Taking Collaboration to the Next Level

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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
Collaborative Policing: Taking Collaboration to the Next Level

Hildy Saizow
SPI Senior Subject Expert
What is Collaboration?

Continuum of Police-Community Interaction

- Community Outreach
- Consultation
- Coordination
- Collaboration

**Increasing Complexity**

**Definition**
Police and community stakeholders working together to address public safety issues by sharing responsibilities, resources, and decision making.
Collaborative Policing

Combines these key elements:

- Collaboration
- Problem-solving
- Evidence-based policing
- Comprehensive partnerships
Key Principles of Collaborative Policing

1) 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
Using Collaboration to Address Gun Violence: Atlanta, Georgia, Police Department

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

- Task Force
- Health Partner
- Fiscal Partner
- Safety Partner
- Research Partner
- Service Providers
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

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

Relationships
- Support
- Input
- Resources

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

In addition to two investigators, members of the gang reduction unit, and gun reduction task force, key attendees 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 SPI’s goal of strengthening the justice system.

Collaborators and partners within the Atlanta Police Department pursue the role of PIVOT officers working in Atlanta communities as presented by the Atlanta SPI as unprecedented. This training served as an essential building piece to ensure understanding and support for PIVOT officers across law enforcement roles. It is also instrumental for the introduction of trauma-informed practices among other officers, as trainers directly translate their education to their peers. The interactive training experience definitely helped other PIVOT partners understand how challenging the multifaceted policing mandates 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 victim re-traumatization and secondary traumatization that the investigators and officers may carry with them in their roles every day.

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. Shilh Hakim at shakim@asa.com.
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 please do not put your name on this page. 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. at show@ars-corp.com or 404.881.1120, x101. Thank you for your time and feedback!

Please check all that apply. Are you...?
- Male
- Female
- Black/AA
- White
- Hispanic
- Asian
- Other
- Single
- Married
- Divorced
- Widowed
- Other
- Unemployed
- Employed Part Time
- Employed Full Time
- Exempt
- Other

Please check the response that most applies.

In your community, how often do you see...?
- Poor guns/shotguns
- Fail unsafe
- Fail stressed
- Have trouble sleeping
- See the police
- Talk with the police
- See physical fighting or assaults
- See drug use
- See gang activity
- Fail like you need to carry a gun for protection

How often do you worry about... in your community?
- 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

In your community, how often are... a problem?
- Gangs
- Gun use
- Illegal drugs
- Physical fighting / assault
- Drinking / loitering
- Vandalism / graffiti
- Poverty
- Unemployed youth

How often do your neighbors...?
- Watch out for each other
- 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
- Worry about being a victim of firearm violence

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 circle one:

1 2 3 4 5 6 7 8 9 10

Please check the response that most applies.

How often do the police in your community...
- Treat people fairly
- Treat people respectfully
- Respond to community concerns
- Articulate
- Take care of crime problems
- Explain their decisions
- Listen to people
- Respond to their needs
- Do a good job

Have you ever...
- Had any contact with the police in your community in the past 12 months?
- 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
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?
- Like your 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
- Associates degree or technical certification
- Bachelor's degree (ba/bas)
- Master's degree or higher

Do you have health insurance?
- Yes
- No

Do you or anyone in your household own any firearms for sport or protection?
- Yes
- No

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?
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
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
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
Structure

- 1 Sergeant
- 1 Corporal
- 2 Teams
  - Deputy
  - Navigator
Structure

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

• 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
Challenges

• 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
Lowell’s SPI Logic Model

**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.

**ACTIVITIES***

- **CO-OP Program (LPD, Health Dept. & LHI)**
  - Create jobs, hire and assign staff to program, provide trainings
  - Deploy CO-OP Team daily
  - Connect victims with treatment
  - Follow-up through home visits
- **CARE Program (LPD, MDAO, MHA)**
  - Identify child indicators in home
  - Refer child to MHA for counseling, crisis intervention, etc.
- **Data Collection/Evaluation**
  - Meet with family members, review criminal history, obtain internal/external data
  - Document all information in database
  - Create reports/documents to share what works

**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 accessing 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

**GOALS**

1. Increased capacity of the LPD and public and private health agencies to address opioid overdose crisis
2. Increased access to treatment for overdose victims
3. Decreased arrest rates of those enrolled in CO-OP compared to those not enrolled
4. Reduction in the effects of trauma experienced by children impacted by opioid overdoses
5. 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
Transforming Relationships for High Performance

Research findings suggest that the strength of relational coordination ties among participants in a work process predicts outcomes that are critically and strategically important in organizations. These outcomes include quality, efficiency, customer engagement, workforce resilience and well-being, learning and innovation. Stakeholders come to see their work differently and begin to have more productive conversations with each other.

Jody Hoffer Gittell, PhD
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

- Shared goals
- Shared knowledge
- Mutual respect

- Frequent
- Timely
- Accurate
- Problem-solving communication

Performance Outcomes

- Work Better Together
- Reduce opioid overdoses & support those impacted
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

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<th>LFD</th>
<th>LHI</th>
<th>LHD</th>
<th>MHA</th>
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**Key:**
- **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.”
Challenge: Areas to Work on in Coming Months

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
Closing Remarks

Dr. James R. “Chip” Coldren, Jr.
SPI Project Director