# CITY OF DOVER, DELAWARE
# ALDERMAN'S COURT AD HOC COMMITTEE
**Tuesday, July 21, 2026 at 3:00 PM**

*City Hall Conference Room, 15 Loockerman Plaza, Dover, Delaware*

## AGENDA

### VIRTUAL MEETING NOTICE

**This meeting will be held electronically. Public participation information is as follows:**

**Dial:** 1-408-418-9388
**Link:** https://tinyurl.com/3rujvx7a
**Event number:** 2534 618 2952
**Event password:** DOVER (if needed)

**If you are new to WebEx, get the app now at https://www.webex.com/ to be ready when the meeting starts.**

**CALL TO ORDER**

**ADOPTION OF AGENDA**

1. **Introduction - Council President Neil**
2. **Guest Presentation - Alderman's Court 40 - Terri Conover, Clerk of the Court**
3. **Discussion**
4. **Public Comment (Limit 3 minutes)**

**ADJOURNMENT**

THE AGENDA ITEMS AS LISTED MAY NOT BE CONSIDERED IN SEQUENCE. PURSUANT TO 29 DEL. C. §10004(e)(2), THIS AGENDA IS SUBJECT TO CHANGE TO INCLUDE THE ADDITION OR THE DELETION OF ITEMS, INCLUDING EXECUTIVE SESSIONS, WHICH ARISE AT THE TIME OF THE MEETING

# Statement by Fred Neil, President, Dover City Council
# Proposal for Alderman's Court

To my colleagues on the Dover City Council, I present the case for re-establishing the Dover Alderman's Court to end the continuing chaos caused by people breaking the law. These are people who are unable to act rationally and refuse help when offered to them who have addiction, mental health or other problems.

At the Council as a Whole city councilman, I asked staff to study and bring back the cost of re-establishing the court. Today, I am making that a formal request.

The goal of bringing back the Alderman's Court is to strengthening local accountability tools lessening the burden on the state systems. A municipal level court would allow Dover to:

- Address low-level nuisance offenses locally and efficiently
- Provide faster adjudication and consistent follow-through
- Impose enforceable penalties when warranted including medical intervention when appropriate
- Offer structured diversion options such as community service, mandatory treatment programs, and substance abuse counseling,
- Reduce repeated cycling through higher courts
- Ease the burden on state prosecutorial and judicial resources
- A Traffic court component to help control speeding and other violations

This approach aligns accountability with rehabilitation and would allow the City to handle quality-of-life offenses more effectively without escalating strain on state systems.

The City will seek a partnership with the State as solution. The court would strengthen local capacity so the State is not solely responsible for managing chronic low-level disorder in its capital city. Citizen complaints of speeding in neighbors will receive a quicker and higher profile response.

Step-by-Step approach to Institute an Alderman's Court in Dover, Delaware

This approach provides a start-to-finish roadmap to initiate,
advance, and implement the establishment of an Alderman's Court, given Dover's current charter structure and Delaware law.

Phase 1 — Define the Court Concept (Weeks 0–2)
1. Draft a one-page concept brief defining the court's jurisdiction, authority, and scope, with the assumption that the court would operate out of Council Chambers without new construction. 2. Identify the most common recurring ordinance and misdemeanor issues the court is intended to address, using police, code enforcement, and downtown complaint data.

Phase 2 — Legal Pathway & Charter Analysis (Weeks 2–6)
3. Direct the City Solicitor to prepare a legal memorandum addressing required charter amendments, appointment authority, jurisdictional limits, appeals, and consistency with Delaware's judicial structure. 4. Engage Delaware Court Administration to confirm requirements for Alderman's Courts operating under the Chief Justice's jurisdiction. 5.Confirm facility requirements and judicial-independence standards if the court operates from Council Chambers.

Phase 3 — Operational & Financial Modeling (Weeks 4–8)
6. Develop an operating model covering court schedule, staffing, case flow, records management, and enforcement mechanisms. 7. Prepare a conservative budget including alderman stipend, clerical support, and minimal facility or security costs, offset where possible by retained fines, fees, and reduced repeat enforcement demands.

Phase 4 — Council Action & Public Process (Weeks 8–12)
8. Place the proposal on a Council committee or Committee of the Whole agenda for formal review. 9. Adopt a Council resolution advancing a charter amendment request to the Delaware General Assembly. 10. Conduct a targeted public hearing to gather input and address public safety, civil liberties, and operational concerns.

Phase 5 — State Legislative Approval (Months 3–9)
11. Coordinate with Dover-area state legislators to sponsor the charter amendment bill. 12. Support the bill through committee hearings with testimony from City officials, legal counsel, and court administration.

Phase 6 — Court Implementation & Launch (Months 9–12)
13. Complete the appointment or confirmation process for the Alderman as specified in the amended charter. 14. Adopt implementing ordinances, court rules, fee schedules, and enforcement protocols. 15. Configure Council Chambers for court use with minimal capital expenditure. 16. Execute memoranda of understanding with police, prosecutors, and detention facilities as required. 17. Launch the court with a limited-scope pilot and publish performance metrics for the first 90 days.

**Key Early Decision Point**

Appointment authority is a critical threshold issue. While traditional Delaware models rely on gubernatorial nomination and Senate confirmation, we may pursue a Council President appointment with full Council confirmation if permitted by state law and clearly reflected in the charter amendment.

DAVID L. ANDERSON
Councilman - Fourth District

City of Dover

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**MEMORANDUM**

To: Alderman's Ad Hoc Committee members
From: Councilman David L. Anderson, Chair ad hoc committee Alderman's Court
Date: July 9, 2026
Subject: Overview of Newark, Delaware's Alderman's Court and Probation Before Judgment (PBJ) Guidelines

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## 1. Executive Summary (BLUF)

The City of Newark Alderman's Court (Delaware Court No. 40) is the largest municipal court in the State of Delaware. While functioning under the jurisdiction of the Delaware State Supreme Court Chief Justice, it operates as an independent municipal entity of the City of Newark, responsible for adjudicating local municipal, parking, building, and traffic offenses.

## 2. Court Overview

**Jurisdiction**
The Alderman's Court handles offenses occurring strictly within the City of Newark limits.

- **Case Types:** Municipal ordinances, building/zoning/housing codes, animal violations, local parking infractions, and traffic/criminal misdemeanors.
- **Limitations:** The court possesses concurrent jurisdiction with the Delaware Court of Common Pleas and the Justice of the Peace Courts over specific misdemeanors and municipal code offenses.

**Enabling Legislation**

- **Establishment:** The current legal structure was established via **78 Del. Laws, c. 306 (2012)**. This state law formally established the modern Alderman's Court structure in conformance with statewide Delaware judiciary standards, eliminating older municipal charter setups.
- **Governing Codes:** The court operates in alignment with the Newark City Charter (Article IV) and Delaware Code Title 10. Penalties are regularly aligned with Title 16 and Title 21 of the State Code through legislative updates.

**Budget & Revenue**:
The court is funded through the Newark General Fund and is historically one of the only municipal departments (along with Code Enforcement) to generate a true operating surplus for the City.

- **Budget:** The 2023 approved budget was $709,850, with a proposed 2024 budget of $704,018. Most of this budget goes to personnel services.
- **Revenue:** In a typical year, the court processes significant fine revenues (e.g., $1.930,000 collected in 2025, $1.2 million in parking and $731,000 in other offenses). The city retains a portion of these collections, while state-mandated assessments such as victims compensation fee are transferred to the State of Delaware.

**Personnel**

The court operates with a dedicated staff of seven (7) employees, including:

1. **The Alderman:** Chief Judge (must be a licensed Delaware attorney, recommended by City Council, appointed by the Governor, and Senate-confirmed).
2. **Deputy Alderman:** Serves in the Alderman's absence.
3. **Clerk of the Court:** Handles day-to-day administrative court operations.
4. **Support Staff:** Customer Service Representatives and Bailiffs.

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## 3. Probation Before Judgment (PBJ) Guidelines

The Probation Before Judgment (PBJ) program is an informal, unsupervised sentencing program acting as a diversion for eligible defendants. By entering a plea of guilt or no contest, the court stays the conviction and places the defendant on probation. Successful completion results in dismissed charges and prevents permanent criminal conviction or points on a driver's license.

**General Eligibility Requirements**

Defendants must meet strict statutory criteria:

5. Enter a plea of guilt or no contest.
6. Have not received a PBJ for any offense within the past five (5) years.
7. Have no misdemeanor convictions within the past five (5) years.
8. Have never been convicted of a violent felony.
9. Have no nonviolent felony convictions within the past ten (10) years.

**Rules for Criminal Offenses (e.g., Underage Alcohol, Disorderly Conduct)**

- **Probation Length:** Typically, 12 months.
- **Process:** The court assesses a fine and holds the charge open. Successful completion leads to dismissal, allowing defendants to apply for expungement through the Superior Court.
- *Note for University of Delaware Students:* The court forwards dispositions to the UD Office of Student Conduct. While PBJ avoids a public criminal record, the University may still pursue administrative sanctions.

**Rules for Traffic Offenses (e.g., Speeding, Moving Violations)**

- **Additional Eligibility:** Must possess a valid driver's license and have no moving violation convictions in any jurisdiction within the past five (5) years.
- **Exclusions:** Commercial Driver's License (CDL) holders are strictly ineligible.
- **Probation Length:** Typically, 6 months.

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- **Result:** Paying the fine on time and avoiding new violations during the 6 months results in dismissal and no license points.

**Violation Consequences & Request Procedures**

- **Violations:** Failing to meet conditions (e.g., acquiring new charges, failing to pay fines) results in immediate PBJ revocation. A conviction is automatically entered and reported to state databases (e.g., DMV).
- **How to Request:** Requests must be made to court staff before the due/arraignment date on the summons. Eligible requests and plea agreements are frequently processed by mail to streamline operations.

NEWARK DELAWARE
Committed to Service Excellence

**ALDERMAN'S COURT #40**
**CITY OF NEWARK**

220 South Main Street · Newark, Delaware 19711
302.366.7000 · Fax 302.366.7062 · www.newarkde.gov

**5C**

May 7, 2026

The Hon. Mayor Travis J. McDermott
and Members of City Council
Newark, Delaware 19711

Dear Mayor McDermott and Council Members:

Attached please find a statement of the fines and penalties imposed and collected in my official capacity as Alderman during the period of April 1, 2026 to April 30, 2026.

The total collected for this period is as follows:

| | |
|---|---|
| Total Fines, Costs, Interpreter fee, and Alcohol | $58,959.56 |
| Court Security Fees | 7,492.20 |
| Total Parking Fines | $84,571.28 |
| Civil Citations | $0.00 |
| Total collected by Alderman's Court | $151,023.04 |

Respectfully,

Lisa R. Hatfield
Alderman

lrh/tlc
Attachment

# MONTHLY STATEMENT OF FINES AND PENALTIES
## April 2026

### (A) GROSS FINES AND FEES COLLECTED

| City | Amount |
|---|---|
| Traffic and Criminal Fines | $32,805.65 |
| Court Costs | $25,873.91 |
| Alcohol Surcharge | $280.00 |
| Court Security Fees | $7,492.20 |
| **Total City Fines** | **$66,451.76** |
| | |
| **State** | |
| Victims' Compensation Fund | $7,831.50 |
| Drug Fund | $0.00 |
| DELJIS Fee | $0.00 |
| Video Phone Fund | $659.25 |
| Police Fund | $4,929.75 |
| Local Fund | $4,940.25 |
| **Total State Fines** | **$18,360.75** |
| | |
| **TOTAL COLLECTED (A)** | **$84,812.51** |

### (B) +/- ADJUSTMENTS TO FINES AND FEES COLLECTED

| Description | Amount |
|---|---|
| Accrued Interest* | $553.51 |
| E Payment Fee* | -$2,489.50 |
| Victims' Compensation Fund Paid to State | -$7,831.50 |
| Drug Fund | $0.00 |
| DELJIS Fee | $0.00 |
| Video Phone Fund | -$659.25 |
| Police Fund | -$4,929.75 |
| Local Fund | -$4,940.25 |
| **TOTAL ADJUSTMENTS TO FINES AND FEES COLLECTED (B)** | **-$20,296.74** |
| | |
| **(A-B) NET FINES AND FEES COLLECTED** | **$64,515.77** |
| | |
| **TOTAL PARKING FINES** | **$84,571.28** |
| | |
| **CIVIL CITATIONS** | **$0.00** |
| | |
| **NET COLLECTED BY ALDERMAN'S COURT** | **$149,087.05** |

| | |
|---|---|
| Net City Revenue | $149,087.05 |
| Civil Citations | $0.00 |
| **Total to City:** | **$149,087.05** |
| | |
| **Total to State:** | **$18,360.75** |

*Not included as part of funds collected on the monthly Alderman memo to Council.

**ALDERMAN'S COURT REVENUE (2021 TO 2025)**

**2026**

***All fines and costs do not include Victim's Comp, Victim's Rights, and Substance Abuse sent to the State.***

| TRAFFIC, CRIMINAL AND COURT COSTS | 2022 | 2023 | 2024 | 2025 | 2026 |
|---|---|---|---|---|---|
| JANUARY | $ 45,037.85 | $ 43,037.85 | $ 28,626.88 | $ 30,733.04 | $ 35,847.70 |
| FEBRUARY | 59,994.90 | 51,471.72 | 36,818.18 | 39,497.99 | 36,816.03 |
| MARCH | 78,889.43 | 59,778.57 | 33,485.75 | 43,539.83 | 51,284.07 |
| APRIL | 59,213.14 | 54,255.21 | 38,366.08 | 39,569.17 | 58,959.56 |
| MAY | 69,857.12 | 52,487.61 | 39,473.48 | 40,656.49 | |
| JUNE | 66,555.96 | 42,320.57 | 30,998.67 | 39,678.60 | |
| JULY | 48,755.84 | 29,049.35 | 28,287.23 | 38,271.75 | |
| AUGUST | 49,308.89 | 32,185.50 | 30,974.81 | 33,438.63 | |
| SEPTEMBER | 58,521.46 | 32,576.15 | 25,955.77 | 41,341.21 | |
| OCTOBER | 61,570.19 | 30,224.12 | 44,176.92 | 45,692.92 | |
| NOVEMBER | 54,872.26 | 33,917.63 | 34,091.37 | 32,414.44 | |
| DECEMBER | 45,091.35 | 26,713.44 | 33,370.17 | 35,356.23 | |
| **TOTAL** | **$ 697,668.39** | **$ 488,017.72** | **$ 404,625.31** | **$ 460,190.30** | **$ 182,907.36** |

| SECURITY FEES | 2022 | 2023 | 2024 | 2025 | 2026 |
|---|---|---|---|---|---|
| JANUARY | $ 5,561.09 | $ 5,377.77 | $ 3,070.55 | $ 3,397.13 | $ 4,084.12 |
| FEBRUARY | 7,513.41 | 6,573.63 | 3,884.00 | 4,606.05 | 4,670.01 |
| MARCH | 9,885.00 | 7,078.95 | 3,787.50 | 5,528.54 | 6,220.87 |
| APRIL | 8,378.08 | 6,036.30 | 3,783.25 | 4,780.18 | 7,492.20 |
| MAY | 9,101.34 | 6,079.00 | 4,251.00 | 4,668.31 | |
| JUNE | 8,893.80 | 4,623.75 | 3,462.00 | 4,300.79 | |
| JULY | 6,724.60 | 3,387.33 | 3,282.00 | 4,558.35 | |
| AUGUST | 6,321.50 | 3,696.42 | 3,483.62 | 3,938.28 | |
| SEPTEMBER | 7,285.83 | 3,320.00 | 3,151.40 | 5,173.76 | |
| OCTOBER | 6,773.92 | 3,650.00 | 4,829.09 | 5,992.91 | |
| NOVEMBER | 6,460.70 | 3,184.80 | 3,621.36 | 4,180.16 | |
| DECEMBER | 5,443.40 | 2,789.75 | 3,645.47 | 4,327.74 | |
| **TOTAL** | **$ 88,342.67** | **$ 55,797.70** | **$ 44,251.24** | **$ 55,452.20** | **$ 22,467.20** |

**ALDERMAN'S COURT REVENUE (2021 TO 2025)**

**2026**

***All fines and costs do not include Victim's Comp, Victim's Rights, and Substance Abuse sent to the State.***

| PARKING TICKETS | 2022 | 2023 | 2024 | 2025 | 2026 |
|---|---|---|---|---|---|
| JANUARY | $ 71,281.57 | $ 92,086.66 | $ 108,413.39 | $ 85,334.50 | $ 59,977.50 |
| FEBRUARY | 74,271.50 | 91,993.66 | 131,274.51 | 85,444.50 | 68,898.50 |
| MARCH | 92,824.00 | 142,137.50 | 158,420.71 | 105,265.01 | 91,805.01 |
| APRIL | 87,938.50 | 129,157.50 | 137,537.50 | 120,866.28 | 84,571.28 |
| MAY | 81,274.00 | 124,122.11 | 139,895.38 | 115,625.50 | |
| JUNE | 74,511.00 | 103,450.00 | 128,097.50 | 92,091.04 | |
| JULY | 75,025.52 | 77,851.87 | 120,520.00 | 81,922.50 | |
| AUGUST | 81,989.50 | 98,705.00 | 116,562.50 | 98,550.00 | |
| SEPTEMBER | 73,443.00 | 88,180.00 | 113,497.50 | 106,590.00 | |
| OCTOBER | 89,028.50 | 119,320.89 | 125,251.50 | 122,745.00 | |
| NOVEMBER | 89,189.00 | 111,321.57 | 117,303.65 | 105,035.00 | |
| DECEMBER | 84,625.90 | 112,796.50 | 83,148.62 | 83,078.99 | |
| **TOTAL** | **$ 975,401.99** | **$ 1,291,123.26** | **$ 1,479,922.76** | **$ 1,202,548.32** | **$ 220,681.01** |

| CITATION PAYMENTS | 2022 | 2023 | 2024 | 2025 | 2026 |
|---|---|---|---|---|---|
| JANUARY | $ 200.00 | $ 100.00 | $ - | $ - | $ 100.00 |
| FEBRUARY | 0.00 | 0.00 | 300.00 | 100.00 | 0.00 |
| MARCH | 1,100.00 | 500.00 | 500.00 | 100.00 | 0.00 |
| APRIL | 400.00 | 200.00 | 1,200.00 | 200.00 | 0.00 |
| MAY | 300.00 | 700.00 | 1,000.00 | 0.00 | |
| JUNE | 200.00 | 2,300.00 | 700.00 | 100.00 | ] |
| JULY | 300.00 | 0.00 | 100.00 | 1,100.00 | |
| AUGUST | 200.00 | 100.00 | 100.00 | 400.00 | |
| SEPTEMBER | 400.00 | 100.00 | 400.00 | 100.00 | |
| OCTOBER | 300.00 | 100.00 | 700.00 | 0.00 | |
| NOVEMBER | 800.00 | 300.00 | 0.00 | 0.00 | |
| DECEMBER | 300.00 | 100.00 | 0.00 | 100.00 | |
| **TOTAL** | **$ 4,500.00** | **$ 4,500.00** | **$ 5,000.00** | **$ 2,200.00** | **$ 100.00** |

| | | | | | |
|---|---|---|---|---|---|
| **ANNUAL TOTAL** | **$ 1,765,913.05** | **$ 1,839,438.68** | **$ 1,933,799.31** | **$ 1,720,390.82** | **$ 426,155.57** |

**ALDERMAN'S COURT**
**TRAFFIC TICKET SUMMARY (2021 TO 2026)**
**2026**

| MONTH | MOVING TICKETS | | | | | | NON-MOVING TICKETS | | | | | | TOTAL TICKETS | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | 2021 | 2022 | 2023 | 2024 | 2025 | 2026 | 2021 | 2022 | 2023 | 2024 | 2025 | 2026 | 2021 | 2022 | 2023 | 2024 | 2025 | 2026 |
| JANUARY | 917 | 714 | 800 | 468 | 603 | 812 | 98 | 77 | 132 | 73 | 94 | 105 | 1,015 | 791 | 932 | 541 | 697 | 917 |
| FEBRUARY | 703 | 1,173 | 887 | 533 | 944 | 1,031 | 117 | 189 | 121 | 126 | 130 | 118 | 820 | 1,362 | 1,008 | 659 | 1,074 | 1,149 |
| MARCH | 1,439 | 1,402 | 727 | 578 | 709 | 1,073 | 199 | 193 | 242 | 161 | 126 | 172 | 1,638 | 1,595 | 969 | 739 | 835 | 1,245 |
| APRIL | 1,435 | 809 | 775 | 497 | 687 | 1,331 | 242 | 162 | 137 | 182 | 138 | 141 | 1,677 | 971 | 912 | 679 | 825 | 1,472 |
| MAY | 1,120 | 1,243 | 687 | 607 | 581 | | 166 | 159 | 183 | 180 | 164 | | 1,286 | 1,402 | 870 | 787 | 745 | |
| JUNE | 879 | 969 | 492 | 531 | 647 | | 141 | 97 | 110 | 105 | 101 | | 1,020 | 1,066 | 602 | 636 | 748 | |
| JULY | 1,000 | 650 | 523 | 592 | 665 | | 92 | 132 | 147 | 134 | 149 | | 1,092 | 782 | 670 | 726 | 814 | |
| AUGUST | 765 | 949 | 508 | 507 | 626 | | 188 | 145 | 87 | 169 | 121 | | 953 | 1,094 | 595 | 676 | 747 | |
| SEPTEMBER | 1,187 | 932 | 632 | 611 | 872 | | 221 | 345 | 160 | 205 | 187 | | 1,408 | 1,277 | 792 | 816 | 1,059 | |
| OCTOBER | 1,268 | 546 | 419 | 693 | 825 | | 209 | 217 | 168 | 197 | 165 | | 1,477 | 763 | 587 | 890 | 990 | |
| NOVEMBER | 1,297 | 794 | 363 | 378 | 585 | | 100 | 98 | 132 | 157 | 153 | | 1,397 | 892 | 495 | 535 | 738 | |
| DECEMBER | 587 | 630 | 376 | 513 | 618 | | 135 | 120 | 68 | 91 | 127 | | 722 | 750 | 444 | 604 | 745 | |
| **TOTAL** | **12,597** | **10,811** | **7,189** | **6,508** | **8,362** | **4,247** | **1,908** | **1,934** | **1,687** | **1,780** | **1,655** | **536** | **14,505** | **12,745** | **8,876** | **8,288** | **10,017** | **4,783** |

# *ARTICLE III. ALDERMAN*[1]

## Sec. 2-30. Appointment of alderman by council.

An alderman for the city shall be nominated by the Governor and shall be confirmed by the Delaware Senate. When there shall be a vacancy in the position of alderman, the council shall submit the name of a qualified individual to the Governor for consideration.

(Code 1959, Ch. 1, § 1104.2; Ord. No. 07-34, Amend. No. 1, 10-22-07)

## Sec. 2-31. Qualifications of alderman and deputy alderman.

(a) *Qualified lawyer.* The alderman and deputy alderman of the city must be a member of the Bar of the State of Delaware and duly licensed to practice law in the State of Delaware.

(b) *Residence.* Any person appointed as alderman or deputy alderman of the city must reside within 15 miles of the city limits of Newark.

(Code 1959, Ch. 1, § 1104.1; Ord. No. 73-24, 5-14-73; Ord. No. 07-34, Amend. No. 2, 10-22-07)

## Sec. 2-32. Nominations for office of alderman.

When it shall become necessary to fill the office of alderman or deputy alderman, the council shall nominate a qualified candidate and submit his or her name for consideration by the Governor. The nomination shall be by a majority vote of all members elected to the council.

(Code 1959, Ch. 1, § 1104.2; Ord. No. 07-34, Amend. No. 3, 10-22-07)

## Sec. 2-33. Alderman or deputy alderman to take office within 14 days of appointment.

Any duly appointed alderman or deputy alderman shall take office and assume the duties thereof within 14 days from the date of his or her confirmation by the Delaware Senate.

(Code 1959, Ch. 1, § 1104.3; Ord. No. 07-34, Amend. No. 4, 10-22-07)

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[1]**Editor's note—**Ord. No. 98-18, Amend. No. 1, adopted June 22, 1998, amended the title of Art. III to read as herein set out.

Charter reference(s)—Alderman generally, Art. VI, § 602.

State law reference(s)—Appeal to Superior Court upon conviction before alderman, 11 Del. Code Anno. § 4503 (1953); habeas corpus for person committed for contempt by alderman, 10 Del. Code Anno. § 903 (1953).

## Sec. 2-34. Alderman's compensation.

The annual compensation of the alderman shall be fixed by the council and approved in conjunction with the council's adoption of the annual city operating budget. If no change is proposed and approved by the council, the previously established compensation rate shall continue in effect until revised by a majority vote of the council.

(Code 1959, Ch. 1, § 1102; Ord. No. 71-7, 2-9-71; Ord. No. 77-14, 2-14-77; Ord. No. 80-10, 1-28-80; Ord. No. 84-2, Amend. No. 1, 1-9-84; Ord. No. 85-21, Amend. No. 1, 4-22-85; Ord. No. 86-11, Amend. No. 1, 2-24-85; Ord. No. 86-38, Amend. No. 1, 8-11-86; Ord. No. 88-12, 5-9-88; Ord. No. 89-6, 2-27-89)

## Sec. 2-35. Deputy alderman's authority during absence of alderman.

(a) In the absence of the alderman, or when a vacancy occurs in the office of alderman, the deputy alderman shall exercise all the powers, duties, and responsibilities of the alderman as set forth in this Code.

(b) The compensation for any deputy alderman shall be fixed by the council.

(Code 1959, Ch. 1, § 1105.1; Ord. No. 89-32, 8-28-89; Ord. No. 90-26, Amend. No. 1, 8-27-90; Ord. No. 07-34, Amend. No. 5, 10-22-07)

## Sec. 2-35.1. Duties of alderman.

(a) The alderman shall have jurisdiction of all violations of ordinances of the city and shall have power and authority to hold for bail, fine or imprison offenders, compel the attendance of those accused of any violation of city ordinances by service of process either within or without the limits of the city and compel the attendance of witnesses.

(b) The alderman may hold in contempt of court any person who by disorderly conduct interrupts any judicial proceeding or who refuses or fails to carry out a judgment, order, or decree rendered by the court and may punish the contempt by a fine of not more than $100.00 or by imprisonment for not more than 30 days, or both.

(c) The alderman may, if the facts warrant and instead of imposing the penalty prescribed, or any part thereof, place any person adjudged guilty of violating any ordinance of the City of Newark on probation to keep such reasonable terms and conditions which the court deems proper. Failure to keep such terms of probation may be deemed contempt of court and may be punished as such.

(d) For a violation or misdemeanor offense under Chapters 5, 7, 14, 17, 19, 20 (except for offenses under Section 20-57), 20A, 21, 22, 24, 31 or 32 of the city, the alderman after accepting a guilty plea or nolo contendere plea may stay the entry of judgment, defer further proceedings, and place the defendant on "Probation-Before-Judgment" subject to such reasonable terms and conditions as may be appropriate. When the pending offense is a criminal charge, prior misdemeanor convictions within five years of the date of the commission of the pending offense will render the defendant ineligible for probation before judgment. When the pending offense is a traffic charge, prior traffic convictions within five years of the date of the commission of the pending offense will render the defendant ineligible for probation before judgment. Prior parking violations do not render a defendant ineligible for probation before judgment. The terms and conditions of any Probation Before Judgment shall include the following requirements: 1) The defendant shall provide the court with his or her current address; 2) The defendant shall promptly provide the court with written notice of any change of address; and 3) The defendant shall appear if summoned at any hearing convened for the purpose of determining whether the defendant has violated or fulfilled any terms and conditions of Probation Before Judgment. The terms and conditions may include any or all of the following:

(1) Ordering the defendant to pay a pecuniary penalty;

(2) Ordering the defendant to pay court costs to the city;

(3) Ordering the defendant to pay restitution;

(4) Ordering the defendant to perform community service;

(5) Ordering the defendant to refrain from contact with certain persons;

(6) Ordering the defendant to conduct himself or herself in a specified manner; and

(7) Requiring the defendant to avoid arrest for a criminal offense during a specified time period. If the alderman requires as a condition of probation before judgment the avoidance of arrest for a criminal offense, the defendant's arrest during the specified time period will extend the probationary term until disposition of the new charge(s). A conviction or plea of guilty or no-contest on the new charge(s) will result in entry of judgment as set forth in subsection (d)(7)b. below. Dismissal of the new charge(s) or a finding of not guilty will result in discharge from probation as set forth in (d)(7)c. below.

a. This section may not be substituted for the First-Offender's Program under Section 20-57.

b. Upon a violation of a term or condition of the Alderman's Order of Probation before judgment, the alderman may enter judgment and proceed with disposition of the person as if the person had not been placed on Probation-Before-Judgment.

c. Upon fulfillment of the terms and conditions of Probation-Before-Judgment, the alderman shall discharge a person from probation and dismiss the offense. The discharge is a final disposition of the matter. Discharge of a person under this section shall be without judgment of conviction and is not a conviction for purposes of any disqualification or disability imposed by law because of conviction of a crime.

d. This section shall not be available to any person who has previously been admitted to Probation Before Judgment for any offense within five years of the current offense.

e. Notwithstanding any provision of this section to the contrary, no person shall be admitted to Probation Before Judgment if (1) a person is currently serving a sentence of incarceration, probation, parole, or early release of any type imposed for another offense, or (2) the person is charged with an offense and has previously been convicted of any violent felony or, (3) the person is charged with any offense and has previously been convicted of any nonviolent felony within ten years of the date of the commission of the alleged offense, (4) the person is charged with any offense and has previously been convicted of any misdemeanor offense within five years of the date of the commission of the alleged offense, or (5) the person is charged with an offense involving a motor vehicle and holds a commercial drivers license (CDL).

f. For the purposes of this section, the following shall also constitute a previous conviction: a conviction under the laws of another state, the United States or any territory of the United States of any offense which is the same as, or equivalent to, any offense specified in paragraph (d) of this section; or an adjudication of delinquency, or any adjudication, resolution, disposition, or program set forth in 21 Del. C. § 4177B(e)(1) or in Section 20-57 of this Code.

(Code 1959, Ch. 1; Ord. No. 68-35, 10-28-68; Ord. No. 00-1, Amend. No. 1, 1-10-00; Ord. No. 01-5, Amend. No. 1, 3-12-01; Ord. No. 06-31, Amend. Nos. 1, 2, 11-27-06; Ord. No. 07-33, Amend. No. 1, 10-22-07; Ord. No. 08-15, Amend. No. 1, 8-11-08)

## Sec. 2-36. Record of business of alderman; contents.

The alderman shall keep an official record of the business of his office, said record to include the names of all defendants, the disposition of all cases, the number of hours spent by the alderman while on the bench, and the total amount of all fines and costs assessed by him.

(Code 1959, Ch. 1, § 1105.2)

## Sec. 2-37. Failure of alderman to keep official records.

In the event the alderman fails to keep the official record of the business of his office or any part thereof, as provided in Section 2-36, he shall be deemed guilty of a misdemeanor.

(Code 1959, Ch. 1, § 11-5.3)

## Sec. 2-38. Standards of ethical conduct governing alderman.

The alderman and deputy alderman shall be governed in the conduct of his or her office by the Canons of Judicial Ethics as observed by the Superior Court of the State of Delaware with the following exceptions: Rules 3.9 and 3.10.

(Code 1959, Ch. 1, § 1104.4; Ord. No. 19-32, Amend. No. 1, 12-9-19)

## Sec. 2-39. Schedule of fees, costs and charges of cases before alderman's court.

Fees, costs and charges shall be assessed in all cases in the alderman's court in accordance with the following schedule:

(a) Court costs for summons which can be mailed pursuant to Section 20-7.1 of this Code$20.00

(b) Court costs for appearance before the alderman, except for traffic offenses committed by a juvenile which could otherwise have been mailed pursuant to Section 20-70.1 of this Code35.00

(c) Court costs for a continuance requested by defendant15.00

(d) Court costs for issuance of capias, summons, or warrant15.00

(e) Court costs for each deferred payment arrangement40.00

(f) Court costs for preparation of transcript15.00

(g) Cost of collecting worthless check40.00

(h) Record search15.00

*"Record search"* shall be defined as any occasion on which a person who has or has had an action pending or disposed of in the alderman's court requests a search of the records for verification of payment of fines for motor vehicle division, or any other purpose.

(i) Court costs for a summons for driving under the influence of alcohol pursuant to Section 20-57 of this Code35.00

(j) Court costs for dismissal of any warrant by the complainant15.00

All fees, costs, and charges assessed in the alderman's court shall be retained by the city.

(k) Court costs for processing of summons by way of Probation Before Judgment45.00

(l) Court costs for building violations50.00

(m) Court costs for a first offender's election of rehabilitation program for operating a vehicle while under the influence of alcohol or drugs as set forth in Section 20-57(h)250.00

In the event of an overpayment mailed in for any fine and/or cost assessed by the alderman, any amount less than $1.00 will be retained by the city. Any overpayment of $1.00 or more shall be refunded.

(Code 1959, Ch. 1, § 1101; Ord. No. 67-36, 8-11-67; Ord. No. 72-18, 4-24-72; Ord. No. 78-15, 5-8-78; Ord. No. 80-45, Amend. Nos. 1, 2, 8-11-80; Ord. No. 81-3, Amend. No. 1, 1-12-81; Ord. No. 83-8, Amend. Nos. 1-4, 3-14-83; Ord. No. 90-26, Amend. No. 2, 8-27-90; Ord. No. 93-19, Amend. No. 1, 10-11-93; Ord. No. 98-8, Amend. No. 1, 3-23-98; Ord. No. 01-20, Amend. No. 1, 10-22-01; Ord. No. 07-24, Amend. No. 1, 8-13-07; Ord. No. 08-12, Amend. No. 1, 6-9-08; Ord. No. 09-26, Amend. No. 1, 8-24-09)

## Sec. 2-40. Penalty assessment.

In addition to, and at the same time as, any fine or monetary assessment is imposed by the alderman, there shall be levied an additional penalty of ten percent of every fine or monetary assessment for the alcohol-related crimes or offenses set forth in Sections 19-3, 19-4, 19-5, 19-6, and 19-7, Sections 20-56(b), 20-57(t), and 20-57(v), and Section 22-83. When a fine is suspended in whole or in part, the penalty assessment shall not be suspended. Upon collection of the penalty assessment, the same shall be retained by the city.

(Ord. No. 03-21, Amend. No. 1, 9-22-03)

Editor's note(s)—Ord. No. 98-18, Amend. No. 2, adopted June 22, 1998, repealed § 2-40. Subsequently, Ord. No. 03-21, Amend. No. 1, adopted September 22, 2003 added a new section 2-40.

## Sec. 2-41. Court security fee.

In addition to, and at the same time as, any fine or monetary assessment is imposed by the alderman, there shall be levied an additional court security fee of $10.00 for every fine or monetary assessment. When a fine is suspended in whole, the court security fee assessment shall be suspended. Upon collection of the court security fee, the same shall be retained by the city in a restricted account reserved for expenditures related to security improvements.

(Ord. No. 14-01, Amend. No. 1, 1-13-14; Ord. No. 16-31, Amend. No. 1, 10-10-16)

Editor's note(s)—See editor's note to § 2-43.

## Sec. 2-42. Court ambulance fee.

In addition to, and at the same time as, any fine or monetary assessment is imposed by the alderman for moving violations set forth in Chapter 20 of the City of Newark Motor Vehicle Code, there shall be levied an additional court ambulance fee of $10.00 for every fine or monetary assessment. When a fine is suspended in whole, the court ambulance fee assessment shall be suspended. Upon collection of the court ambulance fee, the same shall be retained by the city in a restricted account reserved for expenditures related to the Newark/Aetna Volunteer Ambulance Company Fund.

(Ord. No. 20-29, Amend. No. 1, 12-14-20)

Editor's note(s)—See editor's note to § 2-43.

## Sec. 2-43. Reserved.

Editor's note(s)—Prior to the reenactment of § 2-41 by Ord. No. 14-01, Amend. No. 1, adopted January 13, 2014, and § 2-42 by Ord. No. 20-29, Amend. No. 1, adopted Dec. 14, 2020, Ord. No. 98-18, Amend. No. 2, adopted June 22, 1998, repealed §§ 2-41—2-43, which pertained to bailiff, appointment; term of office; removal; oath; compensation of bailiff; duties of bailiff; and power of bailiff to make arrests, serve summons and execute orders. See Appendix C—Tables.

# CITY OF DOVER DEPARTMENT OF POLICE

400 SOUTH QUEEN STREET
DOVER, DELAWARE 19904
302-736-7111

Chief of Police
THOMAS A. JOHNSON, JR.

Deputy Chief of Police
PAUL KUNTZI

Police Captains
RANDY R. ROBBINS
KEVIN STREADWICK
ROBERT E. ROSWELL

# Dover Quality of Life Enforcement Initiative
# November 5, 2024 to May 8, 2025
# Final Report

During the early days of September 2024, **Mayor Robin R. Christiansen**, in his role as the elected official in charge of the Police Department, requested a **change in the approach** to our enforcement of **low-level offenses** that were collectively **deteriorating the quality of life** in the City and putting our at-risk populations in greater jeopardy. Despite the sense of urgency, during a meeting held on September 9, 2025, Mayor Christiansen agreed to **allow time for the Chief of Police to coordinate** with other city departments, other law enforcement agencies, to identify funding for the needed overtime, and still allow the alternative strategies (already in place) to serve an effective role in the larger coordinated effort. The full initial **Action Plan** can be found in this report as **Attachment "A"**.

The specific **conditions** and impacted **stakeholders** are illustrated in the initial *Problem Assessment*. Key points of this process are illustrated in the initial *Directive* section of the Plan. *Strategic Partners* were identified and defined in the section of the **Plan** bearing the same name. Those partners included the *Delaware Department of Justice*, the *Justice of Peace Court*, the *Delaware State University Police Department*, the *Delaware State Police*, the *Delaware Capital Police Department*, identified Departments of the *City of Dover*, identified *Emergency Medical Services* Units, and identified *Outreach* entities both from non - government and government sources.

A series of *Pre-Operational Tasks* were identified and completed. The additional **workload was projected** to the degree possible against the current amount of call volume and daily tasks. Operational restructuring was balanced against the projected overtime need to try and **avoid issues related to officer fatigue**. Issues related to **law, regulation, and procedure** were discussed with the **Office of the Attorney General**.

Specific information was obtained as to what charges they would support once they were filed. The tasks of **internal and external communication** were addressed while coordinating with property owners and other stakeholders for enforcement authorization. Lastly, areas for targeted operations were identified through a **review of data** and operational guidance for the involved officers was developed in light of the larger goals of the initiative.

The final guidance for the officers was, in large part, captured in the *Operational Tasks* section of the Plan. The intent was to **de-conflict** the priorities of the Initiative with the typical way of completing tasks. This included: Patrol Response to Calls for Service, Communication of Intention through warnings at the outset, Coordination of Lead Authority to avoid conflict with other law enforcement agencies, Coordination of City Departments, Addressing Illegal Encampments, Addressing Illegal Activities while maintaining appropriate space for discretion, and the Documentation of Actions so that the Initiative can be evaluated.

A *Behavioral Health Unit Action Plan* was drafted to support the larger initiative. The **Dover PD BHU** has become an integral part of agency operations and **offers alternative solutions** for our "at-risk" populations. The BHU team identified a series of necessary steps to ensure that their services were **just as viable an option** when a **decision of arrest vs. diversion** was afoot. They **identified all entities** who could provide actual support in the field to vulnerable populations. They took steps to always attempt the path of **voluntary care and treatment**. They ensured that identified victims were connected to specialized resources. They prioritized the response and follow up to **drug overdose events**. They committed to **collecting data** to support operational **assessments and reviews**.

Guidance was created for the *Operational Direction* of each participating agency or unit. The *Drug, Vice and Organized Crime Unit* was tasked with maintaining a strong posture against the problems of **illegal firearms and drug trafficking**. At the same time, they were assigned **additional responsibilities** such as **Prostitution** and **Off-Highway Vehicle** (OHV) enforcement. The *Patrol Unit* would address quality of life cases produced by the 911 System and utilize the options offered under the umbrella of the initiative. Once calls for service were addressed, and any administrative tasks completed, Patrol Units would **evenly divide their unobligated time** between standard proactive strategies and the goals of the QOL initiative. *Community Policing* (CPU) was **assigned to lead the proactive efforts** of the initiative. **Traditional tasks were suspended** in deference to the QOL operation.

CPU would coordinate with other entities as **hot spot locations were addressed in rotation** and subsequent **outcomes coordinated** with partner agencies during follow up activities. It was anticipated that the initiative would involve locations under the **authority of other law enforcement agencies** and involve **issues outside of their scope**. A commitment was made to **maximize inter-agency cooperation** and respect their decisions so long as they are lawful, safe and not in conflict with policy or procedure.

*Operations* began on November 5, 2024 with a **proactive overtime-funded detail**. Additional OT details continued roughly **two days of each successive week**. Typically, **four officers worked four hours** on each overtime day in support of the Community Policing Unit. There were weeks that observed holidays prevented overtime operations. There were other weeks that overall mission demands left the detail short staffed. In addition to proactive overtime details, patrol officers dedicated a significant amount of their unobligated time to activities related to the initiative.

Moreover; the Drug, Vice and Organized Crime Unit added **QOL-centric investigations** to their ongoing **gun and narcotics mission**. This included **prostitution operations** [Nov-Jan-Mar] in local hotels and on the ground in the Downtown area. Also, a related **human trafficking** case and efforts focused on **off-road vehicles** fell to this team. As anticipated, the planned special **operations of the DVOC were successful**. The customers who enable the prostitution trade were apprehended after responding to **internet ads** or when they rolled up on our **decoy officers**.

Working with the Delaware DOJ, **special permission** was received to **arrest some of our street-level prostitutes** with the caveat that they be **transported to a neutral site** and offered **social services and hygiene** products. Consequently, the women accepted the hygiene kits but **turned down all offers of treatment** for their life's challenges.

Also as anticipated, in the early weeks of the operation, quite a number of **wanted persons** were located and **turned over to the courts** for a variety of pending warrants. **Others were in need of medical care** and arrangements were made to deliver them to various BayHealth facilities. Like the prostitution effort, this effort produced **inconsistent results** as many patient/offenders **fled from the medical care** locations after the BHU staff departed their company. In other instances, after agreeing to a voluntary treatment plan at a detox or rehab facility, they simply got out of the private vehicles transporting them at a stop sign or red light.

**Trespassing** has been a long-standing complaint with quite a few **chronic offenders** returning to locations where they had previously been banned. Trespassing enforcement became a focus of the initiative and **authorizing paperwork was collected for after-hours enforcement** ability. The **highest number of charges** filed were related to trespassing. Property owners reported a noticeable improvement but violators soon began to re-offend. Sometimes this would be at the same location and other times they were found at new but nearby locations. As accountability is difficult and slow given the current state of the court system, this situation turned into a bit of a **cat & mouse game** for the remainder of the initiative.

The operation lasted just a little over **six months**. As planned, as much **discretion** as possible was employed when selecting the **best intervention to a given situation**. On the enforcement side, the **accountability for behavior** included the issuance of Dover City Ordinance **(DCO) violations, custodial arrests** for violations of State statutes, the **execution of warrants** on file with the various courts, or the filing of charges via **summons** should factors be present that precludes a custodial arrest. In the zone of **alternative strategies**, primarily led by the BHU, offenders were regularly offered access to **substance abuse** care, **mental health** care, **medical** care, **housing** resources, and other **life-guidance** related opportunities. Operational partners were updated monthly via email. See **Attachment "B".**

**Tracking the results** of the *Initiative* proved to be challenging. Existing Law Enforcement, DOJ, and Social Services **databases are not oriented toward an initiative such as this one**. In order to capture as much of the operation as possible, **special mechanisms** were put in place prior to the beginning of activities in an attempt to **reconcile any potentially misleading numbers**. Even at the time of this final report, there is a high likelihood that **a deeper dive** into the data points **could offer more understanding** of the problem the initiative was designed to address.

On the **enforcement** side, Officers recorded **326** Service Calls, resulting in **480** Persons Contacted, producing **159** Persons Charged, and a total of **392** Charged Offenses. It is here where the evaluation of **criminal justice intervention becomes difficult to illustrate**. Each case proceeds through the system at its own pace. At the time of the Dover PD review of case dispositions, **323 of 392 charges** had been **adjudicated** in the databases available to police. 69 were still pending. Only **12% of the 323** adjudications showed up as being **associated with some kind of consequence or accountability**. There are **many reasons** for this and the largest one appears to be the **dissimilar approach** of the Department of Justice as they manage their caseload. See the DOJ letter- **Attachment "C".**

There are both **practical and philosophical reasons** for this chronic disconnect. First, the DOJ tracks the **chronology of the person** more than they track the **chronology of any particular criminal event** or the associated list of charges. Second, it is the **rare exception** that a defendant is held to account for **every specific charge** listed on a charging document. Some charges are eventually viewed as **duplicates** and ultimately set aside. Others are **dismissed during plea negotiations**. Third, many defendants have **multiple cases pending** in the courts at the time of their most recent Dover arrest. The **DOJ has the discretion** to trade guilty pleas for older cases in exchange for the dismissal of the new charge list.

In a general sense, between the DOJ and the Courts, there is an acceptance that **all pending charges a disposed of with accountability** when they are all **consolidated into a negotiated settlement**. This is how the DOJ, with 40 cases pending at the time of their review, can describe a **64-70% conviction rate**.

In fairness to the DOJ, there is **no possible way** for every individual charge placed into the court system of Kent County Delaware to be **separately adjudicated**. There are **not enough prosecutors**, enough support **staff, judges**, room on the **court docket**, and the community would suffer due to the huge demand that would be placed on the **jury pool**. Charges born out of this *Quality of Life Initiative* are almost always **low-level offenses typically addressed by fines**. It **requires multiple repeat violations** to arrive at a moment in court where someone **might face brief incarceration**. Therefore, frontline prosecutors look toward obtaining **plea deals that involve continued court supervision**. Probation is available for a charge such as shoplifting, so if a QOL defendant agreed to take a plea on one or more open shoplifting cases, the DOJ record would indicate a successful outcome on both situations.

The **reader can judge for themselves** whether this is reflective of justice. There are multiple legitimate, but **competing priorities** when trying to figure out what can and should be done. No matter what the assessment, a **common theme is frustration**. Property owners continue to experience trespassing and an inability to enjoy their asset. Residents continue to experience the often **offensive, disorderly, unsanitary, and sometimes threatening** behavior that results in **blight and economic decline**. The **police officers themselves become disillusioned** when their hard work does not result in any appreciable change in conditions or progress toward a solution.

On the **social/human services** side of the initiative, the story begins with the same number of service calls and persons contacted. In contrast to the 159 individuals that were introduced into the Criminal Justice system, **122** individuals were **evaluated** by the Behavioral Health Unit and encouraged to **accept services** related to their **chronic conditions**. This 122 number is a sub-set of contact data points inside approximately **500 field contacts** born out of **661 calls for service**. In multiple encounters with the referenced roster of served population, the BHU triaged **167 mental health** cases, **131 substance abuse** cases, and **35 co-occurring** situations. Details can be found in **Attachment "D"**.

Again, it is **difficult to evaluate individual outcomes** for a variety of reasons. Accepting services is a **voluntary decision** made by a person in a **compromised** state of mind. Individuals can **withdraw their consent** at any time after they are delivered to a resource. **Privacy laws** made it hard to understand why a particular intervention failed. Individuals with more than one diagnosis will often have a difficult time getting comprehensive care, particularly when their treatment is occurring while connected to the Criminal Justice system. **Attachment "E"** is a scholarly review completed by our own Behavioral Health specialist, **Watara Heath**, which includes information regarding **patients who are also in custody**.

Success stories on this side of the initiative were equally hard to find. As one might guess, our field contacts do not typically see us when they are having a great week. Anecdotally, **we routinely found the same people, in the same places, with the same problems** as the operation progressed. There are **many barriers to success** when the option of social services is selected. First off, the vast majority of these **resources do not operate around the clock**. When a public safety professional has an individual ready to accept services, the public health system needs to be ready.

In addition to 24/7 access to facilities, the **problems of insurance and transportation** must be addressed. We continue to see the path to recovery being **delayed** due to lack of insurance coverage or insufficient coverage. Facilities sometimes offer vouchers for civilian travel options but these often result in failure due to **delay** or the patient eloping when left alone for the ride. Montgomery County, PA has had a behavioral health transport resource on status and might be a model for Delaware.
[https://mces.org/WordPress/psychiatric-ems/]

"Medical Clearance" and "Assessment before Placement" **delays** also muddy the waters when it comes to treatment or recovery. Emergency Rooms in Delaware already have enough problems meeting the demand for their services. There are significant wait times and the task of **Behavioral Health-related medical clearance delays both the care of the sick and injured as well as the behavioral health patients** themselves. Also, requiring a separate "assessment" appointment [usually for substance abuse patients] creates a **delay** that regularly prompts the patient to abandon the attempt [usually due to the onset of withdraw symptoms]. This is particularly true for opioid abusers. Please review in **Attachment "F"** the report from **PFC Jake Shepherd** regarding the failed attempt by the Behavioral Health Unit to get a young addict the help that she needed.

When it comes to certain resources, **Delaware has a lot of duplication**. There are many entities in the **referral** business but not enough entities in the **treatment** business. Many of these referral entities are **reliant on grant funding** and their services are less than comprehensive. They contribute to the **inefficiency of the system** and often leave the **patients confused** about who they can rely upon. There is **limited oversight** [both financial and functional] in this portion of the current system and, unfortunately, in the worst cases we see **fraud and theft** occurring where compassion should reside.

Another identified weakness appears to be in situations where a **sub-contractor** is used for compliance with law or regulation. There is plenty of room for debate when a third party is introduced into the mission. Nevertheless, more often than not, if certain activities or interventions are **not specifically mentioned in the contract, they probably don't get done**.

Of all the factors influencing the deteriorating quality of life in Dover, the majority are **beyond the reach of city administration**. The **actions** of the courts, the **challenges** facing the DOJ, the **barriers** to effective treatment or recovery, including a system that **depends upon voluntary consent**, continue to deliver the **same unacceptable status-quo**. No matter the mode of arrival for needed care, often from **locations far beyond Dover**, at-risk individuals will routinely flee or end up **discharged as pedestrians from the hospital with no way home**. Government and Non-Government organizations that offer needed services are physically located in the city. **Lacking authority**, there is no mechanism to address encampments on **State-owned property**.

This report is not necessary to raise awareness that **our community is suffering** from this failure of the system. There are signs all over the city and **concentrated evidence** along **DuPont Highway** and the entire **Downtown District**. The **Library** faces a **daily struggle** to meet its stated mission as a literary resource for the community. The **Downtown Dover Partnership** and the extended business community are **struggling to succeed against conditions that erode consumer confidence**. **Private property owners can't keep up** with the consequences of repeated trespassing behaviors. Dover's contracted **Emergency Medical Services** provider is **routinely overwhelmed** by the call volume generated by Behavioral Health emergencies. Our two most recent **pedestrian fatalities** were "at-risk" individuals who were a part of the **BHU client list**.

Upon reviewing all of the attached exhibits, the reader is reminded that **this document does not attempt to place blame**. There are **too many variables and moving parts**. What this report does attempt to do is to **offer a better understanding of the challenges** facing Dover and the **starting point for sustainable solutions**. Until there are substantial **changes made at the State level in Delaware**, local elected officials will have a **limited ability** to either effect or direct any sort of comprehensive strategy. Solutions begin with the **General Assembly**. The situation must be viewed **comprehensively and with urgency**. There needs to be a combination of **legislative update(s)** to create the necessary mechanisms and authorities as well as a plan to **fund the evidence-based changes**.

In recent weeks, there has been some research into, and discussion about, **Chapter 22 of Title 16** within the **Delaware Code** entitled the **Substance Abuse Treatment Act**. Adopted many years ago during the "Oxy Crisis", this law was never effectively funded or utilized. See **Attachment "E".**

With the **proper legal updates and allocation of resources**, this law could serve as a means to **compel substance abuse treatment** for "at-risk" individuals who refuse help. There are **similar laws** in use around the United States and Canada. An example from Arizona is offered in **Attachment "F"**. At the same time, **accountability mechanisms must be strengthened** at the same pace as the expansion of recovery and treatment services.

In summation, this review clearly establishes that the **full attention of the Police Department**, sustained for a period of **six full months**, with **overtime** and **partner agency involvement**, had only a **limited and temporary effect** on the identified problem. Often times there are voices that state "if the police would only get out there and do something, we could solve all of this!" At this time, this report **respectfully and humbly** tries to demonstrate that the **police are doing everything we can**, and more, and ultimately, **aggressive deployment of law enforcement-based resources isn't the real solution**.

No matter the cause of an individual's particular behavior, there should be a **structured response** that **balances the opportunity** to return to a **dignified existence** through *effective support services* alongside the equally important mechanism of *robust accountability* through the Criminal Justice system, whichever is most appropriate. If the City of Dover is to return to the often talked about "thriving center" of both the County and the State; if the goals of 2030 and beyond are to be realized; **stakeholders must join in advocacy** for improvements that must come from the level of State Government. **Complimentary activities can certainly occur** as soon as practical, but state-level changes are rarely accomplished quickly. Hopefully it can begin when the Assembly comes together again in January.

The Dover Police Department would like to thank Mayor Christiansen for his **permission, collaboration, and advocacy** related to the needs of this *Quality of Life Initiative*. Recognition is also due to our many **partner agencies** and their associated leadership teams. But most importantly, the contributions of the **Community Policing Unit** and the **Patrol Unit** must be recognized for their talent and energy that allowed us to bring what **positive changes** we could to the affected areas, as well as to identify the **systemic problems** that serve as a barrier to lasting and meaningful improvement.

# Attachment A

## Action Plan

## ***Objective:***

To reverse the deteriorating **Quality of Life** within the corporate limits of the City of Dover, DE.

## ***Problem Assessment:***

The deteriorating Quality of Life in Dover is demonstrated by the **legitimate complaints** and concerns expressed by community members living, working, and visiting the City. The **intolerable conditions** created by the sales and consumption of illicit substances, the indecent and often **sexual behaviors in public view**, the unsanitary **completion of bodily functions** in public spaces, and the **ineffective system** of addressing behavioral health challenges are just a few of the factors contributing to a refractory Quality of Life in an ever growing portion of the community. The current conditions are an active **deterrent for business** investment, brick and mortar **retail, tourism**, residential **growth, enjoyment** of parks and other recreational facilities, and even use of the **public library**. Without a thriving city, there will be no resources available to address the "at-risk" members of the community. Without action, conditions will continue to deteriorate.

## ***Directive:***

On Monday, September 9, 2024, Mayor Robin R. Christiansen directed the Chief of Police to undertake a **comprehensive enforcement effort** across the City. Enforcement activities were to be focused on **issues impacting the quality of life** in Dover. The **City Manager** was asked to attend the meeting to **ensure that financial resources would be available** to support the planned operation. Also, the **Chief Code Enforcement Officer** was brought into the discussion when it was clear that the Mayor's vision would require the cooperation of other city departments and key personnel. The challenges and opportunities associated with such an operation were discussed at length and the Chief of Police was **granted the latitude** to take the **necessary time to plan** it so that all things could be considered before implementation.

## ***Strategic Partners:***

**The Delaware Department of Justice**: The Chief of Police made personal contact with both the **Chief Deputy** and the **State Prosecutor** regarding the planned initiative. The overarching theme of the initial discussion was an assessment of the type of charges the DOJ would **support and prosecute** under a range of anticipated circumstances. These senior officials indicated their initial support of decisive action, within acceptable boundaries, and assigned **Kent County Chief Prosecutor Erik Towne** as the point of contact **(POC)** for the Attorney General's Office.

**The Justice of the Peace (JP) Court**: The Chief of Police made personal contact with **Deputy Chief Magistrate Kevin Wilson** regarding the planned initiative. He has agreed to join the planning process and **keep the JP Court judges informed** of our efforts and progress. *Note: Judge Wilson was never able to attend any meeting due to scheduling issues.*

**The Delaware State University Police Department**: The Chief of Police will make personal contact with **Superintendent James Overton** and **Chief Donald Baynard** regarding the planned initiative. DSU has an interest in their proprietary locations in the **Downtown** zone of the city and their **continuing problem of tent cities** popping up in the undeveloped/wooded parts of University-owned property. It was determined that the **University Facilities** Department would be a necessary component.

**The Delaware State Capitol Police Department**: The Chief of Police will make personal contact with **Chief Elmer Harris** regarding the planned initiative. CPD has an interest in their proprietary locations in the **Government** zone of the city and their **continuing problem of trespassing** in the outlier addresses under State jurisdiction as well as the undeveloped/wooded parts of State-owned property assigned to CPD.

**The Delaware State Police**: The Chief of Police made personal contact with **Major William Crotty** regarding the planned initiative. Major Crotty understood the issue through previous meetings and enforcement events as well as **recent complaints regarding Dover conditions received by Governor Carney**. DSP has an interest in their proprietary locations as well as the **unincorporated properties** of Kent County, within the furthest boundaries of the city, which remain under State jurisdiction. Major Crotty assigned **Captain Andrew Lloyd** from Troop 3 as the DSP POC. Major Crotty has since been appointed as the Colonel of the DSP.

**Impacted Departments of the City of Dover**: The Chief of Police, or designee, will make routine contact with other **impacted City Departments** as indicated for the purposes of planning, enforcement, follow-up and documentation. Departments currently identified as potentially being impacted include **Planning & Inspections** (particularly Code Enforcement), the Office of the **Fire Marshal**, the Office of the **Emergency Manager** and **Public Information**, **Parks and Recreation**, and the **Dover Library**.

POC = PIO Kay Sass

**Identified Outreach Organizations**: The Chief of Police has assigned the **Behavioral Health Unit (BHU)**, consisting of Community Policing **Officer Jake Shepherd** and his Clinical Field **Partner Watara Heath**, to identify government and **non-profit entities** that are actually **effective in delivering services** in the field to support the planned initiative. They will **make recommendations and research options** so that the data produced by the pending initiative can be analyzed to determine success or failure as well as improve future efforts. *Recommendations and options have been received.*

**Emergency Medical Services**: The Chief of Police will assign a staff officer to liaison with the **Kent County Paramedics** and the contracted medical transport service to make sure there are **adequate resources on duty** during operational hours as transport to a medical facility might be the first and best option for individuals contacted during the planned initiative.

## ***Pre-operational tasks:***

**Workflow & Hourly Utilization**: The amount of **unobligated time** for operational units will be assessed to the degree possible. The amount of **overtime and extra-duty time** will also be calculated based on a standard pay period. The objective of this assessment will be to determine if any minor restructuring will be possible before overtime hours are employed. Other related objectives include an assessment of the amount of overtime that can be assigned to this initiative **without overworking the employees**. The possibility of **tele-serving** identified calls to the communications center will be explored as well as the possibility of making appointments for other select situations where there is no immediate need for a patrol vehicle response.

**Compliance to Law, Regulation, and Procedure**: The DOJ will be consulted regarding the common situations leading to the deteriorating conditions in the city. The applicability of existing State statutes will be discussed and the Dover PD will **receive direction** as to what law, or combination of laws, will

be supported by prosecutors, given certain facts in each type of case. Particular attention will be paid t their thresholds of **reasonable suspicion and probable cause**. Post-arrest activities will also be discussed to include potential agreement with the AG's office that misdemeanor drug and drug paraphernalia possession will not be nolle prossed but will be referred to drug court so that the defendant can be entered into **court ordered treatment programs**. *Completed on 10/01/2024*
*Updated on 10/24/2024 after ACLU settlement*

**Communication and Public Information**: There will be active discussions between the PIO's of all major entities supporting the Dover PD including the DOJ, the City, DSU, DSP, and any others identified during the planning process. **MCpl. Ryan Schmid** will take the lead in this coordination and will be aided by **Lt. Mark Hoffman** when necessary. The initiative will be **announced before it begins** and careful attention will be made while crafting the introductory message. We will begin the public narrative so that our intentions and behaviors are first defined by the involved entities and not the uninformed critic. Additionally, consideration will be given to finding a way to **involve the public** by providing an **on-line reporting tool**. This would place many more eyes on the problem to assist with the planning and execution of this initiative. An available example is the existing link serving Tucson, https://reportencampments.tucsonaz.gov/ *Completed on November 5th*.

**Community Cooperation and Enforcement Authorization**: There will be an effort to **coordinate the cooperation of the community**, particularly the business community, as it relates to our ongoing activities. We will need to have a way to **gather information from them** so that we know where to assign resources as we go. Also, obtaining **pre-authorization to enforce trespassing** will be a part of pre-operational activities. *Ongoing progress during October*

**Identification of Encampments and Daily Hot Spots**: There will be a coordinated effort to list all of the known encampments and physical addresses where Quality of Life concerns are routinely reported. The list will be **updated as needed** and serve as a connection point to the focused efforts. *POC= MCpl. Justin Richey*

**Enforcement & Diversion Guidance:** A **resource guide** for officers will be created which gives contact information for **social welfare programs** so that the officer on scene can provide resource information and if applicable call these programs to respond to give someone help. The guide will **also contain enforcement options** to eliminate the question as to what officers are allowed to enforce. The guide will note what **traffic citations and DCO's** can be written for things such as open containers and pedestrians in the road- to name a few.

## ***Operational tasks:***

**Patrol Response to Calls for Service**: The initial intent is for this to be a proactive operation but it is clear that it will not be 24 hours a day and we will still receive calls for service. Once the proactive plan is finalized, the Patrol Unit will be provided instructions on how to engage calls for service that align with the initiative. This will be done for consistency of effort and process as well as to avoid duplication or activity that overextends our resources.

**Communication of Intention**: In a nod toward **procedural justice concerns**, the persons found in violation of the laws and ordinances associated with the initiative will be given **appropriate warnings** during routine business in the days leading up to the beginning of proactive operations. In plain terms, the BHU will visit the encampments and signal that focused enforcement is imminent so they have time to exercise the most control over their next steps. Other units will deliver the same message during their response to Quality of Life concerns.

**Coordination of Lead Authority**: Prior to the beginning of operations, all law enforcement agencies will **agree to the same enforcement strategy** and documentation in similar situations. In proactive, pre-planned efforts, the agency of **primary jurisdiction will take the lead**. In reactive efforts, the responding agency will defer to the primary authority unless that is not logistically possible. Coordination of the operation will fall to the City of Dover Police. *Meeting 11/4/2024*

**Coordination of City Departments:** There is a clear connection between this public safety-led operation and other key City of Dover Departments. Role players were previously identified. **Plans for the City's involvement will evolve with the operation**. They might include the cleanup of trash on roadways, city property, and/or homeless encampments, repairs to signage & infrastructure, **holding certain private property owners accountable** for persistent unsatisfactory conditions, the chronic offenders at the Library, and coordination with other non-police enforcement entities at the level of the County and the State.

**Addressing Illegal Encampments**: Proper procedures for addressing encampments will be followed for each location. This will include **legal notifications, safeguarding property** and appropriate **removal of hazardous materials**. The use of already available online tools [https://explorer.eagleview.com/index.php] can assist with the identification of some will hidden encampments. The responsible party/property owner of each piece of land will be contacted and informed of their obligations. Every effort will be made to **gain voluntary cooperation** of property owners so activities can be coordinated effectively. Once the property is clear, the owner will be advised of, and encouraged to enact, methods to **prevent a recurrence** of the encampment.

**Addressing Illegal Activities**: Proper procedures for addressing crimes and violations that impact Quality of Life in Dover will be followed during each encounter. This will include legal justification, thorough investigation of the situation/circumstances, and definitive action at the conclusion of the encounter. To be clear, in addition to alternative dispositions, proactive enforcement in an effort to create accountability is also a primary strategy for this initiative.

With that in mind, assigned personnel **retain their ability to apply discretion** and find alternative solutions if the totality of the circumstances suggest it. If medical care is the clear priority, policing will defer to EMS for disposition. If there is a clear connection to a substance abuse or mental health situation, and the contact has not rebuffed prior attempts to provide services, and if a connection to those services is available (i.e. BHU on duty), then that course of action is a viable option for disposition.

Otherwise, in the remainder of the cases, we will address warrants, issue DCO violations, issue charging documents for State level statutes, or make physical arrests. All enforcement actions will be done in such a way as to remain in alignment of the practice of de-confliction. In most cases, this will be maintaining situational awareness regarding the activities of the DVOC Unit and their efforts targeting open air drug markets and prostitution

**Documentation of Actions**: It will be extremely difficult to measure any success without an efficient system of tracking activities. Early results related to the effort will also inform the adjustments to the overall plan. Every action taken in furtherance of the initiative will be associated with a **Dover PD CR number**. At the suggestion of the Emergency Communications Manager, for the purposes of CAD research, the IBM number of 4640 (Dover S1) will be added to every incident related to the operation. For Dover PD staff members, this will include all activities conducted during the normal course of business that relate to self-initiated quality of life enforcement. For our partner agencies, please **reference the Dover PD CR number** in your paperwork. If the Dover Officer on scene doesn't provide it to you, please ask for it. Any **reports, photos or videos should be sent to the email address** of the Dover PD evidence unit [ DoverPD.Evidence@CJ.State.de.us ] so they can be linked to the appropriate Dover PD CR number. Please use the CR number in the subject line of the email to assist the evidence staff. Please make sure all photos are converted to **JPEG files**, all documents are converted to **secure PDF**, and all videos are delivered in a common, non-proprietary format.

**Creation of Temporary Quality of Life Unit**: After evaluating the amount of overtime that might be deployed without exceeding our operational capacity, there will be consideration given to a temporary structural change to the organizational chart. It will be extremely difficult to accomplish this mission without at least a few individuals assigned to it full time. *After a resource allocation review, this option will not be selected. One Officer will be transferred to CPU to compensate for staff recovering from injuries. All non-essential CPU activities will be suspended. Overtime will be used to staff the proactive operations and OT Officers will report to Sgt. Richey for assignment.*

**Wrap-around services and the Behavioral Health Unit**: Behavioral Health encompasses both state of mind and physical condition. The unit specializes in assisting individuals within the City of Dover that may be experiencing distress as a result of exacerbation of symptoms stemming from mental health and/or addiction. The Dover Police Department uses the co-responder model to ensure that a Clinician responds in real time with law enforcement to assess the needs of the person experiencing the crisis.

**Input from the BHU:**

The role of the Behavioral Health Unit is to connect those who are in need of emergent treatment/care for any addiction and/or psychiatric condition. Our goal is to provide the community with amicable and safe interactions with police officers when it comes to behavioral health and those who are in crisis. We are bridging the gap for accessing treatment for addiction and/or mental health treatment. The Behavioral Health Unit aims to decrease and ultimately eliminate social barriers for accessing quality care for all persons served. We are striving to promote a healthier community through education, information, and partnerships.

**Ongoing Behavioral Health Unit Objectives:**

1. Educating people of community resources available to promote healthy self-care
2. Collaborating with community providers sharing information, resources, and fostering innovative approaches for providing behavioral health services for people in the surrounding area
3. Connecting individuals served with appropriate services in the State of Delaware
4. Building relationships through partnering with the community, law enforcement, and community providers

**Emergent 24/7 Resources:**

- Mobile Crisis for Adolescents – 988 or 800.969.4357 or Text “DE” to 741741
- Mobile Crisis for Adults – 988 or 800.652.2929
- Delaware Hope Line – 833.9.HOPEDE

**Additional Information for critical information and resources:**

- Delaware 211 – 211 or 1.800.560.3372 or “Text your zip code” to 898.211

# BHU Action Plan – QOL Initiative

1. Establish Government, Non-Profit, and Private resources that can provide effective field support for the vulnerable population within the City of Dover.
2. Encourage and connect those suffering from Mental Health and Substance Use Disorder to pursue the least restrictive level of care with identified resources.
3. Attempt to decrease homelessness through continued outreach and contacts within the downtown and Route 13 corridor while partnering with private and state organizations. Ultimately rely on the Citizens themselves to be responsible for initiating the intakes for housing and treatment necessary to improve their quality of life and in turn decreasing the current crime hot spots within the City.
4. Provide any identified Victims, whether domestic or not, the necessary services from the Dover Police Department and/or Salvation Army.
5. Begin arresting individuals, without prejudice, when evidence of a crime exists, at the direction of the Department of Justice, for prosecutable offenses.
6. Improve not only the initial overdose response, but the post overdose response, while utilizing organizations such as ORT and PORT for tracking and assistance.
7. Attempt to identify and utilize grant resources to sustain the project goals and objectives. Utilize the funds for operations aimed at improving the quality of life of both the permanent and temporary residents within the City suffering from substance abuse disorder, mental health disorders, and homelessness.
8. Accurately record encampment and individual contacts for analysis to determine success and identify failures to continually improve performance from a legal and moral basis.
9. Frequently reevaluate the program effectiveness to ensure continued positive impact on the quality of life within the City, which is the ultimate goal.

## **Possible Resources** (BHU will make the call on designated resources)

- Adult Resources
  - In-patient and Out-patient facilities throughout Delaware for intake, assessment, and treatment
  - James Williams Service Center
  - Bridge Clinic
  - Promise Program
  - NET Centers (Kirkwood Detox)
  - DSAMH Opioid Response Team (ORT and PORT)
  - Veterans: VA Clinic and/or Non-Profit (case by case basis)

- Juvenile Resources
  - DE Guidance Services

- Victims/DV
  - Dover Police Victim Services
  - Salvation Army
  - First State Community Action
  - Shepherd's Place

- Housing
  - Male: Dover Interfaith Mission for Housing
  - Female and Children: Dover Interfaith Mission for Housing
  - Female: House of Hope

## ***Operational Direction:***

**Drugs/Vice/Organized Crime**: The DVOC Supervisory team will continue to maintain their critical investigative case load related to **illegal firearms and drug trafficking**. At the same time, resources will also be assigned to address specified quality of life issues. **Prostitution enforcement, off-highway vehicle enforcement**, and other challenges not primarily suited for patrol operations will also be addressed. When practical, operations will be **coordinated with CPU** for efficiency and de-confliction purposes. The principle of **"hot spot" policing** will be followed when there is no specific complaint or direction from higher authority to drive the location of proactive operations.

**Patrol Response to Calls for Service**: The 911 System will produce calls for Quality of Life concerns and Officers will respond per agency policy. Unfounded calls can be written off like any other situation meeting that established criteria. If a call brings the Officer in contact with a Quality of Life concern, crime or violation, the guidance found in this document and any issued reference document will provide options for the responding officer(s).

**Self-initiated Patrol activity**: It is recognized that patrol officers must **first address call volume and administrative tasks** assigned by their supervisors. Patrol resources have the potential to be a real difference-maker in this initiative. That said, patrol officers will be staffing much of the overtime needed for the initiative and **time-management will be important to ensure officer-safety** as it relates to fatigue over the duration of the operation. To balance safety and the goals of the initiative, the following hierarchy will serve as a standing direction for patrol platoons when managing the activities of the shift:

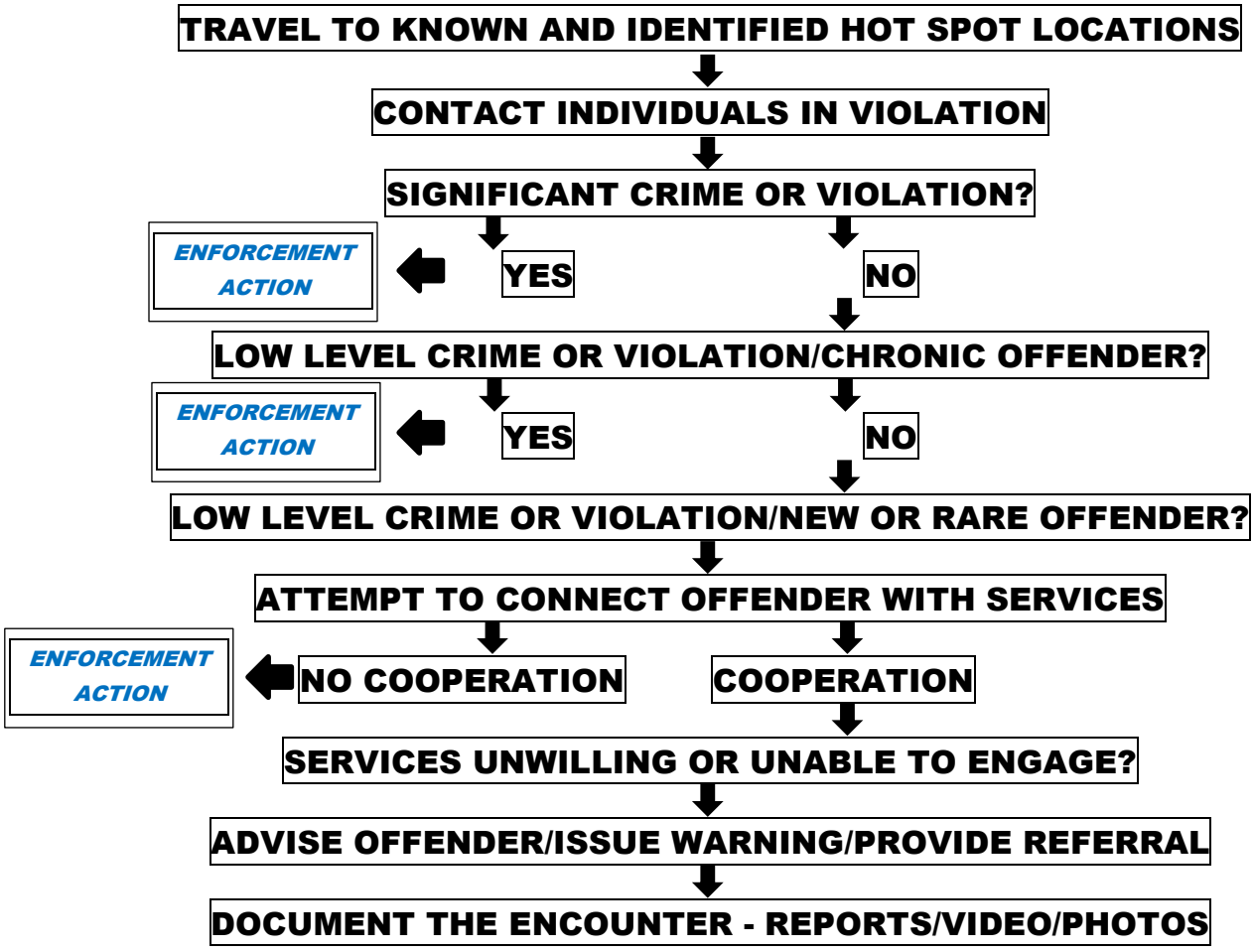
1st Priority: 911 emergencies and all calls for service
2nd Priority: Duties assigned by supervisors
3rd Priority: Appropriate amounts of meal and comfort breaks
4th Priority: Proactive activities during unobligated time frames
a) 50% traffic enforcement, bar/property checks, community engagement, etc.
b) 50% QOL initiative activity at known locations or when encountered on patrol

**Community Policing**: The CPU will lead the proactive efforts of the initiative. **Traditional tasks that are not essential will be suspended** so the QOL operation can be deployed. The **CPU will coordinate** with other units, agencies and entities as the known hot spot locations are addressed in a data-driven rotation. The BHU will be an essential element when efforts **find encampments or other at-risk individuals**. Coordination with private, city, county and state resources will be critical for warm hand off opportunities, code enforcement, connections to care or support and all other indicated follow up activities.

**Respect for jurisdiction/zones of responsibility**: The Quality of Life initiative will bring Dover Officers to locations under the authority of other law enforcement agencies. It will also bring them into contact with issues outside of their scope. If operational activities arrive in either space, **Dover Officers will coordinate with the agency of jurisdiction** and/or the local/state resource for health/safety/code enforcement/human services. They will respect their decisions so long as they are lawful, safe and not in conflict with Dover PD policy or procedure. When we can, and when it makes sense, we will provide logistical support and assistance with the scene.

# QOL Initiative Short Guide

Proactive efforts (primarily via CPU)

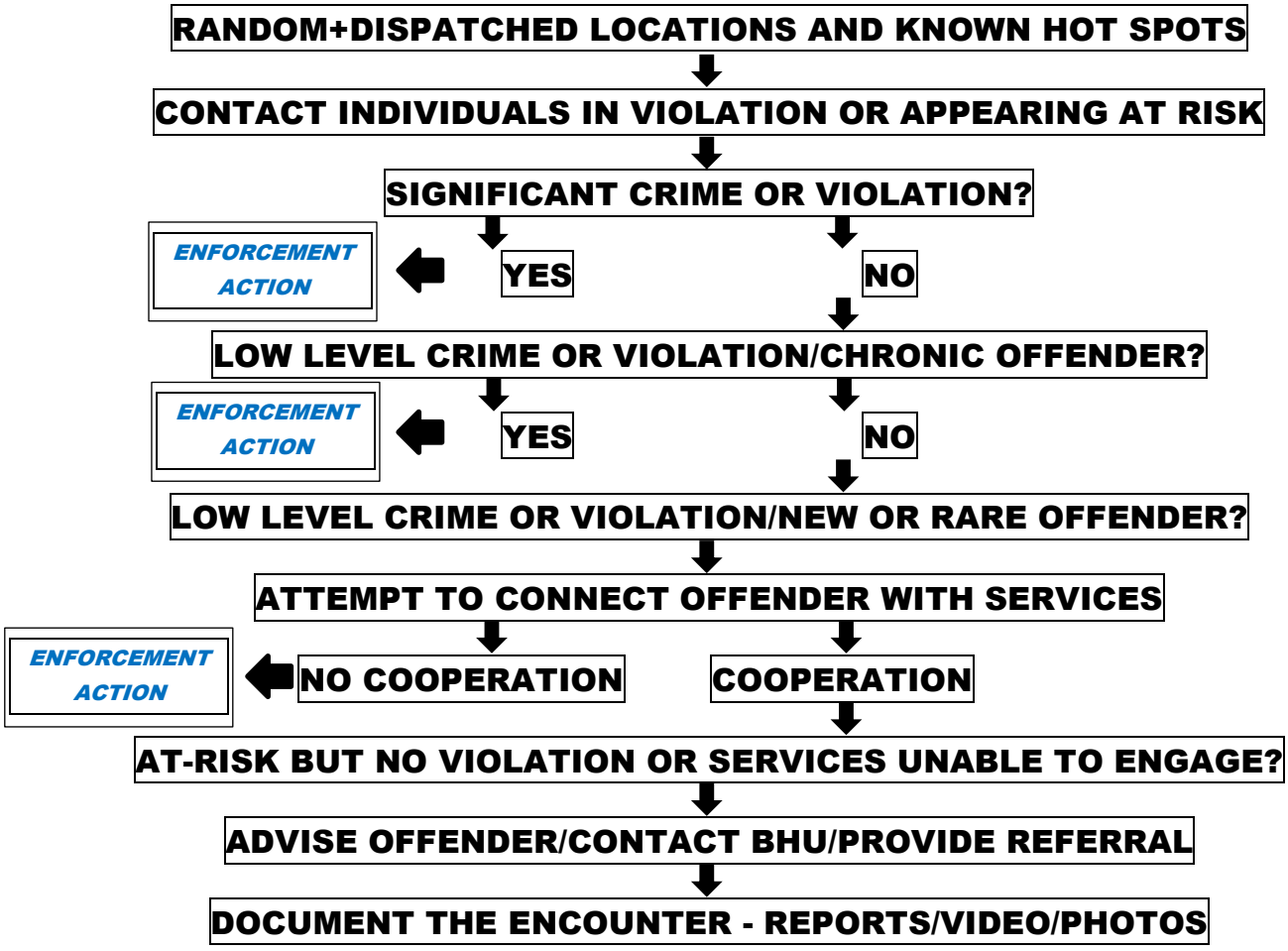



## ADDITIONAL GUIDANCE / REMINDERS

- "S-1" WILL BE ADDED TO THE CAD RECORD OF ALL INCIDENTS
- THE CR NUMBER WILL BE SHARED WITH ASSISTING ENTITIES
- BHU IS THE BEST RESOURCE FOR THE PROGRAM OBJECTIVES
- OFFICERS RETAIN THEIR DISCRETION DURING OPERATIONS
- ENFORCMENT ACTION IS DEFINED AS FOLLOWS:
  - EVERYTHING FROM DCO TO FULL CUSTODY ARREST
  - ACTION TO RESTORE SECURE/SANITARY CONDITIONS
  - TOTALITY OF THE CIRCUMSTANCES WILL BE RESPECTED
  - LITERATURE ON SERVICES CAN STILL BE PROVIDED
- PROPERTY OWNERS ARE RESPONSIBLE FOR CODE VIOLATIONS
- WE ARE RESPONSIBLE FOR OFFENDER'S PERSONAL EFFECTS

# QOL Initiative Short Guide

Reactive efforts (primarily via Patrol)




## ADDITIONAL GUIDANCE / REMINDERS

- "S-1" WILL BE ADDED TO THE CAD RECORD OF ALL INCIDENTS
- THE CR NUMBER WILL BE SHARED WITH ASSISTING ENTITIES
- BHU IS THE BEST RESOURCE FOR THE PROGRAM OBJECTIVES
- OFFICERS RETAIN THEIR DISCRETION DURING OPERATIONS
- ENFORCMENT ACTION IS DEFINED AS FOLLOWS:
  - EVERYTHING FROM DCO TO FULL CUSTODY ARREST
  - ACTION TO RESTORE SECURE/SANITARY CONDITIONS
  - TOTALITY OF THE CIRCUMSTANCES WILL BE RESPECTED
  - LITERATURE ON SERVICES CAN STILL BE PROVIDED
- PROPERTY OWNERS ARE RESPONSIBLE FOR CODE VIOLATIONS
- WE ARE RESPONSIBLE FOR OFFENDER'S PERSONAL EFFECTS

# QOL Initiative Reference Material

- **Should an event involve an established encampment, the DOJ has advised that a 5-Day window to vacate is appropriate.**
- **Trespassing signs that are clearly posted can eliminate the need for the *notice to vacate* in many situations.**
- **Any trespassing situation requires the cooperation and testimony of the property owner. A properly signed and executed trespassing form certainly establishes cooperation.**
- **Offenses closely associated with this initiative include:**
  - **Trespassing**
  - **Disorderly Conduct / Public Intoxication**
  - **Open Container (City Ordinance)**
  - **Lewdness**
  - **Low Level Drug Offenses**
  - **Non-compliance with prior Bail Condition(s)**
- **For the purposes of Enforcement or even Probable Cause, the recent direction from the Attorney General regarding:**
  - **11 *Del. C.* § 1321 (Loitering; violation) and**
  - **21 *Del. C.* § 4147 (Pedestrians soliciting rides or business)**

**will be respected until the General Assembly passes legislation to address the constitutional concerns surrounding the existing law. This direction will also extend to the City of Dover Ordinance #70-05 related to "Aggressive Panhandling" as subsections (b)(5)(6) are loitering type violations.**

- **Patrol Officers are encouraged to engage in traffic enforcement in and around the know QOL hot spot locations. Research has proven that traffic enforcement in high crime areas will produce a measurable reduction. Just as importantly, injury-associated and fatal crashes are reduced which protect bicyclists and pedestrians. At risk members of the community are often walking or riding bikes.**

**Emergent 24/7 Resources:**

- **Mobile Crisis for Adolescents – 800.969.4357**
- **Mobile Crisis for Adults – 800.652.2929**

# Attachment B

## MEMORANDUM

To: Operational Partners

From: Chief Thomas Johnson

Through: Electronic Distribution

Date: 6 December 2024

**Subject: Quality of Life Initiative – Progress Report – 1 Month**

Operations began on Tuesday, 5 November 2024, using the roll out version of the Action Plan as a guide for activities. The following information has been pulled in from the various running documents that track operational activities.

ECC Dispatch Database: 123 Incidents related to QOL activity*

SSU Date/Time/Name Spreadsheet: 122 Individuals**

SSU QOL Overtime Summation Log: 120.5 hours of OT related to proactivity

* The number of Dispatch Database and ** Date/Time/Name entries appear to have a certain amount of human errors upon first review. However, the error rate is not enough to change the general results of the operation for the first month. In short, the efforts of the Operations Division, supplemented by more than 120 hours of overtime, has resulted in more than 120 QOL-related events and more than 120 QOL-related field contacts. These numbers will be revised for the 2-month progress report. Standard triage of 911 calls for service will be outlined in a subsequent report once the data is reconciled. A summary of the pre-scheduled, proactive, OT-related efforts is below.

**11/5**

- Assignment began at 0800 hours - area of focus: 0-500 N. DuPont Hwy.
- Contacted 2 trespassers at 246 N. DuPont Hwy. Both subjects had multiple active warrants out of Dover Police Department as well as multiple capiases. 1 was committed to BWCI. 1 displayed signs of withdrawal and was transported to KGH for treatment. Judge conducted a bedside arraignment at KGH. DOC responded to KGH and took over.
- Contacted 1 trespasser on the property of the Kent County Chamber of Commerce - 435 N DuPont Hwy. Prosecution deferred in favor of providing a ride to Hopes and Dreams for his day program of drug rehabilitation.

- Returned to Super Lodge - 246 N. DuPont Hwy. Observed a trespasser urinating on the building. He was arrested and arraigned at JP Court 7 where he was released on OR bail.
- Pedestrian stop was conducted in the same area. Subject was contacted crossing the highway failing to utilize a crosswalk. She had a capias out of Family Court and had drug paraphernalia in her possession. She was committed to BWCI and transported there.
- Subject was stopped stumbling in the roadway in front of 50 N. DuPont Hwy. She was found to be wanted out of the Court of Common pleas on multiple Capiases. She was also committed to BWCI and transported there.

**11/7**

- Overtime assignment began at 1200 hours – area of focus: Downtown Dover. On the day - Total of 13 criminal arrests and 6 city ordinance summonses for varying offenses.
- Arrests for trespassing were made at Armigers located at 420 N DuPont Hwy, both subjects there were in possession of heroin, drug paraphernalia and were wanted out of varying courts for FTA capiases. One was committed to SCI and transported.
- An arrest was made at the DART transfer station - open container city ordinance violation. Subject provided a false name and was found in possession of drug paraphernalia.
- Contacted trespassers at 101 S. New St and at 59 S New St. Many individuals that were contacted were issued a city ordinance for public intoxication and some were provided a transport to KGH by EMS.

**11/12**

- Overtime assignment began at 0800 hours – area of concern: N. DuPont Highway, specifically the businesses just south of Scarborough Road. No violations observed - shifted focus to the Downtown.
- 2 individuals contacted - area of State Street Alley and W. Reed Street. 1 issued a DCO for public intoxication and 1 was issued a DCO for open container.
- Subject contacted sleeping on the sidewalk across from Courtney Square. Subject had an active warrant for breach of release and multiple capiases. Transported to BWCI.

**11/14**

- Area of focus was N. DuPont Hwy and the Downtown area.
- Contacted a trespasser at 101 S. New St. – arrest made and a “no contact order” was issued for the church property.
- Stopped a subject for crossing at other than a cross walk – E. Division and S. American. She was found to possess heroin and was wanted out of JP Court 7. She was issued a summons for the drugs and was arraigned on her capias. She was issued an OR bail.
- Contacted a large group of individuals - Super Lodge Motel - 246 N. DuPont Hwy. 3 subjects arrested for trespassing and criminal impersonation. 1 was wanted out of the Court of Common pleas on multiple capiases and was turned over to them.

- 2 more subjects contacted - old Friendly's restaurant property and were arrested for trespassing.
- All subjects denied offers of social services.

**11/19**

- Area of focus was N. DuPont Hwy and the Downtown area.
- 2 subjects contacted at 101 S. New St. and arrested for trespassing. 1 of the subjects possessed crack cocaine and drug paraphernalia.
- Traffic stop – W. Division and S. Governors. Operator was found to be wanted by the Delaware State Police. He was transported to Troop 3 without incident.
- A subject was taken into custody - wanted on multiple capiases - 720 Townsend Blvd. This individual was also experiencing a mental health crisis and the BHU assisted. Clinician Heath coordinated services for the prisoner as she was transported to BWCI.
- 2 individuals contacted and issued DCOs for open containers IFO 149 S. Governors Ave.

**11/21**

- Area of focus was 0 – 500 N. DuPont Hwy, Courtney Square and the Downtown area.
- Responded to a complaint of trespassing at Courtney Square, 1 subject was arrested.
- Conducted a welfare check on an individual at S. State and W. Reed Sts. Subject was wanted out of JP Court and possessed heroin.
- Responded to a 2nd call of trespassing in the area of Courtney Square but it was found to be across the street at the rear of Owens Manor. The group was contacted and no crime other than loitering was detected. They were provided food from a non-profit.
- Contacted 3 individuals trespassing - Super Lodge - 246 N. DuPont Hwy. – All arrested.
- Traffic stop – S. Governors and W. Reed. Operator was wanted out of the Court of Common Pleas and turned over to them.
- Returned to check Courtney Square - Contacted a trespasser with an open container and a no contact order with Courtney Square property. Breach of Release was included in his charges and he was committed to SCI.
- Checking Courtney Square again - Contacted and arrested two more for trespassing.
- Contacted 2 individuals drinking - DART Station - issued DCOs for the offense.

**(No scheduled activity in proximity to Thanksgiving Holiday)**

**12/5**

- 1 enforcement action due to extreme cold and low foot traffic.
- 7 individuals contacted - rear of 34 S Governors Ave - trespassing in the back/side yard.
- 2 were wanted out of Kent County Court of Common Pleas and turned over.
- 5 are pending prosecution upon contacting the property owner.

# MEMORANDUM

To: Operational Partners

From: Chief Thomas Johnson

Through: Electronic Distribution

Date: 6 January 2025

**Subject: Quality of Life Initiative – Progress Report – Month 2**

Operations began on Tuesday, 5 November 2024, using the roll out version of the Action Plan as a guide for activities. To illustrate the window between 6 December 2024 and 5 January 2025, the following information has been pulled in from the various running documents that track operational activities.

ECC Dispatch Database: 27 Incidents logged in relation to QOL activity

SSU Date/Time Spreadsheet: 37 Individuals

SSU QOL Overtime Summation Log: 44 hours of OT related to scheduled proactivity

**A sample of the proactive work is below.**

**12/10**

- 2 subjects contacted trespassing - old Friendly's restaurant.
- Both arrested for trespassing - one transported to CCP for their capias.
- Another subject contacted - Super Lodge - wanted - Kent County CCP - turned over.
- Helped inspections clear 31 S. New St - condemned. Obvious signs of trespass. Inspections boarded-up the property.

**12/12**

- 2 subjects contacted - Super Lodge - trespassing. One had capiases out of JP7 - the other had crack cocaine/heroin on him. The subjects were arrested and released on OR bail.
- Subject contacted - area of 215 W Reed St - appeared he was trying to hide from officers.
  Investigation - found to have a capias - Kent County CCP - turned over to their custody.

**12/17**

- Subject contacted trespassing at Courtney Square - found to be wanted - Kent County CCP - turned over to the custody of Capital Police.
- Multiple traffic stops conducted - Downtown area - which is an area of concentration.
- Subject contacted trespassing at 54 S. State St - Pastor of the church stated they did not want the subject arrested even though they had a trespass authorization form on file.

- Responded to 143 S. Queen St. to assist inspections - condemnation of the property. Residents were highly agitated - appeared the situation would escalate. Landlord then agreed to provide shelter for them and the disabled aunt's transportation was paid for by the city.

**12/19**

- 4 individuals stopped on church property at 101 S. New St - All 4 arrested for trespassing - one individual was wanted out of Kent County Court of Common Pleas – turned over.
- Multiple traffic stops conducted - Downtown area – focus area along with Courtney Square.
- PFC Shepherd obtained owner information for 119 W. Reed St - secured trespass authorization form - known hangout for large crowds.
- Back at 141 S. Queen St. – continuing problem property. The property was condemned and 7 dogs were removed from the residence by Office of Animal Welfare.

# MEMORANDUM

To: Operational Partners

From: Chief Thomas Johnson

Through: Electronic Distribution

Date: 6 February 2025

**Subject: Quality of Life Initiative – Progress Report – Month 3**

Operations began on Tuesday, 5 November 2024, using the roll out version of the Action Plan as a guide for activities. To illustrate the window between 6 January 2025 and 5 February 2025, the following information has been pulled in from the various running documents that track operational activities.

ECC Dispatch Database: 54 Incidents logged in relation to QOL activity

SSU Date/Time Spreadsheet: 91 Individuals

SSU QOL Overtime Summation Log: 179.5 hours of OT related to scheduled proactivity

**A sample of the proactive work is below.**

**1/7**

- City closed due to snow storm. Operations were cancelled.

**1/9**

- Contacted 6 at the condemned property at 56 S New St - arrested for trespass 3rd.
- One resisted - had to be placed in the WRAP - Once in the WRAP, stated that he was suicidal.
- He was taken to KGH - mental health hold - BHU.
- Another had a capias - Kent County CCP - turned over to Capital Police.
- Three more taken to KGH for withdraw or open sores related to drug use.
- Later at Super 8 - 348 N. DuPont Hwy - 3 individuals arrested for Trespass 3rd.
- Another subject arrested - Super Lodge - 246 N. DuPont Hwy for trespassing.
- Any individual contacted - appearing homeless - advised of Code Purple pickup location/time.

**1/14**

- 2 arrested - trespassing - 56 S. New St. - individuals wanted - Kent County CCP - TOT Capital PD.
- 3 arrested - trespassing - 120 S. Governors Ave - 2 of 3 wanted - separate courts – all arraigned.
- Contacted an individual - 261 N DuPont Hwy - pedestrian violation - wanted - TOT Harrington PD

**1/16**

- 1 arrested - trespassing - 56 S. New St. - property condemned - constant problem.
- Contacted city inspections - fence around the property? - told the city would not do it.
- 2 arrested - trespassing - 40 S. Governors Ave. - all 3 made aware of services.
- Contacted individual - under the influence - intersection of Governors & Reed.
- Subject had a capias / arrested for public intoxication.
- Got the judge to unsecure capias because subject agreed to go to Kirkwood Detox.
- Uber provided for subject - individual he got out of the vehicle in the downtown area and fled.

**1/21**

- Temperature was below 20 degrees - not many individuals out.
- 2 subjects contacted for trespassing - 40 S Governors Ave - both had capiases - various courts.
- Both arrested/arraigned on their capiases at corresponding courts.
- Found 4 individuals sleeping – “port-a-potty” - 120 S Governors Ave - 1 had a capias for VOP.
- She was turned over to the custody of Capital Police. The rest were moved along.
- House under construction - 24 S Queen St - appears people sleeping in it during night hours.
- Reached out - city inspections and got property owner’s info - got them to sign an authorization for trespass form - further subjects contacted will be arrested for trespassing.

**1/23**

- Officers responded to 56 S New St, which has become a nuisance property. We contacted one individual and she was arrested for trespassing. She was also wanted out of Kent County Court of Common Pleas and was turned over to Capital Police. We then contacted an individual trespassing at 31 S New St and she was arrested for trespassing. We then contacted a subject at 32 S Governors and he was also arrested for trespassing. All individuals contacted declined services.

**1/28**

- Arrested a subject for trespassing - 37 S New St.
- Noted subject on a bicycle - wanted for Breach of Release (shoplifting) - also had a warrant out of Kent County CCP. He was arrested and committed to Sussex Correctional Institute.
- Contacted 2 individuals – trespassing - Super Lodge - 246 N DuPont Hwy. 1 turned over to KCCCP for her capias. 1 arraigned on his shoplifting warrant – referred to treatment by BHU.

**1/30**

- 4 arrested - Trespassing - 31 S New St. - 1 had a capias  Kent County Family Court.
- 2 arrested - Super Lodge - Both wanted - JP Court 7 - arraigned and released on OR bail.
- Pedestrian stop - 46 S Bradford St - subject had 2 warrants out of Dover PD.
- 2 arrested - Hamlet Shopping Center - 1035 Walker Rd - trespassing.

**2/4**

- 2 arrested – Warrants – 32 S Governors Ave. – both wanted in Kent County CCP - TOT CPD.
- 2 arrested – Trespassing – Super Lodge – 246 N DuPont Hwy.
- 1 arrested – Trespass/Warrants – St. Andrews/425 N. DuPont Hwy - Kent County CCP - TOT CPD.
- 2 contacted – Open Containers – Courtney Square - issued City Ordinance violations.
- 4 arrested – Trespassing – 31 S New St.
- 1 contacted – Public Intox – Outside 14 N Governors Ave – Issued a DCO – Was TOT medical.
- 1 contacted – Fugitive – outside on S Bradford St. – Shoplifting warrant/Dover PD.

On February 5, 2025, the Behavioral Health Unit and its chain of command met with DSUPD to begin plans to address encampments that exist on University property.  This is a private property situation where Dover PD resources are supporting a DSUPD effort.  Outreach, enforcement, and clean-up operations are pending.

The Mayor is continuing his efforts to obtain a cooperative posture from the Delaware Department of Transportation as it relates to their properties in the city.  In particular, posted parcels on the north end of town have encampments that are quality of life concerns.  Once DelDOT gives the green light for operations, we will coordinate our efforts with the appropriate State agencies.

The Drug/Vice/Organized Crime Unit conducted a special operation on January 28, 2025. Their continuing efforts to address prostitution related issues in the City moved from street-level activity to the problems found in many of our hotel/motels.  In a controlled sting operation, six men arrived at a pre-designated hotel room after answering online ads for sexual services. All of them were arrested for prostitution-related offenses upon their arrival.  One individual resisted arrest and was found to be in possession of narcotics.  Another was in unlawful possession of a loaded handgun.  Court dates are pending for all of them.

In total, the QOL initiative has directly engaged 330 individuals since Day 1 Operations.  There are, of course, many repetitive contacts contained within that number.

# MEMORANDUM

To: Operational Partners

From: Chief Thomas Johnson

Through: Electronic Distribution

Date: 26 March 2025

**Subject: Quality of Life Initiative – Progress Report – Month 4**

Operations began on Tuesday, 5 November 2024, using the roll out version of the Action Plan as a guide for activities. To illustrate the window between 6 February 2025 and 5 March 2025, the following information has been pulled in from the various running documents that track operational activities.

| | |
|---|---|
| ECC Dispatch Database: | 43 Incidents logged in relation to QOL activity |
| SSU Date/Time Spreadsheet: | 87 Individuals |
| SSU QOL Overtime Summation Log: | 56 hours of OT related to scheduled proactivity |

**A sample of the proactive work is below.**

**2/6**

- Contacted 2 subjects - 219 W Reed St – Trespassing - both were arrested – multiple warrants
- Arrested 3 subjects - trespassing - 31 S New St. - 2 also capiases - TOT corresponding courts.
- Arrested 1 subject for trespassing - Super Lodge - 246 N DuPont Hwy – post-arrest, he was confirmed to be the suspect related to a shoplifting at Kohl's and those charges were added.
- During the same encounter, 2 more subjects were arrested for trespassing at a different part of the Super Lodge property at 246 N DuPont Hwy.

**2/11**

- Responded to a trespass complaint - Towne Point Apartments - 820 Carvel Dr. 1 subject was arrested for trespassing - also wanted out of Dover PD - shoplifting warrant.
- Responded to 111 S Queen St - report of subjects entering a rear shed. Contacted 4 people, 2 had capiases - 1 subject became disorderly - trying to swallow crack cocaine. The disorderly female was charged with Breach of Release / Tampering with Evidence.
- 1 arrested at 36 S. Governors for trespassing.
- Arrested 3 for trespassing - 219 W Reed St - 1 had warrants - another had just been arrested at 111 S Queen St.

- 5 arrested for trespassing - 31 S New St - 2 of them had just been arrested at 111 S Queen St. While on scene, one subject began exhibiting signs of narcotic overdose - was provided Narcan by Clinician Heath – once revived but clearly still ill, subject refused care and transport by EMS.

**2/13**

- DCO Cited the same subject who refused EMS on the 11th IFO 38 S New St. – clearly intoxicated – it was noticeable that a recent cut on his head was infected - EMS transported him to KGH.
- Pedestrian stop - S Governors Ave / W Reed St - female had multiple capiases - Kent Co. CCP.
- 3 arrested - trespassing - surrounded by feces / drug paraphernalia – rear of 45 S State St.

**2/18**

- 3 Contacted - 28 S Governors Ave – trespassing - 1 was turned over to KCCCP for a capias.
- 2 Arrested - 31 S New St. - both had active capiases and were turned over to KCCP.
- 4 Arrested – trespassing - 56 S New St. - 1 was wanted - JP7 court - arraigned and released. Another was recognized as wanted for a shoplifting offense out of Dover PD.

**2/20 [Low staffing]**

- 3 Arrested - 31 S New St - trespassing.
- 4 Arrested - trespassing - Super Lodge - 246 N DuPont Hwy. 2 of 4 also had capiases.

**2/25**

- 3 Arrested - 40 S Governors Ave. – Trespassing - 1 also issued a DCO / open container - 1 was found to have an active warrant out of Dover Police Department.
- Contacted 3 individuals - trespassing - 30 S Governors Ave. 2 of 3 wanted - Kent County CCP.

**2/27 [Low staffing]**

- 1 contacted - parking lot - 429 S New St. - intoxicated - Narcan administered - She refused treatment from EMS - issued a DCO - Public Intoxication
- 1 contacted - male in the alley - 33 S New St. - stated he was waiting for church to open – He was advised him not to loiter in the area - he moved along without incident
- 1 contacted - appeared in medical distress – SuperLodge - 246 N Dupont Hwy. She advised that she did not need medical attention and went back to her room.

**3/3 [Low staffing]**

- 1 arrested - trespassing/local fugitive – SuperLodge - 246 N Dupont Hwy.
- Vehicle stop - S DuPont Hwy/ E Division St - registration violation.
- 1 assist to patrol units - trespassing/resisting arrest complaint - Country Dr.

**3/5 [Low staffing]**

- 1 arrested - trespassing - 34 S Governors Ave.
- BHU responded to an overdose - Hopes and Dreams - 621 W Division St
- BHU transported a male to Detox from 103 S Governors Ave.

We have experienced a delay in the facilities department of DSU to begin to address encampments that exist on University property. We have been made aware of complaints coming from the hotel establishments nearby. I have been in contact with Superintendent Overton on this concern and the Special Services Unit has been working with DSUPD senior staff as well.

The Delaware Department of Transportation controlled property is also a continued concern. It borders the DSU land noted above and their officials continue to report that their legal arm has not advised them yet on a course of action. The concern continues to escalate to higher authorities and the hope is that something will shake loose soon. Once DelDOT gives the green light for operations, we will coordinate our efforts with the appropriate State agencies.

In total, the QOL initiative has directly engaged **417** individuals since Day 1 Operations. There are, of course, many repetitive contacts contained within that number.

# MEMORANDUM

To: Operational Partners

From: Chief Thomas Johnson

Through: Electronic Distribution

Date: 11 April 2025

**Subject: Quality of Life Initiative – Progress Report – Month 5**

Operations began on Tuesday, 5 November 2024, using the roll out version of the Action Plan as a guide for activities. To illustrate the window between 6 March 2025 and 5 April 2025, the following information has been pulled in from the various running documents that track operational activities.

ECC Dispatch Database: 31 Incidents logged in relation to QOL activity

SSU Date/Time Spreadsheet: 71 Individuals

SSU QOL Overtime Summation Log: 68.5 hours of OT related to scheduled proactivity

**A sample of the proactive work is below.**

**3/10 [Low staffing]**

- 1 contacted – overdose – 59 S. New Street - transported to KGH via EMS
- 2 Contacted – trespassing - 31 S. New St. – Both summoned for trespass 3rd – 1 Transported – Troop 3 for an active warrant
- 1 Contacted – loitering – Super Lodge, 246 N DuPont Hwy. – Removed / No arrest
- 2 Contacted – Sleeping in a vehicle – Comfort Inn, 1654 N. DuPont Hwy. Clinician Heath offered resources – Subjects stated that they had an appointment at a Detox facility later in the day.

**3/12**

- 1 arrested – trespassing – repeat offender - 37 S. New St.
- 2 arrested – trespassing - 40 S. Governors Ave – Both subjects had multiple court warrants.
- 1 Contacted – Open Container – S. Queen & W. Division Sts. – Drinking alcohol - Issued a DCO

**3/17**

- 7 arrested – Two separate incidents – Trespassing – 28 S. Governors Ave. – All 7 had capiases out of different courts. – 1 individual – found in possession – heroin and drug paraphernalia.

**3/19 [Low staffing]**

- 1 arrested – Trespassing – Drugs (heroin) – Super Lodge, 246 N. DuPont Hwy
- 1 Contacted – LVPO – Central Church Road – Removed 4 firearms - Meth recovered.

**3/24**

- 1 arrested – trespassing – 261 N. DuPont Hwy.
- 2 arrested – trespassing – 59 S. New Street.
- 1 contacted – overdose – 109 E. Division Street. - EMS transported to KGH

**4/1**

- 4 arrested – Two separate complaints – Trespassing – 30 S. Governors Ave.
- 1 arrested – multiple warrants – 219 W. Reed St. – turned over to CCP custody

**4/3**

- 1 arrested – disorderly behavior – 32 S. Governors Ave. / Downtown district – violently resisted – placed in restraints – Transported to KGH claiming he swallowed drugs – medically cleared – Subject had an active warrant as well as 4 capiases out of varying courts – transported to SCI.

DSU is beginning to address trash, debris, encampments that exist on University property near the north end hotels. They have retained a contractor for the cleanup. This follows complaints from multiple hotel establishments nearby.

The Delaware Department of Transportation controlled property, in proximity to the DSU zone, is a continued concern. The DelDOT Secretary ultimately chose to withhold permission for enforcement on the property. The DOJ asked for reconsideration. The issue was elevated to the Governor's Office. The final decision was not in favor of any enforcement. The issue is now with Mayor Christiansen.

In total, the QOL initiative has directly engaged **488** individuals since Day 1 Operations. There are, of course, many repetitive contacts contained within that number.

# MEMORANDUM

To: Operational Partners

From: Chief Thomas Johnson

Through: Electronic Distribution

Date: 27 May 2025

**Subject: Quality of Life Initiative – Progress Report – Month 6**

Operations began on Tuesday, 5 November 2024, using the roll out version of the Action Plan as a guide for activities. To illustrate the window between 6 April 2025 and 8 May 2025, the following information has been pulled in from the various running documents that track operational activities.

ECC Dispatch Database: 29 Incidents logged in relation to QOL activity

SSU Date/Time Spreadsheet: 50 Individuals

SSU QOL Overtime Summation Log: 89.5 hours of OT related to scheduled proactivity

**A sample of the proactive work is below.**

**4/8**

- 2 arrested – trespassing – 246 N. DuPont Hwy.
- 2 arrested – trespassing – 32 S. Governors Ave.
- 2 arrested – trespassing – 36 S. Governors Ave. 2 gave false names.
    - One individuals was provided information for the Bridge Clinic.

**4/10**

- 4 arrested – trespassing – 36 S. Governors Ave. - 1 was wanted – CCP – turned over to them.
- 1 arrested – trespassing – 28 S. Governors Ave. – also wanted and had drug paraphernalia.
- 5 arrested – trespassing – 36 S. Governors Ave. [again] – of the 5,
    - 2 had been arrested at the same address earlier in the day.
    - All 5 had paraphernalia on their person
    - 2 of the 5 had capiases and were turned over to corresponding courts.

**4/22**

- 3 arrested – trespassing – 240 N. DuPont Hwy. – Sounds of Tri-State
- 2 arrested – trespassing – 272 N. DuPont Hwy. – Days Inn
- 2 arrested – trespassing – 26 / 28 S. Governors Ave.

**4/29 [Low staffing]**

- 1 DCO issued for open container at the Hamlet Shopping Center
- 1 contacted – 4 S. Governors Ave. - Wanted out of DSP Troop 3 – turned over to DSP.

**5/1 [Low staffing]**

- 2 arrested – trespassing – 272 N. DuPont Hwy. – Days Inn
  - Both subjects were issued summonses
  - 1 turned over to Family court for a robbery capias.

**5/6**

- Large gathering – homeless individuals harassing each other - Hopes / Dreams - 621 W. Division.
  - 1 wanted - Kent County Court of Common Pleas - transferred to their custody.
- 2 arrested - trespassing at Days Inn - 272 N. DuPont Hwy.

As anticipated, the QOL initiative has reached a point where it has functionally plateaued. Across all of the “at-risk” populations, the individuals willing or able to accept services have done that. We are now seeing the same folks repeatedly and the criminal justice system is not an effective solution. The spring season has brought an increased demand for extra duty and overtime in other areas and the QOL operation went unfilled on several dates in April. Annual training mandates also influenced the schedule.

I made the decision to shut the operation down effective on May 8, 2025. The Community Policing Officers, the Behavioral Health Unit, and the involved supervisors will be reviewing all activities and making sure that all data has been put in the respective systems for analysis. We will be tracking the progress of all the pending court cases. We will be researching the success rate of all the social service referrals. We will be trying to find the common denominators for some of our frequent flyers.

As we gather the information needed for a fact-based final report, we will be working on a plan to sustain the progress that we have made. Please reach out with any information or feedback that would be relevant to this operation. **Many thanks** to our partners who attended the meetings and contributed to the operation.

# Attachment C

KATHLEEN JENNINGS
ATTORNEY GENERAL

DEPARTMENT OF JUSTICE
820 NORTH FRENCH STREET
WILMINGTON, DELAWARE 19801

CIVIL DIVISION (302) 577-8400
CRIMINAL DIVISION (302) 577-8500
FRAUD DIVISION (302) 577-8600
FAX (302) 577-2610

September 5, 2025

**VIA EMAIL**
Robin R. Christiansen
P.O. Box 475
Dover, DE 19903-0475

Dear Mayor Christiansen,

Thank you for meeting with Attorney General Jennings last week to discuss the quality of life concerns in Dover. As you know, the Attorney General directed our Kent County Office to assist Dover Police Department's Quality of Life Initiative that ran from November 5, 2024 through May 8, 2025. Following up from our meeting, I write to report on the success of the prosecutions in this initiative and to reaffirm our commitment to public safety in Dover.

Despite a critical shortage of Deputy Attorneys General in our Kent County Office, and mindful of our continued efforts to drive down violent crime, we prioritized the prosecution of quality of life infractions in an effort to assist Dover PD with this initiative. While these crimes, often unclassified misdemeanors or violations, carry a presumptive sentence of fines (no jail time) under the Delaware Sentencing Accountability Commission (SENTAC) Benchbook, the Attorney General agrees that quality of life crimes erode the public order and trust in the judicial system and directed the DOJ's Criminal Division to fully assist and support Dover PD's efforts.

In conjunction with Dover PD, we flagged every arrest made pursuant to this initiative for focused prosecution. Prosecutors were directed to approach cases collaboratively and comprehensively, bearing in mind applicable charges under Delaware law and rules of evidence, relevant sentencing guidelines, criminal history, aggravating and mitigating factors, and recidivism. For instance, where SENTAC does not provide for Level V sentencing, prosecutors were still directed to prioritize treatment, no contact orders and focused deterrence on repeat offenders. While about 40 cases are still pending, we report that 105 of the individuals arrested for quality of life violations have pled guilty, a 64% conviction rate. This does not include conditional resolutions where charges are dropped if defendants comply with corrective conditions such as substance treatment or no contact orders. When factoring in conditional resolutions the conviction rate is roughly 70%.

In addition to the continued prosecution of these crimes, the Attorney General's Office has also

- coordinated and conducted prostitution stings in downtown Dover utilizing our Human Trafficking Unit;
- held a Dover Voices Heard community meeting to empower residents and civic leaders utilizing our Community Engagement Specialist Corie Priest;
- participated in Group Violence Intervention (GVI) efforts to prevent and deter criminal behavior.

We will have a representative attend the next Dover City Council meeting to address any questions or concerns. We remain committed to improving the quality of life and maintaining public safety for all Dover residents. And we stand ready to partner in any future Dover Police Department Initiatives to this end.

Respectfully,

Dan Logan
Chief Deputy Attorney General

cc: Chief Thomas Johnson, Dover Police Department Dover City Council Members

# Attachment D

## Behavioral Health Unit Quality of Life Report

PFC Jake Shepherd
October 2024 – May 2025

- During Quality of Life (QOL) Initiative activities identified by Chief Johnson, Sgt. Richey, and Clinician Heath, approximately **122** persons were contacted by the Behavioral Health Unit (BHU).
- The **BHU** functions, first and foremost, as a **Law Enforcement** unit and therefore will also respond to Calls For Service (CFS) not directly associated with the QOL Initiative. The disposition of the QOL contacts was difficult to calculate as we are not a "Case Management Team", and reserve that time consuming function for high risk/specific cases.
- The below information along with the additional reports completed by Chief Johnson, Sgt Richey, and Clinician Heath highlights the work performed and data gathered during the QOL Initiative, and during the time period described above.

---

- **BHU Internal Statistics from October 2024 – May 2025 provided the following information:**
    - PFC Shepherd and/or Clinician Heath performed BHU related work during approximately **126** Days of the above time period. This included full and partial days, along with referral calls while off-duty. PFC Shepherd and Clinician Heath also received and provided training during this timeframe.
    - PFC Shepherd and Clinician Heath were assigned to approximately **661** Calls For Service (CFS) that involved approximately **500** Field Contacts.
    - **Of those 661 CFS, the following occurred**:
        - PFC Shepherd was assigned to **363** CFS as the Primary Officer.
            - A large majority of these calls being Behavioral Health Related.
        - PFC Shepherd completed **115** LEISS Reports.
        - BHU assisted with, organized, or provided **163** Persons with Transport to locations such as the following:
            - Bayhealth Kent Campus Emergency Department, Dover Behavioral Health, SUN Behavioral Health, Veterans Affairs Hospital, Recovery Innovations, Concerted Care Group, Rockford Center, Division of Family Services, Dover Middle School, Hotels, and Other Resources.
            - The Dover Police Department, Delaware State Police, Kent County Court of Common Pleas, Justice of the Peace Court 7, Probation and Parole, Sussex Correctional Institution, Baylor Women's Correctional Institution, and Stevenson House.
        - Approximately **167** Persons contacted involved Mental Health complaints.
        - Approximately **131** Persons contacted involved Substance Abuse complaints.
        - Approximately **35** Persons contacted involved Co-Occurring Mental Health and Substance Use Disorder complaints.
        - **391** of the CFS involved Other Circumstances.
        - BHU received approximately **121** Refusals during the CFS related to Behavioral Health needs.

- BHU provided approximately **155** individuals with Resources during the CFS related to Behavioral Health needs. The types of Resources are notated in Clinician Heath's case study.

I, PFC Shepherd, have been assigned to the Behavioral Health Unit (BHU) since January 2024. During this time, Clinician Heath and I have operated as a highly successful Co-Responding Team for the City of Dover Police Department with impact throughout the State of Delaware. In 2024, we were assigned to over **750** Calls for Service (CFS) and I was the Primary Officer on over **550** of those calls, and completed over **200** LEISS reports. To put those numbers into perspective, the New Castle County Police Department Co-Responding Teams responded to approximately **604** CFS in 2023 operating with **four Officers** and **four Clinicians**. We were effective in improving the responses to Behavioral Health calls throughout the City of Dover, and established numerous ongoing relationships with local and State resources.

The Quality of Life Initiative was planned, executed, analyzed, and reported by Officers and Civilians that were in direct contact with persons in need of behavioral health and/or Police services. This task was unique and challenging for many reasons. We are not case managers or data analysts, but we utilized the tools and limited time available to execute this initiative at the highest level possible every day. We learned and evolved as the initiative was completed, and took time to discuss effective approaches to problems encountered. There were plenty of frustrating times, and the term "I'm not ready" echoes still to this day during our continued work in the community. As a team, we have the ability to place people into the right level of treatment for their needs at the moment we encounter them. This was different from traditional Police encounters, and resulted in several conversations with individuals as to why, "right now", was not a good time.

The Initiative contained all levels of approach, as the adverse behaviors were effecting community living in the City of Dover. Services and resources were offered to persons that were contacted several times by the BHU and/or Police Officers. The refusals eventually turned into arrests as the behavior was identified as illegal and the contacted person was not voluntarily improving themselves through the resources offered by the BHU. The initiative highlighted the need for more complete and effective wraparound services and long-term rehabilitation facilities throughout Delaware. We also saw a need for expanding on the involuntary commitment conditions to include substance use disorder, enforcing treatment over objection when it pertains to severe mental illness, and holding individuals accountable for their actions through our Justice system. The City of Dover contains numerous resources for Behavioral Health needs, but has also created an environment of readily available illicit drugs and easy access to basic human needs that does not encourage change. I am proud of the work that the Dover Police Department, the Behavioral Health Unit, and our effective partners continue to display within our community and throughout the State of Delaware and hope that this report highlights the positives, negatives, and improvements needed to create a better, safer environment for all.

Sincerely,

PFC Shepherd
Behavioral Health Unit

# Attachment E

**Quality of Life Initiative: Implementing a Behavioral Health Approach within Law Enforcement, Addressing Public and Social Health Crisis**

City of Dover

Dover Police Department

Watara Heath, M.A., M.S, LMSW, LCDP, ICAADC, CAADC, DE-CMHS

Behavioral Health Unit

09.03.2025

# Quality of Life Initiative

## Introduction

Law enforcement officers (LEOs) are entrusted with frontline responsibilities in responding to a wide range of emergencies. Their primary objective is to serve and protect by upholding the law and ensuring the safety and security of the communities being serve. Society consistently relies on police agencies and officers as the primary responders in situations perceived as crises. For the purposes of this article, the focus will be specifically on crises relating to behavioral health.

## Behavioral Health Crisis in Delaware

**Behavioral health** encompasses a broad range of conditions that affect daily functioning, decision-making, and overall quality of life. In Delaware, a growing public health crisis is being driven by factors such as homelessness, substance use, psychological disorders, trauma, and systemic inequities. Substance use disorders and mental health challenges are especially prevalent among individuals experiencing homelessness, often forming a complex, bidirectional relationship where housing instability can lead to addiction, and addiction can, in turn, contribute to housing loss.

As of April 17, 2025, Delaware has approximately 1,585 unhoused individuals, according to the Point-in-Time Count outlined in Executive Order No. 8 signed by Governor Meyer. This reflects a 16% increase from 2024. The Homeless Management Information System (HMIS) and other evidence-based technology platforms track this data. Delaware seeks to reduce its unhoused population in half within the next five years through a collaborative effort led by the Delaware State Housing Authority and involving community leaders, elected officials, and state department heads.

According to a report released in 2024, from the Substance Abuse and Mental Health Services Administration (SAMHSA), approximately 157,000 individuals over the age of 12 in Delaware are living with a substance use disorder (SUD). It is important to acknowledge that this figure may not represent

the most current or precise estimate, as Delaware's population is steadily increasing. The *Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition* (DSM-5) defines substance use disorder as a pattern of uncontrolled substance use despite significant harmful consequences, persisting for a period of at least 12 months. SUD is recognized as a chronic brain disease that significantly impairs an individual's ability to function in daily life.

**Law Enforcement's Evolving Role**

As the population continues to grow, so does the demand for public safety services. Our jurisdiction has experienced a steady increase in calls for service, particularly those relating to behavioral health and the visibly rising unhoused population. In response, police agencies across the State of Delaware have adopted the co-responder model. This approach fosters collaboration between law enforcement and licensed behavioral health clinicians and/or case managers, who jointly respond to behavioral health crisis calls in the community. The goal of this integrated model is to shift the response from a punitive approach to a therapeutic one reducing negative law enforcement encounters, improving individual outcomes, and enhancing overall public health and safety.

**Co-Responder & CIT Models**

Delaware has demonstrated a strong commitment to enhancing the quality of services provided to its residents, particularly in the area of mental health and addiction. Reflecting this dedication, the state adopted the nationally recognized Crisis Intervention Team (CIT) model in 2014. Developed in collaboration with the National Alliance on Mental Illness (NAMI), the CIT program is a voluntary, 40-hour training initiative aimed at equipping law enforcement officers with introductory, critical skills in de-escalation techniques and mental health awareness. The curriculum combines classroom-based instruction with interactive, scenario-based learning facilitated by mental health professionals and experienced law enforcement personnel. This multidisciplinary approach aims to enhance officers' ability to respond safely and effectively to behavioral health emergencies.

The implementation of the co-responder model, alongside law enforcement officers trained in Crisis Intervention Team (CIT) practices, facilitates more effective and compassionate interactions with specialized populations. Officers who possess a foundational understanding of the psychological and physiological effects of mental illness and substance use disorders (SUD), as well as knowledge of how to recognize and appropriately respond to these situations, are more likely to engage in trauma-informed and person-centered approaches during such encounters. Utilizing these approaches, first responders can build rapport and foster a sense of mutual respect, helping to humanize both parties. This foundation creates space for autonomy and empowers individuals in crisis with the ultimate objective to increase the likelihood that the individual being served will engage in and agree to appropriate treatment options.

**Treatment Infrastructure in Delaware**

There are currently sixty substance use disorder co-occurring treatment programs operating across the State of Delaware: 34 in New Castle County, 17 in Kent County, and 15 in Sussex County. These programs vary in their levels of care (LOC) and offer a range of services related to addiction and behavioral health, in accordance with the American Society of Addiction Medicine (ASAM). The ASAM criteria is a nationally recognized, person-centered framework used to assess and determine the appropriate level of care for individuals facing substance use and/or mental health challenges. This tool is widely utilized by healthcare providers and managed care organizations to guide decisions regarding medical necessity and coverage of services. The ASAM framework assists providers in identifying individualized clinical needs, desired outcomes, and potential barriers to care. Levels of care, as defined by ASAM, correspond to the intensity and frequency of services delivered to best support each person's recovery journey.

The American Society of Addiction Medicine (ASAM) Criteria, Fourth Edition the most current version defines four levels of care for individuals with substance use and co-occurring mental health

disorders. Following completion of the assessment, placement within the appropriate level of care is determined collaboratively by the Assessor and the individual being served. The Fourth Edition reflects a shift toward a more holistic, person-centered approach, emphasizing integrated services. Notably, each level of care has been expanded to incorporate a medical model that addresses both biomedical and psychiatric comorbidities. Additionally, supportive services such as Recovery Residences can be included as part of outpatient treatment plans, offering flexible, wraparound support across the continuum of care.

## The "Quality of Life" Initiative: A Case Study

Over a six-month period, the City of Dover, Dover Police Department launched a targeted initiative to address the complexities and growing impact of crimes and emergencies related to illicit mood-altering substances, including overdoses. This initiative aimed to enhance public safety and improve the overall quality and appearance of the city for all residents. The department's primary objective was to support residents by increasing access to community services and resources, ultimately reducing criminal activity and improving safety for residents and visitors.

The "Quality of Life" initiative was designed with a strategic and intentional approach to community engagement and service. The following presentation outlines how the initiative was implemented, along with an analysis of its effectiveness, the challenges encountered, and the barriers faced from both law enforcement and behavioral health system perspectives.

### Method

This study used a quantitative process, collecting and analyzing numerical information as the technique to identify patterns. Simple random sampling was the techniques used to represent the population contacted. Data was collected through interviews that included brief field assessments and screenings for safety. Calls for service for QOL were determined through the computed-aided dispatch

(CAD) software. An assigned, employee number (IBM) was associated with all calls for service relating to QOL.

Between November 2024 and May 2025, the Dover Police Department's Behavioral Health Unit assisted with behavioral health related calls for service within the city limits of Dover, Delaware. These services were provided during operational hours of 0800 hours to 1200 hours on Tuesdays and 1000 hours to 1400 hours on Thursdays. In addition to responding to calls for service, the unit engaged in proactive community outreach efforts. That included offering immediate access to substance use disorder (SUD) and/or mental health (MH) treatment, as well as information on resources for safe and affordable housing. Psychoeducational and Motivational Interviewing were the major techniques used during interviews. This process offered space for building rapport, exploring ambivalence, and focusing on specific goals to address with community members. Education/information was readily shared in regards to case management processes, pharmacological and therapeutic options, and available psychosocial and psychological services in the surrounding community.

**Findings**

During the Quality of Life (QOL) initiative, the Dover Police Department, Behavioral Health Unit responded to **326 calls for service**. Notably, **more than half** of these calls involved **residents from special populations** identified as **high utilizers of services**. Focusing on **February 2025**, the **Behavioral Health Unit (BHU)** of the Dover PD responded to **59 calls for service**. Key findings include: **47 of the 59 calls** (approximately 80%) involved **direct contact** with individuals experiencing: **mental health conditions, substance use disorders (SUD), and/or homelessness; 16 individuals** were **transported to various facilities**, including: **medical facilities, courthouses, and/or Police department** (for processing and arraignment), **5 individuals** were **specifically transported for mental health or SUD treatment**.

Overall, the data reveals that **the majority of individuals engaged** by the BHU were dealing with one or more of the following: substance use disorder, mental health conditions, trauma, and/or

unhoused. These findings reflect the **intersectionality** of behavioral health challenges, substance use, trauma, and housing instability issues that align with broader **statewide trends** and underline the critical role of integrated community response models.

**Discussion**

The implementation of QOL yielded mixed results regarding its effectiveness, depending on the stance of the beholder and the lens used to view this approach. Businesses, residential property owners, and tenants have observed noticeable improvements in their communities, including a decrease in open drug use, the soliciting on sexual acts, reductions in loitering, trespassing, litter, drug paraphernalia, and human waste. Conversely, individuals directly affected by the enforcement measures often perceived the initiative as harassing, discriminatory, and excessive.

Below is a case study that highlights how the efforts and commitment of the Dover Police Department's Quality of Life (QOL) initiative had on both the individuals served and the broader community. You will also read of challenges faced, barriers to services surrounding the ability of an individual to receive consistent quality wrap around services to combat addition, mental health emergencies and homelessness:

In late December 2024, BHU encounter Patient X. Patient X had previous calls for service and was well known to BHU. During this timeframe, Patient X, exhibited a noticeable decline in mental health and increased alcohol use. They presented with bizarre behavior, disorganized thoughts, and made false reports to both law enforcement and emergency medical services (EMS), including local emergency departments (EDs).

Patient X was identified as receiving community-based care through an Assertive Community Treatment (ACT) team operating under the Promise Program. ACT is a comprehensive, wraparound model of care that provides community-based services and operates under strict regulations established by the Delaware Division of Substance Abuse and Mental Health.

This level of care is also subject to oversight by Medicaid, as a primary funding source, and by the Commission on Accreditation of Rehabilitation Facilities (CARF), an international accrediting organization. ACT teams in Delaware are typically housed within nonprofit organizations and are audited regularly and occasionally at random to ensure that services are delivered appropriately, in alignment with the organization's mission, and in full compliance with all applicable policies and State and Federal regulations.

Patient X, continued to present with decompensating of their mental health and increase of substance use (alcohol), more than likely, self-medicating to combat the exacerbation of mental health symptoms. By mid-January 2025, Dover PD BHU continued to advocate for Patient X to receive treatment in effort to prevent Patient X's condition worsening. BHU contacted Patient's X ACT team and Promise provider and was informed that Patient X was administratively discharged from both programs in early December due to "lack of engagement" "refusing services". BHU then contacted DSAMH via email, seeking other treatment options and support with helping Patient X reengage in services. Below are email correspondents from BHU pleading for assistance with Patient X's care (All names have been removed for the purpose of privacy and confidentiality:

**Hope this email finds you well. This email is to advocate for bh wrap around services in the community for Patient X (DOB: 99.99.9999). Patient X was recently discharged from ACT services and Promise for "lack of engagement". Dover PD BHU was informed that Patient X refused to engage with their team, refusing to allow them access in Patient X residence. Patient X does present with paranoia, suspicious of others, and guarded from time to time, which seems to be a response from previous trauma Patient X has experienced. We have had the absolute privilege of getting well acquainted with Patient X over the past 6 months. We haven't been able to confirm the self-reported hx. However, Patient X has visited Dover PD frequently over the past month spending 15-30 min speaking with us. Patient X did report some concerns with the ACT team and the reason Patient X was not engaging was due to "no therapy being provided".**

**Over the past month, Patient X has been decompensating. Presenting with delusions of grandeur, hyper-focused on governmental officials, increased paranoia, RIS, psychosomatic symptoms and making false reports with Dover PD, EMS, and Bayhealth Kent Campus. Beginning the week prior to Christmas holiday, Patient X began showing up at Dover PD daily to make reports of being victimized, followed, threatened, etc. Patient X suddenly stopped coming to the station last week, which now leaves us with gaps in laying**

**eyes on Patient X. Patient X has no supports in the community and resides alone. However, now Patient X has begun calling for EMS and visiting the local ED daily. Patient X is not presenting in imminent danger to self or others, at this time and we have been unsuccessful with connecting Patient X with local tx providers. Patient X reported having an intake appt with CORAS for OP services on 01.02.2025. However, Patient X did not attend an appt with anyone on 01.02.2025, Patient X was in the station reporting a theft of a cell phone and that Patient X was going to reschedule the intake appt. Patient X has been without medications and a prescriber for at least one month to our knowledge.**

**On 01.09.2025, Dover PD were contacted by Dover Housing Authority with reports that Patient X has been vandalizing the property and pulling the fire alarms. It was reported that this was an ongoing occurrence and charges were filed at which point Patient X was arrested for property damage of Queens Manor Apartments. I have not met with Patient X this week. However, yesterday Patient X was transported to Bayhealth Kent Campus ED via EMS following reports of being shot (There was no shooting). We are being informed that Patient X leaves the ED before being seen and at times before being triaged but does visit the ED daily as of the last week.**

**I am hopeful we can put something in place to have Patient X connected with services, it appears Patient X is not able to maintain in the community safely without the appropriate supports. Patient X has been hospitalized, involuntarily multiple times by Dover PD over the past six months. We noticed an uptick in service calls for Patient X, beginning over the summer. We deduced that having to relocate to another unit over the summer months (due to property renovations) being the origin of the exacerbation of symptoms. Since this timeframe, Patient X has been struggling with caring for mental/emotional health.**

**We are aware that all service deliverables surrounding treatment is person centered. However, we are hoping that with your assistance, we are collaboratively able to connect Patient X with services to meet her behavioral health needs.**

**Thank you in advance,**

The Response to the above email:

**I appreciate the efforts made by you and Dover PD to help this client. This is a very tough situation that unfortunately occurs often. PROMISE is a voluntary service, and an individual can decline to participate, even when we know the benefits would be great for the client. People have the autonomy to make their own decisions which at times this can make helping/connecting them to treatment very difficult for those offering support.**

**I would encourage the utilization of RI to see if they could assist with getting her to the next level of care. Maybe with continued observation, additional info to support Patient X need for services could be identified. Also, our Bridge clinics are available for walk-in services and they may be able to assist you in the moment to get her assessed and receive medications same day. The number for the Bridge clinic in Dover- (302) 515-3310. If Patient X is willing to reengage with the PROMISE program, you can also assist Patient X in calling the EEU and self-referring. I will notify both of her situation to expedite the referral for services.**

**Please do not hesitate to reach out or call with any questions, concerns, or to brain storm any additional options in real time. We appreciate the partnership and the collaboration for our clients.**

A couple of months later, in March of 2025, Patient X, was arrested and sentenced to corrections, still experiencing challenges with stability of mental health and substance use (alcohol) and now homelessness. Below is another email sent pleading for treatment/care for Patient X to the behavioral health provider contracted and housed within the correctional facilities throughout the State (Names have been removed to ensure privacy and confidentiality):

**Hope this message finds you well. Patient X; DOB: 99.99.9999; SBI: 00000000 was transported to X Correction facility earlier this morning from Dover PD. I am writing to refer Patient X, who is currently incarcerated, for continued behavioral health treatment. Patient has a long history of acute psychiatric conditions, including multiple inpatient hospitalizations over the past year and regular involvement with mental health services. Patient X condition has significantly worsened recently, leading to a series of setbacks including eviction from housing through the Dover Housing Authority, multiple misdemeanor offenses, lack of access to medications, and ultimately current incarceration.**

**Background:**

- **Patient X was previously housed through Dover Housing Authority but was evicted last month while hospitalized due to "abandonment of property".**
- **Patient X has experienced a worsening of mental health symptoms, including significant exacerbations that have contributed to her loss of housing, legal issues, and lack of medication.**
- **Over the past year, Patient X has had several inpatient hospitalizations on a monthly basis, and lack of stable housing and mental health treatment has only intensified Patient X challenges.**
- **As Patient X is now incarcerated, we want to ensure that Patient X receives the necessary psychiatric support to manage their condition and facilitate rehabilitation.**

**Previous Treatment and Programs:**

- **Patient X was previously enrolled in the Promise Program and has a history with the Assertive Community Treatment (ACT) team. However, Patient X was discharged from these services in December 2024.**
- **Patient X has received ongoing care for their psychiatric needs and was stable when involved in these programs, though Patient X current living situation has led to a marked decline in their mental health.**

**Given the complexity of Patient X case and the exacerbation of their mental health symptoms, we are requesting you to conduct a comprehensive evaluation of Patient X current psychiatric needs and coordinate a treatment plan that includes regular psychiatric consultations, medication management, and possibly a case management team for stabilization. Continuity of care is crucial for Patient X, both during their time in custody and as Patient X prepares for eventual release.**

**We are familiar with Patient X and are happy to provide additional information or collaborate with you to ensure Patient X receives the appropriate support. Please do not hesitate to contact us if you require further details regarding Patient X behavioral health condition or treatment history.**

**Thank you for your attention to this matter, and we look forward to supporting Patient X in their ongoing treatment.**

**Thank you in advance,**

Since this email, Patient X was seen once upon release by Dover PD BHU and continued to present with deterioration of mental health. To date, all contact with Patient X has been lost.

## Conclusion

It is essential to reaffirm that during any service interaction, individuals retain the right to refuse services, regardless of their level of distress or apparent impairment due to substance use. Guided by the Delaware Department of Health and Social Services (DHSS) and the Division of Substance Abuse and Mental Health (DSAMH), Delaware's person-centered approach prioritizes individual autonomy and the right to self-determination. Even in instances where clinical or medical assessments indicate the need for intervention, individuals may not be compelled to engage in treatment unless they pose an imminent risk to themselves or others. Currently, Delaware has no legal framework permitting the involuntary referral of services for individuals experiencing substance use disorder (SUD) crises outside of these emergency parameters.

While Delaware offers numerous evidence-based programs that address co-occurring SUD and mental health conditions, significant gaps remain in the system. These gaps undermine efforts to reduce homelessness by 50% over the next five years, adequately address the complex needs of individuals with co-occurring disorders, and mitigate broader public health concerns associated with substance use. Policy constraints and fragmented service delivery models have created systemic barriers to care, with legislative processes often determining access and rollout of critical services. Although individual autonomy is a fundamental right, there must also be a recognition that SUD is a chronic and relapsing

disease one that can impair an individual's capacity for rational decision-making, particularly within vulnerable populations.

## Recommendations

To address these challenges, a systemic, multi-stakeholder approach is necessary. This includes incorporating the perspectives of individuals with lived experience, as well as frontline service providers, in the development and evaluation of treatment strategies. Widespread access to evidence-based, person-centered care must be prioritized. Furthermore, implementing robust oversight mechanisms, including continuous evaluation of service outcomes and participant feedback, will support accountability, improve program effectiveness, and uphold the principle of self-determination. Only through a coordinated and compassionate approach can we begin to close service gaps and meaningfully improve the quality of life for individuals affected by SUD and co-occurring disorders.

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Waller, R.C., Boyle, M.P., Daviss, S. R., et al.

# Attachment F

**From:** Shepherd Jake (Dover PD)
**Sent:** Tuesday, March 4, 2025 9:47 AM
**Subject:** Logan Brannock

Good Morning,

Bear with me as this email is being sent from my phone, and may get lengthy due to using this as a professional record of what the Behavioral Health Unit did for Logan Brannock. I planned to send this and am including Chief Johnson at his request.

Watara and I first encountered Logan in May of 2024 with her ex-boyfriend/spouse, in the area of Green Turtle. This was my first encounter with Logan, but Watara and I could both tell she was in need of serious treatment for substance abuse. Logan was taken to the hospital via EMS and likely eloped as soon as possible. From this compliant on, Logan was contacted an additional four times by BHU prior to her suspected overdose on February 26, 2025 and an unknown amount of times by Patrol Officers.

On January 22, 2025, Logan was contacted at the Days Inn during a medical incident. Logan and a second female were trespassing in a vacant room with no heat. The floor was almost completely covered in yellow bile and urine and both females were in separate beds violently shaking from withdrawal and the cold. Watara and I spoke calmly to them as to remain compassionate, even with the continued trespass and drug problems that we face. Logan was also missing her pants and was extremely emaciated. Both females were transported to KGH by EMS for further treatment. We discovered that Logan was suffering from a severe infection on top of the withdrawal symptoms.

Due to several complaints and meetings after the above incident, BHU was unable to meet with Logan prior to her leaving the hospital Against Medical Advice (AMA). I reached out to the Post Overdose Response Team (PORT) to report the severe withdrawal symptoms of both patients observed by BHU, EMS, and KGH. PORT and DVOC were also notified of an increase in overdoses weeks prior to the onset of the severe withdrawals. I attributed the initial overdoses (with specific bag stamps), and the withdrawals observed later to a new illicit drug compound that I have not tested yet. As you know, I am not a ‘drug’ cop, per se, but this appeared to be the most likely reasoning at the time.

Watara and I both knew we needed to contact Logan due to her repeated overdoses, severe medical conditions, and lack of antibiotics. On January 28, 2025 we observed Logan in front of the Days Inn. The initial questions surrounded her well-being and she immediately complained of minor chest pains. Logan agreed to transport to KGH by BHU for her chest pains, which subsided slightly once she was safe and warm in the police vehicle. We took this opportunity to really interact with Logan and find out the struggles and barriers she faces.

Upon arrival at KGH, we discovered that Logan had an alleged history of sexual trauma and abuse. She was also extremely close with her mom, who committed suicide in January of 2021. Her mom had been a Nursing Supervisor in a full-service hospital, a college Professor, and a

Nurse Practitioner in the private sector prior to her passing. Logan blamed herself for the death of her mom, began heavily abusing opioids, and eventually became homeless as well as being involved in local, low-level prostitution.

She was immediately triaged and treated by KGH staff. Watara contacted a DSAMH representative who was able to immediately respond to KGH and help Logan complete the Medicaid application. Logan voluntarily provided verified information to myself, Watara, and other resources in hopes of helping people affected with addiction. She also gave us written access to her toxicology reports to further assist us in harm-reduction education in the community. Eventually Logan did leave the hospital AMA and she was not seen by BHU until February 26, 2025.

As previously stated, PFC Slaughter and I responded to the parking lot of the old Family Dollar located at 312 W Loockerman St for a reported Overdose. We arrived on scene and observed Logan in the rear of an abandoned white commercial van on the property. The van was disgusting, to say the least, and it is unknown how long she was staying in there and defecating in a bucket outside (a truly terrible way to die). I provided Logan with one dose of Narcan and confirmed a slow radial pulse. A Bag Valve Mask (BVM) was then utilized to provide rescue breaths before another dose of Narcan was given approximately two minutes after the first.

At this time, Logan stopped breathing, and no pulse was located. PFC Slaughter and I removed her from the van and began CPR as EMTs and Paramedics arrived on scene. Upon entering the ambulance, a pulse was regained and she was transported to KGH for further treatment. KGH staff attempted numerous life saving measures in the ER, but that evening the charge nurse alerted me via phone call that Logan was likely brain dead and would not survive. I did learn through the conversation that Logan was an organ donor and would likely help others even after death.

On March 1, 2025, Watara and I visited KGH to pay our respects and gather further information. Little did we know, most of Logan's family was in the ICU. A short follow-up visit quickly turned into grief support for the family, which included her dad and grandmother. We discovered later on that Logan's grandfather passed away recently, so the family was dealing with a lot of acute loss and grief. We spoke with her dad about the support we offered Logan and that she was always kind and cooperative even up to the end. We spoke about the struggles of addiction and family. He showed me pictures of Logan's drawings and paintings prior to her heavy addiction setting in. We then said our goodbyes to Logan and her family.

I recognize the uncommon nature of the support we provided Logan and her family from a Police Agency perspective, but I truly believe a lasting impact was made. We exchanged numbers and I offered the family support at any time. He forwarded me her honor walk video and shared that her heart would be used via transplant to save a life on March 2, 2025. While this highlights just one of many cases, we are often asked how to quantify the success of our unit. I believe that even though this case ended in death we truly offered an above and beyond amount of support to Logan and her family.

On March 5, 2025 at approximately 1300 hours, I observed Logan Brannock's spouse/boyfriend, walking in the area of Dover Fire Department Station 1. I spoke with him about his situation before bringing up Logan. He was aware that she was at KGH on life support, however, was unaware of her passing over the weekend.

I performed a field death notification and spoke with her significant other about his options, after giving him time to process. We spoke about addiction and treatment, and he agreed to detox treatment. I contacted Recovery Innovations in Ellendale, DE who agreed to accept him as a patient. He was transported to RI without incident and notified staff of his recent loss and substance abuse, so that he could receive the proper level of care.

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Dover Police Department
Behavioral Health Unit
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# Attachment G

# Delaware State Legislature
# Title 16

**§ 2201. Declaration of policy.**
Substance abuse is one of the greatest challenges facing our State, schools, workplaces and families because it has destructive influences that pervade all facets of our society. Accordingly, it is the policy of this State to provide treatment to those who abuse substances such as alcohol, drugs or inhalants. Therefore, this chapter is designed to enable those engaged in substance abuse to receive appropriate care and treatment. Although voluntary treatment is preferred, this chapter also provides a mechanism for involuntary treatment in suitable cases. (73 Del. Laws, c. 358, § 2.)

**§ 2202. Establishment of Office.**
There is hereby established an Office of Substance Abuse Services within the Department of Health and Social Services Division of Alcoholism, Drug Abuse and Mental Health. The establishment of the Office is not intended to contravene any authority for alcohol and drug treatment services vested in the Department of Services for Children, Youth and Their Families pursuant to Chapter 90 of Title 29.
(73 Del. Laws, c. 358, § 2.)

**§ 2203. Definitions.**
For the purposes of this chapter, definitions of the following terms and phrases shall be as follows:

(1) “Administrator” means the individual or individuals who have been appointed by the entity that operates a licensed treatment facility to manage its affairs and who will be its agent for service of process or orders of a court.

(2) “Court,” unless otherwise identified, means the Superior Court of the State, except where the person in need of treatment is under the age of 18 years. If the person in need of treatment is under the age of 18 and it is appropriate, “court” may then mean the Family Court of the State.

(3) “Department” means the Department of Health and Social Services unless the usage indicates otherwise.

(4) “Designated transport personnel” means those personnel designated by the Secretary of the Department of Health and Social Services, in the case of adults, or the Secretary of the Department of Services for Children, Youth and Their Families, in the case of minors under the age of 18 years, to transport persons in need of treatment.

(5) “Division” means the Department of Health and Social Services, Division of Alcoholism, Drug Abuse and Mental Health, or Division of Prevention and Behavioral Health Services as indicated by the usage.

(6) “Facility” or “treatment facility” means an entity, other than a licensed hospital, that provides care, lodging or treatment to persons in need of treatment. A “residential treatment facility” provides 24-hour, live-in treatment to persons in need of treatment. A treatment facility may have 1 or more “treatment programs” which are distinct therapeutic service components that may also address different age populations. “Facility” does not include the outpatient practice offices of licensed

independent practitioners, including, but not limited to, physicians, psychologists, social workers and counselors.

(7) “Office” means the Office of Substance Abuse Services within the Department of Health and Social Services.

(8) “Patient” means a person in need of treatment who is the subject of a petition for involuntary treatment or anyone engaged in substance abuse who is requesting voluntary treatment, or as permitted under this chapter, those individuals for whom treatment has been consented to by a parent, relative caregiver, legal guardian or legal custodian.

(9) “Patient representative” means an individual or entity authorized to act on the patient’s behalf by operation of law or express appointment by the patient.

(10) “Peace officer” means any public officer authorized by law to make arrests in a criminal case.

(11) “Person in need of treatment” means an individual who engages in substance abuse as previously defined in this section to the extent that:

a. Such use causes the person to pose an imminent risk of injury to self or others without treatment; or

b. Otherwise substantially interferes with the individual’s ability to provide self-care in an age-appropriate manner, as evidenced by a significant impairment of functioning in hydration, nutrition, self-protection or self-control, thereby posing a grave and immediate risk of serious harm to the individual’s health and well-being.

(12) “Person who is incompetent” means a person who has been adjudged incompetent by an appropriate state court.

(13) “Physician” means an individual licensed to practice medicine in this State; or a physician employed by the Delaware Psychiatric Center, registered within the Medical Council of Delaware, and certified by the Division as being qualified in the diagnosis and treatment of substance abuse; or any physician employed by the United States government within the State in the capacity of psychiatrist and certified by the Division as qualified in the diagnosis and treatment of substance abuse.

(14) “Secretary” means the Secretary of the Department of Health and Social Services, unless the usage indicates otherwise.

(15) “Staff,” means individuals with specific training in drug and alcohol assessment or treatment who are licensed by the State as independent practitioners in the fields of nursing, social work, medicine, psychology, or counseling; or individuals otherwise certified as drug and alcohol counselors in a manner acceptable to the State; or individuals otherwise permitted to practice as set out above.

(16) “Substance abuse” means the chronic, habitual, regular or recurrent use of alcohol, inhalants or controlled substances as identified in Chapter 47 of this title.

(17) “Substance evaluation team” is staff in the substance abuse and mental health field charged with assisting other agencies in determination of the appropriate treatment modalities for patients referred.

(18) “Treatment” means clinical and related services rendered to a person who abuses alcohol, drugs or inhalants.

(19) “Treatment team” means staff members who collectively provide clinical services to a person in need of treatment.

(20) “Working day” means all days other than Saturdays, Sundays and legal state and federal holidays. (73 Del. Laws, c. 358, § 2; 77 Del. Laws, c. 327, § 210(a); 78 Del. Laws, c. 179, § 165.)

**§ 2204. Powers of the Office.**
The Office of Substance Abuse Services, as a component of the Department of Health and Social Services, may, subject to the express provisions of other sections of this chapter:

(1) Plan for, establish, amend and revise standards for treatment programs when necessary or desirable;

(2) Make contracts necessary or incidental to the performance of its duties and the execution of its powers;

(3) Solicit and accept for use any money, real property or personal property made by will or otherwise and any grant of money, services or property from the federal government, the State or any political subdivision thereof or any private source, and do all things necessary to cooperate with the federal government or any of its agencies in making an application for any grants;

(4) Administer or supervise the administration of the provisions relating to persons in need of treatment of any state plan submitted for federal funding pursuant to federal health, welfare or treatment legislation;

(5) Coordinate its activities with the Department of Services for Children, Youth and Their Families, and cooperate with alcohol and drug treatment programs in this and other states, and make contracts and other joint or cooperative arrangements with state, local or private agencies in this and other states to provide services to persons in need of treatment;

(6) Keep records and engage in the gathering of relevant statistics;

(7) Do other acts and things necessary to execute the authority expressly granted to it; and

(8) Acquire, hold or dispose of real property or any interest therein, and construct, lease or otherwise provide treatment facilities for persons in need of treatment. (73 Del. Laws, c. 358, § 2.)

**§ 2205. Duties of Office.**
The Office of Substance Abuse Services, as a component of the Department of Health and Social Services, shall:

(1) Cooperate with the Department of Safety and Homeland Security and the Department of Correction to assist in developing and establishing programs to provide services for persons in need of treatment within the criminal justice system;

(2) Cooperate with the Department of Education, law-enforcement officials, and other public and private agencies to assist with the development and dissemination of substance abuse prevention materials for use at all levels of school education;

(3) Work in partnership with the Department of Services for Children, Youth and Their Families in establishing, licensing and evaluating programs for the prevention and treatment of substance abuse among children and youth;

(4) Organize and foster training programs for all persons engaged in providing services to persons in need of treatment;

(5) In coordination with the Department of Services for Children, Youth and Their Families, specify uniform methods for keeping statistical information by public and private agencies, organizations and individuals; and collect and annually provide relevant statistical information, including at a minimum the number of persons treated, the most commonly used substances, age of the treatment population, nature of treatment, frequency of admission and readmission, and frequency and duration of treatment;

(6) Advise the Governor in the preparation of a comprehensive plan for providing services to persons in need of treatment and its inclusion into a state comprehensive health plan; the plan should consider diagnosis, treatment, rehabilitation and education in the areas of substance abuse and dependence and should be revised over time as deemed necessary. In matter related to minors, advisement will be done in coordination with the Department of Services for Children, Youth and Their Families;

(7) Encourage hospitals and other health facilities to admit persons in need of treatment if the required treatment is within their scope of practice;

(8) Encourage all health and disability insurance programs to include substance abuse as a covered illness;

(9) Promote, develop, establish, coordinate and conduct through the Department or any approved agency, public or private, unified programs for education, prevention, diagnosis, research, treatment, aftercare, community referral and rehabilitation in the field of substance abuse and dependency, and to implement and administer such programs;

(10) Promulgate rules and regulations with the approval of the Secretary for the implementation of the authority and responsibilities within this chapter and employ persons responsible for implementing the purposes of this chapter, except insofar as such authority is granted to the Department of Services for Children, Youth and Their Families in Chapter 90 of Title 29;

(11) In coordination with the Department of Services for Children, Youth and Their Families, establish guidelines and provide for the systematic and comprehensive evaluation of the effectiveness of various programs licensed by the Office;

(12) Establish a substance evaluation team to assist all other agencies in determination of the appropriate treatment modalities for patients referred.
(73 Del. Laws, c. 358, § 2; 74 Del. Laws, c. 110, § 138.)

**§ 2206. Residential and nonresidential facilities.**
The Office of Substance Abuse Services, as a component of the Department of Health and Social Services Division of Alcoholism, Drug Abuse and Mental Health, shall, subject to the express provisions of other sections under this chapter:

(1) Have the authority to license all facilities to be used exclusively or partially for the treatment of persons in need of treatment upon application and under this chapter. These facilities may be operated

as residential or nonresidential facilities. The Department of Services for Children, Youth and Their Families will be consulted prior to adoption of regulations and standards applicable to facilities serving minors.

(2) Establish procedures whereby persons who are in need of treatment may seek admission to these programs on a voluntary basis and provide a system to accept appropriate referrals from all components of the criminal justice system and provide assistance where necessary for security for such referrals.

(3) Have the authority to contract with other governmental or private agencies for additional diagnostic and treatment facilities or programs. The Office is encouraged to establish these programs on a regional basis with emphasis on prevention and preventive education and broad community involvement.

(4) Except as authorized in § 2211 of this title, provide that no person who voluntarily enters a facility for persons in need of treatment shall be retained in such facilities or programs against the person's will. Such voluntary admission shall not be used as evidence in any criminal prosecution.

(5) Initiate and maintain programs which will include:
a. Prevention of substance abuse;
b. Residential treatment;
c. Nonresidential treatment; and
d. Follow-up treatment.
(73 Del. Laws, c. 358, § 2.)

**§ 2207. Standards for public and private treatment facilities.**
(a) In cooperation with the Department of Services for Children, Youth and Their Families, the Office shall establish standards for treatment facilities that must be met for a treatment facility to be licensed as a public or private treatment facility.

(b) In coordination with the Department of Services for Children, Youth and Their Families, the Office periodically shall inspect licensed public and private treatment facilities at least every 2 years.

(c) The Office shall maintain a list of licensed public and private treatment facilities.

(d) Each licensed public and private treatment facility shall file with the Office, on request, data, statistics, schedules and information the Office reasonably requires. A licensed public or private treatment facility that without good cause fails to furnish any data, statistics, schedules or information as requested or files fraudulent returns thereof may be removed from the list of licensed treatment facilities, as its license will be either revoked or suspended.

(e) The Office may at times enter and inspect and examine the records and operations of any licensed public or private treatment facility to determine compliance with this chapter.

(f) No action will be taken under this section by the Office without consultation with the Department for Children, Youth and Their Families regarding the operation of treatment facilities for minors.
(73 Del. Laws, c. 358, § 2.)

**§ 2208. Licensing of treatment facility; regulations.**
(a) The Secretary, upon recommendation from the Division, shall approve the licensure of entities applying to be substance abuse treatment facilities and may designate certain facilities for treatment of individuals on an involuntary basis. Additionally, the Secretary may restrict, condition, limit and/or set the term of the license of a treatment facility as may be reasonable or prudent. In the case of treatment facilities for minors, the Secretary of the Department of Services for Children, Youth and Their Families, or the Secretary's designee, may designate certain facilities for the treatment of minors on a voluntary or involuntary basis.

(b) The Secretary is authorized to promulgate regulations for licensing and develop standards for the proper operation of treatment facilities and conduct of any hearing that may be required so as to implement this chapter. The Secretary may refuse to renew, revoke, suspend, limit or restrict the license of a facility where the facility has been given 30 days' notice of adverse action and an opportunity for a hearing. The Secretary shall not promulgate any such regulations or standards for facilities engaged in the treatment of minors without consulting the Department of Services for Children, Youth and Their Families. The Secretary may also delegate the authority to promulgate regulations and develop standards to the Department of Services for Children, Youth and Their Families.

(c) The Secretary or his or her designee shall conduct licensing or other hearings in accord with applicable sections of Chapters 100 and 101 of Title 29.

(d) The Secretary's final decision on the licensing or sanctioning of a treatment facility or applicant may be judicially reviewed in accord with subchapter V of Chapter 101 of Title 29.
(73 Del. Laws, c. 358, § 2; 70 Del. Laws, c. 186, § 1.)

**§ 2209. Violation of licensing requirement; injunction.**
(a) Any organization that maintains, manages or operates, or aids or abets another in maintaining, managing or operating, a facility knowingly without a valid license or outside of a facility's proper designation is guilty of a class A misdemeanor and subject to the penalties as set out in Chapter 42 of Title 11.

(b) In addition to any other remedy, the Secretary, through the Attorney General, may commence proceedings in the Chancery Court of the State to enjoin any violation of this chapter and may, in the case of a willful and wanton violation, be awarded the costs of prosecution, including a reasonable amount for attorney fees, if the Secretary prevails. (73 Del. Laws, c. 358, § 2.)

**§ 2210. Voluntary treatment for substance abuse.**
(a) A person in need of treatment or anyone engaging in substance abuse may request voluntary treatment from a licensed treatment facility. If the applicant is a person who is incompetent or a minor under 14 years of age, a parent, legal custodian, relative caregiver or legal guardian shall make the request for voluntary treatment and give written consent for treatment.

(b) If a minor is 14 years of age or over, then either the minor, or a parent, legal custodian, relative caregiver or legal guardian may give written consent to a treatment facility for voluntary treatment for nonresidential treatment. In the case of residential treatment, consent to treatment shall be given only by a parent, custodian, relative caregiver or legal guardian. Consent so given by a minor 14 years of age or over shall, notwithstanding the minor's minority, be valid and fully effective for all purposes regardless of whether such minor's substance abuse is subsequently medically confirmed and shall be binding upon such minor, the minor's parents, custodian, relative caregiver and legal guardian as effectively as if the minor were of full legal age at the time of giving such written consent. Consent so

given shall not be subject to later denial or disclaimer, and the consent of no other person or court shall be necessary for the treatment rendered such minor.

(c) Subject to regulations adopted by the Secretary, or in the case of a treatment program for minors, the Secretary of the Department of Services for Children, Youth and Their Families, an administrator of a treatment facility may determine who shall be admitted for treatment. If a person is refused admission to a facility, the Division, subject to the rules adopted by the Secretary, shall refer the person to another facility for treatment if available and appropriate.

(d) If a voluntary patient requests or attempts to leave a treatment facility against the advice of the treatment team and administrator of the facility, the facility may initiate involuntary treatment procedures as provided for under this chapter. If the patient is a minor or is incompetent, the request for discharge against advice shall be made by a parent, custodian, relative caregiver, legal guardian or other appropriate legal representative, and the provisions of this subsection shall apply as if the patient had made the request. (73 Del. Laws, c. 358, § 2; 78 Del. Laws, c. 179, § 166.)

**§ 2211. Involuntary treatment.**

(a) A person in need of treatment shall be involuntarily admitted to a licensed residential treatment facility or outpatient treatment program upon a written request for involuntary treatment that provides a factual basis for the request by anyone with knowledge that an individual may be a person in need of treatment and the written certification by a physician that the individual is a person in need of treatment as provided for in this chapter. The request for involuntary treatment shall concisely provide the observations, circumstances and knowledge of the requestor regarding the requestor's belief that a particular individual is in need of treatment. The request shall also contain the written certificate of a physician stating that the physician has reviewed the request and examined the patient and concluded that in the physician's medical opinion the particular individual is a person in need of treatment and is either incapable of or unwilling to consent to treatment. If the individual is incapable of consenting to treatment, the certificate shall state with particularity the physician's findings regarding why the individual is incapable of providing voluntary informed consent to treatment. The refusal to undergo treatment does not in itself constitute evidence of lack of judgment as to the need for treatment.

(b) Any peace officer or designated transport personnel may lawfully transport an individual whom they reasonably believe is a person in need of treatment without the consent of said individual, to or from a hospital, physician's office or licensed treatment facility for the purpose of carrying out this section.

(c) Upon admission of the person in need of treatment, the facility shall evaluate and treat the individual as medically necessary and appropriate for a period not to exceed 2 working days.

(d) The State Treasurer shall pay sheriffs and deputy sheriffs for service as peace officers under this section at the rate of the state's mileage reimbursement amount for each mile necessarily traveled and a custody fee of $25 for the first peace officer and $15 for each additional peace officer, and shall pay medical doctors for services under this section $15 for each case, unless the medical doctor is reimbursed under another public or private plan.

(e) The administrator in charge of a licensed treatment facility shall refuse an application if the request for treatment or physician's certificate fails to meet the requirements of this section.
(73 Del. Laws, c. 358, § 2; 70 Del. Laws, c. 186, § 1.)

**§ 2212. Commitment; judicial proceedings.**
(a) Not more than 2 working days after the date a patient is admitted to a licensed treatment facility or program under a request for involuntary treatment, the administrator of the treatment facility, through the Attorney General, shall file a petition for involuntary commitment to a licensed treatment facility, supported by affidavit with the Court, unless the patient is discharged or admitted on a voluntary basis. The petition shall state that the administrator, as petitioner, based upon an evaluation by a physician, reasonably and in good faith believes that the involuntary patient (who shall be named as respondent) is a person in need of treatment who should be continued as a patient at the facility pursuant to this chapter until the patient is determined no longer to be in need of treatment at the treatment facility or program. The petition shall also state that the involuntary patient has been advised of the patient's procedural and substantive rights under this chapter. A copy of supporting certificates by an examining physician shall be attached to the petition.

(b) Upon the filing of a petition, the facility may continue to treat the patient as medically necessary and appropriate on an involuntary basis pending a judicial hearing on the petition.

(c) The petition shall indicate the facility's reasonable belief, based upon investigation, as to whether the involuntary patient is able to afford counsel and an independent expert witness.
(73 Del. Laws, c. 358, § 2.)

**§ 2213. Limitation on involuntary treatment.**
Subject to Chapters 50 and 51 of this title, no person shall be involuntarily admitted or committed to or confined as a patient at a residential treatment facility, and such facilities, other than general hospitals, shall not admit or confine as an involuntary patient any person, unless:

(1) Such person is determined to be a person in need of treatment in accordance with the procedures of this chapter; and

(2) Said treatment facility has been specifically designated as an appropriate facility for the treatment of involuntary adult patients by the Secretary of Health and Social Services and by the Department of Services for Children, Youth and Their Families for the treatment of involuntary minor patients.
(73 Del. Laws, c. 358, § 2.)

**§ 2214. Hearing on petition; notice; decision; review.**
Upon the filing of the petition the court shall promptly:

(1) Schedule a hearing to determine based on clear and convincing evidence whether the patient is a person in need of treatment and that cause exists for the involuntary treatment of the patient, and if unable to afford counsel, to appoint counsel to represent the involuntary patient. Such hearing shall be held as soon as practicable, but no later than 8 working days from the filing of the petition.

(2) Direct that notice of the hearing and copies of pleadings be supplied to the involuntary patient and the patient's counsel. In the case of a minor, copies of the pleading will be supplied to the patient's parents or legal guardian.

(3) Enter such other orders as may be appropriate, including an order authorizing the continued involuntary treatment of the patient until further order of the court.

(4) If the court determines after a hearing that the patient is not a person in need of treatment or that such patient does not need involuntary treatment, the patient shall be discharged in accord with the

court's order. If the court determines that the patient is a person in need of treatment who is unwilling to accept or incapable of accepting voluntary treatment, it may order continued treatment for an additional period not to exceed 30 days. Thereafter, the court shall schedule an additional hearing within 30 days to review the need for continued involuntary treatment unless the court is informed the patient is under voluntary treatment or has been appropriately discharged from treatment. If continued involuntary treatment is warranted beyond the 30 days, the court shall hold hearings to determine the necessity for continued involuntary treatment at intervals of not more than 6 months. A patient involuntarily receiving treatment, if represented by counsel, may waive, orally or in writing, any hearing under this section. The waiver must be submitted in writing to the court or be orally presented in open court.

(5) The court for good cause may order that judicial proceedings under this chapter take place in the Superior Court or Family Court in a county other than the county in which the action was initiated.
(73 Del. Laws, c. 358, § 2.)

**§ 2215. Procedural rights of involuntary patients.**
An individual whom the staff of a facility has determined to be a person in need of treatment will be provided:

(1) Notice (including a written statement) of the factual grounds upon which the proposed treatment is predicated and the reasons for the necessity of involuntary treatment and confinement.

(2) Judicial review and determination of:
a. Whether the involuntary patient's confinement is based upon sufficient cause;
b. Whether the involuntary patient is a person in need of treatment; and
c. Whether a less restrictive placement such as nonresidential treatment is more appropriate.

Such hearings shall be without jury and not open to the public and shall be preceded by adequate notice to the involuntary patient, and the involuntary patient shall be entitled to be present at all such hearings.

(3) Representation by counsel at all judicial proceedings, such counsel to be court-appointed if the involuntary patient cannot afford to retain counsel;

(4) Examination by an independent, licensed professional in the area of substance abuse and treatment and to have such persons testify as a witness on the patient's behalf, such witness to be court-appointed if the involuntary patient cannot afford to retain such witness.

(5) Reasonable discovery, the opportunity to summon and cross-examine witnesses, to present evidence on the person's own behalf and to all other procedural rights afforded litigants in civil causes. The privilege against self-incrimination shall be applicable to all proceedings under this chapter and the patient's testimony, if any, shall not otherwise be admissible in any criminal proceedings against the patient.

(6) To have a full record made of the proceedings, including findings adequate for review. All records and pleadings shall remain confidential unless the court for good cause orders otherwise.
(73 Del. Laws, c. 358, § 2.)

**§ 2216. Discharge by the facility.**
Notwithstanding the pendency of the action or any order previously entered by the court, if at any time after the petition is filed the staff of the facility determines that the involuntary patient is no longer in need of involuntary treatment, the facility may so certify in writing and discharge the patient, and shall promptly notify the court of its discharge, and the court may dismiss the action.
(73 Del. Laws, c. 358, § 2.)

**§ 2217. Changing to voluntary status.**
An involuntary patient is entitled to change that patient's own status to that of a voluntary patient if a member of the staff of the facility certifies that:

(1) The patient is reasonably capable of understanding the nature of the decision to change status; and

(2) Such a change is in the patient's best interest. If such a change in status is challenged within 2 days by the patient's next of kin or legal representative, the court will schedule a hearing to finally determine the matter. (73 Del. Laws, c. 358, § 2; 70 Del. Laws, c. 186, § 1.)

**§ 2218. Enlargement of time.**
Notwithstanding the above provisions of this chapter, except for the time to appeal, the court may enlarge the time for performance for a reasonable period upon a showing of good cause.
(73 Del. Laws, c. 358, § 2.)

**§ 2219. Appeal; rules of procedure.**

(a) Any party to the proceedings may appeal an order of discharge or involuntary treatment to the Supreme Court within 30 days of the entry of such order. The appeal shall not operate as a stay of the order of disposition unless the court or the Supreme Court so directs.

(b) The Superior Court and the Family Court may adopt such rules of procedure as may be required to implement the procedural requirements of this chapter.
(73 Del. Laws, c. 358, § 2.)

**§ 2220. Patient's rights.**

It is the intent of the General Assembly and the purpose of this section to promote the interests and well-being of residential and nonresidential patients of treatment facilities. It is declared to be the public policy of this State that the interests of the patient shall be protected by a declaration of a patient's rights and by requiring that all facilities treat their patients in accordance with such rights, which, unless otherwise provided by state or federal law, shall include but not be limited to the following:

(1) Every patient shall have the right to receive considerate, respectful and appropriate care, treatment and services in compliance with relevant federal and state law and regulations, recognizing each person's basic personal and property rights, which include dignity and individuality.

(2) Each patient or patient's representative of such patient or resident shall, prior to or at the time of admission, receive a written statement of the services provided by the facility, including those required to be offered on an "as needed" basis, and a statement of related charges for services not covered under Medicare or Medicaid or not covered by the facility's basic per diem rate. Upon receiving such statement, the patient and the patient's representative shall sign a written receipt which must be retained by the facility in its files.

(3) After admission, the facility shall submit to the patient and the patient's representative, on a timely basis not to exceed 3 calendar months, a written, itemized statement detailing in language comprehensible to the ordinary lay person the charges and expenses the patient incurred during the treatment period. The statement shall contain a description of specific services, equipment and supplies received and expenses incurred for each such item. The statement shall include an explanation of any items identified by code or by initials. The facility shall make reasonable efforts to communicate the contents of the individual written statement to persons who it has reason to believe cannot read the statement.

(4) Each patient or patient's representative shall receive from the attending or resident physician or staff of the facility complete and current information concerning the patient's diagnosis, treatment and prognosis in terms and language the patient can reasonably be expected to understand. The patient or patient's representative shall participate in the planning of the patient's medical treatment, including attendance at treatment plan meetings, shall be informed of the medical consequences of all medication and treatment alternatives, and shall give prior written informed consent to participation in any experimental research after a complete disclosure of the goals, possible effects on the patient, and whether or not the patient can expect any benefits or alleviation of the patient's condition.

(5) The facility shall provide the name, address and telephone number of the primary staff person or physician responsible for the patient's care.

(6) Each patient shall receive respect and privacy in the patient's own medical care program. Case discussion, consultation, examination and treatment shall be confidential and shall be conducted discreetly. In the patient's discretion, persons not directly involved in the patient's care shall not be permitted to be present during such discussions, consultations, examinations or treatment except with the consent of the patient. Personal and medical records shall be treated confidentially and shall not be made public without the consent of the patient, except such records as are needed for a patient's transfer to another health care institution or as required by law or third party payment contract. No personal or medical records shall be released to any person inside or outside the facility who has no demonstrable need for such records.

(7) Every patient shall be free from chemical and physical restraints imposed for purposes of discipline and convenience and not necessary to treat the patient's medical condition.

(8) Every patient or patient's representative shall receive from the administrator or staff of the facility a courteous, timely and reasonable response to requests, and the facility shall make prompt efforts to resolve grievances. Responses to requests and grievances shall be made in writing upon written request by the patient.

(9) Every patient or patient's representative shall be provided with information as to any relationship the facility has with other health-care and related institutions and/or service providers, including, but not limited to, pharmacy and rehabilitation services, to the extent the patient is offered care and/or services from these related entities. Such information shall be provided in writing upon admission and thereafter when additional services are offered.

(10) Every patient shall receive reasonable continuity of care.

(11) Every patient may send and shall receive mail promptly, and shall have access at any reasonable hour to a telephone where the patient may speak privately, and shall have access to writing instruments, stationary and postage.

(12) Each patient has the right to manage personal financial affairs.

(13) Every patient has the right, personally or through other persons or in combination with others, to exercise patient rights; to present grievances; to recommend changes in facility policies or services on behalf of the patient or others; to present complaints or petitions to the facility's staff or administrator, to the Division of Alcoholism, Drug Abuse and Mental Health, and, if the patient is a minor under the age of 18, to the Department of Services for Children, Youth and Their Families, or to other persons or groups without fear of reprisal, restraint, interference, coercion or discrimination.

(14) A patient shall not be required to perform services for the facility.

(15) Every patient shall have the right to inspect all records pertaining to that patient's own self, upon oral or written request. If a patient requests records to assist with preparation of any court hearing under this chapter, such records will be supplied on an expeditious basis.

(16) All patients shall be fully informed, in language they can understand, of their rights and all rules and regulations governing patient conduct and their responsibilities during the stay at the facility. Every patient shall be directed to a prominent place within the facility where a listing of the patient's rights are posted. The facility shall guarantee that a current list of patient's rights are always posted in a highly visible and accessible place.

(17) Every patient shall have the right to receive information from agencies acting as client advocates and be afforded the opportunity to contact those agencies without reprisal.

(18) Every patient shall be free from verbal, physical or mental abuse, cruel and unusual punishment, involuntary seclusion, withholding of monetary allowance, withholding of food and deprivation of sleep.

(19) Every patient has the right to participate in an ongoing program of activities designed to meet, in accordance with personal assessments and plan of care, the patient's interests and physical, mental and psychosocial well-being.

(20) Every patient shall have the right to participate in social, religious and community activities that do not interfere with the patient's treatment plan or the rights of other patients or residents.

(21) Every patient shall have the right to request and receive the names and positions of staff members providing care to the patient.

(22) Every patient shall have the right to request and receive an organizational chart outlining the facility's chain of command for purposes of making requests and asserting grievances.

(23) Where a patient is a minor under the age of 18 years and the patient did not consent to treatment under this chapter, the patient's rights shall devolve to a parent, legal custodian, relative caregiver or legal guardian, as appropriate.

(24) A patient's care and treatment shall be provided in a setting and under conditions which restrict the patient's personal liberty only to the extent required by the patient's treatment needs, applicable law, and judicial orders.

(25) The rights described in this section are in addition to, and not in derogation of, any other constitutional, statutory, or regulatory rights. (73 Del. Laws, c. 358, § 2.)

**§ 2221. Devolution of rights.**
Where consistent with the nature of each right in § 2220 of this title and unless otherwise provided by state or federal law, all of such rights, particularly as they pertain to a person adjudicated incompetent in accordance with state law, or a patient who is found physically or mentally incapable by the patient's own attending physician, or a patient who is unable to communicate with others, or a minor under the age of 18 years who does not consent to treatment under this chapter, shall devolve to the patient's next of kin, legal guardian, legal custodian, relative caregiver, parents, representative, sponsoring agency or representative payee (except where the facility itself is the representative payee) selected pursuant to § 205(j) of the Social Security Act [42 U.S.C. § 405(j)]. (73 Del. Laws, c. 358, § 2.)

**§ 2222. Immunity, limitation of liability.**
Any peace officer, emergency medical technician, firefighter, ambulance attendant, physician, employee of the Division, administrator or staff of a treatment facility, or other person acting under their supervision or assisting them, as well as the entities that may employ or direct the foregoing, acting or omitting to act within this chapter shall not be subject to any civil claim or civil legal proceeding of any nature, in law or equity, for damages of any nature or for any harm resulting from any act or proceeding, decision or determination undertaken, performed or recommended unless such harm was intentionally or recklessly caused by the misconduct of the foregoing individuals. (73 Del. Laws, c. 358, § 2.)

**§ 2223. Unwarranted confinement in a substance abuse treatment facility or denial of rights; penalties.**
(a) Any person that willingly causes or conspires with or assists another to cause:

(1) The unwarranted involuntary confinement of any individual in a substance abuse treatment facility under this chapter; or

(2) The denial to any individual of any of the rights accorded to said individual under this chapter;
Shall be punished by a fine not exceeding $500 or imprisonment not exceeding 1 year, or both.

(b) The Superior Court shall have jurisdiction of offenses under this section.
(73 Del. Laws, c. 358, § 2.)

**§ 2224. Reporting requirements.**

(a) Any employee of a facility or anyone who provides services to a patient of a facility on a regular or intermittent basis who has reasonable cause to believe that a patient or resident in a facility has been abused, mistreated, neglected or financially exploited shall immediately report such abuse, mistreatment, neglect or financial exploitation to the Department by oral and written communication. The written report shall be filed by the employee or service provider within 48 hours after the employee or service provider first gains knowledge of the abuse, mistreatment, neglect or financial exploitation.

(b) Any person required by subsection (a) of this section to make an oral and a written report who fails to do so shall be liable for a civil penalty not to exceed $1,000 per violation.

(c) In addition to those persons subject to subsection (a) of this section, any other person may make such a report if such person has reasonable cause to believe that a patient or resident of a facility has been abused, mistreated, neglected or financially exploited.

(d) Any individual who intentionally makes a false report under this subchapter shall be guilty of a class A misdemeanor.

(e) Any correspondence or other written communication from a patient to the Department, the Attorney General's office and/or a lawenforcement agency shall, if delivered to or received by a facility, be promptly forwarded, unopened, by the facility or service provider to the agency to which it is written. Any correspondence or other written communication from the Department, the Attorney General's office and/or a law enforcement agency to a patient shall, if delivered to or received by the facility or other service provider, be promptly forwarded, unopened, by the facility or other service provider to such patient. Failure to comply with this section shall result in a civil penalty not to exceed $1,000 per violation. (73 Del. Laws, c. 358, § 2.)

**§ 2225. Coverage of persons for substance abuse treatment.**
(81 Del. Laws, c. 28, § 2; expired under 81 Del. Laws, c. 28, § 5.)

**§ 2226. Distribution of drug-testing strips; immunity.**

(a) The purpose of this section is to expand the harm reduction strategies available in Delaware to address the epidemic level of drug overdose deaths through the provision of drug-testing strips. The provision of drug-testing strips provides an opportunity to prevent potential overdose deaths.

(b) As used in this section:
(1) "Drug" means any 1 or more of the following:
a. Fentanyl.
b. Xylazine.
(2) "Drug-testing strip" means a test used to determine the presence of a drug or drug-related substance.
(3) "Person" means an individual or legal entity that provides a drug-testing strip to an individual who uses drugs to reduce the likelihood of the individual experiencing harm.

(c) [Repealed.]

(d) Subject to subsection (e) of this section, a person may provide a drug-testing strip to an individual.

(e) A person providing a drug-testing strip to an individual under this section must do so in good faith and with reasonable care.

(f) Except if the person willfully, wantonly, recklessly, or by gross negligence causes injuries or death, a person providing a drug-testing strip to an individual under this section is not subject to civil damages exceeding the limit of an applicable insurance policy.

(g) Nothing in this section is intended to waive the State's sovereign immunity or the privileges and immunities under Chapter 40 of Title 10.

(83 Del. Laws, c. 21, § 1; 84 Del. Laws, c. 170, §§ 2, 5; 84 Del. Laws, c. 273, § 1.)

**§§ 2227-2232. [Reserved.]**

# Attachment H

# Arizona State Legislature
# Title 36

36-524. Application for emergency admission for evaluation; requirements; immunity

A. A written application for emergency admission shall be made to an evaluation agency before a person may be hospitalized in the agency.

B. The application for emergency admission shall be made by a person with knowledge of the facts requiring emergency admission. The applicant may be a relative or friend of the person, a peace officer, the admitting officer or another responsible person.

C. The application shall be made on a prescribed form and shall include the following:

1. A statement by the applicant that the applicant believes that the person, as a result of a mental disorder, is a danger to self or others, has a persistent or acute disability or a grave disability and is unable or unwilling to undergo voluntary evaluation and that during the time necessary to complete the pre-petition screening procedures set forth in sections 36-520 and 36-521 the person is likely without immediate hospitalization to suffer serious physical harm or serious illness or is likely to inflict serious physical harm on another person.

2. The specific nature of the harm or illness the person is likely to suffer or inflict without immediate hospitalization.

3. A summary of the facts that support the statements made by the applicant, including the observations of persons who witnessed the events described in the statements or the behaviors of the person who is the subject of the application.

4. The signature of the applicant.

D. A telephonic application may be made not more than twenty-four hours before a written application. A telephonic application shall be made by or in the presence of a peace officer unless the application is made by a health care professional who is licensed pursuant to title 32, chapter 13, 15, 17 or 19.1 and who is directly involved with the care of a patient who is in a health care institution licensed in this state. For an application made by a peace officer or a health care professional who is licensed pursuant to title 32, chapter 13, 15, 17 or 19.1, a copy of the application that contains the applicant's original signature is acceptable, does not have to be notarized and may be submitted as the written application.

E. If the person to be admitted is not already present at the evaluation agency and if the admitting officer, based on a review of the written or telephonic application and conversation with the applicant and peace officer, has reasonable cause to believe that an emergency examination is necessary, the admitting officer may advise the peace officer that sufficient grounds exist to take the person into custody and to transport the

person to the evaluation agency. The peace officer, on the request of the admitting officer of the evaluation agency pursuant to this subsection, shall apprehend and transport the person to the evaluation agency. The admitting officer shall not be held civilly liable for any acts committed by a person whom the admitting officer did not advise to be taken into custody if the admitting officer has in good faith followed the requirements of this section.

F. If the application for emergency admission is denied, the application shall be retained by the evaluation agency together with a written statement by the medical director of the evaluation agency or the director's designee stating the specific reasons why the application was denied.

**https://www.azleg.gov/viewDocument/?docName=http://www.azleg.gov/ars/36/00524.htm**

See below definitions in Title 36 Section 501 reference Arizona's Definitions:

**"Danger to others"** means that the judgment of a person who has a mental disorder is so impaired that the person is unable to understand the person's need for treatment and as a result of the person's mental disorder the person's continued behavior can reasonably be expected, on the basis of competent medical opinion, to result in serious physical harm.

**"Danger to self":** (a) Means behavior that, as a result of a mental disorder:

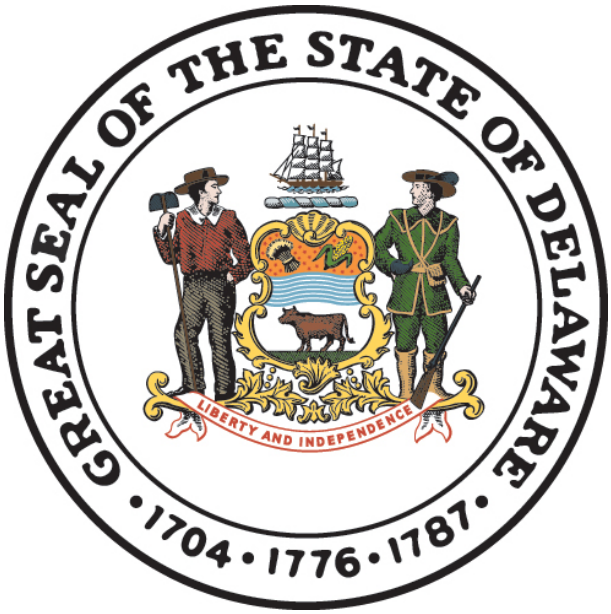
(i) Constitutes a danger of inflicting serious physical harm on oneself, including attempted suicide or the serious threat thereof, if the threat is such that, when considered in the light of its context and in light of the individual's previous acts, it is substantially supportive of an expectation that the threat will be carried out.

(ii) Without hospitalization will result in serious physical harm or serious illness to the person.

(b) Does not include behavior that establishes only the condition of having a grave disability.

**"Grave disability"** means a condition evidenced by behavior in which a person, as a result of a mental disorder, is likely to come to serious physical harm or serious illness because the person is unable to provide for the person's own basic physical needs.

**"Persistent or acute disability"** means a severe mental disorder that meets all the following criteria:
(a) Significantly impairs judgment, reason, behavior or capacity to recognize reality.
(b) If not treated, has a substantial probability of causing the person to suffer or continue to suffer severe and abnormal mental, emotional or physical harm.
(c) Substantially impairs the person's capacity to make an informed decision regarding treatment, and this impairment causes the person to be incapable of understanding and expressing an understanding of the advantages and disadvantages of accepting treatment and understanding and expressing an understanding of the alternatives to the particular treatment offered after the advantages, disadvantages and alternatives are explained to that person.
(d) Has a reasonable prospect of being treatable by outpatient, inpatient or combined inpatient and outpatient treatment.




# ALDERMAN'S COURTS
## State of Delaware

## 2024 Annual Report Statistical Information

## ALDERMAN'S COURTS*

| Caseload Comparison - Fiscal Years 2023-2024 - Total Filings | | | | |
|---|---|---|---|---|
| | 2023 | 2024 | Change | % Change |
| **New Castle County** | | | | |
| Newark | 10,791 | 6,589 | -4,202 | -38.9% |
| Newport | 3,172 | 2,541 | -631 | -19.9% |
| **Sussex County** | | | | |
| Bethany Beach | 19 | 14 | -5 | -26.3% |
| Dewey Beach | 747 | 1,130 | 383 | 51.3% |
| Laurel | 2,724 | 3,430 | 706 | 25.9% |
| Rehoboth Beach | 1,358 | 1,750 | 392 | 28.9% |
| **State** | **18,811** | **15,454** | **-3,357** | **-17.8%** |

| Caseload Comparison - Fiscal Years 2023-2024 - Total Dispositions | | | | |
|---|---|---|---|---|
| | 2023 | 2024 | Change | % Change |
| **New Castle County** | | | | |
| Newark | 1,934 | 5,075 | 3,141 | 162.4% |
| Newport | 1,972 | 1,987 | 15 | 0.8% |
| **Sussex County** | | | | |
| Bethany Beach | 35 | 9 | -26 | -74.3% |
| Dewey Beach | 1,192 | 1,729 | 537 | 45.1% |
| Laurel | 2,623 | 2,988 | 365 | 13.9% |
| Rehoboth Beach | 1,464 | 1,588 | 124 | 8.5% |
| **State** | **9,220** | **13,376** | **4,156** | **45.1%** |

Notes: 1) The unit of count for criminal and traffic cases is the charge. For example, a defendant with three charges disposed of is counted as three dispositions. 2) Newport and Rehoboth Beach did not have criminal filings or dispositions. Laurel did not have Civil filings or dispositions. Bethany Beach did not have Traffic filings or dispositions.

*Alderman's Courts are not part of the Delaware court system. They are independent entities within their respective Municipalities. However, cases may be transferred or appealed to a state court.

Source: Alderman's Courts; Administrative Office of the Courts.