# Police Assisted Referrals: Empowering Law Enforcement to Be First Social Responders

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## Introduction

A significant amount of a police officer's time is spent in non-arrest situations, frequently referred to as *service calls*. Many of these calls involve citizens who are dealing with common day-to-day, non-criminal problems. Citizens request police intervention due to a lack of resources, overwhelming frustration, diminished coping skills, and/or feelings of hopelessness. Such calls range from juveniles refusing to get out of bed to go to school to an elderly relative refusing transport to a medical facility to assist a friend acting "crazy."

Often, a police department is the first professional organization engaged by the individual or family to address an acute or chronic difficulty for which there is no apparent solution. Police officers, serving as *first social responders*, frequently resolve these issues without affecting an arrest or incarceration. The Police Assisted Referral (PAR) program was developed and implemented to assist police officers in their direct response to a citizen's personal and family problems.

# First Social Responders

The role of police officers extends beyond the traditional boundaries of crime prevention or law enforcement. Writing nearly 75 years ago, Bain (1939), in an otherwise biting commentary, noted that "officers must, among more expected traits, adopt the functions of 'social worker and teacher'" (p. 457). Some 30 years

later, Bercal (1970) posited that police "be viewed as service agencies which are involved in dispensing a wide and diversified variety of services, both to the individual and to society" (p. 681). More recently, Peaslee (2009) recognized a multitude of interactions between police and municipal or service agencies "to improve community relations, enhance their institutional legitimacy, control crime, and achieve other social policy goals" (p. 115).

Data from numerous studies over the past four decades reveal that 80 to 90% of time spent on patrol is devoted to answering calls for service that are not crime related (Banton, 1964; Birzer, 1999; Cumming, Cumming, & Edell, 1965; Germann, 1969; Goldstein, Monti, Sardino, & Green, 1977; Mayhill, Barker, & Hunter, 1995; Meadows, 1985; Misner, 1967; Preiss & Ehrlich, 1966; Reiss, 1997; Wilson, 1968). The Bureau of Justice Statistics (as cited in Birzer, 1999) reported that police officers spent 90% of their time attending to a variety of service calls compared with 10% of their time spent on criminal matters. Similarly, an eight-month study of police productivity found that police responded 83% of the time to order maintenance requests and service calls compared to 7% of their time devoted to actual law enforcement (Lab, 1984).

These service calls include addressing complex community and family issues with the majority of calls involving children and/or adolescents (Leiber, Nalla, & Farnworth, 1998; Snyder & Sickmund, 1996; Taylor, Turner,

Esbensen, & Winfree, 2001). In many respects the acknowledged traditional role of police as first responders has evolved to include one of first *social* responders.

The braided roles comprising current police activities are not lost on the officers themselves. Police recruits report a desire to help people and maintain job security as their primary motivating factors (Cumming et al., 1965; Meagher & Yentes, 1986; Post, 1992). Interestingly, the possibilities of excitement and action are not major attractions to the law enforcement profession. Recruits in one study ranked "excitement of the job" fourth out of 11 possible reasons for joining law enforcement (Meagher & Yentes, 1986). In another study, "excitement of the work" was not among the top five reasons given for joining the force (Lester, 1983).

Police spend most of their time interacting with citizens to resolve problems within their community. The proportion of time spent on criminal versus non-criminal activities has not changed significantly over the years. Non-criminal problems encountered by police have become more complex and, consequently, the skill level required for handling these types of issues has increased.

Current studies suggest academy-level training does not fully prepare recruits to manage many contemporary problems, especially those of an interpersonal nature (e.g., family violence, disruptive adolescents, mental illness/substance dependence). For example, a review of entry-level training across 46 states indicated that most training commissions required instruction in criminal investigation, patrol, and the use of firearms and force; however, only a small proportion of the curricula covered the interpersonal aspects of policing (Meadows, 1985).

Police educators tend to emphasize the "mechanical" aspects of policing (Birzer, 1999) such as firearms training, defensive tactics, criminal law, investigative procedures, and traffic enforcement, while neglecting training

in human relations. One study determined that only about 5% of recruit training nation-wide allotted time for instruction in human relations and communication (Cunningham, 1989). Many agencies continue to prioritize training for criminal activity despite evidence indicating significant time spent in the field on non-criminal activities. Recommendations from recent studies suggest training is needed in interpersonal communication, critical thinking, and problem solving (Birzer, 1999; Birzer & Tannehill, 2001; Kelling, 1978; Meadows, 1987; Oliver, 2001; Post, 1992; White & Escobar, 2008).

Police officers today experience increased contact with the public. The manner in which officers communicate has considerable impact on the outcome of police-citizen interactions (Birzer, 1999). Communications with police officers greatly influence the public's perceptions of law enforcement (Fagin, 1978; Mastrofski, 1999; Mastrofski, Parks, & Worden, 1998).

Previous efforts to partner police and human service professionals, specifically social workers, have been met with limited success (Buchbinder & Eisikovits, 2008; Cooper, Anaf, & Bowden, 2008; Garrett, 2004). While created with the intention of reducing service fragmentation, these collaborations are often fraught with complicated power-sharing struggles, unclear boundaries, reciprocating misperceptions about the partners' role or professional culture, and gender stereotypes (Buchbinder & Eisikovits, 2008; Cooper et al., 2008; Garrett, 2004; Slaght, 2002).

An effort to "join up" police and social services in England in the mid-1990s was accompanied both by a "[recognition of] the fundamental importance of inter-agency working in combating child abuse" (Garrett, 2004, p. 85) and "blurring of police and social worker roles" (p. 90). An Israeli effort to address intimate partner violence was based on the "fundamental similarity between police and social workers . . . that they both react toward people in need and thus fulfill an important social service

function" (Buchbinder & Eisikovits, 2008, p. 2); however, while collaboration between individual officers and social workers, based on relationship building, was successful, institutional boundaries stunted the partnership into "little more than adjustments at the margin[s]" (p. 10).

In the United States, several efforts specifically designed to foster collaboration between police and social service agencies have had marked successes. These programs are notable in their multi-tiered approaches, often educating police officers for real-time interventions that are designed to provide a conduit between the social crisis situation and mental health services (Drotar et al., 2003; Harris, Lieberman, & Marans, 2007; Osofsky, 2004; Peaslee, 2009).

The Violence Intervention Program (VIP) in New Orleans, which was operational in the late 1990s, built relationships between police and mental health providers to reduce the negative effects of violence exposure in children (Osofsky et al., 2004). This program took into account that police are not social workers but are often the first to arrive at the scene of trauma. Though not exclusively a police intervention, this effort combined officer training with the ability to refer traumatized children to a 24-hour hotline for screening by a mental health professional for treatment and further referral. The hotline was available to officers and to families who may decide to seek services at a later time.

The Child Development Community Policing (CD-CP) initiative has been implemented in 17 cities nationwide (National Center for Children Exposed to Violence, 2006). This initiative partners police with on-call mental health professionals to provide immediate intervention and referrals (Harris et al., 2007; Peaslee, 2009), recognizing that police "generally lack the professional expertise, time, or . . . resources" (Harpaz-Rotem, Murphy, Berkowitz, Marans, & Rosenheck, 2007, p. 1482) to address the needs of child victims and witnesses of violence. Outreach

workers partner with police on patrols to assist families in accessing non-clinical support. Additional social service agencies have been incorporated into existing police reports to facilitate referrals to other youth-based services (Peaslee, 2009).

Linking police with mental health professionals, the Children Who Witness Violence program in Cleveland, Ohio, allows police to make on-site referrals when children have been exposed to traumatic events. Police responding to an incident can speak with a crisis specialist, who will, in turn, notify an on-call mental health specialist (Drotar et al., 2003). Police are also equipped with brochures in order to educate families regarding the impact of violence exposure on children (Drotar et al., 2003). Mental health professionals engage families in a wide array of assessment, intervention, and education activities to address not only the trauma caused by exposure to violence, but also to engage families in appropriate social service programs.

# **Police Assisted Referral Program**

The Police Assisted Referral (PAR) program is a collaborative effort aligning the Cuyahoga Metropolitan Housing Authority Police Department, Mental Health Services, Inc., The Partnership for a Safer Cleveland, and the Begun Center at Case Western Reserve University. The initiative focuses on creating a conduit for police officers to connect families and youth exposed to violence and adult victims of domestic violence who are in need of social services. Professional support is provided for education, screening, crisis services, treatment, and additional referrals.

PAR expands upon preceding models and includes intense officer training; referrals for screening, education, and treatment; and a communication loop between police and mental health agencies to report progress and share successes. PAR is anchored in three principles:

- 1. Police are often first responders for a variety of human service issues.
- 2. Police officers have nothing on a standard duty belt to facilitate interaction with the public in social-related crisis or non-arrest situations.
- 3. If properly trained and equipped, police are ready, willing, and able to assist citizens in finding help for their problems.

The setting for PAR is the Cuyahoga Metropolitan Housing Authority (CMHA). CMHA is one of the ten largest housing authorities in the country serving approximately 50,000 residents through various subsidized programs. It directly manages 10,500 housing units that include about 6,500 children in the greater Cleveland area. Single and female heads of household comprise over 95% of the families living in the family estates. CMHA maintains its own police force and has concurrent jurisdiction with the Cleveland Division of Police. The CMHA Police Department is certified through the State of Ohio and has maintained national accreditation through the Commission on Accreditation for Law Enforcement Agencies (CALEA) for 18 years.

CMHA police spend much of their time responding to service calls for juveniles and persons suffering from some form of mental illness. In 2011, officers responded to over 500 calls regarding non-criminal juvenile complaint issues. Additionally, officers responded to 380 calls for domestic violence, 38 calls for suicide threats, and initiated 243 crisis interventions for individuals exhibiting abnormal or despondent behavior. These crisis interventions include conveying individuals to a local hospital for emergency treatment.

During the initial phase of implementing PAR, all officers, including supervisors and command staff, participated in a mandatory training on the topics of youth development, effects of violence exposure, common problems experienced by youth and their families, and domestic violence. Officers are required, when appropriate, to initiate a referral before the end of their tour of duty. They are also

required to document the referral in the police report.

A police officer's duty-belt provides few tools to use in responding to social-related crises; rather, the officer is primarily equipped for arrest situations (e.g., handcuffs, mace, firearm, ASP, etc.). However, police officers are equipped with referral cards. The referral card is offered at the scene of any incident for which the officer believes a referral would be of benefit to the adult resident(s) or the children. The referral card contains the department's phone number and has space for the officer's name and a report number to establish accountability and enhance a relationship with the referring officer. The referral card stipulates that a referral has been made to a private agency that is not associated with county social services or the housing authority to foster trust with the client population.

The officer-initiated referral may trigger an assessment, oftentimes in the form of a home visit from a social work professional. This assessment triggers immediate crisis intervention services, diagnostic assessment for children, brief case management, referral for adult or child mental health services, or a link with a community mental health provider for ongoing counseling. The coordinating service agency sends a thank-you letter to the officer and the chief of police, providing the officers with documentation that their referrals have been followed-up. It should be emphasized that the referral card is offered to the resident by the officer and that the resident is free to decline the service without consequence.

To ensure a reciprocal relationship, workers responding to these types of referrals are issued a contact card with the phone number to the police dispatch center for quick reference. These social work professionals, who may be concerned about their safety or are merely having difficulty in finding an address, may contact the police department's emergency dispatch center. Calls are prioritized to coordinate assistance to the social worker. This strategy reinforces the institutional partnership by

creating personal connections among officers and social workers.

PAR was conceived primarily as an *intervention tool* for police officers as first social responders. Further, PAR facilitates *coordinating services with one agency* rather than having the officer or citizen make contact with a myriad of community agencies. PAR attempts to *identify the causes of violence* and *provide the proper resources* to reduce or prevent future incidents.

One of the primary goals of PAR is for citizens to begin to view police in the role of first social responders in addition to that of law enforcement. Figure 1 sets forth a causal process that we believe reflects the key concepts and structure of PAR. Citizens receive additional services from police officers who are trained to recognize and to respond respectfully to a host of psychosocial problems. As a result of these positive services, we expect citizens' trust, perceptions of police as helpful, and willingness to call police to increase. Over time, citizens will view police as the first social responders to significant social/interpersonal crises.

#### PAR Service Information

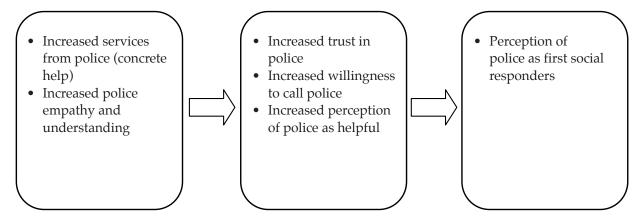
Our service information was drawn from two primary sources: (1) monthly referral reports from the Cuyahoga Metropolitan Housing Authority (CHMA) Police Department and (2) databases from Mental Health Services, Inc. (MHS). From January 2010 through January 2013, 1,762 PAR calls were made by police that generated a total of 4,664 individual potential clients. Chart 1 displays the number of calls and individuals by quarter-year throughout this time period.

Referral incidents over time were generally stable over the first two years of the program with a marked increase in late 2012 and early 2013, fluctuating between 29 and 83 per full month of service (mean = 45.2, mode = 43). Approximately 82% were for domestic violence. The remaining reasons were felonious assault (7%), child endangerment/neglect (2%), aggravated burglary/burglary (2%), gross sexual imposition/sexual imposition (2%), and other (5%). Over 63% of children witnessed (saw or heard) the violent event that resulted in the referral, and about 11% of children were victims of the event.

# Study of Clients Receiving PAR Service

Surveys were mailed to 325 consumers randomly selected from the 1,762 adults referred January 2010 through January 2013. The surveys addressed citizens' attitudes toward the PAR program, attitudes toward police, and services needed in their community. Questions were designed to be brief and straightforward, and the survey was two pages in length. Respondents were informed that their





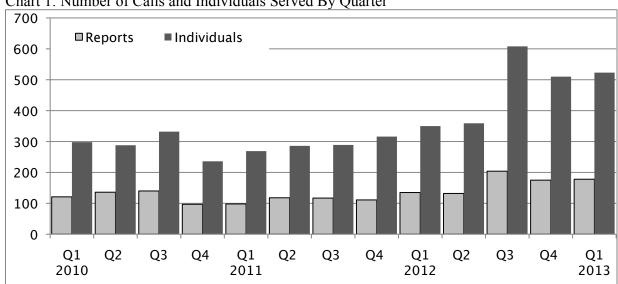


Chart 1. Number of Calls and Individuals Served by Quarter Chart 1: Number of Calls and Individuals Served By Quarter

participation was voluntary and that their answers would be confidential. They were compensated with a \$10 gift certificate.

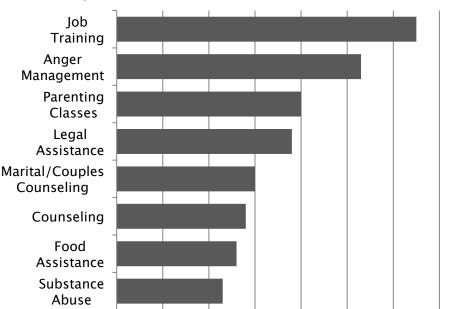
Due to address errors (mostly from individuals moving), 253 (79%) of the surveys were deliverable. Of these questionnaires, 60 were completed and returned yielding a response rate of 24%. The average age of respondents was 34.7 years (range: ages 19 to 78). Most respondents had children (average = 2; range 0 to 5). Gender and ethnicity were not asked because the overwhelming majority of referrals are African-American females.

Respondents were asked to select services for adults and youth that were missing in their neighborhood from a list of services ranging from counseling to food assistance (see Charts 2 & 3, respectively). The most highly endorsed service for both adults and youth was job/career training. Anger management and parenting classes were the second and third rated needs for adults, with summer and after-school programs occupying these rankings for youth.

When queried as to whether or not the police officer was respectful, 95% (57) of respondents answered in the affirmative. Similarly, 97% (58) indicated that all police should have

the ability to make referrals, and 95% (57) felt the program should continue. When asked if their opinion of police had changed based on the interaction during the referral process, 53% (32) of respondents indicated it was the same and 43% (26) indicated improvement, with only 3% (2) indicating that their opinion was worse.

Forty-five percent (27) of respondents reported they had been contacted by MHS (43% reported not being contacted; 12% left question unanswered). Five respondents indicated that they had not been contacted but noted a contact method (i.e., in-person, telephone, by mail). It appears that the question was confusing and some respondents judged "contact" to mean either face-to-face or substantive telephone interaction rather than less direct communication (e.g., mail, voice-mail). The types of services provided after contact are listed in Chart 4. Participants receiving services most frequently indicated that the services were provided by mail, over the telephone, or as a result of a home visit. This is consistent with MHS's domestic violence/ trauma education program. Despite the lower than expected self-reported contact rate, 83% of all respondents (50) indicated that receiving the referral card was helpful to them.



**Chart 2. Neighborhood Services Needed for Adults** 



10%

0%

20%

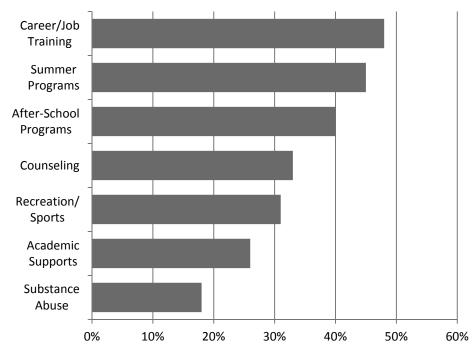
30%

40%

50%

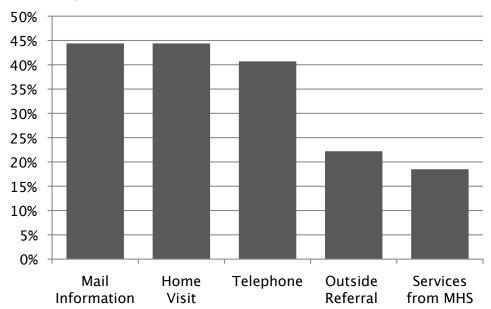
60%

70%



Respondents were provided the opportunity to answer two open-ended questions: "Do you think this program should continue?" (with yes/no response choices) followed by "Why?" and "Is there anything else you

would like to share about your experience?" Over half of the respondents took advantage of these prompts to express support. The following represent a sample of the responses:



**Chart 4. Type of Service Received After MHS Contact** 

- "Because even after things happen you may need extra support, especially if you have kids."
- "Because the police came so soon after I called they saved me."
- "I think the program should continue because people like myself need people to talk with in time of trouble in our life."
- "It lets people know that the police are there for you when you need them besides in emergencies."
- "It will help us to know who we can count on and that they are really here to help."
- "You know a policeman, you might feel comfortable with them."

Interestingly, the above comments were paralleled by remarks made by police officers during focus groups held after the first several months of PAR implementation. The following are a few of the officers' comments:

- "It's a big peace of mind for us . . . to know that finally something was done about it so you don't sit there and wonder about it all the time."
- "As long as I've worked here, 18 years, this is the first time to getting to actually talking to another person and helping them out with a problem they have."

A final example,

"I mean the positive responses I've got . . .
from passing by and seeing them and they
stop me and, you know, they say how nice
it is, the program is, and things like that."

## **Discussion**

This mail survey of randomly selected, low-income residents living in public housing yielded a satisfactory return rate of 24%. Mail return rates for information that is considered sensitive or private have been shown to have return rates as low as 3% (Miller, 1991).

Not surprisingly, the most frequently endorsed needed neighborhood service for both adults and youth was job/career training. Cleveland ranks as one of the poorest cities of its size in the U.S. It also has high rates of unemployment (U.S. Census Bureau, 2011). Given that the CMHA residents receive housing subsidies and live in high-crime, low-income neighborhoods, it is reasonable to expect adults to desire job/career training for both themselves and their children.

The expressed need for both anger management and parenting classes also speaks to the

high stress environments that affect families living in the inner city. Such high stress impoverished settings are conducive to increased rates of domestic and other types of violence (Benson & Fox, 2004; Jeweks, 2002). In a similar vein, the high rankings for summer and after school programs relate to the importance of keeping youth occupied when school is not in session, both to enhance their social skills and to prevent youth-related violence. Interestingly, for both youth and adults, respondents tended to place a lower importance on the need for counseling services.

Comments from respondents were quite encouraging. Almost all those surveyed (95%) reported that police officers were respectful during their interactions. Our conjecture is that this high level of courtesy is related to an officer's desire to be helpful, an understanding of and empathy with the residents' problems, and an officer's belief in the efficacy of the PAR program. Ninety-seven percent of residents endorsed the idea that all police should have the ability to make referrals. This high rate of endorsement is supported by the written comments of respondents at the end of the survey. Clearly, individuals served by PAR believe that all officers should be able to help citizens through an ability to refer them for social services.

While respondents overwhelmingly believed that all police officers should be able to make referrals, a lower percentage (83%) reported that the referral card was helpful to them. This lower percentage probably reflects the fact that some residents did not report receiving a contact related to the PAR referral.

Very few respondents (2) reported that their opinion of police was worse as a result of participating in PAR. Surprisingly, 43% (26) reported that they had a better opinion of police as a result of their PAR referral. Such increases in citizens' perceptions of law enforcement officers are difficult to achieve. We believe that the increases are related to the expanded role of officers in providing referrals and officers' empathy/understanding of residents as noted in Figure 1.

## **Limitations and Conclusions**

This study has several limitations. The modest sample size and limited geographic location prevent generalization to other populations/locations. While we would expect that individuals who do not live in public housing and/or live in different cities would report similar results, additional studies are needed. Longitudinal studies are necessary to adequately test our causal model as this study cannot infer causality. Our sample was also limited to adults. It would be important to study the impact of PAR or a similar program on children's and adolescents' opinions of police.

Our study nevertheless provides preliminary evidence of the importance of police officers as first social responders and of the potential benefits for both citizens and police to have access to social service referrals during a crisis. The literature is replete with examples of the importance of early problem identification and intervention, particularly with families who have young children and adolescents. Programs such as PAR can help provide timely services to high-risk populations, thereby lowering the probability of individuals in need remaining unidentified.

Another potential benefit is enhancing police and citizen relations. Participants in this study reported officers as being respectful and providing an important service to them. Given the importance of citizens' trust of police in facilitating their willingness to engage police by providing information on neighborhood crime and safety, programs such as PAR may also help both citizens and officers work together for their mutual benefit.

# **Acknowledgments**

This program was funded by grants from The Robert Wood Johnson Local Funding Partnership, The Cleveland Foundation, Sisters of Charity Foundations, and Saint Luke's Foundation. The authors would like to thank officers who work with the Cuyahoga County Metropolitan Housing Authority and residents for their cooperation with this study.

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