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“HOW DO WE SOLVE THE PROBLEM, TONIGHT?” CAHOOTS and the Limits of Alternatives to Police Response



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Abstract

Twenty - five percent of people killed by the police suffer from mental illness. One solution to this problem has been to dispatch mobile crisis teams staffed by civilians. The best known, and most copied program, is CAHOOTS in Eugene, Oregon. Data from the Eugene Police Department concluded that CAHOOTS diverted 3 to 8 percent of all police calls. Data analyzed by the author from CAHOOTS from 2022 indicated that half of these calls were mental health calls. Neoliberalism, our current governing philosophy, promotes the market and creates a lack of services. This has produced social insecurity and disorder. This left much of society's dirty work to the police; and now, CAHOOTS. As result of this lack of services CAHOOTS workers, like the police, ask: “How do we solve the problem, *tonight?*”

Introduction

Police use of force has become a major issue in policing. For example, 25 percent of people killed by the police had been suffering from mental illness [1-4]. The United States Commission on Civil Rights, no date; [5]. More than 2 million people with a severe mental illness are booked into jail each year [6]. Race plays a role here. Blacks, compared to whites, are 2.5 to 10 times more likely to be killed by the police [7]. One solution to this problem is to divert police from responding to social service and mental health calls.

There are various programs to achieve this goal. The five most common types are: a.) Case management: Mental health professionals and police officers work together to reduce the use of services by individuals who are “high utilizers.” b.) Crisis Intervention Team (CIT): The program trains officers to de-escalate their behavior when dealing with mentally ill individuals. It also urges officers to divert mentally ill individuals to community services, rather than, incarcerate them. c.) Co-response teams: The pairing of a mental health professional and a police officer to respond to individuals who are in a mental health crisis. d.)

EMS/ambulance-based responses: Expanding emergency medical services to include responding to behavioral health crises. e.) Mobile crisis teams: A team of mental health professionals, often a social worker and a nurse, who respond to mental health emergencies or other individuals who are in crisis [8].

The most well-known mobile crisis team is CAHOOTS in Eugene, Oregon.¹ CAHOOTS is an acronym for Crisis Assistance Helping Out On The Street. It is probably the best-known program of this type in the country. The unit is staffed and operated by unarmed civilians who are employed by the White Bird Clinic in Eugene. CAHOOTS team members receive 40 hours of classroom training. This is followed by 500 to 600 hours of field training. The program dispatches a two-person team of a crisis worker and an EMT to 911 calls involving individuals in a behavioral health crisis. In other jurisdictions, these calls would, by default, fall to the police [9]. CAHOOTS team members provide crisis intervention, conflict resolution, counseling, first aid, and transportation to citizens.² If violence, a crime, or a life-threatening emergency, is involved, the police will also be dispatched [9-15].

CAHOOTS began in 1989. The clinic created mobile teams that dealt with individuals in a mental health crisis.³ Now, they also handle welfare checks, substance abuse, and suicide threats. The teams focus on harm reduction and employ de-escalation techniques.⁴

In 2016, the City of Eugene began funding a 24-hour a day, seven days a week, program. Funding has increased over the years. Coverage by three vans is now available. In 2015 CAHOOTS expanded to neighboring Springfield, Oregon. The CAHOOTS budget is now \$2 million a year. This is about 2 percent of the police department's \$90 million budget [11,12,17].

The program

Cahoots: A modest diversion program

In 2020, the Eugene, Oregon Police Department's Crime Analysis Unit conducted a study of CAHOOTS. The data was from 2019. CAHOOTS units are dispatched through the city's 911 line or a non-emergency line. Calls are diverted to CAHOOTS from police and fire calls.⁵ Also, the CAHOOTS van responds to members of the public flagging them down.

In 2019, CAHOOTS was dispatched to 17,700 calls. Some calls were cancelled; therefore, CAHOOTS actually "arrived at" 15,879 calls. The study found that 66 percent of the "arrived at calls" were for transport, for assisting the police or the public, or for "checking the welfare" of callers. Eight percent were for suicidal subjects [18].

CAHOOTS staff called for backup from the police 311 times. This is about 2 percent of all the "arrived at" calls. Twenty-five of these calls were a "CODE 3;" that is, an immediate or emergency response from the police was required [19]. The Crime Analysis Unit report examined how successful CAHOOTS was in diverting a police response. Some calls to the police were citizens seeking a "CAHOOTS only" response.

About three quarters of the "check the welfare" calls given to CAHOOTS would have been handled by the police. Therefore, the report concluded that, in 2019, the actual rate of calls diverted from police response was about 5 to 8 percent. A follow up report in 2021 found similar statistics. The percentage of diverted calls in the 2021 report was 3 to 8 percent [18-20].

Methodology and Data

Cahoots calls

In response to a Freedom of Information Act (FOIA) request, the Eugene Police Department provided a copy of their dispatch records ("calls") for CAHOOTS from June 5, 2022 to June 11,

2022 to the author. This consisted of 364 dispatches. Many of these records are fragmentary, use coding, and do not specify a disposition. For example: "c/ advi his bus arrived after all [06/05/22 10:20:26 ceeyyxs] c/back on the line advi we can disregard '06/05/22 10:20:05 ceeyyxs] has waited for the bus all night and it has not come will wait for CAHOOTS at the bus stop [06/05/22 09:51:17 ceeyjlk] called on 911, has short term memory issues and could not call back on non-emergency was released from hospital last night tran to service station lsw/ blk hat with flag on it. camo jacket. nasa shirt. blu jeans [06/05/22 09:50:31 ceeyjlk]." (original all in caps).

"[1/77-transport] (1j77) w/1 [06/05/22 12:31:56 ceerdm] just pulled his underwear down as well and still scratching face very flush and contorted [06/05/22 12:04:31 ceeyslid] loc/on 8th in front of the plasma center male very distressed has his pants down to his knees and scratching uncontrollably covered in sores i/wm. 20-30. Curly bro lsw/clk tshirt. Blu jeans around knees [06/05/22 12:03:56 ceeysid]." (original all in caps).

Table 1: CAHOOTS Calls, Total calls: 364, 115 (31.6%) were "ambiguous", Sample analyzed: 249 calls

Call Types	Number	Percentages
Mental health	70	28
Counseling	35	14
Suicide	36	14
Homeless (unhoused)	33	13
Transport to social service agency	31	12
Transport to emergency room	16	6
Alcohol/drugs	15	6
Delayed/unavailable	8	3
Backup for fire fighters	2	1
Backup for police mental health calls	2	1
Medical transport	1	0.5
Total	249	

These limitations do not allow us to conduct a quantitative analysis. Therefore, a qualitative analysis was conducted. Like ethnographic research, there were no preconceived categories in our analysis. The categories emerged from the data. Some initial categories were "mental health," "transport," and "medical." In cases that were unclear, we used a catch-all category we labelled, "ambiguous." However, the placement of each call into a particular category was problematic. The ambiguous category includes calls where the situation was ambiguous, where the response was ambiguous, or there was inadequate information to properly categorize the call. Thus, categorization is based upon the "overriding theme" of the call. An analysis of the 364 calls

produced 115 ambiguous calls (31.5 percent). After these calls were removed, this left a sample of 249 calls to be analyzed. These calls were placed into 11 categories. They are listed in Table 1.

It was expected that police officers, paramedics, and fire fighters would call CAHOOTS if they felt their response was not appropriate. However, this rarely occurred. On only 2 calls, did police officers turn over calls to CAHOOTS workers. On only 1 call, did paramedics do the same. And on only 2 calls did firefighter request CAHOOTS as a backup. Research on social service teams, similar to CAHOOTS, has found that there were long delays in responding to calls (Lexipol, no date). However, CAHOOTS was delayed or unavailable on only 8 calls. This was only 3 percent of the 249 calls.

Seventy dispatches (28 percent) involved mental health calls. For example: "[CAHOOTS will] respond and will [advise] if [the police department] needs to follow up. Event spawned from Animal Abuse. Cat was buried in the sand, deep enough to cover its body but not covering its face. Female was patting it very aggressively.... Female now holding the cat and rocking it.... keeps burying it in the sand." (original all in caps; edited for clarity; punctuation added). "[Caller] back on the line, says he's manic and freezing to death, [says his] chest hurts and he's freaking out [and] thinks [that] he might be having a panic attack... [He is] also upset because [employee] at 7 11 made fun of him for having a seizure. [Caller states that he] does have an air pistol and a knife but they are both put away... [Caller states that he] needs to go to the hospital." (original all in caps; edited for clarity; punctuation added).

"[Individual earlier] adamantly refused services. [He is now] on [the] line with [the complainant]... [Complainant advised that] neighbor has mental health issues and is off his meds. [He] is outside yelling about 'The Commies' [and] 'Casing The Perimeter.' [The complainant] last saw [the subject] going into the basement unit. [He states that the individual] has been put on a new medication and [has been] ...deteriorating over [the] last few weeks. [The individual] rents a room in the basement from [the complainant.] [Complainant] locked [herself] upstairs in her room. [Individual] has currently locked himself out of his room accidentally. [Caller] has the key...[She] doesn't feel safe [with the individual] because of his mental state. [Caller was advised] that CAHOOTS has already been out 3 times today to deal [with this individual]. [Caller requests that] they respond and help [with the individual] accessing his room." (original all in caps; edited for clarity; punctuation added).

"Safeway [employee is] on the line. [He advises that] Sandy has been in and out of the store. Currently [the employee is] in the Starbucks seating area trying to keep her calm [Caller is] willing to sign for [trespass] against Sandy. [She is] taking her shoes off

and rubbing her feet on ... items in the store. [Sandy] also keeps taking the store phone and calling people to say [that] she has been abducted.... [Caller] on 911 from Papa Murphy's...saying ... [that Sandy] is bleeding profusely and wants an ambulance. Sandy [was advised that] CAHOOTS would be responding [Sandy is] 'unhoused related' [homeless] Sandy [is now] on the line... [and] says [that] she 'was' Sandy but is now 'Sheila Konverse'... She wants to go to [the hospital] because she is being bludgeoned to death...." (originally all in caps; edited for clarity; punctuation added).

CAHOOTS was called for transport to a social service agency or an unknown location 31 times (12 percent). CAHOOTS was also called for transport to the emergency room 16 times (6 percent). Therefore, CAHOOTS transported individuals 47 times (19 percent). For example:"Unhoused related ... Alissa was at 207 ... and left that loc[ation] ... grocer ... on line- Alissa came ... [in.] said she needed an ambulance and the police were trying to fight her. Then [she] left ... Alissa is refusing services, said she is walking to the hospital ... [we were] following Alissa, [she] was in the line of travel ... says she needs an ambulance ... Alissa on 911, [she was] warned for misuse of 911 ... Alissa wants to go to ... [hospital] per employee ... [Employee advises that] ... she will try to keep Alissa calm until cahoots arrives ... Event spawned.

from criminal trespass ... [Alissa] said name is Joan of Arc. [She] wants transport to [hospital] ... Thinks everyone is out to kill her ... [Alissa] hit windows inside CAHOOTS van ... Subject banging on the door and dumping things on the ground ... no known weapons." (original all in caps; edited for clarity; punctuation added). CAHOOTS received 36 calls (15 percent) involving suicidal subjects. For example: "[A call] for CAHOOTS [was received saying that a] subject [was] detained. [The caller] had the [individual] in a headlock ... [The caller] worried [that] he may be having trouble breathing ... [The individual] is ... still outside but no longer hanging over the edge. He is being blocked from trying to jump ... [The individual] is struggling ... [with the caller] ... [The individual] is intoxicated ... [The individual] is trying to jump over the guardrail. [The caller] has him pinned so he does not harm himself." (original all in caps; edited for clarity; punctuation added).

"[The caller advised that a] female [is] having [a] breakdown, [and she is] hysterical ... [The caller is] trying to calm her down. No weapons [were] observed ... [The individual is] screaming [that] she wants to go to Buckley House [a social service agency] ... [The two women on the phone were heard] 'brawling'... [The] female [is] hysterical [and is] stating [that] she is going to kill herself. [The caller] passed the phone to [the] female and she ... screamed, 'I don't know what to do,' and disconnected. [CAHOOTS is] calling back." (original all in caps; edited for clarity; punctuation added).

"Per prior call on 5/31 ... [The caller states that her daughter wants] to harm [her]self today ... [She requests that] CAHOOTS [respond] for [her] daughter [who is] locked in the garage [and] refusing to come out. No known weapons but has had multiple recent threats to harm herself. She wants to be in there for privacy, but [the caller is] concerned." (original all in caps; edited for clarity; punctuation added). Thirty-five calls (14 percent) were for "counseling." For example: "Daniel back on line, saying he doesn't want to be here anymore. When asked if he is suicidal, he replied, "I don't know" ... [Caller] states he is so drunk that he can't care for himself and needs help getting detox." (original all in caps; edited for clarity; punctuation added)

Alcohol or drugs were the predominant problem on 15 calls (6 percent of the 249 calls). For example:

"Sub[ject] ... became irritated with comp[anion] when he asked if he needed medics ... Parked in ... [alley] in front of ... the St. Vincent De Paul bldg. Subject ... appeared to be overdosing, was not responsive and nodding off. Is now speaking to comp[anion] declining medics but obviously under the influence. Currently, sitting in his car; car is turned off ... [Caller requires] welfare check. Doesn't look like he's going to drive off at this point." (original all in caps; edited for clarity; punctuation added).

Homelessness, or being unhoused, was the "overriding theme" in 33 calls (14 percent of the 249 calls). For example: "[Subject] refused services. [The individual is] still outside of Fred Meyer near the gas pumps- next to the entrance on the southside. [This call is] unhoused related. [The individual] is on the west side of Izzy's. [The caller is] today saying the last sleeping bag CAHOOTS gave him was stolen. [The individual] requires a new one. [The caller] was advised [that CAHOOTS was] not able to send [a] new sleeping bag, but can have CAHOOTS...respond for other assistance that may be needed. [The individual is] waiting outside.... [Individual]/Renolds Wma. 33.511 thin. bro blu hoodie." (original all in caps; edited for clarity; punctuation added).

"This is a reopened incident ... Event spawned from dispute ... [telephone caller at] shop ... [Requires] CAHOOTS when [available] ... for [medical evaluation] ... unhoused related ... Possibly on meth ... No known weapons ... Caller not on scene, received call from neighbor, saying that homeless couple is camped on the porch and currently in a dispute. [Unknown] male and female. Caller is owner in Oklahoma. Willing to sign for [trespass. The] house should be vacant." (original all in caps; edited for clarity; punctuation added)

Mental Health Services

We have categorized our 249 calls in Table 1. We placed these calls into 11 categories. Twenty-eight percent of all the calls were labeled as mental health calls. However, if we include suicide

calls plus a percentage of homeless (unhoused) calls, alcohol/drug calls, and transport calls, then about half of all the calls, are actually, mental health calls.⁶

In order to treat individuals with mental health and substance abuse problems properly, a comprehensive "continuum of care" is required [21,22]. Balfour, et.al. [23], has described the services needed for such a comprehensive continuum of care:

- a. Crisis call centers.
- b. Mobile crisis teams: Staffed by civilian crisis workers, nurses, or EMT's.
- c. Co-responder teams: A police officer with a civilian clinician.
- d. Specialized crisis facilities: A non-hospital facility, available 24 hours a day, that accepts any individual in crisis. These would be staffed by medical and social service personnel.
- e. Dropoff centers, detoxification facilities, and sobering centers: These would be staffed with a mix of social service and medical personnel. These facilities would be for voluntary and non-emergency patients. Police could leave "disorderly," but non-violent individuals, in such a facility.
- f. Crisis clinics or mental health urgent care centers: These facilities would offer walk-in access to individuals for counseling and medication.
- g. Crisis residential and respite facilities: These facilities would offer long-term care (for days or weeks) for stabilization in a residential setting.
- h. Post-crisis care: These services would range from discharge planning to case management.

CAHOOTS is a model for a mobile crisis team. CAHOOTS workers may resolve some situations through counseling or transport to a social service agency. Most of the services described above, would be considered to be "diversions from the criminal justice system." However, most communities do not possess such services. That is why Balfour and Zeller (2023) [23], ask: Divert to what? The only (practical) answer to this question is threefold.

Bittner (1967a, 1967b) has pointed out that police officers have frequent contacts with mentally ill individuals. The officer's concern is not with the person's mental illness, rather, it is with containing disorder in the community ("keeping the peace"). This leads officers to apply "psychiatric first aid." This allows the officer to help the individual to move from an emotional crisis to relative calm [25,26]. If this is achieved, then the officer can take the individual to a "community caretaker," such as a relative, friend, landlord, or hotel clerk. For the officer, this "solves" the problem (temporarily). If the officer

cannot contain the individual's "disordered" behavior, then it is likely they will take the person to a hospital emergency room or jail [26].

A second option is a hospital emergency room. Emergency rooms are utilized because they provide a crucial service to families, providers of mental health care, and the police—all of whom are overburdened and underfunded. Since emergency rooms are accessible 24 hours a day, and impose no eligibility requirements, they "solve" both individual and systemic problems. That is, other agencies can save money by not providing services, while knowing that there is a backup service available. Thus, families and the police can unburden themselves of "burdensome" individuals. Furthermore, families, the police, and social agencies, use emergency rooms for both *treatment* and *detention*. These two functions are inextricably intertwined. As Stefan points out, those who use emergency rooms for this dual purpose "are not evil or malicious; they are *desperate*," They use the emergency room "to solve pressing problems for which no other solutions exist in the community" [26].

The third option is jail. If the officer does not have the time or interest in taking a mentally ill individual to the hospital, they take him or her to jail⁷. Jails now house more mentally ill individuals than hospitals [27].

Cahoots: Staffing and Resources

How well does CAHOOTS function? Let us examine CAHOOTS on a practical level. Recently, CAHOOTS workers voted to form a union. The workers cited low wages, exhaustion, and limited benefits. For example, in 2023 the base wage for a CAHOOTS worker was \$18 an hour; that is, about \$37,500 per year. They had not had a raise in four years. However, in 2024, their union negotiated a new contract. Their base pay in 2024 is now \$22.00 an hour, or \$45,760 a year. However, police officers enter the department making \$34.95 per hour or \$72,696 per year. Over time, an officer's salary can rise to \$92,684 per year. Also, police officers receive health care, disability benefits, and a comprehensive retirement policy. These are some of the reasons why 20 percent of the CAHOOTS full-time staff left their positions in 2022⁸ (City of Eugene, 2024; Bull, 2023a, 2023b; Wilk, 2022; Houston, 2022a, 2022b; personal communication, 2024) [28-33].

In 2023, CAHOOTS was struggling to meet its demand for services. In 2023, CAHOOTS had 35 employees. There were five additional workers being trained. At the time, CAHOOTS had 3 operational vans. In 2023 CAHOOTS answered about 50 calls per day. One CAHOOTS official commented: "We're not understaffed, we are under-resourced." Currently, a complimentary co-response program for mental health calls has recently been created by the Eugene Police Department and the Lane County Behavioral Health department. In 2024 it had one co-responder team [34-37].

Other Alternate Response Programs

There are two ways we can analyze the CAHOOTS program: narrowly, mid - range, or more broadly. In a narrow, or programmatic, analysis we can ask how successful, that is, how many calls did the CAHOOTS program divert from the criminal justice system. As we have seen, the answer is 3 to 8 percent. However, another way to analyze the program is to "follow the money." In 2019, the CAHOOTS budget was \$2 million. However, the police department's 2019 fiscal year budget was over \$59 million. Therefore, the CAHOOTS budget is about 3 percent of the police budget. Thus, one might say that CAHOOTS is merely *tokenism* or mental health and social services *on the cheap*.

The Boston Police Department (BPD) has a co-responder program, called the Boston Emergency Service Team or BEST. The program pairs a psychologist with an officer. There are 4 psychologists in the program. In 2020 the four BEST teams responded to 1,236 calls or follow-up visits. However, in 2020 the 2,144 sworn officers of the BPD responded to more than 621,000 calls [38-45].

Is this typical of similar programs? Let us briefly review three well known programs. The New York City Police Department receives over 6 million calls a year. In New York City a pilot program known as B-HEARD responds to mental health crisis calls. It answered 3,500 calls in 2022. B-HEARD responded to about 2 percent of the 171,000 citywide mental health calls in 2022. The program has been called "very unimpressive" or anemic [46-49].

In 2021 Chicago established an alternative response program within the Department of Public Health (DPH). It is called Crisis Assistance Response and Engagement Program or CARE. It functions in 7 of the 23 police districts in the city. The program has 5 teams that operate Monday through Friday during the day shift. Through July 23, 2023, CARE teams conducted 1,037 emergency responses. However, each year the Chicago Police Department's 13,108 sworn officers responded to over 3 million calls [51-53].

Researchers undertook an analysis of all the calls that the Phoenix Police Department received on March 4, 2020. About 2,000 calls were dispatched that day. Only about 1.5 percent were coded as mental health crisis calls. However, the researchers concluded that another 7.5 percent could have been considered as mental health calls. The researchers were told by officers that in some areas of the city 1/4 of the calls have some mental health component. Further, officers commented that they encountered the same people, over and over again, who are mentally ill. In response to the report the Mayor of Phoenix announced a \$15 million Community Assistance Program (CAP). The program would consist of 9 behavioral health units staffed by 130 new hires to respond to individuals in a mental health crisis. However,

as of March, 2023 only 1 team had been deployed.⁹ That CAP team responded to about 5 calls per week or 260 calls per year.

However, a separate mental health crisis response agency also exists. It is called the Crisis Response Network or Solari. A mental health call to 911 will produce a response from Solari. It responds to 130 calls per week or 6860 calls per year [11,12,54-57].

Societal Issues

Drugs, Homelessness, and Individuals with Mental Illness

A mid - range analysis would ask: Is CAHOOTS solving Eugene's social and mental health problems? Let us examine three of these issues: illegal drug usage, homelessness, and deinstitutionalization of the mentally ill. In February, 2021 Oregon voters passed Measure 110. This decriminalized the possession of small amounts of all illegal drugs. At this time fentanyl began flooding the state. This led to open drug use, increasing crime, and drug overdoses in downtown Portland. Oregon saw a 1,500 percent rise in overdose deaths. In 2022 almost 1,000 individuals died from opiate overdoses in the state. The response by the legislature was swift. They passed, and the Governor signed, a bill recriminalizing possession of small amounts of illegal drugs. However, they did provide treatment off ramps so that these individuals could avoid jail. Experts have argued that just because decriminalization occurred, just when overdose deaths rose, this does not prove one caused the other. One expert pointed out: "It's all about fentanyl." Fentanyl is 50 times stronger than heroin. This, he argued, is what led to individual crises, public disorder, and overdose deaths [58-60].

A second problem is homelessness. Eugene had the highest rate of homelessness of all major cities in the US. Oregon law requires the city to give homeless people camping on public property a 72-hour notice before evicting them. The City of Eugene has used this provision to evict homeless people 7000 times from 2018 to 2023. The city also recently rewrote the rules on homeless encampments. Now individuals in "non-established camps" can face eviction after 24 hours. 1,400 of these "rapid evictions" have occurred [29-31,40,41,61-70].

A third problem is treatment of the mentally ill. For many decades mentally ill individuals were warehoused in overcrowded state hospitals. Beginning in the 1950s state hospitals began to deinstitutionalize their patients. Initially, this was the product of the philosophy of community mental health. This was accelerated by the advent of anti-psychotic medication. Governors and legislators found this approach to be attractive since the states paid for patients when they were hospitalized; however, once they were discharged, the financial burden shifted to the Federal government.

In 1963 the Federal Community Mental Health Act was passed. The idea behind this legislation was that patients should be treated in the community rather than in hospitals. In 1965 Medicaid passed. This legislation covered health care for low-income individuals. This encouraged hospitals to discharge patients in order to shift the financial burden from the state to the Federal government. Over the next several decades many former state hospital patients were transferred to nursing homes or halfway houses. However, a significant number of these individuals were "lost" and became homeless or ended up in jail. Further, the promised community services were never developed; that is, the money never followed the patients.

Kiesler has noted that "no planned... national mental health policy exists. National policy is an ad hoc aggregate of uncoordinated laws, historical accidents... and practices that almost defies discussion [71]. And, when Klein asked mental health professionals to describe the mental health system, they replied; "What system?" (2009, p. 266) [72]. In the past, Oregon had 3 state hospitals. One closed in 1995, a second hospital closed in 2014. In the remaining state hospital, 97 percent of the patients have committed a crime.¹¹ This led Oregon to be rated 50th out of all the states and the District of Columbia for mental health care [26,73-79].

Ideological Overview

Neoliberalism and Band-Aid Work

A broader, institutional or societal analysis, can also be useful, here. The key to understanding our current criminal justice and social policies is the concept of neoliberalism. Wacquant [72], has noted that this is a top down "political project" that promoted the market as the guiding principle of economics. It also promoted small government.

We tend to think of the U.S. as a "welfare state." However, Wacquant [72], has argued that the U.S. was, in fact, *not* a welfare state. Instead, it was a "charitable state." That is, a state where social services were limited, fragmented, and isolated from other state activities. This charitable state did not attempt to reduce inequality. Rather, it was informed by a moralistic conception of poverty which was seen as the product of individual failings. In response to this perspective policy was driven by "compassion." That is, to reduce glaring destitution in society and demonstrate society's sympathy for it's deprived, yet "deserving poor" [80,81].

In such a charitable state, services are limited and fragmented, even in middle class America. *This leaves much of the "dirty work" to the police* [82]. For example, after 5:00 PM the only government services available are usually the police and the fire department. If you call the fire department they will respond. The firefighter will ask, "Did you have a heart attack?" If you answer, "No," they

will leave. However, the police do not have the luxury of leaving disorder behind them. Furthermore, police officers often see the same people over and over, again. For example, a teenager frequently runs away from home. Officers repeatedly pick him or her up and take the teenager home. Does this solve the (underlying) problem? The answer is, no. When an officer deals with such a situation he or she says, "How do we solve the problem, *tonight*?" Officers frequently respond to family disturbances. The individuals involved may be intoxicated or mentally ill. Can officers reduce alcoholism or treat mental illness? The answer is, no. When officers deal with people in these situations, they say, "How do we solve the problem, *tonight*?" Officers frequently deal with homeless or mentally ill individuals. The officers cannot solve these problems. When officers interact with these individuals they ask, "How do we solve the problem, *tonight*?" As Klein [46], has pointed out: Since the police, and CAHOOTS, cannot solve these problems, all they can do is BAW (Band-Aid Work).

Implications and Conclusions

One could ask a citizen: "What is the job of the police?" They would probably respond: "Catch the bad guy." However, if you were to ask a police officer, what is his or her job, they would respond: "To keep the peace." To put this in other words, the job of the police is to control disorder. Implicit in disorder is threat [80]. Some mental health programs have shown good results [83]. However, the police, and indirectly, politicians, do not believe that social workers can handle endemic disorder and violence. Therefore, it seems likely that social service programs will remain *marginal* in dealing with large scale social problems.

Addendum

On April 7, 2025, the City of Eugene and the White Bird Clinic, issued a joint press release saying that they "no longer had the financial capacity to maintain CAHOOTS." CAHOOTS services were ending "immediately" [84,85]. Was the termination of the program financial, political, or bureaucratic? We do not know [86-105].

Informed Consent

The data for this article was provided to the author from public records held by the Eugene, Oregon Police

Department

No ethical committee or internal review board was required for the analysis of this data. Other researchers can receive the same, or similar data, from the department. No last names are cited in this article. All first names were changed to protect the privacy of the individuals involved. Therefore, informed consent ("consent to participate") is not applicable to those individuals mentioned in this article.

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