MSW Students' Perceptions of Co-Response, Police, and Ethics

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Dedication Page

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Abstract

The purpose of this study was to determine what factors impact MSW student interest in participating in co-response and who students would want on their interprofessional co-response team. It was determined that 3/4 of students had heard of co-response, over 60% agreed that they strongly supported the practice and nearly 94% said that they believed co-response aligned with social work values. The following positively impacted student desire to join co-response teams: students having positive perception of police, students having more knowledge of co-response, and student belief that co-response aligned with social work values. Race did not impact student desire to join a co-response team. These variables positively impacted student desire to work on a co-response team with police partners: students having a positive perception of police, students identifying as people of color, and student belief that co-response aligned with social work values. Knowledge of co-response did not impact student desire to work with police. These results show that while knowledge of co-response is relatively high, there is room for improvement in co-response awareness and recruitment. Social work education institutions should include co-response material in their curricula as well as fieldwork opportunities. While not all social workers want to work in emergency response, social workers in community agencies are likely to interface and collaborate with co-responders, and social workers in the policy arena may be in a position to advocate for thoughtful operationalization of co-response.

Keywords: co-response, street triage, emergency response, crisis response team, crisis intervention, behavioral health emergency response, mobile crisis team

Chapter One: Overview

This study examines MSW student perceptions of co-response. The study is cross-sectional and quantitative. Quantitative research is defined by Cresswell (2009), as being appropriate for testing hypotheses that require investigating the relationships between variables. The data was gathered by the use of convenience sampling. The data was analyzed by the use of ordinal logistic regression and multivariate regression. The following National Association of Social Workers (NASW) Code of Ethics values are relevant to the research; social justice, dignity and worth of a person, and competence (NASW Code of Ethics, 2021).

After completing a pilot study with MSW students, and receiving approval from the Institutional Review Board, the survey was distributed via convenience sampling by MSW professors, and staff affiliated with social work education institutions. The survey was shared by faculty and staff in ways ranging from distributing information in-class to posting on social work message boards to including survey information in monthly student newsletters. Eligible students had to be attending U.S.-based universities, be in an MSW program, and be at least 18 years of age. Based on a power analysis, 71 participants were necessary for the study.

The study includes 39 quantitative survey questions, and four qualitative questions, as well as seven demographic questions at the end. The survey began with questions about police perception, then questions about co-response perceptions and knowledge, then questions about co-response as it relates to social work education and concluded with demographic questions. The researcher used STATA (version 17), to perform statistical analysis. Analysis included descriptive statistics as well as ordinal logistic and multivariate regression analyses which were used to determine relationships between the variables.

Statement of Purpose

People with mental illness are over-represented in the criminal justice system. This group currently makes up 44% of the jail population and 37% of the prison population in the U.S. (Bronson & Berzofsky, 2017). Traditional emergency response can be a gateway to these arrests, or to use of force and involuntary hospitalization (Beck et al, 2020). Black people are particularly vulnerable, as they are five times as likely to be arrested as their white counterparts (Thomas et al, 2020).

Co-response, which requires a social worker to provide emergency response services alongside a police officer, is one proposed solution for diversion (Munetz & Griffen, 2006). As the field of co-response continues to grow, social workers will be necessary to fill these roles. Up till now, there was no research about whether social work students were interested in taking on these roles. MSW students had yet to be surveyed regarding their perceptions of co-response. Previous literature has looked at the operationalization of co-response teams, their outcomes, and has interviewed team members. However, no peer-reviewed literature has focused on social workers who have the potential to join co-response teams (Bailey & Lowder et al., 2021; Helfgott et al., 2016; Horspool et al., 2016).

Significance of the Study

This study is important because the use of co-response is growing around the country, and the practice requires social workers, but there is no social work literature on the subject. As it stands now, if jurisdictions looking to create these crisis response teams want a social work perspective on the practice, there is no available peer-reviewed literature. Co-response could provide services for 21-38% of 911 calls that occur, but they will need additional social work staff to do so (Irwin & Pearl, 2020). People of color, specifically Black people receive lower

rates of mental health services and are disproportionately represented in the criminal justice system (SAMSHA, 2020; Thomas et al, 2020). Crisis response teams that include social workers could connect this group to appropriate services and reduce their chances of criminal justice involvement. If social work students are interested in co-response, they could work towards better outcomes for this underserved population.

Relevance to Social Work Values

This study highlights the importance of the values promoted in the NASW Code of Ethics (2021). Specifically, the values of social justice, dignity and worth of a person, and competence (NASW Code of Ethics, 2021). The purpose of the study is to determine how social work students feel about co-response. In this concept, co-response is viewed as a social justice practice, with the idea that it may divert vulnerable people away from the criminal justice system.

Furthermore, the goal of crisis response social workers is to provide necessary and appropriate care to community members in need, considering each patient's needs, and spending as much time with them as necessary. Co-response may be more client-centered and unlike traditional emergency response, clients may be included in the decision-making process regarding their own care.

Finally, the NASW Code of Ethics, (2021) specifies that social workers should practice within their own areas of expertise. The work of co-response teams overlaps with the skills and professional expertise expected of social workers. Social workers on crisis response teams assist people experiencing mental health crises and help with suicide prevention, conflict resolution, grief counseling, substance abuse, housing loss, referrals and advocacy (White Bird Clinic, n.d.). Social workers practicing in crisis settings would already possess this body of knowledge.

Relevance to Social Work Education and Anticipated Contributions

This study is especially important for social work educational institutions. The results of this study highlight the current state of co-response knowledge among social work students and show avenues for improvement. Furthermore, the results provide an understanding of student interest in the field, and preparedness for co-response work. This is valuable to educators who should consider adding more information on crisis response teams to their schools' curricula and providing internship opportunities in the field. Material on co-response would also help to fulfill the new Council on Social Work Education (2020) requirement to engage in anti-racism, diversity, equity, and inclusion, given that co-response is an example of a criminal justice diversion practice that can positively impact people of color.

As new jurisdictions are creating their own co-response programs, this research will be useful for policymakers who want to design crisis response teams with the needs and concerns of social workers in mind. This study adds to the existing body of co-response research by adding the social work perspective. This viewpoint is necessary for a growing field that will rely on social workers to provide services to the community. This information is necessary for municipalities that are looking to recruit and retain social workers on their teams. Even though social workers are essential for crisis response teams to proliferate, co-response has yet to be investigated in the peer-reviewed social work literature.

Chapter Two: Study Problem

Introduction

One in five adults in the United States experience mental illness (Substance Abuse and Mental Health Services Administration [SAMHSA], 2021a). Despite the magnitude of the problem, the country has yet to successfully provide appropriate care. When people have untreated mental illness, they are more likely to experience crisis and rely on emergency services (Lamb et al., 2002). Unfortunately, instead of solving mental health challenges, traditional emergency response may exacerbate the problem. Rather than connecting people with mental health resources, police emergency response can lead to forced hospitalization, violence or incarceration (Engel & Silver, 2001; Teplin, 2000). This is because emergency response typically relies on police officers to solve a diverse group of social problems that they are not well-suited to handle (Franz & Borum, 2011). At best, this is an inefficient use of police officer time, and at worst, it can have violent or deadly results. In 2021, 11% of fatal police shootings occurred in response to a 911 call (Laiti et al., 2022). In effect, this means that tax dollars are paying for police to work on projects that are not aligned to their skillsets, leaving police departments under-staffed to deal with criminal activity.

Co-response teams have emerged as an alternative to traditional emergency response. Co-response teams are first response teams that include a mental health worker, and they have the potential to direct people experiencing crisis to the appropriate services and divert them away from the criminal justice system. Although a variety of mental health workers can participate in co-response teams, for the purpose of this research, the focus will be on the inclusion of social workers in the co-response role.

Overview

In 2020, 52.9 million people in the United States experienced mental illness (SAMHSA, 2021a). This problem is made worse by the lack of community care options available (Engel & Silver, 2001). When people with mental illness are left un-treated, they may suffer mental health crises, which ultimately lead to emergency services being called. Typically, emergency services only include police or EMS. In 2021, 14% of the people killed by police suffered from mental illness (Lati et al., 2022). At the same time, people experiencing mental illness are three times more likely to be in a jail or prison than a hospital receiving care for their illness (Taheri, 2016). As a result of the lack of community services, people with mental illness currently make up 44% of the jail population and 37% of the prison population in the United States (Bronson & Berzofsky, 2017).

Police response Leads to Poor Outcomes for People with Mental Illness

Police officers are often the only resource available to assist people experiencing a mental health emergency or crisis in the community (Engel & Silver, 2001; Franz & Borum, 2011). If a person with mental illness experiences a crisis and their friends, neighbors, or family members have no one else to call, 911 may be the only option. However, such a call typically only connects a person in crisis with police or EMS, not social workers (National Alliance on Mental Illness [NAMI], n.d.). This is a problem because police do not have the appropriate skills or qualifications to recognize, diagnose or appropriately assist people with mental illness (Franz and Borum, 2011; Lamb et al., 2002).

When police are sent to assist people with mental illness, they have limited, sub-optimal options in terms of how to address these people. Existing options include use of emergency rooms, force, or arrest (Livingston, 2016; Teplin, 2000). In practice, none of these outcomes are

ideal. Emergency room use increased for people with mental illness or substance use disorders by 44% from 2006 to 2014 (Moore et al., 2017). Emergency visits are costly and can be traumatic for people with mental illness (Karaca & Moore, 2020; Wong et al., 2020). Excessive use of force is also a common outcome. According to an Illinois study of hospital discharge data, almost 40% of people injured during law-enforcement interactions had mental health diagnoses (Holloway-Beth et al., 2016). Arrests only cause people to get caught in the criminal justice system, where they will not receive the services that they need (Reingle et al., 2014).

Black People with Mental Illness Suffer the Most

Applying Crenshaw's (1989) theory of intersectionality to the problem, people with several marginalized identities may experience poor outcomes on multiple fronts. Traditional emergency response is not set up to cater to any people with mental illness, but people who are also Black and/or low-income face increased risks from such interactions. Black people are less likely to receive treatment or medication for mental health issues like depression (SAMSHA, 2020). Worse yet, Black people living below the poverty line are two times as likely to experience serious psychological distress as those living at twice the poverty line (SAMSHA, 2020). Low-income Black people, thus have high levels of mental health needs, and lower levels of treatment.

In addition to concerns regarding low levels of mental health treatment, Black people are at higher risk for arrest. While there is no available data on the racial breakdown on emergency response arrests, in 800 jurisdictions around the U.S., Black people are five times as likely to be arrested as their white counterparts, and in 250 jurisdictions, they are 10 times as likely to be arrested (Thomas et al., 2020). Worst of all, Black people are three times as likely to be killed by police as their white counterparts (Schwartz & Jahn, 2020). People suffering from mental illness

who are Black and low income thus suffer low levels of mental health treatment but are at increased risk of arrest or even death if police provide emergency response.

History

History of Deinstitutionalization and the Rise of Mass Incarceration

In the United States, in the first half of the twentieth century, people with severe mental illness were cared for in state mental hospitals (known as institutions). However, abuse within that system led to the beginning of de-institutionalization in the 1950s (Roth, 2021). Congress passed The Mental Health Study Act of 1955 calling for "an objective, thorough, nationwide analysis and reevaluation of the human and economic problems of mental health" (1955, p. 381). The media reports of institutional abuse and the Mental Health Study Act resulted in the creation of the Joint Commission on Mental Illness and Health. This Commission wrote a report entitled Action for Mental Health (Action for Mental Health, 1961). President Kennedy convened a cabinet-level commission to review the recommendations in the report and determine what should happen on the federal level (National Institutes of Mental Health, 2021).

In 1963, President Kennedy ushered in the passage of The Community Mental Health Act of 1963, which designated federal money for community mental health centers that would provide outpatient mental health services (SAMHSA, 2021b). Instead of providing funding to the states, this bill intended to provide dollars to nonprofit organizations and local hospitals. The movement of people from mental hospitals to regular hospitals and nursing homes was further expedited after the creation of Medicaid in 1965, which would not provide re-imbursement for the institutions (Roth, 2021). By the 1990s most institutions had closed, but states had only limited pilot programs in community mental health that were not sufficient to meet the level of need, and new and innovative programs were not evaluated or made permanent (Koyanagi,

2007). In the end, less than half the number of promised community care facilities were created, leading to a gap in needed care options (Koyanagi, 2007).

At the same time, harsher sentencing and the war on drugs led to rates of incarceration climbing across the country, to the extent that today, the United States incarcerates more of its citizens than any other country (Widra & Herring, 2021). Between 1972 and 2009, there was almost a 700% increase in the prison population (Ghandnoosh, 2021). With more behaviors criminalized, and longer sentences, the prison population has grown, resulting in more people with mental illness being incarcerated (Roth, 2021). Moreover, strict laws around drug crimes disproportionately impacted people with mental illness, who have higher rates of substance use than the general population (Roth, 2021). The lack of community mental health options and harsher laws have led to jails and prisons becoming the main providers of mental health services and has put police officers in the ineffective position of being social workers (Torrey, 2014).

History of 911

The national 911 call system came about because of the National Advisory Commission on Civil Disorders, known as the Kerner Commission (Feldkamp & Neuster, 2021). Having a universal call line had previously been encouraged by the International Association of Fire Chiefs in 1957, and by the National Academy of Sciences in 1966 for the purposes of fire alerts and decreasing accidental deaths (Feldkamp & Neuster, 2021). It was also recommended by President Johnson’s Crime Commission on Law Enforcement and Administration of Justice (Corley, 2017). However, it was only after the protests of the Civil Rights movement in 1967 that the 911 system was adopted (Feldkamp & Neuster, 2021). While the Kerner Commission is remembered for its initial progressive recommendations, there was also a significant contingent who wanted to use force to suppress Black protesters (Feldkamp & Neuster, 2021). Arnold

Sagalyn, the commission's associate director for public safety, was a proponent of police militarization, and was studying international law enforcement strategies, including using a universal emergency phone number to assist with counterinsurgency efforts and police surveillance of protestors (Feldkamp & Neuster, 2021). The use of an emergency phone number as a way to control Black protestors made it into the Kerner Commission's report and by February of 1968, President Johnson announced the creation of 911 in his Special Message to the Congress on Crime and Law Enforcement: "To Insure the Public Safety" (Johnson, 1968). The FCC Commissioner, who assisted with operationalizing 911, warned President Johnson that it was likely that the new emergency line would yield phone calls that were unrelated to crime, and were not emergencies, but Johnson was not deterred (Feldkamp & Neuster, 2021).

Current State of 911 System

This system has led to police being called for a large variety of community and quality of life problems, more frequently than for violence or crime (Neusteter et al., 2020). While the breakdown of 911 calls varies by location, this system handles a large and heterogenous variety of community problems. According to an analysis of 911 data from eight major US cities, nonurgent matters such as complaints about noise or suspicious activity or welfare checks made up 23-45% of calls (Irwin & Pearl, 2020). Medium priority non-life threatening calls were 34-42%, and life threatening emergencies were 18-34% of calls (Irwin & Pearl, 2020). Researchers estimated that 21-38% of 911 calls in the cities studied could easily be handled by alternative crisis response teams (Irwin & Pearl, 2020). Instead, in most cities, police are still called to respond to non-violent, non-criminal activities, which results in an expansion of their overall responsibilities and reach within local communities.

Reliable data regarding what percentage of 911 calls involve mental health crises is difficult to obtain due to limitations in 911 dispatch systems such as inconsistent coding and a lack of external data sharing (Russell, 2021). A recent program evaluation from the Crisis Assistance Helping Out On The Streets (CAHOOTS) co-response program in Eugene, Oregon estimated that five to eight percent of calls were for mental health crises (Eugene Police Department Crime Analysis Unit, 2020). However, that percentage might be very different in a larger, more diverse location with a higher percentage of low-income people.

While it might be difficult to determine the percentage of emergency calls involving mental health crises, among law enforcement officials there is a perception that these calls are on the rise. In a survey of 2,406 senior law enforcement officials, 70% said that the amount of time that their department spends on calls for service involving individuals with mental illness has increased or substantially increased (Biasotti, 2011). The officers said that calls for people with mental illness take longer than calls for larceny and domestic disputes (Biasotti, 2011). This data is important because it shows that even if mental health calls are less common, it does not account for how time-consuming they may be. For example, police officers may be required to wait with clients they bring to the hospital, this could entail waiting in line in an emergency room with a single patient for hours (McLean & Marshall, 2010).

Current State of the Criminal Justice System

Although there has been a recent decrease in the prison population, 1.4 million people are currently incarcerated in the United States (Ghandnoosh, 2021). While incarceration rates are on the decline, the rate is miniscule compared to the increase that occurred around the turn of the century. At the same time, police killed 1,186 civilians in 2022, more than in any year in the preceding decade (Mapping Police Violence, n.d.). Neither of these statistics exclusively include

police contact or incarceration that directly result from emergency service calls. However, both numbers paint a picture of the scale of incarceration and the number of civilian deaths police are responsible for. Knowing that 25% of people killed by police have mental illness (Lati et al., 2022) and that 37% of the prison population has mental illness (Bronson & Berzofsky, 2017) we realize that hundreds of thousands of people with mental illness are currently being incarcerated or killed instead of receiving the mental health care that they need.

Social Workers Change the Scope of Emergency Response

Co-response changes not only the face, but the method of emergency response. Having a social worker on-scene has the potential to positively transform the experience of clients receiving services. Traditional first response is regularly performed by police officers who are not trained to safely handle mental health emergencies (Beck et al, 2020). While police officers are trained to enter a scene with force, social workers are skilled in de-escalation, and in communicating with people with mental illness (James-Townes, 2020). Using their skills in diagnosis, and their connection to community resources, social workers have the potential to create different outcomes than police alone would be able to achieve.

Crisis response programs are currently being piloted in, or exist in multiple cities across the country, including Denver, Albuquerque, New York City, Salt Lake City, Washington DC, Baltimore, Houston, and many more (Beck et al., 2020). One example is the CAHOOTS program in Eugene, Oregon, which has existed since 1989 (White Bird Clinic, 2020). CAHOOTS teams are contacted by 911 dispatch or the non-emergency city line. Their teams include a nurse and a mental health worker. According to a 2019 program evaluation, the program caused 5-8% of all 911 calls to be diverted away from the police (Eugene Police Department Crime Analysis Unit, 2020).

Co-response yields low rates of arrest, use of force and hospitalization (Blais et al., 2020; Helfgott et al. 2016; Lamanna et al., 2017). More specifically, co-response can be shown to reduce arrest rates for Black people (Bailey & Lowder et al., 2021) who normally have the highest rates of arrest (Thomas et al., 2020). If initial police contact is considered a risk factor for further criminal justice involvement, co-response has the possibility of transforming that experience from arrest to referral (Munetz & Griffen, 2006). Co-response could move the needle on social work issues by reducing the chances of vulnerable or traditionally oppressed groups ending up in the criminal justice system when there are more appropriate alternatives available. Instead of incarceration, social workers on crisis response teams can connect these people to the mental health and community resources that they need.

Variation in Crisis Response Models

Crisis response models vary across the world and even across the U.S. They range in composition, including any of the following: police, EMTs, paramedics peer advocates, social workers, psychiatric nurses and more (Beck et al., 2020; Helfgott et al., 2015). They also range in terms of temporal participation and role. Some teams may arrive as true first responders while others come to the scene after police have already been called (Helfgott et al., 2015). Further, in some places mental health workers do not come to the scene at all but are able to assist police officers by phone or telehealth (Beck et al., 2020).

Terminology also varies across localities. Teams with varying compositions may be called any of the following: co-response teams, mobile crisis teams, behavioral health (emergency) response teams, crisis response teams, street triage and more. Co-response is typically used to describe a team that has a police officer (some with enhanced training) as well as mental health workers (Beck et al., 2020). The use of the term “co-response” in this paper is

imperfect, because the term does not usually include teams without police. However, in different settings, all of these terms are used to mean different things, so it was not possible to find one term that would be universally understood and universally accurate. The term “co-response” was chosen for this research because it is used across much of the literature to describe alternative emergency response that is focused on including mental health workers to assist people experiencing a mental health crisis (Furness et al., 2016; Koziarski et al., 2020; Lamanna et al., 2017; Morabito, et al., 2018). Thus, throughout the body of this paper, co-response and crisis response will be used interchangeably as shorthand for behavioral health-focused emergency response teams that at a minimum include a mental health clinician and may also include any of the following: police, EMS and peer advocates.

Social Work and Co-response

Social Work Concerns Regarding Partnerships with Police

One of the current questions in crisis response is the extent to which police officers should be involved. As it stands, in many jurisdictions, crisis response teams are in fact part of police departments (James-Townes, 2020). However, there are calls throughout the U.S. to limit the scope of police responsibilities, especially when it comes to mental health emergencies (Carroll et al., 2021). According to this school of thought, crisis response teams should avoid the use of police officers. This parallels a broader question among social workers today about whether practitioners should be collaborating with law enforcement to help clients within the criminal justice system or advocating for its defunding and abolition (James-Townes, 2020; McClain, 2020). There are disparate views on the extent to which collaborating with police departments violates the NASW Code of Ethics.

One viewpoint is that partnerships between social workers and police positively influence officers' social service skills and approach, and that collaboration will ultimately help vulnerable populations (McClain, 2020). Other social workers believe that policing, at its core, is antithetical to social work values, with its use of surveillance and control, and that social workers should be acting to dismantle the policing and prison industrial complexes (James-Townes, 2020). From this viewpoint, policing is a white-supremacist tool used to punish and control people of color (Jacobs et al., 2020). As such, partnering with such an institution would go squarely against social work values that require social workers to pursue social justice and protect the dignity and worth of their clients (James-Townes, 2020). These differing perspectives are relevant for social workers who are considering if crisis response should allow police involvement or partnership.

In addition to ideological concerns, there are also the practical consequences that come with including police in crisis response. Having an officer as part of the team may be triggering to those in. For people suffering from mental illness, the mere arrival of police on-scene can cause a situation to go out of control or cause a re-traumatization for those who have previously had negative interactions with the justice system (International Association of Chiefs of Police Policy Center, 2018). In addition to the possibility of psychological trauma, police presence also brings with it the possibility of unnecessary violence or arrest. A study of 157 post-overdose outreach programs in Massachusetts found that 57% of outreach teams check for a warrant before visiting patients and 11% of teams arrest patients instead of connecting them with substance abuse resources (Formica et al., 2021).

Co-response and Social Work Values

The NASW Code of Ethics requires social workers to engage in social justice work. The specific mandate is to "pursue social change, particularly with and on behalf of vulnerable and oppressed individuals and groups of people" (NASW, 2021, n.p.). Crisis response work is a type of social justice reform, whose goal is to provide better outcomes for people suffering from mental illness. This is operationalized by changing the composition of emergency response teams so that social workers can bring a complementary skill set to the police officers or EMTs who are typically on scene. Furthermore, co-response gives social workers the opportunity to work directly with vulnerable and oppressed groups, who are more likely to rely on emergency services because they are less likely to have access to routine, preventative care (Powers, et al., 2021).

Co-response also corresponds to the NASW imperative to respect the dignity and worth of a person (2021). The goal of co-response social workers is to provide necessary and appropriate care to community members in crisis, considering each patient's needs, and spending as much time with them as necessary. Crisis response teams may be client-centered and unlike traditional emergency response, clients may be included in the decision-making process regarding their own care. While traditional emergency response relies on police who may utilize physical force, and mandatory hospital visits for mental illness, when social workers participate, they can evaluate patients on scene and provide community care options. Social workers see their clients as people and treat them with dignity, respect, and trust, listening to their opinions and empowering them to be involved in the decision-making process.

Finally, the NASW Code of Ethics (2021) specifies that social workers should "practice within their areas of competence and develop and enhance their professional expertise" (n.p.).

The work of co-response teams overlaps with the skills and professional expertise expected of social workers. Co-responders assist people experiencing mental health crises. More specifically, the CAHOOTS program lists the following areas of expertise for crisis responders: suicide prevention, conflict resolution, grief counseling, substance abuse, housing loss, referrals, and advocacy (White Bird Clinic, n.d.). These are skills about which competent social workers practicing in crisis settings would be expected to be knowledgeable. Crisis response teamwork would also allow social workers to have experience in diverse settings and continue to grow these skill sets.

Co-response and Social Work Education

In 2008, the Council on Social Work Education (CSWE) transformed U.S.-based social work school accreditation standards by changing to a competency-based approach (CSWE, 2008). Over time, CSWE shifted requirements from including specific subject content and skills, to a focus on ten competencies such as advancing human rights and social and economic justice (CSWE, 2008; Sullivan et al., 2022). In 2022, the competencies were reduced to nine, and the following was added: engaging in anti-racism, diversity, equity, and inclusion in practice (CSWE, 2022). Practically speaking, this creates a situation where social work programs can teach significantly different content as long as it results in student proficiency in the nine competencies. The addition of anti-racism, diversity, equity, and inclusion as a required competency area provides an opportunity for teaching content related to co-response, which provides an excellent window to explore these issues in social work education. Content related to co-response may also be useful in competencies related to ethical behavior, human rights, policy practice, and social work practice.

Perceptions of Police

The protests of 2020, following the police murder of George Floyd, has brought policing back into the national spotlight. However, the public's critique of police is not a modern phenomenon. Policing has long been a part of the national conversation. Researchers began attempting to measure the public's perception of police nearly 90 years ago when Bellman (1935) created the "Police service rating scale." A systematic review of 100 articles on perceptions of police found that the following variables impact perception of police: age, contact with police, neighborhood, and race (Brown & Benedict, 2002). Black people tend to have poorer perceptions of police than white people, but it does vary by neighborhood (Brown & Benedict, 2002). People who have had positive interactions with police tend to have more positive views, and people who have had negative interactions with police tend to have more negative views (Brown & Benedict, 2002). Young people also usually have more negative perceptions of police than older people (Brown & Benedict, 2002).

More recently, Nadal et al. (2017) created their own "perception of police" scale and surveyed 543 participants. Results aligned with previous studies that found that Black people had more negative perceptions of police than white people. The study also compared perception of police across race and found that Black people had more negative perceptions of police than Latinx or Asian people. There are a variety of reasons that Black people may have a more negative perception of police than other people of other races. Widespread Police brutality toward Black people, and the over-representation of Black people in jails and prisons may impact these attitudes (Nadal et al., 2017).

Policies

Federal policy

American Rescue Plan Act of 2021

In March of 2021, Congress passed American Rescue Plan Act of 2021 (ARPA), which is aimed at providing relief from the impact that Covid-19 has had in the U.S. However, the bill also provides funding for a variety of mental health resources.

The legislation provides flexibility for states to use ARPA funding for emergency crisis response models and community mental health providers who these teams could collaborate with. The law provides a three-year 85% matching rate for states that decide to cover crisis intervention services through Medicaid, increased dollars for home and community-based services and funding for community mental health block grants (ARPA, 2021). The law provides leeway regarding what kind of crisis teams would be eligible for funding but requires that at least one member of the team be trained in behavioral health and be able to assess people in crisis with a focus on trauma-informed care, de-escalation and harm reduction. The law also notes that the team must have relationships with relevant community partners and providers. The language of this part of the law was inspired by a proposed bill (S.4441 - CAHOOTS Act) that was based on the CAHOOTS program.

Although ARPA was created to solve a temporary problem, it is certainly possible that the mental health funding that was provided will allow for the creation and expansion of programs that might be useful and necessary long-term. For example, if states use ARPA's increased Medicaid funding to create and finance mobile crisis teams, or crisis response teams, there is no reason to believe that the need for these programs will go away. Once states are accustomed to having these programs and find that they are serving needs within the community, it is likely that they will request federal funding for them in the future.

Emergency Mental Health Line

One of the programs being partially funded by the American Rescue Plan Act is a nation-wide suicide and mental health crisis line. The National Suicide Hotline Designation Act, which became law in 2020, authorized 988 as a three-digit number for suicide, mental health crisis, and substance use crisis nation-wide (National Alliance on Mental Illness [NAMI], n.d.; SAMSHA, 2022). The creation of the hotline was a combined effort between the Department of Health and Human Services (HHS), the Federal Communications Commission (FCC) and the Department of Veterans Affairs (VA) (SAMSHA, 2022).

While the hotline previously existed in a more limited capacity, it is now available in all 50 states and five U.S. territories by call or text, and it has the $432 million in funding (SAMSHA, 2022). In 2021, the hotline fielded 3.6 million calls, chats, and texts (SAMSHA, 2022). While the hotline itself is a big step forward, to fully assist people in need, there must be local emergency mental health responders who are available to attend to these calls if necessary (NAMI, n.d.). Miriam E. Delphin-Rittmon, HHS Assistant Secretary for Mental Health and Substance says that HSS hopes in the future to include this in-person emergency crisis response piece and encourages states and localities to also build capacity in this area (SAMSHA, 2022). The full roll out of this hotline brings increased public attention to the extent of mental health crises occurring across the U.S. and has the potential to highlight the need for accompanying crisis response teams.

State Policy

Marcus David-Peters Act (HB 5043) in Virginia

While funding may be provided by the federal government, legislation to create the systems and structures to enact crisis response teams must occur on the state or local level. In

addition to the traditional legislative process, the creation of crisis response teams can result from decisions at the executive or agency level. A recent legislative example is the Marcus David-Peters Act (HB 5043) that passed in Virginia in 2020. The overall goal of the legislation is to create a state-wide system that connects people in crisis to mental health workers and provides necessary mental health referrals to those in need (Marcus David-Peters Act, 2020). It is a multi-part framework involving everything from a mental health call center to a new approach to 911 dispatch. The bill also provides for the creation of mental health mobile crisis and co-response teams. The program rolled out as a pilot in December 2021 in five regions in Virginia and is expected to be fully operational by July, 2026.

Model Legislation for States and Municipalities

Advocates of emergency response reform have proposed model legislation that can be adopted by jurisdictions who do not have the resources to research and create such laws. El-Sabawi & Caroll (2021) wrote a sample law called the Model Behavioral Health Response Team Act, which interested governments can look to as a reference. The sample law is based on empirical evidence and a case study of the political fallout after police killed a man having a mental health crisis in North Carolina (El-Sabawi & Caroll, 2021). The model legislation includes the creation of crisis call centers and a behavioral health team that would both exist outside the police department. To change the scope of emergency response, community buy-in and trust is important. This sample law specifically includes provisions for an advisory board that is made up of community members, with the majority including people who have been societally marginalized. The model law also uniquely calls for a team that includes an EMT, a mental health provider such as a social worker, and a mental health consumer (El-Sabai & Caroll (2021).

Conclusion

Currently, throughout the United States, people are getting unnecessarily trapped in the criminal justice system instead of getting the mental health resources that they need. Traditional emergency response can become a pathway to criminal justice involvement or emergency medical services when people instead require reliable community care.

Crisis response teams that include mental health workers have emerged as one solution to the current mismatch between the services being sought by those in crisis, and those provided by police. These teams have the potential to reduce the number of 911 callers who experience violence or arrest at the hands of the police. This is especially relevant for Black people, who are most likely to experience arrest, violence, or death because of police contact (Schwartz & Jahn, 2020; Thomas et al., 2020). As co-response has become more widespread, researchers are taking note of the programs and investigating everything from implementation to client outcomes.

Chapter Three: Review of Literature

Introduction

As an emerging field, co-response has prompted researchers to investigate its implementation, practice, and effectiveness. Quantitative studies focus on outcome data and the dispositions of clients after receiving services, such as incidences of arrest, involuntary mental health detentions, and community health care. Mixed methods and qualitative research has looked at perceptions of implementation, logistics, and general attitudes towards co-response, with interviewees ranging from the co-responders to community partners and stakeholders. Some researchers have also examined the experiences of clients of emergency services.

As a practice, co-response is unique in how many partners and community members are engaged and impacted. The body of work that explores co-response is thus diverse and multifaceted and this is reflected in the range of people who participate in the research.

Methods

The articles were found by doing an advanced search in YUFind, an EBSCOHost Discovery Service. All articles were peer-reviewed academic journals, written in English, and published between 2013 and 2021. The author used articles found by searching each of the following keywords: "street triag*"(89 results in all text, 6 used, 3 repeats), "speciali#ed mental health response" (10 results in all text, 2 used- 1 repeat), Co-response and co-responder and police (17 results in all text, 4 used- 1 repeat), "Crisis intervention team" (166 results in all text, 2 used), and "Police response" model (35 results in abstracts, 4 used).

If a search in all-text resulted in more than 1000 results, the author searched the same term in abstracts instead. To narrow down the results the author read through the titles, and if a title seemed relevant, the abstract was read as well. Only studies that took place in the United

States, the United Kingdom, Canada, or Australia and New Zealand were included. This resulted in 13 articles and two theses.

Among the articles that resulted from the search, three were systematic (Blais et al, 2020; Morabito et al, 2018; Puntis, et al., 2018). The bibliography of each article was used to collect the articles that had been used in those systematic reviews. Twelve articles from their bibliographies that met the criteria described above were also included.

In addition to the EBSCO discovery layer, and the articles found from the systematic reviews, a search was conducted in Dissertations and Theses Global database for papers published between 2013 and 2021, using the following terms: “co-response” (96 results, 2 used). All sources were reviewed again in January 2023, and the search yielded 3 additional articles, for a total of 29 articles and two theses.

Results

This chapter will review literature that looks at emergency co-response teams in the Australia and New Zealand, Canada, the United Kingdom, and the United States. The first category of literature focuses on outcome data, including client dispositions after emergency service contact. This research is primarily quantitative and focuses on data collected in the field.

The second category of literature looks at the perception of co-response by co-responders, partners, and stakeholders. This research is primarily qualitative and includes interviews, focus groups and some surveys with co-responders as well as police, mental health workers, and EMS who are not on co-response teams. There are also studies that include client service providers who collaborate with co-response teams, agency members who created co-response teams, and caretakers of people with mental illness. The final sub-group includes interviews with people who receive co-response services.

Co-response Outcome Data

Client outcome data is a popular area for study. Common outcomes for study include: arrest, involuntary mental health holds, future emergency service calls, and connection to community programs. As co-response is growing, outcome data may be used as justification for the effectiveness of such programs.

***Studies in the United States*.**

Bailey & Lee et al. (2021) analyzed 1,426 crises attended by crisis response teams in Indianapolis, Indiana between January 2018 and December 2019. They sought to determine what factors influenced the resulting outcome of the intervention. All data was taken from pre-existing administrative records. Possible dispositions included involuntary hospitalization (26.9%), voluntary hospitalization (14%), arrest (4.1%), or resolution on scene (55%).

Multinomial regression was used to determine the relationship between the crisis type. (self-harm, mental health, and substance use) and the outcome. Bailey & Lee et al. (2021) found that self-harm increased the likelihood of voluntary or involuntary hospitalization. Clients with a mental health crisis were less likely to be arrested, or to be voluntarily transported to the hospital. Clients in the substance abuse category were more likely to be arrested. Age and housing status also impacted disposition in all crisis types.

The main limitation of this of this study is that pre-existing data was used, so that researchers were confined to whatever crisis responders had written, which could be incomplete or low in quality or detail. This also means that researchers were limited to analyzing demographic variables or crisis type as possible predictors. As a result, the relationship between other potentially relevant factors like prior criminal justice involvement, income level or education level and disposition could not be measured.

Bailey & Lowder et al. (2021) completed a prospective quasi-experimental study looking at outcomes for people experiencing a mental health crisis who received crisis response team intervention compared to a traditional police response in Indianapolis. They compared the 313 calls for service answered by crisis response teams with 315 traditional police responses in a neighboring district. Researchers used propensity score matching to match all cases on additional characteristics. They used weighted multivariate models to determine whether crisis response teams or treatment as usual impacted likelihood of arrest, emergency detention, re-arrest, or future EMS contact.

Their findings showed that crisis response teams reduced the likelihood of initial arrest but increased the possibility of future EMS contact. The reduced likelihood of initial arrest was especially significant for Black people. The increased chances of future EMS contact was most significant for white people. Behavioral health unit follow up did not reduce the rate of future EMS contact. There was some evidence that crisis response teams reduced probability of re-arrests but only for Black people.

One limitation of the study was that while it provided some longer-term outcome data, being purely quantitative, it did not provide an explanation. Authors seemed particularly puzzled by the increase in emergency service utilization among people who received crisis response teams, and the fact that mobile crisis team follow-up did not mitigate this at all. This might be a situation where qualitative interviews could further explain these results.

Helfgott et al. (2016), completed a descriptive process evaluation of a crisis response pilot in Seattle, Washington. The evaluation included 290 crisis response team intervention data points that researchers obtained via police reports. They also did a spatial analysis to determine if there were geographic clusters where more incidents were occurring.

Results show that the crisis response teams averaged three contacts with consumers, cleared cases in 19 days, and spent an average of 50 minutes per case. Just over one third of cases were referred to non-law enforcement agencies and 80% were handled by these referrals, individual/community resolution, or administrative clearance. Only 1% of cases resulted in transport to hospital for evaluation or arrest. However, when it comes to high volume contacts, there was no decrease in calls during the period of evaluation. Six percent of callers made up 27% of the calls, which shows that police had been spending a lot of time with a limited group of people.

There appears to be a miss-match between the stated goal of the study and what data was measured. It is hard to understand how the authors intended to measure the effectiveness of the program based on variables such as resolution time and repeat contacts if there is no comparison data. While this data by itself might have some purpose, it may have made sense to reframe why it was collected or how it might be used on its own.

Morabito et al. (2018), did a mixed methods analysis, using quantitative data recorded by the Boston Emergency Services Team (BEST). The purpose of the study was to determine short-term outcomes of the program. After every client interaction, they recorded information about client demographics, the problem, and the resolution. This resulted in data from 1,127 calls. The data was coded using categories taken from the data itself.

Descriptive statistics show that only 9.8% of incidents involved criminal behavior and only .8% resulted in an arrest. Thirty six percent ended with the person being left on the scene. Only 8.4% of individuals were brought to the hospital for emergency psychiatric evaluation.

Limitations include that the outcomes were short term, and there does not appear to be data around repeat callers, repeat arrests or hospitalizations. Additionally, while the article

mentions multiple times that one of the challenges of the program was finding mental health workers to join, and stay on the teams, the authors speculate on the reasons, but do not interview any mental health workers to support their claims.

There was also an analysis of the outcomes of the Los Angeles Police Department SMART co-response model (Lopez, 2016). The goal was to determine the demographics of the people in LA who have had contact with police, the type of treatment provided by SMART, and the difference in disposition between SMART and traditional police. Lopez gained access to data from the incident reporting system. The total sample included 15,454 reports. Descriptive statistics were analyzed to determine demographics and chi-squared tests were used to analyze the impact of the type of LAPD team on disposition.

Most of the population who had contact with police officers in this study were males between the ages of 19 and 35 and were white, Hispanic, or Black. Of note is that while Black people make up only 9.6% of the population, they account for 28.2% of the police contacts involving mental health concerns. Traditional patrol officers handled 64% of calls while SMART teams handled 31.5%. In terms of arrests, SMART teams arrested only 1.4% of people while traditional police arrested 13.3%. Additionally, 55% of SMART teams were able to divert involuntary hold patients to urgent care or specialized facilities while 90% of traditional police officers relied on county hospitals. This is likely the case because traditional patrol officers do not have appropriate skills to make other types of psychiatric referrals.

Limitations include that bivariate analysis is also only done with some of the variables, and there is no explanation for these choices. Another challenge is that we do not know why some calls resulted in SMART team dispatch when others did not, making it hard to know if the two groups are appropriate for comparison or if there is selection bias.

Iacoboni (2015) completed a thesis that is an evaluation of MHET, a co-response team in Burbank, California. For the outcome evaluation piece, a quasi-experimental interrupted time series was used. The data collection times were pre and post co-response team implementation. Areas where the co-response team appeared to be having an impact included an increase in private hospital use, and a decrease in public hospital use, which is suspected to be a result of teams' greater knowledge of hospital services. Increased use of private hospitals is seen as a positive outcome for people in crisis because private hospitals have more appropriate targeted resources for treatment.

The greatest limitation of this study was the scope. The author attempted to do a needs assessment, a program theory assessment, a process evaluation, and a program evaluation all within the body of a master's thesis. While the attempt is admirable, given the time frame and the enormity of the task at hand, doing each of those pieces thoroughly seems nearly impossible.

Studies in Canada

Blais et al. (2020) conducted a quasi-experimental study to analyze the extent to which a co-response team was able to connect people experiencing mental illness to community resources and decrease police force. They studied the mobile crisis intervention team (MCIT) in city of Sherbrooke in Quebec, Canada.

Researchers used propensity matching to estimate appropriateness of matches between emergency response by MCIT with treatment as usual. There were 143 MCIT datapoints. Treatment as usual data was taken before and after MCIT began operating. The purpose was to look for contamination effects.

Blais et al. (2020) found that MCIT response was associated with a decrease in police use of force, a decrease in transport to hospital against individual's desires, and a decrease in general

hospital transport. Receiving an MCIT intervention was associated with a higher likelihood of being referred to community resources or being assisted by one's own social network.

The main limitation of the study is that authors were not able to study impacts based on race, because 97.5 % of the participants were white. While this data might be relevant for areas of the world with a homogenous white population, people of color are disproportionately represented in the criminal justice system, so having data that does not include any people of color might limit its generalizability to many locations.

Blais & Brisebois (2021) used propensity matching to compare outcome data between clients served by the traditional Laval Police Department response and their co-response unit, called the Social Emergency Division. The Social Emergency Division is a group of social workers who can be called upon by police officers when they believe there is a mental health crisis. This study included 251 clients who received co-response and they were compared to a control group of 130.

The treatment group included co-response cases between February 2016 and January 2018 and used data collected by the Social Emergency Division information system. The comparison group included traditional police response cases from February 2014 to January 2016 and included data collected by traditional Laval Police Department information system. The years were staggered to avoid contamination bias. For the purposes of this study, only cases involving risk of suicide were included.

The study showed that there was a lower incidence of use of force in the treatment group (3.6% compared with 11.5% in the control group), and a decrease in hospital transports against a client's will (22.3% in the control group compared to 8.8% in the treatment group). There were increases in community resource referrals, and clients being assisted by their social networks.

There was also an 84.6 percentage point decrease in voluntary hospital transports when co-response was used and a 32.8 percentage point increase in community referrals. There was a 55.5 percentage point increase in clients being assisted by their own social network when co-response was used. There was no impact on arrests between the control and treatment as usual.

Limitations of the study include the fact that only cases involving suicide were included, meaning that there is no information about the effectiveness of co-response in other situations. Another limitation is that previous case files were used for the study. This means that the researchers were limited by whatever notes police officers and co-responders included in the database. When using data collected by an outside source, the researchers are not able to control the quality of the data being used. If the data collected was in any way incomplete or inaccurate, this could have impacted the results.

Lamanna et al. (2018) conducted a mixed methods study of Toronto's Mobile Crisis intervention Team (MCIT), a team that pairs a police officer with a mental health nurse. For the quantitative part, the researchers used nine months of administrative data from MCIT and comparative data from the traditional police team. This includes 2743 outcome data points from MCIT and 16,226 for police-only teams.

Administrative data was analyzed using the non-parametric Mann-Whitney U-test for continuous outcome variables and chi-squared test for differences in categorical variables. Results showed that MCIT had low rates of injury and arrest. However, comparison rates for police-only teams were not available. Co-response teams had higher rates of hospital escorts, but lower levels of involuntary hospital escorts than police-only teams. MCIT also had quicker handovers to the hospital than police-only teams. However, response times for MCIT were

slower than for police-only teams. This may be attributed to the large service area covered by MCIT.

In many of the other studies that use secondary, emergency response data collected by police officers, the accuracy or consistency of the data is typically listed as a limitation. This was not the case in this study, which might mean that these authors had reason to believe that they had higher quality data than is typical. If not, it could point to the fact that this potential issue was not considered.

Studies in the United Kingdom

Heslin et al. (2016) studied a street triage team in a neighborhood of Sussex, Southeast England. In the United Kingdom, crisis response teams involving a mental health clinician may be known as street triage. The objective of the research was to see if the street triage model resulted in fewer S136 holds and if there was a reduction in cost compared to traditional police response. An S136 hold is a type of involuntary psychiatric hold. A police officer in the UK may detain a person by using an S136 hold if a person is in a public place and appears to be experiencing mental illness (Borschmann, et al., 2010).

For this study, Heslin et al. (2016) used data collected by police officers from a six-month period the year before street triage. This was compared with the four-month period after it was implemented. They also looked at detentions in the rest of Sussex (where there was no street triage) to see if changes in detentions could be explained by other factors. Finally, they conducted a cost-offset analysis, to see whether the cost of the street triage was offset by the savings that resulted from street triage.

The research team found that there was a 39% decrease in S136 holds once the co-response team was active, and only 5% of such holds were initiated by the team, all others were

done by police when the team was not available. At the same time, S136 holds had increased in neighboring areas. Economic analysis also showed that criminal justice costs were £34 lower with street triage, due to the reduced involuntary detentions.

In this study, the only outcome data examined was the number S136 detentions, while this is valuable, reducing S136 detentions is only one of the intended outcomes of police triage.

Keown et al. (2016) also looked at S136 detentions. They conducted a comparative descriptive study of the extent to which a street triage team impacted the S136 psychiatric holds in the Northumberland, Tyne, and Wear (NTW) region in the UK. The study compared S136 detentions before and after the introduction of street triage. This study is notable for its use of data from three sources including the local police, the National Health Service, and the local social work department in part of the region.

They found that after street triage services began, there were fewer S136 detentions. In the first year, there was a 56% reduction. This reduction only occurred if street triage was occurring in the area in question, and the more hours they were available, the greater the decrease in S136 detentions. There was a significant correlation between the rate of street triage and the drop in the rate of S136 holds.

While the results are useful, as was the case in Heslin et al. (2016), only looking at S136 detentions is a very narrow way of assessing the effectiveness of Street Triage. Looking at additional outcomes would paint a much richer picture of the state of emergency response.

Jenkins et al. (2017) conducted a service evaluation to compare changes within and between Norwich and Ipswich, two neighboring areas in the UK, with regards to S136 detentions. Their research was unique in that they compared two localities that used different street triage models. Norwich used a model with a nurse available by phone, and Ipswich had a

team where the nurse attended the scene with the officer. The study looked at both locations pre and post intervention and compared results between localities. The study was conducted retrospectively, using data from police and hospital records.

Results showed that the Ipswich model, where a nurse attended the scene, had a 38% reduction in S136 holds, and greater rates of admission to the hospital. The Norwich model, where nurses were in the control room, did not show any change in 136 holds, but showed a non-significant decrease in admissions.

As was the case with Blais et al. (2020) the greatest limitation here is that the study was done in two areas where most people detained were white. While this might be representative of more homogeneous parts of the United Kingdom, extrapolating the data to someone as diverse as London might be problematic.

Studies in Australasia

Every-Palmer et al. (2022) performed a quasi-experimental study comparing the outcomes of New Zealand's first co-response team to traditional emergency response. The study looked at immediate dispositions and one-month outcomes for 1273 cases. Outcomes measured included emergency department admission and wait times, psychiatric admissions, compulsory treatment, use of force, detention in police cells and the time to resolution of the event.

Researchers used the Police National Intelligence Application database and included cases from the Wellington district. Because co-response services were only available part time, Every-Palmer et al. (2022) were able to compare co-response data with traditional co-response in the same district, during a single time period (March 2020-March 2021).

Welch's unequal variances t-test for numeric variables was used to assess the between-group difference in mean. Chi-square tests were conducted to test whether the distributions were

the same for the nominal variables. For key outcome variables, researchers used relative risk estimates to determine the impact of the intervention. Sensitivity analysis was also done to make sure that variables like day of the week or coding type were not impacting results.

Co-response resulted in reduced use of emergency room services (32% compared to 45% when traditional emergency response was on call). Clients waited for 32.5 fewer minutes for services during co-response calls and were less likely to return to the emergency room within the following month. Cases resolution was also four minutes faster when co-response was available.

The main limitation of this study is potential contamination effects. Since the data was collected during a single timeframe, it is possible that traditional emergency responders who were colleagues with crisis response team members could have been impacted by knowledge sharing. The other challenge is that since it is not a true experiment, it is possible that the two groups were not sufficiently equivalent.

Huppert & Griffiths (2015) had access to quantitative data collected from the Police Ambulance Crisis Emergency Response (PACER) pilot program in Melbourne, Australia including demographics, response times, diagnoses, and outcomes of PACER response. The pilot took place in 2007 and lasted three months.

The research team found that it was common for people to have had previous contact with police and mental health services. Only 27% of PACER cases were sent to the emergency room, however, there is no comparison group. Over one third of people who received PACER services were cleared in less than half an hour, an outcome that would be unlikely in a hospital. Additionally, it is believed that the PACER team led to more people being allowed to remain in the community. Police officers are thought to be more hesitant to allow community care because without PACER, the emergency room is the only immediate option for mental health evaluation.

The data collection method was not explained in detail, so it is difficult to say how accurate or reliable it was. Additionally, not having a pre-test, or any comparison group makes it more challenging to say with certainty that the PACER results are indeed an improvement and not equivalent to status quo.

Lee et al. (2015) conducted a mixed methods study of a 6-month-long A-PACER pilot program in Melbourne, Australia. The outcome portion of the study included data from Victoria Police and the mental health service. Data primarily came from the A-PACER Activity Sheets, which police filled out after meeting with each client. The study found that 11% of clients were referred to a psychiatric unit, 32% of clients were transported to an emergency room, and that community management was sufficient for 57%. On average 64 minutes were spent per contact by A-PACER compared to 43 minutes per contact with traditional police response.

The main limitation to the outcome data is that there is no mention of whether the authors noted or did any analysis that included client demographics. While the data is still useful without it, knowledge about clients age, race, and gender could shed additional light on specific outcomes.

Metanalyses of Studies in Multiple Countries

Seo et al. (2021a), conducted a systematic review and meta-analysis of empirical research that looked at outcomes of police response models (PRM) designed for interaction with people with mental illness. Their research questions attempted to determine the weighted mean effect size estimates for the outcome measures, whether there were variations in effect sizes based on the type of PRM, and what the moderating effects of data collection method, location, and other variables might be. A systematic review of the literature left the researchers with 42 studies to include in the analysis.

The study showed positive effects of PRMs for 14 out of 18 possible outcomes. The three main kinds of PRMs (40-hour crisis intervention training models (CIT), co-response, and models with less than 40 hours) were effective at improving "self-reported changes in officer perception" or "self-reported changes in PWMI perception" (Seo et al., 2021a). However, they had a small impact on "observed officer behavior" outcomes like arrest and excessive use of force (Seo et al., 2021a).

Seo et al. (2021b) conducted a systematic literature and meta-analysis to compare the police response models for encountering mentally ill people in the United States to those in other countries. This was part of a larger study, explored by Seo et al. (2021a), but this one focused on the effects size estimates among different countries. This research looked at the same 42 studies as the earlier paper.

The results show that the mean weighted effect size estimate of police response models is moderate, inside and outside the United States However, effect size is higher outside the country. And, in the United States there is scant evidence that police response models impact outcome measures such as arrests and use of force. Studies of response models that looked at subjective outcomes like perceptions showed stronger effect sizes. However, in other countries there is a dearth of studies that use official outcome statistics, and a low number of studies looking at police response team outcomes in general.

The main limitation is that because Seo et al. (2021a) only did a quantitative metanalysis, they missed out on the many qualitative studies published on co-response. Doing both types of metanalyses would have expanded their opportunities for gathering a more robust body of knowledge.

Studies Focused on Police Perspective

Interviews with police generally showed favorable attitudes towards co-response among jurisdictions that already had such teams, and primarily revealed concerns around limited funding and resources.

Studies in the United States

The Seo et al. (2021c), surveyed police but with a focus on chiefs in Pennsylvania jurisdictions. Four hundred and twenty-one surveys were sent out and they received 190 responses about police attitudes towards PRM.

Results showed that 49.5% of departments did not have a PRM at all. Overall, chiefs had positive attitudes towards the CIT and co-response models, and their attitudes were correlated with whether their department had a PRM. The study also showed that chiefs who had positive feelings about multi-agency partnerships had more positive attitudes about CIT and co-response models. They also found that there is a positive relationship between a chief's level of education and positive feelings towards all PRM.

A limitation of the study is that the survey was only distributed to police chiefs. Although chiefs are in leadership roles and their opinions on PRM are relevant in terms of whether an office might adopt such models, chiefs themselves would not be on the teams. Thus, we are missing the perspective of the officers who would have to be recruited for those roles. While police chief opinions might be like those of lower-level police, it is difficult to know without surveying them. Including chiefs as well as junior level officers would give a broader picture of the overall feelings that police officers have towards PRM.

For the process evaluation piece of the Iacoboni (2015) thesis, researchers surveyed 33 Burbank police officers who were not part of the MHET co-response team. Overall, officers had

a positive view of co-response in theory, with 93.76% saying that they believe MHET had knowledge about resources to help people with mental illness and 60.6% saying that MHET provided a necessary service for the police department. However, there were significant concerns around the team's availability, with 63.63% of officers saying that MHET was rarely/sometimes available to assist them on a call (Iacoboni, 2015). This is important because it shows that officers approved of the team, but they felt they couldn't count on them to assist because they were either not on call for those hours, or busy with trainings or administrative work (Iacoboni, 2015).

For the qualitative portion of their study, Morabito et al. (2018), conducted interviews with seven officers who worked on Boston's BEST co-response teams. Police officers saw the speed with which co-response teams allowed clinicians to arrive on scene, and their unique skill set as benefits. However, officers were concerned about the safety of clinicians. The other challenge stated by officers was funding, including long-term funding to pay for cars for transport, as well as money to pay for the clinicians. Because funding is seen as precarious, officers said they were unsure about whether this program would last, and whether they should put real effort into it.

Studies in Canada

Koziarski et al. (2021) conducted a mixed methods study to determine the makeup of Canadian CIT and co-response teams and the perceived challenges they faced. CIT teams included only policy officers who received mental health training whereas co-response teams included a police officer paired with a mental health worker. The study included a survey that was completed by 23 police offices, with a response rate of 22.5%. The survey showed that 76% of police officers had CIT or co-response in their precinct. This low response rate was the

greatest limitation of the research because it leaves room for selection bias. It is impossible to know if three quarters of all police departments in Canada in fact have CIT or co-response, or if it is simply that offices that had such teams comprised the majority of the survey respondents. For the semi-structured interviews there were ten participants.

To recruit police for the semi-structured interviews, officers were invited to participate upon completing the surveys. Interview transcripts were coded thematically, using an exploratory approach. Officers noted the following challenges: chronic and frequent calls, lack of social support and resources, limited hours of operation, large jurisdictions, not having enough staff or funding, hospital wait times, and lack of evidence of CRT effectiveness.

Studies of Perspective of Co-responders and Partners including Ambulance-Workers and Dispatch

Several researchers interviewed or surveyed entire co-response teams, including police and mental health workers. Most researchers found favorable opinions of co-response among police officers and mental health workers, and a desire for the teams to grow. Co-responders generally stressed the importance of building relationships between the officers and mental health workers and felt that the teams led to collaboration, and information and skill-sharing, but that staffing shortages were a significant issue.

Studies in the United Kingdom

Horspool et al. (2016), conducted a cross-sectional qualitative study of nine police officers and five mental health workers participating in one street triage pilot that operated in two locations in the United Kingdom. Researchers conducted semi-structured interviews and used framework analysis to determine themes.

Interviewees believed that street triage led to understanding one another's roles better, and to collaboration between agencies, and information sharing. It was agreed that mental health workers gave police officers the confidence to refer people to community services rather than relying on involuntary holds, due to the shared decision-making. Police and mental health workers hoped the program could expand. However, both were concerned about staffing challenges, since mental health workers and police were both taken from existing roles in the community. And, while mental health workers were being taken out of their former community positions, street triage was in fact leading to more community mental health service referrals. As a result, if a street triage client was referred to a local mental health agency, that agency might be under-staffed.

A limitation of this study is that although the authors highlighted the lack of resources issue multiple times, it appears that they did ask respondents for feedback on solutions or propose any themselves. As it stands, street triage mental health workers are being taken out of current mental health care teams, and thus leaving those teams understaffed. To ameliorate this problem, the localities in question need to either recruit unemployed mental health workers from other locations or work with purveyors of mental health education to increase in the crisis response field.

Callender et al. (2019), also conducted a qualitative study of street triage purveyors, completing 27 semi-structured interviews with police, ambulance, and dispatch who participated in street triage at three sites in England. Results in many ways echoed the findings of Horspool (2016). Researchers found that reducing unnecessary detainments and providing appropriate assistance for those in need was a priority, but that more experienced teams focused on providing the best outcome for the client. They found that joint training or dedicated bonding time

allocated for nurses and police to spend time together helped build their relationships. However, the local investment in mental health funding at each site and availability of beds also greatly impacted the street triage program. In terms of officer confidence, Callender et al. (2019) found that police officers preferred working with nurses on-scene instead of in control rooms, and that it was better to have police officers that specialized in mental health calls to build continuity and to build relationships with the nurses. Participants shared a desire to expand street triage, making nurses available at all hours, and giving police access to healthcare databases when they are on scene.

A limitation of the study is that even though one of the stated goals was to be less focused on police, and instead consider the interaction between mental health workers and police, it appears that only four out of the 27 interviews included mental health workers. While the inclusion of ambulance workers and health-care workers is important, given that street triage is focused on people with mental illness, the opinions of those who are qualified to treat mental illness should be prioritized.

Studies in Australasia

The qualitative portion of the Lee et al. (2015) mixed methods study, included a survey that was distributed to 11 mental health clinicians and 66 police officers in Melbourne, Australia. Police officers interviewed overwhelmingly wanted the A-PACER team to continue. They cited better outcomes for consumers including reduced wait times for mental health evaluations, better use of police time and resources, the ability for police to learn more about mental health, and more collaboration between agencies. The challenge reported by the police was that N-PACER’s hours were limited.

Mental health clinician responses were mixed. Some reported better collaboration with police, and fewer people being sent to the emergency room. While some clinicians liked the diversity of the job, others did not want to work in such a wide range of scenarios and chose to leave. Researchers saw this as an opportunity to make sure that in the future, recruiters clearly outlined the co-response role and sought interested people with the correct skills. The negative responses from clinicians were concerns about unnecessary use of N-PACER when a mobile community mental health team could have been called, and concerns about doing psychological evaluations in public, on scene.

This study stands out as being one of the few to discuss considerations when recruiting mental health workers for co-response. Highlighting the need to carefully define the role and seek people with appropriate skills is important. However, as was the case in Callender et al. (2019), not enough mental health workers were surveyed. Having responses from 66 police officers but only 11 mental health workers impacts the data that was obtained.

Across all the studies, the majority of police officers and co-responders shared a positive attitude towards co-response and a desire for it to expand. Officers and mental health workers both saw the value of collaboration and teamwork. However, some clinicians showed concerns for issues such as client privacy. At the same time, both groups shared concerns over availability, staffing and funding limitations.

Studies of Perspective of Co-responders, Partners, Implementors, and Stakeholders

Studies in US

Bailey et al. (2018), studied barriers and facilitators to the implementation of the MCAT co-response team pilot in Indianapolis, Indiana. Researchers collected data during the first and fourth months of the pilot. Their first data source was the co-responders. Three researchers held

two semi-structured focus groups, each with six participants. Additionally, one of the researchers interviewed nine MCAT program creators and stakeholders individually.

The resulting content analysis showed that barriers included a lack of guidance surrounding procedure, a lack of communication to relevant external agencies about the purpose of MCAT, and a lack of facilities for people with mental illness to go to. Police and EMTs were challenged by the shift to occupying collaborative, mental health-focused roles, and the accompanying stigma of these roles. The facilitators were the high-level support from city agencies, the ability to share information, and team-building exercises at the start of the program.

The study was limited in that only those involved with the program-related agencies were included. Interviewing community organizations, people with mental illness or their caretakers would have been beneficial. While the study did focus on program implementation, understanding how it was experienced by community partners and clients would have been valuable.

Studies in Canada

The Kirst et al. (2015) study is rare in that they interviewed service providers as well as service consumers. The study had an impressive scope, attempting to understand the implementation process of the MCIT co-response model, to identify strengths and challenges, and to determine service user satisfaction. They conducted seven focus groups and did 22 interviews. Five of the focus groups were with the co-response teams, one was with community stakeholders, and one was with police dispatchers. The interviews were with health care providers, program stakeholders, and mental health service consumers.

Overall, stakeholders had positive views of MCIT and thought it was meeting its goals of responding to people in crisis and preventing unnecessary hospitalization and criminalization. In

terms of strengths, partnerships between agencies were seen as positive and many stakeholders saw the MCIT teams as being knowledgeable and good at engaging with consumers in crisis. However, some of the agencies, such as police and health system stakeholders, felt their relationships needed further development, especially to increase police officer buy-in. Both police and mental health providers felt that they needed additional training. There was also confusion about the exact role of MCIT among their partners.

One limitation of the study is that the focus groups included the police officers and the mental health workers together in the focus groups. This may have impacted what each group felt comfortable divulging in front of their peers. Had the police officers and mental health workers been separated, they may have felt comfortable being more honest about their experiences.

Studies in the United Kingdom

In Cleveland, England, Dyer et al. (2015) completed an exploratory mixed methods study of the street triage team. The research team interviewed 16 stakeholders, and performed a retrospective analysis of case notes, and interrogation of a data set previously collected by the street triage staff from 2012-2014.

Overall, service users, police and associated agencies had positive feedback about the program. Stakeholders said that that street triage teams referred fewer people for psychiatric holds and provided more support for police officers, leading to better client outcomes. However, there were complaints including lack of funding for full-time street triage services leading street triage to be delayed or unavailable, a lack of collaboration between the teams and community organizations, and the problem of repeat referrals.

Limitations include the fact that the study includes interviews by the researchers mixed in with retrospective qualitative data, and the authors do specify the extent to which each is included in their study. They also do not discuss the data collection methods of the retrospective qualitative data.

Studies in Australasia

The studies that took place in Australia differ from the other multi-group qualitative studies in that neither included members of the co-response teams. McKenna et al. (2015) conducted an exploratory qualitative study, interviewing 17 stakeholders to determine their thoughts about if the Northern Police and Clinician Emergency Response (NPACER) team in Melbourne was meeting its goals. Interviewees were chosen purposively, including people working in impatient services, ambulance staff, police officers who did not work in NPACER, emergency room mental health workers, caretaker advisors, and consumer advisors. The researchers conducted one-on-one semi-structured interviews.

Respondents believed that NPACER was effective in its goals of reducing escalation, improving outcomes for people in crisis, and providing better access to correct mental health care. NPACER was seen as improving emergency response via better communication, information sharing, and knowledge and skill development. Participants said that NPACER was effective at keeping people out of the emergency room by referring them to other mental health services, allowing police officers to spend less time at the hospital and more time on police work. They also noted increased knowledge and skill-sharing between agencies, and a reduction in the poor outcomes that occur when police come to the scene alone.

One of the limitations was that while the resulting themes were grouped and articulated clearly, it was at times difficult to determine which respondents had shared which kind of

feedback. Knowing who had said what would have provided additional clarity into the perspectives of the diverse groups that were interviewed.

Robertson et al. (2020) conducted their study in Cairns, completing 39 semi-structured interviews with first responders and community-based providers and mental health advocacy groups. They attempted to determine key elements and challenges to program implementation. Interview subjects were recruited both purposively and by snowball sampling. To be selected for an interview, participants had to have experience interfacing with the Cairns co-response team.

The key elements essential to program implementation were co-responder characteristics, senior level support, collaborative project governance, and co-location of team in a mental health facility. Challenges to implementation included: initial concerns about patient confidentiality, lack of an evaluation plan and not having staff hired specifically for the job. The most common recommendation was to increase the hours of operation for the co-response team.

The limitation of this study is that while a broad group was interviewed, the mental health clients and their caretakers were left out. Understanding the functioning of the program from the side of the client should be considered equally important in a program implementation study.

Studies with Co-response Consumers

The smallest percentage of research was about client outcomes and perceptions. Generally, clients were supportive of the idea of emergency response teams including a mental health worker, and several had negative perceptions of police acting alone. They valued skills in de-escalation and expressed a desire to feel heard.

Studies in Canada

The qualitative portion of Lamanna et al. (2018) included interviews with 15 mental health service consumers. Police officers from MCIT and traditional police stations were asked

to refer service users for interviews. Ten of the interviews had crisis experience with both MCIT and traditional police response.

Based on client interviews, mental health consumers value de-escalation skills, knowledge of mental health and resources, and an empowering and compassionate response. Consumers also shared that interactions with police-only teams could lead to feeling criminalized and even being handcuffed. Police and co-responders could yield positive experiences, but police-only experiences were found to be more variable.

Limitations include bias in terms of who officers selected for interviews, and the extent to which they might not be representative of the broader public.

The Kirst et al. (2015), study interviewed service providers as well as service consumers. To determine user satisfaction, researchers conducted interviews with 11 consumers of co-response services. Several consumers had positive experiences with MCIT, and those that did emphasized the importance of feeling heard and being treated with respect. They also highlighted the importance of being given choices instead of being told what to do. Those that did not have positive experiences felt that they had not received proper respect or been given enough agency in the process.

Studies in Australasia

Boscarato et al. (2014) conducted 11 semi-structured interviews with Australian consumers of mental health services to explore their experience with crisis intervention by different types of response teams. To be eligible, participants must have had crisis intervention services from both police and mental health workers. However, only one participant had experienced a single team that included both a police officer and a mental health worker together.

Findings showed that mental health consumers preferred friends or family members to assist them in crisis. If a formal response was necessary, participants wanted mental health workers or their primary care physicians to intervene. None of the participants wanted only police to assist. Participants were open to having a collaborative response and said they preferred a model with a police officer and mental health worker arriving as a team.

The limitation here is that only one person interviewed had experienced a co-response team. This may be indicative of the lower prevalence of co-response in the area. Most people had experienced traditional police response and clinician-only mobile mental health crisis response on separate occasions. As a result, while participants said they were theoretically open to a co-response team, it is not possible to know how they would feel about it in practice.

Evangelista et al. (2016) conducted a qualitative study to explore the client perspective of people who experienced Alfred Police and Clinical Early Response (A-PACER) services in Melbourne. The researchers conducted 12 semi-structured interviews and used random selection. However, people were deemed ineligible depending on their level of English, their ability to be contacted, and their willingness to participate. The final group was relatively homogenous with the majority being women between the ages of 30 and 49. They used thematic analysis to code and select five themes.

Themes included the following team qualities: ability to communicate and de-escalate, persistence, a quick response and working well under pressure, good information sharing, and success at helping consumers. Overall, consumers said the mental health worker and police officer worked well together and were supportive of this model. The areas for improvement expressed included making the vehicles less obvious to neighbors, increasing police officer mental health training, and providing more follow-up after a crisis.

The participants received A-PACER services for a variety of issues including welfare checks, self-harm, or intoxication, being a threat to others, or a psychotic episode. It might have been informative to see if there were differences in participant perceptions of A-PACER based on the severity or nature of the issue at hand. This is also where police or clinician perspective would have added depth because they would have been able to point out if they felt their own services were more effective for different types of client situations.

As part of their qualitative study, along with client service providers, McKenna et al. (2015) interviewed three caretaker advisors and three client advisors. While they did not interview caretakers or clients directly, these advisors all had relationships with caretakers and clients and were interviewed about their experiences. However, the only feedback shared from that group was their opinion on traditional police response. The emergent theme was the potentially traumatizing impact of officers unnecessarily using handcuffs on people experiencing mental illness. It would have been informative to learn more about the opinions of this group, instead of having the results focus primarily on the client service providers.

Furness et al. (2016) took a different approach to their study of perceptions of Northern Police and Clinician Emergency Response (NPACER) in Melbourne. They surveyed 43 people about their perceptions using the Police Contact Experience Scale (PCES).

Participants were selected purposively from an inpatient mental health facility. They were all interviewed while in the facility, having been brought there involuntarily either from the scene, or via the emergency room. All participants completed the PCES, which determines perceptions of procedural justice and coercion of people experiencing a mental health crisis. The scale asks participants to rate 5 items of coercion and 10 items of procedural justice on a Likert scale. Furness et al. found that both traditional police and NPACER were found to be

procedurally just, but that NPACER was found to be perceived as more procedurally just. However, NPACER and traditional police response were viewed similarly in terms of coercion. Participants also had the opportunity to leave comments of their own on the surveys, however, there were not enough comments to be representative.

Limitations include the fact that participants only described an encounter with traditional police, or with NPACER. Results may have been different if participants had experienced both and could compare them. Additionally, this study only looked at the people in mental health crisis who were involuntarily detained. Others who experienced N-PACER or police emergency services and were not detained, may have had different viewpoints on both types of teams.

Conclusion

There is limited peer-reviewed research that looks at the field of co-response, and there are currently no articles in the social work literature. Studies primarily come from disciplines such as criminal justice, psychiatric nursing, and policy. As such, those lenses are applied to the type of co-response research that has been published.

Current research includes analyses of client outcome data, and qualitative studies on the perspectives of co-responders, client service providers, community partners, clients, and caretakers. Across these articles, common themes arise. For clients there is a desire to be treated well by first responders instead of being criminalized and a preference against having police-only emergency response teams (Boscarato et al., 2014; Lamanna et al., 2018). For the co-responders and stakeholders, co-response teams bring up worries about privacy issues, staffing shortages, limited funding and hours of operation (Iacoboni et. al., 2015; Lee et al., 2015; Koziarski, Lee et al., 2021; Morabito, et. al., 2018). They also express the benefits yielded by co-response teams of collaboration, data-sharing, and more efficient use of time and resources

(Horspool et al., 2016; McKenna et al., 2015). When it comes to outcomes, it is common to see low level of arrests, hospitalizations, and involuntary psychiatric holds with co-response teams (Heslin et al., 2016; Koziarski, et. al., 2021, Morabito, et. al., 2018).

While previous research has brought to light the perspectives of current co-responders, stakeholders, and clients, and has shown successful outcomes, there are still gaps in the literature. Even though mental health clinicians are essential to co-response and social workers are often the mental health clinicians who take on this role, there has been no peer-reviewed social work research that looks at co-response. This means that although some mental health workers have been interviewed, there have been no social work researchers asking questions from the social work perspective.

As in all fields, social work research has its own priorities and social work values inform both research and practice. Without social workers leading the research, there has been no attempt to determine the extent to which co-response work is in line with social work values. We do not know if social workers feel prepared to do such work, or if they even have the desire.

Beyond that, previous research has exclusively focused on mental health workers who are already on co-response teams. It can be reasonably assumed that those who are already in the field are interested in such work. However, with co-response growing across the country, it remains to be seen whether there is an adequate, interested group of social workers who would like to take on co-response work as the field expands.

Chapter Four: Theoretical Framework

Introduction

This chapter will discuss two theories that provide a way of understanding the problem at hand and the research questions. The first framework reviewed will be the Sequential Intercept Model (SIM), first proposed by Munetz & Griffen (2006) as a way of understanding how people with mental illness end up being over-represented in the criminal justice system. The next framework is an ethical decision-making process, proposed by Reamer (2018), to guide social workers in their decisions in policy and practice. While SIM proposes a way of understanding the problem of the over-criminalization of people with mental illness, Reamer's guide gives us a framework to evaluate social workers' ethical responses to the situation.

The Sequential Intercept Model

The Sequential Intercept Model was created to understand the systems that lead to the over-criminalization of people with mental illness (Munetz & Griffen, 2006). The model uses a public health approach to highlight the points at which people with mental illness might become involved in the criminal justice system. The intercepts represent typical situations along a continuum that could lead to entrance to, or further entrenchment in the criminal justice system. The model is designed to be used strategically to determine existing resources, missing links, and plan for needed changes (SAMHSA's Gains Center, 2005). This task is best completed by a collaboration between multiple agencies in the fields of mental health, criminal justice, and housing (SAMHSA's Gains Center, 2005).

The model, which has five intercepts, is a visual representation of why it is best to assist people with mental illness before intervention is necessary (Munetz & Griffen, 2006). One of the underlying assumptions behind the model is that the most effective solution would be to have

adequate mental health care, preventing people with mental illness from reaching even the first intercept. However, where that is not possible, the model can be used to identify opportunities for resource provision or intervention.

In explaining their model, Munetz & Griffen mention co-response as one way of ensuring that people with mental illness get appropriate referrals and care during such an interaction. Intercept zero represents providing community care that prevents people with mental illness from any criminal justice interaction. Intercept one is initial interaction with emergency service workers or police. This intercept provides an opportunity to refer people towards mental health treatment services. Intercept two is post-arrest, during a preliminary hearing or detention. This is another opportunity for police to bring in a social worker for an evaluation, or for a judge to order diversion services such as mental health treatment in lieu of jail time.

Intercept three is for people who are not eligible for a diversion program but might be eligible to participate in mental health court or drug courts, which focus on treatment rather than incarceration. If that is not possible, providing high quality mental health care in jails is essential. Intercept four is returning to the community after incarceration. At this point, it is paramount to provide for continuity of any mental health treatment that was received during jail time. Intercept five considers people on probation or parole and suggests that mental health treatment should be a condition of community supervision. They also suggest special parole officers be assigned to caseloads of people who have mental illness.

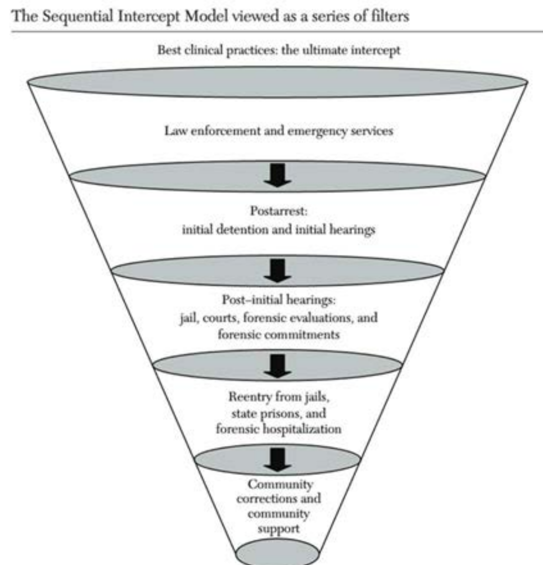

Figure 1: Sequential intercept Model

SIM Model History and Relevance Today

SIM was originally created for use in Summit County, Ohio as a tool for addressing the over-criminalization of people with mental illness (Munetz & Griffen, 2006). The model was the result of technical assistance consultation from the SAMSHA's GAINS Center for People with Co-occurring Disorders in the Justice System. The collaboration between the consultants and the Summit County Alcohol, Drug Addition, and Mental Health Services Board yielded SIM, based on a public health orientation (Munetz & Griffen, 2006). The model was created and refined by Mark Munetz, and Patricia A. Griffen who worked with Henry J. Steadman (SAMHSA's Gains Center, 2005). The model pictured above is the "filter" model, first introduced by Munetz & Griffen (2006).

Use of the model has become standard practice, to the extent that it continues to be used by the U.S. Department of Health and Human Services (SAMHSA's Gains Center, 2005). The model is intended for use by communities and agencies to review points of potential criminal justice contact and to identify whether there are adequate resources in place to minimize this

contact and provide mental health or diversion resources (SAMHSA, 2021a). In collaboration with the Policy Research Associates, Dr. Griffen has created an interactive workshop that allows municipalities to use the SIM model to determine how people with mental illness are becoming involved with the criminal justice system. This workshop is highlighted in the Twenty-first Century Cures Act, and is currently promoted by SAMSHA, and the Bureau of Justice Assistance (21st Century Cures Act, 2016; SAMHSA's Gains Center, 2005).

Use of SIM in Research

Unsurprisingly, use of the SIM is ubiquitous in research around co-response, and criminal justice diversion. In their outcome evaluation that compares a co-response team to traditional emergency response in Indianapolis, Bailey & Lowder et al. (2021) utilize SIM to contextualize diversion programs for people with mental illness. Before explaining the details of the study, Bailey & Lowder et al. (2021) introduce SIM as a way of understanding how people with mental illness typically enter the criminal justice system, to explain how co-response might be used to disrupt the current state of affairs.

Bratina et al. (2021), similarly use SIM to contextualize their mixed methods study that investigates perceived barriers and facilitators to effective crisis intervention team (CIT) outcomes in rural Pennsylvania. Crisis intervention training is typically a 40-hour interactive mental health training that is used to better prepare police to assist people with mental illness and reduce arrests, use of force and violence (Taheri, 2016). In describing why CIT might be used, they situate the practice as an Intercept one alternative, explaining that officers with mental health training are better suited to identify and assist people with mental illness, and keep them out of the criminal justice system. For their study, Bratina et al. (2021) contacted CIT coordinators who distributed a survey to a group of law enforcement, personnel, mental health

administrators, service providers, and community advocates. The same group also participated in a focus group. They found that time, money, personnel buy-in, and systemic barriers to care were all challenges that teams were facing (Bratina, et al., 2021).

In his review of jail diversion methods and their outcomes, Scott (2020) uses SIM as the underlying framework to understand a range of models that he highlights as being associated with intercepts one through three. He situates alternative emergency services, post-booking diversion, deferred prosecution, and problem-solving courts through the trajectory of the SIM framework (Scott, 2020). In their best-practice case examples, Blue-Howells et al. (2013) situate criminal justice alternatives for veterans in the SIM context. They highlight alternative programs that can be used at intercepts one through four, showing how they can be adapted to work within the context of different localities.

Throughout the literature, co-response is one alternative that can be proposed to alleviate criminal justice intervention at Intercept one (Bailey & Lowder et al., 2021; Blue-Howells et al., 2013; Scott, 2020). Co-response is a direct solution to the problems posed by traditional emergency response. When police without mental health training are the only first responders, they face more limited options, and arrest is a more likely outcome (International Association of Chiefs of Police Policy Center, 2018). Crisis response teams, however, either take police out of the equation entirely, or pair them with a social worker who can use methods such as de-escalation to appropriately respond to a person in mental health crisis.

SIM highlights the potential peril of traditional emergency services and the impact that it can have for people suffering from mental illness. Co-response is offered by researchers as an alternative to the status quo. For social workers considering work in co-response, understanding the SIM framework is a useful step in understanding why co-response is so important. SIM is a

helpful for understanding the broader context of how people with mental illness have come to be over-represented in the criminal justice system. SIM highlights emergency response as a critical juncture that can either lead to criminal justice involvement, or provision of treatment. Crisis response teams fit into the model, as an example of how emergency response can serve as a gateway to diversion and mental health services. For social workers who are considering the ethics of co-response and the extent to which it aligns with social work values, seeing the continuum of potential criminal justice intercepts shows what is at stake and how they might be able to intervene.

SIM and the Research Questions

The underlying assumption upon which SIM rests is that people in the U.S. suffering from mental illness are unfairly and inappropriately impacted by the criminal justice system, by virtue of their mental illness. They are overrepresented in the system not because they commit more crimes, but because their mental illness itself is not appropriately addressed by society and is too often criminalized (Munetz & Griffen, 2006). The purpose of SIM is to point out these areas of potential criminal justice involvement, to spur policy action. "The model provides an organizing tool for a discussion of diversion and linkage alternatives and for systematically addressing criminalization" (Munetz & Griffen, 2006, p. 544). SIM is not an academic exercise, it is a tool that is meant to be used by policymakers and practitioners, the goal is to show those in power where problems might arise with the belief that they will act on this knowledge.

The understanding of SIM as a tool for policy change is an underlying assumption in this research. This study aims to provide additional knowledge regarding the co-response field as it pertains to social work, with the understanding that this research may be used in the future as a tool for new policy advancement.

Based on the NASW Code of Ethics, social workers are tasked with taking policy action which includes questioning the widespread justice involvement of people with mental illness. If we believe that people with mental illness are overrepresented in the criminal justice system, then as social workers there is an imperative to come up with alternatives for prevention. SIM provides an understanding of the interactions that cause justice involvement but that could just as easily provide diversion. In their explanation of SIM, Munetz & Griffen (2006), endorse co-response as a diversion method that can be used at Intercept one to prevent people with mental illness from criminal justice involvement.

The research questions at hand follow the underlying SIM assumption that people with mental illness are at higher risk for criminal justice involvement and that crisis response teams are one solution. The research seeks to determine if future social workers agree with these assumptions, are aware of co-response, and see it as one way forward. Co-response is a diversion solution that is growing in popularity but there was not a study that looked at whether social workers were aware of it, saw it as viable, and wanted to participate. That is the void this study seeks to fill.

Context for Reamer's Ethical Decision-Making Process

For social workers, the NASW Code of Ethics provides guidelines for all professional behavior and actions. Frederic Reamer, a social work ethicist who chaired the committee that rewrote the Code has written in detail about the underlying reasoning and its applications in social work practice (Reamer, 2018). Reamer gives social workers a practical way to utilize the Code in everyday decision-making. His decision to create such a framework is predicated on the belief that having such a tool will allow for the most thorough, methodical review of the problem, and thus lead to more ethical decisions (Reamer, 2018). Mattison (2000) agrees,

counting Reamer's framework to be one of several options that is used "to move ethical decision making away from the intuitive and towards the cognitive" (p.205). Reamer's model is a tool to make a murky process more organized, and scientific. Reamer believes that ethical dilemmas occur when values, duties and obligations are at odds (2014). In justifying the use of a decision-making framework, Mattison (2020), highlights Reamer's assertion that it is the nature of social work that thoughtful practitioners may disagree on a course of action, and whether it adheres to social work standards.

Reamer's Ethical Decision-Making Framework

Reamer's framework begins by asking the social worker to identify the ethical issues at hand, including which social work values and ethics are at odds. The second step is to determine which people, groups, or organizations would be impacted by the ethical decision. Next, the decision-maker should outline each possible choice, who would be involved, and the potential benefits and risks. The fourth step is a more intensive review of the pros and cons of each choice, considering ethical theories, codes of ethics, legal principles, social work theory, and personal values. Once this is complete, the social worker should discuss the dilemma with colleagues and experts in the field. The sixth step is to decide which course of action to take, and document how this conclusion was reached. Finally, the decision-maker must observe, assess, and further record the operationalization and outcomes of the decision (Reamer, 2005).

History of Reamer's Ethical Decision-Making Framework

In the 1970s and 1980s, applied and professional ethics became a popular field of research across academia and social work was no exception (Reamer, 2014). While social work had previously been focused first on personal morality and then on core values, this period marked a movement towards a systematic application of moral philosophy and ethical theory to

decision-making in social work (Reamer, 2014). Reamer was one of a few scholars who created a decision-making framework that utilized social work values, ethical standards, and ethical theories (Reamer, 2005). The ethical theories used were based on moral philosophy, which seeks to use ethics to determine right from wrong (Reamer, 2005). Ethical theories are generally considered deontological, or teleological. Deontological theories espouse that we should judge a situation by whether the action is inherently right or wrong, regardless of the result (Reamer, 2005). A teleological theory takes the opposite view and with the belief that it is the result that is paramount (Reamer, 2005). For social work, this would mean that it is okay to break a rule if the result would help more than it would hurt (Reamer, 2005).

"Ethical choices involve matters of right and wrong and duty and obligation" (Reamer, 2005, p. 165). Social workers must make decisions while considering social work values, ethical standards and commitments and allegiance to both the profession and their employer (Reamer, 2005). Reamer expects that social workers will indeed find themselves in situations where professional values and work requirements may be at odds. His framework provides one way of working through this type of dilemma.

At the same time, while Reamer's framework does attempt to systematize the decision-making process, there is an assumption that different social workers may use the framework and come to different conclusions. Although social workers agree about the core values outlined in the NASW Code of Ethics, that does not mean that they agree about how to use them in practice (Reamer, 2005). This means that different social workers could apply the Code differently, or even come to different conclusions when using an ethical decision-making framework. His method takes social workers through a set of steps that can be used to make an ethical decision in any situation.

Reamer's Ethical Decision-Making Framework in Practice

An ethical decision-making framework such as Reamer's is necessary for social workers when considering social problems. However, it takes on greater importance for social workers who are collaborating with other agencies that may have conflicting ethical codes or demands. Social workers may be employed by or work alongside non-social work agencies such as schools, hospitals, police departments, or carceral settings. Glubb-Smith (2022) considered Reamer's definition of an ethical dilemma in her qualitative study on health social workers providing care for newborn babies in New Zealand. The study attempted to determine how social work ethics were adopted by practicing health social workers given the contradictory demands of social work and hospital work and the complex socio-cultural dynamics at stake. Resulting interviews showed the challenging position faced by health social workers as intermediaries between medical staff and families, tasked with advocating for families and challenging systemic bias and racism (Glubb-Smith, 2022).

Carceral settings also pose situations where social workers must navigate tensions between their values and that of their employers (Winters & Busar, 2022). Winters & Busar use Reamer's ethical decision-making process to explore the dilemma of dual loyalty to social work and to carceral employers. They explore the task of forensic social workers who provide services to prisoners facing solitary confinement. They find that the Reamer's process provides a thorough way to work through the conflict but that, as expected, more than one ethical outcome is possible. Using Reamer's framework, it is equally possible that a social worker might choose to continue to work in corrections if there is an ethical way forward, or to leave if there is not (Winters & Busar, 2022). One person might use this framework and determine that although the prison itself does not adhere to social work values, they are able to work there ethically, and can

be of the most service by continuing to work within the system and support the people therein. Another person might go through the same framework and determine that it is not possible for them to adhere to social work ethics at the job, and they might believe that they can provide the most good from outside the organization (Winters & Bursar, 2022).

Ethical Challenges in Co-response

A social worker faces ethical challenges when there are “competing values, duties and obligations” (Reamer, 2005, p. 165). Because co-response is a multiagency collaboration, it is possible in certain scenarios that a social worker’s professional values and work responsibilities could be at odds. To start, co-response teams vary in both their leadership and composition. It can be assumed that a police chief leading a co-response team would seek to instill different values and ethics than a medic or a social worker. At the same time, in addition to the ethical culture provided by the leadership, the diverse team members will have their own training and their own ethical codes guiding their behaviors. This means that in addition to potential ethical conflicts with authority figures, social workers will have to cope with ethical dilemmas among their teammates. For example, if a social worker is working with a police officer on the team, the police officer might want to use force if they are not getting results, whereas the social worker would likely want to spend more time talking things out.

The complications of working in a multi-agency team and the ethical conflicts that may arise as a result, will be on the minds of social workers when they consider if they want to work in co-response. However, before considering potential ethical conflicts with leadership or future colleagues, social workers will want to assess whether they agree with the underlying assumptions behind co-response, and its mission. This assessment can help them determine if they think that co-response is an ethical practice. Because it is a relatively new field in most

jurisdictions, social workers may not be familiar with the practice and its purpose. Social workers will want to learn more about both what the work entails and the extent to which the mission aligns with their own values, and with the NASW Code of Ethics.

This is one place where Reamer's ethical decision-making process can help. Any social worker considering co-response work will find that Reamer's framework is one way to evaluate whether co-response is an ethical profession. Going through Reamer's steps, a social worker can determine what ethical issue is at stake, who is impacted, courses of action, have discussions with colleagues/experts, and finally make and evaluate the decision. If this process leads to a social worker believing in the ethics of co-response, it might encourage them to work in that field. Furthermore, if they do decide to work in co-response, the same framework may help in the field.

In seeking to determine MSW student attitudes towards, and interest in co-response, their perception of the extent to which the work is ethical is paramount. Social work values are fundamental to the profession. Questions about the ethical nature of the practice and its alignment with the NASW Code of Ethics will be one of the guiding forces of the study.

Conclusion

The Sequential Intercept Model is one framework that explains when and how people suffering from mental illness end up overrepresented in the criminal justice system. It also provides a map of inflection points where social workers, police officers, and medical professionals can collaborate on preventative measures that can reduce the number of people who have negative outcomes at each intercept.

Co-response is highlighted by SIM as one preventative measure that may divert people with mental illness away from the criminal justice system. Co-response work requires the

involvement of mental health clinicians, specifically social workers. More social workers will be needed as the field continues to expand. However, social work students had yet to be surveyed or interviewed regarding their perceptions of or interest in the field. One concern that may come up for social workers is whether co-response work aligns with their professional ethics. Ethical conflicts arise when a duty to employer is at odds with social work values (Reamer, 2005). This is especially relevant given the multi-agency collaboration upon which co-response is built. Reamer's Ethical Decision-Making Process is one framework that social workers might use to determine if they believe co-response supports social work ethics. When questioning these MSW students about their perceptions of the field, it is paramount to know if they believe that it will align with their values as a social worker.

Chapter Five: Research Question

This study uses quantitative survey methods to provide insight into how MSW students perceive co-response. It focuses on how factors such as race, knowledge of co-response, perceptions of alignment between co-response and social work values, and perception of police impact students' desires to work in co-response. The research questions are based on gaps in co-response literature and knowledge of the field. The survey questions explore elements of co-response knowledge and perceptions that are relevant to MSW students.

Research Question and Hypotheses

The goal of this research is to understand what factors influence how MSW students feel about co-response teams and their preferred compositions. Below are the research questions and hypotheses that will be explored in detail.

$RQ_{1.}$: How do MSW students' knowledge of co-response, perception of police, race, and beliefs about social work values alignment, impact their desires to work on co-response teams?

> H_1: Students with higher levels of knowledge will be more likely to want to work on co-response teams compared to students with low levels of knowledge.
>
> H_2: Students of color will be more likely to want to work on co-response teams than white students.
>
> H_3: Students who believe that co-response aligns with social work values will want to work in co-response compared to students who do not believe that co-response aligns with social work values.
>
> H_4: Students with a positive perception of police will want to work on co-response teams compared with students who have a negative perception of police.

RQ2: How do MSW students' knowledge of co-response, perception of police, race, and beliefs about social work values alignment, impact their preferred composition of a co-response team?

> H1: Students with higher levels of knowledge will be less likely to want to work on co-response teams with police compared to students with low levels of knowledge.

H2: Students of color will be less likely to want to work on teams with police than white students.

H3: Students who believe that co-response aligns with social work values will be less likely to want to work on co-response teams with police compared to students who do not believe that co-response aligns with social work values.

H4: Students with a positive perception of police will be more likely to want to work on co-response teams compared with students who have a negative perception of police.

Chapter Six: Research Methodology

This chapter will introduce and detail the research methods for this study. First a rationale for the methods will be discussed, as well as an explanation of the subject and sampling frame. There will be an explanation of the measurements, the data collection plan, and finally an explanation of the data analysis methods. The hypotheses will be stated, and all variables will be explained. There will also be an explanation of how participants were protected, as well as a review of study limitations.

Research Design- Quantitative methods

This is a cross-sectional quantitative study which aims to shed light on MSW students' attitudes towards and perceptions of co-response work. Quantitative research is ideal for testing hypotheses that require looking at the relationships between variables (Creswell, 2009).

Although this data is not generalizable, it adds to the body of research on co-response and may be the first co-response study to be written from the social work perspective. There is currently no peer-reviewed social work literature in the co-response field, and no co-response literature that focuses on the perspective of social work students. Social workers are necessary for the expansion of co-response teams across the country, but a review of the literature has shown that there is limited information about whether social workers are interested in taking on this role. This study fills that gap by looking to MSW students, who are the future of the social work field, to determine their knowledge, perceptions of, and interest in joining the co-response field. The results of this study are a starting point for further social work research and for policy makers who are looking to build co-response teams that include social workers.

Data and subjects

Subjects

The sampling frame includes current MSW students. This sampling frame was a feasible way to access actual candidates for co-response work. MSW students have the qualifications to participate in co-response work and in the future, their participation will be necessary for the field to grow. This study looks at the future of co-response, so a sampling frame that includes social work students gives the most appropriate perspective on the philosophies of new social workers entering the field. A sampling frame that includes all social work students offers the widest possible sampling frame, giving the researcher access to the most diverse pool of social workers, and not just, for example, social workers who are NASW members.

Sampling Method

The survey was distributed via convenience sampling to current MSW students at universities that fall within the inclusion criteria. The universities must be in the U.S. and must have an MSW program. Convenience sampling was used to distribute this survey, via the contacts of the researcher, this included sharing the survey link on social work listservs. Convenience sampling is commonly used in social work research due to feasibility and cost, as it makes use of participants to whom the research has access (Rubin & Babbie, 1993).

Inclusion Criteria

Study participants met certain criteria to be eligible for study participation. Participants were current students in an accredited MSW program in the United States, at least 18 years old, and able to read and respond to the survey in English.

Recruitment Method

Participants were recruited by faculty or administrators currently or formerly employed by schools of social work. These faculty and administrators were accessed through the professional network of the researcher and her colleagues. Outreach to these professional networks was conducted via phone, email, newsletters, including the Wurzweiler "News You can Use" newsletter sent to MSW students, or listservs, such as the social work policy listserv and The Association of Baccalaureate Social Work Program Directors listserv. These professionals and administrators shared the survey with students in a variety of ways including email, in-class and through school newsletters.

A power analysis allows one to "determine how many participants will be needed to detect the effects due to the independent variable, if differences in fact exist" (Heppner & Heppner, 2004, p.116). A priori power analysis was performed using STATA (version 17) to determine the ideal sample size of the current study. R-Squared was set for minimal value of .1 for two dependent variables and .2 for 3 independent variables including controlled variables (e.g., demographic information). To achieve $\alpha = .5$ with power of .8, the estimated required sample size is 71.

Measures

The research questions can be best answered by survey questions that look at different aspects of co-response knowledge and education, MSW student perceptions of police, and perceptions of how co-response aligns with social work values. Because no such surveys relating to co-response currently exist, questions and scales were adapted from previous research in other areas of social work education, police perceptions, and values.

Education Measures

There are no existing studies that survey social work students regarding their knowledge or education in co-response. However, there are studies that survey social work students regarding their graduate education in other fields. The Social Work Education in Suicide Survey (SWESS) was created to determine social work students' experiences and perceptions of their education and training in suicide prevention (Feldman & Freedenthal, 2006). The survey was developed in consultation with suicide prevention experts and some questions were adapted from previous research that sought to determine social work and psychology students' suicide prevention training (Bongar & Harmatz, 1991).

While there was no psychometric testing conducted, there were multiple pilot tests and revisions of the survey. The questions used by these researchers can be used to similarly measure perceptions, knowledge and skills, and education, on the topic of co-response. Some of the questions from the SWESS such as "Did your MSW program offer any formal training—courses, seminars, etc.—not including field practica—that focused exclusively on the study of suicide?" have been easily adapted for this research to determine MSW students' experience with co-response instead.

Measures of Perception of Police

Because co-response typically requires social workers to be paired with police officers, understanding social work students' perceptions of police is necessary to understanding their views on co-response. Nadal et al., (2017), created a scale to measure people's perceptions of police, called the Perceptions of Police Survey (POPS). The scale includes twelve statements that participants rate using a Likert scale from 1- 5, with a score of 1 being "I strongly agree" and a score of 5 being "I strongly disagree." Examples include "Police protect me"; "Police are friendly"; "Police treat people fairly"; and "Police do not discriminate" (Nadal et al., 2017).

Nadal et al. (2017) measured their scale for reliability using data-splitting, and for construct validity by asking qualitative questions at the end such as “Describe what you believe these questions were trying to measure.” For their study, POPS produced high reliability scores: Overall POPS ($\alpha = .92$), General Attitudes ($\alpha = .91$), and Perceptions of Bias ($\alpha = .88$) (Nadal et al., 2017). For this research, the scale will be used as-is, without the qualitative questions. This will allow for data analysis that looks at the relationship between police perception and co-response perception.

Measures of Perceptions of Co-response alignment with social work values

In addition to understanding MSW students’ perceptions of their own co-response knowledge and education, and their perception of police, the research questions at hand require knowledge of students’ beliefs about social work values. Here, instead of using a scale or survey, Reamer’s Ethical Decision-Making Framework is used as the foundation for creating questions about students’ perception of co-response and the extent to which co-response aligns with social work values (Reamer, 2018). Reamer’s Ethical Decision-Making Framework was created for social workers to use when working through a decision.

Although the steps are not analogous to survey questions, the intention behind the steps in the framework can be used as a building block for survey questions. For example, one of the steps of Reamer’s framework asks social workers to consider codes of ethics and legal principles while examining reasons for each possible course of action (Reamer, 2018). This thought process was used in the formulation of survey questions such as “Do you believe that the concept of co-response team aligns with the values included in the NASW Code of Ethics?” The survey also lists each of the social work values individually and asks the participants to state the extent to which they believe co-response is aligned with that value. In this way, Reamer’s framework can

be used to create survey questions about the extent to which MSW students believe co-response adheres to the NASW Code of Ethics.

Variables

Individual Demographic Variables. Demographic data will be collected from participants to describe the sample. Demographic indicators were measured as follows: (1) age; (2) gender; (3) race; (4) location of residence; (5) part-time or full-time school attendance; (6) year student started MSW program.

Desire to Work in Co-response. To assess the likelihood of students' joining a co-response team, the following question is included in the survey: How likely would you be to join a co-response team? Responses are based on a Likert scale.

Knowledge of Co-response. To assess individual student levels of co-response knowledge, questions from the SWESS (Feldman & Freedenthal, 2006) were adopted. Examples of the adapted versions of questions and statements include: "I received enough training in graduate school to work on a co-response team" and "I feel confident regarding my current knowledge and skill set pertaining to co-response work." Responses to these questions are based on a Likert scale. A second set of questions with dichotomous responses is also used. Examples of those types of questions include: "Did your MSW program offer any formal training—courses, seminars, etc.—not including field practice—that focused exclusively on the study of co-response?" and "Did you take any classes in which co-response was addressed?" Possible responses include "yes" or "no."

Originally, these questions asked about student knowledge in relation to suicide education and were adapted to instead address student knowledge of co-response. The second set

of questions was originally categorical but was adapted to be dichotomous. All variables were used independently, and a final score will be totaled at the end.

Perceptions of Police. To assess individual students' perceptions of police, the 12-statement POPS scale will be used as is, including statements such as "police officers treat all people fairly" (Nadal et al., 2017). Responses used a Likert scale.

Values. This variable attempts to determine the extent to which students believe that co-response aligns with social work values. The following questions are used to make this assessment: Do you believe that the concept of co-response team aligns with the values included in the NASW Code of Ethics? Response options include "yes" or "no," and then six additional questions, each one asking about whether co-response aligns with a specific NASW ethical principle, with ordinal response options ranging from "a great deal" to "not at all."

Composition of Co-response Team. This variable attempts to capture the type of co-response team composition students prefer. The question asks the following: "In the above scenario, as a co-responder, would you like to have a police officer as one of your team members?" The same question is asked two more times, except that EMT or mental health consumer are substituted for police officer. Response choices are dichotomous and include "yes" or "no."

Procedures

Prior to the survey being distributed to the sampling frame, pilot testing occurred. The survey was distributed to professors in the Wurzweiler program at Yeshiva University to share with their current and former MSW students. While there was a goal of 25 responses, only five responses were collected. For the pilot survey, respondents were asked for feedback about the survey itself. Answers to this question did not result in any amendments to the survey. The low

response rate did result in the researcher adding an incentive for the final survey. For the full-scale survey, respondents had the opportunity to enter a raffle to win a $30 Amazon gift card.

Data Collection

The research method includes the use of an online survey that participants can access via an emailed link. The survey was created for the purpose of this study. A survey was used due to its ability to capture the attitudes of a group of people that is too large to feasibility observe in-person (Rubin & Babbie, 1993). The survey was distributed online because this method allowed access to the most people in the fastest time frame, and at the lowest cost (Rubin & Babbie, 1993). While there are concerns that may come with requiring internet access to complete a survey, this will not be a concern for the population in question, because by virtue of their status as MSW students, all participants must have internet access. The survey was uploaded to Qualtrics and included 39 close-ended questions and four open-ended questions, in addition to seven demographic questions. The survey questions can be found in appendix A.

The survey was accessed by participants online, via a link that they received from their professor, an administrator at their school, or a colleague. The link took them to a description of the purpose of the survey, and to a form to fill out for informed consent.

Data Cleaning

One consequence of having an online survey is that it is not possible to know if all respondents are in the sampling frame. One common threat has become internet "bots" who may be particularly likely to respond to a survey that has a financial incentive (Simone, 2019). While it is not possible to know with perfect certainty if a bot has gained access to one's survey, Simone (2019) suggests some key signs that a respondents may not be legitimate such as

timestamps that are too fast, or responses to open-ended questions with answers that do not make sense.

For these survey responses, the following were considered sufficient to flag a particular response:

- A large influx of responses in a short period of time.
- A mismatch between year of birth and age (there are two questions that request this information).
- Illogical answers to open-ended questions, including demographic questions.
- Repeated answers to the same open-ended question from multiple responses.

Any response that fell into one of those categories resulted in a review of all of that participant's answers, and if a second flag could be detected, that respondent was excluded from the data.

Data Analysis

Survey data was downloaded from Qualtrics. Data analysis required the use of STATA (Version 17). For descriptive analysis, data was analyzed by location, age, race, and full or part-time status. The data was further analyzed to generate descriptive statistics of the sample, and standardized scores of each measurement, including the measure of frequency (count, percent), tendency (mean, median, mode), and dispersion (range, standard deviation).

Next there was inferential analysis. For the first research question, the dependent variable is levels of students' desire to work with co-response team while the independent variables include race, age, gender, student status, perception of police, knowledge, and values. Ordered logistic regression is used because it provides a way to understand the relationship of a set of

independent variables to a dependent variable that are measured ordinally, while explaining or predicting a dependent variable (Fullerton, 2009).

For the second research question, the dependent variables are students' preferred composition of the co-response team. The independent variables are race, age, gender, student status, perception of police, knowledge, and values. Multivariate regression analysis was used to predict the relationship between the dichotomous dependent variables and the and the independent variables (Kwak & Clayton-Matthews, 2002).

Hypotheses	**Variable Name**	**Definition**	**Level of Measurement**	**Variable Use*******	**Analysis**
1a. Higher levels of knowledge will increase likelihood of students wanting to work on co-response team	Knowledge of co-response	Questions asking students what they know and have learned about co-response	Ordinal and dichotomous	Independent	
	Desire to work on co-response team	Question asking students if they want to work in co response	Ordinal	Dependent	ordered logistic regression
1b. Students of color will be more likely than white students to want to work on a co-response team	Race	Question asking student to specify race	Categorical	Independent	
	Desire to work on co-response team	Question asking students if they want to work in co-response	Ordinal	Dependent	ordered logistic regression
1c. Students who believe that co-response aligns with social work values want to work in co-response	Values	Question asking students if they believe co-response aligns with social work values	Dichotomous and ordinal	Independent	

	Desire to work on co-response team	Question asking students if they want to work in co-response	Ordinal	Dependent	ordered logistic regression
1d. Students with low levels of perception of police will want to work on co-response teams (while applying common controlled variables e.g. race, values perception of police, knowledge)	Perception of police	POPS scale, score from 1-12	Ordinal (using standardized total score 1-12 which will be continuous)	Independent	
	Desire to work on co-response team	Question asking students if they want to work in co-response	Ordinal	Dependent	Ordered logistic regression
H1: Students with higher levels of knowledge will have decreased likelihood of wanting to work on co-response teams with police compared to students with low levels of knowledge	Knowledge of co-response	Questions asking students what they know and have learned about co-response	Ordinal and dichotomous	Independent	
	Desire to work on co-response with police	Question asking if they want to work on team with police	Dichotomous (e.g. do you want a police officer on your team? yes or no)	Dependent	Multivariate regression
H2: Students of color will be less likely to want to work on teams with police than white students	Race		Categorical	Independent	
	Desire to work with police	Question asking if they want to work on team with police	Dichotomous	Dependent	Multivariate regression
H3: Students who believe that co-response aligns with social work values will be less likely to want on co-response teams with police compared to students who do not believe that co-response aligns with social work values	Values	Question asking students if they believe co-response aligns with social work values	Ordinal and dichotomous	Independent	
	Desire to work with police	Question asking if they want to work on a team with police	Dichotomous (e.g. do you want a police officer on your team? yes or no)	Dependent	Multivariate regression

H4: Students with negative perception of police will be less likely to want to work on co-response teams with police compared with students who have positive perception of police	Perception of police	POPS scale, score from 1-12	Ordinal (using standardized total score 1-12 which will be continuous)	Independent	
	Desire to work with police	Question asking if they want to work on team with police	Dichotomous (e.g. do you want a police officer on your team? yes or no)	Dependent	Multivariate regression

Protection of Human Subjects

All survey participants read a summary at the beginning of the survey that explained the purpose of the study and asked for their consent. Respondents were not able to access the survey without reading and agreeing to the terms. The consent form explained that the survey was voluntary, and that the data was anonymous. All participants were required to fill out the form. The survey participants were not part of a protected or vulnerable population, so there was no special additional consideration. There was no anticipated risk. The participants may have benefited from learning about a new social work field, and thus expanding their general knowledge and potential career interests. However, it is more likely that they contributed to a greater body of social work knowledge that could allow future social work students to be more prepared for co-response work. Participants also had the opportunity to enter a raffle to win a $30 Amazon gift card.

Limitations

In part because co-response is a newer practice, not all participants had heard of co-response. Still others might have been confused about what it entailed, which could limit the usefulness of their responses.

Furthermore, the definition of co-response varies across localities, and this could have impacted how social work students understood what the practice entails, and their perceptions. Different terminology is used across the country for different kinds of crisis response teams with different compositions. Conversely, a single term might be used differently in different locations (for example, in some places a mobile crisis team includes police, and in others, it does not).

Traditionally, co-response includes a mental health worker and a police officer working together. However, for the purposes of this survey, co-response was expanded to include teams with and without police officers. Even though co-response was defined at the beginning of the survey in a way that included possible variation in team composition, it is possible that students may have defaulted to their prior understanding of co-response. However, equally likely is the possibility that the population sampled was overly familiar with co-response. Nearly 75% said that they had heard of the practice, which is quite high. It is certainly possible that people who were more familiar with the terminology were more likely to choose to take the survey. The presence of potential sampling bias is one of reasons that it would be valuable to try to replicate these results with future studies.

Additionally, this study only accesses a small percentage of existing social work students. Social work students exist across the country and their beliefs may differ according to demographics as well as regional differences. It is not possible to capture the full diversity of MSW student opinions in one survey. The attitudes of current social workers are also relevant to the field of co-response, and their opinions were not captured in this survey. This research is not generalizable to the larger population because there is no random sampling or random selection. For example, the general MSW student population and the sample population do not line in terms of racial demographics. In the general population, just over half of MSW students identify

as white, but in the research sample, 83.61% of students identified as white (Council on Social Work Education [CSWE], 2021). The specific racial breakdown of the sample will be discussed in detail in the results. However, it is important to be aware of this disparity in racial diversity when looking at any findings that concern participant race.

Although social workers are often the mental health workers on co-response teams, mental health counselors, psychiatric nurses, or others in the mental health professionals can also work in co-response. The perceptions of social workers interviewed may be different from those of others who are qualified to do the same job.

Another limitation is one faced by all cross-sectional research, and that is the fact that they only capture one point in time. As a result, if a survey happens to be distributed just after a traumatic event, that could cause participants to give different answers than they would at a different time. For the purposes of this research, that could be something like news of a person with mental illness being killed by police. If any participants learned of such an event just before completing this survey, they might be more likely to be in favor of co-response teams than if they were asked the same question even a month later.

There are also analytical limitations. The survey instrument included questions adapted from the SWESS scale, but those questions were about suicide education (Feldman & Freedenthal, 2006). Further, the questions about social work values, considered Reamer's Ethical decision making structure (Reamer, 2018) and included the NASW Code of Ethics (2021), but were not previously validated. As such, both scales were being used for the first time. In this study, two methods were attempted to validate the scales. The first was Exploratory Factor Analysis (EFA), and the second was Cronbach's alpha. EFA showed that the model exhibited inadequate fit with SRMR being greater than .06; and RMSEA being greater than .08. This could

be because the sample size was below 200, or perhaps there were not enough questions within each scale to assess and identify the latent variables. EFA also showed a correlation between knowledge and values, which could mean that students who had a higher knowledge score were also more likely to have a higher values score. As a result, the two categories could not be considered distinct by the model. However, Cronbach's alpha can also be used to measure internal consistency of a scale (Tavakol & Dennick, 2011). Cronbach's alpha showed that for all three scales (perception of police, alignment with NASW values, and social work knowledge) the threshold for internal consistency was exceeded. This will be discussed further in the results.

Finally, because the survey was distributed online, it ran the risk of some participants not being within the desired sampling frame. Any person who got access to the link could fill out the survey. For that reason, the link was only posted on websites specifically designed for social work students. While it is unlikely that a random person would choose to do this survey, it is possible that internet "bots" accessed the survey. Several protocol were followed in order to limit the impact of bot responses such as removing responses where qualitative answers were illogical, or repetitive, or where birthday and birth year did not match. This protocol was created based on a similar strategy used by Storozuk et al. (2020). However, this process cannot be assumed to be perfectly accurate, so in this process, it is possible that some legitimate responses were excluded and some illegitimate responses were included.

Chapter Seven: Results

Co-response is a growing field that requires the participation of social workers. However, there was previously no social work literature that surveyed social work students to determine their perceptions of co-response and interest in participating in co-response teams. This research was designed to capture students' perception of police, knowledge of co-response, and thoughts about co-response alignment with social work values. At the same time, students were asked about their support of co-response, interest in joining the teams, and who they believed should participate. The following descriptive statistics demonstrate the breadth of the sample, and the inferential statistics aim to answer the research questions. Responses were collected from December 1, 2022 through February 14, 2023.

The Sample

Data was collected from 228 respondents. However, one did not consent, and six did not meet the criteria of being current MSW students. An additional 76 responses were removed due to concerns about bot interference, leaving a total of 145 responses for analysis. This number was considered acceptable given that a power analysis suggested that only 71 responses would be necessary.

Accounting for Bots

Due to concerns about the potential interference of internet bots, responses were also removed if they met certain criteria. In order to be removed, a respondent had to have at least one qualitative response that met two of the following criteria: a response that did not make sense, an identical response to previous participant, or birth year and age not matching.

Descriptive Statistics- Demographics

Nearly three quarters (73.60%) of participants identified as female, with a mean age of 30.90. Most respondents were white (83.61%) and from the Middle Atlantic (23.58%) and South Atlantic (22.76%) regions. Two Canadian students were also part of the sample. They were included because they currently attended US-based schools and because the literature shows that co-response is also prevalent in Canada using models like those in the U.S. (Blais et al., 2020; Blais & Brisebois, 2021; Koziarski et al., 202; Lamanna, 2018). Students were primarily attending school full time (70.94%). A more detailed breakdown of the demographic variables can be found in Table 1, below.

The sample diverged from the general population of MSW students primarily in gender and racial composition. The sample population had fewer male students than the general population. The sample was 73.60% female and the general population of MSW students is 85.1% female (CSWE, 2021). This sample was also notably less diverse than the general population of MSW students. In this sample, 83.61% were white, but in the general population, only 50.80% are white (CSWE, 2021). Similarly, only 6.56% of the students in this sample were Black and 2.46% were Hispanic/Latinx compared to 20.0% and 15.80% respectively in the general population (CSWE, 2021).

Table 1: Demographics

	M (*SD*)	*N (%)*
Gender		
Male		28 (22.40)
Female		92 (73.60)
Other		5(4.0)
Age	31.90 (8.79)	
Race		
White		102 (83.61)
Black		8 (6.56)
Hispanic/Latinx		3 (2.46)

Asian	3 (2.46)
Mixed ethnicity	4 (3.28)
Native American/Alaska Native	2 (1.64)
Census Region	
New England	5 (4.07)
Middle Atlantic	29 (23.58)
South Atlantic	28 (22.76)
East North Central	3 (2.44)
East South Central	14 (11.38)
West South Central	5 (4.07)
Mountain	17 (13.82)
Pacific	8 (6.50)
Canada	2 (1.63)
Student status	
Fulltime	83 (70.94)
Parttime	34 (29.06)

Descriptives Findings: Co-response Support and Preferences

Before beginning inferential analysis, additional areas of interest were explored via descriptive statistics. Tables 2 and 3 highlight key responses for some of the survey questions. Questions in these tables focus on student knowledge and prior education relating to co-response, support for the practice, beliefs about co-response alignment with NASW values, interest in participating in co-response, and preferences for co-response teammates.

Before completing this survey, 74.81% of students had previously heard of co-response. A total of 60.74% of students strongly agreed that they supported the use of co-response teams. Similarly, 93.89% believed that co-response aligned with social work values. However, only 13.08% said that they were extremely likely to join a co-response team. And, when it came to knowledge, 15.5% strongly agreed they felt confident regarding their current knowledge and skillsets pertaining to co-response and 13.95% strongly agreed they received enough training in their MSW program to participate on a team. In terms of co-response team composition, 96.92%

of students said they would want an EMT on their team, 77.78% said they would want a mental health consumer on their team, and 74.62% said that they would want a police officer.

Table 2- frequencies

	Strongly Agree	Somewhat agree	Neither agree nor disagree	Somewhat disagree	Strongly disagree
I support the use of co-response teams	82 (60.74)	40 (29.63)	8 (5.93)	5 (3.70)	0 (0.00)
I feel confident regarding my current knowledge and skillset pertaining to co-response work	20 (15.50)	35 (27.13)	32 (22.81)	21 (16.28)	21 (16.28)
	Extremely likely	**Somewhat likely**	**Neither likely nor unlikely**	**Somewhat unlikely**	**Extremely unlikely**
How likely would you be to join a co-response team?	17 (13.08)	45 (34.62)	19 (14.62)	31 (23.85)	18 (13.85)

Table 3- frequencies

	Yes	No
Before reading this definition, had you heard of co-response?	101 (74.81)	34 (25.19)
Do you believe co-response aligns with social work ethics?	123 (93.89)	8 (6.11)
Did your MSW offer any formal training-courses, seminars, field placement, etc- that included topics related to co-response?	41 (31.78)	88 (68.22)
In the above scenario, as a co-responder, would you like to have an EMT as one of your team members?	126 (96.92)	4 (3.08)
In the above scenario, as a co-responder, would you like to have a police officer as one of your team members?	97 (74.62)	33 (25.38)
In the above scenario, as a co-responder, would you like to have a mental health consumer as one of your team members?	98 (77.78)	28 (22.22)

Measurement Instrument

For the first research question, STATA (version 17), a program designed for the analyses of the latent variable, was used to estimate three exploratory factor analysis (EFA) models and explore the internal validity of its newly developed scale.

Scale validity

This section will examine the validity of the scales from this survey instrument that were designed to measure student perception of police, co-response knowledge, and beliefs about the alignment of co-response with social work values.

Exploratory Factor Analysis and Validity

To address concerns of internal validity, two EFA models were estimated. The first was a two factor model of knowledge and values. Only items with > .40 were considered appropriately categorized into each theme. The total observation number was 128 and the number of variables estimated were 13.

Results of the model including all thirteen variables exhibited inadequate fit, χ^2 (64) = 117.74.91, $p < .01$; RMSEA = .08, RMSEA 90% CI [.05, .10]; CFI = .95, TLI = .93; SRMR = .07. The correlation between knowledge and values was significant, $p < .01$. These results suggest that values and knowledge are highly correlated and statistically cannot be separated into two categories. As a result, the analysis was done using total score (sum) of the questions for each category, reported in standardized co-efficient.

Despite EFA finding high correlation between variables, an alternative method was used to confirm sufficient internal consistency within each variable. EFA may not have been successful due to sample size, or inappropriate categorization.

Internal Consistency

Even though EFA suggested an unfavorable outcome, the scales for knowledge and values can also be validated in other ways. For this study, Cronbach's alpha was used to measure internal consistency, the degree to which all questions in a single scale are measuring the same idea (Tavakol & Dennick, 2011). The internal consistency of these scales was excellent. For perception of police, Cronbach's $\alpha = .96$. For alignment with NASW values, Cronbach's α-=.89. For social work knowledge, Cronbach's α-=.88. All variables exceeded the threshold for internal consistency, given that if α=.80 a variable is considered reliable (Leontitsis & Pagge, 2007).

Variables

Based on high levels of internal consistency, the variables that were used were estimated using the sum of questions for each of the three categories (perception of police, knowledge and values). For the Perceptions of Police section, questions were taken directly from the POPS scale, (Nadal et al., 2017) and included statements such as "police officers are friendly." Responses were ordinal. The total score of the combined perception of police variable could range from 0-48, with a score of 48 indicating the most positive perception of police. The knowledge variable was calculated based on the sum of six questions taken from the SWESS (Feldman & Freedenthal, 2006) and included questions such as "I received enough training in my MSW program to work on a co-response team" with primarily ordinal responses. The total score could range from 0-21, with 21 indicating the most knowledge about co-response. The values variable was a summary of seven questions about social work values, with the first question asking "do you believe that the concept of co-response aligns with the values included in the NASW Code of Ethics" and the following six questions asking students to rate the extent to which each of the six social work values aligns with co-response. Responses were ordinal.

Scores ranged from 0-25 with 25 indicating the highest possible alignment between co-response and social work values.

Missing data analysis

Within the data, there were respondents who did not answer all the survey questions. Before reporting the final analyses, missing data was explored to determine how many answers were missing and if there were any patterns in missing answers, or if questions were skipped by respondents at random. Analysis of missing data patterns of the final 145 cases revealed that 90% of values across 33 items of interest were present.

Little's MCAR test (Little & Rubin, 1989) measures the extent to which variables were missing completely at random. Here the null hypothesis is that variables are missing completely at random and because the p-value is not statistically significant, we fail to reject the null hypothesis and can thus assume that the values are in fact missing completely at random, and that there is no pattern of missing responses ($\chi 2 = 394.21$, df = 369; $p = .18$).

Because missingness was at random, estimates reported for the regression analyses were generated using Full Information Maximum Likelihood (FIML) estimation on missing data (Soley-Bori, 2013). FIML was able to be used because answers were missing at random, and thus it was possible to estimate what the missing responses would likely have been using the existing data without interfering with the significance and the outcome of the study.

Inferential analysis

For the first research question, STATA (version17) was used to complete an ordinal logistic regression to determine the relationship between the dependent variable (desire to work in co-response) and the following independent variables: values, knowledge, perception of police, race, gender, age, and student status. For the second research question, STATA (version

17) was used to complete multivariate regression to determine the relationship between three dependent variables (EMT partner, police partner and mental health client partner) and the following independent variables: values, knowledge, perception of police, race, gender, age, and student status.

RQ$_{1.}$: Which variables impact desire to work on a co-response team?

The first research question sought to determine the extent to which the following impacted social work students' desire to work in co-response: race, perception of police, knowledge of co-response, and the extent to which students believed co-response aligned with social work values. A single ordinal logistic regression was performed to test the four unique hypotheses below.

H$_1$: Student knowledge and interest in joining co-response team

The first hypothesis predicted that students with higher levels of co-response knowledge would be more interested in working in co-response compared to students with lower levels of knowledge. The analysis showed that the odds of being interested in joining the co-response team were higher as knowledge level increased, holding other independent variables constant (OR = 1.08, 95% CI, 1.00 to 1.17; p = .04). However, given that p=.04 findings should be interpreted cautiously.

H$_2$: Student race and interest in joining co-response team

The second hypothesis predicted that students of color would be more likely to want to work on a co-response team than white students. The result suggested that there was no significant relationship between student race and desire to join a co-response team (OR = .86, 95% CI, 0.32 to 2.30; p = .77).

H_3: Student beliefs about co-response alignment with NASW Values and interest in joining a co-response team

The third hypothesis anticipated that students who believed co-response aligned with social work values would be more likely to join a co-response team compared with students who did not believe there is alignment. The odds of being interested in joining the co-response team were higher for students who more strongly believed that co-response aligned with NASW Values , holding other independent variables constant (OR = 1.08, 95% CI, 1.00 to 1.26; p = .03).

H_4: Student perception of police and interest in joining co-response team

The fourth hypothesis predicted that students with a positive perception of police would show more desire to work on a co-response team compared to students who had a negative perception of police. The analysis confirmed this finding, showing that an increase in perception of police led to an increased chance of wanting to join a co-response team, holding other independent variables constant (OR = 0.96, 95% CI, .92 to .99; p = .04). However, because p=.04 results should be considered cautiously.

Table 4, below, shows the co-efficients, odds ratios, and confidence intervals for all the independent variables that were included in the ordinal logistic regressions that were used to test the four hypotheses above.

Table 4 Research Question 1-interest in joining co-response team[1]

	Estimate	95% CI	*OR*	*OR* 95% CI
Joining Co-response Team *ON*				
Knowledge of co-response	.08*	.00,.15	1.08	1.00, 1.17
Race- nonwhite	-.15	-1.13, .83	.86	.32, 2.30
NASW values alignment	.14*	.05, .23	1.15	1.05, 1.26
Perception of police	-.04*	-.08, -.00	.96	.93, 1.00
Age	-.02	-.06, .02	.98	.94, 1.02
Gender	.68	-.17, 1.54	1.98	.84, 4.66
Fulltime	-.33	-1.13, .47	.72	.32, 1.60

Note: * $p < .05$; ** $p < .01$
[1]Adjusted R-squared=.06

RQ$_2$: Which variables impact preferred composition of co-response teams?

Research question two sought to determine how several factors impacted social work students' desire to work on a co-response team that included a police officer as one of its members. For research question two, multivariate regression was used because there were multiple dependent variables (police teammate, EMT teammate and mental health client teammate). This was necessary because respondents had the ability to select the desire to work with a variety of different types of team members simultaneously. To address this question, multivariate regression was used to determine the relationship between desiring a police officer teammate and relevant independent variables (knowledge, race, values and perception of police) in four separate hypotheses.

H$_1$: Student knowledge and interest in joining team with police

The first hypothesis posited that students with higher levels of knowledge about co-response would be less likely to want to join teams with police. The relationship between knowledge about co-response and desire to work on a team with police was not statistically significant ($\beta = -.01$, 95% CI, -.021 to .008; $p = .34$).

H$_2$: Student race and interest in joining team with police

The second hypothesis posited that students of color would be less likely to want to work on teams with police, compared to white students. The analysis uncovered the opposite of what the researcher had anticipated, finding that students of color were more likely to want to work on

teams with police than white students, holding other variables constant (β = .32, 95% CI, .124 to .521, *p* =.00).

H_3: Student beliefs about co-response alignment with NASW Values and interest in joining team with police

The third hypothesis predicted that students who believed co-response aligned with social work values would be less likely to want to work with police. Once again, the analysis uncovered the opposite of what the researcher had expected, finding that students who believed that co-response aligned with social work values were more likely to want to work with police, holding other variables constant (β= .02, 95% CI, .002 to .038, *p* =.03).

H_4: Student perception of police and interest in joining co-response team with police

The fourth hypothesis predicted that students with a positive perception of police would be more likely to want to work on co-response teams with police. The analysis confirmed this, showing that students with a positive perception of police would be more likely to want to work on a team with police officers, holding other variables constant (β = .02, 95% CI, .012 to .027, *p* =.00).

Table 5 includes the results of the multivariate regression that was used to analyze the hypotheses associated with research question two. Although research question two focuses on desire to work with police, interest in all team types were considered in the regression with desire to work with police, desire to work with EMTs, and desire to work with mental health consumers being the dependent variables. Knowledge of co-response, race, values alignment, perception of police, age, gender, and student type were all independent variables. There were no statistically significant relationships between any of the independent variables and desire to work with EMTs or mental health consumers.

Table 5 Research Question 2- desired composition of co-response team

Interest in joining team with police[1]	β	95% CI
Knowledge of co-response	-.01	-.02, .01
Race- nonwhite	.32**	.12, .52
NASW values alignment	.02*	.00, .04
Perception of police	.02**	.01, .03
Age	-.00	-.01, .01
Gender	-.12	-.28, .06
Fulltime	.05	-1.1, .06
Interest in joining a team with EMT[2]		
Knowledge of co-response	-.01	-.02, .00
Race-nonwhite	.05	-.01, .01
NASW values alignment	.00	-.00, .01
Perception of police	.00	-.00, .00
Age	-.00	-.01, .00
Gender	-.06	-.15, .04
Fulltime	.06	.80, 1.27
Interest in joining a team with mental health consumer[3]		
Knowledge of co-response	.00	-.01, .02
Race-nonwhite	.15	-.09, .39
NASW values alignment	-.01	-.03, .02
Perception of police	.00	-.01, .01
Age	-.01	-.02, .00
Gender	.11	-.10, .32
Fulltime	.05	-.15, .25

Note: * $p < .05$; ** $p < .01$
[1]R-squared=.34, [2]R-squared=.06, [3]R-squared=.06

Qualitative Description

An embedded approach was used to supplement the quantitative data. Four qualitative questions were included in the survey and three provided useful illustration for the quantitative findings, as well as avenues for future investigation.

Awareness of Local Co-response

The first qualitative question was designed to determine participant awareness about local co-response efforts. Respondents were asked if co-response currently existed in their area, and if so, what they knew about it. The question provided a range of answers from those who said they

had not previously heard of co-response, to those who had but did not believe it existed locally, to those who were fairly knowledgeable about the topic. More knowledgeable respondents shared comments like these, shared by a 22 year old white female student from Alabama:

> I have heard about a co-response program in a county near me, but it is not frequent. I know that it can allow officers to provide needed safety while also providing a person with needed mental health services in a crisis.

A 37 year old white female from Missouri also stated "there has been a co-response initiative that has been supported by ARPA funding. It has taken some time to coordinate the program and change police culture. There is more work to be done to grow the program."

Co-response Alignment with Social Work Values

The second qualitative question asked respondents to describe why they believed co-response either was or was not aligned with social work values. It was preceded by a quantitative question that asked students whether they believed that co-response was aligned with social work values, and 93.89% of respondents said "yes." This quantitative data was supported by many of the qualitative responses, including the following comment by a 42 year old white female student from New Mexico who said, "Co-response is highly aligned with social work values because this interaction would be at a critical and extremely vulnerable time for the person, when they need advocacy, a link to resources, and compassion and competence the most." A 24 year old white female student from Massachusetts agreed, saying "It is acting in a social justice mindset to allow alternative ways of assisting oppressed or disadvantaged individuals to receive client-centered care instead of just being penalized for their mental health."

Reducing inappropriate use of the justice system also came up in several responses. A 22 year old white female student from North Carolina said, "I believe co-response aligns with social

work values because it is more along the lines of helping individuals rather than imprisoning them. Too often, people with mental health diagnoses are arrested rather than treated." A 37 year old white female student from Missouri agreed, saying "Co-response is…an important intervention to police violence, surveillance, and the over-incarceration of the mentally ill, the impoverished, and communities of color in America."

Even though 74.62% of respondents said that they would want to have a police officer working with them on a co-response team, those who did not believe that co-response aligned with NASW values often cited police collaboration as the reason. A 21 year old white female student from Missouri explained, "I believe in the context of a police state, co-response is very helpful. However, a world without policing in the way we use it now is the true goal of my social work experience." A 38 year old white female student from New York was also concerned about police involvement, stating "what would happen in a situation where someone in distress advocates for one position and the police that the social worker is accompanying advocates for another, with the police, most likely, being the ultimate authority?"

Desire to Join a Co-response Team

The next qualitative question follows a quantitative question that asks students how likely they would be to join a co-response team. Only 13.8% reported that they were extremely likely to join a co-response team. This qualitative question asks them to explain that response. Some respondents were enthusiastic about working in co-response. A 39 year old Native American woman from North Dakota said, "I would like to help people in distress and de-escalate situations instead of criminalizing someone suffering with a mental health issue." A 36 year old white woman from Wisconsin said, "I think this would be a great way to practice my MSW skills."

However, several respondents said that they just weren't interested in practicing that type of social work. This answer may help explain the fact that 60.74% said they strongly supported co-response teams but only 13.5% said that they were extremely likely to join one. While many students might support co-response ideologically, it doesn't mean that this is their area of interest when it comes to selecting a job. Several said something like the comment below:
"It sounds like an interesting idea but I don't know if I can do emergency response work" said a 24 year old white woman from Montreal, Canada.

However, other students cited specific concerns about co-response work. Again, for several it was the idea of working with police or having conflicts with police. A 34 year old Black woman from New York said, "My life will always be at risk due to the police and their inability to stay rational during a crisis." A 27 year old Asian woman from New York said, "Seems like intense work and also I foresee conflict arising between social workers and police of how to handle conflict."

For others safety, and burnout were concerns. A 22 year old white woman from New York said, "It is important work but kind of dangerous?" A 45 year old white woman from New Mexico said, "I'm not sure that protocols have been established to ensure the safety of the client and the team." A 24 year old white woman from North Carolina said, "I don't think I would be happy working in an environment where I am always responding to a crisis. I think as a mental health professional that would burn me out very quickly."

Concerns about Working in Co-response

The final qualitative question asks respondents to name specific concerns about working in co-response, so many answers echo those provided in response to question three. Concerns generally fell into one of the following categories: police, team collaboration and safety.

Those who mentioned police had concerns like "feeling powerless next to the police, being seen as a police ally as opposed to a genuine advocate," said by a 26 year old white woman from New York. A 28 year old white woman from Minnesota was worried about "Police officers escalating a situation by attempting to use power and control to subdue a person in crisis."

Team collaboration and police officers not listening to social workers was also a common concern. One 25 year old white woman from Minnesota said, "Police would overpower and not listen to me." A 24 year old white woman from New York worried about "conflict with other co-responder regarding decision-making." Another 22 year old white woman from North Dakota worried, "That the other members of the team aren't on the same page or aligned with the values of social work I have, there would have to be training and understanding of best practice in working with individuals in crisis, etc."

Some, like a 24 year old white woman from Massachusetts, mentioned all the above, sharing the following concern:

> Police's presence may not convey a sense of safety for many people of color or those who have been oppressed by the criminal punishment system. Also concerned about my own level of training and safety measures needed to participate in a team like this.

Conclusion

Statistical analysis was used to determine what factors impacted both social work students' desire to join co-response teams, and who they would like to work with on those teams. Descriptive statistics also provided new information about student awareness of, support for, and interest in joining co-response teams. There was a large gap between co-response support, and actual desire to participate in the work. Qualitative data may give us some answers about this disconnect. Some of the inferential analysis yielded expected outcomes, such as those with a more positive

perception of police being more likely to want to work with police, and those who believed co-response aligned with social work values being more likely to want to work in co-response. However, the most un-expected result was that people of color were in fact more likely to want to work on teams with police as compared to white people.

In the next chapter results will be discussed as they relate to existing literature and there will be an exploration of study limitations and mitigating factors. Avenues for future research will also be explored.

Chapter Eight: Discussion

Introduction

While co-response research has grown in popularity, the social work perspective has been missing. Social work students are the future of social work practice, so their perspectives on co-response and interest in working in the field will determine what will become of co-response in the future. Because no previous studies focused on social work students, the research first sought to determine students' basic awareness and support of the practice. The analysis then focuses on what impacted students' desire to work in co-response and what impacted their preference in co-response partners.

Co-response Support and Participation and Contributions to Social Work Literature

Prior co-response studies that interviewed mental health workers focused on the implementation and effectiveness of specific co-response programs that were already in operation, without asking respondents how they felt about the practice in general. The first set of studies interviewed mental health workers who were already co-responders (Bailey et al., 2018; Callender et al, 2019; Dyer et al. 2015; Horspool et al., 2016; Kirst et al., 2015; Lee et al., 2015). The second set interviewed mental health workers in the community whose job required them to interface with existing co-response teams (McKenna et al. 2015; Robertson et al., 2020). Across the board, mental health workers had primarily positive feelings about existing teams, with concerns being around patient privacy (Lee et al., 2015; Robertson et al., 2020), training (Kirst et al., 2015), team collaboration (Callender et al., 2019; Kirst et al., 2015), placements for patients (Bailey et al., 2018) and staffing shortages and limited funding (Dyer et al., 2015; Horspool et al., 2016).

While this information is important, it does not provide a picture of what social workers at large know or feel about co-response, and none of this research was conducted by social workers or focused exclusively on mental health providers. The present study attempted to fill this gap by surveying social work students (future social workers) to gauge what they know about co-response, and how they feel about it, regardless of whether it was operating in their area. Some of the qualitative data gathered here mirrored concerns expressed by mental health workers in the previous literature. Lack of client privacy was mentioned in the current research, as well as in Lee et al. (2015) and Robertson et al. (2020). Participants in this study mentioned training concerns as did participants in Kirst et al. (2015) and the problem of having enough places to bring mental health clients came up in this survey and in the Bailey et al. (2018) and Callender et al. (2019) studies.

This study ascertained that nearly three quarters (74.81%) of social work students have heard of co-response and the majority (60.74%) support it. Given the increased publicity and media attention around such programs it is unsurprising that so many social work students know about co-response, or perhaps there could be selection bias who chose to participate in the survey. The program support also mirrors the primarily positive support of co-response by social workers seen in the literature. In this study, increased interest in participation was predicted by increased knowledge of the practice, a more positive perception of police, and a stronger belief that co-response aligned with social work values. These findings matched the research hypotheses. However, it was surprising to find that student race did not impact interest in co-response. This could be due to the relatively small sample size of students of color and could warrant future research with a larger sample.

Another notable finding is that desire to participate did not mirror support (13.08% of students said they would be extremely likely to participate in co-response). However, this is logical given that ideological support does not mean a person will want to work in a certain field. For example, social work students may believe that it is important to have clinicians working on domestic violence cases without wanting to take on that work themselves. This was supported by the qualitative responses where many respondents specified that they were simply not interested in participating in any kind of crisis social work. Some even specified other areas of interest, such as private practice or working with veterans. However, qualitative responses also showed that there were respondents who were interested in co-response work but had concerns. Some of the concerns mirrored prior concerns from the literature, such as insufficient training but respondents in this study expressed additional concerns around safety, and burnout.

This study adds to existing literature by showing us what predicts social work student interest in co-response team participation, and what concerns social workers may have. Based on these findings around the importance of knowledge and values alignment, localities looking to recruit social workers for co-response should share information about what co-response is and emphasize the overlap between the work and social work values. Additionally, when recruiting, teams should highlight information about training, and safety protocol.

Co-Response Team Composition Preferences and Contributions to Social Work Literature

Social Work Student Desire to Work with EMTs

When it came to determining who students would want to partner with, 96.92% wanted an EMT on their team. This is new information because EMS partnership was only explicitly discussed in one of the qualitative studies (Baily et al., 2018). This is likely because most studies that interviewed co-responders focused on teams that were comprised of police officers and

mental health nurses, not teams that included EMTs. As a result, previous research focused primarily on the mental health worker relationships with police. This information about a strong EMT preference adds to the body of knowledge on social worker teammate preferences and will be important for localities to consider when thinking about who should be on these teams.

The same interprofessional collaboration that is necessary for co-response is also important across the healthcare continuum (de Saxe Zerden, 2018; Homeyer et al., 2018). While there is limited peer-reviewed research that looks at collaboration between social work students and EMS in the context of co-response, there is social work literature that investigates interprofessional work and education between social workers and health care workers (de Saxe Zerden, 2018; Price et al., 2022).

Price et al. (2022) conducted a study looking at how nursing, social work and paramedic students responded to an interprofessional simulation program at a university in New Zealand. The 2022 Price et al. study found that the simulation gave participants more confidence in working on an interdisciplinary team, helped them better understand the jobs that their teammates in other fields were carrying out, and helped them realize how they needed to change their own practice. The study also found that paramedics and social work students both felt misunderstood and underestimated by other health professionals who they believed did not understand the scope of their work (Price et al., 2022). This co-response study adds to the current body of knowledge that looks at interprofessional education between social workers and other healthcare professionals. It shows that there is a desire for collaboration and should incentivize further attempts to provide interprofessional education that includes both social work and EMS students.

Social Work Student Desire to Work with Police

This study also found that nearly three quarters of social workers did want a police officer on their team (74.62%). This information was interesting but not entirely surprising. Previous literature showed that many mental health workers had positive perceptions of their co-response work with police officers (Dyer et al., 2015; Horspool et al., 2016). However, prior literature also showed concerns around role clarity and police officers over-stepping (Kirst et al., 2015) as well as conflicts in values and philosophies between co-responders from different employment backgrounds (Bailey et al., 2018) and fears about police presence upsetting clients (Kirst et al., 2015).

However, a mitigating factor appeared to be the strength of relationships between the police officers and mental health workers and how much time they spent training together and learning from one another (Bailey et al., 2018; Callender et al., 2019; Dyer et al, 2015). Callender et al. (2019) and Robertson et al. (2020) both specifically mentioned the importance of having consistent staff to ensure the strength of these relationships. Qualitative data from this study echoed the concerns found in the literature. Many social work students were worried about working with police for reasons ranging from a difference in values across agencies, to concerns that police would take over and not listen, to concerns that seeing police would trigger their clients. That being said, other students who were in favor of police presence often cited safety as the reason.

Social Work Student Desire to Work with Mental Health Consumers

When it came to preferences in team composition, more than three quarters of social workers (77.78%) wanted a mental health consumer on their team. The peer-reviewed literature does include interviews with mental health consumers, and their caretakers, but social workers

were not previously asked about whether they wanted a mental health consumer on their team. Some of the grey literature (Wilson et al., 2021) discusses the possibility of this option, but given the apparently high demand for mental health consumer teammates, this topic should be researched further.

This study sought to determine what factors would influence social work students' desire to work with police and findings were mixed. There was no significant relationship between student co-response knowledge and desire to work with police. More surprisingly, analysis showed that students of color were more likely to want to work with police, which is the opposite of what was hypothesized. This response was especially striking given that people of color tend to have worse outcomes with police (Schwartz & Jahn, 2020; Thomas et al., 2020) as well as a poorer perception of police (Nadal et al., 2017). Further research should attempt to investigate this finding. Students who believed that co-response aligned with social work values were more likely to want to work with police, which was also a surprise. The only hypothesis that followed the expected direction for this research question was students with a more positive perception of police were more likely to want a police officer on their team.

Implications

The overcriminalization of people with mental illness is a profound societal problem. It is common for people with mental illness to enter the criminal justice system through emergency services. This creates an opportunity for emergency responders to divert people away from jails and into mental health treatment. Throughout the world, jurisdictions have begun to address this issue through the creation of crisis response teams that send a social worker along with an EMT or police officer to assist with mental health emergencies. This has the potential to result in

people getting the treatment they need and staying out of the criminal justice system. However, these teams require social workers or other mental health professionals to operate.

Contributions to Social Work Practice

This research is valuable for social work practitioners. The NASW Code of Ethics (2021) calls helping those in need and addressing social problems the primary goals of social work. Co-response is an opportunity to both help people with mental illness in need of treatment, and to divert people with mental illness away from the criminal justice system. However, co-response is a newer field, which means that not all social workers necessarily know about the practice or what it entails. This research has determined that nearly three quarters of students were aware of co-response. That number is promising but indicates that further co-response information proliferation is necessary. This is an opportunity for co-response social workers to be more vocal about the work that they are doing, to join panels, make presentations and speak with students and new social workers.

Given the alignment between co-response and social work values, it is important for all social workers to be aware of the practice. Even social workers who don't plan to work in emergency response should be aware of this service as they might be collaborating with co-responders in their roles in community nonprofits and client-facing agencies. One of the challenges cited in the literature with co-response implementation was situations where community partners didn't understand what co-response was, or its role in the community (Bailey et al. 2018; Kirst et al., 2015). Furthermore, agency leaders and policy makers should be well-versed in co-response as they may be able to advocate for the increased use of crisis response teams or contribute to decisions about how they are operationalized.

Social work students agree that co-response is aligned with social work values. This study has found that (93.89%) of social work students believe that this alignment exists. This number takes on further meaning when one considers that students who believe that co-response aligns with social work values are more likely to join a co-response team. While this finding is not generalizable, this suggests that social work students see co-response as ethical, and that for some (13.08%), it is an extremely likely career path. If this is truly the case, there should be support for this growing field, with professional development, committees, workshops, and events for current and interested co-response practitioners.

This study also speaks to the comfort of social work students regarding relationships with the police force. Some social workers believe that working with police can be a way to carry out social work values, since partnering with police offers access to vulnerable people, and social workers may positively influence police officers (McClain, 2020). Others believe that the very concept of policing goes against social work values, and that social workers should be working to abolish policing (James-Townes, 2020). Many social workers fall somewhere on this continuum. This study illustrates this phenomenon with some students wanting to work with police, and others saying that they believe it is counter to social work values. While this study did not settle the debate, it did illustrate that this range of opinions exists among current social work students, and as expected, it impacts both whether they want to work in co-response, and who they want to partner with. As it stands given the variety in co-response team composition, there are currently work opportunities for people on both sides of the issue.

Contributions to Social Work Education

This study is especially relevant to social work education. Just over a quarter of social work students surveyed had not heard of co-response at all, and just under a third of students

surveyed had been offered any co-response material in their MSW program. Only 15.5% strongly agreed that they felt confident regarding their current knowledge and skills in co-response. It is impossible for students to be interested in a field when they do not know it exists, and still challenging to learn about a topic that is not covered in their curriculum. If social work educators believe that co-response is a critical field for social justice, the material must be added to MSW curricula. Social work schools have many potential avenues to add co-response material to their course materials.

Co-response material can easily be added to any curriculum around criminal justice reform, human rights, or social work values. Material on crisis response teams would also help to fulfill the new CSWE (2020) mandate to engage in anti-racism, diversity, equity, and inclusion in practice. Discussions on co-response would be the perfect lens through which to discuss these issues. For example, the Sequential Intercept Model (Munetz & Griffen, 2006) would be a useful tool to discuss anti-racism and equity, with co-response being an example of the first intercept, where vulnerable people often enter the criminal justice system via emergency services. This could easily be part of a longer conversation about the criminal justice system and diversion practices and alternatives.

In addition to having co-response content in the classroom, social work schools should be partnering with their local crisis response teams to offer internships and placements. This could be mutually beneficial for social work students and municipal programs. It would allow social work students to learn about co-response and increase their pool of job possibilities. For municipalities, it widens the number of potential applicants.

Contributions to Social Work Policy

Co-response is proliferating around the country, which means that many localities are beginning these efforts for the first time, or perhaps amending their current structure. The research here is valuable for the many jurisdictions that are creating policies for their crisis response teams. While there is existing research on co-response operationalization and outcomes, municipalities will want to consider how social workers fit into the picture. The information from this survey is important for places that are looking to recruit social workers to join their teams.

This is especially important given that this study has shown a gap between the number of social work students who support co-response (nearly 61%) and the number who say that they are extremely like to participate in it (about 13%). Localities must think about what they can do to make co-response more appealing to the other 87% of the social work student population. Findings around the positive relationship between knowledge of co-response and desire to work in the field mean that exposure is one way. That could include a marketing campaign to highlight people in the community doing co-response work. Similarly, the positive relationship between belief that co-response aligns with social work ethics and desire to join means that potential employers should be highlighting how their teams are going to function in accordance with social work values. The survey was also able to expose specific concerns held by social work students. Concerns about safety, working with police, building consensus with team members with different areas of expertise, and burnout were all cited by participants. These are also issues that must be addressed by employers in their recruitment and training processes.

Now more than ever, states have the funding to pilot co-response programs. Money from the American Rescue Plan Act of 2021 (ARPA) has been set aside for states that choose to cover

crisis intervention through Medicaid, and the law requires that the crisis teams have a behavioral health worker. At the same time, the new nationwide emergency mental health line (988) has recently gone live, and co-response is a great way to operationalize the service provision that 988 requires. This study shows that 13.08% of social work students say that they are extremely like to join a co-response. While this study is not representative, it is a point of departure for municipalities and states that are looking to hire this population. If even ten percent of social work students want to participate in co-response, this should be very encouraging to departments that are trying to get these teams off the ground, and they should be doing outreach to social work schools.

At the same time, state legislators who are attempting to pass bills to create robust mental health legislation that centers around co-response and other emergency response diversion programs can lean on social workers and social work students as allies. For example, in New York, Assemblyman Harry Bronson, D-Rochester, and state Senator Samra Brouk, D-Rochester, co-sponsored a bill called Daniel's Law (S.2398/A.2210) in 2021 (Lekhtman, 2023). The proposed legislation is named after Daniel Prude, a Black man who was killed by police in 2020 when he was experiencing a mental health crisis. The law would create a state-wide program that would send mental health response units instead of police to people in distress. Teams would include a mental health worker, an EMT and a peer. The law would also create a council made up of mental health clients who would work with local mental health administrators, and who would be required to approve any emergency response plans (Lekhtman, 2023).

This bill has been stagnant so far but given the overwhelming ideological support of social work students, and their desire to work both with EMTs and mental health clients, perhaps social work students could get involved. The New York chapter of NASW could reach out to

social work students for support to get this bill passed. While this example is in New York, states across the country can and should look to local social workers and social work students for help in passing similar bills on the state level.

And finally, social workers in the policy arena should lead the way in standardizing crisis response terminology. Given the widespread social work support for the practice and the extent to which it may touch so many different social workers, have consistent terminology can make a big difference in how these services are understood and operationalized across the country.

Future Research

Both the quantitative and qualitative research uncovered significant ideological support for co-response. It would be valuable for a generalizable study to attempt to replicate these findings with a more diverse sample It would also be valuable to conduct a study that specifically targets social work students interested in crisis work, to see if they are interested in co-response. If there is a gap between interest in crisis work and a gap in co-response interest, future research should attempt to determine the cause.

Social worker preferences in team composition warrants further research. As it stands, teams having varying compositions, and no peer-reviewed research has asked social workers who they would like to partner with. While police may be seen as a more traditional option, EMTs, mental health consumers, and even peer mediators may be considered. Co-response stands to benefit from considering the input and preferences of those who want to work in the field.

Further research should also attempt to replicate the findings around race and interest in co-response. There was no significant relationship between race and interest in co-response, but there was a relationship between race and desire to work with police in co-response.

Surprisingly, students of color were more likely to want to work with police. This finding was unexpected given that people of color tend to have a poorer perception of police (Nadal et al., 2017). More specifically, additional analysis showed that desire to work with police was driven by Black participants. This is even more surprising given that Black people tend to have the worst perception of police (Nadal et al., 2017). While the finding that people of color are more likely to want police officers on their teams is notable, it does rely on the 16% of participants who identified as people of color. That does not mean that the finding should not be considered, but it does mean that it should be viewed with caution and that future studies should attempt to replicate the findings with a more diverse sample.

Additionally, when looking at the data in detail, a quarter of Black participants had quantitative answers that didn't necessarily match up with their qualitative responses. For example, two women who said that they would want to have a police officer on their team had qualitative responses where they said that they didn't trust police to keep them safe as a co-responder, or that police were not equipped to handle mental health situations.

This points to the complexities and intersectionality of race, gender, and economic status. Previous research echoes some of these findings that may sound contradictory on the surface but make sense given the lived experience of the participants. For example, in their interviews in Minneapolis MN, Powell & Phelps found that many Black women felt terrorized by police, but simultaneously wanted police to have a stronger presence when it came to domestic violence and neighborhood crime (2021). Future research should attempt to replicate these findings with a sample that more closely mirrors the true racial composition of the MSW student population. However, it is equally important to add a deeper qualitative component to the research.

Interviews or focus groups are necessary to more fully understand how students of color (especially Black students) feel about working with police in the context of co-response.

Conclusion

This study brings a new perspective to co-response research. While previous studies focused on outcome data, and social worker perceptions about the implementation and effectiveness of existing co-response teams, this research focused on social workers' perception of co-response at large.

Based on this research, social worker interest in co-response participation is anything but straight-forward. While factors like knowledge of the field, perception of police, and beliefs about co-response alignment with NASW values increased participants' desire to work on teams, some choices about preferred team members were unexpected. Unsurprisingly, positive perception of police was correlated with a stronger desire to work with police, but so was belief that co-response aligned with NASW values. The most unexpected finding was that students of color showed a preference for working with police. There was also a strong preference among nearly all students for working with EMTs.

While the results regarding participation and team member preferences vary, support for co-response is strong, and nearly all students believe in the alignment between social work values and co-response. However, there is a large gap between the number of students who support co-response and the number who want to participate. To continue to grow the co-response field, there must be action on the part of social work practitioners, educators, and policymakers. Co-response social workers should be sharing their knowledge in conferences, and professional development events. Educators should be discussing co-response in their classrooms and should be connecting with local teams for field placements for their students. Policymakers

looking to pass legislation to expand co-response should be partnering with their local chapters of NASW and reaching out to students who support the cause.

While much has been learned, there are still many avenues that would benefit from further exploration. Social workers interested in crisis response must be asked about their interest in co-response. Parts of this study should be completed with a generalizable sample to determine whether students of color truly want to partner with police on co-response teams. More research must be done on social worker interest in partnering with mental health clients. Further discovery can only benefit the cause of co-response and thus the people who rely on it.

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Appendix A: Survey

Dissertation research informed consent

This survey will be used for dissertation research. As a pilot, the purpose is to determine the extent to which survey questions are easy to understand. The results of this survey will be used to edit the final version before it is distributed. As a result, the data obtained from this survey will not be used in analysis or publication. The online survey should take approximately 10 minutes to complete. Minimal risk is associated with participation in this study.

Responses to this survey are anonymous. Participation is completely voluntary and you may choose to withdraw at any time and for any reason. If you choose not to participate or to withdraw from the study, there will be no penalty. Although there is no direct benefit to you, by completing the survey, you will be providing valuable insight that could improve how information is conveyed. There are no anticipated risks to you.

If you have any questions about the research or think you have been harmed as a result of this research, please feel free to contact Melanie Zuckerman at Melanie.Zuckerman@yu.edu.You are asked to submit this form only one time. If you wish to not participate in this study, please exit this survey now or indicate this in the next question. A response is required to start the survey.

The survey will begin with statements about the police and the criminal justice system. Please select the extend to which you agree or disagree with these statements.

Q1 Police officers are friendly
o Strongly agree
o Somewhat agree
o Neither agree nor disagree
o Somewhat disagree
o Strongly disagree

Q2 Police officers protect me
o Strongly agree
o Somewhat agree
o Neither agree nor disagree
o Somewhat disagree
o Strongly disagree

Q3 Police officers treat all people fairly
o Strongly agree
o Somewhat agree
o Neither agree nor disagree
o Somewhat disagree
o Strongly disagree

Q4 I like the police
o Strongly agree

o Somewhat agree
o Neither agree nor disagree
o Somewhat disagree
o Strongly disagree

Q5 The police are good people
o Strongly agree
o Somewhat agree
o Neither agree nor disagree
o Somewhat disagree
o Strongly disagree

Q6 The police do not discriminate
o Strongly agree
o Somewhat agree
o Neither agree nor disagree
o Somewhat disagree
o Strongly disagree

Q7 The police provide safety
o Strongly agree
o Somewhat agree
o Neither agree nor disagree
o Somewhat disagree
o Strongly disagree

Q8 The police are trustworthy
o Strongly agree
o Somewhat agree
o Neither agree nor disagree
o Somewhat disagree
o Strongly disagree

Q9 The police are helpful
o Strongly agree
o Somewhat agree
o Neither agree nor disagree
o Somewhat disagree
o Strongly disagree

Q10 The police are reliable
o Strongly agree
o Somewhat agree
o Neither agree nor disagree
o Somewhat disagree
o Strongly disagree

Q11 Police officers are unbiased
o Strongly agree
o Somewhat agree
o Neither agree nor disagree

o Somewhat disagree
o Strongly disagree

Q12 Police officers care about my community
o Strongly agree
o Somewhat agree
o Neither agree nor disagree
o Somewhat disagree
o Strongly disagree

Q13 People with mental illness are over-represented in the criminal justice system
o Strongly agree
o Somewhat agree
o Neither agree nor disagree
o Somewhat disagree
o Strongly disagree

Next are some questions about co-response teams. A co-response team includes a person with mental health training who is paired with a police officer, an EMT or both. Some teams also include a mental health consumer. The team provides first response and arrives on-scene for mental health emergencies. They may deal with crises including but not limited to: suicidal ideation, substance use, conflict resolution and homelessness.

Q14 Before leading this definition, had you previously heard of the concept of co-response team
o Yes
o No

Q15 To your knowledge, is co-response used in your area, and what do you know about it?____

Q16 I believe that co-response is a good way to help people experiencing mental health crises.
o Strongly agree
o Somewhat agree
o Neither agree nor disagree
o Somewhat disagree
o Strongly disagree

Q17 Do you believe co-response could help keep people with mental illness out of the criminal justice system?
o Yes
o No

Q18 I support the use of co-response teams.
o Strongly agree
o Somewhat agree
o Neither agree nor disagree
o Somewhat disagree
o Strongly disagree

Q19 Social work skills in the following areas would be useful in co-response (check all that apply):
▢ De-escalation

- ▢ Connection to community resources (substance use, housing, counseling, etc..)
- ▢ Diagnosis
- ▢ Assessment
- ▢ Engagement
- ▢ Case management
- ▢ Case advocacy
- ▢ Clinical skills

In the next section there will be questions about social work values.

Q20 Do you believe that the concept of co-response aligns with the values included in the NASW Code of Ethics?

- o Yes
- o No

Q21 The first social work value is service. Based on the definition below, to what extent do you think co-response aligns with service?

Value: Service

Ethical Principle: Social workers' primary goal is to help people in need and to address social problems Social workers elevate service to others above self-interest.

Social workers draw on their knowledge, values, and skills to help people in need and to address social problems.

- o A great deal
- o A lot
- o A moderate amount
- o A little
- o None at all

Q22 The next social work value is social justice. Based on the definition below, to what extent do you think co-response aligns with social justice?

Value: Social Justice

Ethical Principle: Social workers challenge social injustice.

Social workers pursue social change, particularly with and on behalf of vulnerable and oppressed individuals and groups of people. Social workers' social change efforts are focused primarily on issues of poverty, unemployment, discrimination, and other forms of social injustice.

- o A great deal
- o A lot
- o A moderate amount
- o A little
- o None at all

Q23 The next social work value is dignity and worth of the person. Based on the definition below, to what extent do you think co-response aligns with dignity?

Value: Dignity and Worth of the Person

Ethical Principle: Social workers respect the inherent dignity and worth of the person.

Social workers treat each person in a caring and respectful fashion, mindful of individual differences and cultural and ethnic diversity. Social workers promote clients' socially responsible self-determination. Social workers seek to enhance clients' capacity and opportunity to change and to address their own needs. Social workers are cognizant of their dual responsibility to clients and to the broader society. They seek to resolve conflicts between clients' interests and the broader society's interests in a socially responsible manner.

o A great deal
o A lot
o A moderate amount
o A little
o None at all

Q24 The next social work value is importance of human relationships. Based on the definition below, to what extent do you think co-response aligns with the importance of human relationships?

Value: Importance of Human Relationships

Ethical Principle: Social workers recognize the central importance of human relationships.

Social workers understand that relationships between and among people are an important vehicle for change. Social workers engage people as partners in the helping process. Social workers seek to strengthen relationships among people in a purposeful effort to promote, restore, maintain, and enhance the well-being of individuals, families, social groups, organizations, and communities.

o A great deal
o A lot
o A moderate amount
o A little
o None at all

Q25 The next social work value is integrity. Based on the definition below, to what extent do you think co-response aligns with integrity?

Value: Integrity

Ethical Principle: Social workers behave in a trustworthy manner.

Social workers are continually aware of the profession's mission, values, ethical principles, and ethical standards and practice in a manner consistent with them. Social workers should take measures to care for themselves professionally and personally. Social workers act honestly and responsibly and promote ethical practices on the part of the organizations with which they are affiliated.

o A great deal
o A lot
o A moderate amount
o A little
o None at all

Q26 The next social work value is competence. Based on the definition below, to what extent do you think co-response aligns with competence?

Value: Competence

Ethical Principle: Social workers practice within their areas of competence and develop and enhance their professional expertise.

Social workers continually strive to increase their professional knowledge and skills and to apply them in practice.
- o A great deal
- o A lot
- o A moderate amount
- o A little
- o None at all

Q27 Please explain further about why you do or do not believe co-response is aligned with social work values:

The next section includes questions that ask you about the extent to which you would like to participate in co-response.

Q28 How likely would you be to join a co-response team?
- o Extremely unlikely
- o Somewhat unlikely
- o Neither likely nor unlikely
- o Somewhat likely
- o Extremely likely

Q29 Please explain why you chose your answer to the last question:____

For the following three questions, imagine that you are working as a social worker on a co-response team, going to the site of a person experiencing a mental health emergency.

Q30 In the above scenario, as a co-responder, would you like to have an EMT as one of your team members?
- ▢ Yes
- ▢ No

Q31 In the above scenario, as a co-responder, would you like to have a police officer as one of your team members?
- ▢ Yes
- ▢ No

Q32 In the above scenario, as a co-responder, would you like to have a mental health consumer as one of your team members?
- ▢ Yes
- ▢ No

Q33 What concerns (if any) might you have about participating in co-response?____

The next section will include questions about the extent to which you have received education or training related to co-response.

Q34 I received enough training in MSW program to work on a co-response team
- o Strongly agree
- o Somewhat agree
- o Neither agree nor disagree
- o Somewhat disagree
- o Strongly disagree

Q35 I feel confident regarding my current knowledge and skill set pertaining to co-response work
- o Strongly agree
- o Somewhat agree
- o Neither agree nor disagree
- o Somewhat disagree
- o Strongly disagree

Q36 How competent would you feel working on a co-response team to assist someone experiencing a mental health crisis?
- o Extremely competent
- o Somewhat competent
- o Neither competent nor incompetent
- o Somewhat incompetent
- o Extremely incompetent

Q37 Of the ways for social workers to get training in co-response, which ONE would you say is the MOST important? (Indicate one only.)
- o Graduate coursework
- o Field placement internships as part of graduate training
- o Supervised post-masters experience
- o Informal discussions with clinicians
- o Formal discussions with clinicians (Peer Supervision)
- o Other ____

Q38 Did your MSW program offer any formal training—courses, seminars, field placement, etc.—that included topics related to co-response?
- o Yes
- o No

Q39 If you said yes to the question above, in what form was this formal training? (Check all that apply.)
- ▢ Colloquium (informal group discussions)
- ▢ Lecture
- ▢ Seminar
- ▢ Field placement
- ▢ Other ____

Q40 The next section asks you to evaluate your competency and comfort level as a potential co-responder.

Q41 Imagine yourself in a situation where you are in a van with a team that includes an EMT or police officer and you are headed to the home of someone who you are told is experiencing a mental health

crisis, but you have limited details. Please answer the following two questions by checking the option that best describes how comfortable and competent you would feel in this situation.

Q42 How comfortable would you feel helping this person?
- o Very comfortable
- o Somewhat comfortable
- o Neither comfortable nor uncomfortable
- o Somewhat uncomfortable
- o Very uncomfortable

Q43 Considering your current knowledge and skills, how competent would you feel helping this person?
- o Very competent
- o Somewhat competent
- o Neither competent nor incompetent
- o Somewhat competent
- o Very incompetent

This final section asks for some basic demographic information.

Q44 What is your age?____

Q45 What is your gender?
____

Q46 What is your race?
____

Q47 What is your location (city/town/state)?
____

Q48 What year were you born?
____

Q49 Are you a part or full time student?
____

Q50 What year did you start your social work program?
____