Social Workers to the Rescue?: An Urgent Call for Emergency Response Reform

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SOCIAL WORKERS TO THE RESCUE?:
AN URGENT CALL FOR EMERGENCY RESPONSE REFORM

Celia Goble*

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INTRODUCTION

Alicia Garza, Patrisse Cullors, and Opal Tometi established the Black Lives Matter movement in 2013 in response to Trayvon Martin’s death and his killer’s subsequent acquittal. Since then, their movement has gained traction around the world with the protests in response to the May 25, 2020, death of George Floyd. During the Black Lives Matter protests in 2020, people across the United States joined in calls to defund the police and increase community investment. Advocates suggest that social workers could replace or supplement police officers, although some social workers passionately object to

their further incorporation into law enforcement. Social workers, as well as law enforcement members, fiercely debate whether an increase in collaborative work is the right policy move.

Those in favor of incorporating social workers into law enforcement and emergency response highlight the extensive training that social workers undergo for licensure. Social workers have experience in de-escalation and routinely work with people with mental illnesses or disabilities. Social workers also have experience with diagnosis, assessment, and intervention, among other crucial skills for emergency response work. Further, proponents point out that social workers are already integrated into police emergency response teams. Angelo McClain, the CEO of the National Association of Social Workers (NASW), argues that these social workers support the police in responding to emergency calls more compassionately and “help police excel in fulfilling their mission to protect and serve,” and further incorporation would support the progress already made.

On the other hand, there are various reasons why social workers should not be the sole responders to emergency calls. Law enforcement officers cannot be easily replaced when it comes to responding to violent situations. The dispatchers responsible for


4. See infra Part I.


8. See McClain, supra note 7.

routing the calls to the correct response team may not recognize whether a call is mental health-related or potentially violent prior to dispatch. Social workers responding to a misidentified call are at an increased risk of injury or death; unlike law enforcement, social workers do not usually carry self-protection devices. They also object to working within a system that they feel lacks accountability for harassment, brutality, and other forms of violence. Social workers may also struggle with the fact that anti-Blackness and racism impact the social work field as well as law enforcement.

While the debate continues among social workers, the federal executive branch has taken action, encouraging the integration of social workers into law enforcement. In response to the protests on June 16, 2020, President Trump issued an executive order, “Safe Policing for Safe Communities,” calling for independent oversight of law enforcement and setting out standards to improve community relations and policing more broadly. In pursuit of these goals, the order aimed to promote, increase, and expand the role of social workers in collaboration with the police on emergency response. The

(Oct. 7, 2020, 7:23 PM), https://www.washingtonpost.com/national/oakland-defund-police-debate/2020/10/07/105f9a28-dcb4-11ea-9887-4984a6f51eb7_story.html [https://perma.cc/D7JT-ADA5] (“Even as an abolitionist, I can say in this moment, and I get in trouble over this with my abolitionist friends, I don’t know how to deal with pedophiles or rapists or real killers. . . . If we disentangle police from being the answer to every single social ill, which they currently are, then they actually are freer to go deal with the things that scare us the most.” (quoting Cat Brooks, founder of the Anti Police-Terror Project)).


15. See id. The Order’s stated purpose was to “increase the capacity of social workers working directly with law enforcement agencies; and to provide guidance regarding the development and implementation of co-responder programs, which involve social workers or other mental health professionals working alongside law enforcement officers so that they arrive and address situations together.” Id.
NASW responded to the executive order on June 18, 2020, emphasizing its inadequacy in the face of systemic racism, anti-Blackness, and public distrust of the police.\footnote{See NASW Says Trump Administration’s Police Reform Executive Order Is Inadequate, NAT’L ASS’N SOC. WORKERS (June 18, 2020), https://www.socialworkers.org/News/News-Releases/ID/2196/NASW-says-Trump-Administrations-police-reform-executive-order-is-inadequate [https://perma.cc/4DJ7-AKQE].} Then-President-elect Biden supported a similar approach, calling for social workers and other mental health professionals to respond alongside the police to emergency calls to assist in de-escalation.\footnote{See Erik Pederson, Joe Biden & Trevor Noah Discuss Defunding Police, the Role of Social Workers & Community Policing, DEADLINE (June 10, 2020, 7:30 PM), https://deadline.com/2020/06/joe-biden-trevor-noah-defunding-police-drug-abuse-rehab-1202956308/ [https://perma.cc/MPL2-A5UE].} However, Biden had also endorsed setting up a “national study group” with members of both professions and representatives from marginalized communities to facilitate discussion on future reform.\footnote{See Read the Full Transcript of Joe Biden’s ABC News Town Hall, ABC NEWS (Oct. 15, 2020, 10:53 PM), https://abnews.go.com/Politics/read-full-transcript-joe-bidens-abc-news-town/story?id=73643517 [https://perma.cc/9XBP-8RLR].}

The U.S. Congress has taken a different route. Shortly prior to Trump’s executive order, Representative Karen Bass introduced the George Floyd Justice in Policing Act of 2020 (the Floyd Justice Act) on June 8, 2020.\footnote{H.R. 7120, 116th Cong. (2d Sess. 2020).} The Floyd Justice Act, passed by the House on June 25, calls for more comprehensive police reforms and community oversight, but it does not explicitly mention social work.\footnote{See id. at 1–2.} The Act expands the provision of Byrne Grants, or federal justice funding,\footnote{See NATHAN JAMES, CONG. RSCH. SERV., R46431, POLICING REFORM LEGISLATION: CONDITIONS ON FUNDING AND NEW AUTHORIZATIONS 1 (2020), https://fas.org/sgp/crs/misc/R46431.pdf [https://perma.cc/YVL4-UY9G]. The Department of Justice grants conditional federal funding, including Byrne Grants, to local and state governments in order to influence policing practices. The Department of Justice may provide such grants if local governments comply with reforms or conditions set by Congress and may reduce such grants for lack of compliance. See id. at 1–2.} to include funding for “local task force[s] on public safety innovation” involving partnerships with community-based organizations and other “non-law enforcement strategies.”\footnote{See H.R. 7120. The text also calls for funding tied to Crisis Intervention Teams to include a “report on best practices for crisis intervention.” Id.} The NASW endorsed the Act in its press release criticizing the Executive Order, and noted that...
Representative Bass is herself a social worker. On a local level, municipal governments nationwide explore whether and how best to incorporate social workers into their emergency response teams. The experience of other cities can help inform these debates. Several cities throughout the country have partnered with mental health professionals in their emergency response teams, including law enforcement, paramedics, or social workers, or a combination of two or three of these professions. These cities include Eugene, Oregon; Dallas, Texas; and Denver, Colorado. As these cities have recruited social workers and other non-law enforcement professionals, they have navigated several administrative, regulatory, and policy-related issues, such as whether social work professionals should be considered part of the police department or a distinct entity, whether law enforcement officers should respond alongside these professionals, and how to measure the success of these changes to their law enforcement systems by looking at a reduction in crime or other metrics.

As cities without these programs consider reform, there are important lessons to gain from existing programs. Each city's policymakers must tailor its program to meet their community's needs, but several points apply broadly. First, the social workers should respond separately from, rather than alongside, the police. Second, the currently available research on emergency response teams involving


24. See infra Part III.

25. See infra Part III.

social workers is limited, and policymakers should establish reporting requirements to begin developing best practices that other cities and programs may learn from in the future. Third, the program should be integrated into the existing 911 dispatch system to promote its use, and 911 dispatchers and responders should receive both mental health and anti-racist training. Fourth, a successful program incorporating social workers should not be linked to police funding, but should receive sufficient public funding to ensure round-the-clock availability. Finally, the program should operate with a holistic approach by providing follow-up and non-emergency services to the community.

Part I of this Note provides a brief overview of policing and social work in the United States and how the Black Lives Matter movement has fueled dialogue about incorporating more social workers into law enforcement. Particular focus is given to New York City, New York, and Eugene, Oregon, to highlight the differences in qualifications and regulations of the two professions. Part II examines the debate among social workers and advocates who support or oppose closer cooperation between social workers and the police. Part II also examines policy disagreements on the side in favor of cooperation. Part III provides examples from cities that have implemented different strategies. Part IV takes key features and lessons from other cities to suggest a policy proposal that may be implemented for New York City moving forward. It also proposes a solution influenced by the community responder program from Eugene, Oregon, and draws structural inspiration from the organization of New York City’s public defenders.

I. PROTESTS, VIGILANTES, AND CHARITY: POLICING AND SOCIAL WORK REFORM AND THE QUEST FOR PROFESSIONALIZATION

The Black Lives Matter movement and its call to “defund the police” have caused people throughout the country to consider limiting the role of the police in their communities and increasing the role of social workers. Policymakers looking to reform the current emergency response system should consider the demands of the movement, as well as the history and professionalization of law enforcement and social work in the United States. They should also consider the development of and controversy surrounding the current 911 emergency response number. This Part provides a brief introduction to each of these topics.

A. Black Lives Matter

The Black Lives Matter movement started in 2013, and the movement has grown to its largest numbers with the protests over
George Floyd’s death; it “[m]ay be the largest movement in U.S. history.”²⁷ According to polling, between 15 and 26 million people participated in the protests across the country, numbers that eclipsed the 1960s civil rights marches.²⁸ Protestors demanded change to a system of policing that disproportionately criminalizes the actions of Black people in the United States with deadly consequences. Research shows that the risk of being killed by the police in the United States is elevated for marginalized people, particularly Black men; approximately 1 in 1,000 Black men will die from police force.²⁹ In response to this systemic injustice, the protestors had a clear rallying cry: “Defund the police.”³⁰

Protestors agree on the wording, but not necessarily the meaning. Many supporters would like to see large police budgets reduced in favor of investing in community-based supports, while other supporters call for abolition of the police entirely.³¹ Mariame Kaba, activist and prison abolitionist, identified the United States’ problematic history of the police threatening and brutalizing marginalized communities and highlighted examples of failed attempts at reform throughout that history.³² Abolitionists emphasize that systems of alternate responders, rather than the police, can provide “real alternatives” to improve community safety and change.³³

Even non-abolitionists and some law enforcement members support the call for social workers, rather than or in addition to the police, to


²⁸. Buchanan et al., supra note 27.


³¹. See Andrew, supra note 30.

³². See Mariame Kaba, Yes, We Mean Literally Abolish the Police, N.Y. TIMES (June 12, 2020), https://www.nytimes.com/2020/06/12/opinion/sunday/floyd-abolish-defund-police.html [https://perma.cc/LWS7-82AB].

act as first responders in cases of mental health crises. As social workers have expertise in mental health and de-escalation techniques, supporters of the idea have suggested that this could reduce violence against Black communities and people, particularly those with mental health disorders or illnesses, who are at higher risk of police violence. Research shows that of the people killed by the police, at least one quarter of those individuals had a mental illness or disorder. Victims of non-lethal police violence may also be at increased risk for developing mental illnesses, exacerbating the problem in their future encounters with law enforcement.

B. The Police in the United States

Throughout history, societies have sought out ways to keep order and punish crime. The United States is no exception. Although contested by some, many people consider modern policing in the United States to have originated out of slave patrols, at least in part. Southern states formed their first slave patrols beginning in 1704, composed of free, white individuals to whom the states entrusted broad authority and power, and who were known to engage in acts of violence.

37. See Jordan E. DeVylder et al., Association of Exposure to Police Violence with Prevalence of Mental Health Symptoms Among Urban Residents in the United States, JAMA NETWORK OPEN (Nov. 21, 2018), https://jamanetwork.com/journals/jamanetworkopen/article-abstract/2715611 [https://perma.cc/6ZW4-3VJK]. In a 2017 study of 1,000 adults in Baltimore, Maryland, and New York City, New York, researchers found that participants who had experienced violence by police reported negative mental health outcomes. See id. The participants who experienced violence were mostly from marginalized communities, and suffered from increased rates of distress, psychotic experiences, and suicidal behavior and ideation. See id.
brutality against Black people. These patrols existed until the Civil War and then served as the model for police organizations that developed in the South. Large cities outside of the South began establishing official police departments in the mid-nineteenth century: New York in 1844, and then Philadelphia, Chicago, Boston, and Baltimore in the 1850s. These newly established police departments often did not set qualifications or provide training for their officers, and corruption and brutality were major issues. These police departments had officers carry guns from their inception, even before official service weapons were issued. In cities and areas where police departments were not yet created in the nineteenth century, vigilante groups formed to carry out their own forms of justice.

Progressives intensified reform efforts against corrupt police forces in the early twentieth century, leading to the establishment of modern, professional policing. August Vollmer, known as “the father of American policing,” became head of the Berkeley, California, police department in 1905. In the following years, Vollmer established the first “police school” in the United States, emphasized the importance of education and training, and incorporated scientists into his criminal investigation team. His ideas inspired police administrators across the country, and he was an early adopter of the idea of partnerships between police and social agencies. Vollmer even presented a lecture

42. See Lepore, supra note 39.
43. See Potter, supra note 41, at 5.
44. See Lepore, supra note 39.
45. See id.
46. See Nathan Doubthit, August Vollmer, Berkeley’s First Chief of Police, and the Emergence of Police Professionalism, 54 CAL. HIST. Q. 101, 102 (1975).
48. See Doubthit, supra note 46, at 106.
49. See id. at 111; see also August Vollmer, Police and Modern Society (1936). Vollmer believed that schools, welfare and health departments, recreation agencies, civic organizations and police departments should work together to help prevent crime, stating that “[i]n a movement which aims at the reduction of crime, there simply is no place for slums, malnutrition, physical want, or disease.” Id. at 214.
entitled “The Policeman as a Social Worker” to the International Association of Chiefs of Police in 1919.50

By the 1970s, police throughout the United States had formed powerful unions, enabling them to gain greater authority51 as well as qualified immunity under *Pierson v. Ray*.52 Since then, cycles of reform and policy changes have altered the funding sources and discretionary authority of the police as politicians and society placed different demands upon them.53 In the 1970s, citizens responded to increases in violent crime by advocating for increases in police forces, and the federal government increased its own funding to local police departments.54 In the 1980s, when the federal government cut funding to urban police departments, the police organized community and financial sector support for the war on drugs to pressure the federal government to provide additional funding and military equipment to urban law enforcement officers.55 States and municipalities are able to set their own qualifications and training hour requirements for police officers, which are often lower than the requirements to become licensed as a tradesman.56 For example, in Louisiana, a police officer needs only 360 hours of training, while a manicurist needs 500 hours, and in North Carolina, a police officer needs 620 hours of training, while a barber requires 1,528 hours.57

Prior to entering training, police candidates must meet the requirements set out by their local law enforcement agencies. In New

50. See Douthit, *supra* note 46, at 111. Despite these progressive views, Vollmer also insisted that criminal tendencies could be passed down genetically and was a member of the American Eugenics Society. See Mike Moffitt, *Weighing August Vollmer’s Tarnished Legacy: Should His Name Be Scrubbed from Peak?*, SFGATE (Sept. 28, 2020, 11:07 AM), https://www.sfgate.com/bayarea/article/Berkeley-Vollmer-Peak-police-chief-eugenics-15597927.php [https://perma.cc/SST9-GE5Y].


52. 386 U.S. 547, 557 (1967).


54. See id. at 953–55.

55. See id. at 955.

56. See Kelly McLaughlin, *The Average US Police Department Requires Fewer Hours of Training Than It Takes to Become a Barber or a Plumber*, INSIDER (June 12, 2020, 2:23 PM), https://www.insider.com/some-police-academies-require-fewer-hours-of-training-plumbing-2020-6 [https://perma.cc/K4TP-2KKD] (stating that on average, police only require 672 hours of training, while barbers require 1,300 hours).

York City, the requirements to apply for a position as a police officer are an entrance exam taken between ages 17.5 and 35, 60 college credits with a 2.0 GPA or above (an exemption is provided for two years of military service), residency in New York City or the surrounding counties, a psychological exam, and a physical job standards test. However, the New York Police Department (NYPD) does not require the college credits be in criminal justice or a related field. Once accepted, the NYPD requires newly hired officers to undergo six months of training at the Police Academy.

In Eugene, Oregon, the requirements to apply are similar, but more rigorous and require post-secondary education or experience related to the position’s demands. Candidates must be at least 21 years old, pass a physical and psychological test, and have three years of post-secondary education and experience, including a minimum of one year of “police, social services, or public contact experience” and up to two years of college coursework in criminal justice, social work, or a related field. The Eugene Police Department requires recruits to undergo 24 weeks, almost six months, of training. Although an observer reviewing these qualifications and training requirements in isolation may find them sufficient, these standards fall short compared to requirements for other licensed, public-facing roles. Social workers, who also act on behalf of the state to ensure public safety, must complete far more hours of education and training to be eligible for licensing, as discussed in the following section.

C. Social Workers in the United States

The International Federation of Social Workers defines social work as “a practice-based profession and an academic discipline that promotes social change and development, social cohesion, and the empowerment and liberation of people. Principles of social justice, human rights, collective responsibility and respect for diversities are
central to social work." In the United States, the social work profession is generally considered to have started with the settlement house and charity organization societies of the late nineteenth century. At that time, the social work profession was predominantly a voluntary, philanthropy-based field rather than a paid occupation. As public need grew, social workers sought to professionalize the field and justify paid positions by using education to develop specialized knowledge. Columbia University and the New York College of Science were pioneers in creating formal social work coursework, and the first school of social work was established in 1904 in Boston.

In 1952, social workers pushed further towards recognition as a legitimate profession requiring expertise and extensive training with the founding of the Council on Social Work Education (CSWE). The CSWE initially issued accreditation only to master’s degree programs, although that has now expanded to include bachelor’s degree programs as well. As the social work field gained greater legitimacy, social workers expanded their representation in other public institutions, including state public welfare agencies, corrections, and federally funded programs such as Model Cities. Until the 1970s, when the criminal justice system moved away from a rehabilitation model to a retribution or punishment model, social workers played a large role in

66. See id. at 174.
69. See POPPLE, supra note 65, at 298; see also About CSWE, supra note 68.
the justice system, especially in corrections. In the 1960s, social workers made up roughly half of probation and parole officers.

As part of the field's emphasis on professionalism and education, the licensing requirements are fairly similar, if not completely uniform, state to state, and full social work licensure typically begins at the master's degree level. In New York State, to become a Licensed Master Social Worker (LMSW), a candidate must have good moral character, be 21 years old or above, possess a master's degree in social work from a school accredited by the CSWE, and have successfully passed the Association of Social Work Boards (ASWB) “Masters” examination. Social workers may then pursue licensure as a Licensed Clinical Social Worker (LCSW) after three years of “supervised experience in diagnosis, psychotherapy and assessment-based treatment planning” and passing the ASWB “Clinical” examination. In Oregon, to become an LMSW, a candidate must have a master's degree in social work and have successfully passed the ASWB “Masters” examination. Social workers may then qualify as LCSWs if they successfully pass the ASWB “Clinical” examination and have 3,500 hours of post-master’s experience, of which 2,000 hours must be direct client work.

Licensed social workers already operate as part of the emergency response and criminal justice system; they respond alongside the police to mental health crises, work in the child welfare system, and counsel criminal defendants and victims of crimes. Social workers may operate within police departments, prisons, public defender offices, and psychiatric hospitals. Some cities hired professional social

71. See POPPLE, supra note 65, at 348.
72. See id.
76. See id.
77. See infra Parts II, III.
78. See infra Parts II, III. Additionally, some cities do operate mental health initiatives not tied to police or 911, such as NYC Well, which acts as an alternative to 911 for individuals in mental or emotional distress. See Mobile Crisis Team Referrals, NYC WELL, https://nycwell.cityofnewyork.us/en/providers/mct-referral/ [https://perma.cc/6NWG-HSLB] (last visited Dec. 15, 2020).
workers to work within their police departments using federal funding from the Federal Law Enforcement Assistance Administration in the 1970s. However, when Congress discontinued funding in the early 1980s, many of these positions disappeared.

D. 911: The Current Emergency Response System

One flash point in the debate over incorporating social workers into law enforcement responses centers on the 911 emergency number. Some activists have called for an alternative to 911 for Black, Indigenous, and people of color (BIPOC) communities, while others have labeled the ability to safely call 911 a form of privilege. Officials who “support” the Black Lives Matter movement have been criticized for calling 911 themselves. In at least one case, a sheriff told an organization that showing its support for the movement was equivalent to announcing an “obvious lack of support or trust” for local law enforcement, and therefore it should not bother calling 911 for emergency aid. However, despite these tensions, 911 has the advantage of an existing infrastructure that took decades to build and

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80. See id.


nationwide recognition as the default number for emergency services.\textsuperscript{85} Many existing mental health response teams receive calls from 911 dispatchers.\textsuperscript{86}

Although people in the United States began using 911 as the default emergency number in the 1960s, the federal government did not endorse it as a national system until the Wireless Communications and Public Safety Act of 1999.\textsuperscript{87} As a result, research on 911 dispatch and statistics remains difficult, as over 6,000 911 call centers in the United States, known as public service answering points (PSAPs), were set up without centralized coordination and data sharing.\textsuperscript{88} National organizations have suggested minimum standards for information gathered by 911 dispatchers, but PSAPs have no standard protocol.\textsuperscript{89} As people increasingly call for emergency reform, jurisdictions must determine how to classify and track call types to PSAPs to assist in determining where non-law enforcement responses and resources may replace police officers.\textsuperscript{90}

\section*{II. SOCIAL WORKERS RECOGNIZE THE ISSUES IN POLICE EMERGENCY RESPONSE BUT DISAGREE ON WHETHER THEY ARE THE SOLUTION}

Cities are considering, and rapidly implementing, policy changes as they respond to the ongoing Black Lives Matter protests by focusing on the nature of their emergency response teams and broader police reform. Policymakers are looking at strategies that would increase the number of mental health professionals within law enforcement, community-based policing, and civilian emergency and mental health response teams, including the possible involvement of social workers.\textsuperscript{91}

Section II.A reviews social workers’ reasons for not wanting to join law enforcement or participate in emergency response roles traditionally


\textsuperscript{86} See infra Part III.


\textsuperscript{88} See NEUSTETTER ET AL., supra note 85, at 6.

\textsuperscript{89} See id. at 9.

\textsuperscript{90} See id. at 19.

assigned to law enforcement. Section II.B discusses social workers’ arguments for wanting to play a greater role in emergency response teams by reviewing three ways social workers may take on this role: through direct employment with police departments, as part of co-responder teams, or separately from law enforcement as community responders.

**A. No, Social Workers Should Not Be Involved in Law Enforcement**

*i. The Police Are Not Sufficiently Trained in Working with Mental Health Issues or Mental Health Workers*

As the debate over police reform and an increased role for social workers in law enforcement strengthened into the summer of 2020, many social workers voiced strong objections. Social workers on this side of the debate favor reexamining the profession’s existing relationship with law enforcement and emphasizing community-based supports. Some social workers see their involvement in law enforcement as perpetuating a system of anti-Blackness and racism in the history of their profession that they are not immune from. As research has shown, social workers in the United States are predominantly white professionals serving BIPOC communities.

Issues of racism are compounded by mental health issues, as Black communities have more difficulty accessing mental health care, and research shows that of those killed by police in the United States, many lived with mental health conditions. In one recent study conducted in Portland, Oregon, researchers found that public support for police use of force against a white suspect decreased when the suspect was mentally ill, and thus the mental illness acted as a protective factor. However, in the same study, public support for use of force against a Black suspect increased when the Black suspect was mentally ill, which

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92. See Abrams & Dettlaff, supra note 3.
93. See id.
96. See Abrams, supra note 35.
may lead to the police facing less accountability for using force against such individuals. 98 Jonathan Foiles, a lecturer at the University of Chicago School of Social Service Administration, underscored that while social workers may help in some situations, there are other problems in policing culture that the presence of social workers cannot resolve: “Social workers would not have prevented the deaths of George Floyd, Breonna Taylor, Elijah McClain, or countless others, because these situations are not the results of police not understanding mental health issues but of police not understanding policing.” 99

Social workers opposed to their involvement in policing can point to high-profile instances where the presence of a mental health professional did not impact an officer’s use of force. For example, in 2016, a mental health worker named Charles Kinsey was assisting a client with autism who had fled his group home in Florida. 100 The client was sitting in the middle of a street nearby, rocking back and forth while holding a toy train. 101 A bystander, believing the toy was a gun, called 911 and reported the man as suicidal. 102 After the police responded with guns drawn, Kinsey laid down on the ground and put his arms in the air to communicate to the police that he and his client were not a threat to them. 103 Rather than acknowledging Kinsey’s assessment of the scenario and attempts to de-escalate the situation, the officer present on the scene fired his gun at Kinsey’s client, missing him and shooting Kinsey in the leg instead. 104 The officer insisted that he “did what [he] had to do” given the situation. 105

As police emphasize the dangers of their work and their qualifications, social workers too face a high rate of injury and assault on the job. Alongside police work, it is rated in the top 20 deadliest jobs in the United States by the Bureau of Labor Statistics. 106 Social workers who currently respond to mental health crises may call police

98. See id.
101. See id. at 42.
102. See id. at 30–31.
104. See id.
105. See id.
and EMS if the person poses a threat to themselves or others and de-escalation strategies have failed.\textsuperscript{107} Without proper communication, training, and planning for both 911 dispatchers and police officers, this can lead to increased risk for everyone involved. Particularly where law enforcement already has reason to believe that an individual suffers from a mental illness and is potentially dangerous, social workers on the scene with that individual should be able to call 911 for backup and receive priority response.

Unfortunately, law enforcement and 911 dispatchers do not always give social workers’ concerns priority. In 2012, a social worker in Washington brought two young boys for a supervised visit with their father, Josh Powell.\textsuperscript{108} Police suspected Powell was responsible for his wife’s disappearance, and had recently requested an extensive psychological evaluation.\textsuperscript{109} The psychologist on the case diagnosed Powell with narcissism and adjustment disorder.\textsuperscript{110} While the police ordered a further investigation into Powell’s mental health, social workers continued to bring Powell’s sons to the home for supervised visits.\textsuperscript{111} On this occasion, Powell locked the social worker out of the home once the boys were inside, and she called 911 shortly afterward.\textsuperscript{112} The 911 dispatcher did not take the social worker seriously, and a transcript of the call shows that the dispatcher told her that the police “have to respond to life threatening emergencies[,] . . . life threatening situations first.”\textsuperscript{113} It took over 20 minutes for an officer to arrive at the home, where both boys and Powell were found

\begin{itemize}
\item \textsuperscript{109} See Mark Oliver, Cold Podcast Goes Inside the Psychological Evaluation of Josh Powell, KSL News Radio (Feb. 6, 2019, 12:02 AM), https://kslnewsradio.com/1898267/josh-powell-psychological-evaluation/?#:text=Manley%20diagnosed%20him%20with%20adjustment,himself%20as%20having%20any%20flaws [https://perma.cc/ZVR8-HGZN].
\item \textsuperscript{110} See id.
\item \textsuperscript{111} See id.
\item \textsuperscript{112} See id.
\item \textsuperscript{113} See id.
\end{itemize}
The social worker had no way to do more without putting herself at risk of harm and no way to verify her credentials to the 911 dispatcher in order to be taken seriously.

Social workers often have to navigate legal and ethical concerns in the course of their work, which may conflict with law enforcement duties. Another legal obstacle for social workers as alternate responders is the question of who is permitted to request or evaluate people in crisis for involuntary mental health holds. The state may use short-term, emergency involuntary mental health holds for individuals who present a danger to themselves or others, as authorized by the Supreme Court in O’Connor v. Donaldson. Every state permits the police to detain individuals who present a danger to themselves or others, but the laws regarding initiation of mental health holds vary from state to state. Despite their lack of in-depth mental health training, the police are authorized to initiate emergency holds in 38 states, while mental health practitioners are only authorized to do so in 31 states. In Wisconsin and Kansas, only the police may request emergency mental health holds, excluding mental health professionals in the decision. While the rationale behind such policy differs from state to state, the police are often the sole emergency responders to mental health crises. The police are also generally able to bypass petitioning the court for emergency evaluations, unlike other professionals or persons, if they feel the person is an imminent threat to themselves or others. If alternate response teams composed of social workers may encounter individuals with severe mental illness in need of such care, those social workers should be enabled to initiate

115. See generally Premela Deck, Ethics — Law and Social Work: Reconciling Conflicting Ethical Obligations Between Two Seemingly Opposing Disciplines to Create a Collaborative Law Practice, 38 W. NEW ENG. L. REV. 261 (2016) (addressing some of the ethical conflicts social workers face when working in the legal field, including the duty to warn and mandated reporting).
117. See Hedman et al., supra note 116, at 530.
118. See id. at 530–31.
119. See id.
such a hold using the same initiation standard as the police in that jurisdiction.122

ii. BIPOC and Other Marginalized Communities Already See Social Workers as Agents of State Control

Social workers opposed to more involvement with law enforcement also note that such a move may make the social work profession even more distrusted among the BIPOC communities they serve.123 According to Gallup polling conducted in the summer of 2020, the number of people in the United States who reported having “a great deal” or “quite a lot” of confidence in the police is at 48%, its lowest recorded point and the first time that number fell below 50%.124 Social workers also face public scrutiny in their current roles in areas such as the child welfare system, and criticism and community distrust may intensify as they become increasingly involved in emergency response.125

In 2013, Gabriel Fernandez, a young boy in California, was tortured to death by his mother and her boyfriend.126 Netflix made a documentary series about the abuse and subsequent trials of those

122. See Hedman et al., supra note 116, at 531. Many of these states explicitly exclude individuals living with substance use disorders from qualifying for mental health holds on that basis alone, although several states have laws in place allowing for involuntary commitment for such disorders. While both social workers and law enforcement may be involved in responding to and treating people with substance use disorders, that topic is beyond the scope of this Note. See Many States Allow Involuntary Commitment for Addiction Treatment, P'SHIP TO END ADDICTION (Sept. 2016), https://drugfree.org/drug-and-alcohol-news/many-states-allow-involuntary-commitment-addiction-treatment/ [https://perma.cc/RU6W-ETDR].

123. See Abrams & Dettlaff, supra note 3.


involved, bringing national attention to the case. After his mother and her boyfriend were convicted for their roles in Gabriel’s death, the state brought criminal charges against the social workers involved in Gabriel’s Child and Family Services case for failing to protect him. The media lambasted the social workers for not removing him from the home or obtaining a warrant for a medical evaluation. As one of the social workers on his case noted, the “system is overtaxed,” and “if there wasn’t so much stress, then you may see those red flags.” A California appellate court dismissed the charges early in 2020. However, liability for social workers’ failure to act is still an open question in many jurisdictions.

Although social workers in child services lose community trust when they fail to act, in other cases, communities may lose trust in them as a result of their initiation of child removal proceedings. Observers have long criticized the system for anti-Blackness and discrimination against BIPOC families, calling child protective services “the new Jane Crow.” In August of 2020, Bronx residents organized a “Black Families Matter” march, calling for the defunding and abolishment of New York’s Administration for Children’s Services, saying that it acted “as an arm of the police.”

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127. See id.
130. The Trials of Gabriel Fernandez: Death Has Got Him by the Hand (Netflix 2020).
131. See Bom v. Superior Ct., 257 Cal. Rptr. 3d 276, 279 (Ct. App. 2020). The court focused on how a social worker’s duty to the population he or she serves may be defined for legal liability. The opinion compares social workers to police officers when discussing legal duty to others, suggesting that some courts are unwilling to impose a duty on social workers to prevent third party actions. See id.
132. See generally Tarasoff v. Regents of the Univ. of Cal., 551 P.2d 334 (Cal. 1976) (finding that social workers do have an affirmative duty to warn, although the issue of duty to prevent is unanswered in the case law).
133. See Clifford & Silver-Greenberg, supra note 125.
alongside the police emphasize that further integration into the State’s law enforcement system may violate their code of ethics.\textsuperscript{135} These social workers believe that the best method to support the communities they serve is by partnering with existing community programs and efforts and participating in labor organizing within the social work profession, rather than by taking on traditional law enforcement roles.\textsuperscript{136} Other observers have called for additional reform, including community education and requiring caseworkers to provide “Miranda rights” for parents under investigation.\textsuperscript{137} As social workers struggle with their role in monitoring BIPOC communities through the child welfare system, many do not believe they should take over additional work associated with the police.

\textbf{B. Yes, Social Workers Should Be Involved in Law Enforcement}

Social workers and other supporters of this side of the debate emphasize the profession’s specialized knowledge in mental health and the inadequacy of routine police training to respond to people in mental health crises.\textsuperscript{138} Advocates differ, however, in their opinions on the best approach to social workers’ incorporation into the emergency response system. Cities across the United States have experimented with incorporating social workers into their teams in various ways, but only limited research exists on the success of each method. These approaches to incorporate mental health professionals in the emergency response system have involved social workers employed within police departments, those working in partnership with the police as co-responders, or those working within the emergency response system as alternate responders without the police present. Section II.B focuses on the normative arguments for social workers to be involved in emergency response. Part III examines how these approaches work in practice.

\textit{i. Social Workers Should Work Within Police Departments}

Police officers respond to mental health crises as a regular part of their job, earning them titles such as “de facto mental health providers”
and “streetcorner psychiatrists.” Although all police officers in U.S. police departments perform social service functions, the first policewomen, in particular, were considered to be and expected to serve primarily as social workers. As policewomen took on more traditional roles within the force, some cities elected to hire non-officer social workers to assist the police with handling social problems and referrals to social service agencies. Research suggests that the police spend the majority of their time responding to social service needs, leading advocates to believe that assigning these functions to social workers helps reduce the strain on the police. Despite this history, the term “police social work” was not clearly defined until the 1980s, when it was identified as “a new area of social work practice” in the eighteenth edition of the Encyclopedia of Social Work.

In 1998, mental health professionals and police in Memphis championed the incorporation of social workers and other mental health professionals into police training, a strategy called Crisis Intervention Training (CIT). CIT is the most popular method of incorporating mental health professionals into the police system in the United States; currently, the police participate in over 2,700 CIT programs across the country. Although not all CIT mental health trainers are employees of the police department, they serve an important operational role in the law enforcement community.

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140. See GEORGE T. PATTERSON, SOCIAL WORK PRACTICE IN THE CRIMINAL JUSTICE SYSTEM 50 (1st ed. 2012) (describing the initial role of policewomen from the 1920s through the 1960s).
141. See id.
142. See id. at 40.
144. See PATTERSON, supra note 140, at 51–53.
145. See ASHLEY KRIDER ET AL., POL’Y RSCH. INC. & NAT’L LEAGUE CITIES, RESPONDING TO INDIVIDUALS IN BEHAVIORAL HEALTH CRISIS VIA CO-RESPONDER MODELS: THE ROLES OF CITIES, COUNTIES, LAW ENFORCEMENT, AND PROVIDERS 1, 4 (2020); see also Katie Bailey et al., Barriers and Facilitators to Implementing an Urban Co-responding Police-Mental Health Team, 6 HEALTH & JUST. 1, 2 (2018).
146. See KRIDER ET AL., supra note 145, at 4.
Given the existing CIT framework and history of collaboration, some law enforcement officials and social workers advocate for the police department’s hiring of social workers.\(^\text{148}\) Only a few municipalities have taken the step of incorporating social workers into their actual police departments, despite the overlap in skillsets required to respond to community needs.\(^\text{149}\) Where social workers are incorporated, they and other mental health professionals may be employed as behavioral health navigators within police departments, providing follow-ups to people in need of mental health services.\(^\text{150}\) Social workers may also provide mental health support to police officers themselves through employee assistance programs set up for law enforcement.\(^\text{151}\) Additionally, police social workers provide counseling and services to victims of crime and those facing criminal charges.\(^\text{152}\)

Social workers working within police departments as police social workers or supportive staff face a number of functional and structural challenges.\(^\text{153}\) One of the main obstacles is distrust between the two professions, which is underscored by this debate over whether social workers should be involved in emergency response at all.\(^\text{154}\) Social workers may also encounter power differentials and different perceptions of responsibility from police officers.\(^\text{155}\) For employment within the police department, civil service regulations may lead to positions that are effectively social work roles but do not require social work licensure or education.\(^\text{156}\) Only those with social work degrees and licensure are considered to be professional social workers, although as the Encyclopedia of Social Work indicates, “individuals


\(^{149}\) See infra Part III; see also Patterson, supra note 140.

\(^{150}\) See Krider et al., supra note 145, at 5.

\(^{151}\) See Patterson, supra note 140, at 136.

\(^{152}\) See id. at 51.

\(^{153}\) See id. at 53–54.

\(^{154}\) See id. at 53.

\(^{155}\) See id. at 53–54. For example, one study showed that when considering interpersonal violence, police were more likely to identify women as responsible for the violence, while social workers were more likely to identify men as responsible. Social workers and police may have difficulty working together when responding to such incidents. The two professions also face gender stereotypes and differences in ideology and objectives associated with their roles. See id. at 54.

with related academic degrees” may qualify to be police social workers.157

\[ \textit{ii. Social Workers Should Work in Partnership with Police as Co-responders}\] 158

Several cities have advocated for and adopted the model of having social workers or other mental health professionals respond alongside police officers.159 Although there is only limited research on the success and prevalence of this model, particularly in the United States, co-response teams have become the standard model for mental health emergency response in both Canada and the United Kingdom.160 Researchers and policymakers have called this model of co-response by a variety of names, including “mobile crisis intervention teams,” “crisis outreach and support teams,” “ambulance and clinical early response teams,” and “co-response street triage.”161 This Note refers to this strategy of police-mental health collaboration as the “co-response model” and its participants as “co-responders.”

Advocates of this model emphasize that “the more police and mental health workers collaborate, the better the two systems can serve consumers.”162 Co-responders aim to link individuals in a mental health crisis to treatment and other needed services.163 Co-responders also aim to decrease on-site handling time for officers and unnecessary arrests of people experiencing mental health crises.164 Initial research suggests that this model works best when the co-responding team is readily available and can respond quickly; otherwise officers and dispatchers may avoid referring calls to the team.165 Proponents

157. See id.

158. See McClain, supra note 7.


160. See Bailey et al., supra note 145, at 3; see also Stephen Puntis et al., A Systematic Review of Co-responder Models of Police Mental Health ’Street’ Triage, 18 BMC PSYCHIATRY 256, 257 (2018).

161. See Bailey et al., supra note 145, at 2; Puntis et al., supra note 160, at 9.

162. Bailey et al., supra note 145, at 2 (quoting Nils Rosenbaum, Street-Level Psychiatry — A Psychiatrist’s Role with the Albuquerque Police Department’s Crisis Outreach and Support Team, 10 J. POLICE CRISIS NEGOT. 175, 176 (2010)).

163. See Shapiro et al., supra note 139, at 611.

164. See id. at 611–12.

165. See id. at 612.
suggest that coverage should be as close to 24/7 as possible to avoid a gap in services.\textsuperscript{166}

As the co-response model is frequently based on a partnership between police departments and outside agencies focusing on mental health, communication between partners and with the community is essential to the success of these programs.\textsuperscript{167} Research suggests that when officers and social workers operate as co-responders with clear delineation of their roles on the scene and with open dialogue, officers may gain a better understanding of mental health issues from their city’s participation in this model than from traditional CIT programs.\textsuperscript{168} However, advocates of the co-responder model note that quality training in mental health and professional expectations for both police officers and social workers is an essential element of the co-response model.\textsuperscript{169}

\textit{iii. Social Workers Should Work as Community Responders (911-Routed)}

Advocates have also called for social workers or mental health professionals to respond to mental health emergencies without police presence. Although cities have employed alternate responders in various capacities, policy researchers have recently endorsed the “community responder model.”\textsuperscript{170} Community responders are civilian first responders who work outside of the police department and may respond to 911 calls without police.\textsuperscript{171} Social workers are a natural choice for this role as, unlike the police, they receive extensive training in mental health and substance use issues.\textsuperscript{172} The International Association of Chiefs of Police has indicated that identifiable law enforcement presence may make a crisis worse for those with mental

\begin{itemize}
\item \textsuperscript{166} See \textsc{krider et al.}, supra note 145, at 9.
\item \textsuperscript{167} See Bailey et al., supra note 145, at 6.
\item \textsuperscript{168} See Shapiro et al., supra note 139, at 613.
\item \textsuperscript{169} See \textsc{krider et al.}, supra note 145, at 9 (discussing the example of Indianapolis, Indiana’s co-response team training, which includes “training about CIT, mental illness, information sharing, special populations, the use of force, naloxone administration, and team building”). See also \textit{infra} Section III.B for a discussion of the Dallas, Texas co-responder team’s roles and boundaries.
\item \textsuperscript{170} See \textsc{irwin & pearl}, supra note 107, at 1.
\item \textsuperscript{171} See \textit{id.} at 1–3.
\item \textsuperscript{172} See \textit{id.} at 3–4 (“We need to stop expecting police to do social work and start sending the right trained professionals to address low-level crimes and noncriminal calls for service.” (quoting retired Major Neill Franklin, Executive Director, Law Enforcement Action Partnership)).
\end{itemize}
health disorders or illnesses. To better include community responders and social workers in such crises, they should be routed through the existing 911 emergency number.

The Vera Institute of Justice recently completed an extensive review of 911 technology and data to analyze possible police response alternatives to promote efficiency and reduce community contacts with the justice system. More research is essential to determine best practices for routing calls in cases of mental health crises, but some communities have already begun experimenting with routing a portion of their calls to alternate response teams. As 911 PSAPs are already decentralized, each PSAP may set its own standards, training, and range of services in connection with its local jurisdiction.

A few PSAPs have recruited 911 dispatchers with mental health training, including social workers, to assist in routing calls or diffusing situations. As with police social workers, civil service regulations may require different licensure and training for social workers and 911 dispatchers. In at least one case, social workers attempting to work within a PSAP to aid community responders have faced difficulty obtaining the required licensure, and other dispatchers treated them with suspicion. For the community responder model to work most effectively, 911 dispatchers and the police should refer only calls involving non-lethal or non-emergency mental health crises to community responders to ensure the safety of both the responders and the community at large. Mental health professionals or clinicians may work with or provide training to 911 dispatchers to identify key questions to ask in assessing the nature of a call. As they work for an outside agency, community responders may also establish and promote a direct phone number for community members who may distrust the police.

173. See id. at 5.
174. See id. at 14.
175. See generally NEUSTETER ET AL., supra note 85.
176. See generally IRWIN & PEARL, supra note 107.
177. See NEUSTETER ET AL., supra note 85, at 11.
178. See KRIDER ET AL., supra note 145, at 7.
179. Telephone Interview with Kurtis Young, Dir. of Soc. Work, Parkland Health & Hosp. Sys. (Nov. 13, 2020) [hereinafter Young Interview].
180. See IRWIN & PEARL, supra note 107, at 14.
182. See NEUSTETER ET AL., supra note 85, at 15 (outlining the call volume by jurisdiction and population).
Proponents of the community response model emphasize that alongside a reduction of violent encounters occurs when individuals with disabilities interact with the police, the model is cost-effective. In Eugene, Oregon, one long-standing example of the model, “Crisis Assistance Helping Out On The Streets” (CAHOOTS), reports cost savings of over $8 million a year for the city’s police department. As cities face budget shortfalls due to the impact of COVID-19 on business closures and employment, the cost savings associated with the community response model could prove persuasive to policymakers.

Black Lives Matter protestors and advocates have rallied against police violence, and unarmed community responders can provide an alternative to the police. Communities lose faith in the police after incidents of officer-involved fatalities. In areas where these incidents occur, fewer people make calls to 911, reducing officers’ ability to perform their crime investigation and prevention roles. Community responders may help build community trust in emergency response by responding to calls without the police and without using force, although they may call the police for backup if necessary in a violent or dangerous situation. However, community responders should be proactive about “reputational separation” from the police to prevent a perception that they will report individuals to law enforcement.

Regarding the debate of their further incorporation into law enforcement and emergency response roles, social workers on both sides support their viewpoints by comparing and contrasting law enforcement and social work roles. Those opposed to further involvement in law enforcement and emergency response point out the racial disparities that exist in both social work and law enforcement,

186. See supra Part I.
187. See IRWIN & PEARL, supra note 107, at 6.
188. See id.
189. See id. at 17.
190. See id. at 17–18.
the high level of risk that social workers face in the field, and the
differences in legal standards for the two professions. Those who
endorse further incorporation are able to emphasize the higher levels
of mental health training and professional standards for social workers
in comparison with law enforcement officers, and provide examples of
policies that allow social workers to take on key emergency response
roles where the police lack the training or capacity to meet community
need. Part III discusses how these policies have worked in practice
throughout the United States.

III. SOCIAL WORKERS AND POLICE: COLLABORATION IN PRACTICE

Policymakers can look to several existing programs for inspiration.
This Part provides examples of social workers employed by police
departments, social workers working with police on co-responder
teams, and social workers working as community responders, as
outlined in Section II.B. Section III.A discusses examples of social
workers working within police departments. Section III.B examines
the experiences of the Rapid Integrated Group Healthcare Team
(RIGHT Care Team) in Dallas, Texas, a co-responder team involving
social workers, police officers, and paramedics. Section III.C discusses
emergency response teams involving mental health professionals who
respond without law enforcement. Finally, Section III.D briefly
discusses New York City’s recently announced community responder
pilot program.

A. Social Workers within Police Departments

The cities that incorporated social workers into their police
departments have generally done so on a modest scale. A relatively
small police department in Kentucky was the first in the state to hire a
full-time social worker in 2016 and currently has two social workers on
staff.191 The social workers in the department have led to a reduction
in both 911 calls and incarceration rates but primarily act as secondary
responders.192 They do not act until the police have cleared a scene as

191. See Sina Gebre-Ab, Alexandria PD Has Two Social Workers on Staff, and
Agencies Across the Country Are Taking Notice, WCPO (Aug. 14, 2020, 5:53 PM),
https://www.wcpo.com/news/local-news/campbell-county/alexandria/alexandria-pd-
has-two-social-workers-on-staff-and/agencies-across-the-country-are-taking-notice
[https://perma.cc/GX9S-7LM6].
192. See David Mattingly, Kentucky Town Hires Social Workers Instead of More
Officers — and the Results Are Surprising, WAVE3 NEWS (July 29, 2020, 7:42 PM),
more-officers-results-are-surprising/ [https://perma.cc/9Z23-3VLZ].
Using a different strategy, the Los Angeles Police Department (LAPD) and the School of Social Work at the University of Southern California (USC) formed a partnership to promote community trust and assist officers in responding holistically to the communities they serve. Social work interns, under the supervision of USC professors and LCSWs, work within the police departments throughout Los Angeles County to focus on the needs of the community and the police. Interns have assisted by providing support services to victims of crime through counseling domestic violence victims. Others work with programs focused on at-risk youth, an important priority for both the police and USC. These interns work with Operation Progress, which encourages mentorship between LAPD officers and youths, as well as the LAPD’s Hollenbeck Police Activities League. Some graduates of USC’s School of Social Work now work full-time with these police programs.

**B. Social Workers in Partnership with Police as Co-responders**

Several cities have adopted the model of having social workers respond alongside police officers who respond to 911 calls. One prominent example is in Dallas, Texas, where the Parkland Hospital participated in a grant-funded pilot program of co-responders with Dallas beginning in 2017. This team, known as the RIGHT Care...
Team, comprises a police officer, a paramedic, and a mental health professional. Parkland is one of the country’s busiest emergency rooms and was suffering from a shortage of psychiatric beds in the years prior to the pilot. Kurtis Young, the Director of Social Work for Behavioral Health Services at Parkland, helped coordinate the program in response to research done by the Meadows Mental Health and Policy Institute. Despite the lower standard the grant set to include mental health professionals, who may only have a bachelor’s degree and some experience, Young insisted on hiring experienced social work clinicians to the team to ensure its effectiveness.

At the onset of the program, officers shared that “they were encountering very sick people” who needed mental health care. Officers noted that if they brought these people to the hospital for care, they would frequently be released later in the same day. As a result, officers would default to arresting the individual during those initial encounters to ensure that they would be kept in a supervised environment for at least a few days. Although Young believes the officers were well intentioned, the grant provided an opportunity to try a different response.

In contrast to the urgency and strong reactions about co-responders in the environment of the Black Lives Matter protests, the public did not have a strong reaction to the RIGHT Care Team in either direction at the outset. The most resistance came from the police officers, who were skeptical of social workers’ ability to improve the situation. Some officers explicitly indicated that they thought the program would never work. In turn, social workers on the teams had to confront a


202. See RIGHT Care Team Responds to Mental Health Crisis Calls, supra note 159.

203. See Young Interview, supra note 179.


205. See Young Interview, supra note 179.

206. Id.

207. See id.

208. See id.

209. See id.

210. See id.

211. See id.

212. See id.
perception of their role as people who provide resources rather than capable professionals.213 When confronted with the results, however, police began to buy in to the program.214

The RIGHT Care Team’s members had to set clear boundaries and expectations of their roles.215 The police officer would respond to the scene first to ensure that it was safe for the other members of the team, and then would step back.216 The officer would also have to step into the role fully and no longer respond to every call, only calls where a mental health element was present.217 The paramedic would respond medically, measuring vital signs and questioning the person in crisis about any physical symptoms.218 The social worker would then take over, responding to the mental health crisis and connecting the individual with appropriate resources as needed.219

After learning to work together, the RIGHT Care Team faced several legal and structural issues. The key issue the program was not able to overcome was its treatment at 911 call centers.220 Texas requires Texas Commission on Law Enforcement (TCOLE) licensure for call center workers,221 which the social workers on the team had difficulty obtaining.222 When present at the call centers, the social workers were able to assist in assessing callers experiencing psychotic issues, but the internal conflict related to the TCOLE licensure ultimately led to the Mental Health Authority taking over.223 Despite this obstacle, the community and city have shown their support for the program by renewing their contract with a combination of private and public funding.224 One of the police officers involved was chosen as Dallas’s officer of the year.225 The RIGHT Care Team will be

213. See id.
214. See id.
215. See id.
216. See id.
217. See id.
218. See id.
219. See id.
220. See id.
221. See 37 TEX. ADMIN. CODE § 217.1 (2020).
222. See Young Interview, supra note 179.
223. See id.
224. See id.
225. See Steve Pickett, Dallas Police Department’s Officer of the Year Aaron Rucker a ‘Humble Servant’ to Community, CBS DFW (Nov. 12, 2020, 6:00 PM), https://dfw.cbslocal.com/2020/11/12/dallas-police-department-officer-year-aaron-rucker-humble-servant-community/ [https://perma.cc/VW22-FHZY]. Officer Rucker, who won the award, participates on the RIGHT Care Team as an officer, but also has a Master of Social Work degree. See id.
expanding from its two current teams to five teams in the next year, and ten teams in the year afterward.226

C. Social Workers as Community Responders (911-Routed)

The City of Eugene, Oregon, was an early adopter of using 911 to route calls to alternate responders in mental health crises.227 Through a partnership with the White Bird Clinic, a local community health non-profit, Eugene established a community-based response team known as CAHOOTS in 1989.228 When a call comes into the 911 PSAP or to the police’s non-emergency number in Eugene, the dispatcher identifies non-violent calls with mental or behavioral health elements and routes those calls to the CAHOOTS response team.229 Once contacted, CAHOOTS will respond with a team consisting of a trained medic and a mental health professional.230 Police may co-respond in certain instances, allowing flexibility to incorporate the police as co-responders as needed.231

The City of Eugene provides funding for CAHOOTS directly through the police department budget.232 The CAHOOTS program estimates its cost savings to the city and its residents at roughly $8 million a year on safety, as indicated above, as well as $14 million on emergency medical care and transport.233 CAHOOTS also estimates it diverted 17%–20% of 911 and non-emergency calls from the Eugene Police Department — a claim the Eugene Police Crime Analysis Unit recently disputed, estimating the actual number is closer to 5%–8%.234

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226. See Young Interview, supra note 179.
228. See id.
230. See id.
234. See CAHOOTS Program Analysis, CRIME ANALYSIS UNIT, EUGENE POLICE DEP’T 8 (Aug. 21, 2020), https://www.eugene-or.gov/DocumentCenter/View/56717/CAHOOTS-Program-Analysis [https://perma.cc/EN6C-9HRV]. The Eugene Police Department investigated the program using criteria outside of sheer call volume:

For a call to be considered a divert, ALL of the following criteria must be true: 1. The call is received by dispatch 2. Police are normally dispatched to the call nature 3. The call is dispatched to, and arrived at by, an outside agency 4. No EPD resources are dispatched to the call.
As an early adopter of a community-based emergency response system, CAHOOTS has been able to provide consulting services to other cities and extend its influence nationally. CAHOOTS has inspired a bill in Congress to use Medicaid funding to support community-based crisis intervention services. CAHOOTS staff members also provided consulting services to Denver, which began a limited pilot of its Support Team Assisted Response (STAR) program in 2020, providing a similar alternative response team for 911 mental health calls. They are also helping New York City explore its options for the future.

D. An NYC Pilot Program in the Works

The NYPD has fielded a growing number of calls involving mental health in the past decade. ThriveNYC, a mental health initiative championed by Mayor Bill de Blasio and First Lady Chirlane McCray, has worked across city agencies to coordinate mental health services, including CIT training for the NYPD and co-responder teams consisting of two NYPD officers and one mental health professional. The NYPD stopped CIT trainings in September 2020, with no

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Id.

indication of when they would resume. The co-responder teams continue to work within the NYPD, but do not respond to 911 calls.

In November 2020, New York City announced its first 911-routed pilot program to incorporate mental health professionals as community responders, inspired by CAHOOTS, through the creation of 911 EMS Mental Health Teams, which were planned to enter service in February 2021. These teams will consist of Emergency Medical Technicians (EMTs) employed by the Fire Department of New York (FDNY), and mental health professionals from NYC Health + Hospitals. New York City has yet to publicly release additional details of the plan, which will include the formation of partnerships between providers and determination of what metrics will be used to measure success. Union representatives from both the FDNY’s Emergency Medical Technicians and the NYPD have already voiced objections to the program, suggesting that the pilot will create dangerous situations for both their members and the community.

Officials have indicated that the “FDNY will prioritize professionals with significant experience with mental health crises,” but the agency has not yet defined precisely what qualifications or experience they are looking for in hiring for the responder teams. Clinicians with substantial experience may increase the price of implementing the

241. See Gwynne Hogan, NYPD Abruptly Halts Training Program Meant to Help Police De-escalate Encounters with People in Mental Health Crisis, GOTHAMIST (Sept. 25, 2020, 5:00 AM), https://gothamist.com/news/nypd-abruptly-halts-training-program-meant-help-police-de-escalate-encounters-people-mental-health-crisis [https://perma.cc/6BYD-23Y6]. The NYPD has also fallen far short of its goal to provide CIT training for all of its officers, despite the program only taking 36 hours. See id.


245. See New Pilot Program, supra note 244.

246. See Mental Health, supra note 238.
IV. A PROPOSAL FOR NEW YORK AND OTHER CITIES CONTEMPLATING CHANGE

This Note explores the role social workers may play in the emergency response system, as well as their objections to and endorsements of proposed and existing reforms. Programs currently in existence can offer important lessons for cities beginning to reform their approach to emergency response. Section IV.A evaluates the arguments against and in favor of placing social workers into roles traditionally held by the police, including the potential impact on community trust and how such incorporation could take place, and endorses the community responder model. Section IV.B offers suggestions that policymakers in New York City, as well as other municipalities considering changes, should incorporate into their planning when implementing the community responder model.

A. The Community Responder Model:
An Alternative to Traditional Police Reform

As social workers were drawn into the debate on law enforcement and emergency response reform, those who objected emphasized that social workers could not be the “magic ingredient” to police reform. These social workers are able to point to recent examples where social workers have been unable to de-escalate situations involving law enforcement or be taken seriously by emergency dispatchers. They are also wary of being seen as the solution to anti-Blackness and racism within the law enforcement profession when their own profession continues to address its problematic history. Those opposed want to

248. See Abrams & Dettlaff, supra note 3.
249. See supra Section II.A.
250. See Loya, supra note 95, at 30; see also Abrams & Dettlaff, supra note 3.
ensure that they are not seen as another part of the law enforcement system so that they can maintain the trust of the communities they work in.

Many social workers in favor of incorporation into law enforcement and emergency response roles have also emphasized that they want to maintain “reputational separation” from the police.\(^{251}\) Although social workers within police departments and on co-responder teams work directly with and alongside police officers, they may maintain their separate professional identity by clearly defining their roles. Young indicated that a key element of the RIGHT Care Team’s success was establishing boundaries and expectations about each team member’s role from the beginning.\(^{252}\) Community responders have a clear advantage in reputational separation, as they mainly respond to emergency calls without the police and only involve law enforcement when necessary. Community responders also have the advantage of being less expensive than traditional police or co-responder teams,\(^{253}\) which could allow for greater investment in other community-based mental health and social services. In consideration of the successes and limitations of other programs in the country, cities like New York City should incorporate social workers into their emergency response team based on the community responder model.\(^{254}\)

Not all mental health professionals possess the experience or education level of social workers. As protestors criticize law enforcement’s insufficient training in mental health and de-escalation, those taking on the role of mental health emergency responders should have extensive training and experience. Social workers, particularly clinical social workers, have years of training and supervision and are subject to similar standards and qualifications throughout the United States.\(^{255}\) By utilizing members of a profession with relatively uniform standards, community responder programs incorporating social workers will be better able to compare their effectiveness across cities.

Although the profession as a whole must continue to work towards anti-racist practice, social workers have the advantage of education and training in the “person in environment” approach to mental health

\(^{251}\) See IRWIN & PEARL, supra note 107.
\(^{252}\) See Young Interview, supra note 179.
\(^{253}\) See supra Section III.C (addressing CAHOOTS’s cost savings to the City of Eugene).
\(^{254}\) These emergency response teams should also include paramedics, similar to CAHOOTS. See What Is CAHOOTS?, supra note 26.
\(^{255}\) See supra Section I.C.
Social workers trained with this perspective consider an individual’s environment — including political, social, economic, and familial factors — in addition to that individual’s mental health concerns. Through using this perspective and continuing to work towards an anti-racist framework, social workers can reclaim their role responding to mental health crises that has been taken over by the police in recent decades. Social workers have already begun this transition in other areas of society, such as schools. By replacing police officers in schools, anti-racist social workers have been shown to be effective in reducing punitive policies and promoting safety.

B. A Path Forward: Public Data, 911 Reform, Direct Funding, and a Holistic Approach

While municipal reform allows for greater experimentation, cities should aim to determine best practices on a broader scale for long-term success. The 911 call system took decades to expand across the country and developed with different levels of technology and metrics used, which has presented problems for researchers seeking to study the system on a national level. Researchers have also noted the limited amount of information and studies on co-responder models and other alternative response teams. Without clear expectations and public accountability, localized reform may lead to increases in the

257. See id.
260. See NEUSTETER ET AL., supra note 85, at 11–12.
261. See Shapiro et al., supra note 139, at 607; see also NEUSTETER ET AL., supra note 85, at 35–36.
xenophobia and discrimination it seeks to prevent.\textsuperscript{262} Policymakers must ensure that such programs operate with clarity about their missions and transparency regarding their successes and setbacks. Programs should measure community and participant attitudes prior to implementing the program and continue to measure attitudes and program outcomes at regular intervals.\textsuperscript{263} In doing so, policymakers are able to measure not only a program’s efficacy, but also its key features that may be used to create an evidence-based policy for future use.\textsuperscript{264}

Policymakers should also focus on training and reform within the 911 dispatch system, as people in the community are more likely to be familiar with 911 than other mental health response or emergency phone numbers due to its established and widespread use. Although several organizations have proposed the creation of a separate emergency line, the person placing the emergency call may not be familiar with the individual in crisis or their mental health history.\textsuperscript{265} Mental health crises do not always occur at home or in the company of family or friends and many members of the community may default to calling 911, with potentially deadly consequences if the system is not reformed.\textsuperscript{266} New York City’s dispatch system is already facing staffing concerns, leading to overstressed workers and the NYPD’s own officers becoming temporary dispatchers during the COVID-19 pandemic.


\textsuperscript{263}See Shapiro et al., \textit{supra} note 139, at 618 (stating that outcomes to be measured may include “program reach, adoption (i.e. the representativeness of the setting), implementation (i.e. the extent that a program is delivered as intended), and maintenance (i.e. of program-level measures and policies over time”)”.

\textsuperscript{264}See id.


\textsuperscript{266}See Smith, \textit{supra} note 265 (discussing the failure of 911 dispatchers to identify and communicate that Saheed Vassell, a Brooklyn man, was mentally ill after receiving calls from strangers reporting that he was acting erratically. The dispatchers told the officers that Vassell had a gun despite the bystanders having told the dispatchers that they were unsure whether he was carrying a real gun).
New York City must strengthen the existing emergency number infrastructure before adding onto it, in the interests of both mental health and other emergency response. With limited training and working in high-stress positions, 911 dispatchers may also not recognize whether a call is related to mental health without being on scene. By placing a trained mental health professional in the 911 PSAP or providing enhanced training to dispatchers, policymakers would contribute to dispatchers’ ability to accurately assess callers’ needs. When dispatchers assess those needs to be both related to mental health and non-dangerous, community responders can respond quickly and with confidence in their own colleagues and their community’s safety.

Further, all members of the community response team, including dispatchers, must participate in anti-racist training. In 2020, the American Psychological Association labeled racism as a pandemic, drawing attention to its negative impact on the mental health of BIPOC communities. A recent study highlighted the increase of poor mental health in Black communities in response to each police killing of an unarmed Black person. Although a response involving unarmed personnel such as social workers and paramedics is less likely to end in death for the person in crisis, cities and members of the community response teams must do more to restore community trust. Jude Mary Cénat, an Assistant Professor at the University of Ottawa’s School of Psychology, recently published a list of anti-racist training guidelines for mental health professions based on available research on the experience of racism and effective treatments for mental health.

267. See Naeisha Rose, 911 Operators Continue to Fight for a Safe Workplace During the COVID-19 Pandemic, LABORPRESS (June 3, 2020), https://www.laborpress.org/911-operators-continue-to-fight-for-a-safe-workplace-during-the-covid-19-pandemic/ [https://perma.cc/Y3DR-G5XU]. In 2020, over 400 NYPD officers were placed in PSAP dispatch roles, some of whom “were upset and didn’t want to do the job.” Id. (quoting Eddie Rodriguez, President of Local 1549; the union which represents NYC government’s clerical staff including 911 dispatchers).

268. Programs such as NYC Well may continue to offer non-emergency mental health response.

269. See NEUSTETTER ET AL., supra note 85, at 10.


271. See Jude Mary Cénat, Comment, How to Provide Anti-racist Mental Health Care, 7 LANCET PSYCHIATRY 929, 929 (2020).

272. See id.
concerns in Black communities. New York City may incorporate these or similar guidelines into its training program to facilitate rebuilding that trust. New York City’s community responder program will, and should, operate independently from the police, similar to CAHOOTS. However, CAHOOTS contracts directly with the Eugene Police Department rather than with the municipal government itself. New York City has the benefit of familiarity with a preexisting contractual funding and management structure in place for its public defenders, who operate out of independent non-profits rather than as direct city employees. Using New York City’s public defender contract structure as a template, different mental health organizations may contract with the city government in order to fund community responder programs.

Although some advocates have emphasized that the funding for such a program should be taken from the police budget, separating the funding from the police department is essential. Otherwise, growing calls to “defund the police” may inadvertently lead to cuts to alternate response programs as well. In 2020, Mayor Bill de Blasio’s budget cut from the NYPD included an estimated cost savings of $3.6 million that was supposed to be used to expand the city’s existing mental health and police co-responder teams. By ensuring that the budget is directly allocated to the organizations providing the mental health response teams, cities will be less able to cut funding to such programs without the public taking notice. Additionally, when funding is too closely linked to the police, the community responders may have difficulty maintaining reputational separation from the police. The New York Lawyers for the Public Interest has already raised concerns about the pilot program because the initial point of contact for any 911 call in New York City is an NYPD dispatcher.

274. See CAHOOTS, supra note 232.
276. See id.
277. See LEVINSON & MILAM, supra note 239, at 3–4.
As non-governmental community responder organizations, these programs would be able to operate without the restrictions they would experience as part of the government bureaucracy and thus adapt to the needs of their communities more efficiently. The organizations could implement more radical changes without needing governmental approval on every issue. The organizations could rely on a combination of government and private funding, allowing them to expand their teams and services to serve the mental health needs of the population. This approach would also allow community responder agencies to tailor their approach to the needs of their immediate communities. Particularly when these organizations are located in BIPOC communities, they could prioritize hiring local paramedics and social workers. They could then build a network of support services based on the communities’ strengths and existing resources.

One community-based support effort could be the inclusion of peers, or those with lived experience of mental illness, who could provide non-emergency intervention and follow-up services to the communities the organizations serve. Peers are an important support for those going through mental distress and should be utilized, although research suggests that they may be less effective in traditionally clinical roles. Peer mental health training is not standardized, and there is limited information available about peers’ effectiveness as primary service providers. However, when used in

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280. See CCIT-NYC, supra note 265, at 2 (arguing for a pilot program consisting of an EMT and a peer mentor with crisis counseling training based out of a non-governmental agency).


282. See Reham A Hameed Shalaby & Vincent I O Agyapong, Peer Support in Mental Health: Literature Review, 7 JMIR MENTAL HEALTH 1, 2 (2020); see also MHW: NYC Pilot to Respond to MH Crises Needs Peer Deescalators, Advocates Say, N.Y. ASS’N PSYCHIATRIC REHAB. SERVS., INC. (NOV. 25, 2020), https://www.nyaprs.org/e-news-bulletins/2020/11/25/mhw-nyc-pilot-to-respond-to-mh-crises-needs-peer-deescalators-advocates-say [https://perma.cc/J7DT-2J7T] (“Some models of nonpolice responses include those with lived experience or ‘peers’. . . . [W]e just don’t know if a mental health clinician paired with a peer is better or equal to two mental health clinicians — or better or equal to a mental health clinician and an EMT” (quoting Don Kamin, Ph.D., Director of the Institute for Police, Mental Health and Community Collaboration)).

283. See King & Simmons, supra note 281, at 961 (suggesting that peers may deliver services in the same way as non-peers when working on case management, and
addition to typical care, such as that provided by clinical social workers, peers are able to reduce rehospitalization rates and increase quality of life satisfaction when working with people with mental illness. In addition to peer support, the organizations may provide other traditional supports such as medication management, counseling, legal help, or disability advocacy according to the needs of the communities. The organizations should have an open-door policy and regularly solicit community feedback to facilitate a holistic model of mental health care.

The Bronx Defenders, which has contracted with New York City since the 1990s, has always operated with a four-pillar model of holistic defense, providing clients with “1. seamless access to legal and nonlegal services that meet client needs; 2. dynamic, interdisciplinary communication; 3. advocates with an interdisciplinary skill set; and 4. a robust understanding of, and connection to, the community served.” Social workers have been integrated within the Bronx Defenders’ holistic practice from the beginning, and in larger numbers than in organizations using traditional criminal defense practice models. As government contractors, New York City public defenders have been able to explore what combination of interdisciplinary teams works best for their client base. Community responders should be able to explore their options in an equally dynamic way.

By experimenting with different approaches and measuring their impact, community responders throughout the city will be able to establish best practices for future work. As the speed of responder teams has been shown to be a crucial factor in the likelihood of the police and dispatchers using them, policymakers should aim to expand the program rapidly once initial teams are in place. Setting up multiple offices for the community responders will allow them to

underscoring the need to clarify the role of peers from the role of “traditional ‘helping’ relationships”); see also New York Certified Peer Specialist NY CPS Application, N.Y. PEER SPECIALISTS, http://nypeerspecialist.org/files/PDFs/NY CPS%20Application%20Feb%2002-14-2020.pdf [https://perma.cc/8NJY-2KH3] (last visited Jan 31, 2021). Peers within New York may become Certified Peer Specialists after completing 60 hours of coursework and 2,000 hours of supervised work experience, but not all peers have this certification. See id.

284. See generally Shalaby & Agyapong, supra note 282.


286. See id. at 839.

287. See Shapiro et al., supra note 139, at 613.
respond to local emergencies quickly and provide follow-up services that are easily accessible to the communities they serve.

**Conclusion**

Policymakers searching for the best way to include social workers within existing emergency response will find vast differences in receptiveness, licensing requirements, and ethics between social work and law enforcement professionals. Many policymakers and law enforcement officers are unfamiliar with what social workers do or what social work ethical codes and training look like in practice. Including social workers in the dialogue about police reform will promote a greater understanding of the issues involved in incorporating them into law enforcement as primary responders, particularly when responding to people experiencing mental health crises.

As New York City prepares to launch the pilot of its own community responder teams, the experience of other cities can instruct policymakers on essential elements to incorporate. The community responder model has operated successfully in several cities and ensures that the police and social workers maintain clearly delineated roles within the community. By funding community responders as a separate entity, policymakers can help underscore the difference between the responders and the police. By allowing community responders to operate as independent non-profit agencies rather than state employees, policymakers will also ensure that they are able to adapt to the needs of their communities more easily. As New York City continues to review its policies and restructure its emergency response system, policymakers should base future action on evaluations of their programs’ successes and limitations, as well as open communication with all stakeholders.