

From the Editor

Dear Readers:

It is with great honor that I introduce myself to the readership as the incoming editor of the newsletter. By way of formal introduction, my name is Eric Dlugolenski. I am a former police sergeant and National Police Foundation fellow. I am now an assistant professor at Central Connecticut State University and an active NIJ LEADS scholar.

I find it a wonderful privilege to curate and edit the *Forum*. I have spent the lion's share of my professional career working within and around the policing profession. The forum exists in harmony between rarefied academic prose and diluted practitioner mediums. As a result, it is inclusive, approachable, and accessible by all of those in proximity to the police profession.

While Michael Jenkins has formally completed his editorship, with his ongoing tutelage, I hope to carry the torch forward. As a young academic and a champion of the democratic policing process, I am eager to offer my time and effort to advance theory and research in police practice; bring together policymakers, practitioners, and academics; and facilitate information sharing and dissemination pertinent to the section. I look forward to the opportunity and take the commitment seriously.

This edition contains content from two pracademics working to advance police practice on opposite sides of the U.S.

The first is James G. Barrett, Ph.D., Director of the Clinical Support Unit for the Cambridge Police Department in Massachusetts and an assistant professor of psychology in the Department of Psychiatry (part-time) at the Harvard Medical School. James presents "A Promising Model for Integrating Non-Sworn Clinical Professionals into Police Departments: The Cambridge Police Clinical Support Unit." The article details the Cambridge police department's successful collaboration and case management model. James' experience is timely amidst national interest in integrating clinical supports into police departments.

The second is Loren Atherley, the Director of Performance Analytics & Research for the Seattle Police Department, who has written an article discussing the principle of *primum non nocere*,

“First, Do No Harm,” as it relates to the position of data scientist within policing organizations. His essay lights the way for academic police roles and encourages commanders to rethink their relationships with analytical personnel. Loren is in the process of completing his Ph.D. at the University of Cambridge under the supervision of Professor Lawrence Sherman. We appreciate his contribution to this edition and his advancement of ethical practice in evidence-based policing.

As always, this newsletter is yours, the content and quality are a function of your collective participation. I include here a call for you to submit your policing articles, any police/policing-related announcements, essays, book reviews, job openings, etc. for inclusion in future issues. We have a varied and large readership that will benefit from your additions. You may email your submissions to acjspoliceforum@gmail.com (Cc: edlugolenski@ccsu.edu for a faster reply).

Take a few moments to enjoy this issue, share it widely, and use it as an excuse to check in with each other. It's good to be back!

Kind regards,

Eric Dlugolenski

Editor

From the Chair

Greetings,

It's Vegas, baby!

Yup, unless The Corona strikes again, we'll be face to face in Las Vegas for ACJS 2022. How cool and refreshing will that be?

Not much to report so far. We'll be giving the O.W. Wilson award to a section member, perhaps other awards as well. We're also looking to have a reception, more on that as it develops.

We're in the process of having to fill two board slots--the secretary and a counselor. We've had multiple responses to the Mothership's call for section help, and we're currently working through those. An election should be coming your way soon, look for it and participate.

For ACJS 2022, we've partnered with the Crime Prevention and Security section and are participating in two Academic meets Practitioner panels. Both will speak to developing relationships between the sections, between the professions (especially security and police) and in finding out how we can better prepare our students for work in the private security.

In addition, we'll be putting together our usual police panels of interest. Look for it soon as well.

To paraphrase Anne Burrell from the Food Network, "That's it, we're done" for now. Watch your emails for more information.

Have a safe and Merry Christmas and a Happy New Year!

Jeffrey Rush
Chair — ACJS Police Section

A Special Thanks to the Outgoing Editor

Michael Jenkins has industriously produced and edited the *Police Forum* since his first edition in August of 2016. Michael faithfully carried the torch passed by Jeffrey Bumgarner and honored the tradition of the forum with his efforts—carving out a place for practitioners and academics to meet and exchange ideas in the policing space.

During his tenure as the editor, Michael solicited a broad range of content from practitioners and academics. All the while, he maintained and advanced the quality and rigor of the newsletter. Soliciting timely content, curating, and editing issues, all while balancing the demands of academic tenure and promotion (not to mention a beautiful growing family!), is a tall task—a task that Michael has borne in support of the mission of the forum.

On behalf of the *Police Forum* and the Police Section, I would like to offer sincere thanks and gratitude to Michael for his conscientious efforts over the last several years. While his direct input will be missed, he carries on with tutelage and consults—for which the new editor is grateful.

Thank you, Michael!

We wish you continued success, good health, and happiness in your future endeavors.

Sincerely,

The *Police Forum* community

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Feature Articles

A Promising Model for Integrating Non-Sworn Clinical Professionals into Police Departments: The Cambridge Police Clinical Support Unit

James G. Barrett, Ph.D
Director of the Clinical Support Unit
Cambridge Police

The Cambridge Police Department (CPD) has worked for the past ten years to change its community policing philosophy to focus more on prevention, intervention, and diversion. The CPD developed a community-engaged model of law enforcement, dedicated to improving the outcomes of those struggling with homelessness, mental illness, and substance abuse. To this end, the CPD has developed the Family and Social Justice Section (FSJS), which includes the Clinical Support Unit (CSU), comprised of a clinical psychologist and two social workers embedded in the police department. The mission of the FSJS is for non-sworn clinical professionals to partner with specially trained police officers to reduce the incarceration of vulnerable populations, reduce the need for emergency service utilization (e.g., frequent ER trips) and improve access to outpatient and community-based supports and services.

Description of the Clinical Support Unit

The Clinical Support Unit is comprised of non-sworn professionals who support the Family and Social Justice Section's mission to provide specific services to vulnerable members of the community (e.g., juveniles, those who are homeless, have mental health concerns or substance use disorders) who would be better served through a "social justice approach" than what could be afforded to them through conventional criminal justice approaches. The integration of clinical support specialists into police departments can both reduce the burden and

strain on officers while also improving outcomes and safety for vulnerable populations (Barrett et al., 2021). By bringing professional staff and specialists together, CPD and the FSJS are committed to providing vulnerable members of the community with a stronger sense of belonging through customized support, while enhancing the public’s trust. Through a psychologist, two licensed social workers, and a case manager, the CSU provides assessment, linkage to services, and prevention programming to the residents of Cambridge. The unit also provides training, consultation, and program development and evaluation support to the sworn officers of the CPD (see Table 1).

Table 1

Clinical Support Unit Services

Provided to the Community	Provided to the Police Department
<ul style="list-style-type: none"> • Outreach • Assessment • Help to interface with and navigate CPD • Linkage to supports and services • Prevention and education programming • Facilitate community partnerships and collaboration 	<ul style="list-style-type: none"> • Consultation to officers • Training • Case management assistance • Program evaluation/continuous improvement • Professional networking (locally and nationally) • Develop policies, procedures, and best practices

The CSU along the Sequential Intercept Model

The activities and services of the CSU are best understood by charting them along the Sequential Intercept Model (SIM). The SIM has a series of intercepts from 0-5 (0=Community Services, 1=Law Enforcement, 2=Detention/Court Hearings, 3=Jails/Courts, 4=Reentry, 5=Community Corrections) where vulnerable populations can enter the criminal justice system

(Munetz & Griffin, 2006). The SIM identifies opportunities for behavioral health services to intercept a justice trajectory and prevent deeper involvement in the criminal justice system (Comartin et al., 2021). The CSU looks to intervene at each intercept to keep vulnerable populations in the city of Cambridge from entering deeper into the justice system. Clinicians from the CSU collaborate with community service providers, specialty court sessions, probation and parole as well as jail clinical staff to have the capacity to intervene at each intercept along the continuum of the SIM (see Figure 1).

Figure 1

The CSU along the Sequential Intercept Model

INTERCEPT 0	INTERCEPT 1	INTERCEPT 2	INTERCEPT 3	INTERCEPT 4	INTERCEPT 5
Community Services	Law Enforcement	Court Hearings	Jails/Court	Reentry	Community Corrections
<ul style="list-style-type: none"> • 911 calls • Section 12 • Medical emergencies 	<ul style="list-style-type: none"> • Police Diversion • Criminal complaints involving mental health (both victim & reporting person) 	<ul style="list-style-type: none"> • Section 35 substance abuse evaluations • Court clinic Evaluation • Court diversion 	<ul style="list-style-type: none"> • Recovery Session (mental health) • Community Court (unhoused) 	<ul style="list-style-type: none"> • ROCA case worker • Collaboration with jail clinics 	<ul style="list-style-type: none"> • Focused Deterrence • Probation • Parole

For example, social workers from the CSU can assist with involuntary hospitalizations and commitment for substance use treatment. The CSU staff also work with detectives when criminal complaints are made against residents with mental health concerns to determine if the case can be heard in a specialty mental health session of the district court. Further, when criminal complaints are made by someone suffering from paranoia or a delusional disorder,

clinical staff partner with a detective on the case to ensure the matter is fully investigated while also seeking to connect the person to support services. If someone with a mental health concern is on parole or returning from jail, CSU staff collaborate with jail staff and probation or parole to ensure services are in place for that individual upon their return to the city.

The Importance of Diversion

One of the major mechanisms by which the CSU and FSJS prevent the incarceration of vulnerable populations is diversion. Police have tremendous agency as to what happens after the potential offense occurs. If a charge is filed and processed in court, an individual is at higher risk of deeper involvement in the justice system. However, if the individual is diverted, either into a police-based diversion program or specialty court program designed to work with vulnerable populations, that person can receive treatment and support services aimed at reducing the problematic behavior that led to contact with the police in the first place (Steadman & Naples, 2005). For police to effectively divert vulnerable populations away from incarceration and justice-system involvement, they need effective partnerships with providers in social services and mental health.

Second, vulnerable populations are at risk of engaging in behavior that potentially involves criminal complaints. Those struggling with mental health issues, and especially those with co-morbid substance abuse disorders, or who are homeless can be at heightened risk to be reported for violations ranging from trespassing, drug offenses, assault, shoplifting, etc. (Watson, Compton, & Pope, 2019). Likewise, we know that adolescents are the age group that is at the highest danger of being arrested due to the risk behaviors that are a normative part of adolescent development and this risk is greatly compounded if that young person suffers from a diagnosed

mental health condition (Wilson & Hoge, 2013). Consequently, police are often the first to be called to respond to young people experiencing mental health issues.

In Cambridge, FSJS diversion efforts have been successful in reducing juvenile arrests and recidivism and increasing access to behavioral health services (Barrett et al., 2019; Barrett, et al., 2021; Janopual-Naylor, et al., 2019). As one Cambridge Police detective recently told CPD leadership, “before the Family and Social Justice Section, if we got a juvenile case, we would just file the charge in juvenile court. We had no other options of what we could do with it.” CPD are currently undergoing a large-scale evaluation of the FSJS efforts with outreach and diversion with our adult population who suffer from mental health concerns, homelessness, and substance use disorders.

Integrating Clinical Staff into Police Departments

When considering options to increase capacity to respond to vulnerable populations, one of the challenges police departments can face is how to integrate non-sworn professional staff into the operations of a law enforcement agency (King & Wilson, 2014). The paramilitary structure of traditional police departments often does not map smoothly onto the roles and responsibilities of non-sworn staff. One of the advantages of a standalone unit of professional staff, such as the CSU, is that it allows for the supervision and reporting structure to be managed by professional staff. This can help buffer the difficulties that non-sworn professionals can sometimes experience fitting into a sworn police reporting structure (e.g., officer, Sergeant, Lieutenant, etc.).

In contrast to models where clinicians from outside agencies partner with police, the integration of non-sworn clinicians into the police department can allow for more effective and

seamless collaboration on cases involving high-risk individuals. For example, by sharing access to the same record management system and working side-by-side in the same building, the pairing of a clinician with an FSJS outreach officer can work to ensure fair and just criminal justice outcomes while also making sure the person is connected to needed services and supports. As police agencies work nationally on how to best respond to vulnerable populations, CPD hopes that the FSJS and CSU can serve as a promising model for integrating clinical staff into police departments to better serve those in the community most at-risk for harmful criminal justice outcomes.

Dr. Barrett is the Director of the Clinical Support Unit at the Cambridge Police Department and an Assistant Professor of Psychology in the Department of Psychiatry (part-time) at Harvard Medical School. He is an Associate Clinical Researcher at the Health Equity Research Lab at the Cambridge Health Alliance where he received the Academic Council Award for Excellence. He is a member of the American Psychological Association, Association of Threat Assessment Professionals (ATAP) and the FBI's Mass Bay Threat Assessment Team. Dr. Barrett is National Institute of Justice LEADS Scholar and has presented at numerous national conferences on juvenile justice and diversion, gang violence, juvenile safety assessment, preventing retaliatory violence, and police-mental health partnerships. He has contributed to national meetings convened by SAMHSA, the MacArthur Foundation, and the International Association of Chiefs of Police. He is a contributor to Psychology, Public Policy and the Law, Psychological Services, Adolescent Psychiatry, Journal of Applied Juvenile Justice Services, Translational Issues in Psychological Science, National Youth At-Risk Journal and The Handbook of Human Development for Health Professionals.

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“First, Do No Harm”

ὠφελέειν ἢ μὴ βλάπτειν or Primum non Nocere

Loren T. Atherley, MA
Director of Performance Analytics & Research, Senior Research Scientist
Seattle Police Department (SPD)

Although there is debate over the proper attribution of the maxim, let alone whether it is possible, its value as an ideal remains relevant across the disciplines. Nowhere is this simple precept more important than in academia. As a research professional, Subject Matter Expert (SME) and occasional consigliere, the power to do good is substantial. The power to do lasting harm is – profound.

Harm takes many forms, not all of them obvious. The advice you provide can be wrong, an error of commission resulting in physical injury. Your guidance can be incomplete, an error of omission. These common forms of malpractice are ideally self-limiting, calling attention to your competence relatively soon after the event, particularly in a highly political environment. There exists, however, an insidious danger inherent in our dual role, straddling worlds and standards of professional conduct.

What appears to be a measured, transparent, and appropriately qualified result to our academic colleagues (who by and large do not appreciate being told what to think), to the layperson reeks of non-committal perseverance. We should encourage the players to exercise critical thought; however, the academic’s role is to deliver clear guidance and to do so in such a way as to promote a problem-solving focus, not a quasi-educational debate of the data or the method.

For those less familiar with the form and function of evidence in its natural state, venturing into evidence-based management is like stepping onto a frozen lake for the first time. If you grew up playing lake hockey, evaluating the thickness and suitability of ice is second nature. To the uninitiated, walking out onto a surface that was until recently liquid, never knowing where to step, reading a cryptic and unseen landscape, is flirting with disaster.

It is our job to guide and support our clients in such a way that each evidence-based decision, each step further onto ice that holds our weight, inspires trust, confidence in the next step, and even more confidence in the one after that. We are responsible to keep our charges from falling through the ice, minimally, like a pilot is responsible to bring the airplane and its cargo from point A to point B, without accident. The skill is in maintaining a focus on problem-solving that inspires innovation – supported by a rigorous analysis that is imperceptibly omnipresent and not present, simultaneously.

This is a tall order under ideal conditions. In policing, providing high-quality advice without challenging leadership is a delicate dance. To do so without irreparable damage to the system's ability to consume evidence as part of the decision-making process is art. Here are a few tips for the budding pracademic:

1. *Get comfortable living a double life, alone and often accountable only to yourself.*

There will be things you need to do to satisfy your professional obligations for one the other would not understand or might consider extraneous. Do them anyway. Write a complete and defensible piece of analysis, and then summarize it in a memo. When leadership challenges the necessity of an appropriately skeptical method over a “simple” descriptive analysis, hold firm. You know what to do.

2. *Respect leadership but understand their limitations and learn to respectfully challenge directives you know to pose an undue risk.*

A commander once demanded I “just, give them the data” so they could do the analysis themselves. They knew the truth, they just needed to prove it. I declined and offered to examine their question. Ultimately, they found other means of supporting their initiative, one not based on evidence. It failed but not because of the analysis.

3. *Be okay with not being involved. There is a time and place for science (I happen to believe every time and every place) but it is not the only way forward.*

Preserve your objectivity and your mental health. Allow decision-makers to come to you in their own time. In the meantime, continue to learn, grow, and develop your skills. Do not live and die by who gets picked first in dodgeball.

4. *Finally, be compassionate with yourself and others.*

Although our reflex is to embrace the concept of informed consent, science can be overwhelming, and even scary. Do not hesitate to work on the cutting edge, to be a practitioner of the state of the art but have a good bedside manner. If you or a loved one was struggling with a difficult diagnosis, you would want both the most aggressive and competent care that medicine can provide, but you want it to be delivered by a human being.

Loren Atherley serves as a senior advisor to the leadership of the SPD and the City of Seattle in matters of policing and police reform. In addition to representing relevant research findings from other scholars, Loren often develops original research involving complex statistics and experimentation, to explore the impact of various strategic or tactical decisions (e.g., disparate impact in decision to frisk, harm reduction impact of street closure in nightlife districts, effects of staffing changes on key performance measures). To accomplish this work, Loren leads a team of data warehouse management professionals, software developers, and associate research scientists. Separate from a conventional crime analysis competency, this Performance Analytics & Research (PA&R) team focuses on human and system performance evaluation, research management, as well as the development and implementation of advanced research methods (e.g., machine learning, artificial intelligence, advanced computational statistics).

Call for Presentations

Call for Presentations

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ACJS Lifetime Membership

Please remember that you still must pay the Police Section dues annually to remain a member of the Police Section. Membership is \$37 per year and includes a subscription to *Police Quarterly*. Payment of dues is made to ACJS.

Call for Papers, Authors, Applicants

If you are working on a project and need authors for book chapters or encyclopedia entries, let us know. We'll include that call in *Police Forum* for free.

Or, if you are hosting a conference or seminar and need participants, let us know that too. We'll be happy to help spread the word for free.

Or, if you have a job opportunity—particularly of interest to those teaching or researching in areas related to policing—we'd love to help you announce that position. Send any announcements that you would like to have included in the next issue of *Police Forum* to acjspoliceforum@gmail.com

Submission Guidelines for *Police Forum*

Format Criteria

The format criteria for all submissions are as follows: reasonable length (less than 30 pages), double-spaced, and in a font similar to 12-pt. Times New Roman. All submissions should be in Word format. All charts, graphs, pictures, etc. must be one page or smaller and contained within standard margins. Please attach these at the end of the submission as appendices. Due to formatting limitations, all appendices must be in a Word, Excel, or similar format - PDFs cannot be used.

Feature Articles

Feature Articles can be quantitative or qualitative. Tables, figures, and charts should be kept to a minimum and should be inserted at the end of the document with an appropriate reference to placement location within the text. The page limits are flexible; however, the editors reserve the right to edit excessively long manuscripts.

Practitioners Corner

Articles written from the perspective of persons currently or formerly working in the field, expressing personal observations or experiences concerning a particular area or issue. Page limits are flexible, however long articles may be edited for length.

Submission Guidelines – cont.

Academic Pontification

Articles for this area should focus on making an argument, presenting a line of thought, or formulating a new conceptual idea in policing.

Point/Counterpoint

Authors are encouraged to work with another person to develop a point/ counterpoint piece. The initial argument should be between 2 and 5 pages. The initial argument should contain roughly 3 to 5 main points. Following the exchange of articles between debating authors, a 1 to 3-page rejoinder/ rebuttal will be submitted.

Research Notes

Research notes should describe a work in progress, a thumbnail outline of a research project, a conceptual methodological piece, or any other article relating to research methods or research findings in policing.

Reviews

Book reviews on any work relating to policing. Reviews of Internet sites or subjects concerning policing on the Internet are also welcome.

Policing in the News

News items of interest to the police section are welcomed in any form.

Legal News in Policing

Reviews of court cases, legal issues, lawsuits, and legal liability in policing are welcomed submissions.

Letters to the Editor

Questions, comments, or suggestions about a given Criminal Justice topic, article, or research.

This Date in History

Submissions on prior hot topics, research, or research methods in Criminal Justice from the past.

Good News

Submissions relating to professional and personal good news for our members - promotions, new jobs, marriages, etc.

Submission Guidelines – cont.

How to Submit

Submissions may be made electronically by sending a copy in a Word format to acjspoliceforum@gmail.com.

Disclaimer

The editor(s) of this publication reserve the right to edit any submissions for length, clarity, or other issues.

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