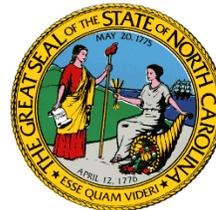# *Social Work and Police Partnership:*
A Summons To The Village
Strategies and Effective Practices

Conducted by
> THE DEPARTMENT OF CRIMINAL JUSTICE, THE UNIVERSITY OF NORTH CAROLINA AT CHARLOTTE
> THE CAROLINAS INSTITUTE FOR COMMUNITY POLICING, CHARLOTTE MECKLENBURG POLICE DEPARTMENT
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> THE GOVERNOR'S CRIME COMMISSION
> THE NORTH CAROLINA DEPARTMENT OF CRIME CONTROL AND PUBLIC SAFETY

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Social Work and Law Enforcement Partnerships: A Summons To The Village

Strategies and Effective Practices

October, 2000

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Acknowledgements

Abstract

      This report addresses the social work/law enforcement relationship and the role of police and other human service agencies in dealing with community problems. Traditionally, law enforcement and human service agencies share the most difficult portion of the others' client caseloads but there has been little interagency communication or cooperation. Effective intervention and prevention requires more than police action and goes beyond the capability of any single agency.

      Social service has always been a key part of policing while serving victims of crime and offenders has been a major emphasis of social work. Law enforcement and social work have served the same target groups but with varying success. The community now demands that both institutions combine resources and skills to reach those in crisis and victims of crime.

      Problem oriented community policing is still a work in progress but there is consensus on four elements: *prevention, problem solving, partnerships and organizational change*. Using these elements as a foundation, this document describes police/social work partnerships that serve as a community response to crisis situations signaled by calls for police service. Heretofore, community policing has focused on developing relationships with individual citizens through foot/bike patrols, dispersed "community policing" sub-stations and neighborhood improvement. Building partnerships with human service agencies has received far less attention. Social work/police partnerships are the next logical step in the development of community policing. They meet the mandate to work together for the benefit of the whole community and to deal with chronic repeat calls for service. These calls signal a serious problem usually involving multiple forms of abuse and indicate the need for summoning the entire village to provide effective intervention and preventive services.

      The study was conducted to learn about the development, operation and impact of social work/police partnerships on recurring domestic violence and associated deep-rooted police service delivery problems. This document describes effective practices of five successful social work/police partnership models. Chapters I and II give the background of the problem. Chapter III describes five successful partnership models and Chapter IV provides a composite of critical effective practices gleaned from the study sites.   Chapter V outlines steps for assessing the problem. Chapter VI and VII are designed to serve as a project development checklist for program planning, implementation and assessment of effectiveness.

ADMINISTRATIVE SUMMARY

Chapter I: Introduction: Summons To The Village

P roblem oriented community policing is still a work in progress but there is consensus on four elements: *Prevention, Problem Solving, Partnerships and Organizational Change*. Using these elements as a foundation, this document describes police/social work partnerships that serve as a community response to crisis situations signaled by calls for police service. The Governor's Crime Commission contracted the Urban Institute of the University of North Carolina at Charlotte to conduct a study of one site, later expanded to include four other sites. The Crime Commission's Drug Control and Substance Abuse Committee sponsored the study to learn about the impact of police/social work partnerships on recurring domestic violence and associated deep-rooted police service delivery problems.

Most importantly, the study documents and organizes how practitioners are making their programs work. This document describes effective practices of successful social work/police partnership models and outlines steps for developing them. Chapters IV, V, VI and VII are designed to serve as a project development checklist and Chapter VIII provides a composite of critical effective practices gleaned from the study sites.

Social work/police partnerships are the next logical step in the development of community policing and meet the mandate to either work together not only for the benefit but for the survival of the community. When situations escalate to the point that repeated police intervention is required, the calls for service serve as a summons to the entire community.

Chapter II: The Background Of Social Work and Police Partnerships

The historical background of the police/social work relationship indicates that, for over a century, social service has been considered a key part of policing, and serving victims of crime and offenders has been a major emphasis of social work. Law enforcement and social work have served the same target groups but with varying success. The community now demands that both institutions combine resources and skills to reach those in crisis and victims of crime. Currently, there are social work /police partnerships in several jurisdictions that follow the crisis intervention paradigm involving three stages: *response, stabilization and prevention.* Police calls for service are crisis situations where police respond, stabilize and then partner with human service agencies that provide client based services and case management to prevent the problems that result in subsequent calls for service.

Chapter III: Five Social Work And Police Partnerships Described

Social Work and Police Partnerships (SWAPP) Lumberton, N.C.

SWAPP was developed to combat domestic violence by providing chronic victims and perpetrators substance abuse treatment through referrals to other agencies. Early on, social workers learned that service agencies

were already overloaded with cases, so obtaining services for clients required great effort and time. Moreover, many chronic callers for police services were well known in a negative way to the other agencies or did not meet eligibility requirements of agencies such as mental health, social service or public housing. Consequently, staff maintained substantial caseloads of the most difficult cases, often providing basic services such as food and shelter.

SWAPP has two full-time social workers housed in substations that have the most calls for service. They respond immediately to all forms of violence and provide assessment, counseling, referral and other direct services. *They counsel victims, assist with mental health cases not eligible by mental health criteria and provide client advocacy, support in court for victims and facilitate prosecution and/or treatment for perpetrators when warranted. SWAPP has earned the respect of patrol officers and has greatly reduced repeat calls for service.*

Crisis Intervention Unit, Chapel Hill, N.C.

The Crisis Intervention Unit, created twenty-four years ago, is housed in the Police Department where it provides 24-hour emergency service for domestic violence victimization, mental health emergencies and other personal crises. The Unit, with four full-time and seven part-time staff, responds to emergency/crisis calls and non-emergency calls. Emergency situations are those where someone is traumatized and needs immediate counseling or care such as hostage situations, suicides, major injury, kidnapping and other traumatic events. Non-emergency situations involve individuals who should not, predictably, experience traumatic reactions in situations that can be stabilized by police and followed up by social workers the next day. Referrals are primarily from patrol officers but counselors review all arrest reports submitted to the police department each day and follow up reports if it appears there is need. Police officers and other emergency response personnel who experience trauma, either on duty or in their personal lives are also counseled. *The unit conducts the annual human services needs assessment for the city and is a key part of the community leadership and human service network.*

Crisis Intervention Unit, Orange County Office of the Sheriff

The Crisis Intervention Unit in the Orange County Office of the Sheriff has three staff members; is funded by the Governor's Crime Commission and is structured like the Chapel Hill Unit described above. This unit accepts clients by phone calls, walk-ins, referrals from deputies and also reviews all arrest reports daily. Whether charges are filed or not, they call or send a letter to all victims that may need assistance. When there is an arrest, if they have had experience with the family, they advise the district attorney on the background of the case. Each month they have an interagency protocol meeting with the district attorney, Social Services, Sheriff's Office detectives and other community agencies. This group discusses interagency communications and problems first and then turns to specific problem cases. *Grant funds expire this year and, based on proven success, the county has provided permanent funding to continue all three positions.*

Gang Intervention Task Force, Wilmington, N.C.

The Gang Intervention Task Force, created to detect and prevent growing gang activity, is staffed by two Police detectives, two Sheriff's detectives and one social worker. The Task Force developed gang involvement criteria and a database that contains names of members and associates of all gangs, including threat groups. This information is shared with surrounding jurisdictions and plays a major role in regional law enforcement intelligence.

Dr. William K. Atkinson, President and CEO of the new Hanover Medical Center in Wilmington, who serves as the Gang Task Force Medical Consultant, created "The Meeting of the Minds". With no outside funding, *122 organizations meet monthly to discuss issues that concern the well being of the entire community, thus facilitating communication, trust and cooperation among human service, law enforcement and business organizations.*

Police Crisis Intervention Team (CIT), Memphis, Tennessee

A committee consisting of individuals representing the legal, police, mental health and social service professions drafted a plan where mental health professionals train law enforcement officers to deal with calls for service involving mental health cases. The team, implemented in 1988 with thirty-two volunteer officers, today *has 165 volunteer officers who maintain twenty-four hour coverage.* CIT provides an immediate police crisis response with a calm and compassionate approach to those experiencing mental health disturbances.

Officers who volunteer for CIT complete an intensive, forty-hour training program taught by family advocates, mental health providers, and mental health consumers who also periodically ride with police to better understand their situation. In this program, the officers are introduced to the dynamics of common types of mental illness so they can make quick appropriate decisions when placed in crisis situations. CIT officers skilled in verbal de-escalation techniques understand that mental illness is not a crime, but a disease. *Family members of mentally ill now request that CIT officers come to the scene. Most patients are taken to medical facilities without injury or charges. Both police and citizen injuries have been reduced while mental health related calls for service have increased.*

Chapter IV: Observations and Critical Concerns

Partnership programs serve multi-problem households served by several agencies and some first time callers with severe problems. Police restore order, mediate, separate if needed, stabilize the situation, arrest when warranted and leave, but typically provide no prevention services. The social workers response is rapid, either with the police on initial calls or the next day when they assess the situation, provide emergency services, mediate or facilitate separation when needed, read police reports, conduct background checks, refer to other agencies when possible and

provide interim counseling until referral services begin. They monitor client progress and advocate for clients needing assistance. They often provide pragmatic services such as food, shelter and clothing, help victims procure services, facilitate prosecution of perpetrators when appropriate, coordinate services for the entire family including children, victims, and batterers and provide follow-up services that prevent repeat calls.

Social workers counsel for bizarre behavior that does not fit mental health criteria, serve those who are ineligible for or have exhausted the resources and patience of established agencies and bring complex cases to the attention of service agencies to help remedy gaps in the service network. They try to preserve familial relationships when possible, assist victims needing shelter care and encourage prosecution of batterers when necessary, counsel police and other emergency response personnel who have dealt with traumatic situations and help train police in response to special populations. They utilize their crisis management, suicide, and mediation skills, provide cross-training of law enforcement, social service, mental health, public health and hospital personnel, and represent the department with community agencies.

Social work/police partnerships are the next logical step in the evolution of community policing. They meet the mandate to work together for the survival of the community and effectively serve families and individuals that are chronic problems for not only law enforcement but for other service agencies as well.

Chapter V: How Do Communities Assess the Need For Social Work/Police Partnerships?

1. *Identify and Involve Key Stakeholders:* Include key agency representatives, direct service providers, community members and consumers. Understand problems, strengths and weaknesses, gaps and redundancy in the existing human service network.
2. *Develop a Mission Statement*: Define purpose, what we must do to achieve this purpose and how that will be done.
3. *Assess The External and Internal Environment*: Understand community demographics, the target population and target area, police crime data, citizen input and review current agency practices
4. *Align Activities, Core Process and Resources*: Alter existing programs to shift to results oriented approach and serve new clients.
5. *Assess Information Needs*: Agency agreements to share information on multi agency clients indicates a requisite trust level, is essential to effective treatment, and provides data for assessing outcomes.

Chapter VI: A Checklist of Effective Practices

1. *Assemble a Leadership Body*: This emerges from the needs assessment and involves key leaders in early decision making that is requisite to later cooperation. Include a governance structure to develop policies and procedures, define duties and clarify areas of responsibility.

2. *Identify Sponsoring Organizations:* These have legal authority, receive funds, hire staff and conduct evaluations.

3. *Produce Performance Measures at Each Organizational Level:* These are clear, realistic and measurable program goals and objectives that guide program operation, provide for necessary adjustments and can be used as benchmarks to measure success.

4. *Develop a Governance Structure:* This structure will guide program operation and provide for necessary adjustments.

5. *Identify Geographical Target area*: Jurisdictional boundaries of criminal justice agencies are narrower than those of human service agencies that cover counties or regions. Serious problem families often have members from other criminal justice jurisdictions, so city/county boundaries and agency service areas are critical considerations.

6. *Identify Target Population and Problem:* While criminal justice agencies' problems use statutory definitions, other agencies cannot be so precise, and the crimes committed do not necessarily define root problems. Crime victimization, mental health, domestic violence and substance abuse problems are often inseparable.

7. *Develop Realistic Long Term Time Frame:* Effective partnerships are not based on contracts but on trustful relationships that require time and effort.

8. *Procure Stable Funding*: Involve public, private and private non-profit sectors.

9. *Recruit Qualified, Dedicated Staff and Volunteers*. Permanent qualified staff is a must. Volunteers can augment them.

10. *Locate Social Workers in High Problem Areas*: This facilitates interaction with patrol officers and provides access to police records.

11. *Cross Train Key Personnel*: Cross-train patrol officers, social workers and staff of other relevant agencies on essential duties and responsibilities to enhance communication/understanding and facilitate effective program operation.

12. *Collect Data to Evaluate Effectiveness and Close Service/Needs Gap*: Reaching organizational goals requires complete, accurate and consistent data to guide program development and evaluate progress. This is necessary to deal with other problem areas and future issues. The current problem is domestic violence, but later, could be mental health problems, juvenile gangs or substance abuse.

Chapter VII: How To Know Whether SWAPP Programs Are Effective.

1. *Maintain Solid Partnerships*: Quality services result from effective collaboration and communication with all relevant community agencies. Solid partnerships are the basis of permanent funding.
2. *Evaluate Job Performance:* Adequate records regarding case management activities are essential to evaluating program effectiveness. Administrative evaluation is requisite to ascertaining commitment and effectiveness of leadership and staff.
3. *Conduct Consumer Satisfaction Surveys:* Surveying patrol officers and consumers, the direct recipients of service, provides feedback needed for quality control and improvement and indicates whether an effective interagency network is being formed.
4. *Evaluate Agency Awareness:* Survey and interview other service agencies to determine program recognition within the service community.
5. *Report Performance Information:* Data based program performance reports are requisite to effective administration and to successfully compete for scarce funds.
6. *Identify Service Deficiencies*: These are areas of recurring needs assessed in the target population with no services and areas where program performance does not meet program goals.
7. *Identify and Remedy Performance Gaps:* This refers to areas where actual performance levels fall short of the level identified by the program goal.
8. *Demonstrate Efficiency and Effectiveness*: Requires data to show participation of partners and benefit to the community.
9. *Serve the Community*: Police social workers serving on various community boards and committees strengthen the role of the police department in the community, furnish the department an active voice in the community and provide support for future funding requests.
10. *Work with community leaders*: The support and respect of appointed and elected officials is essential to stable funding.
11. *Include media*: Strategic involvement of media outlets broadens community support. Citizens receive most information through some form of media. Program leaders can use the media to promote and educate the community about the social work/police program.

Chapter I
Introduction: Summons to the Village

This report addresses the relationship between social work and law enforcement. This relationship is focused on community problems and the individuals who facilitate these problems. Chronic calls for service are the signal that summons social work and law enforcement to work together in an effective service network to deal with these community problems.

Historically, these professions have been near adversaries. "Social worker" is considered a pejorative term among police and "cop" is considered a pejorative term among social workers. The advent of community policing with its emphasis on problem solving, partnerships, prevention and organizational change has provided a potential bridge between the two. While the bridge has not been heavily traveled, i*t is absolutely necessary* to effective public (social) service delivery.

Community policing proponents maintain that police strategy should focus on problems, not calls for service. They are difficult to separate, since valid calls for service result from individuals perceiving problems that require police involvement. Some calls are episodic while others are indicative of long term, serious problems. For example, the domestic violence cycle usually is well underway when it first comes to the attention of the police. Chronic callers account for a disproportionate number of police calls. Given the resources required and the obvious ineffectiveness of police calls for service in solving whatever problems precipitate these calls, it is obvious that something more than traditional police action is needed.

Citizens see their calls for service as crises requiring intervention. The substantial literature on crisis intervention identifies three stages: *response, stabilization and prevention*. Police departments are the only agencies on duty around the clock in all parts of the community with the mandate and authority to intervene in domestic abuse and other crisis situations. They, then, are responsible for responding, stabilizing the situation, assuring the safety of the person at risk, assisting with medical treatment necessitated by an assault, informing victims of their rights, and arresting when warranted. The problem is that this can be a never ending, sometimes self-defeating cycle. Beyond preventing an immediate reoccurrence of the violence, the police mandate ends at restoring order or arrest.

Prevention, involving treatment of the causes and consequences of violence, is not part of the police mandate but requires police partnerships with social service, mental health and public health agencies. Most frequently, direct service workers of these agencies are clinically trained social workers, so, in this report, social work is used as a generic term that denotes direct service provided by workers of human service agencies that partner with police.

Traditionally, law enforcement and social services share the most difficult portion of the others' client caseloads but there is little interagency communication or cooperation. Caseloads are expanding, resources are decreasing and the few scattered interagency programs that have been developed fail to track performance and results. Some of the severe problem cases that call for interagency intervention are real threats to public safety.

Effective intervention and prevention requires more than police action. The public is aware that small proportions of problem individuals account for disproportionate numbers of problems, including crime. Now citizens need and demand that agencies work together to prevent problems that detract from the community's ability to be secure and to nurture citizenship.

This report includes descriptions of five communities where successful police/social worker partnerships are underway. Initial focus was on the Lumberton Social Work and Police Partnership (SWAPP) project. Four other communities, Chapel Hill, the Orange County, Wilmington, and Memphis have similar projects but with unique elements. Together, they contribute to a more adequate understanding of how inextricably intertwined law enforcement, mental health, public health and social services are. Chapters IV, V, and VI are meant to serve as a checklist to be utilized for program replication.

Chapter II

Background of Social Work and Police Partnerships

T his project involves partnerships among public and private criminal justice, public health, mental health and social service agencies. There has always been a social service element in police work and human service agencies have always provided services to criminal justice clients, but, for the most part, an unplanned sharing of clients has been the extent of the relationship among these agencies. Community policing, with its emphasis on problem solving and partnerships provides the link that promotes a united approach to deal with these most difficult community problems. This chapter summarizes the long and circuitous history of the law enforcement-human service agency relationship.

Law Enforcement and Social Work

Problem oriented community policing is still a work in progress but there is consensus on four basic elements: *prevention, problem solving, partnerships and organizational change*. Using these elements as a foundation, this project addresses a major police/community problem: serious and recurring calls for service, including domestic violence and the community response to these and other crises situations signaled by calls for police service.

Community policing has many forms and definitions but basically, it represents renegotiations of the contract between police and society. Key elements include an emphasis on improving the number and quality of police citizen contacts, a broader definition of *legitimate police work*, decentralization of the police bureaucracy, and a greater emphasis on problem solving strategies, including crime prevention activities that involve partnerships with citizens and other private/government agencies and organizations. Certain types of calls for police service signal the need for these partnerships.

While the law enforcement problem is relatively minor in most calls for service (often misdemeanor level if criminal at all), every police call for service has the potential of being a socially significant event. Any valid call for service is a reliable signal that the whole village must be summoned to prevent reoccurrence. This summons is directed first to police, who then must have the organization and processes to work with necessary human agencies.

The Call For Service Cycle

Police work and social work have a symbiotic relationship and can provide mutually supportive functions, provided that professionals in both areas have the specialized knowledge and skills to assure effective and nonconflictive interaction. Police work is essentially crisis work. With area wide, twenty-four hour coverage, only police can provide immediate response and stabilization. But police calls without follow up services are little more

than band-aids. The conditions precipitating police calls are often complex, deep rooted and long lived. But, human service agencies stress the importance of responding to such acute situations with a response that includes three stages: *response, stabilization and prevention*. The police have the mandate, resources and skills to provide response and stabilization but lack the follow-up services that are central to the social work mission of prevention. Human services provide the crucial missing element, prevention, which begins the process of healing and ends the cycle of repeat calls for service.

The Roots of Public Service Partnerships

The idea of a police/social work relationship began over a century ago and has had a long and circuitous history. In the late 1800s the idea began that policing was a calling higher than the concerns of local politics. Thus began policing as a profession committed to public service with two major ideas about the proper role of police in society. One emphasized the role of police with respect to scientific techniques of crime detection and control, while the other emphasized an increased social service role. By intervening in the lives of individuals, police officers could reform society by preventing crime and keeping people out of the criminal justice system. In the late 1800s a body of literature on policing began to develop with significant improvements in the area of testing and training. Formal training was initiated and professional organizations appeared including the International Association of Chiefs of Police (IACP). August Vollmer rallied police executives around the idea of reform and emerged as the leading national spokesman for police professionalism. He advocated that police should do more than arrest individuals; they should actively seek to prevent crime by "saving" potential or actual offenders. He held that "the old methods of dealing with crime must be changed and newer ones adopted."

He maintained that police should work closely with existing social welfare agencies and take an advocates role by informing voters about overcrowded schools, supporting the expansion of antidelinquency agencies and playing an active part in the political life of the community. His addresses to the IACP, "The Policeman as a Social Worker," in 1918 and "Predelinquency" in 1921 advanced these ideas. His work, prophetic for today's community problem oriented policing, was drowned in the thrust toward police professionalism that changed policing to law enforcement with the sole goal of controlling crime. Any non-crime work was considered soft on crime and viewed with disdain. The reform ignored, even attacked some features that made policing a powerful institution in maintaining a sense of community and ensuring security. Now there is a growing if not universal recognition that public service agencies must collaborate.

Law Enforcement and Social Service

After searching through numerous community policing training manuals and reviewing dozens of books and articles by leaders of the community policing movement, is appears that community policing, up to this time, has focused primarily on improved relations with citizens and citizen groups but has paid scant attention to partnerships with human service agencies. For example, Trojanowicz,(1990) in his ten principles of community policing, makes no reference to solving problems in cooperation with human service agencies. He does say that today's centralized social welfare system does not put social workers into the community where they can interact with troubled youth. While community policing is not just another name for social work, social work has always been an important element of police work. Wilson, in 1968, identified "social servant" as one of the traditional policing styles.

Dantzer cites 'social worker' and 'psychologist' as, 'more times than not' the police officers' *main* roles, citing diverse examples of mediating domestic violence situations and relieving the fears of someone who is hearing voices as on-site police "service." He continues by saying that it is the function of patrol to provide four services: *crime prevention, law enforcement, order maintenance and social services*. Many studies on types of calls for service indicate that a majority of such calls are unrelated to criminal activity, but can be categorized as service or order maintenance. There is a consistent thread in all this literature that points to the relationship between policing and other human service organizations but it refers to social service as one of the roles police play, not to developing partnerships with human service agencies.

From the social work perspective, the relationship with criminal justice agencies has also been turbulent. In the July 1999 issue of *Social Work,* the official journal of the National Association of Social Workers, Roberts and Brownell trace the emergence of forensic social work from the first juvenile court in 1899. The article is written in support of the social work profession's 100-year commitment to serve "crime victims and offenders, the most oppressed, vulnerable and devalued groups." Forensic social work is defined as "policies, practices and social work roles with juvenile and adult offenders and victims of crimes." Later, the authors state that forensic social workers are also known as correction social workers. There are few references to law enforcement related programs in the article and nothing about community policing, certainly nothing related to law enforcement partnerships. Policing and social work seem to be like two ships passing in the night or like two parallel tracks that never cross but share common ground.

Law Enforcement and Domestic Violence

Domestic violence calls provide a good example of this common ground. The resolution of domestic violence is not primarily a law enforcement problem and as we learn more and more about it, there is increasing awareness that the criminal justice system is less and less capable of adequately coping with the complex problems that accompany problems of violence in the home. The domestic violence cycle is usually well underway when it comes to the attention of police. Most domestic calls for service do not result in arrest and when they do, it is not always helpful. There are substantial data indicating that arrest, *the* strongest police action, can increase domestic violence among people who have no stake in conformity, especially the unemployed. Children witnessing domestic violence are placed at life long risk, later becoming violent themselves and passing violence on to their children. Dealing with the complicated, far reaching effects of violence and abuse requires an immediate, coordinated response where victim, batterer and other family members are referred to a range of services that can only be provided if the whole community is summoned to collaborative service.

Criminal Justice Response to the Mentally Ill

The 1970s saw deinstitutionalized mental patients slipping through the cracks in community based mental health care systems. Marc Abramson, a psychiatrist, coined the term criminalization of the mentally ill to describe the increasing numbers of mentally ill who were arrested. He predicted that, as more people with mental disorders were released into the community, there would be an increase in pressure to use the criminal justice system to reinstitutionalize them. Linda Teplin of Northwestern University Medical School found that suspects exhibiting signs of mental illness are 20 percent more likely to be arrested than those who appeared not to be mentally ill. Another study by John R. Belcher found that out of 132 patients discharged from Ohio's Columbus State Hospital in 1985, 32 percent had been arrested and jailed within six months of their release.

Abramson's predictions appear to have been accurate and the problem has become more complicated. Officers must deal with individuals who are not just mentally ill but also abuse alcohol and participate in illegal drug activity. They are often homeless, resistant to treatment, violent and aggressive and likely to resist officers' actions because they view these actions as unfair and their cooperation is involuntary. They may be unpredictable, irrational and recalcitrant.

Calls for services involving mentally ill individuals are difficult situations that officers are ill equipped to handle. The way dispatchers, the first officers arriving at the scene and investigators respond is important because it affects the way mentally ill individuals are treated and how they respond during the justice process. Not just law enforcement, but prisons and jails are not prepared to handle the special needs of the mentally ill. It is a system wide

problem. The Pacific Research Institute for Public Policy reports in a 1006 study that between $1.2 billion and $1.8 billion is spent annually on the mentally ill in its criminal justice system. These changes have developed incrementally and without any effective communication between the criminal justice and mental health fields. It appears that two parallel systems are developing with criminal justice agencies providing primary care for selected kinds of mental health cases with adverse consequences for both the client and the agencies. This lack of coordination between criminal justice mental health has been a problem for decades.

The Institutional Response to Mental Health

Practice in eighteenth-century America was to house insane paupers in jails and poorhouses but in the 1820s and 1830s, Unitarian and Quaker reformers advocated major reform. In 1842, Dorothea Dix, a Boston schoolteacher, wrote "Memorial to the Legislature of Massachusetts," which described the plight of the impoverished mentally ill. Confining the criminal and the insane in the same building, she wrote, was "subversive of the good order and discipline which should be observed in every well-regulated prison." Dix observed that the mentally ill were innocents, guilty of nothing but "laboring under disease," and led in development of the first state mental hospital in Raleigh, North Carolina.

In the 1960s, anti-psychotic drugs became widely available and appeared to control some symptoms of severe mental illness, reducing the need to institutionalize mentally ill individuals. The idea of deinstitutionalization accelerated during the seventies. Low-income people with mental illnesses became eligible for programs such as Medicare, Medicaid, Supplemental Security Income, Social Security Disability Insurance and subsidized housing. By the late 1970s, every state had enacted legislation restricting psychiatric hospitalization. Between 1955 and 1994, the number of patients confined in state psychiatric hospitals dropped from 558,922 to 72,000. Mental hospitals still carry the stigma of abuse and neglect and now, only severe cases are committed and then for short periods of time. Those previously hospitalized now are treated in community settings.

The Current Law Enforcement Response

When police are called for whatever reason, they, with no professional advice, must decide whether to restore order and leave, arrest, transport to a hospital emergency room or seek out a community mental health facility. The latter option is often unavailable because space is limited, there are restrictive admission criteria, there is a general reluctance to take police referred cases or because of prior negative experience with the chronic cases the police bring them. It is not unusual for a patrol officer to take a person to a substance abuse or mental health center to find the person has dozens of prior admissions. Lacking better options, police typically restore order and

leave or arrest the mentally ill, usually on misdemeanor charges. Since their criminality is usually minor, they are immediately released back into the community with no treatment.

The massive data collected on criminal justice populations by national agencies and distributed through the National Criminal Justice Reference Service provide little if any information on the mentally ill in the criminal justice system. The same is true of the mental health literature. This is a classic and appalling example of a massive population of innocent, desperately needy, helpless and pathetic citizens falling between the cracks of the human services system.

On one hand, in criminal justice, responsibility for behavior is requisite to accountability that is requisite to punishment, one of the primary functions of the criminal justice system. There is a strong bias toward attributing responsibility for "personal problems" to the individual, family or social services, making treatment unnecessary. On the other hand, in mental health, absence of responsibility for deviant or bizarre behavior indicates need for treatment, the primary functions of mental health; punishment would be inappropriate. Two parallel systems have evolved, each denying the existence of the other. As in the case of social work, mental health is uncomfortable with the idea that their clients may be criminal and criminal justice is uncomfortable with the idea that innocent people are being punished. Perhaps this explains the absence of communication. Meanwhile, needy clients go without proper care and the community questions both the criminal justice and mental health systems.

Law Enforcement and Crisis Intervention

Jurisdictions across the country are adapting case management techniques, a service delivery approach developed by mental health and social services workers in the late 1960s and early 1970s, to suit the needs of a wide variety of criminal justice populations. During the 1960s and 1970s, when deinstitutionalization of the mentally ill was occurring across the country, social workers were being required to find new ways of providing and monitoring services. Also during this time, the number of offenders sentenced to various forms of community corrections grew so case managers had to adapt and create techniques to manage the inevitable problems that erupted in the community.

Originally, case managers linked clients with services but did not become involved in counseling clients in criminal justice situations. Over time, the role of a social worker evolved from a broker of services to primary care giver. Parents, educators, administrators, protective services and health care providers are becoming increasingly responsible for managing a range of crisis situations throughout the community. Aggressive behavior, mental illness and other complex behavior is undoubtedly related to values and changing societal patterns. Regardless of the cause or causes of such behavior, crisis intervention personnel have accepted the fact that managing crisis situations and selecting the most appropriate system of crisis management is imperative for effective treatment and service.

The Elements of Effective Crisis Management

Crisis intervention contains three primary elements: *response, stabilization, and prevention*. Crisis intervention response must be immediate, considering that crises are situations where the victim needs immediate attention and may be in danger. Cases such as sexual abuse, death, suicide, mass casualties and domestic violence all have victims that experience high levels of trauma. Victims in these situations need a wide variety of services that include counseling, mediation and other support. The administration of these services needs to be immediate so the extent of trauma to the victim does not escalate. Also, crisis response has to be on site because often victims cannot travel to the social worker. Providing services on site familiarizes the social worker with the environment where the incident happened and guides decisions regarding the best services for victims.

Stabilization occurs on two levels: emotional and physical. In order to stabilize the situation, the emotional state of victims must be assessed. Victims experience a variety of natural emotions such as anger, fear, grief, violation and other emotional trauma. Often victims' emotions hinder emergency medical personnel from administering needed medical attention. Police and other emergency response personnel are ill equipped to deal with the emotional vulnerability of victims while social workers are specially trained to handle these emotions. Secondly, the physical well being of victims must be stabilized. Victims of physical abuse may need immediate medical attention but may not be receptive, so counseling is required before proper medical attention can be provided. Crisis intervention techniques can also reduce future chronic or problem calls.

Once the initial response and stabilization is complete, prevention measures are initiated. In Lumberton, SWAPP social workers conduct "preventive patrol" where they periodically visit problem homes or clients. This gives the clients an opportunity to express emotions and frustrations without police presence. The preventive calls also give the police social worker an opportunity to monitor the client's participation in treatment programs and assess for additional services that might be needed.

Intervention Defined

The term crisis intervention is a broad term, usually including emergency response situations such as fires, hostage situations and mass casualties. It can also include all responses to serious interpersonal situations such as assault and domestic violence. Crisis intervention is not defined by the issue but by the techniques used to intervene. The five activities associated with crisis intervention include: assessing the client's needs, developing a service plan; linking the client to appropriate services; monitoring client progress, and advocating for the client as needed. These activities require the crisis intervention worker to serve both as a link with referral services and as a direct service provider. This link completes the delivery of necessary services for a large needy population that would otherwise not be served at all.

Models of Crisis Intervention

There are two common models of crisis intervention, *strength-based* and *assertive*. The *strength-based* model allows counselors to ascertain the immediate needs of clients and develop an appropriate plan to provide for those needs. This model emphasizes the case manager's unconditional positive regard for the client. In situations where the client is a batterer, the supportive, positive regard displayed by case managers for their clients is balanced with disapproval of the client's antisocial attitudes or behaviors. An *assertive* case manager delivers services aggressively to the client, rather than passively offering services in a centralized office setting. This requires counselors to travel to clients' homes or offices for meetings and counseling sessions. Often counselors and clients meet at a neutral location where the client feels comfortable. Police social worker crisis intervention includes both but leans toward the assertive model. Even victims are sometimes reluctant to cooperate and the subtle element of coercion that accompanies police involvement does not seem to be inconsistent with the assertive model. The point is that only through partnerships can law enforcement and social services complete the delivery of needed treatment.

The Opportunity to Progress

The implementation of community policing is extremely complex, requires years, not months and is never finished. From a development perspective, the first emphasis needs to be on community groups, neighborhoods, increased citizen contact, and relating more effectively with other parts of the public sector. Great strides have been made in these areas but among police, there is increasing awareness that however finely honed these services are, most problems cannot be solved by the criminal justice system alone. Human service agencies are becoming increasingly aware that the problems of mental health, abuse, violence, substance abuse, crime and victimization are inseparable, and that they share responsibility for public safety with police. Conditions seem to be ripe for the separate police/social work/mental health service/public health delivery systems to converge around the concepts of community policing, forensic social work and health related crisis intervention. If we miss this opportunity to connect, we risk losing the chance to help communities grow and prosper.

CHAPTER III
Examples of Effective Social Work and Police Partnerships

Community policing has developed to the point where the next logical step is to focus on individuals and families with problems so severe that the require a coordinated community response. These situations often signaled by chronic calls for service require service provided through partnerships with public and private human service agencies. Five examples of successful partnerships are described below.

SOCIAL WORK AND POLICE PARTNERSHIP (SWAPP)
LUMBERTON, N.C.

"When they do their jobs, we look good."
Officer Wagner, Lumberton Police Department

SITE DEMOGRAPHICS:

- Estimated Population of 19,353

- Crime Rate of 12,685 per 100,000

- Sixty Sworn Officers

- Two Full-time SWAPP Outreach Workers

Two years before Governor's Crime Commission funding was provided, a concept paper for this program was presented to the police chief by a Robeson Health Care Corporation (RHCC) planner. Both research and police experience indicate that small proportions of homes account for a disproportionate number of domestic violence calls for service and, in these homes, substance abuse is frequently present. This concept paper took the position that abuse was a generic term that included spouse, child and substance abuse and that families characterized by multiple forms of abuse would be signaled by frequent calls for police service. It was further assumed that these families would have multiple problems requiring the services of multiple agencies. The original project was entitled Social Work and Police Community Outreach Program (SWAPCOP). The Lumberton police chief believed the concept had merit, so a half time public health caseworker was assigned to the police department by RHCC. The benefits of the program were recognized almost immediately but after a few months, due to a lack of funding, the caseworker left and was not replaced.

The police department, wanting to continue and expand upon the original experiment, successfully sought funding from the Crime Commission for a two-year project. The concept was consistent with community policing principles. Similar programs were being implemented in other jurisdictions but none was being systematically evaluated. The Commission provided funds for University of North Carolina at Charlotte researchers to develop an automated data system, evaluate the project and develop materials to guide subsequent program implementation efforts.

Social Work and Police Partnership: A Summons To The Village

The Lumberton Police Department project, now called Social Work and Police Partnership (SWAPP) involves a partnership with Robeson Health Care Corporation as the agency that administers the grant funds and provides the social work component. RHCC recruited two social workers and assigned them to the police department. The police department provides office space in two community policing district offices that have the greatest number of calls for service. The program has the guidance of an advisory group, referred to as "A Meeting Of The Minds," that includes key personnel from the Lumberton Police Department, Robeson Health Care Corporation and the community. UNC-Charlotte researchers and the lead evaluator for the N.C. Governor's Crime Commission also attend the meetings.

Early in the development of the program, the chief announced that he had accepted a position in another state, so an interim chief was appointed. To the credit of all concerned, the implementation of the program proceeded as planned with some inevitable and necessary adjustments. The chief's position was later filled on September 2, 1998.

The aim of the project was to provide substance abuse treatment for victims and perpetrators and other services that would be billable through Medicaid so that some portion of project costs would be recovered to provide continuation funding. Medicaid funds had been cut back across the state so funds were limited Almost immediately, it became apparent that other service agencies were already overloaded with cases, so obtaining services for SWAPP clients required considerable time and great effort when available at all. Some SWAPP clients did not meet eligibility requirements or were well known to agencies in a negative way so the SWAPP outreach workers had to carry a substantial number of the most difficult cases. Also, there were gaps in the existing service network so that some needy and deserving clients required services that no agency was providing.

Generally speaking, agencies try to use their limited resources to provide the best possible services for their clients and they select clients who are most likely to benefit. Over time, their client groups become well established and expanding services to new groups requires additional resources. Also, sources from which agencies accept referrals become well defined. A new referral unit such as SWAPP has the difficult task of breaking into this referral stream. The task was to refer new and difficult cases, some who have previously failed, to already overloaded agencies that accept referrals only from their existing network of referral sources. Building partnerships, especially in a small community like Lumberton where informal relationships are primary, is not a matter of contracts and formal agreements, but one of informal relationships based on trust. This is a slow, difficult process that requires strong, dedicated leadership, careful planning involving the whole community, stable funding and a lot of hard work. The SWAPP program has overcome initial resistance by some patrol officers, has greatly reduced the number of repeat calls, provides services to an otherwise neglected group, and has taken its place as a valuable part of the community service network.

OBSERVATIONS

- *Complex Cases:* As originally conceived, it has been confirmed that frequent callers for service are multiple problem families being served by multiple agencies. Substance abuse, particularly alcohol abuse, is almost always present.

- *Severe Cases:* Sometimes, first callers and even walk-ins have problems no less severe that those of frequent callers.

- *Effect on Repeat Calls:* Police officers and administrators insist that the intervention by social workers has virtually eliminated repeat calls from chronic calling problem homes, to the point that the SWAPP workers have time to handle other types of cases. These other cases primarily involve assistance to victims of other crimes and mental health cases.

- *Significant Mental Health Needs:* Many frequent callers and situations that are serious problems for the police involve individuals with mental health problems. It is estimated that these cases account for about one in five clients served by SWAPP workers but require a higher proportion of time due to their complexity.

Featured Case Study:
The Mentally Ill and Repeat Calls For Service

On July 6, 1998, an elderly couple consisting of a 94 year old mother and her 77 year old son who live together were referred to SWAPP. They both complained that they did not have air inside the home and very little food. During the preceding year, 86 calls for service had been made to the Lumberton Police Department. The calls always referred to someone in a white shirt and black pants trying to hurt them and take their money. After investigation, and talking with the DSS Adult Protective Services, SWAPP workers concluded that the men in white shirts and black pants were Mormon missionaries who were then asked not to visit this home again. Outreach workers contacted Meals on Wheels to resume delivering noon meals daily, a local church donated food and SWAPP workers accompanied the son while grocery shopping until he was comfortable going by himself.

Both the son and the mother had refused further psychiatric treatment. She claimed that hospital providers tried to kill her by putting needles in her and that she was burning. After observation and questioning of both the mother and the son, it was learned that they were injected with medicine and because of their age and skin conditions, the medications burned going in.

Since SWAPP has been involved, there have been only 10 calls, compared with 86 the previous year. SWAPP workers visit them every two weeks to maintain stability and provide reassurance. The couple is doing well, working in their yard, keeping their home clean and clothes washed.

- *Demands on the System:* Most of the chronic and serious cases served by police/social workers are known to existing service agencies. Problem cases are often uncooperative and exhausted the resources and patience of service agencies so that they are reluctant to serve them further. Also, agencies sometimes have incorrect information. Some individuals who exhaust service agency resources get another opportunity for service by these agencies with the advocacy of the police social workers who can assertively encourage them to cooperate.

Featured Case Study:
Advocacy With Other Service Agencies

On May 11, 1999, a worker at the Lumberton City Manager's Office called SWAPP in reference to a woman staying at Lumberton Christian Care. This woman had gone to the Lumberton Housing Authority to secure housing for herself and her two children. However, after a record check, she was denied housing due to questions concerning her background.

After an in-house counseling session, the woman stated that she had been in an abusive relationship and was trying to start her life over with her two children. She was currently trying to find employment and housing. After giving consent to look at her records, outreach workers tried to locate the element of her background that caused her to be ineligible for housing. After exhausting all leads, outreach workers asked for the assistance of two police officers at the East Lumberton Police sub-station. The SBI verified that no open record was found in the United States on this woman and that there was no reason for her ineligibility. Outreach workers went to the Lumberton Housing Authority and showed evidence that this woman and her children should have been given housing. The woman was given housing, is getting her life together with her children and still lives there today.

- *Need for Specialized Assistance:* Many individuals who contact police for service are eligible for and desperately need agency assistance but do not know of the service, their eligibility, or how to go about applying for the service.

Featured Case Study:
Applying and Obtaining Services

On May 25, 1998, a client's 23 year old daughter was shot and killed by her boyfriend, leaving four children for her to raise. The family was referred to be evaluated for emotional problems that might have resulted. SWAPP outreach workers went to the client's home and evaluated every member to determine the degree of emotional damage. Workers assisted the client in applying for social security benefits for the four children. She now has custody. Workers also assisted in applying for Crime Victims Compensation Funds and obtained paternal grandparents visitation rights through the court system. Outreach workers continue to monitor family progress. Family members are functioning at a pre-crisis level.

- *Unrelenting Demands on Law Enforcement: Lists* of *s*ome individuals who existing agencies either cannot serve due to eligibility requirements or will not serve due to their lack of cooperation in the past, have to be maintained by the police/social workers if these individuals are not to deplete law enforcement resources by continually calling for police assistance.

- *Interim Case Management:* For those cases that existing agencies will serve, there is a period between referral and initiation of service that requires interim case management. Since calls for service often involve crisis services, the police social worker must provide crisis assistance and maintain the case until agency services begin.

- *Requirement for Immediate Basic Needs:* The kind of services provided often need to be immediate and pragmatic, such as arranging for food, shelter, clothing and transportation.

- *Intervening in Danger:* Spousal assault situations include both counseling to preserve the home, and assistance to leave the home when physical danger is imminent.

Featured Case Study:
Counseling

A domestic violence referral was made by a lieutenant in the police sub-station for a couple from India. The department had received numerous domestic calls regarding their three year old daughter. The husband had taken his daughter from the playground in the apartment complex and refused to return her to her mother. The wife communicated threats to her husband on numerous occasions and visited the husband's dwelling, yelling, screaming and threatening. On several occasions, she had assaulted him physically. The husband alleged that she was mentally ill and the daughter was afraid of her mother.

The outreach workers provided intensive individual counseling and later parenting training in a couples setting to allow each individual to express concerns/anger and to improve coping skills. The woman was very isolated with no family in this country for support. The daughter was referred to a half-day preschool program for socialization/interaction with other children her age. The family, with an interpreter, was seen at the local mental health center. The father returned the daughter and now the family is able to communicate effectively in terms of custody, visitation and sharing educational costs. Upon follow up, the parties plan reconciliation.

- *Facilitating Criminal Justice Action:* In certain situations, the police social workers initiate criminal justice system intervention, provide prosecutors with information, and appear in court as witnesses for the prosecution. Confidentiality considerations have not been problematic because the accused is not the client and physically protecting the client requires this action.

- *Court Advocacy:* In some cases, the police social workers serve as advocates for the victim at all stages of the court and criminal justice process.

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Featured Case Study:
Court Advocacy

In May 1998, SWAPP received a domestic violence referral from a sub-station. A female had been badly beaten by her ex-boyfriend who broke in her kitchen window, assaulted her and fled. The victim took out a warrant for his arrest and he was soon captured. The outreach workers accompanied her to court where the assailant was prosecuted and later referred her to Southeastern Family Violence Center for domestic violence counseling. Her four children were screened but required no services at that time. SWAPP outreach workers assisted the woman to apply to the Crime Victims Compensation Fund for lost wages. Upon follow up, the victim returned to work and said she was very satisfied with the judicial outcome.

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- *Alternative Means of Service Delivery:* Some very needy individuals will accept intervention services from the police social workers who will not accept referral to other agencies. These include professionals and other higher profile individuals who became involved with the police but want to guard their privacy for personal and professional reasons.
- *The Police/ Social Work Partnership Advantage:* The slight element of coercion that goes with police involvement is a necessary element that makes the police social worker effective in dealing with some situations where other agencies have failed. This is referred to above as assertive counseling.

Lumberton has struggled with its SWAPP experiment and served as a test site to identify problems and successes. There was need for considerable pre-planning before the funded program began and still, there is much to be learned. Officer support was not strong at the start but developed rapidly. The Lumberton Police Department and the SWAPP team proved that social work and police partnership is a viable concept that stands on its own merit. This partnership arrangement could develop in any jurisdiction where there is vision, determination and commitment. The department has requested permanent local funding for a social worker, there is strong community and police officer support, a significant population of previously neglected needy individuals is served and targeted neighborhoods now receive needed attention.

CRISIS INTERVENTION UNIT
CHAPEL HILL, N.C.

"If we lost one Crisis Intervention Counselor, I would have to
hire two police officers with less of an effect."
Chapel Hill Police Chief Ralph Pendergraph

SITE DEMOGRAPHICS:

- Estimated Population of 36, 895
- Crime Rate of 7,093 per 100,000
- Ninety-three Sworn Officers
- Four Full-time, Seven Part-time Crisis Unit Workers

Twenty-six years ago, the Chapel Hill Police Department and town leaders, seeking a way of serving the public in a more effective manner, created the Crisis Intervention Unit as an arm of the police department. The original purpose of the Crisis Unit was to handle cases dealing with domestic violence, victimization, mental health emergencies and other personal crises.

Since that time, the Crisis Unit has evolved into a leader in law enforcement and crisis intervention across the State of North Carolina. The Chief of the Chapel Hill Police Department and the Director of the Crisis Intervention Unit, with twenty-four years experience working together have established strong communication and trust within the police department and throughout Chapel Hill and Orange County. The Unit also directs the department's Sexual Assault Response Team and provides follow-up counseling to emergency service personnel.

The Unit is housed within the Police Department because the police are the entity that receives the initial call for service around the clock and provides 24-hour assistance. In 1998, the Crisis Unit responded to over 8,000 calls for service. The Crisis Intervention Unit supervisor is responsible for Project Turn Around, and serves as the Human Services Coordinator and the Resident Services Coordinator for the town.

Project Turn Around is a program established for non-violent, first-time drug offenders with the goal of curtailing future drug use. Participants enroll in a support-based program that includes intensive monitoring, a six-week treatment program and employment assistance. After successful completion, the original drug charge is expunged from the individual's criminal record.

The Human Services Coordinator monitors the performance of all town funded human service agencies, provides staff support to the Human Services Advisory Board, is responsible for an annual human services needs assessment and serves as a liaison for the Police Department with the Department of Public Housing and public housing residents. The Resident Services Coordinator works with the Human Services Coordinator to provide residents programs to reduce illegal drug activity in public housing neighborhoods.

The Crisis Intervention Unit responds to two major categories of calls. First, *emergency or crisis* situations include sexual assaults, death notifications, hostage and barricaded person situations, suicidal persons, kidnapping victims, conflict situations including domestic violence where mediation or emergency intervention is needed, and other traumatic events. These cases are believed to be situations where someone is traumatized and needs immediate counseling or care.

Second, *non-emergency* situations include family conflict, domestic disputes, child abuse/neglect, psychiatric, non-traumatized victims, elderly persons and repeat medical calls. These can be stabilized by line officers or other emergency personnel and involve individuals who should not predictably experience traumatic reactions. The Crisis Unit provides follow up services the next day. Late nights, weekends and holidays are referred to as on-call periods when the Crisis Unit staff responds to emergency or crisis situations only.

The Crisis Unit receives referrals primarily from line officers but also reviews all arrest reports of the police department each day. If there is a situation where a victim might need counseling, the case is then referred by the counselors to the Crisis Unit for follow-up. This is a proactive measure designed to reduce future calls for service to the police department. It also helps de-escalate situations before they reach critical levels of violence.

OBSERVATIONS

- *Provides Direct Services:* The Crisis Unit provides victims with direct client services, which includes crisis counseling, case management, mediation, information, referrals and assessment.
- *Training Outreach:* Training has become an essential part of the Crisis Unit's role. The unit trains officers in special populations, victims and the public, plus crisis management and human services training. This training includes issues such as suicide prevention, communications, dealing with angry people and telecommunication devices for the deaf. The Crisis Unit also informs officers of any legislative changes that pertain to criminal procedures.
- *Needs Assessment:* The Crisis Unit analyzes various issues and problems that surface in the community and tries to establish programs to deal with these categories of concerns.
- *Liaison to the Community:* The unit acts as a liaison to other community agencies. The Crisis Counselors and staff learned to be system *players*, in that they know what services are in the community and channel these services in various situations.
- *Community Awareness:* Community education is one of the *major* activities of the Crisis Unit. The unit has established crises prevention programs involving schools and community groups. These programs educate citizens about behaviors and activities that can increase involvement in crisis situations.

- *Wide Range of Counseling Services:* The Crisis Unit provides counseling for victims of sexual offenses, death notifications, suicide threats and attempts, and hostage situations. They also provide counseling for special populations, which include the elderly, children, handicapped and others facing traumatic incidents including accidents involving serious injury or death and mass disasters. Also, counselors respond to cases of fire, floods, tornadoes and power outages.

- *Crisis Counselors as Mediators:* Crisis Counselors act as mediators in cases of domestic violence. They also obtain resources for victims and arrange for emergency services in domestic violence cases.

- *Augmenting Mental Health Services:* In cases where mental health is an issue, counselors help with commitments and counsel for bizarre behavior where the individual does not fit mental health criteria.

- *Non-Crisis Mediation Service:* The Crisis Unit provides mediation in cases of domestic violence and for other conflicts such as landlord/tenant disputes, employer/employee disputes business/citizen disputes and neighbor/neighbor disputes.

- *Interpreter Service:* The Crisis Unit also locates interpreters where there is a language barrier.

- *Assisting Child Custody:* Issues pertaining to child custody are handled with mediation, information, referral and counseling.

- *Providing Basic Needs:* The Crisis Unit also obtains items such as food, shelter, clothing, gas and utilities for victims and their families.

- *Stress Debriefing:* The Critical Incident Stress Debriefing Team was developed to provide counseling for police and other emergency response personnel. This debriefing occurs in incidents where emergency personnel experience unusually strong emotional involvement such as:

1. Serious injury or death of emergency response personnel*
2. Mass casualty incidents*
3. Suicide of a co-worker*
4. Serious injury or death resulting from emergency or accident, i.e., auto collision
5. Death of a child or violence to a child
6. Loss of life of a patient following prolonged and extraordinary efforts during crisis situations by emergency response personnel
7. Incidents that attract extremely intensive or critical media coverage
8. Any incident that is charged with profound emotion
9. An incident in which the circumstances were so unusual or the sights and sounds so distressing as to produce a high level of immediate or delayed emotional reactions

*Indicates high priority for removing personnel from the scene

- *Service Development:* There are three areas where the Crisis Intervention Unit is currently concentrating developmental efforts. These are:
  1. drug and alcohol counseling
  2. services for the elderly with recurring medical problems
  3. juvenile services.

The Crisis Intervention Unit is an established *institution* in Chapel Hill, highly respected and thoroughly integrated into the fabric of the municipality. Crisis Unit staff is there for every community crisis, large and small, and plays an important role in planning services for the future. This Unit, with over twenty years experience and an equally long period of stable leadership and strong community support, provides an outstanding model for police-social service/mental health partnerships.

ORANGE COUNTY OFFICE OF THE SHERIFF CRISIS INTERVENTION UNIT (CIU)

SITE DEMOGRAPHICS:

- Estimated Population of 41,509
- Crime Rate of 3,219 per 100,000
- Seventy-five Sworn Officers
- Crisis Intervention Team of Two full-time Social Workers, One Attorney

The Crisis Intervention Unit of the Orange County Sheriff's office initially followed the Chapel Hill Police Department model but adjusted to meet the unique needs of a county. The Governor's Crime Commission funded the unit with two social workers and an attorney who provides legal advice to staff and clients when needed.

Over the last three years, the CIU has become an integral part of the human service and criminal justice network of the community. One unique element of this program is what is referred to as a monthly *interagency protocol meeting* attended by the district attorney, detectives from the sheriff's office and staff from the crisis intervention unit, department of social services and other relevant community agencies. The first part of the meeting focuses on interagency issues and the second part focuses on problem cases that are of interest to the participating agencies. Reviewing these cases points to redundancy and gaps in services, and serves as perpetual reminders of the interagency nature of problem cases.

The Crisis unit achieved a high level of visibility and acceptance in the community so that those needing assistance often initiate contact by phone or by walking into the office. They also accept referrals from deputies and other officials and review all calls for service on a daily basis. Whether a crime was committed or not, they either call or send a letter if there is any indication of need. If a crime was committed, they contact the victim and provide the district attorney any available relevant background information.

Orange County Crisis Intervention Unit
Quarterly Records

Types of Cases
- Child Abuse   56
- Domestic Violence   219
- Robbery   27
- Other (threats stalking, neglect, etc.)   56

Victim Characteristics in Cases
- Minorities   104
- Children   79
- Elderly   13

Types of services provided
- Counseling   131
- Follow-up contacts   225
- Referral to other agencies   144

Agencies Referred To
- Coalition for Battered Women   22
- Rape Crisis   8
- Social Services   10
- Juvenile Services   6
- Mental Health   12
- Other Agencies   144

Other Types of Assistance
- Criminal Justice Support/Advocacy   147
- Emergency Legal Assistance   40

Contact Categories
- Telephone Contacts   325
- District Attorney   55
- Other Lawyers   25

The variety and number of contacts and referrals provide a strong indication of the success this unit has had in becoming a vital part of the community service network. The grant ends on August 3, 1999 and based on proven documented results, *all three positions have been funded permanently by the county*.

OBSERVATIONS

- *Universal Application and Effectiveness:* Social work and police partnership programs can contribute as much and be as effective in sheriffs offices as in police departments.

- *Need for Legal Counsel:* Some of the problems involve matters where legal assistance is beneficial.

- *Inter-agency Meetings Strengthen Partnerships:* Regular inter-agency meetings to discuss difficult cases strengthen partnership programs by reinforcing awareness of the need for inter-agency collaboration.

- *Self-initiated Requests for Services:* In smaller communities, as citizens become aware of the partnership program, they initiate requests for service on their own.

- *Identifying Gaps in Service:* Focusing on multi-problem, multi-agency cases enables community agencies to identify strengths, weaknesses and gaps in the community service network and work together to correct deficiencies.

- *Respect for the Client:* Clients referred by the social workers in the Sheriff's office are not stigmatized by their referral source.

- *Greater Range of Problems:* The range of problems brought to the social workers in the Sheriff's office is as great or greater than in urban areas that have more specialized personnel and the volume of cases is comparable.

There are two ideas that are notable here. Rural law enforcement needs a social work and police partnership. The focus of most social programming is in urban areas because of the concentration of crime problems. In reality, rural areas need collaborative partnerships as much or more, than cities. Rural areas do not have as many resources and, when they exist, are not easily accessible. The Orange County Crisis Intervention Unit began with the intention of proving it is necessary. Consequently, they built performance evaluations into daily procedure that helped them stay on track, and developed the numbers to demonstrate that they are serving their community and contributing to the well being of its citizens. They have demonstrated that police/social work partnerships work in Sheriff's jurisdictions as evidenced by the crucial reality that successful performance gets permanent funding.

GANG INTERVENTION TASK FORCE
WILMINGTON, N.C.

"A good model program is one where you can replace the crime you're concentrating on with another crime and still handle the situation effectively."

Dr. William K. Atkinson

President & CEO New Hanover Regional Medical Center

SITE DEMOGRAPHICS:

- Estimated Population of 60,962
- Crime Rate of 11,435 per 100,000
- One Hundred and Sixty-six Sworn Officers
- Four Gang Unit Detectives
- One Gang Unit Intervention Counselor

T he Gang Intervention Task Force was created to deal with the ever increasing gang problem in Wilmington, North Carolina. The Task Force itself is comprised of four juvenile detectives and one intervention counselor (social worker). The Task Force's primary goal is to intervene with a youth's involvement in gang activity. The Task Force detects where the gang activity is located, contacts the offenders and tries to stop further activity from occurring. The Intervention Counselor's caseload is about twelve gang members, and the counselor initially meets with these juveniles twice a month to stop their gang activity. The juveniles are re-evaluated after four weeks of this interface.

The Task Force has criteria for individual involvement in gangs. The list reads as follows:

1) Admits his/her gang membership
2) Is tattooed or branded with gang logo
3) Is named by one or more members of a gang as a gang member
4) Is identified as a gang member by two or more reliable sources
5) Is repeatedly in the company of identified gang members
6) Is involved in gang-related crime
7) Is field interviewed while participating in suspicious activity with identified gang members
8) Is identified by another law enforcement agency as a gang member
9) Is in a photograph or listed in documents that indicate gang affiliates
10) Is identified by wearing clothing which bears gang logos and/or uses gang hand signs

The Task Force is in the Police Department because police are the primary contact for gang related activity. The Task Force has been in existence for approximately 1½ years. The Task Force has created a database that contains the names and associates of every gang and juvenile threat group in Wilmington. Names are compiled by using a *snow ball* technique. Gang members and associates are questioned and give names of other gang members. These members are located and questioned which lead to more names being reveled.

Gang Intervention Task Force
Records

Gang Information
- Youth Gangs   30
- Gang Members   700
- Gang Member Associates   1800
- Juvenile Contacts   1351
- Adult Contacts   1821
- School Visits   292
- Gang Graffiti Incidents   105

Arrests
- Juveniles 15 and younger   7
- Juveniles 16 to 17 years of age   15
- Adults 18 and older   15

Presentations
- Law Enforcement   15
                                              (424 in attendance)
- Community   34
                                             (2137 in attendance)

Total Gang Activity Surveillance   1197 hours

Dr. William K. Atkinson, President and CEO of the New Hanover Medical Center in Wilmington, serves as the Gang Task Force Health Consultant. He also serves the community of Wilmington by being the facilitator of "Communities That Care", where 122 organizations come together monthly with no outside funding to discuss issues that concern the well-being of the city of Wilmington and its citizens. This builds a communication network and trust between human service agencies, law enforcement and business organizations. Trust and communication between these organizations improve services to citizens through cooperation.

The Gang Task Force has identified auto theft and arson as indicators of a gang problem in communities. Dr. Atkinson's committee helps the Task Force assess what resources are available on the local, state and federal levels. *The Meeting of the Minds* helps coordinate existing programs to focus on gang activity. This

communication is shared among the agencies, organizations and citizen groups. Dr. Atkinson is a recognized facilitator for gaining business leader support so that stable financial resources required by programs such as the Gang Intervention Task Force will be there.

Dr. Atkinson helps train emergency room doctors to identify signs of abuse. This training is crucial because one in four individuals in the emergency room are seen due to some form of abuse. Training enables doctors to recognize domestic violence indicators and alert appropriate victim service agencies. This is a preventive measure that facilitates early detection of problem situations before they escalate to more serious forms of violence.

Identifying violence early is obviously cost effective. This cost savings is seen in the emergency room in a more demonstrable way. On average in Wilmington, it costs $22,500 to remove one bullet from a human being with an additional cost of $13,200 after surgery to care for a bullet wound victim.

OBSERVATIONS

- *Service Agency Networking:* The Task Force has done a remarkable job of establishing contact and maintaining communication among service agencies in New Hanover County. This network provides the basis for the Task Force's intelligence gathering effort.
- *Gang Awareness Training:* The Task Force gives two-hour presentations on "beating in and sexing in" rituals of gangs initiations, identification of gangs and history of gangs to community groups. The Intervention Counselor presents safety issues and visits with gang members during the presentations.
- *Juvenile Offender Diversion:* The intervention counselor's main duty is to divert juvenile offenders from the criminal justice system. The techniques employed are discussed below.
- *Risk Assessment Criteria and Evaluation:* The intervention counselor assesses each individual situation according to three main criteria: their knowledge about gang membership, their knowledge about gang members and their knowledge about gang activities.
- *Social Worker as Conduit to Services:* The intervention counselor acts as a link between the police and other service agencies while making referrals that are in the best interest of the children. The intervention counselor familiarizes the detectives with the duties of a counselor's job and the detectives' role in that job.
- *Real Time Service Delivery:* The intervention counselor goes out with the four detectives on gang related calls so that the service provided is immediate and on site. During this time, the counselor also meets with parents about their child's behavior before entering court. The judge usually takes the advice of the counselor and sentences appropriately.
- *Social Worker as Buffer for Client:* The intervention counselor acts as a buffer between the public and the police. There are individuals who will not talk to the police because they feel threatened or overpowered by

the police. The counselor creates a non-threatening atmosphere that encourages these individuals to open up. This helps the police with interrogation and information gathering.

- *Victim Service Programs:* The Intervention Counselor provides the community with programs that improve the quality of victim services. The Counselor develops programs geared to educate students about how to say no to drugs and gangs. The Counselor creates programs that show juvenile offenders why their behavior is not proper and why they should change.

- *Social Workers as Part of Community Leadership:* The Intervention Counselor also serves as a representative of the Gang Task Force in the community by sitting on various community boards.

- *Intelligence Database:* The Task Force concentrates on intelligence gathering. It does this by gathering bits and pieces of information from detectives, line officers, law enforcement and other criminal justice agencies.

The Gang Intervention Task Force demonstrates the flexibility and scope of the social work/police partnership model. Local leadership and community advocates noticed a significant problem with gangs. The response was to develop a joint effort by the Wilmington Police Department and the New Hanover County Sheriff's Office to place detectives and a social worker in a community policing sub-station working shoulder-to-shoulder with sworn officers at the source of the problem. *The immediate result has been a reduction in gang activity and a cohesive regional approach to problem solving. The long-term result is that the community has a permanent structure involving over one hundred service agencies to confront long-term community problems. Moreover, it has provided a model for further performance-based, community wide prevention projects.*

THE MEMPHIS POLICE CRISIS INTERVENTION TEAM (CIT)
MEMPHIS, TENNESSEE

"CIT is about responsibility and accountability to the community, family members and consumers of mental health services. Special needs deserve special care. CIT promotes education, sensitivity, understanding and the building of community partnerships."

Walter J. Winfrey, Director, CIT, Memphis Police Department

SITE DEMOGRAPHICS:

- Estimated Population of 619,981
- Crime Rate of 10,430 per 100,000
- One Thousand, Seven Hundred and Eighty Sworn Officers
- One Hundred and Sixty-five Volunteer Officers Per Precinct

The Memphis Crisis Intervention Team was created in 1986 when the Memphis Police Department began to look for a safe and effective way to lessen community backlash and to curtail potential for lawsuits over alleged brutality that was sometimes present when police were called upon to deal with situations involving mentally disturbed individuals. A committee consisting of individuals representing the legal, police, mental health and social service professions drafted the plan for the Memphis Police Crisis Intervention Team. In May 1988, the Memphis Crisis Intervention Team was implemented full scale with 32 volunteer officers in all.

The Memphis Police Crisis Intervention Team is a community-based partnership involving the Memphis Police Department, the Memphis Chapter of the Alliance for the Mentally Ill (AMI), mental health providers, the University of Tennessee and the University of Memphis. Its purpose is to provide an understandable, safe, proactive and preventative approach to handling crisis situations involving mentally disturbed individuals.

Today, there are over 165 active volunteer officers from each Uniform Patrol Precinct who maintain a 24 hour a day, 7 day a week coverage. They answer over 7,000 mental disturbance calls annually, dealing with issues such as mental illness, mental retardation, social problems, chemical dependency, suicidal ideation and general life adjustment problems. CIT is an immediate police crisis response in which team members can offer a calm and compassionate approach to someone experiencing a crisis. This method of dealing with the mentally ill reduces the likelihood of violence and enhances the provider's role for better patient care. In addition to responding to mental disturbance calls, CIT officers also respond to general police calls. This makes the program efficient within the overall context of police services.

CIT officers complete an intensive, 40-hour training program under the instruction of family advocates, mental health providers and mental health consumers. In this program, officers are introduced to the basic dynamics of common types of mental illness so that they are able to make quick decisions about what and with whom they are dealing when placed in crisis situations. They also visit facilities where the mentally ill live and/or are housed, speak to them one-on-one and participate in group discussions. This allows them to better understand the viewpoint and feelings of consumers. CIT officers also become involved in role playing or experimental training that provides officers with basic responding skills so that they can de-escalate crisis situations. In addition, officers are taught skills necessary for gathering relevant case history, evaluating the individual's social support system and assessing medication information. In an effort to remove barriers and to provide greater mutual appreciation for each other's role, instructors ride with the police. This enables the CIT member to gain a better understanding of what officers face when confronting crisis situations. In essence, this training enables officers to understand that mental illness is not a crime; it's a disease.

Prior to the implementation of the Crisis Intervention Team, the police were not prepared to deal with the mentally ill. Family members of the mentally ill did not trust the police. Police response often resulted in injuries and arrests. The criminal justice and mental health systems considered each other adversaries. Today, officers are skilled in verbal de-escalation techniques. Family members of the mentally ill request that CIT officers are on the scene. Most patients are taken to medical facilities without injury or charges and the criminal justice and mental health systems work together to provide solutions to mental health problems.

CIT is cost-efficient in that police must respond to crisis events. With CIT trained officers, positive action to the crisis is immediate. Additionally officers and citizens understand that mental disturbance calls are a special priority.

Since 1987, when authorities began keeping careful records, the number of calls involving the mentally ill has increased by 97 percent, while injuries suffered by mental patients at the hands of police have dropped nearly 40 percent. For the first time, the citizens of Memphis understand the nature and extent of the mental health crisis. Memphis is experiencing some of the lowest rates of mental health clients in its jails. The information system used to track cases also provides useful information to evaluate effectiveness and guide policy changes. CIT effectively reduced the burden to the department and mental health agencies while promoting community wellness.

OBSERVATIONS

- *Target Population:* Individuals who are experiencing serious emotional problems and their families are the primary clients.

- *Benefits to Mental Health Service Providers:* Mental health professionals benefit from the Crisis Intervention Program in a number of ways. First, they no longer have to be concerned about using force because they can call the police for assistance in a crisis. Second, emergency room doctors are able to determine the patient's level of impulse control and overall dangerousness by seeking the input of officers. Third, the chronicity of the emergency commitment population has decreased. Fourth, the use of restraints and patient violence in the emergency room decreased.

- *Benefits to Law Enforcement:* Law enforcement agencies benefit from the Crisis Intervention Program as well. First, officers are better educated and trained. Second, there has been an increase in officer recognition in the community. Third, there has been a decline in officer injury during crisis events. Fourth, there has been a reduction in the time officers are away from the job due to injury as a result of their involvement in crisis events.

- *Benefits to Citizens:* Mentally ill clients benefit from the Crisis Intervention Program. First, crisis response is immediate. Second, trained CIT Officers can be requested to respond to a crisis situation. Third, the use of force during crisis situations decreases. Fourth, consumers have greater access to mental health services and are provided better care. Fifth, officers can identify consumers that have been neglected or do not fit established mental health criteria.

- *Replicability:* The Memphis Police Crisis Intervention Team has been replicated by other police agencies in Albuquerque, New Mexico; Portland, Oregon; and Waterloo, Iowa.

The Memphis experiment demonstrates unique ways to make the mental health/ law enforcement connection. Using volunteer patrol officers trained by mental health professionals is a very creative way to dramatically involve the community in a preventive, problem-solving task. The number of trained volunteer officers has increased from thirty-two to over one hundred sixty five. This is a strong indication of acceptance by the officers and the community. *The data on decreased officer and suspect injuries despite sharp increases in the number of mental health related calls for service clearly indicates the success of this unit. It also illustrates the value of cross-training key personnel. Any community of any size can use the Memphis CIT as an example for developing effective partnerships.*

Chapter IV
Observations

I t is very likely that the social work/police partnerships described in this document are neither new nor unique. Leaders and researchers in the human service area, including policing, have had to deal with the tenacity of the crime problem and with research demonstrating the disproportionate contribution to crime and community problem by a relatively small number of cases that are impervious to all treatment efforts. Community policing initially attempted to solve problems by developing relationships with citizens through foot/bicycle patrols, decentralized sub-stations and neighborhood improvement activities. Perhaps the current emphasis on developing partnerships with human service agencies is a natural outgrowth of the problem solving efforts of community policing. Whatever the reason, it appears to be an idea whose time has come. Social work/health/mental health/police partnerships are appearing in many jurisdictions in a variety of forms.

This document has summarized the results of an extensive search for effective practices demonstrated by a number of successful partnership programs. The items below summarize the results of interviews and analysis of written program material provided by program staff. Some items may not have been part of the initial program design, but in practice and over time, each was considered to be an important element of social workers/police partnership programs. While the programs all started with a much narrower focus, the following items consistently surfaced and were considered essential elements for social work/ police partnerships.

- *Complex Service Needs*
  Frequent callers for police service are multi-problem households often served by several agencies and involve substance abuse, violence, mental health and a plethora of other problems. Chronic callers absorb tremendous amounts of police time and add to frustration since the best efforts of police have no noticeable effect. Experience has shown that some first-time callers have problems no less severe.

- *SWAPP Bridge Between Law Enforcement and Citizens*
  Police have first contact with crime/conflict situations. Traditional police response is to restore order, mediate, separate if needed, stabilize the situation, arrest when warranted and leave. Prevention requires involvement of other agencies to deal with the problems that precipitate calls for service. This is especially true when police are called for situations where no crime has been committed.

- *Duties and Responsibilities*

  After police stabilize the situation, the social worker response to the site is rapid, either with the police on initial calls or the next day. The social worker provides case management that includes the following:

  a) Assess the situation, the victim, suspect and other affected family members and provide emergency services, mediation, or facilitate separation when needed.

  b) Read police reports, conduct background checks and develop realistic service plan in consultation with referral agencies, thus providing agencies and courts with previously unavailable background information.

  c) Refer to other agencies when possible and provide interim services until referral services begin.

  d) Monitor client progress through continuing contact, especially with high-risk, severe problem cases.

  e) Advocate for clients needing assistance often with pragmatic services such as food, shelter and clothing.

  f) Help victims procure services that may have been denied.

  g) Support victims throughout the court process and facilitate prosecution of perpetrators when appropriate.

  h) Examine all agencies serving family members and assist in coordination of services for the entire family including children, victims and batterers.

  i) Periodically return to problem homes to conduct a preventive patrol. Police have little time and no mandate to follow problem cases. Absent this follow up, officers are likely to be called back time after time.

  j) In domestic violence situations, social workers provide counseling to preserve the relationship when possible, actively assist victims who need shelter care and contribute to prosecution of batterers when warranted. The introduction of a non-sworn individual in the situation serves as a buffer between the police and citizens in conflict situations. Some individuals who will not talk to uniformed police will talk to a social worker and provide valuable information.

  k) Social workers contribute to departmental training regarding police response to special populations, crisis management, dealing with suicide and mediation skills for example. Mediation is provided in domestic conflicts, landlord/tenant, employer/employee, and neighbor/neighbor disputes.

  l) Social workers serve as police department liaison with other community agencies. They learn to be "system players" with other agencies while gaining increased respect from the police. Agency personnel are often surprised to learn of their client's criminal activity that may well have a profound effect on their treatment.

- *Special Populations*

  Frequent callers and serious police problems often involve mental health problems requiring special treatment that police alone cannot provide. Social workers help with mental health commitments and counsel for bizarre behavior that does not fit mental health criteria. In Memphis, the number of mental health related calls for

service doubled while injuries to both police officers and arrestees declined. Police provide useful information to emergency room physicians and mental health workers who, in turn, gain a better understanding of what officers face. Officers understand that mental illness is not a crime but a disease.

- *Service Ineligible Populations*
  Many police calls involve people who must be served by the police social worker because they are considered ineligible for or have exhausted the resources and patience of established agencies. Lumberton SWAPP workers report that police involvement sometimes causes otherwise recalcitrant individuals to be cooperative. With this support, agencies can be convinced to give the individual another chance.

- *Filling Service Gaps*
  Police calls for service frequently result from complex, difficult situations often requiring services not provided by the existing service network. Bringing these to the attention of service agencies helps remedy gaps in the service network and reduces the need for future police intervention.

- *Confidentiality*
  Some individuals will work with police social workers but will not accept referral to established agencies. This includes professional people and government employees who have been involved in a call for police assistance but who fear that their reputation and vocation could be tainted if they were referred.

- *In-House Crisis Debriefing*
  In-house crisis debriefing, provided by Chapel Hill, counsels police and other emergency response personnel who have had to deal with traumatic situations, such as death, serious injury, suicide of a coworker or coworker's family and any incident charged with profound emotion.

- *Court Advocacy*
  Court appearances can be traumatic and confusing to victims and offenders alike. Social workers help individuals deal with this process by providing support, counseling, and information to victims, and by providing prosecutors with background information to encourage and facilitate prosecution of suspects.

- *Geographic Boundaries*
  Social work agencies serve wider geographical areas than criminal justice agencies. The Orange County crisis team conducts a monthly "protocol meeting" that includes detectives, the District Attorney, N.C. Social Service and other state, county and local agency representatives to discuss interagency issues and problem cases. Police

social workers have to cross jurisdictional boundaries to serve problem families and thus contribute to dealing with the isolation of local police agencies by establishing lines of communication and cooperation with service and law enforcement agencies in other jurisdictions. In Wilmington, the social worker serves both the city police and county sheriff's office and shares information with other law enforcement agencies in the region, thus contributing to communication and intelligence gathering among regional criminal justice agencies.

- *Cross Training*

  Providing cross training of law enforcement, social service, mental health, public health, and hospital personnel enhances understanding and cooperation. The social work presence has a mutual consciousness raising effect on police, human service and referral agency personnel. Police are surprised at the number of people who have serious personal problems, and social workers are surprised at how many clients have criminal records.

- *Database Development*

  Developing databases that contribute substantially to police intelligence and effective regional strategic planning around recurring problems. The Wilmington gang task force database includes lists of gangs, gang members and associates, assesses individuals regarding knowledge of gang membership, gang members and gang activities, and uses this information to focus investigations and develop measures to keep youth from gang and threat group involvement in the entire region.

- *Develop Procedures Manual*

  Developing an effective procedures manual ensures that all situations are being handled consistently and appropriately. The Chapel Hill Crisis Intervention Unit has, over the years, developed written policies to guide their activities. These policies will vary among sites and grow out of experience but are essential to long range functioning and fiscal support.

- *On-going Needs Assessment*

  Needs assessment is a continuing process because community needs and problems constantly change. Review of chronic cases often reveals redundancy of agency effort and gaps in the service network that require a community wide reaction.

- *Ongoing Training*

  Ongoing training is essential as the program adjusts to emerging problems and adoption of new techniques and procedures. Involving all agencies contributes to the strengthening and maturation of the partnership.

- *Crisis Intervention Expansion*

  Criminal activity is not the only community problem that partnerships must address. Injuries, fire, death, suicide, mass casualties, and other emergency situations occur frequently and leave victims who require a community wide response. Mature social work/police partnership programs serve these victims.

- *Logistical Support*

  Social workers require logistical support including cars, car phones, pagers and computers to communicate with other agencies and be able to respond to client needs and emergency situations.

- *Use Volunteers*

  Volunteers can relieve pressures on staff and leadership and offer direct services to victims. There are no consistent patterns in the role of volunteers. Some use paid professional volunteers who agree to serve on an on-call basis while others use patrol officers who volunteer for special duty.

- *Emergency Finances*

  There will be periodic demand for financial assistance that requires involvement of agencies that can provide emergency funds. United Way and religious organizations sometimes provide this kind of immediate, short-term support.

The above listings illustrate the wide-ranging needs that are addressed by social work-police partnership programs. Absent the partnership, there will be overlapping services, areas where there are no services, and clients that have little understanding of their own real needs or of the services available. Metaphorically, some older folks can remember, at spring cleaning time, boiling clothes in an open kettle and being the kid that had to push down the air bubbles. One bubble would be pushed down and another would pop up. Sooner or later the same bubble appeared and continued to appear over and over. When the fire was removed, the bubbles stopped. This must be the same feeling police and agency social workers have as they return to the same houses to deal with the same problems over and over. For example, on one of the researchers police ride-along, a patrol officer admitted a drunken man to the detoxification unit. He was on a first name basis with the staff since he had over 30 prior admissions.

No one is being served by this cycle of response. The social work/police partnerships utilize police calls for service as a signal to summons the entire caring community to address the immediate needs and root causes of these recurring problems that threaten the community by frequent crime, cruel victimization and wasting limited resources.

Chapter V

How Do Communities Assess Their Need For a Social Work/Police Partnership?

T his chapter begins consideration of how to put together a SWAPP program for your community. Consider each numerical item as a checklist item that requires action. Keep within the sequence of the project life cycle: plan, implement, manage/stabilize, and growth.

Most communities have police and human service agencies that function independently, despite overlapping mandates and client caseloads. Community policing with its focus on problem solving and partnerships has led police to recognize that inter-agency partnerships are required to deal with the causes of problems that precipitate calls for service. Assessing need for and identification of services to be provided by such a partnership necessarily involves all key stakeholders.

Another key element of community policing is accountability to the community for outcomes. This means the results of policing are measured by the *differences in the lives of citizens*, not in calls for service or response time. Calls for service are measures of *output*. Reduced fear of crime and solving community problems are *outcomes*. Positive outcomes are the goal of social work/police partnerships.

Adequate analysis of the problem being addressed is essential to developing services that produce favorable outcomes. Agencies seeking to become more outcome-oriented commonly define clear missions and desired outcomes measure performance to gauge progress, and use performance information to guide decision making. This represents a change no less drastic than community policing itself and requires intensive planning. Given that social work and police partnerships involve a plurality of agencies, each with its own goals and located in communities, each with unique characteristics and problems, the importance of planning is especially critical. The essential steps of the planning/needs assessment process are outlined below.

1. *Identify and Involve Key Stakeholders*

   Stakeholders include key agency representatives, consumers and service providers. Partnerships are complex environments where participating agencies may have different, multiple, ambiguous and/or competing mandates. Effective partnerships are not based on contracts but upon trustful relationships among individuals, and this takes time. Stakeholders provide valuable data on service needs and on resource limitations. While administrators are essential, patrol officers and agency direct service providers are important because they are the initial decision-makers, are the final referral sources, and can provide valuable qualitative information.

2. *Develop Mission Statement*

   The mission is to link agency resources with citizens needing social, mental health and victim services. Addressing the basic questions of defining a mission statement, stating your purpose, and identifying what must be done to achieve that purpose will present a significant challenge. While complete consensus will be uncommon, stakeholder involvement in this task ensures that efforts are targeted towards the highest priorities, helps

agencies understand the competing demands each faces with limited resources, and how those demands and resources need careful and continuous balancing.

3. *Assess Internal and External Environment*

   Requisite to successful implementation of a partnership is involvement of key agencies and personnel in analysis of the external and internal environments. This analysis includes ascertaining the scope and dimensions of the problem and identifying the strengths, weaknesses, gaps and redundancy in the available human service network. Problems addressed by multi-agency partnerships are likely to be complex and multi-faceted. They require data from multiple sources, including:

   a. *Community demographic characteristics* need to be defined, and agency data that relates to crime and human service problems including probation/incarceration patterns and data from social service, education, mental health, public housing, social service and labor departments. A listing of web site resources for the assessment is included as the last page of this chapter.

   b. *Police crime data* provide reliable information on problem areas and individuals, chronic callers for police service, and hot spots that signal serious problems.

   c. *Citizen input* is mandatory. Conduct citizen forums and focus groups involving influential citizens, service agency representatives, consumers, elected/appointed government officials and the media.

   d. *Current practices* should be reviewed with agency administrators, patrol officers and other direct service staff to provide vital qualitative information that can not be gathered by any other means.

4. *Align Activities, Core Processes and Resources*

   Assessing needs and developing a mission statement to address those needs requires organizational change, another key element of community policing. Agencies in the partnership start by assessing the extent to which their programs and activities contribute to meeting the mission and desired outcomes. Social work/police partnerships involve agencies that are operating at full capacity. The partnership requires them to extend services to additional clients with no immediate increase in resources. Agencies shifting to a result-oriented approach and serving new clients find it necessary to alter activities and programs to efficiently and effectively produce services that meet customers needs, protect stakeholder interests and produce positive outcomes.

5. *Assess Information Needs*

   Narrow agency mandates, professional codes/policies and statutes protecting confidentiality limit inter-agency communication, cooperation and information sharing. But when individual and family conditions deteriorate to

the point where they become community problems and interagency communication and intervention becomes necessary, social work/ police partnerships become the mechanism for summoning the entire village. This, in turn, requires strategic information management to guide and evaluate program progress and effectiveness. As with other police-based, cooperative programs, only the police partner can develop and maintain the information system and provide feedback to other partners. This information system, the lynchpin of the partnership, strengthens the partnership and is requisite to realigning processes, reducing costs, improving program effectiveness and maintaining stable funding.

The assessment as outlined above is of critical importance. When executed properly, it will establish the agency network that will comprise the partnership, facilitate consensus among these agencies on the nature and scope of the problem, target client populations, identify the steps the community needs to produce the desired positive outcomes and be a major step toward achieving a level of cooperation that is as rare as it is necessary. Failing to include key groups such as public health, mental health, women's advocacy groups and community members, both leaders and consumers, will lead to passive non support if not to active resistance. It will also point to difficult and vital areas, such as data sharing that must be addressed early on, because after the program is underway, other more immediate issues will surface and will detract from these basic areas. Conditions change and new, equally important problems surface. Personnel shifts are inevitable and these newcomers often feel more comfortable starting from scratch convinced that they can do it better. The above review of successful partnerships clearly indicate that properly planned and implemented police/social work partnerships can be institutionalized and become an integral part of their communities.

Needs Assessment:
Web Sites for Community Characteristics

North Carolina Counties
    North Carolina County Web Pages   http://ncinfo.iog.unc.edu/counties.html

North Carolina Cities and Towns
    North Carolina City and Town Web Pages   http://ncinfo.iog.unc.edu/cities.html

Prison/Probation Populations
    North Carolina Department of Corrections   http://www.doc.state.nc.us/

Crime Rates (Juvenile and Adult)
    North Carolina Uniform Crime Reports   http://sbi.jus.state.nc.us/crimestat/nccrime.htm

North Carolina Age Demographics
    Department of Aging Demography Report   http://sswnt2.sowo.unc.edu/demography/demog.htm

N.C. Center for Health Statistics
    Birth/Health Statistics by county   www.schs.state.nc.us/SCHS/healthstats/births/

    Leading Cause of Death by county   http://www.schs.state.nc.us/SCHS/healthstats/deaths/lcd/lcd_data.cfm

N.C. Department of Public Instruction   www.dpi.state.nc.us/

N.C. Child Advocacy Institute – Child Well-being   www.ncchild.org/htm/counties.htm/

U.S. Census Bureau
    National, State, or County Population Data   www.census.gov/

N.C. Office of State Planning
    Age, Race, and Population Projections   www.ospl.state.nc.us/demog

N.C. Center for Geographic Information and Analysis
    Income, Education, Business & Industry, Social Services   http://cgia.cgia.state.nc.us.80/cgia/

Mental Health
    North Carolina Facilities   www.dhhs.state.nc.us/mhddsas/statefac.htm

    Mental Health, & Substance Abuse Services by County   www.dhhs.state.nc.us/mhddsas/dirbox.htm

Health Care
    Medicaid Statistics   www.dhhs.state.nc.us/dmalncms.htm

N.C. Department of Social Services
    County Directory   www.dhhs.state.nc.us/dss/county.pdf

N.C. Department of Public Health
    Association of Local Health Directors by County   http://204.211.78.102/ncalhd/county.htm

BJA Evaluation Website   http://bja.evalutionwebsite.org

Chapter VI

A Checklist For Effective Implementation: Critical Concerns

The needs assessment process provides critical information regarding community characteristics, client needs, and agency resources, as well as the opportunity to identify agencies and individuals with the motivation and abilities required to transform a plan into an effective program. A properly executed needs assessment will provide the first major steps toward implementation. Many critical decisions will have been made. The items below form a checklist of effective practices provided by thorough review of successful police/ social work partnerships.

1. *Develop A Governance Structure and Assemble Leadership Body*

   Leadership must include managers who develop policies and procedures, define duties, clarify areas of responsibility, resolve performance problems and provide accountability.

   Key leaders recognize and communicate the urgency to change and influence line managers to accept ownership of the task to meet customer needs and accomplish mission goals. They strategically involve those whose cooperation is requisite to program success, lead in developing consensus on short and long term goals and establish data based milestones for measuring progress. The chief of police and the area health and mental health directors are key partners since Medicaid funds for substance abuse treatment and health care are available only through these centers. This is critical, as a funding stream needs to be established as soon as possible, if not from the outset.

2. *Identify Sponsoring Organizations*
   Sponsoring organizations have legal authority including receiving and administering funds, hiring staff, and conducting evaluations. They are accountable for program outcomes. Law enforcement, public health, mental health and victims service agencies typically play central roles.

3. *Produce a Set of Performance Measures at Each Organizational Level*
   These are clear, realistic and measurable program goals and objectives that guide program operation, provide for necessary adjustments, and can be used as benchmarks to measure success. As agencies seek to align their activities and resources to achieve mission related goals, they also seek to establish clear hierarchies of performance goals and measures to provide clear roadmaps showing how their activities contribute to attaining strategic goals and missions.

4. *Identify Geographical Target Area*

Jurisdictional boundaries of criminal justice agencies are narrower than those of human service agencies. Serious problem families often have members from other criminal justice jurisdictions, so city/county boundaries and agency service areas are critical considerations.

5. *Identify Target Population and Problem*

While criminal justice agencies' problems use statutory definitions, other agencies cannot be so precise and the crimes committed do not necessarily define root problems. Mental health, domestic violence, substance abuse problems and crime victimization are often inseparable. Serious and recurring police problems signal the need for a community response. Experience has consistently shown that domestic violence, victims of other crimes and mental health problems are major areas that are addressed by social work/police partnership programs. Profile who your clients are and define specific problems. This will define services and the process of delivering them.

6. *Develop Realistic Long Term Time Frame*

Effective partnerships are not based on contracts but on trustful relationships that require time and effort. A short-term partnership is an oxymoron. Initial resistance is to be expected but diminishes rapidly as staff at all levels appreciate the value of the partnership.

7. *Procure Stable Funding Involving Public, Private and Private Non-Profit Organizations*

When the needs assessment includes proper representation, many of those who are in a position to obtain a secure funding base will already be involved, informed about the scope of the needs and availability of resources and committed to the community wide approach to achieving positive outcomes for these difficult community problems. In all cases studied, permanent funding was obtained after grants ended.

8. *Recruit Qualified, Dedicated Staff And Volunteers*

Early on, the partnership will be based upon relationships among key individuals. These people had a vision of what a partnership is and what it could contribute. Changes in key personnel in these infant days of the partnership can be devastating unless the role of the agency they represent has been clearly defined and commitments continue to be honored. Sometimes there is confusion between changes advocated by a new partnership representative and changes that result from normal healthy growth. Here is where clearly stated objectives play a critical role. Make sure project personnel are committed and skilled. Turnover can seriously affect a new approach to doing business such as SWAPP.

9. *Locate Social Workers In High Problem Areas*

   Location in different high problem neighborhoods facilitates interaction with patrol officers and provides access to police records. Officers have excellent intuitive knowledge of problem situations that quantitative data does not reveal. Also, location in problem areas helps define the role of the police as the agency that summons the community to deal with community problems.

10. *Cross-train Key Personnel*

    SWAPP requires multi-tasking for patrol officers, social workers and staff of other relevant agencies to enhance communication and understanding, and to facilitate effective program operation. The major goal of training is to break down the barriers among agencies. This requires conscious effort.

11. *Collect Data*

    Collect sufficiently complete, accurate and consistent data to guide decision-making and measure success. Reaching organizational goals requires information systems to provide needed information. Building performance data collection into the processes that govern daily operations can reduce data costs. A properly constructed client information system can meet the needs of both counselors and administrators while preserving client confidentiality. (See Appendix B and C)

12. *Close Service/Needs Gap*

    The programs included in this study all made adjustments during the early months of the project. This did not result from faulty planning but from a more accurate perspective of problems when viewed from a partnership perspective. Partnership agencies seemed surprised to learn that this problem that had been a burden for their agencies for years, had also been a major burden to other agencies and was truly a community problem that no single agency could ever resolve alone. The areas that surfaced consistently included victims assistance, mental health related police calls for service, recurring family disputes, and domestic violence in its many forms. In each case, a police call for service was the signal that summoned the community to action.

13. *Develop Stability*

    Having a good working project is only the first step in SWAPP development. The program must deal with other problem areas and future issues. The current problem is domestic violence. Later it could be juvenile gangs, substance abuse and mental health cases. Once the partnership is in place, other problems can be addressed with the same united community response. Perhaps the greatest contribution of social work/police

partnerships is the development of a community wide problem solving body. Long-term, recurring problems indicate that persistent multi-agency response is needed.

Implementing a social work/police partnership is an educational process. When agency representatives meet to discuss problem cases, they gain a new appreciation of the complexity of the cases and of the other agencies that, like them, have been struggling in isolation to serve. There is a necessary balance between having an adequately thorough plan to guide implementation, and providing for the inevitable adjustments that will need to take place as the partners learn more about themselves and their community problems. Some provision for adequate ongoing communication and periodic reviews is necessary if the partnership is not to be lost in the day to day crises that characterize the work of most human service agencies.

Chapter VII
How To Know Whether SWAPP Programs Are Effective?

D etermining the impact of social work/police partnership programs requires an effective system of evaluation. Every aspect of the program and process should be dissected to determine strengths and weaknesses of the services provided. It is vital to the success of partnership programs that evaluations are carried out regularly and the information gathered is acted upon. Evaluation determines effectiveness, and effectiveness determines support. There are several aspects of a system of evaluation that need to be addressed.

1. *Maintain Partnerships*

   Quality services result from effective collaboration and communication with all relevant community agencies. Solid partnerships based on long-term, positive experience and mutual trust are requisite for program success and for collaborative efforts to secure fiscal stability.

2. *Evaluate Job Performance*

   First, job performance evaluations are critical elements of an effective system of evaluation. Without them, the program does not work. Leadership and staff must be evaluated to determine their continual commitment and effectiveness in delivering the type of quality service needed. Calls for service are the signal to the police of a problem. Reduced calls for service that partnership programs are handling these police problems. Items such as response time, appropriateness of referral, assessment quality, counseling effectiveness and training clarity are all essential elements that must be evaluated in order to determine the quality of service provided.

3. *Conduct Consumer Satisfaction Survey*

   One of the best ways to determine the quality of a program is to ask those receiving the service. Consumers and police are the direct receivers of the service. Consumer surveys tell evaluators about previous contacts with police, the situation being dealt with, how it was handled, whether or not the situation was handled satisfactory and if there were any further contacts with the police. Consumer surveys provide feedback needed for quality control and improvement. Police surveys tell a different kind of story. These surveys help bring about understanding concerning the relationship between outreach workers and police officers. Information is gathered pertaining to the way officers have dealt with problem cases before the conception of the program. Officers give a before and after view of problem case management. Since officers have dealt with these problem cases, they can point to any improvements or detriments in case management. It is also important to gauge officer approval of the program because officers who do not approve of the program or its techniques are less likely to refer cases to it.

4. *Evaluate Agency Awareness*

Social work/police partnership programs function on communication. Strong communication networks are critical to the survival and success of these programs. Evaluations would be incomplete if agency awareness of the program was not measured. This is essentially an evaluation of the leaders' capacity to gain support for the program. Agency awareness surveys tell evaluators the extent to which the program is gaining support, is working with other agencies to insure the best service possible, is expanding its referral base, solidifying partnerships in the community, and creating a unified community approach to shared problems. Community service providers must solidify into a service unit in order to make case management easier, quicker and safer. These surveys indicate whether such a network is being formed.

5. *Identify Service Deficiencies*

This refers to service gaps, where recurring client needs are not met by any agency. Partnership agencies can collaborate on providing needed services.

6. *Identify and Remedy Performance Gaps*

When organizations identify areas where actual performance levels fall short of the level identified as its goal, managers can target those areas most in need of improvement and set appropriate improvement goals.

7. *Demonstrate Efficiency and Effectiveness*

Competition for resources among human service agencies is such that each agency must demonstrate efficiency and effectiveness to its sponsors. Established agencies have data systems that provide information required by their funding sources and increasingly, this information stresses outcomes for the community. Partnership programs require a separate database that includes information about output, i.e. services provided and level of involvement by each partner. But continued support requires data based reports of both output and outcome variables. Outcome variables include information on the extent to which both agencies and clients benefit.

8. *Serve the Community*

Police social workers ands other partners serving on various community boards and committees strengthen the role of the police department and the partnership in the community, furnish the department with an active voice, and provide community support for future funding requests.

9. *Work With Community Leaders*

Earning and maintaining the support and respect of appointed and elected officials is essential to stable funding. The level of interest in and involvement of elected officials has been surprisingly high. They see the program as serving a serious, unmet need and have a real appreciation of the problem cases this program addresses.

10. *Include Media*

Strategic involvement of media outlets broadens community support because citizens receive most information through some form of media.

The community policing literature is full of references to the problem-solving model referred to as SARA: Scan, Analyze, Respond and Assess. Herman Goldstein, often referred to as the father of community policing based on a 1968 article on police problem solving, recently he said that if he is the father, he has an illegitimate daughter named Sara. SARA has become a cliché. Everyone talks about it but very few are doing it. The part that is most consistently overlooked is the "A" part--*ASSESSMENT*. To claim community policing is to accept higher expectations of accountability by citizens and government officials since accountability is one of the essential elements of community policing. In this area, multiple agencies will focus on the community's most difficult cases where each has previously failed. It is imperative that successes and failures be documented as part of the problem solving process. The assessment is essential to identifying service gaps and deficiencies that in turn are essential to program success. As indicated above, the social work/police partnership makes immanently good sense to elected and higher-level government officials, who must wonder why this has not been done before.

As a word of caution, the level of pathology in some families is so long-lived and severe that that there is a limit to what can be done, even with a community wide effort. As with developing consensus on a records keeping and an information system, initial agreement of the assessment is critical to the ability of the partnership to demonstrate its effectiveness.

Chapter VIII

Conclusion

T his report clearly indicates that in five different sites, each with different structures, organizations and demographics, social work/police partnerships work. In all cases, after a short period of time, permanent funding was sought and usually obtained. Despite the variation in plans and goals of the five sites, there were striking similarities. Each estimated that, in roughly equal proportions, they served three major types of clients: domestic violence, other victims and mental health cases. Initial resistance by patrol quickly disappeared. The police social workers quickly carved a niche in the service network and developed positive relations with other human service agencies. The experience of these sites supports the contention that every jurisdiction should have this program and the reasons are increasing.

Some kinds of crime are decreasing, but this may well be a function of demographics. Fear of crime has decreased less because of the horrendous nature of some crimes. We know that there are insuppressible crimes, small proportions of the population account for disproportionate violent crimes, and there are long-lived hot spots that are impervious to all law enforcement efforts. Community policing leaders point to the shortage of referral resources as a major impediment to its further development. Concern for community safety has forced us to recognize that single agency responses can never effectively deal with threatening, complex community and family problems. Federal granting agencies are now targeting the population that goes back and forth between the criminal justice and the mental health systems.

When personal or family problems rise to the level where police action is required, they become community problems demanding that the entire community be summoned. Otherwise, each agency will do their best, fail, and then the next agency will be called, on and on, ad infinitum. But there is little precedent for interagency cooperation. SWAPP provides the structure for multi-agency collaboration to attack and solve serious and threatening community problems. It is the logical next step in the evolution of community policing.

Social work/police partnerships seem deceptively simple. In fact, this arrangement, while embodying basic common sense, represents a major paradigm shift. It brings together agencies that share common clients and should never have been so divided. Specialized, fragmented human services and human service agencies are adequate for most people. But they do not serve well the chronic dangerous criminals rising from the soil of intergenerational personal and family pathology who threaten our communities, abuse substances, spouses and children and pass their pathology on to the next generation.

The SWAPP model shows us how to build community capacity to confront difficult community problems and go on to true prevention. Agencies join hands to serve, not just the cooperative and promising, but the difficult, dangerous, chronic cases that previously fell between the crack of the service system and often threaten our communities. SWAPP provides a structure that, while designed to solve specific problems, can be institutionalized and become the community's way of identifying and solving other problems. Strained, competitive relationships among workers serving the same clients can be replaced with positive cooperation. The isolation and futility felt by workers in isolated agencies is broken and a true sense of community emerges. Discussions shift from putting

out fires to building healthy communities where all people can strive to reach their potential as parents, workers and citizens. One idea at a time, the community collaboratively builds its defenses against its worst difficulties and moves on to build quality, stable and accessible capacity ahead of its problems. SWAPP alone does not do all of this. But it opens the door and is a first step toward a major realignment of the way services are provided. It is not a panacea. Some individuals and families cases will not respond to even the best community efforts. But at least agencies will no longer blame each other. They will share in the sense of community that comes from positive collectively striving to build healthy and safe communities.

Appendix A

Addresses of Crisis Intervention Models Discussed

Chapel Hill Police Department
  828 Airport Rd.
  Chapel Hill, NC
  (919) 968-2760

Lumberton Police – SWAPP
  1305 Godwin Ave
  Lumberton, NC 28359
  (910) 671-3845
  www.freeyellow.com:8080/members6/lumbertonpd/

Memphis Police – Crisis Intervention Team
  201 Popular Ave
  Memphis, TN 38103
  (901) 576-5700
  police web site: www.ci.memphis.tn.us/CityDirectory/dir.police
  Crisis Intervention web site: www.dmdav.org/

Orange County Office of the Sheriff
  Post Office Box   8181
  Hillsborough, North Carolina 27278
  919 732-8181

Wilmington Police Department
  115 Red Cross Street
  Wilmington, NC 2842
  (910) 343-3600
  www.ci.wilmington.nc.us/policedept

Appendix B

<center>**Consumer Questionnaire**</center>

We are currently in the process of documenting and evaluating the activities and successes of the police social workers. We need your help!

Please help improve a public service you recently used by giving us your honest opinion about it. You recently reported a problem to the Police and were referred to the police social workers.

Please spend just a minute or two answering a few questions about the service you received. We are interested in your honest opinions whether they are positive or negative. Please answer all of the questions.

Please do not write your name on this paper. Your responses are anonymous and confidential.
Circle the words that best describe your experience. Then insert the questionnaire into the prepaid envelope and mail it. No postage needed.

Thank you very much for your help!

1) How many times have you ever asked the police for help before this?
   a) Never   b) Only Once   c) Two or Three   d) Four or Five   e) Six or More

2) How did you feel when the police social workers contacted you?
   a) Very Pleased   b) Pleased   c) Neutral   d) Displeased   e) Very Displeased

3) Did the police social workers work with only you or did they work with other members of your family?
   a) Just You   b) Other Members of your family   c) Both You and your family

4) Since the police social workers became involved has the problem occurred again?
   a) Yes   b) No

5) Have the conditions that caused you to call for help become better or worse?
   a) Much Better   b) Slightly Better   c) About the Same   d) Slightly Worse   e) Much Worse

6) Have you had to ask for police assistance again?
   a) Yes   b) No

Police Questionnaire

We need your help! We are currently in the process of documenting and evaluating the activities and successes of the police social worker program. We know there are no exact answers to these questions but your opinions are important.

Please circle the letter that, in your opinion, best answers the question.
1) How does the crime problem compare to that of other towns?
     a) Much Higher b) Higher c) About the Same d) Lower e) Much Lower

2) How does the domestic violence problem compare to that of other towns?
     a) Much Higher b) Higher c) About the Same d) Lower e) Much Lower

3) Is the Criminal Justice System harsh or lenient in dealing with batterers?
     a) Very Harsh b) Harsh c) Neutral d) Lenient e) Very Lenient

4) How effective are court-restraining orders in protecting victims of domestic violence?
     a) Very Effective b) Effective c) Neutral d) Ineffective e) Very Ineffective

5) Are the following agencies effective in dealing with domestic violence?
     Please mark an X in the space provided for each that best answers the question.

Agencies	Very Effective	Effective	Neutral	Ineffective	Very Ineffective
Police	_____	_____	_____	_____	_____
District Attorney	_____	_____	_____	_____	_____
Courts	_____	_____	_____	_____	_____
Mental Health	_____	_____	_____	_____	_____
Social Services	_____	_____	_____	_____	_____

For questions 6, 7, and 8, please provide brief answers.
6) What services are there for children who live in violent home situations?

7) What has the social work/police partnership program done to improve domestic violence services?

8) Has police treatment of domestic violence situations changed since the social work/police partnership program has been in existence

Appendix D

Database Automation

Given the current state of computer hardware and software, there is no legitimate reason for not utilizing a records system to provide current, accurate and complete information that can be used by case workers to record necessary information and by managers to monitor progress and evaluate effectiveness. A system was developed for use in the Lumberton SWAPP program and is described below.

Automation Needs:

Hardware: Any computer capable of processing Microsoft Access software.

Software: Microsoft Access is a visually oriented relational data base that can be used by people with minimal computer skill, has easily customizable screens, provides for guarding confidentiality, reduces redundancy and errors, is cost effective by reducing keystrokes, and allows creation of reports.

Human Resources: The data is entered by the counselor as part of their routine case records keeping and serves both case history and program management/assessment purposes.

Database Design: The database is built around three data items: cases, households and individual clients. Each referral form an officer generates one case and one household but may involve a plurality individuals. Additional tables include type, frequency and duration of incidents, illegal and legal drug use, relationships, ethnicity, abuse type, religion and weapons.

Client Information: For clients, the caseworker can record demographic and contact information, individual histories of a number of topics and assessments of partner and family relations.

Editing: Information can be added to or corrected as the caseworker becomes more familiar with the case. Additional individuals can be added to the case at any time.

Contacts: Each caseworker contact can be logged into the database. The database accommodates continuous assessments to facilitate caseworker comparison among time periods to evaluate progress.

Reports: Currently, the database provides five reports: A list of primary clients and a list of other individuals associated with the case. The length of service report can be used for billing or assessing the cost of service. Referral and progress notes track the progress of individuals with whom the caseworker has contact.

Billing: The database contains the information required to bill Medicaid or insurance for services for those who are eligible.

Screens: There is a separate screen for each category of information. Screens can be printed and made into hard copy reports when needed. The screens included in this database are listed below.

1. Referral form, Page 1: Referral reason, source, admission decision, case number caseworker assigned
2. Referral form, Page 2: Household information, address, phone
3. Individual entry, Page 1: Name, age, sex, race address, phone, relation to head of household, victim or perpetrator
4. Individual entry, Page 2: Marital status, children, education, occupational data, income
5. Abuse history: By whom or who abused, frequency, duration and type of abuse, injuries
6. Criminal history: Warrants, restraining orders, probation, incarcerations, frequency, duration, reasons
7. Drug use and treatment: Type, frequency, most recent, age started
8. Drug Treatment History: Drug of choice, treatment type length of stay, number of times, institution

9. Medical history: Current physician, current illness, medications, allergies, Past serious injuries, pregnant, prior abortions, number of live births, miscarriages, space for examination results, out/inpatient, place, date, frequency, length
10. Diagnostic impression: Mental status, plans, goals, referred to, next appointment, discussion
11. Family relations assessment
12. Partner relations assessment
13. Caseworker contact form: Caseworker id. Date, time of service, referred from, next apt., problem/goal, progress, family response, plan
14. List of cases with identifying data
15. List of individuals, involved in case with identifying data
16. Individual case length and frequency of service, (For billing)
17. Progress note report
18. Screening form

Sample Screens.

Referral Form


```
Referral Form: Page 1                                          _ □ X

Caseworker Id [          ▼]                          Case [      ]

  Family [              ]      Ref Date [          ]   Ref Time [          ]
     Referral
       ⦿ Written    ○ Telephone   ○ Face-to-Face

  Referral Type [              ▼]
     Referred by:
       Name [              ]   Telephone [ (910) 000-0000 ]
  Complaint/Presenting Problem
         [                                              ]

  Officer's Comments/Recommendations
         [                                              ]

  Section Response
       Date [          ]      Time [          ]
       Accepted ? [    ▼]   Projected Admission Date [          ]
       Assigned Clinician [              ▼]
       Reason for Decline
         [                                              ]

  Print                                      Cancel  Submit
```

Individual Entry Form

Individual Entry: Page II _ □ X

| Client | | | Id | 1 |

Marital Status [▼]
No. of Years [0]
No. of Children [0]
Spouse [ ]

Parent/Guardian [ ]
School [ ]
School Contact [ ]
Grade [ ]

Education [ ]
Years Worked [0]
Currently Employed [ ]
Employer [ ]
Supervisor [ ]
Work Phone [(910) 000-0000]

| AFDC | ☐ | Child Support | ☐ | SSDI | ☐ | Other | ☐ |
| Alimony | ☐ | Food Stamps | ☐ | SSI | ☐ | | |

Medicaid # [ ]
Medicare # [ ]
Insurance/Group # [ ]

History of Presenting Problem
[ ]

[Print]   [Cancel] [Submit]

Caseworker Contact Form

| Caseworker_Contact : Form | ▪️□⊠ |

Client [ ] [▾]   Contact Id [ ]

Caseworker Id [ ] [▾]	Date of Service [ ]
Location Code [ ] [▾]	Time of Service [ ]
Service Code [0]	LOS [0]
Referring Officer [ ] [▾]	Next Appointment [ ]
Travel [0]	Screening/Referral ○

Referral   ⊙ Written   ○ Telephone   ○ Face-to-Face

Problem/Goal
[   ]

Participants
[   ] [   ] [   ]

Problem/Goal Addressed/Current Status
[   ]

Progress
☑ Significant   ☐ Minimal
☐ Moderate   ☐ None

Clinician Intervention and Client/Family Response
[   ]

Plan
[   ]

Print   Cancel   Submit

Record: ◂◂ ◂ [1] ▸ ▸▸ ▸* of 1

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