Beyond Policing

Building Community Safety Without Police

THE CENTER FOR POPULAR DEMOCRACY

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Introduction

Everyone deserves to feel safe in their communities and homes. For over four decades, the primary response to violence, harm, and many social needs in the US has been increased police surveillance, criminalization, and incarceration of Black communities, Indigenous communities, Latine communities, and communities of color. While federal and many state and local governments poured billions of dollars into police and prisons, they simultaneously divested from these same communities and our social safety net.[1] This "law and order" strategy has had devastating effects on Black, Brown, and low income communities across the US. **The safest communities are not those with the most police, but instead those with ample resources.**

Our communities have long called for solutions beyond police and incarceration to build safety and allow communities to thrive. Those solutions should build on existing collective knowledge and resources while experimenting with and creating new ones–including violence prevention programs, non-police crisis/community response units, good jobs, accessible and affordable healthcare, housing, public transportation, and education–that address violence and harm at their root causes.

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How to use this resource

This resource provides examples of possible and existing community-based safety models that do not rely on punishment and policing, focusing on a few key areas, including crisis/community responder units, violence prevention programs, and traffic enforcement without police. Each section provides an overview of the program type, a few best practices, and a number of specific examples. Different programs reduce the role, scope, and power of police on different scales and levels, and some have better, more community-oriented practices than others. The resource also begins by explaining why police and criminalization do not keep us safe, including providing research that challenges common arguments in favor of policing, incarceration, and punishment. We hope this tool will serve as a resource for formulating demands and campaigns that will build infrastructure and programs for genuine community safety without police that are most suitable for your neighborhoods, city, and region. Every community and every community's needs are different. There is no one size fits all community safety model and all programs and services should be crafted by community members themselves based on their specific needs and local conditions.

Though in this resource we critically reference crime statistics as a working measure of policy efficacy, we emphasize the limitations of these politically-designed and elastic categories to holistically describe safety. As we describe, a true measure of community safety is not only the absence of harmful statistics but the presence of opportunity.

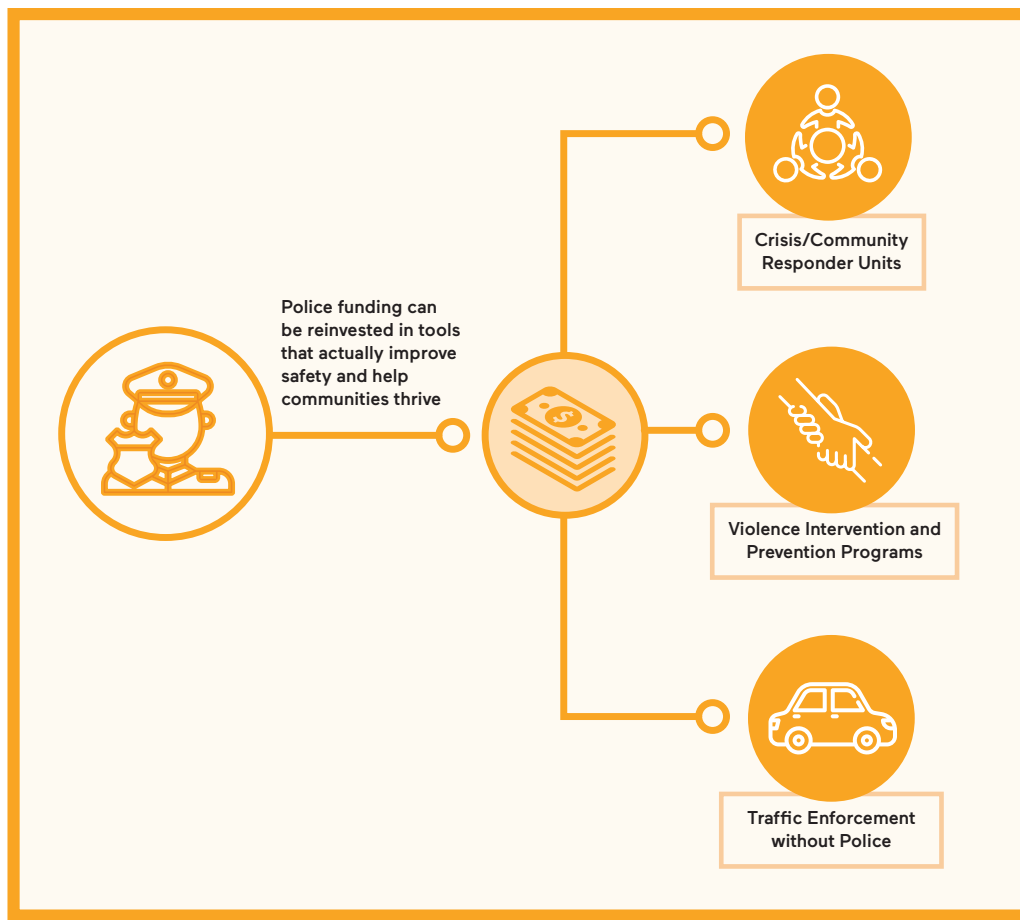# We keep us safe. Policing, punishment, and criminalization do not work.

Reinvesting in our communities through affordable housing, health care, education, good jobs, and other life-affirming, supportive programs help people thrive and address the root causes of harm. Restorative and transformative justice programs, including violence interruption and other community-based programs, are designed to facilitate healing, accountability, and repair.

Research has shown that community-based responses and greater access to affordable housing, healthcare, drug addiction treatment, and other supports can reduce violence.[2] For example, one study found that for **every ten additional community-based non-profits in a city with 100,000 residents reduces the murder rate by nine percent, the violent crime rate by six percent, and the property crime rate by four percent.**[3]

Unarmed, community-based public safety programs have proven successful at de-escalating crises without police involvement. These programs exist in cities around the US, such as CAHOOTS (Crisis Assistance Helping Out On the Streets) in Eugene, Oregon. CAHOOTS is a crisis intervention program that responds to calls regarding mental distress, homelessness, and addiction through unarmed conflict resolution. Over 30 years old, CAHOOTS is widely considered a successful model for non-police emergency response. In 2019, out of 24,000 calls, police backup was requested only 150 times (.6 percent).[4]

Investing in services which meet the needs of communities can prevent violence from happening. Research also shows that social safety nets and other life-affirming support systems—including access to affordable health care, drug addiction treatment, and housing—reduce violent crime. For example, Medicaid expansion resulted in a reduction in both violent and property crimes in participating states.[5] People who have stable housing commit fewer recorded survival offenses.[6] After Boston implemented a summer youth employment program, charges for violent crime decreased 35 percent among participants.[7] Investing in universal healthcare, food security, stable housing, and employment will create healthy communities that can flourish.

On the other hand, research on the impact of police on crime rates and violence largely shows that police have little to no effect in reducing violence or crime. Police and pro-police media and elected officials often highlight the few studies that argue that more police reduces crime and violence; however, these studies are seriously flawed. Recent studies using better statistical methods have challenged these older studies and found that police actually have little to no effect on crime rates.[8] In addition, studies often ignore police violence and other harms to communities and do not take into consideration the potential impacts of increasing investments in affordable housing, health care, education, violence prevention programs, and other resources that help communities thrive (i.e. they assume that if we reduce the number of police, nothing will "replace" them).[9]

Police funding can be reinvested in tools that actually improve safety and help communities thrive

Crisis/Community Responder Units

Violence Intervention and Prevention Programs

Traffic Enforcement without Police

The violence of policing does not impact all communities equally. Black people are over three times more likely than white people to be killed by police in the US,[10] and people with untreated mental illness are 16 times more likely to be killed by police than others.[11] Moreover, policing and incarceration are inherently violent and traumatic and do not address the root causes of harm.[12]

Police only respond after harm is done, and they typically do not facilitate healing or repair. Research also shows that survivors often prefer other accountability practices to prison time for those who have harmed them.[13]

Finally, what are defined as "crimes" do not exist in vacuums, and the conditions individuals live in impact the way they perceive and exist in the world. Poverty, unaffordable housing, lack of access to healthy food, and inaccessible healthcare all drive violence while policing and incarceration further exacerbate these conditions. Criminalization and incarceration disrupts education, employment, families, and community ties which further perpetuates inequality.[14]

It's long past time to focus on different strategies to keep communities safe.

Crisis/Community Responder Units

A growing number of cities have created non-police or community emergency responder programs that respond to non-life-threatening calls for service, including mental health and emotional distress crises, support for unhoused people, wellness checks, "quality of life" calls like noise complaints, and/or others. Research shows that most 911 calls are for non-life-threatening emergencies and do not need an escalated response.[15] Despite this, in most localities, police are first responders to people experiencing emotional distress or mental health crises—including doing "wellness checks"—although people with mental illness and/or who are experiencing emotional distress are at great risk of being harmed, including being shot and killed, by police.[16] **People with untreated mental illness are 16 times more likely to be killed by police than others,**[17] and an estimated 25 percent to over 50 percent of people killed by police were experiencing mental illness, including 216 of the 999 people shot and killed by police in 2019.[18]

Community responder programs can provide better, more targeted responses for calls for service that need a social services response, than police provide. These units usually include responders with a mix of skill sets and professional expertise, including peer support specialists with relevant real life experience, mental health clinicians, emergency medical technicians, and community mediators. They reduce people's interactions with armed police and the criminal legal system; reduce criminalization and reported crime; and can be more cost effective by reducing unnecessary calls to fire, EMS, and/or emergency rooms. There is also broad public support for these programs.[19]

Best practices for crisis/community responder units:

- Community responder programs should be housed outside and run independently from the police department, and response teams should not include police officers.

- These programs should be completely autonomous from police, sherriffs, and other law enforcement. Police should not be involved in the development, implementation, or control of these programs. Community response programs should not share information or otherwise cooperate with the police.

- Co-response models (that include both police and mental health practitioners) should be avoided. While these may reduce police-only responses, they further legitimize the role of police in responding to crises and funnel additional money to police departments.

- Dispatch services (including 911) should be completely autonomous from the police (e.g. not housed in the police department), and dispatchers should have autonomy and not be influenced by police when selecting which calls are routed to police and other programs/services.

- There should be an easily accessible, easy to remember, and well promoted dispatch number and system that exists outside of 911 that cannot lead directly to a police dispatch. Calls for service should be directed both from 911 and this separate dispatch system. 911 dispatchers should also be well trained to identify which calls should be directed to the community responder program rather than the police. Police should not have the ability to "listen in" on 911 calls and show up, if not dispatched by 911 operators.

- These programs should use a harm-reduction, trauma-informed model that focuses on de-escalation, self-determination, and peer support. Teams should include people from the communities they serve and who have been impacted by mental health crises, houselessness, and/or criminalization.

- Programs should be accountable to the communities most impacted by policing, criminalization, mental health crises, and systemic social disinvestment. Community members should be deeply involved in decision-making.

- Programs should also focus on crisis prevention, and teams should be equipped to provide resources that meet people's basic needs (such as water, food, housing vouchers) and referrals for wrap-around support and care after their initial response.

- These programs should use an informed consent, self-determination model as standard practice and avoid sending people to involuntary hospitalization or psychiatric detentions. Instead teams should be equipped to connect them with community-based, community-led, peer support mental health programs and other resources.

- These programs should operate 24/7, be well-funded, have ample capacity, and the necessary infrastructure to respond quickly to calls for service.

- Exclusions like not responding to "violent" calls or calls involving "weapons" should be removed or, at the bare minimum, clearly defined in order to ensure that an individual or community's race or class does not impact them being labeled as violent or dangerous.

CAHOOTS (Eugene–Springfield, Oregon)

CAHOOTS (Crisis Assistance Helping Out On the Streets) is a mobile crisis intervention program in the Eugene-Springfield (Oregon) metro area. Founded in 1989,[20] it is also the best known and longest running non-police crisis responder program in the country. Dispatched through 911 or the non-emergency number, a team that includes a medic (nurse, paramedic, or EMT) and a crisis worker responds to a range of mental health related crises and are trained "to ensure a non-violent resolution of crisis situations" while offering needed wrap-around services that provide support to people after the initial moment of need, including crisis counseling, suicide prevention and intervention, housing crisis counseling, resource referrals, first aid and non-emergency medical care, and transportation to services.[21] In 2019, they responded to about 24,000 calls, or 20 percent of 911 calls in Eugene. Police backup was requested only about 311 times, or about 1.3 percent of all calls.[22]

Eugene has a public safety communications center, which is housed in the police department and receives and dispatches police, fire, and CAHOOTS calls. Dispatchers from this center can direct calls to CAHOOTS over police.[23] However, we strongly recommend that programs following this model be housed *outside* the police department to draw a clear protective boundary between crisis support and criminalization.

CAHOOTS is funded through the police department budgets, with a current budget around $2 million (about 2 percent of the police budgets).[24] We also recommend that any community responder programs be housed completely independently from police departments, including their funding.

Denver's Support Team Assisted Response (STAR)

Denver's Support Team Assisted Response (STAR) is a mobile crisis response program that responds to people in distress because of problems related to mental health, substance or alcohol use, or houselessness or poverty. A call is only eligible for a STAR response if there is no evidence of violence, serious medical needs, or serious criminal activity, such as weapons.[25] We recommend avoiding carve outs to these programs, especially ones as broadly stated as "violence." Using a harm reduction, trauma-informed approach, STAR teams are made up of a licensed behavioral health professional and a paramedic, who are equipped to de-escalate situations, provide service connections and referrals, and offer resources like water, food, clothing, and other basic living support.[26] STAR currently operates Monday through Friday, 6 am to 10 pm, and is run jointly by the Department of Public Safety and the Department of Public Health and Environment, the latter of which has oversight over the program's operations and budget.[27]

Started in June 2020, during their first year, they responded to nearly 1,400 calls with no arrests, injuries, or calls for police back up.[28] As of July 2022, no STAR team has ever had to call for police backup due to a safety issue.[29]

In its first six months, the program led to a 34 percent drop in reported low-level offenses (such as "public disorder") in the neighborhoods where it operates. STAR responses also cost significantly less than police: It costs approximately $151 per STAR response and $646 in criminal legal costs for each minor criminal offense.[30] STAR's first six months (its pilot program) cost $208,141.[31] In FY2022, its budget was $3.9 million.[32]

While STAR has been successful in many ways in its short history, there are some important limitations to the program. First, making calls ineligible for a STAR response because of evidence of violence or weapons may be limiting and can be subjective and influenced by race and class (i.e. low-income neighborhoods and Black, Latine, and Native people and neighborhoods are often more likely labeled as violent). In addition, while most oversight of the program is in the Department of Public Health and Environment, the program's connection to the Department of Public Safety, which includes Denver's Police Department, ties it to police influence and control. Finally, STAR should be expanded to run full-time (24 hours, seven days per week).

Mental Health First (Sacramento and Oakland, CA)

Mental Health First (MH First) is a mental health crisis response team that responds to psychiatric emergencies, substance use support, domestic violence safety planning, and other crises. A project of the Anti Police-Terror Project that was created in 2020, MH First is an alternative to calling 911 that provides trauma-informed, community-based interventions and support. Its teams use de-escalation, peer support, self-determination, and "non-punitive and life-affirming interventions" and do not work with police at all. As part of their work, they do street outreach to both support community members before they are in crisis (for example by bringing them survival or safe use supplies) and build trust, so that community members know that they can help and will not involve police.[33]

MH First teams are made up of volunteer community members and usually include a medic (usually an EMT or nurse), a crisis responder (who is trained to engage the person in crisis and determine the most appropriate support strategies), and a security liaison (who works to minimize disruptions or threats from police, if necessary).[34] Most of their work has been over the phone, but they will send a team in person if a caller says they are unsafe or police are on the scene.[35]

Albuquerque's Community Safety Department

Albuquerque's Community Safety Department is the third department in the city's public safety infrastructure, in addition to police and fire. Launched in 2021 following six months of community engagement,[36] the department houses multiple programs that respond to non-violent and non-medical calls and provide crisis intervention, de-escalation, cultural healing, and resources to community members, including:[37]

- Violence Intervention Program (VIP), which uses a public health approach to address and stop gun violence, focusing on communities and community members who are at highest risk to be involved in gun violence.[38]

- Behavioral Health Responders, which provide social service, health, and peer support assistance to people experiencing issues with mental health, inebriation or addiction, houselessness, and other issues that do not require a police, fire, or EMS response.

- Street Outreach and Resource Responders, which provides assistance to people experiencing houselessness in encampments.

- Community-Oriented Response and Assistance (CORA) Responders, which provide trauma-informed education and assistance to survivors, families, and communities impacted by violence, including homicides, gun violence, suicides, domestic violence, and sexual assault.

- Mobile Crisis Team, a co-response unit that pairs a mental health professional with a police officer to respond to "high-acuity mental and behavior health emergencies."[39] (We highly recommend that any mobile crisis teams work independently from police and not include police officers on the team, as other programs and units in Albuquerque's Community Safety Department operate.)

Between March 2021 and March 2023, programs from the department responded to nearly 30,000 calls, including over 17,000 that were diverted from the police department.[40] During that same time period, 95 percent of participants in the VIP program were not reported to have engaged in any other violent incidents.[41]

In FY2021, the department had 18 positions and a nearly $2.5 million budget. In FY2023, the department was expanded to 133 positions and a budget of nearly $11.8 million.[42]

Portland Street Response

Portland Street Response (PSR) is a mobile crisis unit that operates out of the city's fire department. Created as a pilot program in 2021 to initially serve one neighborhood, the program was expanded to cover the entire city in 2022 and currently operates from 8 am to 10 pm, with a goal of expanding to 24-hour coverage in the near future. The unit is primarily dispatched through 911 and responds to calls involving: someone experiencing a mental health crisis, who is intoxicated or on drugs, who is yelling, or who needs referrals for services – provided the person is not in or obstructing traffic, does not seem to have a weapon, is not violent (physically combative or threatening violence) or suicidal, and is not inside of a private residence.[43] Teams include mental health crisis responders, community health medics, community health workers, and peer support workers. Clients served by PSR are offered a variety of on-site and after-care resources, including food and water; tents, sleeping bags, and clothing; housing application support and referrals; shelter referrals; medical and other referrals.[44]

In its first six months of citywide coverage, PSR units responded to 3,228 calls, 75 percent of which were dispatched from 911 and 19 percent from the non-emergency number. **Nearly 98 percent of those calls would have otherwise been responded to by police, which amounted to a 3.2 percent reduction in total calls that police would respond to and a 18.7 percent reduction in police response to non-emergency welfare checks and calls about people refusing to leave a location during PSR's operating hours.** No call resulted in an arrest.[45] PSR also has a publicly available data dashboard.[46]

While this program has successfully routed many calls away from police, it should be improved in some key regards. First, the calls that this unit can respond to are too limited, and it is particularly concerning that they do not respond to calls where someone may be suicidal. Exclusions like not responding to "violent" calls or calls involving "weapons" should be removed as they are subjective and dramatically limit the program. Finally, full-time (24 hours, seven days a week) coverage is a best practice, and the programs' goal for this is important to achieve.

For FY2022, their funding was $11.5 million, of which $4.9 million was from the city's General Fund, $740,000 was from a Recreational Cannabis tax, and the remaining from American Rescue Plan Act funds (a one-time grant that will cover two years of the program).[47]

The program works with Portland State University's Homelessness Research & Action Collaborative on ongoing evaluation and research.[48]

Violence Intervention and Prevention Programs

Cities and other jurisdictions and non-profits around the US have created innovative programs to intervene in and reduce violence in communities without police for decades. Often most violence within communities is perpetrated by a small group of people, who are also often survivors of violence. Community-based violence intervention programs can thus be effective in interrupting that violence. Generally staffed by people from the community whose lived experience is similar to those who perpetrate or are most at risk to perpetrate violence, these programs are particularly important and potentially effective in low-income, Black, Native, and Latine communities that experience police violence, criminalization, government divestment, and lack of resources.[49]

A few of the most common community-based anti-violence program models are:

- **Violence interrupter programs:** These programs employ trusted, credible messengers, who are usually from the community, share lived experience with the people in the community most at risk of engaging in violence, have engaged in violence in the past, and/or been to jail or prison. These interrupters do street outreach and work to build relationships and trust in communities and use that trust they earn to intervene when problems arise to de-escalate and interrupt situations before they lead to violence.[50]

- **Hospital-based violence intervention programs:** These programs provide support services and counseling to people who have been admitted to the hospital for an injury from a violent incident and who are also at high-risk of being involved in another violent incident. They often aim to stop cyclical and retaliatory violence and support survivors to heal from their trauma.

- **Mentoring programs:** Similar to violence interrupter programs, these mentoring programs will employ community members who have shared lived experience with the people most at risk of engaging in violence to provide one-on-one mentorship to community members at risk or who have engaged in violence. These are long-term programs to help transform behavior and will often include therapy and other help developing strategies to cope with and peacefully resolve stress and conflict.[51]

Best practices for violence intervention and prevention programs:

- Violence interruption and prevention programs should be completely separate from police departments and designed, run, and legitimized by the community members they serve.

- These programs should not share information or otherwise cooperate with the police. They also should not be informed by any form of policing tactics or by any type of law enforcement.

- Ample funding and resources should be available to those leading these programs in order to respond to all community needs. Preference should always be given to community members and those impacted by violence and not academics or others who are distant from the impact of violence.

- Messengers and mentors should be provided a good living wage and offered professional development support. It is also important to allow these programs to hire people with criminal records.

- Programs should create permanent ways for community members to provide feedback and engage with these programs–or the departments in which these programs are housed.

- Ideally, a city has multiple types of violence intervention programs that work together and are also linked to other types of programs, such as job training, youth programs, affordable housing, drug and alcohol treatment and harm reduction, mental health support, affordable health care, educational support, short-term financial assistance, and family support. Programs should work to provide resources for community members and not just focus on changing behaviors as behaviors are deeply tied to the conditions in which people live and work.

Newark Community Street Team

Newark Community Street Team (NCST) is a violence intervention program that operates in two neighborhoods in Newark that experience high rates of violence. Using a trauma-informed model, the program offers a wide variety of high-risk intervention, including mediating disputes that may lead to violence; mentorship for those at risk of perpetrating or experiencing violence; survivor support; and social service and community support services, such as hardship assistance to meet emergency needs, wellness and legal support, life management skill support, social service assistance, and employment and education referrals.[52] They also have a hospital-based violence intervention program at a local hospital trauma center that provides support and intervention services for survivors of violence to prevent repeat or retaliatory violence.[53] While NCST accepts referrals from police, they do not share information or otherwise cooperate with them.

Established in 2014 as a pilot program with money from the Mayor's office, NCST now employs more than 100 staff, runs numerous programs across 13 departments, and serves thousands of Newark residents. During the last 10 years, Newark has seen a major reduction of violence, and many residents and experts believe that NCST's work has been key to that reduction.[54]

Most NCST staff are formerly incarcerated and from the neighborhoods they serve. They view their work as helping to "heal" and "bring peace" to their communities. Over time, NCST has built trust with community members, who began to see them as a part of their community and a community strength.[55]

Advance Peace (California)

Advance Peace (AP)[56] is a California-based anti-violence organization that works to end cyclical gun violence in key urban communities. Begun in 2010 in Richmond, AP has developed a trauma-informed, public health model that focuses on providing support and healing to at-risk individuals who often also have a lot of influence in their communities. AP does not work with police and focuses on building trust and providing "positive mental health and emotional regulation supports that aim to heal the traumas experience[d] by urban youth and to support healthy human development."[57]

A key part of this work is their Peacemaker Fellowship program, an 18-month program that provides individualized, holistic support to at-risk young men, including mentorship, life-skills classes, social services, and healing-centered supports. Fellows tend to be individuals who AP has identified as not only at-risk or involved with gun violence but also influential within groups perpetrating gun violence. They also focus on the hardest-to-reach people, who are often rejected by other organizations doing similar work. Fellows work with a mentor (who they call

Neighborhood Change Agents) to create a Life Management Plan (LifeMAP), which is tailored to their needs and provides short, medium, and long term goals. Those goals can focus on health, safety, parenting, housing, finances, conflict resolution and anger management, education, and much more. These LifeMAPs provide a roadmap for their fellowship and beyond, and are "living documents." Fellows also take group classes that focus on "life-skills," healing, dialogue, Cognitive Behavioral Therapy, and understanding structural racism. Fellows are also eligible for "milestone allowances" of up to $1,000 per month after about six months of the fellowship and having achieved about 65 percent of progress toward their goals.[58]

Of the fellows in the first five years, 77 percent had not been suspected in firearm activity, 83 percent had not experienced a gun-related injury, and 94 percent were still alive.[59] AP has also contributed significantly to reductions in gun violence in the neighborhoods it works within. For example, one study found that the program was associated with an estimated 55 percent annual reduction in gun-related deaths and hospital visits in Richmond, California.[60]

Safe OUTside the System (SOS) (New York City)

Safe Outside the System (SOS) is an anti-violence program led by and for lesbian, gay, bisexual, two spirit, transgender, and gender nonconforming (LGBTSTGNC) people of color. Part of the Audre Lorde Project, a center for community organizing for LGBTSTGNC people of color in New York City, the program builds community-based strategies to create safety outside of the criminal legal system.[61] SOS does not collaborate with police or accept city violence-reduction funding.[62]

For example, in 2007, SOS launched the long-term Safe Neighborhood Campaign, which aims to build a network of Central Brooklyn community members who are committed to transformative justice to support community safety and wellness. The campaign connects community members, POC-owned small businesses, organizations, faith-based spaces, and others into their Safe Neighborhood Network and develops transformative justice tools and trainings focused on de-escalation, rapid response to violence, and survivor support. These include asking public establishments–such as restaurants, schools, churches, and businesses–to identify themselves as safe havens for anyone fleeing violence and training their owners and employees in transformative justice tools to address violence without police.[63]

Photo Credit: Leaders Igniting Transformation

Example

Mothers/Men Against Senseless Killings (MASK) (Chicago, IL)

Mothers/Men Against Senseless Killings (MASK) is a community-based anti-violence organization in Chicago's South Side. Established in 2015 after a murder in their Englewood neighborhood, a group of moms began patrolling in the neighborhood in bright pink shirts and also hung out in a strategically located lot, cooking food and "emanat[ing] love," to prevent retaliation. The organization works on creative ways of interrupting violence and building community safety through keeping eyes on the street ("neighbors were watching out for each other"), addressing food and housing insecurity, and offering other community resources. For example, last summer, they planted a large flower garden in the community, bringing beauty to the neighborhood and providing a community service opportunity to neighborhood kids. For several years (2015-2017) after the program started, there were no fatal shootings on the blocks they worked in.[64]

Traffic Enforcement without Police

Being pulled over is the most common way that people interact with police officers. Police usually have quite a lot of discretion about their decisions to pull over drivers, and that discretion can be full of bias. Black people are more likely to be stopped, searched, and arrested for traffic violations, incur greater fines and fees, and be treated poorly in these interactions than white people.[65] Police will sometimes escalate traffic stops, especially of Black people, which can result in police killing community members, as we've seen with Philando Castile and Daunte Wright.[66]

Communities around the country have won interventions seeking to move some traffic enforcement out of the hands of police officers and into civilian units, or otherwise limiting police power in traffic enforcement, including:

- **Creating non-police, unarmed traffic units which would respond to nearly all traffic violations**, except a few serious ones, such as hit-and-runs or driving a stolen vehicle. Doing so would also end police making routine or discretionary traffic stops. In 2020, Berkeley (California) passed a law limiting the role of police in traffic enforcement and enabling that work to shift to unarmed civilians in a department of transportation.[67] However, this move is stalled because state law does not allow civilian traffic enforcement. As city officials lobby to change state law, they are looking into other alternatives.[68] Other jurisdictions have also considered doing something similar, including Cambridge (Massachusetts)[69] and Montgomery County (Maryland).[70] In 2020, the New York state Attorney General recommended that the New York Police Department should no longer be involved with routine traffic enforcement.[71]

- **Disallowing police from pulling over or giving citations for certain violations**. For example, in 2022, Philadelphia passed the Driving Equality Act, which disallows police officers from pulling over drivers for six minor violations, including late registration (if under 60 days late), relocation of temporary registration, hanging license plate, missing a single headlight or taillight, items hanging from a rearview mirror, minor bumper damage, driving with an expired or missing inspection sticker,

and driving with an expired or missing registration sticker.[72] Initial data shows that stops for the violations covered by the law are down 54 percent, with stops for some violations (such as windshield obstructions) down over 90 percent. However, these reductions in stops are relatively comparable for drivers across racial groups; thus, the law has not lessened the overall racial disparities in traffic stops.[73] In 2020, Lansing, Michigan, Police Department announced that it will no longer pull over drivers for "secondary traffic violations," such as cracked windshields and taillights, loud exhaust, and dangling ornaments from windows. However, the department may still enforce these violations if people are pulled over for another reason.[74] In 2021, Virginia similarly barred police from pulling over drivers for a number of minor violations, including smelling marijuana, objects dangling from the rearview mirror, loud exhaust, and others.[75]

- **Creating a voucher program for minor traffic violations**, such as broken tail lights, rather than issuing citations/fees. This type of program helps improve traffic safety without having people incur debt, which is especially helpful for people with low incomes who can be locked into a cycle of fees and debt.[76]

Additional Resources

Defund the Police – Invest in Community Care: A Guide to Alternative Mental Health Responses (Interrupting Criminalization)

Reform/Transform: Creating a Community Responder Program (Local Progress Impact Lab)

Endnotes

1   Michelle Alexander, *The New Jim Crow: Mass Incarceration in the Age of Colorblindness* (New York: New Press, 2021).

2   Mimi Ko Cruz, "Affordable Housing Decreases Crime, Increases Property Values," School of Social Ecology, University of California, Irvine, June 8, 2022, https://socialecology.uci.edu/news/affordable-housing-decreases-crime-increases-property-values; Kimberly Burrowes, "Can Housing Interventions Reduce Incarceration and Recidivism?" Urban Institute, February 27, 2019, https://housingmatters.urban.org/articles/can-housing-interventions-reduce-incarceration-and-recidivism; *Reducing Violence Without Police: A Review of Research Evidence* (John Jay College of Criminal Justice Research and Evaluation Center, 2020), https://johnjayrec.nyc/2020/11/09/av2020/; Jennifer L. Doleac, "New Evidence that Access to Health Care Reduces Crime, Brookings, January 3, 2018, https://www.brookings.edu/blog/up-front/2018/01/03/new-evidence-that-access-to-health-care-reduces-crime; Jeffrey A. Butts, et al, "Cure Violence: A Public Health Model to Reduce Gun Violence," *Annual Review of Public Health*, 36, no. 39–53 (March 2015), https://www.annualreviews.org/doi/abs/10.1146/annurev-publhealth-031914-122509; Ellicott C. Matthay, et al, "Firearm and Nonfirearm Violence After Operation Peacemaker Fellowship in Richmond, California, 1996–2016," *American Journal of Public Health* 109, no. 11 (November 2019), https://ajph.aphapublications.org/doi/full/10.2105/AJPH.2019.305288; "Moving Homeless People to Hotels Slowed Virus Spread in King Co., Study Finds," *KMO News*, October 7, 2020, https://komonews.com/news/coronavirus/moving-homeless-people-to-hotels-slowed-virus-spread-in-king-co-study-finds.

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