CONVERGING CONCERNS
Criminal Justice and Health Partnerships

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Contents

Introduction

Common Concerns

Crime and health issues are inextricably linked. Every crime claims a victim who suffers physical or emotional harm, or exacts a cost to the community. The costs of treating victims of crime are enormous, as are the costs of investigation, arrest, prosecution, and sentencing of the perpetrator. Perpetrators themselves often suffer from and require treatment for a host of medical problems—substance abuse, physical and mental illness, and injuries. At some point, criminal justice professionals and health care providers are bound to come into contact with the same people; in the words of one practitioner, they have the same customers. Other agencies may eventually get involved, but often the primary points of intervention are public safety officials and health care providers.

Different Approaches, Similar Frustrations

Criminal justice professionals are experts in intervention, enforcement, and imposing sanctions. Health care professionals are highly skilled providers of emergency treatment as well as follow-up and preventive care. However, practitioners in both fields often experience frustration at the limitations of their professional capacities. When police repeatedly see the same people on the street using and selling drugs, when health care providers see the same people getting hurt again and again, they wish communities could or would do more in the way of prevention.

Alliances for Change

Increasingly, criminal justice professionals and health care providers are beginning to recognize the value of combining resources to respond in a more effective way to individual and community concerns. Together, they work to prevent a single crisis from becoming a recurring crisis. Working in unison, "handcuff-in-glove," as one practitioner described it, can address the immediate problem as well as provide follow-up for prevention and lasting change.

When a victim or a perpetrator intersects with both the health and criminal justice systems, these partners seize the opportunity to intervene. Criminal justice professionals and health care providers capitalize on the opportunity by delivering immediate, direct, and intensive services. The approach tends to be prevention-based in nature, touching on a wide range of issues including poverty, unemployment, substance abuse, child abuse and neglect, domestic violence, gang involvement, sexual assault, and gun violence. These partnerships often offer broad-based support to victims and/or perpetrators, in areas including substance abuse treatment, parenting

education, job training, housing, financial management, family counseling, health care, and preventive medicine.

This publication provides some examples of promising partnerships between criminal justice professionals and health care providers; the profiles paint a clear picture of the benefits—to the community, to victims, and to perpetrators—of public safety-health care partnerships. Their paths have not been easy. But with commitment and support from their respective agencies and communities, they have been able to discover common ground and increase their effectiveness on the job. By working in close proximity and with regular contact, they have effectively overcome stereotypes, built mutually beneficial relationships, learned new languages, and developed an understanding of how things work in each other's world. That experience has enriched their professional lives and contributed greatly to their sense of on-the-job effectiveness.

Officer Jack Munns of Reno, NV, who works with Karen Murray, a community health nurse, to prevent crime and health problems in an impoverished and troubled community, attested to the potential of such partnerships to enhance the effectiveness of both fields: "Our partnership benefits us both—I can get certain things done quicker, but she can do things I can't." All of the individuals interviewed for this publication spoke about the heightened understanding and respect they had gained for their allies in the course of working together. All were able to articulate research-based or anecdotal information that indicated improved outcomes for victims of crime and the community as a whole as a result of their partnership. While most of the programs featured have not been formally evaluated, those living and working in the communities where they operate will attest to the benefits the programs have yielded. These benefits cannot and should not be minimized; rather, they should be celebrated and shared with those seeking ideas and inspiration. That is the aim of this publication.

Advice About Collaboration From the Sites

- "The 3 Rs are key—relationships, relationships, relationships. Establishing good relationships allows the partners to do difficult work. Such relationships are built through regular contact among partners, cross-training, and collaboration over time in programs specifically designed to create and sustain relationships."
- "Communication needs to be open, honest, and constant. Regular meetings are important, especially early on, to develop trust among different agencies, and ensure that people follow through. It's also important to have social and recognition activities for the group as a whole."
- "In the process of collaborating, law enforcement and clinicians can and will develop a common language that allows them to communicate easily."
- "Cops and docs *can* work together. Partners learn how to get along well, and have helped each other look at old problems with fresh eyes.

Together, they have come up with novel solutions to problems. Working together has made everyone's job a little easier in the long run. It has changed outlooks and expectations as well."

- "All involved must be willing to think outside the box, examine approaches being used in other places, and use available resources to make the program work for the community."
- "It's important to start small and take things slowly. Building such a partnership is a new and different approach that takes time to develop."
- "In most communities, a variety of agencies are working to address issues among similar populations. It makes sense for these agencies to combine efforts. But, working together is sometimes easier said than done. Everyone is worried about financing their own work and running their own territory. But if boundaries are put aside, the results can be astonishing."
- "The initial demand for services was often greater than anticipated, and the programs lacked sufficient manpower and funding to meet the need. Partners had to develop clear criteria for participation and ensure that everyone involved understood the guidelines."
- "It's critical to have the support of the community's major officials to get data."
- "Partners in the initiative need to be able to depend on people to attend meetings, and volunteers have to be genuinely interested and supportive."
- "It's critical to constantly reevaluate, update, and change in order to strengthen the program. If something isn't working, don't be afraid to change it, even if you've invested a lot of energy into it. Just regroup and try again."
- "Complex problems don't lend themselves to easy answers. Working with troubled populations can be very complicated and difficult, and results are not immediate. Keep trying to find new ways to address long-standing problems. An interdisciplinary and comprehensive response that takes into account the individual, their circumstances, and addresses their problems is the only thing that can really can make a difference."
- "Developing and implementing effective solutions to life or death situations requires the commitment of all stakeholders of society. Just as there is no single cause of crime, there is no single solution. The collaborative efforts of the health and criminal justice communities with the local citizens and associations increases the likelihood of developing effective programs that not only combat crime, but also prevent criminal behavior before it occurs."

About This Publication

This publication was developed in order to share promising examples of partnerships between law enforcement and health care providers. It is primarily intended for those who manage, direct, or enact policy-based efforts to prevent or reduce crime through community and criminal justice efforts as well as those engaged in problem solving at an operational level within community coalitions, community-based groups, or criminal justice agencies. Its intent is to highlight the benefits of combining health and criminal justice efforts to reduce and prevent crime. The program profiles in *Converging Concerns* will provide an illustration of how partnerships have proved helpful in both criminal justice and health arenas, describe the roles that each field may play in such a collaboration, note indications of improved outcomes for individuals and communities, identify potential challenges inherent in forming such an initiative, and point to key lessons learned. The reader also will obtain first-hand advice from program practitioners about important things to consider when launching a similar program.

A Call To Action

Developing and implementing effective solutions to life or death situations requires the commitment of all stakeholders of society. Just as there is no single cause of crime, there is no single solution. The collaborative efforts of the health and criminal justice communities with the local citizens and associations increases the likelihood of developing effective programs that not only combat crime, but also prevent criminal behavior before it occurs.
Patrick McGee, Program Administrator, Survivors/Perpetrators of Violence

The programs profiled in this publication make a strong case for collaboration among criminal justice and health care providers. From a prevention standpoint, it simply makes good sense. Those interested in preventing crime and alleviating the suffering that accompanies it may draw inspiration from the programs, the partnerships, and the people presented in this publication. Although their accomplishments are impressive, their methods are not particularly mysterious. The successes achieved are the products of hard work and dedicated service of a few key individuals.

If you are interested in combining health care and criminal justice forces within your own community, the following are some steps that might be helpful in initiating the process:

- Identify potential partners—consider those with whom you may already have established working relationships, but do not eliminate others;
- Determine how the partnership could enhance the effectiveness of your work;
- Present the idea to your superiors;

- Develop a proposed strategy for collaboration with concrete ideas about targeted issues and/or populations, areas where you need help and where you can offer help to your partner(s);
- Order an additional copy of this publication and send it to potential local partners or policy makers;
- Approach your counterparts in the health care or criminal justice field with your proposal for a partnership initiative;
- Make contact with the sites profiled for further information about their specific programs, if needed;
- Explore funding opportunities in the private and public sector to help finance the proposed initiative; and
- Refer to the Resources section of this publication for additional assistance.

Promising Partnerships—Examples From the Field

Many, perhaps hundreds, of partnerships involving health and criminal justice professionals exist across the country. Choosing a few to offer as promising examples was no easy matter. In reviewing potential programs for inclusion, the authors sought to represent a range of programs that focused on issues such as domestic violence, substance abuse, child abuse and neglect, gun violence, and related concerns. Included are programs that offer holistic responses to a multitude of community needs. Another goal was to feature programs that would represent various regions and kinds of communities within the United States. In each case, it was determined that selected programs must meet the following criteria:

- present a clear and balanced contribution of partners from both health and criminal justice fields;
- indicate that the partnership has enhanced the effectiveness of local responses to the targeted issue(s); and
- present research-based or anecdotal evidence that the collaboration has led to improved outcomes for victims and/or communities. Even in cases when evaluation data is unavailable, those involved are able to offer compelling testimony that shows significant, positive changes are taking place as a result of law enforcement and health care partnership initiatives.

The Child Development—Community-Oriented Policing Program

Start date: **March 1991**

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Joining Forces: The Child Development—Community-Oriented Policing (CDCP) Program, developed in New Haven, CT, is a collaboration of the Yale University Child Study Center and the New Haven Department of Police Services. Its primary goal is to assist children and adolescents who have been exposed to or victimized by violence. Research has shown that a climate of violence can lead to depression, anxiety, stress, and anger in children. Potential outcomes include substance abuse, academic failure, and the increased likelihood of acting out in a violent manner. The CDCP program has been widely replicated; similar initiatives now exist in nine cities across the country. It features five major elements:

- *Law enforcement personnel take part in seminars in applied child development, which are co-led by a clinician and a police officer.* The seminars use a curriculum that lays out child development from birth to adolescence, along with real life vignettes provided by law enforcement to help determine how to approach different situations involving children and families.
- *Fellowships are available for police officers to observe clinical interviews and studies* as part of their training to become co-leaders for seminars.
- *Clinical fellowships are available for clinicians to do ride-alongs with police* to help them understand how police are involved with children and learn about police practice and protocol. In a two-and-a-half day seminar, clinicians discover more about police work, e.g., what constitutes probable cause, what various codes mean, and how priorities are determined.
- *A weekly program conference is held* in which police, clinicians, juvenile probation and child protection services meet, review cases, and strategize about needed interventions, what types of police follow-up will be important, accessing services, and how to best use the authority of various agencies in thoughtful and effective ways.
- *Clinical consultation service is provided around the clock.* Police page clinicians as needed to intervene immediately with children and families who have been victimized, or who have been perpetrators of violence.

CDCP grew out of shared concerns of New Haven Police and clinicians. At the time the program began, New Haven was experiencing unprecedented levels of violence because of the crack epidemic, including drive-by shootings. Increasingly, police and hospitals were seeing children who had witnessed violence. According to CDCP's Steven Berkowitz, "We were seeing more and more kids, who months and years later were still traumatized from their exposure to violence, and we were being asked to 'fix them.' The director of the Child Study Center at Yale and the chief of police recognized the need to work together to address the problem."

Advice to Others: Steven Berkowitz offered the following advice to those who may be interested in launching a similar initiative:

The way a program develops best is to be modest and thoughtful and let it grow and develop organically over time. These things take a lot of time. Start small with key people at the table. It's very important that leadership (chief of police, clinic directors, other agency heads) supports the effort; if not, it won't go anywhere.

The Role of Health Care Professionals: Mental health clinicians are on call 24 hours a day, seven days a week. When police find children and adolescents at a crime scene, they page clinicians who come immediately to intervene with the children and families who have been victimized, or who have been perpetrators of violence. On average, 500 consultations are provided each year, though the number seems to be increasing; in 1999, 700 such consultations took place. Roughly 25 percent of those seen are referred to and remain for some time in some sort of treatment; many are linked to other services (either home-based or community-based), and most are seen by clinicians more than once.

The Role of Criminal Justice Professionals: In the past, "When police officers arrived on a violent crime scene and encountered children, they often avoided talking to the children about what had occurred for fear of upsetting them further," according to Berkowitz. Now, law enforcement officers know how to access professional help for the youngsters involved. When children and youth are present, police quickly respond and continue to provide follow-up services as needed. Police work together with clinicians on cross-training, serving both as students of child development and educators, sharing their expertise. Weekly meetings with clinicians to review cases fosters regular communication and the development of good relationships between both fields.

Benefits of Working in Partnership: According to Berkowitz, "Working with police gives clinicians a perspective on the reality of children's lives that they wouldn't get otherwise, and gives them much greater access to children and families at a time when intervention is particularly critical. Police officers benefit from having an opportunity to share some of the burden of dealing with an enormous and complex problem; having access to clinicians provides them with more tools to put on the toolbelt." Collaboration on CDCP has opened new avenues to the partners, including a domestic violence prevention effort and a school-based initiative.

Improved Outcomes for Victims and/or Communities: The most important outcome of the program is that it allows child victims and their families greater access to immediate services than they ever had before. Those in need are recognized and seen more quickly, and the provision of services is greater than it would be otherwise. A broader impact for the New Haven community has been that, since the advent of the program, the law enforcement department has become increasingly youth-oriented, according to Berkowitz. Among new developments are increased child and family interventions and programs, a revamped and expanded Police Athletic League, implementation of a new truancy program in collaboration with schools, and follow-up help from School Resource Officers (SROs). SROs assigned to schools during day shifts coordinate with other officers assigned to the Family Services Unit evening shift to conduct home visits following up on students who engaged in violent or disruptive behavior at school during the day.

Berkowitz stated that CDCP has added a new dimension to community policing, and lent credence to the notion that prevention is key: "Immediate intervention turns a crisis into an opportunity. Many of the families we see would never seek out help on their own. If we can get there in the immediate aftermath of violence, we have a much better chance of engaging families." CDCP aims to enable parents to attend to the needs of their children. "It's hard for parents to understand what their kids are experiencing. It's hard to get inside the skin of a child, but we help them do that," said Berkowitz. "We also know from research that social support for kids and families is one of the most important mediating factors," he added.

Challenges of Working Together: Early on, CDCP's partners recognized the need to overcome certain stereotypes each group entertained about the other. "Before working together," said Berkowitz, "police saw clinicians as apologists for behavior, and clinicians saw police as hard-headed, gun-toting cowboys." Now, after working in close collaboration, they count each other not just as colleagues, but as friends. Although they may have initially harbored stereotypes, both sides were committed to working together and open to learning. Both groups have developed a sensitivity to the other's needs. For instance, clinicians now understand the necessity of stepping aside in the middle of an investigation, and police have learned to respect the clinician's view that what a child has said must be considered confidential information.

Cops & Docs

Start date: **August 1998 (officially, though had worked together informally since 1993)**

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Joining Forces: Cops & Docs, a Richmond, VA, based program, includes the following partners: Richmond Police Department, Virginia Commonwealth University's Medical College of Virginia Hospitals, Richmond Ambulance Authority, the Commonwealth Attorney's Office, the U.S. Attorney's Office, Office of the Chief Medical Examiner, Virginia Poison Control Center, local funeral homes, and the Virginia Department of Criminal Justice Services. Several goals and specific objectives have been established for the program that include cross-training and data sharing in an effort to identify overlapping or complementary service needs and enhance daily operations, while providing meaningful strategic planning for the participating agencies. "The overall goal is to make the community safer . . . the business is saving lives—it's working toward a common goal," said Colleen McCue, director of Cops & Docs. "Everyone knew from the start that the only meaningful solutions to the violence problem would come from a multi-disciplinary, collaborative response," she added.

The Role of Health Care Professionals: In recognition of the fact that law enforcement officers may do much of their work in the hospital environment, such as investigating violent crime and interviewing victims, cross-training of law enforcement professionals begins with a tour of the emergency department. This tour is designed to familiarize officers with the hospital environment while outlining the various hospital rules and procedures. By establishing "ground rules" ahead of time, the officers are able to work more effectively and less intrusively with hospital staff when their work returns them to the hospital setting. Hospital workers share data with law enforcement—information such as the aggregate levels of substance use. If law enforcement can use this data to anticipate trends, they can work proactively. For example, if there is a surge in heroin use, police know to expect an increase in property crimes, or if it's cocaine, there may be a proliferation of violent distribution networks. Health professionals can also help officers learn how certain drugs, such as date rape drugs, affect people and help police identify warning signs in a user that indicate a medical emergency so they will know to seek immediate assistance. Health care providers also can encourage the patient to confide in law enforcement.

Advice to Others: Colleen McCue offered the following advice to those who may be interested in launching a similar initiative:

Get buy-in from both groups—hospital care providers and law enforcement. They'll need to step outside the box and do something that they're not real comfortable with at first. Try to identify key people who are willing to step outside the boundaries and not be afraid. You have to have believers, people willing to work together, or it won't work. The people starting it need to be firmly committed, even if they are a little scared. Recently, the police department had buttons made that said "Together We Can," and that sums up what the health care providers and law enforcement groups have come to believe through the course of working together. All it took was getting the groups together to ask them what they need, what they want, and what they're willing to give up.

The Role of Criminal Justice Professionals: Officers cross-train, offering health care professionals tips on preservation and collection of forensic evidence and other informal suggestions; for example, forensic specialists advised health care professionals to use paper rather than plastic bags on victims' hands (when they're still warm and moist, putting plastic bags on will cause them to sweat and lose evidence). "Police have real-world knowledge about those most affected by crime; that information helps all involved with the program make an impact on violence in the community," said McCue. Law enforcement may offer information on specific patients that helps health care providers determine needs for the patient in terms of discharge plans, and assess the need for additional hospital security. They share data on issues related to weapon use and local narcotics trends, information of great interest to emergency medicine and trauma physicians. They can help health care providers understand the cycle of violence and the need for the collection and preservation of forensic evidence.

Law enforcement also can bring a sense of closure to a case by offering health care providers follow-up information; in the past, according to McCue, they didn't usually find out whether the perpetrator had been arrested or convicted.

Benefits of Working in Partnership: Working together on common issues puts both parties in a more proactive, preventive posture. Substance abuse is a major concern for both law enforcement and health care practitioners and they recognized that they could help each other. Substance use data routinely collected at hospitals helps law enforcement work proactively. Similarly, law enforcement officers now warn health care providers about emerging drug markets and trends, and alert them when a new drug is being introduced on the streets. The sharing of information ultimately has helped parties in both professions do their jobs better without compromising patient confidentiality or operational integrity. According to McCue, "We realized that we—prosecutors, health care providers (including emergency room personnel, pediatricians, and surgeons), ambulance services, the medical examiner, law enforcement—were dealing with the same issues, and in many cases, with the same people." Each of these agencies tends to touch people at different points along the continuum. Law enforcement and prosecutors share common areas of interest, such as the need for reliable collection and preservation of forensic evidence. According to McCue, partners in the effort saw the value of cross-training in the belief that, if they had an opportunity to be exposed to the unique duties and responsibilities associated with the other profession, they would have more respect for the other side, and be more likely to develop novel solutions to common problems. McCue believes that getting physicians out of the hospital and into the field also sends a strong public health message: "We're working handcuff-in-glove to reduce crime in the city."

McCue believes the benefits of collaboration are tremendous: "More than ever," she said, "doctors understand where patients come from and are going to, and can work on prevention. We also can help law enforcement do their jobs more effectively (and less intrusively) while the victim is in the hospital."

Improved Outcomes for Victims and/or Communities: Cops & Docs participants believe that the program will improve the likelihood of arresting and prosecuting the perpetrator, which benefits the victim, his or her family, and the community as a whole. For victims of crime, hospital discharge planning has been enhanced because health care providers now are able to take into account what got the victim into trouble. McCue explained, "If the victim was shot while buying or selling drugs, is patching him up and sending him back onto the street to return to the same high-risk activity practicing good medicine? Even brief interventions can make a difference." The program tailors these interventions to match the patient's circumstances. The collaboration has also led to improved hospital security. "Health care providers now understand that some patients are at high risk, and realize that they don't check their risk at the door," McCue explained. "If you turn a blind eye to that, the hospital environment becomes unsafe." In areas where violence has become a spectator sport, where families are apt to bring out their children and lawn chairs to watch as police and paramedics deal with a crime scene, Cops & Docs partners are helping parents see that repeated exposure to violence for children is bad. "Everyone is a little safer," said McCue, "By showing up at crime scenes and asking parents to take their children home, we're preventing some damage during critical periods of emotional and moral development."

Challenges of Working Together: Police and health care providers speak different languages. Often, they don't know each other, except in passing. Cops & Docs, said McCue, has "acted like a matchmaker, by getting together two groups that share common goals." Until that happened, police and health care providers believed they had competing interests, but they have discovered that is not the case. Saving lives and the collection and preservation of forensic evidence are compatible pursuits. Health care providers cannot discuss some things in front of law enforcement because of confidentiality—however, discussion of general trends or aggregate statistics helps police understand the health care perspective. Now, both sides get much more information than they give up, without violating confidentiality or operational integrity.

Kid's Korner

Start date: **July 1996**

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Joining Forces: Kid's Korner, a partnership of six local agencies, based in Reno, NV, is a "knock and talk" program in which a community health nurse and police officer visit local motels to check on children's welfare and provide families access to community resources.

Many low income families in the Reno area live in motels that are old, poorly maintained, and frequently in violation of building, safety, and health codes. In June 1996, two Reno police officers investigated several incidents involving small children and their parents living in the motels. Law enforcement officers found that the children were often unsupervised, hungry, and living in extreme filth and poverty. In response, the Reno Police Department created the Kid's Korner program in which officers periodically dropped in on families to see how children were faring.

The police department won an award for their efforts. Afterwards, local nurse Karen Murray approached Officer Jack Munns, the program's founder, and asked whether she might join law enforcement officers on their rounds. She had been working with the same community and saw the potential benefit to combining efforts. From then on, Officer Munns and Nurse Murray have gone knocking on families' doors together, and the program has expanded. They now have their own office and a small staff to help. Kid's Korner employs five full-time people, and others who pitch in as needed, including 11 part-timers.

Advice to Others: Officer Munns offers the following advice to those considering implementing a similar initiative:

Communication is very important. Everyone involved needs to share the same goals. Start slowly and don't worry about small beginnings. Figure out what your needs are and then find the resources you need and get started. You don't have to have everything in place at the very beginning. In other words, build it and they will come.

The Role of Health Care Professionals: A community health nurse accompanies each police officer to offer on-the-spot health and social assessments of the families, "well-baby" checkups, immunizations, and immediate medical care. The nurse also provides education on hygiene, nutrition, child development, parenting skills, and the effects of drugs and alcohol. Additional follow-up help is provided by two full-time human support services staff from Social Services. They check up on families, see what the needs are, and offer help accordingly, for example, by getting children into Head Start, accessing behavioral

services for the children, or offering parenting education, budgeting assistance, and other forms of financial help.

The Role of Criminal Justice Professionals: "When the police show up, the doors get opened," said Officer Munns. When Nurse Murray was working on her own, people often refused to open their doors. Together, the officer and the nurse get 90 percent of the doors opened. Their focus is on prevention, but if they discover criminal activity, law enforcement officers handle it. On one such occasion, the officer and nurse entered a room full of stolen property, and the mother was there with her 18-month-old baby, and guns, knives, and methamphetamines, all within the child's reach. The mother was arrested for child endangerment. The baby was placed in foster care, and the mother went to jail. The program's goal is to prevent such scenarios from taking place.

Benefits of Working in Partnership: One of the main benefits of the Kid's Korner partnership is that it creates opportunities to provide services to people who wouldn't otherwise receive them. The partners involved in Kid's Korner are working together to more effectively address urgent needs as well as prevent future problems. According to Officer Munns, "The nurses have access to more resources than I do. I can get certain things done quicker, but she can do things I can't." Now others in the community recognize that the program can meet a variety of goals for different agencies. Others are stepping forward to join the effort, including the Sparks Police Department, the Reno Police Department, Washoe County Sheriff's Office, St. Mary's Community Outreach, the Washoe County Health Department, and Washoe County Social Services.

By going out and knocking on doors, by taking the health care van to the community, the Kid's Korner program works to break down the barriers that keep people from getting services. Most near-homeless families don't have transportation, and they have major financial issues, problems with domestic violence, child abuse and/or neglect, or substance abuse, according to Officer Munns; these are all issues that can get in the way of accessing the services they need.

Recently, Kid's Korner partners found a family with seven or eight children living in a condemned trailer with no power, no way to cook except for the hibachi outside, with no running water except for what they got from the trailer next door. The father was working 16 hours a day to try to earn enough to get a new trailer. They were from Mexico. Instead of arresting the parents for neglect, which would have meant separating the children from each other and from their parents, the officer on duty found them free temporary lodging in an apartment, got the condemned trailer moved out, and had a new trailer donated and moved in at no cost. The family had been afraid and did not know where to turn for help. Now, because of Kid's Korner, the family has settled in the new trailer and are getting on with their lives.

Improved Outcomes for Victims and/or Communities: For the community, Kid's Korner represents a major cost savings. The program aims to enable families to take care of themselves. When they can't, when they need urgent medical attention, thanks to Kid's Korner, they can now get help at a local clinic on a sliding scale cost basis, which is a lower cost alternative to the emergency room. Last year, the Kid's Korner program provided 1,200 immunizations to children. This, too, means a savings for the community in the long run. Officer Munns states: "By making sure these children have their basic needs met, we're helping prepare them for a better life, increasing their chances of succeeding at school (instead of falling into delinquency and dropping out). We're helping them become self-sufficient." He acknowledges that prevention is hard to measure, particularly among such a transient population.

Challenges of Working Together: The biggest challenge for the Kid's Korner partners was convincing others in their respective agencies that the disparate groups could work together. Munns and Murray themselves were enthusiastic participants, and they had their supervisors' support, but their peers were less than optimistic. Some of Munn's fellow officers said, "Why are you doing this? You're a cop, not

a social worker." (In fact, Munns does hold a masters degree in social work, which he feels has expanded his perspective.) The skeptics have watched the program expand in terms of families served, participating partners, and resources raised, and have witnessed an increase in the program's effectiveness.

Mesa Tattoo Removal Project

Start Date: **November 1998**

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Joining Forces: The Mesa Tattoo Removal Project is an outgrowth of the Mesa Gang Intervention Project (MGIP), which has existed since January 1997, under the administration of the City of Mesa Police Department. It works with about 120 gang members, gang associates, and youth at risk for gangs in a targeted area of central Mesa. Partners in MGIP are Maricopa County Juvenile and Adult Probation Departments; Mesa School District; Mesa YMCA; Mesa United; and Prehab of Arizona, a counseling agency. A local plastic surgeon who had participated in a similar program in Phoenix approached the MGIP project director and case management coordinator with the idea of providing a similar program.

The Tattoo Removal Project involves a partnership of hospitals, surgeons, insurance providers, and police and fire departments. Removal services are provided free of charge for individuals aged 16 to 25 with visible gang-related tattoos. In return, eight hours of required community service hours are performed for each removal session and if participants attend various life skills classes on such subjects as smoking cessation, parenting, sexually transmitted diseases, and anger management. Participants must pledge to have no more tattoos applied for two years.

Advice to Others: Kimo Souza offers the following advice to those considering implementing a similar initiative:

Research carefully the need and your ability to serve the demand. Dig deep with the targeted populations to assess their true needs. Contact the plastic surgeon's association. Enlist the support of area hospitals. Find a nonprofit agency to assume the responsibility for finding funds for equipment rental. In the business community, seek funding from sources like the Rotary Club and other philanthropic groups. Be careful about publicizing the program unless you're sure you're prepared to meet the need. Define ages served and types of tattoos that qualify (for example, state explicitly "No mermaids allowed—removal services available only for visible gang-related or violent or hate-related tattoos.")

The Role of Health Care Professionals: The program's founder, a plastic surgeon, enlisted the collaboration of Mesa General Hospital and Arizona Diagnostic and Surgical Center to provide facilities. The MGIP project director arranged to have the Mesa Fire Department provide emergency medical technician services at each removal session. A plastic surgeon provides laser removal services. Physiologic Reps. Inc. donated laser removal equipment for use during the program's start-up phase, and rental fees are now covered with donations from the local Boys & Girls Club.

The Role of Criminal Justice Professionals: MGIP provides oversight, handles records, takes pictures, and conducts assessments. Participants come to the program via word-of-mouth—law enforcement officers inform gang members about services available through direct contact, and by working with others in community organizations and schools who give referrals. The gang detectives on loan from the police department provide security at each removal session (a necessary precaution, since members of rival gangs

are sometimes getting their tattoos removed at the same time).

The detectives also use the opportunity to interact with gang members under informal, non-threatening circumstances. Currently, the program has about 95 active participants receiving bi-monthly treatment for an average of 10 treatments. Because tattoo removal is a gradual process requiring a healing period between treatments, the duration of the program may run from 10 to 18 months, depending on the intricacy of the tattoo. The gradual removal process gives staff regular opportunities to offer intervention strategies, interact positively, and form supportive relationships with participants. Although participants are primarily male, about nine are female.

Benefits of Working in Partnership: Project Coordinator Kimo Souza believes the program builds important bridges in the community. "In the beginning," he said, "Mesa General Hospital was concerned about inviting gang members to the facility, but gang detectives were able to reassure them that safety precautions would be taken; thankfully, there have been no incidents." The program benefits both the medical community and law enforcement by providing an opportunity to work together in a successful partnership. "Usually," said Souza, "the two fields don't work together." Normally, gang members come in on the medical side when they're injured and interact with police only when there is trouble. This program gives police access to people when they may be open to intervention, and it helps participants see doctors in a more favorable light. Because the surgeons donate their time, this project projects an image of them as helping hands in the community. "Now," according to Souza, "we have better communication between doctors and the hospital and law enforcement. Now we can ask questions of each other and build a path of communication. Surgeons see it as a prevention measure—helping gang members exit the violent life today will decrease the number of severe injuries they'll see down the road. Having tattoos removed is symbolic of leaving the gang life."

Improved Outcomes for Victims and/or Communities: The gang members and youth at-risk involved with MGIP brought the need for tattoo removal services to the attention of local police. The young people were frustrated because they felt the tattoos kept them from getting jobs in the service industry, where short sleeved-uniforms are normally required. They felt the visible gang insignia had a negative effect on their relationship with the community in general. They suggested that tattoo removal would help eliminate a number of obstacles for improving the lives of project participants. "Tattoo removal is a form of dissociation from the gang—a symbolic step in the right direction," said Souza. "It offers an opportunity for gang members to change their lives." In the process, they learn how to contribute to the community through service at one of 30 local organizations such as the Boys & Girls Clubs, the YMCA, or MGIP. The education they get leads to the prevention of problems." The project has also opened a dialogue and fostered networking among many community agencies, schools, and a local boot camp. The benefits to gang members and their families are many; parents, girlfriends, children, extended family members, all stand to benefit from positive lifestyle changes that can result from participation in the program, according to Souza.

Challenges of Working Together: Long-term funding to rent equipment is the program's greatest challenge; the equipment is expensive—$800 for half-a-day. As far as working together, it helped that the program's founder had been involved with a similar project. He knew how to structure it, knew which key players needed to be involved. There has been a outpouring of support for the program from medical professionals, according to Souza. "You wouldn't believe how many doctors want to do this for the community," he said.

Philadelphia Women's Death Review Team

Start Date: **October 1997**

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chrisb@phmc.org

or

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215-686-8014
215-545-4654 fax

Joining Forces: The Philadelphia, PA, Women's Death Review Team represents a collaboration of public and private agencies, including the Philadelphia District Attorney's Office, Women In Transition, the Philadelphia Department of Public Health, Philadelphia Health Management Corporation (PHMC), and others working toward reducing the number of preventable deaths of women in Philadelphia. The work of the team is to provide an efficient and cost-effective way to determine domestic violence risk factors for women and find appropriate strategies to reduce the impact of domestic violence on women and their children.

The program's long-term goal is to reduce violence-related deaths of local women. Teams review death certificates and medical examiner reports to ensure adequacy of information and identify cases for further review, and determine how to prevent the recurrence of circumstances.

The program's major objectives are to

- implement a model for the review of premature deaths among women ages 15 to 60;
- routinely and systematically review the deaths of the target population which meet the criteria;
- apply the data and issues generated from the meetings to develop violence prevention policy and practice recommendations; and
- disseminate information acquired from the collaborative and develop the capacity to provide technical assistance to start-up fatality review teams to facilitate the prevention of women's deaths.

Advice to Others: Chris Jacobs offered the following advice to those considering implementing a similar program:

Make sure you have key people lined up and get them interested before you start. Have clear objectives about what you want to achieve. It would be easy to spread yourself too thin with a project like this. Setting clear objectives will help you keep your focus. You need to make sure the information you collect is relevant to your cause. Make sure everyone agrees on the goals. And make it clear to the members what your mission is so everyone is on the same team. Seek out people with experience and commitment to work with you. It is vitally important to have the local domestic violence programs on board from the beginning to iron out confidentiality issues and to bring information to the table.

The Role of Health Care Professionals: The program includes a department of public health representative, in addition to physicians, psychologists, and psychiatrists. A clinical screening committee, which includes forensic pathologists, physicians, and public health and victims' services, meets monthly at the medical examiner's office to examine death certificates and medical examiner reports of all deceased Philadelphia women between the ages of 15 and 61. The clinical screening committee reviews death certificates for adequacy of information and determines which cases should be forwarded to the team for a full

review. Selected cases include homicides, suicides, unintentional injury deaths, drug- and alcohol-related deaths, and deaths with questionable circumstances. The committee clarifies terminology, helps with policy ideas, and points out things that are out of place, the drugs people were taking, or whether something is unusual.

The Role of Criminal Justice Professionals: Law enforcement supplies data to the review team and acts in various capacities to lend expertise to the program. A homicide detective, probation representatives, a representative of the district attorney's office, plus staff from Philadelphia Legal Assistance and Women Against Abuse Legal Center all contribute. The detective fills in the team about what happened in a particular case, and the district attorney discusses the outcome (whether the case is still open or how it was resolved). Probation officers tell the team about a victim's or perpetrator's past problems with the law. The legal centers sometimes offer relevant background information about other legal proceedings in which the deceased was involved, such as a divorce case.

"A few years ago," said Program Director Chris Breeding Jacobs, "a father shot a child's mother, right in front of his child's school. The mother had done everything she could to protect herself—spoken with police, gotten a restraining order—but it happened anyway. The community was very upset, which started things rolling. There was already a youth fatality review team in the city, and we wanted to build on that. The executive director of Women In Transition (a nonprofit women's organization), a public health consultant from the youth team, and the assistant district attorney from the family violence and sexual assault unit were the driving forces behind the program's start-up. They, along with a representative from the City Department of Public Health and PHMC staff make up the core leadership."

Benefits of Working in Partnership: The program provides a regular, monthly forum to meet and discuss things among those who may not otherwise interact. "People know each other now," said Jacobs, "before, their knowledge of other organizations was limited. Working in partnership allows all concerned to see what others are doing with a particular case." Now that the entire process is better understood by all, the existing gaps are easier to spot. By identifying gaps in service and finding ways to close them, the program sees more immediate results and moves one step closer to its goal of reducing violence-related deaths of local women. Jacobs said there's less blaming when all see that gaps exist even when everyone is doing their jobs. Gaps in the system appear that would be hard to see unless everyone was together and cooperating.

Improved Outcomes for Victims and/or Communities: Once a gap or concern is identified, the team has a policy meeting and determines how best to address the problem. According to Jacobs, "Working in such a coordinated, proactive fashion helps reduce preventable deaths among women at risk." For example, the team saw there was a gap between the event and the onset of the delivery of services for children, and so it has developed a protocol with law enforcement that lays out how they'll work with children who witness a death or discover a body. Now, when police arrive at the scene and there's a child present, law enforcement officers call a hotline and immediately link children to appropriate services.

Challenges of Working Together: "Finding funding is a difficult and time-consuming endeavor," said Jacobs. As far as program operation goes, though, people are willing to come and do their part. Those who have gotten involved really wanted to be involved, so there is a high level of commitment. The city's leaders are supportive of the program, and that support has been critical. The team holds its meetings in the district attorney's office and receives funding from the local health department, along with other sources. Also, turnover among participants presents a challenge, as the dynamics of the team are affected when agency representatives change. The team is evolving, and new relationships are continually under development.

Tulsa Sexual Assault Nurse Examiner (SANE) Program

Start Date: **July 1991**

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Joining Forces: The Sexual Assault Nurse Examiner (SANE) Program in Tulsa, OK, one of hundreds of such programs across the country, offers sexual assault victims prompt, compassionate care and comprehensive forensic evidence collection. The program is designed to address the inadequacy of the traditional model for sexual assault medical evidentiary exams. Those who work with sexual assault victims have long recognized that victims are often retraumatized when they come to hospital emergency departments for medical care and forensic evidence collection. Not only have victims had to wait for long periods to be examined, but those who perform the exams often lack training and experience in working with sexual assault victims and gathering forensic evidence. The SANE program provides a victim-sensitive solution to systemic gaps in the medical-legal response to these victims that can be tailored to the needs of any locality or region.

Before the advent of SANE, said Program Coordinator Kathy Bell, RN, the agencies working with rape victims were all frustrated. Health care providers, uneducated in evidence collection, saw victims walk away untreated after long waits in the emergency room. Criminal justice professionals saw victims walk away because of the inadequate health care response; they didn't have cases to investigate and prosecute without someone to cooperate with the investigation. Prosecutors were frustrated because, even if they had a case, they were often unable to locate the health care provider who had conducted the examination to testify (in the past, this work was often done by residents, a transient group, and there was no consistency of staff who performed exams). Finally, these groups started a task force that came together to discuss cases, and their efforts eventually grew into a SANE program.

Advice to Others: Kathy Bell offers the following advice to those considering implementing a similar initiative:

Look at everything going on; there's no need to reinvent the wheel, but what works here maybe won't work in another community. Every community has different needs and issues as well as resources, and exceptional programs can be developed based on those considerations. You can use the same philosophy and approach, but you'll need to use resources available in your own community. There are people out there willing to help and share information and it's just a matter of contacting them. (For additional information about SANE, visit www.sane-sart.com or contact the Office for Victims of Crime Training and Technical Assistance Center at 800-627-6872.)

The Role of Health Care Professionals: Medical personnel first assess the victim's need for emergency medical care and ensure that serious injuries are treated. After the victim's medical condition is stabilized or it is determined that immediate medical care is not required, the nurse begins the evidentiary examination. In the course of exams, SANEs typically

- obtain information about the victim's pertinent health history and the crime;
- assess psychological functioning sufficient to determine if victims are suicidal and oriented to person, place, and time;
- perform a physical examination to inspect and evaluate injury to the victim (not a routine physical exam);

- collect and preserve all evidence and document findings;
- collect urine and blood samples and send them to designated laboratories for analysis, in cases where drug-facilitated sexual assault is suspected;
- treat and/or refer for medical treatment (a SANE may treat minor injuries, such as washing and bandaging minor cuts and abrasions, but further evaluation and care of serious trauma is referred to a designated medical facility or physician);
- provide prophylactic medications for the prevention of sexually transmitted diseases (STDs) and pregnancy; and
- provide referrals for medical and psychological care and support.

In Tulsa, medical directors are responsible for medical protocols and are available by phone or for consult. Forensic nurses provide medical treatment during the exam and set the stage for healing by conducting follow-up and collecting evidence. Also, two to three weeks after the initial exam, the local health department conducts a follow-up exam that includes sexually transmitted disease testing. The advocacy agency provides counseling (with therapists on staff).

The Role of Criminal Justice Professionals: Law enforcement officers interview victims and work in close conjunction with nurses to gather evidence. They investigate each rape case from the time a report is made through the time they present information to the prosecutor's office. Once an officer presents a case to the prosecutor, the prosecutor determines whether and how to proceed with the case and works with SANEs to serve as objective and credible witnesses in court.

Benefits of Working in Partnership: Ultimately, the SANE program increases the probability that law enforcement will be able to move a case forward to prosecution. According to Bell, "We have more victims who will stick with the system, go on with the investigation, and accept the counseling services offered, which makes them stronger and healthier as they move through the criminal justice system. By working cooperatively with law enforcement, I can help educate the victim about next steps because I know what they are; I know what role police and prosecutors will play. Law enforcement benefits when we give a consistent exam, collect evidence and medical histories, and provide treatment because it enables them to conduct a better quality investigation. They have more information now than they've ever gotten in the past. Prosecutors get better cooperation from victims, which allows them to do their jobs and which gives them stronger evidence with which to convict." Bell is careful to point out, however, that it shouldn't be assumed that nurses will act as witnesses for the prosecution; they will provide the same information whether they are working with the prosecution or the defense. It is precisely this objectivity that makes their contribution to the SANE program so valuable.

Improved Outcomes for Victims and/or Communities: SANE provides sexual assault victims with consistently high-quality, prompt, and compassionate emergency care from medical professionals who understand victimization issues. The program has reduced the wait time for victims and speeded up the evidentiary examination process. The quality of the exam is higher because a trained, experienced nurse is adept in identifying physical trauma and psychological needs; ensures that victims receive appropriate medical care; knows what evidence to look for and how to document injuries and other forensic evidence; and provides necessary referrals. Evidence collected can help link the victim and suspect to the crime scene, indicate sexual penetration or activity, and establish lack of victim consent (e.g., bumps on the back of the head, abrasions on the back, and non-genital bruising). Nurses can document information and findings surrounding issues of consent that contribute to the investigation (which also includes witness statements, suspect and victim interviews, and other information). The evidence will link the victim and suspect to one another and connect them to the crime scene. Establishing lack of consent is particularly important in the prosecution of non-stranger cases.

"SANE has greatly improved outcomes for victims," said Bell. "Victims are made aware of systems that are available to support them throughout the whole process. Victims are better informed and

healthier. Because of counseling, family support, and other support systems, they can heal and grow and not suffer extensive, long-lasting emotional effects of the assault. The community benefits as well. Better investigations lead to stronger cases, which leads to more prosecutions and convictions. The number of cases that go to jury trial have increased dramatically. There are more plea agreements that prevent expensive, drawn-out court processes because of better evidence."

Challenges of Working Together: A challenge for SANE is to keep communication constant among a number of different players with different areas of focus and overlapping roles, and getting everyone to understand his or her particular role in relation to each individual case. For instance, while law enforcement is focused on investigation, they may proceed in a way that conflicts with the role of the advocacy program; the approach to the victim might be seen as insensitive, so there is an educational need. "By working together," said Bell, "you confront those kinds of issues, and you define the roles as the program develops." Also, each group involved uses a different language—the legal system, the lay population, health care professions, law enforcement groups—each field has its own special jargon. "Now," said Bell, "when I educate a nurse along with those from other agencies, or when I'm training a police officer, advocacy group, we'll learn to understand each other's language, even if we don't speak it ourselves. Because of the positive relationships we have developed, people feel comfortable talking to each other. If a nurse writes a word on a report that the detective doesn't understand, the detective will call and say 'What does this mean?' We now have ready access to interpreters, so it's easy to get clarification when it's needed."

Advice to Others: When asked what advice they would lend to others considering implementing a similar program, Survivors/Perpetrators staff offered:

Do not reinvent the wheel. Study the various other hospital and community-based programs and their related research findings. Determine how these programs work and how they might apply to your specific situation. Link your efforts to and collaborate with existing programs in an attempt to institutionalize whatever intervention strategies you choose to adopt.

Be prepared to work very hard. This is not seen as a sympathetic population. Don't expect to see an instant systematic response to people who are very needy—this is a population that is seen as being drug dependent and criminal. You'll need to learn advocacy skills to help them get the services they will require.

Survivors/Perpetrators of Violence: A Hospital-based Pilot Prevention Program

Start Date: **July 1998**

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410-328-0678 fax
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410-539-3639 fax

Joining Forces: Survivors/Perpetrators of Violence: A Hospital-based Pilot Prevention Program

is a partnership effort of the University of Maryland Shock Trauma Hospital and the Maryland Division of Parole and Probation. The program provides hospital-based intervention for survivors of violent crime who are on probation or parole. Stories like that of Bobby James acted as the catalyst for the formation of the partnership.

Many of the victims of violent crime brought to the Shock Trauma Center (STC) with injuries sustained from stabbings, shootings, or beatings have a history of violent crime and are currently under criminal justice supervision. A pilot study of repeat victims of violence found that at least 40 percent of violent injury patients at the University of Maryland Shock Trauma Center in Baltimore were on probation or parole. The study of 200 adult repeat victims of violence also found that 63 percent reported that they were substance abusers, and 80 percent reported that they had previously been incarcerated. Research has shown that a few individuals are responsible for committing a large portion of the violent crime in a given area. In addition, each visit to the trauma center with life threatening wounds results in high public health costs—averaging about $40,000 per visit. The goal of the program is to reduce recidivism among an at-risk population and decrease the medical costs associated with violent crime.

The Survivors/Perpetrators of Violence Program attempts to provide the targeted population with the opportunity to change their lives. Coming close to death causes many of these individuals to rethink their life choices. The program provides a structured program of counseling, substance abuse rehabilitation, and job training. The Maryland Division of Parole and Probation also assigns a dedicated caseworker who works out of the trauma center to ensure that every program participant is held accountable.

The Role of Health Care Professionals: The University of Maryland Medical System's STC provides the highest echelon of care available in Maryland to the most seriously injured patients. Patients brought into the admitting area are met by a clinical team skilled in the assessment of obvious or subtle injuries. In a coordinated response, team members evaluate the patient and perform life-saving maneuvers. All trauma center personnel—therapists, researchers, administrators, educators, and support staff—play a role. The hospital-based interventions include substance abuse rehabilitation, social work supportive and referral services, and a leadership training program that engages community leaders to serve as mentors to men who are accepted into the program. The program researchers compare rates at which patients are re-admitted to the hospital, violate the conditions of the probation or parole, find employment, continue their education, abuse drugs and alcohol, or are again involved in violence.

Bobby James (alias) is a 31-year-old African-American male on parole, who was admitted to the University of Maryland Medical System Shock Trauma Center (STC) for the third time as a victim of violence. Mr. James was stabbed and assaulted twice, once with a baseball bat, and once with a screwdriver. His most recent visit to the STC was for a gunshot wound. As the number of hospital admissions increased, so did the severity of his injuries. Tears formed in his eyes as he recalled the most recent incident and wondered aloud why his life had been spared. He recognized and admitted that if he did not change his ways, the next injury could send him directly to the morgue. Bobby is single, unemployed, uninsured, an IV drug user, alcoholic, and a father of two children (whom he does not support). He has not completed high school and has a long history of familial abuse. He also has a criminal record of violence for which he has served time. When hospital staff asked Bobby, "What do you see yourself doing in the future?" through his tears he said, "I just hope to live long enough to play ball with my son." Bobby wants to work, he wants to finish high school and continue his education, he wants to walk away from his world of violence and become a responsible, productive citizen and take care of his children, but he does not know how to take the initial steps. Participation in the Survivors/Perpetrators of Violence program will provide Bobby with options and give him an opportunity to change his life.

The Role of Criminal Justice Professionals: The Maryland Division of Parole and Probation has

assigned a parole and probation agent on-site at the University of Maryland STC to provide a law enforcement presence that is visible to the probationer or parolee, and to provide an efficient response to casework developments. Law enforcement is responsible for monitoring patients, providing incentives for those in probation or parole to participate in the program (e.g., by making it a condition of leniency in the cases against them), and serving as advocates for participants.

Benefits of Working in Partnership: By working together, law enforcement and health care providers are able to reach the target population at a time when they are most open to intervention, when they are suffering from a violence-related injury. Providing services such as substance abuse treatment under these circumstances can lead to better treatment outcomes, according to Patrick McGee, program administrator for the Maryland Division of Parole and Probation, Correctional Options Program. "This program," said McGee, "has had a significant positive impact on crime reduction, as well as the attendant social problems associated with addiction."

Hospital social worker Margarete Parrish offered, "The partnership is useful for all involved—the people we're dealing with lead chaotic lives. The probation and parole piece offers concrete incentives for participation and offers us information about the realities of the level of need; for example, they can require random urine samples, and we can facilitate it happening, but as medical and social workers, we can't require it. It adds a different dimension to our work, and makes us all more effective."

Improved Outcomes for Victims and/or Communities: After surviving a near-death experience, victims of violence often feel that they have been given a second chance at life. Victims are receptive to an intervention to prevent future violent injury if they are approached immediately while in the hospital setting. In the pilot study, more than 96 percent of the victims of violence reported that they wanted to change their lives and decrease their chance of another violent injury. The life-threatening event shows the victim the dangers of his or her lifestyle, and the realization of mortality provides an opportunity to intervene. Interventions offer benefits to individuals at risk as well as the community.

The program involves health care practitioners, the criminal justice community, and citizens in a unified response to crime. The partners pool their resources to provide safer communities. According to Parrish, "We're reducing the rates of people returning with repeat violent injuries. We are beginning to see patterns emerge that suggest we're decreasing repeat victimization and repeat criminal behavior. Those are the ways we're making a difference."

Challenges of Working Together: Establishing mutual expectations of the other professionals' roles has been the greatest challenge, according to program social worker Parrish. For instance, she said, "Law enforcement and social workers have basic philosophical differences—social work is seen as warm and fuzzy. But we recognize the benefit of having another perspective when it comes to dealing with the target population. We need to develop realistic expectations and understand different frames of reference. It's a learning curve. Cross-training helps, as long as everyone is committed."

Considering the range of multi-disciplinary approaches, particularly those that exist between the health and criminal justice communities, the most complex challenges have been about finding common ground among the various disciplines. Project participants find themselves required to cross-train and learn about various approaches to interconnected problems. Although this is a challenging endeavor, the dedication of the project participants more often than not yields positive end results, said McGee. The doctors, clinicians, researchers, social workers, and criminal justice professionals find themselves being required to at least try out what their partners really do as a profession, and they gain new respect for their counterparts in the process.

Resources

The following organizations may be able to offer written materials, training, funding opportunities, or other forms of assistance to help launch and sustain partnerships among criminal justice and health care providers. Please contact these organizations directly for additional information about available services.

American Academy of Pediatrics
141 Northwest Point Boulevard
Elk Grove Village, IL 60007-1098
847-434-4000
847-434-8000 fax
www.aap.org

American Academy of Family Physicians
11400 Tomahawk Creek Parkway
Leawood, KS 66211-2672
913-906-6000
www.aafp.org

American Academy of Nurse Practitioners
PO Box 12846
Austin, TX 78711
512-442-4262
512-442-6469 fax
www.aanp.org

American College of Emergency Physicians
1125 Executive Circle
Irving, TX 5038-2522
800-798-1822
972-580-2816 fax
www.acep.org

American College of Obstetricians and Gynecologists
409 12th Street, SW
Washington, DC 20090-6920
202-863-2549
202-484-5107 fax
www.acog.org

American Medical Association
515 North State Street
Chicago, IL 60610
312-464-5000
312-464-4184 fax
www.ama-assn.org

American Probation and Parole Association
PO Box 11910
Lexington, KY 40578-1910
859-244-8203
859-244-8001 fax
www.appa-net.org

Centers for Disease Control and Prevention
U.S. Department of Health and Human Services
1600 Clifton Road, NE
Atlanta, GA 30333
404-639-3311
404-639-7111 fax
www.cdc.gov

Center for the Study and Prevention of Violence
University of Colorado at Boulder
Campus Box 442
Bldg. #9
Boulder, CO 80309
303-492-1032
303-443-3297 fax
www.colorado.edu/cspv

Center for Substance Abuse Prevention
Substance Abuse and Mental Health Services Administration
U.S. Department of Health and Human Services
1700 Research Boulevard, Suite 400
Rockville, MD 20850
877-773-8546
301-294-5401 fax
www.samhsa.gov/centers/csap/modelprograms

Center for Substance Abuse Treatment
Substance Abuse and Mental Health Services Administration
U.S. Department of Health and Human Services
Rockwall II Suite 615
5515 Security Lane
Rockville, MD 20852
301-443-5052
301-443-7801 fax
www.samhsa.gov/centers/csat/csat.html

Center to Prevent Handgun Violence
1225 Eye Street, NW, Suite 1100
Washington, DC 20005
202-289-7319
202-371-9615 fax
www.handguncontrol.org

Children's Defense Fund
25 E Street, NW
Washington, DC 20001
202-628-8787
202-662-3510
www.childrensdefense.org

Child Welfare League of America
440 First Street, NW, Third Floor
Washington, DC 20001
202-638-2952
202-638-4004 fax
www.cwla.org

Family Support America
20 North Wacker Drive, Suite 1100
Chicago, IL 60606
312-338-0900
312-338-1522 fax
www.frca.org

International Association of Chiefs of Police
515 North Washington Street
Alexandria, VA 22314
703-836-6767
703-836-4543 fax
www.theiacp.org

National Crime Prevention Council
1000 Connecticut Avenue, NW, 13th Floor
Washington, DC 20036
202-466-6272
202-296-1356 fax
www.ncpc.org

National Criminal Justice Reference Service
PO Box 6000
Rockville, MD 20849-6000
800-851-3420
301-519-5212 fax
www.ncjrs.org

National District Attorneys' Association/American Prosecutors Research Institute
99 Canal Center Plaza, Suite 510
Alexandria, VA 22314
703-549-9222
703-836-3195 fax
www.ndaa-apri.org

Office of Justice Programs
U.S. Department of Justice
810 7th Street, NW
Washington, DC 20531
www.ojp.usdoj.gov

- Bureau of Justice Assistance—202-616-6500
- Bureau of Justice Statistics—202-307-0765
- National Institute of Justice—202-307-2942
- Office of Juvenile Justice and Delinquency Prevention—202-307-5911
- Office for Victims of Crime—202-307-5983
- Corrections Program Office—202-307-3914
- Drug Courts Program Office—202-616-5001
- Executive Office for Weed and Seed—202-616-1152
- Office of Police Corps and Law Enforcement Education—202-307-0467
- Office for State and Local Domestic Preparedness Support—202-305-9887
- Violence Against Women Office—202-616-8894

Police Executive Research Forum
1120 Connecticut Avenue, NW
Washington, DC 20036
202-466-7820
202-466-7826 fax
www.policeforum.org

Substance Abuse and Mental Health Services Administration
U.S. Department of Health and Human Services
5600 Fishers Lane
Rockville, MD 20857
301-443-8956
301-443-9050
www.samhsa.gov