

Rediscovering *the Why* in Public Safety:

The Need to Reprioritize Calls-for-Service and Build a Follow-up / Follow-Through Culture

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Condition of public safety today. With America experiencing elevated levels of polarization, criminal justice agencies are losing their once-unquestioned monopoly on public safety. Across the nation, governments, community organizations, and determined individuals are exploring new approaches that seek to sidestep traditional law enforcement and corrections. Criminal justice agencies are being forced to adapt: the capacity within these organizations is being challenged to cultivate stronger relationships with their diverse communities while providing top-tier service, reducing crime, increasing safety, and positively impacting perceptions of legitimacy. Yet questions remain. Are public safety leaders making the right or best changes? And what are the first and second-order effects of those changes?

In the backdrop of the calls for reform, American law enforcement agencies are struggling with rising violent and property crime rates, record-level retirements and resignations, and recruitment efforts. Since 2020, many police departments have seen their sworn ranks substantively depleted. Some officers have left to pursue criminal justice employment in more friendly locales, while others have abandoned the profession altogether.² Police satisfaction surveys show declining morale while growing numbers of police officers are questioning the mission and priorities of their agencies. Many have expressed frustration and question their agency's purpose. Seasoned cops have witnessed a shift backward to reactive policing, while younger officers feel betrayed by the false advertising of community policing messages in their recruiting videos. Seemingly irreparable fissures in the criminal justice system leave the average patrol officer identifying with Milton Friedman's analogy of mindlessly digging holes each day only to fill them back in.

Healthcare reminds us of *the why* in public safety. Beyond this Sisyphean burden, a promising opportunity exists to reinvigorate *the why* of public safety based on research from the healthcare profession. In the latter part of the 20th Century, researchers studied the factors correlated with medical malpractice claims and patient satisfaction. They found that lawsuits and medical licensure complaints occurred due to poor patient-physician relationships. Patients feel cared for when connected through ongoing and positive communication with their healthcare providers. In turn, they are less inclined to sue or complain when mistakes and medical negligence occur.⁴

Medical malpractice attorney Alice Burkin framed the issue through a legal lens: "In all the years I've been in this business, I've never had a potential client walk in and say, 'I really like this doctor, and I feel terrible about doing it, but I want to sue him.'"⁵ This principle also applies in policing: members of the public are less likely to file lawsuits and complaints when they know, respect, and trust the police. They often take these actions as recourse when they feel alienated or disrespected and view the police as an adversary.⁶ Police need to adopt the healthcare mantra that "[t]he patient will never care how much you know until they know how much you care."⁷

Urban police officers operate similarly to many medical providers in hospital emergency departments. Both must reactively triage emergencies, complete intake data gathering reports,

and have only enough time to prioritize and treat the most acute symptoms from their respective disciplines. Doctors and officers rarely feel like they have the time to follow up or follow through on issues, leaving patients and community members without the more profound satisfaction that develops from sustained, caring relationships. When an emergency room physician treats a patient with repetitive sinus infections, the diagnosis is based on the immediate symptoms and without identifying any underlying problems. In contrast, many primary care physicians have now been conditioned to take the time to ask preventative health care questions about stress, diet, sleep, hygiene practices, and exercise. Because of the sustained doctor-patient relationship, the primary care physician can get to the root cause of the illness and treat more than the symptoms of the problem.

Like medicine, criminal justice institutions have traditionally been grounded by the cornerstones of honesty, trust, and integrity. As with the findings on the doctor-patient interplay, police officers share a similar dynamic with members of the public who judge them based on their perceived level of trustworthiness and motives. It requires procedurally just communication in the police-community relationship to restore and improve legitimacy.⁸ When police are viewed as guardians, they tend to be viewed as part of the in-group, like a sports team playing a game in front of their hometown crowd. This dynamic can form when police and community members use healthy and sustained dialog.

Moving past the status quo. Being highly skilled and effective in crime-fighting is no longer sufficient for the public safety profession. Victims of crime need to know that the police care and are doing what they can to investigate their criminal incidents, keep them safe, and hold offenders accountable. Likewise, criminal suspects respond better to police contact when the encounters are professional and perceived as procedurally just.⁹ *The why*, police caring for each member of the public, must be operationalized in situations that parallel the research findings in medicine. The feelings of trust and belonging are vital ingredients in relationship development and overall impressions of the institutions, regardless of whether they are doctors or police officers. Research highlights the added importance of perceptions by members of minority communities that have been historically marginalized.¹⁰

Understanding how this strategy functions is critical to adopting the change in public safety institutions. In medicine, patients overwhelmingly believe the best care is personalized and highly accessible, with rapport developed through face-to-face contact, phone, email, and text messages.¹¹ For police officers, it begins with the first interaction and continues with intentional follow-up and positive engagement. As a key ingredient of procedural justice, police officers need to spend time explaining the rationale for decisions.¹² This may occur during follow-up meetings, a strategy medical professionals intentionally use with patients to improve communication and cement relationships.¹³ As with medicine, these positive outcomes can also be achieved when police officers do more than merely address the immediate symptoms of crime and take the time to address the root causes of problems while building relationships, empowering impacted community members, and engaging in evidence-based problem-solving.¹⁴ Follow-up contacts that temper expectations can also reduce the CSI Effect and a phenomenon

known as expectancy disconfirmation, leading to less disappointment in public safety services and higher satisfaction in policing.¹⁵

Fostering a follow-up/follow-through culture. Police can emulate this established medical approach by creating a follow-up/follow-through culture of care in public safety organizations. Agencies can harness the power of the community policing philosophy and inculcate the expectation to follow up on nearly every type of call-for-service. In other words, the goal is for police to behave like primary care doctors, not emergency room providers. There are several examples of how this approach could work in practice. After each initial burglary investigation, officers could call or visit to check on victims, determine if additional items were discovered as stolen after the initial report, and provide crime prevention tips. For suicidal subjects, officers could visit persons outside the acuity stage of the crisis cycle, show concern beyond the obligatory 911 responses, and offer community resources when such persons are in better positions to accept services. For businesses experiencing frequent shoplifts, police follow-up could include crime prevention tips, letting the store owners vent frustrations, and engaging in joint problem-solving efforts. For situations involving houseless individuals, it may mean developing responsible strategies for sharing public spaces, identifying the predatory offenders in their midst, and engaging in problem-solving regarding hazardous materials and waste. The possibilities are endless, but like the healthcare industry, police departments must institutionalize these changes to realize the gains of reduced liability, decreased complaints, improved community relationships, fewer and smaller anti-police demonstrations, and improved perceptions of police legitimacy. As the healthcare profession has successfully demonstrated, it would be difficult for community members to view police officers as adversaries when they consistently and collectively engage in acts of care.

Promising research. Emerging research shows that this follow-up/follow-through model can be effective in policing. In one recent study of a *Major Cities* police department, researchers asked, “Can we increase satisfaction with the police, confidence and trust in the police, and willingness to report future crimes by delivering a procedural justice-informed follow-up contact to crime victims using the [agency’s] online reporting system?” They established control and treatment neighborhoods where the former received no structured follow-up or police intervention, and the latter had officers attempt to contact each victim by phone and email. Survey results from both groups of property crime victims showed that those who received follow-up contact with police were considerably more likely to be satisfied with the police response, feel more confident in the police, and hold more positive views about the police.¹⁶ Even though more research needs to be conducted, police departments should begin experimenting with this approach, which has published decades of research results from the healthcare profession.

“But we can’t because we are too busy.” False! One common critique among police executives is that police departments are unable to engage in this level of support because they are task-saturated with urgent calls-for-service competing. This is where police leadership must rethink priorities, reduce the calls that receive police responses, and educate the community and politicians with a menu of options for police services. If the community and politicians continue to fund public safety at reduced levels of police officers for every 1,000 people, then those low-

priority calls-for-service will need to be rerouted to other service providers, such as online reporting, code enforcement, child welfare departments, mental health responders, homeless outreach, elder abuse investigators. Those calls-for-service within the police purview of the police department would potentially have more capacity to receive the prescribed follow-up and follow-through.

Next steps. To institute this plan, calls-for-service must be prioritized with a call selection committee comprising each rank's members, the crime analysis team, and community leaders. The question must be answered, "Given staffing, what can we handle with this new follow-up/follow-through imperative?" Once this is decided and delineated, law enforcement agencies must communicate service capacity to manage community expectations. Outside of social media campaigns and news interviews, emergency and non-emergency call-takers at dispatch centers can also message this information and redirect community members to the appropriate service provider or resource. They can explain why the police are not the best resource for their concern. Each agency would also need to create a follow-up/follow-through policy, including *tips and techniques* bulletins to explain and outline expectations for police officers and supervisors. Training units would need to provide sessions or videos to explain the policy's purpose and provide details of how to carry out these new expectations. Lieutenants and sergeants would need to support the follow-up/follow-through policy, so officers have adequate time for follow-up/follow-through activities. Captains and other command staff should provide monthly CompStat-style updates on implementation progress. Outstanding work also should be praised with commendation letters and other appreciation mechanisms. Each agency should continue conducting community and internal surveys at regular intervals, adding satisfaction questions related to follow-up and follow-through services.

From a wake-up call to a paradigm shift. Community members should believe that their police care about them, demonstrated by fairness in protection and service. If police legitimacy continues to erode, even fewer people will cooperate with police or choose to utilize public safety services. Lack of faith in government, especially police agencies, adversely impacts overall civic responsibility and the collective respect for the rule of law. As was observed in many cities across America in 2020, the civil unrest shook constitutionally created institutions at their foundations. This also reduced agency staffing levels through untimely retirements, resignations, and diminished pools of applicants. In response to this wake-up call, our communities and criminal justice professionals need a refresher on *the why* in policing: care for the community is at the core of the public safety mission. Public safety leaders must also reprioritize calls-for-service while pursuing a follow-up/follow-through organizational culture, which may finally bring the community policing approach to fruition. This will require a paradigm shift in how public safety professionals approach their daily duties and responsibilities.

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