Taking Collaboration to the Next Level



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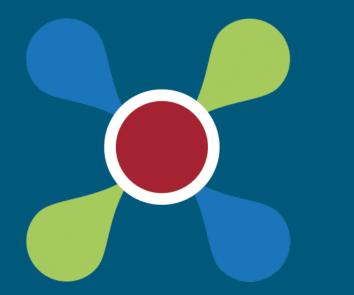
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Webinar Agenda

- Opening Remarks
- Collaborative Policing Principles
- Using Collaboration to Address Gun Violence (Atlanta, Georgia SPI)
- Mental Health Unit (Pinellas County, Florida SPI)
- Using Relational Coordination to Build and Assess Collaborations in Law Enforcement (Lowell, Massachusetts SPI)





Opening Remarks

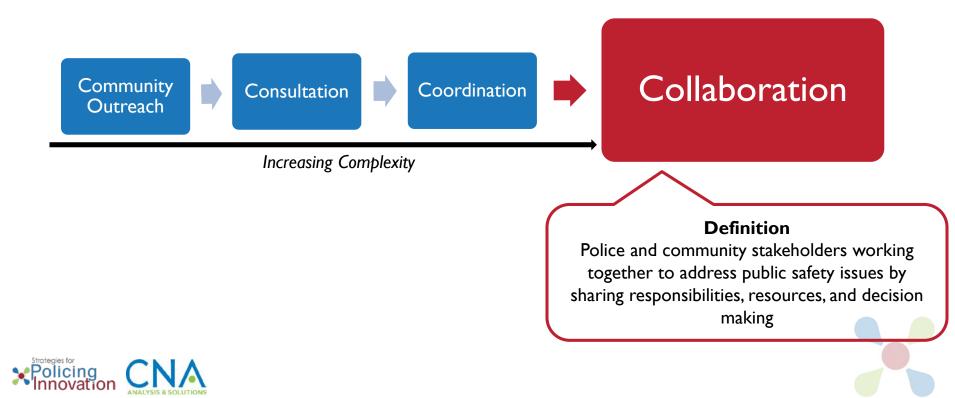
Dr. James R. "Chip" Coldren, Jr. SPI Project Director



Hildy Saizow SPI Senior Subject Expert

What is Collaboration?

Continuum of Police-Community Interaction



Collaborative Policing

Combines these key elements:

- Collaboration
- Problem-solving
- Evidence-based policing
- Comprehensive partnerships



Key Principles of Collaborative Policing

- I) Build Strong Leadership Support for Collaboration
- 2) Orient Toward Service
- 3) Transform Training with Collaboration as a Key Principle





Key Principles (cont.)

- 4) Build Community Relationships
- 5) Proactively Engage with Diverse Communities
- 6) Improve Communication and Messaging



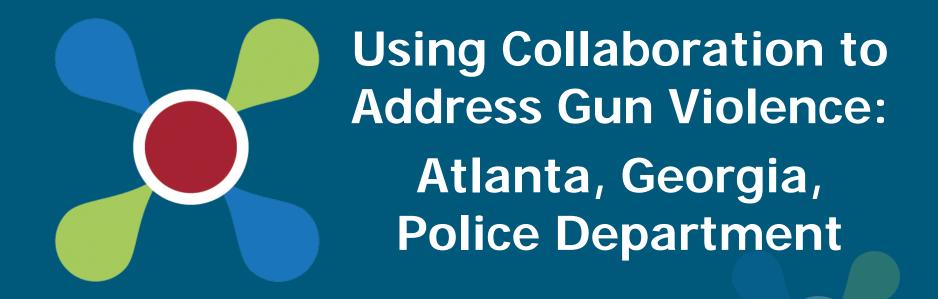


Key Principles (cont.)

- 7) Understand Community Perspectives
- 8) View the Community as an Equal Partner







Shila R. Hawk, Ph.D. Applied Research Services, Inc. February 21, 2019

Outline

- Collaboration goals & structure
- Stakeholder trust
- Principles of collaborative policing
- Collaboration challenges, overcoming them
- Continual assessment & improvement



Collaboration Goals

Treat Violence as an Epidemic

- Message
- Service

Increase Collaboration

- Data
- Legitimacy

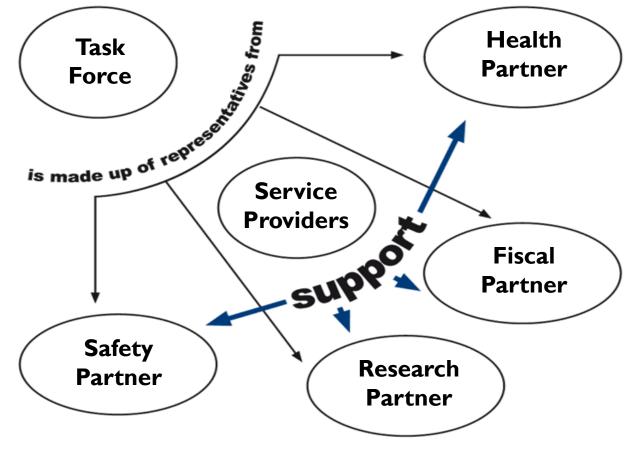
Decrease Gun Violence

- Trauma
- Costs





Collaboration Structure





Local Stakeholders

- Criminal Justice Coordinating Council
- Atlanta Police Department
- Grady Memorial Hospital
- Applied Research Services
- Emory University
- Local Social Service Providers
- Atlanta Victims Assistance
- Community Leaders
- Annie E. Casey Foundation
- Atlanta Police Foundation
- Georgia Criminal Justice System



How We Built Trust

Foundation:

- Evidence
- Shared mission
- Mutual benefits
- Clear goals & timeline
- Assumed good faith

Development:

- Communications
- Understandings
- Expectations
- Responsibilities
- Diversity

Sustainability:

- Attending
- Delivering
- Responding
- Assessing
- Acknowledging





Critical Principles of Collaborative Policing





Leadership

- Largest Police Department
- Premiere Level-I Trauma Center

Orient to Services

- No arrests
 - ✓ Engage
 - ✓ Listen
 - ✓ Counsel
 - ✓ Liaise

Critical Principles of Collaborative Policing

<u>Training</u>

- Multi-sector
- Communities
- Services
- Learning Series
- Peer exchange
- Evidence based

Relationships

- Support
- Input
- Resources

Policing Innovation

SPI Newsletter Issue No. XXVI - Fall 2018

and have degrees in clinical psychology and criminal justice, have been working with justicians for over 20 years and have presented on trauma and traumainformed care across the country. In October 2018, two trainners, Dr. Kevin Baldwint and Dr. Sharon Johnson, trained 20 individuals at Atlanta Public Safety Headquarters.

In addition to zone investigators, members of the gang reduction unit, and gun reduction task force, key attendese included the PIVOT officers and community resource coordinator, the Tactical Crime Analysis Unit commander, and the research partner. The session began with a presentation of PIVOT and ended with the trainers tailoring materials to the program to further SFT's goal of strengthening the justice system.

Collaborators and partners within the Atlanta Police Department perceive the role of PIVOT officers working in Atlanta communities as prescribed by the Atlanta SPI as unprecedented. This training served as an essential building piece to ensure understanding roles. It is also instrumental for the introduction of trauma-informed practices among other officers, as traines directly translate their education to their peers. The interactive training experience definitely helped other PIVOT partners understand how challenging the multifaceted policing mandate can be for individual officers across emergent incidents. The community resource coordinator, a hospital-based team member, remarked that the training was eye opening and conversation starting. Sharing the training space with the police department helped facilitate important discussions about vicarious and secondary trummas that the investigators and officers may carry with them in their roles every day.

and support for PIVOT officers across law enforcemen

www.strategiesforpolicinginnovation.com

The Atlanta SPI wishes to thank everyone who contributed to the training and will continue to pursue such valuable TTA opportunities. For more information on the development of this important training for the Atlanta SPI site, please contact Dr. Shila Hawk at hawk@ars.corp.com.



Members of the Atlanta Police Departm<mark>ent and Atlanta SPI attend trauma-informed training.</mark>



Critical Principles of Collaborative Policing

Diverse Communities

- Unjust conditions
- Education

Communication & Messaging

- Presentations
- Branding
- Media
- Pamphlets

Perspectives

- Analyses
- Meetings
- Face time
- Canvassing
- Surveying



Community Survey



We are taking a census of your neighborhood. The following questions are about you, your experience with law enforcement, and crime in your community. All responses are voluntary and anonymous, so <u>please do not put your name on this sheet</u>. The survey should take less than 10 minutes to complete. If you have any questions or concerns, feel free to contact Applied Research Services, Inc.: Shila Hawk at shawk@ars-corp.com or 404.881.1120, x101. Thank you for your time and feedback!

Please check all that apply. Are you....?

🛛 Male	Female		🛛 a Home Renter	🛙 a Home Owner
Hispanic	Black/AA	White	🗆 Asian	Other
🗆 Single	Married	Divorced	Widowed	Other
Unemployed	Employed Part Time	Employed Full Time	Exempt	Other
-/				

Please check the response that most applies.

n your community, how often do you?	Never	Rarely	Usually	Always
hear gunshots				
feel unsafe				
feel stressed				
have trouble sleeping				
see the police				
talk with the police				
see physical fighting or assaults				
see drug use				
see gang activity				
feel like you need to carry a gun for protection	۵			
low often do you worry about in your community?	Never	Rarely	Usually	Always
being a victim of a crime				
your home being broken into				
being mugged				
being shot				
a loved one being a victim of a crime				
being stopped by the police				
n your community, how often are a problem?	Never	Rarely	Usually	Always
gangs		-	0	
gun use				
illegal drugs physical fighting / assault		-	-	-
drinking / loitering	0			
trash / litter	0			
vandalism / graffiti				
poverty	0	n i		
unsupervised youths	0		0	
low often do your neighbors?	Never	Rarely	Often	Always
watch out for each other		0		
obey the police				
call the police when they need help				
call the police to report a crime witnessed				
do something about crime in their neighborhood				
work to clean up their neighborhood				

Quality of life is based on health, safety, relationships, socialization, and personal satisfaction. Thinking about the quality of life on a scale of 1 (low) to 10 (high), how do you rate your community?

Please check the response that most applies.

How often do the police in your community?	Never	Rarely	Usually	Always
treat people fairly				
treat people respectfully				
respond to community concerns				
act trustworthy				
take care of crime problems				
explain their decisions				
listen to people				
respond to people's needs				
do a good job				
Have you ever?		Yes	No	
had any contact with the police in your community in the past 12 mont	hs?			
been shot?				
had a loved one that was shot?				
been the victim of a crime?				
If yes, was it a violent crime?				
If yes, did the crime involve a gun?				
If yes, did you report it to the police?				
received a traffic citation?				
been arrested for a misdemeanor?				
been arrested for a felony?				
had a family member that was arrested?				
been arrested in the past 12 months?				
been hungry but could not get food				
Please Describe Yourself				
How old are you?years old				
How many people live in your home? people				
How many years have you lived in your current community?	_years			
How do you feel about your neighborhood?	r neighborhood	🛛 want	to move	
What is your highest level of formal education?				
Some High School High School Diploma/GED Post High School Education, No Degree/Certification				n
Associates Degree or Technical Certification	elor's Degree (BA/B	S) □M	laster's Degre	e or Higher
Do you have health insurance?				
Do you or anyone in your household own any firearms for sport or prot	ection?			
□ Yes, for sport □ Yes, for protection □ Yes, fo	or both	🗆 Ne	o, neither	

What improvements or services does your community need to improve safety and reduce crime? _

Is there anything else you think we should know about you or your community?

Thank you!

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Collaboration challenges and how to overcome them

Inadequate Communication

- Routine & industrial
- Agency limitations
 - Assume nothing, ask questions

Turnover

Onboarding process

Changing Roles

• Defined expectations

Novelty Consequence

• Consistent & persistent messaging

Unrealistic Deadlines

• Versatility

Scope Creep

Proper planning

Documentation

Automate

Capacity

• "Out of the box" ideas

Coordinating Schedules

Integrate more technology

Interpersonal

• Transparency & teambuilding

Adherence

Report outs



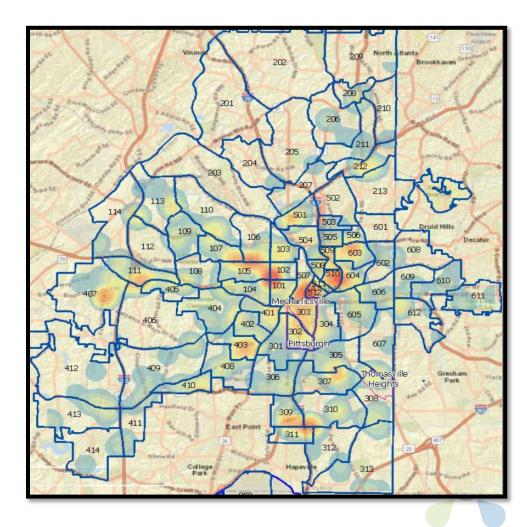
Continual Assessment & Improvement

Information Sharing

- Maps & counts
- Cardiff data
- Practices
- Barriers

Shadowing & Interviews

- Hospital staff
- Police
- Community members
- Patients
- Service providers

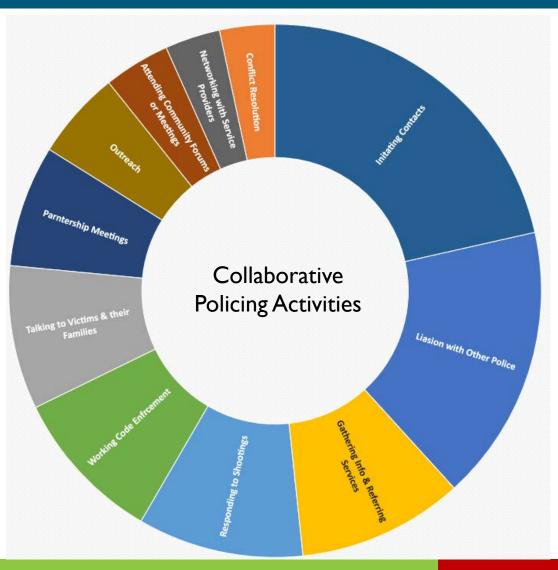




Continual Assessment & Improvement, cont.

End-of-shift Reports

- 30 data points
- Electronic submission
- Define
- Understanding
- Accountability
- Identify issues





Continual Assessment & Improvement, cont.

Wilder Collaborative Factors Inventory Survey

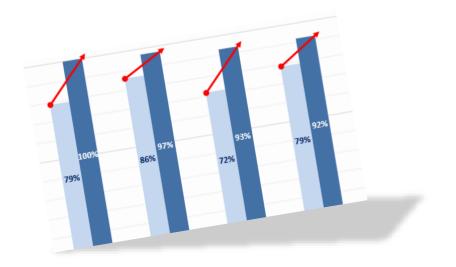
40-question assessment

Measures perspectives on critical elements of task force health.

Administered every 6 months

Report:

- Strengths & relative weaknesses
- Trend tracking
- Follow-up interviews as necessary
- Recommendations







Mental Health Unit Pinellas County Sheriff's Office Largo, Florida

Sergeant Joleen Bowman Pinellas County Sherriff's Office (PCSO)

Goals

- Connect people with a mental illness or those experiencing crisis with appropriate services.
 - Reduce Baker Acts (involuntary evaluations) for the client
 - Reduce law enforcement calls for service involving mental health





- I Sergeant
- I Corporal
- 2 Teams
 - Deputy
 - Navigator







- Reduce stigma associated with law enforcement contact
 - Unmarked cruisers
 - Polo shirts and battle dress uniforms (BDUs)





- Client Population
 - Adults not transient and not in group home
 - 3 or more involuntary commitments or overdoses in last 2 years, with most recent within last 6 months
 - Resides within PCSO jurisdiction



Mental Health Partners

- Directions for Living
 - Mental Health Navigators
 - Provide faster connections to services
 - Completes safety plans and intakes



Mental Health Partners

- Pinellas Integrated Care Alliance (PIC)
 - 9 Case Managers from 3 different mental health providers in the county
 - Provides intensive case management
 - Average caseload is 9 clients



Statistical Analysis

• University of South Florida

- Doctor Scott Young
- Completes quarterly analysis



Team Functions

- Engage clients
- Identify deficiencies in their mental health treatment plan, if they have one
- Identify additional services that would benefit the client and make referral
- Document involvement with client



Mental Health Unit

- Developed relationships with community partners
- Assist with Crisis Intervention Team training for law enforcement in the county
- Oversee Mental Health First Aid training for PCSO





Challenges

- Identifying reportable data that can measure the success of the program
 - Arrests and days of incarceration
 - Involuntary evaluations
 - Negative LEO contacts
 - Calls to Mental Health Team
 - Health insurance status
 - Connection to services
 - Client phase: Crisis, maintenance, stabilization, and closed





- Getting clients engaged in the program
- Maintaining personnel
 - LEO transfer/retire
 - Navigators leave agency



6 Month Results with PIC

- 145 clients were referred
- 102 of these client accepted PIC's assistance
- 39 clients' cases have been closed
- PIC reported its most successful clients required a residential substance use program or an extended involuntary commitment to successfully follow through with outpatient services



Directions for Living - Navigators

- Direct link to services in expedited manner
- Direct contact for established clients case management
- Play role in care connect through developing relationships with other agencies





Using Relational Coordination to Build and Assess Collaborations in Law Enforcement

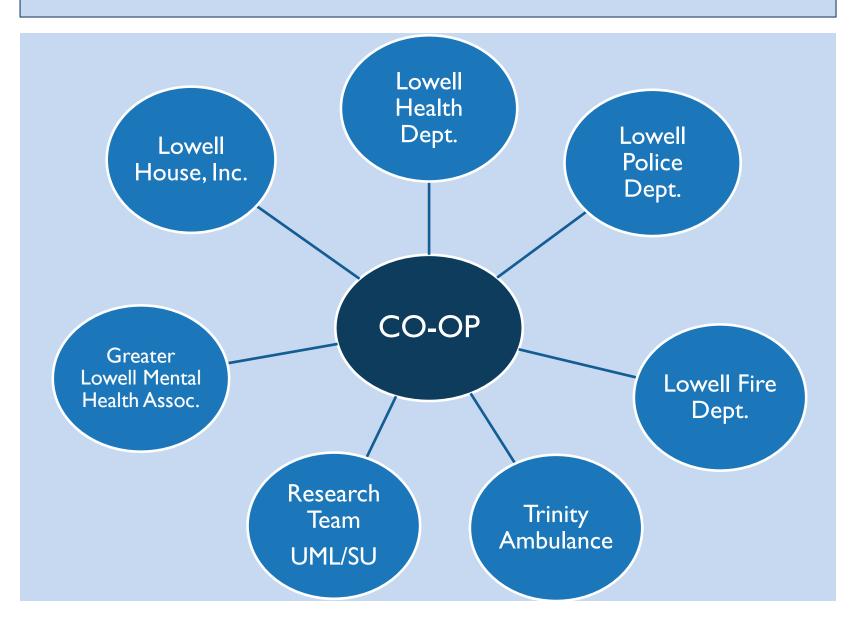
Brenda J. Bond, PhD Suffolk University

Community Opioid Outreach Program (CO-OP)

- Funded by FY 2016 BJA Strategies for Policing Innovation, supported by CNA
- Three-year project (10/2016 9/2019) in Lowell, Massachusetts, to improve intervention and treatment for opioid overdose victims and families. Includes a research and evaluation effort.
- A partnership involving 5 entities and research partners is charged with:
 - Building relationships with treatment facilities and other resources as necessary
 - Conducting outreach to homeless encampments
 - Conducting home visits of victims of recent overdoses
 - Connecting victims of overdoses to necessary services for assistance
 - Talking to families of overdose victims about services offered for family support
 - Educating homeless community about available services
 - Referring children of overdose victims to services



CO-OP Partners



Lowell's SPI Logic Model

ACTIVITIES*

CO-OP Program (LPD, Health Dept. & LHI)

Create jobs, hire and

assign staff to program,

Deploy CO-OP Team

Connect victims with

CARE Program

(LPD, MDAO, MHA)

Refer child to MHA for

Data

Collection/Evaluation

criminal history, obtain

information in database

reports/documents to

share what works

internal/external data

Follow-up through

provide trainings

daily

treatment

home visits

Identify child

indicators in home

counseling, crisis

intervention, etc.

Meet with family

members, review

Document all

Create

Current	
Conditions in	
Lowell	

- 579 non-fatal opioid overdoses in 2015;
- 69 opioid overdoses fatalities from 1/1/15-4/3/2016;
- Strong connection between drug users and crime
- Large number of children exposed to parental opioid overdoses; and
- Lack of capacity to track data/no real systems in place/ no baseline data

OBJECTIVES*

- Create multidisciplinary CO-OP Team including LPD officer, staff from Lowell Health Department and Lowell House
- Identify and target 300 opioid overdose victims
- Provide treatment referrals to 100% of all victims targeted with 50% of those referred access some type of treatment (residential, outpatient, counseling)
- Conduct follow-up on 100% of the 300 victims targeted through project
- Monitor recidivism of 100% of the 300 overdose victims targeting through this project
- Refer 100% of all children present at overdose scenes to MHA for counseling/early intervention, with 75% of those referred accessing services
- Create profile of 100% of victims and 100% of their children to obtain a better understanding of first point of contact in system, usage patterns and missed opportunities
- Partner with researchers to create a process and impact evaluation designed to institutionalize strategies in City and share what works with other communities

Increased capacity of the LPD and public and private health agencies to address opioid overdose crisis

GOALS

- 2. Increased access to treatment for overdose victims
- Decreased arrest rates of those enrolled in CO-OP compared to those not enrolled
- Reduction in the effects of trauma experienced by children impacted by opioid overdoses
- Inform research policy and future programs for adults and children impacted by opiate addiction in Lowell and other cities struggling with similar issues

*Please see attached timeline for a detailed listing of all activities and objectives of the program. The most critical activities and objectives are summarized above.



Collaboration: It's How Work Gets Done



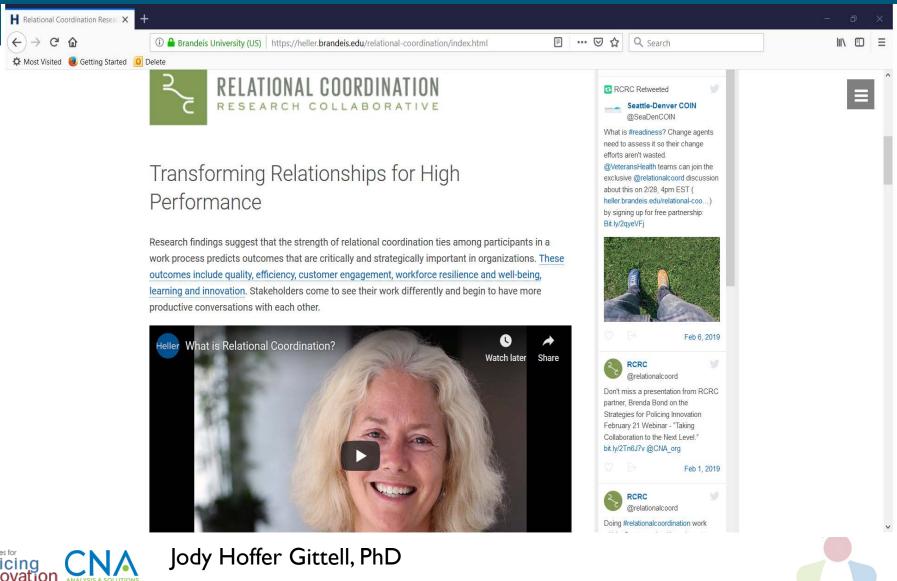


Improving the Collaboration in Lowell

- We are learning about CO-OP collaboration through several mechanisms:
 - Project materials (logic model, MOU, observations)
 - Interviews with key CO-OP stakeholders
 - Relational Coordination (RC) measurement via an RC Survey, to inform areas for improvement



Relational Coordination & the Relational Coordination Research Collaborative



Relational Coordination

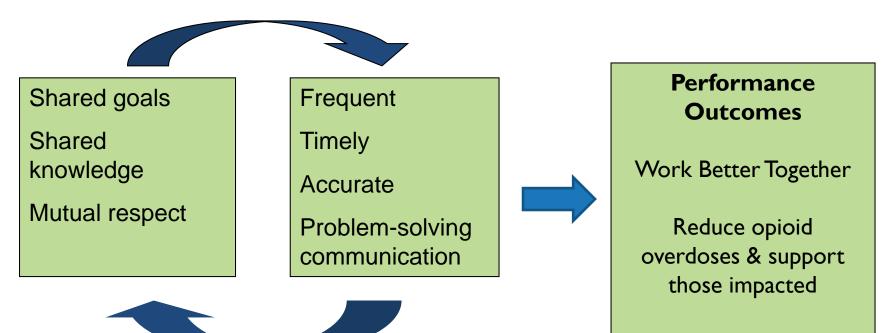
- RC is grounded in the idea of communicating and relating for the purpose of task integration
- RC emphasizes the need to create organized and cooperative relationships to support collaborative problem solving and change
- RC has been shown to improve communication and coordination in a variety of diverse contexts
- Strong RC positively impacts outcomes when participants have shared goals, shared knowledge, and mutual respect

Sources: Gittell, 2002; Gittell & Logan, 2015; RCRC website



Using RC to Improve Communication and Coordination in Lowell

Relational Coordination





RELATIONAL COORDIN

COLLABORATIVE

Relational Coordination Survey

• Measures RC between and within working groups (CO-OP partner agencies).

Relational coordination dimensions:

- Frequent communication
- Timely communication
- Accurate communication
- Problem-solving communication

- Shared goals
- Shared knowledge
- Mutual respect

Sources: (Gittell, 2002; RCRC)



Using RC in Lowell

Administered RC Survey

Identified Collaboration Strengths and Areas for Improvement

Stakeholder Interviews

Coaching CO-OP Partners to Improve Interagency Work

Insights from the 2017 RC Survey

		RC	Matrix				
		Ratings Of					
		LPD	LFD	LHI	LHD	MHA	TRI
	Lowell Police Department (LPD)	4.48	3.08	3.25	3.23	4.34	4.07
S	Lowell Fire Department (LFD)	4.42	2.50	3.25	3.30	4.33	4.07
lting By	Lowell House Inc. (LHI)	4.02	4.85	4.85	2.75	4.62	3.85
Ratings By	Lowell Health Department (LHD)	3.78	4.78	3.08	3.42	3.76	4.14
	Mental Health Association, Lowell (MHA)	3.62	4.78	3.89	2.21	4.85	3.57
	Trinity Ambulance (TRI)	4.27	4.92	4.30	3.57	4.34	4.71
	Кеу:	Between Workgroups					
	Weak	< 3.5					
	Moderate	3.5 - 4.0					
	Strong	> 4.0					

We are using these results in our formal and informal efforts to enhance collaboration

Current Work in Supporting CO-OP Collaboration

- Conducted CO-OP Stakeholder interviews in late 2018 to understand collaboration over time
- Preliminary insights show improved communication and coordination since 2017 RC survey

"It's good having a dynamic team... I feel like this group is very solid and stable right now."



Interpersonal and interagency aspects of partnership

"Because we have all these different partners that have very, very different philosophical views of this work. Very different areas of expertise. [It is] a very difficult spot, knowing how to lead this team. I don't think that we're there yet, that we've figured that piece out."

Roles and Chain of Command

"And I think there's still work to be done in defining roles... I think that if you call somebody a supervisor and that innately people think that means they're to direct and I don't think that's necessarily how this team is gonna be successful given that they all each have a chain of command and supervisors."



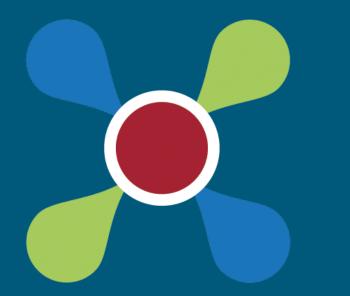
Next Steps for Lowell's SPI Collaboration

- Continue to work with CO-OP partners to build upon recent collaboration successes
- Gather additional qualitative data to understand how interagency partnership focused on opioid crisis can improve and be sustained
- Re-administer RC survey in 2019
- Work to institutionalize partnership beyond individual relationships





A & **D**



Closing Remarks

Dr. James R. "Chip" Coldren, Jr. SPI Project Director