# Third-Party Policing

## A Randomized Field Trial to Assess Drug Crime Reduction and Police-Hotel Partnerships

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# Executive Summary

## Overview

Illicit drug use is a significant problem in the United States, driven in large part by the opioid crisis. In 2023, the nation reported 107,543 drug overdose deaths, with more than 80,000 deaths involving an opioid. Stimulants have also become a growing problem; in 2023, more than 36,000 overdoses involved a psychostimulant, and nearly 30,000 involved cocaine (CDC 2024).

Law enforcement is a crucial piece of the broader response to the drug crisis (PERF 2021). Proactive police interventions that leverage problem-solving and involve partnerships with community stakeholders offer the most substantial evidence of effectiveness (Mazerolle, Soole, and Rombouts 2007).

One strategy to reduce drug problems is *third-party policing* (TPP). TPP involves police efforts to persuade or coerce nonoffending third parties (landlords, business owners, etc.) to take on more responsibility for addressing crime and disorder at or around their premises (Mazerolle and Ransley 2006). Typically, police begin by seeking voluntary cooperation of third parties by sharing information with them about specific problems, educating third parties on ways to prevent problems, or providing support to third parties to make changes. When third parties resist collaborative efforts, police may use coercive approaches, such as warnings, property inspections, or enforcement of civil remedies (Bichler, Schmerler, and Enriquez 2013; Eck and Wartell 1998; Mazerolle and Roehl 1998b).

## The study

This report describes a randomized controlled evaluation of a TPP intervention implemented in Anne Arundel County, Maryland. The intervention, called *Operation Check-Out*, aimed to reduce drug problems at hotels and motels by fostering trusted partnerships between police and hotel staff. Officers from the Anne Arundel County Police Department (AACOPD) conducted four in-person visits between August 2022 and May 2023 to a randomly selected group of hotels. During in-person visits, officers engaged in a scripted procedural justice dialogue with hotel managers, delivered educational materials, identified legal responsibilities, and provided a dedicated email address that functioned as a "tip line" to report problems or suspicious activity directly to the Operation Check-Out team. The intervention was designed as a partial replication of *Operation Galley*, a TPP intervention

implemented by the Queensland (Australia) Police Service in 2017 (Mazerolle et al. 2018). The goal of the intervention was to bolster intelligence, investigations, and enforcement actions; reduce crime and disorder; and improve perceptions of police.

## Key findings

### Outcome analysis

Calls for service data were analyzed to determine the impact of Operation Check-Out on four outcomes: (1) drug activity, (2) sick persons (e.g., overdoses), (3) disorder, and (4) violence. Average monthly calls for service for each outcome were compared among hotels in the treatment and control groups during the pre-intervention period, during the intervention period, and during the post-intervention period. Three findings were significant:

1. Calls reporting drug activity were lower at treatment hotels during the post-intervention period than during the pre-intervention or intervention periods.
2. Calls reporting sick persons were lower at treatment hotels during the post-intervention period than during the pre-intervention or intervention periods.
3. Calls reporting disorder were higher at treatment hotels during the intervention period than during the pre-intervention or post-intervention periods.

That there were significantly fewer drug activity calls at treatment hotels following Operation Check-Out than there had been before is encouraging, as the intervention was specifically designed to mitigate drug problems. Reducing drug activity reduces the need for hotel staff to call 911. Also, as part of their efforts to build rapport with hotel management, officers often provided their direct work lines—allowing management to call specific officers familiar with their facility and problems instead of the generic 911 line.

That there were significantly fewer sick person calls at treatment hotels during the post-intervention period than during the pre-intervention or intervention periods further supports the idea that Operation Check-Out reduced drug activity during the intervention period with impacts realized during the post-intervention period. Given less drug activity, fewer overdoses would be expected.

Finally, the finding that there were more disorder calls at treatment hotels during the intervention period than during the pre-intervention or post-intervention periods is somewhat unexpected, as fewer disorder calls would be expected in an environment with

greater cooperation, enforcement, and police presence. One plausible explanation is that hotel staff were more willing to contact the police as a result of Operation Check-Out because, for example, they may have felt they had a supportive partner in addressing issues at their hotel, or they may have understood that the intervention involved repeated visits and become concerned about bringing trouble to the hotel if they failed to report problems to police.

## Feedback about Operation Check-Out

Anecdotal feedback from members of the AACOPD revealed positive views of Operation Check-Out. The officers appreciated the procedural justice approach and attempts to build voluntary partnerships with community stakeholders. Officers reported favorable views of the repeated, in-person visits to hotels; during refresher training, officers agreed that the visits conveyed to hotel staff that the AACOPD cares about them. While officers thought the information sheets they were given to supply to hotel staff were helpful educational tools, they were not as positive about the dialogue they were asked to follow, calling it rigid and lengthy.

## Recommendations

Synthesizing the findings on Operation Check-Out and its impacts, PERF identified five key recommendations for other agencies considering implementing a TPP strategy.

### 1. Conduct a detailed, real-time problem analysis to justify and guide the program.

TPP programs can be time- and resource-intensive, especially those that involve sustained and extensive efforts to coerce stubborn third parties into compliance. Conducting thorough problem analyses at the outset can help ensure that TPP strategies are justified, appropriately targeted, and meaningfully implemented to maximize the potential for success. Problem analysis can guide the types of engagement needed (persuasive, coercive, both) and the development of informational, educational, or technical support materials to improve third parties' place management efforts. Officers should be involved early on, as they are likely to be most familiar with problems in their community, and they should remain involved in developing a TPP program and evaluation efforts. Problem analysis should continue as the TPP program is implemented to monitor its impact and determine if course corrections are needed.

## 2. Be aware of and prepared to dedicate the necessary time and resources to support an effective program.

Operation Check-Out's implementation demonstrated that TPP requires substantial investment from the implementing agency. The agency must be willing to dedicate the time and resources necessary to conduct a problem analysis, coordinate with officers and achieve buy-in for the program, build an engagement and enforcement approach, develop resources and tools to foster collaboration and support place managers' efforts to make improvements and carry out engagement and enforcement efforts. An agency considering TPP should understand that engagement is not necessarily linear. Hotels typically have a small staff and high staff turnover, creating challenges in keeping staff members informed and engaged with the strategy. Program staff should be prepared to develop, maintain, and renew partner engagements through time.

## 3. Involve a broad range of stakeholders across the agency and the city government.

Key to any TPP program is fostering relationships with a broad range of stakeholders. This engagement includes relationships with third parties to function as crime control partners, but it also includes relationships with other stakeholders needed to successfully engage, support, and motivate those third parties to take on a greater share of crime control responsibility. Representatives from across the implementing agencies should be recruited to help understand the nature of problems being targeted and to carry out successful engagement efforts. Agencies should also consider involving other relevant stakeholders from local governments when developing a TPP program. The involvement of a broad range of government stakeholders conveys to third parties that the problem is being taken seriously and pools knowledge and resources to address it. Partnerships can help distribute the burden of public safety by leveraging the different capabilities of agencies that may be able to address problems in ways that police cannot.

## 4. Plan, communicate, and coordinate regularly and often.

TPP programs often involve many partners and activities carried out over a long period. Planning, communication, and coordination are crucial to ensure that TPP programs are implemented correctly, meaningfully, and well. Agencies must consider the most effective mode of communication for all relevant partners. Agencies can expect the challenges and needs of third parties—such as a change in drugs most commonly used at hotels, a change in

hotel ownership, or new laws taking effect that change drug law enforcement—to evolve and change over time. As a TPP program matures and evolves, it may become apparent that additional or different expertise or support is required. Regular stakeholder meetings allow partners to discuss progress, address challenges, make real-time adjustments, share new resources, and suggest potential new partners.

**5. If targeting drug markets, build in mechanisms to support those with substance use disorders.**

Operation Check-Out was a police intervention that sought to enhance law enforcement efforts to reduce drug manufacture, sale, and distribution. However, comprehensive approaches are needed that simultaneously address drug demand. Thus, TPP programs that target drug problems should understand that drug supply and demand issues are inextricably linked and that resources, services, and processes are needed to support people with substance use disorders who may come to the attention of police while the program is being implemented. This builds on recommendation 3, which suggests that agencies develop relationships with other stakeholders when deploying a TPP program. Regarding drug problems, relevant stakeholders may come not just from city government but also from outside organizations, including nonprofit or private organizations, to provide support. Many agencies already work with social service providers or have formal deflection programs in place, which could be incorporated into a TPP program.

## Study limitations

The findings from the current study must be considered carefully in the context of several limitations. One limitation was the delays in starting the project. COVID-19 and the AACOPD's search for a new chief both introduced significant implementation delays, and the pandemic severely decreased the number of hotel and motel bookings for a long period of time. Constant staff turnover at hotels complicated officers' ability to build relationships with hotel management. Another challenge this project faced was the lack of ability to escalate pressure on uncooperative hotels. The AACOPD chose not to implement the enforcement element of TPP. While we did find significant impacts of Operation Check-Out on key outcome measures, the impacts may have been greater if enforcement had been combined with voluntary partnership efforts.

# Introduction

Illicit drug use is a significant problem in the United States, driven in large part by the opioid crisis that emerged in the early 2000s. Ciccarone (2019) has referred to the opioid crisis as a "triple wave epidemic" that began with a rise in overdoses stemming from prescription opioids, then heroin, and most recently, synthetic opioids such as fentanyl and its analogs (Ciccarone 2019). Spencer et al. (2023) report that age-adjusted rates of drug overdose deaths increased from 6.1 per 100,000 in 2001 to 32.4 per 100,000 in 2021. In 2023, the nation reported 107,543 drug overdose deaths, with more than 80,000 deaths involving an opioid (CDC 2024). Stimulants, such as methamphetamine and cocaine, are also a growing problem (Ciccarone 2021; Volkow 2020). Of the 107,543 drug overdose deaths in 2023, more than 36,000 involved a psychostimulant, and nearly 30,000 involved cocaine.

Police play a critical role in responding to the drug crisis, balancing often conflicting roles of emergency response, public safety, and law enforcement (PERF 2021). In response to the opioid crisis, communities, service providers, and police departments have focused significant attention on the police's emergency response and public safety roles. Police agencies can implement strategies that minimize harms associated with drug use (e.g., naloxone, fentanyl testing strips, drug threat notifications) or reduce demand by connecting people with substance use disorders to treatment or other services (e.g., pre-arrest diversion) (PERF 2016a). Research has shown that these programs save lives and improve outcomes for individuals (Nyland et al. 2024; SAMHSA 2024.)

At the same time, law enforcement remains a crucial piece of the broader response to the drug crisis. The White House's 2024 National Drug Control Strategy (Office of National Drug Control Policy 2024) calls for a comprehensive approach consisting of strategies targeting both drug demand and supply. Supply-side strategy, particularly at the local level, is critical for disrupting the sale and distribution of illicit drugs (Rengert et al. 2005). In a systematic review of the research literature on drug law enforcement, Mazerolle, Soole, and Rombouts (2007) found that proactive police interventions that leverage problem-solving and involve partnerships with community stakeholders offer the strongest evidence of effectiveness.

One of the most promising police strategies to reduce drug-related crime and disorder is *third-party policing* (TPP). This proactive, problem-solving strategy involves police persuading or coercing nonoffending third parties (landlords, business owners, etc.) to take on more responsibility for addressing crime and disorder at or around their premises (Buerger and Mazerolle 1998; Mazerolle and Ransley 2006; Mazerolle and Roehl 1998a). In a collaborative model of TPP, police seek voluntary cooperation of third parties and leverage available but often underused legal levers at their disposal to address problems (Mazerolle, Eggins, and Higginson 2016). Compared to coercive models of TPP, collaborative approaches aim to foster sustainable partnerships that support long-term crime prevention (Mazerolle 2014).

This report describes a randomized controlled evaluation of a collaborative TPP intervention implemented between August 2022 and May 2023 in Anne Arundel County, Maryland. The goal of the intervention, called *Operation Check-Out*, was to reduce drug dealing at hotels and motels (referred to generally as hotels) throughout the county by fostering trusted partnerships between police officers and hotel staff. Police officers from the Anne Arundel County Police Department (AACOPD) conducted four in-person visits to hotels randomly selected to receive the TPP intervention. During in-person visits, police officers engaged in a scripted procedural justice dialogue with hotel staff, delivered materials to educate hotel staff about the signs of drug dealing activity, identified legal mechanisms that hotel staff could leverage to address illicit activity, and provided hotel staff with a dedicated email address to report problems or suspicious activity directly to the Operation Check-Out team. PERF designed the intervention to partially replicate *Operation Galley*, a collaborative TPP intervention implemented by the Queensland (Australia) Police Service in 2017 (Mazerolle et al. 2018).

## Literature review
### Drug markets
Illicit drug markets are characterized by a high level of concentrated drug activity that occurs among a small group of people at a specific location (Reuter and Pollack 2012). Environmental theories suggest that drug markets emerge at specific locations, which can be explained by routine activities theory and crime pattern theory (Wortley and Mazerolle 2008). According to routine activities theory, the location of drug markets is the product of legitimate activities that bring together offenders and victims at places and times that lack sufficient guardianship (Cohen and Felson 1979). Crime pattern theory posits that legitimate

activities are shaped by the environmental backcloth, which contains crime attractors and crime generators that make it more likely that offenders and victims will come into contact where guardianship is insufficient (Brantingham and Brantingham 1995). The "backcloth shapes legitimate activities and can create conditions in which both dealer and buyer can easily find each other and conduct business with minimal risk" (Barnum et al. 2016, 3).

Eck (1995) explains that (1) access and (2) security are the two overarching concerns of drug dealers and buyers in any illicit drug marketplace. While drug dealers and buyers must be able to access one another to conduct transactions, licit retail marketplace strategies (e.g., advertising) are not feasible, given the possibility of legal sanction. Thus, access is achieved through alternative strategies, such as conducting business at convenient locations where many people congregate. Drug dealers and buyers must also be able to conduct transactions securely. In illicit drug markets, dealers must balance risks not present in legitimate retail markets, such as the risk that they will be arrested or that a disagreement will occur that cannot be resolved by formal third parties (e.g., courts). Drug dealers and buyers minimize security concerns by selecting familiar locations that facilitate control and privacy over transactions.

Findings from qualitative studies have been consistent with Eck's (1995) general theory of illicit drug marketplaces (Bernasco and Jacques 2015; St. Jean 2008). For example, St. Jean (2008) interviewed drug dealers in Chicago and reported that locations require three elements, or "ecological advantages," to be conducive to illicit drug markets. They (1) are near areas of high activity and transportation nodes, (2) are near legitimate activities, and (3) contain enablers, or people or resources that offer protection. Locations with these ecological advantages offer a steady supply of customers, secrecy, quick escape, and deniability of illegal activity.

Research has found that drug activity concentrates across a few locations with specific place features that offer the desired ecological advantages, such as check-cashing centers, public transportation, liquor establishments, or foreclosed properties (Barnum et al. 2016; McCord and Ratcliffe 2007; Rengert, Ratcliffe, and Chakravorty 2005). Hotels have frequently been associated with crime and disorder, including drug sales (Bernasco and Jacques 2015; Bichler, Schmerler, and Enriquez 2013; Drawve, Thomas, and Walker 2016; Drawve and Barnum 2018; Morton, Luengen, and Mazerolle 2018). Hotels can serve as ideal locations for illicit

drug transactions because buyers can easily access them, they are near various modes of transit, and they are private. Madensen and Eck (2012) refer to hotels as "comfort locations" because of their privacy and accessibility.

## Third-party policing

TPP is a proactive problem-solving strategy that involves police engaging nonoffending "third parties" (e.g., property owners, landlords, parents) to prevent or control crime (Mazerolle and Ransley 2006). While problematic people, places, or situations are the primary targets of any TPP strategy, police engage third parties *proximately* because they can exercise control over their immediate environments and remove or minimize opportunities for illegal behavior (see figure 1).

**Figure 1. Model illustration of TPP**
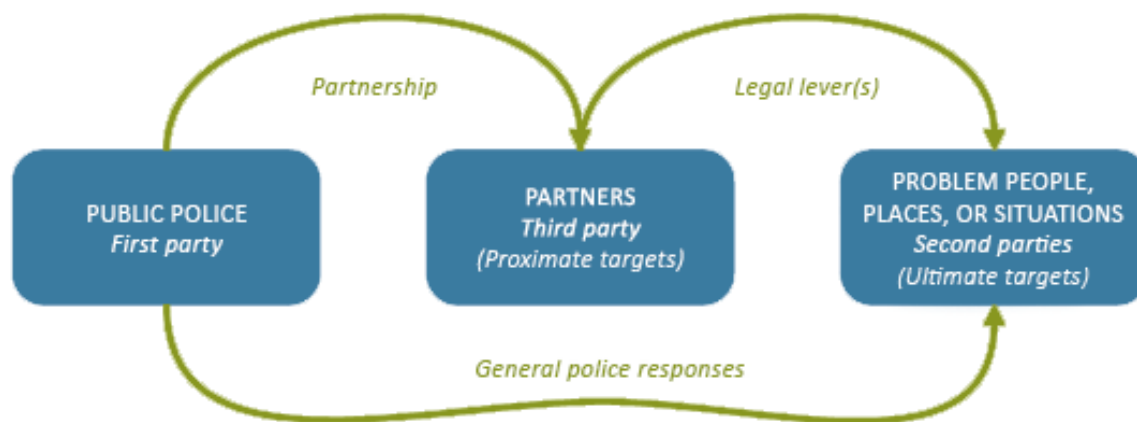


Source: Mazerolle 2014

The key mechanism of TPP is motivating third parties with some degree of place management responsibility to take on a greater degree of responsibility for crime problems at their locations. A primary component of TPP is acting on noncriminal legal levers that are available but often underused (Buerger and Mazerolle 1998; Mazerolle and Ransley 2006). Also called civil remedies, these levers include mandatory reporting laws (e.g., chemical sales, child abuse), regulatory codes (e.g., building, fire, health, and safety, noise codes), or property controls (e.g., drug nuisance abatement) (Mazerolle, Price, and Roehl 2000; Mazerolle and Roehl 1998a). Mazerolle (2014, 347) explains that third parties "possess a legislative mandate (i.e., an existing legal lever) [and] are likely to make better crime control partners than partners that lack access to a legal lever." Another benefit of civil remedies is that they are cheaper and easier to implement than criminal remedies (Davis and Lurigio 1996).

Police may use various approaches to prompt third parties to more actively manage crime problems or the underlying conditions that cause them (Mazerolle 2014). The specific approaches police use are generally tied to third parties' willingness to take responsibility for crime problems. Typically, TPP programs begin with police seeking voluntary cooperation of third parties using "light touch" methods, such as sharing information to raise awareness of specific programs, offering training or education on preventing problems, or providing support and technical assistance to make changes. In cooperative scenarios, police may work with third parties to activate legal levers available to third parties to address problems.

However, third parties may resist collaborative efforts, requiring police to apply increasing pressure or use more coercive methods. Pressure may be achieved through warnings or the use of inspections, whereas coercive measures may involve activating civil remedies against third parties until they take on responsibility for crime problems (Bichler, Schmerler, and Enriquez 2013; Eck and Wartell 1998; Mazerolle and Roehl 1998b).

Mazerolle (2014) developed the engagement continuum, depicted in figure 2, to characterize the range of possible TPP partnerships. According to Mazerolle (2014), the nature of the partnership is linked to its crime control effectiveness and sustainability. Specifically, partnerships that are collaborative, rooted in legitimacy and procedural justice (Sunshine and Tyler 2003; Tyler 2003; Tyler 2006), and that target mutually beneficial goals are most likely to be successful and sustainable over the long term (Mazerolle 2014, 351). By fostering partnerships and exploiting a broad range of civil remedies, TPP can expand police capacity and scope to control and prevent crime and "co-produce" public safety (Buerger and Mazerolle 1998; Mazerolle, Eggins, and Higginson 2016; Mazerolle and Ransley 2006).

Several studies have examined the effects of TPP strategies on a range of public safety problems, often those targeting drug markets and related

**Figure 2. The TPP engagement continuum**



Source: Mazerolle 2014

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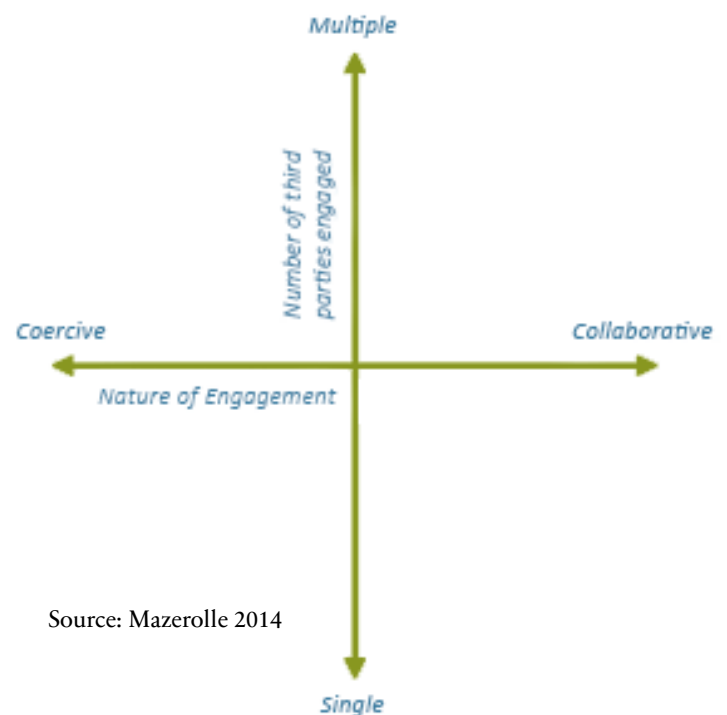
disorder (Weisburd and Majimundar 2018). One systematic review (Mason and Bucke 2002) of the literature on strategies to disrupt local drug markets reported that, compared to traditional law enforcement or community-oriented policing strategies, TPP interventions involving drug nuisance abatement and civil remedies were the most effective strategies for reducing drug dealing from residential or commercial properties. In another review of the drug law enforcement literature, Mazerolle, Soole, and Rombouts (2007) identified 24 studies that evaluated 17 programs involving drug nuisance abatement, civil remedies, or TPP. All of these studies determined that such strategies were effective in addressing drug problems, other crime and disorder problems, and quality of life. Further, Mazerolle, Soole, and Rombouts (2007) reported that these studies reported no issues related to crime displacement, though some TPP interventions demonstrated a diffusion of crime control benefits.

Three specific programs—from San Diego, Oakland, and Chula Vista—are described in the following sections to illustrate the design and implementation of TPP strategies. Operation Galley, upon which the current study is based, is described here in more detail.

*Operation Galley*

Operation Galley was a TPP intervention implemented between March and November 2017 by the Queensland Police Service (QPS) to reduce drug crime at hotels in Brisbane City, Queensland, Australia (Mazerolle et al. 2018; Morton, Luengen, and Mazerolle 2018). The intervention educated hotel staff about signs and behaviors associated with illicit drug activity and encouraged them to promptly report behaviors directly to QPS detectives. Hotel staff were provided with a designated phone number and email address to report suspicious activity, which made communications more personal or individualized and facilitated cooperation. The intervention's intermediate goals involved improving intelligence sharing to rapidly apprehend drug offenders; detect drug manufacturing, sales, and trafficking; and deter offenders from exploiting hotels around the city for illicit drug activity.

A team of researchers at the University of Queensland evaluated the intervention under experimental conditions. Researchers randomized 120 hotels throughout Brisbane into one of two treatment conditions or a control group. The control group received a business-as-usual, reactive police response; the treatment groups were subjected to different versions of the TPP intervention. In the first treatment condition (letter only), hotels were engaged

solely through a mailed letter written using procedural justice language. The letter discussed the importance of minimizing drug-related harms, identified the hotel's civil and criminal liabilities should drug offenses occur on their premises, and requested that staff report suspicious behaviors to a provided email account or telephone number. The letter also asked hotels to ban customers suspected of drug crime from their property. The letter included detailed descriptions and photos of physical and behavioral indicators of drug activity to aid staff in identifying the signs.

In the second treatment condition (letter plus visit), hotels received the same letter as the letter-only group, followed by a pre-arranged, in-person visit from the Combined Agency Responses Team (CART), which consisted of QPS detectives and officers from the Queensland Fire and Emergency Services. Members of the CART team leveraged a scripted dialogue, conducted in procedural justice language, to establish a partnership with hotel staff and obtain their commitment to reporting suspicious drug-related activity. Hotels in this treatment condition received one additional visit from the CART team and were given access to detectives for ongoing consultation with hotel staff.

The Operation Galley evaluation findings showed that the "letter plus visit" group produced more than six times as many tips via the dedicated reporting systems as the "letter only" group. Further, drug crime reports were nearly five times higher in the "letter plus visit" group than in the "letter only" or the control group. The "letter plus visit" group also had significantly more arrests, charges, and warrants than the "letter only" or control groups. The evaluation also considered hotel staff perceptions of drugs, police, and disorder via a hotel staff survey but found no statistically significant differences in many outcome measures across the three conditions. Researchers could not draw extensive conclusions from the survey due to the absence of a baseline survey.

### San Diego Drug Abatement

In the early 1990s, San Diego, California, was experiencing a substantial issue with drug dealing at rental properties around the city. Research by Eck (1995) determined that places in the city with drug activity (compared to those without) lacked adequate place management. In response, the San Diego Police Department (SDPD) developed a TPP strategy to motivate place managers to take on more responsibility for addressing drug problems on their premises (Eck and Wartell 1998). The intervention focused on 121 rental properties

previously subject to enforcement actions by the SDPD narcotics unit. To evaluate the TPP strategy, these properties were randomized into one of two TPP conditions or a control condition. In the first TPP condition (n=42), the SDPD Drug Abatement Response Team (DART) mailed a letter to rental property owners that described the drug activity at their property and offered assistance in evicting drug dealers. The letter also advised property owners that if drug dealing persisted, the city could take legal action against the owners themselves, resulting in fines of up to $25,000 and potentially closing the property for up to a year. Police took no further action in this group unless the owner requested police assistance.

In the second TPP condition (n=37), DART also mailed a letter to rental property owners, but the language emphasized the legal actions that could be taken if owners did not address drug problems. The letter also requested that property owners contact DART or explained that an SDPD detective would contact them to arrange an interview at the property. During in-person meetings, a detective and code inspector inspected properties and worked with the property owner to develop plans to mitigate and prevent further drug problems. Detectives provided ongoing support to ensure the property owner made requisite changes or improvements on their premises. Finally, the control condition received no further engagement following initial enforcement actions.

In their evaluation, Eck and Wartell (1998) found that rental properties in the treatment conditions exhibited significantly fewer drug problems than those in the control condition. Over the entire 30-month post-treatment period, properties in the control group had an average of two more crimes than the meeting group and one and two-thirds more crimes than the letter-only group. The impact of the intervention on the letter-only group was more modest, as crime declined by 42 percent in the first period but only by 13 percent across the whole 30-month period.

### Oakland Beat Health Program

In the mid-1990s, Mazerolle and Roehl (1998a) studied the Oakland (California) Police Department's (OPD) Beat Health Program to determine its impact on drug and disorder problems at commercial establishments, residential homes, and rental properties around the city. The OPD's Beat Health Unit (BHU) led the program. The BHU consisted of patrol officers and civilian staff divided into small teams dedicated to each of the department's five

beats. BHU teams also worked with other OPD units, city stakeholders, and community representatives as part of the program.

The BHU process involved conducting visits at locations with a high volume of activity—e.g., calls for service, arrests, and community complaints—and attempting to collaborate with place managers. The goal of the collaboration was to change or improve conditions at these premises and resolve drug and disorder problems. During visits, BHU teams collected information from place managers, explained their rights and responsibilities relative to specific issues, offered crime prevention tips and suggestions, provided training in effective place management, and made referrals to other city agencies for further support. The initiative encouraged place managers to take action on their premises without the BHU needing formal action. However, if needed, the BHU could pull legal levers such as coordinating site visits by the Specialized Multi-Agency Response Team to conduct inspections, send warning letters, or bring civil lawsuits against property owners with drug problems.

To evaluate the Beat Health Program, 100 sites were randomized into treatment or control conditions. The treatment condition received the targeted approach from the BHU, while the control group received the standard police response. The experimental condition saw a decrease of 7 percent in drug calls for service, while the control group saw a 54.7 percent increase in drug calls for service after the intervention. The Beat Health Program was effective in reducing drug problems but had no significant impact on violent crime, property, or disorder problems. Researchers found a potential displacement effect of drug problems around commercial properties in both groups, but the displacement was most notable in the control group. Overall, the results suggested that the work of the BHU was a promising method of reducing drug problems.

### Chula Vista Motel Initiative

The Chula Vista Motel Initiative (CVMI) was a TPP program implemented in the early 2000s by the City of Chula Vista, California, as a response to substantial crime and disorder problems generated by the budget motels in the city (Bichler, Schmerler, and Enriquez 2013). Problem analysis revealed that poor place management contributed substantially to public safety issues (Schmerler et al. 2009). Thus, the CVMI aimed to motivate place managers to take more responsibility for the conditions at their properties using a three-stage model of

escalating social and civil actions (Bichler, Schmerler, and Enriquez 2013; Bichler and Schmerler 2020; Schmerler et al. 2009).

The first stage of the CVMI involved outreach and information sharing with place managers at problem motels. During this step, program staff disseminated calls for service "report cards" to place managers, informing them of crime and disorder problems at their properties. The CVMI offered place managers training on relevant laws and best practices and provided technical assistance to support their efforts. Stage two of the CVMI involved using civil mechanisms to pressure place managers further to implement changes at the motels with the most significant crime and disorder problems. The city inspected all motels and closed two. To induce shame, the city again sent place managers report cards that ranked motels by the severity of crime and disorder problems.

In the final stage of the CVMI, a working group was created with representation from six city agencies. The working group developed a permit-to-operate ordinance for motels that required compliance with public safety standards for issuing one-year operating permits. Properties that failed to meet the standard were required to enter into a memorandum of understanding with the city and agree to take specific actions to correct problems at their properties.

Bichler and Schmerler (2020) examined the impact of the CVMI. Following the code enforcement stage, the most troubled motels demonstrated a 68 percent reduction in calls for service, and middle-tier motels exhibited a 36 percent reduction. Over the entire study period, crime reports at motels dropped by 70 percent, while crime reports citywide remained relatively constant. The largest impacts were associated with the new permit-to-operate ordinance. Results of pre- and post-implementation surveys of managers revealed that many motels established written check-in policies, the length of guest stays decreased, and fewer customers were local clientele. Further, site audits showed that the number of motel rooms that did not meet basic safety requirements declined from 378 pre-intervention to 0 post-intervention.

# The Current Study

Anne Arundel County (AACO) is a community of approximately 595,000 residents in the Washington-Baltimore region that sits between Washington, D.C.—which is approximately 15 miles to its west—and the Chesapeake Bay to the east. The city of Baltimore borders the northern edge of the county. Annapolis, the state capital, the Baltimore-Washington International Airport (BWI), and the Maryland Live! Casino are all located in the county. Many major highways, including I-95, I-97, and U.S. Route 50, also transect the county. See figure 3 for a map of the county and surrounding areas.

As a sizeable geographic area nestled between two large cities and with several urban centers, tourist attractions, and major transportation nodes, AACO's many lodging establishments provide advantageous locations for illegal trafficking, manufacturing, and selling drugs. Indeed, the AACOPD is aware that hotels are frequently used for drug distribution (see Belt 2015, Belt 2016, Davis 2020, Dickstein 2020, Mann 2019, Weathers 2019). In 2021, AACO received 1,834 narcotic-related calls for service. That same year, the AACO public health department reported 837 drug-related overdoses, 157 of which were fatal; 72 percent of those overdoses involved fentanyl (Anne Arundel County Department of Health 2021). Thus, drugs, especially opioids, are a salient issue in AACO.

**Figure 3. Anne Arundel County, key landmarks, and surrounding areas**

## Operation Check-Out

The current study evaluated *Operation Check-Out*, a collaborative TPP intervention implemented by the AACOPD to target illicit drug activity at hotels in AACO. PERF designed the intervention as a partial replication of Operation Galley, described in the introduction to this report. In Operation Check-Out, AACOPD officers visited hotels to seek cooperation in preventing drug-related issues. The visits leveraged TPP and procedural justice principles to build relationships and gain voluntary support from hotel staff. The goal was to create a lasting partnership without coercion. However, officers did inform hotel staff of their specific legal responsibilities and the potential civil or criminal consequences for allowing illicit drug activities on their premises. Operation Check-Out involved four in-person visits, two more than Operation Galley, to maximize the possibility of fostering sustainable partnerships. Officers conducted visits over 10 months, beginning in August 2022 and followed by refresher visits in October 2022, February 2023, and May 2023.

Two officers conducted each hotel visit, with one officer from the Police and Community Together (PACT) team and another from the Tactical Patrol Unit (TPU). This design departs from Operation Galley, which paired a detective with a fire and emergency service member to conduct visits. PACT officers are community policing experts with skills to build relationships with hotel staff. In contrast, TPU officers have deep knowledge of drug laws, criminal investigations, and the consequences of illicit drug activity. The PACT and TPU officers worked together to seek voluntary cooperation from hotel managers to be active partners in addressing drug problems. Cooperative hotel managers had direct access to the investigative resources and capacities of the TPU so that they could deal with issues immediately.

An AACOPD captain and a sergeant led all other project efforts. During the intervention period, PERF held regular virtual meetings with the AACOPD project leads to ensure that the AACOPD delivered the program as intended and to respond to and address immediate problems regarding implementation or the research design.

## Research questions

The overarching goal of the current study is to ascertain whether TPP can reduce and prevent drug problems by facilitating engagement with lodging establishment place managers. The study represents a partial replication and extension of Operation Galley. Three research questions guided this work:

*Research question 1.* Do hotels subject to the TPP intervention have higher detection rates of drug offending than hotels not subject to the intervention and, thereby, greater rates of drug enforcement activity?

*Research question 2.* Do hotels subject to the TPP intervention have fewer drug-related incidents than those in the control group?

*Research question 3.* Do staff at hotels subject to the TPP intervention report more favorable views than staff at non-TPP hotels of police and crime and disorder?

## COVID-19 pandemic and other event impacts

Events occurring during the project impacted the implementation of Operation Check-Out and the corresponding outcomes of the intervention.

First, the COVID-19 pandemic struck in March 2020, just as the project was to begin. With vaccines not authorized for emergency use until December 2020, widespread safety measures (e.g., social distancing) impacted travel and use of hotels and motels nationwide, including in AACO. COVID-19 vaccines became available to the general public in April 2021, and COVID-19 cases and hospitalizations plummeted in the spring and summer of 2021. However, the emergence of the Delta variant in the summer of 2021 and the Omicron variant near the end of that year compounded ongoing challenges with implementing the "in-person" intervention.

Second, there was a national search for a new AACOPD chief in the summer and fall of 2020. PERF paused all substantive work on the project until a new chief was sworn in and could confirm future commitment to the project.

Together, these two events substantially delayed the implementation of the proposed project for two years and fundamentally altered how people used lodging establishments in the county.

# Design of the Operation Check-Out Evaluation

PERF selected a two-arm randomized controlled trial to evaluate Operation Check-Out's impact on outcomes related to crime and disorder, perceptions of police, and intelligence sharing. The study sample consisted of hotels and motels in AACO. PERF compiled the sample of hotels based on data gathered from multiple sources, including the AACO Economic Development Corporation and the AACOPD. PERF reconciled the two hotel listings and merged them into a single primary database that included information on business names, addresses, phone numbers, police districts, star ratings, room counts, and crime counts.[1]

The final sample consisted of 78 hotels and motels throughout the county; figure 4 provides an overview of the county and AACOPD divisions, along with treatment and control hotels and motels. Figures 5–7 on page 15 provide detailed views of the treatment and control locations in each division.

Note that the Eastern District only contains one treatment hotel and no control hotels, as the city of Annapolis hotels were dropped from the sample (see footnote 1). As the figures demonstrate, hotels are geographically clustered across the northwestern border of the county. This area is near the Baltimore-Washington airport and just south of the city of Baltimore (not part of AACO).



Figure 4. AACOPD districts and treatment and control hotels and motels

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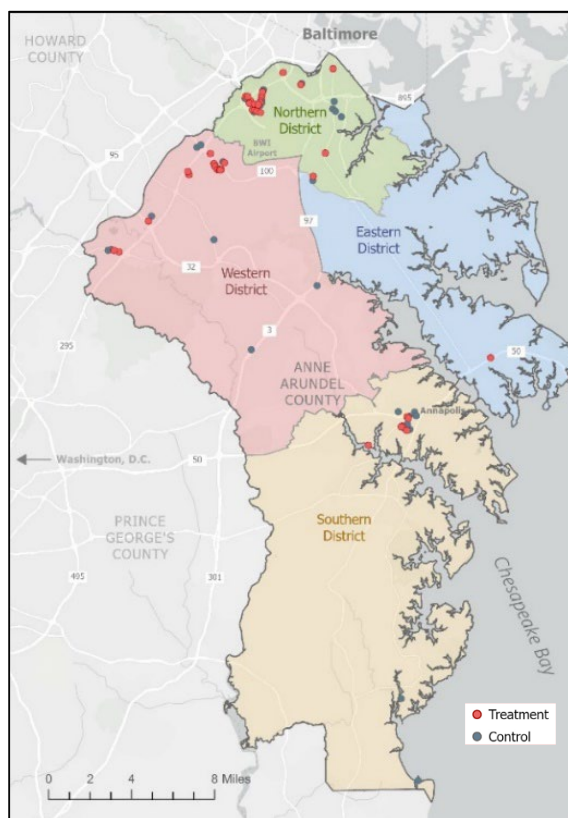
[1] Several properties were further culled from this list for various reasons. For example, the Maryland Live! Casino and Hotel was excluded as a unique case as it operates as both a hotel and an active casino with its own security staff. Further, lodging establishments in the city of Annapolis were removed as the city operates its own police department, which has primary responsibility over these locations. Finally, hotels were dropped based on input from the AACOPD that they operated primarily as a bed and breakfast or no longer existed.

**Figure 5. AACOPD Northern District and hotels**   **Figure 6. AACOPD Western District and hotels**
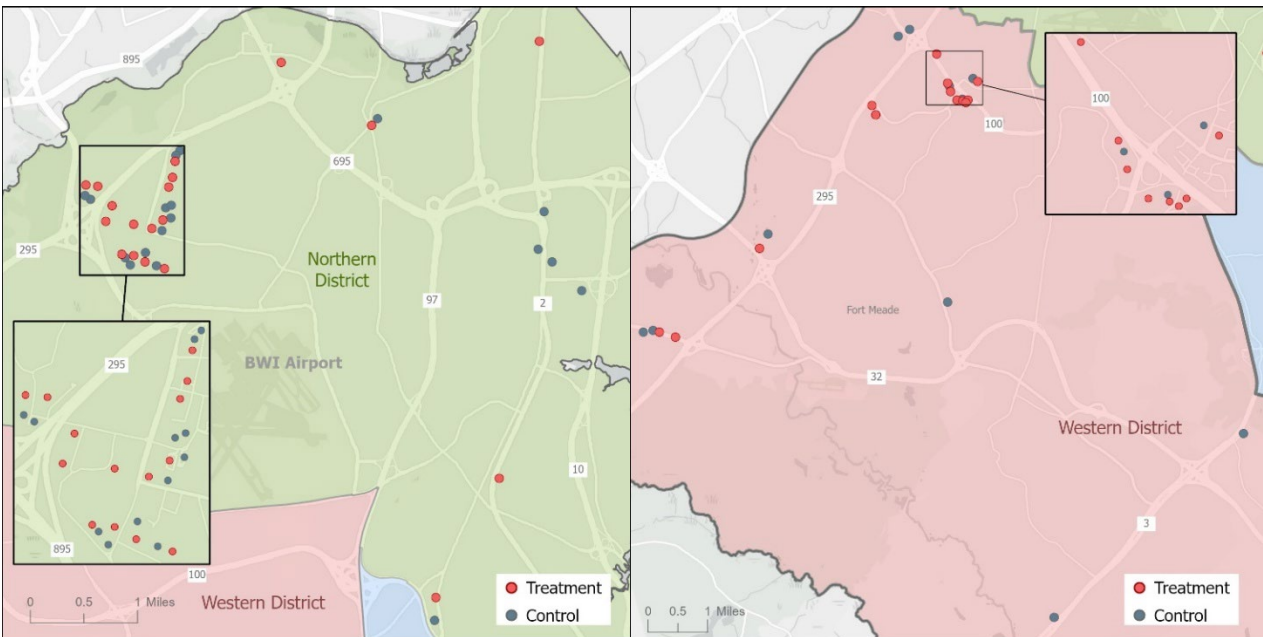




**Figure 7. AACOPD Southern and Eastern Districts and hotels**
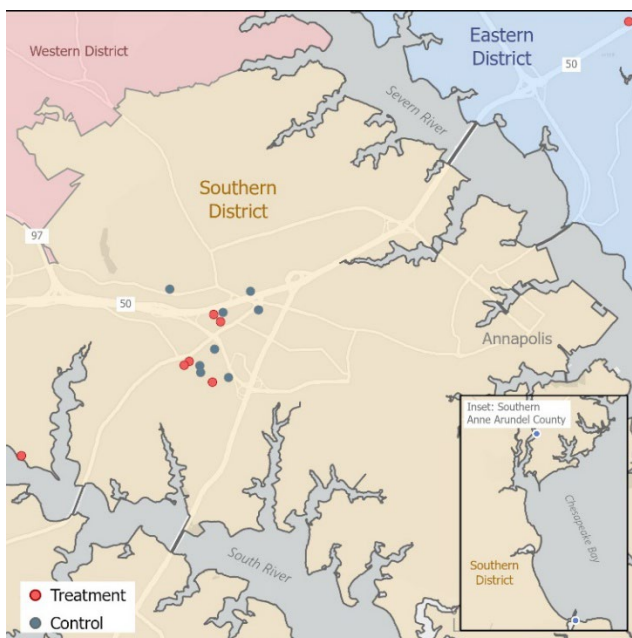


Using a matched pair design, PERF randomized each of the 78 hotels in the sample into either the treatment condition or a control group. First, the team assigned hotels a random number using Microsoft Excel's random number generator. Next, hotels were ranked based on an index measure that captured violent, property, and disorder incidents between January 2021 and July 2021.[2] Hotels with the greater random number within each pair, moving down the list from highest to

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[2] The index measure included incidents of assault, rape, robbery, burglary, theft, auto theft, theft from an automobile, tagging, disorder, domestic, sexual crimes, narcotics, and overdose.

lowest scores on the crime and disorder index, were selected for the treatment condition.[3] Table 1 shows the distribution of hotels among treatment and control groups by police district.

**Table 1. Count of hotels assigned to treatment or control groups by police district**

| District | Total hotels | Treatment hotels | Control hotels |
|---|---|---|---|
| Northern | 37 | 19 | 18 |
| Western | 24 | 13 | 11 |
| Southern | 16 | 6 | 10 |
| Eastern | 1 | 1 | 0 |

To assess the balance between the treatment condition and control groups, PERF compared hotels based on several characteristics. Table 2 shows hotels' average star ratings, room counts, crime and disorder counts per month, and drug-related incidents per month. Results of a two-tailed t-test assuming unequal variance showed no significant differences between treatment and control hotels in star rating, crime and disorder, or drug-related incidents. However, treatment hotels had significantly ($p<0.05$) more rooms on average than control hotels.

**Table 2. Comparison of hotels in treatment and control groups on average hotel star rating, room count, crime and disorder, and drug incidents**

| Group | Avg. star rating | Avg. room count* | Avg. crime and disorder | Avg. drug incident |
|---|---|---|---|---|
| Treatment | 2.69 | 144 | 31.81 | 2.65 |
| Control | 2.58 | 117 | 29.94 | 2.00 |
| Overall | 2.64 | 130 | 30.89 | 2.33 |

*$p<.05$

## Implementation of Operation Check-Out

The treatment group received Operation Check-Out, a collaborative TPP program that involved three main components. First, *introductory letters* were mailed to hotels selected for the treatment condition (see appendix 1. Introductory Letter). These letters were addressed to hotel managers, printed on AACOPD letterhead, and signed by the AACOPD project leaders. The letters used procedural justice language to introduce Operation Check-Out, outlined

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[3] Five hotels were missing crime and disorders counts and were selected for the treatment (n=2) or control (n=3) condition completely at random.

motivations for the initiative, and provided managers with an email address to contact the Operation Check-Out team. The letters also explained that a member of the Operation Check-Out team would contact hotel managers by phone to schedule a preliminary visit.

The Operation Check-Out email address also served as the "tip line," which hotel staff could use to report potential drug activity. The tip line was designed to foster information sharing and facilitate rapid response to problems by giving hotel staff a direct line of communication with the Operation Check-Out team. It also served as an alternative option for communication with police, such as in cases where hotel staff did not feel comfortable contacting 911. This discomfort may include situations, for example, that are suspicious but do not rise to the level of an emergency, or situations when hotel staff wanted to report suspicious activity even if the manager instructed them not to.

Enclosed with the introductory letters was a two-page *information sheet*. Information sheets contained four key sections (see appendix 2. Information Sheet). The first section described the drug problem around the county and its deleterious impacts on the community. The second section outlined specific ways hotel staff could help address drug problems as part of Operation Check-Out, including being aware of the signs of drug activity at their properties, reporting suspicious activities to the dedicated project email address, and prohibiting or banning problematic persons from the properties. The third section gave detailed descriptions of physical and behavioral signs of drug use, production, or selling and included pictures of actual drugs previously seized by the AACOPD. The last section highlighted three Maryland codes about the rights and responsibilities of hotels when drug problems occur on their premises. The information sheet also included the dedicated Operation Check-Out email address. It noted that the AACOPD would promptly follow up on any issues received via the tip line.

About a week after introductory letters were mailed, each PACT/TPU team conducted *introductory calls* to hotel managers to pre-arrange the initial visit. To facilitate phone calls, PACT/TPU officers were provided with a script to follow written using procedural justice language (see appendix 3. Phone Script). During the calls, the PACT/TPU officers introduced themselves, provided a brief overview of Operation Check-Out, discussed the goals of the initiative (i.e., protecting local businesses and mitigating drug-related harms), confirmed that the manager had received the introductory letter and information sheet, and worked with

the hotel manager to schedule a date and time for a preliminary on-site visit. PERF asked PACT/TPU officers to schedule visits within two weeks of the introductory letter mailing.

The final component involved *in-person visits* at hotels assigned to the treatment condition. Each treatment hotel received four visits, including an initial pre-arranged visit and three "refresher" visits. Because of difficulties in contacting hotel managers by phone to schedule initial visits in advance, PACT/TPU officers conducted most refresher visits on a "drop-in" basis. In some cases, PACT/TPU officers made several unannounced visits to a hotel before successfully contacting a manager.

The purpose of the in-person visits was to foster dialogue between PACT/TPU officers and hotel staff and build a partnership between the two stakeholders to address drug problems. **Operation Check-Out focused almost entirely on encouraging third parties (i.e., hotel staff) to work *voluntarily* with the police as crime control partners.** This approach follows that of Operation Galley and contrasts with other TPP programs that apply increasingly coercive measures when third parties are unwilling to cooperate (Bichler and Schmerler 2020; Eck and Wartell 1998).

To secure voluntary commitments, PACT/TPU officers used a scripted dialogue that operationalized the core principles of procedural justice (see appendix 4. Procedural Justice Dialogue). Procedural justice posits that compliance and cooperation with police are determined by whether police are perceived as legitimate authorities (Tyler 2006). Legitimacy is the product of how police interact with members of the public. When police interact with people in ways that are considered trustworthy, objective, respectful, and collaborative, people perceive them as legitimate. They are more likely to comply with police requests or commands (Tyler 2003) when they think police are legitimate than when they do not. Research shows procedural justice is a stronger predictor of compliance than other assessments people make about police, such as their efficacy as an institution or the particular outcomes of an interaction (Tyler 2003).

The scripted dialogue for Operation Check-Out was nearly identical to the dialogue used in the Operation Galley program, with minor modifications for local context. The procedural justice dialogue was designed to demonstrate the trustworthiness of the police and the strategy itself, generate buy-in, and encourage hotel staff to cooperate with the AACOPD willingly and voluntarily. The dialogue allowed police and hotel staff to share perspectives

based on the idea that two-way communication can help foster a collaborative environment and convey respect.

At the same time, police were clear with hotel staff about their responsibilities for ensuring public safety at their property. A portion of the dialogue involved PACT/TPU officers identifying specific codes and regulations that outline the obligations of hotel staff regarding drug activity at their establishments. Although PACT/TPU officers typically discussed these items in an informative, nonthreatening manner, they could present them as possible consequences should hotel staff be uncooperative. Officers also provided educational materials (i.e., information sheets) to hotel managers. Officers asked managers to distribute the materials among staff, describing what police expected of hotel staff under Operation Check-Out and setting the stage for a successful partnership (Mazerolle et al. 2018, 5).

Before the intervention, PERF trained officers to use the dialogue and specific communication tactics to effectively deploy it (e.g., emotional labeling, paraphrasing, minimal encouragers, effective pauses). PERF structured the script into six key sections, including (1) Introduction, (2) Background, (3) Motivations, (4) Actions, (5) Legal Levers, and (6) Conclusion. The dialogue contained various placeholders for PACT/TPU officers to personalize the encounter, pauses, question prompts and discussion topics, and action points for officers. Dialogue components are summarized in table 3 on page 21 and described in detail in the following paragraphs.

The Introduction section introduced the PACT/TPU officers, outlined the purpose of the visit, and presented a high-level overview of the visit's goals. The script prompted officers to ask the hotel manager if they were still available for an in-person visit and communicated the approximate length of the visit.

The Background section offered a more detailed description of Operation Check-Out and prompted officers to ensure hotel managers had received and understood the project materials. Several discussion topics were included in this section, primarily for officers to gather the hotel manager's perspectives or experiences with drug-related problems at or near their establishments. During initial visits, the script prompted officers to discuss the prevalence of crime and disorder at the property as shown in police data (per the crime and disorder index described in previous sections).

The Motivations section discussed why the AACOPD created Operation Check-Out. The goal was to humanize the conversation and demonstrate that the PACT/TPU officers genuinely care about reducing drug problems in the county to save lives, minimize harm, and protect local businesses. Officers were encouraged to share personal stories about past experiences of witnessing the deleterious impacts of drugs while on the job. Officers also queried hotel managers about how drugs have impacted them or their hotels and asked about familiarity with substance use disorders and local resources.

The Actions section identified three specific actions that hotel staff could take to address potential drug problems on their premises. First, officers asked hotel staff to be aware of the physical or behavioral signs of drug activity. Officers discussed these signs with hotel managers, how to identify them, and whether the manager or staff had ever noticed them at the hotel. Second, officers asked hotel staff to report suspicious activities via the dedicated email address on the information sheet. Officers discussed privacy and emphasized the importance of reporting information promptly. Officers also asked hotel managers to deny access to problematic persons or guests. Finally, officers asked hotel managers if they had questions or concerns about reporting suspicious activity, the partnership, and their feelings about Operation Check-Out in general.

The Legal Levers section identified three specific regulations relevant to dealing with drug problems on the property. Two regulations about keeping a common nuisance and nuisance control conveyed the hotel's obligations to prevent persons from selling, manufacturing, or distributing drugs on their property and the consequences of failing to do so. A third code referred to the hotel's powers to refuse lodging or services and provided hotel managers with a tool to evict or prohibit problematic persons from the property.

The Conclusion section thanked hotel managers for their time and reaffirmed the AACOPD's commitment to the partnership and goals of minimizing harm and protecting businesses. PACT/TPU officers summarized the actions requested of hotel staff and asked managers to provide copies of the project materials to their employees. Officers left additional copies of the materials as needed. Finally, officers reminded hotel managers about the tip line, the importance of ongoing communication, and officers' plans to follow up with additional in-person visits regularly.

**Table 3. Summary of scripted dialogue**

| Section | Topics covered |
|---|---|
| Introduction | Introduce yourself, Operation Check-Out, and the reason for the visit. |
| Project Overview | Outline goals and methods of Operation Check-Out. |
| Motivations | Discuss motivations for Operation Check-Out, i.e., reducing drug-related harms, preventing crime and disorder, and protecting local businesses. |
| Actions | Identify cooperative actions to support Operation Check-Out i.e., awareness, reporting of suspicious activity, and prohibiting problematic individuals. |
| Legal Levers | MD Code, Health – General,§ 20-301, Nuisance control<br>MD Code, Criminal Law, § 5-605. Keeping common nuisance,<br>MD Code, Business Regulation, § 15-203. Refusal of lodging or services; |
| Document | Gather feedback and record activities. |

Hotels in the control group received the business-as-usual response, including a traditional, reactive style of policing where patrol officers responded to calls for service and proactive activities were limited, inconsistent, or unplanned. PERF did not provide officers responding to control hotels with the scripted dialogue or train them to use it. Officers did not inform hotel managers at control locations about Operation Check-Out; those locations did not receive in-person visits from PACT/TPU officers and were not engaged as crime control partners.

## Ensuring fidelity

PERF used multiple strategies to ensure that officers delivered the intervention as intended and that implementing officers maintained fidelity to the research design. Strategies included (1) training PACT/TPU officers before the start of the intervention, as well as conducting a refresher training halfway through the intervention, (2) requiring PACT/TPU officers to complete summary visit sheets that included a checklist of activities that they completed during each hotel visit, and (3) having a member of PERF conduct periodic ride-alongs to observe the delivery of the intervention.

## Training

PACT/TPU officers received training twice during the project. The project's Principal Investigator, PERF's Research Director, PERF's Senior Research Criminologist, and PERF's Director of Management Services delivered the training. PERF conducted the initial training in July 2022, two weeks before in-person visits began in August 2022. PERF held two training sessions, each three hours long, with small groups of PACT/TPU officers to foster in-

depth discussion of the content. The goal was to familiarize officers with the mechanics of the project and sufficiently prepare them to deliver the intervention properly. PERF staff encouraged officers to ask questions and offer feedback about the intervention to ensure activities were feasible and of minimal burden.

The initial training covered theory and research on TPP and procedural justice. PERF discussed Operation Galley, which informed the current intervention, in detail to provide a foundation and context for the current study. Most of the training was dedicated to the presentation and discussion of the project, including its goals, research methods, data collection, and, importantly, the design and implementation of the Operation Check-Out intervention. PERF provided officers with copies of all project materials to review and discuss, including the introduction letter, information sheet, phone call script, procedural justice dialogue, summary visit sheet, and maps and listings of treatment and control hotels by police district. PERF also provided officers with training on "tactical communication" techniques, such as active listening, emotional labeling, minimal encouragers, and effective pauses, to aid in effectively delivering the procedural justice script.[4]

PERF held a refresher training for officers in January 2023, after they had completed two waves of in-person visits to treatment hotels. This training reiterated the project's purpose, goals, and implementation and allowed the officers to discuss the first two waves. After discussions with the officers, PERF decided to make several changes to project implementation for the final two waves. Because of the challenges of scheduling visits with hotels, the team instead directed officers to conduct "drop-in" visits to the hotels. PERF asked the officers to share the dates and times of their planned visits with PERF staff so that the team could observe these visits. Officers planned to wear plain clothes and drive unmarked vehicles to visits whenever possible, as some hotel managers were uncomfortable with a visible police presence in their hotels. Lastly, PERF updated the dialogue regarding legal levers for uncooperative hotels. The updated language stated that while the project aims to collaborate with hotels, there may be instances where the health department decides to conduct hotel inspections and that decisions made by the health department would be out of the control of law enforcement.

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[4] Tactical communication training was adapted directly from Operation Galley training materials, as well as PERF's Integrating Tactics, Communications, and Training de-escalation training curriculum (PERF 2016b).

## Summary visit sheets

PERF asked PACT/TPU officers to complete a summary visit sheet within 24 hours of each hotel visit (see appendix 5. Team Visit Summary Sheet). The sheet served two purposes. First, it contained a checklist of activities for PACT/TPU officers to use and complete during the visit—the checklist aimed to ensure that officers delivered the intervention correctly and in full at each treatment hotel. Second, the sheet served as a data collection mechanism that allowed PERF to monitor fidelity during each wave of visits, identify errors, and correct them in near real-time.

During the first wave of visits, PACT/TPU officers completed physical paper summary sheets. The AACOPD project leads collected the sheets from officers, scanned them, and emailed them to PERF for coding. For subsequent waves, PERF created a web form that allowed PACT/TPU officers to complete summary sheets online.

The summary sheets asked for background information, including the officers' names and badge numbers, the hotel's name and address, and the date and time of the visit. Officers were also asked if materials (i.e., introduction letter and information sheet) were provided to hotel points of contact, if they were read by points of contact, if the points of contact agreed to distribute the materials, and whether the points of contact identified any issues related to crime and disorder or Operation Check-Out. The checklist contained open space where PACT/TPU officers could record additional information about their visits. Finally, the sheets included a list of dialogue components to cover during conversations with hotel points of contact, and officers were asked to mark whether each aspect of the dialogue was discussed.

## Ride-alongs

A PERF staff member conducted ride-alongs with PACT/TPU during each wave of the in-person hotel visits. The ride-alongs ensured fidelity to the intervention and evaluation design. During ride-alongs, the PERF staff member observed adherence to the procedural justice dialogue and monitored whether officers delivered project materials. Following the visit, the PERF staff member completed a summary visit sheet and compared it to those completed by the PACT/TPU officers during the same visit to ensure consistency in reporting. In addition to monitoring fidelity, the ride-alongs allowed PERF to gather qualitative feedback from PACT/TPU officers and hotel staff about the project, their perceptions of crime, and their willingness to cooperate with the AACOPD.

To coordinate ride-alongs, PERF created a calendar system using Google Calendar; the calendar was accessible to both the PERF and AACOPD teams. When PACT/TPU officers scheduled or planned a visit, they would generate calendar events with their names and the scheduled visits' dates, times, and locations. When PERF staff received a notification about a calendar event, they would contact the PACT/TPU officers to coordinate a ride-along.

Because of difficulty connecting with hotel staff over the phone to schedule visits, this process changed for the final two waves of the project. Officers began conducting visits without calling hotels first. Under this arrangement, PACT/TPU officers would select one or two days to conduct visits and notify PERF to see if a staff member could join.

## Outcome measures

The project considered the impact of Operation Check-Out on three general outcomes: (1) intelligence, information sharing, and drug enforcement activity; (2) crime and drug-related activity; and (3) hotel staff perceptions of police, crime, and disorder. PERF operationalized most outcomes from two primary data sources: official police records (enforcement actions, drug incidents) and surveys of hotel and motel managers (perceptions of police, crime, and disorder).

Outcomes sourced from official police records included calls for service from the AACOPD's computer-aided dispatch system, arrest incidents from AACOPD's records management system, and a list of search warrants maintained by the Special Operations Division.

## Calls for service data

The AACOPD provided the project team with all calls for service data for AACOPD from January 1, 2021, through February 29, 2024. Because the intervention took place over 10 months (August 1, 2022–May 30, 2023), we used the 10 months preceding the intervention as the pre-intervention period (October 1, 2021–July 31, 2022) and the nine months following the intervention (June 1, 2023–February 29, 2024) as the post-intervention period. The post-intervention period was one month shorter than the pre- and intervention periods, given the period covered in the dataset provided by the AACOPD.

We identified all call types in the dataset that could be considered drug-related, given the intervention's focus on drug activity. Table 4 provides the actual AACOPD call descriptions and the categories PERF created from those call types. PERF used these four categories—disorder, drug activity, sick persons, and violence—in the outcome analyses.

### Table 4. Call types and categories

| Disorder | Drug activity | Sick person | Violence |
|---|---|---|---|
| Destruction of property | CDS sale, Use/Possession, Recovery violation | Cardiac incident | Assault (EMS needed/Weapon/Weapon & EMS needed) |
| Disorderly conduct (weapon) | Subject under the influence (Check/EMS needed/Weapon) | Injured/Sick subject | Carjacking (weapon) |
| Indecent exposure | | Overdose | Fight (EMS needed/Weapon/Weapon & EMS needed) |
| Property damage | | | Robbery of citizen (Weapon/Weapon & EMS needed) |
| Trespassing | | | Shooting (weapon) |
| Vandalism | | | Stabbing (weapon) |

Calls for service data often represent an overestimate of the number of incidents that occur because multiple individuals may call 911 to report an incident or emergency. To address this issue, we removed calls duplicating initial calls by time, location, and reported incident. Any calls that occurred within 30 minutes of an initial call, within 50 feet of the initial call location, and with the same call description provided by the AACOPD (not the call categories created by PERF) were considered duplicates.

To narrow down calls likely impacted by Operation Check-Out, PERF created polygons around each hotel in the study using official parcel data from Anne Arundel County.[5] These polygons allowed us to establish a geographic boundary to capture calls at different parts of a hotel property. To ensure that we included all calls directly associated with a hotel, we assigned any call within 50 feet of the parcel boundary to the hotel. All calls within this geographic area are considered to have occurred *at hotels*. To investigate whether the impact of Operation Check-Out might extend to areas near but not immediately at the treatment

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[5] Parcel data publicly available at Anne Arundel County, "Parcels," last modified January 12, 2023, https://opendata.aacounty.org/datasets/AnneArundelMD::parcels-12/about.

hotels, we identified all calls within 200 feet of hotels in our study; in our tables, these areas are referred to as *hotels plus*.

## Survey of hotel managers

PERF distributed three waves of surveys to hotel managers in the treatment and control groups. The survey asked hotel managers about their perceptions of crime and disorder (including fear of crime) near the hotel, frequency of observing drug-related activity, familiarity with regulatory codes, attitudes toward the police, and willingness to report crime or suspicious drug-related activity. In the second and third survey waves, the survey also asked hotel managers in the treatment group about their perceptions of and experience with Operation Check-Out. The initial survey included 35 questions, and the final two included 52 (see appendix 6. Hotel/Motel Manager Survey Instrument).

PERF mailed the first wave of surveys in June 2022 before the initial wave of in-person visits, with reminders continuing through July 2022. PERF administered the second wave of surveys from November 2022 through January 2023, between the second and third waves of in-person hotel visits. The final wave of surveys was distributed between August and October 2023 after all four waves of in-person visits had been completed.

At each wave, survey invitations and regular reminders (every 2–4 weeks) were mailed to hotels and addressed to the manager. Survey letters contained a unique survey link that managers could access to record their responses. PERF staff also conducted nonresponse outreach by telephone to increase survey response rates. In waves 2 and 3, PERF also emailed survey invitations and reminders to hotel managers who had an email address on file (obtained via phone outreach or recorded on a summary visit sheet during the previous waves of in-person visits). Finally, in some cases, PACT/TPU officers delivered survey invitation letters to managers during in-person site visits and requested they complete the survey.

## Outcomes not examined

Operation Check-Out was designed to increase the flow of intelligence about drug-related activity at hotels, primarily via the dedicated tip line. During the intervention, however, the tip line did not receive any emails from hotel staff. Thus, it was not possible to determine if Operation Check-Out increased the flow of information about drug-related activity at hotels.

It is unclear why hotel staff did not use the tip line, but it is possible that they did not perceive it as a useful mechanism for contacting the police or preferred other communication modes. For example, PACT/TPU officers often provided hotel managers with a business card during in-person visits, which included a work phone number; managers may have preferred the direct line to the officer they had been in contact with. Officers also reported that some hotel managers had pre-existing relationships with other patrol officers who worked in the area; managers may have contacted those officers about crime and disorder problems rather than using the tip line. Finally, it is possible that managers forgot about the tip line and resorted to the standard mode of contacting the police: 911.

Increasing the flow of intelligence was expected to increase investigative and enforcement actions. To assess this increase, the AACOPD provided data on drug-related warrants served at treatment and control hotels for the entire study period. Too few warrants were served to allow meaningful analysis of intervention impacts: fourteen warrants were obtained for any hotel (treatment or control) in the pre-intervention period, four in the intervention period, and 14 in the post-intervention period.

PERF also received arrest data from the AACOPD covering the entire study period to determine if the intervention increased the number of enforcement actions. However, the data did not contain street-level addresses to link incidents to specific hotels. Because arrest incidents could not be associated with treatment and control hotels, it was not possible to assess the impact of Operation Check-Out on this dimension of drug activity.

# Findings of the Study

## Calls for service

Tables 5–8 provide descriptive statistics for each of our four main categories of calls and for the *at hotels* and *hotels plus* areas. Figures 8–11 provide line graphs of each measure *at hotels* for treatment and comparison areas across the study period.

### Table 5. Monthly average of drug activity calls for service

|  |  | Treatment | | | Control | | |
|---|---|---|---|---|---|---|---|
|  |  | Mean (SD) | Min | Max | Mean (SD) | Min | Max |
| **At hotels** | Pre-intervention (N=10) | 5.00 (3.2) | 2 | 13 | 6.80 (2.5) | 3 | 12 |
|  | Intervention (N=10) | 4.80 (1.9) | 2 | 8 | 5.90 (2.2) | 3 | 10 |
|  | Post-intervention (N=9) | 3.56 (1.7) | 1 | 6 | 5.67 (2.8) | 3 | 11 |
| **Hotels plus** | Pre-intervention (N=10) | 7.50 (3.0) | 5 | 15 | 8.20 (2.4) | 5 | 12 |
|  | Intervention (N=10) | 6.80 (2.6) | 4 | 13 | 6.80 (2.7) | 4 | 12 |
|  | Post-intervention (N=9) | 5.56 (2.4) | 2 | 9 | 6.89 (3.3) | 3 | 13 |

Drug activity calls include controlled substance use, possession, sale, and violation; subject under the influence; and recovered controlled substances.

### Figure 8. Monthly average of drug activity calls for service across study period
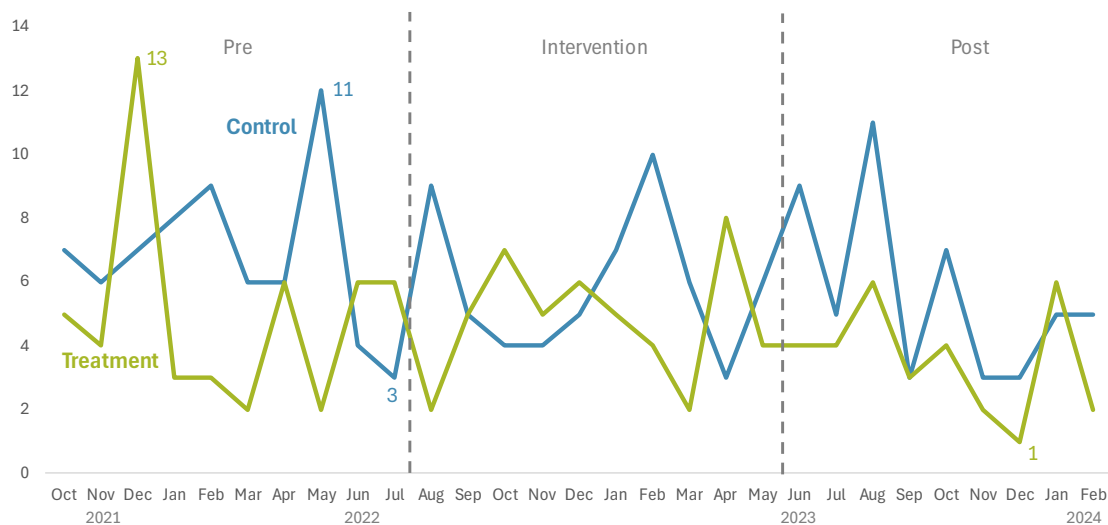


Table 5 indicates that one to two additional drug calls per month came from the *hotels plus* areas relative to the *at hotels* areas for treatment hotels, representing about a 50 percent difference in calls between the two areas. The difference among comparison hotels was smaller, with only about a 20 percent greater number of calls in the *hotels plus* areas. Using

the *hotels plus* areas for all four measures increased the number of calls by approximately 35 percent overall. However, in the *hotels plus* areas and for all four call types, more calls came from treatment hotels than control hotels.

Table 5 also shows that calls reporting drug activity in treatment and control hotels dropped steadily across the three study periods. The trends in treatment and control hotels were slightly downward (figure 8), indicating that something other than TPP may have contributed to a decrease in drug calls. The treatment and control hotels experienced similar peaks in drug calls during the pre-intervention period. But, over time, the peaks at treatment hotels decreased more than they did at control hotels. Thus, TPP may have contributed to part of the decrease in drug calls at treatment hotels.

### Table 6. Monthly average of disorder calls for service

| | | Treatment | | | Control | | |
|---|---|---|---|---|---|---|---|
| | | Mean (SD) | Min | Max | Mean (SD) | Min | Max |
| **At hotels** | Pre-intervention (N=10) | 21.20 (6.6) | 13 | 35 | 24.70 (6.0) | 15 | 37 |
| | Intervention (N=10) | 30.10 (7.1) | 19 | 42 | 24.70 (6.0) | 18 | 38 |
| | Post-intervention (N=9) | 26.11 (6.8) | 15 | 35 | 34.67 (7.1) | 26 | 50 |
| **Hotels plus** | Pre-intervention (N=10) | 27.10 (8.1) | 19 | 41 | 29.60 (6.1) | 19 | 41 |
| | Intervention (N=10) | 37.40 (7.7) | 23 | 45 | 29.50 (6.8) | 21 | 42 |
| | Post-intervention (N=9) | 36.33 (7.5) | 25 | 49 | 38.33 (6.7) | 32 | 54 |

Disorder calls include destruction of property, disorderly conduct, indecent exposure, property damage, trespassing, and vandalism.

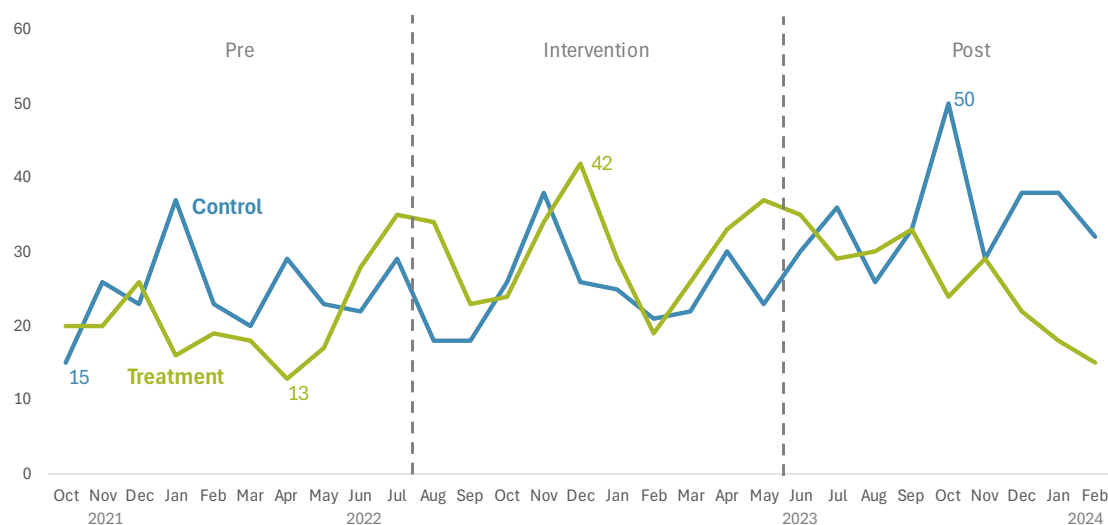### Figure 9. Monthly Average of Disorder Calls for Service Across Study Period

Table 6 provides the monthly average number of disorder calls. The calls increase from pre-intervention to the intervention period in treatment and control hotels in the *at hotels* and *hotels plus* areas. However, the average number of disorder calls drops in the post-intervention period for treatment hotels while it continues to increase in the control hotels. The line graph of average disorder calls provided in figure 9 also reflects this trend, showing a gradual overall increase in calls through the end of the intervention period, when the treatment hotels start to experience declines in disorder calls and the control hotels continue to see increasing disorder call volume.

**Table 7. Monthly average of violence calls for service**

| | | Treatment | | | Control | | |
|---|---|---|---|---|---|---|---|
| | | Mean (SD) | Min | Max | Mean (SD) | Min | Max |
| **At hotels** | Pre-intervention (N=10) | 4.40 (2.7) | 1 | 9 | 5.30 (2.9) | 2 | 11 |
| | Intervention (N=10) | 3.90 (2.9) | 1 | 11 | 5.10 (2.4) | 2 | 9 |
| | Post-intervention (N=9) | 5.22 (2.6) | 2 | 9 | 4.56 (1.7) | 2 | 7 |
| **Hotels plus** | Pre-intervention (N=10) | 5.90 (3.2) | 2 | 12 | 6.70 (3.4) | 3 | 12 |
| | Intervention (N=10) | 5.30 (3.4) | 1 | 13 | 6.10 (3.0) | 2 | 11 |
| | Post-intervention (N=9) | 7.00 (1.9) | 5 | 10 | 5.67 (2.7) | 2 | 11 |

Violence calls include shooting, stabbing, assault, carjacking, fighting, and robbery.

**Figure 10. Monthly average of violence calls for service across study period**
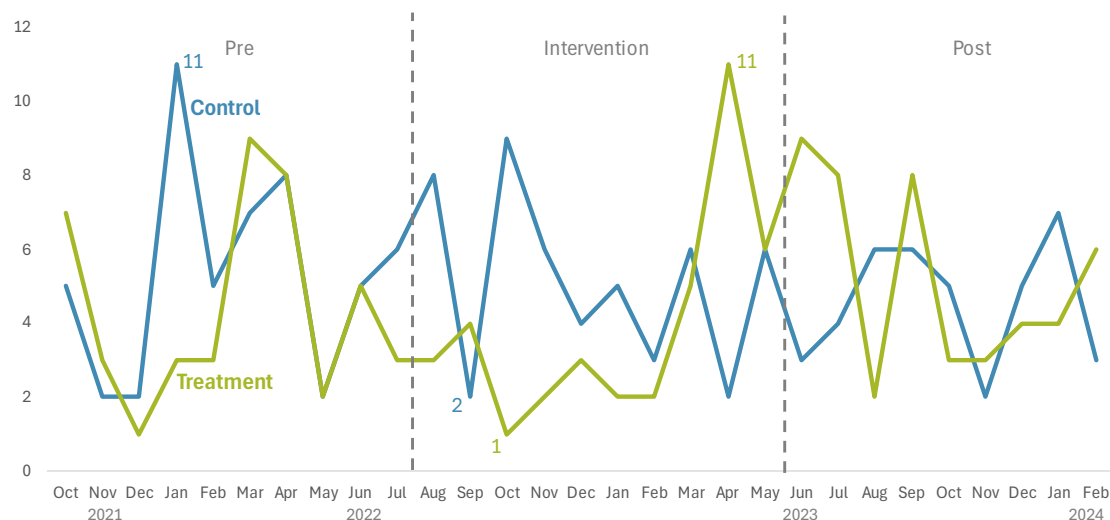


The trends in violence calls broke from the ultimate decreases observed at treatment hotels for both drug and disorder calls. Instead, violence calls decreased between the pre-intervention and intervention periods (table 7) at treatment and control hotels. From the intervention to post-intervention period in treatment hotels, however, violence calls jump

back up to a level higher than observed in the pre-intervention period. During that same period, the number of violence calls continued to drop in control hotels.

The trends in figure 10 reflect this finding, indicating that violence calls increased sharply late in the intervention and post-intervention periods. Control hotels experienced their highest violence call volumes in the pre-intervention period and then experienced an overall decline through the post-intervention period.

### Table 8. Monthly average of sick person calls for service

| | | Treatment | | | Control | | |
|---|---|---|---|---|---|---|---|
| | | Mean (SD) | Min | Max | Mean (SD) | Min | Max |
| **At hotels** | Pre-intervention (N=10) | 9.80 (2.5) | 5 | 12 | 9.00 (2.1) | 6 | 13 |
| | Intervention (N=10) | 8.20 (3.9) | 2 | 13 | 8.80 (3.8) | 4 | 16 |
| | Post-intervention (N=9) | 7.00 (3.4) | 3 | 14 | 10.56 (5.1) | 4 | 20 |
| **Hotels plus** | Pre-intervention (N=10) | 13.10(2.6) | 10 | 17 | 13.00 (2.7) | 9 | 17 |
| | Intervention (N=10) | 11.10(3.2) | 7 | 16 | 11.90 (4.3) | 5 | 17 |
| | Post-intervention (N=9) | 10.56 (3.7) | 6 | 17 | 15.78 (5.5) | 8 | 24 |

Sick includes injured/sick, cardiac incident, and overdose.

### Figure 11. Monthly average of sick person calls for service across study period
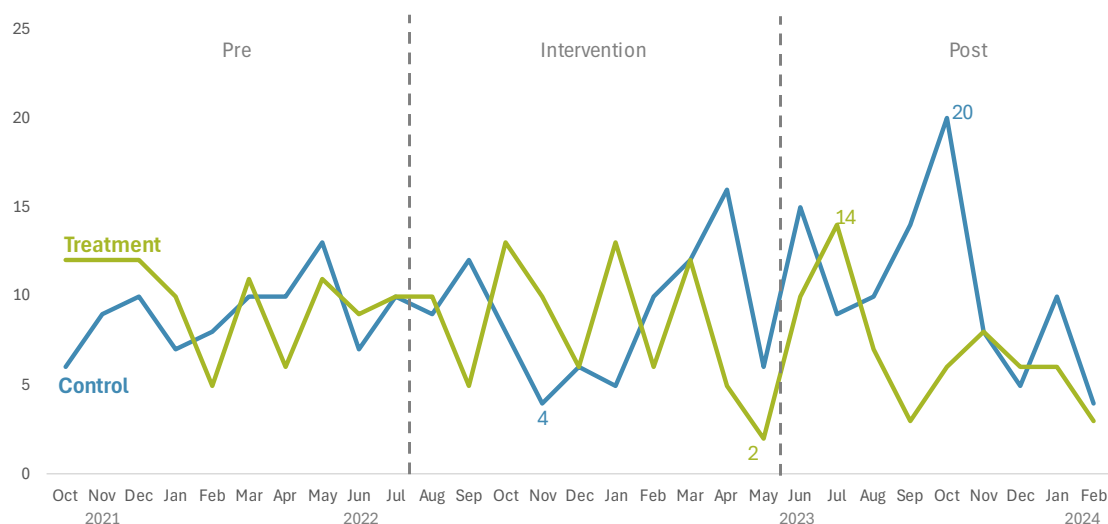


Our fourth measure, sick person calls, which we included to capture overdoses that may not have been initially called in as such, follows a pattern similar to those for drug calls. The average number of calls per month per treatment hotel—in the *at hotels* and *hotels plus* areas—decreased from the pre-intervention through the intervention period to the post-intervention period. In control hotels, however, sick person calls decreased slightly between the pre-intervention and intervention periods, then spiked upwards during the post-

intervention period. The trend could indicate that TPP activities helped reduce the number of sick person calls through the post-intervention stage because the trends in treatment and control areas diverged at that point.

Given our randomized control trial design, our analyses do not require extensive covariates to capture differences in the treatment and control areas. Our analyses entail examining the differences in means between treatment and control areas using t-tests. We tested the difference in means for all four call categories (disorder, drugs, sick persons, and violence) in both the *at hotels* and the *hotels plus* areas. While we assessed the similarity of crime levels in our treatment and control hotels at the beginning of our study to ensure similarity of the two groups, as part of our calls for service analysis, we tested for differences in the pre-intervention period to further demonstrate equivalence of the treatment and control groups in terms of calls for service.

**Table 9. Comparison of average monthly calls for services in treatment and control areas during pre-intervention, intervention, and post-intervention periods**

| | | At hotels | | | Hotels plus | | |
|---|---|---|---|---|---|---|---|
| | | Pre-int. | Int. | Post-int. | Pre-int. | Int. | Post-int. |
| **Drug activity** | Treatment | 5.00 | 4.80 | 3.56* | 7.50 | 6.80 | 5.56* |
| | Control | 6.80 | 5.90 | 5.67 | 8.20 | 6.80 | 6.89 |
| **Disorder** | Treatment | 21.20 | 30.10* | 26.11 | 27.10 | 37.40* | 36.33 |
| | Control | 24.70 | 24.70 | 34.67 | 29.60 | 29.50 | 38.33 |
| **Violence** | Treatment | 4.40 | 3.90 | 5.22 | 5.90 | 5.30 | 7.00 |
| | Control | 5.30 | 5.10 | 4.56 | 6.70 | 6.10 | 5.67 |
| **Sick person** | Treatment | 9.80 | 8.20 | 7.00* | 13.10 | 11.10 | 10.56* |
| | Control | 9.00 | 8.80 | 10.56 | 13.00 | 11.90 | 15.78 |

*$p<0.05$

Table 9 provides the results of our means comparisons. Within each area (*at hotels* or *hotels plus*), call category, and study period (pre-intervention, intervention, and post-intervention), we compared the average monthly number of calls in the treatment and comparison areas. A few results warrant attention.

Across all call categories, monthly averages follow similar patterns *at hotels* and in the greater hotel areas (*hotels plus*). The pre-intervention means comparisons are all nonsignificant, revealing that the treatment and comparison areas were statistically similar at the outset of the intervention. Drug activity generally decreased in the treatment hotels and decreased or remained steady in the control hotels. Drug activity was significantly lower in the treatment

hotels than in comparison hotels during the post-intervention period. This was true both *at hotels* and in the *hotels plus* areas.

Disorder calls showed a significant increase in the treatment hotels relative to control hotels during the intervention period in both the immediate and greater hotel areas. Disorder calls increased in treatment and control hotels, but the increase was larger in the treatment hotels. However, during the post-intervention period, disorder calls dropped at treatment hotels while rising by more than 30 percent in the control hotels.

Finally, calls reporting a sick person—included here to capture overdoses and illness due to drug use—were significantly lower in the treatment hotels relative to control hotels during the post-intervention period. Sick person calls increased in the control hotels while they dropped in treatment hotels. This trend may indicate that fewer overdoses were taking place in treatment hotels after the intervention took place.

## Hotel and motel staff perceptions

PERF surveyed hotel managers about their perspectives on and experiences with crime and disorder and attitudes toward police. Response to the survey was low across all three waves, and the response rates declined with each wave. Table 10 provides the number of responses and the overall response rate for each wave.

**Table 10. Number and percent of completed hotel manager surveys by wave**

| Wave | Completed surveys | Response rate* |
|------|-------------------|----------------|
| One | 22 | 28.2% |
| Two | 17 | 21.8% |
| Three | 8 | 10.3% |

*The response rate is based on the total number of hotels in the study, 78.

PERF compared hotels that submitted a survey on calls for service measures to assess whether the respondents and nonrespondents were systematically different (see table 11 on page 34). The team compared the average number of calls for service at each hotel during the pre-intervention period in the respondent and nonrespondent groups. The results show that responding hotels had slightly fewer calls for service but that the difference between groups was not significant.

## Table 11. Average monthly calls per hotel, pre-intervention period

|  | Drugs | Disorder | Sick | Violence |
| --- | --- | --- | --- | --- |
| Respondents | 1.2 | 5.1 | 2.3 | 1.0 |
| Nonrespondents | 1.9 | 6.9 | 3.1 | 1.5 |

Select survey results are presented in table 12 on page 35, based on wave 1 and wave 2 responses, to offer a general sense of hotel managers' attitudes and perceptions of crime, disorder, and policing. Wave 3 results are not presented because of the exceptionally low survey response rate and item-level nonresponse for received surveys. Further, because of low response rates, survey responses could not be compared between treatment and control hotels. Although there are no systematic differences in response groups based on pre-intervention calls service, caution should be exercised when interpreting the survey results given the low number of responses at wave 1 and wave 2.

In wave 1, respondents from 22 hotels reported on crime, disorder, and interactions with police at their hotels. Managers reported that drug use (67 percent) was the most common issue at their hotel or in the block surrounding the hotel, supporting the overall goal of Operation Check-Out to address drug crimes at hotels. Hotel managers also reported that theft from vehicles (59 percent), drug sales (55 percent), and prostitution (50 percent) were issues at their location.

Managers reported observing some signs of drug use and manufacturing at their hotel often or very often. Managers reported seeing guests who appeared to be under the influence of drugs (41 percent) or placing shower caps over fire alarms (45 percent) and also reported noticing strange smells or fumes coming from guest rooms (45 percent). These observations are further indications of the need for a strategy to address drug activity at the county's hotels.

All but one respondent had had contact with a police officer, and 68 percent reported interacting with a police officer at work in the last three months. Most respondents indicated that they initiated their most recent contact with police (77 percent), and all respondents reported their last contact as being somewhat or extremely positive.

Generally, managers reported very positive views about the AACOPD. Responses indicated that the AACOPD is doing a good or very good job preventing (77 percent) and solving

crime (68 percent), handling problems at their hotel (77 percent), and maintaining order (73 percent). Respondents also reported respecting the police (100 percent) and being willing to assist (100 percent) or cooperate with requests from (100 percent) police officers. Managers also agreed that hotels and the police have a shared responsibility to address public safety issues (91 percent) and that the two parties should collaborate on solutions to problems that arise (95 percent).

**Table 12. Hotel and motel surveys at waves 1 and 2**

| | Wave 1 (N=22) | Wave 2 (N=17) |
|---|---|---|
| *Respondents reporting ____ is somewhat of or a major problem in their hotel or in the surrounding block.* | | |
| Burglary | 38.1% | 50.0% |
| Theft from vehicles | 59.1% | 60.0% |
| Sale of drugs | 54.5% | 40.0% |
| Use of drugs | 66.7% | 46.7% |
| Prostitution | 50.0% | 33.3% |
| *Respondents who observed ____ among guests often or very often in the last 3 months* | | |
| Guests who appear to be under the influence of drugs | 40.9% | 13.3% |
| Guests placing shower caps over the fire alarms | 45.5% | 21.4% |
| Strange smells or fumes coming from a guest's room | 45.5% | 20.0% |
| *Respondents' contact with police* | | |
| Ever had contact with a police officer | 95.5% | 82.4% |
| Had contact with an officer in the last 3 months while working | 68.2% | 70.6% |
| Most recent contact was self-initiated | 77.3% | 64.7% |
| *Respondents who feel the AACOPD is doing a good or very good job at . . .* | | |
| Solving crime | 68.2% | 73.3% |
| Preventing crime | 77.3% | 73.3% |
| Maintaining order | 72.7% | 80.0% |
| Dealing with problems at the hotel/motel where you work | 77.3% | 73.3% |
| *Respondents who agree or strongly agree that they . . .* | | |
| Respect the police | 100% | 93.3% |
| Are willing to assist police | 100% | 100% |
| Would cooperate with police requests | 100% | 100% |
| Believe hotels and police share public safety responsibility | 90.9% | 100% |
| Believe hotels and police should collaborate to address drug activity | 95.5% | 92.9% |
| *Respondents who have heard of Operation Check-Out* | - | 24% |

In wave 2, respondents from 17 hotels reported on similar items as in wave 1, in addition to a subset of questions specifically about Operation Check-Out (for treatment locations only). While patterns remained largely the same, notable differences include fewer reports of

prostitution (33 percent) in and around respondents' hotels and more reports of burglary issues (50 percent). The use (47 percent) and sale of drugs (40 percent) and theft from vehicles (60 percent) remained problems at respondents' hotels at wave 2.

Respondents who reported observing signs of drug use and manufacturing often or very often were lower at wave 2; only 13 percent reported seeing guests under the influence, and 20 percent reported observing guests placing shower caps over fire alarms and strange smells or fumes in guests' rooms.

Fewer respondents in wave 2 reported ever having had contact with police (82 percent). However, about the same percentage of respondents reported having contact with an officer in the last six months as in wave 1 (70 percent). As in wave 1, most of those recent contacts were initiated by the respondent (65 percent), and all but one of those contacts were extremely or somewhat positive. Responses in wave 2 reflected the overall positive impression of the AACOPD and the officers with whom respondents interacted.

The wave 2 (and wave 3) survey included an additional subset of questions for hotels in the treatment group about Operation Check-Out. Of the 17 respondents, six were from the treatment group. Further, four of the six respondents reported having heard of the program. Although there are too few responses to draw substantive conclusions about how managers perceived Operation Check-Out, it is promising that most hotel managers in the treatment group who responded to the survey had heard of the program.[6]

## Survey limitations

The most salient limitation of the surveys was the low response rate at each wave. Despite repeated mail, email, and phone outreach to hotel managers, few managers completed surveys. High-level findings are presented above for additional context regarding third parties' perspectives of the problem the intervention sought to address. Still, readers should exercise caution with regard to making any substantive claims about the results. Another issue was that survey responders varied substantially across waves. In other words, many of the managers at wave 2 were different than those who responded at wave 1. Thus, it is not

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[6] Eight hotel managers responded to the survey at wave 3, five of whom belonged to the treatment group. Of the five treatment group respondents, just one reported having heard of Operation Check-Out. This may reflect the turnover that occurred among hotel managers during the course of the intervention.

possible to determine whether Operation Check-Out changed any given hotel manager's perceptions over time.

In general, it is difficult to achieve high survey response rates. Future public safety studies should continue to seek the perspectives and input of those closest to the problem, in this case, the third parties police seek to collaborate with. A more suitable strategy may be to conduct in-depth interviews with a sample of managers from treatment and control hotels. While this would provide less systematic data, participation would likely be higher and offer a richer picture of hotel conditions, the challenges at those locations, and perspectives on police and police interventions.

## Fidelity assessment
### Team visit summary sheet

PERF analyzed data recorded on team visit summary sheets completed by PACT/TPU officers following each in-person visit to ensure the intervention was delivered as intended and only at hotels in the treatment group.

In general, fidelity to the research design was high. No summary visit sheets were submitted for hotels in the control group, suggesting that only hotels selected for treatment received in-person visits and contamination to the control group was absent. Ride-along observations corroborated data analyzed from the summary visit sheets.

PERF examined the frequency of visits to determine if treatment hotels received the proper treatment dosage. Table 13 on page 38 displays the number of hotel visits during each wave where officers made contact with a hotel staff member.[7] On average, PACT/TPU officers successfully engaged with a hotel staff member at 75 percent of treatment hotels across all four waves. The percentage of contacts made ranged from a low of 65.8 percent of hotels (wave 3) to a high of 86.8 percent of hotels (wave 2). Table 14 shows the cumulative number of hotel visits with contact across waves. PACT/TPU successfully made all four intended contacts with 50 percent of hotels in the treatment group; about 18 percent had three visits

[7] PACT/TPU officers attempted visits at 85 percent of hotels, on average, across all four waves. However, officers did not always successfully make contact with a hotel manager. In such instances, the PACT/TPU officers could not deliver in the planned intervention, such as engaging in a procedural justice dialogue, providing project materials, or seeking hotel staff commitment to engage as crime control partners.

with contact, 13 percent had two contacts with visit, and 18 percent of hotels received one visit with contact.

**Table 13. Number and percent of hotel visits with contact by wave**

| Wave | Number of contacts | % |
|---|---|---|
| One | 29 | 76.3 |
| Two | 33 | 86.8 |
| Three | 25 | 65.8 |
| Four | 27 | 71.1 |

Overall, fidelity to the treatment dosage was moderate—nearly 7 in 10 hotels received most or all planned in-person visits and made contact with a PACT/TPU team. PERF compared hotels on the pre-intervention crime and disorder index. Those data show that hotels with the fewest cumulative visits with contact had the lowest average of crime and disorder incidents (21.8), followed by the hotels with the most visits with contact (29.4). The hotels with two (38.4) and three (45.4) visits had the highest average crime and disorder counts.

**Table 14. Cumulative number and percent of hotel visits with contact**

| Number of visits | Number of hotels | % |
|---|---|---|
| One | 7 | 18.4 |
| Two | 5 | 13.2 |
| Three | 7 | 18.4 |
| Four | 19 | 50 |

PERF also considered the actions of officers and hotel staff during in-person visits to assess whether the intervention was delivered as intended. Table 15 on page 39 shows that PACT/TPU officers provided hotel staff with project materials (i.e., introductory letter, information sheet) in over 80 percent of visits that occurred at waves 1, 3, and 4 and in all visits during wave 2. Similarly, officers reported that managers read the project materials in more than 80 percent of visits (waves 1, 3, 4) and all visits during wave 2. Finally, in 90 percent of visits, officers reported that managers agreed to distribute project materials to their staff.

**Table15. Actions of officers and hotel managers during visits by wave, N (%)**

| Wave | Officer provided materials | Manager read materials | Manager agreed to distribute |
|------|---------------------------|------------------------|------------------------------|
| One | 24 (82.8) | 24 (82.8) | 28 (96.6) |
| Two | 33 (100.0) | 33 (100.0) | 31 (93.9) |
| Three | 22 (88.0) | 20 (80.0) | 24 (96.0) |
| Four | 22 (81.5) | 23 (85.2) | 24 (88.9) |

The team also examined visit times to measure whether officers fully engaged in a procedural justice dialogue during in-person visits. The median visit time at wave 1 was 18 minutes (AVG=19 minutes), with visits ranging from 5 minutes to 60 minutes. At wave 2, the median visit time was 10 minutes (AVG=13.5 minutes) and ranged from 5 minutes to 40 minutes. Wave 3 visits ranged from 5 to 40 minutes, with a median visit time of 10 minutes (AVG=14.6 minutes). Finally, wave 4 visits had a median duration of 10 minutes (AVG=11.5 minutes) and ranged from 3 to 35 minutes. The duration of visits suggests PACT/TPU officers made efforts to engage in the procedural justice dialogue faithfully.

### Ride-alongs

Seventeen ride-alongs were completed by PERF members across the four waves of in-person visits. Five ride-alongs were completed in wave 1, two were completed in wave 2, and 10 were completed in wave 3. Team visit summary sheets were completed by both the officers and PERF staff members following each visit to ensure reporting consistency. Comparisons revealed that the officers generally completed team visit summary sheets accurately. Officers often reported that they had completed the legal levers section of the dialogue, but PERF staff observed that officers typically skipped this section of the dialogue. In conversations about this with PERF staff, some officers mentioned that they hesitated to discuss legal levers during follow-up meetings with compliant hotels as they did not want to come across as threatening. While it did not gain traction as a communication method in the project, officers consistently directed hotels to use the tipline to report suspicious, non-emergency information.

Ride-alongs allowed PERF staff to observe the dynamics between hotel staff and officers during in-person visits, as well as hotel managers' perceptions of crime and drug issues within hotels. During ride-alongs, PERF staff noted that officers and hotel managers generally maintained a friendly and productive relationship. In follow-up visits, officers

recognized hotel staff they had previously met with and were able to recall details from their earlier conversations. Many hotel managers expressed familiarity with Operation Check-Out, reported having read the materials, and were willing to distribute them to staff. During meetings, hotel managers consistently asked for more copies of fliers in Spanish. On one occasion, a Spanish-speaking officer offered to come back later to speak to hotel employees in Spanish about Operation Check-Out.

In conversations observed by PERF staff, officers noted that drug problems were not viewed as a major concern among hotel managers. A few hotel managers mentioned that their most common drug problem was related to marijuana, but they did not consider this to be a significant issue. The primary issue raised by hotel managers was the theft of catalytic converters and other issues related to theft from automobiles in their parking lots.

# Discussion

## What we learned from the study

This study involved an experimental evaluation of *Operation Check-Out*—a TPP intervention implemented between August 2022 and May 2023 in Anne Arundel County, Maryland. The intervention attempted to foster voluntary collaboration between the AACOPD and hotels within the community to prevent and reduce drug problems. Hotel staff were encouraged to report suspicious activities indicative of underlying drug problems and prohibit problematic individuals from the premises.

AACOPD officers conducted four in-person visits to hotels randomly selected to receive the intervention. During visits, officers engaged in a scripted dialogue with hotel managers and staff, relying on the principles of procedural justice to build a relationship. Officers also provided educational materials to help hotel staff better identify physical and behavioral indicators of drug activity, discussed legal rights and responsibilities of the business, and provided a dedicated email address for hotel staff to report information directly to the Operation Check-Out team.

The goal of the intervention was to increase the inflow of intelligence, increase investigative and enforcement actions, reduce crime, and improve place managers' perceptions of police, crime, and disorder.

## Outcome data

Calls for service data were analyzed to ascertain the impact of Operation Check-Out on four outcomes: (1) drug activity, (2) disorder, (3) violence, and (4) sick persons. Average monthly calls for service for each outcome were compared among hotels in the treatment and control groups during the pre-intervention, intervention, and post-intervention periods to identify any significant differences. Three findings were significant, comparing treatment hotels to comparison hotels: There were fewer calls reporting drug activity at treatment hotels during the post-intervention period, more disorder calls at treatment hotels during the intervention period, and fewer calls reporting sick persons at treatment hotels during the post-intervention period.

That there were significantly fewer drug activity calls at treatment hotels following Operation Check-Out is encouraging, as the intervention was specifically designed to mitigate drug problems. To the extent that Operation Check-Out was effective, drug activity at treatment sites should decrease, and place managers should not have to contact 911 as frequently to report drug problems. Another factor that may have contributed to the reduction in calls related to drug activity was the relationships built between hotel staff and police officers implementing Operation Check-Out. While the program provided hotel staff with a tip line to report problems, the line went unused during the project. Through informal conversations, we learned that many officers provided hotel managers with their personal work phone numbers, making it easier for managers to speak with someone familiar with their hotel and current challenges. Managers may have contacted PACT/TPU officers directly for help with drug activity instead of calling 911 for assistance.

That there were significantly fewer sick person calls at treatment hotels during the post-intervention period further supports the idea that Operation Check-Out reduced drug activity during the intervention period with impacts realized during the post-intervention period. Less drug activity should lead to fewer overdoses. Further, while there were fewer sick person calls at treatment hotels during the intervention and post-intervention periods (than during the pre-intervention period), the numbers were unchanged at control hotels during the intervention period and higher in the post-intervention period. This finding further supports the idea that Operation Check-Out was able to create some improvement in drug use and activity at treatment hotels.

Finally, the finding that there were more disorder calls at treatment hotels during the intervention period than in the pre-intervention period, while they had stayed the same in control hotels, is somewhat surprising: Given increased cooperation, enforcement, and police presence, one would expect fewer disorder calls. One explanation is that hotel staff were more willing to contact the police as a result of Operation Check-Out because, for example, they may have felt they had a supportive partner in addressing issues at their hotel, or they may have understood that the intervention involved repeated visits and became concerned about bringing trouble to the hotel if they failed to report problems to police. If disorder at treatment hotels was addressed during the intervention period, over time, fewer hotel staff or guests would need to call the police to report disorder. Indeed, during the post-intervention

period, disorder calls dropped significantly at treatment hotels. At the same time, disorder calls increased at control hotels.

Another explanation is that disorder problems are related to underlying drug problems (e.g., destruction of smoke alarms to facilitate drug use) but are more likely to be noticed or identified and thus reported. Similarly, hotel staff may have been reporting what they suspected was drug activity, but calls were classified as disorder by a dispatcher before police were able to investigate the true nature of the incident—this would explain why drug calls decreased while disorder calls increased.

## Feedback about Operation Check-Out

PERF gathered anecdotal feedback from members of the AACOPD responsible for implementing Operation Check-Out. PERF maintained regular contact with PACT/TPU officers who conducted in-person visits and regularly gleaned insights into implementation from these interactions. Feedback was also collected from officers during the initial and refresher training and ride-alongs and from AACOPD project leads who oversaw PACT/TPU officers.

In general, PACT/TPU officers reported favorable views of Operation Check-Out. The officers appreciated the procedural justice approach that nurtured voluntary partnerships with community stakeholders to address a problem. Officers reported favorable opinions of the repeated, in-person visits to hotels, which were considered valuable approaches to building a trusted relationship; the visits forced officers out of their day-to-day routine and ensured they regularly checked in with hotel staff about any existing problems or concerns. During refresher training, officers agreed that the visits conveyed to hotel staff that AACOPD cares about them. Officers also believed that impromptu visits were more beneficial than trying to pre-arrange visits over the phone.

Regarding project materials, the officers believed the information sheets were helpful tools for educating hotel staff about a problem and specific actions that they could take to address it. Most hotel managers read and agreed to distribute the information sheets to their staff. Following the initial wave of in-person visits, some hotels requested additional copies of the information sheets in Spanish. However, officers had some concerns about the scripted dialogue. Although the dialogue helped enumerate the key points that officers should cover,

it was also considered lengthy and rigid, and it contained points that were not always germane to the conversation. Officers used it more as a guide than a script.

Few hotel managers completed surveys during the project, which limits substantive conclusions about how the third parties that the intervention engaged perceived Operation Check-Out. Anecdotally, however, PACT/TPU officers reported that many hotel managers and staff they interacted with were friendly, cooperative, and welcomed the visits by officers. A handful of hotel managers were strongly resistant to Operation Check-Out and had no interest in voluntarily cooperating with the police. One officer reported that an overdose occurred at a hotel during an in-person visit with a manager who was in the middle of explaining to the officer that drugs were not a problem at the hotel. Officers believed that some lodging establishments benefitted financially from the illicit activity on their premises and that more coercive approaches might be needed to motivate change in those hotels.

## Five Recommendations for Implementing TPP Programs

PERF synthesized findings from the various data and information sources used in the Operation Check-Out evaluation—administrative police data, implementation measures, surveys, and anecdotal reports about the intervention, to identify five recommendations that should be useful to agencies considering implementing a TPP program. These recommendations can apply to TPP programs targeting hotels, like Operation Check-Out or other types of facilities, like apartment buildings.

### 1. Conduct a detailed, real-time problem analysis to justify and guide the program.

TPP programs often start with an in-depth problem analysis to define the nature and extent of a problem. Defining a problem and its underlying causes serves to justify (or rule out) TPP as a potentially worthwhile strategy. For example, TPP programs in San Diego, California (Eck and Wartell 1998), Chula Vista, California (Bichler, Schmerler, and Enriquez 2013), and Queensland, Australia (Mazerolle et al. 2018), were implemented after determining that specific problems were overrepresented at specific locations and, further, that poor place management was a major driver of those problems.

In cases where TPP offers a useful approach, problem analysis can guide the types of engagement needed (persuasive, coercive, both) and the development of informational, educational, or technical support materials to provide third parties in support of improving

their place management efforts. The current study, as well as Operation Galley (Mazerolle et al. 2018), used information sheets to educate hotel staff on identifying signs of drug activity. The information was developed based on past community incidents and included photos from actual incident reports.

Officers should be involved early on, as they are likely to be most familiar with problems in their community. This experience allows them to weigh in on whether TPP may offer a feasible approach for dealing with a problem or whether some other strategy may be more effective. Including officers in the problem analysis, especially if they are the ones who will ultimately be engaging third parties in a TPP effort, can increase their buy-in and engagement for the program that is eventually developed and implemented. Officers should continue to be involved in developing a TPP program and any process or outcome evaluation conducted.

Problem analysis should continue as agencies implement the TPP program to monitor its impact and determine if course corrections are needed. Agencies may learn that specific engagement strategies have little or no impact on the targeted problem, which may require applying increasing levels of pressure on third parties or the use of coercive measures. To track implementation, agencies should consider developing standardized data collection instruments completed regularly by officers to ensure the program is delivered as intended and to increase confidence in any observed impacts.

TPP programs can be time and resource-intensive, especially those that involve sustained and extensive efforts to coerce stubborn third parties into compliance. Conducting thorough problem analyses at the outset can help ensure that TPP strategies are justified, appropriately targeted, and meaningfully implemented to maximize the potential for success.

## 2. Be aware of and prepared to dedicate the necessary time and resources to support an effective program.

Operation Check-Out's implementation demonstrated that TPP requires substantial investment from the implementing agency. The agency must be willing to dedicate the time and resources necessary to conduct a problem analysis, coordinate with officers and achieve buy-in for the program, build an engagement and enforcement approach, develop resources

and tools to foster collaboration and support place managers' efforts to make improvements, and finally, carry out engagement/enforcement efforts.

Engagement efforts may involve mail, telephone, or email outreach but will likely include conducting in-person visits to identify and dialogue with place managers. Engagement will likely involve the provision of ongoing consultation to support place managers and agency support, such as providing research or information about problems and how they might be addressed, educating managers on laws or best practices, training them on place management practices, and providing technical support or ongoing consultation to support a third party's efforts. This support is needed even for place managers willing to work with police. The agency must consider the time necessary for third parties to implement the desired changes to impact a target problem.

Other place managers will be unwilling partners, and officers may have to make regular contacts to build a relationship, or they may be required to leverage various tools or strategies to prompt cooperation. TPP strategies that use coercive measures will involve bringing in other government stakeholders and, perhaps, enforcing civil actions against place managers. Further, officers may learn of new problems while working with place managers, and the agency must be ready to promptly address these problems so that third parties know the agency is committed to the partnership.

Finally, the agency must consider that engagement is not necessarily linear. Lodging establishments typically have a small staff and high staff turnover, creating challenges in keeping them informed and engaged with the strategy. A fully engaged partner today may not be a fully engaged partner tomorrow. Program staff should be prepared to develop, maintain, and renew partner engagements over time. Engagement requires stability among program staff on the law enforcement side. For the current study, relevant research staff and AACOPD officers remained the same, but several hotels and motels experienced management changes. Several follow-up visits thus became introductory visits; these hotels may not have fully grasped the project's scope because of those management changes.

### 3. Involve a broad range of stakeholders across the agency and the city government.

Key to any TPP program is fostering relationships with a broad range of stakeholders. A successful TPP program includes relationships with third parties who can function as crime

control partners and includes relationships needed to successfully engage, support, or perhaps motivate those third parties to take on a greater share of crime control responsibility. Within agencies, it is important to involve representatives from across the organization to help understand the nature of the targeted problems and to carry out successful engagement efforts. For example, Operation Check-Out used teams of PACT and TPU officers, each bringing unique skills and experiences when conducting in-person visits with hotel staff.

Agencies should consider other relevant stakeholders from across city government when developing a TPP program. Civil remedies, also key to TPP programs, typically fall under the purview of different government stakeholders, such as code enforcement, fire and emergency services, public health, and sanitation. To fully leverage these available levers, it is important to engage those who are most familiar with and experienced with them

Whether a TPP program involves purely cooperative approaches, purely coercive approaches, or a process to escalate pressures, the involvement of a wide range of stakeholders will maximize the potential effectiveness of a TPP program. In a cooperative approach, such as Operation Check-Out, other government stakeholders can assist with determining the nature or scope of specific programs, identifying relevant civil remedies, participating in engagement efforts to help place managers understand civil remedies (e.g., legal obligations and consequences), and providing support in making improvements (e.g., how to achieve and maintain compliance with regulations). If coercive measures are needed, other government stakeholders may be necessary to help conduct inspections, enforce civil remedies, or develop new processes or regulations.

The involvement of a broad range of government stakeholders conveys to third parties that the problem is being taken seriously and that knowledge and resources are pooled to address it. Developing partnerships can help distribute the burden of public safety by leveraging the different capabilities of agencies that may be able to address problems in ways that police cannot.

### 4. Plan, communicate, and coordinate regularly and often.

TPP policing programs often involve many partners and activities carried out over a long period. Planning, communication, and coordination are crucial to ensure that TPP programs

are implemented correctly, meaningfully, and well. Agencies must consider the most effective mode of communication for all relevant partners.

Operation Check-Out demonstrated the importance of regular and ongoing engagement with third parties. In-person visits were crucial for raising awareness of drug problems, the planned intervention, and securing the buy-in and cooperation from hotel staff. However, a process must be in place for unplanned or ongoing communication. For example, Operation Check-Out set up a dedicated email address for hotel staff to report information and communicate directly with the PACT/TPU officers. However, the email address went completely unused during the program. There may have been confusion about the best method of contacting police given the array of options—911, the tip line, or contacting officers directly on their work phones—or hotel staff preferred alternatives to email. Indeed, PACT/TPU officers reported distributing business cards during visits and having hotel managers call their work numbers to discuss problems. PACT/TPU officers also learned that some hotel managers had previously established relationships with patrol officers who visited the establishment regularly to check-in. It is possible information flowed to these officers. TPP programs should coordinate with third parties to determine the preferred and lowest-barrier method of communication to ensure contact is maintained.

Internally, the PERF and AACOPD teams met regularly to plan and implement Operation Check-Out. During the intervention, PERF and AACOPD project leads held weekly or bi-weekly meetings to discuss the status of in-person visits and any issues PACT/TPU officers learned of during their conversations with hotel managers. The refresher training was a valuable component that allowed all program staff to discuss their experiences and insights into the project at the midway point. For example, PACT/TPU officers determined that a potentially important adjustment to the program would be to shift focus away from hotels to apartment complexes, where drug problems were more salient, and place managers had more investment in the project's goals. Another identified issue was that hotels—especially more upscale facilities—did not like having uniformed officers on site because it could worry customers. In response, subsequent visits were conducted in unmarked cars and plainclothes and at times of day that tend to be less busy with customers.

Agencies can expect the challenges and needs of third parties to evolve and change over time. As a TPP program matures, it may become apparent that additional resources or expertise are

needed. Regular stakeholder meetings allow partners to discuss progress, promptly address challenges, make real-time adjustments, share new resources, and identify new partners.

## 5. If targeting drug markets, build in mechanisms to support those with substance use disorders.

Police play a critical role in responding to drug problems, fulfilling roles that range from emergency response to public safety and law enforcement. Operation Check-Out was a police intervention that sought to enhance law enforcement efforts to reduce drug manufacture, sale, or distribution. Such strategies are intended to disrupt the drug supply, but comprehensive approaches are needed to address drug demand simultaneously.

Thus, TPP programs that target drug problems should consider that issues related to drug supply and demand are inextricably linked and that resources, services, and processes are needed to support people with substance use disorders who may come to the attention of police while the program is being implemented. For example, a TPP program may widen the net of potential arrestees, but those individuals may benefit from deflection or referral to treatment services. Likewise, if overdoses are a significant problem at target locations, agencies could consider providing place managers with harm reduction tools (e.g., naloxone, fentanyl testing strips), informational sheets that place managers can distribute about where and how to access services, or a dedicated line of communication for persons with substance use disorders to use to contact police or other stakeholders for referrals to service providers or other support.

Recommendation 5 builds on recommendations 3 and 4, which suggest that agencies develop relationships with other stakeholders when deploying a TPP program. To address drug problems, relevant stakeholders may come not just from city government but also from outside organizations, including nonprofit or private organizations, to provide support. Many police agencies already work with social service providers or have formal deflection programs that agencies could incorporate into a TPP program.

## Study limitations

Several limitations should be considered when interpreting the findings from the Operation Check-Out evaluation. First, unanticipated project delays due to changes in department leadership and the COVID-19 pandemic meant that the intervention was implemented substantially later than the initial problem analysis was conducted. Although the problem

analysis identified drug problems at hotels as a salient issue, the problem showed signs of abating by the time the project was ready to begin. The project was implemented as initially proposed, given the intent to partially replicate a prior TPP intervention. Still, the program would likely have been better suited for addressing different problems at other problem locations. During the refresher training, PACT/TPU officers agreed that drug problems were most salient at apartment complexes and would be a worthwhile target should TPP efforts continue.

Second, there was a substantial turnover among hotel staff during program implementation, making it difficult for officers to work with hotels as crime control partners. Multiple in-person visits were built into the TPP program so PACT/TPU officers could develop and maintain working relationships with hotel staff. In many cases, however, "refresher" visits functioned as initial visits because the staff were new and unaware of Operation Check-Out and its goals. It is unclear whether this is an issue in AACO or a broader problem in the lodging industry. Future TPP programs that target hotels should consider the potential difficulty of engaging this population.

Further, PACT/TPU officers expressed concerns that some hotel managers, particularly those at small, locally owned establishments, may have benefited from drug markets at their businesses because they offer a stable supply of room reservations. In such cases, managers had little to no incentive to work with police to disrupt drug activities, as their business would struggle financially if they did so. In such cases, the approach of Operation Check-Out—attempting to secure voluntary commitments to partner to reduce crime—may not be sufficient. In such cases, coercive measures may be necessary to prompt managers to make changes to reduce and prevent further illicit activity. It is possible that using both cooperative and coercive approaches to engage a broader range of place managers would have produced larger and stronger impacts. Future research is needed to determine the relative effectiveness of cooperative and collaborative models of TPP in prompting different third parties into action.

Third, Operation Check-Out could only be evaluated on outcomes for which data were available—in this case, calls for service. The original plan involved an analysis of Operation Check-Out's impact on a range of outcomes—calls for service, arrests, warrants served, information sharing, and hotel staff perceptions. However, PERF had difficulty obtaining

arrest and warrant data supporting an appropriate analysis. The arrest data did not contain sufficiently detailed location information, so the team could not connect arrests with specific hotels. The warrant data contained too few warrants to support analyses. PERF planned to assess information sharing by analyzing the flow of messages to the Operation Check-Out email, which provided individuals with a way to contact the police confidentially. However, hotel staff did not use the email to report tips or intelligence to the police. Therefore, PERF lacked any information-sharing data to analyze.

Finally, our survey partially captured hotel staff perceptions, but the response rate for the survey was much lower than PERF anticipated. PERF staff members called hotels, dropped off hard copy surveys, and asked PACT/TPU officers to drop off hard copies during site visits. Still, relatively few hotel staff responded, opening the potential for bias in the survey results if, for example, only those who felt strongly positive or negative about Operation Check-Out were motivated to respond to the survey. PERF also received fewer responses at each survey wave, limiting the ability to consider changing perceptions over time.

# Conclusion

This project evaluated Operation Check-Out, a TPP policing strategy that used procedural justice dialogues to foster partnerships with hotel staff and collaboratively reduce drug problems. Findings demonstrated that hotels that were randomly allocated to receive the intervention had significantly fewer calls for service related to drugs or sick persons (i.e., overdoses) during the nine-month post-intervention period than hotels in the control group. These findings suggest that TPP is an effective strategy for addressing drug problems. Further, the findings indicate that collaborative models of TPP—those that incorporate procedural justice to secure voluntary commitments of third parties to work with police—are sufficient for reducing crime. While coercive approaches may be necessary to engage the most stubborn, resistant, or problematic third parties, collaborative approaches alone are valuable for enhancing public safety.

While the findings are promising, it is important to note that the changes in drug and overdose-related calls for service were small. External factors likely limited the intervention's impact, namely, the COVID-19 pandemic, during which hotel usage declined substantially. The pandemic delayed the implementation of the intervention far past the point at which drug problem at hotels was initially identified as a problem. Following the pandemic, opioid overdoses also decreased. It is possible that the drug problem, at least at hotels, lost salience and offered a less robust target for police intervention. Relatedly, hotel staff participation rates in the partnership may have been lower because they did not consider the problem serious. Thus, collaborative TPP approaches may be expected to produce even stronger impacts should the intervention follow shortly after a problem analysis.

Despite historical challenges, Operation Check-Out was successfully implemented by the AACOPD, with the intervention delivered as intended and with fidelity to the research design. Anecdotal feedback from PACT/TPU officers who carried out the intervention was generally positive; officers enjoyed the opportunity to work with community stakeholders and appreciated the willingness of most hotel staff to cooperate with police to achieve a common goal. However, officers reported that the scripted dialogue was cumbersome. Future research on TPP should solicit the feedback and insights of officers who carry out the interventions to determine their support of such strategies or identify ways to adjust approaches that may improve buy-in and effectiveness.

The study provides further evidence that encouraging place managers to share the burdens and responsibilities of public safety offers an effective way to reduce crime. Additional research is needed to further unpack the impacts of TPP policing on a broad range of outcomes beyond drug-related crime and disorder. Further, future studies should specifically examine the relative utility and cost-effectiveness of collaborative and coercive models of TPP (or approaches that use both types of tactics).

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# Appendices

# Appendix 1. Introductory Letter

<<DATE>>

To the Manager of <<HOTEL/MOTEL NAME>>

My name is <<PD TITLE/NAME>> with the Anne Arundel County Police Department (AACOPD). I am the coordinator of Operation Check-Out, a new initiative launched by the AACOPD and the Police Executive Research Forum (PERF) to **work with hotels and motels in Anne Arundel County to address dangerous drugs in our community**.

As police officers, we have seen firsthand the devastating impacts of dangerous drugs. Last year alone, nearly 160 people died from an overdose. One of our most difficult tasks is telling families that their loved ones were harmed due to drug-related violence or a fatal overdose. We have also seen hotel/motel staff harmed from exposure to dirty needles or other drug paraphernalia when cleaning rooms.

We know that you are committed to providing a comfortable and safe environment for your customers and staff. The first step is recognizing the signs of drug use, distribution, and production. We have included an **Operation Check-Out information sheet** that can help you identify drug-related activities in and around your property and report it to us directly.

Please share this sheet with your staff to ensure they are aware of the signs of dangerous drugs and the Operation Check-Out email address that they should use to report suspicious behaviors or activities.

Our team is eager to work with you to reduce drug-related harms at your property. **Please email us at <<EMAIL>> to let us know the best way to contact you.** We will then to schedule a visit to your property to give you more information on Operation Check-Out.

Together, we can create a safe environment for you, your customers, and your staff. We look forward to working with you.

Sincerely,


<<PD TITLE/NAME>>

# Appendix 2. Information Sheet

## The Problem of Drugs at Hotels/Motels

**The Anne Arundel County Police Department (AACOPD) has launched a new initiative called** *Operation Check-Out* **to reduce drug use and sales in the county's hotels and motels.**

Opioids, such as heroin, fentanyl, and prescription pain relievers; and stimulants like cocaine and methamphetamine, pose significant problems to the community. Fentanyl, which is up to 100 times more potent than morphine, has driven the spike in overdose deaths in recent years. These drugs can be harmful or deadly to those who use them, and to staff or other customers who are indirectly exposed to them. Plus, drugs are often linked to crime and disorder.

Police face the difficult task of telling families that their loved ones were harmed due to drug-related violence or a fatal overdose. Police have also seen hotel/motel staff harmed from exposure to dirty needles or other drug paraphernalia or having to assist persons experiencing a substance use crisis or displaying erratic behavior while on the property.

## How Can You Help?

Please <u>do not</u> directly intervene with anyone you suspect is engaging in drug-related activities. In an emergency, dial 911.

**We are asking *you* to help Operation Check-Out in three simple steps:**

1. **Be aware** of and able to identify the signs of drug use, production, and selling as outlined on the next page (see next section for tips).
2. **Report suspicious drug activities** promptly to **[project email]** or call us at **[project phone]**. **For emergencies, dial 911.**
3. **Prohibit or ban** problem person(s) by denying them future access to the hotel.

**Any information is greatly appreciated and will be followed up on *quickly* and *discretely*.**

**Prompt reporting is critical for an effective response.**

# Email [project email] or Call [project number]

## ➡️ Recognizing the Signs of Drug-Related Activity in Your Hotel/Motel

You may not realize that some things you see in your facility are illegal drugs. These pictures can help you identify illegal substances common in Anne Arundel County.



**Heroin**



**Fentanyl**



**Crack Cocaine**
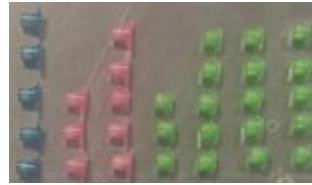


**Methamphetamine**

### Signs of drug use, production and distribution include:

| Physical signs of drug use | Behavioral signs of drug use | Signs of drug production or selling |
|---|---|---|
| ✓ Glass pipes, syringes, or small metal spoons<br>✓ Strange smells, fumes, or chemical odors coming from a guest's room<br>✓ Shower caps over fire alarms<br>✓ Clip seal plastic bags containing powder, crystals, or tablets | ✓ Drowsiness or having trouble staying awake<br>✓ Flu-like symptoms<br>✓ Lack of hygiene<br>✓ Sudden or dramatic mood swings<br>✓ Diminished coordination or slowed/slurred speech<br>✓ Needle marks on arms or legs or flushed, itchy skin<br>✓ Constricted, "pinpoint" pupils | ✓ Guests receive numerous visitors that stay for short periods of time.<br>✓ Guests pay for or extend stays with cash.<br>✓ Guests book online and opt for after-hours check-in.<br>✓ Guests frequently request to change rooms during their stay.<br>✓ Guests reluctant to provide ID.<br>✓ People loitering in the lobby or around the building (especially at night).<br>✓ Glass bottles sealed with tape (precursor drug production chemicals) |

## ➡️ The Law is on Your Side

Laws that require businesses to provide a safe environment for both your staff and your customers can help you address drug-related issues at in or near your facility.

- MD Code, Criminal Law, § 5-605, *it is **against the law to keep a common nuisance**, defined as a dwelling or building used by individuals for administering illegal drugs or where drugs or drug paraphernalia are manufactured, distributed, dispensed, stored, or concealed illegally.*
- MD Code, Health – General, § 20-301, empowers local health officers to **investigate a suspected nuisance** and devise means for the control of the nuisance.
- MD Code, Business Regulation – § 15-203, stipulates ***innkeepers may refuse services*** *or remove from their establishment an individual they reasonably believe is using the lodging establishment for the unlawful possession or use of a controlled dangerous substance.*

## ➡️ Working Together to Prevent Drug-Related Harms

If we all work together on this issue, we can improve safety and ensure Anne Arundel thrives. If you have any questions or concerns, please do not hesitate to contact **Lt. [NAME]** or **Sgt. [NAME]** at [project email] or [phone number].

## Email [project email] or Call [project number]

Appendix 3. Phone Script

# Procedural Justice Script-Visit Schedule

Good morning/afternoon. My name is <<FIRST NAME>><<LAST NAME>>, I am a PACT/TPU officer with the Anne Arundel County Police Department. Could I speak with the on-duty manager please?

Good morning/afternoon, this is <<FIRST NAME>><<LAST NAME>>, I am a PACT/TPU with the Anne Arundel County Police Department. I am part of a new drug reduction initiative called Operation Check-Out. We sent out a letter regarding this project a few weeks ago. Did you receive the letter and get a chance to read it?

**If no:** No problem. I will make sure another copy is sent to you. May I have your email address so I can send you a copy?

**If yes:** Great! Your partnership is very important to us as we seek to protect our local businesses and keep our communities safe from the growing problem of dangerous drugs.

**FOR EVERYONE**

Our goal with Operation Check-Out is to work directly with hotels and motels across the entire county to prevent drug-related harms to your guests and staff. We've seen a growing number of incidents related to dangerous drugs, such as heroin, fentanyl, and methamphetamine. We want to stop the flow of these deadly drugs, the violence they can cause, and get people the help they need. As you can imagine one of the hardest parts of our job is telling families that a loved one has been harmed in drug related incidents.

I'd would like to schedule some time for me and my partner to meet with you in person to discuss the key points of Operation Check-Out and answer any additional questions you have about the initiative. It should take no more than 20 or 30 minutes. Is there a day or time in the next two weeks or so that works well for you?

Sounds good. I will be accompanied by my colleague <<FIRST NAME>><<LAST NAME>>. Do you have a conference room that we can use for this meeting?

Okay, sound good. Thank you for your time and I look forward to meeting you and working with you on this project. Have a good rest of your day.

# Appendix 4. Procedural Justice Dialogue

Script Checklist

| 1. **Introduction** | 1) PACT/TPU team introductions<br>2) Partnership with Anne Arundel hotels and motels and AACOPD<br>3) Focused on hotel/motel community safety; harms to staff, customers, local business |
|---|---|
| 2. **Project background** | 1) Introduction letter and information sheet<br>2) All hotels/motels across Anne Arundel County<br>3) What public safety challenges do you currently face? Perceptions on crime and disorder around the hotel/motel?<br>4) Intelligence profile on hotel/motel<br>5) How do they see their role as hoteliers/moteliers? |
| 3. **Motivation** | 1) Officer experiences of the negative impact of illegal drugs<br>2) Appreciate you working with us in partnership<br>3) Goals<br>    a. Reduce supply of illegal drugs / minimize harm<br>    b. Prevent/reduce drug-related crime and disorder in the area<br>    c. Ensure staff/customer safety; protect reputation of local business<br>4) Questions or concerns for us? |
| 4. **Actions** | 1) Goal of Operation Check-Out is partnership<br>    a. Ensure staff are aware of signs/implications of drug use and distribution<br>    b. Immediately report suspicious behaviors/activities via dedicated email<br>    c. Prohibit or ban problem persons from the property |
| 5. **Legal levers** | 1) Refer to options/obligations via legal levers<br>    a. Maryland Code, Health – General, § 20-301, Nuisance control<br>    b. Maryland Code, Criminal Law – § 5-605, Keeping common nuisance<br>    c. Maryland Code, Business Regulation – § 15-203, Refusal of lodging or services; removal |
| 6. **Conclusion** | 1) Partnership if we all work together<br>2) Ask to circulate information to staff members<br>3) Recap of actions and reminder of dedicated email<br>4) Partnership of ongoing support and communication<br>5) Thank |

Script

| | | |
|---|---|---|
| 1. | **Introduction** | Good [morning/afternoon], my name is [NAME] from the Anne Arundel County Police Department's [PACT/TPU]. This is my colleague, [NAME], from the [PACT/TPU].<br><br>We're visiting you today as a follow-up to our recent phone call about Operation Check-Out. The AACoPD launched this community engagement initiative because one of the issues we are currently facing is that of drug use, sale and distribution in hotels and motels across the county.<br><br>Our primary goal with Operation Check-Out is to work directly with you and your industry peers to help keep both your staff and customers safe from drug related harms, particularly if staff or customers come in contact with dirty needles, highly toxic fumes from drug production, or drug-induced erratic behavior from customers.<br><br>Is this still a good time to chat about Operation Check-Out? It should only take about 20 minutes.<br><br>***If yes, continue to next section.***<br><br>***If no, request a new date/time.*** |
| 2. | **Project background/ Purpose of visit** | [NAME] and I want to thank you for taking the time to speak with us today about Operation Check-Out. An information packet about this initiative was mailed to you recently. Have you had a chance to read the information in this packet?<br><br>*\*Pause – wait to see if the manager says they have or have not read/understood the letter\**<br><br>Operation Check-Out is being implemented across all hotels and motels Anne Arundel County because it is important to AACoPD to prevent the negative impact drug-related incidents can have on our local businesses and their customers.<br><br>We understand that as a hotel/motel manager, you want your customers to have a best experience possible while staying with you. Visible signs of drug-related activities may dampen tourism and affect customers' experiences while staying in the area and can even cause staff to feel unsafe in their job. This is why we are eager to work in partnership with hotel/motel managers such as yourself.<br><br>First, we'd like to hear your perspective about these issues…<br>　　*(**Discuss**) Do you face any challenges keeping your customers and staff safe within the hotel/motel? What feedback, if any, do you receive from customer or staff about safety concerns?*<br>　　*(**Discuss**) Have any drug-related issues been brought to your attention in the past by staff or customers? What is your past experience working with the AACoPD on safety or crime-related matters?*<br><br>*Outline intelligence profile of hotel/motel.*<br><br>We recognize that it can be difficult to recognize the signs of drug-related activity, especially signs of drug distribution or production. With Operation Check-Out, we hope to develop a productive partnership to better hear *your* concerns and also ensure that you have information that can help us maintain the safety of your customers and staff.<br>　　*(**Discuss**) What are your views about the role of hotel/motel managers in keeping your customers and staff safe?* |

| 3. Motivation | [NAME] and I, as police officers, have seen firsthand the damage drugs can cause. We have seen a lot of violence associated with illicit drug selling and it is difficult to tell families that their loved one has been the victim of an overdose.<br><br>This is why we appreciate your partnership with us on Operation Check-Out because working together means we can accomplish several goals that keep people safe.<br>• Reduce the supply of dangerous drugs and minimize harm.<br>    o We want to get dangerous drugs off the street of Anne Arundel County so that it remains a safe place for locals and visitors and encourages vibrant tourist activity.<br>    o We also want to protect and help those battling substance use disorder Early referral to support agencies increases their likelihood of overcoming their addiction, and, therefore, reduces the risk of drug-related harms and death.<br>*(Discuss) What is your knowledge of substance use disorders and the challenges? Are you familiar with local treatment programs and their success rates?*<br><br>• Reduce drug-related crime and disorder issues in the area.<br>    o People who buy drugs in hotels/motels will often commit crimes in nearby areas (and even sometimes in the hotel/motel) in order to acquire goods to sell or exchange for drugs. This means the quicker we can stop the sale of drugs, the less other drug crimes in the area, increasing safety of customers and staff.<br>*(Discuss) Have you had any experience with crime or disorder within or near your hotel/motel that you suspect is drug-related in any way (such as theft from a guest's room or vehicle)?*<br><br>• Ensure customers see your hotel/motel as safe and protect your business's reputation.<br>    o We understand that customers share their experiences on more channels than ever before and thus it is critical to ensure customer reviews are positive. As members of the Anne Arundel community, we care about our county's reputation and the strength of its local businesses, so we want to work with you to bolster customer's safety and their experience here.<br>*(Discuss) Has your hotel/motel ever received negative reviews due to drug-related crimes or disorders in the area?*<br><br>*Do you have any questions or concerns for us?* |
|---|---|
| 4. Actions | Operation Check-Out has been set up to facilitate cooperation between you and your staff and us at the AACOPD. We are requesting three simple actions from you and your staff.<br><br>AWARENESS<br>1. We ask that you please ensure all staff are aware of the signs and implications of drug use and distribution. The letter and information sheet lists some suspicious behaviors and activities to be on the lookout for including:<br>    o Numerous visitors coming and going for short periods<br>    o Loitering in the lobby or around the building<br>    o Drug paraphernalia such as glass pipes, syringes, glassware or glass bottles sealed with tape, glassine envelopes, odor of chemicals,<br>    o Payment with cash or extending stays with cash<br>    o Shower caps over fire alarms<br>*(Discuss): Have you come across any of these behaviors or activities in your hotel/motel before? How confident do you feel about being able to spot drug-related signs in your hotel?*<br><br>REPORTING<br>2. We ask that if any you or any of your staff do notice any suspicious behavior or activities occurring in the premises that this information is promptly shared with us via our dedicated private e-mail address or telephone listed on the information sheet. |

| | |
|---|---|
| |   o Any information is valuable, even if it is only a suspicion someone may be using/dealing/manufacturing drugs. Early reporting of drug activity really is key to allow for an effective response by our Operation Check-Out team in limiting or stopping the potential harms of drug use and distribution.<br>  *(Discuss): Do you have any concerns about reporting suspicious behaviors or activities?*<br><br>DENY ACCESS<br>3. After we have been able to pursue the appropriate enforcement or referral actions, we ask that you evict tenants and further deny access to the person(s) engaging in the drug-related activities.<br>  o By prohibiting or banning the person and denying them access to your hotel/motel, you are helping prevent further drug activity from occurring.<br>  o For the safety of you and your staff, we ask that you or your staff do not try to directly intervene when observing signs of drug-related activity. Persons who are manufacturing or selling drugs may become violent; persons under the influence of drugs may become agitated. Please contact us so that we, and/or the appropriate social service professionals can safely respond.<br>  o ***If you, a staff member, customer, or anyone else is in immediate danger, please call 9-1-1.*** |
| **5. Legal levers** | *(Discuss) Do you have any questions about these three steps which form Operation Check-Out (Prompt): Do you feel confident with the three steps? Do you think Operation Check-Out is feasible in your hotel/motel? How do you feel about this partnership overall?*<br><br>We understand the importance of privacy for you and your customers. However, as a business you can refer to legislation requiring a safe environment for your tenants and staff including:<br>• Maryland Code, Health – General, § 20-301, Nuisance control<br>• MD Code, Criminal Law, § 5-605. Keeping common nuisance<br>• MD Code, Business Regulation, § 15-203. Refusal of lodging or services; removal |
| **6. Conclusion** | It's great to have you on board for Operation Check-Out. We are firm believers if we work together on this issue, we can make a real difference to people's lives.<br><br>It would be a tremendous help if you can circulate the letter and information pack to all of your staff members. The info pack outlines indicators of suspicious activity and can help to better prepare your staff members when/if encountering potential drug problems. I will leave a few copies of this letter and information package for you to provide to your staff.<br><br>If you or your staff members observe any suspicious activities, please e-mail us promptly at **hoteltips@aacounty.org**. The information goes directly to Operation Check-Out staff, including [NAME], me, Lieutenant John Mahaffee or Sergeant Brendan McGrath the project's coordinators.<br><br>Communications will always remain confidential.<br><br>After emailing/calling us, we ask that you then prohibit or ban the individuals involved so that is well established that your hotel/motel was a drug-free environment.<br><br>As this is an ongoing effort, [NAME] and me, or another PACT/TPU team that is working on Operation Check-Out will stop by and check in within you every month or so to see how everything is going.<br><br>[NAME] and I want to thank you again for taking the time to speak with us today. We look forward to working with you and your staff going forward. Talk to you soon. |

Appendix 5. Team Visit Summary Sheet

# OPERATION CHECK-OUT
## TEAM VISIT SUMMARY

<u>Team Information</u>

**PACT Officer Name**: _____   **Badge Number**: _____

**TPU Officer Name**: _____   **Badge Number**: _____

**District**:  ☐ Northern  ☐ Eastern  ☐ Western  ☐ Southern


<u>Hotel/Motel Information</u>

**Hotel/Motel Street Address:** _____

**Hotel/Motel City:** _____   **Hotel/Motel Zip Code:** _____

**Name of Hotel/Motel:** _____


<u>Visit Information</u>

**Date of Visit**: _____   **Time of Visit**: _____   **Duration of Visit**: _____

*(In minutes)*

**Did you make contact with a hotel/motel staff member?**

☐ Yes

☐ No

→ Did you re-schedule your visit for another date?   ☐ Yes  ☐ No (Please explain in notes)

*IF 'YES' TO MADE CONTACT WITH A HOTEL/MOTEL STAFF MEMBER…*

**Title of staff member:** _____

**Was this the staff member you spoke with over the phone to schedule your visit?**   ☐ Yes  ☐ No

**Did the staff member receive the introduction letter and information sheet?**   ☐ Yes  ☐ No

**Had the staff member read over the introduction letter and information sheet?**   ☐ Yes  ☐ No

**Did the staff member report any existing concerns crime or disorder?**   ☐ Yes  ☐ No
*If yes, please explain in the notes below.*

**Did the staff member agree to distribute materials to hotel/motel staff?**   ☐ Yes  ☐ No
*If yes, please explain in the notes below.*

**Did the staff member have any questions or concerns about the project?**   ☐ Yes  ☐ No
*If yes, please explain in the notes below.*

# OPERATION CHECK-OUT
## TEAM VISIT SUMMARY

Please indicate which elements of the dialogue you covered during your visit by placing an "X" in the right column.

| | | |
|---|---|---|
| **1. Introduction** | PACT/TPU team introductions | |
| | Partnership with Anne Arundel hotels and motels and AACoPD | |
| | Focus on safety and protection of local business | |
| **2. Project background** | All hotels/motels in Anne Arundel County | |
| | Discussion of current public safety challenges at hotel/motel | |
| | Intelligence profile on hotel/motel | |
| | Discussion of hotel/motel role in public safety | |
| **3. Motivation** | Officer experiences of the negative impact of illegal drugs | |
| | Goal to reduce supply of illegal drugs / minimize harm | |
| | Goal to reduce/prevent drug related crimes and disorder in area | |
| | Goal to ensure staff/customer safety; protect local business | |
| | Discussion of hotel/motel questions or concerns | |
| **4. Actions** | Ensure staff aware of signs and implications of drug use and distribution | |
| | Promptly share suspicious behavior via dedicated email | |
| | Prohibit or ban problem persons from the property | |
| **5. Legal levers** | Identify Maryland Code, Health – General, § 20-301, Nuisance control | |
| | Identify Maryland Code, Criminal Law – § 5-605, Keeping common nuisance | |
| | Identify Maryland Code, Business Regulation – § 15-203, Refusal of services; removal | |
| **6. Conclusion** | Partnership of ongoing support and communication | |
| | Ask to circulate information to staff members | |
| | Recap of actions and reminder of dedicated email | |
| | Thank | |

Please describe any other information about your visit below:

# Appendix 6. Hotel/Motel Manager Survey Instrument

You are receiving this survey because you manage a hotel or motel in Anne Arundel County, MD. If you are not the manager, we kindly request that this survey be directed to the person with primary management responsibility for your hotel or motel.

This survey aims to develop a better understanding of what you, as a hotel/motel manager, think about drug problems in and around hotels and motels in Anne Arundel County and local police response to them.

As a hotel/motel manager in Anne Arundel County, *your* views are very important.


## Who is conducting this study?

This survey is part of a research project being conducted by the Police Executive Research Forum and the Anne Arundel County Police Department with support from the National Institute of Justice, the research arm of the United States Department of Justice, under award number 2019-R2-CX-0026.


## What does my participation involve?

Participation involves completing this web-based survey about your perceptions of crime and disorder, feelings of safety, and the Anne Arundel County Police Department.

The survey will take no more than 15 minutes to complete.

Participation in this study involves no physical or mental discomfort and no risks beyond those of everyday living. If, however, you should find any question to be invasive or offensive, you do not have to answer that question.

Completion of this survey is completely *voluntary*. You can stop at any time or skip any questions.


## How is my privacy protected?

*Your responses to this survey are private and confidential*. All findings will be summarized and reported in aggregate only. You will not be able to be identified based on your responses to this survey. Your responses to specific questions will never be shared publicly, nor with the Anne Arundel County Police Department.

If you choose not to complete the survey or choose not to answer any specific questions, you can do so without penalty, judgment, or discriminatory treatment. Your decision will in no way impact upon your personal records or relationship with the Anne Arundel County Police Department, the Police Executive Research Forum, or any other organization or person.

**Who do I contact if I have questions about this study?**

If you have any questions about this survey or the larger study, please contact Jeremy Barnum of the Police Executive Research Forum at jbarnum@policeforum.org.

If you require technical assistance while completing the web-based survey, please contact the Police Executive Research Forum at survey@policeforum.org.


Do you agree to participate in this survey?

If you are willing to participate, please acknowledge your agreement with the following statement and click the "Next" button below:

○I **agree** to participate in this survey.

○I **do not agree** to participate in this survey.

# A. Hotel/Motel Manager Information

A1. What is the name and address of the hotel/motel for which you work?

Name: _____
Street: _____
City: _____
ZIP Code: _____

A2. What is the name of the hotel/motel at which you work?
_____

A3. What is your role/position at the hotel/motel?
_____

A4. Do you live on the premises of your hotel/motel?
⭘ Yes
⭘ No

A5. What is your current employment status in this hotel/motel?
⭘ Working full-time
⭘ Working part-time
⭘ Other: _____

A6. How long have you worked at this hotel/motel?
_____ Years _____ Months

A7. How many guest rooms does your hotel/motel have?
_____

# B. Perceptions of Crime and Disorder

Thinking about the street block immediately surrounding the hotel/motel at which you work…

B1. How much of a problem are each of the following?

|  | Not a problem at all | Not much of a problem | Unsure | Somewhat of a problem | A major problem |
|---|---|---|---|---|---|
| *Violent Crime* |  |  |  |  |  |
| Robbery | ⭘ | ⭘ | ⭘ | ⭘ | ⭘ |
| Assault | ⭘ | ⭘ | ⭘ | ⭘ | ⭘ |

| Property Crime | | | | | |
|---|:---:|:---:|:---:|:---:|:---:|
| Burglary | ○ | ○ | ○ | ○ | ○ |
| Graffiti | ○ | ○ | ○ | ○ | ○ |
| Theft from Vehicles | ○ | ○ | ○ | ○ | ○ |
| Vandalism | ○ | ○ | ○ | ○ | ○ |
| *Drugs and Disorder* | | | | | |
| Sale of drugs | ○ | ○ | ○ | ○ | ○ |
| Public drinking | ○ | ○ | ○ | ○ | ○ |
| Use of drugs | ○ | ○ | ○ | ○ | ○ |
| Loitering | ○ | ○ | ○ | ○ | ○ |
| Neglected property | ○ | ○ | ○ | ○ | ○ |
| Prostitution | ○ | ○ | ○ | ○ | ○ |
| Aggressive panhandling | ○ | ○ | ○ | ○ | ○ |
| Broken/poor lighting | ○ | ○ | ○ | ○ | ○ |

## C. Fear of Crime

C1. How safe do you feel out alone on the immediate street block around this hotel/motel…

| | Very Unsafe | Somewhat Unsafe | Neither Safe nor Unsafe | Somewhat Safe | Very Safe |
|---|:---:|:---:|:---:|:---:|:---:|
| During the daylight hours | ○ | ○ | ○ | ○ | ○ |
| During the nighttime hours | ○ | ○ | ○ | ○ | ○ |

C2. How safe do you feel working at the hotel/motel…

| | Very Unsafe | Somewhat Unsafe | Neither Safe nor Unsafe | Somewhat Safe | Very Safe |
|---|:---:|:---:|:---:|:---:|:---:|
| During the daylight hours | ○ | ○ | ○ | ○ | ○ |
| During the nighttime hours | ○ | ○ | ○ | ○ | ○ |

C3. When thinking about your hotel/motel within the last month, please rate your concern about…

|  | Not Worried at All | Not Very Worried | Neutral | Somewhat Worried | Very Worried |
|---|---|---|---|---|---|
| Having someone break into a guest's room | O | O | O | O | O |
| Having someone steal from a guest's vehicle | O | O | O | O | O |

## D.  Signs of Drug-Related Activity

D1. In the last 3 months, how often has your hotel/motel…

|  | Never | Rarely | Sometimes | Often | Very often |
|---|---|---|---|---|---|
| Been on the lookout for suspicious drug-related activities? | O | O | O | O | O |
| Reported suspicious drug-related activities to police? | O | O | O | O | O |
| Reported a suspected drug overdose to police or emergency medical services? | O | O | O | O | O |
| Prohibited or banned people from the hotel/motel who have been suspected of drug-related activities? | O | O | O | O | O |

D2. In the last 3 months, how often have you observed the following behaviors or activities from guests at your hotel/motel?

|  | Never | Rarely | Sometimes | Often | Very Often |
|---|---|---|---|---|---|
| Guests who appear to be under the influence of drugs (e.g., dilated pupils, rapid speech, clenched their jaw). | O | O | O | O | O |

| | | | | | |
|---|---|---|---|---|---|
| Guests whose rooms contain glass pipes and syringes. | ○ | ○ | ○ | ○ | ○ |
| Guests placing shower caps over the fire alarms. | ○ | ○ | ○ | ○ | ○ |
| Guests whose rooms contain clip seal plastic bags containing crystals, powder or tablets. | ○ | ○ | ○ | ○ | ○ |
| Strange smells or fumes coming from a guest's room. | ○ | ○ | ○ | ○ | ○ |
| Guests receiving numerous visitors who stay only for a short period of time. | ○ | ○ | ○ | ○ | ○ |
| Guests who pay or extend their stay in the hotel/motel in cash. | ○ | ○ | ○ | ○ | ○ |
| Guests who frequently request to change rooms during their stay. | ○ | ○ | ○ | ○ | ○ |
| Guests booking online and opting for after-hours check-in. | ○ | ○ | ○ | ○ | ○ |
| Loitering by guests or their visitors in the foyer or around the hotel/motel building. | ○ | ○ | ○ | ○ | ○ |

D3. Please indicate whether you know none, a little, some, a fair amount, or a lot about the following law and policies.

| | None | A little | Some | A fair amount | A lot |
|---|---|---|---|---|---|
| Maryland Code, Health – General, § 20-301, Nuisance control | ○ | ○ | ○ | ○ | ○ |
| Maryland Code, Criminal Law – § 5-605, Keeping common nuisance | ○ | ○ | ○ | ○ | ○ |
| Maryland Code, Business Regulation – § 15-203, Refusal of lodging or services; removal | ○ | ○ | ○ | ○ | ○ |

D4. Thinking about, **Maryland Code, Health – General, § 20-301, Nuisance control** for each of the following statements please select whether you strongly disagree, disagree, neither agree nor disagree, agree, or strongly agree.

|  | Strongly Disagree | Disagree | Neither Agree nor Disagree | Agree | Strongly Agree |
|---|---|---|---|---|---|
| People should abide by this law even when they think the law is wrong. | O | O | O | O | O |
| I believe that obeying this law benefits everyone. | O | O | O | O | O |
| This law does not protect my interests. | O | O | O | O | O |
| The motivations behind this law are trustworthy. | O | O | O | O | O |
| I have confidence in this law. | O | O | O | O | O |
| I respect this law. | O | O | O | O | O |
| This law is fair. | O | O | O | O | O |

D5. Thinking about, **Maryland Code, Criminal Law – § 5-605, Keeping common nuisance** for each of the following statements please select whether you strongly disagree, disagree, neither agree nor disagree, agree, or strongly agree

|  | Strongly Disagree | Disagree | Neither Agree nor Disagree | Agree | Strongly Agree |
|---|---|---|---|---|---|
| People should abide by this law even when they think the law is wrong. | O | O | O | O | O |
| I believe that obeying this law benefits everyone. | O | O | O | O | O |

| | Strongly Disagree | Disagree | Neither Agree nor Disagree | Agree | Strongly Agree |
|---|---|---|---|---|---|
| This law does not protect my interests. | ○ | ○ | ○ | ○ | ○ |
| The motivations behind this law are trustworthy. | ○ | ○ | ○ | ○ | ○ |
| I have confidence in this law. | ○ | ○ | ○ | ○ | ○ |
| I respect this law. | ○ | ○ | ○ | ○ | ○ |
| This law is fair. | ○ | ○ | ○ | ○ | ○ |

D6. Thinking about, **Maryland Code, Business Regulation – § 15-203, Refusal of lodging or services; removal**, for each of the following statements please select whether you strongly disagree, disagree, neither agree nor disagree, agree, or strongly agree

| | Strongly Disagree | Disagree | Neither Agree nor Disagree | Agree | Strongly Agree |
|---|---|---|---|---|---|
| People should abide by this law even when they think the law is wrong. | ○ | ○ | ○ | ○ | ○ |
| I believe that obeying this law benefits everyone. | ○ | ○ | ○ | ○ | ○ |
| This law does not protect my interests. | ○ | ○ | ○ | ○ | ○ |
| The motivations behind this law are trustworthy. | ○ | ○ | ○ | ○ | ○ |
| I have confidence in this law. | ○ | ○ | ○ | ○ | ○ |
| I respect this law. | ○ | ○ | ○ | ○ | ○ |
| This law is fair. | ○ | ○ | ○ | ○ | ○ |

# E.  Perceptions of Police

Thinking about the street block immediately surrounding the hotel/motel at which you work…

E1. On the whole, how good of a job is the Anne Arundel County Police Department doing at:

|  | Very poor job | Poor job | Neither a poor job nor good job | Good job | Very good job |
|---|---|---|---|---|---|
| Solving crime? | O | O | O | O | O |
| Dealing with problems that concern the hotel/motel you work at? | O | O | O | O | O |
| Preventing crime? | O | O | O | O | O |
| Maintaining order? | O | O | O | O | O |

E2. Please rate how strongly you disagree or agree with the following statements about the Anne Arundel County Police Department.

|  | Strongly Disagree | Disagree | Neither Disagree nor Agree | Agree | Strongly Agree |
|---|---|---|---|---|---|
| I am satisfied with the way the police do their job. | O | O | O | O | O |
| I am satisfied with how I am treated by the police. | O | O | O | O | O |

E3. Thinking about the Anne Arundel County Police Department, please rate how strongly you disagree or agree with the following statements.

|  | Strongly Disagree | Disagree | Neither Disagree nor Agree | Agree | Strongly Agree |
|---|---|---|---|---|---|
| People should accept the decisions of the police even when they do not agree with those decisions. | O | O | O | O | O |

| | Strongly Disagree | Disagree | Neither Disagree nor Agree | Agree | Strongly Agree |
|---|:---:|:---:|:---:|:---:|:---:|
| I believe that obeying police benefits everyone. | ○ | ○ | ○ | ○ | ○ |
| The police act to protect my hotel's/motel's interests. | ○ | ○ | ○ | ○ | ○ |
| The police are trustworthy. | ○ | ○ | ○ | ○ | ○ |
| I have confidence in the police. | ○ | ○ | ○ | ○ | ○ |
| I respect the police. | ○ | ○ | ○ | ○ | ○ |

Please rate how strongly you disagree or agree with the following statements.

E4. In general, I think police officers of the Anne Arundel County Police Department…

| | Strongly Disagree | Disagree | Neither Disagree nor Agree | Agree | Strongly Agree |
|---|:---:|:---:|:---:|:---:|:---:|
| Treat everyone with dignity and respect. | ○ | ○ | ○ | ○ | ○ |
| Treat everyone equally. | ○ | ○ | ○ | ○ | ○ |
| Make decisions based on facts, not their own personal biases or opinions. | ○ | ○ | ○ | ○ | ○ |
| Clearly explain the reasons for their actions. | ○ | ○ | ○ | ○ | ○ |
| Give people the chance to express their views before making decisions. | ○ | ○ | ○ | ○ | ○ |
| Consider people's opinions when deciding what to do. | ○ | ○ | ○ | ○ | ○ |
| Sincerely try to help people with their problems. | ○ | ○ | ○ | ○ | ○ |

| | | | | |
|---|---|---|---|---|
| Give honest explanations for their actions. | ○ | ○ | ○ | ○ | ○ |

# F. Contact with Police

F1. Have you *ever* had contact with a police officer?
○ Yes
○ No

**IF "No", SKIP TO QUESTION "F7."**

F2. Have you had contact with a police officer in the last <u>3 months</u> while working at the hotel/motel?
○ Yes → Go to F3
○ No → Go to F5

F3. How many times have you had contact with a police officer in the last <u>3 months</u> regarding drug-related activities in your hotel/motel?
_____

F4. Were your contacts in the last <u>3 months</u> with police officers from the Anne Arundel County Police Department?
○ Yes
○ No

F5. Thinking about the most recent contact you had with police, did you or the police initiate the contact?
○ I initiated the contact
○ Police initiated the contact

F6. Thinking about your most recent experience you have had with a police officer, overall, was the experience…
○ Extremely negative
○ Somewhat negative
○ Neither positive nor negative
○ Somewhat positive
○ Extremely positive

F7. Thinking about the Anne Arundel County Police Department, please rate how strongly you disagree or agree with the following statements…

|  | Strongly Disagree | Disagree | Neither Disagree nor Agree | Agree | Strongly Agree |
|---|---|---|---|---|---|
| I would willingly assist police. | O | O | O | O | O |
| I would willingly cooperate with requests made by a police officer. | O | O | O | O | O |

## G. Willingness to Report Drug-Related Activity

G1. Thinking about the Anne Arundel County Police Department, please rate how strongly you disagree or agree with the following statements…

Reporting drug-related activities to the police is…

|  | Strongly Disagree | Disagree | Neither Disagree nor Agree | Agree | Strongly Agree |
|---|---|---|---|---|---|
| Is satisfying. | O | O | O | O | O |
| Is harmful to my business. | O | O | O | O | O |
| Is difficult. | O | O | O | O | O |
| Puts me and/or my staff at risk of physical harm. | O | O | O | O | O |

G2. Thinking about reporting drug-related activities in your hotel/motel, please rate how strongly you disagree or agree with the following statements.

|  | Strongly Disagree | Disagree | Neither Disagree nor Agree | Agree | Strongly Agree |
|---|---|---|---|---|---|
| Important people in my life would approve of me reporting suspicious drug-related activities to police. | O | O | O | O | O |

| | | | | | |
|---|:---:|:---:|:---:|:---:|:---:|
| People whose opinions I care about expect me to report suspicious drug-related activities to police. | ○ | ○ | ○ | ○ | ○ |
| It is completely up to me whether or not I report drug-related activities to police. | ○ | ○ | ○ | ○ | ○ |
| I am confident I can report drug-related activities to police. | ○ | ○ | ○ | ○ | ○ |
| It would be wrong of me to disobey the law and permit drug-related crimes to occur. | ○ | ○ | ○ | ○ | ○ |
| I should not disobey the law and permit drug-related offenses to occur. | ○ | ○ | ○ | ○ | ○ |
| I intend to report drug-related activities to police. | ○ | ○ | ○ | ○ | ○ |

## H.  Operation Check-Out

**QUESTIONS IN SECTION H TO INCLUDE AT SURVEY WAVES 2 AND 3 ONLY**

H1. Have you heard of Operation Check-Out?
○ Yes
○ No → **SKIP TO QUESTION "H15."**

H2. Did you receive a resource pack on Operation Check-Out?
○ Yes →
○ No → **SKIP TO QUESTION "H4."**

H3. Did you read the information provided in the resource pack?
○ Yes
○ No

H4. Did you share the resource pack with hotel/motel staff to inform them about Operation Check-Out, what to look out for, and how to report suspicious drug behaviors or activities directly to the Operation Check-Out team?

○ Yes

○ No

H5. Have you received any contact from police regarding Operation Check-Out?

○ Yes

○ No → **SKIP TO QUESTION "H8."**

H6. Do you recall how many times you have been contacted by police regarding Operation Check-Out?

_____

H7. Do you recall when the initial contact was made by police in relation to Operation Check-Out? Please select the month and year:

MM/YYYY

H8. Have you reported any suspicious behaviors or activities to the Operation Check-Out email address since first hearing of the initiative?

○ Yes

○ No → **SKIP TO QUESTION "H10."**

H9. Roughly how many times have you reported suspicious behaviors or activities to the Operation Check-Out email address since hearing of the initiative?

_____

H10. Have you prohibited or banned any tenants from the hotel/motel for suspicious drug-related activities since hearing of Operation Check-Out?

○ Yes

○ No → **SKIP TO QUESTION "H12."**

H11. Roughly how many times have you prohibited or banned tenants from the hotel/motel for their suspicious drug-related activities since hearing of Operation Check-Out?

_____

H12. Thinking about the police contact you had regarding Operation Check-Out, please rate how strongly you disagree or agree with the following statements.

| | Strongly Disagree | Disagree | Neither Disagree nor Agree | Agree | Strongly Agree |
|---|---|---|---|---|---|
| The police explained my hotel/motel's legal obligations and rights if drugs were produced and sold in my hotel/motel. | O | O | O | O | O |
| I understood that the purpose of Operation Check-Out was to help my hotel/motel. | O | O | O | O | O |
| It was my decision to be involved with Operation Check-Out. | O | O | O | O | O |
| I think Operation Check-Out was a useful way to get my hotel/motel to blacklist problematic clients. | O | O | O | O | O |
| Being involved in Operation Check-Out made my hotel/motel aware of the issues pertaining to drug-related offenses. | O | O | O | O | O |
| I think Operation Check-Out provides a lasting solution to drug activity in my hotel/motel. | O | O | O | O | O |
| I believe Operation Check-Out has resulted in a loss of business for my hotel/motel. | O | O | O | O | O |

H13. Thinking about Operation Check-Out, please rate how strongly you disagree or agree with the following statements.

| | Strongly Disagree | Disagree | Neither Disagree nor Agree | Agree | Strongly Agree |
|---|---|---|---|---|---|
| My hotel/motel has tried to report drug related offenses more often since the start of Operation Check-Out. | O | O | O | O | O |
| I have done what I was asked to do in the Operation Check-Out information pack. | O | O | O | O | O |
| My hotel/motel has done what they have been asked to do in the Operation Check- Out information pack. | O | O | O | O | O |
| The police have done what they said they would do in the Operation Check-Out information pack. | O | O | O | O | O |

H14. Think about the most recent Operation Check-Out encounter you had with police officers from the Anne Arundel County Police Department…

Please rate how strongly you disagree or agree with the following statements.

| | Strongly Disagree | Disagree | Neither Disagree nor Agree | Agree | Strongly Agree |
|---|---|---|---|---|---|
| I felt that the police officers were trustworthy. | O | O | O | O | O |
| I had confidence in the police officers. | O | O | O | O | O |
| The police officers treated me with dignity and respect. | O | O | O | O | O |
| The police officers were polite when dealing with me. | O | O | O | O | O |
| The police officer was fair. | O | O | O | O | O |
| The police officer gave me the opportunity to express my views. | O | O | O | O | O |
| The police officer listened to me. | O | O | O | O | O |

H15. Thinking about your hotel/motel working with the Anne Arundel County Police Department, please rate how strongly you disagree or agree with the following statements.

|  | Strongly Disagree | Disagree | Neither Disagree nor Agree | Agree | Strongly Agree |
|---|---|---|---|---|---|
| Hotel/motel staff should work in partnership with police to monitor for signs of drug-related crimes. | O | O | O | O | O |
| Hotel/motel staff should be collaborators and colleagues with the police when it comes to dealing with drug-related crimes. | O | O | O | O | O |
| Hotel/motel staff should be accountable to the tenants for the hotel services they provide. | O | O | O | O | O |
| Hotel/motel staff and police are both responsible for addressing drug-related crimes. | O | O | O | O | O |
| Hotel/motel staff should carry out police orders. | O | O | O | O | O |

H16. Hotel/motel staff and the Anne Arundel County Police Department...

|  | Strongly Disagree | Disagree | Neither Disagree nor Agree | Agree | Strongly Agree |
|---|---|---|---|---|---|
| Share public safety responsibilities with each other. | O | O | O | O | O |
| Help and support each other. | O | O | O | O | O |
| Respect and trust each other | O | O | O | O | O |
| Understand the boundaries of what each other do. | O | O | O | O | O |

H17. Thinking about your contact with the Anne Arundel County Police Department regarding Operation Check-Out….

**IF H1=NO, SKIP TO QUESTION "I1."**

| | Strongly Disagree | Disagree | Neither Disagree nor Agree | Agree | Strongly Agree |
|---|---|---|---|---|---|
| Working with the police has given me a greater appreciation for their job. | O | O | O | O | O |
| Working with the police has been a positive experience. | O | O | O | O | O |
| I am comfortable working with the police. | O | O | O | O | O |
| Police have strongly supported the Operation Check-Out partnership. | O | O | O | O | O |
| The partnership with the police has reduced *drug crime* on the street block where my hotel/motel is located. | O | O | O | O | O |
| The partnership with the police has reduced *disorder* on the street block where my hotel/motel is located. | O | O | O | O | O |
| The partnership with the police has improved safety for hotel/motel customers and staff. | O | O | O | O | O |
| The partnership with the police has been good for business. | O | O | O | O | O |
| The partnership with the police has had a positive impact on the community on the street block where my hotel/motel is located. | O | O | O | O | O |

# I.  Background Information

I1. What is your gender?

O Female

O Male

O Non-binary

O Prefer to self-describe: _____

I2. What year were you born?

YYYY

I3. What is your race?

O White

O Black/African America

O Asian

O American Indian or Alaska Native

O Native Hawaiian or Pacific Islander

O Two or more races

O Other: _____

I4. What is your ethnicity?

O Hispanic

O Non-Hispanic

I5. How much school have you completed?

O Less than high school

O Some high school

O High school diploma or GED

O Some college

O College degree

O Masters/Graduate or Professional degree