

A New Frontier: Supporting Law Enforcement Partnerships with Community, Social and Health Services

Parallels between Law Enforcement and Health Care Case Management

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In the wake of numerous civilian deaths occurring during encounters with the police, we are reminded of the unfortunate legacy of systemic racism in this country. As the US forges a solution to equality in policing, we are hearing encouraging ideas that many behavioral issues could be re-interpreted as societal rather than criminal. COVID19 has brought out both the best and the worst in us. Emergency rooms have experienced an increase in violent behavior and trauma often associated drug and alcohol misuse, economic insecurity and very stressful time during the pandemic. Law enforcement is tasked with many issues that could be better handled by others - for example, administering naloxone for an overdose, well-checks for seniors, intervening in fights between two students. Police are the final “safety net” when society has not made the commitment to adequate provision of social support. Now is the time to reexamine how we support the police with case management and social services so that we can better care for our communities and society.

We are grateful that public officials in the legislative, executive, and judicial branches of government are looking towards these solutions. Effective social services have always been important to serving both victims of crime and offenders, frequently by referral from law enforcement. Yet in today’s environment, this process may be “too little, too late”.

Social work practice is “a practice-based” profession and an academic discipline that promotes social change and development, social cohesion, and the empowerment and liberation of people. Principles of social justice, human rights, collective responsibility and respect for diversity are central to social work practice. In addition to guiding individuals in crisis, it is the role of social work to bring individuals together, be it civilians, law enforcement officers, health care providers and other stakeholders. Social Work is clearly a natural fit and has frequently fostered great partnerships with police and law enforcement, but the robustness of that fit is highly variable across this nation.

In health care, we value the partnerships among physicians, social workers and nursing case managers, who manage a range of duties from designing a care plan allowing patients a sustainable recovery from illness, helping them to understand and manage chronic illness, and advocating for the benefits they need.

Today, we propose to adapt these health care partnerships to the law enforcement space to better meet the needs of our citizens. While law enforcement partnerships have always been inside the scope of social work, now it is more important than ever to increase the footprint, and leverage this opportunity to reduce bias and both overt and unconscious assumptions based on race, income level or other socioeconomic factors.

Change is difficult and will be resisted by those comfortable in their roles. Policing in the United States began in northern cities (Boston 1636, New York 1658, Philadelphia 1700) as informal and communal “Night Watch” endeavors [1]. Centralized municipal police departments emerged in the mid-1800’s (Boston 1838; New York 1856, Chicago 1851, New Orleans and Cincinnati 1853) and by the 1880s all major cities had municipal police forces in place. However, the focus gradually shifted from “night watch” to protect citizens and

prevent crime to increasing social control of “disorder” to benefit the merchant and owner classes. Immigrants and the poor were seen as threats to be removed or marginalized; factory owners demanded “strike-breaking” techniques to protect their interests. Perhaps tellingly, evolution in Southern states followed a different pathway, beginning with formal “Slave Patrols” in the Carolina colonies in 1704. Following the Civil War, these vigilante-style organizations evolved into modern law enforcement but tasked with enforcing “Jim Crow” segregation laws. Perceptions and techniques become engrained in any field, and it takes effort to step back and examine the current utility of obsolete techniques.

This is about cultural change. The evolution of Case Management and Social Work demonstrates how effective intervention and prevention in health care delivery went from operational silos to integrated team efforts as demands began to exceed the capacity of a single discipline. There are core issues to consider in enhancing the role of social work with real time interventions: Prevention, Problem Solving, Partnerships and Coalition-building.

Prevention: Social Workers and Case Managers in health care have witnessed prevention efforts pay dividends in reducing end-stage encounters. For example, ensuring medication access and compliance reduces Emergency Department visits and hospitalizations. Preventive partnerships with law enforcement work to prevent or mitigate a crisis that would have otherwise ended poorly by addressing the actual issue at hand.

Problem Solving: Social Workers and Case Managers work with physicians to identify root causes and underlying dependencies - for example, unsanitary housing conditions that trigger repeated ED visits for an asthmatic child. The physician may recognize such an association, but in the acute care environment will not have the time or bandwidth to address the issue. Physicians and other bedside clinicians rely on social service to flesh out the picture and to ask the important questions that provide nuanced information useful to the present crisis. The system works because each discipline offers a different lens on the patient, building on differing strengths: clinical, psychosocial, and financial.

Partnerships: Operating on a fixed budget is a reality for most hospitals and health care systems since the transition from “cost-based reimbursement” to prospective payment systems (typically Diagnosis-Related Group or DRG reimbursement for inpatient care). Everyone is expected to do more with less. A necessary outcome for financial success is redistribution of tasks so that everyone is working “top of license” with tasks suited to reimbursement. Physicians should not be arranging return visits or acquisition of durable medical equipment (e.g.: oxygen tanks) for discharged patients.. A surgeon’s time is best utilized in the operating room, delegating some preoperative and postoperative tasks to advanced practitioners with the skills and experience to reliably carry out these tasks at lower cost for professional time. Similarly, law enforcement officers are highly trained and in short supply, yet spend much of their time on low-yield tasks better handled by less-expensive personnel. In both instances, “it’s the way we’ve always done it” needs to be examined, restructured, and then subject to change.

Coalition Building: In health care preferred partnership, narrow networks, multi-site coalitions have proven to be a successful process for increasing peer relationship, established standards of practice and outcomes, and supporting equitable distribution of resources that support shared communities. In medicine, transparency is fostered with teamwork, since written communication in the Electronic Medical Record documents what was done, and the thought processes behind decisions. This is a case of a rising tide lifting all boats, as each team member wants to put forward a quality product that can be defended if questioned.

We offer several further parallels to consider:

| Health Care | Law Enforcement |
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| <ul style="list-style-type: none"> - Emergency Rooms are required to quickly and accurately diagnose a patient who they do not know in a data-poor environment if there is no prior EMR record of the patient’s clinical history - Physicians partner with social workers to get the entire “story” behind the patient as the psychosocial history is essential in developing a thorough care plan - Physicians often become frustrated with “noncompliant” patients without fully recognizing the barriers patients may encounter in access to care, educational levels, competing demands, and financial or emotional instability. | <ul style="list-style-type: none"> - Police are required to address and “diagnose” a multitude of issues from criminal to social service to health. While they are trained in criminal response, true social service and health care response is outside of their frame of reference - Law enforcement may be the only agency available or held accountable for intervening in a crisis situation, regardless of the actual skill set needed. - Determining the need for a social work response at the time of crisis/notification presents excellent possibilities to reduce police burden and increase citizen support |

There are numerous successful examples of Social Work and police partnerships: Social Work and Police Gang affiliation reduction efforts, block organization initiatives, safe needle distribution, Crisis Hotline management, and Critical Incident Stress Debriefing models. As with the medical partnerships, however, one size does not fit all, and, established models need to be adapted for the local environment. .. An important part of creating a sustainable process is to plan in advance for short-term and long-term review of the program, with a goal of optimizing for local circumstances.

It is clear that there are similarities between these partnerships and, today, law enforcement has a great opportunity and important responsibility in ending racial disparities through effective partnerships that reach individuals for the appropriate interventions.

Our experience from the Center for Case Management is that initial implementation is usually highly effective, but seldom perfect. We consider each engagement as an architectural blueprint that will be modified based on the experience of the architect, the capabilities of the builder and ultimately the desires of the client, all of which change dynamically during the construction process. An important part of the implementation is scheduling short-term and long-term review of the program, with ongoing optimization for local circumstances. The following suggestions for ongoing evaluation of program effectiveness are based in part on published North Carolina experience [2], as well as our own work in the health care environment.

Evaluation of Case Management/Social Work Influence:

| Goal | Health Care Examples | Public Safety Examples |
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| <p>Maintain Solid Partnerships: Quality services result from effective collaboration and communication with all relevant stakeholders and the basis of funding and support</p> | <p>Hospital ACO/Integrated Delivery Insurer/Payer Post-Acute Care Behavioral Health Services Patients and families</p> | <p>Law Enforcement Social Services/Behavioral Health Court System Local Government State Government Community Groups</p> |
| <p>Evaluate Program Performance: Adequate records regarding case management activities are essential to evaluating program effectiveness. Administrative evaluation is essential to ascertain commitment and effectiveness of leadership and staff.</p> | <p>Admission until first assessment Case Management Referrals Missed Assessments Patient caseload in real time Patient evaluations Administrative perception “Never” events Organizational outcomes</p> | <p>Program Impact Program Coverage Utilization rates Referral rates Court appearances Caseload in real time Customer feedback Media feedback Local and state government feedback “Never events” Cost reduction</p> |
| <p>Conduct Consumer Satisfaction Surveys:</p> | <p>HCAPS and CG-CAPS Depression Scales Employee satisfaction Provider surveys B2B stakeholders Social Media reviews</p> | <p>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.</p> |
| <p>Evaluate Awareness of the Program:</p> | <p>Are providers (medical staff, front line nursing) and patients aware of the services available? Are referrals being made?</p> | <p>Survey and interview other service agencies to determine program recognition within the service community.</p> |
| <p>Report Performance Information:</p> | <p>Hospital and ACO annual reports Internal reports Shared information with business partners (insurers, post-acute)</p> | <p>Data based program performance reports are requisite to effective administration and to successfully compete for scarce funds.</p> |
| <p>Identify Service Deficiencies:</p> | <p>Reflected in transitions of care data, program coverage, patient utilization (including readmissions) and index encounter data.</p> | <p>Areas of recurring needs assessed in the target population with no services and areas where program performance does not meet program goals.</p> |

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| <p>Identify and Remedy Performance Gaps: Where does actual performance fall short of the level identified by the program goal?</p> | <p>Readmission rate Excessive length of stay PEPPER reports</p> | <p>To be determined but will likely include avoidance of high profile “never events”</p> |
| <p>Demonstrate Efficiency and Effectiveness:</p> | <p>Ultimately, bottom-line margin performance of the hospital, ACO or health care system.</p> | <p>Requires data to show participation of partners and benefit to the community.</p> |
| <p>Serve the Community:</p> | <p>Satisfaction from community board evaluating hospital care, referring providers, accepting SNF and LTAC business partners, media performance, Leapfrog Scores and USNWR “best hospitals”</p> | <p>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.</p> |
| <p>Support and respect of community leaders</p> | <p>What is the hospital or system’s reputation in the community? For non-profits, is there community donor support?</p> | <p>The support and respect of appointed and elected officials AND NON elected community Leaders is essential to stable funding.</p> |
| <p>Support and respect in local traditional media (newspapers, radio, television) as well as social media and other emerging channels</p> | <p>Patients receive most information through some form of media. Hospital leadership needs to be aware of case management successes and help communicate that via media presence</p> | <p>Strategic involvement of media outlets broadens community support. Program leadership can use the media to promote and educate the community about the social work/police program.</p> |

Considerations for Both RN Case Managers and Clinical Social Workers

While Law Enforcement has been in partnership with social service agencies for a long time (i.e. child protective service agencies), this new role may take on new meaning to supporting the “front line”. Taking a few pages from the Medical Social Work playbook may assist in developing further interventions in the area of Social Determinants of Health; a factor in poverty, racial disparities, and individual and community distress. Additionally, social workers are excellent teachers and coaches in the area of critical incident de-escalation and facilitating crucial conversations. Even before an event, social workers can be highly effective in the current police training occurring nationally.

Social Workers at these “new” front lines are equipped to intervene in a crisis, extinguish potential violent outbursts, and find a sustainable solution to, not just solve the immediate crisis, but set the citizen on a better path for improved life goals and outcomes. In Health Care, an RN Case Manager and Social Work partnership is very significant as this duo addresses clinical, psychosocial and financial stressors. Social Determinants of Health are closely connected to health outcomes. These disparities can be addressed at the front lines, just like psychosocial issues. Nurse Case Managers can provide meaningful interactions with citizens to mitigate a potential health crisis that may accompany a behavioral, legal or social crisis. 2020 is the time to consider law enforcement partnerships with case management, just as these partnerships have been embraced between physicians, social work and case management.

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