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December 2019

Evaluability Assessment and
Baseline Study of the *Supporting
Collective Healing in the Wake of
Harm* Program

Final Report

Prepared for

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Washington, DC 20531

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RTI Project Number 0216149



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Executive Summary

ES.1 Introduction

The Office of Victims of Crime (OVC) developed its Vision 21—Transforming Victim Services Initiative (Vision 21) to provide all crime victims with a continuum of evidence-based and trauma-informed services (U.S. Department of Justice, 2013). In support of Vision 21, OVC released a competitive solicitation, *Law Enforcement and the Communities They Serve: Supporting Collective Healing in the Wake of Harm*, in August 2016 to create what is hereafter referred to as the Collective Healing Initiative ([CHI]; U.S. Department of Justice, 2016). The International Association of Chiefs of Police (IACP) was awarded a cooperative agreement to serve as the lead oversight and training and technical assistance (TTA) provider, to be supported by partner organizations, for the CHI grantees. Per the solicitation, the organization awarded the TTA project would be expected to meet the following goals:

- to assist law enforcement in developing, implementing, and assessing comprehensive evidence-based, trauma-informed, response strategies, protocols, and interventions for law enforcement agencies that promote community engagement and healing prior to and in the wake of law enforcement-involved shootings and other high-profile incidents of violence; and
- to develop and disseminate comprehensive, expert technical assistance resources to law enforcement on trauma-informed culture and practice, to improve an agency’s internal capacity to understand and process the impact of vicarious trauma and community harm.

Consistent with Goal 1, CHI was not an existing, cohesive program that the grantees were asked to implement with fidelity. Although the demonstration sites were each expected to address harm and enhance healing in the aftermath of law enforcement-involved shootings and high-profile incidents, sites were given the freedom to define what that means and develop what they believe a CHI should do in the context of their community. Additionally, after award, OVC set aside the focus on these specific types of events to promote collective healing between police and the communities they serve more broadly. In practice, this included three broad topics:

1. Improving officer and agency wellness and resilience,
2. Enhancing victim services and assistance, and
3. Improving community-police relations and community wellness.

The original focus on the use of trauma-informed approaches and cultivating a trauma-informed culture remained and overlaid these three areas. In addition to the change in programmatic focus, the composition of the original TTA team changed, such that the original partners are no longer associated

with the project. IACP brought on new partners including Equal Justice USA, Resilience Works, and Crime Survivors for Safety and Justice Initiative.

Through a two-step application process, IACP selected five police department grantees in demonstration sites that vary in terms of region, population and agency size and demographics, income, and crime rates: Baton Rouge, Houston, Minneapolis, Oakland, and Rapid City. Although each of the demonstration sites is broadly addressing similar issues, there are distinct differences in their histories of high-profile and divisive events and the characteristics of their populations that have impacted the strategies selected to achieve collective healing. As part of the TTA, each site was requested to complete a series of self-assessment tools and listening sessions to identify gaps and inform the development of their local initiative. These needs assessments included the following:

- Community Listening Sessions
- Divisive Events Preparation and Response Checklist
- Officer & Agency Wellness & Resiliency Perceptions Survey
- Officer & Agency Wellness & Resiliency Policy Checklist
- Trauma-informed Policing Assessment
- Victim Services Survey
- Victim Services Checklist

Based on the information gathered through the needs assessments, and in partnership with their community partners, grantees were then expected to develop an implementation plan for their local initiative. A core component of this plan was to focus on capacity-building with existing community partners and developing new partnerships. The sites have taken various approaches to developing their local CHI.

The grant's original period of performance was from October 25, 2016, through September 30, 2019, but changes to the focus and the TTA team inevitably resulted in downstream delays in planning and implementing the CHI. The demonstration sites were notified of their award in December 2017 and the All Sites Kickoff meeting was held in early April 2018. This resulted in an 18-month period in which the grantees were expected to plan and implement their local CHI. In June 2019, the IACP team and demonstration sites were notified that they would receive a no-cost extension through September 30, 2020.

ES.2 Study Design

RTI International was awarded a grant from the National Institute of Justice to conduct a baseline study and evaluability assessment (EA) of the CHI. The study was funded as a 12-month project to assess the evaluability of the CHI and to obtain baseline data on the sites prior to and during the development of the CHI. Because of the delay in awarding the demonstration sites, we were unable to start our study as

planned and received a no-cost extension through December 2019. Given the late extension in the demonstration sites' period of performance, this study only captured information during the planning and early implementation phases of the CHI. This report reflects our best understanding of each demonstration site's initiative through mid-year 2019.

In brief, the study covers five topic areas associated with planning, implementing, and assessing the evaluability of the CHI: (1) type and extent of collaboration and partnerships with local organizations and agencies; (2) approaches used for developing the local initiatives; (3) community perceptions of the local initiative; (4) demonstration site perceptions of the TTA provided, and (5) future evaluability of the CHI overall and locally. The mixed-methods design included participating in regular meetings with IACP and the demonstration sites; reviewing documents associated with program planning, implementation, and TTA; facilitating site visits and in-person interviews with each site; administering a web-based Capacity & Network Survey to the grantees and their partners, and administering a web-based Stakeholder Survey to grantees and their partners. Table ES1 presents our research questions along with the data sources we used to address them. Analytic strategies included qualitative analysis of interview transcripts, descriptive quantitative and social network analysis of the Capacity & Network Survey data, and descriptive quantitative analysis of the Stakeholder Survey data.

Table ES1. Research Questions and Data Sources

Research Questions	Conference Calls and Document Review	In-Person Site Visit and Interviews	Capacity & Network Survey	Stakeholder Survey
1. How did the demonstration sites develop and use collaboration?				
1.1 What partnerships were formed? What is the nature of the collaborations?	●	●	●	
1.2 Was there an advisory board or steering committee? What was their role?		●	●	
1.3 How effective was the site in engaging the full range of partnerships?			●	
2. How have the demonstration sites approached developing their CHI?				
2.1 What factors led the demonstration sites to apply for CHI funding?	●	●		
2.2 What are the CHI goals?	●	●		
2.3 How do the demonstration sites define success?		●		
2.4 What strategies or activities are planned or were implemented to achieve the goals?	●	●		

(continue)

Table ES1. Research Questions and Data Sources (continued)

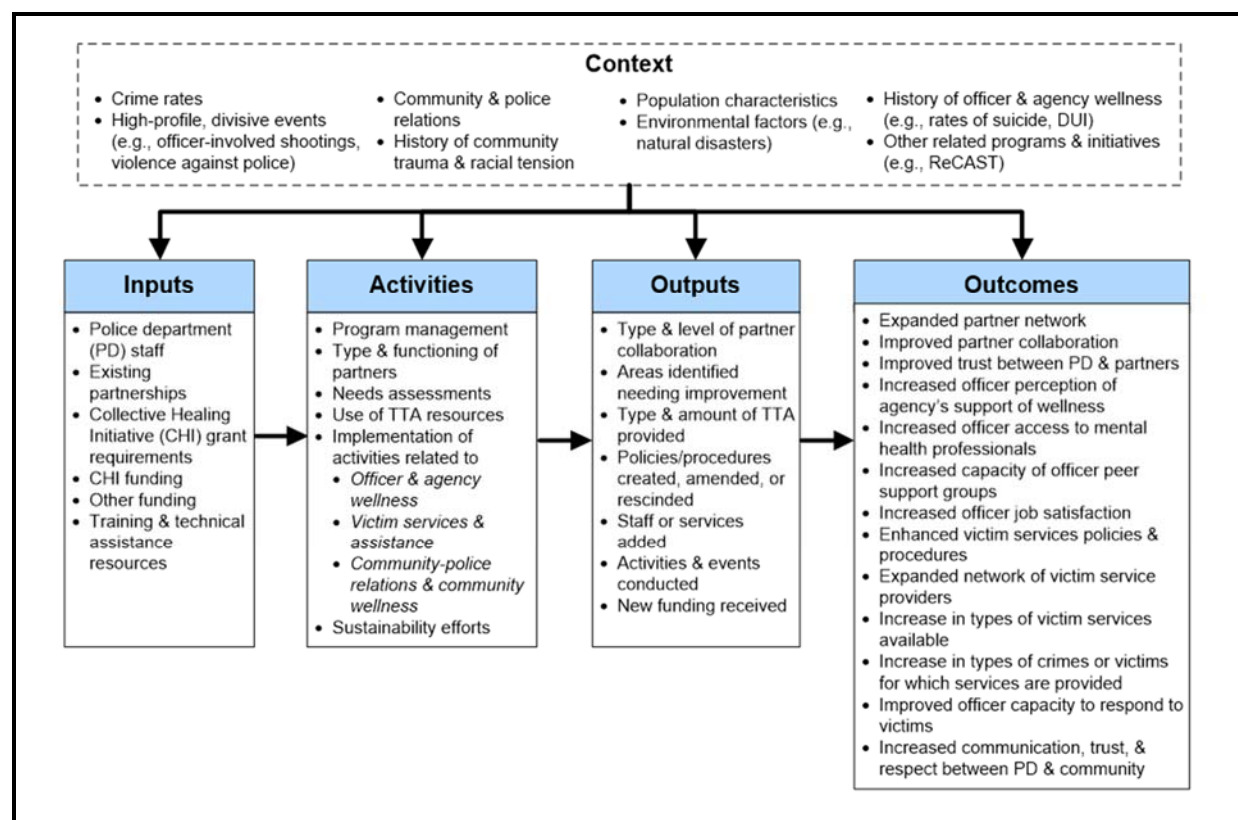
Research Questions	Conference Calls and Document Review	In-Person Site Visit and Interviews	Capacity & Network Survey	Stakeholder Survey
2.5 What challenges have the demonstration sites encountered? How have they been resolved?	●	●		●
2.6 What are the facilitators to developing a program like CHI?		●		
2.7 What other programs are demonstration sites implementing that may intersect with or affect CHI?	●	●		
3. What are the community perceptions of the CHI?				
3.1 What are the most significant improvements that the CHI has made?				●
3.2 What areas still need the most change?				●
4. How did the demonstration sites perceive the training and technical assistance?				
4.1 What were the site's observations regarding the implementation and usefulness of technical assistance provided?		●		●
5. What is the future evaluability of the CHI?				
5.1 What data are demonstration sites currently collecting?		●		
5.2 What are measurable outcomes the demonstration sites can and plan to track?		●		
5.3 What is the plan for sustaining CHI after the grant period ends?		●		●
5.4 Does the site have measurable objectives, and the capacity for information collection, data management, and analysis?	●			
5.5 Does the site have a plausible logic model linking program activities and outcomes?	●			
5.6 Are there adequate indicators of program success?	●			
5.7 Is the site at a state of implementation that can be meaningfully evaluated?	●			
5.8 Can the sustainability and cost-effectiveness of the site's model be evaluated?	●			

ES.3 Study Findings

ES.3.1 Cross-Site Findings

In this section, we provide a detailed description of how the CHI operated overall, including on partnerships and collaboration, their approaches to implementation, community perceptions of the CHI, and TTA. We developed a CHI logic model (see Figure ES1) to provide an overall picture of the context within which the projects are operating, the key components of the CHI, and anticipated results. As will be demonstrated in this section, there is wide variability in the sites' CHI goals and how they are approaching implementation. As such, there are many *possible* outcomes that could result from the activities undertaken by the CHI sites. For this logic model, we have focused on outcomes that may be measurable given the data that have been collected and could conceivably be collected in the future.

Figure ES1. Collective Healing Initiative Logic Model



Partnerships and Collaboration

Information on partnerships and collaboration was collected during the site visits, which were conducted during winter 2018/2019, and through the Capacity and Network Survey (CNS), which was administered in spring 2019. The results presented below reflect the state of collaboration as of that time, which was relatively early in the planning process for most sites. After our data collection ended, many of the sites have brought on new partners and are working more closely with others. Given the ongoing

planning and implementation in the demonstration sites, these results should be interpreted with the timeframe in mind.

During the site visit interviews, grantees described how they created formal and informal partnerships with a wide range of entities in their communities. Types of stakeholders that are represented across most sites include service organizations for victims of sexual violence; violence prevention organizations/programs; youth-focused organizations; mental health or behavioral health organizations; advocacy and civil rights organizations; the Mayor's office; and research/evaluation partners (e.g., local universities). Several grantees chose their partners strategically because of the specific role they play in the community or the population they serve. Several grantees also initially chose to tap into existing partnerships. Very few partners were meaningfully involved in preparing the application for the CHI with most either providing a letter of support or not being involved at all. Importantly though, respondents in almost all sites said they had the opportunity to provide input following award during the project's planning phase and to contribute to its design. Most respondents had positive perceptions of the CHI partnership and felt people were working well together and were committed. Grantees and partners alike noted that the CHI has resulted in new partnerships and strengthened existing partnerships.

The purpose of the CNS is to assess the extent to which grantees successfully build their internal organizational capacities and strengthen the network of diverse organizations focused on implementing trauma-informed strategies to promote collective healing between police and the communities they serve. Eligible survey respondents included the grantee project coordinator, other staff from the grantee police departments involved in the CHI, and one representative from each of their partner organizations. As mentioned, the sites were still building their partnerships when the CNS was administered, which is reflected in the grantees' reported plans to substantially expand the number and types of partners for their CHI. For example, all five grantees planned to reach out to child- and youth-serving organizations, civic groups, community activists, faith-based organizations, and victim assistance organizations located within the community. Four grantees planned to reach out to community-based violence reduction and prevention initiatives, criminal justice agencies, mental health organizations, and victim assistance organizations, located within both law enforcement and prosecutors' offices. These findings underscore the early planning and implementation status of the CHIs in spring 2019.

For each organization (including the grantee) involved in CHI at the time the CNS was administered, respondents were asked (1) how much they agree that the organization shares a common vision with the CHI, (2) how often they are able to talk candidly and communicate easily with the organization, and (3) how often the organization follows through on commitments. We developed three trust scales by averaging the responses within each of these areas, and an overall trust measure averaging the three scales. Separating the grantees and partners, we assessed grantee trust in partners and partner trust in grantees. The partners' level of trust was higher than the grantees', overall and for each individual measure. We used social network analysis to illustrate the strength of each site network established through the initiative-related activities. As of March 2019, grantees had engaged an average of 7 community partners (range: 5-12) to support their efforts, but there was extreme variation across sites in both the number of partners that were involved and the strength of their relationships at that time.

Approaches to CHI Implementation

The demonstration sites were tasked with planning and developing their local initiative. To provide context for the overall initiative, we describe why the grantees applied for funding and the sites' goals. We then describe their planned CHI activities, coexisting related programs in their jurisdictions, challenges and facilitators to implementation, and sustainability planning.

As described in site visit interviews, shared and unique factors led the demonstration sites to apply for CHI funding. These factors generally fell within three specific areas: (1) law enforcement-community tension (e.g., history of violence and mistrust, high-profile shooting that ignited existing tension); (2) trauma among law enforcement and its effects (e.g., substance misuse, self-harm or suicide); and (3) established foundational work in need of additional funding.

The overall goals for the CHI that sites identified during site visit interviews are broad and ambitious, including healing the police and community together (e.g., acknowledgement from the police department that it has contributed to community harm), improving understanding of the "other" (i.e., law enforcement's understanding of victims of crime and the community and vice versa), improving response and assistance provided to victims of crime, improving community wellness (e.g., increase community's awareness and knowledge of trauma), improving officer and agency wellness, and improving collaboration and coordination between stakeholders.

The activities and strategies that demonstration sites were planning or implementing revolved around the three broad focus areas of the CHI: officer and agency wellness, victim services and assistance, and community wellness/community-police relations. Within each area, the sites' activities were generally focused on developing policy, training and events, or increasing capacity (e.g., adding staff, services, funding). These activities are described further in Section ES.3.2. Four of the five demonstration sites had programs that intersected or overlapped with their local initiative and were being leveraged to carry out some of their objectives (e.g., Resiliency in Communities After Stress and Trauma program (ReCAST), Project Safe Neighborhoods).

Information on challenges experienced by the sites was collected through the site visit interviews and the Stakeholder Survey, which was administered in July 2019. In short, lack of time and money were the top challenges the sites experienced. On average, the length of the grant period was perceived to be the greatest challenge. This was followed by needing additional resources or funding for activities performed by both the police department and partner organizations. Other moderate challenges involved local issues, such as needing more local communication and marketing about the initiative's goals and activities, more support staff within the police department, and stronger buy-in from patrol and line officers. The grant mechanism itself also presented moderate challenges to the sites. These included restrictions on the type of activities that could be covered with grant funds, the process to obtain required approvals at the federal level, the grant requirements, and post-award changes in OVC's priorities for the grant.

In addition to challenges, information on factors that facilitated developing and implementing CHI activities was collected through the in-person interviews. The most commonly cited facilitator was

high-level buy-in and engagement from the police department, city officials, partner organizations, and community members. Additionally, several sites expressed high receptivity to CHI among their community because of a shared desire to heal from the damage caused by a divisive event or longstanding history of law enforcement-community tension. The importance of established relationships to the success of CHI is a theme that emerged throughout all the interviews.

Information on sustainability was collected in the Stakeholder Survey. Although the commitment to sustainability was very high, the extent of sustainability planning was moderate. The most common sustainability activities that sites had engaged in included having informal discussions (80%), identifying resources or funding to continue CHI activities (73%), and identifying additional partners and community champions (71%). Fewer than one in four respondents indicated engaging in meetings devoted specifically to sustainability planning (24%) or developing a written sustainability plan (22%). During the in-person interviews, respondents also emphasized the importance of maintaining buy-in from the community partners and, more broadly, the community at large. However, specific activities for sustaining buy-in were not mentioned. Respondents were also asked which resources or funding to continue their local initiative had been identified and which had been secured. The most common identified and secured resources originated from within the police department (39% identified and 32% secured) and within a partner organization (32% identified and 17% secured). Around 22% of respondents had identified local and federal funding opportunities, and about 12% had identified funding from the state government and private sources. It is important to note that these responses were provided in July 2019 and the initiative was scheduled to end on September 30. In the absence of a no-cost extension, the likelihood of sustainability appeared relatively bleak. However, we anticipate that the sites will make good use of their additional year and be in a stronger position to continue activities past 2020.

In the Stakeholder Survey, community partners were asked to rate how aware and how supportive the community is of the CHI. Perceived community awareness of and support for the initiative are in the middle of the spectrum. When partners indicated that the community was less than “very supportive” of the initiative, they were presented the opportunity to explain what may be contributing to the lack of support. Most of the responses indicate lack of awareness of the initiative, distrust and perceptions of the police, and poor past experience with related efforts.

TTA Needs and Delivery

Information on TTA was collected during in-person interviews and in the Stakeholder Survey. This included an assessment of the types of TTA provided and perceptions about the value of TTA received, among others. As described above, the demonstration sites were tasked with completing several self-assessment tools to collectively inform the development of their local CHI. Overall, grantees did not find the self-assessments challenging and most of the self-assessments were perceived as moderately to very useful. Grantees indicated that most of the assessment tools were used to inform the development of their initiative.

In addition to providing needs assessment TTA, the IACP TTA team also provided tailored TTA to each site. The Stakeholder Survey included questions about the TTA the grantees and their partners may have received. The questions tapped into four domains: (1) TTA needs and receipt; (2) helpfulness of

TTA received; (3) perceptions of the TTA team; and (4) preferences for the mode of TTA delivery. The most frequently needed TTA was related to vicarious trauma (40%), officer peer support (38%), trauma-informed policing (38%), funding opportunities to enhance victim assistance and services (36%), other TA related to victim services (36%), and community engagement (36%). The most frequently received TTA was related to trauma-informed policing (58%), officer wellness and safety (53%), vicarious trauma (51%), and community engagement (49%). Most respondents (80.5%) indicated that they had received all the TTA they needed. Overall, most of the TTA provided was viewed as helpful to very helpful. The top-scoring TTA areas were on vicarious trauma, officer suicide prevention, community engagement, and establishing new partnerships.

In addition to the specific types of TTA provided, we asked respondents about their experience working with the IACP TTA team. Overall, the TTA team's support was rated very highly. TTA can be provided in various formats, including phone calls, in-person site visits, videoconferences, webinars, documents (e.g., sample protocols), and peer-to-peer learning. Stakeholder Survey respondents indicated that in-person TTA delivery was the most helpful, followed by videoconferences and sharing documents. During the in-person interviews, two grantees expressed that they appreciated participating in peer-to-peer learning sessions and would like additional opportunities in the future.

The IACP convened three All Sites meetings in which the grantees, several of their partners, and the TTA team came together to discuss progress, share experiences, and network with each other. In the Stakeholder Survey, grantees and their partners reported on the value and usefulness of participating in these meetings. Overall, the respondents found the All Sites meetings valuable. The most agreed-upon statements were that the All Sites meetings offered a good opportunity to meet and network with other grantees and community partners, were worth attending, and provided valuable and relevant information that has been helpful in planning and implementation.

ES.3.2 Site Descriptions

There are distinct differences between the five sites, including the characteristics of their populations, their histories of high-profile and divisive events; their long histories of discrimination, inequality, and historical trauma (e.g., among Native American populations); their challenges in dealing with police-community relationships; and their perceived strengths and weaknesses in addressing these challenges. Table ES2 shows the variance across the sites in population and agency size and demographics, income, and crime rates.

These differences may have downstream impacts on the approaches taken to achieve collective healing and the potential for success. Table ES3 presents the key areas the sites have focused on as of August 2019. Some are focusing their efforts on distinct tasks, while others have broader focus areas that encompass a variety of activities.

Table ES2. Overview of Demonstration Site Characteristics

Site	Population Size ¹	Agency Size (Sworn Personnel) ²	Demographics: White / Minority		Household Income <\$35,000, % ¹	Rate ⁴	
			Population ^{1,3}	Agency ^{2,3}		Violent Crime	Homicide
Baton Rouge	227,549	638	36.6% / 63.4%	63% / 37%	44.9	1,027	38
Houston	2,267,336	5,201	24.9% / 75.1%	39.6% / 60.4%	36.7	1,095	12
Minneapolis	411,452	880	59.9% / 40.1%	73.9% / 26.1%	33.5	1,101	10
Oakland	417,442	737	27.3% / 72.7%	30.6% / 69.4%	31.0	1,299	16
Rapid City	72,841	128	77.2% / 22.8%	92% / 8%	33.5	640	8

¹Source: U.S. Census Bureau, 2013-2017 American Community Survey 5-Year Estimates.

²Data supplied by the grantee police departments.

³White = individuals who identified as non-Hispanic White; Minority = individuals who identified as a race other than White or as Hispanic or Latino.

⁴Rate per 100,000 people. Data source: Federal Bureau of Investigation, 2017c.

Table ES3. Demonstration Site Key Focus Areas

Site	Key Focus Area(s)
Baton Rouge	<ul style="list-style-type: none"> Access TTA to better serve victims of crime and citizens and to support officer wellness Increase collaboration with community partners
Houston	<ul style="list-style-type: none"> Improve assistance and services for victims Improve wellness resources for Houston Police Department employees Increase community's trust in the police
Minneapolis	<ul style="list-style-type: none"> Develop Community Navigator Unit, composed of nonsworn Minneapolis Police Department (MPD) staff, to serve as liaisons between MPD and the community
Oakland	<ul style="list-style-type: none"> Develop a Professional Development and Wellness Unit to expand wellness and health services, trainings, and supports available to Oakland Police Department Develop a Trauma-Informed Policing Plan to change the culture to promote recovery, healing, and resilience
Rapid City	<ul style="list-style-type: none"> Develop Quality of Life Unit, composed of plain-clothed sworn Rapid City Police Department officers, to divert individuals who utilize emergency services often to necessary resources Established Peer Support Team, implemented additional wellness training for officers and incoming cadets

Baton Rouge

From 2013–2017, Baton Rouge's violent crime rate was, on average, 2.5 times higher than the national rate and its murder rate 5 times higher (Federal Bureau of Investigation, 2013, 2014, 2015, 2016, 2017a, 2017b). In its CHI application, the Baton Rouge Police Department (BRPD) noted that about 40% of homicide cases were not solved in 2016. It posited that some of this could be attributed to poor

community-police relations. The BRPD also acknowledged that racial and economic disparities played a role in community-police tensions with some in the community feeling that Black, low-income individuals were disproportionately targeted by the police. And although Baton Rouge is a majority Black city, its police department is 63% White, which some felt contributed to the difference in arrests. Baton Rouge's challenges with violent crime and racial and economic inequality were amplified nationally following the officer-involved fatal shooting of Alton Sterling, leaving city officials and community members searching for solutions. The historic flood that hit Baton Rouge soon after added another layer to the trauma already felt in Baton Rouge, but also revealed the collaborative nature of its residents when people came together to help each other through this difficult time. This gave the BRPD hope that even though a program like CHI would face challenges, the capacity to "collectively heal" was present in Baton Rouge.

In its current state, Baton Rouge CHI has set two primary goals that cover the three main areas of the initiative. The first goal is to support officer wellness and better serve victims of crime and citizens through TTA for BRPD personnel (e.g., Vicarious Trauma Training, Trauma to Trust). Baton Rouge CHI's second primary goal is to foster greater police-community engagement focused on victim services and shared trauma to help reduce tensions, maximize communications, and promote problem-solving. Recognizing that the community had not felt it was meaningfully engaged in previous initiatives, the BRPD has put significant effort into building a network of CHI partners that represent a wide variety of community stakeholders (e.g., the Mayor's Office, service providers, civil rights organizations, grassroots initiatives, victim advocates, local universities). A major accomplishment included establishing a partnership with Baton Rouge ReCAST and forming the Baton Rouge Healing Coalition. Another important area in which BRPD identified need for improvement is communication and media relations. BRPD's public information officers (PIOs) have and will continue to receive TTA (e.g., social media training), and the department will be hiring additional PIOs. BRPD has also been coordinating with community leaders and local media to provide proactive communication prior to events or announcements that could be divisive.

Houston

Although Houston has worked to advance its approach to policing, Houston Police Department (HPD) recognizes that there are still significant gaps in trust and questions of legitimacy that form barriers between the department and community members. Members of the community are distrustful of the police because of racial tensions and immigration status concerns. HPD is also undergoing internal changes and challenges, as they are now under the leadership of a new police chief who is grappling with issues such as a staffing shortage and officer substance use and suicide.

HPD planned to complete the IACP needs assessments and then work with the core project team to prioritize identified gaps and develop an implementation plan to fill those gaps. HPD's commitment to completing the needs assessment to inform the development of their initiative led to a slower start than some of the other sites. Houston was very deliberate in prioritizing short-, mid-, and long-term activities that would support the goals of their initiative. One of their primary implementation areas includes improving victim services. HPD has revised and translated the "blue card" of resources given to each victim and enhanced their victim services web page. HPD victim advocates also now receive a more

extensive trauma-informed training course. To enhance officer and agency wellness, HPD has implemented a Peer Support Team (PST) and provided suicide prevention training for those officers to aid their peers. However, staff turnover and officer distrust of management has been a significant challenge in getting the PST off the ground. HPD plans to roll out a wellness campaign and to feature a wellness app, so that officers can confidentially gauge their own wellness and seek out resources. HPD is in the process of enhancing police engagement with youth by revitalizing the Police Activities League (PAL) and improving its academy training for cadets, including revised multicultural and implicit bias training.

Minneapolis

Minneapolis is a multicultural city with a significant number of immigrant communities and communities with diverse racial, religious, sexual orientation, and immigration status backgrounds. Historically, many of these communities have not had positive relationships with and are distrustful of law enforcement. The Minneapolis Police Department (MPD) has also experienced significant scrutiny for officer-involved shootings, including the 2015 shooting of Jamar Clark and the 2017 shooting of Justine Ruszczyk. After the shooting of Clark, community members rallied outside of MPD's 4th Precinct headquarters and established an 18-day occupation outside the location. Community members have been dissatisfied with the results of investigations into officer-involved shootings.

One of MPD's main implementation areas has been addressing community collaborations. They have consolidated all community-facing components of MPD into one Procedural Justice Division, which has allowed them to further develop their internal and external partnerships and provide additional support to the community. To further develop their community collaborations, MPD plans to develop a resource map of support available to victims of crime, create new educational opportunities to learn about policing, and expand and formalize outreach efforts after critical or high-profile incidents. It is not yet clear what these will look like in practice. MPD's second main implementation area has been focused on victim services. To create a more holistic approach to crime prevention and response, MPD has implemented a Community Navigator (CN) program. CNs are nonsworn positions to be a liaison between MPD and the community. So far, MPD has hired six CNs (two CHI-funded and four city-funded) to serve distinct populations: (1) Native Americans, (2) African Americans, (3) LGBTQIA+ individuals, (4) Latinx individuals, (5) Somalians/East Africans, and (6) Victims of Intimate Partner/Domestic Violence. MPD is still in the process of establishing formal roles and standard operating procedures for CNs and providing them with professional development opportunities. It remains unclear at this time what the core responsibilities of the CNs will be and how they will interact with victims of crime and others in the community.

Oakland

The Oakland Police Department (OPD) and community, particularly minority communities, have had a long history of strained relationships. The Black Panther Party for Self-Defense was formed in Oakland in the 1960s to protect African American communities from police harassment and brutality. Their interactions were often hostile, sometimes resulting in violence, further weakening the community-police relationship. Community mistrust toward the OPD was heightened in the 1990s–2000s following a lawsuit alleging police misconduct that resulted in the OPD being monitored under a federal consent

decree that began in 2003 and remains in effect today. Over the years, the OPD has made progress toward meeting the reforms required in the agreement but continues to be set back by scandals and allegations of misconduct.

OPD has undertaken or planned numerous activities related to improving officer and agency wellness. One primary element has been the development and implementation of Vicarious Trauma Training with executive, sworn, and professional staff. Additionally, OPD's CHI staff prepared a proposal to develop the Professional Development and Wellness (PDW) Unit and move it under the Training Division, an important step in ensuring that the unit would receive the support it needed. The PDW Unit will expand the wellness and health services, trainings, and supports available to OPD staff. The Oakland CHI has also developed a Trauma-Informed Policing (TIP) Plan "to create a law enforcement culture in Oakland that promotes recovery, healing, and resilience and actively avoids re-traumatization." This plan outlines several components to help in achieving this goal including trauma-informed policing training, victim services training, community-police centered training, and revising existing or developing new policies and procedures to institutionalize TIP practices. The Oakland CHI is also focused on building partner and community relationships, including strengthening those existing and forming new ones.

Rapid City

Rapid City has the unique experience of being a demonstration site that resides on the ancestral land of the Lakota Sioux Tribe. The Lakota people have been historically abused, including the breaking of the 1851 Fort Laramie Treaty (annexation of the Black Hills), the Wounded Knee Massacre, cultural assimilation policies, and confinement to the reservations. These incidents of historical trauma have bred deep resentment for law enforcement, as a visible emblem of the government, among Native Americans. The closest reservation to Rapid City, Pine Ridge, experiences high incidences of substance abuse and violent crime, but the Rapid City Police Department (RCPD) has no jurisdiction on the land because the tribe is not subject to extradition laws. Tribal members oppose entering an agreement that would allow RCPD to patrol the reservation because of the historical abuse of the tribe by the U.S. government. RCPD also faces challenges with the Native American community within their jurisdiction; meaningful relationships between law enforcement and Native Americans have been impeded by historical trauma from mistreatment of Native Americans and disproportionate arrest and uses of force.

RCPD applied for CHI funds to implement a program that would develop community members' trust to address historical trauma and past mistreatment of the Lakota people in South Dakota. RCPD has established a specialized unit, the Quality of Life Unit (QLU), of specially trained current and former officers to engage and divert individuals who utilize emergency services often to necessary resources. The QLU is composed of two full-time sworn plain-clothed officers who "bring social services to the streets, aiming to help people such as the homeless and those suffering from mental health issues or substance abuse" (Tan, 2018). The vast majority of QLU participants are experiencing homelessness and have substance use disorders and mental illness, and a large percentage are Native American. Rather than simply providing referral information, the officers put individuals in direct contact with various community service agencies and other resources with which the QLU has partnered. RCPD has improved their relationship with the Pennington County Sheriff's Office to improve victim services and leveraged some TTA received through CHI to seek separate funding for a Family Justice Center. To support internal

wellness, RCPD has established a Peer Support Team, implemented additional wellness training for officers, and added a wellness component for incoming officer cadets. To improve community relations, RCPD has added culturally competent trainings and certifications and established a program to recruit Native Americans into law enforcement.

ES.4 Evaluation Recommendations

ES.4.1 Cross-Site Evaluation Recommendations

In assessing evaluability of the CHI, we considered the potential and value of process and outcome evaluations across and within sites. Table ES4 summarizes our overall findings regarding cross-site evaluability. In short, the CHI is rated low across all criteria in its current state.

Table ES4. Evaluability Assessment Summary

Criterion	Rating	Rationale
Agreed-upon purpose/goals	Low	Sites vary by goals and agreement from stakeholders, initiative deviated from initial purpose
Programmatic actions/interventions	Low	Sites vary by the number, quality and type of actions, activities, and interventions
Fidelity to program	Low	Programs are still being planned and developed and sites lack plans for sustainability
Availability of baseline data	Low	Data are inconsistently captured or do not exist
Availability of process and outcome data	Low	Data are inconsistently capture or do not exist; expected process and outcome data varies by site
Sample size	Low	Only five sites, lack of statistical power
Causality	Low	Lack of proper control groups for experimental design; pre-post design possible

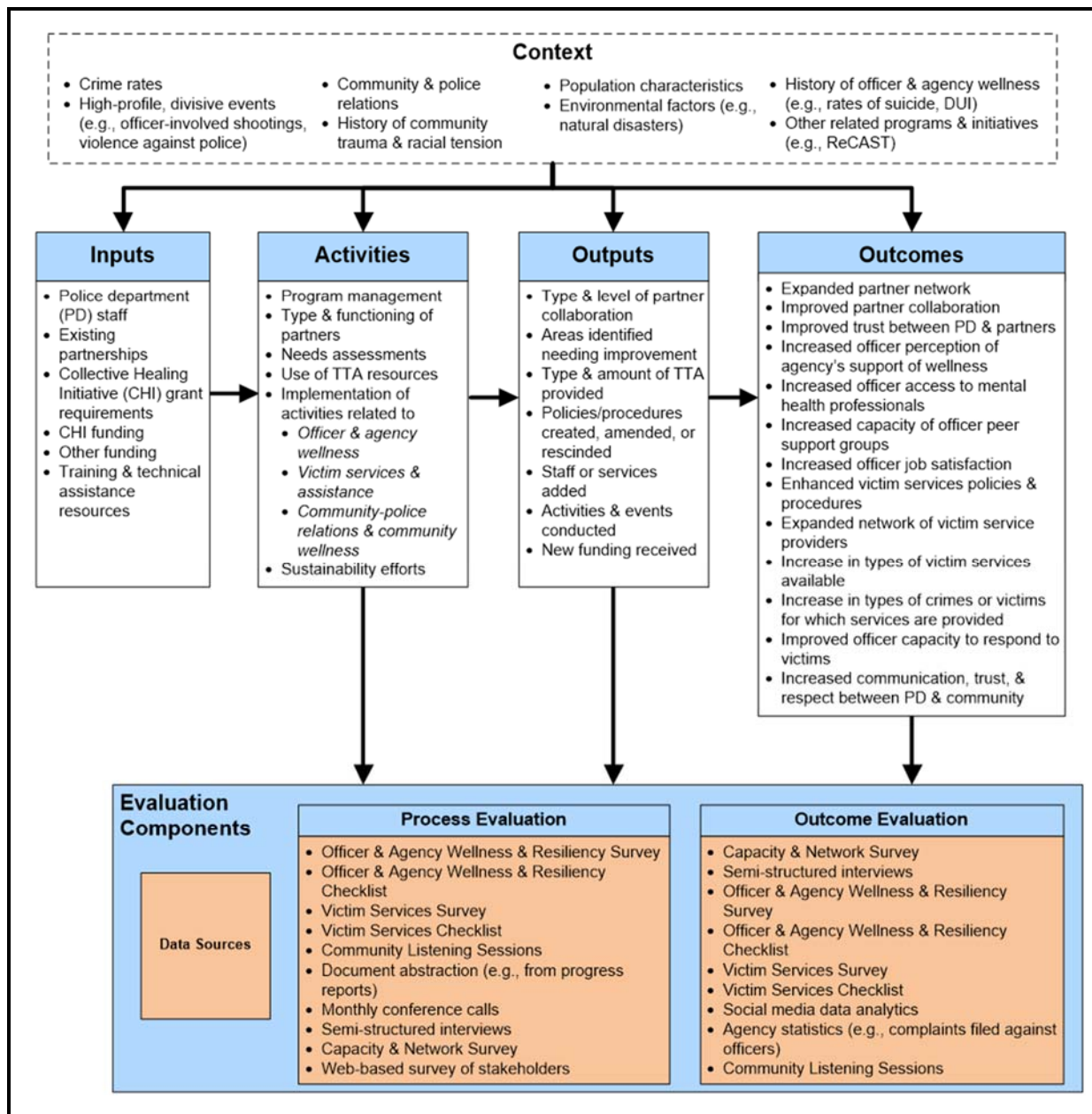
As mentioned earlier in the report, CHI is a community-tailored initiative without well-defined program elements. The CHI framework involves building collaboration between law enforcement and community organizations to improve and enhance three key areas:

1. Officer and agency wellness and resiliency
2. Victim services and assistance
3. Community-police relationships and community wellness

Figure ES2 shows the CHI logic model—which provides an overall visual of the sites’ contextual factors, inputs, CHI activities, outputs, and anticipated outcomes—with process evaluation and outcome evaluation components. For a process evaluation, we have included data sources through which the sites’ activities and outputs could be documented. This information would lay the foundation for an outcome

evaluation, which could potentially be supported by the data sources listed in the logic model. In this section, we provide further detail about our cross-site process and outcome evaluation recommendations.

Figure ES2. Collective Healing Initiative Logic Model & Evaluation Components



Because the demonstration sites were tasked with developing their initiative based on community needs, a *process evaluation* of each site is critical to understanding how collaborative teams were developed, how activities were selected, and what CHI looks like in practice. Furthermore, a process evaluation could inform the development of measurable objectives and adequate indicators of program success. In the absence of a thorough process assessment, the results from an outcome evaluation would not be informative. Furthermore, a process evaluation would be particularly fruitful given the limited

implementation efforts to date and different approaches each site has taken in planning. The findings would provide updated information on whether the sites eventually converge, or further diverge, in their agreed-upon purpose/goals, programmatic activities, and fidelity to the program. We strongly recommend process evaluations in all five demonstration sites.

The CHI is not yet at a state of implementation where an *outcome evaluation* would be meaningful. As described throughout this report, sites are still making critical decisions about the direction their CHI will go. However, in light of their no-cost extension, we may expect to see some effects over the next couple of years. Yet, site-specific variation and a lack of program criteria make an assessment of outcomes challenging. Although each site was focused on the same three areas, differences in implementation are substantial. In operation, CHI is not a program but rather a decision to tackle these three issues with the support of community partners and substantial TTA. If there were a larger number of sites, these differences could be exploited in an evaluation to assess differences in impacts by dosage or design. However, with only five sites, it would be impossible to determine whether differences in outcomes were the result of program design/dosage or other characteristics of the sites. Because of contextual, historical, and programmatic differences, any cross-site outcome evaluation would be a black box—if effects are found, it will be difficult to trace them back to a specific program component. In light of these issues, a basic pre-post evaluation is likely the only feasible cross-site design if the CHI is fully implemented in the future. Even with this simple evaluation strategy, data availability and assessing causality will remain challenges. Table ES5 presents potential outcome measures and data sources for each of the key CHI focus areas.

Table ES5. Cross-Site Measurable Outcomes and Available Data Sources

Focus Area	Outcome Measure	Data Source
Community partnership and collaboration	<ul style="list-style-type: none"> ▪ Expanded network of partners ▪ Improved collaboration and coordination (e.g., number of activities partner engage in together) ▪ Improved trust among and between PD and partners 	<ul style="list-style-type: none"> ▪ RTI's Capacity and Network Survey ▪ Semistructured interviews
Officer and agency wellness and resilience	<ul style="list-style-type: none"> ▪ Increased job satisfaction among officers ▪ Increased officer perception that the agency supports officer physical and mental health and wellness ▪ Increased access to mental health professionals ▪ Increased capacity of peer support groups 	<ul style="list-style-type: none"> ▪ IACP's Officer and Agency Wellness and Resiliency Perceptions Survey ▪ IACP's Officer and Agency Wellness and Resiliency Policy Checklist

(continued)

Table ES5. Cross-Site Measurable Outcomes and Available Data Sources (continued)

Focus Area	Outcome Measure	Data Source
Victim services and assistance	<ul style="list-style-type: none"> ▪ Expanded network of victim services providers ▪ Enhanced victims' services policies and procedures ▪ Increase in the types of services provided by external victim service providers ▪ Increase in the types of crimes (e.g., hate crimes, sexual assault, labor trafficking) or victims (e.g., children, elderly, homeless) for which services are provided ▪ Improved officer capacity to respond to victims 	<ul style="list-style-type: none"> ▪ IACP's Victim Service Survey ▪ IACP's Victim Service Checklist
Community-police relations	<ul style="list-style-type: none"> ▪ Increased communication between PD and community ▪ Increased trust and respect between PD and community 	<ul style="list-style-type: none"> ▪ Social media data analytics ▪ Newspaper and television reporting ▪ Calls for service data ▪ Complaints filed against officers ▪ Use of force data (BondGraham, 2019)¹ ▪ IACP's Community Listening Sessions

¹It is important to note that the validity of use of force data may be questionable. For example, a recent report released by the Oakland Police Department's Office of Inspector General found that officers were systematically underreporting use of force. It is plausible this type of underreporting is occurring in other jurisdictions as well. Following several high-profile law enforcement involved shootings of minority men (e.g., Alton Sterling and Michael Brown), use of force has been under increased scrutiny and agencies may be feeling pressure to demonstrate progress.

Any future cross-site evaluator should carefully consider potential threats to internal validity. A key issue in evaluating broad initiatives is identifying the *counterfactual*, or what would have happened if the sites had not received funding. The addition of comparison sites to a pre-post design would substantially strengthen the rigor of a future evaluation. However, given the unique characteristics and histories of divisive events in the five demonstration sites, finding comparison sites will be challenging. Additional challenges with comparison sites include identifying comparative baseline data and accounting for efforts similar to the CHI funded through other sources.

Another threat to internal validity is the potential for any results to be *spurious*. Any observed programmatic results could potentially be explained by external factors experienced by the demonstration sites during implementation. It will be essential for a future evaluator to disentangle which activities are CHI versus those that are related but initiated or funded elsewhere. Each site is operating other related programs (e.g., ReCAST), which could affect similar outcomes as CHI.

When using the IACP's needs assessment surveys, an evaluator should consider the potential for an *instrumentation* effect. The grantees were provided flexibility in how they administered the officer wellness and victim services surveys to their staff. As such, the sample sizes, response rates, and characteristics of respondents may vary across sites. When readministering these surveys in the future, an evaluator will need to consider the pros and cons of changing the testing procedure so that it is consistent across sites versus following the testing procedure previously used in each site.

ES.4.2 Site-Specific Evaluation Recommendations

Although it is premature to conduct a cross-site outcome evaluation at this time, some discrete activities that have been developed under the initiative are strong candidates for an outcome evaluation. As mentioned above, all five sites would be good candidates for a process evaluation. However, only Rapid City is at a state of implementation where an outcome evaluation would be feasible. One critical part of RCPD's CHI includes the development of its QLU, which began accepting participants in April 2018. The QLU has the potential to impact two of the CHI's key areas: victim services and community trust. Homeless individuals are one of the most victimized populations in Rapid City and the QLU is helping connect them with services. Moreover, because a large percentage of the participants are Native American, the non-enforcement aspect of the QLU may help build trust among that community. In addition to these areas, the QLU should also reduce calls for service and criminal justice involvement related to the individuals it serves. Additional factors indicating the utility of an outcome evaluation include sufficient length of operation and caseload, ability to track participation and outcomes through an existing system, and early, anecdotal success stories. A future outcome evaluation should address four key outcomes:

1. Increased connection to service for high utilizers
2. Reduced calls for service related to high utilizers served by the QLU
3. Reduced criminal justice involvement from high utilizers served by the QLU
4. Increased trust and respect between PD and community

A randomized controlled trial (RCT) is the gold standard for evaluation, and strong evidence for the utility of the QLU intervention could be obtained from an RCT. However, RCPD is not currently interested in changing its process for selecting participants to allow for randomization. Limitations in service capacity (i.e., only two QLU officers) prevent RCPD from serving every eligible person and it understandably wants to serve those who are most in need of services (i.e., highest utilizers). Because their perspective could change in the future as the program grows, we recommend any future evaluator to consider revisiting this issue. If RCPD will consider random assignment, we recommend conducting an Idiographic Clinical Trial (ICT), an experimental variant of the RCT that mitigates some of the practical concerns of randomization. In an ICT, instead of randomizing individuals to treatment or control conditions, treatment timing can be randomized to each participant. The high frequency of longitudinal sampling allows each participant to be in the control condition until they are randomized to treatment. This retains the rigor of randomization while taking advantage of increased statistical power because of high frequency sampling. In lieu of an ICT, a strong quasi-experimental evaluation could be designed

using the same outcome measures and administrative data. The random assignment would be removed and RCPD would continue its selection process as is. Propensity score matching or weighting could then be used to construct a comparison group equivalent to the QLU participants.

ES.5 Recommendations for Evaluating Future Community Initiatives

The Vision 21 stakeholders “viewed research, development of evidence-based practices, and program evaluation as the foundation of successful victim services policy and practice” and noted that promoting evidence-based strategies was the program’s “highest priority” (U.S. Department of Justice, 2013, p. 1). This requires developing evidence of the effectiveness of victim services programs and practices through rigorous evaluation. Evaluating community-based initiatives like CHI is inherently challenging. Rather than targeting a specific, narrow population with a well-defined program, these initiatives focus on improving a broad set of outcomes for an entire community. This leads to obstacles related to data availability and evaluation design. To facilitate future evaluations of community-based initiatives like CHI, we recommend that evaluation activities be explicitly built into the program. We suggest a few mechanisms that could be used, alone or in combination, to incorporate an evaluative component into demonstration projects from the outset, which may improve the feasibility of a rigorous evaluation:

1. Require that a research partner be a member of the TTA team. The TTA research partner could develop an evaluation framework that would apply to all demonstration sites. This would include developing initiative-wide standardized performance measures that funded sites agree to submit as an award requirement.
2. Require that each demonstration site conduct a local evaluation, with an opportunity for small cross-site evaluation partnerships around common areas of focus. The local evaluator would be responsible for developing a logic model (ideally included with the proposal), developing measurable outputs and outcomes, and identifying potential data sources. The TTA provider could provide opportunities for peer-to-peer internal evaluator networking, such as facilitating evaluator round tables or working groups that would convene regularly to discuss innovative approaches for data collection and brainstorm solutions to challenges encountered in the field. Funding for local evaluation activities should be built into the initiative.
3. Award a separate external cross-site evaluation grant at the same time as the TTA and demonstration site grants. Because an evaluation may not be warranted, the evaluation should be funded in phases or with option years.

Introduction

Over the past four decades, community policing strategies have been used to foster positive relationships between law enforcement and the communities they serve (International Association of Chiefs of Police (IACP), 2015). This progress is disrupted, however, by violent events that strain law enforcement—community relationships, such as law enforcement–involved shootings (e.g., in Ferguson, MO, and Chicago, IL), violence against police (e.g., in Dallas, TX, and Baton Rouge, LA), and other high-profile violent incidents (e.g., mass shootings at the Pulse nightclub in Orlando, FL, and the Emanuel AME Church in Charleston, SC). Moreover, in some communities there is a significant, longstanding level of community-police tension and mistrust that hits a tipping point when a high-profile violent event occurs. Although these events are rare (e.g., law enforcement shootings account for less than 0.005% of all law enforcement–community interactions), when underlying problems are left unaddressed, they can act as catalysts for massive social unrest, often costing departments and cities millions of dollars (Harrison, 2016) and drastically reducing community views of trust toward a department (IACP, 2015).

Law enforcement agencies, victims, and communities face a variety of challenges to healing in the wake of high-profile incidents of violence. Although law enforcement agencies typically partner with victim service organizations in responding to these types of incidents, responses that are comprehensive, victim-centered, and trauma-informed are often lacking (IACP, 2008). Law enforcement agencies and victim service organizations often feel unprepared to handle the large numbers of victims and witnesses associated with high-profile incidents, perceptions of injustice within the community and associated unrest, and the involvement of news and social media (ICAP, 2015; President’s Task Force on 21st Century Policing, 2015). Timely access to victim assistance and compensation for victims and their families is often prevented by extended criminal justice investigations and processes (Evans, 2014). Additionally, law enforcement officers who are injured in the line of duty (and the families of these officers) may not be recognized as crime victims. As a result, they are unable to readily access victim services and support but rather rely on other employment-related resources. To help address these and related issues, the Office of Victims of Crime (OVC) developed its Vision 21—Transforming Victim Services Initiative (Vision 21) to provide all crime victims with a continuum of evidence-based and trauma-informed services.

The goal of Vision 21 is to permanently change how crime victims are treated in the United States (U.S. Department of Justice, 2013). Recommendations from the Vision 21 stakeholders covered four broad areas:

1. Strategic planning at all levels should be continuous, not episodic.
2. End the research gap.

3. Build and institutionalize capacity.
4. Partner with Congress to ensure flexibility and innovation in programming and funding.

As part of this effort, Vision 21 participants recognized that “victim assistance” should be viewed broadly, going beyond self-identifying victim service providers to include health care professionals, legal services, mental health, and other intersecting fields. They also saw that, “substantial, systematic, and sustained collaboration will be essential to fulfilling the promise of Vision 21” (U.S. Department of Justice, 2013).

1.1 Collective Healing Initiative Overview

In support of Vision 21, OVC released a competitive solicitation, *Law Enforcement and the Communities They Serve: Supporting Collective Healing in the Wake of Harm*, in August 2016 to create what is hereafter referred to as the Collective Healing Initiative (CHI). The solicitation sought to fund an organization to competitively select, provide oversight to, and manage awards for at least six law enforcement agency demonstration sites to plan, implement, and assess trauma-informed culture and practice for addressing harm and enhancing healing in the aftermath of law enforcement–involved shootings, deaths, and other high-profile incidents. This would include providing training and technical assistance (TTA) to the demonstration sites and assisting other non–grant-funded communities to plan for a rapid response after a high-profile law enforcement–involved incident (U.S. Department of Justice, 2016).

The IACP, National Association for the Advancement of Colored People (NAACP), and the Yale Childhood Violent Trauma Center were awarded a cooperative agreement to serve as the oversight and TTA providers for the CHI grantees. Per the solicitation, the organization awarded the TTA project would be expected to meet the following goals:

- to assist law enforcement in developing, implementing, and assessing comprehensive evidence-based, trauma-informed, response strategies, protocols, and interventions for law enforcement agencies that promote community engagement and healing prior to and in the wake of law enforcement–involved shootings and other high-profile incidents of violence; and
- to develop and disseminate comprehensive, expert technical assistance resources to law enforcement on trauma-informed culture and practice, to improve an agency’s internal capacity to understand and process the impact of vicarious trauma and community harm.

Consistent with Goal 1, CHI was not an existing, cohesive program that the grantees were asked to implement with fidelity. Although the demonstration sites were each expected to address harm and enhance healing in the aftermath of high-profile incidents, sites were given the freedom to define what that means and develop what they believe a CHI should do in the context of their community.

1.1.1 Programmatic and Timeline Changes

The CHI was originally focused on healing in the aftermath of law enforcement–involved shootings and other high-profile incidents of violence. However, after award, OVC set aside the focus on

these specific types of events to promote collective healing between police and the communities they serve more broadly. In practice, this included three broad topics:

1. Improving officer and agency wellness and resilience,
2. Enhancing victim services and assistance, and
3. Improving community-police relations and community wellness.

The original focus on the use of trauma-informed approaches and cultivating a trauma-informed culture remained and overlaid these three areas. As the focus transitioned away from law enforcement–involved shootings and other high-profile incidents of violence, the original concept for a rapid response mechanism after a high-profile law enforcement–involved incident was also dropped from CHI.

The composition of the original TTA team also changed, such that NAACP and Yale are no longer associated with the project. IACP brought on new partners, including Equal Justice USA, Resilience Works, and Crime Survivors for Safety and Justice Initiative.

The grant’s original period of performance was from October 25, 2016, through September 30, 2019, but changes to the focus and the team inevitably resulted in downstream delays in planning and implementing the CHI. The demonstration sites were notified of their award in December 2017 and the All Sites Kickoff meeting was held in early April 2018. This resulted in an 18-month period in which the grantees were expected to plan and implement their local CHI. In June 2019, the IACP team and demonstration sites were notified that they would receive a no-cost extension through September 30, 2020.

1.1.2 Brief Overview of Demonstration Sites and Programmatic Activities

Through a two-step application process, IACP selected five police department grantees in demonstration sites that vary in terms of region (see Figure 1-1), population and agency size and demographics, income, and crime rates: Baton Rouge, Houston, Minneapolis, Oakland, and Rapid City.

As shown in Table 1-1, the selected sites range in population from under 75,000 residents in Rapid City to over 2.2 million residents in Houston. The police department agencies also range in size, accordingly, the only exception being Oakland, which has a slightly higher population size than Minneapolis, but about 140 fewer sworn personnel. The sites’ general and agency populations also vary in terms of race and ethnicity, and most of the agencies show considerably more disparity between White and minority populations than the general population. In terms of income, 44.9% of households in Baton Rouge have an income of less than \$35,000, the highest of all the sites. In 2017, the sites had higher crime rates than the United States overall. For example, Oakland’s violent crime rate (1,299 per capita) was more than triple that of the United States (383 per capita), and three other sites (Baton Rouge, Houston, and Minneapolis) had violent crime rates more than 2.5 times higher than the United States overall. Although Rapid City had the lowest violent crime among the sites (640 per capita), it was still more than 1.5 times higher than the United States overall. Each site also experienced higher homicide rates than the

United States overall (5 per capita) ranging from more than *seven* times higher in Baton Rouge to 1.5 times higher in Rapid City.

Figure 1-1. Map of Demonstration Sites

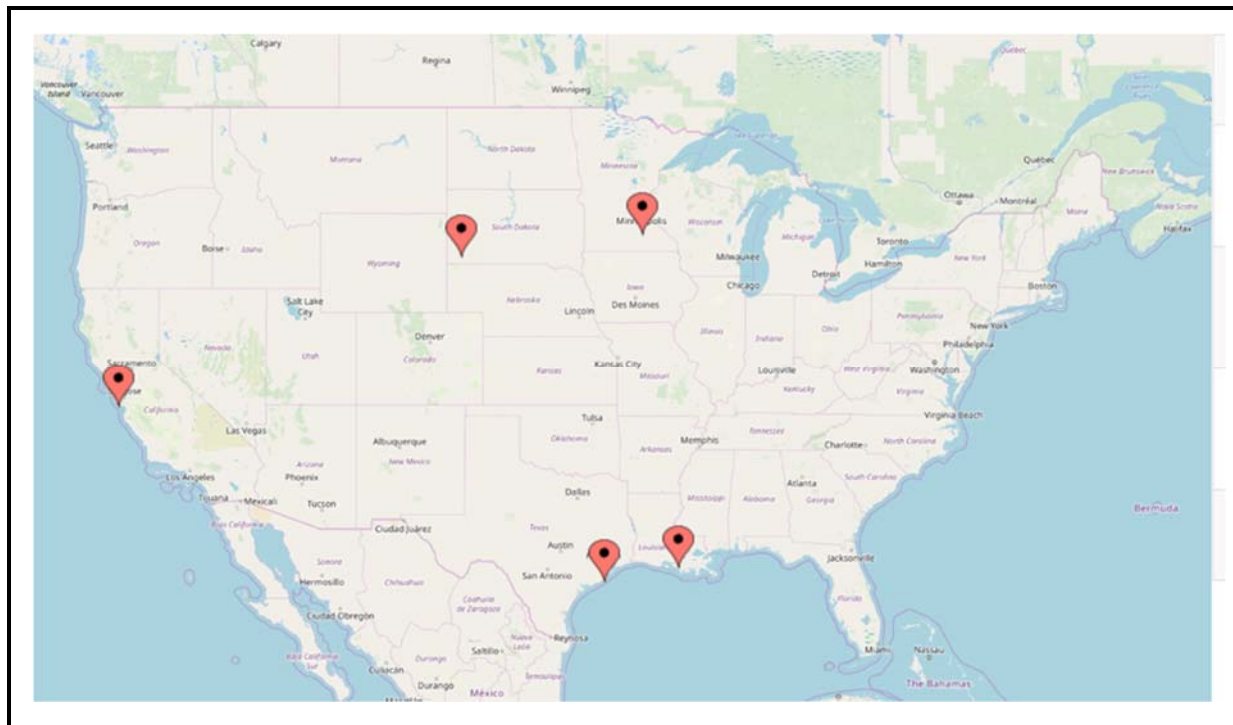


Table 1-1. Overview of Demonstration Site Characteristics

Site	Population Size ¹	Agency Size (Sworn Personnel) ²	Demographics: White / Minority		Household Income <\$35,000, % ¹	Rate ⁴	
			Population ^{1,3}	Agency ^{2,3}		Violent Crime	Homicide
Baton Rouge	227,549	638	36.6% / 63.4%	63% / 37%	44.9	1,027	38
Houston	2,267,336	5,201	24.9% / 75.1%	39.6% / 60.4%	36.7	1,095	12
Minneapolis	411,452	880	59.9% / 40.1%	73.9% / 26.1%	33.5	1,101	10
Oakland	417,442	737	27.3% / 72.7%	30.6% / 69.4%	31.0	1,299	16
Rapid City	72,841	128	77.2% / 22.8%	92% / 8%	33.5	640	8

¹Source: U.S. Census Bureau, 2013-2017 American Community Survey 5-Year Estimates.

²Data supplied by the grantee police departments.

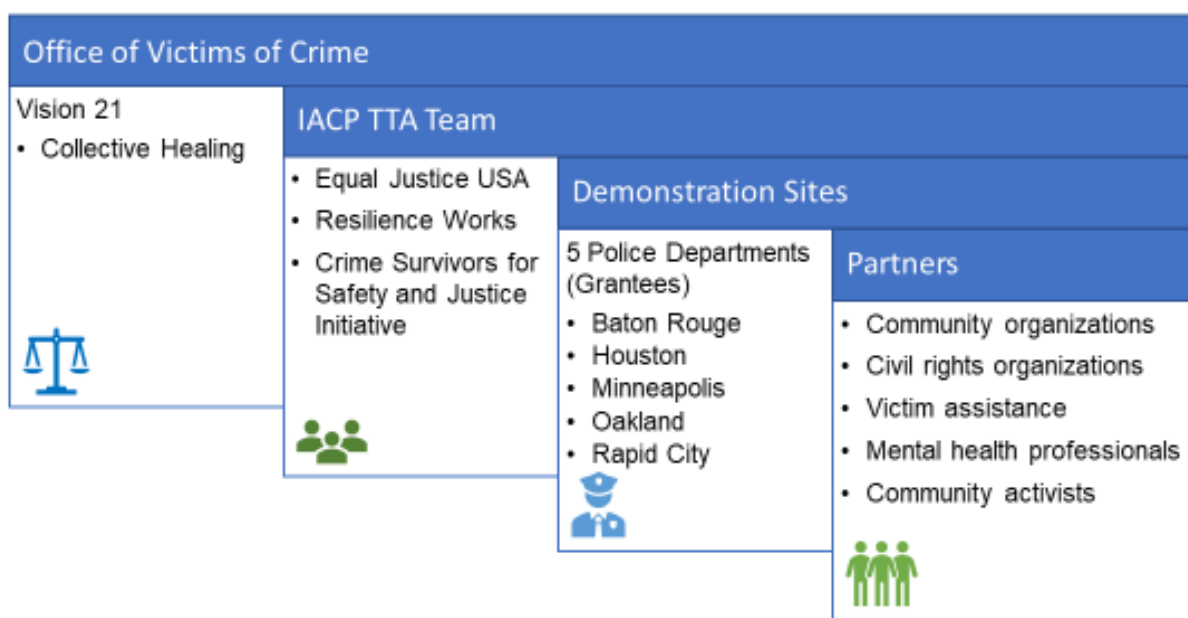
³White = individuals who identified as non-Hispanic White; Minority = individuals who identified as a race other than White or as Hispanic or Latino.

⁴Rate per 100,000 people. Data source: Federal Bureau of Investigation, 2017c.

Although each of the demonstration sites is broadly addressing similar issues, there are distinct differences in their histories of high-profile and divisive events and the characteristics of their populations that have impacted the strategies selected to achieve collective healing. Detailed descriptions of each site are provided in Section 3.2.

Figure 1-2 provides a diagram of how each of the key pieces of the CHI fit together. As has been described, the CHI was funded by OVC in response to Vision 21 recommendations. A grant was awarded to IACP to provide oversight and TTA, with support from partners, to CHI demonstration sites. The police departments in the selected demonstration sites are the grantees who are expected to build external partnerships. As stated in the solicitation for demonstration sites, a key component of CHI is for each grantee police department to develop partnerships and collaborate with community-based advocacy groups. They were explicitly instructed to include at least one group that represents a diverse or underserved community impacted by violence or trauma and at least one victim service provider, one of which must include mental health services.

Figure 1-2. Key Components of the Collective Healing Initiative



IACP = International Association of Chiefs of Police; TTA = training and technical assistance.

Programmatic Activities

As part of the TTA, each site was requested to complete a series of self-assessment tools and listening sessions to identify gaps and inform the development of their local initiative. These needs assessments included the following:

- Community Listening Sessions
- Divisive Events Preparation and Response Checklist
- Officer & Agency Wellness & Resiliency Perceptions Survey

- Officer & Agency Wellness & Resiliency Policy Checklist
- Trauma-informed Policing Assessment
- Victim Services Survey
- Victim Services Checklist

The *Community Listening Sessions* were conducted with the purpose of gathering information about trust and collaboration between law enforcement and the community. They sought to identify areas of disconnect between police and the community and areas of community need that create barriers to healing and accessing victim services. Each grantee worked with its local community partners to identify community members to invite to the sessions and establish the format. The invitees were to come from underserved and marginalized populations and populations where there is recognized tension with law enforcement. There was substantial variation in how the sites approached the listening sessions.

For the *Divisive Events Preparation and Response Checklist*, grantees were asked to complete a standardized form with about 35 primarily closed-ended questions related to divisive events. Response to divisive events was defined as “response to controversial events which may result in or exacerbate community-police tension or discord such as officer-involved violence and violence against the police, but not limited to just those incidents.” The checklist included questions on policies and protocols in place related to divisive events (e.g., death notification, deployment of victim service providers to support victims and survivors, and after-action review); relationships with the community (e.g., direct lines of communication with key community leaders, policies regarding attending community events to engage impact communities, and the use of Citizen Advisory Boards); media and communications (e.g., relationships with key local news media and communications plan for responding to divisive events); internal communication (e.g., engaging with staff to address their concerns, issuing statements about the incident to agency staff, and discussing standard investigations that will occur concerning an event); use of force policies and procedures; and internal agency critical incident stress management.

The *Officer & Agency Wellness & Resiliency Perceptions Survey* was to be administered to staff at all levels in the grantee agency. It included a variety of questions related to wellness, such as wellness activities provided or encouraged by the agency; ability to address concerns without fear of negative consequences; policies and practices to support family members; job satisfaction; leadership enforcement of no-tolerance policies; agency policies that support mental and physical health and wellness; and commitment to the department and profession.

The *Officer & Agency Wellness & Resiliency Policy Checklist* included eight primarily closed-ended questions about current practices related to wellness. These included providing training on behavioral health issues, providing access to a Qualified Mental Health Professional, peer support programs, education of supervisory personnel on behavioral indicators that suggest emotional difficulties, and steps taken to reduce stigma around seeking help.

The *Trauma-informed Policing Assessment* was administered to a team of three operational personnel from within the police department, including one leader, one supervisor, and one patrol officer.

It included a series of closed-ended questions on actions typically taken in response to different scenarios; training and professional development on related topics (e.g., trauma-informed responses, de-escalation techniques, and death notification); policies and procedures in place for responding to those impacted by violence; and collaboration with mental health providers, victim service providers, grassroots advocacy groups, school staff, and faith communities.

The *Victim Services Survey* was administered to a sample of frontline officers, supervisors, and command staff in the grantee agency. It was left up to the grantee to determine who will collect the data and how they would be collected, stored, and analyzed. The survey instrument covered topics such as training received; response to victims on-scene; perceptions of victims; and confidence in responding to all types of crime victims. Similar to the other checklists, the *Victim Services Checklist* included around 30 primarily closed-ended questions. These items covered, for example, the incorporation of services and responses to victims into agency mission/vision/values; specific victim service policies; participation of victim service providers in the development of victim-related policies/procedures/protocols/trainings; work with external victim service providers; information and referrals provided to victims; follow-up with victims; resources and partnerships; and agency culture.

Based on the information gathered through the needs assessments, and in partnership with their community partners, grantees were then expected to develop an implementation plan for their local initiative. A core component of this plan was to focus on capacity-building with existing community partners and developing new partnerships. Implementation plans were to include best practices developing a culture and responding to the community in a victim-centered and trauma-informed manner. The sites have taken various approaches to developing their local CHI. Table 1-2 presents the key areas the sites have focused on as of August 2019. Some are focusing their efforts on distinct tasks, while others have broader focus areas that encompass a variety of activities. Detailed descriptions of the activities the sites are engaging in or planning to engage in within these focus areas are provided in Section 3.2.

Table 1-2. Demonstration Site Key Focus Areas

Site	Key Focus Area(s)
Baton Rouge	<ul style="list-style-type: none"> ▪ Access TTA to better serve victims of crime and citizens and to support officer wellness ▪ Increase collaboration with community partners
Houston	<ul style="list-style-type: none"> ▪ Improve assistance and services for victims ▪ Improve wellness resources for Houston Police Department employees ▪ Increase community's trust in the police
Minneapolis	<ul style="list-style-type: none"> ▪ Develop Community Navigator Unit, composed of nonsworn Minneapolis Police Department (MPD) staff, to serve as liaisons between MPD and the community
Oakland	<ul style="list-style-type: none"> ▪ Develop a Professional Development and Wellness Unit to expand wellness and health services, trainings, and supports available to Oakland Police Department ▪ Develop a Trauma-Informed Policing Plan to change the culture to promote recovery, healing, and resilience

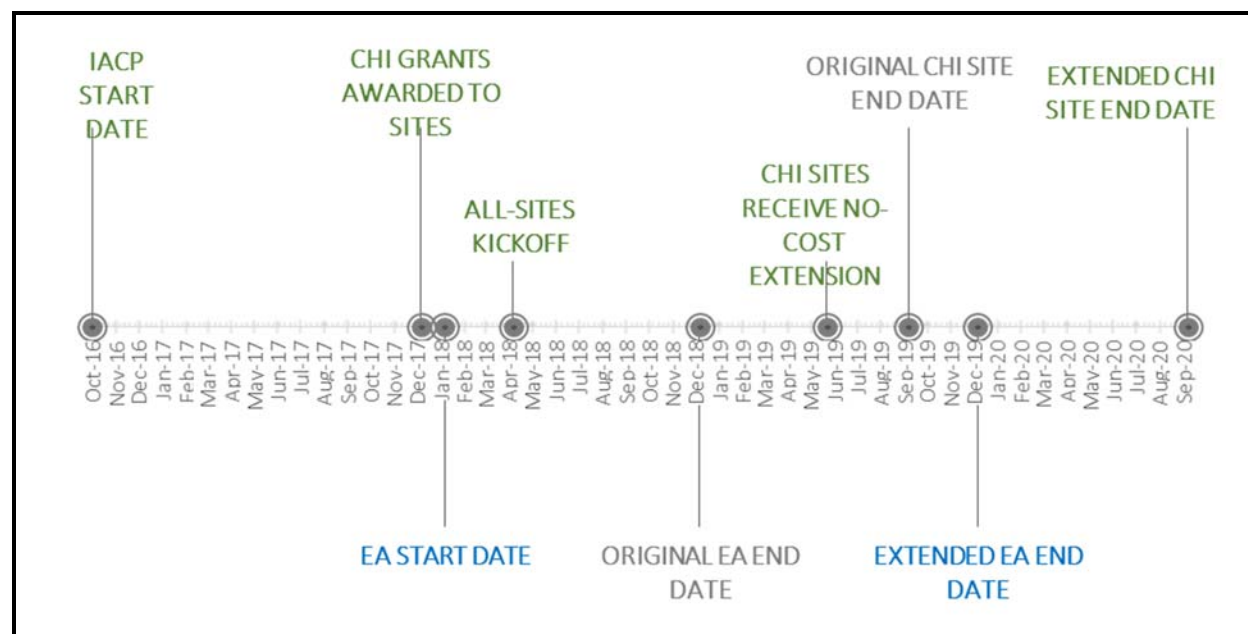
(continued)

Table 1-2. Demonstration Site Key Focus Areas (continued)

Site	Key Focus Area(s)
Rapid City	<ul style="list-style-type: none"> Develop Quality of Life Unit, composed of plain-clothed sworn Rapid City Police Department officers, to divert individuals who utilize emergency services often to necessary resources Established Peer Support Team, implemented additional wellness training for officers and incoming cadets

1.2 Baseline Study and Evaluability Assessment

In 2018, RTI International was awarded a grant from the National Institute of Justice to conduct a baseline study and evaluability assessment (EA) of the CHI. As shown in Figure 1-3, the study was funded as a 12-month project to assess the evaluability of the CHI and to obtain baseline data on the sites prior to and during the development of the CHI. The results of both the baseline study and EA were expected to inform a full evaluation of the CHI, should it be funded. Because of the delay in awarding the demonstration sites, we were unable to start our study as planned and received a no-cost extension through December 2019. We were completing data collection activities when the demonstration site extension was announced in June 2019, although our period of performance still ends in December 2019. Given the late extension in the period of performance for the demonstration sites, this study only captured information during the planning and early implementation phases of the CHI. This report reflects our best understanding of each demonstration site's initiative through mid-year 2019.

Figure 1-3. Project Timeline

CHI = Collective Healing Initiative; EA = Evaluability assessment; IACP = International Association of Chiefs of Police.

In brief, the study covers five topic areas associated with planning, implementing, and assessing the evaluability of the CHI: (1) type and extent of collaboration and partnerships with local organizations and agencies; (2) approaches used for developing the local initiatives; (3) community perceptions of the local initiative; (4) demonstration site perceptions of the TTA provided, and (5) future evaluability of the CHI overall and locally. The mixed-methods design included participating in regular meetings with IACP and the demonstration sites; reviewing documents associated with program planning, implementation, and TTA; facilitating site visits and in-person interviews with each site; administering two web-based surveys to the grantees and their partners; and conducting additional phone interviews, as needed.

Section 2 of this report details the study design, including research questions, data sources, and analytic strategies. *Section 3* presents the findings and evaluation recommendations, including collaborations and partnerships, summary of approaches to CHI and core components, community perceptions of CHI, TTA needs and delivery, site descriptions, and evaluation recommendations. *Section 4* provides recommendations for evaluating similar types of broad community initiatives.

Study Design

The purpose of the current study was to conduct an EA and baseline study to (1) assess each site's readiness to contribute to a future evaluation and (2) obtain baseline data on the sites prior to and during the development of the CHI (e.g., interactions between law enforcement, service providers, and community organizations; the creation of collaborative partnerships; and TTA). The baseline data were collected to characterize the demonstration sites and describe activities during planning and early implementation of the CHI and to serve as baseline measurements for a future evaluation, if funded. Rigorous EAs offer a critical initial step in evaluation because they determine whether the structure of a program is evaluable, how rigorous that evaluation can be, and whether it is at a state of implementation that can be evaluated. An EA can also determine whether the CHI can be evaluated as a whole using information from all five sites or whether each site can be evaluated separately. EAs provide a multidimensional view and assist evaluators in determining the likelihood that meaningful evaluation results will be obtained (Wholey, 2010). These assessments help to identify programs that are ready to be evaluated for a variety of reasons, including having measurable objectives, plausible logic models linking program activities and outcomes, fidelity to the program model, and adequate indicators of program success. Conversely, EAs can also identify programs that are not ready to be evaluated because, for example, they lack measurable outcomes, plausible logic models, and adequate indicators of program success. If it is determined that an evaluation is feasible, the results of the EA can help identify the appropriate design (e.g., experimental, longitudinal, case study) for evaluating the program given the variety of constraints facing most evaluations (e.g., political, ethical, methodological, temporal, financial, human). By identifying potential problems early, resources can be targeted to evaluations with the greatest likelihood of success. Our approach to conducting the baseline study and EA involved first developing a list of research questions to guide the data collection efforts, identifying appropriate and available data sources to answer each question, and developing an analytic strategy for each data source. In our analysis we assessed the value and feasibility of both process and outcome evaluations. We first considered whether the CHI can be evaluated overall by assessing seven criteria: agreed-upon purpose/goals, programmatic actions/interventions, fidelity to the program, availability of baseline data, availability of process and outcome data, sample size, and causality. We then explored potential site-specific evaluation options. This chapter presents the research questions that guided the study, followed by a detailed discussion of our data collection efforts, instrument development, and analytic strategies.

2.1 Research Questions

Broadly, this study covers five topic areas associated with baseline data and planning, implementing, and assessing the evaluability of the CHI:

- Type and extent of collaboration and partnerships with local organizations and agencies
- Approaches used for developing the local initiatives

- Community perceptions of the local initiative
- Demonstration site perceptions of the TTA provided
- Future evaluability of the CHI overall and locally

We developed specific research questions within each of these areas of interest, which are presented in *Table 2-1* along with the data sources we used to address them.

Table 2-1. Research Questions and Data Sources

Research Questions	Conference Calls and Document Review	In-Person Site Visit and Interviews	Capacity & Network Survey	Stakeholder Survey
2. How did the demonstration sites develop and use collaboration?				
1.1 What partnerships were formed? What is the nature of the collaborations?	●	●	●	
1.2 Was there an advisory board or steering committee? What was their role?		●	●	
1.3 How effective was the site in engaging the full range of partnerships?			●	
2. How have the demonstration sites approached developing their CHI?				
2.1 What factors led the demonstration sites to apply for CHI funding?	●	●		
2.2 What are the CHI goals?	●	●		
2.3 How do the demonstration sites define success?		●		
2.4 What strategies or activities are planned or were implemented to achieve the goals?	●	●		
2.5 What challenges have the demonstration sites encountered? How have they been resolved?	●	●		●
2.6 What are the facilitators to developing a program like CHI?		●		
2.7 What other programs are demonstration sites implementing that may intersect with or affect CHI?	●	●		
3. What are the community perceptions of the CHI?				
3.1 What are the most significant improvements that the CHI has made?				●
3.2 What areas still need the most change?				●

(continued)

Table 2-1. Research Questions and Data Sources (continued)

Research Questions	Conference Calls and Document Review	In-Person Site Visit and Interviews	Capacity & Network Survey	Stakeholder Survey
4. How did the demonstration sites perceive the training and technical assistance?				
4.1 What were the site’s observations regarding the implementation and usefulness of technical assistance provided?		●		●
5. What is the future evaluability of the CHI?				
5.1 What data are demonstration sites currently collecting?		●		
5.2 What are measurable outcomes the demonstration sites can and plan to track?		●		
5.3 What is the plan for sustaining CHI after the grant period ends?		●		●
5.4 Does the site have measurable objectives, and the capacity for information collection, data management, and analysis?	●			
5.5 Does the site have a plausible logic model linking program activities and outcomes?	●			
5.6 Are there adequate indicators of program success?	●			
5.7 Is the site at a state of implementation that can be meaningfully evaluated?	●			
5.8 Can the sustainability and cost-effectiveness of the site’s model be evaluated?	●			

The rest of this chapter provides additional detail on data collection activities and the types of analyses conducted. Prior to starting any data collection activities, we prepared documents and materials required for review by RTI’s Institutional Review Board (IRB) and were granted an exemption (see Appendix A for all IRB documentation).

2.2 Data Collection and Analytic Strategy

Our mixed-methods research design included several data collection activities, such as conference calls, document review, site visits and stakeholder interviews, and surveys. The rest of this section describes each data source, including details about instrumentation and respondents, and the analytic approaches used for each.

2.2.1 Conference Calls and Document Review

Participating in regular conference calls with IACP and the demonstration sites and reviewing project documents provided the foundation for our understanding of the sites and informed other data collection activities. We convened monthly meetings with IACP to discuss overall project activities (e.g., coordinating our site visits, communicating changes in timelines, changes in staffing), site-specific updates, and other issues that arose. The IACP TTA team also held biweekly meetings with each of the sites to discuss accomplishments; issues, risks, and adverse conditions; TTA; and anticipated project changes. We regularly attended these meetings, primarily listening to the site's updates and asking questions, as needed. We also used these meetings as an opportunity to provide the demonstration sites with updates about our data collection activities. We took detailed notes during each call and reviewed them while preparing for site visits, developing survey instruments, and developing logic models.

The IACP also provided the research team with numerous documents that supplemented the information conveyed during meetings (see text box). Grantee applications provided insight into the background and context of each site, including why they applied for funding and some of their expectations about project activities. Grantee progress reports were organized around accomplishments; issues, risks, and adverse conditions; TTA; and anticipated project changes and served as an agenda for the biweekly calls. TTA site visit agendas and activity reports kept us informed of the types of activities the IACP team was engaging in with the sites and proposed next steps. The IACP also developed monthly bulletins that provide the demonstration sites with links to relevant news stories, webinars, awards, resources (e.g., funding opportunities), upcoming events, and site-specific spotlights.

Documents Reviewed

- Grantee applications
- Grantee progress reports
- TTA site visit agendas
- All sites' meeting materials
- IACP monthly bulletins
- IACP monthly TTA activity reports
- Needs assessment tools

2.2.2 Site Visit and Semistructured Interviews

In-person site visits and semistructured interviews were a central component of the study. The purpose of the site visits was to conduct in-depth interviews with CHI grantees and partners and to observe planning activities, including how collaborations were functioning, during CHI team meetings. We developed two similar semistructured interview instruments—one for the local project coordinators and the other for grantee staff and external partners. The grantee interview was slightly longer and involved some additional questions that were not asked of partners. The instruments were developed to address the research questions related to approaches used for developing the local initiatives, collaboration and partnerships, TTA, and evaluability. The full instruments are available in Appendix B.

Before each site visit, we worked with the grantee and IACP to identify appropriate individuals at each site with whom to meet during the visit (e.g., grantees, members of a steering committee, multidisciplinary partners). The total number of interviews conducted ranged from 10 to 14 per site, depending on the number of partner organizations and grantee staff involved in the CHI at that time. Some interviews were conducted one on one and others in small groups (e.g., when a partner organization had multiple staff involved in the CHI). We also conducted phone interviews with stakeholders who were unavailable to meet in person during the site visit. The site visit teams typically included three members

of the research team. The site visits lasted 2 to 3 days, with most interviews lasting approximately 60 minutes. Interviews with the grantees were typically closer to 2 hours.

Each interview began with a general overview of the goals and objectives of the study. Participants were then given the opportunity to ask any questions of the research team or to share information. Because of the varying roles of the interviewees in the CHI and the semistructured format of the interview, the exact content of the interviews varied. However, each site visit covered the following topics:

- Program goals
- Program activities
- Facilitators and challenges to developing and implementing the CHI
- Lessons learned

Two team members cofacilitated the interviews while the third took detailed notes. The interviews were also audio-recorded, with permission from the participant. The audio-recorded interviews were transcribed and deidentified prior to analysis.

Qualitative Analysis

The approach we used to qualitatively analyze the in-person interviews applied well-established methods (MacQueen, McLellan, Kay, & Milstein, 1998; Miles & Huberman, 1994). First, we developed a set of deductive codes and subcodes prior to qualitative analysis based on the evaluation questions provided in Table 2-1. As an example, we created the code *Facilitators/Strengths* to represent the evaluation question related to factors that facilitated developing a program like CHI. Next, we applied the deductive evaluation codes to the qualitative data using NVivo Software. Throughout the coding process, the evaluation team developed inductive codes as themes emerged from the data that were not captured by an existing deductive code. For example, we created the code *Other Activities* to capture descriptions of planned or implemented strategies that did not fit within the three broad topic areas that the grantees have been tasked to address (1. Officer/Agency Wellness; 2. Victim Services; and 3. Community-Police Relations & Community Wellness). Examples of *Other Activities* include development and implementation of trauma-informed policing practices that were not specific to any of the three topic areas. After the interview data were coded, we generated reports for each code. We completed a comprehensive review of the code reports to identify themes across and within grantee sites and developed written summaries synthesizing these themes. The summaries served as the foundation of the reported results from the in-person interviews presented throughout Section 3 Study Findings.

Example Interview Questions

- How would you describe your community's CHI?
- What are the goals of the CHI?
- How is your agency developing collaborative partnerships to support the CHI?
- Is there a plan for sustaining the CHI after funding ends?
- What are the main challenges you are encountering with developing the CHI?
- How would you describe the TTA support provided by IACP and its partners?
- What advice or lessons learned could you share that might help other organizations or jurisdictions engage in a similar initiative?

2.2.3 Capacity and Network Survey

The purpose of the Capacity and Network Survey (CNS) was to assess the extent to which grantees successfully built their internal organizational capacities and strengthened the network of diverse organizations focused on implementing trauma-informed strategies to promote collective healing between police and the communities they serve. The survey consisted of two parts to (1) assess the grantee's current organizational capacity and (2) evaluate the level of trust among the grantee and key partners. The instrument focused on collaboration between grantees and key partners (e.g., service providers, community organizations), which is critical for the success of the CHI. It was adapted from an instrument RTI previously developed for the Kansas Health Foundation Health Equity Partnership Initiative.

Eligible respondents included the grantee project coordinator, other staff from the grantee police departments involved in the CHI, and one representative from each of their partner organizations. We worked with each demonstration site to determine which grantee and partner staff should be invited to participate in the survey. Each project coordinator provided contact information for all eligible respondents.

We used information gleaned through the document review and calls, in-person interviews with grantees and partners, and the literature to tailor the CNS for this study. Grantees and their partners answered a series of questions about their relationships with each other, evaluating levels of communication, openness, and reliability to establish a combined measure of overall trust. Survey sections included:

- program-related activities that were planned or implemented (see text box);
- level of involvement of the grantee and partners in CHI activities;
- extent of a common vision for the overarching goal of the program;
- frequency of candid and open communication between the grantee and partners;
- perception of follow-through on commitment by grantee and partners; and
- organizations that are not currently involved in the CHI but should be.

Example Program-Related Activities

- Participate in coalition or network
- Meet one on one
- Codevelop training for the community or law enforcement
- Establish a formal MOU/MOA
- Participate in joint training/education
- Conduct community outreach
- Plan or facilitate community events

In addition to the network questions, the grantees (project coordinator and other police department staff) received another series of questions about their CHI's capacity regarding leadership, management, financial management, communication and marketing, programs and initiatives, and evaluation and learning. Each domain included four to six statements in which grantee respondents were asked the extent to which they agreed (a 5-point scale ranging from strongly disagree to strongly agree). It took approximately 15 minutes to complete. Both versions of the instrument are available in Appendix B.

The instrument was programmed and administered using REDCap, a secure web application for collecting and managing survey data. The eligible respondents were emailed an invitation to participate in the web survey on February 12, 2019, and were asked to complete it by February 22, 2019. The invitation included a summary of the survey’s purpose and a link to the survey itself. The first automated follow-up reminder emails were sent to individuals who had either not started the survey or only partially completed the survey on February 19. Two additional automated reminders were sent on February 26 and March 5, with a new end date of March 8, 2019. To further boost response rates, we sent personalized reminders to partial completers and nonrespondents in mid-March and closed the survey at the end of the month.

Across the five demonstration sites, 60 individuals were invited to participate in the survey (22 grantee representatives and 38 partner representatives). The response rates are presented in Table 2-2. The overall response rate when partial completes are included is 73%; however, there was variation in response between grantees and partners. Whereas 100% of grantees at least partially responded to the survey only 58% of partners did. It is not particularly surprising the partners were less likely to respond than grantees for a couple reasons. First, the grantees are more involved with the CHI on a daily basis and are ultimately responsible for its success. They understand that participating in baseline study activities are important to accurately characterize their initiative. It is also important to note that the partners had various degrees of involvement with the demonstration sites. For example, some had been involved in the application stage but were less involved at the time of the survey and others had just recently been invited to the table.

Table 2-2. Capacity & Network Survey Response Rates

Respondent Type	Sample	Completes	Partial Completes	Response Rate, %	
				Completes Only	Completes + Partials
By site ¹					
Baton Rouge	10	8	0	80	80
Houston	9	7	0	78	78
Minneapolis	15	9	1	60	67
Oakland	10	7	1	70	80
Rapid City	16	8	3	50	69
By stakeholder type					
Grantee	22	20	2	91	100
Partner	38	19	3	50	58
Total—all types/sites	60	39	5	65	73

¹Grantee and partner representatives by demonstration site.

Quantitative & Social Network Analysis

As mentioned, the CNS respondents were asked about program-related activities that were planned or implemented in their community (e.g., establish an advisory board, establish a formal Memorandum of Understanding/Memorandum of Agreement (MOU/MOA), conduct community outreach). We separately calculated frequencies of the activities reported by grantees and their partners to identify those that were most commonly conducted across sites.

Grantees and partners were asked to assess the following measures related to trust in regard to each other (i.e., grantees provided a response for each partner organization and partners provided a response for the grantee and the other partner organizations).

- How much they agree that the organization shares a common vision with the CHI
- How often they are able to talk candidly and communicate easily with the organization
- How often the organization follows through on commitments

We developed three trust scales by averaging the responses within each measure. These scales were calculated across respondents within each site and then pooled across sites. We also developed a measure of overall trust by averaging the responses across the three individual scales. Using the pooled data, we also calculated the trust measures separately for grantees and partners to assess the symmetry in trust (i.e., do grantees and partners have similar levels of trust for each other).

Social network analysis provides a way to illustrate the strength of grantee networks established through the CHI-related activities. Using the described trust measures, we developed site-level network graphs to depict the measure for overall trust between grantees and partners.

All of the results from the CNS are presented in Section 3.1.1, Partnerships and Collaboration.

2.2.4 Stakeholder Survey

The Stakeholder Survey focused on various aspects of planning and implementing local CHIs, including self-assessments, community perceptions, TTA, sustainability, and challenges. It took approximately 15 minutes to complete. The full instrument is available in Appendix B.

The sites were very early in the planning phase when we conducted the site visits. Through our regular participation in conference calls and review of their progress reports, we learned that the demonstration sites were evolving substantially over time. These changes included the addition (or removal) of partners, dropping planned activities, and adding new activities. Given these changes, we developed the Stakeholder Survey to serve two purposes:

1. Collect updated information on some of the topics covered in the site visit (e.g., challenges and sustainability) from the grantee and partners working on the initiative approximately 6 months after the site visits

2. Collect more in-depth information on areas that were not the primary focus of the site visits (e.g., perceptions of TTA) or information on areas that were not covered at all (e.g., self-assessments and community perceptions)

Eligible respondents included the grantee project coordinator, other staff from the grantee police departments involved in the CHI, and representatives from each of their partner organizations. There was some overlap in the participants in the site visit, CNS, and Stakeholder Survey such that some individuals were involved in all three and others were eligible for only some. This is because of the evolution of the program staff and active partners. Following a procedure similar to that of the CNS, we worked with each demonstration site to determine which grantee and partner staff should be invited to participate in the survey. Each project coordinator provided contact information for all eligible respondents.

Example Stakeholder Survey Questions

- How challenging was it to conduct or complete each of the self-assessments for CHI?
- To what extent did you use the information you obtained through completing each of the self-assessments to inform your CHI?
- How aware is your community of the CHI and its activities?
- How supportive do you think your community is of the CHI?
- Please indicate whether you needed TTA in the following areas AND whether you received it.
- For each area in which you received TTA, how helpful was it?
- To what extent has your CHI planned for sustainability?
- Please indicate how much each of the following has been a challenge to successful implementation.

Following the CNS strategy, the Stakeholder Survey instrument was programmed and administered using REDCap. The eligible respondents were emailed an invitation to participate in the web survey on July 1, 2019, and were asked to complete it by July 8. The invitation included a summary of the survey’s purpose and a link to the survey itself. The first automated follow-up reminder emails were sent to individuals who had either not started the survey or only partially completed the survey on July 9, with a new end date of July 15. Another reminder was sent on July 16 and July 22, with new end dates of July 23 and 29, respectively. We closed the survey the end of the month.

Across the five demonstration sites, 107 individuals were invited to participate in the survey (50 grantee representatives and 57 partner representatives). We received emails from four individuals indicating that they had not been involved enough in the initiative to complete the survey questions. We removed those four respondents from our response rate calculations because they were not technically eligible to participate. The response rates are presented in Table 2-3. The overall response rate when partial completes are included is 71%; however, there was variation in response by site and between grantees and partners. Site-level response rates ranged from 58% in Minneapolis to 79% in Houston. Whereas 82% of grantees at least partially completed the survey, only 61% of partners did. Similar to the CNS, partners were less likely to respond than grantees.

Table 2-3. Stakeholder Survey Response Rates

	Sample	Completes	Partial Completes	Response Rate, %	
				Completes Only	Completes + Partial(s)
By site ¹					
Baton Rouge	24	15	3	62.5	75.0
Houston	19	10	5	52.6	78.9
Minneapolis	19	10	1	52.6	57.9
Oakland	21	12	4	57.1	76.2
Rapid City	24	13	3	54.2	66.7
By stakeholder type					
Grantee	50	34	7	68	82
Partner	57	26	9	46	61
Total—all types/sites	107	60	16	56	71

¹Grantee and partner representatives by demonstration site.

Descriptive Analysis

As described previously, the Stakeholder Survey included questions covering planning and implementing local CHIs, including self-assessments, community perceptions of the initiative, TTA, sustainability, and challenges. Some of the items included response options in ordinal scales where a respondent was asked, for example, to indicate the extent to which a particular activity was useful (responses ranging from not at all = 1 through very = 4) or how much they agreed with a particular statement (responses ranging from strongly disagree = 1 through strongly agree = 4). Other items included dichotomous response options, for example, a type of TTA was needed (or not) or a particular sustainability activity has been implemented (or not). For both types of questions, we calculated means. The quantitative results are presented as follows:

- Implementation challenges and sustainability (Section 3.2.1, Approaches to CHI Implementation)
- Community partner perceptions of the CHI (Section 3.2.3, Community Perceptions of CHI)
- Value of the self-assessments and TTA (Section 3.2.4, TTA Needs and Delivery)

In addition to closed-ended questions, the Stakeholder Survey included a few open-ended items that allowed the respondent to type a short answer. These covered challenges experienced conducting self-assessments, partner perceptions of improvements that have been made under the CHI, and areas that still need improvement. We used qualitative content analysis to examine themes in the short response items. We developed an initial set of codes and then added other codes after iteratively reading the

responses. Themes were identified and illustrative quotes are provided for context. The qualitative findings are presented as follows:

- Partner perceptions of improvements made and areas that still need improvement (Section 3.2.3, Community Perceptions of CHI)
- Challenges experienced conducting self-assessments (Section 3.2.4, TTA Needs and Delivery)

Study Findings

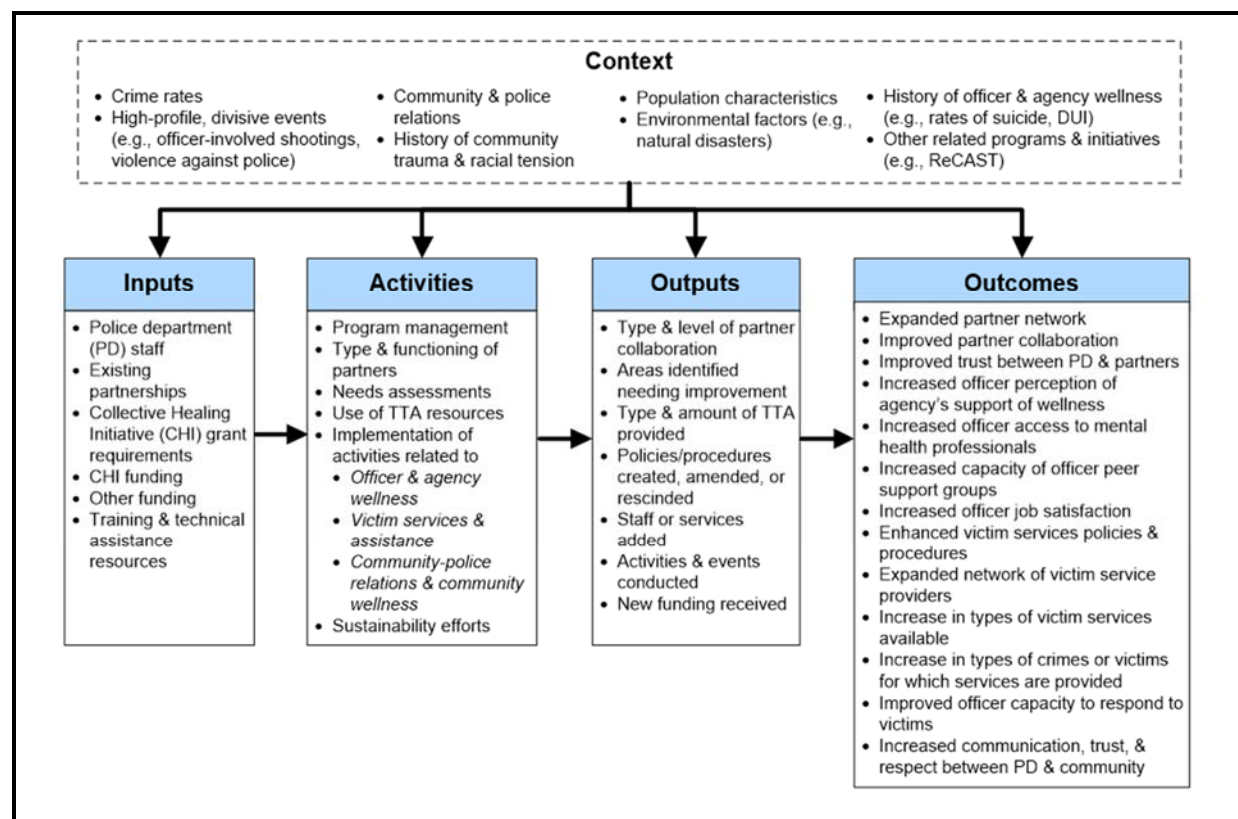
Results from all the data collection activities are presented in this section. First, we present cross-site findings related to our primary research questions. Then, we present detailed descriptions of each site. This includes relevant background information (i.e., characteristics of each jurisdiction, motivation for seeking CHI funding, and related community context) and a summary of their CHI planning and implementation to date.

3.1 Cross-Site Findings

We developed a CHI logic model (see Figure 3-1) to provide an overall picture of the context within which the projects are operating, the key components of the CHI, and anticipated results. *Context* encompasses the various contextual factors that may affect the implementation of CHI in each of these unique sites. *Inputs* are the resources the sites have to implement the CHI, including police department staff, existing partnerships, CHI grant requirements and funding, other existing funding, and TTA resources to be provided by the IACP and partners. *Activities* are what is being implemented for CHI, which varies widely across sites but can be generally categorized as shown in the logic model. *Outputs* are the immediate results of these activities and *Outcomes* are the longer-term results anticipated based on the activities and outputs. As will be demonstrated in this section, there is wide variability in the sites' CHI goals and how they are approaching implementation. As such, there are many *possible* outcomes that could result from the activities undertaken by the CHI sites. For this logic model, we have focused on outcomes that may be measurable given the data that have been collected and could conceivably be collected in the future. These data sources and their applicability to outcome measurement are described further in Section 4, Evaluation Recommendations.

In this section, we provide a detailed description of how the CHI operated overall, including on partnerships and collaboration, their approaches to implementation, community perceptions of the CHI, and TTA. Illustrative quotes from the site visit interviews are presented in sidebars throughout this section to contextualize the findings.

Figure 3-1. Collective Healing Initiative Logic Model



3.1.1 Partnerships and Collaboration

Information on partnerships and collaboration was collected during the site visits, which were conducted during winter 2018/2019, and through the CNS, which was administered in spring 2019. The results presented below reflect the state of collaboration as of that time, which was relatively early in the planning process for most sites. After our data collection ended, many of the sites have brought on new partners and are working more closely with others. Given the ongoing planning and implementation in the demonstration sites, these results should be interpreted with the timeframe in mind.

Interviews

The CHI grantees created formal and informal partnerships with a wide range of entities in their communities. Types of stakeholders that are represented across most sites include service organizations for victims of sexual violence; violence prevention organizations/programs; youth-focused organizations; mental health or behavioral health organizations; advocacy and civil rights organizations; the Mayor’s office; and research/evaluation partners (e.g., local universities).

Several grantees chose their partners strategically because of the specific role they play in the community or the population they serve. This was a way to instill diverse representation in the project and

...if everybody looks the same and thinks the same looking to solve this, it's not going to happen. So really an eye towards diversity in experience, ethnicity diversity, and age. That was important.—CHI Partner

facilitate reaching groups the police department historically had difficulty engaging. Several grantees also initially chose to tap into existing partnerships. One did this in an effort to quickly bring in partners (i.e., they did not have time to build new relationships) while others included partners that were involved in other local initiatives that had goals that aligned

with the CHI. Some of the grantees had difficulty getting partner buy-in at the beginning because the expectations of the grant were unclear, and it was difficult to explain the partners' roles concretely. One grantee described the process as "awkward" and warned their partners their involvement would require some flexibility. Grantees believed their history of partnership was important because the trust they had built facilitated the partners' willingness to join the project under these circumstances.

Very few partners were meaningfully involved in preparing the application for the CHI with most either providing a letter of support or not being involved at all. Importantly though, respondents in almost all sites said they had the opportunity to provide input following award during the project's planning phase and to contribute to its design. Partners in some sites noted that input from the community had also been incorporated during the early stages of the project. Many respondents said they felt their voice had been heard and their input had been considered. A small number felt the police department could have done more to solicit input from partners and the community.

I do believe they're open to hearing what we have to say because we're boots on the ground, we're out there, we have our ear to the community, we hear what the community wants and needs. So, we have a seat at the table, they're listening to us very well.—CHI Partner

I think that's maybe the confusion, is that we, with so many people doing so many things right now, that sometimes it's unclear what exactly which piece it is. But it's all around the same mission.—CHI Partner

All but one site is conducting meetings with its core partners on a consistent basis, with varying frequency (e.g., every 2 weeks, every 2 months). Some hold meetings specific to the CHI, while others use other meetings where time is carved out to discuss the CHI. The site that has not held these types of meetings said this was because of a lack of time. The

lack of collaboration has hindered the effectiveness of the partnership, as evidenced by the inability of most of the partners to identify the others involved. Partners across the sites did note that busy schedules are a barrier to meeting consistently and more often. Some partners were also uncertain of their own role in the CHI. It appears this was mostly the result of two factors. First, it was early in implementation and some of the roles had not been fully defined yet. Second, some partners seemed to have trouble disentangling the CHI from other efforts in which they were collaborating with the grantee or other partners.

Grantees and partners with existing relationships said having an existing foundation to work from made collaboration easier. One partner said they were able to focus on larger system-oriented issues that have been harder to tackle because

This project has introduced us to partnerships with one another that weren't, you know, that didn't exist or that weren't alive. So that's been really cool.—CHI Partner

of the trust they had built through prior collaboration. Many respondents also identified the strengthening of existing partnerships as a valuable benefit of the CHI. Some noted that partnerships that mostly had been based on providing referrals had developed into active collaboration. Respondents also saw value in being able to form new partnerships—an outcome that resulted not only for the police departments but the partners as well. Each grantee has been able to create new partnerships in their community including, for some, with organizations they had been unable to reach despite previous attempts. Partners have also developed new partnerships within the police department or with other community organizations. For example, one community organization cited a new relationship with the police department’s youth division as an important development. They were not aware of the division and its community outreach but when they learned of them, they joined forces to improve the reach of these efforts. Some respondents also spoke about their community’s history of entities working in silos and the need for improved coordination in the system to make the kind of changes they hoped for with the CHI. For most, they believe important connections have been made and they have made good progress in taking a systemwide approach to addressing community issues. The sites communicated a desire to continue expanding their partner networks, acknowledging that there are others it would be important to have at the table. When asked what type of partners are “missing,” respondents noted schools, grassroots community initiatives, domestic violence organizations, youth-focused organizations, and faith-based organizations.

Most respondents had positive perceptions of the CHI partnership and felt people were working well together and were committed. One respondent said they see great value in the partnership, and another noted there was a lot of respect between everyone involved. Another respondent described their CHI team as “resourceful, inclusive, and collaborative.” Most sites also felt that the partnership had not been affected by competing goals or priorities as the core people involved were in agreement about the ultimate goals of the CHI. Partners across several sites also commented positively about the support the CHI was receiving from their police department’s leadership (e.g., Police Chief, Deputy Chiefs), noting how important it is to their efforts and, for some, how it is a change from previous experience.

There’s a strong partnership, I think everybody at the table is invested and wants to see change for sure. I definitely see that everyone is putting their heads together to figure out what we can do differently.—CHI Partner

We have very strong commitment from our law enforcement leadership around creating a different type of relationship in our community with people who...have a history of kind of mistrust with law enforcement.—CHI Partner

Respondents also noted some partnership-related challenges, most often mentioning difficulty in maintaining partner engagement. Grantees and partners alike observed barriers in keeping some partners at the table, attributing this to lack of interest from the beginning or lack of availability to participate. Some grantees were also experiencing challenges building partnerships because of a history of mistrust between the community and law enforcement. Several partners in one site observed a tension they were experiencing in needing to maintain credibility with their clients while partnering with the police department. These partners have had to navigate the relationship carefully, walking a fine line so as not to alienate their clients who are mistrustful of the police. Another grantee recognized they had a poor relationship with the community and created specialized positions within the police department to be responsible for relationship-building. These individuals conduct regular outreach to community organizations to raise awareness and provide information about the CHI and identify gaps the project can

address. They also obtain the organizations' feedback about changes they would like to see be made and what the police department can do differently to encourage partnership. Other challenges that were cited less frequently included the time it was taking to approve contracts and budgets (some partners were working without contracts in place); level of partner involvement exceeding original expectations; and obstacles to more effective information sharing related to Health Insurance Portability and Accountability Act (HIPAA) and privacy concerns.

Capacity and Network Survey

As previously described, the purpose of the CNS is to assess the extent to which grantees successfully build their internal organizational capacities and strengthen the network of diverse organizations focused on implementing trauma-informed strategies to promote collective healing between police and the communities they serve. Eligible respondents included the grantee project coordinator, other staff from the grantee police departments involved in the CHI, and one representative from each of their partner organizations. We first summarize the types of collaboration and partnerships across the five sites and then provide more in-depth information about the strength of partnerships at the site level.

As mentioned, the grantees were still building their partnerships when the CNS was administered. Anticipating expansions of the current collaborations, we asked the grantee project coordinator/manager what additional types of professionals, organizations, or institutions they planned to reach out to about partnering on their local initiative. As shown in Table 3-1, each of the grantees planned to substantially expand the number and types of partners for their CHI. For example, all five grantees planned to reach out to child- and youth-serving organizations, civic groups, community activists, faith-based organizations, and victim assistance organizations located within the community. Four grantees planned to reach out to community-based violence reduction and prevention initiatives, criminal justice agencies, mental health organizations, and victim assistance organizations, located within both law enforcement and prosecutors' offices. These findings underscore the early planning and implementation status of the CHIs in spring 2019.

Table 3-1. Additional Desired Partner Types, Capacity and Network Survey

Partner Type	# Grantees	Partner Type	# Grantees
Child- and youth-serving organizations	5	Hospitals	3
Civic groups	5	Trauma centers	3
Community activists	5	Victim advocates	3
Faith-based organizations	5	Child protective services	2
Victim assistance (located within the community)	5	Civil rights organizations	2
Community-based violence reduction and prevention initiatives	4	Education system	2
Criminal justice	4	Juvenile justice	2
Mental health professionals	4	Local media	2
Victim assistance (located within law enforcement)	4	Medical professionals	2
Victim assistance (located within prosecutors' offices)	4	Prosecutors	2
Community-based public health practitioners	3	Medical examiners' and coroners' offices	0

Grantees and partners were asked to identify the CHI-related activities they had completed or were planning to complete. The ways CHI grantees and partners reported interacting are presented in Table 3-2. All the grantees indicated that they had already completed or were in the process of completing most of the activities included in the survey. Among the exceptions, only 40% of grantees indicated that they had participated in the planning and execution of a conference, but 80% were either planning or desired to do so. Similarly, only 60% cosponsored educational trainings/clinics with their partners, but 80% were either planning or desired to do so. The partners reported being less engaged with each other in these activities. For example, fewer than half of the partners had established a formal MOU/MOA, codeveloped training for community or law enforcement, assisted in policy and protocol development and implementation for law enforcement, or participated in peer-to-peer support activities. Among the partners, the most common activities that were planned or desired included codeveloping training for community or law enforcement (55%) and conducting community outreach (50%).

There are differences in the completed and planned activities reported by grantees and partners because the grantees are not necessarily doing every activity with every partner. Some partners are involved in many activities, while others have more targeted involvement. These results show that there is variation in the strength of the grantees' relationships with their partners, where they may work more closely with one or more partners compared to others. Additionally, there is the potential for recall or respondent bias in that a partner may not remember participating in the activity, or the person at the partner agency that the grantee worked with on an activity was not the respondent to the survey.

Table 3-2. Ranked List of Activities, Completed and Planned by Grantee and Partners

Activities	Percent, %			
	Grantees		Partners	
	Completed / In Progress	Planned / Desired	Completed / In Progress	Planned / Desired
Provide/receive information	100	40	86	14
Host/attend meeting or joint planning session	100	40	82	23
Provide/receive advice/recommendations	100	80	82	14
Establish relationships with new partners that the agency has not partnered with before	100	100	77	23
Meet one on one	100	100	77	18
Help to disseminate information	100	80	73	27
Work together on shared advocacy and intervention strategies	100	80	64	32
Participate in a coalition or network	100	80	59	23
Conduct community outreach	100	100	50	50
Plan or facilitate community events	100	100	50	27
Establish an advisory board/council or steering committee	100	40	45	18
Participate in peer-to-peer support activities	100	80	45	45
Codevelop training for community or law enforcement	100	100	41	55
Assist in policy and protocol development and implementation for law enforcement	100	100	41	41
Establish a formal MOU/MOA	100	80	36	36
Receive financial support/funding to Collective Healing program partners	100	80	18	41
Participate in joint training/education	60	80	55	41
Cosponsor educational trainings/clinics	60	80	32	41
Participate in the planning and execution of a conference	40	80	23	41
Other	40	0	0	18

In addition to identifying the activities that were being conducted, the CNS included several questions on trust. For each organization (including the grantee) involved in CHI at the time the CNS was administered, respondents were asked (1) how much they agree that the organization shares a common vision with the CHI, (2) how often they are able to talk candidly and communicate easily with the organization, and (3) how often the organization follows through on commitments. The grantees were asked about each partner organization and the partners were asked about the grantees and other partners too. We developed three trust scales by averaging the responses within each of these areas. These scales were calculated across respondents within each site and then pooled across sites. We also developed a

measure of overall trust by averaging the responses across the three individual scales. Using the pooled data, we also calculated the trust measures separately for grantee trust in partners and partner trust in grantees to assess the symmetry in trust (i.e., do grantees and partners have similar levels of trust for each other). As shown in Table 3-3, the partners' level of trust was higher than the grantees', overall and for each individual measure.

Table 3-3. Levels of Trust, Grantees and Partners

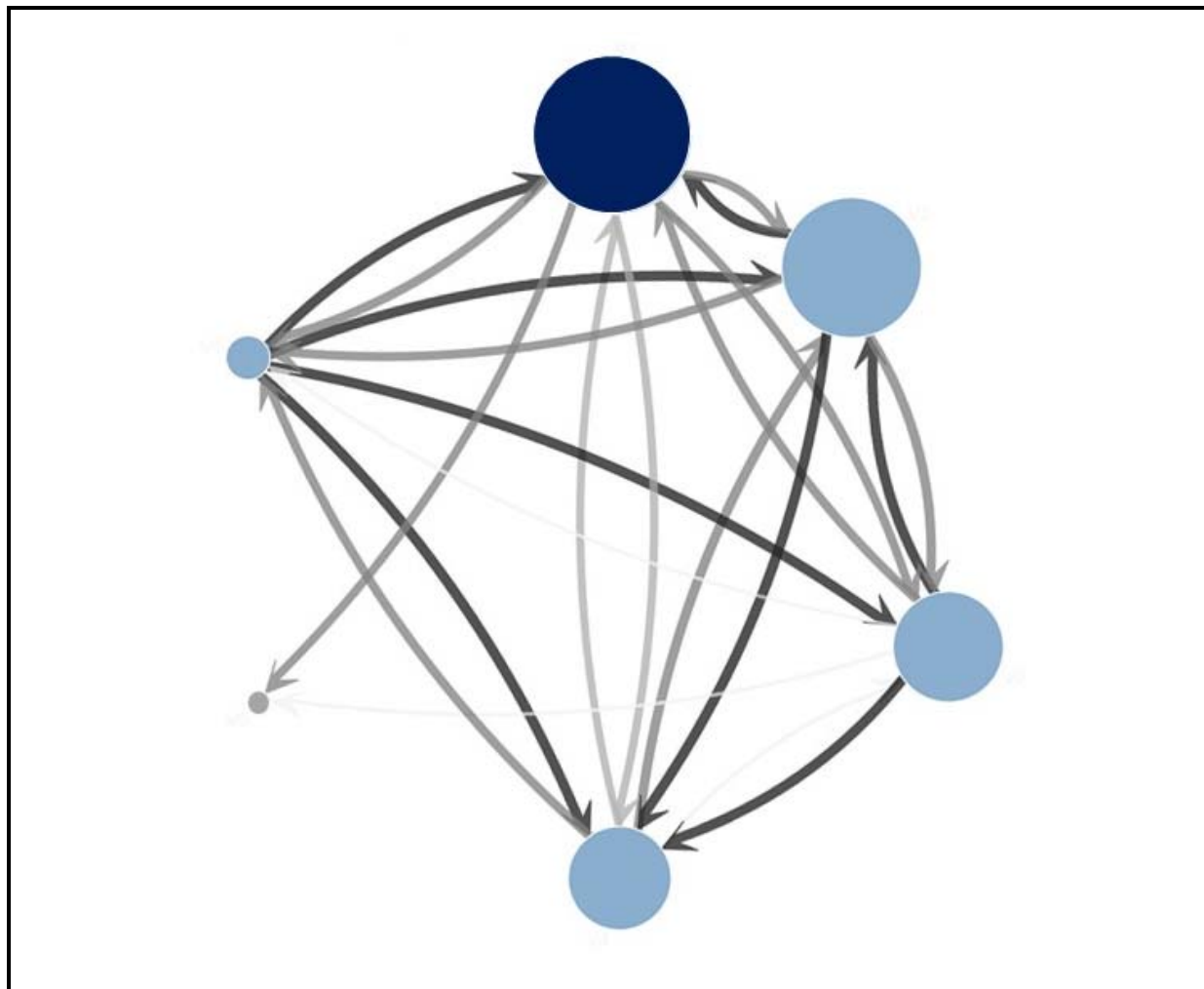
Description	Grantees	Partners
Overall Level of Trust Combined index of the three following measures	4.2	4.5
Reliability <i>Thinking about project-related activities, how often does (grantee/organization) follow through on commitments</i> (5 = Always to 1 = Never)	4.4	4.5
In support of the mission (congruence) <i>(Grantee/Organization) shares a common vision with my organization related to our work on the project (i.e. we share similar thoughts related to the overarching goal of the project)</i> (5 = Strongly Agree to 1 = Strongly Disagree)	3.8	4.5
Open to discussion (communication) <i>How often can you talk candidly and communicate easily with (grantee/organization)</i> (5 = Always to 1 = Never)	4.3	4.6

In addition to summarizing desired partnership types, collaborative activities, and trust between grantees and their partners for the CHI overall, we used social network analysis to illustrate the strength of each site network established through the initiative-related activities. Using the trust measures summarized above, we developed site-level network graphs, or drawing of points (representing organizations) connected by lines (indicating overall trust) (see Figures 3-2 through 3-6). The size of the dots reflects the number of lines connecting that organization to others, such that a larger dot indicates more responses from or about the organization. The thickness of lines connecting the organizations represents the measure for overall trust (i.e., thicker lines means the measure of trust was higher) and arrows indicate the direction of the relationship. Because each organization reported its level of trust in the grantee and each of the partners, there should be two lines connecting each dot such that one represents the trust of Partner 1 for Partner 2 and the other the trust of Partner 2 for Partner 1. Missing lines in the network reflect nonresponse to the survey. To preserve the confidentiality of the respondents, the organization names have been removed from the graphs; however, we provided each site with an identified version of the graph to inform the development of the relationships.

Overall, the network graph can help identify gaps or opportunities to build or strengthen community partnerships. Most importantly, these results illustrate that each grantee is not working in isolation, rather within a larger dependent structure to the benefit of the community. As of March 2019, grantees had engaged an average of 7 community partners (range: 5–12) to support their efforts. The

network graphs highlight the variation across sites in both the number of partners that were involved and the strength of their relationships at that time. Figures 3-2 through 3-6 present the site-level networks.

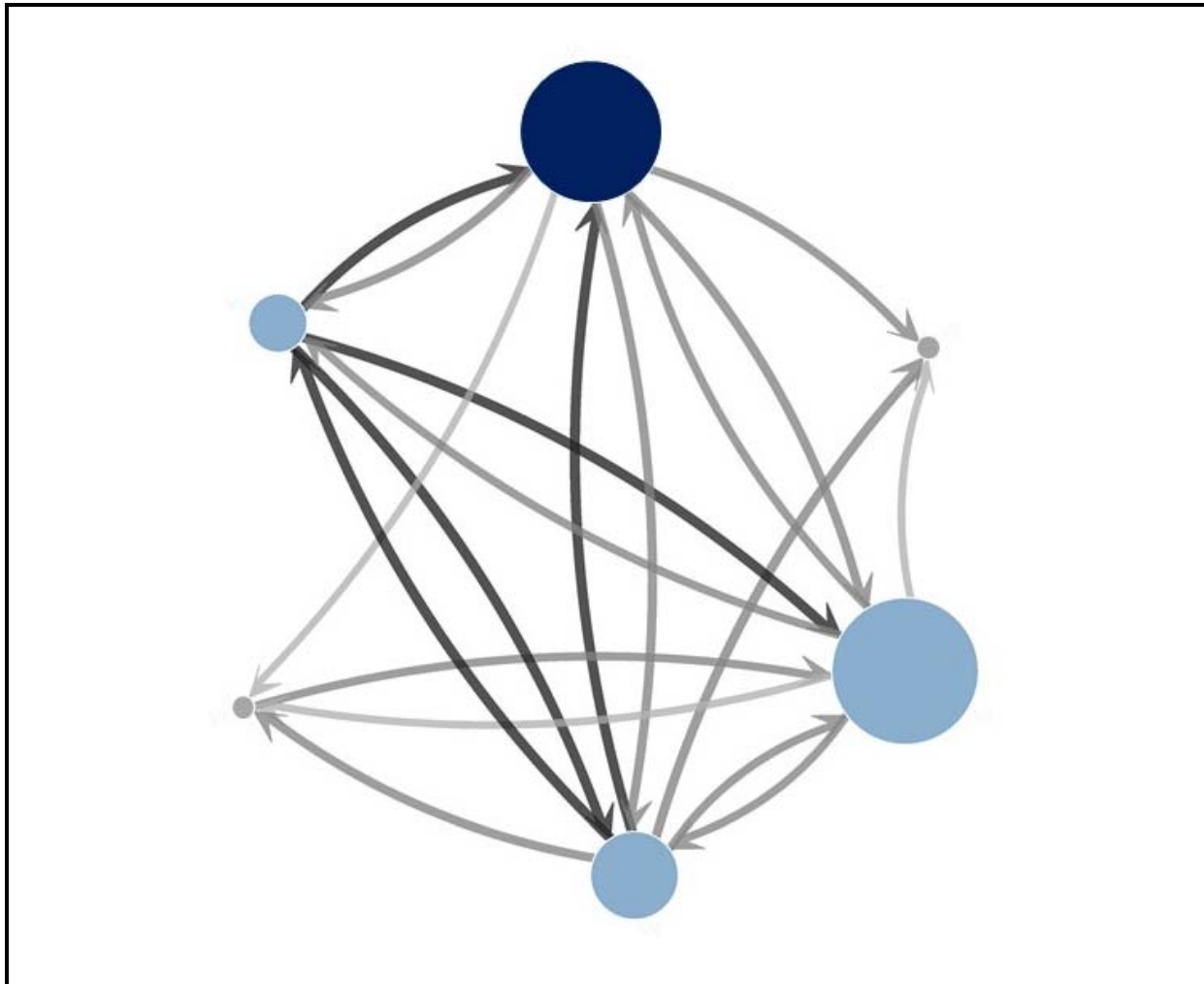
Figure 3-2. Grantee/Partner Overall Trust, Baton Rouge



The Baton Rouge CH network (Figure 3-2) is represented by those organizations that were reported to have participated in activities with the Baton Rouge Police Department (BRPD) during the past year (the PD is indicated by the dark blue dot ●, the partners that responded to the survey by the lighter blue dots ●, and the partners that did not respond to the survey by the gray dots ●). The responses included four out of five partners, which is reflected by one gray dot and missing lines in the network. As shown in the graph, the level of trust between some of the partners is not always reciprocal. Take, for example, the relationship between BRPD and the partner on the top left. The thick black line with an arrow pointing towards BRPD indicates the partner has strong trust in BRPD and the grey line indicates that BRPD has weaker trust in the partner.

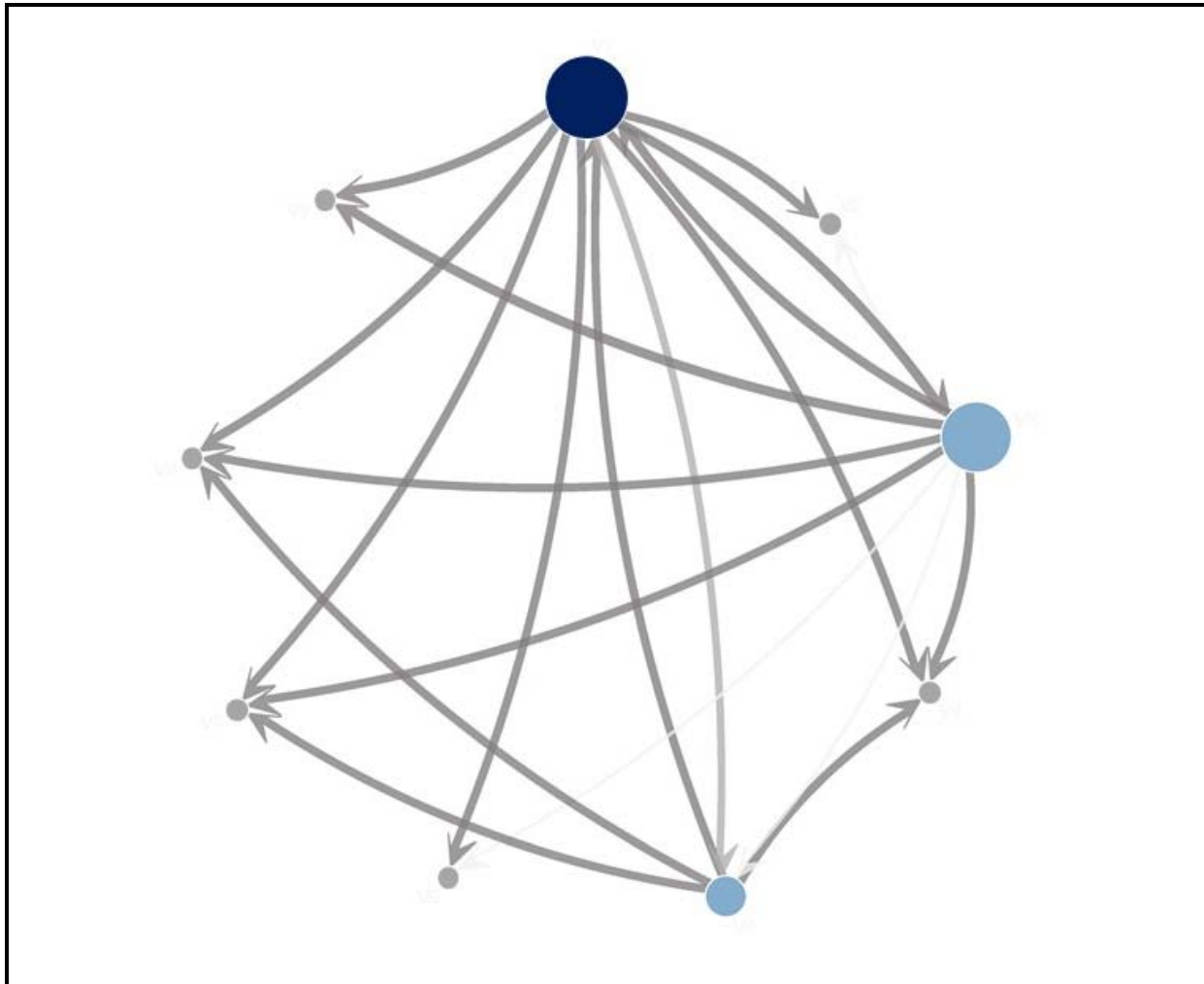
The Houston CH network (Figure 3-3) is represented by those organizations who were reported to have participated in activities with the Houston Police Department (HPD) during the past year (the HPD is indicated by the dark blue dot ●, the partners that responded to the survey by the lighter blue dots ●, and the partners that did not respond to the survey by the gray dots ●). The responses included three out of five partners, which is reflected by two gray dots and missing lines in the network. The level of trust between two of the partners is fully reciprocal. For example, the partners on the top left and bottom center indicated having the highest level of trust between each other.

Figure 3-3. Grantee/Partner Overall Trust, Houston



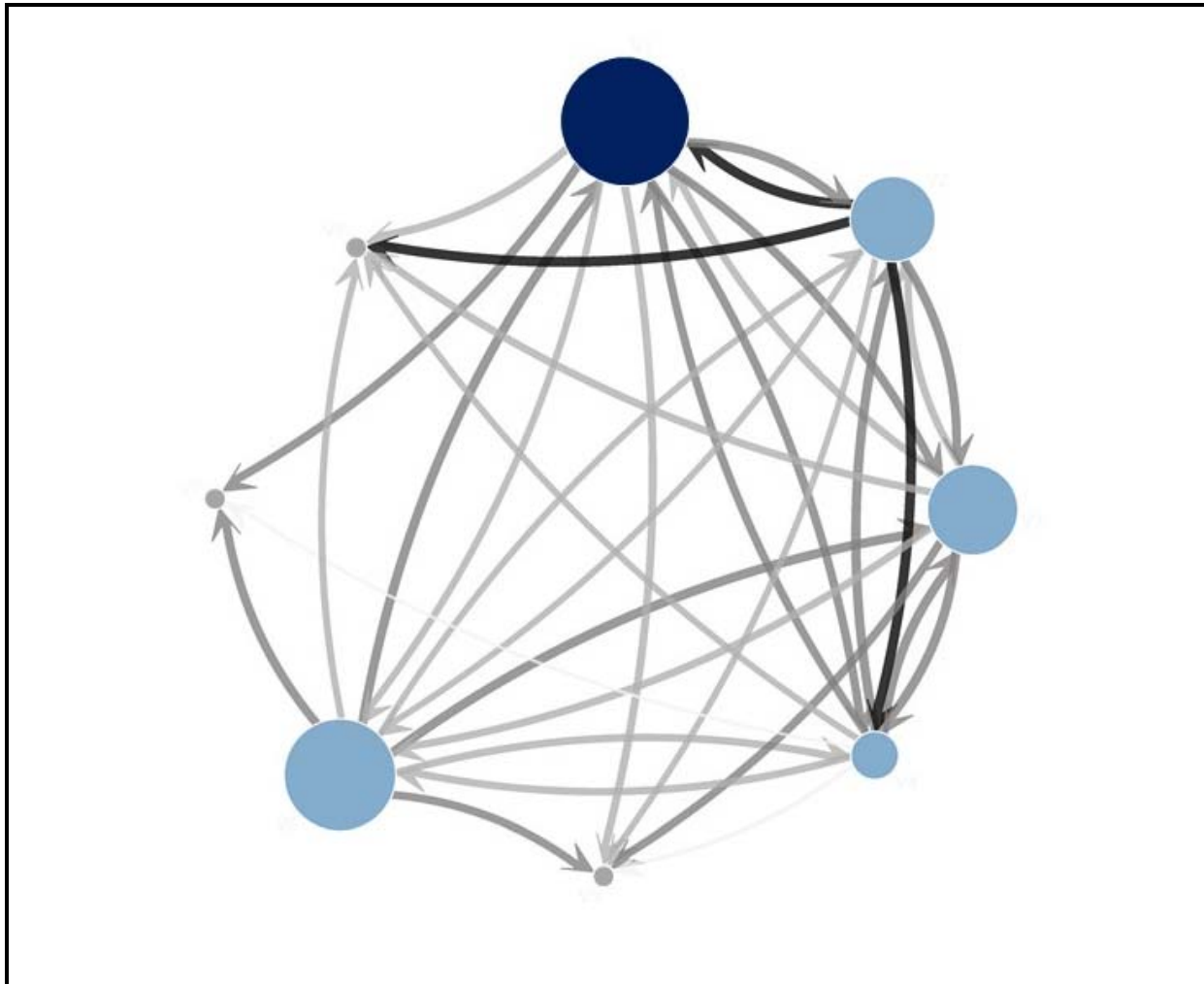
The Minneapolis CH network (Figure 3-4) is represented by those organizations who were reported to have participated in activities with the Minneapolis Police Department (MPD) during the past year (the PD is indicated by the dark blue dot ●, the partners that responded to the survey by the lighter blue dots ●, and the partners that did not respond to the survey by the gray dots ●). The responses included only two out of seven partners, which is reflected by five gray dots and missing lines in the network. The partners that did respond typically indicated moderate levels of trust. Not one partner indicated a high level of trust with another partner.

Figure 3-4. Grantee/Partner Overall Trust, Minneapolis



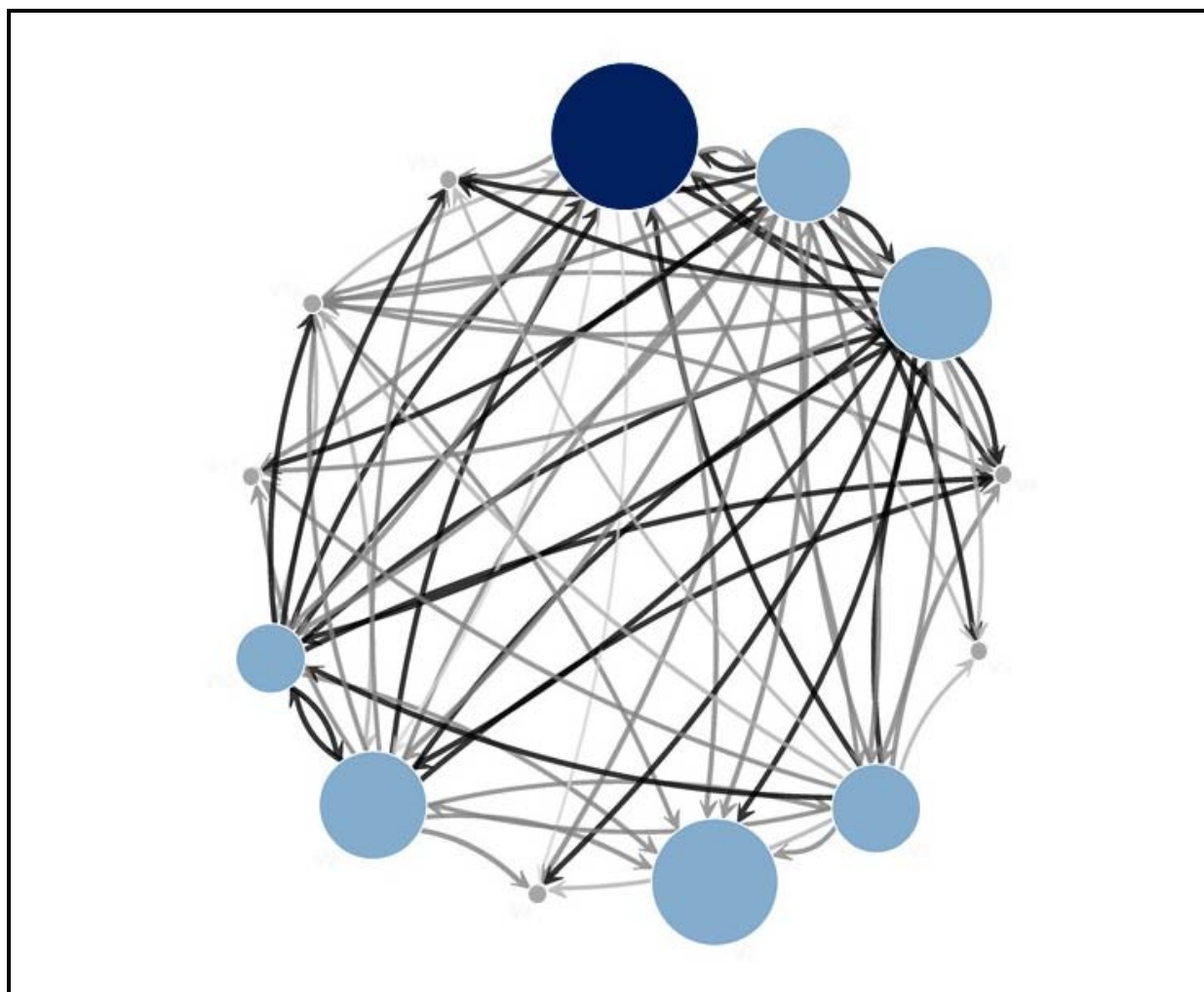
The Oakland CH network (Figure 3-5) is represented by those organizations who were reported to have participated in activities with the Oakland Police Department (OPD) during the past year (the OPD is indicated by the dark blue dot ●, the partners that responded to the survey by the lighter blue dots ●, and the partners that did not respond to the survey by the gray dots ●). The responses included five out of seven partners, which is reflected by two gray dots and missing lines in the network. The level of trust varies across partners such that some have strong, mostly reciprocal trust and others have relatively low levels of trust.

Figure 3-5. Grantee/Partner Overall Trust, Oakland



The Rapid City CH network (Figure 3-6) is represented by those organizations who were reported to have participated in activities with the Rapid City Police Department (RCPD) during the past year (the RCPD is indicated by the dark blue dot ●, the partners that responded to the survey by the lighter blue dots ●, and the partners that did not respond to the survey by the gray dots ●). The responses included 6 out of 12 partners, which is reflected by six gray dots and missing lines in the network. Rapid City had the largest partner network but was similar to other sites in the variation in trust levels between partners.

Figure 3-6. Grantee/Partner Overall Trust, Rapid City



3.2.1 Approaches to CHI Implementation

The demonstration sites were tasked with planning and developing their local initiative. To provide context for the overall initiative, we describe why the grantees applied for funding, the sites' goals, and their definitions of success. We then describe their planned CHI activities, coexisting related programs in their jurisdictions, challenges and facilitators to implementation, and sustainability planning.

Why Grantees Applied for Funding

As described in site visit interviews, shared and unique factors led the demonstration sites to apply for CHI funding. These factors generally fell within three specific areas: (1) law enforcement-community tension; (2) trauma among law enforcement; and (3) established foundational work in need of additional funding. The following is a description of each area and the identified factors.

Law enforcement-community tension. Some demonstration sites reported that current tensions were the result of an extensive history of violence and mistrust between the police and community. The erosion of trust is bidirectional, that is, there is a lack of trust *of* law enforcement *by* the community and vice versa. The communities that expressed the greatest mistrust of police were predominantly minority communities including African American, Latinx, Native American, and Somali. This is undoubtedly a consequence of the centuries of abuse, violence, segregation, and discrimination experienced by these communities.

We kind of looked at not a traditional divisive event but, this cumulative divisive event...broken promises with the Native American people, massacres, the boarding schools and then the broken treaties. We just wanted to form it as that holistic historical trauma piece.—Police Personnel

Some demonstration sites experienced a divisive event that ignited existing tension between local law enforcement and the community and resulted in social disorder and unrest. An example of such an event was the high-profile shooting of an African American man, which then led to riots. One week after the riots, several police officers were shot and killed, thus fomenting even greater tension between law enforcement and the community. One demonstration site reported that after the shooting of an unarmed man, the police department received pressure to release the body camera footage of the shooting and was criticized for its delay in releasing the footage. The site struggled to determine how to appropriately release the footage while respecting the victim's family's wishes. These acute events of violence led some of the demonstration sites to seek CHI funding to address the resulting trauma and harm within their community.

Trauma among law enforcement. Some demonstration sites identified the need to address trauma experienced by police officers as a reason for applying for CHI funding. Several sites reported high rates of substance misuse among their police officers and a concern about the alarming number of officers charged with DUIs. Several sites also reported an increase in suicides within the police department. All the sites that reported substance misuse and self-harm or suicide concluded that the high rates of risk behavior were a result of the trauma experienced by their officers. Further, demonstration sites expressed that they do not have the resources or systems in place to support the officers who have requested help. Moreover, one site noted that requesting help has led to officers being relieved of duty.

So most of those guys want help. That's the thing that pissed me off so much, is these guys want help, they was asking for help and nobody would give it to them. And thank the lord y'all came along with this Collective Healing because ain't no telling where we'd be at right now. You know, they was asking for the help but nobody would listen to them.—Police Personnel

Established foundational work in need of additional funding. Some demonstration sites reported wanting to continue efforts they had already undertaken to tackle some of the underlying issues

the CHI aims to address. For example, one site reported that prior to receiving the CHI funding, a gun violence prevention program had been established. One of the aims of this prevention program was to improve community relations but they had made little progress. The demonstration site saw CHI as an ideal opportunity to support and push forward this aim. Another example is a wellness center for officers within the police department who needed additional support. The demonstration site is using some CHI funding to sustain and promote its wellness center.

Demonstration Site Goals

During site visit interviews, grantee and partner staff were asked to describe the goals of their CHI. These discussions occurred when most of the sites were in their planning phase, still in the process of developing the strategies and activities for their CHI. Sites also had not completed all of their self-assessments, the results of which were to be incorporated into the design of their implementation plans. Understanding this timeframe helps to put the responses in context and elucidates the wide range and far-reaching nature of the goals. The overall goals that sites identified are broad and ambitious, demonstrating the promise respondents felt the CHI represents.

There were two goals that were identified the most frequently, by all of the sites and by both

...it's actually collective healing in the wake of harm, which to me is a perfect name because it's everyone. It includes officers, it includes community members, anybody who has any kind of impact in the community in any way, whether they were direct victims of a crime or indirect victims of a crime, or you just live in the community and you're exposed to it in some way, form, or fashion.—Police Personnel

grantee and partner respondents. The first goal that was named consistently across the sites is the **healing of police and the community together**, reflecting the overall purpose and collective focus of the initiative. Some sites also noted specific objectives that had to be met to achieve collective healing, including acknowledgement from the police department that it has contributed to community harm and understanding and addressing the role historical trauma and race have played in community-police tensions.

The second common goal that was voiced by many respondents across the sites is to **improve understanding of the “other,”** that is, law enforcement’s understanding of victims of crime and the community and vice versa. Central to this is the mutual understanding that trauma is not experienced by just one group—it is experienced by law enforcement, victims of crime, and community members alike. The importance of building empathy and understanding each other’s viewpoints was raised repeatedly.

One of my mottos is putting yourself in somebody else’s shoes and walking in them...if we can do role reversal, put yourself in the police officer’s shoes, the police officer puts himself in community shoes and get a clear understanding [of] what each other’s needs are, I think we can close those gaps and bridge them together.—CHI Partner

The remaining responses were often more specific and not uniformly stated across the sites and respondents. However, they can be grouped into five broad goals: (1) to improve community-police relations, (2) to improve response and assistance provided to victims of crime, (3) to improve community wellness, (4) improve officer and agency wellness, and (5) to improve collaboration and coordination between stakeholders

It's really about building relationships with those people you serve and understanding that they have vulnerabilities and traumas that is impacting their behavior, and instead of trying to answer the call for service in 5 minutes, take 10 or 15 minutes maybe to peel a layer back and understand that's going to help you make better decisions and develop your relationship. And I think in that sense you're going to start breaking down these barriers that we actually do care.—Police Personnel

Improving community-police relations is an overarching goal across the sites. Most also noted the importance of improving relations with specific populations within the community, e.g., those with the most mistrust for the police, specific racial or ethnic groups. The sites also emphasized the need to increase the police and community's understanding of trauma, believing this will improve their interactions. Further expanding on this goal, all sites aspired to increase trust and improve communications between the community and police, and most also said they wanted to increase transparency from the police department. The sites

also expressed wanting to see changes in how the police interact with the community, citing goals to improve police response to crises or traumatic situations; increase positive (i.e., non-crime related) community engagement; or increase focus on proactive instead of reactive policing. Two sites identified goals related to cultural competence wanting to increase cultural awareness in the police department or increase the diversity of police personnel to better reflect the community.

Several of the goals identified by the sites support the larger goal of **improving response and assistance provided to victims of crime**. One site explicitly cited a goal to integrate a trauma-informed approach into its response to victims, while others listed important elements of trauma-informed practice, for example, increasing law enforcement knowledge about the trauma victims experience and how to avoid retraumatizing them. There was also collective emphasis on victim services with sites aiming to increase knowledge among law enforcement and service providers about victim assistance services and funding; to increase funding for victims assistance services and staff; to improve the services offered to victims of crime; to improve collaboration and coordination between the entities assisting victims (e.g., first responders, law enforcement, service providers); or to increase the community's knowledge about and access to victims assistance services.

Across the sites, respondents identified a variety of goals that ultimately support the goal of **improving community wellness**. All sites felt it was important to increase the community's awareness and knowledge about trauma (e.g., who experiences it, causes, effects, ways to address it). Many respondents also focused on community-based service provision aiming to improve access and referrals to existing services; to improve knowledge within the police department about community services and resources to utilize them more effectively; to improve and increase services to respond more effectively to trauma and mental health issues; or to identify service gaps and engage the community in developing solutions. Most sites are also aiming to reduce crime and violence and increase community safety. Less frequently, respondents identified goals to decrease rates of incarceration, particularly among racial and ethnic minorities, or improve race relations.

But we have to have these discussions where we can educate these people on, "Y'all suffering from trauma, too," and with this Collective Healing it's, it just can't be for the police. And I'm glad it's not because in order for us to move forward we going to have to help people in the community.—Police Personnel

Each site also noted that a primary goal of its CHI is to **improve officer and agency wellness**. Similar to the other overall goals, respondents highlighted the importance of increasing law enforcement knowledge about trauma, particularly vicarious or secondary trauma, and how it can affect their interactions with others; of improving the wellness services and resources available to law enforcement; and of increasing law enforcement knowledge about and utilization of these services and resources. Most sites have also set a goal to reduce the stigma toward help seeking within their police department and to create a culture that emphasizes wellness. Sites all highlighted that improvements in officer wellness will lead to improvements in the way officers work with each other, victims, and the community at large. They also believe it will improve their department’s internal legitimacy and increase officer safety.

And the way I look at it was if you have a police officer that, that works on their healing and works on their trauma, then you have a better police officer on the street that then improves community relations, you know, with the public.—
CHI Partner

A couple of sites also expressed wanting to **improve collaboration and coordination between stakeholders** in their jurisdictions, including law enforcement, government agencies, and service providers. They hope to break down the silos that have historically been a barrier to successfully implementing initiatives like the CHI. One community partner noted that it can seem like stakeholders have goals that are at odds with each other, but they are often just using different approaches to achieve the same goal. The partner provided the example that her organization focuses on healing a victim while the police focus on solving a case but, ultimately, these are two approaches that work together toward the common goal of preventing violence.

Definitions of Success

CHI demonstration sites identified similar and unique definitions of success for their initiatives during the site visit interviews. These definitions of success generally fell into three specific areas: (1) improved law enforcement-community relationships, (2) prioritization of officer wellness, and (3) enhanced service provider partnerships. The following is a description of each area and an exploration of the identified definitions within each.

Success for me will be after this is over with, when I can drive down [street name] and I see an officer playing basketball with a neighborhood kid and taking him into his arms and giving him a hug and letting him know that. “This uniform doesn’t define who I am, I have your back, I need you to have mine.” That’s success.—CHI Partner

Improved law enforcement-community relationships. Demonstration sites cited tension between the police and community as a main factor for applying for CHI funding. Therefore, it makes sense that each had a definition of success that included establishing mutual trust and respect between law enforcement and the communities they serve. Demonstration sites stated that improved relationships between law enforcement and community would allow officers and community members to be more comfortable with each other, lead to a reduced number of complaints against officers, and make the community feel that their needs are being heard and responded to.

Demonstration sites also stated that success would be improving law enforcement’s understanding of the trauma the community experiences and improving the community’s understanding of the impact trauma has on law enforcement. Success for some sites involved getting the community to

recognize that the grantee is working to improve relationships and getting the police to recognize they need to work to resolve these issues and be more transparent and accountable to the community. When this type of mutual understanding is improved, the community may no longer experience law enforcement as retraumatizing, changing the perception about trauma and healing with the community so they do not see law enforcement as there to retraumatize them. One demonstration site reported that it plans to have officers implement trauma-informed practices when engaging with the community in hopes of reducing traumatization and improving community relationships.

Prioritization of officer wellness. Many demonstration sites included changing the culture and mindset of officers about mental health providers in their definitions of success for the CHI. Respondents stated that their CHI would be successful if more officers were willing to access mental health services, recognize the opportunity the services provide, and receive training to understand and address the trauma they experience.

Enhanced service provider partnerships. Demonstration sites often included having a better network and understanding of available services in their success definitions. Some demonstration sites stated that they wanted stronger partnerships between law enforcement and nonprofits to include formalized MOUs. Others noted that these partnerships would create sustainability to continue this work in the future and would reduce the number of obstacles victims encounter before receiving services.

Types of Activities Planned or Implemented

As described in Section 1.1.1, the objectives of CHI shifted to focus specifically on three primary areas: officer and agency wellness, victim services and assistance, and community wellness/community-police relations. The activities and strategies that demonstration sites were planning or implementing revolved around these broad areas. Within each area, the sites' activities were generally focused on developing policy, training and events, or increasing capacity (e.g., adding staff, services, funding).

Officer & Agency Wellness

During interviews, demonstration sites identified CHI funding as an opportunity to invest in the well-being of officers who experience daily trauma and to shift the culture from officer stoicism to peer support. One site noted the importance of officer wellness after their agency had at least 10 officers arrested for driving under the influence in a 4-month period; another recognized after an officer suicide that they had prioritized officer safety on duty through the use of life-saving equipment, but had neglected officer wellness off duty. With CHI funding, sites are focusing on developing policies, planning and implementing trainings, and increasing their capacity to improve officer and agency wellness.

Policy Development. During interviews, four of the five demonstration sites noted that they were reviewing and revising policies related to officer wellness. One site noted that it has already changed its policies to reflect that officers have a duty to report if they think their partner may be experiencing trauma or difficulty in their work or personal lives. Similarly, another site noted that it is setting up policies and procedures for officer-involved shootings, child deaths, and other critical incidents and mandating debriefs for officers impacted by the trauma of these events. To evaluate its policies and procedures, one site created two checklists to determine if it meets established trauma-informed policing goals.

Training. All demonstration sites discussed the need for mental health training for officers during their interviews. Some also emphasized the need for training specifically on trauma and vicarious trauma. Sites noted that they plan to implement recurring officer wellness training, and some interviewees expressed that the training should be mandatory and occur on a quarterly or monthly basis. Some respondents emphasized that the training should be co-taught by a clinician and an officer. One site discussed the need to implement training on officer wellness and mental health early by including it as part of its training academy curriculum. Two sites stated that they plan to provide training to supervisors on recognizing the signs of trauma in officers so they are better equipped to refer the officer to services. Another site is ensuring that personnel beyond officers (e.g., dispatchers) also receive trainings related to wellness.

Increasing Capacity. Four of the five demonstration sites have implemented or revitalized an existing peer support group as part of the CHI. These groups serve to mentor officers and support comprehensive officer wellness, including fiscal, physical, and emotional well-being. Through the CHI, peer support group mentors are receiving training and certification to better prepare them to serve and support their peers. These peer support groups often exist as part of a larger, robust wellness unit that centralizes all the mental health resources available to officers, including information about resources, assessments, and referrals. Through the CHI, one site is establishing a new wellness unit that includes recreational and reading spaces, including a book club and speaker series, to promote officer well-being. Departments are also working to change the culture and stigma associated with receiving mental health resources by conducting wellness campaigns to encourage officers to address mental health issues and use available resources and to promote the knowledge that officers will not be dismissed or punished for using psychological resources. Further, two sites are reducing officer exposure to trauma by establishing specialized units that can provide on-call social support to community members in need. The hope is that these units will reduce some of the cynicism and frustration that officers experience as a result of daily encounters with individuals who require systematic support that officers cannot provide. Another site has implemented an early identification tracker to quantify officers' trauma exposure to intervene before officers exhibit severe trauma symptoms.

Victim Services and Assistance

The CHI demonstration sites are using funds to plan and implement strategies and activities related to enhancing victim services and assistance. Some sites are focusing efforts on policy development, while others are prioritizing training and increasing their capacity to provide services.

Policy Development. During interviews, two of the five demonstration sites noted that they were reviewing and revising policies related to victim services. One department noted that it was using a checklist to determine if its victim assistance-related policies and procedures met trauma-informed policing goals. It is in the process of addressing identified gaps by, for example, improving victim interview techniques, creating a "soft room" for victim interviews, and providing a separate space where victims can meet privately with service providers. Another site stated that it plans to set up protocols and procedures for officer-involved shootings, child deaths, and other critical incidents.

Training. All demonstration sites are either planning or implementing training related to victim services. Some sites are implementing training at the law enforcement academy, during continuing

education opportunities, and during lineup to provide information on the services partners and other organizations offer. Most sites recognized a need for more trauma-informed care training for officers to develop their skills when interacting with the community. Two sites also mentioned participating in peer-to-peer sessions to learn about victim services provided by other law enforcement agencies.

Increasing Capacity. One strategy that demonstration sites are implementing to increase their capacity to provide victim services is hiring additional specialized personnel. Some sites are implementing a victim services coordinator, division, or a specialized unit to follow up with victims and provide guidance on navigating the criminal justice system and services available to them. During interviews, sites noted that there is a lack of funding to provide victim services. Therefore, they plan to increase their capacity to provide victim services by accessing state Victims of Crime Act (VOCA) funds or applying for other funding.

Community Wellness/Community-Police Relations

CHI demonstration sites are using funds to implement revised procedures and host events and trainings that would improve community-police relations, especially with populations that have historically been marginalized or mistreated by law enforcement or other government entities. All demonstration sites have conducted community listening sessions to understand the community's grievances and how to best meet the community's needs. Sites are seeking to improve community-police relations by addressing the mistrust of law enforcement through events where civilians and officers can have a discourse and understand the other's perspective. Sites are also working to identify and use the resources available within their communities to improve community wellness and community-police relations.

Policy Development. Partners are working with demonstration site police departments to improve policing procedures based on input from the community; internally, police departments are evaluating whether their procedures align with their trauma-informed goals. Multiple sites have requested TTA to make their policies and procedures more trauma informed. Partners indicate that they have seen a shift within law enforcement as the police department actively seeks to implement trauma-informed practices because they recognize the importance of properly responding to community members with mental health needs. To improve department transparency, one site has revised its policy to prioritize hosting press conferences, regarding divisive events or officer misconduct, as soon as possible to give the community timely, needed information.

Training and Events. With CHI funding, sites have contracted partners to host and facilitate community listening sessions, specifically with statistically marginalized groups, and training sessions. Some sites' listening sessions revealed that community members wanted more opportunities to talk with law enforcement leadership, and the sites have responded by hosting additional community engagement events and moderating panels between civilians and law enforcement. These discussions have served to dispel misconceptions that community members hold about law enforcement and address the trauma that impacts both officers and community members. The sites plan to incorporate various training activities to further improve community-police relations.

One area of focus is on youth. For example, one site is focusing on youth engagement activities that would promote healthy relationships with the police from an early age, while another is capitalizing on its partners to engage youth at risk of delinquent behavior for a trauma-informed mentoring program. One site conducted a training curriculum that taught youth how to respond to officer commands in a policing incident while empowering them to file complaints about officer misconduct. This training brought officers and community members together and allowed for open communication—something that other grantees also have done through various types of engagement events.

Another area for training involves moving from trauma to trust. For example, some sites expressed wanting to participate in Trauma to Trust, a police and community training program provided by Equal Justice USA (Silberstein, 2019). Through this training, police and community members engage in dialogue about the trauma each experiences to build understanding, empathy, and trust. The police and community are then in a better position to collaborate to improve responses to violence and increase community safety. At the time of the interviews, one site was starting the first phase that involves community canvassing to identify victim services agencies, other community organizations, and individual community champions to participate in the program with the police department. This site intends to participate in and then conduct Trauma to Trust training (through a train-the-trainer approach) in the future through alternate funding sources. Another site had police and partner members participate in Trauma to Trust training and is planning to implement it in its jurisdiction in response to feedback from its listening sessions. Another site is creating an internal trauma awareness training for officers to help them understand their own trauma and that of the marginalized community members they interact with.

Slightly different from the other areas of focus, one site plans to implement multiculturalism training for its officers. The goal is to improve officers' understanding of the diverse community they serve and culturally appropriate ways to interact with civilians.

Increasing Capacity. Based on the findings of the community listening sessions, some sites are planning to assess the community's needs, identify existing resources, and develop missing resources to collectively serve the community. At the time of the interviews, other sites were still determining their community needs before deciding how to leverage CHI funds to increase their capacity to serve the community. To date, a number of approaches to increase capacity have been implemented. For example, one site has partnered officers with social workers and psychologists who are better equipped to provide services to and refer individuals who are high users of the criminal justice and service systems. Another site has implemented a liaison who works between citizens and investigators to bridge the communication gap, act as a mediator, refer a victim to resources, and build trust between the community and police department. The intent of this liaison position is so that officers have someone to call when they respond to an incident in which a victim needs wraparound services. Another site has developed a specialized unit of trauma-informed officers who exercise diversion to services rather than arrest to build relationships between individuals in need and siloed resources.

Intersecting Programs

During the in-person interviews, participants were asked about other programs in the community that were related to CHI. Four of the five demonstration sites had programs that intersected or overlapped

with their local initiative and were being used to carry out some of its objectives. For example, two sites were conducting CHI-relevant training through other grants and programs. One is capitalizing on their Resiliency in Communities After Stress and Trauma program (ReCAST), to carry out Trauma to Trust training. ReCAST, which is funded through the Substance Abuse and Mental Health Services Administration, has a similar focus on community wellness but is generally geared toward youth and not administered by law enforcement. Three of the site jurisdictions have ReCAST programs but only one CHI grantee has successfully established a relationship between the two programs.

Another site is capitalizing on the CHI to expand an existing gun violence prevention grant, funded by Project Safe Neighborhoods (PSN), that also works to improve community-police relations. PSN was community initiated and has dramatically reduced gun-related and other violence, but it does not have the trauma-informed response or victim-centered approach that CHI emphasizes. The collaboration of these programs has been beneficial to addressing the collective community needs, bringing community members into the fold, and convening relevant partners. This site's CHI steering committee is composed of partners of the original gun violence prevention grant.

One site is using funds and partnerships available via its jurisdiction's MacArthur Foundation Safety and Justice Challenge grant to establish a Family Justice Center to provide the trauma-informed victim services, including detox, safe beds, and crisis care, to which its specialized unit of police refers individuals in need. Using a combination of funds, the site plans to later launch a regional transitional housing complex to address the issue of homelessness that the grantee's specialized unit of police encounters often.

Challenges and Facilitators to Implementation

Information on challenges experienced by the sites was collected through the in-person interviews, which were conducted in the winter of 2018/2019, and the Stakeholder Survey, which was administered in July 2019.

The Stakeholder Survey presented a list of 25 potential obstacles to successfully implementing CHI activities. Respondents were asked to indicate how challenging each was: 1 = Not at all, 2 = A little, 3 = Moderately, 4 = Very, 7 = Don't Know. We calculated the mean score for each of these options, excluding the "Don't Know" responses. Table 3-4 summarizes the extent to which respondents felt the obstacles were a challenge to implementation, ranked from most challenging to least.

In short, time and money were the top challenges the sites experienced. On average, the length of the grant period (mean = 3.23) was perceived to be the greatest challenge. This was followed by needing additional resources or funding for activities performed by both the police department (mean = 3.04) and partner organizations (mean = 3.02). Through in-person interviews, grantees and their partners provided additional context around the challenges they have encountered while implementing their CHI activities. As with the Stakeholder Survey, several sites identified the short timeframe of the grant as one of the greatest challenges in carrying out the CHI. In

That's one of the things about us running really fast with this project, we're constantly resetting our priorities and so we don't really have the staff to do that development piece.—Police Personnel

particular, some grantees noted that because of bureaucracy within their city government, processes such as executing contracts with partner organizations were not finalized until well into their CHI grant, leaving little time to achieve the CHI goals. Another noted challenge was the tension between the police department and community organizations. This tension is based largely on preconceived beliefs and biases of both police officers and community members because of a history of negative interactions between the groups. At times, these tensions thwarted efforts to achieve CHI goals such as engaging key community partner organizations to participate in CHI and gaining buy-in from some community members.

Table 3-4. Challenges Experienced by Demonstration Sites, Stakeholder Survey

Challenge	N	Min	Max	Mean	Std. Dev.
Length of the grant period	40	1	4	3.23	0.95
Need for additional resources or funding for Police Department activities	46	1	4	3.04	1.01
Need for additional resources or funding for partner organizations and activities	44	1	4	3.02	1.05
Need for more local communication (e.g., through websites, newspaper articles) about CHI goals and activities	44	1	4	2.93	1.09
Restrictions on the type of activities and items that could be covered with grant funds (e.g., food, trinkets)	40	1	4	2.83	0.90
Need for more support staff within the Police Department	51	1	4	2.80	1.06
Process to obtain required approvals at the federal level (e.g., for training materials, budget modification)	33	1	4	2.79	1.02
Need for stronger buy-in from patrol and line officers	51	1	4	2.78	1.06
Process to obtain required approvals at the local level (e.g., for staff hires, budget modification)	37	1	4	2.51	1.19
Requirements of the grant	38	1	4	2.50	0.89
Need for stronger efforts to engage community groups or members	48	1	4	2.42	1.16
Post-award changes in the Office of Victims of Crime’s (OVC’s) priorities for the grant	29	1	4	2.41	1.02
Lack of services or service capacity in our community	46	1	4	2.41	1.09
National political climate	44	1	4	2.39	1.15
Need for clearer or more timely communication from OVC	38	1	4	2.26	1.11
Local political climate	49	1	4	2.18	1.05

(continued)

Table 3-4. Challenges Experienced by Demonstration Sites, Stakeholder Survey (continued)

Challenge	N	Min	Max	Mean	Std. Dev.
Lack of engagement or resistance from community groups or members	48	1	4	2.15	0.97
Need for stronger efforts to engage important partner organizations	46	1	4	2.13	0.98
Need for clearer or more timely communication from CHI leadership within the Police Department	49	1	4	2.12	1.15
Other	2	1	3	2.00	1.41
Need for stronger buy-in from Police Department leadership	54	1	4	1.98	1.09
State political climate	47	1	4	1.91	0.97
Need for stronger CHP leadership within the Police Department	53	1	4	1.75	0.98
Lack of engagement or resistance from important partner organizations	44	1	3	1.75	0.72
Need for clearer or more timely communication from the IACP team	45	1	4	1.67	0.90

Officers who have been here for twenty-plus year are jaded and think, “no matter what we do or say, people are still going to hate us.” They’re not going to go along with the program [and say], ‘Okay, we need to sit down and talk about our feelings and stuff.’—Police Personnel

Other moderate challenges identified in the Stakeholder Survey involved local issues, such as needing more local communication and marketing about the initiative’s goals and activities (mean = 2.93), more support staff within the police department (mean = 2.80), and stronger buy-in from patrol and line officers (mean = 2.78). Interview respondents identified several factors for the limited support among officers, including

resistance to mandated participation in a CHI activity (e.g., training on trauma), a sense that CHI was developed by outsiders who do not appreciate the reality of being a police officer, and resistance to seeking help because of the stigma surrounding mental health support services. Some partner agencies expressed concern that the communities’ input was not valued or compensated. Specifically, partners noted that the community participants have donated significant time and resources to fully participate in the CHI meetings and activities and were not offered some form of compensation. Likewise, several partner organizations noted that the community should have been engaged from the beginning to help strategize at the proposal stage to ensure that their voice was incorporated into the overall CHI strategy. As a result, some communities view the CHI as a “police

The [grantee agency] is going to benefit from this strategy; we also want the community to equally benefit from this, too. Because the community is going to be participating and, is going to having these very vulnerable conversations with police officers, we just really want there to be some kind of, it doesn’t necessarily have to be monetary compensation, stipends would be great, but whatever, some creative way to make sure that community members are also benefitting from this experience.—CHI Partner

program” and not a program for the community. This was supported by the sites’ Stakeholder Survey responses, which indicated that needing stronger efforts to engage community groups or members was a moderate challenge (mean = 2.41). Another common challenge reported by community partners was a lack of communication and direction from the grantee organization. However, this was not found in the Stakeholder Survey; a *need for clearer or more timely communication from CHI leadership within the Police Department* was one of the lowest rated challenges (mean = 2.12).

The grant mechanism itself also presented moderate challenges to the sites. These included restrictions on the type of activities that could be covered with grant funds (mean = 2.83), the process to obtain required approvals at the federal level (mean = 2.79), the grant requirements (mean = 2.50), and post-award changes in OVC’s priorities for the grant (mean = 2.41). In particular, grantees noted frustration that grant funds could not pay for Trauma to Trust trainings and promotional materials to market CHI within their communities. Additionally, payment to community partners is executed through a reimbursement process, and many small, grassroots agencies do not have the existing funds to carry out activities and be reimbursed later. This created tension between one partner organization and grantee, although the partner noted its commitment to its CHI activities despite its serious concerns about funding.

It is also important to highlight items that were not perceived as particularly challenging. For example, local issues including buy-in from police leadership, leadership on the initiative from within the department, and engagement from important partner organizations were only slightly challenging (means = 1.98, 1.75, and 1.75 respectively). The lowest rated challenge was the clarity and timeliness of communication from the IACP team (mean = 1.67).

In addition to challenges, information on factors that facilitated developing and implementing CHI activities was collected through the in-person interviews. The most commonly cited facilitator was high-level buy-in and engagement from the police department, city officials, partner organizations, and community members. As an example, one demonstration site reported that an officer in a leadership position volunteered to

If you have somebody from the leadership position within an agency that can feed, inspire, and motivate that idea or culture change, you have a better chance of success, not just for the initiative but long-term cultural change.—Police Personnel

participate in the officer wellness program to reduce the stigma around seeking mental health services. Other sites noted the importance and value of having support from the executive command staff. Additionally, several sites expressed high receptivity to CHI among their community because of a shared desire to heal from the damage caused by a divisive event or longstanding history of law enforcement-community tension. One site noted the benefits of having engagement from groups on both sides of the issue (i.e., community organizations that understand the distrust of police and representatives from the local police agency who understand the challenges of policing in the community).

There’s a real hunger for healing in our community. They’re worried about the future in so many ways. So, I think we can respond to that hunger and help people see that there are ways of healing or ways of coping with these stressful situations.—CHI Partner

The importance of established relationships to the success of CHI is a theme that emerged throughout all the interviews. Relationships include those between police and the community among community organizations and between community partners and community members. Several sites articulated that it is critical to have in place strong relationships founded upon trust *before* applying for programs like CHI. The process of CHI inherently involves holding difficult conversations across diverse groups. These conversations are more fruitful and less likely to lead to greater tension when the participants are working within well-established relationships. The established relationships that sites noted were often cultivated through other projects preceding CHI, including procedural justice and gun violence prevention programs.

Jumping right into a Collective Healing initiative without doing some groundwork is, is probably futile.—CHI Partner

The relationships there are strong, so you've got that foundation where folks have been working together, and so now as you take on bigger and more strategic things, you're already working from that level of trust. To have community organizations that are really imbedded in the work that they're doing on the community level with a trust-based working relationship with the police to try and do some things is no small accomplishment.—CHI Partner

Another theme that emerged was the importance of transparency for the success of CHI. Several sites reported that the first step the grantee agency took was to publicly acknowledge the issues that they planned to address through their CHI project. Some sites reported that the first few meetings held with the community began with acknowledgment that all participants came to the meeting with preconceived ideas and biases about one another. One site reported that having an independent facilitator conduct the meetings was instrumental to running a positive and productive conversation, free from judgment.

Several sites reported that the peer-to-peer networking opportunities and the technical assistance provided by the IACP TTA team were key factors that facilitated their planning and implementation of their CHI projects. Other identified facilitators include having participation from diverse representation of community engaging in the strategic planning process, the flexibility of CHI to adapt the program to fit the needs of the community, and ample funding to carry out the CHI activities.

Sustainability

In the Stakeholder Survey, respondents were asked to rate the extent to which their site had planned for sustainability (Not at all = 1 to A lot = 4), was committed to sustainability, and would continue elements of the initiative (Not at all = 1 to Very = 4). As shown in Table 3-5, the extent of sustainability planning was moderate (mean = 3.1) and commitment to sustainability was very high (mean = 3.8). Their perceived likelihood that some of the initiative's elements would continue after CHI funding ends was also very high (mean = 3.7).

During the in-person interviews, participants also stressed the importance of sustainability. For example, one respondent indicated that sustainability was so important that the program needed to continue even without future funding, and another said they are reallocating existing funds within the department so that sustaining the initiative is resource neutral. One respondent mentioned that CHI had become a priority for the mayor and police chief.

Table 3-5. Sustainability Planning, Stakeholder Survey

	N	Min	Max	Mean	Std. Dev.
To what extent has your CHP planned for sustainability (i.e., continuing elements of your CHP after the current grant ends)?	57	1	4	3.12	0.78
How committed is your organization to continuing to collaborate on activities implemented for the CHP after the current grant ends?	57	2	4	3.81	0.44
How likely do you think it is that at least some of the elements of the CHP will continue after the current grant ends?	59	2	4	3.71	0.53

As shown in Table 3-6, the most common activity included having informal discussions (80%). This is followed by identifying resources or funding to continue CHI activities (73%) and identifying additional partners and community champions (71%). Fewer than one in four respondents indicated engaging in meetings devoted specifically to sustainability planning (24%) or developing a written sustainability plan (22%). During the in-person interviews, respondents also emphasized the importance of maintaining buy-in from the community partners and, more broadly, the community at large. However, specific activities for sustaining buy-in were not mentioned.

Table 3-6. Sustainability Activities, Stakeholder Survey

Activity	N	%
Informal discussion about sustainability	41	80
Identifying resources or funding to continue CHI activities	41	73
Identifying additional partners or community champions	41	71
Developing trainings or curriculum that can be continued	41	59
Incorporating sustainability planning into CHI team or partner meetings	41	46
Using a train-the-trainer approach	41	44
Implementing changes to organizational policies or procedures	41	44
Disseminating information to promote CHI activities	41	37
Meetings devoted specifically to sustainability planning	41	24
Developing a written sustainability plan	41	22
Other	41	7

Respondents were also asked which resources or funding to continue their local initiative had been identified and which had been secured (see Table 3-7). The most common identified and secured resources originated from within the police department (39% identified and 32% secured) and within a

partner organization (32% identified and 17% secured). Around 22% of respondents had identified local and federal funding opportunities, and about 12% had identified funding from the state government and private sources. It is important to note that these responses were provided in July 2019 and the initiative was scheduled to end on September 30. In the absence of a no-cost extension, the likelihood of sustainability appeared relatively bleak. However, we anticipate that the sites will make good use of their additional year and be in a stronger position to continue activities past 2020.

Table 3-7. Sustainability Resources, Stakeholder Survey

Area	N	Percent, %	
		Identified	Secured
Internal resources within the police department	41	39	32
Internal resources within a partner organization	41	32	17
Local (e.g., city, county) government funding	41	22	7
Federal government funding	41	22	5
State government funding	41	12	7
Funding from private sources	41	12	0
Other	41	0	0

3.2.3 Community Perceptions of CHI

In the Stakeholder Survey, community partners were asked to rate how aware the community is of the CHI and its activities and how supportive the community is of the CHI (Not at all = 1 to Very = 4). As shown in Table 3-8, perceived community awareness of and support for the initiative are in the middle of the spectrum (means = 2.4 and 2.8, respectively).

Table 3-8. Community Perceptions of the CHI, Stakeholder Survey

Area	N	Min	Max	Mean	Std. Deviation
How aware is your community of the CHI and its activities?	33	1	4	2.42	0.708
How supportive do you think your community is of the CHI?	33	1	4	2.82	0.635

When partners indicated that the community was less than “very supportive” of the initiative, they were presented the opportunity to explain what may be contributing to the lack of support. Most of the responses indicate lack of awareness of the initiative, distrust and perceptions of the police, and poor past experience with related efforts. However, a couple of responses indicated issues more systemic to the initiative itself. For example, one individual noted that, “Overall I think the CH has been under deadlines that did not allow for thorough planning/messaging/information distribution. The work in our CH,

minimally, should have been a 3-year project but we were trying to squeeze activities into an 18-month window (approximately).” Another partner mentioned a “lack of involvement from community in development of the listening session series. The approach is still top down with system stakeholders making most of the decisions.”

Partners were also asked to type a short response to describe the improvements that have been made in the following areas: community-police relationship; victim assistance and services; officer wellness; and other. The short responses about perceptions of improvements to the *community-police relationship* varied substantially and included no improvements; an increase in fun and youth-oriented activities with the police; police engagement in community events and activities; police awareness of community issues; community awareness of police work and efforts to improve; cultural awareness; and reduced complaints; among others.

Most of the community do not see hope in building a better relationship with law enforcement. That is why it has to be a constant and continuing process.

[An improvement that has been made is] Increased awareness of potential [victim] services that can be offered. An initiative is underway to add a Family Justice Center in the near future. Collaboration between law enforcement-based victim advocates and community victim service providers continues to build. Events for National Crime Victims’ Rights Week were well attended and brought together additional community partners to host events.

Improvements to *victim assistance and services* included increased coordination, communication, and collaboration, such as development of MOUs, coordination between partners and the police department, coordination between police officers and victims, and providing warm handoffs when referring victims to services. Others mentioned training and resources focused on victim services. However, a number of respondents also indicated that it was either too early to tell or they did not know.

Similar to the other areas, many respondents said it was too early to demonstrate progress or did not know of any improvements regarding *officer wellness*. Some partners mentioned increased training and resources for officers, including opportunities to express their concern and promoting a peer support model. Others thought simple discussion around and awareness of trauma, wellness, and removing stigma had increased. Two respondents indicated that they were establishing new centers or units to address wellness.

[An improvement that has been made is] Increased discussion within the police department and with the community about officer trauma, suicide prevention and other mental health issues that have contributed to breakdowns in police community relations. The police department has become more understanding of these issues and more responsive to officers dealing with these issues.

After describing improvements that have been made in the key areas, partners were asked to describe the areas that still need improvement. One issue raised by a number of respondents involved the police-community relationship. These covered issues like trust, participation in events, and implicit bias. Others noted that this process is new but requires long-term effort. The need for culture change, including buy-in from law enforcement executive staff and from line officers, was mentioned by a couple of individuals.

All areas require long-term strategies and solutions. Communities and law enforcement are dug in with their own implicit biases and each requires extensive debunking to get to a neutral ground.

3.2.4 TTA Needs and Delivery

The IACP team provided a variety of TTA opportunities for the sites. These fall into three broad categories:

1. Self-assessments
2. Site-specific TTA
3. All-sites meetings

Information on TTA was collected during in-person interviews and in the Stakeholder Survey. This included an assessment of the types of TTA provided and perceptions about the value of TTA received, among others. Our findings about each type of TTA are summarized below.

Self-Assessments

As described in Section 1.1.3, the demonstration sites were tasked with completing several self-assessment tools to collectively inform the development of their local CHI.

- Community Listening Sessions
- Divisive Events Preparation and Response Checklist
- Officer & Agency Wellness & Resiliency Perceptions Survey
- Officer & Agency Wellness & Resiliency Policy Checklist
- Trauma-informed Policing Assessment
- Victim Services Survey
- Victim Services Checklist

Below, we summarize how these tools were perceived and used by the demonstration sites. Grantee staff who were involved in conducting or completing any of the self-assessments were asked about the challenges in doing so and the value of and extent to which they used the information obtained. Because community partners were only involved in the community listening sessions, they were only prompted with questions about that specific assessment. The response options for challenges and value ranged from Not at all = 1 to Very = 4, while the extent of use ranged from Not at all = 1 to A lot = 4. Because staff may have been involved with only some of the assessments, they were also given an option to indicate “Don’t Know.” These were recoded as missing and excluded from the results presented in this section.

Overall, grantees did not find the self-assessments challenging. As shown in Table 3-9, the most challenging needs assessment to complete was the Victim Services Checklist (mean = 2.8). The two surveys, Officer and Agency Wellness and Resiliency (mean = 2.1) and Victim Services Survey

(mean = 2.3) were among the least challenging assessments to conduct. The partners also did not find the Community Listening Sessions challenging (mean = 1.9) [data not shown].

Table 3-9. Challenges Conducting Self-Assessments, Grantee Staff

Area	N	Min	Max	Mean	Std. Dev.
Community Listening Sessions/Focus Groups (i.e., Community Collaboration & Partnerships Self-Assessment Tool)	12	1	4	2.33	1.07
Divisive Events Preparation & Response Checklist	13	1	3	2.31	0.75
Officer & Agency Wellness & Resiliency Perceptions Survey	14	1	4	2.14	1.10
Officer & Agency Wellness & Resiliency Policy Checklist	14	1	4	2.50	1.09
Trauma-Informed Policing Assessment	15	1	3	2.40	0.83
Victim Services Survey	10	1	4	2.30	1.06
Victim Services Checklist	10	2	4	2.80	0.63

Grantee staff were then asked how valuable or useful the information obtained through each assessment was (Not at all = 1 to Very = 4). As shown in Table 3-10, most of the self-assessments were perceived as moderately to very useful. The most useful needs assessment tool was the Community Listening Sessions (mean = 3.8), followed by the Officer & Agency Wellness & Resiliency Perceptions Survey (mean = 3.6) and the Trauma-Informed Policing Assessment (mean = 3.5). The least valuable assessment was the Divisive Events Preparation & Response Checklist (mean = 2.8). The partners agreed that the Community Listening Sessions were moderately to very useful (mean = 3.5) [data not shown].

Table 3-10. Value or Usefulness of Self-Assessments, Grantee Staff

Area	N	Min	Max	Mean	Std. Dev.
Community Listening Sessions/Focus Groups (i.e., Community Collaboration & Partnerships Self-Assessment Tool)	16	3	4	3.81	0.40
Divisive Events Preparation & Response Checklist	13	1	4	2.77	1.01
Officer & Agency Wellness & Resiliency Perceptions Survey	14	2	4	3.64	0.63
Officer & Agency Wellness & Resiliency Policy Checklist	13	2	4	3.38	0.77
Trauma-Informed Policing Assessment	13	3	4	3.54	0.52
Victim Services Survey	11	2	4	3.45	0.82
Victim Services Checklist	10	2	4	3.30	0.82

Grantee staff were then asked to what extent they used the information obtained through each assessment to inform their activities (Not at all = 1 to A lot = 4). As shown in Table 3-11, grantees indicated that most of the assessment tools were used to inform the development of their initiative. The two surveys, Officer & Agency Wellness & Resiliency and Victim Services, were the most used assessments in informing project activities (mean = 3.5 for each). Both grantees (mean = 3.3) and partners (mean = 3.1) [data not shown] indicated the Community Listening Sessions were used moderately to inform their activities.

Table 3-11. Extent Information Obtained Through Self-Assessments Informed CHI Activities, Grantee Staff

Area	N	Min	Max	Mean	Std. Dev.
Community Listening Sessions/Focus Groups (i.e., Community Collaboration & Partnerships Self-Assessment Tool)	15	1	4	3.33	0.98
Divisive Events Preparation & Response Checklist	12	1	4	2.92	1.00
Officer & Agency Wellness & Resiliency Perceptions Survey	13	2	4	3.54	0.78
Officer & Agency Wellness & Resiliency Policy Checklist	12	2	4	3.25	0.97
Trauma-Informed Policing Assessment	11	2	4	3.36	0.81
Victim Services Survey	10	2	4	3.50	0.71
Victim Services Checklist	10	2	4	3.30	0.82

Site-Specific TTA

In addition to providing needs assessment TTA to each of the sites, the IACP TTA team also provided tailored TTA to each site. The Stakeholder Survey included questions about the TTA the grantees and their partners may have received. The questions tapped into four domains:

1. TTA needs and receipt
2. Helpfulness of TTA received
3. Perceptions of the TTA team
4. Preferences for the mode of TTA delivery (e.g., phone calls, documents, peer-to-peer learning)

To assess TTA needs and receipt, the survey respondents were presented with a list of 25 topic areas and asked to separately indicate whether they needed and received TTA in that area as of July 2019. Table 3-12 summarizes the findings. The most frequently needed TTA was related to vicarious trauma (40%), officer peer support (38%), trauma-informed policing (38%), funding opportunities to enhance

victim assistance and services (36%), other TA related to victim services (36%), and community engagement (36%). Somewhat surprisingly, the percentage of respondents who reported receiving TTA was higher than the percentage who reported needing it. It is possible that respondents were indicating whether they *still* need help in this area. The most frequently received TTA was related to trauma-informed policing (58%), officer wellness and safety (53%), vicarious trauma (51%), and community engagement (49%).

Table 3-12. Summary of TTA Need and Receipt

Area	TTA, %		Area	TTA, %	
	Needed	Received		Needed	Received
Vicarious trauma	40	51	Procedural justice	27	40
Trauma-informed policing (e.g., Trauma to Trust)	38	58	Communications/media strategic planning	27	24
Officer peer support	38	40	Policy development	27	18
Community engagement	36	49	Establishing new partnerships	24	36
Funding opportunities to enhance victim assistance/services	36	22	Engaging community or tribal leaders	24	24
Other TA related to victim services	36	18	Preparing for potentially divisive events	24	22
Officer wellness and safety	33	53	Responding to divisive events	22	20
Victim-centered responses	33	27	Community policing	22	16
Diversity or multiculturalism training	31	31	Evaluation, data collection, or data analysis	22	16
Expanding network of victim service providers	31	18	Program management (e.g., budgeting, contract management)	18	24
Community listening sessions or focus groups	29	40	Death notification	18	9
Officer suicide prevention	29	18	Other	7	0
Officer DUI/DWI prevention	29	4			

N = 45

To assess whether TTA met the demonstration sites’ needs, respondents were also asked if their initiative received all the TTA they needed. Most respondents (80.5%) indicated that they had.

For each area in which a respondent indicated having received TTA, they were asked to indicate how helpful it was (1= Not Helpful to 4 = Very Helpful). As shown in Table 3-13, overall, most of the TTA provided was viewed as helpful to very helpful. The top-scoring TTA areas were on vicarious

trauma (mean = 3.64), officer suicide prevention (mean = 3.63), community engagement (mean = 3.43), and establishing new partnerships (mean = 3.40). The lowest scoring TTA areas included officer DUI/DWI prevention (mean = 3.00), expanding the network of victim service providers (mean = 3.00), funding opportunities to enhance victim assistance/services (mean = 2.90), and policy development (mean = 2.88). Although these were the lowest rated TTA areas, the scores still indicate that they were helpful. Some TTA areas had very low levels of need (e.g., only two grantee respondents received TTA around DUI/DWI), making it difficult to draw conclusions about its usefulness.

Table 3-13. Helpfulness of TTA Received

Area	N	Min	Max	Mean	Std. Dev.
Vicarious trauma	22	2	4	3.64	0.581
Officer suicide prevention	8	3	4	3.63	0.518
Community engagement	21	2	4	3.43	0.598
Establishing new partnerships	15	2	4	3.4	0.632
Trauma-informed policing (e.g., Trauma to Trust)	26	2	4	3.35	0.689
Death notification	3	3	4	3.33	0.577
Officer wellness and safety	23	2	4	3.3	0.703
Other TA related to victim services	7	2	4	3.29	0.756
Community listening sessions or focus groups	17	2	4	3.29	0.588
Engaging community or tribal leaders	11	2	4	3.27	0.786
Program management (e.g., budgeting, contract management)	11	2	4	3.27	0.786
Responding to divisive events	8	1	4	3.25	1.165
Officer peer support	18	2	4	3.22	0.732
Victim-centered responses	9	2	4	3.22	0.667
Preparing for potentially divisive events	9	1	4	3.22	1.093
Communications/media strategic planning	10	1	4	3.2	0.919
Procedural justice	17	2	4	3.18	0.636
Diversity or multiculturalism training	14	2	4	3.14	0.663
Community policing	7	2	4	3.14	0.69
Evaluation, data collection, or data analysis	7	3	4	3.14	0.378
Officer DUI/DWI prevention	2	3	3	3	0
Expanding network of victim service providers	7	2	4	3	0.577
Funding opportunities to enhance victim assistance/services	10	2	4	2.9	0.738
Policy development	8	2	4	2.88	0.641

In addition to the specific types of TTA provided, we asked respondents about their experience working with the IACP TTA team. The respondents were asked the extent to which they agreed (1 = Strongly Disagree to 4 = Strongly Agree) with a series of statements about their experiences. Overall, the TTA team’s support was very highly rated. All of the statements had an average score of over 3, which indicates that the respondents agreed or strongly agreed with all of them, on average (see Table 3-14).

Table 3-14. Perceptions of the TTA Team

Area	N	Min	Max	Mean	Std. Dev.
Listened to what we had to say.	42	3	4	3.74	0.445
Increased my knowledge level of the subject matter(s) addressed.	41	3	4	3.68	0.471
Provided assistance that was beneficial to the planning or implementation of our CHP strategies.	40	2	4	3.58	0.549
Increased my knowledge level of the subject matter(s) addressed.	38	2	4	3.55	0.555
Provided tools and resources that I have or will use for our CHP.	41	3	4	3.44	0.502
Highlighted challenges and solutions that have been helpful for the implementation of our CHP.	40	2	4	3.43	0.636
Provided help that was tailored to us instead of being one size fits all.	40	2	4	3.40	0.591
Provided assistance to revise components of our strategy that were not working.	34	2	4	3.35	0.597
Provided support that helped us better use our local data.	35	2	4	3.29	0.667

TTA can be provided in various formats, including phone calls, in-person site visits, videoconferences, webinars, documents (e.g., sample protocols), and peer-to-peer learning. Stakeholder Survey respondents were asked to indicate how helpful each of these formats was (1 = Not Helpful to 4 = Very Helpful). As shown in Table 3-15, in-person TTA delivery was viewed as the most helpful (mean = 3.7), followed by videoconferences (mean = 3.6) and sharing documents (mean = 3.5). During the in-person interviews, two grantees expressed that they appreciated participating in peer-to-peer learning sessions and would like additional opportunities in the future.

Table 3-15. Perception of TTA Delivery Mode

Area	N	Min	Max	Mean	Std. Dev.
In-person (e.g., site visit, training)	42	2	4	3.71	0.508
Video-conference	8	3	4	3.63	0.518
Document (e.g., sample protocol)	31	2	4	3.55	0.624
Peer-to-peer learning	31	2	4	3.48	0.626
Phone calls	35	2	4	3.26	0.701
Webinar	13	2	4	3.08	0.760

All Sites Meetings

The IACP convened three All Sites meetings in which the grantees, several of their partners, and the TTA team came together to discuss progress, share experiences, and network with each other. In the Stakeholder Survey, grantees and their partners reported their level of agreement (1 = Strongly Disagree to 4 = Strongly Agree) about the value and usefulness of participating in these meetings. The third meeting was convened in early August 2019, after the Stakeholder Survey was administered, and the results here only reflect the first two All Sites meetings. Overall, the respondents found the All Sites meetings valuable (see Table 3-16). All eight items received a score over 3, indicating that on average they agreed or strongly agreed with the statement. The most agreed-upon statements were that the All Sites meetings offered a good opportunity to meet and network with other grantees and community partners (mean = 3.62), were worth attending (mean = 3.59), and provided valuable and relevant information that has been helpful in planning and implementation (mean = 3.52).

We occasionally have differences of opinion but, I don't know, maybe it's the fact that they had us, in fact, that may have been a super smart thing, intentional or not, but I think traveling and having sort of some shared experiences like that, getting, able to go out to dinner with the people who you're at the table with, I think that helps and, you know, just sort of forges really, really strong bonds. We have, we, I feel lucky, we have a really good team.—
Police Personnel

Table 3-16. Usefulness of All-Sites Meetings

	Min	Max	Mean	Std Dev.
Offered a good opportunity to meet and network with other grantees and community partners.	3	4	3.62	0.494
Were worth attending, in view of the time and resources spent.	2	4	3.59	0.568
Provided valuable and relevant information that has been helpful for the planning or implementation of our CHP.	3	4	3.52	0.509
Were held in a timely manner, in view of the scope of work.	2	4	3.48	0.574
Helped me identify areas to strengthen within my community's CHP.	2	4	3.41	0.628

(continued)

Table 3-16. Usefulness of All-Sites Meetings (continued)

	Min	Max	Mean	Std Dev.
Provided me with tools and resources that I have or will use for our CHP.	2	4	3.38	0.561
Met my expectations.	2	4	3.31	0.541
Highlighted challenges and solutions that have been helpful for the implementation of our CHP.	2	4	3.28	0.649

N = 29

3.2 Site Descriptions

There are distinct differences between the five sites, including the characteristics of their populations, their histories of high-profile and divisive events; their long histories of discrimination, inequality, and historical trauma (e.g., among Native American populations); their challenges in dealing with police-community relationships; and their perceived strengths and weaknesses in addressing these challenges. These differences may have downstream impacts on the approaches taken to achieve collective healing and the potential for success. Below, we describe each of the sites in detail, including jurisdiction and agency characteristics, community context, and the approaches they are planning or implementing for their local initiative. Data on jurisdiction size and characteristics were extracted from the American Community Survey (2013–2017 5-year estimates). Unless otherwise noted, data on agency characteristics were supplied by each grantee police department. Data on high-profile violent incidents for 2014–2016 were provided in grantees' funding applications; we requested updated data for 2017–2018 but it was not always available.

We also developed site-specific logic models that detail activities that each site has implemented, is in the process of implementing, or is planning to implement and potential outputs, outcomes, and impacts of these activities (see Appendix C). We used progress reports, meeting notes, grant applications, and other available documents to inform the development of the logic models. We shared drafts with the IACP for its input and then solicited input from each site before finalizing. It is important to note that the models reflect what the sites were planning to do as of July 2019. Many of these activities are still early in the planning phase. Some of these activities may be more fully developed over the next year whereas others may not move forward. Because the sites are still building their partnership networks and finishing listening sessions, it is also very likely that new implementation areas will arise over the next year. Change in activities will also necessitate reconsidering the relevancy of the suggested outputs and outcomes. As the local initiatives grow and evolve, it will be important to revisit and update these models.

3.2.1 Baton Rouge

Baton Rouge, Louisiana, is a mostly urban jurisdiction with a population of 227,549 people. As shown in Table 3-17, BRPD is made up of 638 sworn personnel, the majority of whom are White (63%) or Black (35%) and are male (75%). The majority of the general population of Baton Rouge is Black (54.7%) or White (36.6%). Almost 45% of households have an income of less than \$35,000.

Table 3-17. Jurisdiction and Agency Characteristics: Baton Rouge

Jurisdiction Characteristics ¹		Agency Characteristics ²	
Population	227,549	Sworn personnel	638
Square mileage	88	Civilian staff	188
Demographics		Workforce demographics	
<i>Race/Ethnicity</i>		<i>Race/Ethnicity</i>	
White	36.6%	White	63%
Black or African American	54.7%	Black or African American	35%
Hispanic or Latino	3.4%	Hispanic or Latino	1%
American Indian or Alaska Native	0.2%	Native American / American Indian	0%
Asian, Native Hawaiian, or Pacific Islander	3.6%	Asian or Pacific Islander	1%
Other	1.3%	Other	1%
<i>Age (Mdn=31.1)</i>		<i>Gender</i>	
Up to 19 years old	25.7%	Female	25%
20–34 years old	29.7%	Male	75%
35–64 years old	31.6%		
65 years or older	12.9%	Personnel living in the jurisdiction³	21%
<i>Household Income (Mdn=\$40,948)</i>		Officers using body-worn cameras	90%
\$75,000+	26.5%		
\$50,000–\$74,999	15.0%		
\$35,000–\$49,999	13.7%		
Less than \$35,000	44.9%		

¹Source: U.S. Census Bureau, 2013–2017 American Community Survey 5-Year Estimates.

²Data supplied by the Baton Rouge Police Department on 8/25/2019.

³Data supplied by the Baton Rouge Police Department in grantee application.

Table 3-18 provides an overview of agency statistics related to high-profile incidents that occurred from 2014 to 2018, as reported by the BRPD. Homicides have risen considerably from 2014, reaching a high of 87 in 2017 and decreasing slightly in 2018 to 79. Officer-involved shootings continued in a downward trend, although few have occurred overall. Similarly, very few civilian deaths resulting from use of force occurred in the previous 5 years. The number of complaints filed against officers has decreased significantly from 109 in 2014 to 47 in 2018. Use of force-related civilian injuries and use of force complaints filed against officers were consistent across 2014–2016; data for 2017 and 2018 are not yet available. The number of officers injured in the line of duty in 2017 and 2018 is also not available, although the data from 2014–2016 show the number was decreasing. From 2014 to 2018, two BRPD officers were killed in the line of duty.

Table 3-18. Number of High-Profile Violent Incidents: Baton Rouge

Annual number of...	2014	2015	2016	2017	2018
Homicides	53	60	47	87	79
Officer-involved shootings	9	9	6	6	5
Injuries to civilians in use of force events ¹	34	31	32	Not available	Not available
Deaths of civilians in use of force events	0	1	2	2	0
Complaints filed against officers	109	112	89	90	57

(continued)

Table 3-18. Number of High-Profile Violent Incidents: Baton Rouge (continued)

Annual number of...	2014	2015	2016	2017	2018
Use of force complaints filed against officers ¹	34	31	32	Not available	Not available
Officers injured in the line of duty ¹	81	62	52	Not available	Not available
Officers killed in the line of duty	0	0	2	0	0

¹Data for 2017 and 2018 are not available as of 8/25/2019 per the Baton Rouge Police Department.

Community Context

From 2013–2017, Baton Rouge’s violent crime rate was, on average, 2.5 times higher than the national rate and its murder rate 5 times higher (Federal Bureau of Investigation, 2013, 2014, 2015, 2016, 2017a, 2017b). In its CHI application, the BRPD noted that about 40% of homicide cases were not solved in 2016. It posited that some of this could be attributed to poor community-police relations, citing a community survey in which 36% of participants reported feeling the police do not care about the needs of their neighborhood and 44% said police do not treat crime victims with respect. The BRPD also acknowledged that racial and economic disparities played a role in community-police tensions with some in the community feeling that Black, low-income individuals were disproportionately targeted by the police, a sentiment supported by analysis of BRPD arrest data (Southern Poverty Law Center, 2018; Together Baton Rouge, 2017) And although Baton Rouge is a majority Black city, its police department is 63% White, which some felt contributed to the difference in arrests. Baton Rouge’s challenges with violent crime and racial and economic inequality were amplified nationally following the officer-involved fatal shooting of Alton Sterling (see textbox), leaving city officials and community members searching for solutions. The historic flood that hit Baton Rouge soon after (see textbox) added another layer to the trauma already felt in Baton Rouge, but also revealed the collaborative nature of its residents when people came together to help each other through this difficult time. This gave the BRPD hope that even though a program like CHI would face challenges, the capacity to “collectively heal” was present in Baton Rouge.

High-Profile Incidents

- In July 2016, Alton Sterling, a black male, was shot and killed by BRPD Officer Blane Salamoni, a white male. Eleven days of community protests followed, which often focused on police brutality, systematic and institutional racism, and inequality. The case sparked national interest and was widely publicized.
- Twelve days later, a Missouri man traveled to Baton Rouge and ambushed and killed two BRPD officers and one sheriff’s deputy and injured three more officers.
- A month after Alton Sterling’s death, Baton Rouge was hit by a historic flood that damaged thousands of homes and displaced almost 100,000 residents to shelters across the state. For the BRPD, one-third of officers’ homes were damaged, and over 100 police units were damaged beyond use. The approximate loss to the department was over \$4.6 million.
- In March 2018, it was announced that an investigation into Sterling’s death determined that the shooting was justified, and criminal charges would not be filed against the two officers involved. Within days, the BRPD Police Chief announced that Mr. Salamoni had been dismissed from the force; he later appealed his firing.
- In August 2019, the Police Chief held a press conference announcing a settlement agreement had been reached with Mr. Salamoni who agreed to withdraw his appeal in exchange for replacing his termination with a formal resignation (allowing him to seek employment in other departments). The Police Chief apologized to the Sterling family and the City stating, “We must recognize and acknowledge that some of our policing practices have traumatized parts of our community.” (Skene & Toohey, 2019)

Prior to the CHI, the BRPD had been involved in several local initiatives to reduce crime and improve community-police relations. For example, the Baton Rouge Area Violence Elimination (BRAVE) Project was implemented in 2012 with the goal of reducing violent crime and improving community and police relations in two of the city's zip codes most affected by violence. In 2018, BRAVE evolved into TRUCE Baton Rouge, a community organization that seeks to reduce violence by supporting youth in the community. The Baton Rouge Hope Zone, a Byrne Criminal Justice Innovation project that ran from 2013 to 2017, partnered the BRPD, city officials, community organizations, and community residents to identify and address the social drivers of crime. A Project Safe Neighborhood grant and creation of the East Baton Rouge District Attorney's Office Crime Strategies Unit also provided resources for the BRPD to address violent crime in targeted areas of the city using community-oriented models. Despite these efforts, a community survey that had recently been conducted showed that only 15% of residents strongly agreed that police were approachable, and 14% trusted the police "a lot." Although the BRPD felt it had made progress in improving its relationship with the community, these perceptions of law enforcement did not reflect that. Alton Sterling's shooting and the events that followed further highlighted that the strains in the community-police relationship were deeply entrenched. The BRPD saw the CHI as an opportunity to address the disconnect between its officers' efforts to improve their relationships with community members they serve and the way community members felt about the BRPD. It noted that a strong foundation had been built but the BRPD needed guidance to help foster the partnerships and build the mutual trust that would truly bring lasting change.

When applying for the CHI grant, the BRPD identified its prior initiatives (e.g., BRAVE) and the partnerships developed from those as strengths related to community-police relations. The BRPD noted that its staffing capacity was a weakness in improving these relations because officers had little time to devote to prevention measures. In terms of community collaboration, the BRPD recognized that community partnerships were the most important asset to reducing and preventing crime but felt there was a disconnect between what community partners expected of the BRPD and what it could do within the parameters of the department's policies and procedures. BRPD acknowledged its officers had insufficient knowledge of trauma and vicarious trauma and how it can affect victims, community members, and themselves. It committed to identifying and providing trainings through CHI to instill officers with the skills to appropriately address the various forms of trauma.

Program Characteristics and Approach

In its application, the BRPD proposed officer training on cultural diversity and trauma-informed response to incidents of violence. In its current state, Baton Rouge CHI has set two primary goals that cover the three main areas of the initiative. The first goal is to support officer wellness and better serve victims of crime and citizens through TTA for BRPD personnel. To facilitate improvement in BRPD's officer wellness support, a group of officers attended IACP's Officer Wellness Symposium and met with a subject matter expert to develop specific recommendations for the BRPD. BRPD will be training 30 peer support officers to enhance its Peer Support Unit and has requested Vicarious Trauma Training for all department personnel. It is also in the early stages of developing a formal Health and Wellness Program. To assist in better serving victims and citizens, BRPD sent 10 officers to receive in-person peer-to-peer TA on procedural justice practices. One major takeaway was the need to ensure that the community is involved in procedural justice training efforts as well. In July 2019, procedural justice

training was provided in BRPD's academy training and a group of officers participated in a weeklong train-the-trainer session with the goal of rolling out the training to the entire department. BRPD is developing its plan to include community members in future trainings. The BRPD has also received TA to help strengthen its relationship with the state VOCA administrator and the East Baton Rouge Sheriff Department, which administers local VOCA funds, to increase access to funds for victims of crime. TA providers have also conducted brown bag sessions with community victim service providers to increase knowledge about funding available to support victim services.

Baton Rouge CHI's second primary goal is to foster greater police-community engagement focused on victim services and shared trauma to help reduce tensions, maximize communications, and promote problem-solving. Recognizing that the community had not felt it was meaningfully engaged in previous initiatives, the BRPD has put significant effort into building a network of CHI partners that represent a wide variety of community stakeholders (e.g., the Mayor's Office, service providers, civil rights organizations, grassroots initiatives, victim advocates, local universities). A major accomplishment included establishing a partnership with Baton Rouge ReCAST, which shares many of the same goals as the CHI. This collaboration was a primary driver that led to the formation of the Baton Rouge Healing Coalition, a monthly fellowship of community partners that is committed to fostering an environment of collaboration and support in Baton Rouge to bring about healing. The coalition is developing a Trauma-Informed Baton Rouge Plan to guide their efforts and ensure that their work toward healing and building resiliency continues after CHI funding ends. They have started by creating a shared calendar for events that promote healing and are developing a compendium of resources for "healing work" in Baton Rouge. This coalition has not only expanded and strengthened partnership networks for the BRPD and community organizations, it has also raised the visibility of grassroots initiatives that are now being recognized as leaders of their communities, which Baton Rouge CHI views as an important outcome. BRPD's CHI partners have also been integral in conducting community engagement activities which have included several community listening sessions, youth-focused events to facilitate positive interactions with law enforcement, and panel discussions on domestic violence. In June 2019, BRPD and partner members of Baton Rouge CHI attended Trauma to Trust training, which has resulted in a plan to implement this training in Baton Rouge, tailored to the needs of the community.

Another important area in which BRPD identified need for improvement is communication and media relations. BRPD's public information officers (PIOs) have and will continue to receive TTA (e.g., social media training), and the department will be hiring additional PIOs. BRPD has also been coordinating with community leaders and local media to provide proactive communication prior to events or announcements that could be divisive. For example, BRPD and partners have routinely set up "healing spaces" in the community prior to hearings associated with the Alton Sterling case. BRPD has also improved its coordination and communication efforts following major events. For example, when a prominent community and civil rights activist was murdered in Baton Rouge, the Police Chief and Mayor held a joint conference and community partners were ready to provide support to citizens. Baton Rouge CHI believes improved communication and transparency will increase the community's trust in the BRPD supporting the overall goal of improving community-police relations.

3.2.2 Houston

Houston, Texas, is a mostly urban and suburban jurisdiction with a population of 2,267,336 people. As shown in Table 3-19, HPD is made up of 5,201 sworn personnel, the majority of whom are male (74.5%). The HPD workforce is ethnically diverse: White (39.6%), Hispanic or Latino (27.1%), and Black or African American (26.1%). However, the general population of Houston is 44.5% Hispanic or Latino, 24.9% White, and 22.4% Black or African American. Thirty-seven percent of households have an income of less than \$35,000 and 33% of households have an income of more than \$75,000, demonstrating a significant income disparity.

Table 3-19. Jurisdiction and Agency Characteristics: Houston

Jurisdiction Characteristics ¹		Agency Characteristics ²	
Population	2,267,336	Sworn personnel	5,201
Square mileage	669	Civilian staff	1,247
Demographics		Workforce demographics	
<i>Race/Ethnicity</i>		<i>Race/Ethnicity</i>	
White	24.9%	White	39.6%
Black or African American	22.4%	Black or African American	26.1%
Hispanic or Latino	44.5%	Hispanic or Latino	27.1%
American Indian or Alaska Native	0.1%	Native American / American Indian	0.2%
Asian, Native Hawaiian, or Pacific Islander	6.8%	Asian or Pacific Islander	7.0%
Other	1.2%	Other	0.0%
<i>Age (Mdn=32.9)</i>		<i>Gender</i>	
Up to 19 years old	27.6%	Female	25.5%
20–34 years old	26.0%	Male	74.5%
35–64 years old	36.3%		
65 years or older	10.1%	Personnel living in the jurisdiction	28%
<i>Household Income (Mdn=\$49,399)</i>		Officers using body-worn cameras	76%
\$75,000+	32.8%		
\$50,000–\$74,999	16.7%		
\$35,000–\$49,999	13.7%		
Less than \$35,000	36.7%		

¹Source: U.S. Census Bureau, 2013-2017 American Community Survey 5-Year Estimates.

²Data supplied by the Houston Police Department in grantee application.

The information in Table 3-20 provides an overview of agency statistics related to high-profile incidents that occurred in 2014 through 2018, as reported by the HPD. Throughout this period, the number of homicides in Harris County has remained stable (ranging from the mid to upper 200s), while the number of officer-involved shootings has decreased from its height of 34 shootings in 2014 to 18 in 2018. Data on the number of injured civilians, use of force complaints against officers, and death/injuries of officers were not available for 2017 and 2018.

Table 3-20. Number of High-Profile Violent Incidents: Houston

Annual number of...	2014	2015	2016	2017	2018
Homicides	240	298	290	269 ¹	279 ¹
Officer-involved shootings	34	32	26	15 ²	18 ²

(continued)

Table 3-20. Number of High-Profile Violent Incidents: Houston (continued)

Annual number of...	2014	2015	2016	2017	2018
Injuries to civilians in use of force events	18	17	14	Not available	Not available
Deaths of civilians in use of force events	11	12	7	Not available	Not available
Complaints filed against officers	1,086	1,074	1,085	Not available	Not available
Use of force complaints filed against officers	62	55	56	Not available	Not available
Officers injured in the line of duty	539	524	629	Not available	Not available
Officers killed in the line of duty	0	1	0	Not available	Not available

¹Data were extracted <https://www.houstonpublicmedia.org/articles/news/2019/01/28/319582/overall-houston-crime-down-homicides-up-in-2018/>

²Data were extracted from <https://www.houstontx.gov/police/ois/>
Data for 2017 and 2018 are not provided by HDP as of 9/17/2019.

Community Context

Although Houston has worked to advance its approach to policing, HPD recognizes that there are still significant gaps in trust and questions of legitimacy that form barriers between the department and community members. Members of the community are distrustful of the police because of racial tensions and immigration status concerns. For example, HPD has experienced significant scrutiny for officer-involved shootings and controversial uses of force with Black and mentally ill civilians. Families of victims and community members have held demonstrations against police brutality, protesting officers’ propensity to use excessive force, despite the level of threat that the individual posed to the officer or other civilians. HPD is also undergoing internal changes and challenges, as they are now under the leadership of a new police chief who is grappling with issues such as a staffing shortage and officer substance use and suicide. For example, they have experienced financial constraints and staffing shortages that impede the employment of meaningful programs that would engage disenfranchised individuals (e.g., teenage males) who have the least respect for and confidence in the department. Historically, HPD has demonstrated its commitment to implementing victim centered, trauma-informed approaches in cases involving domestic violence and sexual assault.

High-Profile Incidents
<ul style="list-style-type: none"> • In 2010, ten officers were accused of beating and kicking Chad Holley, a burglary suspect, in a surveillance video that provoked national outrage. Seven of the officers involved were dismissed from the department. • In 2012, officers fatally shot double-amputee, wheelchair-using, Brian Claunch, after mistaking the object in his hand for a weapon. Claunch’s death sparked local outrage about how HPD handled interactions with individuals with mental illness. • In 2017, Houston was ravaged by Hurricane Harvey that killed 39 individuals, including one police officer reporting for duty, and caused approximately \$125 billion in damage. • In 2018, an officer fatally shot unarmed Danny Ray Thomas, who was experiencing mental distress and in a state of undress when the officer arrived on scene. The family has filed a wrongful death lawsuit.

HPD also has strong relationships with and support from the community and a commitment to assisting victims who may be traumatized by violence, demonstrated by the HPD revising their policy, procedures, and training for assisting victims of sexual assault and family violence. Despite these

strengths, HPD also acknowledged weaknesses in these areas. Although they have made progress in assisting victims of sexual assault and family violence, they recognize the need to do the same thing for all victims of crime through a holistic approach. Furthermore, HPD needs to assess how officers are impacted by the vicarious trauma of their jobs and how this trauma impacts their suitability for duty. The department is working to improve its capacity to care for officers' mental and emotional well-being after critical incidents.

Program Characteristics and Approach

HPD applied for CHI funding to recruit a graduate student intern to support data collection and timely communication with partners. They planned to complete the IACP needs assessments and then work with the core project team to prioritize identified gaps and develop an implementation plan to fill those gaps. HPD's commitment to completing the needs assessment to inform the development of their initiative led to a slower start than some of the other sites. Houston was very deliberate in prioritizing short-, mid-, and long-term activities that would support the goals of their initiative. As shown in Figure 3-7, one of their primary implementation areas includes improving victim services. HPD has revised and translated the "blue card" of resources given to each victim and enhanced their victim services web page. Although it previously focused on domestic violence, the "blue card" now covers additional crime types and has been translated into six languages. HPD victim advocates also now receive a 55-hour trauma-informed training course that is used by the Houston Area Women's Center. HPD has expanded partnerships to include more victim services providers and created a coalition to improve response to crime. HPD plans to conduct victim services training to sworn HPD staff.

To enhance officer and agency wellness, HPD has implemented a Peer Support Team (PST) and provided suicide prevention training for those officers to aid their peers. However, staff turnover has been a significant challenge in getting the PST off the ground. Moreover, officers distrust management and the system, which results in fear to participate in the PST. HPD plans to roll out a wellness campaign and to feature a wellness app, so that officers can confidentially gauge their own wellness and seek out resources. Houston is still in negotiations with the app developer and so it is not known at this time which types of resources and assessments it will include.

Within the community, HPD has held multiple listening sessions and plans to conduct trust-building activities with disenfranchised community members to improve police-community relations. HPD is in the process of enhancing police engagement with youth by revitalizing the Police Activities League (PAL) and improving its academy training for cadets, including revised multicultural and implicit bias training.

3.2.3 Minneapolis

Minneapolis, Minnesota, is an urban jurisdiction with a population of 411,452. As shown in Table 3-21, MPD is made up of 880 sworn personnel, the majority of whom are White (73.9%) and male (85.7%). The general population of Minneapolis is 59.9% White and 18.6% Black or African American. Over 33% of households have an income of less than \$35,000 and over 38% of households have an income of more than \$75,000, demonstrating a significant income disparity.

Table 3-21. Jurisdiction and Agency Characteristics: Minneapolis

Jurisdiction Characteristics ¹		Agency Characteristics ²	
Population	411,452	Sworn personnel	880
Square mileage	58	Civilian staff	169
Demographics		Workforce demographics	
<i>Race/Ethnicity</i>		<i>Race/Ethnicity</i>	
White	59.9%	White	73.9%
Black or African American	18.6%	Black or African American	11.0%
Hispanic or Latino	9.8%	Hispanic or Latino	5.8%
American Indian or Alaska Native	1.0%	Native American / American Indian	2.9%
Asian, Native Hawaiian, or Pacific Islander	6.0%	Asian or Pacific Islander	0.1%
Other	4.7%	Other	0.0%
<i>Age (Mdn=32.1)</i>		<i>Gender</i>	
Up to 19 years old	23.5%	Female	14.3%
20–34 years old	32.1%	Male	85.7%
35–64 years old	35.3%	Personnel living in the jurisdiction	8%
65 years or older	9.2%	Officers using body-worn cameras	69%
<i>Household Income (Mdn=\$55,720)</i>			
\$75,000+	38.2%		
\$50,000–\$74,999	16.3%		
\$35,000–\$49,999	12.1%		
Less than \$35,000	33.5%		

¹Source: U.S. Census Bureau, 2013–2017 American Community Survey 5-Year Estimates.

²Data supplied by the Minneapolis Police Department in grantee application.

The information in Table 3-22 provides an overview of agency statistics related to high-profile incidents that occurred in 2014 through 2018, as reported by the MPD. Throughout this period, the number of homicides in Minneapolis ranges from 32 to 47 per year. The number of officer-involved shootings peaked in 2015 with six occurring that year. The number of injured civilians has decreased over time with a high of 490 in 2014 to a low of 210 in 2018. Deaths of civilians in use of force events has been consistently low, with two or fewer each year. The number of use of force complaints against officers has decreased over time from 72 in 2014 to 27 in 2018. There were no officers killed in the line of duty between 2014 and 2018.

Table 3-22. Number of High-Profile Violent Incidents: Minneapolis

Annual number of...	2014	2015	2016	2017	2018
Homicides	32	47	35	46	33
Officer-involved shootings	4	6	2	4	3
Injuries to civilians in use of force events	490	414	411	384	210
Deaths of civilians in use of force events	0	1	1	1	2
Complaints filed against officers	311	439	370	242	370
Use of force complaints filed against officers	72	67	56	26	27
Officers injured in the line of duty ¹	109	94	89	Not available	Not available
Officers killed in the line of duty	0	0	0	0	0

¹Data for 2017 and 2018 are not available as of 9/3/2019 per the Minneapolis Police Department.

Community Context

Minneapolis is a multicultural city with a significant number of immigrant communities and communities with diverse racial, religious, sexual orientation, and immigration status backgrounds. Historically, many of these communities have not had positive relationships with and are distrustful of law enforcement. MPD applied for CH funds because they recognized that they have caused harm to the communities they serve. These, and other, traumas and in the community have not been addressed, continuing the fractured and tenuous relationship between the police and the community. One challenge for MPD is that the Latinx community is

concerned about the department being involved in matters of illegal immigration enforcement. The mistrust of MPD by that community causes crimes to go unreported. MPD recognizes that the community also has been harmed by the department's policies (e.g., use of K9 squads to transport prisoners), not just because of mistreatment or bias by individual officers. There has previously been a lack of recognition of how these laws and policies disparately impact American Indians, other people of color, immigrants/refugees, and the LGBTQIA+ community.

MPD has also experienced significant scrutiny for officer-involved shootings, including the 2015 shooting of Jamar Clark and the 2017 shooting of Justine Ruszczyk. After the shooting of Clark, community members rallied outside of MPD's 4th Precinct headquarters and established an 18-day occupation outside the location. Community members have been dissatisfied with the results of investigations into officer-involved shootings.

In light of these challenges, MPD applied for CH funding with the hope of creating new and innovative programs, enhancing current collaborative partnerships, and operating under a victim-centered, trauma-informed focus to reestablish and grow relationships with the community. MPD brought several perceived strengths to this effort, including their outreach to hear from and collaborate with the community through opportunities such as the Chiefs Community Advisory County and Precinct Advisory Councils and the establishment of an internal team of mental health professionals to assist officers in dealing with current and historical trauma. MPD was also aware of several weaknesses they would need to overcome, including (1) having open and consistent communication between the department and the community; (2) difficulty establishing relationships with new service organizations, groups, and leaders in the community; (3) responding to the needs of victims and community members who have been

High-Profile Incidents

- In November 2015, Jamar Clark (Smith, 2015) was fatally shot by MPD Officers Mark Ringgenberg and Dustin Schwarze. The shooting led to an 18-day occupation outside the police precinct in north Minneapolis and clashes between police and protesters. Officers were cleared of any criminal or civil wrongdoing by separate state and federal investigations (Chanen & Sawyer, 2016).
- In July 2017, Justine Ruszczyk (Damond) was fatally shot by MPD Officer Mohamed Noor after calling 911 to report a possible assault of a woman in an alley behind her home. Officer Noor was fired from MPD in March 2018 and was charged with third-degree murder and second-degree manslaughter for the fatal shooting. In April 2019, Noor was convicted on both charges and sentenced to 12.5 years in prison. The family of Justine Ruszczyk filed a \$50 million lawsuit against the city after her death. In May 2019, the City of Minneapolis agreed to a \$20 million settlement with the family.
- In June 2018, Thurman Blevin was fatally shot by MPD officers. Hennepin County Prosecutors announced that no criminal charges will be brought against the officers because they were authorized to use deadly force (Barajas, 2018). After the announcement, protesters rallied at the Hennepin County Government Center and marched along the light rail tracks shutting down service for nearly an hour.

traumatized by violence; and (4) helping officers understand the trauma they experience through their daily work.

Program Characteristics and Approach

In their grant application, MPD proposed using CH funds to meet the following goals:

- Evaluate and improve officer and agency resiliency and wellness structure.
- Create a work plan for introducing trauma-informed policing into MPD operations.
- Develop new/improved community collaborations organizationally.
- Identify, expand, and announce/advertise the MPD victim services programs.
- Form a team of MPD personnel, community stakeholders, business leaders, and others to help shape the outcome of the CH grant work.

As shown in the Minneapolis logic model (Appendix C), MPD plans on implementing a number of activities in each of the key CHI areas. One of MPD's main implementation areas has been addressing community collaborations. They have consolidated all community-facing components of MPD into one Procedural Justice Division. This division includes their Community Engagement Team, Procedural Justice Unit, Chaplain Program, Crime Prevention Specialist and the Community Navigator program. This consolidation has allowed them to further develop their internal and external partnerships and provide additional support to the community. To further develop their community collaborations, MPD plans to develop a resource map of support available to victims of crime, create new educational opportunities to learn about policing, and expand and formalize outreach efforts after critical or high-profile incidents. It is not yet clear what these will look like in practice.

MPD's second main implementation area has been focused on victim services. To create a more holistic approach to crime prevention and response, MPD has implemented a Community Navigator (CN) program. CNs are nonsworn positions to be a liaison between MPD and the community. So far, MPD has hired six CNs to serve distinct populations: (1) Native Americans, (2) African Americans, (3) LGBTQIA+ individuals, (4) Latinx individuals, (5) Somalians/East Africans, and (6) Victims of Intimate Partner/Domestic Violence. Two of the positions are funded through CHI and the others are funded through the city's general police department budget. MPD is optimistic that they will be able to transition the two grant funded CNs to permanent MPD staff when CHI ends. Indeed, MPD plans to increase the number of CNs and the populations they represent. Yet, MPD is still in the process of establishing formal roles and standard operating procedures for CNs and providing them with professional development opportunities. It remains unclear at this time what the core responsibilities of the CNs will be and how they will interact with victims of crime and others in the community. There is no standardized process for determining when a patrol officer or investigator should call a CN and they have not yet been introduced to MPD at large. It is not yet clear if the CNs are mandatory reporters, which could adversely affect their ability to work with victims. Although this is an innovative position that has enormous potential to positively impact the community, additional work is needed to define and structure CN operations. MPD is also in the process of advertising this program to the community and establishing a website and phone

line to allow the community to connect with CNs. In addition to the CNs, MPD is continuing to hold community listening sessions, engage grassroots community service providers, and ensure that technical assistance is provided to partners on funding opportunities for victim services.

Although MPD has not heavily focused on either officer wellness or victim services, they have started work in these areas. For example, MPD has provided vicarious trauma training to their CNs. MPD is considering implementing a wellness app for sworn and civilian staff so that officers can confidentially gauge their own wellness and seek out resources. MPD also plans to host listening circles for officers to learn techniques to address and cope with the trauma they have experienced. To bolster services available to victims, MPD has established a relationship with A Mother's Love to assist victims and community members on-scene after a critical incident. MPD is also establishing a relationship with the newly formed Office for Violence Prevention within the City of Minneapolis. They are also in the process of updating their sexual assault model policy and providing agency training on sexual assault response. However, these activities are very early in planning and work is needed to further define and flesh out these program components.

3.2.4 Oakland

Oakland, California, is an urban jurisdiction with a population of approximately 417,442 people. As shown in Table 3-23, OPD is made up of 737 sworn personnel, the majority of whom are White (30.6%) and male (66.8%). However, the overall agency race and ethnicity demographics reflect the general population, which is 27.3% White, 27% Hispanic, and 23.6% Black or African American. Households with an income of less than \$35,000 equal 31%, while 43.2% have an income of more than \$75,000.

Table 3-23. Jurisdiction and Agency Characteristics: Oakland

Jurisdiction Characteristics ¹		Agency Characteristics ²	
Population	417,442	Sworn personnel	737
Square mileage	78	Civilian staff	405
Demographics		Workforce demographics	
<i>Race/Ethnicity</i>		<i>Race/Ethnicity</i>	
White	27.3%	White	30.6%
Black or African American	23.6%	Black or African American	24.3%
Hispanic or Latino	27.0%	Hispanic or Latino	25.0%
American Indian or Alaska Native	0.4%	Native American / American Indian	0.4%
Asian, Native Hawaiian, or Pacific Islander	16.4%	Asian or Pacific Islander	17.3%
Other	5.4%	Other	2.3%
<i>Age (Mdn=36.4)</i>		<i>Gender</i>	
Up to 19 years old	22.0%	Female	33.2%
20–34 years old	25.4%	Male	66.8%
35–64 years old	40.0%		
65 years or older	12.5%	Personnel living in the jurisdiction³	18.3%
<i>Household Income (Mdn=\$70,907)</i>		Officers using body-worn cameras	100%
\$75,000+	43.2%		
\$50,000–\$74,999	15.5%		
\$35,000–\$49,999	10.5%		
Less than \$35,000	31.0%		

¹Source: U.S. Census Bureau, 2013-2017 American Community Survey 5-Year Estimates.

²Data supplied by Oakland Police Department on 8/29/2019.

³Percentage provided by OPD in grantee application.

Table 3-24 provides an overview of agency statistics related to high-profile incidents that occurred from 2014 to 2018, as reported by OPD. The annual number of homicides reached a high of 85 in 2016 and decreased in 2017 and 2018. In 2015, there were seven officer-involved shootings; for all other years, there were no or one incident. Data on injuries to civilians in use of force events are not available for 2017 or 2018; however, there was a slight upward trend from 2014 to 2016. Deaths of civilians in use of force events has been a rare occurrence since 2015. The number of complaints against officers increased from 2014 to 2017; data was not available for 2018. Use of force complaints increased significantly in 2018 compared to 2014 to 2016 (2017 data was not available). The number of officers injured in the line of duty is not available for 2017 and 2018. The numbers across 2014 to 2016 were fairly stable, ranging from 211 to 235. No officers have been killed in the line of duty from 2014 to 2018.

Table 3-24. Number of High-Profile Violent Incidents: Oakland

Annual number of...	2014	2015	2016	2017	2018
Homicides	79	83	85	71	68
Officer-involved shootings	0	7	0	1	1
Injuries to civilians in use of force events	25	32	33	Not available ¹	Not available ¹
Deaths of civilians in use of force events	4	6	0	1	1
Complaints filed against officers	1,067	1,009	1,186	1,267	Not available ¹
Use of force complaints filed against officers	182	215	142	Not available ¹	337
Officers injured in the line of duty	235	211	220	Not available ¹	Not available ¹
Officers killed in the line of duty	0	0	0	0	0

¹Data are not available as of 8/29/2019 per the Oakland Police Department.

Community Context

The OPD and community, particularly minority communities, have had a long history of strained relationships. The Black Panther Party for Self-Defense was formed in Oakland in the 1960s to protect African American communities from police harassment and brutality. Their interactions were often hostile, sometimes resulting in violence, further weakening the community-police relationship. Community mistrust toward the OPD was heightened in the 1990s–2000s following the “Riders Cases” (see textbox) that resulted in the

High-Profile Incidents

- In the 2000 *Delphine Allen et al., vs. City of Oakland et al.* (Civil Rights Litigation Clearinghouse) case (i.e., the Riders Cases), the OPD faced a lawsuit alleging police misconduct and civil rights violations by four officers known as “the Riders,” primarily against African American males. Examples of the allegations included harassment, falsifying evidence, and beatings. The lawsuit was resolved with a settlement agreement that required a \$10.9 million payment to the plaintiffs and reforms to OPD’s policies and procedures to be monitored under a consent decree. The officers were criminally charged, with the charges ending in acquittals or hung juries for three of them. The final officer fled and remains a fugitive. The consent decree is still in effect today.

OPD being monitored under a federal consent decree that began in 2003 and remains in effect today (City of Oakland, n.d.) Although the oversight was supposed to last only 5 years, the department has not yet met all of the reforms required under the original agreement. Over the years, the OPD has made progress toward meeting the reforms but continues to be set back by scandals and allegations of misconduct. A

widely publicized example that occurred just prior to the CHI involved the sexual exploitation of a minor by OPD officers (see textbox). This resulted in criminal prosecution of four officers and, following questions of how the situation had been handled, a change in the OPD Chief of Police three times in 9 days.

The OPD has recognized the importance in acknowledging its role in contributing to the strain in community-police relationships and actively working to improve those relationships through collaboration with community partners. Since the late 2000s, a partnership of the OPD, faith-based leaders, social service providers, victim advocates, and community members has worked to implement the Ceasefire strategy in Oakland with the goals of reducing gang-related homicides, reducing participants' recidivism, and improving community-police relationships (City of Oakland, n.d.). Through their efforts, procedural justice training was implemented agency-wide in the OPD, which led to an increased interest in trauma-informed policing and care and implicit bias. OPD contracted with two research organizations to provide a review of procedural justice best practices and conduct interviews with shooting victims and family members of homicide victims. This culminated in a recommendation for more trauma-informed and victim-centered policing in Oakland. At the same time, Oakland Ceasefire was engaging with community members through focus groups and a group of African American officers had started conducting "barbershop sessions" where officers and community members engaged in dialog to find solutions to build community-police relations. These discussions highlighted that communities still felt distrustful of law enforcement even though gains had been made. Of note, the 2016 sex scandal was often cited as an example of an incident that undermined the community's trust in the OPD. Through the years, Oakland Ceasefire had been able to make significant progress on its first two goals but stalled in seeing real improvements in community-police relationships. However, a solid foundation had been laid and the OPD and its Ceasefire partners saw the CHI as a chance to continue building on its efforts.

When applying for the CHI grant, OPD identified two primary weaknesses related to community-police relations. First, that the OPD had not focused their engagement efforts enough on the communities that had the most distrust for the police, and second, that OPD staff needed significantly more and better-quality training to assist in improving community relationships. In terms of strengths, OPD cited its efforts to examine community-police relations and possible racial disparities through data (e.g., stop data, body-worn camera) and its transparency in sharing the results (Eberhardt, 2016). This signified the department's dedication to truly making improvements in community relations. OPD also noted its established network of community partnerships as a strength but acknowledged that these partnerships,

High-Profile Incidents (continued)

- In 2009, four OPD officers were killed and one injured in the line of duty. The suspect, who had a history of violent crime, killed two officers following a routine traffic stop and two SWAT members in the following pursuit. It was the deadliest attack on officers in the department's history. The Chief of Police ordered an independent review, which largely commended the officers' actions but also outlined several recommendations to improve officer safety (Stewart, 2009)
- In 2016, 12 OPD officers were disciplined and 4 were prosecuted for sexual and professional misconduct with a victim who was a minor when the incidents began. It was revealed that the department had known of the allegations of misconduct starting in 2015 following the suicide of an OPD officer who described the allegations in a suicide note. OPD failed to report the allegations to the monitoring team under its consent decree as was required. Instead, the department conducted a number of internal investigations, which were later deemed "wholly inadequate" by a court-appointed investigator (Swanson & Barron, 2017). The investigator cited one of the primary reasons the OPD failed to investigate properly was the victim's history, which included mental illness, drug use, and prostitution.

again, were not reaching the people who most often lacked trust in the police. OPD also acknowledged that it had very few policies or trainings in place to assist officers in their response to victims and citizens traumatized by violence. The trainings they did have were focused solely on victims of sexual assault or child abuse. Similarly, very little attention was paid to ensuring appropriate response to officers experiencing vicarious trauma. In these two areas, the OPD noted the need for significant improvement.

Program Characteristics and Approach

At the time of the proposal, the site planned to use the CHI funds to build on the successes of the Ceasefire strategy by implementing trauma-informed best practices and training to support victims and OPD staff and continuing to engage community members and strengthen community-police relationships. The OPD made the strategic decision to use the partnerships and infrastructure developed through Oakland Ceasefire and invited its core Ceasefire partners to be a part of the CHI. This collaborative meets regularly to discuss the progress of the CHI and actively seeks new partners to bring on board.

As shown in the Oakland CHI logic model (Appendix C), the site has undertaken or planned numerous activities related to improving officer and agency wellness. One primary element has been the development and implementation of Vicarious Trauma Training that describes vicarious (secondary) trauma, its impact on law enforcement and police departments, and strategies to address it. The training has been administered gradually, being provided to groups of executive, sworn, and professional staff, with plans to continue until all OPD staff have received it. Additionally, OPD has made significant progress in improving the wellness support it provides to staff. Prior to CHI, OPD's Wellness Office was supported part-time by one employee and mostly provided counseling referrals, basic peer support, and notifications of City-sponsored trainings. OPD's CHI staff prepared a proposal to develop the Professional Development and Wellness (PDW) Unit and move it under the Training Division, an important step in ensuring that the unit would receive the support it needed. The proposal has been approved by executive leadership and is in early implementation. The PDW Unit will expand the wellness and health services, trainings, and supports available to OPD staff. Plans include providing a substance abuse program and mental health counseling program (offsite in collaboration with a local provider); ongoing trainings, seminars, and events related to officer wellness; improved peer and mentoring supports; and health, safety, and wellness activities. The unit will include a small exercise room and fitness classes, nutrition classes and healthy food options, a library room, a meditation room, and a computer room. An Advisory Team is being formed to assist in the development of the PDW and a strategic plan for sustainability and funding.

The Oakland CHI has developed a Trauma-Informed Policing (TIP) Plan "to create a law enforcement culture in Oakland that promotes recovery, healing, and resilience and actively avoids re-traumatization." This plan outlines several components to help in achieving this goal including trauma-informed policing training, victim services training, community-police centered training, and revising existing or developing new policies and procedures to institutionalize TIP practices. The TIP training will focus on raising awareness about the signs and symptoms of trauma; how it can affect victims and community members and the way they interact with law enforcement; and skills to avoid re-traumatization. OPD's victim services partners are developing trainings to present during lineups to assist officers in improving their interactions with victims and inform them of the services that are

available to victims in the community. Progress on community-police centered training has been delayed recently. Several OPD and partner staff attended Trauma-to-Trust (EJUSA) training conducted by Equal Justice USA with the aim of later implementing it in Oakland to promote healing and develop collaborative relationships. Although the content of the training resonated with the OPD and partners, it is a large undertaking and the OPD is significantly understaffed and lacks the resource capacity to support it. As of the writing of this report, the OPD and partners are investigating other trust-building trainings that can be implemented instead. The ultimate goal is to provide the space for open communication between law enforcement and community members to build appreciation for trauma experienced by both parties and break down mistrust that has damaged the community-police relationship.

Another primary area in which the Oakland CHI is focused is building relationships, including strengthening those existing and forming new ones. The OPD and its CHI victim services partners are developing a formal co-responder model for homicides and shootings and OPD is providing a dedicated space to embed partner victim advocates at the department. They are also in progress of conducting community mapping to identify other local service providers and advocates to enhance OPD's response to victims. Efforts are also underway to foster collaboration between Oakland's CHI and existing programs that support the community, both internal to OPD (e.g., Project Safe Neighborhood) and external (e.g., ReCAST). OPD and community partners recognized that local initiatives and organizations often work in silos. They aim to break them down and build partnership to avoid duplication and maximize everyone's efforts. Oakland CHI has also conducted six community listening sessions across various populations (e.g., young men on parole/probation, LGBTQIA+, clergy) that focus on the state of the community-police relationship, perceived changes in the past 5 years, and what the police and the community can each do to improve the relationship. Results from qualitative analysis of the listening sessions will be shared in feedback sessions with the same groups. Plans are to continue conducting these community listening and feedback sessions to "build progressive interaction" between police and community members.

3.2.5 Rapid City

Rapid City, South Dakota, is a mostly rural and suburban jurisdiction with a population of approximately 72,841 people. As shown in Table 3-25, RCPD is made up of 128 sworn personnel, the majority of whom are White (92%) and male (86%). The general population of Rapid City is estimated to be approximately 77.2% White and 10.5% American Indian or Alaska Native. However, the grantee noted in their grant application that Native American or American Indian residents, who are primarily from the Lakota tribe, can be hard to count based on their living situations and a more accurate estimate could be closer to 23% (Braunstein & Schantz, 2015). Approximately 34% of households have an income of less than \$35,000 and about 38% of households have an income of more than \$75,000, demonstrating a significant income disparity.

Table 3-25. Jurisdiction and Agency Characteristics: Rapid City

Jurisdiction Characteristics ¹		Agency Characteristics ²	
Population	72,841	Sworn personnel	128
Square mileage	55	Civilian staff	36
Demographics		Workforce demographics	
<i>Race/Ethnicity</i>		<i>Race/Ethnicity</i>	
White	77.2%	White	92.0%
Black or African American	1.1%	Black or African American	1.2%
Hispanic or Latino	5.0%	Hispanic or Latino	2.0%
American Indian or Alaska Native	10.5%	Native American / American Indian	2.0%
Asian, Native Hawaiian, or Pacific Islander	1.5%	Asian or Pacific Islander	1.4%
Other	4.7%	Other	1.4%
<i>Age (Mdn=37.1)</i>		<i>Gender</i>	
Up to 19 years old	25.3%	Female	14.0%
20–34 years old	21.9%	Male	86.0%
35–64 years old	36.0%	Personnel living in the jurisdiction	82%
65 years or older	16.9%	Officers using body-worn cameras	78%
<i>Household Income (Mdn=\$63,942)</i>			
\$75,000+	38.2%		
\$50,000–\$74,999	16.3%		
\$35,000–\$49,999	12.1%		
Less than \$35,000	33.5%		

¹Source: U.S. Census Bureau, 2013–2017 American Community Survey 5-Year Estimates.

²Data supplied by the Rapid City Police Department on 8/8/2019.

Table 3-26 provides an overview of agency statistics related to high-profile incidents that occurred from 2014 to 2018, as reported by RCPD. The annual number of homicides is relatively low, ranging from two to nine. There was only one officer-involved shooting each year from 2014 to 2017 and zero in 2018. Injuries to civilians in use of force events peaked at 66 in 2015 and declined to 44 in 2018. Deaths of civilians in use of force events has been a rare occurrence since 2014. Complaints filed against officers has fluctuated from a high of 128 in 2015 to 46 in 2018. No officers have been killed in the line of duty from 2014 to 2018.

Table 3-26. Number of High-Profile Incidents: Rapid City

Annual number of...	2014	2015	2016	2017	2018
Homicides	4	9	2	7	3
Officer-involved shootings	1	1	1	1	0
Injuries to civilians in use of force events	60	66	55	55	44
Deaths of civilians in use of force events	1	1	1	1	0
Complaints filed against officers	90	128	86	104	46
Use of force complaints filed against officers	2	7	6	2	4
Officers injured in the line of duty	34	36	45	26	17
Officers killed in the line of duty	0	0	0	0	0

Community Context

Rapid City has the unique experience of being a demonstration site that resides on the ancestral land of the Lakota Sioux Tribe. The Lakota people have been historically abused, including the breaking of the 1851 Fort Laramie Treaty (annexation of the Black Hills), the Wounded Knee Massacre, cultural assimilation policies, and confinement to the reservations. The 1851 Fort Laramie Treaty established that non-Natives could pass through tribal lands safely, the U.S. government would establish roads, and that tribes could select head chiefs to

enter deals with the U.S. government. The treaty guarantees that the tribes would be protected from the wrongdoings of any U.S. citizen; however, when gold was found in the Black Hills (where the Lakota people resided), the treaty was broken, the land was seized, and the Lakota people were subject to an influx of gold miners who disregarded the sanctity of the land and forced by the government to congregate in reservations north of the Black Hills. Shortly thereafter, nearly 300 Lakota men, women, and children were killed in the Wounded Knee Massacre when the U.S. military ordered the surrender of weapons and immediate removal of the Lakota people from the area that had been deemed a military zone. Cultural assimilation policies existed for nearly 200 years; various leaders upheld and implemented “Americanization” policies that required Native Americans to learn “American” customs to merge their tribal traditions with the majority culture and live within society. These policies were attempts to undermine and erase Native American language, culture, and history through Native American boarding schools that Native children were forced to attend in order to assimilate. These incidents of historical trauma have bred deep resentment for law enforcement, as a visible emblem of the government, among Native Americans. The closest reservation to Rapid City, Pine Ridge, experiences high incidences of substance abuse and violent crime, but RCPD has no jurisdiction on the land because the tribe is not subject to extradition laws. Tribal members oppose entering an agreement that would allow RCPD to patrol the reservation because of the historical abuse of the tribe by the U.S. government.

Citizens have expressed concern because of the disproportionate number of Native American arrests, the use of force against Native Americans, and the cycle of repeat victimization of Native Americans. Through an independent review of local community-police relations, RCPD learned that the largest disparity between existing RCPD programs and national best practice literature on community-oriented policing is in the area of problem solving. RCPD acknowledges that there are ongoing conflicts between the department and community members in how to define, resolve, and manage problems that arise in policing of the Native Community. Through this independent review, RCPD learned that crisis intervention and problem solving could be improved through formal partnerships with Native community leaders, which lead to the establishment of the Community Advisory Council of Native American leaders.

High-Profile Incidents

- In 2014, Allen Locke, a Native American man, completed “suicide by cop” in his home by charging an office with a knife. RCPD did not release their report of the events in a timely manner, which allowed an alternative narrative circulated that implied Locke was not holding a weapon and thus lethal force was not justified. From this incident and the backlash, RCPD learned that they should have brought in Native American elders and the Community Advisory Committee to begin communications with the Native American community immediately, rather than allowing time for the inaccurate narrative to spread. Perhaps this course of action would have prevented the wrongful death protest that took place at the Rapid City hospital in the wake of Locke’s death. Aside from the protesters, there was community consensus that the use of lethal force was justified as multiple eyewitnesses attested the same as the officer’s narrative and the Division of Criminal Investigation ruled that the officer acted appropriately in his use of force.

RCPD faces particular challenges with the Native American community within their jurisdiction; the historical trauma of the mistreatment of the Native Americans and disproportionate arrest and uses of force of the minority population impedes meaningful relationships between law enforcement and Native Americans. For this reason, law enforcement becomes a target for the Lakota peoples' resentment of federal government and triggers historical trauma as police officers are the most visible face of the government. This generational distrust is compounded by a heavy police presence and disproportionate number of Native American arrests (63%) and use of force incidents (56%). The RCPD is working to combat the Native American perception of law enforcement being the face of government and working to improve relationships with the community. However, grassroots coalitions that address historical trauma intentionally exclude law enforcement, blame law enforcement as a scapegoat, or host the program in Pine Ridge (the reservation in which RCPD does not have jurisdiction).

To combat these challenges, RCPD perceives that its ability to adapt to situations and implement innovative ideas to problem-solve conflict is the key to its relationship with the community. The department demonstrates strength in sustaining and developing community collaborations, as evidenced by its extensive community outreach program. However, Rapid City experiences a high call-for service volume that results in officers being too busy to spend the necessary time on-site to address the underlying issues (e.g., substance abuse, domestic violence). Further, community members have expressed concern that the proportion of law enforcement that is Native American is not representative of the population. The agency's most significant weakness concerning community collaborations is their dedicated time to problem solving in the community in a collaborative way; because of historical trauma and underlying stigma, Native American community members are disenfranchised from collaborating with law enforcement to address community-wide problems. Further, RCPD lacks a widespread victim follow-up program that would assess and evaluate repeat victims to prevent further victimization. These weaknesses are represented in RCPD's tracking of victims' statistics, especially in the Native American community.

Program Characteristics and Approach

RCPD applied for CH funds to implement a program that would develop community members' trust to address historical trauma and past mistreatment of the Lakota people in South Dakota. RCPD is participating in multiple initiatives aimed at fostering collaboration, building trust, and enhancing department transparency to improve community-police relations. These initiatives include the DOJ Office of Justice Programs Diagnostic Center Review Engagement, a Community Policing Development grant to establish a Native American officer recruitment and mentorship program and a DOJ grant to obtain body cameras for 100 officers. These efforts illustrate RCPD's strategy to improve community relations and enhance perceptions of police legitimacy. RCPD had previously put forth proposals that would fund the role of social workers or mediators to work alongside specially trained officers to provide on-site services to victims (i.e., crisis intervention) and divert perpetrators from jail to treatment services (i.e., problem solving), when applicable. However, these opportunities were delayed or marginalized because of lack of funding. At the time of the proposal, RCPD planned to use CHI funds to employ social workers or mediators to ride along with specially trained officers with the intent of improving crisis intervention services. The team was designed to provide wraparound support by being empowered with discretionary diversion authority to transition individuals into social services programs instead of jail. Moreover, the

team planned to provide robust support to victims with the partners of this initiative to end the cycle of victimization.

Rather than bringing in social workers, RCPD has established a specialized unit, the Quality of Life Unit (QLU), of specially trained current and former officers to engage and divert high-utilizers (i.e., individuals who utilize emergency services often) in the community to the necessary resources. The QLU has also worked to establish new and strengthen existing partnerships with community-serving organizations. The QLU is composed of two full-time sworn plain-clothed officers who “bring social services to the streets, aiming to help people such as the homeless and those suffering from mental health issues or substance abuse” (Tan, 2018). The vast majority of QLU participants are experiencing homelessness and have substance use disorders and mental illness. In addition, a large percentage of participants are Native American. Rather than simply providing referral information, the officers put individuals in direct contact with various community service agencies and other resources with which the QLU has partnered. In support of these efforts, the QLU officers are located in Pennington County’s Care Campus, which offers a range of services, including treatment needs assessments; cognitive behavior interventions; intensive residential and outpatient treatment; and specialized methamphetamine/opioid day treatment

RCPD has improved their relationship with the Pennington County Sheriff’s Office to improve victim services and leveraged some TTA received through CHI to seek separate funding for a Family Justice Center. To support internal wellness, RCPD has established a Peer Support Team, implemented additional wellness training for officers, and added a wellness component for incoming officer cadets. To improve community relations, RCPD has added culturally competent trainings and certifications and established a program to recruit Native Americans into law enforcement.

Evaluation Recommendations

In assessing evaluability of the CHI, we considered the potential and value of process and outcome evaluations across and within sites. Table 4-1 summarizes our overall findings regarding cross-site evaluability (i.e., common goal/purpose, information availability, and challenges with causality). In short, the CHI is rated low across all criteria in its current state.

Table 4-1. Evaluability Assessment Summary

Criterion	Rating	Rationale
Agreed-upon purpose/goals	Low	Sites vary by goals and agreement from stakeholders, initiative deviated from initial purpose
Programmatic actions/interventions	Low	Sites vary by the number, quality and type of actions, activities, and interventions
Fidelity to program	Low	Programs are still being planned and developed and sites lack plans for sustainability
Availability of baseline data	Low	Data are inconsistently captured or do not exist
Availability of process and outcome data	Low	Data are inconsistently capture or do not exist; expected process and outcome data varies by site
Sample size	Low	Only five sites, lack of statistical power
Causality	Low	Lack of proper control groups for experimental design; pre-post design possible

In the rest of this section, we provide more detail on our considerations and recommendations for a cross-site evaluation. Then, we assess the potential for site-specific evaluations.

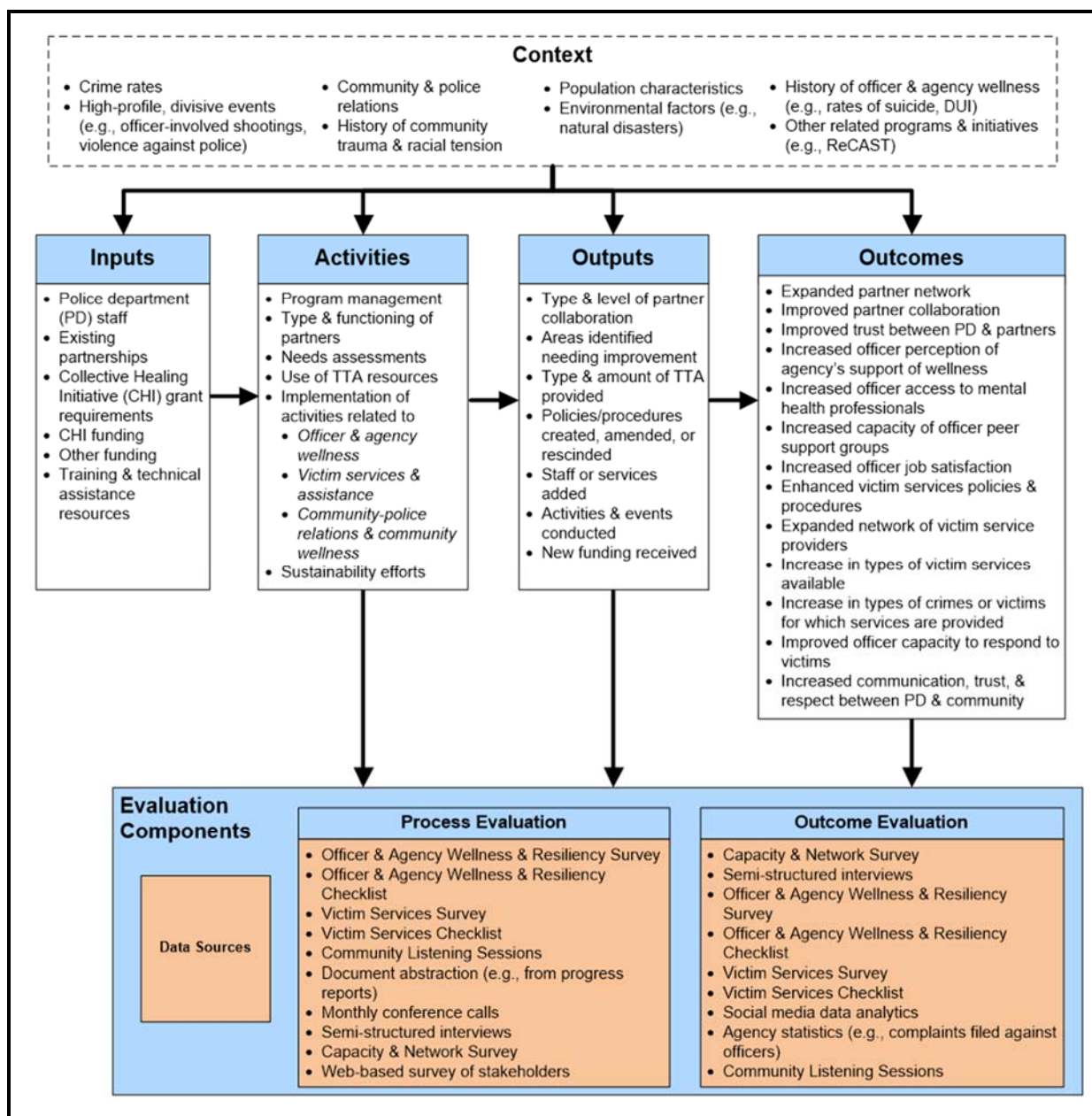
4.1 Cross-Site Evaluation Recommendations

As mentioned earlier in the report, CHI is a community-tailored initiative without well-defined program elements. The CHI framework involves building collaboration between law enforcement and community organizations to improve and enhance three key areas:

1. Officer and agency wellness and resiliency
2. Victim services and assistance
3. Community-police relationships and community wellness

Figure 4-1 shows the CHI logic model—which provides an overall visual of the sites’ contextual factors, inputs, CHI activities, outputs, and anticipated outcomes—with process evaluation and outcome evaluation components. For a process evaluation, we have included data sources through which the sites’ activities and outputs could be documented. This information would lay the foundation for an outcome evaluation, which could potentially be supported by the data sources listed in the logic model. In this section, we provide further detail about our cross-site process and outcome evaluation recommendations.

Figure 4-1. Collective Healing Initiative Logic Model & Evaluation Components



Because the demonstration sites were tasked with developing their initiative based on community needs, a *process evaluation* of each site is critical to understanding how collaborative teams were developed, how activities were selected, and what CHI looks like in practice. Furthermore, a process evaluation could inform the development of measurable objectives and adequate indicators of program success. In the absence of a thorough process assessment, the results from an outcome evaluation would not be informative. Furthermore, a process evaluation would be particularly fruitful given the limited implementation efforts to date and different approaches each site has taken in planning. The findings would provide updated information on whether the sites eventually converge, or further diverge, in their agreed-upon purpose/goals, programmatic activities, and fidelity to the program. We strongly recommend process evaluations in all five demonstration sites. An evaluator should be attentive to how each site defined and developed its local initiative, including:

- Prioritization of the three key CHI focus areas
- Innovative approaches grantees have used to accomplish their goals related to the three key CHI focus areas
- Challenges and facilitators to accomplishing their goals
- Roles and responsibilities of community partners
- Partnership functioning
- Strategies to increase outreach and awareness within the community
- Sustainability efforts
- Perception of how well the grant is working and how it could be improved
- Collection of output data

The foundation of CHI involved requiring the grantee police departments to partner with various community organizations, service providers, and other grassroots groups. The sites have taken different approaches to identifying and collaborating with community partners, and these relationships are still evolving. Because community collaboration is core to CHI and partners should be key voices in the decision-making process, it is critical to further evaluate the types of partners brought to the table (or not) and their level of involvement in shaping each local initiative (i.e., are they included as “tokens” or valued team members). A process evaluation could elucidate the partnership functioning and assess whether partners feel their voice is heard and incorporated into the CHI.

Any future process evaluation should also include a sustainability component. The CHI program has been dynamic from the outset, from changes in administrative priorities to timeline expectations. Because the demonstration sites were fully expecting their grant to end September 2019, some started identifying and applying for supplemental funding to sustain their nascent efforts before they learned of their extension. Moreover, the CHI is rather broad, encapsulating officer wellness, victim services, and community wellness, and sites may have to prioritize sustainability efforts in only one or two of these

areas. Assessing which areas were prioritized, why they were selected, and how they plan to sustain them post-funding will be essential for planning any future outcome evaluation.

A process evaluation should include collecting and assessing site-specific output data, such as:

- Number and types of trainings delivered and characteristics of trainees
- Satisfaction with and perceived value of trainings
- Number and types of new services implemented and characteristics of the victims or officers who are using the new services
- Number and types of community events held and characteristics of participants

This type of information will help inform the development of a future outcome evaluation (e.g., did the sites do what they set out to do and is there adequate statistical power to assess the impact of a particular training or service). Because many of the desired outcomes of the CHI will take time, a process evaluation will also help a future evaluator determine when a site is at a stage of implementation where tangible outcomes could be expected. Data to support a process evaluation are not currently being systematically collected. However, a future evaluator should consider collecting the following types of data:

- Document abstraction (e.g., from project records, progress reports, conference call notes)
- Site visits (i.e., observations and semistructured interviews)
- Web-based surveys (e.g., of trainees, stakeholders)
- IACP self-assessment tools

The CHI is not yet at a state of implementation where an *outcome evaluation* would be meaningful. As described throughout this report, sites are still making critical decisions about the direction their CHI will go. However, in light of their no-cost extension, we may expect to see some effects over the next couple of years. Yet, site-specific variation and a lack of program criteria make an assessment of outcomes challenging. Although each site was focused on the same three areas, differences in implementation are substantial. In operation, CHI is not a program but rather a decision to tackle these three issues with the support of community partners and substantial TTA. If there were a larger number of sites, these differences could be exploited in an evaluation to assess differences in impacts by dosage or design. However, with only five sites, it would be impossible to determine whether differences in outcomes were the result of program design/dosage or other characteristics of the sites. Because of contextual, historical, and programmatic differences, any cross-site outcome evaluation would be a black box—if effects are found, it will be difficult to trace them back to a specific program component. In light of these issues, a basic pre-post evaluation is likely the only feasible cross-site design if the CHI is fully implemented in the future. Even with this simple evaluation strategy, data availability and assessing causality will remain challenges. Below, we suggest potential data sources and then summarize threats to validity that should be considered.

Because the demonstration sites have already started implementing some activities, a future evaluator would not be able to collect baseline outcome measures and would be limited to existing data sources. This is particularly challenging given the breadth of the initiative itself. For example, the net of individuals targeted by the various activities under CHI is incredibly broad (i.e., community-based organizations, sworn and civilian PD staff, victims, and the community at large), which requires baseline data on a large and not well-defined target population. There is no systematic effort to collect consistent cross-site data on shared outcomes. However, we have identified measurable outcomes and associated data that could be tracked in a future cross-site evaluation. Three sources of outcome data include:

- Responses from RTI’s Capacity and Network Survey (see detailed discussion in Section 2.2.3, Study Design)
- Results from IACP’s self-assessment tools (see detailed discussion in Section 1.1.2, Brief Overview of Demonstration Sites and Programmatic Activities)^a
- Administrative law enforcement agency data (e.g., calls for service)

Table 4-2 presents potential outcome measures and data sources for each of the key CHI focus areas.

Table 4-2. Cross-Site Measurable Outcomes and Available Data Sources

Focus Area	Outcome Measure	Data Source
Community partnership and collaboration	<ul style="list-style-type: none"> ▪ Expanded network of partners ▪ Improved collaboration and coordination (e.g., number of activities partner engage in together) ▪ Improved trust among and between PD and partners 	<ul style="list-style-type: none"> ▪ RTI’s Capacity and Network Survey ▪ Semistructured interviews
Officer and agency wellness and resilience	<ul style="list-style-type: none"> ▪ Increased job satisfaction among officers ▪ Increased officer perception that the agency supports officer physical and mental health and wellness ▪ Increased access to mental health professionals ▪ Increased capacity of peer support groups 	<ul style="list-style-type: none"> ▪ IACP’s Officer and Agency Wellness and Resiliency Perceptions Survey ▪ IACP’s Officer and Agency Wellness and Resiliency Policy Checklist

(continued)

^a Baton Rouge, Houston, Oakland, and Rapid City, have completed all of the IACP’s surveys and checklists and are willing to provide the data for a future evaluation. To date, Minneapolis has not completed any of the surveys and checklists. Although listening sessions are ongoing in some sites, all of the sites have agreed to provide qualitative summaries of the findings for a future evaluation.

Table 4-2. Cross-Site Measurable Outcomes and Available Data Sources (continued)

Focus Area	Outcome Measure	Data Source
Victim services and assistance	<ul style="list-style-type: none"> ▪ Expanded network of victim services providers ▪ Enhanced victims’ services policies and procedures ▪ Increase in the types of services provided by external victim service providers ▪ Increase in the types of crimes (e.g., hate crimes, sexual assault, labor trafficking) or victims (e.g., children, elderly, homeless) for which services are provided ▪ Improved officer capacity to respond to victims 	<ul style="list-style-type: none"> ▪ IACP’s Victim Service Survey ▪ IACP’s Victim Service Checklist
Community-police relations	<ul style="list-style-type: none"> ▪ Increased communication between PD and community ▪ Increased trust and respect between PD and community 	<ul style="list-style-type: none"> ▪ Social media data analytics ▪ Newspaper and television reporting ▪ Calls for service data ▪ Complaints filed against officers ▪ Use of force data (BondGraham, 2019)¹ ▪ IACP’s Community Listening Sessions

¹It is important to note that the validity of use of force data may be questionable. For example, a recent report released by the Oakland Police Department’s Office of Inspector General found that officers were systematically underreporting use of force. It is plausible this type of underreporting is occurring in other jurisdictions as well. Following several high-profile law enforcement involved shootings of minority men (e.g., Alton Sterling and Michael Brown), use of force has been under increased scrutiny and agencies may be feeling pressure to demonstrate progress.

Community partnerships and collaboration are the backbone of CHI. Any future outcome evaluation should assess the extent to which these networks have expanded and strengthened. Potential outcome measures include increased number of partners, improved collaboration and coordination, and improved trust among the group. RTI’s *Capacity and Network Survey* was administered in the spring of 2019 when sites had identified their initial partners. However, each grantee has added to its network since the baseline data were collected. A future evaluator could readminister the CNS to the current group of partners and use social network analysis to assess change in those networks over time.

Regarding officer wellness, a future outcome evaluation would ideally assess improved officer physical and mental health, reduced stigma toward help-seeking, and increased utilization of mental health, wellness, and peer support services. However, there are numerous data constraints involved in accessing health data that range from protecting personal information (HIPAA) to the lack of data prior to implementing new programs and units. Some proxy measures for improvements in officer wellness and related policies are available in IACP’s needs assessments. The *Officer and Agency Wellness and*

Resiliency Policy Checklist solicited information on the agency’s policies and protocols around officer wellness, including access to qualified mental health professionals, characteristics of peer support programs (if any), and the roles of supervisory officers in monitoring personnel behavior. Additionally, the *Officer and Agency Wellness and Resiliency Perceptions Survey* covered the ability to address concerns without fear of negative consequences; job satisfaction; leadership enforcement of no-tolerance policies; agency policies that support mental and physical health and wellness; and commitment to the department and profession. If readministered in the future, the checklist and survey could be used to descriptively assess change in policies and protocols and officer perceptions of how the agency addresses officer wellness.

A future outcome evaluation should also assess improvements related to victim services. IACP’s *Victim Services Survey for Officers* covered topics such as training received; response to victims on scene; perceptions of victims; and confidence in responding to all types of crime victims. If readministered in the future, this survey could be used to assess changes related to officers’ ability to effectively respond to a victim at the scene (e.g., be perceptive and patient to a victim’s psychological state while obtaining evidence). The *Victim Services Checklist* solicited information on the agency’s policies and protocols around victim services, including the incorporation of services and responses to victims into agency mission/vision/values; specific victim service policies; participation of victim service providers in the development of victim-related policies/procedures/protocols/trainings; work with external victim service providers; information and referrals provided to victims; follow-up with victims; resources and partnerships; and agency culture. Each site was also required to develop a spreadsheet documenting the local service providers with which it works. If readministered in the future, this tool could be used to descriptively assess changes related to number and type of victim service providers involved in the CHI.

Table 4-3 provides a summary of the needs assessments that have been completed by each site, to date. It is worth noting that each site has completed an initial round of community listening sessions and some have decided to continue conducting these sessions as a way to increase community engagement and ensure that community voice continues to be incorporated into project implementation.

Table 4-3. Needs Assessments Completed by Demonstration Sites

Assessment	Baton Rouge	Houston	Minneapolis	Oakland	Rapid City
Community Listening Sessions	●	●	●	●	●
Divisive Events Preparation & Response Checklist	●	●		●	●
Officer & Agency Wellness & Resiliency Perceptions Survey	●	●		●	●
Officer & Agency Wellness & Resiliency Policy Checklist	●	●		●	●
Trauma-informed Policing Assessment	●				
Victim Services Survey	●	●		●	●
Victim Services Checklist	●	●		●	●

Note: a dot (●) indicates that the assessment has been completed.

Finally, improvements in police-community relations should be measured in any future outcome evaluation. Two key outcome measures include (1) increased communication between the police department and the community and (2) increased trust and respect between the police department and the community. Ideally, these constructs would be measured through community surveys, but there is no existing baseline survey data to use in an evaluation. As a proxy, an evaluator could consider using administrative data that may be available from the grantees. Below, we propose a few proxies for a future evaluator to consider. Because an outcome evaluation is not yet warranted, we have not assessed the availability of these data across sites or the consistency in how they are collected and measured. Although these measures are not currently being systematically collected across sites as part of CHI, they are fairly routine types of data that should be available in some form. Data analytics from the grantees' social media accounts (e.g., Facebook, Instagram, and Nextdoor) could be used to assess whether they have increased their level of communication with the public (e.g., number of posts, announcements, events, pictures/videos released). It may also be possible to capture the community's receptiveness to law enforcement communication (e.g., increase in number of followers) and perception of this communication (e.g., number of likes, views, or upvotes). Although social media will not capture all police-community communication, it may serve as a proxy for how active a department is in public outreach. A content analysis of local media coverage of police-community issues could be used to assess changes in trust in the police. For example, an increase in positive (and decrease in negative) media reporting on police interactions with residents may reflect changes in respect and trust. Calls for service data may serve as another proxy for trust in the police. For example, an increase in calls for service from populations that typically underreport crime may indicate an improvement in trust. However, the analysis would have to consider differences in the occurrence of crime because an increase in calls may also reflect an increase in victimization of the population. Additionally, a reduction in complaints filed against officers may indicate improved respect between the police and community. If officers are behaving in a more procedurally just way, there should be fewer complaints in how residents have been treated. Data that sites collected while implementing IACP's *Community Listening Session Tool* could serve as a qualitative assessment of trust early in the CHI development. Replicating these listening sessions in the future should help gauge change in the concerns the community has about law enforcement. However, the structure and content of these sessions varied across sites and any future evaluator would need to account for these differences.

Threats to Validity

Any future cross-site evaluator should carefully consider potential threats to internal validity. A key issue in evaluating broad initiatives is identifying the *counterfactual*, or what would have happened if the sites had not received funding. The addition of comparison sites to a pre-post design would substantially strengthen the rigor of a future evaluation. However, given the unique characteristics and histories of divisive events in the five demonstration sites, finding comparison sites will be challenging. Furthermore, even if a similar jurisdiction is identified, the primary sources of recommended baseline data are only available in the demonstration sites. If additional data sources were identified, an evaluator would still need to be attentive to whether the comparison jurisdiction is engaging in similar efforts through other funding sources. In recent years, the Department of Justice has released a number of opportunities for funding and TTA in the key CHI focus areas, such as OVC's *Law Enforcement-Based Direct Services and Technical Assistance Program*, BJA's *Justice and Mental Health Collaboration*

Program, National Officer Safety Initiatives Program, and Innovations in Community-Based Crime Reduction Program, and various state-funded VOCA programs.

Another threat to internal validity is the potential for any results to be *spurious*. Any observed programmatic results could potentially be explained by external factors experienced by the demonstration sites during implementation. It will be essential for a future evaluator to disentangle which activities are CHI versus those that are related but initiated or funded elsewhere. Each site is operating other related programs, such as ReCAST, Ceasefire, and the MacArthur Foundation’s Safety and Justice Challenge, which could affect similar outcomes as CHI. When the demonstration sites describe their local initiatives, they often pull in and commingle these related efforts with CHI. Disentangling the various components may become even more challenging because some sites have already sought outside funding to sustain CHI activities. A future evaluator should be attentive to all related programming and funding that could be responsible for any identified improvements.

When using the IACP’s needs assessment surveys, an evaluator should consider the potential for an *instrumentation* effect. The grantees were provided flexibility in how they administered the officer wellness and victim services surveys to their staff. As such, the sample sizes, response rates, and characteristics of respondents may vary across sites. When readministering these surveys in the future, an evaluator will need to consider the pros and cons of changing the testing procedure so that it is consistent across sites versus following the testing procedure previously used in each site.

4.2 Site-Specific Evaluation Recommendations

Although it is premature to conduct a cross-site outcome evaluation at this time, some discrete activities that have been developed under the initiative are strong candidates for an outcome evaluation. Below, we provide site-level recommendations for evaluation. These recommendations include:

- The value and contributions a site could make to a process evaluation
- CHI strategies or activities a site has implemented that could be good candidates for site-level outcome evaluation, including:
 - Measurable outcomes
 - Data availability
- Summary of why a site-level outcome evaluation is not yet recommended

Baton Rouge

So far, Baton Rouge’s primary implementation areas have involved:

- Accessing TTA to assist with better serving victims of crime and citizens and to support officer wellness
- Increasing collaboration with community partners

For TTA, Baton Rouge has completed the self-assessments and received TTA on funding opportunities to support officer wellness and to support victim services, Trauma to Trust, procedural justice, and media strategies. They have also substantially increased the number of partners collaborating on the initiative. For example, when the CNS was administered, they had five partners. At the All Sites meeting in August 2019, they reported having more than 15. The receipt of TTA and increase in community partners is a strong foundation for Baton Rouge to further develop their local initiative. For example, they plan to roll out more training for both procedural justice, which will include both officers and community partners, and vicarious trauma for officers. Moreover, the new community partners will help inform the direction that BRPD goes in the future. We anticipate that Baton Rouge will evolve substantially over the next year. Although Baton Rouge is not at a state of implementation that would yield a valuable outcome evaluation, they may be a candidate in the future. A future process evaluation would be informative for making that determination.

Baton Rouge would be a good candidate for a process evaluation. Over the course of the project, they have dealt with unique challenges that have shaped its direction. For example, Blaine Salamoni, the officer who shot and killed Alton Sterling in 2016, was fired for his actions and later contested this decision. It resulted in appeal hearings, which were repeatedly delayed, and concern for how this may impact the community. This led BRPD to seek TA specific to media strategies for handling the trial process and creating healing spaces in preparation for potential protests over the hearing. Other jurisdictions in the midst of similar hearings and concerned with how to handle the public reaction could learn from Baton Rouge's experience.

Houston

After they completed most of IACP's self-assessment instruments, Houston went through a deliberate process to prioritize short-, mid-, and long-term activities that would support the goals of their initiative. Rather than focus more narrowly on a couple of specific issues, they have selected a number of activities across the three CHI focus areas to work toward.

HPD recently restructured its Victim Services Unit (VSU) (not with CHI funding) and are leveraging this reorganization to further improve victim services. HPD previously had 12 advocates assigned to individual specialized units. Now, all advocates are housed in the VSU and they have added 10 advocates, a supervisor, and a support staff member since December 2018. To date, the primary CHI activity has involved revising and translating the "blue card" of resources given to domestic violence victims. The new blue card now covers additional crime types, provides more information, and has been translated into six languages. Training for victim advocates has also been expanded and by the end of August 2019, all 5,200 HPD officers will have completed awareness training about the VSU. This should result in a substantial increase in the VSU caseload. Unfortunately, it will be difficult to identify and assess measurable outcomes from the introduction of the new blue card and trainings to HPD officers. Houston is just starting to implement a victim services tracking system. The new system should better track all cases related to a given victim and what services or referrals were provided. However, there are no readily available baseline data on victim service activities to support an outcome evaluation.

Houston is also in the process of developing activities around officer and agency wellness. For example, HPD has implemented a Peer Support Team, but staff turnover and distrust has been a significant barrier in getting the program off the ground. HPD also plans to roll out a wellness campaign and to deploy a wellness app, so that officers can assess their own wellness and seek out resources as needed. Negotiations with the app developer are ongoing; however, we are optimistic that the software will enable tracking usage, referrals, or other metadata that could be useful in an outcome evaluation. It is premature to recommend an evaluation design at this point.

To build community trust, Houston is planning to relaunch their PAL to help strengthen trust between youth and police, revise their cadet multiculturalism training, and broaden their use of social media. These activities are still early in development and it is not yet clear when or how they will be implemented. Houston would be a good candidate for a process evaluation. Houston was relatively slow in defining their CHI because they valued the information that would be gained through the self-assessments.

Minneapolis

To date, Minneapolis's primary focus has been on:

- Increasing community collaborations by building their partner network
- Enhancing victim services through the CN program

Similar to Baton Rouge, Minneapolis has worked to increase the number of partners collaborating on the initiative and has had some recent success. Expanding their community partners will help provide a foundation for Minneapolis to further develop their local initiative. For example, they plan to develop a resource map of support available to victims of crime, create new educational opportunities for the public to learn about policing, and expand and formalize outreach efforts after critical or high-profile incidents. However, it is not yet clear what these will look like in practice.

Most of Minneapolis's efforts have gone into developing the CNs, six nonsworn positions, two of which are funded through CHI, that serve as liaisons between MPD and the community and vice versa. Although the CN program has incredible potential to positively impact the community, additional work is needed to define the program before it will be a good candidate for outcome evaluation yet. As mentioned above, MPD is still in the process of establishing formal roles and standard operating procedures for CNs and it is not clear if they are solely victim advocates or will serve others in the community. There is no standardized process for determining when a patrol officer or investigator should call a CN. To date, there is no system for tracking the activities of the CNs, rather they each maintain journals, notes, or other individualized systems for managing their work. It would be incredibly difficult, if not impossible, to evaluate activities that are not captured systematically. We anticipate that Minneapolis will evolve substantially over the next year, including further development of the roles and responsibilities of the CNs.

Minneapolis would also be a good candidate for a process evaluation. Their work around the CNs alone will be of great interest to the field and justifies further assessment. Because they are developing

and implementing the CN unit simultaneously, a process evaluation would help other jurisdictions learn from their experiences. Although not necessarily an evaluation activity, documenting lessons learned from the CN unit could inform the development of a roadmap or toolkit for other agencies seeking to take a similar approach. As the roles of the CNs are better defined and more systematized, an outcome evaluation may be feasible.

Oakland

Like Baton Rouge and Minneapolis, one of Oakland's key implementation areas has been building relationships. This has involved conducting community listening sessions, breaking down silos among OPD programs that support community or other community-based initiatives aligned with CHI goals, and providing OPD staff with tools that allow them to develop positive relationships with the community (e.g., vicarious trauma training). Oakland plans to develop a Trauma Informed Policing Plan to change the culture to promote recovery, healing, and resilience, continue trainings, and conduct feedback sessions to build progressive interaction. However, it is not yet clear how these activities will shape up.

Oakland is also developing a PDW Unit to expand wellness and health services, trainings, and supports available to OPD. Although the proposal for the PDW has been approved by leadership, it is still in early implementation and an Advisory Team is being formed to assist in further developing it. Although the plans are expansive, including behavioral health programs, peer support, and officer wellness trainings, seminars, events, and activities, it is not yet clear when or how the PDW Unit will be implemented, funded, and sustained.

Oakland would be a good candidate for a process evaluation. As agencies around the country are prioritizing officer wellness, the development of the PDW Unit would be of great interest to other jurisdictions. Because OPD is still developing it, a process evaluation could provide a road map, including lessons learned, for other agencies interested in formalizing this type of officer wellness unit. As the PDW Unit is more fully developed, an outcome evaluation may be feasible.

Rapid City

Rapid City is the most advanced of the five demonstration sites in terms of implementation. One critical part of RCPD's CHI includes the development of a QLU, which began accepting participants in April 2018. The QLU is part of Rapid City's effort in developing a collaborative victim response. The QLU is composed of two full-time sworn plain-clothed officers who "bring social services to the streets, aiming to help people such as the homeless and those suffering from mental health issues or substance abuse" (Tan, 2018). The vast majority of QLU participants are experiencing homelessness and have substance use disorders and mental illness. In addition, a large percentage of participants are Native American. Rather than simply providing referral information, the officers put individuals in direct contact with various community service agencies and other resources with which the QLU has partnered. In support of these efforts, the QLU officers are located in Pennington County's Care Campus, which offers a range of services, including treatment needs assessments; cognitive behavior interventions; intensive residential and outpatient treatment; and specialized methamphetamine/opioid day treatment.

The QLU has the potential to impact two of the CHI's key areas: victim services and community trust. Homeless individuals are one of the most victimized populations in Rapid City and the QLU is helping connect these individuals with services. Moreover, because a large percentage of the participants are Native American, the non-enforcement aspect of the QLU may help build trust among that community. In addition to these areas, the QLU should also reduce criminal justice involvement among and calls for service related to individuals they serve. At the All Sites meeting in August 2019, Rapid City reported that the QLU had had interactions with 946 at-risk homeless individuals. Seventeen of these individuals were collectively involved in hundreds of calls for service over the course of a year (sometimes multiple calls per day). Most of these calls were for social issues related to homelessness and mental illness, not criminal matters. The QLU officers worked with these individuals to get the help they needed, which yielded transformational changes in their lives. All 17 are now sober and employed, which has rippling effects on their children, extended family, and friends.

These anecdotal success stories are promising, and the QLU is a strong candidate for an outcome evaluation because it has been in operation for nearly 18 months, has an adequate caseload for evaluation, and the RCPD is able to track the QLU participation and outcomes through their record management system. A future outcome evaluation should address four key outcomes:

1. Increased connection to service for high utilizers
2. Reduced calls for service related to high utilizers served by the QLU
3. Reduced criminal justice involvement from high utilizers served by the QLU
4. Increased trust and respect between PD and community

Currently, at the beginning of each month, the QLU generates a report of all calls for service (CFS) occurring in the prior month. Although a "hard" set of eligibility criteria have not been established, the individuals they target have multiple contacts with law enforcement in a given month. The CFS often includes, but is not limited to, minor, but chronic offenses such as vagrancy, panhandling, intoxicated persons, disorderly conduct, and drug possession. Based on available resources, they select a number of these individuals, contact them, and link them directly to the appropriate treatment services. The case-flow of participants is around 20-25 per month. An outcome evaluation should assess the impact of QLU on whether participants, compared to a comparison or control group, have fewer arrests, incarcerations, and 911/Emergency Medical Services calls for service in both the short and long term. Administrative data on calls for service, including both criminal justice- and health-related data, are available and could serve as the primary data source for an evaluation.

A randomized controlled trial (RCT) is the gold standard for evaluation, and strong evidence for the utility of the QLU intervention could be obtained from an RCT. However, RCPD is not currently interested in changing its process for selecting participants to allow for randomization. Limitations in service capacity (i.e., only two QLU officers) prevent RCPD from serving every eligible person and RCPD understandably wants to serve those who are most in need of services (i.e., highest utilizers). Because their perspective could change in the future as the program grows, we recommend any future evaluator to consider revisiting this issue.

If RCPD will consider random assignment, we recommend conducting an Idiographic Clinical Trial (ICT), an experimental variant of the RCT that mitigates some of the practical concerns of randomization. In a standard RCT, individuals assigned to the control group need to retain that status for the duration of the study. This is a challenging administrative burden, prevents individuals from the opportunity to have services for which they might otherwise qualify, and reduces the size of the pool from which we can obtain new intervention cases. In an ICT, instead of randomizing individuals to treatment or control conditions, treatment timing can be randomized to each participant. The high frequency of longitudinal sampling allows each participant to be in the control condition until they are randomized to treatment. This retains the rigor of randomization while taking advantage of increased statistical power because of high frequency sampling. ICT data are analyzed using mixed-effects models (also called hierarchical linear modeling, multilevel modeling, or growth curve modeling). These models allow for differing lengths of time series and unique patterns of missing data without excluding participants from analysis. An ICT could be structured such that all individuals eventually receive the intervention during the study and the evaluator uses their pre-intervention observations as their own control data. The ICT also works well with the stock and flow of cases by allowing the study team to recruit individuals for a longer period of time. Because each participant can have their own unique number of observations, and the timing of the observations is incorporated into statistical modeling, the ICT allows the evaluator to continue to randomize to the QLU intervention even if individuals toward the end of the study may have a shorter time series.

In lieu of an ICT, a strong quasi-experimental evaluation could be designed using the same outcome measures and administrative data. The random assignment would be removed and RCPD would continue its selection process as is. Propensity score matching or weighting could then be used to construct a comparison group equivalent to the QLU participants. The comparison group would be selected from those on RCPD's monthly high utilizer list who do not rise to the top.

Recommendations for Evaluating Future Community Initiatives

The Vision 21 stakeholders made recommendations in four broad areas to begin the transformation of victim services: (1) strategic planning; (2) research; (3) flexibility in statutes, policies, and programs; and (4) institutionalizing capacity. They “viewed research, development of evidence-based practices, and program evaluation as the foundation of successful victim services policy and practice” and noted that promoting evidence-based strategies was the program’s “highest priority” (Department of Justice, 2013, p. 1). This requires developing evidence of the effectiveness of victim services programs and practices through rigorous evaluation.

Depending on the nature of the program, policy, or practice, an evaluation can be a relatively simple and straightforward activity. However, evaluating community-based initiatives like CHI is inherently challenging. Rather than targeting a specific, narrow population with a well-defined program, these initiatives focus on improving a broad set of outcomes for an entire community. This leads to obstacles related to data availability and evaluation design. For CHI, these included a lack of consistent and comprehensive data sources in place over time, highly variable programmatic features across sites, inadequate sample size, and a lack of proper control or comparison groups. These challenges will lead to inconsistent comparisons, inadequate statistical power, and the need for gross generalities about the impact of interventions and spurious correlations. Although some baseline data have been collected for CHI, that is not always in place for similar efforts. To facilitate future evaluations of community-based initiatives like CHI, we recommend that evaluation activities be explicitly built into the program. Below, we suggest a few mechanisms that could be used, alone or in combination, to incorporate an evaluative component into demonstration projects from the outset, which may improve the feasibility of a rigorous evaluation.

First, a research partner should be a required member of the TTA team. The TTA research partner could develop an evaluation framework that would apply to all demonstration sites. This would include developing initiative-wide standardized performance measures that funded sites agree to submit as an award requirement, with the understanding that additional site-specific measures may also be warranted to account for variability and nuances in each local project. To ensure success, this model should include providing research and evaluation TTA to the sites to ensure that they are able to collect and store any essential data elements. To facilitate multisite data collection, the evaluation TTA provider could design and offer an online system into which the grantees enter their data. This would reduce the burden for grantees to create and manage a secure data system while also ensuring consistent data collection across sites. Because this is an additional task that is not typically included in TTA, the solicitation for funding should specify how much each applicant should allocate to research activities (e.g., 3–5%). This will help ensure that the research component is given adequate consideration during the application process.

Second, a local evaluation should be required of each demonstration site, with an opportunity for small cross-site evaluation partnerships around common areas of focus. The local evaluator (i.e., consultant, university, or research organization) would be responsible for developing a logic model (ideally included with the proposal), developing measurable outputs and outcomes, and identifying potential data sources. This would reduce the burden on the police department staff who are planning and implementing the initiative. The primary downside to this approach is the potential for lack of consistency in measures and data sources across sites. This could be mitigated with sufficient oversight by the TTA team to help facilitate conversations about the similarities and differences between local projects. The TTA provider could provide opportunities for peer-to-peer internal evaluator networking, such as facilitating evaluator round tables or working groups that would convene regularly to discuss innovative approaches for data collection and brainstorm solutions to challenges encountered in the field (e.g., low capacity among grantees to collect data, low response rates to surveys). These working groups could have separate evaluator tracks to attend at All Sites meetings or have their own regularly scheduled in-person event. Other supported activities could include conducting mini cross-site evaluations around topics of interest. Funding for local evaluation activities should be built into the initiative as these activities are often time intensive and require specific skills. Incorporating a funded local evaluation component from the outset would require demonstration sites to appropriately plan for the time, resources, and capabilities needed to conduct a local evaluation that will produce useful information. Consistent with our recommendations for incorporating research in the TTA, the solicitation for funding should specify how much each applicant should allocate to a local evaluator (e.g., 5–10%). This will help ensure that the evaluation is given adequate consideration during the application process and that there is consistency across sites in the resources devoted to evaluation.

Third, a separate external cross-site evaluation team should be awarded at the same time as the TTA team and demonstration sites. Because an evaluation may not be warranted, the evaluation should be funded in phases or with option years. For example, the first phase would involve conducting an EA, identifying broad outcomes, and collecting baseline data. The next phase could include a process evaluation, if the EA finds it would be beneficial. Then, a full outcome evaluation could be conducted if measurable outcomes and impacts are identified and the sites achieve a state of implementation where evaluation would be feasible. This phased approach would allow the flexibility necessary to conduct the most appropriate evaluation activities. This is similar to the approach used to fund the current study but allows for additional evaluation tasks to be added, as needed.

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Appendix A: IRB Documentation



Office of Research Protection

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EXEMPT DETERMINATION

March 8, 2018

Alana Henninger

919-541-7023

ahenninger@rti.org

Dear Alana Henninger:

On 3/8/2018, the IRB reviewed the following submission:

Type of Review:	Initial Study
Title:	Evaluability Assessment and Baseline Study of OVC's Vision 21 Law Enforcement and the Communities They Serve: Supporting Collective Healing in the Wake of Harm Program
Investigator:	Alana Henninger
IRB ID:	STUDY00020073 for 20073
Funding Source:	Dept. of Justice NIJ
Customer/Client Name:	Dept. of Justice NIJ
Project/Proposal Number:	0216149.000.001
Contract/Grant Number:	2017-VF-GX-0006
IND, IDE, or HDE:	None

The IRB determined that this study meets the criteria for exemption from IRB review.

In conducting this study you are required to follow the requirements listed in the INVESTIGATOR MANUAL (HRP-103).

Ongoing IRB review and approval by this organization is not required. This determination applies only to the activities described in the IRB submission and does not apply should any changes be made. If changes are made and there are questions about whether these activities impact the exempt determination, please submit a new request to the IRB for a determination.

Sincerely,
The RTI Office of Research Protection

Privacy Certificate

Grantee, RTI International and Dr. Kelle Barrick, certifies that data *identifiable to a private person* will not be used or revealed, except as authorized in 28 CFR Part 22, Sections §22.21 & §22.22.

Brief Description of Project (required by 28 CFR §22.23(b):

The Law Enforcement and the Communities They Serve: Supporting Collective Healing in the Wake of Harm program (CHP) funded five law enforcement agencies to work with the communities they serve to develop and implement trauma-informed and evidence-based strategies, protocols, and interventions that promote community engagement and healing prior to and in the wake of law enforcement-involved shootings and other high-profile incidents of violence. NIJ has requested an evaluability assessment of the demonstration program. This evaluability assessment and baseline study will include several components:

- (1) capacity and network survey of stakeholders participating in the demonstration project to examine network- and capacity-building activities of grantees and their partners;
- (2) stakeholder survey of individuals participating in the demonstration project to examine perceptions on the current provision of trauma-informed services and interventions in the demonstration site community;
- (3) in-depth interviews with key stakeholders in the demonstration project to understand how the grantee and partners are developing the collective healing program and use of technical assistance; and
- (4) focus groups with law enforcement and community members to understand experiences, feedback, and recommendations regarding the needs of those directly impacted by high-profile incidents.

To participate in the focus groups, participants will incur travel expenses (such as mileage, parking, and tolls) and may need to pay for childcare. Provision of a meaningful incentive is necessary to ensure that a sufficient number of community members and law enforcement are motivated to participate in the study. If we are unable to recruit sufficient numbers of respondents to participate in data collection, the quality of the data will be compromised. To offset the perceived burden of participation, we intend to offer monetary incentives to individuals participating in the focus groups.

We will convene an internal expert panel comprised of RTI experts in conducting multi-site evaluations; providing and evaluating TTA; working with victims, law enforcement, and victim service providers; assessing law enforcement-community relations; and cost-efficiency studies to (1) inform study design, (2) provide feedback on protocols and instruments, (3) help interpret and disseminate study findings, and (4) help make recommendations for a future long-term evaluation of the demonstration program.

Grantee certifies that any private person from whom identifiable information is collected or obtained shall be notified, in accordance with 28 CFR §22.27, that

- 1) such data will only be used or revealed for research or statistical purposes,
- 2) compliance with the request for information is not mandatory, and
- 3) participation in the project may be terminated at any time.

- 4) In addition, grantee certifies that where findings in a project cannot, by virtue of sample size or uniqueness of subject, be expected to totally conceal the identity of an individual, such individual shall be so advised.

Procedures to notify subjects that such data will only be used or revealed for research or statistical purposes and that compliance with the request for information is not mandatory and participation in the project may be terminated at any time as required by 28 CFR §22.23(b)(4):

RTI International's Institutional Review Board has determined that this study meets the criteria for exemption from IRB review. This determination was made because the study is research involving survey and interview procedures of public behavior.

Even though this study has been determined exempt from IRB review, we will develop informed consent forms for study participants to inform them that all information collected will only be used or revealed for research purposes and that compliance with the request for information is not mandatory and that participation in the study is voluntary and may be terminated at any time.

If notification of subjects is to be waived, pursuant to 28 CFR §22.27(c), please provide a justification:

Although the determination has been made that this study is exempt from IRB review, notification of subjects will not be waived. Prior to data collection, we will get consent from survey respondents and individuals who participate in interviews or focus groups. Informed consent forms will notify respondents that all information collected will only be used or revealed for research purposes and that compliance with the request for information is not mandatory and participation in the project may be terminated at any time.

Grantee certifies that project plans will be designed to preserve the confidentiality of private persons to whom information relates, including where appropriate, name-stripping, coding of data, or other similar procedures.

Procedures developed to preserve the confidentiality of personally identifiable information, as required by 28 CFR §22.23(b)(7):

Personally identifiable information, including the names and roles of respondents and their contact information (email address, telephone number) will be collected through the surveys and interviews. This information will be needed only for data management purposes.

No personally identifiable information will be stored with the data, including survey, interview, and focus group data. Each respondent will be given a unique identification number that corresponds with information they provide in the survey or in interviews, and personally identifiable information (name, role, and contact information) will be stripped from the master data set and kept in a separate data file with access limited to only a few key staff that need this information for recruitment (i.e., the Principal Investigators and Site Liaisons). Password protection will be used to ensure that only the aforementioned project members can access the datafile that contains personally identifiable information. Names of law enforcement agencies, communities, and states will be associated with the data but not the names of respondents. As a matter of practice, all data will be maintained on a project share behind RTI's firewall.

Grantee certifies that, if applicable, a log will be maintained indicating that (1) identifiable data have been transferred to persons other than employees of NIJ, BJA, BJS, OJJDP, OVC, OJP, or grantee/contractor/subcontractor staff; and (2) such data have been returned or that alternative arrangements have been agreed upon for future maintenance of such data, in accordance with 28 CFR §22.23(b)(6).

Justification for the collection and/or maintenance of any data in identifiable form, if applicable:

This study will collect personally identifiable information through the surveys, interviews, and focus groups, including the names of respondents, their role, and their contact information (email, telephone number). This information will be collected only for recruitment purposes; specifically, we require this information to contact individuals to participate in the study. No other personally identifiable information about respondents will be collected. Personally identifiable information will be segregated from the survey, interview, and focus group responses into a separate datafile and will be password protected so that only a few key project members can access this information for recruitment purposes only.

Audio recordings of the interviews and focus groups need to be maintained for transcription and a period thereafter to verify the content and conduct analyses. Transcriptions will be redacted and will not contain any identifying information that was included in the audio.

Procedures for data storage, as required by 28 CFR §22.23(b)(5):

Only the Principal Investigators will have access to survey, interview, and focus group respondents' personally identifiable information.

Only members of the project team (who have signed a confidentiality statement) will have access to datafiles that contain survey, focus group and interview responses.

All electronic datafiles will be stored in the project directory on the RTI network, which will be password protected and only accessible to project staff.

Grantee certifies that all contractors, subcontractors, and consultants requiring access to identifiable data will agree, through conditions in their subcontract or consultant agreement, to comply with the requirements of 28 CFR §22.24, regarding information transfer agreements. Grantee also certifies that the sponsor will be provided with copies of any and all transfer agreements before they are executed, as well as the name and title of the individual(s) with the authority to transfer data.

Description of any institutional limitations or restrictions on the transfer of data in identifiable form, if applicable:

N/A

Name and title of individual with the authority to transfer data:

Dr. Kelle Barrick, Principal Investigator

Grantee certifies that access to the data will be limited to those employees having a need for such data and that such employees will be advised of and agree in writing to comply with the regulations in 28 CFR Part 22.

Grantee certifies that all project personnel, including subcontractors, will be advised of and agree, in writing, to comply with all procedures to protect privacy and the confidentiality of personally identifiable information before being granted access to such information.

Access to data is restricted to the following individuals, as required by 28 CFR §22.23(b)(2):

Principal Investigator(s)
Kelle Barrick, Principal Investigator
Elizabeth Tibaduiza, co-Principal Investigator
Project Staff

3 Site Liaisons: Elizabeth Tibaduiza, Caitlin Dean, and Amanda Young

1 Project Management Specialist: Sherri Spinks

1 Survey Methodologist: Christine Bevc

2 Qualitative Data Analysts: Merissa Gremminger and Kate Krieger

2 Economists: Alex Cowell and Alan Barnosky

1 Research Statistician: Alison Levin-Rector

Grantee certifies that adequate precautions will be taken to ensure administrative and physical security of identifiable data and to preserve the confidentiality of the personally identifiable information. A category of individuals, characterized as institutional personnel, in the course of doing work on the project, may have incidental access to project data. Those individuals shall view the data only as necessitated by the terms of their position at RTI for investigatory or compliance purposes (such as a security incident, personnel issue, etc.) and then, only in accordance with their job requirements. Such institutional personnel may include but is not limited to members of the IRB, the Privacy Officer, Compliance Officer, members of the Information Technology staff and Office of Corporate Counsel. Personnel have received and acknowledge training on sensitive information, personally identifiable information and Protected Health Information as applicable.

Procedures to insure the physical and administrative security of data, as required by 28 CFR §22.25(b), including, if applicable, a description of those procedures used to secure a name index:

Only members of the project team (who have signed a confidentiality statement) will have access to these data. No personally identifiable information will be stored with survey, interview, and focus group data. All electronic datafiles will be saved to password protected drives on the RTI network for storage and only accessible to key project staff. All audio files will be destroyed after the interviews are transcribed, verified, and analyzed.

Procedures for the final disposition of data, as required by 28 CFR §22.25:

All analysis files (i.e., redacted transcriptions) will be de-identified. All audio recordings will be destroyed after the interviews are transcribed, verified, and analyzed. Deidentified survey and interview data will be archived with the National Archive of Criminal Justice Data (NACJD).

Name and title of individual authorized to determine the final disposition of data:

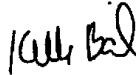
Principal Investigator: Dr. Kelle Barrick

Grantee certifies that copies of all questionnaires, informed consent forms, and informed consent procedures that have been developed are attached to this revised submission and Privacy Certificate. Grantee certifies that project findings and reports prepared for dissemination will not contain information which can reasonably be expected to be identifiable to a private person, except as authorized by 28 CFR §22.22.

Grantee certifies that the procedures described above are correct and shall be carried out. Upon award and as required by regulation, these procedures will be submitted to the RTI IRB for review and approval. If revisions to such procedures are required, they will be submitted and approved by the RTI IRB before implementation of such changes to ensure ongoing compliance with the relevant regulations. In addition, if these or any future revisions represent a material change from the information and procedures provided in this Privacy Certificate, the sponsor shall be notified and the Privacy Certificate will be amended as necessary.

Grantee certifies that the project will be conducted in accordance with all the requirements of the Omnibus Crime Control and Safe Streets Act of 1968 as amended and the regulations contained in 28 CFR Part 22.

Signature(s):



2/27/2019

(Principal Investigator)

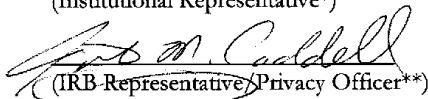
Date: _____

(Principal Investigator)

Date: _____

(Institutional Representative*)

Date: _____


(IRB Representative/Privacy Officer**)

Date: 03/11/2019

Appendix B: Instruments

B.1 Capacity and Network Survey – Grantee Version

RESPONDENT DETAILS

Please provide the names of anyone participating in this survey.

Name: [_____] (open field)

Position in Organization: [_____] (open field)

Email: [_____] (open field)

[Insert a new page in the online survey prior to question 1]

The Collective Healing (CH) Programs differ by site, but the overarching goal across all five sites is to form collaborative partnerships between law enforcement and community-based organizations to plan and implement programs that promote a healing process in the aftermath of law enforcement-involved shootings, violence against law enforcement, and other high-profile violent incidents. Please answer the questions in this survey based on your experiences collaborating on the Collective Healing Program in your community.

CAPACITY QUESTIONS

Leadership Capacity

For each of the following statements, please indicate whether you strongly disagree, disagree, neither disagree nor agree, agree, or strongly agree.

	Strongly Disagree (1)	Disagree (2)	Neither Disagree or Agree (3)	Agree (4)	Strongly Agree (5)	Not Applicable (8)
1. The CH program has an engaged steering committee/advisory board.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. The Committee/ Board represents a cross-section of the community and/or has ties to different stakeholders.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. The CH program has a written plan in case of leadership transition or turnover.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

4. The CH program has a written mission statement that clearly expresses the purpose of the CH program.

5. (Optional) If you wish to clarify/explain any of the ratings in the table above, please feel free to do so here. (OPEN-ENDED)

Management Capacity

For each of the following statements, please indicate whether you strongly disagree, disagree, neither disagree nor agree, agree, or strongly agree.

	Strongly Disagree (1)	Disagree (2)	Neither Disagree or Agree (3)	Agree (4)	Strongly Agree (5)	Not Applicable (8)
6. The CH program has the staff needed to successfully work toward achieving its mission.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. Staff at my organization participate or will participate in opportunities for CH program-related professional development.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. The CH program has written job descriptions for staff positions that clearly describe roles and responsibilities.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. The CH program has formal, written policies and procedures.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10. (Optional) If you wish to clarify/explain any of the ratings in the table above, please feel free to do so here. (OPEN-ENDED)						

Financial Management Capacity

For each of the following statements, please indicate whether you strongly disagree, disagree, neither disagree nor agree, agree, or strongly agree.

	Strongly Disagree (1)	Disagree (2)	Neither Disagree or Agree (3)	Agree (4)	Strongly Agree (5)	Not Applicable (8)
11. The CH program has a written sustainability plan.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12. The CH program is pursuing or plans to pursue new sources for funding.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

13. Partners have provided or offered support beyond the expertise or capacity of my/our organization.

14. (Optional) If you wish to clarify/explain any of the ratings in the table above, please feel free to do so here.

(OPEN-ENDED RESPONSE)

15. As of today, which of the following sources of funding does your organization currently receive?

- Federal Grants (not including CH funds)
- Cooperative Agreements
- Foundations
- State Grants
- Private Donors
- VOCA Assistance Funds
- Donations
- Other (please describe in 15 a below) _____ (Open-ended response)

15a. Other (please describe other sources of funding your organization receives not listed above) (Open ended response)

16. How is your organizations using or planning to use CH program grant funds?

- New staff hires
- Support of current staff positions
- Support to community-based partners who will be active in CH program work
- Meeting logistics and facilities
- Communication and dissemination materials
- Plan and/or facilitate community events
- Community outreach
- Professional development training (including travel expenses)
- Provision of direct service programs
- Research partner(s) for evaluation and assessment activities
- Travel expenses
- Peer-to-peer support activities (including associated travel-related expenses)
- Other (please describe in 16a below) _____ (Open ended response)

16a. Other (please describe other ways your program plans to use CH program grant funds not listed above) (Open ended response).

Communication/Marketing Capacity

For each of the following statements, please indicate whether you strongly disagree, disagree, neither disagree nor agree, agree, or strongly agree.

	Strongly Disagree (1)	Disagree (2)	Neither Disagree or Agree (3)	Agree (4)	Strongly Agree (5)	Not Applicable (8)
17. The CH program is well known in the community for its work.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
18. When needed, the CH program can successfully convene individuals and/or organizations around a common purpose.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
19. The CH program follows agreed-upon processes for receiving input and feedback from community stakeholders.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
20. The CH program follows agreed-upon processes for communicating to the community.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
21. The CH program’s public communications are accessible (in language, format, reading level) to all members of the community.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

22. (Optional) If you wish to clarify/explain any of the ratings in the table above, please feel free to do so here.
 (OPEN-ENDED RESPONSE)

Programs/Initiatives Capacity

For each of the following statements, please indicate whether you strongly disagree, disagree, neither disagree nor agree, agree, or strongly agree.

	Strongly Disagree (1)	Disagree (2)	Neither Disagree or Agree (3)	Agree (4)	Strongly Agree (5)	Not Applicable (8)
23. The CH program is responsive to the needs of those we serve.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
24. The CH program is clearly aligned with my organization’s stated mission.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
25. The CH program has a written strategic plan that guides our work.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

26. (Optional) If you wish to clarify/explain any of the ratings in the table above, please feel free to do so here.
 (OPEN-ENDED RESPONSE)

Evaluation & Learning Capacity

For each of the following statements, please indicate whether you strongly disagree, disagree, neither disagree nor agree, agree, or strongly agree.

	Strongly Disagree (1)	Disagree (2)	Neither Disagree or Agree (3)	Agree (4)	Strongly Agree (5)	Not Applicable (8)
27. The CH program regularly collects data related to the results/benefits of our programs and initiatives for those we serve.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
28. The CH program uses the data collected about programs/services to make changes or improvements.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
29. The CH program has key performance indicators that are reviewed regularly.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
30. The CH program has a written logic model or theory of change.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
31. The CH program regularly assesses gaps in the ability of our existing programs/initiatives to meet the needs of those we serve.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

32. (Optional) If you wish to clarify/explain any of the ratings in the table above, please feel free to do so here.

(OPEN-ENDED RESPONSE)

NETWORK QUESTIONS

1. What additional types of professionals, organizations (formal and grassroots), and/or institutions do you plan to reach out to as partners in the CH program?

- Child Protective Services
- Child- and Youth-serving Organizations
- Civic Groups
- Civil Rights Organizations
- Community Activists
- Community-based Public Health Practitioners
- Community-based Violence Reduction and Prevention Initiatives
- Criminal Justice
- Education System
- Faith-based Organizations
- Hospitals

- Juvenile Justice
- Local Media
- Medical Professionals
- Medical Examiners and Coroner’s Offices
- Mental Health Professionals
- Prosecutors
- Trauma Centers
- Victim Advocates
- Victim Assistance (located within law enforcement)
- Victim Assistance (located within prosecutors’ offices)
- Victim Assistance (located within the community)
- Other (please specify)

2. Please select all Collective Healing program-related activities that you did (or plan to do) with any of your partner organizations since the program started

	Completed/ In Progress	Planned/ Desired
Participate in a coalition or network	<input type="checkbox"/>	<input type="checkbox"/>
Establish an advisory board/council or steering committee	<input type="checkbox"/>	<input type="checkbox"/>
Establish relationships with new partners that the agency has not partnered with before	<input type="checkbox"/>	<input type="checkbox"/>
Host/attend meeting or joint planning session	<input type="checkbox"/>	<input type="checkbox"/>
Meet one-on-one	<input type="checkbox"/>	<input type="checkbox"/>
Provide/receive information	<input type="checkbox"/>	<input type="checkbox"/>
Help to disseminate information	<input type="checkbox"/>	<input type="checkbox"/>
Co-develop training for community or law enforcement	<input type="checkbox"/>	<input type="checkbox"/>
Assist in policy and protocol development and implementation for law enforcement	<input type="checkbox"/>	<input type="checkbox"/>
Participate in the planning and execution of a conference	<input type="checkbox"/>	<input type="checkbox"/>
Work together on shared advocacy and intervention strategies	<input type="checkbox"/>	<input type="checkbox"/>
Establish a formal MOU/MOA	<input type="checkbox"/>	<input type="checkbox"/>
Provide financial support/funding to Collective Healing program partners	<input type="checkbox"/>	<input type="checkbox"/>
Co-sponsor educational trainings/clinics	<input type="checkbox"/>	<input type="checkbox"/>
Provide/receive advice/recommendations	<input type="checkbox"/>	<input type="checkbox"/>
Participate in joint training/education	<input type="checkbox"/>	<input type="checkbox"/>
Participate in peer-to-peer support activities	<input type="checkbox"/>	<input type="checkbox"/>
Conduct community outreach	<input type="checkbox"/>	<input type="checkbox"/>
Plan and/or facilitate community events	<input type="checkbox"/>	<input type="checkbox"/>
Other _____ (Open-ended response)	<input type="checkbox"/>	<input type="checkbox"/>

3. For each of your partner organizations below, please check the CH program-related activities you did together since the program started:

Note: The responses will focus on the subset of completed/in progress activities for all partner organizations. This question will be repeated as need to break down the list of organization into groups of five to populate the columns of the matrix question, repeating as needed.

	Key Partner Org 1	Key Partner Org 2	Key Partner Org 3	Key Partner Org 4	Key Partner Org 5
Participating in a coalition or network	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Meeting one-on-one	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Providing/receiving information	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Worked together on shared advocacy and intervention strategies	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Next, please answer each question about each of the listed organizations. Select the response that best describes each organization.

Note: This series of questions combine to provide a measure of overall trust, based on three dimensions of trust: the amount of reliability, support for the mission, and willingness to engage in frank, open, and civil discussion

- **Mission congruence.** The organization/person shares a common vision of the end goal of what the collaborative should accomplish.
- **Openness to Discussion.** The organization/person is willing to engage in frank, open, and civil discussion (especially when disagreement exists). Organizations can communicate with other organizations in an open, trusting manner.
- **Reliability.** An organization/person will follow through on commitments.

4. For each of the organizations below, please indicate if they are always, usually, sometimes, seldom, or not involved in your CH program-funded activities.

	Always (5)	Usually (4)	Sometimes (3)	Seldom (2)	Never (1)
Key Partner Org 1	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Key Partner Org 2	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Key Partner Org 3	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Key Partner Org 4	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Key Partner Org 5	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

5. For each of the key partner and affiliate organizations that you have, please indicate whether you strongly disagree, disagree, neither disagree nor agree, agree, or strongly agree with the following statement.

This organization shares a common vision with the CH program. That is, we share similar thoughts related to the overarching goal of the program.

	Strongly Disagree (5)	Disagree (4)	Neither Agree nor Disagree (3)	Agree (2)	Strongly Agree (1)	Don't Know (8)
Key Partner Org 1	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Key Partner Org 2	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Key Partner Org 3	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Key Partner Org 4	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Key Partner Org 5	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

6. For each of the organizations below, please indicate **how often you can talk candidly and communicate easily**, even when disagreement(s) might come up.

	Always (5)	Usually (4)	Sometimes (3)	Seldom (2)	Never (1)	Don't Know (8)
Key Partner Org 1	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Key Partner Org 2	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Key Partner Org 3	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Key Partner Org 4	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Key Partner Org 5	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

7. For each of the organizations below, please indicate how often **they follow through on commitments**.

	Always (5)	Usually (4)	Sometimes (3)	Seldom (2)	Never (1)	Don't Know (8)
Key Partner Org 1	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Key Partner Org 2	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Key Partner Org 3	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Key Partner Org 4	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Key Partner Org 5	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

8. Who is currently missing from your CH program work that is necessary for success? What is/are the name(s) of the organization(s) that you are not currently engaging in CH program-related activities, but wish you were?

(OPEN-ENDED, SHORT ANSWER RESPONSE)

9. What role do you see for the organization(s) identified? How would they contribute to the CH program?

(OPEN-ENDED, ESSAY RESPONSE)

B.2 Capacity and Network Survey – Partner Version

RESPONDENT DETAILS

Please enter your contact information.

Name(s)

Email:

Primary respondent's email (enter only one)

Position(s) in Organization

Please select your organization [Organization Name- Drop Down Partner List]

The Collective Healing (CH) Programs differ by site, but the overarching goal across all five sites is to form collaborative partnerships between law enforcement and community-based organizations to plan and implement programs that promote a healing process in the aftermath of law enforcement-involved shootings, violence against law enforcement, and other high-profile violent incidents. Please answer the questions in this survey based on your experiences collaborating on the Collective Healing Program in your community.

NETWORK QUESTIONS

1. Please select all Collective Healing (CH) program-related activities that you did (or plan to do) with any of your partner organizations since the program started.

	Completed/ In Progress	Planned/ Desired
Participate in a coalition or network	<input type="checkbox"/>	<input type="checkbox"/>
Establish an advisory board/council or steering committee	<input type="checkbox"/>	<input type="checkbox"/>
Establish relationships with new partners that the agency has not partnered with before	<input type="checkbox"/>	<input type="checkbox"/>
Host/attend meeting or joint planning session	<input type="checkbox"/>	<input type="checkbox"/>
Meet one-on-one	<input type="checkbox"/>	<input type="checkbox"/>
Provide/receive information	<input type="checkbox"/>	<input type="checkbox"/>
Help to disseminate information	<input type="checkbox"/>	<input type="checkbox"/>
Co-develop training for community or law enforcement	<input type="checkbox"/>	<input type="checkbox"/>
Assist in policy and protocol development and implementation for law enforcement	<input type="checkbox"/>	<input type="checkbox"/>
Participate in the planning and execution of a conference	<input type="checkbox"/>	<input type="checkbox"/>
Work together on shared advocacy and intervention strategies	<input type="checkbox"/>	<input type="checkbox"/>
Establish a formal MOU/MOA	<input type="checkbox"/>	<input type="checkbox"/>
Receive Collective Healing program financial support/funding	<input type="checkbox"/>	<input type="checkbox"/>
Co-sponsor educational trainings/clinics	<input type="checkbox"/>	<input type="checkbox"/>
Provide/receive advice/recommendations	<input type="checkbox"/>	<input type="checkbox"/>
Participate in joint training/education	<input type="checkbox"/>	<input type="checkbox"/>

Participate in peer-to-peer support activities
 Conduct community outreach
 Plan and/or facilitate community events

Other _____
 (Open-ended response)

2. For each of your partner organizations below, please check the CH program-related activities you did together since the program started

Do not provide a response for your own organization:

Note: The responses will focus on the subset of completed/in progress activities for all partner organizations. This question will be repeated as need to break down the list of organization into groups of five to populate the columns of the matrix question, repeating as needed.

	Key Partner Org 1	Key Partner Org 2	Key Partner Org 3	Key Partner Org 4	Key Partner Org 5
Participating in a coalition or network	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Meeting one-on-one	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Providing/receiving information	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Worked together on shared advocacy and intervention strategies	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Next, please answer each question about each of the listed organizations. Select the response that best describes each organization.

3. For each of the organizations below, please indicate if they are always, usually, sometimes, seldom, or not involved in your CH program-funded activities.

	Always (5)	Usually (4)	Sometimes (3)	Seldom (2)	Never (1)
Key Partner Org 1	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Key Partner Org 2	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Key Partner Org 3	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Key Partner Org 4	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Key Partner Org 5	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

4. For each of the key partner and affiliate organizations that you have, please indicate whether you strongly disagree, disagree, neither disagree nor agree, agree, or strongly agree with the following statement.

This organization shares a common vision with the CH program. That is, we share similar thoughts related to the overarching goal of the program.

	Strongly Disagree (5)	Disagree (4)	Neither Agree nor Disagree (3)	Agree (2)	Strongly Agree (1)	Don't Know (8)
Key Partner Org 1	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Key Partner Org 2	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Key Partner Org 3	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Key Partner Org 4	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Key Partner Org 5	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

5. For each of the organizations below, please indicate **how often you can talk candidly and communicate easily, even when disagreement(s) might come up.**

	Always (5)	Usually (4)	Sometimes (3)	Seldom (2)	Never (1)	Don't Know (8)
Key Partner Org 1	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Key Partner Org 2	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Key Partner Org 3	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Key Partner Org 4	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Key Partner Org 5	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

6. For each of the organizations below, please indicate if **they follow through on commitments.**

	Always (5)	Usually (4)	Sometimes (3)	Seldom (2)	Never (1)	Don't Know (8)
Key Partner Org 1	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Key Partner Org 2	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Key Partner Org 3	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Key Partner Org 4	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Key Partner Org 5	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

7. **Who is currently missing from your CH program work that is necessary for success? What is/are the name(s) of the organization(s) that you are not currently engaging in CH program-related activities, but wish you were?**
(Open-ended, essay response for potential list of recommendations)

8. **What role do you see for the organization(s) identified? How would they contribute to the CH program?**
(Open-ended, essay response)

9. **Do you have any final comments, suggestions, or other feedback for the evaluation team?**
(Open-ended, essay response)

B.3 Site Visit Interview Guide – Grantee Version

Evaluability Assessment and Baseline Study of OVC’s Vision 21 Supporting Collective Healing in the Wake of Harm Program

Site Visit 1: Grantee Interview Guide

Date/Time: _____

Organization: _____

Respondent Name(s): _____

Interviewer Name(s): _____

Notetaker Name: _____

Greeting and Consent

Hello, my name is [NAME] from RTI International. I am the [TITLE] of this study, and with me today I have [NAME and TITLE] and [NAME and TITLE]. [NAME] will be taking notes for us today. Thank you for agreeing to participate in this interview. Before we begin, I have some information to read to you about the study.

[INTERVIEWER: read consent form]

Do you have any questions? If you do not have any questions, we can begin.

Introduction

Our call in September was a great opportunity for us to obtain information to better frame this interview, such as your role and level of effort on this project, development of logic models and strategic plans, and the organizations you are currently partnering with (or plan to partner with in the future). Today we would like to start digging a little bit deeper.

1. How would you describe the [SITE] Collective Healing program?
2. What do you consider to be a divisive event?
3. Which types of divisive events is the [SITE] Collective Healing Program intending to address?
 - *[PROBE based on IACP’s definition of divisive events]:*
 - i. Officer-involved shooting or use of force?
 - ii. Violence against the police?
 - iii. Mass incidents of violence?
 - iv. Protests and law enforcement response?
 - v. Citizen complaints?
4. How did you choose these types of divisive events as the focus of your Collective Healing program?
5. Does your agency currently collect and maintain any information on these types of events?

- *[If yes, probe for:]*
 - i. What is the source of the information (e.g., citizen complaints, police records, victim service providers)
 - ii. How information is documented (e.g., specific form or system)?
 - iii. What characteristics of these events are captured?
 - iv. How is the information recorded (e.g., narrative text, closed-ended responses)?
- *[If no]* Are there plans to do so as part of the CH program?
 - i. What information do you plan to collect?
 - ii. How do you plan to record it?

Program Goals and Activities

Through the next series of questions, we'll begin exploring the goals of [SITE] Collective Healing Program, activities to accomplish those goals, data tracking and systems, and plans for sustaining the program after the grant period ends.

6. What are the goals of the [SITE] Collective Healing program?

[INTERVIEWER: Questions 7 through 11 serve as probes for Question 6]

7. How is the [XXPD] developing collaborative partnerships to support the Collective Healing program?

[INTERVIEWER: The following questions are probes for question 7]

- Did you work with any community partners to develop the Collective Healing program goals?
 - i. *If yes:* Which partners?
 - How did the group develop these goals?
 - a. Meetings? Phone calls?
 - ii. Were these partners part of the proposal process?
 - In what way?
- What is your process for engaging community partners?
- How will you collaborate on the Collective Healing program?

[INTERVIEWER, ask the following questions if the site has a steering committee. Skip these questions if the site does not have a steering committee:]

- On our call in September, you said that your Collective Healing Program has a steering committee/advisory board/workgroup *[INTERVIEWER, use the same terminology as the site]*
 - i. Did you have existing relationships with other Steering Committee members, prior to the Collective Healing Program?
 - *If yes:* what have these interactions/partnerships entailed in the past?
 - How would you describe the Steering Committee's ability to work together?
 - Has the Steering Committee experienced any challenges working together? *(please describe)*

- If so, have you resolved these challenges?
- How?
- If not, what would help resolve these issues?

[INTERVIEWER, ask the following questions if the site does not have a steering committee. Skip these questions if the site has a steering committee:]

- ii. Do you plan to convene a steering committee or advisory board?
 - *If yes:* When do you plan to develop the steering committee or advisory board?
 - a. Which organizations do you plan to include in the steering committee or advisory board?
 - *If no:* Can you tell me a little bit about your decision not to implement a steering committee or advisory board?
8. Is the [XXPD] developing additional trauma-informed policing policies and procedures?
- *If yes:* Can you give us some examples?
 - i. Can you talk a little bit about why and how you chose to develop each type of policy and/or procedure?
 - *If no:* Can you tell me more about why that's not an area of focus for you?
9. Is the Collective Healing program developing additional victim services?
- *If yes:* Through your police department?
 - *If yes:* Can you give us some examples of potential victim services that would be offered through your department?
 - Can you talk a little bit about why and how you chose to develop each type of victim service?
 - Can you talk a little bit about how you currently track or collect information on victim services that are provided by your agency?
 - 1. Will you use the same process/system for these additional services?
 - 2. If not, what do you plan to do instead?
 - *If yes:* Through partners?
 - *If yes:* Can you give some examples of potential victim services that would be offered by your partners?
 - *If no:* Can you tell me more about why that's not an area of focus for you?
10. Is the Collective Healing program developing additional trainings?
- *If yes:* Focusing on what?
 - i. For whom?
 - ii. Can you talk a little bit about how you currently track or collect information on trainings that are provided (e.g., # officers trained, type of training)?
 - Will you use the same process/system for these additional services?
 - If not, what do you plan to do instead?
 - *If no:* Can you tell me more about why that's not an area of focus for you?
11. Is the [XXPD] developing additional or new procedures or supports for officer wellness?

- *If yes:* Can you give us some examples?
 - i. Access to mental health providers?
 - ii. Supervisor monitoring of behavioral and mental health?
 - iii. Peer to peer support?
 - iv. Critical stress management?
 - *If yes:* Can you talk a little bit about how you currently track or collection information on the use of officer wellness programs or procedures (e.g., # of officers participating, officer satisfaction with programs)?
 - i. Will you use the same process/system for these additional procedures or supports?
 - ii. If not, what do you plan to do instead?
 - *If no:* Can you tell me more about why that's not an area of focus for you?
12. What do you anticipate your organization's role to be during implementation of the Collective Healing program?
- For example, will the [XXPD] continue to serve in a leadership role?
 - Or will program leadership become more of a coalition?
13. Is there a plan for sustaining the Collective Healing program after funding ends?
- Can you tell us about your plan for sustainability?
14. Are there other goals you think the Collective Healing program should be trying to accomplish but currently is not working towards?
15. How would you define "success" for the Collective Healing program?
- To rephrase, what has to happen for you to consider this project successful?
 - i. What are some short-term outcomes that you're hoping to accomplish?
 - Forming a network of partners?
 - Developing a new curriculum?
 - Implementing a new program?
 - Launching a new training?
 - ii. What are some of the long-term outcomes you're hoping to accomplish?

Facilitators and Challenges

Now we would like to take some time to hear about the facilitators and challenges to developing and implementing the Collective Healing Program.

16. What would you say are the biggest strengths of the Collective Healing program?
17. What are the facilitators to developing a Creative Healing program like this?
- *[PROBES]*
 - i. Strong partnerships?
 - ii. Resources?
 - iii. Community buy in?

18. What are the main challenges you're encountering with developing the Collective Healing program?
- *[If the respondent(s) cannot think of any challenges, these are a few potential probes]:*
 - i. Key partner buy-in?
 - ii. Conflicting missions/positions of partners?
 - iii. Political factors?
 - iv. Financial factors?
 - v. Human resource factors?
 - How will you address those challenges?
19. What are the barriers to collaboration in a project like this?
- How will you address those barriers?
20. Do you think the [SITE] Collective Healing program is reflective of steering committee or other stakeholder goals?
- Community group goals?
 - Is there buy in from the community and state?
21. What benefits does your organization get from participating in the Collective Healing program?

Training and Technical Assistance

An important part of your grant is working with the TTA provider. We would like to take a few minutes to discuss your experiences working with IACP thus far.

22. What is your understanding of IACP's role on the project and what IACP is able to provide?
23. How would you describe the TTA support provided by IACP and their partners?
- What types of TTA have you requested?
 - Have you received all the TTA you requested?
 - Have there been any challenges associated with TTA provision?
 - In what ways have you found the TTA to be helpful?
24. Is there any additional TTA support you need?

Wrap Up

25. What advice or 'lessons learned' could you share that might help other organizations or jurisdictions engage in a similar initiative?
26. Is there anything that we did not ask you that you would like to share with us?
27. Do you have any questions for us?

28. Since we have a few minutes left, do you mind if we take a quick look at your list of collective healing partners? We are trying to finalize the list of people that we will send the Capacity and Network Survey to.

[Provide a copy of the partner list to the grantee and have a printed copy for the RTI team. Go through inclusion and exclusion criteria for partners who are not part of a steering committee or workgroup]

B.4 Site Visit Interview Guide – Partner Version

Evaluability Assessment and Baseline Study of OVC’s Vision 21 Supporting Collective Healing in the Wake of Harm Program

Site Visit 1: Partner Interview Guide

Date/Time: _____

Organization: _____

Respondent Name(s): _____

Interviewer Name(s): _____

Notetaker Name: _____

Greeting and Consent

Hello, my name is [NAME] from RTI International. I am the [TITLE] of this study, and with me today I have [NAME and TITLE] and [NAME and TITLE]. [NAME] will be taking notes for us today. Thank you for agreeing to participate in this interview. Before we begin, I have some information to read to you about the study.

[INTERVIEWER: read consent form]

Do you have any questions? If you do not have any questions, we can begin.

Introduction

We are very interested in learning about your perspectives of the Collective Healing Program. This first set of questions will help us understand yours and other staff members roles on the project and how you became involved in the project.

1. How would you describe the [SITE] Collective Healing program?
2. What is your organization’s current role in the Collective Healing program?
3. What is your personal role in the Collective Healing program?
 - About what percent of your time do you spend on the Collective Healing program?
4. How did your organization become involved with the Collective Healing program?
5. What are your expectations for serving as a partner in this program?
 - Is there a specific position or gap that you envision your organization filling?
 - Or a problem that your organization can help solve?
6. Which types of divisive events is the [SITE] Collective Healing Program intending to address?
 - *[PROBE based on IACP’s definition of divisive events]:*
 - vi. Officer-involved shooting or use of force?

- vii. Violence against the police?
 - viii. Mass incidents of violence?
 - ix. Protests and law enforcement response?
 - x. Citizen complaints?
7. How did [SITE] choose these types of divisive events as the focus of your Collective Healing program?
8. Does your organization currently collect and maintain any information on these types of events?
- *[If yes, probe for:]*
 - i. What is the source of the information (e.g., citizen complaints, police records, victim service providers)
 - ii. How information is documented (e.g., specific form or system)?
 - iii. What characteristics of these events are captured?
 - iv. How is the information recorded (e.g., narrative text, closed-ended responses)?
 - *[If no]* Are there plans to do so as part of the CH program?
 - i. What information do you plan to collect?
 - ii. How do you plan to record it?

Program Goals and Activities

Through the next series of questions we'll begin exploring the goals of [SITE] Collective Healing Program, activities to accomplish those goals, data tracking and systems, and plans for sustaining the program after the grant period ends.

9. What are the goals of the [SITE] Collective Healing program?

[INTERVIEWER: Questions 13 through 17 serve as probes for Question 12]

10. How are collaborative partnerships being developed to support the Collective Healing program?

[INTERVIEWER: The following questions are probes for question 13]

- Did you work with [XXPD] and/or other partners to develop the Collective Healing program goals?
 - i. *If yes:* Which partners?
 - ii. How did the group develop these goals?
 - Meetings? Phone calls?
 - Was your organization involved in the proposal process?
 - In what way?

[INTERVIEWER, ask the following questions if the site has a steering committee. Skip these questions if the site does not have a steering committee:]

- We have learned from XXPD that [SITE] Collective Healing program has a steering committee/advisory board/workgroup [*INTERVIEWER, use the same terminology as the site*]
- Did you have existing relationships with other Steering Committee members, prior to the Collective Healing program?
 - *If yes:* what have these interactions/partnerships entailed in the past?
 - How would you describe the Steering Committee's ability to work together?
 - Has the Steering Committee experienced any challenges working together? (*please describe*)
 - If so, have you resolved these challenges?
 - How?
 - If not, what would help resolve these issues?

11. Is the [XXPD] working with your organization to develop additional trauma-informed policing policies and procedures?

- *If yes:* Can you give us some examples?
 - i. Can you talk a little bit about why and how [SITE] chose to develop each type of policy and/or procedure?

12. Is the [XXPD] working with your organization to develop additional victim services?

- *If yes:* What role would your organization play in the delivery of victim services?
 - Would those services be offered through your organization or through the police department?
 - Can you give us some examples of potential victim services that would be offered?
 - To which populations?
 - Can you talk a little bit about why and how you chose to develop each type of victim service?
 - Can you talk a little bit about how you currently track or collect information on victim services that are provided by your agency for the purposes of Collective Healing?
 1. Will you use the same process/system for these additional services?
 2. If not, what do you plan to do instead?

13. Is the [XXPD] working with your organization to develop more trainings?

- *If yes:* Focusing on what?
- *If yes:* For whom?
 - i. Can you talk a little bit about how you currently track or collect information on trainings that are provided (e.g., # officers trained, type of training)?
 - Will you use the same process/system for these additional services?
 - If not, what do you plan to do instead?

14. Is the [XXPD] working with your organization to develop new procedures or supports for officer wellness?

- *If yes:* Can you give us some examples?

- i. Access to mental health providers?
 - ii. Supervisor monitoring of behavioral and mental health?
 - iii. Peer to peer support?
 - iv. Critical stress management?
 - *If yes:* Can you talk a little bit about how you currently track or collection information on the use of officer wellness programs or procedures (e.g., # of officers participating, officer satisfaction with programs)?
 - i. Will you use the same process/system for these additional procedures or supports?
 - ii. If not, what do you plan to do instead?
15. What do you anticipate your organization’s role to be during implementation of the Collective Healing program?
16. Is there a plan for sustaining the Collective Healing program after funding ends?
- Can you tell us about the plan for sustainability?
17. Are there other goals you think the Collective Healing program should be trying to accomplish but currently is not working towards?
18. How would you define “success” for the Collective Healing program?
- To rephrase, what has to happen for you to consider this project successful?
 - i. What are some short-term outcomes that you’re hoping to accomplish?
 - Forming a network of partners?
 - Developing a new curriculum?
 - Implementing a new program?
 - Launching a new training?
 - ii. What are some of the long-term outcomes you’re hoping to accomplish?

Facilitators and Challenges

Now we would like to take some time to hear about the facilitators and challenges to developing and implementing the Collective Healing Program.

19. What would you say are the biggest strengths of the Collective Healing program?
20. What are the facilitators to developing a Creative Healing program like this?
- Strong partnerships?
 - Resources?
 - Community buy in?
21. What are the main challenges you’re encountering with developing the Collective Healing program?
- *[If the respondent(s) cannot think of any challenges, these are a few potential probes]:*
 - i. Key partner buy-in?
 - ii. Conflicting missions/positions of partners?

- iii. Political factors?
 - iv. Financial factors?
 - v. Human resource factors?
 - How will you address those challenges?
22. Do you think the [SITE] Collective Healing program is reflective of steering committee or other stakeholder goals?
- Is there buy in from the community and state?
23. What benefits does your organization get from participating in the Collective Healing program?

Wrap Up

24. What advice or ‘lessons learned’ could you share that might help other organizations or jurisdictions engage in a similar initiative?

Since we have a few minutes left, we would like to ask a few more questions about resources for the Collective Healing program.

25. Are there other staff within your organization that work on the Collective Healing program?
- What are their roles?
 - About what percent of each of these staff’s time is dedicated to the Collective Healing program?
26. Is your organization *receiving* any resources to participate in the Collective Healing program?
- *If yes:* From where?
 - i. The grantee?
 - ii. Other funding streams?
 - How much funding are you receiving?
 - What are you using that funding for?
 - i. Staff?
 - ii. Training?
 - iii. Community outreach?
 - iv. Anything else?
27. Is your organization *providing* any resources to the Collective Healing program?
- *If yes:* Can you give us a few examples?
 - i. In kind staff time?
 - ii. Meeting space?
 - iii. Anything else?
28. Is there anything that we did not ask you that you would like to share with us?
29. Do you have any questions for us?

B.5 Stakeholder Survey

Before beginning the survey, please provide your contact information:

Q1. Name: [open field]

Q2. Organization: [open field]

Q3. Email: [open field]

Q4. Please select your respondent type:

1. Grantee (Police Department)
2. Partner

Throughout the survey, we will refer to the Collective Healing Program (CHP) in your community. Please answer the questions in this survey based on your experiences collaborating on your community's CHP.

PARTNERSHIP HISTORY

[If Q4=2, get Q5; else skip to Q7]

Q5. Has your organization partnered or collaborated with the police department prior to the CHP?

1. No
2. Yes

[If Q5=2, get Q6; else skip to Q7]

Q6. About how many years has your organization collaborated with the police department?

___ years [2-character limit]

VALUE OF SELF-ASSESSMENTS - GRANTEE

[If Q4=1, get [pre_q7]; else skip to Q12]

[pre_q7] How involved were you in conducting or completing any of the self-assessments required for the CHP? For example, the community listening sessions, the divisive events or victim services checklist, the officer wellness survey, etc.

1. Not at all
2. A little
3. Moderately
4. Very
7. Don't know

[If [pre_q7] = 3 OR 4, get Q7; else skip to Q12]

Q7. How challenging was it to conduct or complete the following self-assessments for your CHP?

	Not at all (1)	A little (2)	Moderately (3)	Very (4)	Don't know (7)
a. Community Listening Sessions/Focus Groups (aka Community Collaboration & Partnerships Self-Assessment Tool)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Divisive Events Preparation & Response Checklist	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Officer & Agency Wellness & Resiliency Perceptions Survey	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Officer & Agency Wellness & Resiliency Policy Checklist	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Trauma-Informed Policing Assessment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Victim Services Survey	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. Victim Services Checklist	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

[If Q7a > 1 or Q7b > 1 or Q7c > 1 or Q7d > 1 or Q7e > 1 Q7f > 1 or Q7g > 1 get Q8; else skip to Q9]

Q8. What challenges did you experience with conducting the self-assessment instruments?

[open field]

Q9. Who analyzed the data from the self-assessment instruments? (select all that apply)

1. Staff within the police department
2. An external partner
3. Data was not analyzed
7. Don't know

[NOTE: Program so that if 3 (not analyzed) or 7 (Don't know) are selected, other responses are cleared]

Q10. How valuable or useful was the information you obtained through completing the following self-assessments?

	Not at all (1)	A little (2)	Moderately (3)	Very (4)	Don't know (7)
a. Community Listening Sessions/Focus Groups (aka Community Collaboration & Partnerships Self-Assessment Tool)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Divisive Events Preparation & Response Checklist	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Officer & Agency Wellness & Resiliency Perceptions Survey	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Officer & Agency Wellness & Resiliency Policy Checklist	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Trauma-Informed Policing Assessment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	Not at all (1)	A little (2)	Moderately (3)	Very (4)	Don't know (7)
f. Victim Services Survey	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. Victim Services Checklist	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q11. To what extent did you use the information obtained through the following self-assessments to inform your CHP activities?

	Not at all (1)	A little (2)	Moderately (3)	A lot (4)	Don't know (7)
a. Community Listening Sessions/Focus Groups (aka Community Collaboration & Partnerships Self-Assessment Tool)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Divisive Events Preparation & Response Checklist	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Officer & Agency Wellness & Resiliency Perceptions Survey	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Officer & Agency Wellness & Resiliency Policy Checklist	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Trauma-Informed Policing Assessment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Victim Services Survey	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. Victim Services Checklist	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

VALUE OF SELF-ASSESSMENTS - PARTNER

[If Q4=2, get Q12; else skip to Q17]

Q12. Did you assist with or participate in any of the Community Listening Sessions/Focus Groups conducted for your CHP?

1. No
2. Yes
7. Don't know

[If Q12=2, get Q13; else skip to Q17]

Q13. How challenging was it to conduct the Community Listening Session(s)/Focus Group(s) for your CHP?

1. Not at all
2. A little
3. Moderately
4. Very

[If Q13 > 1, get Q14; else skip to Q15]

Q14. What challenges did you experience with conducting the Community Listening Session(s)/Focus Group(s)?

[open field]

Q15. How valuable or useful was the information you obtained through conducting the Community Listening Session(s)/Focus Group(s)?

1. Not at all
2. A little
3. Moderately
4. Very

Q16. To what extent was the information obtained through the Community Listening Session(s)/Focus Group(s) used to inform your CHP activities?

1. Not at all
2. A little
3. Moderately
4. A lot

COMMUNITY PARTNER PERCEPTIONS OF CHP

[If Q4=2, get Q17; else skip to Q23]

Q17. How aware is your community of the CHP and its activities?

1. Not at all
2. A little
3. Moderately
4. Very

Q18. How supportive do you think your community is of the CHP?

1. Not at all
2. A little
3. Moderately
4. Very

[If Q18 < 4, get Q19; else skip to Q20]

Q19. What do you think has contributed to the community not being more supportive of the CHP?

[open field]

Q20. What improvements have been made under the CHP in the following areas?

- a. The community-police relationship
[open field]
- b. Victim assistance and services
[open field]
- c. Officer wellness
[open field]

- d. Other (please leave blank if not applicable)
[open field]

Q21. What area(s) still need the most improvement? Please explain.

[open field]

Q22. What strategies would you suggest to best engage community members in evaluation or research efforts to ensure community voice is included?

[open field]

TTA PROVISION

In this section we will ask you questions about the training and technical assistance (TTA) you may have received for your CHP. When we refer to the “IACP TTA team,” we are referring to staff from IACP, EJUSA, or other consultants you may have been connected to through IACP or EJUSA who have provided TTA.

Q23. Have you received help from or consulted with the IACP TTA team for your community’s CHP?

1. No
2. Yes
7. Don’t know

[If Q23=2, get Q24; else skip to Q54]

Please indicate **1)** whether you needed training or technical assistance (TTA) for your CHP in the following areas, **and 2)** whether you received this TTA from the IACP TTA team:

	Needed TTA (a)	Received TTA (b)
Q24. Procedural justice	<input type="checkbox"/>	<input type="checkbox"/>
Q25. Trauma-informed policing (e.g., Trauma-to-Trust)	<input type="checkbox"/>	<input type="checkbox"/>
Q26. Vicarious trauma	<input type="checkbox"/>	<input type="checkbox"/>
Q27. Officer wellness and safety	<input type="checkbox"/>	<input type="checkbox"/>
Q28. Officer peer support	<input type="checkbox"/>	<input type="checkbox"/>
Q29. Officer suicide prevention	<input type="checkbox"/>	<input type="checkbox"/>
Q30. Officer DUI/DWI prevention	<input type="checkbox"/>	<input type="checkbox"/>
Q31. Diversity and/or multiculturalism training	<input type="checkbox"/>	<input type="checkbox"/>
Q32. Funding opportunities to enhance victim assistance/services	<input type="checkbox"/>	<input type="checkbox"/>
Q33. Expanding network of victim service providers	<input type="checkbox"/>	<input type="checkbox"/>
Q34. Victim-centered responses	<input type="checkbox"/>	<input type="checkbox"/>
Q35. Other TA related to victim services	<input type="checkbox"/>	<input type="checkbox"/>
Q36. Community listening sessions or focus groups	<input type="checkbox"/>	<input type="checkbox"/>
Q37. Engaging community or tribal leaders	<input type="checkbox"/>	<input type="checkbox"/>

	Needed TTA (a)	Received TTA (b)
Q38. Community engagement	<input type="checkbox"/>	<input type="checkbox"/>
Q39. Community policing	<input type="checkbox"/>	<input type="checkbox"/>
Q40. Preparing for potentially divisive events	<input type="checkbox"/>	<input type="checkbox"/>
Q41. Responding to divisive events	<input type="checkbox"/>	<input type="checkbox"/>
Q42. Death notification	<input type="checkbox"/>	<input type="checkbox"/>
Q43. Communications/media strategic planning	<input type="checkbox"/>	<input type="checkbox"/>
Q44. Policy development	<input type="checkbox"/>	<input type="checkbox"/>
Q45. Establishing new partnerships	<input type="checkbox"/>	<input type="checkbox"/>
Q46. Program management (e.g., budgeting, contract management)	<input type="checkbox"/>	<input type="checkbox"/>
Q47. Evaluation, data collection, and/or data analysis	<input type="checkbox"/>	<input type="checkbox"/>
Q48. Other (specify below)	<input type="checkbox"/>	<input type="checkbox"/>

Q48c. Other (please describe other TTA you needed or received not listed above):
[open field]

[For Q49, show only TTA areas selected as “Received” in table above. E.g., if Q24b=selected, get Q49a; if Q25b=selected, get Q49b, etc.]

Q49. For each area in which you received TTA from the IACP TTA team, please indicate how helpful the TTA was.

	Not helpful (1)	Somewhat helpful (2)	Helpful (3)	Very helpful (4)
a. Procedural justice	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Trauma-informed policing (e.g., Trauma-to-Trust)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Vicarious trauma	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Officer wellness and safety	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Officer peer support	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Officer suicide prevention	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. Officer DUI/DWI prevention	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. Diversity and/or multiculturalism training	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i. Funding opportunities to enhance victim assistance/services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
j. Expanding network of victim service providers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
k. Victim-centered responses	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
l. Other TA related to victim services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
m. Community listening sessions or focus groups	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
n. Engaging community or tribal leaders	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
o. Community engagement	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
p. Community policing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
q. Preparing for potentially divisive events	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
r. Responding to divisive events	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	Not helpful (1)	Somewhat helpful (2)	Helpful (3)	Very helpful (4)
s. Death notification	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
t. Communications/media strategic planning	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
u. Policy development	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
v. Establishing new partnerships	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
w. Program management (e.g., budgeting, contract management)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
x. Evaluation, data collection, and/or data analysis	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
y. Other TTA specified in previous question	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q50. Thinking about your experience working with the IACP TTA team, please indicate how much you agree or disagree with the following statements.

The people from the IACP TTA team...

	Strongly Disagree (1)	Disagree (2)	Agree (3)	Strongly Agree (4)	N/A (8)
a. Listened to what we had to say.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Provided assistance that was beneficial to the planning or implementation of our CHP strategies.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Highlighted challenges and solutions that have been helpful for the implementation of our CHP.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Provided assistance to revise components of our strategy that were not working.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Provided tools and resources that I have or will use for our CHP.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Provided help that was tailored to us instead of being "one size fits all."	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. Provided support that helped us better use our local data.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. Increased my knowledge level of the subject matter(s) addressed.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i. Made me feel it was worthwhile having access to their assistance.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q51. Did your CHP receive all the TTA that was needed?

1. No
2. Yes

[If Q51=1, get Q52; else skip to Q53]

Q52. Why was your CHP unable to receive all the TTA that was needed?

[open field]

Q53. Thinking about the TTA that you have received for your CHP, please indicate how helpful the different formats of TTA have been.

	Not helpful (1)	Somewhat helpful (2)	Helpful (3)	Very helpful (4)	N/A (8)
a. Phone calls	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. In-person (e.g., site visit, training)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Video-conference	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Webinar	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Document (e.g., sample protocol)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Peer-to-peer learning	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q54. Did you attend either of the CHP all-sites grantee meetings? These meetings were held in Alexandria, VA and Orlando, FL.

1. No
2. Yes

[If Q54=2, get Q55; else skip to Q56]

Q55. Thinking about the CHP all-sites grantee meeting(s) you attended, please indicate how much you agree or disagree with the following statements.

The CHP all-sites grantee meeting(s)...

	Strongly Disagree (1)	Disagree (2)	Agree (3)	Strongly Agree (4)
a. Provided valuable and relevant information that has been helpful for the planning or implementation of our CHP.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Helped me identify areas to strengthen within my community's CHP.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Highlighted challenges and solutions that have been helpful for the implementation of our CHP.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Provided me with tools and resources that I have or will use for our CHP.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Met my expectations.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Offered a good opportunity to meet and network with other grantees and community partners.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. Were held in a timely manner, in view of the scope of work.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. Were worth attending, in view of the time and resources spent.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

[If Q23=2 or Q54=2, get Q56; else skip to Q59]

The next questions are about the help or TTA your CHP has received from the IACP TTA team, including during the all-sites grantee meetings.

Q56. Please share what has been most useful about the help or TTA that you have received.

[open field]

Q57. Please share what you think would have improved the help or TTA that you received.

[open field]

Q58. As a result of the help or TTA, what are the most significant improvements you have seen in how your CHP is being implemented?

[open field]

SUSTAINABILITY

Q59. To what extent has your CHP planned for sustainability, i.e., continuing elements of your CHP after the current grant ends?

1. Not at all
2. A little
3. Moderately
4. A lot

[If Q59 = 1, skip to Q69; else get Q60]

Q60. How involved have you been in sustainability planning for your CHP?

1. Not at all
2. A little
3. Moderately
4. Very

[If Q60=1, skip to Q69; else get Q61]

Q61. Which of the following activities is your CHP engaging in to support sustainability of at least one of the elements of your community's CHP? (select all that apply)

- a. Informal discussion about sustainability
- b. Incorporating sustainability planning into CHP team or partner meetings
- c. Meetings devoted specifically to sustainability planning
- d. Developing a written sustainability plan
- e. Identifying resources or funding to continue CHP activities
- f. Identifying additional partners and/or community "champions"
- g. Implementing changes to organizational policies or procedures
- h. Developing trainings or curriculum that can be continued
- i. Using a train-the-trainer approach
- j. Disseminating information to promote CHP activities

k. Other (specify below)

l. Other (please describe other sustainability activities not listed above):

[open field]

[If Q61e is selected, get Q62; else skip to Q69]

To continue elements of your CHP, which resources or funding has your CHP identified and which resources or funding has your CHP secured? (select all that apply)

	Identified (a)	Secured (b)
Q62. Internal resources within the police department	<input type="checkbox"/>	<input type="checkbox"/>
Q63. Internal resources within a partner organization	<input type="checkbox"/>	<input type="checkbox"/>
Q64. Local (e.g., city, county) government funding	<input type="checkbox"/>	<input type="checkbox"/>
Q65. State government funding	<input type="checkbox"/>	<input type="checkbox"/>
Q66. Federal government funding	<input type="checkbox"/>	<input type="checkbox"/>
Q67. Funding from private sources	<input type="checkbox"/>	<input type="checkbox"/>
Q68. Other (specify below)	<input type="checkbox"/>	<input type="checkbox"/>

Q68c. Other (please describe other resources or funding not listed above):

[open field]

Q69. How committed is your organization to continuing to collaborate on activities implemented for the CHP after the current grant ends?

1. Not at all
2. A little
3. Moderately
4. Very

Q70. How likely do you think it is that at least some of the elements of the CHP will continue after the current grant ends?

1. Not at all
2. A little
3. Moderately
4. Very

CHALLENGES

Q71. Thinking about your CHP activities, please indicate how much each of the following has been a challenge to successful implementation.

	Not at all (1)	A little (2)	Moderately (3)	Very (4)	Don't know (7)
a. Need for stronger CHP leadership within the Police Department	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Need for stronger buy-in from Police Department leadership	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Need for stronger buy-in from patrol and line officers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Need for more support staff within the Police Department	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Lack of engagement or resistance from important partner organizations	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Need for stronger efforts to engage important partner organizations	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. Lack of engagement or resistance from community groups or members	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. Need for stronger efforts to engage community groups or members	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i. Need for more local communication (e.g., through websites, newspaper articles) about CHP goals and activities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
j. Need for clearer or more timely communication from CHP leadership within the Police Department	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
k. Need for clearer or more timely communication from the IACP team	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
l. Need for clearer or more timely communication from the Office of Victims of Crime (OVC)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

[NEW SCREEN]

(Continued) Thinking about your CHP activities, please indicate how much each of the following has been a challenge to successful implementation.

	Not at all (1)	A little (2)	Moderately (3)	Very (4)	Don't know (7)
m. Length of the grant period	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
n. Requirements of the grant	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
o. Restrictions on the type of activities and items that could be covered with grant funds (e.g., food, trinkets)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	Not at all (1)	A little (2)	Moderately (3)	Very (4)	Don't know (7)
p. Post-award changes in OVC's priorities for the grant	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
q. Process to obtain required approvals at the <u>federal</u> level (e.g., for training materials, budget modification)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
r. Process to obtain required approvals at the <u>local</u> level (e.g., for staff hires, budget modification)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
s. Local political climate	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
t. State political climate	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
u. National political climate	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
v. Need for additional resources or funding for Police Department activities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
w. Need for additional resources or funding for partner organizations and activities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
x. Lack of services or service capacity in our community	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
y. Other (specify below)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

z. Other (please describe other challenges to successful implementation)

Appendix C: Logic Models

C.1 Baton Rouge Collective Healing Initiative Logic Model

CONTEXT	Police-Community: Officer-involved shootings & hearings, violence against law enforcement, high violent crime rate Community Context: Racial tensions, economic inequality Other contextual factors: 2016 historic flood, frequent weather-related natural disasters Other related programs: ReCAST, TRUCE, Strategic Allies Coalition			
INPUTS	ACTIVITIES	OUTPUTS	OUTCOMES	IMPACTS
<ul style="list-style-type: none"> ▪ Baton Rouge PD staff ▪ Existing partnerships: civil rights organizations, university, behavioral health agency, government entity, & mental health professional ▪ CHI grant requirements ▪ CHI funding ▪ Other funding ▪ Training & Technical Assistance resources 	<ul style="list-style-type: none"> ▪ Program planning & management ▪ Establish new partnerships, including with local grassroots organizations ▪ Develop subcontracts, MOUs, etc. ▪ CHI project team meetings ▪ Hire and on-board CHI Project Manager ▪ Identify sworn BRPD champion <hr/> <ul style="list-style-type: none"> ▪ Officer & Agency Wellness & Resiliency Policy Checklist ▪ Officer & Agency Wellness & Resiliency Perceptions Survey ▪ Officer Wellness Symposium ▪ Enhance BRPD Peer Support Unit (e.g., train 30 peer support officers) ▪ Vicarious Trauma Training ▪ Develop BRPD Health and Wellness Program ▪ TA on funding opportunities to support officer wellness <hr/> <ul style="list-style-type: none"> ▪ Victim Services Checklist ▪ Victim Services Survey ▪ TA on funding opportunities to support victim services ▪ Establish relationship with VOCA administrator ▪ Strengthen relationship with East Baton Rouge Sheriff's Department ▪ Community mapping for Trauma-to-Trust ▪ Brown Bag trainings for community victim service providers 	<ul style="list-style-type: none"> ▪ # and types of meetings & events with International Association of Chiefs of Police ▪ # and types of internal planning activities ▪ # and types of partnerships formed ▪ # and types of formal collaboration agreements ▪ # of letters of support ▪ # of project team meetings & participants ▪ # of external meetings & participants <hr/> <ul style="list-style-type: none"> ▪ # and types of areas for improvement identified & addressed ▪ # and types of policies or procedures created, amended, or rescinded ▪ # and types of trainings & participants ▪ # and types of staff added to peer support unit ▪ # and types of new services/supports implemented ▪ # and types of PD staff accessing mental health, wellness, & peer support services ▪ # and types of TA & participants ▪ # of proposals submitted related to officer wellness ▪ Amount & types of funds received related to officer wellness <hr/> <ul style="list-style-type: none"> ▪ # and types of areas for improvement identified & addressed ▪ # and types of policies or procedures created, amended, or rescinded ▪ # and types of TA & participants ▪ # of applications for funding submitted related to victim services ▪ Amount & types of funds received related to victim services ▪ # and types of new victim service providers identified & contacted ▪ # and types of trainings & participants 	<ul style="list-style-type: none"> ▪ Effective program implementation ▪ Improved collaboration & coordination within the PD ▪ Expanded network of community organizations & stakeholders ▪ Improved collaboration & coordination with community organizations & stakeholders <hr/> <ul style="list-style-type: none"> ▪ Increased PD knowledge of trauma, coping strategies, & accessibility of services ▪ Reduced stigma toward help-seeking ▪ Improved mental health, wellness, & peer support services for the PD ▪ Increased utilization of mental health, wellness, & peer support services ▪ Improved officer mental & physical health ▪ Improved job performance and satisfaction ▪ Increased PD knowledge of funding opportunities to support officer wellness ▪ Increased funding to support officer wellness <hr/> <ul style="list-style-type: none"> ▪ Enhanced assistance and services for victims ▪ Increased PD knowledge of funding opportunities to support victim services ▪ Increased funding to support victim services ▪ Increased coordination between BRPD & East Baton Rouge Sheriff's Department ▪ Increased victim access to VOCA funds through East Baton Rouge Sheriff's Department ▪ Expanded network of victims' services providers 	<ul style="list-style-type: none"> ▪ Improved officer and agency wellness & resiliency ▪ Increased internal PD legitimacy ▪ Improved PD response to victims ▪ Police & community healing ▪ Strengthened police & community relations ▪ Reduction in violent crime & divisive events ▪ Increased officer & public safety

INPUTS	ACTIVITIES	OUTPUTS	OUTCOMES	IMPACTS
	<ul style="list-style-type: none"> ▪ Community Listening Sessions ▪ Trauma-Informed Policing Assessment ▪ Youth engagement activities (e.g., Respecting Authority, school workshops) ▪ Community engagement activities (e.g., Chatting with the Cops, domestic violence panel discussion) ▪ Procedural Justice TA (site visit to California) ▪ Procedural Justice Training (academy training & train-the-trainer) ▪ Help form and participate in the Baton Rouge Healing Coalition ▪ Form CHANGE (Communities Healing and Nurturing Growth through Edification) ▪ <i>Trauma-to-Trust training</i> ▪ Develop plan for Trauma-Informed Baton Rouge 	<ul style="list-style-type: none"> ▪ # and types of areas for improvement identified & addressed ▪ # and types of policies or procedures created, amended, or rescinded ▪ # and types of events & participants ▪ # and types of trainings & participants ▪ # and types of products developed ▪ # and types of coalitions or organizations formed 	<ul style="list-style-type: none"> ▪ Increased community victim service provider knowledge of capacity building to enhance victims' assistance ▪ Increased communication between PD and community ▪ Increased community knowledge of PD operations ▪ Increased PD knowledge and use of trauma-informed policing services & response ▪ Increased trust between PD and the community ▪ Increased PD and community engagement ▪ Increased visibility of grassroots organizations 	
	<ul style="list-style-type: none"> ▪ Divisive Events Preparation & Response Checklist ▪ <i>Hire additional PIOs</i> ▪ Media strategy TA/training for PIOs & other PD staff ▪ Media strategy TA/training for community ▪ PD & community partners/leaders plan & coordinate prior to potentially divisive events or following divisive events ▪ Produce and disseminate public service announcements 	<ul style="list-style-type: none"> ▪ # and types of areas for improvement identified & addressed ▪ # and types of policies or procedures created, amended, or rescinded ▪ # of staff hired ▪ # and types of TA/trainings & participants ▪ # and types of planning/coordination activities ▪ # and types of media produced & disseminated ▪ Media consumption statistics 	<ul style="list-style-type: none"> ▪ Improved preparation and response to divisive events ▪ Increased knowledge about media strategies ▪ Increased & more effective use of media ▪ Improved perceptions of PD communication & transparency 	

**Italics = non-CHP funded*

Notes: BRPD = Baton Rouge Police Department; CHI = Collective Healing Initiative; MOU = memorandum of understanding; PD = police department; PIO = public information officer; ReCAST = Resiliency in Communities After Stress and Trauma; TA = technical assistance; VOCA = Victims of Crime Act.

C.2 Houston Collective Healing Initiative Logic Model

CONTEXT	Police-Community: Officer-involved shootings, controversial use of force, protests and demonstrations against PD, new police chief, police staffing shortage Community Context: Racial tensions, economic inequality, immigration status concerns Police contextual factors: Officer DUIs and suicides Other contextual factors: Hurricane flooding (2017) Other related programs: (City of Houston), MacArthur Safety and Justice Challenge (Harris County), Houston Area Council on Human Trafficking, Houston D.A.R.T., Mayor Anti-Gang Office, Harris County Racial and Ethnic Disparity Committee, Complete Communities Initiative			
INPUTS	ACTIVITIES	OUTPUTS	OUTCOMES	IMPACTS
<ul style="list-style-type: none"> ▪ Houston PD staff ▪ Existing partnerships: university, victim assistance/advocacy organizations, behavioral health organizations, youth services organizations, civil rights organizations, government entity ▪ CHI grant requirements ▪ CHI funding ▪ Other funding ▪ Training & TA resources 	<ul style="list-style-type: none"> ▪ Program planning and management ▪ Establish new partnerships ▪ Develop subcontracts, Memoranda of Understanding, etc. ▪ CHI project team meetings <ul style="list-style-type: none"> ▪ Officer & Agency Wellness & Resiliency Policy Checklist ▪ Officer & Agency Wellness & Resiliency Perceptions Survey ▪ Implement Peer Support Team ▪ Suicide Prevention, Intervention, and Postvention training for Peer Support Team ▪ Vicarious Trauma training for officers ▪ International Critical Incident Stress Foundation training (critical incident stress management training) for Peer Support Team ▪ HPD attendance at IACP Officer Safety and Wellness Symposium ▪ HPD attendance at FBI National Academy Resiliency ▪ Implement Wellness Campaign and Logo ▪ Implement Wellness App for sworn and civilian staff ▪ Implement agency-wide substance use self-assessment ▪ Increase training on law enforcement cultural competency for local mental health service providers ▪ Implementation of heart screenings 	<ul style="list-style-type: none"> ▪ # and types of meetings & events with IACP ▪ # and types of internal planning activities ▪ # and types of partnerships formed ▪ # and types of formal collaboration agreements ▪ # of letters of support ▪ # of project team meetings & participants ▪ # of external meetings & participants <ul style="list-style-type: none"> ▪ # and types of areas for improvement identified & addressed ▪ # and types of policies or procedures created, amended, or rescinded ▪ # and types of trainings & participants ▪ # and types of staff added to peer support team ▪ # and types of new services/supports implemented ▪ # and types of PD staff accessing mental health, wellness, & peer support services ▪ # and types of conference attendees ▪ # proposals submitted focused on officer wellness ▪ Amount & types of funds received related to officer wellness ▪ # HPD downloads of wellness app ▪ # HPD hits in different features of wellness app 	<ul style="list-style-type: none"> ▪ Effective program implementation ▪ Improved collaboration & coordination within the PD ▪ Expanded network of community organizations & stakeholders ▪ Improved collaboration & coordination with community organizations & stakeholders <ul style="list-style-type: none"> ▪ Increased PD knowledge of trauma, coping strategies, & accessibility of services ▪ Reduced stigma toward help-seeking ▪ Improved mental health, wellness, & peer support services for the PD ▪ Increased utilization of mental health, wellness, & peer support services ▪ Improved officer mental & physical health ▪ Improved job performance and satisfaction ▪ Increased funding related to officer wellness 	<ul style="list-style-type: none"> ▪ Improved officer wellness & resiliency ▪ Increased internal PD legitimacy ▪ Improved PD response to victims ▪ Improved police & community relations ▪ Increased public understanding of PD procedures ▪ Increased positive PD engagement of disenfranchised individuals ▪ Enhanced collaborations between community/private organizations and PD ▪ Increased officer & public safety ▪ Reduction in violent crime & divisive events

INPUTS	ACTIVITIES	OUTPUTS	OUTCOMES	IMPACTS
	<ul style="list-style-type: none"> ▪ Victim Services Checklist ▪ Victim Services Survey ▪ Enhance HPD blue card for victims ▪ Translate HPD blue card into multiple languages ▪ <i>HPD D.A.R.T. training</i> ▪ Enhance HPD victim services web page ▪ Implement RMS checkbox to allow for priority and immediate engagement with victims ▪ Targeted community victim services mapping ▪ Trauma-informed training for Special Victims Unit investigators ▪ <i>DA Office domestic violence initiative (D.A.R.T.) and collaboration with forensic nurses to improve evidence collection</i> ▪ Basic trauma and suicide prevention training for HPD victim services staff ▪ Strengthen and formalize partnerships with victim services providers and grassroots victim advocacy organizations ▪ Creation of victim services coalition for improved coordinated response to all crime types among system based and community based Victim Services Providers ▪ Victim services training for sworn HPD staff (planned) ▪ Conduct body cam audits of trauma-informed approaches and practice with victims ▪ Implement scenario-based remedial training for HPD personnel as appropriate ▪ Apply for VOCA funds for mobile crisis response teams ▪ Assist in update for HGAC community plan ▪ Vicarious trauma training for community and community-based advocates ▪ Implement victim services data tracking system ▪ HPD attendance at 2019 Crimes Against Women Conference ▪ Implement assessment tool for victim advocates ▪ Exploration of a Trauma Recovery Center model 	<ul style="list-style-type: none"> ▪ # and types of areas for improvement identified & addressed ▪ # and types of policies or procedures created, amended, or rescinded ▪ # of languages in which victim services resources are available ▪ Response time when RMS indicates victim needs immediate engagement ▪ # and types of TA & participants ▪ # and types of trainings & participants ▪ # proposals submitted focused on enhancing victim services ▪ Amount & types of funds received related to victim services ▪ # and types of new victim service providers identified & contacted ▪ # and types of partnerships formed ▪ # of forensic nurse exams conducted ▪ # of charges brought against domestic violence perpetrators ▪ # of calls received at DA hotline for domestic violence ▪ # of domestic violence cases prosecuted by DA office ▪ # of funding recommendations to HGAC for urban initiatives ▪ Increase in understanding of HGAC folks of urban problems facing city of Houston 	<ul style="list-style-type: none"> ▪ Enhanced assistance and services for victims ▪ Increased PD knowledge of funding opportunities to enhance victim services ▪ Increased funding for victim services ▪ Increased coordination between HPD and victim service providers ▪ Expanded network of victim's services providers ▪ Increased knowledge of HPD Victim Services Unit by community ▪ Increased community-based service provider knowledge of funding opportunities to enhance victim services 	

INPUTS	ACTIVITIES	OUTPUTS	OUTCOMES	IMPACTS
	<ul style="list-style-type: none"> ▪ Community Listening Sessions ▪ Enhanced trust-building activities with targeted communities via community dialog model ▪ Enhanced communication strategies with targeted communities ▪ Trauma-Informed Policing Assessment ▪ Revitalized Police Activities League ▪ Establish relationship with First Wives Club ▪ Enhanced police-youth engagement ▪ Implement youth specific training for HPD staff engaged with youth ▪ Enhanced hate crime training 	<ul style="list-style-type: none"> ▪ # and types of areas for improvement identified & addressed ▪ # and types of policies or procedures created, amended, or rescinded ▪ # and types of events & participants ▪ # and types of trainings & participants ▪ # and types of products developed ▪ Pre-post test scores of attitudes about law enforcement ▪ # of officers trained in Youth Mental Health First Aid 	<ul style="list-style-type: none"> ▪ Increased communication between PD and community ▪ Increased community knowledge of PD operations ▪ Increased PD knowledge and use of trauma-informed policing services & response 	
	<ul style="list-style-type: none"> ▪ Divisive Events Preparation & Response Checklist ▪ Revise PD academy multicultural training ▪ Add PD academy implicit bias training ▪ Communications audit and social media enhancement ▪ Community training with activists 	<ul style="list-style-type: none"> ▪ # and types of areas for improvement identified & addressed ▪ # and types of policies or procedures created, amended, or rescinded ▪ # and types of trainings & participants ▪ # and types of planning activities ▪ Pre-post test scores of multiculturalism and implicit bias training 	<ul style="list-style-type: none"> ▪ Improved preparation and response to divisive events ▪ Increased knowledge about media strategies ▪ More effective use of media ▪ Improved perceptions of PD transparency ▪ Increased PD knowledge of multiculturalism ▪ Decreased PD implicit bias 	

CHI = Collective Healing Initiative; DA = district attorney; D.A.R.T. = Domestic Abuse Response Team; DUI = driving under the influence; FBI = Federal Bureau of Investigation; HGAC = Houston Galveston Area Council; HPD = Houston Police Department; IACP = International Association of Chiefs of Police; PD = police department; RMS = record management system; TA = technical assistance; VOCA = Victims of Crime Act.

C.3 Minneapolis Collective Healing Initiative Logic Model

CONTEXT	Police-Community: Officer-involved shootings & trials, high violent crime rate, distrust between officers and minority communities, racially insensitive officer behavior, funding concerns based on officer-involved shooting settlements
	Community Context: Racial tensions, economic inequality, diverse ethnic composition including Native Americans, Southeast Asians, and Somalis
	Other contextual factors: Native American homeless encampment, gang violence, development of Office for Violence Prevention
	Other related programs: ReCAST, National Initiative for Building Community Trust and Justice

INPUTS	ACTIVITIES	OUTPUTS	OUTCOMES	IMPACTS
<ul style="list-style-type: none"> ▪ Minneapolis PD staff ▪ Existing partnerships: behavioral health/mental health organizations, government entity, victim assistance organizations, violence reduction/prevention initiative, healing and justice coaches, civil rights organization ▪ CHI grant requirements ▪ CHI funding ▪ Other funding ▪ Training & Technical Assistance resources 	<ul style="list-style-type: none"> ▪ Program planning and management ▪ Establishing new partnerships ▪ Develop subcontracts, Memoranda of Understanding, etc. 	<ul style="list-style-type: none"> ▪ # and types of meetings and events with International Association of Chiefs of Police ▪ # and types of internal planning activities ▪ # and types of partnerships formed ▪ # and types of formal collaboration agreements ▪ # of letters of support ▪ # of new community partners engaged 	<ul style="list-style-type: none"> ▪ Effective program implementation ▪ Expanded network of community organizations and stakeholders ▪ Improved collaboration and coordination with community organizations and stakeholders 	<ul style="list-style-type: none"> ▪ Improved officer and agency wellness ▪ Police and community healing ▪ Strengthened police and community relations ▪ Reduction in violent crime and divisive events ▪ Increased officer and public safety ▪ Increased internal legitimacy
	<ul style="list-style-type: none"> ▪ Officer & Agency Wellness & Resiliency Policy Checklist ▪ Officer & Agency Wellness & Resiliency Perceptions Survey ▪ Implement Wellness App (Cordico) for sworn and civilian staff ▪ Receive TA regarding officer recruitment ▪ Host listening circles for officers ▪ Enhance MPD Peer Support Unit ▪ Vicarious trauma training for CNs 	<ul style="list-style-type: none"> ▪ # and types of areas for improvement identified & addressed ▪ # and types of policies or procedures created, amended, or rescinded ▪ # and types of trainings & participants ▪ # and types of listening circles held ▪ # and types of PD staff accessing mental health, wellness, & peer support services ▪ # and types of officers hired ▪ # of proposals submitted focused on officer wellness ▪ # and types of staff added to support officer wellness 	<ul style="list-style-type: none"> ▪ Improved officer mental & physical health ▪ Improved job performance and satisfaction ▪ Improved diversity in officer workforce ▪ Increased utilization of mental health, wellness, & peer support services ▪ Reduced stigma toward help-seeking ▪ Improved mental health, wellness, & peer support services for the PD 	
	<ul style="list-style-type: none"> ▪ Victim Services Checklist ▪ Victim Services Survey ▪ Establish relationship with Minneapolis Emergency Arts ▪ Establish formal relationship with newly formed Office for Violence Prevention ▪ Establish a relationship with A Mother's Love ▪ Incorporate and update sexual assault model policy ▪ Agency training on sexual assault response model policy ▪ Increase communications between CNs and Sexual Assault Victim Advocate 	<ul style="list-style-type: none"> ▪ # and types of areas for improvement identified & addressed ▪ # and types of policies or procedures created, amended, or rescinded ▪ # and types of new victim service providers identified & contacted ▪ # of proposals submitted for enhancing victim services ▪ # and types of trainings and participants ▪ # and types of interactions/coordination between CNs and Sexual Assault Victim Advocate 	<ul style="list-style-type: none"> ▪ Enhanced assistance and services for victims ▪ Increased coordination between MPD and victim service providers ▪ Expanded network of victim's services providers ▪ Increased coordination with Office for Violence Prevention ▪ Improved MPD response to sexual assault ▪ Increased coordination to support victims of sexual assault 	

INPUTS	ACTIVITIES	OUTPUTS	OUTCOMES	IMPACTS
	<ul style="list-style-type: none"> ▪ Community Listening Sessions ▪ Trauma-Informed Policing Assessment ▪ Stockton Procedural Justice Train-the-Trainer Event ▪ Implementation of CNs ▪ Development of historical trauma trainings ▪ Establish a website and central phone line for CNs ▪ Professional development for CNs ▪ Establish formal roles and a Standard Operating Procedure for CNs ▪ Participate in Law Enforcement and the Communities they Serve working group ▪ Participate in Community Preparedness/Resource Activation workgroup ▪ <i>Procedural Justice training</i> ▪ Strengthen communication with ReCAST partners ▪ Engage local grassroots community service providers ▪ Develop 48-hour response to homicide and create a Critical Incident Rapid Response report ▪ TA for community partners on funding opportunities for victim services 	<ul style="list-style-type: none"> ▪ # and types of areas for improvement identified & addressed ▪ # and types of policies or procedures created, amended, or rescinded ▪ # and types of events & participants ▪ # and types of trainings & participants ▪ # and types of products developed ▪ # and types of workgroups attended ▪ # and types of historical trauma training events & participants ▪ # and types of calls on central phone for community navigators ▪ # and types of requests for CNs from officers ▪ # and types of CN responses to scenes ▪ # and types of referrals made by CNs ▪ #, types, & location of CN office hours ▪ #, types, & location of community events attended by CNs ▪ # and types of trainings for CNs ▪ # of new community service providers engaged ▪ Amount & types of other funds received to support community partners 	<ul style="list-style-type: none"> ▪ Increased trust & respect between PD and community ▪ Increased community knowledge of PD operations ▪ Increased PD knowledge and use of trauma-informed policing services & response ▪ Increased community knowledge of available community resources ▪ Decrease in 911 calls for non-emergency situations (such as mental health) ▪ Increased knowledge about community navigator ▪ More effective use of CN position ▪ Increased funding for more CNs ▪ Increased opportunities for funding for new community service providers ▪ Improved homicide response coordination ▪ Increased funding for community partners 	
	<ul style="list-style-type: none"> ▪ Divisive Events Preparation & Response Checklist ▪ Receive TA on release of officer-involved shooting video 	<ul style="list-style-type: none"> ▪ # and types of areas for improvement identified & addressed ▪ # and types of policies or procedures created, amended, or rescinded ▪ # and types of trainings & participants ▪ # and types of planning activities 	<ul style="list-style-type: none"> ▪ Improved preparation and response to divisive events ▪ Improved perceptions of PD transparency ▪ Increased communication between PD and community 	

Notes: CHI = Collective Healing Initiative; CN = Community Navigator; MPD = Minneapolis Police Department; PD = police department; ReCAST = Resiliency in Communities After Stress and Trauma; TA = technical assistance.

C.4 Oakland Collective Healing Initiative Logic Model

CONTEXT	<p>Police-Community: Long history of police/community conflicts (officer-involved shootings, violence against law enforcement, officer-involved sexual misconduct scandal); OPD is under a federal consent decree; recent agency-wide integration of Procedural Justice training.</p> <p>Community Context: Disproportionate percent of homicide victims are African American or Latino, barriers to victim assistance as a result of high gang involvement.</p> <p>Departmental Context: Recent officer suicides, significant need for training/supports to address officer trauma, low OPD staff capacity.</p> <p>Other related programs: Ceasefire, California Partnership for Safe Communities, Project Safe Neighborhood, ReCAST.</p>
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INPUTS	ACTIVITIES	OUTPUTS	OUTCOMES	IMPACTS
<ul style="list-style-type: none"> ▪ Oakland PD staff ▪ Existing partnerships: youth-focused violence prevention organizations, sexual violence victim assistance organization, government entity, community advocacy organization, research organization ▪ CHI grant requirements ▪ CHI funding ▪ Other funding ▪ Training & TA resources 	<ul style="list-style-type: none"> ▪ Program planning & management ▪ Establish new partnerships ▪ Develop subcontracts, Memoranda of Understanding, etc. ▪ CHI partner meetings 	<ul style="list-style-type: none"> ▪ # and types of meetings & events with International Association of Chiefs of Police ▪ # and types of internal planning activities ▪ # and types of partnerships formed ▪ # and types of formal collaboration agreements ▪ # of letters of support ▪ # of partner meetings & participants ▪ # of external meetings & participants 	<ul style="list-style-type: none"> ▪ Effective program implementation ▪ Improved collaboration & coordination within the PD ▪ Expanded network of community organizations & stakeholders ▪ Improved collaboration & coordination with community organizations & stakeholders ▪ Increased collaboration & support from area professionals (health, mental health, academia) & law enforcement organizations (Police Officers Association, Professional Employees Union, Police Commission) 	<ul style="list-style-type: none"> ▪ Improved officer and agency wellness & resiliency ▪ Increased internal PD legitimacy ▪ Improved PD response to victims ▪ Police & community healing ▪ Strengthened police & community relations ▪ Reduction in violent crime & divisive events ▪ Increased officer & public safety
	<ul style="list-style-type: none"> ▪ Officer & Agency Wellness & Resiliency Policy Checklist ▪ Officer & Agency Wellness & Resiliency Perceptions Survey ▪ Officer Listening Sessions ▪ Officer Wellness Symposium ▪ Vicarious Trauma Training ▪ Develop PDW Unit & reorganize to include it under the Training Division ▪ Peer-to-peer visit from San Antonio PD about the PDW Unit ▪ Establish PDW Unit mission, goals, & strategic plan ▪ Develop officer wellness resources, services, & communication strategies to engage staff ▪ Test & evaluate START tool/intervention for possible use by Special Victims Unit ▪ TA on funding opportunities to support officer wellness 	<ul style="list-style-type: none"> ▪ # and types of areas for improvement identified & addressed ▪ # and types of policies or procedures created, amended, or rescinded ▪ # and types of events or trainings & participants ▪ # and types of staff assigned to PDW Unit ▪ # and types of new services/supports implemented ▪ # and types of materials developed ▪ # of PD staff accessing mental health, wellness, & peer support services ▪ # of applications for funding related to officer wellness submitted ▪ Amount & types of funds received related to officer wellness 	<ul style="list-style-type: none"> ▪ Increased PD knowledge of trauma, coping strategies, & accessibility of services ▪ Reduced stigma toward help-seeking ▪ Improved mental health, wellness, & peer support services for the PD ▪ Increased utilization of mental health, wellness, & peer support services ▪ Improved officer mental & physical health ▪ Improved job performance and satisfaction ▪ Increased PD knowledge of funding opportunities to support officer wellness ▪ Increased funding to support officer wellness 	

INPUTS	ACTIVITIES	OUTPUTS	OUTCOMES	IMPACTS
	<ul style="list-style-type: none"> ▪ Victim Services Checklist ▪ Victim Services Survey ▪ TA on funding opportunities for victim services ▪ Peer-to-peer training (e.g., site visit to Chattanooga) ▪ Victim Services training (component of TIP Plan) ▪ Embed victim advocates within the PD ▪ Assign dedicated, private space for service providers to meet with victims ▪ Community mapping ▪ Create interviewing rooms & improve interviewing techniques for victims ▪ Develop victim service resource card 	<ul style="list-style-type: none"> ▪ # and types of areas for improvement identified & addressed ▪ # and types of policies or procedures created, amended, or rescinded ▪ # of applications for funding related to victim services submitted ▪ Amount & types of funds received related to victim services ▪ # and types of trainings & participants ▪ # of victim advocates added ▪ # and types of new victim service providers identified & contacted ▪ # and types of materials developed 	<ul style="list-style-type: none"> ▪ Enhanced assistance and services for victims ▪ Increased PD knowledge of funding opportunities to enhance victim services ▪ Increased funding for victim services ▪ Increased officer knowledge of assistance and services available to victims ▪ Expanded network of victim service providers ▪ Strengthened relationships with victim service providers 	
	<ul style="list-style-type: none"> ▪ Community Listening Sessions ▪ Trauma-Informed Policing Assessment ▪ Divisive Events Preparation & Response Checklist ▪ Trauma-to-Trust training ▪ Trauma-Informed Policing training (component of TIP Plan) ▪ Community-Police training and collaboration (component of TIP Plan) ▪ Roll call & academy training by community service providers 	<ul style="list-style-type: none"> ▪ # and types of areas for improvement identified & addressed ▪ # and types of policies or procedures created, amended, or rescinded ▪ # and types of events & participants ▪ # and types of trainings & participants 	<ul style="list-style-type: none"> ▪ Increased PD knowledge and use of trauma-informed policing techniques ▪ Agency-wide integration of trauma-informed care practices ▪ Expanded & improved relationships with community leaders ▪ Increased communication between community and PD ▪ Improved PD knowledge of community resources 	

Notes: CHI = Collective Healing Initiative; OPD = Oakland Police Department; PD = police department; PDW = Professional Development & Wellness; ReCAST = Resiliency in Communities After Stress and Trauma; START = Screening and Tool for Awareness and Relief of Trauma; TA = technical assistance; TIP = Trauma-informed Policing.

C.5 Rapid City Collective Healing Initiative Logic Model

CONTEXT				
Police-Community: Over-arrest and incarceration of Native Americans Community Context: Racial tensions, economic inequality Other contextual factors: Historical trauma (Wounded Knee Massacre, Black Hills Treaty, Native American Boarding Schools) Other related programs: MacArthur Foundation Safety and Justice Challenge, Collective Impact, Tribal Youth Suicide Prevention Grant, State Methamphetamine Trafficking Grant, C.O.P.S. Akicita Grant				
INPUTS	ACTIVITIES	OUTPUTS	OUTCOMES	IMPACTS
<ul style="list-style-type: none"> ▪ Rapid City PD staff ▪ Existing partnerships: law enforcement, behavioral health organizations, mental health organizations, cultural education organization, cultural community building organization, cultural advisory council, victim assistance organization, youth services organization, schools ▪ CHI grant requirements ▪ CHI funding ▪ Other funding ▪ Training & TA resources 	<ul style="list-style-type: none"> ▪ Conduct program planning & management ▪ Establish new partnerships ▪ Develop subcontracts, MOUs, etc. ▪ Conduct CHI project team meetings 	<ul style="list-style-type: none"> ▪ # and types of meetings & events with IACP ▪ # and types of internal planning activities ▪ # and types of partnerships formed ▪ # and types of formal collaboration agreements (i.e., MOUs) ▪ # of letters of support ▪ # of project team meetings & participants ▪ # of external meetings & participants 	<ul style="list-style-type: none"> ▪ Effective program implementation ▪ Improved collaboration & coordination within the PD and Sheriff's Office ▪ Expanded network of community organizations & stakeholders ▪ Improved collaboration & coordination with community organizations & stakeholders 	<ul style="list-style-type: none"> ▪ Improved officer and agency wellness & resiliency ▪ Increased internal PD legitimacy ▪ Improved PD response to victims
	<ul style="list-style-type: none"> ▪ Officer & Agency Wellness & Resiliency Policy Checklist ▪ Officer & Agency Wellness & Resiliency Perceptions Survey ▪ Establish PST ▪ Send PST personnel to National C.O.P.S. Conference ▪ Send RCPD staff to IACP Wellness Conference ▪ Expanded role for psychologist Dr. Belisle ▪ Implement annual officer wellness survey ▪ Create network of culturally competent service providers ▪ Facilitate financial wellness class ▪ Bring in a financial advisor for an in-service class ▪ Conduct roll call officer wellness training ▪ Identify off-site treatment facilities and local psychologist ▪ Train supervisors to recognize critical incidents and contact peer support team for follow-up ▪ Offer annual family wellness training ▪ Mandate officer wellness training for new hires ▪ Assign every new hire a peer support team member as a mentor ▪ Establish protocol for managing line of duty deaths, injuries, and illnesses ▪ Implement annual wellness check-up 	<ul style="list-style-type: none"> ▪ # and types of areas for improvement identified & addressed ▪ # and types of policies or procedures created, amended, or rescinded ▪ # and types of trainings & participants (including family members) ▪ # and types of staff added to peer support team ▪ # and types of new services/supports implemented ▪ # and types of PD staff accessing mental health, wellness, & peer support services ▪ # and types of conference attendees ▪ # proposals submitted focused on officer wellness ▪ Amount & types of funds received focused on officer wellness 	<ul style="list-style-type: none"> ▪ Increased PD knowledge of trauma, coping strategies, & accessibility of services ▪ Reduced stigma toward help-seeking ▪ Improved mental health, wellness, & peer support services for the PD ▪ Increased utilization of mental health, wellness, & peer support services ▪ Improved officer mental & physical health ▪ Improved officer family wellness ▪ Improved job performance and satisfaction ▪ Increased funding related to officer wellness 	<ul style="list-style-type: none"> ▪ Police & community healing ▪ Strengthened police & community relations ▪ Reduction in violent crime & divisive events ▪ Increased officer & public safety

INPUTS	ACTIVITIES	OUTPUTS	OUTCOMES	IMPACTS
	<ul style="list-style-type: none"> ▪ Victim Services Checklist ▪ Victim Services Survey ▪ Strengthen relationship with victim services providers, especially Victim Service Specialists at Pennington County Sheriff's Office ▪ Establish monthly VSP meetings ▪ <i>Collaborate on Tribal Youth Suicide Grant</i> ▪ RCPD staff attend Family Justice Center conference ▪ Family Justice Center TA site visits ▪ <i>Apply for VOCA funds for outreach specialists (i.e., navigators)</i> ▪ <i>Apply for VOCA funds for Family Justice Center Program Manager</i> ▪ QLU identification and relationship building with community and system-based VSPs 	<ul style="list-style-type: none"> ▪ # and types of areas for improvement identified & addressed ▪ # and types of policies or procedures created, amended, or rescinded ▪ # and types of TA & participants ▪ # proposals submitted focused on enhancing victim services ▪ amount and types of funds received related to victim services ▪ # and types of new victim service providers identified & contacted ▪ # and types of conference attendees 	<ul style="list-style-type: none"> ▪ Enhanced assistance and services for victims ▪ Increased PD knowledge of funding opportunities to enhance victim services ▪ Increased community-based service provider knowledge of funding opportunities to enhance victim services ▪ Increased funding for victim services ▪ Increased coordination between RCPD and local victim service providers ▪ Expanded network of victim's services providers ▪ Enhanced utilization of RCPD/Pennington County Sheriff's Office victim advocates 	
	<ul style="list-style-type: none"> ▪ Community Listening Sessions and Community Recommendations ▪ Trauma-Informed Policing Assessment ▪ Establish QLU ▪ QLU engage with high utilizers in the community ▪ RCPD attendance of traditional Native American "Sweat" ▪ <i>Collaborate on Tribal Youth Suicide Grant</i> ▪ Recruitment of Native American individuals for law enforcement jobs (Akicita Program) ▪ Guided tour of Takuwe by RCPD partner ▪ 2019 Annual In-Service Training for all RCPD personnel on Historical Trauma and Adverse Childhood Experiences ▪ Participate in Cultural Intelligence Certification ▪ Participate in Defamation Experience training ▪ Divisive Events Preparation & Response Checklist 	<ul style="list-style-type: none"> ▪ # and types of areas for improvement identified & addressed ▪ # of community recommendations presented ▪ Formal response to community recommendations made by RCPD ▪ # of community recommendations implemented by RCPD ▪ # of community recommendations implemented by community ▪ # community recommendations implemented by broader system (e.g., courts, District Attorney) ▪ # and types of policies or procedures created, amended, or rescinded ▪ # and types of events & participants ▪ # and types of trainings & participants ▪ # and types of products developed ▪ # high utilizers engaged by QLU ▪ # of referrals for services provided by the QLU ▪ # and types of areas for improvement identified & addressed ▪ # and types of policies or procedures created, amended, or rescinded ▪ # and types of trainings & participants ▪ # and types of planning activities 	<ul style="list-style-type: none"> ▪ Increased trust & respect between PD and community ▪ Increased community knowledge of PD operations ▪ Increased PD knowledge and use of trauma-informed policing services & response ▪ Increased PD understanding of historical trauma ▪ Increased connection to services for high utilizers ▪ Reduced calls for service related to high utilizers in QLU program ▪ Reduced criminal justice involvement from high utilizers in QLU program ▪ Improved preparation and response to divisive events ▪ Improved perceptions of PD transparency 	

Notes: CHI = Collective Healing Initiative; C.O.P.S. = Concerns of Police Survivors; IACP = International Association of Chiefs of Police; MOU = Memorandum of Understanding; PD = police department; PST = Peer Support Team; QLU = Quality of Life Unit; RCPD = Rapid City Police Department; TA = technical assistance; VOCA = Victims of Crime Act; VSP = victim services provider.