



POLICE SOCIAL WORK IN MINNESOTA STARTING THE CONVERSATION

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SOCIAL WORKERS AND POLICE OFFICERS: AN ESSENTIAL COMMUNITY PARTNERSHIP.

Issue Statement

Even with enhanced police officer training focused on improving responses to mental illness, chemical dependency, and other crisis-related calls, police officers remain ill-equipped to serve as trained mental health professionals. Officers respond to these service-related calls more frequently than crime-related calls, which is why community partnerships between police officers and social workers are needed to promote the safety and well-being of people in crisis.

Understanding the Problem: Mismatch Between Service-Related Training and Predominance of Service-Related Calls

A tragic breakdown in public service delivery can occur when police officers arrive on a scene and are not knowledgeable about the basic crisis intervention and advocacy skills necessary to provide support to individuals experiencing a crisis.

Police officers are well-equipped and trained to effectively respond to crime-related calls, which is to be expected given 80% of officer training is focused on this area.⁸ However, service-related calls, which are non-criminal calls for service, comprise 80% of patrol work but only account for 20% of training time.⁸ This discrepancy contributes to conditions that result in unnecessary emergency room referrals, use of excessive force, arrests for behaviors that would be better addressed in a mental health or social services setting, and even deaths.^{2,7} It is estimated that nearly 50% of police shootings each year are of people with mental health conditions who pose no immediate threat to officers or others.⁷ Police officers often find themselves having to serve as social workers when responding to service-related calls. Despite their best efforts and good intentions, officers are not equipped to provide the response and services that credentialed social workers, as mental health and crisis response professionals, are trained to provide. Our current approaches to service-related calls consistently fail to address the underlying conditions and needs of the individuals involved.

Current Approaches

Crisis Intervention Team (CIT)

Nationally, the **CRISIS INTERVENTION TEAM (CIT) MODEL** is being used to improve police officer response to people experiencing a mental health-related episode, which can quickly escalate into a crisis, through enhanced trainings and collaboration with community mental health resources.³ CIT is the most widely used model among police departments in the U.S., with studies finding it increases officers' awareness of mental health episodes and reduces their likelihood of using

excessive force.² Despite the reliance on this approach, CIT is not without its limitations, particularly in rural areas:

- A key component of CIT's success is collaboration. Nationally, only one-third of CIT programs have formal agreements with community mental health resources.² Forming formal collaborations in rural areas is challenging due to the limited availability of mental health resources.³
- Research shows CIT is most effective when officers volunteer for the training.³ In rural areas nearly every officer would require training to meet the need for effective CIT response.

In Minnesota, professors of Criminal Justice at two St. Paul colleges partnered with the Minnetonka Police Department to improve police crisis training and found the following:⁹ Research conducted over a one-year period determined that officers had limited knowledge of available community mental health resources. The three officer responses were: 1% arrest, 39% take the person to the hospital, and 60% walk away after de-escalating the situation.

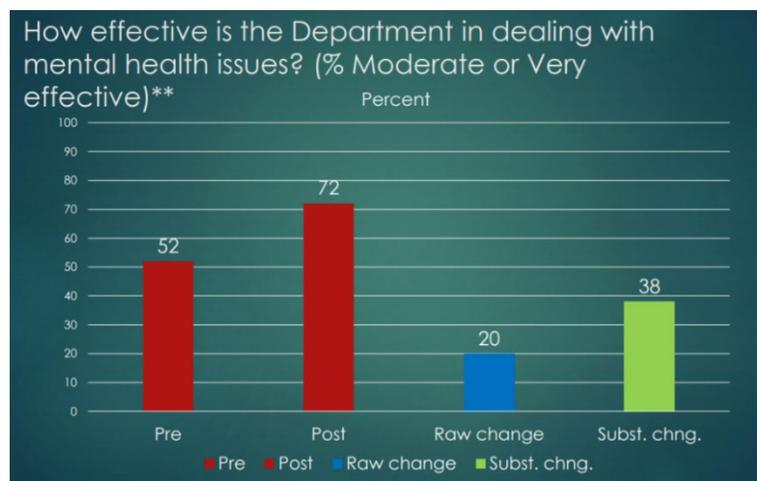
Co-Responder Model

The most effective approach to implementing social work practice into crisis intervention is the creation of a partnership, with a formal agreement, between social workers and police officers. The co-responder model includes a specially trained police officer and a mental health professional (MHP) who respond to mental health calls collaboratively.¹⁰

- ❑ **Co-responder Program: Overland Park, Kentucky⁵** MHPs respond with police to mental health calls. The MHP offers assessments and referrals as needed and serves as a resource for officers. MHPs are also available for follow-ups with clients.

A co-responder study of the program in Overland Park, Kansas showed that after dispatching a mental health professional with police officers, arrests made on mental health related calls decreased from 8.4% to 1.8% and emergency department referrals decreased from 35.1% to 3.2%.⁵ As shown in Figure 1, 72% of police officer respondents felt their department was moderate or very effective in dealing with mental health related calls after implementation of the Co-responder Program, an increase from 52% prior to the program.⁵

Figure 2: Officer confidence pre- and post- Co-responder Program



- ❑ **Co-responder Position starting March 2020 in St. Cloud, Minnesota.⁶** Licensed Independent Clinical Social Worker (LICSW) hired through Central MN Mental Health Center. LICSW office in St. Cloud Police Department with car, necessary technology, vest. Responds alongside 3 crisis trained officers to behavioral health related calls. Funded through Stearns County

Human Services, likely to change to funding through Medicare. Support for this position is also provided by CentraCare (hospital system in St. Cloud).

- ❑ **The Yellow Line Project in Blue Earth County, Minnesota.**¹ Collaboration between police officers and members of the local mobile crisis team to screen for mental illness and/or chemical dependency in individuals coming into jail. Screening can result in referral to social services as needed. Inaccessible for rural communities that do not have mental health services or mobile crisis teams. Available only to individuals entering the jail, not to the general population.

Embedded Social Work: Police Social Work

Police social work (PSW) programs have been overlooked for decades in the United States, despite dating back to the early 1900's. PSWs were often women police officers that had prior training in social work and focused on protection work with children, youth, and women. The role faded by the end of World War II.¹¹ Albert R. Roberts states there is “a crucial need for a special type of social worker—one who has training in basic criminology and the criminal justice system, and a thorough understanding of the role of the modern police department” (p. 101).¹¹ Forty-two years later the need for this type of social worker still exists.

There is no universal model or standard for police social work practice. Figure 3 is a map of the U.S. showing the states and number of police departments that currently employ police social workers. Illinois has the most developed network of police social workers. For many of the current, functioning Police Social Work programs, the funding has been included in local budgets, sometimes multiple entity budgets for the cost of the program to be shared.

Figure 3: Number of States with Number of Police Department with PSW



- ❑ **Embedded Police Social Worker, Kentucky.**¹² Program created by retired Police Chief Mike Ward, who hired two police social workers to the police department who are responsible to assist with social service calls, crisis intervention, and co-responding. The program is funded through city dollars, purposefully not grants where a high volume of paperwork is needed.
- ❑ **Embedded Social Work Program, St. Paul, Minnesota.**⁴ St. Paul PD partnered with People's Inc. and Regions Hospital to fund and embed two LICSWs with St Paul PD to follow up on in-progress crisis calls and connect individuals to community resources. The goal of this program is to reduce the number of incarcerations and emergency room admissions.

Policy Recommendation

Minnesota needs to enhance community partnerships between police officers and social workers in order to promote the safety and well-being of all people in crisis. **Embedded Police Social Work** is a model worth exploring in Minnesota to enhance this essential community partnership: Social Workers and Police Officers.

Recommended Action

- Convene a Legislative or Governor’s Task Force to explore the efficacy of the embedded social work model, co-chaired by the National Association of Social Workers (NASW), Minnesota Chapter and the Minnesota Chiefs of Police Association, in partnership with the Department of Public Safety and the Department of Human Services. Invite police social workers, and other law enforcement professionals who belong to agencies that staff police social workers or co-responders to join the Task Force. Invite social work and police professionals from across the United States experienced with implementing and evaluating the embedded social work model to share their expertise.
- Fund a study to research the best approaches for implementing police social work in Minnesota. Components that need to be considered include, but are not limited to, funding source(s), the most effective approach, if any additional education requirements are necessary, and how to provide supervision/consultation.

To access this policy brief online go to: sbs.mnsu.edu/social-work/policy-briefs

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