



*Nomination for the 1999  
Herman Goldstein Award  
For excellence in  
Problem-Oriented Policing*

*The "Senior Watch" Program*

*Kansas City, Missouri  
Police Department*

*Richard D. Easley  
Chief of Police*

# *Section One*

## **Abstract**

Officers from The Kansas City Missouri Police Department's East Patrol Division used the SARA model to address the problem of increased calls for service involving residence checks to "check the welfare" of elderly, sick, or disabled individuals. The "Senior Watch" Program was developed in partnership with several private and government agencies that deal with the needs of the elderly.

Scanning showed that officers were frequently dispatched to "check the welfare" calls, at which the officers were unable to make contact with any persons at that location, due to lack of information and lack of access into the residence. The officers then either left, or forced entry into the residence, often causing damage. When the subject citizen was found to be injured, ill, or deceased, lack of information resulted in needless delays and waste of manpower.

Analysis indicated that these calls for service were steadily increasing. Due to a lack of employment and housing opportunities in the inner city, many residents were moving to less populated areas. As children and grandchildren moved away, the elderly residents remained. Families became separated, often making the only contact by telephone. When the family was unable to contact their loved ones, they became concerned and called the police.

Response was to develop an information base in which elderly or "at risk" individuals were given an opportunity to have information about their medical history, their family, and someone with keys to their house entered. This information was made available to the officers by assigning each member an ID number that was placed on a sticker. The sticker was then placed on the front of the member's residence. Officers could call this number into the station and obtain information about access into the member's residence, the member's medical history and family information through the database.

Assessment has shown this program to be well received by both citizens and the department. The program has already been used to contact members of the program. Over two hundred individuals have signed into the program in less than three months. Along with the anticipated result of making the officer's job easier, the program has been very good for public relations. Requests for information about the program come in daily. We have received information requests from as far away as Georgia.

## *Section Two*

## **Preface**

### **The "Senior Watch" Program**

The "Senior Watch" Program is currently in effect in the East Patrol Division of The Kansas City Missouri Police Department. The boundaries of the program run from approximately Front Street, south to approximately Brush Creek, and from Wabash, east to approximately the city limits. There is also an area east of Blue Ridge Boulevard that runs from approximately 43<sup>rd</sup> Street south to approximately 75<sup>th</sup> Street. Much of this area is an "older" area of the city in which a great number of senior citizens reside.

The project was initiated by officers from The Kansas City Missouri Police Department's East Patrol Division, 40 sector, Watch HA. These officers contacted government and local agencies that dealt with the needs of the elderly, and disabled. Employees of The Mid America Regional Council, Division of Aging were contacted for advice. The "Whatsoever" Community Center's Senior Citizen Center, The Shepherd's Center, The Minute Circle Friendly House, The Elders Volunteers for Elders (E. V.E.), The Bishop Sullivan Center, The Cerebral Palsy Association, The Seton Center and Mid South Services group were all identified as agencies dealing in the needs of the elderly and disabled in our city. These agencies were advised of the intended program and questioned for suggestions.

First hand experience of the officers was taken into consideration as to what needs the officer in the field had when dealing with the needs of the elderly. The primary concerns were identified as lack of access to the elderly in times of emergency and a lack of information about the individual when the emergency was identified. A system was needed in which field officers would have ready access to senior citizens and disabled persons in times of emergency. The officers also needed easy access to information about family members and the medical history of these subjects when the emergency occurred.

The "Senior Watch" Program was developed to meet both of these needs at one time. The program makes access into the citizen's home easier, and gives the field officer access to the citizens' medical history and family information with just one phone call. The process for making this access and information is outlined in the following documentation.

## *Section Three*



The "Senior Watch" Program began on January 12th 1999, in The Kansas City Police Department's East Patrol Division. Officers recognized that calls for service involving "check the welfare" of elderly, sick or disabled individuals were gradually increasing in frequency. It was further recognized that these type calls for service were not always dealt with in as thorough a manner as the officer would like. Due to a lack of access into the homes of the subjects of the calls, officers frequently conducted a very limited and inadequate check of the subject's residence, or wasted a great deal of time trying to track down information about the subject inside. Using the SARA model a plan was developed in which access into the homes and information about the subjects of the calls would be readily available to the officers at the scene of these calls.

**Scanning:**

Scanning indicated that officers responded on an almost daily basis to one or more calls involving welfare checks of citizens who were elderly, sick or disabled. With increasingly limited opportunities for housing and employment in the inner city, many of our younger residents have moved away to the surrounding cities and states. As the children and grandchildren move away, the parents and grandparents often choose to remain in the houses and neighborhoods in which they have lived for so long. Some remain by choice, and some because of financial limitations. As the remaining residents grow older, their friends and neighbors often move away or die, leaving the elderly resident with an increasingly smaller circle of people to reach out to in times of need.

They have less and less regular contact with others and stay more to themselves. Their families are often hours or even days of traveling time away. The only regular contact with their family becomes by means of a telephone. When the elderly family member does not answer the phone, the removed family becomes concerned. Because there are few people with whom the elderly resident has contact, the removed family has no one else to call but the police. They call the police and ask them to go by and check on the elderly family member.

On most calls of this type, officers would contact the subject of the call, find the subject to be okay and no further action would be taken. The problem arose when contact could not be made with the subject. Despite knocking on the door, looking in windows and talking to neighbors, the officer was not able to determine if there was anyone inside. The officer would look for indicators that someone was inside needing help such as mail stacking up or cries for help. If the officer was unable to develop sufficient cause to make entry, they would leave the residence with negative contact. Many officers have left these calls with the fear in the back of their mind that there was someone inside needing help, and the realization that someone could die because that help was not being given. There have been incidents where officers that were dispatched on these type of calls were not able to develop cause for entry into the home and left without making any contact. A week or more later another officer was sent to the residence because mail was stacking up and a foul smell was detected. The subject had still not been seen. With sufficient cause for concern then present,

the officer forced entry and found the subject to be long dead. The officers will never know if entry on the original call would have saved the life of the subject inside.

If officers at the scene of this type of call had good cause to make entry on the original call, they forced their way inside. The end result of forced entry was always damage to the home of the subject. Doors or windows were broken to get in. There have been calls where the entry of the officer resulted in finding a subject who was too ill to get to the door, or had fallen and broken their hip, and had been without help, food or water for days. These entries saved the subject's life, but now the officer was left with the immediate problem of securing the subject's residence after the subject was transported away for medical treatment. The officer had to make temporary repairs to the damaged door or board up the window to protect the subject's possessions. The homeowner would eventually be facing a repair bill in addition to their medical costs. Many of these subjects are on social security or other income that is very restricted. The cost of the repairs often resulted in the subject having to go without something else for a month or two.

More often than not, officers who responded to this type of call contacted a worried family member or neighbor upon arrival. The family member or neighbor insisted the officer force entry into the home because they knew that the person was inside needing help. The officer then forced entry and found that the subject believed to be inside had gone out of town or to church. There have

been times when the officer has forced entry and has stormed in on a subject who was sleeping late, terrifying the subject they were there to help. Despite the good intentions of the officer, the subjects in these situations were usually less than happy with law enforcement when they saw the damage to their home.

Often these type calls resulted in officers finding that the person inside the home was deceased. In situations in which all evidence at the scene indicated that the individual died a natural death, if the officer was able to locate an attending physician to sign the death certificate, and family members to advise funeral arrangements, the officer was allowed to release the deceased to the specified funeral home after making proper notifications. This situation usually takes very little time and causes very little added emotional distress to the family of the deceased. In this situation there was no need for further involvement of law enforcement and no need for a response by additional department members. The problem arose when the information was not available. Often times officers were hard pressed to locate the identity of the deceased, or locate information about the deceased's family. Even when family members were located, they often had no information about the subject's medical history or an attending physician. Because the relevant information was not available, officers were then required to take a "dead body" report. In this situation department members from the homicide unit, the crime scene unit and the medical examiner's office were all required to respond to the scene. The deceased's home had to be treated as a potential crime scene. Grieving family members had to be kept away from their deceased loved ones. The family's

movement inside the home of their own family member had to be restricted by the police officers who were foreign to the home, and were invading during a very tragic and private time. The family members were questioned by the initial responding officers, then again by the responding detectives, then a third time by the responding medical examiner. The required crime scene processing (i.e. photographs, crime scene sketches, measurements, etc.) are foreign to the deceased's family. They often feel that they are being viewed with some sort of suspicion and become uncooperative with the questioning process. This caused even further delays in the investigation. The deceased was then transported to the medical examiner's office for further examination. This caused delays in the final arrangements for the deceased, causing further emotional distress to the deceased's family in already stressful circumstances. On a busy day this process can take up to several hours, during which the officer had to wait with the deceased and the family of the deceased. The feelings of loss, fear and frustration by the deceased's family often manifested as anger towards the officers, making the waiting even more tense. There have been situations where the emotions ran so high that officers at the scene have been assaulted by grieving family members.

**Analysis:**

Analysts indicated that the difficulties encountered when dealing with calls for service of this type could be avoided if only two barriers were removed, the lack of access into the residences of the subjects, and lack of information

about the subjects inside. With access into the residence the officer could make a thorough check of the interior and be certain that there was not someone inside in need of help. With access into the residence there would be no need for forced entry. With the proper information about the subject inside, the officer could contact family members, obtain medical history, and expedite treatment for any medical needs of the subjects inside. When the subject was found to be deceased, proper information would allow the officer to release the deceased to the specified funeral home, avoiding the needless delays and avoiding the need for more personnel to respond. This would also avoid further emotional trauma to the family of the deceased. To remove the barriers, a process had to be developed in which the information could quickly be given to the officers while the officers were at the residence of the subjects. A process had to be developed where this information could be warehoused and kept accessible to officers twenty-four hours a day.

**Response:**

The first phase of responding to these needs was to obtain the needed information. Officers created an information folder with fill in the blank questions that provided the information that officers were likely to need in these situations. The folder contained questions about the subject's personal identifiers, the subject's medical information, the subject's family, and someone with access into the subject's residence. It also contained questions about whom the subject's doctor was and where the subject received their medical treatment.

The second phase of the response was to make the citizens aware of

the program and the benefits of the program. Officers contacted government agencies that recommended several smaller local agencies that dealt with the needs of the elderly, and had access to subjects who would possibly benefit from this program. Officers attended more than fifty meetings with local agencies and community groups in which the program was introduced. Suggestions from the groups resulted in minor modifications to the information booklet. Hundreds of the information booklets were handed out and members began to sign into the program. Officers went to the residences of hundreds of citizens to help them fill out the folders. The department's community action network officers and media relations office were utilized. Local newspapers and television news programs ran stories on the program. More requests for information about the program came in daily.

The third phase of the response was to find a way to make the information that was gathered available to the officers when the officers were at the scene. A plan was made to assign each member of the program a program ID number. An information base was created at the police division station. A "hard file" that contained the completed information booklets was made. Each booklet was numbered with the assigned ID number of the program member. Any officer with questions about a program member could call the ID number into the station and obtain all the information about the member from the "hard file". The next problem identified was that officers at the scene had no way to tell if the subject was a program member or what the member's ID number was. A plan was made

to create a sticker that could be placed on the member's front door that would identify them as a program member, and would tell the officer at the scene what the ID number was. Using a commercially sold computer software, officers developed the pattern for the sticker. Officers then took the pattern to several print shops for bids on creating the sticker. The quoted prices were anywhere from seven to nine hundred dollars for two thousand stickers. This amount of money was regarded as a little extreme for an unproved and experimental project. The plans for the program were almost abandoned at this time. Officers began to check with computer supply stores and found that they could purchase the materials for creating two thousand stickers for between thirty to fifty dollars. Using a home computer and the supplies purchased by the officers, the "Senior Watch" Program identification sticker was created. Within one month of initiating the program, officers were delivering the stickers to the homes of program members.

As the program grew, the "hard file" grew as well. It became obvious that as the program became larger, it would become more difficult to sort through the stacks of information booklets to find the requested information on one member. A plan was made to computerize the information base. A computer program was selected that was believed to best serve the needs of the program members. Officers entered the information into the computer program, making the information available with only a few computer keystrokes. When officers attempted to enter this program into the computers at the division station, they found that the department's older computers were not compatible with the



selected computer program. The department's computer support unit was contacted and they upgraded the needed computers so that they would be compatible with the selected software. With the "hard file" and the software in place, the two barriers encountered with "check the welfare" calls for service were effectively removed. When an officer dispatched to a "check the welfare" call on one of the program members could not contact anyone at the residence, they would look for the program sticker and obtain the ID number for the program member. The officer would then call the ID number into the station and office personnel would check either the computer program or the hard file and obtain a name, address and phone number for someone with keys to the member's home. Once the keys were obtained officers could go inside and check the interior of the residence without having to force entry. If the officers found that the member was ill or injured inside, the officer could obtain information about the member's medical history, primary care physician and facility, and the member's family. If the member was found to have passed away, all the information needed to release the deceased to a specified funeral home was available through the program. The officer benefited by being able to do a thorough check of the residence and not having to search for the needed information. The department benefited by not having to spend a number of hours in manpower with needless response from more law enforcement personnel to the scene of the residence checks. The program member benefited by having information that may save the member's life quickly available to police and

medical personnel. The member's family benefited by not having the final arrangements for the member who has passed away delayed in a needless investigation and examination that was prompted solely by a lack of information.

**Assessment:**

The assessment phase began almost immediately. The effectiveness of the program was initially evaluated by the response of the citizens and the department members. The citizens signed into the program quickly. There were over two hundred members signed up in approximately three months. New members are signed up almost daily. The program has already been put into use in contacting program members. Fortunately the program has not yet been called upon for use in a situation where the member was ill or deceased.

In addition to the anticipated result of making the jobs of police officers easier, an unexpected benefit soon became obvious. The citizens were overwhelmingly in support of the program. Requests for information about the program came in daily. Calls have been received from citizens who are not in the program area that called just to give their support to the program. Community groups contacted the program officers and requested that they attend their meetings and explain the program. A representative of the Shepherd's Center (a local group that deals with the needs of the elderly) contacted program officers and told them that their organization had proposed a similar program years ago that was mainly targeted at the elderly during the hot summer months. They were unable to get the program started and were grateful that we were successful in our development of our program. Project officers have received

phone calls from citizens as far away as Georgia who heard about the program while in an Internet chat room. The caller from Georgia wanted information on how to start a similar program through their local police department. Several citizens in surrounding cities have called to request that we contact their local law enforcement agency to get the program started there. The program has been selected to be featured at a local community policing showcase featuring projects from all over the area.

Even though this program is only a few months old, we have been very pleased with the results. We have observed both the concrete results of making the jobs of officers easier and more productive, and the abstract results of being extremely good for public relations. Further expansion of the project is anticipated within the next two months. We intend to recommend the program for department wide implementation. There are also plans to possibly develop a laminated ID card that would correspond with the member's ID sticker so that the member would have the emergency information available to officers even when the member was away from home. We hope that other agencies will follow our example and develop this, or a similar program in their cities.

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