

Social Work Policing: An Effective and Exportable Embedded Autonomous Model

by

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ABSTRACT

This study is a small-n case study that inductively builds a theory of embedded autonomous social work policing. Embedded autonomous social work policing is a proposed model of social work policing that entails Master Social Work (MSW) social workers being at once embedded and trained within police departments while remaining hired, funded, and answerable to the human services bureaucracy in a locality. The main site of application of the theory of embedded autonomy to social work policing involves co-responder calls for service wherein both a social work expert and a law enforcement officer are necessitated owing to the gray i.e. potentially non-criminal or potentially criminal nature of the call for service depending on the success of de-escalation techniques or the lack thereof. The costs and benefits of the implementation of an embedded autonomous model of social work policing is inductively built through a case study analysis of three cases of social work policing involving field work research. The three cases analyzed are Alexandria Police Department in Alexandria, Kentucky; Crisis Assistance Helping Out On The Streets (CAHOOTS) in Eugene, Oregon; and Crisis Avoidance Response Efforts (CARE) 7 in Tempe, Arizona.

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CHAPTER 1

RESEARCH QUESTION / THESIS STATEMENT

Research Question

The following research question will be explored in this theory-based small comparative case study with fieldwork research: How can the application of the theory of Embedded Autonomy improve the current implementation of the Social Work Police Model in critical incident response?

Thesis Statement

This study builds an embedded autonomous organizational model for social work policing in the 21st century by exploring successful models of embedded autonomous change along with fieldwork research and case study comparisons of social work policing in the Alexandria Police Department in Alexandria, Kentucky, CAHOOTS in Eugene, Oregon, and CARE7 in Tempe, Arizona. Social work policing is defined here as a community policing strategy wherein social work professionals are directly involved with law enforcement in crisis response. Embedded autonomy is an organizational model that has been utilized to great success in the field of state-led technological development occurring within market-based corporations (Evans 1995). The organizational model generally is one in which administrators from a state bureaucracy become embedded in the organizations they wish to guide transformation in, with administrators remaining primarily answerable to the bureaucracy that has directed their embedding. Embedded autonomy is thus a partnership for change, with the underlying organization that needs to be reformed containing the human and social capital necessary to make the conversion

effective and the embedded state administrators directing the transformation towards innovative new models while also partnering deeply with the transforming organization to make the creative transformation successful. Above all else, embedded autonomy is a partnership among bureaucrats with extensive knowledge about the need and potential for organizational change and the leaders in an outside organization that is in need of that change (Evans 1995; Granovetter 1985; Kane 2020).

Theoretically, embedded autonomy when applied to social work policing would entail MSW social workers that are hired and supervised under human services agencies being embedded within police departments where they train with and forge new strategies and units for calls for law-enforcement service that require a social worker component. The embedded autonomous structure powers a directed partnership for reform of policing by forging new opportunities for cross law enforcement / human services agencies in training, process, protocols, data sharing, transparency, checks and balances, and ultimately, the re-establishment of public trust in policing. This study, building from the literature regarding successful applications of the embedded autonomous organizational model towards innovative state-directed industrial change, utilizes a case-study fieldwork-based methodology to create an exportable theory of embedded autonomous social work policing applied to human crisis calls for service and the need for law enforcement / social worker co-response.

CHAPTER 2

LITERATURE REVIEW

Law Enforcement Problems in Crisis Response and Co-Responder Calls

The challenges facing policing and responding to crisis calls are complex and varied. These types of issues necessitate equally complex and diverse responses and solutions that are provided by agencies staffed by individuals who have extensive expertise and training in the particular area of need. Unfortunately, in regard to calls for police service for human crisis episodes requiring co-response of law enforcement and human services agents (known in the literature as the co-responder model) effective response protocols have not been formalized, or even particularly actualized, in the United States. Rather than responses to human emergency crisis calls being handled by real-world partnering of social workers and police in specialized social worker/ police units, the police have typically been made the primary and sole responders to calls involving non-criminal human crises. In fact, according to the Police Data Initiative, data on calls for service in law enforcement agencies around the country show trends of police being called upon to address a multitude of community issues outside of what would normally be considered the core responsibilities and most importantly - the training - of law enforcement officers (Police Data Initiative 2020). This is not a new challenge, as Goldstein and Susmilch (1981) describe the high levels of stress facing police officers due to them “responding to an endless array of complex social problems without the personal skill, time, and resources that are required to deal with them effectively,” (Goldstein and Susmilch 1981). These types of conditions place police officers in a

situation of feeling “pained by the inadequacy of their response to calls for assistance, aware of what is needed to work out the multiple problems often evidenced in a single incident relating to housing, employment, education, finances, or family relationships,” (Goldstein and Susmilch 1981).

This over reliance on police officers to address individual crises and social problems more generally has shown to not only be an ineffective model for addressing many community needs, but also unfair to the officers themselves: “Asking officers to act as social workers without training them as such, as de facto medical responders in the drug epidemic, or as emergency mental health professionals with limited resources—on top of what was a stressful and dangerous job to begin with—increases the risk of officers being emotionally and mentally overwhelmed,” (Vermeer et al. 2020). High levels of mental and emotional stress creates an environment where not only is it more difficult for the officer to maintain both their own safety and the safety of the community, but also one in which de-escalation techniques are less likely to be successfully deployed.

In 2015, as a result of calls from community organizations, elected officials and law enforcement leaders met with President Obama and members of the Department of Justice to create the 21st Century Task Force on Policing which discussed and developed plans and policy recommendations to address multiple issues related to law enforcement and the community such as use of force by police and in police training. This task force developed recommendations and policy proposals to improve police and community relations in an attempt to restore trust in law enforcement in those communities most impacted. As a part of their recommendations the task force called on national and local

police leaders to deploy new strategies to successfully handle non-criminal calls for service, including de-escalation strategies. Ultimately, the task force's goal was to "incentivize law enforcement agencies to shift from a warrior to a guardian culture of policing," (President's Task Force on 21st Century Policing 2015).

To understand the priorities of an organization, it is essential to observe how they spend their time and money. A critical approach for law enforcement to reduce police use of force involves a tactic known as de-escalation. De-escalation is a policy where officers are instructed that unless the use of force is necessary, they should attempt to use tactics and techniques to resolve the situation without using physical force (Walker et al. 2016). According to the findings of the President's Task Force on 21st Century Policing the use of de-escalation tactics can help build community trust in the police. De-escalation is recommended for every police department to implement. However, the lack of time devoted to de-escalation in potentially non-criminal emergencies during training protocols would suggest that police agencies have not prioritized de-escalation training and tactics. The Census of Law Enforcement Training Academies (CLETA) finds that on average "in stark contrast to the 168 hours devoted to instruction on firearms and other defense strategies, only 9 hours are devoted to mediation and conflict management, 10 hours to community partnership building and collaboration, 12 hours to problem-solving approaches, and 10 hours dedicated to topics related to mental illness," (Lynch 2018).

Law enforcement agencies across the nation have been criticized by police reform groups, elected officials, and social justice organizations for their lack of de-escalation training for police officers, which has been determined to be problematic. The literature

is clear that as a result of this limited amount of training, persons suffering from an untreated mental illness are estimated to be over 16 times more likely to be killed by law enforcement (Carroll 2015; Lynch 2018). This is particularly concerning when also “considering the weakening of mental health care, leaving individuals with mental health issues in situations in which their family members and friends are forced to call upon the police for assistance,” (Hirschfield 2015). Although the past few decades have seen a shift to community-oriented policing, efforts to incorporate these types of strategies into police academy curricula, in addition to the technical and mechanical aspects of policing have fallen short, often being “drastically at odds with the formal curricula and informal socialization processes in state and municipal police academies across the United States” (Lynch 2018). This lack of successful training on how to best manage encounters involving persons with mental illness (PMI) can potentially lead to more aggressive behavior such as use of higher levels of force due to fear or apprehension on the part of officers, resulting in the possibility of an increased risk of injury to the citizen (Rossler and Terrill 2016). Therefore, “the area of primary focus for police agencies should be on reducing the level of force used in encounters with PMI, rather than modifying the force continuum or using specific force techniques in encounters with PMI,” (Rossler and Terrill 2016).

In response to this understanding and criticism of training for police officers, many police departments have begun to integrate Critical Incident Training (CIT). This training combines several insights that revolutionized how individuals with mental illness in crisis are approached by police officers and effectively routed to appropriate mental

health care facilities rather than jail. The officers trained in CIT were to do their regular police roles but also be available for immediate dispatch to mental health crisis scenes. By “Arriving without delay, CIT officers would be able to de-escalate the crisis, decreasing the likelihood of violence and injury to patients, family members, neighbors and police officers,” (CIT Center 1998).

Although this is a strong practice in theory, implementing this on the ground has presented numerous challenges. First, much of the literature references the desire by officers to do the work that they signed up to do as officers, mainly that of addressing violent crime, and not social work. As noted above, law enforcement officers are being tasked with responding calls for service that fall outside of the scope of law enforcement. Many choose to call 911 immediately at the thought or sight of an emergency regardless if the emergency is a crime or not. This reality is the catalyst for the growing interest among community based organizations to law enforcement leaders to explore new models of crisis response when police officers are responding to potentially non-criminal emergencies. This recommendation is in line with suggestions from the Office of Community Oriented Policing Services about organizational transformation: “Transformation within an organization requires experimentation with different organizational structures, perhaps changing the delivery of patrol services or empowering personnel with decision-making authority. The key to such a transformation, however, may lie in identifying and attracting a different kind of individual to policing,” (Scrivner 2001). One strategy many law enforcement agencies have utilized in an attempt to meet

this goal is the integration of social workers into policing in various ways, termed here as social work policing.

Social Work Policing in Practice

Social work policing is defined through the literature as a community policing strategy where social work professionals are involved and embedded within a law enforcement agency. Police social workers are professionally trained social workers or individuals with related academic degrees such as a Masters in Social Work. Their primary function is “to provide direct services such as crisis counseling and mediation to individuals and families experiencing social problems such as mental illness, alcohol and substance use and abuse, domestic violence, and child abuse, among others,” (Patterson 2013). However, in being a new and developing model for crisis response, there currently is no universally accepted and implemented model of social work policing across the US. August Vollmer advanced this idea as the author of “The Policeman as a Social Worker” in 1918 and “Predelinquency” in 1921 and is considered the architect of modern-day policing. The work done by Vollmer continues to be applicable in today’s community problem-oriented policing although it was somewhat lost at the time in the movement of policing to law enforcement with the sole goal of controlling crime. “Any non-crime work was considered soft on crime and viewed with disdain. The reform ignored, even attacked some features that made policing a powerful institution in maintaining a sense of community and ensuring security. Now there is a growing if not universal recognition that public service agencies must collaborate” (Dean et al. 2000).

Through a review of literature related to social work policing it is clear that the history of social work policing is the history of women entering into the police force and doing police work. In fact, “social work was often referred to as work performed by women in the early 20th century,” (Roberts 1976). According to the literature, the first women police officers were indeed trained social workers, already working in the community. “The first policewoman was a social worker. Several scholars identified Alice Stebbins Wells as the first policewoman hired in a US police department in Los Angeles in 1910,” (Patterson and Swan 2019). The authors describe her and other female police officers during this time period as social workers instead of policewomen.

Social work policing did not expand outside of women until 1952 when the report titled *Coordinating Police and Social Work* was published describing the first hiring of social workers who were not female police officers to work in the Rochester Police Department. The next time this is mentioned in the literature is in the Englewood Project which was conducted in Chicago from August 1954 through August 1957. After this, the literature is somewhat empty of other mentions of social work policing until Jane Addams College of Social Work participated in two demonstration projects, one in 1970 in a police department located in Wheaton, Illinois, and the other in 1971 in Niles, Illinois (Patterson 2012).

Most of the literature details the development of a set of social problems that were most commonly addressed by social work police officers as law enforcement agencies integrated them into their departments. According to Patterson (2012) and his work *In the Line of Duty*, these included family matters such as domestic violence, child protection

cases, and juvenile delinquency. They also expanded into areas of mental health, alcohol and substance abuse, homelessness, and other related areas.

The entrance of social work into policing as a subcategory of law enforcement agencies meant that police social workers had to possess a unique set of skills to be successful in their work, one of the most notable skillsets is having the ability to adapt to work in a para-military/authoritarian host setting due to the nature of being second responders beholden to the direction and invitation of the first responder police officers. This ability to collaborate with police officers, criminal justice professionals, and social service agencies is identified as a crucial skill as social work police must work within the confines of the police department without the autonomy to create their own response systems. These skills are on top of the more traditional social work skills such as crisis intervention and referral, diffusing or mediating volatile disputes, and the ability to work with diverse community residents. Police social workers were expected to have an understanding of law enforcement culture, functions, and tasks as well as knowledge of criminal justice as the police departments were known as host settings where social workers practice (Furman et al. 2013). “Social workers in police departments were seen as secondary, or ancillary, providers of social or community services and, as such there was the misconception that they did not have many responsibilities in police departments,” (Lamin and Teboh 2016).

Nearly 60 years after the 1952 article *Coordinating Police and Social Work*, similar to policing, there is no agreed-upon structure or national standards for social work policing resulting in a wide variety of programs and implementations across the

thousands of law enforcement agencies in the United States. The Rochester Police Department continues to maintain a Family and Crisis Intervention Team and the Jane Addams College of Social Work demonstration projects continue to operate in the Chicago area and these two models of social work policing remain the primary model in US policing (Patterson 2012). In addition to continuing these programs, law enforcement agencies across the nation have implemented additional social work policing models. For example, according to *In the Line of Duty* the Youth Service Providers Network program located in Boston was initially implemented with one police social worker in 1996 and increased to 13 social workers as of 2000 (Patterson 2012). This type of collaboration has been replicated in Albuquerque, New Mexico. However, the role of social workers in the main models of social work policing in the US today remains one of secondary administrative response rather than as primary partners in on-site de-escalation during crisis calls involving human and social services emergencies that have the potential to remain non-criminal or escalate into a potentially criminal incident.

Below, this study will focus on local cases of social work policing and its implementation in Tempe, AZ where data has been collected via fieldwork, along with innovative social work policing models that have been structured and implemented in the past decade and have yet to spread as primary models for social work policing across the nation. The main focus will be upon how social work policing is deployed to respond to human and social services emergency calls that have the potential to be de-escalated or escalate into a criminal incident, which again, is the more common type of crisis calls for service to law enforcement. An exportable model of embedded autonomous social work

policing regarding, specifically, crisis calls that can either be de-escalated or escalate into code violations and criminality will be inductively built from these cases. “Police social workers can also train police officers in stress management, counseling, how to recognize the signs of mental illness, engagement techniques and skills, intervention strategies, case management and community resources identification, and stabilization techniques. They can also train police officers about the valuable aspects of human dignity, drawn from the NASW (2008) Code of Ethics that could potentially reduce tensions in engagement.”

(Lamin and Teboh 2016) Introducing the concept of Social Work Policing also comes with a number of challenges as well. Patterson states that:

“These issues include, but are not limited to: (1) securing and maintaining funding for sustainability; (2) the influence of civil service regulations that direct local government agencies such as police departments to require a MSW/BSW or an academic degree in a related field in addition to relevant experience; (3) police officers’ concerns about the safety of civilians; (4) the influence of police unions and perceptions that police officers are being replaced by social workers or that social workers are performing police functions; (5) police social work training and appropriate supervision; (6) the use of equipment such as police radios and unmarked police departmental vehicles by civilians; and (7) where to position police social workers within the various police department units.” (Patterson 2008)

Co-Response Emergency Dispatch Services and Social Work Policing

A review of the literature about crisis response raises the importance of 911 and emergency dispatch services. The public has become accustomed to calling 911 for any emergency, regardless of the type of response the emergency warrants. This has led to police officers being dispatched to emergencies that would have possibly been better served by a crisis intervention team as the first responders. For example, “a recent analysis of 911 calls to the Los Angeles Police Department showed that, in the past

decade, only 8 percent of the nearly 18 million calls for service were related to violent crime,” (Poston and Rubin 2020) This is not just a challenge experienced in large police departments. In fact, the literature shows that law enforcement agencies across the nation are often called upon to respond to serious problems such as people experiencing mental health crises, which are complicated situations that a police social worker would be better trained and equipped to handle. “Unfortunately, the decision to continue to task police with these responsibilities has been gradually made by default as communities have opted to reduce funding for mental health treatment infrastructure, treatment for substance use disorders, violence prevention, and other community-led resources,” (Glover et al. 2020).

Although the literature regarding police response to human and social services emergencies tends to term this sort of call for service ‘non-criminal, the reality is that when a call comes in for human or social crisis services, it is an open question as to whether, once on scene, the incident will remain non-criminal or will involve a code violation or become criminal. The potentially noncriminal or potentially escalating call for service is most prevalent and also where embedded autonomous cooperation between police and social workers - with a focus toward improved methods of de-escalation - is seen here as most necessary. Although there is not always funding available to increase the number of community service centers or to create a separate emergency call center from 911, many law enforcement agencies are attempting to somehow address the challenge of dispatching the most appropriate emergency response to the community. An analysis of literature on dispatch practices reveals three main types of emergency call diversion models in operation at this time. According to the National Guidelines for

Behavioral Health Crisis Care the first model utilizes a 911-based system with dispatchers who forward calls “to either the police department’s co-responder team (police officer with a behavioral health professional) or to their Crisis Intervention Team (CIT) with police officers who have received Mental Health First Aid and Crisis Intervention Training, including de-escalation methods and behavioral health symptoms,” (Substance Abuse and Mental Health Services Administration 2020). Another model also uses the 911-based system, but implements “well trained 911 dispatchers who triage calls to state or local crisis call centers for individuals who are not a threat to themselves or others and the call centers then refer to local mobile response teams (MRTs), also called mobile crisis teams (MCTs),” (Substance Abuse and Mental Health Services Administration 2020). The third model implements “state or local Crisis Call Centers with well-trained counselors who receive calls directly without utilizing 911 at all on their own toll free numbers,” (Substance Abuse and Mental Health Services Administration 2020).

As is evidenced above, the role of the dispatch center operator is extremely vital to how calls for services are realized by the community. This is of importance for not only those calling for assistance but also for the police officers and social work police officers in the law enforcement agencies. Police officers who have received extensive training on responding to violent crime are often finding themselves dealing with non-criminal issues that are better served by the social work police officers. “This is both dangerous and wildly ineffective and serves no one well, including the police officers on the ground and other practitioners in the criminal justice system who now face unrealistic

expectations,” (Vermeer et al. 2020). This is not the type of work that most police officers identify with being most effective at. Thus, “the status quo is not fair to police agencies and officers either, and it forces them to operate in a near-constant state of feeling under-equipped to address all of the additional mandates they have been given,” (Vermeer et al. 2020). Police officers view their expertise as combating crime and believe that criminal emergencies should remain their primary role. Therefore, both police officers and social work police officers need to be granted the ability to work within a law enforcement system that allows autonomy of decision-making in their area of expertise.

Currently, calls for service are often dispatched in a manner that relegates social work police officers to a mere administrative role, forcing police officers to serve as the first responder in all calls in many areas. For example, and as will be delved into more in-depth below, the Alexandria Kentucky Police Department “has hired two social workers in the last few years to work in tandem with police officers. The social workers step in to help people with substance use disorders, people with mental health issues and people experiencing homelessness,” (Gebre-Ab 2020). These Police Social Workers, although well trained and versed in serving as primary responders to most noncriminal emergency calls, are only given a secondary responder role and report in the department in an administrative capacity only. In other areas, there is a co-response model, where social work police officers accompany police officers to calls. However, this emergency response method still does not allow the different roles to serve as the primary responder to the calls they are best equipped to handle. This has the potential to impact the success

of de-escalation responses to all calls received from the community, with mental health checks being an area many law enforcement agencies and community groups are focusing on.

Police triage services have been designed in many areas to divert those with mental illness away from direct police custody, by providing the appropriate amount of support prior to a crisis point that may reduce the need for a forceful intervention by law enforcement while responding to a crisis or rendering emergency services. There are various police mental health street triage models. These models range from ride-along models, where police officers and mental health workers attend the incident in the same vehicle, as well as other services which encompass both ride-along and control room support, in which the mental health worker assists the officers remotely via telephone or police radio. The co-response model of triage is an internationally recognized and established intervention model in the US, Australia, and Canada, it is currently the dominant model of mental health crisis response used by the police in the UK. However, even with these co-responder models, the social worker or mental health professional is regarded as a secondary responder without the authority to lead the response team and make on-scene decisions based on their assessment. The decision-making authority primarily lies with the law enforcement officer on the scene (Puntis et al. 2018).

Although this model is prevalent, the impact of its use is uncertain. A number of studies have established that “law enforcement agencies using the co-response model demonstrated a reduction in the use of police powers of detention and a reduction of detainment in police custody,” (Puntis et al. 2018). However, these studies were designed

in a way that does not allow for a true determination to be made as to the cause of the reductions. The authors that reviewed the set of studies concluded that it could be the police triage co-responder models or anything else like changes in policy, changes in mental health provision, or greater public scrutiny of mental health detentions that actually impacted the reductions. Meanwhile, over-policing and unwarranted escalation by law enforcement when responding to potentially non-criminal calls for human and/or social crises remains an ongoing problem of enormous proportion, as today's headlines make clear. Therefore, the existing literature leaves many unanswered questions about the effectiveness of police mental health triage and the co-responder model. "Given the considerable recent investment of resources by police and mental health services, thoughtful evaluation of triage services should lead the development of models rather than be left as an afterthought," (Puntis et al. 2018). The following study asserts that the use of embedded autonomy can be used as a way to improve the existing social work police model in critical incident response.

The History of Embedded Autonomy as an Organizational Model

A review of literature related to embedded autonomy does not include a specific application to law enforcement. However, the extensive application of the embedded autonomous organizational model in the field of state-led but private market have achieved advanced technological innovation in various government structures. State bureaucracies with an interest in and need for advanced technological innovation do not have the requisite knowledge to achieve advanced technological innovation successfully without the aid of market-based private corporations wherein the knowledge regarding

the potentials for and potential bottlenecks with advanced technological innovation reside. According to the seminal work *Embedded Autonomy: States and Industrial Transformation* by Peter Evans, embeddedness relates to the inability of government agencies to effectively involve themselves in matters of importance, in this case, economic matters, without obtaining detailed, regularly occurring, and ongoing information from nongovernmental actors. Peter Evans defines autonomy as the importance of state agents being independent of private interests in order to forge and promote innovative technological trajectories that private economic actors would not otherwise undertake. He also states that this independence is beneficial to all roles in efforts towards successful advanced technological innovation. Evans has successfully demonstrated that when an outside state bureaucracy wants to direct non-governmental private actors towards a difficult and complex innovative technological trajectory, *it is the combination of embeddedness with autonomy* for state agents involved in guiding and funding the transformation that is most successful: "Only when embeddedness and autonomy are joined together can a state be called developmental... A state that was only autonomous would lack both sources of intelligence and the ability to rely on decentralized private implementation" (Evans 1995). The theory of embedded autonomy suggests that a developmental state needs to maintain a balance between autonomy and embeddedness to succeed. According to the theory by Evans, "the developmental state not only refers to the collective economic and human development but also describes the state's essential role in harnessing national resources and directing incentives through a distinctive policy-making process," (Ng 2008)

Evans (2002) in his work shows that states that have implemented embedded autonomous organizational models are the states that have been most successful in achieving the desired innovative transformations within the society-based private organizations critical to the goals of innovative technological transformation. Embedded autonomy is therefore a tried, tested and proven organizational model for the state-directed transformation of independently operating bureaucracies in critical sectors important to the state. In real-world practice, the implementation of embedded autonomy inherently involves the embedding of state bureaucrats within the organization in need of innovative transformation, while at the same time, the state bureaucrats remain funded and primarily answerable to the state agency guiding the transformation. This is what embedded autonomy looks like when implemented in the real world. In the words of Evans, embeddedness “implies a concrete set of connections that link the state intimately and aggressively to particular social groups with whom the state shares a joint project of transformation,” (Evans 1995).

It is further crucial to note that in the organizational model of embedded autonomy, embeddedness is as important as autonomy as “a state that was only autonomous would lack both the sources of intelligence and the ability to rely on decentralized private implementation,” (Evans 1995). On the other hand, without autonomy, the distinction between embeddedness and capture disappears. Evans highlights that “either autonomy or embeddedness may produce perverse results without the other,” (Evans 1995). In embedded autonomy, the success of the developmental state lies in the combination of the two concepts.

Additional literature by Mark Granovetter (1985) regarding embeddedness argues that it is important in any institution to create trust in order to be successful in any endeavor, especially innovative endeavors. Cultural and real-world embeddedness promotes this requisite trust. In contrast to the idea of generalized morality, “the embeddedness argument stresses instead the role of concrete personal relations and structures (or "networks") of such relations in generating trust and discouraging malfeasance,” (Granovetter 1985). Granovetter goes on to say that the embeddedness approach to the problem of trust and order “threads its way between the oversocialized approach of generalized morality and the undersocialized one of impersonal, institutional arrangements by following and analyzing concrete patterns of social relations,” (Granovetter 1985). The theory of embedded autonomy thus integrates the embeddedness solution to trust formation across independent bureaucracies that need to partner in innovational transformation.

According to Schneider (1998), reciprocity is the main element of embedded autonomy. Although “Amsden pioneered the study of reciprocity as an independent concept in her explanation of Korea's economic success and of late development generally,” (Schneider 1998), Schneider argues that a complete, comparative analytic framework for these aspects of reciprocity must distinguish among three distinct stages or features of reciprocity: performance standards, monitoring, and sanctions. In the embedded autonomy organizational model, performance standards are set by the state agencies that are funding and directing the transformational effort, in partnership with the knowledge base existing in the outside organization that is the target of innovative

transformation. The second element of the framework, monitoring of the implementation of these agreed-upon performance standards, is described by Schneider as state directing bureaucrats having direct access to the information that allows them to determine in real-time if the outside organizations targeted for transformation are complying with the state-created and delineated performance standards. In the work by Schneider, the third element - sanctions - relate to the fact that in order to be a successful partnership for state directed innovational transformation, the state actors that are charged with monitoring performance have the ability to sanction the outside organizations that they are partnering with and also embedded in. According to Schneider, “reciprocal agreements lose credibility if state actors have full information on a firm's noncompliance yet hesitate to act on it,” (Schneider 1998).

Evans' model of embedded autonomy comes full circle in his work as he describes the roles necessary to foster the growth of a new industrial capacity. He states that not only are the traditional roles of regulator and producer necessary but also are new roles that create the social foundation for new sectors. In embedded autonomy, the roles of custodian, demiurge, midwifery, and husbandry are described as together providing a framework for labeling the involvement of particular states in particular sectors. The custodian plays the regulator role, providing caretaking through protection and policing of behavior. It is the custodian that works to prevent proscribed behavior, but custodial behavior extends well beyond minimalist proscriptions. Although this role is important in all developmental stages, the custodial role is not a transformational tool alone due to the fact that “when the state deals with a new sector by playing the role of custodian,

preoccupation with policing overshadows the developmental potential of regulatory rules, and possibilities for transformation are lost,” (Evans 1995).

Similar to the custodial role, the role of producer is a traditional role in developmental states. States tend to provide standard kinds of social overhead capital such as transportation and utilities which are assumed to be undersupplied by private producers. However, in some cases there is a need for the state to produce capital that would normally be produced by the private sector. According to Evans, when the state takes on this producer role of demiurge it “becomes involved in productive activities, not only in ways that complement private investments but also in ways that replace or compete with private producers,” (Evans 1995). When a state chooses to engage in the role of the demiurge, it implies strong assumptions about the inadequacies of private capital or the presumption of a lack of interest in local development or transformation.

In addition to placing itself as the producer in the role of the demiurge, the developmental state can play the role of midwife, “assisting in the emergence of new entrepreneurial groups and inducing existing entrepreneurs to take on more challenging endeavors,” (Evans 1995). The main idea of midwifery is maximizing induced decision-making. Providing subsidies and incentives is a part of the midwife role as is imposing restrictions on external competition for infant sectors. Although this role is key to inducing private capital to engage in entrepreneurship that may not otherwise have happened, this is just the beginning stage of transformational growth. Once the new entrepreneurial groups have begun, they remain vulnerable and need continued nurturing and encouragement to move forward or the work of the midwife will be lost.

The continued support necessary for advancing innovation can be accomplished when the state takes on the role of husbandry. Like midwifery, husbandry can take a variety of forms, usually combining support and prodding. States can use something as simple as indicating the potential of state support for groups who agree to venture into more technologically challenging areas or take on a more complex engagement by taking over riskier complementary tasks, like research and development, without which the private firms may not be able to move forward.

According to Evans, these four roles provide the framework for labeling the involvement of particular states in particular sectors. These roles are not mutually exclusive as they often appear in combination. For example, the state may act as both custodian and demiurge in the same industry and in another instance combine both with midwifery. The specific needs of a state determine the combinations and their outcomes depend on the sectoral contexts. “The basic vision of the twentieth-century developmental state remains compelling. A coherent capable state apparatus is paired with dense ties to private entrepreneurial elites to produce forward-looking investments that enhance productivity, grow incomes, and lead to increased wellbeing,” (Evans and Heller 2018).

CHAPTER 3

THEORETICAL MODEL

An Inductive Case-Study Method of Building a Theory of Embedded Autonomous Social Work Policing

The model of embedded autonomous transformation has not yet been applied to law enforcement and the need for improved models of social work policing. The case-study analysis being undertaken here seeks to inductively build an exportable model for embedded autonomous social work policing through analysis of the specific examples of social work policing included in this study - Alexandria Police Department in Alexandria, KY; CAHOOTS in Eugene, Oregon; and CARE 7 in Tempe, Arizona.

Embedded autonomy in social work policing means embedding human services Masters in Social Work (MSW) social workers within police departments while having the embedded social workers remain primarily answerable to and funded by the human services bureaucracy. This is what embedded autonomy as applied to social work policing in this study primarily means. In this model, the embedded autonomous social worker is physically and organizationally embedded within the police department but is supervised, funded, and answerable to the Human Services Bureaucracy. The embedded social workers main role, theoretically, will be to partner with police units on the ground during human crisis calls for service that require co-response. On such calls for service, the social worker theoretically will provide the role of expert de-escalation techniques while the police officer will assure safety of the social work policing unit and take the lead if de-escalation fails.

Critical to the successful implementation of embedded autonomy is relationship building which creates trust across independent bureaucracies and organizations. Embeddedness will act to forge greater trust and cooperation across the human services bureaucracy and the police departments. This trust is the fuel that powers attempts at innovative reform in social work policing, with the embedded social workers providing the primary cross-bureaucracy contacts. Critical to this trusting partnership is an acknowledgment that the necessary knowledge to implement a successful innovative transformation of social work policing resides primarily within the police departments themselves, especially in regards to training and safety during co-responder calls for emergency services.

In the model of embedded autonomous policing being proposed here, the issue of trust is not only essential to the successful implementation of social work policing in all law enforcement agencies, but also may serve as a vehicle to create greater trust among police departments and the communities they serve. In some sense, embedded autonomous social workers can provide a check on the propensity of some police officers and departments to either neglect data gathering and reporting or to collect and report data regarding police / community interactions in a way that serves the police rather than the communities that they serve. One way to establish and maintain greater trust among police officers and the communities they serve is greater transparency and trust in reporting of interactions with community members. Thus, the embedded autonomous model of social work policing being proposed here includes an integrated reporting

system to allow all field notes from both the police and the embedded autonomous social workers to not only be separate, but also shared and made readily available to the public.

As described above, a critical aspect of successful embedded autonomous organizational models involves reciprocity, as highlighted by Schneider (1998). Schneider argues that there are three distinct stages or features of reciprocity in successful implementations of embedded autonomy: performance standards, monitoring, and sanctions. The first element of a complete, comparative framework for reciprocity in embedded autonomy is performance standards. Today there is a conspicuous lack of national performance standards for social work policing. For embedded autonomy to become an effective model of social work policing, the human services bureaucracy must necessarily partner with law enforcement agencies in developing performance models. The embedded and autonomous social workers within police departments provides the bridge for the fostering and institutionalization of performance standards for social work policing. Again, such a cross-bureaucracy partnership can become the fuel that powers standardization of transparent practices, procedures, and data reporting, which theoretically should establish greater trust across the human services and law enforcement bureaucracies along with the communities that they serve. The community, as the primary stakeholders of a law enforcement agency, as well as the police officers and social workers within the law enforcement agency, should all have a clear understanding of the performance standards of the agency as well as the individual roles of police officers and police social workers in the co-responder model.

The next aspect of Schneider's reciprocity in successful embedded autonomy is monitoring. Embedded autonomy in social work policing would enhance monitoring of social work policing by having the separate bureaucracies of law enforcement and human services at once being responsible for the monitoring of on ground social work policing and the reporting of relevant data. Better monitoring thus arises as an effect of improved checks and balances in the embedded autonomous model of social work policing.

The final aspect of reciprocity in Schneider's model of successful embedded autonomy involves sanctions. When applied to social work policing, the question becomes - how will police departments be compelled to partner with embedded social workers that are primarily answerable to the human services bureaucracy and what would be the consequences if they fail to? The answer is - funding. In the embedded autonomous model of social work policing being proposed here, funding for innovative partnerships among human services bureaucracies and police departments (through the implementation of embedded autonomous social workers) must come from the budget of human services administration. This funding then becomes both the carrot and stick for police departments to partner in good faith with the embedded social workers. Embedded autonomy in social work policing does not involve defunding the police, quite the opposite. Innovative and new forms of social work policing necessarily require funding. If this funding comes from the human services bureaucracy, then the funding becomes the reciprocal form of sanctioning - successful applications of the model will justify greater funding while deficient partnering will result in the reduction of funding or new hiring. Ideally, as models of embedded autonomous policing become forged and

successful, the practices of embedded autonomous partnerships among the human services bureaucracy and law enforcement will be enshrined in law, thereby providing a high level of sanctioning at the institutional level of local governance.

Going further, in the framework of embedded autonomy provided by Evans (1995) and described above, there are four roles identified as necessary to foster the growth of a new technological capacity in cross bureaucracy partnerships. Embedded autonomous agents are to play the roles of custodian, demiurge, midwifery, and husbandry in order to foster new innovative trajectories and organizational partnerships. Evans' language today can be seen as outdated and a bit odd when applied to the worlds of social work and law enforcement, and so, in the model of embedded autonomy applied to social work policing being proposed here, the title of these roles will be modified although their function remains the same. Custodian here becomes regulator, and as regulators, embedded autonomous social workers in some senses police the police, by monitoring for and reporting upon proscribed behaviors within social work policing units. But at the same time, police officers and their leadership can also provide checks on the embedded autonomous social workers, and importantly, remain the main repository for knowledge and practice in maintaining officer and public safety along with training models.

Evans' role of demiurge for embedded autonomous agents here is termed 'producer'. Producers in the model of embedded autonomous social work policing proposed here take the lead in suggesting new models of social work policing and co-response to calls for service regarding human crisis, while also writing the reports that

formalize their suggestions, especially regarding successful outcomes for innovation trajectories. In other words, the embedded autonomous social workers produce the language for new trajectories and use their MSW report writing skills to formalize new trajectories for co-response when successful.

In the embedded autonomous model of social work policing proposed here, Evans' role of midwife is termed 'cultivators.' Embedded autonomous social workers as cultivators provide subsidies and incentives to police departments that motivate partnership in fomenting innovative change across the human services and law enforcement bureaucracies regarding co-response. Such subsidies and incentives can involve enhanced funding, improved public relations, programs for new hiring, increased trust and legitimacy for policing within the communities that police serve, improved training programs in de-escalation techniques, and ultimately serving the communities that police serve in ways that improve co-response, especially those calls for service involving mental health crisis. Cultivators thus induce law enforcement to engage in innovation that would likely not occur in the absence of embedded autonomous social work policing.

Finally, in this proposed embedded autonomous model of social work policing, Evans' role of husbandry is termed 'protector.' Embedded autonomous social workers become protectors in the model of embedded autonomous social work policing once successful cross bureaucracy partnerships and new models of co-response have been forged and formalized. The protection role then involves advocating for and legitimizing the institutionalization of embedded autonomous models of social work policing in law

and their extension to communities across the entire US. Embedded autonomous social workers with their MSW training should be skilled and knowing in this regard. Now that Evans four roles of embedded autonomy have been translated into social work policing, it is useful to note that, similar to the roles established by Evans, the four roles of embedded autonomous social workers in the social work policing model being proposed here (regulator, producer, cultivator, and protector) are not mutually exclusive and will often be employed simultaneously to support continuous improvement and innovation regarding co-responder calls.

CHAPTER 4

CASE STUDY METHODOLOGY

The following cases of co-response models were chosen based on longevity in operation and the evidence of relative effectiveness of their models. Alexandria Police Department has had embedded social workers in their police department since 2016, who primarily deal with homelessness, behavioral issues, domestic violence, drug addiction and suicide prevention.

Crisis Assistance Helping Out On The Streets, better known as CAHOOTS, has been operating out of Eugene, Oregon since 1989 and has established a mobile crisis response team. Primarily focusing on serving homeless communities with resources and transporting mental crisis patients to the proper facilities for treatment, CAHOOTS is embedded within the emergency dispatch system and in some cases responds to calls for services without the presence of a law enforcement officer. This provides them with the autonomy to provide the necessary services required. CARE 7 is located in Tempe, Arizona next to Arizona State University, and has been operating since 1996. Having initially begun as a mobile crisis response team, CARE 7 has grown into a significant employer of social workers assisting the City of Tempe in responding to issues of homelessness, domestic violence, youth services, drug addiction, and suicide prevention. CARE 7 is embedded within the emergency response system of Tempe, AZ as they are housed in a local fire department in the center of the city.

For each of the above case studies, an analysis of publicly available documents was completed including but not limited to budgets, staffing, job descriptions, and

program brochures. Additionally, an analysis of each website was completed, and any publicly available presentations and toolkits were reviewed. For CARE 7 in Tempe, AZ interview questions regarding embedded autonomy were distributed to all full-time staff members via email and the Tempe Public Safety Task Force meetings were attended as a means to gather additional insight and information. IRB approval was received for this study in line with state and national regulations. An analysis of the above-gathered information allowed for the identification of patterns in areas of engagement within the various critical incident response teams as well as areas of embeddedness and autonomy.

Variables:

Dependent Variable: The effectiveness of social work policing (as measured qualitatively through field research) and, in the future, potentially quantitatively through rate trends regarding calls for service that result in transfer to social services; calls for service that lead to criminal arrest; calls for service that leads to escalation events; rates for arrests generally; and police complaints.

Independent Variable: Level of Embeddedness of social workers within social work policing.

Independent Variable: Level of Autonomy of social workers within social work policing.

The following section will present case study comparisons of social work policing in the Alexandria Police Department in Alexandria, Kentucky, CAHOOTS in Eugene, Oregon, and CARE7 in Tempe, Arizona. These case studies were selected as examples of law enforcement agencies across the nation where social work policing is being

implemented in some way. Each of the case studies will provide some detailed background while analyzing the overall structure of the program, as well as the manner in which topics of homelessness, youth, wellness, mental health, and domestic violence are managed. Each case-study as presented here will close with an analytic comparison that appraises the ways in which each case as a model of organization for social work policing deviates from the embedded autonomous model of social work policing outlined above. Through this analysis, challenges and constraints facing these case sites will be considered and the ways in which an embedded autonomous model of social work policing can address the challenges and constraints will be offered.

CHAPTER 5

CASE STUDY I: ALEXANDRIA POLICE DEPARTMENT (ALEXANDRIA, KENTUCKY)

According to their *Policy and Procedure Manual* (January 21, 2020), the Alexandria Police Department “recognizes that many individuals coming in contact with the police have social service needs.” These needs may vary from families in conflict to the homeless and the indigent, to the mentally ill and substance abusers to mention only a few. As a means of addressing these needs, the Alexandria Police Department has hired two social workers in the last few years to work in tandem with police officers. The social workers step in to help people with substance use disorders, people with mental health issues and people experiencing homelessness,” (Gebre-Ab 2020). In this program the Police Social Worker (PSW) is a full-time member of the police department with non-sworn, administrative capacity. According to the Police Social Worker Job Description “the PSW provides crisis intervention, short-term counseling, advocacy, community outreach, education and other social service assistance to the Police Department and the City of Alexandria,” (Alexandria Police Department). The development of this embedded Police Social Worker role aims at meeting the policy of the Alexandria Police Department to ensure that the social service needs of the community are satisfied by “professionally trained social workers, who work in conjunction with sworn officers’ in providing assistance for individuals in the City of Alexandria. Police Social workers (PSW) are assigned to the Criminal Investigation Division (CID) and answer to a designated supervisor,” (City of Alexandria, Kentucky Police Department). Police Social

Workers do not have the powers of a Peace Officer and therefore have no powers of arrest and will not be required to handle any situation that calls for law enforcement action to be taken. To qualify for the role of Police Social Worker one must have a bachelor's degree in Social Work, Psychology, or other social science-related field supplemented with 3 years' experience in the area of social science or a master's degree in Social Work, Psychology, or another social science-related field with 2 years' experience in the area of social science.

In this structure, the PSWs are considered second responders, not first responders. The City of Alexandria states that the inclusion of Police Social Workers as second responders has been a success so far. Cooper, the Alexandria police chief, says the use of social workers helps decrease repeat 911 calls which have allowed their police officers to focus their time on criminal calls while the PSWs provide additional support to cases involving things like mental health, domestic violence, and the homeless. They also reference the fact that many community members have been willing to trust the PSW with their problems since they are not a state worker who can take away their children or a police officer who can take them to jail, allowing for the development of a productive, trusting relationship. Finally, due to the large amount of requests they have received, the Alexandria Police Department has developed a toolkit for other agencies who are looking to embed a Police Social Worker into their department. The widespread interest is fueled by the fact that adding social workers is cheaper than adding on new officers. A new police officer would cost the department around \$100,000 up front, but adding a new social worker, who does not need to be equipped with a weapon or police cruiser, costs

about half of that. Thus, the return on investment for the inclusion of Police Social Workers is high.

Noncriminal Emergency Management

The Alexandria Police Department utilizes Police Social Workers as responders to a variety of different calls for service. The following details responses to some areas in which social work policing is commonly implemented. Note that for all incidents, the Police Social Worker serves as a second responder after the first responding police officer and reports to a scene only if authorized by the duty supervisor. Although the two social workers are now on the police department's payroll, they are not sworn, police officers. They do not have arresting powers and they carry a radio with a panic button in case they find themselves in danger instead of weapons. They drive in a department-issued Ford Focus instead of a marked police cruiser. Their everyday uniform is a polo shirt instead of a police uniform.

Domestic Violence

During calls for service for a domestic violence issue, Police Social Workers serve as 2nd responders to the scene of the incident. Domestic violence calls are some of the riskiest calls that a law enforcement officer can respond to, therefore police officers need to ensure the safety of the Social work police officer as they carry out their duties to render aid and support to impacted families. When necessary, the PSW can serve as an advocate for the victims. For domestic violence incidents resulting in the need for emergency shelter, the PSW may help facilitate placement into the Women's Crisis Center or other service providers. Advocacy for the victims of domestic violence

continues beyond the initial incident as PSWs also provide assistance with financial resources, orders of protection, and court advocacy to victims of domestic violence. Follow-up, which may include trauma-informed therapy, is provided to victims and their children after the initial crisis has resolved. The following is an example of the trajectory of a call for service in a domestic violence situation as provided in the City of Alexandria Police Department *Police Social Work Toolkit*: The first 911 call comes in for domestic, verbal at this time and a police officer responds. A determination is made of verbal domestic, arguing over cell phones, reported stalking, past verbal and physical, threats of killing her and child. Agreed to separate for the night. A second 911 call comes for domestic, this time physical as the suspect returned to the house. The police officer responds, and the suspect is arrested. The suspect admitted to hitting their ex-girlfriend, causing injury to the right eye. Officer provided information on how to obtain a protection order. Police Social Worker responds as a follow-up after the officers respond, spoke with the victim about obtaining an emergency protection order and educated the victim on what the order means, and then transported the victim to file the emergency protection order. When this was completed the PSW connected the victim to the Women's Crisis Center, transported the victim to the court prior to the trial date to prepare for court, and assisted the victim through the entire court process.

Homelessness

PSW may come into direct contact with an unhoused person and utilizes the resources available to them to secure a temporary housing solution. These resources can be a space in the local homeless shelter, a community partner such as a church, or a hotel

room if available. Many of the arrangements are a temporary solution. While assisting they may also make arrangements for substance abuse treatment to help the individual become self-sufficient and a productive member of society. The following is an example of the trajectory of a call for service in a homeless situation as provided in the City of Alexandria Police Department *Police Social Work Toolkit*: A 911 call for a welfare check, police officers respond. Man is sleeping in a bus stop at the village green, reported homeless. The Police Social Worker is called and responded to the scene after it was secured. An assessment was completed that determined that there were physical and mental health issues present. The PSW assisted the individual with obtaining identification in order to be placed into a shelter and then arranged for shelter. Upon arrival the shelter was full, but after the Police Social Worker spoke with the shelter director the individual was admitted.

Mental Health Checks

The Police Social Workers serve as Mental Health Interventionists, responding to persons in psychiatric distress in the field. In concert with the police officer, who may be a CIT-trained officer (Crisis Intervention Team), the PSW assists in de-escalating the mentally ill resident and helps guide the resident, his or her family members, medics, and responding officers to a safety plan for that distressed individual. This plan may include options such as hospital evaluation, home safety plan, transport to a sub-acute, or peer-support respite center. This collaborative response prevents criminalizing a resident's behavior during a mental health crisis. PSWs are also called to help in suicide attempts and assist families whose loved ones' were successful. The following is an example of

the trajectory of a call for service in a mental health situation as provided in the City of Alexandria Police Department *Police Social Work Toolkit*: An assessment was completed to determine mental health issues. The 47-year-old was diagnosed with Schizophrenia and Traumatic Brain Injury. The PSW arranged for mental health admission, advocated for Mental Health Court then assisted him with navigating through the court system. The PSW then arranged for psychological assistance, assisted with transportation, Advocated for medication treatment and assisted with medication management. Finally, the community member was connected with community service, assisted with obtaining social security, supported with symptom management, connected to AA, provided a referral to a primary care provider and psychiatrist. An outcome of this increased level of social services support was a decrease in 911 calls from the individual, with only 2 calls since 2018.

Substance Abuse

The Police Social Workers also serve as a support system for persons having exigent or emergency needs that require outside agency referrals related to substance abuse. Although PSWs are not to interview any individual under the influence of drugs, and/or alcohol without an officer present or to transport any individual under the influence of drugs and/or alcohol, the PSW plays an important role in coordinating support services and advocacy for recovery. One of the programs spearheaded by the agencies' police social worker is the Angel Program. This program not only helps people with substance use disorders get into treatment but also helps them move through recovery to find jobs or educational opportunities. The program has reached out to more

than 90 individuals, with over 40 entering treatment (Cross 2018). The program, which is specifically focused on supporting local police departments dealing with people addicted to opioids, allows the Police Social Worker to respond to every overdose, either on the scene or the day after. The PSWs have made connections with recovery facilities across the state and partnered with a local insurance representative to make it easier and faster for people to sign up for coverage. The program is run with the support of 12 volunteers called “Angels” who have been trained by the PSW who handles the bulk of the logistical legwork of getting people into treatment while the Angels oversee much of the day-to-day duties once they are out such as driving to appointments, helping them find transitional housing, and just being available to meet up or talk over the phone. The program has been so successful that police officers have stopped charging most people with possession of heroin and other opioids, and they say the Angel program is open to anyone who is using or might be at risk, not just people who overdose (McCann 2017).

Youth Services

Police Social Workers often play the role of Juvenile Interventionist, supporting runaways and dealing with delinquency. Working within this space, PSWs assist in diverting juveniles from the juvenile justice system to more appropriate service agencies. They also coordinate with school resource officers, parents, schools, and juvenile courts relative to the needs of individual juveniles and develop community-based delinquency prevention activities. The PSW also serves as a partner with School Resource Officers, school administrators, and school social workers and assists in cases of runaway/missing juveniles. PSWs serve as an advocate in court for victims of crime and may assist in the

preparation of custody evaluations or parental fitness reports. However, they are not to transport children when an arrest has been made or for protective custody. They may only transport children if the call is to assist said child as a citizen.

Challenges and Constraints

The Alexandria Police Department is a relatively small law enforcement agency, composed of 37 police officers and serving approximately 10,000 residents that began their social work policing program in 2016. Being relatively new and with only two Police Social Workers on staff, many of the non-criminal activities and support services are provided by volunteers. Although the expense of adding a PSW is significantly less than a traditional police officer, much of the funding to support the work done by this program comes from grant funding. Grant money is essential to providing services to youth and also to providing resources to combating substance abuse and addiction. With the Police Social Workers serving in the second responder role, their ability to respond in a timely manner to emergency situations could be limited. Also, with only two PSWs on staff, both must be on call each night to provide 24-hour services if needed.

Comparison Against the Theoretical Model of Embedded Autonomous Social Work Policing

Embeddedness and autonomy are essential in providing the human services bureaucracy the ability to meet the needs of all members of the society and maintain public safety. The review of the Alexandria Police Department revealed that the Police Social Workers are embedded into the law enforcement agency as non-sworn, full time administrative members of the police department. However, Police Social Workers in

Alexandria are not first responders or co-responders, but are considered second responders in all cases. Instead, they follow up with people who have had interactions with police or they respond to a call after police officers have made sure the scene is safe for them to enter and engage. And as such, Alexandria's mode of social work splicing is not actually a co-responder model as delineated above.

As an embedded element of the Alexandria Police Department, the Police Social Workers are also tasked with being community builders. PSWs take the lead in building coalitions within communities and with community organizations. In the crucial hours and days that follow a police contact or incident, PSWs can bridge the gap between the unmet needs of the most vulnerable members of the community. This is realized by providing services and guidance to the under-resourced residents and obtaining access to the resources that exist at any given time. As employees of their police departments and/or local governments, PSWs are uniquely positioned to promote beneficial relationships between all community stakeholders: residents, social service agencies, churches, businesses, police officers, and city/village administrators. Finally, with a trauma-informed perspective, PSWs actively influence their police departments' relationships with residents who have frequent high-risk contacts with officers due to issues related to mental health, addiction, and domestic violence.

However, according to Evans, a developmental state cannot succeed without embeddedness and autonomy. Thus, the human services bureaucracy best serves the needs of the community by ensuring embeddedness and autonomy. In the Alexandria Police Department, the Police Social Workers are always relegated to the second

responder role and regarded as administrative, taking direction and calls for service from their police officer colleagues or supervisors. Many times PSWs are not engaged until after the incident has already occurred and if PSWs are called to a scene to assist officers, they are not to be primary units unless the call is initiated by them and does not require any law enforcement action. After the initial connection is made, cooperation between the PSW and the investigating officer shall be maintained with all written reports indicating that both are assigned so that follow-up investigation plans can be prepared and discussed at the onset. The Alexandria PSWs report directly to the Assistant Chief of Police and are relegated to the second responder role. Although they are embedded they are not autonomous and therefore this model does not fit the proposed theoretical model.

CHAPTER 6

CASE STUDY II: CAHOOTS (EUGENE, OREGON)

The CAHOOTS (Crisis Assistance Helping Out On The Streets) of Eugene, Oregon is a mobile crisis-intervention program operating as a result of a partnership between White Bird Clinic and the City of Eugene, Oregon. Beginning in 1989 “the mission of CAHOOTS is to improve the city’s response to mental illness, substance abuse, and homelessness,” (Coleman 2020). Although the CAHOOTS model was developed through discussions with the city government, police department, fire department, emergency medical services, mental health department, and others, it is operated by White Bird Clinic and was originally under the Department of Public Safety, which was when the Eugene police and fire departments were a single entity. Initially, the program had very limited availability only in Eugene and was “designed to be a hybrid service capable of handling noncriminal, non-emergency police and medical calls, as well as other requests for service that are not clearly criminal or medical,” (Coleman 2020). Later, Eugene’s police and fire departments split and CAHOOTS was absorbed into the police department’s budget and dispatch system. Although it has now grown into a 24-hour service in two cities, Eugene and Springfield, with multiple vans running during peak hours in Eugene, it continues to respond to requests typically handled by police and EMS with its integrated health care model. CAHOOTS operates free of charge to community members and provides a confidential alternative to those services that tend to be otherwise overburdened with psych-social calls that they are often ill-equipped to handle. Due to the use of persuasion and de-escalation skills, CAHOOTS staff manage

almost all situations without the use of force and only have to engage the police or EMS. The program has quadrupled in size in the last decade as a result of increasing demand for their services and now responds to more than 65 calls for service per day.

Each call for service is answered by a CAHOOTS team of 2 which includes a crisis intervention worker who is skilled in counseling and de-escalation techniques, and a medic who is either an EMT or a nurse which allows CAHOOTS teams to respond to a broad range of situations. CAHOOTS receives calls for service by police dispatchers when a community member calls the non-emergency police line or 911 in the cities of Eugene or Springfield. Dispatchers are trained to route certain types of police and EMS calls to CAHOOTS or a community member can request CAHOOTS for problems related to situations such as mental health, substance abuse, homelessness, and more. According to the Eugene Police Department, the demand for CAHOOTS services has increased significantly over the last six years. In 2014 CAHOOTS handled 9,646 calls for service and in 2019 CAHOOTS handled 18,583 calls for service (Ann 2020).

The CAHOOTS team references an extensive recruitment and training program as a key contributor to the success of their program. All team members are expected to come into the role with extensive experience. For example, medics typically bring EMT certifications and experience within fire departments and crisis workers usually have undergraduate degrees in a human services field as well as experience working in behavioral health through crisis lines or in shelters. In addition to experience before being hired, the program provides continued training to meet new and existing community needs. For example, CAHOOTS team members have received recent support in

extending the reach of CAHOOTS services to Latinx communities on top of the initial month-long training process which is followed by 500 to 600 hours of field training before graduating to an exclusive, two-person CAHOOTS team. As a means of creating a sustainable program, “White Bird also engages CAHOOTS trainees in a mentorship process that lasts throughout their careers with the organization, with the understanding that they take on difficult work and need outlets to process experiences together to carry out their jobs. The practice demonstrates the importance of wellness for first responders and community members alike,” (Beck et al. 2020).

The success of the program has led to programs based on the CAHOOTS model being launched in numerous cities, including Denver, Oakland, Olympia, Portland, Maine, and others. CAHOOTS diverts 5-8% of calls from the police where otherwise an officer would be dispatched to handle the situation, with their teams handling about 20 percent of all 911 calls, which officials say saves the city \$8.5 million per year. The team credits their close collaboration with both government and community partners such as schools, shelters, and behavioral health providers with their ability to respond to a wide variety of situations. “CAHOOTS Operations Coordinator Tim Black stressed that the organization’s success did not happen overnight; there were many small, but important, details to address and a wide range of stakeholders to engage for effective implementation,” (Beck et al. 2020). He states that it is crucial to engage all parties who could possibly have an opinion about law enforcement and social work support in the community in the conversations when establishing and expanding programs, including those who are detractors of the police department. This collaborative process allows the

community to come together to work towards solutions and the community has continued to respond favorably to this system of support. A recent report from the Eugene Police Department showed that, in 2019, out of approximately 24,000 CAHOOTS calls, police backup was requested only 311 times (Eugene Police Dept.).

Noncriminal Emergency Management

CAHOOTS offers a broad range of services, including but not limited to crisis counseling, conflict resolution and mediation, housing crisis, resource connection/referrals, and transportation to services. Some of the CAHOOTS calls are a joint response with law enforcement and CAHOOTS Mobile Response Team, or CAHOOTS is summoned to a police or fire call after it is determined their services are a better match to resolve the situation. However, CAHOOTS remains the primary responder for most of their calls, providing a valuable and needed resource to the community in most noncriminal emergency calls.

Domestic Violence

Domestic violence calls often involve a criminal action that might require a police officer as a first responder to secure the scene. As in all service calls, any person who reports a crime in progress, violence, or a life-threatening emergency may receive a response from the police or emergency medical services instead of or in addition to CAHOOTS. However, many of the services that are offered by CAHOOTS may be beneficial for victims of domestic violence such as conflict resolution and mediation, connection to resources, and transportation to services.

Homelessness

According to the Substance Abuse and Mental Health Services Administration report, *Effective Behavioral Crisis Care for Individuals Experiencing Homelessness*, CAHOOTS mobile crisis team staff are well known to homeless individuals in the community because White Bird Clinic is also a Health Care for the Homeless provider. The team shares a dispatch radio with police and emergency services, allowing it to intervene if the police are called in response to a homeless individual, allowing the CAHOOTS team to divert police contact. When a homeless individual is considered to need acute care in an inpatient setting the team facilitates transport and transition of care at the hospital emergency departments and ensures that the person is triaged. However, all transports are voluntary and if an individual chooses police transport instead of the CAHOOTS van, CAHOOTS staff stays with the person and similarly facilitates the transition of care. This happens rarely as the team is able to resolve most crises without needing to provide acute care, thus diverting homeless individuals from further crises. “The ability of CAHOOTS to stay with the person throughout this process helps to ensure that any connection with law enforcement and emergency departments will be mitigated by behavioral health teams,” (Substance Abuse and Mental Health Services Administration 2020).

Mental Health Checks

The needs of those experiencing a mental health crisis are often varied and require a response as complex as each situation. CAHOOTS teams are equipped to address multiple issues at once. For example, if an individual is feeling suicidal and they cut themselves the situation might require both medical and psychiatric support. Typically,

this type of call would have resulted in a response from police and EMS. This response is considered an over-response by the Eugene Police Department as CAHOOTS can handle it in a way that is less costly and intimidating for the patient. Community members who are experiencing a mental health episode are not criminals and their wounds are often not serious enough to require more than basic first aid in the field. Therefore, these patients can usually be supported both emotionally and physically by a CAHOOTS team in the field who is trained to address both the needs of the patient while alleviating the need for police and EMS involvement. If necessary, CAHOOTS can transport patients to facilities such as the emergency department, crisis center, detox center, or shelter free of charge (Beck et al. 2020). This form of support for a community member in a crisis allows the CAHOOTS team to provide a trauma-informed response to help diffuse crises while diverting them from further justice system involvement. This is especially important to those impacted by mental illness as “a November 2016 study published in the American Journal of Preventive Medicine estimated that 20% to 50% of fatal encounters with law enforcement involved an individual with a mental illness. The CAHOOTS model demonstrates that these fatal encounters are not inevitable,” (Substance Abuse and Mental Health Services Administration 2020). The CAHOOTS teams arrive at scenes without the uniforms, sirens, and handcuffs that can exacerbate feelings of distress for people in crisis. This facilitates their ability to deliver person-centered interventions and make referrals to behavioral health supports and services without further triggering community members. For the few mental health calls that end in involuntary hospitalizations, CAHOOTS vans follow patrol vehicles to the emergency department to

share their transfer sheet, which lists observations of and items discussed with the community member which allows for better continuity of care.

Substance Abuse

The CAHOOTS team responds to calls involving individuals with substance use disorders that come in through 911, as well as through the police non-emergency line. Most of these situations can be handled through conversations with the CAHOOTS team members through their expertise in substance abuse and behavioral health-related de-escalation strategies. Often CAHOOTS teams will drive a person in crisis to a clinic or hospital for additional support. Transportation in the CAHOOTS van must be voluntary on the part of the patient but is often chosen as it eliminates the indignity of police transport, which necessitates the use of handcuffs per standard police protocols. On the rare occasion that the CAHOOTS team determines that police involvement is needed when they gather more information, or as a situation evolves on-scene they will call law enforcement as second responders. Also, if a CAHOOTS team responds to a call involving people who pose a danger to themselves or others, they may see the need for an involuntary hold for which they would need police involvement to carry out. One example of when this might happen is “if a person may be so severely intoxicated that they cannot care for themselves and will not consent to a sobering center so the CAHOOTS staff might call in patrol officers to execute an emergency custody order,” (Beck et al. 2020).

Youth Services

The CAHOOTS teams regularly visit area schools. This process began in 2017 at the Academy of Arts and Academics as a pilot program. Since then, the nonprofit has expanded its services to many local schools. The goal of the approximately two-hour sessions is to allow students to meet with and/or be treated by CAHOOTS team members as needed for anything from anxiety or depression to setting up health insurance or getting a referral to another service provider such as a long-term counselor or other medical doctors. The team visits schools on a consistent basis, which allows for a relationship and trust to develop between the youth and the team members. This trust means that CAHOOTS teams can also provide consultations on mental health or substance abuse issues, minor medical or health problems, family mediation, and dispute resolution, and offer information on resources and support. However, much of their time at schools is around mental wellness and suicide prevention training: “Talking with students about anxiety and depression and stigmas, what self-care looks like, negative self-care, what it looks like, boundary settings and other things. We try to familiarize students with CAHOOTS so that they’ll access us more if they need to,” (Roemeling 2018).

Challenges and Constraints

The CAHOOT program is constrained by the budget they are given to carry out their services. Currently, they are given approximately a \$2.1 million budget annually. However, the cost savings from the program are considerable and the combined annual budgets for the Eugene and Springfield police departments are over \$90 million. “In

2017, the CAHOOTS teams answered 17% of the Eugene Police Department's overall call volume. The program saves the city of Eugene an estimated \$8.5 million in public safety spending annually," (Anne 2020).

The CAHOOTS team is embedded into the law enforcement agency in the areas of communication as they receive their calls for service from 911 or non-emergency phone lines, all of which are managed through the police department. With CAHOOTS serving a racially homogenous community in comparison to other cities with Eugene and Springfield being more than 80% white this police embeddedness of communication has not been a challenge. However, CAHOOTS team members recognize that there is a certain level of privilege that comes along with being in a community that has a healthy enough relationship with police that they feel that they can contact them. "Eugene is now exploring a separate phone line for CAHOOTS that would be disconnected from the police department. This is a vital consideration for implementing crisis response programs where relationships between police and communities of color are historically characterized by tension and distrust," (Beck et al. 2020). In areas with more diverse populations, this would be an important consideration as many communities are grappling with distrust of law enforcement.

Comparison Against the Theoretical Model of Embedded Autonomous Social Work Policing

The CAHOOTS mobile crisis team was designed as an alternative to police intervention in response to mental health crises in the community and is managed by the White Bird Clinic, a Federally Qualified Health Center (FQHC) that provides a range of

health and behavioral health services including a 24/7 crisis hotline and a crisis walk-in clinic in addition to the CAHOOTS teams. Although this clinic has a close partnership with local law enforcement through a Memorandum of Understanding (MOU) to divert individuals in crisis, including those experiencing homelessness and addiction, from police contact as much as possible, they are not a part of the law enforcement and therefore CAHOOTS is not embedded in the police departments it supports.

However, although the program is managed outside of law enforcement, there are two important considerations that do embed a portion of the program with the police. First, the program is funded by the police budget. The City of Eugene has long supported CAHOOTS through the Eugene Police Department budget and reviews the needs of the program to determine any increases in funding. For example, “in June 2016, the Eugene City Council increased the program’s funding by \$225,000 per year to allow for 24/7 service and funding increases have continued over the last few years to allow for overlapping, two-van coverage as the call volume for CAHOOTS has grown,” (Beck et al. 2020). Furthermore, although CAHOOTS is a separate entity that has the power to act independently of the police department and the autonomy to handle crisis situations and provide services to those in need as they see fit, they do receive their calls for service from the law enforcement emergency communications system. “CAHOOTS credits being embedded in the community’s emergency communications and public safety infrastructure for much of its impact while stressing that the program’s ultimate objective is to reduce policing’s overall footprint and eliminate as much as possible people becoming justice-involved and losing their rights,” (Beck et al. 2020).

Although CAHOOTS receives their calls for service through Eugene's police communications system, Eugene dispatchers are empowered to use this non-police alternative to handle non-police issues. “The police department and CAHOOTS staff collaboratively developed criteria for calls that might prompt a CAHOOTS team to respond primarily, continuing to adapt them based on experience; the protocol is used as a guide rather than a rule,” (Beck et al. 2020). This allows dispatchers to listen for details that might fit different criteria and allow them to reach out to the most appropriate response. White Bird’s partnership with police also allows for CAHOOTS staff to carry a police radio that emergency dispatchers use to request their response to people in crisis on a special channel. Therefore, although they are funded by and dispatched through the police department, being managed by the White Bird Clinic provides CAHOOTS the autonomy to provide services in the way that they deem most appropriate, in most cases avoiding involvement of the police in non-criminal calls such as mental health, substance abuse, suicide prevention and homelessness. Although this does allow for autonomy, the CAHOOTS teams are not fully embedded in the police department and according to Evans, a developmental state cannot succeed without embeddedness and autonomy. Therefore, CAHOOTS does not fully fit the proposed theoretical model.

CHAPTER 7

CASE STUDY III: CARE 7 (TEMPE, ARIZONA)

Established in 1996, the city of Tempe, Arizona, city officials and public safety leaders resolved to provide more comprehensive support services for Tempe residents who were in the midst of experiencing a crisis. Mental health professionals were tasked to help train community volunteers to assist in responding to emergency and crisis calls. Initially, a pilot program in one district of the city proved itself to be so successful and beneficial to the community that Crisis Avoidance Response Efforts (CARE) 7 teams expanded to a citywide service. Currently, CARE 7 Crisis Response teams are now dispatched to every police or fire emergency call in the city. This unique Crisis Response unit now has specialized units that have been developed over the years, handling issues from domestic violence to victim protection programs, homelessness, youth services and even a family support program for the victims of serious crime.

The Crisis Response Teams, usually consisting of one mental health professional and one community volunteer, travel to the scene of an incident in the CARE 7 Response Van as soon as the call for service comes in and dispatch comes through to offer practical assistance to victims. For example, the teams help find shelter for community members who have lost their homes and possessions in house fires. They also take on the daunting task of notifying the next-of-kin when a loved one is injured in a car accident. Teams often provide assistance and resources to women and children who are injured in domestic violence situations and disputes, find a safe place and shelter for victims, direct alcohol or drug abusers to detoxification programs, treatment facilities, and even provide

trauma-informed care and emotional support for families experiencing loss or displacement after a catastrophe.

Care 7 teams are trained first responders, just like other emergency services and unlike typical support services, which are usually only available during working hours. While community volunteers can provide many vital services, they cannot replace the aid of skilled mental health professionals. Care 7 provides support when the problems arising from an emergency are most urgent and intimidating: right after the traumatic event.

With jurisdiction in Tempe, Arizona CARE 7 is a city empowered social services agency that provides 24-hour crisis intervention services as a part of the city's 9-1-1 emergency call system with local public safety system including Tempe Fire Medical Rescue and Tempe Police Department to provide real-time on-scene emotional support along with follow-up to community members navigating a traumatic experience. The Care 7 team's goal is to completely focus on the emotional and practical needs and wellbeing of the family and/or individual while other public safety agencies and personnel focus on the acute law enforcement, medical emergency, and fire suppression needs. While assisting the family's immediate needs they will also address any long-term care plans, from social and emotional health needs to housing assistance, with a network of local resources.

CARE7 also provides trauma-informed care services to families and particularly children as they may be experiencing Adverse Childhood Experiences (ACES). According to the CDC, these experiences are potentially traumatic events that occur in childhood (0-17 years). For example, experiencing violence, abuse, or neglect, witnessing

violence in the home or community, or having a family member attempt or die by suicide. Also included are aspects of the child's environment that can undermine their sense of safety, stability, and bonding such as growing up in a household with substance misuse, mental health problems, and instability due to parental separation or household members being in jail or prison. Adverse childhood experiences, or ACEs, are linked to chronic health problems, mental illness, and substance misuse in adulthood. ACEs can also negatively impact education and job opportunities. However, ACEs can be prevented and treated when identified by a trauma-informed care professional. Trauma is a psychological and physiological response to a threatening event. Traumatic experiences often involve a threat to life or safety, but any situation that leaves one feeling overwhelmed, out of control and isolated can result in trauma, even if no physical abuse or harm takes place.

According to the City of Tempe, CARE 7 believes in providing the appropriate services that create a trauma-informed community by utilizing connections to services, interventions when trauma is being experienced, management of cases and treatment, continuing education, and prevention for a true continuum of care. They meet some of these goals by engaging not only CARE 7 staff but also volunteers. In addition to the full-time staff, the Care 7 crisis team consists of interns from Arizona State University and a diverse network of community volunteers. All team members meet on a regular basis to receive continuing education and to discuss calls for service. This hybrid response model allows volunteers to partner with CARE 7 staff and to be dispatched out to assist and support Tempe residents at the time of crisis or a traumatic event. Comprehensive

training is provided to new volunteers as part of the onboarding process which allows volunteers to enter this area without any advanced training but to be trained to be fully functioning members of the team. This training is paired with extensive application and interview processes. During the Crisis Intervention Training Academy, real-life topics and situations are frequently encountered by CARE 7 staff and volunteers.

According to the Human Services Impact Report for 2018-2019, CARE 7 responded to 1,822 calls for service, 454 of which were crime-related. They served 3,195 adults and 771 children, totaling 3,966 individuals and 93 percent of survey respondents were satisfied with the service they received. The high level of satisfaction has allowed the CARE 7 Crisis Response Program to continue to grow, as evidenced by their 2020-2021 budget of \$1,082,428 to support their services which operate 24 hours a day, 7 days a week. Even during the COVID-19 pandemic services continued, with all appointments being seen via telehealth. Professional and bilingual counseling and mediation services were made available to the Tempe community in an effort to promote individual, family, and community wellness.

Noncriminal Emergency Management

CARE 7 believes that community members should have a voice in the care they receive and how their experience is managed. They seek to establish a caring culture of innovative services for their community members through trust, connection, and resilience. They know that many may need help determining what treatments and services would be best. Therefore, CARE 7 engages people at the point of crisis in their lives and continues to support them with assistance and referral through the continuum of

healing and recovery, providing information and resources to help people determine which resources will best help them or those they care about.

Domestic Violence

The Victim Services Team of CARE 7 supports victims of crimes that occur in the city of Tempe and provides court advocacy and advocacy during investigations as well as a mobile crisis unit that assists in the immediate aftermath of a crime. This can include emergency shelter and housing intervention services that consist of transitional housing and rapid rehousing as well as connections to other community-based organizations and state agencies to coordinate services to domestic violence survivors. In 2018-2019 there were 2,467 total victims of crime served, 738 of which were domestic violence victims. Of those served, 96 percent of survey respondents stated that they felt that the services were helpful and capable of providing the necessary information to make the challenging decisions needed at that time. In a partnership with Tempe Housing, Care 7 began providing emergency housing units in October of 2018 CARE7 allowing for more extensive, holistic case management services to individuals or families experiencing homelessness or households fleeing domestic violence. In the last 3 quarters of 2019 there were 19 families who stayed in emergency casitas with 17 exiting successfully.

Homelessness

The CARE 7 Crisis Team provides case management for homeless individuals across the city of Tempe, with specific grant funding for the Salt River Pima Maricopa Indian Community Program and VA health care eligible veterans. In the 2018-2019 year

there were 125 unduplicated referrals, originating from all CARE7 program areas as well as other community partners. Case management for those experiencing homeless is individualized, with each individual setting “goals to address areas such as housing, mental health, substance abuse, job readiness, budgeting, and self-care/socialization needs in an effort to improve the overall wellbeing of the individual and household,” (City of Tempe 2020). Once individual goals are determined, members of the Care 7 team follow up to make sure consistent support is provided through activities such as weekly presence at Mental Health Court to meet with clients and assist with their psychosocial needs, scheduling Serious Mental Illness evaluations, and assisting clients in gathering necessary medical records to support Serious Mental Illness claim/appeal. Often the Care 7 team will act as a liaison between service providers and the Mental Health Court to update the status of treatment. Veteran’s services and case management is a strong focus of the Care 7 work. With 164 veterans receiving case management services within Regional Veterans Court, including 4 who have been housed in the Emergency Housing Units and 14 clients receiving case management services for General Mental Health (GMH) in 2018-2019, the City of Tempe has increased the level of holistic case management and services they are able to provide to veterans experiencing homelessness.

Mental Health

The Care 7 Counseling Services Team works to create equity in availability and accessibility to therapeutic services while focusing on low-or no-cost counseling services to participants. It is the belief of the program that counseling has the opportunity to

enhance the quality of life of all Tempe residents. In 2018-2019 there were 315 clients who benefitted from counseling evidenced by 88.7% of participants stating that they had an increased ability to cope after participating. Beyond counseling, CARE 7 has also developed a Trauma Training Workgroup which created a “Trauma Trainer to provide education and awareness on the effects of trauma through presentations on Adverse Childhood Experiences (ACEs) and the brain science associated with toxic stress,” (City of Tempe 2020). According to the City of Tempe data, over 90% of participants in this program reported an increase in understanding of Adverse Childhood Experiences as well as trauma-informed care principles and practices. They also better understood how trauma can impact health and behavior and how incorporating this understanding into their daily work could help them minimize the impact of trauma on physical and mental health.

Care 7 also provides strategies for the residents of Tempe to maintain positive relationships within the community. One example is the professional and bilingual counseling and mediation services that are available to the Tempe community in an effort to promote individual, family, and community wellness. According to the City of Tempe, “the mediation services assist Tempe residents in conflict resolution between neighbors and in dispute settlement among individuals or community groups who have reached a communication impasse.” In one-hour sessions at the Westside Multi-Generational Center, “proven conflict resolution techniques are applied within a neutral environment where participants can express their concerns and feelings by respectful professionals,” (City of Tempe 2020). Mutual satisfaction can usually be achieved in two meetings and

there is no fee for these services. Mediation is not the only service provided by the City of Tempe's Westside Multi-Generational Center. This state-licensed outpatient mental health facility employs licensed therapists who confidentially treat individuals, couples, children, adolescents, and families for issues such as depression, anxiety, stress, grief, sexual abuse, and other emotional and behavioral issues. This is also one of the main supports suggested to those battling substance use.

Substance Abuse

CARE 7 engages people at the point of crisis in their lives and continues to support them with assistance and referral through the continuum of healing and recovery. Representatives of CARE 7 support community members in determining which resources will help themselves or those they care about as they address their substance use. In addition to the Westside Multi-Generational Center, CARE 7 provides residents with a comprehensive list of resources to utilize for treatment and support groups on their substance abuse resources page (City of Tempe 2020).

Youth

Care 7 has employed Youth Specialists in each of the seven Tempe Union High School District schools and four of the Tempe Elementary Schools who provide social and emotional support to students who may be struggling with stress, anger, depression, anxiety, conflict resolution, and life skills. These meet with students to support their social and emotional well-being, allowing them to be significantly more successful in class. Youth Specialists meet with students in both group and individual settings for no cost and are available to assist during crisis situations for as long as needed. One benefit

of the Youth Specialists connections to Care 7 is their ability to provide direct access to resources and ongoing support through long-term follow-up, basic need items, and outpatient counseling at partner licensed counseling facilities where the needs of not only the needs of the student are met but also the family. For example, CARE 7 Youth Specialists are currently working toward developing and facilitating support groups for families that would be available at each school site and focus on a variety of coping strategies. This support is not limited to the school sites though. For example, Youth Services Specialists make home visits to support students who are currently online or in need of additional support and assistance. This program has seen a sharp increase during the 2020-2021, with more than 51 requests for links to CARE 7 services in addition to Youth Services support and a 33% increase in interactions with each student to date since August 2020. Services have expanded beyond psychological and emotional needs to basic needs as families experience increased challenges during the pandemic. For example, over 190 food boxes had been provided to students and their families as of October 2020.

*Comparison Against the Theoretical Model of Embedded Autonomous Social Work
Policing: Challenges and Constraints*

The Care 7 Mobile Crisis Team is funded through a portion of the human services budget for the City of Tempe. With just over a million dollar budget the program is able to support the operation of two vans and a car as well as a handful of staff members whose work and responsibilities are supplemented by the engagement of volunteers. This limited budget and reliance on volunteer support constrain the program.

Information obtained from interviews with the Manager of CARE 7, the Special Victims Liaison, Trauma Trainer, CARE 7 Office Manager and observations reveal a number of issues as challenges to CARE 7's work. First, thorough awareness of the program by local elected officials and law enforcement leaders is necessary to understand that CARE 7 has a dedicated team of well-trained crisis response teams that are versed in de-escalation skills and tactics. The CARE 7 team has relationships that are underutilized by other public safety agencies. Also, there is a perception of social work policing from law enforcement as a threat to their job security. Some police officers believe that the support and implementation of social work policing would jeopardize the employment of patrol officers who primarily respond to calls for services. According to CARE 7 staff, a major challenge is sustainable funding from the city to perform a more robust continuum of care to local residents and transients in need. Funding should come from the same source as other city services (the general fund). Dependence on grant funding is unstable and provides the appearance of lesser importance. With substantial and sustainable funding CARE 7 would be able to broaden their reach and provide services in multiple locations simultaneously. With two crisis vans available, capacity is reached if there are two or more crisis incidents simultaneously. The CARE 7 staff referenced a general lack of understanding in the community towards those who have mental health challenges. There are a number of stigmas around people with serious mental illness and they are often mistreated and if they are having a mental issue or breakdown society calls 911 for the police. Tempe residents do not know to automatically call CARE 7. This means that emergency dispatch needs to be properly trained to understand the issue and when there

is a call for assistance for a mental health crisis, the dispatcher can send the call to CARE 7 directly. If properly implemented this approach would create the immediate need for increased capacity to render services. Furthermore, there is often a lack of respect from law enforcement officers for crisis response teams. There is a divide in public safety organizations between sworn law enforcement officers and non-sworn staff. Non-sworn staff are seen as lesser employees and for this reason if social workers and police officers were to partner, they should have established roles and responsibilities and should report to a separate supervisor for neutrality and accountability. This would maintain the trust of the public as CARE 7 employees are employees of the city of Tempe; they are not held to the same chain of command as police officers. The Human Services department should serve as the supervising entity in this co-responder model. There is a need in the city of Tempe for a Mental Health Response Unit. Another issue facing those treating community members in mental health crisis is the fact that for profit mental health services have gained a significant amount of influence to provide services, convincing local leaders that they are best suited to address mental health issues which can lead to a lack of funding for this within local agencies. Finally, the program does not have designated space and is instead housed within the shared space of a City of Tempe fire station. With already limited space, it limits the capacity for growth and the ability to handle a major crisis event.

For the Human Services Bureaucracy to succeed, both embeddedness and autonomy must exist. Care 7 is embedded within the city of Tempe, AZ but not embedded within the local police department. The Tempe Fire Department houses the

CARE 7 team and they are connected to the 911 dispatch communications. This embeddedness in the emergency response communication system allows for available mobile crisis teams to respond to any local emergencies under their scope as co-responder with other local emergency responders such as police and fire. The CARE 7 team can also receive calls for service directly to their 24-hour hotline which allows them to engage directly with community members outside of the 9-1-1 system. When receiving these direct calls Care 7 is empowered through the City of Tempe, AZ Human Services division to make the determination of the next steps. Therefore, in these instances, emergency calls are dispatched directly to the CARE 7 Mobile Crisis Response Team. Although there is no other public safety entity that oversees the operation of CARE 7 in 9-1-1 dispatched calls the team serves as co-responder or second responders and the need for their services is often dictated by the first responders on the scene. Although CARE 7 as an organization is not embedded in the Tempe Police Department they are embedded in the communication system and have some portions of their program embedded through the Special Victims Unit. Further, they have the autonomy to determine the plan of action for community members once they have begun their interactions with them, however the initial connection is made through the primary or co-responder. Therefore, CARE 7 is partially embedded and partially autonomous, meaning this model does not fully fit the proposed theoretical model.

CHAPTER 8

REAL WORLD EXAMPLE OF EMBEDDED AUTONOMOUS SOCIAL WORK POLICING

The following section proposes what an application of embedded autonomous social work policing may effectively look like on the ground, based on the insights gained from the case studies and field work that is later detailed in subsequent sections. Social work policing units will have resources available through the Human Services Bureaucracy to function in rotating shifts to operate on a 24-hour basis. The ability to best meet the needs of the community, the law enforcement agency will have a predetermined mutually agreed upon response model for calls of service that details who the first responder will be for each type of call, when a co-responder model may be necessary and how to elicit a second responder when needed. All emergency dispatchers will be provided with extensive training on these predetermined models and how to best access the appropriate response model. The co-responder model of response to calls for service may be necessary to secure a scene and ensure the safety of the police social worker. However, once security has been established and the scene is secure the police social worker has the ability to assume control. This is the point where the police social worker can engage the client or victim and make the necessary assessments. It is important for the 'Police Social Worker' (PSW) to have autonomy of action in calls where they are the first responder as well as independence to provide follow up services and resources to victims and families in need. As an embedded autonomous officer the police social worker will be able to make real time decisions and recommendations for

treatment for those in need of mental health assistance and services. Upon arrival to a call where they are serving as a first responder, a police social worker should have the ability to immediately call for police officer support if the situation becomes unsafe. Being equipped with dispatch radios and emergency call buttons will allow for an increased level of communication and safety on calls. This design reflects Evans' definition of autonomy as 'the importance of state agents (in the framework of social work policing, the social workers) being independent of outside special interests (in the framework of social work policing, the police) in order to forge and promote innovative trajectories that the special interest actors would not otherwise undertake.' Evans (1995) also states that this independence is beneficial to all roles in efforts towards successful advanced technological innovation. In this regard it is also important to note that the law enforcement bureaucracy remains autonomous from the human services bureaucracy, with the PSWs and police officers within social work policing units partnering in forging innovative trajectories for co-responder training, response, and protocols across the two independent bureaucracies.

The presence of an embedded police social worker with the ability to provide the appropriate response and care to the scene of a critical human crisis incident in the most expedient manner possible becomes linked with police officer training and knowledge regarding when and how to take the lead role effectively when safety of the unit or civilian becomes at risk. Importantly, the presence of the embedded autonomous police social worker can present a level of accountability that protects all parties during an encounter, perhaps especially when the encounter results in escalation rather than de-

escalation. This is a system forged in embeddedness but guided by autonomous state agents. Those embedded agents are social work police officers with the autonomy to be first responders during a mental health crisis or a non-criminal behavioral issue and have the authority to make decisions and recommendations to the state based on their assessment and expertise. In this embedded autonomous system, the values and priorities of all involved parties, the guiding (but not commanding) bureaucrats on one hand, and the law enforcement organizations that are in need of reform on the other are both equally important.

As outlined above, funding is essential to creating this model of autonomous social work policing. First and foremost, a dedicated portion of the human services bureaucracy budget should be allocated to funding the autonomous embedded police social work program allowing the work to occur without the requirement of volunteers (see field work examples below). In addition to the foundational funding to support the program, innovative funding measures must also be explored for successful operationalization. This funding provides material motivation to the organizations that are in need of direct change - police departments - but are incapable of transforming without cultivation and protection from the human services bureaucracy (as described in the theory section above).

An example of an innovative trajectory for social work policing forged in embedded autonomy and applied on the ground may involve the following. Some calls for service may be best served by a response team that does not appear to represent the image of police or potential incarceration based on the current mental state of the

community member; calls for crisis services that appear likely to remain non-criminal for example. In such cases, based on the fieldwork and case-study analyses presented below, it is recommended that the Police Social Workers will be non-uniformed and arrive in unmarked vehicles, allowing them to de-escalate a call that may be aggravated by the visual of a police presence. Thus, autonomy in the society-state synergy means that the human services bureaucracy is able to dispatch the appropriate first response strategy to an emergency situation, granting authority to the appropriate crisis response team. The ability of the team to utilize decision-making powers to provide the most appropriate services for the situation allows the human services bureaucracy to meet its citizen's individual needs rather than fitting the individual into the system that was dispatched. Therefore, the human services bureaucracy responds with the appropriate services for community members in need as opposed to the blanket response of criminalization for issues in which individuals in need have no control. The Police social worker can also be of service to the officers in the police department as stated in the literature. "Police social workers can also train police officers in stress management, counseling, how to recognize the signs of mental illness, engagement techniques and skills, intervention strategies, case management and community resources identification, and stabilization techniques."

(Lamin and Teboh 2016)

This study avers that embeddedness and autonomy when combined in the social worker policing model proposed here are essential in providing the human services bureaucracy and law enforcement agencies with the ability to meet the needs of all members of society, especially those most in need and in crisis, thereby establishing trust,

and maintaining public safety. In this framework, embedded autonomy enables a strong cross-bureaucracy partnership activated through social work policing units. Such an organizational structure should lead to the forging of innovative emergency response systems that maintain and enhance public trust by rendering the appropriate unit co-response based on the specific human crisis event. This ability to dispatch the best-equipped response team to an emergency situation not only provides the most immediate support for the public but also minimizes the possibility of dispatching a team for which the situation is not in their area of expertise, thereby the potential for mismanagement of the situation.

Going further, this study argues that the absence of embedded autonomy in the implementation of social work policing has allowed for police officers to almost always take the lead during calls for service involving human crises, which too often has led to unnecessary escalation. The absence of embedded autonomy in social work policing has also buttressed a nation-wide decentralization of police practices, causing less central oversight over policing protocols, thereby leading to a number of perverse and unwanted outcomes in policing; namely increasing complaints of unnecessary escalation and brutality. One of the most perverse outcomes, the abuse of power by police, has led to increased use of force and lethal force, especially in communities of color. This impact is compounded as officers respond to calls for service involving a person dealing with a mental health crisis since without the presence of embedded autonomy social work policing units, the police officer remains the primary responder on these calls.

The above sections regarding an application of embedded autonomous organizational models to the realm of social work policing has been formed, developed, built, and buttressed by the case-study analyses of Alexandria Police Department in Alexandria, Kentucky; CAHOOTS in Eugene, Oregon; and CARE 7 in Tempe, Arizona.

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