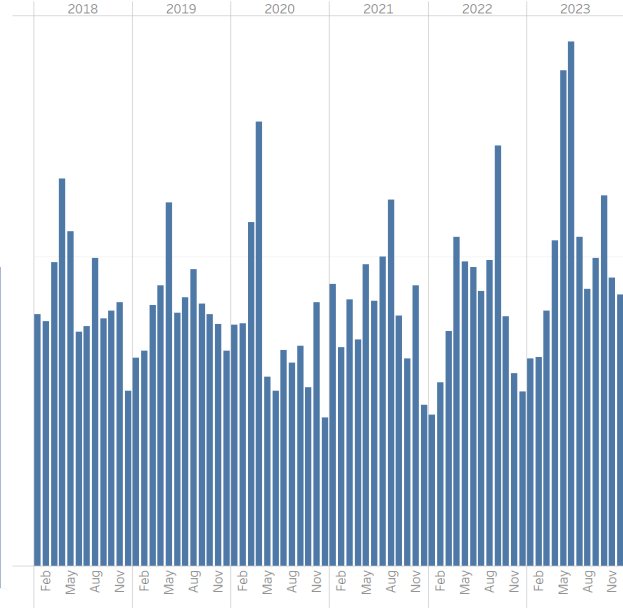


Officer Initiated

Officer Initiated CFS by Month - Cumulative



Officer Initiated CFS by Month and Year





APPENDIX 4 – MECHANISMS TO IMPROVE THE HIRING AND RETENTION OF A DIVERSE WORKFORCE

PERF suggests several mechanisms to improve the hiring and retention of a diverse workforce challenges in their *Responding to the Staffing Crisis: Innovations in Recruitment and Retention* report, Aug 2023:

1. Conduct an internal climate assessment and ensure leadership and officers are properly trained.
2. Develop a mentorship program to learn about career advancement opportunities and create a sense of belonging.
3. Align recruiting and promotional material messaging to align with the goals of a diverse workforce. Minority officers’ reasons for joining policing often include fulfilling a childhood dream, transitioning out of military service, and making a difference in the community – these should be incorporated into the messaging. Outdated materials focusing on the excitement of the job should be replaced with accurate representation of daily services like conducting welfare checks for better appeal across genders.
4. Ensure that screening and training standards are updated, validated as work-related and in compliance with Equal Employment Opportunity Commission requirements. Reevaluate standards in areas such as education, physical ability, and personal appearance.
5. Update eligibility criteria to “widen the net” of potential officers from a larger and more diverse population, rather than weakening the standards. Seek individuals from a variety of backgrounds, represent a range of ethnicities, races, and languages, have empathy and communication skills, and value a job with purpose.

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