

# LAW ENFORCEMENT AND SOCIAL WORKERS' COLLABORATION: HOW DO WE KNOW WE'RE IMPROVING SOCIAL JUSTICE AND STRUCTURAL CHANGE?

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# AUDIENCE

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- Any Co-Responders or mobile crisis team members?
- Any LEOs ?

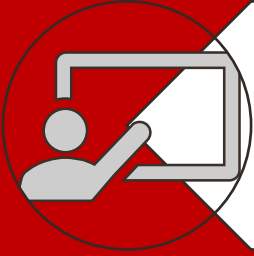
# AGENDA

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- Current social justice and structural concerns in MH & CJ systems
- History and current collaboration between Law Enforcement and Swk/MH professionals
- Definition, goals, and effectiveness for Co-responding teams
- Co-Responder study and findings
- Crisis Continuum of Care
- Addressing Social Justice and Structural Change potential
- Conclusion

# LEARNING OBJECTIVES

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Participants will be able to describe several models of LEO and Swk collaboration



Participants will be able to understand content and skills in training programs



Participants will be able to apply strengths and weaknesses of training for social workers and Law enforcement

# PROBLEMS WITH SOCIAL JUSTICE AND STRUCTURE IN CURRENT MH & CJ SYSTEMS

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- Implicit and explicit bias
- Personal and Structural racism, sexism, ableism, ageism, classism, homophobia etc.– any inequality
- Costs
- Too slow, overburdened
- Too complicated
- Human rights violations
- Not evidence–based
- Revolving door



# HISTORY AND CURRENT COLLABORATION LEO/SWK

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- Women's bureaus in police departments in the early 1900's- women hired as police officers to address juvenile problems, particularly among girls.
- Women police officers were mostly college educated and very different from their male counterparts.
- Misogyny, philosophical clashes revealed officers and their Depts. were very opposed to the human service, casework orientation favored by female officers trained in such techniques.

# HISTORY AND CURRENT COLLABORATION LEO/SWK

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- By the late 1980s, de-institutionalization resulted in gaps in the mental health system and an overlap of clientele, law enforcement more openly recognized advantages to having specialized mental health practitioners as both trainers and partners.
- The escalation in mental health related calls, the serious threat posed to officer safety, and the increased time taken by these calls prompted development of the Crisis Intervention Team model of police response to mental illness.

# HISTORY AND CURRENT COLLABORATION LEO/SWK

- Publicized tragic incidents with LEO and individuals with SMI over the last few years sparked further demands for education and collaboration between LEO and Swk/MH professionals.
- The development of various models of co-responding gave officers alternatives to arrest while providing mental health-based services that communities and local leaders demand within a crisis continuum of care.
- Publicized tragic incidents with LEO and persons of color sparked demand for changes in Policing





# CURRENT STATS

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- LEOs are the de facto emergency response to crises– 5–15% of all 911 calls
- 1/4 of all police–involved shooting deaths are linked to mental illness
- Black Americans are 10 times more likely to be killed by police, when SMI is involved, compared to non–Hispanic Whites
- More than 2 mil people with SMI are booked into jail each year and held twice as long as those without SMI
- Some never receive treatment and now have an arrest record, lost housing, lost their jobs– the cycle repeats
- Social Justice movements have created momentum for change in these complex situations
- Co–responding may be the most effective mobile crisis model since it involves collaborations between two large systems and various professions

# DEFINITION OF CO-RESPONDING

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Co-responding police-mental health teams involve partnering a sworn LEO with a mental health professional

Co-responding is beyond training LEO, but an integration of two trained professionals and two large systems- Criminal Justice system and Mental health system

Various models of Co-responding- driving together, arriving separately

# GOALS OF CO-RESPONSE TEAMS

- Diverting persons with MI away from CJ system
- Increase consumer access to MH and Addiction services
- De-escalating crises and preventing injuries and deaths
- Connecting individuals to the correct "level" of services and longer-term system options (Case management, counseling)
- Reduce costs and Increase accountability
- Improve LEOs image and connection with the community
- Reduce stigma of SMI

# EVIDENCE OF EFFECTIVENESS FOR CO-RESPONDING

- Improved and more immediate responses to crisis situations
- Follow up and appropriate treatment level for individuals
- Decrease in unnecessary arrests
- Reduction in psychiatric hospitalizations
- More accurate on-scene assessments
- Fewer injuries and deaths– reduced use of force
- Cost savings

# MIXED METHOD STUDY- INTERVIEWS

- Mixed method study – Two steps
- First Interviews and then a survey.
- Interviews with law enforcement and social work/mental health professionals from several areas around the U.S. were used to explore various models being used and why those agencies chose that model.
- N= 20
- Vast majority used co-responding model, it fit the community, it evolved over time

| Location           | Case Manage/<br>Aftercare | Co-<br>Responding | Training<br>LEO | Outreach | Other                      |
|--------------------|---------------------------|-------------------|-----------------|----------|----------------------------|
| St. Paul, MN       | X                         | X                 | X               |          |                            |
| Los Angeles, CA    |                           | X                 | X               | X        |                            |
| Salt Lake City, UT | X                         | X                 | X               |          | Emergency MH Clinic        |
| Elgin, IL          | X                         | X                 | X               | X        |                            |
| Lincolnwood, IL    | X                         | X                 | X               |          | Goes to court w/<br>victim |
| Chicago areas      | X                         | X                 | X               | X        |                            |
| Houston, TX        |                           | X                 |                 |          |                            |

# THEMES FROM INTERVIEWS

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- Be sure all key stakeholders are onboard– Mayor, MH system, Police Chief, Medical systems
- Clarify who is the population? SMI, homeless, Suicidal, drug/alcohol, children & youth– expand over time
- How do they respond? Driving separately and meet at scene, drive together to all appropriate scenes, LEOs arrive first and then call–in Swk/MH
- Issues: role clarity, differences in professional cultures, dispatchers were not adequately trained, lack of relationship with partner (takes months to develop trust, communication), difficult for LEOs to change years of training and practice in "command & control," the role is not for everyone, Swk/MH are "guests," lack of appropriate MH services., it takes years to build and evolve the program and relationships.

# MIXED METHOD STUDY- SURVEYS

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- Survey with closed and open-ended questions was emailed to LEO and Swk/MH professionals in agencies using co-responding model- U.S.
  - What, if any, joint, formal training was provided to co-responders
  - Content of training
  - Ongoing/One time
  - Policies/procedures
  - What co-responders thought training should entail

# PURPOSE OF THE STUDY- WHY STUDY TRAINING?

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Training LEOs and Swk/MH professionals on co-responding is essential for the process to work

Training conveys not only process and policies but philosophy and culture of the Dept. and this is a phil. and culture shift

Little literature on training for the new co-responding models- what does it include?

The purpose of our study was to understand: What, if any formal training is being provided to "co-responders" across the U.S.? How often? What was included and missing?



# FINDINGS- SWK/MH

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- N= 54 Swk/MH professionals
- 63% of Swk/MH received formal, on job training with LEOs
- Some training is provided as one-time some is ongoing

| Content of Training             | Percentage Received |
|---------------------------------|---------------------|
| MH related Incidents            | 63%                 |
| Threat Assessment               | 68%                 |
| Personal Safety                 | 76%                 |
| Signs/symptoms of MI            | 81%                 |
| Verbal De-escalation techniques | 82%                 |
| Crisis Intervention techniques  | 81%                 |

# FINDINGS- LEOS

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- N= 43 LEO professionals
- 69% of LEOs received formal, on job training with SWK/MHs
- Some training is provided as one-time some is ongoing

| Content of Training             | Percentage Received |
|---------------------------------|---------------------|
| MH related Incidents            | 81%                 |
| Threat Assessment               | 83%                 |
| Personal Safety                 | 69%                 |
| Signs/symptoms of MI            | 85%                 |
| Verbal De-escalation techniques | 93%                 |
| Crisis Intervention techniques  | 100%                |

# FINDINGS

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- 37% of Swk/MH professionals did not receive joint training with LEOs
- 19% of LEOs did not receive joint training with Swk/MH professionals
- Some trainings were one-time only and others were ongoing
- 51% of Swk/MH professionals did not know of any written training policies/procedures
- 57% of LEOs did not know of any written training policies/procedures
- Types of training suggested for the future: both types of professionals listed additional strategies/tactics, LEO culture, Cultural competency

# FINDINGS: WHAT WAS MISSING?

- Understanding different Cultures and their views of LEOs and MH services
- Understanding different Cultures and their expression of SMI
- Personal and Structural Racism
- Gender issues and Sexism
- No awareness or no Training Policies and Procedures
- Organizational Culture & Philosophical Shift

# LIMITATIONS

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Small sample

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Relying on memory re: training

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Participants may have answered to best highlight themselves/Depts.

# IMPLICATIONS

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- Co-responding is a common choice in LEO Depts. Some evidence shows a positive impact
- Co-responding approaches should acclimate to the community it is embedded within- include community in develop./plan
- Most professionals are receiving joint trainings which include SMI signs/symptoms, personal safety, threat assessment, verbal de-escalation tactics, and crisis intervention strategies
- BUT not everyone is being trained and some trainings are one-time only
- Essential content is missing- Understanding different Cultures, Personal and Structural Racism, Gender issues and Sexism, lack of or awareness of Training Policies and Procedures, Organizational Culture & Philosophical Shift

# NEXT STEPS: CO-RESPONDING

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- More studies need to be done regarding Co-responding
- If co-responding is going to be used it needs to reflect the community
- Joint training needs to be enhanced to cover more than the basics about SMI including, Cultural Competency/humility, racism, sexism, social justice, and structural racism
- The LEO's Organizational culture & Philosophical shift should be discussed and highlighted in manuals
- Training should always be ongoing
- Studies will be needed to examine the effectiveness of the training programs

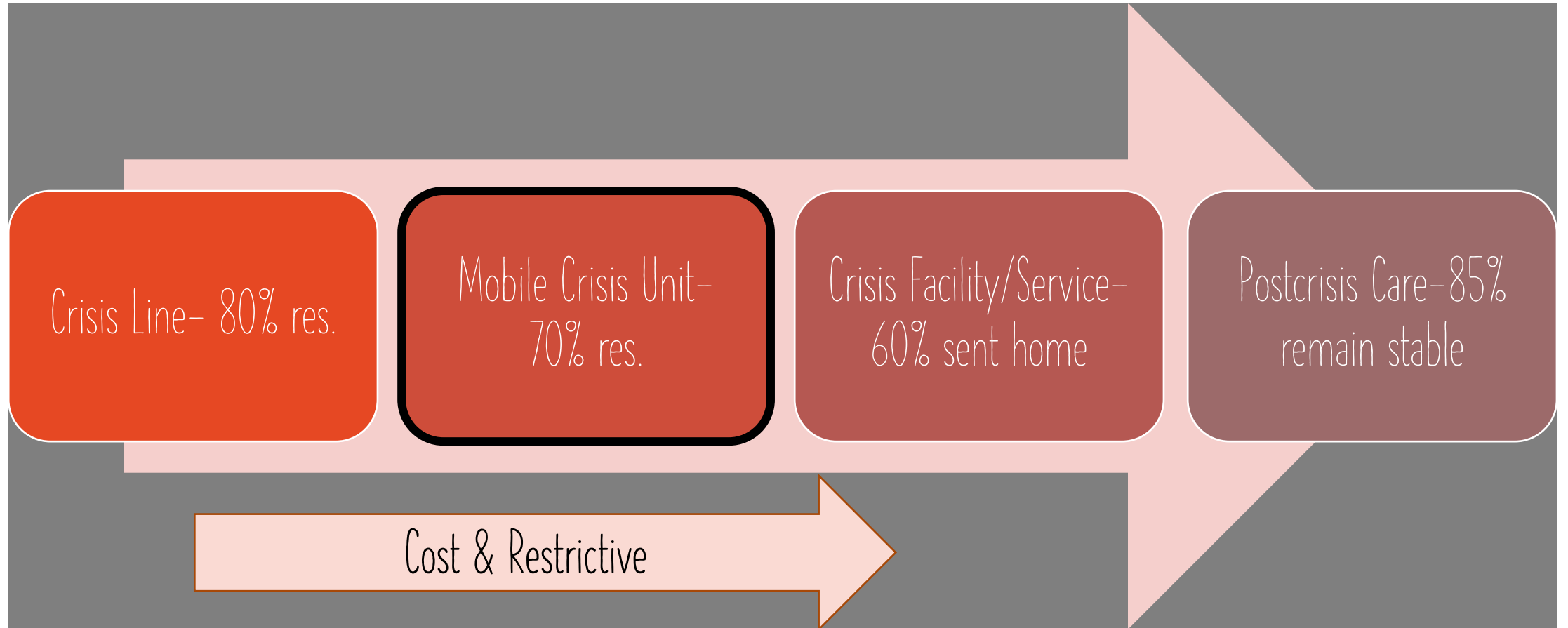
What do ?  
you think

IS CO-RESPONDING CHANGING SOCIAL JUSTICE & MAKING  
STRUCTURAL CHANGE?

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# CRISIS CONTINUUM OF CARE



# THINK CRISIS SYSTEM COORDINATION

Crisis Line- 80% res.

Mobile Crisis Unit-  
70% res.

Crisis Facility/Service-  
60% sent home

Postcrisis Care-85%  
remain stable

# STAKEHOLDER ENGAGEMENT & COLLABORATION

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- Scan the current Community Services to determine if new services are needed, if duplication is occurring, or just better coordination among those that are existing
- Strong partnerships are critical for generating an effective crisis coordination system
  - Ensures continuity for designing, funding, implementing, and ensuring their coordinated functioning going forward
  - Advisory Board or Task force with: Professionals from every service level
  - Individuals with lived experience
  - People of color
  - Include key stakeholders, influential community leaders

# DATA SHARING, MONITORING, & QUALITY IMPROVEMENT

- Sunlight is the best disinfectant and Data is our sunlight
- Data gathering for each component of the system and the system as a whole should be collected and analyzed in an ongoing systematic manner
- Shared with employees, clients, and the public
- Continuous updates and quality improvements can be addressed
- Examples:
  - % clients stabilized by gender, race, age, SES, etc.
  - % arrests by demographics
  - % Use of force by demographics

# DISPARITIES, INEQUALITIES, AND RACISM

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- How we treat the communities' most vulnerable members is an important element of developing trust
- Make an explicit commitment to address racism, sexism, ageism, homophobia, etc. in System and each level
  - Mission
  - Organizational culture
  - Policy/procedure manuals
  - Training- content and training manuals
- Disciplinary action
- Self-reflective assessment
- Track data on Demographics plus arrests, use of force, treatment success, etc.
- Hire, train, and develop a diverse team of employees
- Service agencies should utilize EBP for people of color, as well as other vulnerable populations

# CONCLUSIONS

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Getting two large socially unjust systems to change philosophies and organizational cultures and then collaborate is no easy task

But we can use this moment to begin to make changes across the Crisis Continuum of Care System

Build on what we already have in our communities

Use Systems concepts to get agencies working together

Improve Social Justice and organizational structures to enhance client treatment & safety

Utilize social work skills to collaborate, build trust, and relationships



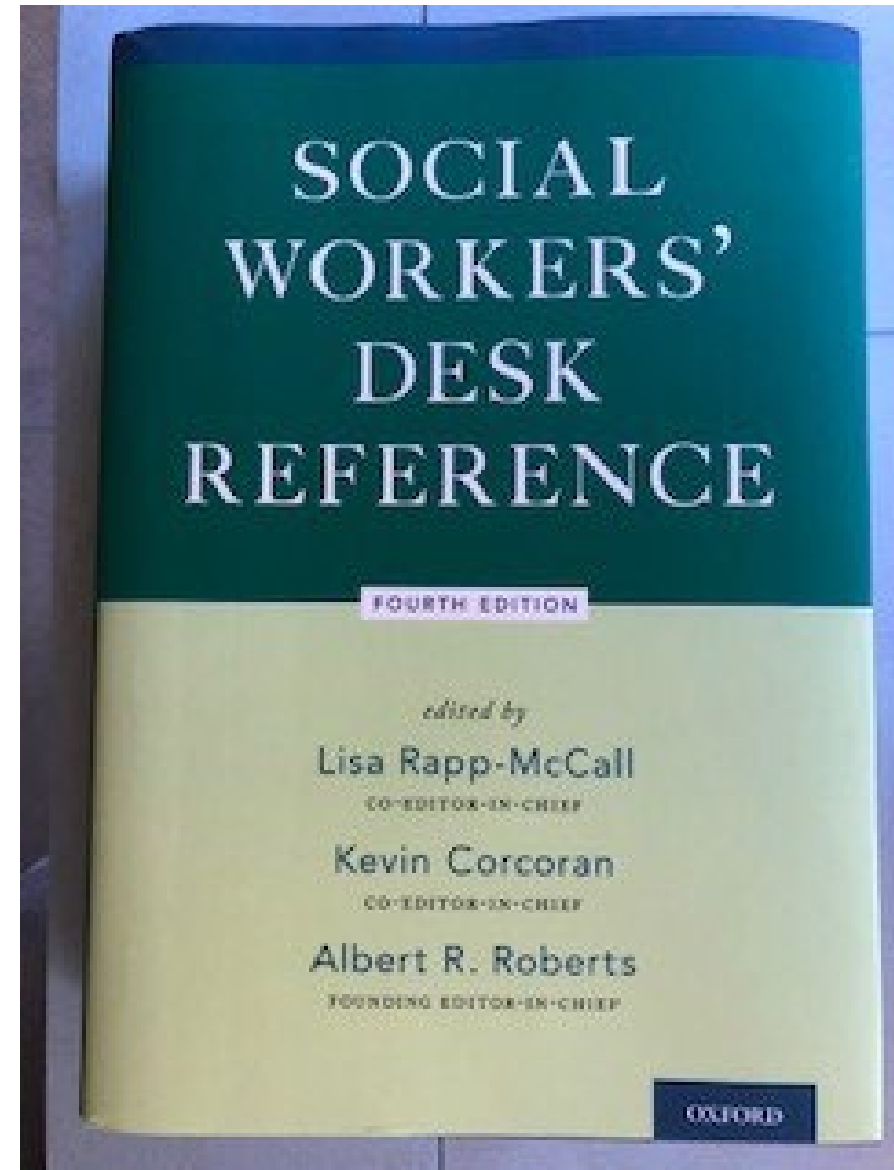
What do ?  
you think

IS THE CURRENT CRISIS CARE CONTINUUM CHANGING SOCIAL  
JUSTICE & MAKING STRUCTURAL CHANGE?

# SOCIAL WORKERS' DESK REFERENCE, 4TH

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- March 2022– 163 chapters, over 220 expert contributors
- Short-focused, EBP chapters with helpful resources
- 15 Sections from Intro. To profession through SWK Ethics, Theories, Assessment, Tx. Plans, Interventions, Evaluation etc.
- Expanded section on Forensic Social Work– led by Dr. Stacey Hardy–Chandler!!!





QUESTIONS/COMMENTS ?

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Thank you!

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