Dear Bloomington Common Council members and Mayor John Hamilton,

We are a group of concerned citizens who would like to make recommendations for the proposed 2021 Budget for the City of Bloomington.

We are specifically concerned with the allocation of funding within the Bloomington Police Department to staff an additional 2 social workers, 2 neighborhood resource specialists and 1 data analyst.

While we appreciate the willingness to acknowledge that many of the issues addressed by sworn officers would be best addressed by social workers and other supportive services, we believe increasing the scope and power of the police is the wrong approach.

WHY WE OPPOSE THESE 5 POSITIONS:

- 1. Fails to target root causes: Adding social workers and neighborhood resources specialists to police departments does not address disproportionate access to housing, mental health care, food, medicine, childcare, and more. It fails to completely address the sources of crises that result from systematically under-resourced communities.
- 2. Community trust: Many vulnerable community members lack trust in the police. There is greater trust and openness to help provided by social workers, social services, and community care that is provided outside of and independent from the police.
- 3. The expansion of government/police roles: These positions continue investment in and expand the power, reach and scope of policing, a system that the Movement for Black Lives has called to defund. Utilizing the police as a funding stream for social services and social work positions silences and deters these worker's from operating autonomously and ethically.
- 4. Utilizes resources that could be routed to existing but underfunded agencies and essentials such as housing. While the recommended increase in Jack Hopkins funding for 2021 is a step in the right direction, the funding could be substantially greater if these 5 positions were not staffed by the BPD. The current budget continues to utilize monies that could be best spent on preventative services. Funding has been routed to the police rather than funding community services for a number of years. There is evidence of this in 2015, when the police took \$63,400 from Jack Hopkins grant money for their social work and neighborhood resource specialists. This resulted in a significant shortage of services provided by several non-profit agencies in town. For example, New Leaf New Life, who provide essential supports to those who have been incarcerated and work to reduce recidivism, applied for \$30,000 and were awarded \$6,000; Catholic Charities was denied funding to address mental health needs of low income senior citizens, Middle Way House was not able to upgrade their technology to help them provide emergency responses and legal advocacy services. This was in addition to the re-routing of Housing and Neighborhood Development (HAND) funding to police discretion several years ago. This current budget continues to fund BPD at the expense

of other services and essentials that could most effectively prevent the underlying issues that lead to police response.

- 5. Racial Disparities: Maintaining or increasing funding for the BPD will result in continued racial disparities. These disparities are identified in a report by the Monroe County Branch of the NAACP and the Racial Justice Task Force, Unitarian Universalist Church of Bloomington. This report analyzed Monroe County criminal cases filed between January 1, 2018 and June 30, 2019. They found: "Blacks were defendants in 16.3% of all cases and in 21.2% of the cases where the most serious charge was Misdemeanor Possession of Marijuana." For context, the U.S. Census race and ethnicity demographics show "Black Alone" as 3.6% of the Monroe County population in 2018. Additionally, since 2016, 24% of use of force incidents were reportedly against Black people. The Neighborhood Resource Specialists (NRS) plan to increase "patrolling neighborhoods" as a part of "proactive policing". These practices (much like "broken windows policing") disproportionately impact Black Indigenous and People of Color (BIPOC) as well as folks who are under-resourced. While increased surveillance in neighborhoods by (NRS) and other officers may make many community members feel safer, this type of increased surveillance is prone to bias and results in disproportionate arrests. These policies, while they appear race neutral, result in racial disparities.
- 6. Data collection resulting in bias: The data analyst position requires a great deal of scrutiny. There have been a number of books and publications who have written about the abuse of data collection by police (the "New Jim Code," per Ruha Benjamin is one source of information). Data collection under the sole discretion of the police has the potential of similar biased outcomes as listed above. Should the police wish to utilize the data analyst position for predictive algorithms to track people they consider to be "chronic offenders", a troubling trend that has been opposed by activists throughout the country, this should be unconditionally denied. This practice has been found to perpetuate bias and is racist. The use of Al for algorithms are the new frontier of institutionalized #racism in criminal 'justice,'" tweeted Dorothy Roberts". There are a number of questions that must be answered including: What data is being analyzed?; for what purpose?; how will it be used?, and who will oversee it?

WHAT WE RECOMMEND INSTEAD:

1. Increase funding of existing social service programs by re-routing funding for the budgeted 5 non-sworn officers. The funding provided to these social service programs should not be contingent on approval by the BPD. Funding should be prioritized so that the majority of the funding directly reaches the people it is supposed to serve--rather than overhead for buildings or personnel costs. We have many examples of agencies that exist who spend the majority of their budget on direct assistance. Please see a list of agencies below. The current police social worker reports to spending her time doing the following: 1/3 spent on Mental Health and Substance Use Disorder, the remaining 2/3 on "Aging and elderly", Children, families, and domestic violence. We have a number of

current agencies and providers who address these issues and who are underfunded. Please see a list of agencies listed below who currently do this work and who could potentially expand service capacity to do more with this additional funding.

- 2. Design and implement a 24/7 coordinated crisis response staffed by service providers and health care workers. Other crisis response models should be studied and adapted to fit our community. We emphasize that these responses **must** be developed with direct participation of marginalized community members and center their needs--not simply by "professionals" or governmental agencies. These participants should include, or be coordinated by Black Lives Matter Bloomington, individuals who are BIPOC, individuals who experience mental health and SUD challenges, LGBTQIA+ individuals, people experiencing homelessness, people who's financial status is precarious, and people who have been impacted by the criminal justice and policing system. Please see a list below of some other models.
- 3. Create an alternate crisis call number that could utilize the non-law enforcement crisis response services. This includes a "Make the Right Call Campaign" as advocated for by Black Lives Matter Bloomington. This will re-route unwarranted phone calls to the police (that often target Black and People of Color, as well as low income individuals) to the crisis response team. Again, it is vital that the voices of marginalized community members be centered in this development.
- 4. Creation of a committee composed of community members from a wide variety of identities to provide input and gather information from vulnerable people who have lived experience in order to learn more from them about what creates a safe community. This type of committee, a Community Advisory on Public Safety Commission, has been proposed. This proposed commission may be a good way to obtain additional information regarding safety. People who are vulnerable and marginalized often do not fill out on-line surveys or attend public meetings. People who are unhoused, for example, are very vulnerable to exploitation and victimization and often do not trust city officials or professionals. Some may be concerned that sharing their experiences will result in adverse consequences. Utilizing methodologies such as participatory action research, will yield a more comprehensive understanding of how we can create a more safe community for everyone.

CURRENT UNDERFUNDED SERVICE AGENCIES:

The following are current agencies who address the issues that the police social worker encounters (this is not an exhaustive list). Many of these current agencies have established relationships and trust with the populations who are interacting with the police. Most include longer term case management and referral services. Many do not require health insurance and already have the structure and teams of professionals or trained providers in place to meet a complex set of challenges.:

Mental health and substance use disorder issues: <u>Shalom</u> (they have street outreach), <u>New</u> <u>Leaf New Life</u> (they have walk-in support), the <u>Indiana Recovery Alliance</u> (street outreach for harm reduction strategies), <u>Amethyst House</u> (recovery and harm reduction for substance use disorder (SUD)), <u>Courage to Change</u> (sober living), The <u>Recovery Engagement Center</u> (REC) SUD recovery support and housing (through Centerstone), <u>IU Behavioral health</u>, <u>HealthNet</u>, <u>Catholic Charities</u>, etc.

Additionally, access to mental health, substance use disorder treatment and health care is limited due to health insurance barriers. We can always use funds to train and license street outreach workers to be health insurance navigators who can assist folks in applying for (and knowing how to access) health coverage. We can and should fund services that do not require health insurance coverage. Some agencies that currently assist with health coverage include: Shalom, Individual Solutions through IU Health, and Centerstone. We need more who can do this in the community!

Aging and Elderly services: <u>Area 10</u> Agency on Aging provides services to this population and is a grossly underfunded and vital resource to our community. They assist with a variety of things--from home based services, nutrition, home repairs, health and wellness, transportation, etc..

Children, family, and domestic violence issues: We have agencies such as the <u>Youth Services</u> <u>Bureau</u>, <u>Community Partners</u> through Ireland Home Based Services (parenting, home based therapy, casework, community resourcing), <u>Family Solutions</u>, <u>Catholic Charities</u>, to name a few who do crisis intervention work with children and families. <u>Middle Way House</u> has crisis services for domestic and sexual violence. Other notable agencies and efforts include <u>Hotels for</u> <u>Homeless</u> (housing to prevent homelessness).

We believe these services are not adequately provided in our community. This police funding can and should be routed in a way that is the most effective and beneficial to individuals in our community. Supporting people's material needs (food, clothing, shelter), health care, mental health, and substance use issues are what makes us all safer. Healthy, financially secure communities are safe communities.

OTHER CRISIS INTERVENTION MODELS:

There are other communities who provide alternative crisis responses that are separate from law enforcement. We urge the mayor, city council and community members (including and especially those who are the most vulnerable and who have direct experience with receiving or needing crisis response) to study the models that exist.

One example is the <u>CAHOOTS</u> program in Eugene, Oregan. Teams consisting of mental health crisis workers and paramedics are dispatched directly from the 911 service and respond to approximately 20% of the calls.

Support Team Assisted Response (<u>STAR</u>) out of Denver, Colorado (modeled after CAHOOTS) dispatches mental health crisis teams of mental health and paramedics professionals.

Rachel Herzing's <u>Build the Block</u> in Oakland and San Francisco ("strategies aimed at decreasing calls to 911 and contact with law enforcement among residents in Oakland and San Francisco. The project worked with neighborhood groups, formal organizations, and individuals to consider the circumstances under which people may rely on law enforcement intervention and what no-call1 resources, relationships, knowledge, and practices may be employed to decrease that reliance.")

Audre Lorde Project's <u>Safe OUTside the System</u> (SOS) ("an anti-violence program led by and for Lesbian, Gay, Bisexual, Two Spirit, Trans, and Gender Non Conforming people of color. We are devoted to challenging hate and police violence by using community based strategies rather than relying on the police.")

In addition to crisis response other communities are working to build transformative justice & community accountability models. These models have been practiced for a long time in different BIPOC communities, including Indigenous healing circles, <u>GenerationFive</u>, <u>Bay Area</u> <u>Transformative Justice Collective</u>, <u>Creative Interventions</u>, <u>Philly Stands Up</u>, etc. For an example, see the process for <u>Black Youth Project 100</u> facilitated by social worker Mariame Kaba

We have a number of talented, educated (not just academically), and experienced community members who are capable and willing to unite to seek the best approaches to safety and community care. We believe these solutions can and must exist outside of the criminal justice system. We urge you to deny the funding for these 5 positions in order to stop the increase in scope and power of policing, which is what we believe these additional positions add.

Thank you for your consideration,

Concerned Community Members Contact information: policebudgetopposition@gmail.com