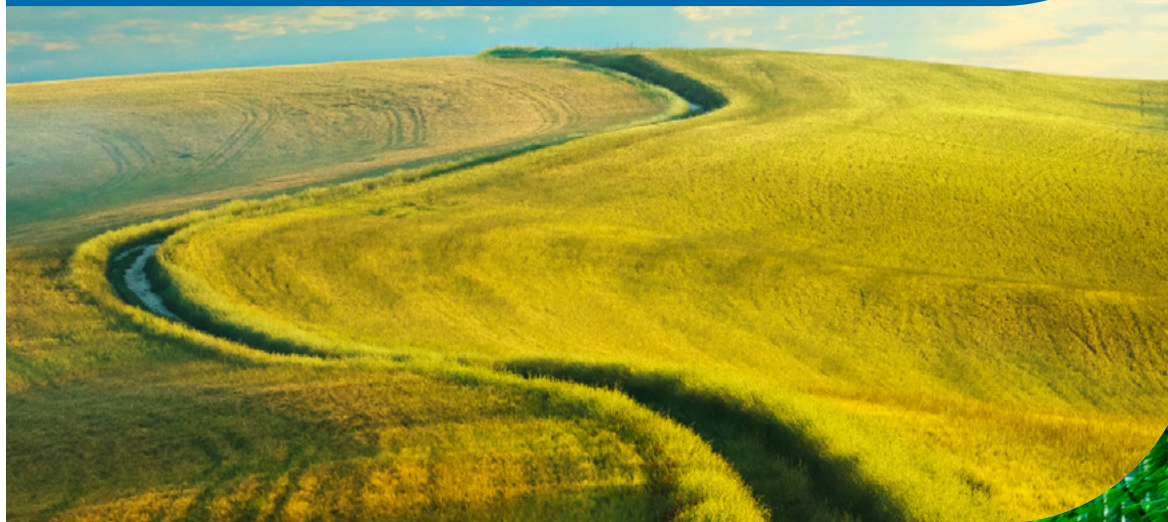


# PATHWAYS

## Toward Collective Healing

Law Enforcement and the Communities they Serve:  
Collective Healing in the Wake of Harm



**IACP**<sup>®</sup>

International Association of  
Chiefs of Police



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## TABLE OF CONTENTS

<b>I. Introduction .....</b>	<b>4</b>
■ Purpose.....	5
■ Objectives .....	6
■ Application Process and Site Selection.....	6
<b>II. Implementation .....</b>	<b>8</b>
■ Assessments .....	9
■ IACP's Collective Healing Technical Assistance Strategy.....	10
<b>III. Site Profiles.....</b>	<b>14</b>
■ Baton Rouge, Louisiana.....	15
■ Houston, Texas .....	21
■ Minneapolis, Minnesota .....	27
■ Oakland, California .....	32
■ Rapid City, South Dakota.....	36
<b>IV. Themes Across Collective Healing Sites .....</b>	<b>43</b>
■ Vicarious Trauma and Officer Wellness.....	44
■ Trauma-Informed Policing .....	44
■ Leadership, Culture, and Operational Capacity-Building .....	44
■ Collaboration and Community Engagement .....	45
■ Victim Services .....	46
■ The COVID-19 Pandemic .....	46
<b>V. Closing .....</b>	<b>47</b>
<b>VI. Appendices.....</b>	<b>49</b>



# INTRODUCTION





# I. INTRODUCTION

A high-profile incident involving law enforcement can erode community trust and have long-term implications for agencies, officers, and communities. Police can help initiate recovery after a traumatic event, but tensions between police and community members can create barriers to healing. The barriers can be particularly persistent for community members who have had negative experiences with police, including those stemming from institutional discrimination and marginalization based on race, ethnicity, disability, gender identity, and other characteristics. Traumatic events that affect the community also often harm police officers who themselves are both community members and public servants. Communities that have built trust and transparency, and agencies that have trained officers to provide a trauma-informed response and acknowledge and address officer needs, are better able to constructively respond to the trauma of a high-profile incident and prevent others.

## Purpose

In 2016, the Office for Victims of Crime (OVC), Office of Justice Programs, U.S. Department of Justice (DOJ), created the **Law Enforcement and the Communities They Serve: Supporting Collective Healing in the Wake of Harm (“Collective Healing”)** initiative through a competitive solicitation process. The unique national demonstration project was designed to help law enforcement agencies and the communities they serve address the needs of those affected by acts of violence and other divisive events which may result in, or exacerbate existing community-police tension or discord. Specifically, this initiative endeavored to provide support designed to enhance community relationships and access to services for victims through reparative and preventative strategies.

**High-profile events:** acts of violence and other divisive events that may cause or exacerbate community-police tension or discord.

The **International Association of Chiefs of Police (“IACP”)** sought to lead this initiative because it recognized that a strong foundation of understanding and collaboration must be in place between police and the communities they serve *prior* to high-profile incidents, to ensure the deployment of effective responses in the wake of such incidents—when barriers, tensions, and stakes are often intensified and more difficult to overcome. IACP also sought this award because it recognized that building strong relationships can reduce the likelihood or frequency of such incidents and mitigate the impact of trauma when such events occur.

IACP was awarded the Collective Healing initiative to provide oversight, management, and national training and technical assistance to five law enforcement agency demonstration sites. IACP selected experienced organizations and consultants with expertise in building trauma-informed systems to include a deep understanding of victim services, institutional barriers, multi-stakeholder collaborations, and officer wellness and resiliency. Through these partnerships, Collective Healing supported law enforcement’s leadership role in adopting a trauma-informed culture and practice inclusive of the needs of all who are affected by these incidents.

**Resiliency:** an individual’s capacity to thrive in the face of significant trauma.

Amid growing national awareness of the urgent need to address tensions between police and community, the initiative’s intersectional approach focused on three interrelated components that are essential to fostering collective healing: 1) improving community-police relations and community wellness, 2) enhancing the availability and quality of victim services, and 3) improving officer and agency wellness and resilience.

Work with demonstration sites included developing, implementing, and assessing the practical tools necessary for building essential relationships and joint strategies to reduce tensions, maximize communication, promote trauma-informed interventions and problem-solving, and facilitate healing between law enforcement and the communities they serve. Demonstration sites assessed and addressed critical elements of policy, protocol, and culture that affected their capacity to provide trauma-informed, collaborative policing services and responses. Demonstration sites facilitated capacity-building in selected communities in their jurisdiction to create or enhance collaborative partnerships to build a strong foundation for resilience after high-profile incidents.

This report about what we learned is designed to help law enforcement agencies create a victim-centered, trauma-informed, collaborative response, co-created with the communities that they serve. The report emphasizes meeting the needs of the most vulnerable after violence and traumatic events, including affected community members from diverse communities, the responding officers, their families, and their agencies. In many instances, these steps taken and progress made represent only the early stages of long-term work, which given the complexity and often deeply rooted nature of these challenges, must be necessarily ongoing work continually built upon for years to come.

## Objectives

The four-year project was designed to address the needs of those directly impacted by community-police tensions or harm in the following ways:

1. Assisting law enforcement in developing, implementing, and assessing comprehensive evidence-based and trauma-informed response strategies, protocols, and interventions that promote community engagement and healing related to high profile events; and
2. Developing and disseminating comprehensive, expert technical assistance resources for law enforcement on trauma-informed culture and practice

The goals of this initiative were supported by the selection of five demonstration sites to assess and address crucial community and agency needs, policy development and implementation, and internal culture and accountability.

## Application Process and Site Selection

To select demonstration sites, IACP used a competitive two-phase application process with an accompanying scoring rubric.

In phase I, each applicant had to share demographic details of both the agency and the community it serves and submit answers to questions directed at the agency and questions directed at an existing or proposed community partner. Questions for both the agency and the community partner focused on identifying strengths and weaknesses of the law enforcement agency relating to community-police relations, community collaborations, response to victims of multiple forms of violence, and response to officers exposed to trauma. Applicant agencies had to propose a small multidisciplinary team of three to five partners to support the implementation of the Collective Healing initiative. Proposed partners were to represent, at a minimum, one community-based advocacy group representing a diverse or underserved community impacted by violence or trauma and victim service providers, at least one of which included mental health services. The final element of the phase I application packet was a letter of support from the chief executive of the agency to ensure alignment of priorities and vision of the Collective Healing initiative with that of the agency's goals and needs, and the desire and dedication to serve as a demonstration site.

Phase II of the application process included a more detailed questionnaire on agency structure, agency statistics, department policies, and community partnership engagements, and requested a final selection of a team of multi-stakeholder partners for the Collective Healing initiative. Each applicant agency had to submit memorandums of understanding from each identified partner organization. And each applicant agency had to answer questions on past and current efforts to assess the needs of the communities they serve, methods of community engagement, and anticipated challenges or barriers to the implementation of the Collective Healing initiative.

At each phase of the Collective Healing application process, candidate agencies were scored by a panel consisting of IACP, OVC, and partners on a scale of 1 (weak) to 3 (strong) based on the following 10 evaluation criteria:

1. **LEADERSHIP:** Executive support for the implementation and priorities of this initiative
2. **STRUCTURE:** Framework, systems, and capacity within the agency to support and comply with requirements and needs of the initiative
3. **PARTNERSHIPS:** Ability to create and enhance internal and external collaborative partnerships
4. **NEED:** Demonstration of the need to address officer-involved shootings and high-profile incidents of violence, trauma, victim services, and collaborative partnerships
5. **INSIGHT/ASSESSMENT:** Identification of gaps and assessment of strengths and weaknesses
6. **FOCUS:** Prior agency efforts to address victim, community, and agency needs during times of crisis or increased tensions between the police and the community
7. **COMMITMENT:** Desire and motivation to enhance agency's ability to address collective healing
8. **DIVERSITY:** Services a diverse population that includes underserved or marginalized communities; also reflects diversity in the agency workforce
9. **BARRIERS:** Degree of barriers that would obstruct or limit implementation of strategy and efforts
10. **GOODNESS OF FIT:** Overall fit for Collective Healing demonstration site as assessed by the balance of strengths weighed against areas of concerns, as identified in the other nine evaluation criteria.

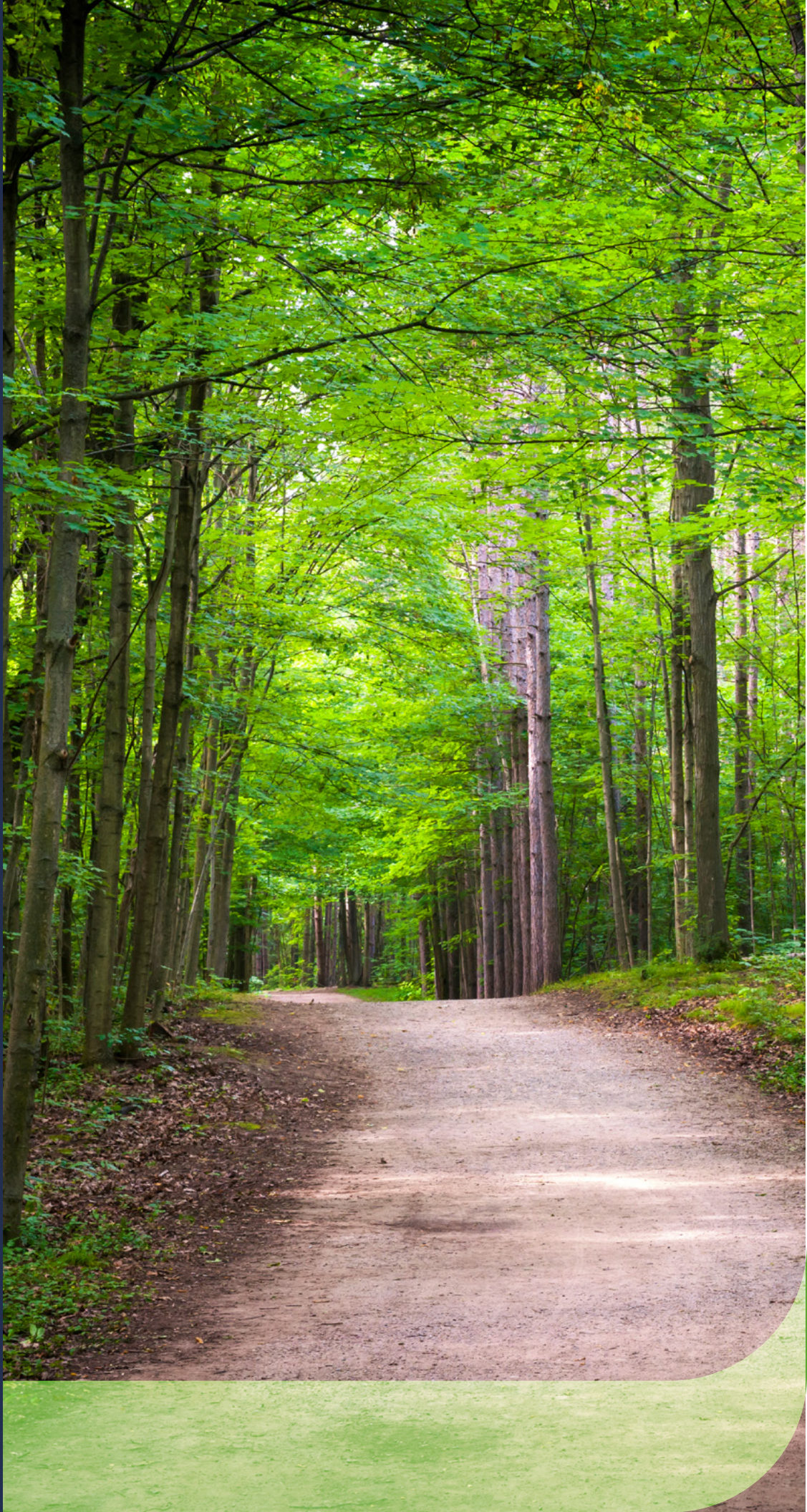


A wide-angle photograph of a busy city street, likely in New York City. The street is lined with historic brick buildings on the left and right, and modern skyscrapers in the background. A large red brick building is prominent on the right, with a street sign for "DUANE ST" and a "ONE WAY" sign. Pedestrians are walking on the sidewalks, and cars are visible on the road. The sky is overcast with grey clouds.

A wide-angle photograph of a busy city street, likely in New York City. The street is lined with historic brick buildings on the left and right, and modern skyscrapers in the background. A large construction crane is visible on the left side of the street. Pedestrians are walking on the sidewalks, and cars are driving on the road. The sky is overcast.



# IMPLEMENTATION





## II. IMPLEMENTATION

### Assessments

Demonstration sites were tasked to conduct a core set of needs assessments on topics central to the Collective Healing work which included response to victims of crime, trauma-informed policing methods, current policies and procedures, existing collaborative partnerships, gaps in partnerships, and agency culture.

The assessment process included agency surveys, community listening sessions, and tools for review of agency policies and protocols. Assessment tools were developed by IACP and its project partners to focus on five key areas of the initiative: **Community, Divisive Events, Officer and Agency Wellness and Resiliency, Trauma-Informed Policing, and Victim Services.**

#### COMMUNITY ([page 51](#))

The **Community Collaborations and Partnerships Self-Assessment Tool** was a two-part tool encompassing **Part I: Community Dialogues (Listening Sessions)**; and **Part II: Community Mapping and Partnership Development**. Goals of the Community Dialogues tool were to a) identify areas of disconnect between the community and police which impact trust and access to victim services and b) identify areas of community need that present barriers to healing in the wake of violence or divisive events, as well as barriers to accessing victim services. Agencies conducted several dialogues with communities with whom there is recognized or acknowledged tension and communities with underserved or marginalized populations who are exposed to violence and do not typically seek or receive access to victim services. The Community Mapping and Partnership Development tool was designed to help each agency broaden capacity and engage with grassroots community advocacy groups and victim service providers with whom the agency had not previously had partnerships.

#### DIVISIVE EVENTS ([page 54](#))

The **Divisive Events Preparation and Response Checklist** helped agencies assess their response to events that may result in or exacerbate community-police tension or discord. Through working with agency leadership and in collaboration with appropriate units or personnel, agencies evaluated policy and protocol concerning community, media and external communications, internal communications, and internal critical incident stress management and shared policies on use of force, officer-involved shootings, critical incident stress management, video evidence, civil demonstration and protests, and body worn cameras.

#### OFFICER AND AGENCY WELLNESS AND RESILIENCY ([page 63](#))

Two tools were developed for the assessment of officer and agency wellness, including vicarious trauma and resiliency. The **Officer and Agency Wellness and Resiliency Perceptions Survey** was adapted from the [Office for Victims of Crime Vicarious Trauma Toolkit: Vicarious Trauma—Organizational Readiness Guide \(VT-ORG\)](#). Agencies surveyed employees at all levels of the agency to include a substantial sample of frontline officers, supervisors, and command staff ensuring the anonymity of those responding.

**Vicarious trauma:** exposure to the traumatic experiences of other people.

The **Officer and Agency Wellness and Resiliency Policy Checklist** was built with framework from the [IACP's National Law Enforcement Policy Center Employee Mental Health Model Policy](#) to help agencies evaluate overall agency and staff wellness and resiliency policies and protocols. In tandem with the Officer and Agency Wellness and Resiliency Perceptions Survey results, these companion tools provide a comprehensive view of agency perspective, corresponding practices, areas of strength, and opportunities for improvement.

#### TRAUMA-INFORMED POLICING ([page 69](#))

The **Trauma-Informed Policing: Enhancing Your Agency's Capacity to Respond to Community Members Impacted by Violence** assessment tool was adapted from IACP's [Enhancing Your Agency's Capacity to Respond to Children Exposed to Violence: An Assessment Tool](#). Based on current operations, and through representation of command staff, first line supervisors, and patrol officers, agencies completed a series of questions focused on current practice, training, policies and procedures, and collaboration.

#### VICTIM SERVICES ([page 83](#))

Two tools were developed for the assessment of victim services, from the perspective of the both the agency's own internal capacity and key partnerships. The **Victim Services Survey for Officers** was adapted from the Police Victims' Survey implemented by the Enhancing Law Enforcement Response to Victims Chattanooga Police Department Demonstration Site<sup>1</sup>. Agencies were asked to disseminate the survey to all levels within the agency to include a substantial sample of frontline officers, supervisors, and command staff.

<sup>1</sup> Chattanooga Police Department, Police Victims' Survey, 2016.

The **Victims Services Checklist** was built through adaptation from the [IACP's Model Policy for Victim Services](#), the [National Census of Victim Service Providers](#), the [OVC Mass Violence Toolkit: Partnerships and Planning, Response, and Recovery Checklists](#), and the [IACP/OVC Enhancing Law Enforcement Response to Victims Strategy](#) to assist agencies in evaluating victim-centered strategies as part of agency protocol, practice, partnerships, resources, and culture.

Demonstration sites were responsible for identifying a strategy for completion of assessments driven by collaboration with agency leadership and Collective Healing project partners, tailoring the implementation approach to fit the agencies and the communities they serve. IACP's Collective Healing project team provided technical assistance to support the implementation of the assessments in each of the sites. Demonstration site teams used outcomes from the assessments to determine priorities and develop a strategic and sustainable plan focused on enhancing agency capacity to provide a comprehensive, collaborative, victim-centered, and trauma-informed response to incidents of violence and trauma to include high-profile critical incidents.

## IACP's Collective Healing Technical Assistance Strategy

As a demonstration site project, the Collective Healing technical assistance strategy was critical to supporting the sites in developing, implementing, and assessing comprehensive evidence-based and trauma-informed response strategies, protocols, and interventions that promote community engagement and healing. IACP's Collective Healing technical assistance strategy included dedicated project staff, subject matter expert consultants and organizations, bi-weekly site calls, site visits, virtual and onsite technical assistance, monthly peer to peer calls, customized ongoing consultancy, three all sites meetings, exposure to promising practices and training through workshops and events, and facilitated peer to peer exchanges.

IACP provided staff dedicated to managing all aspects of the initiative with a focus on supporting the demonstration sites in the field. IACP's Collective Healing staff included long-time IACP staff members, former police leaders, and technical assistance specialists with years of experience providing technical assistance to law enforcement and their multidisciplinary partners on a variety of policing, public safety, and criminal justice topics. Collective Healing staff worked closely with the core team of police and community partners from each of the demonstration sites. IACP staff and subject matter experts met by phone with the demonstration sites every other week. IACP staff created and shared with the five demonstration sites a Monthly Collective Healing Bulletin of project-related resources, relevant current events, in-person and virtual training opportunities,

and relevant funding solicitations. In addition, IACP staff facilitated monthly subject matter expert calls to discuss and coordinate technical assistance across the five demonstration sites. IACP project staff, with subject matter expert consultants, visited each of the demonstration sites to assist in assessment, monitor progress, and facilitate technical assistance delivery. Virtual and onsite technical assistance was facilitated by IACP project staff for both targeted training delivery and ongoing customized consultancy to meet the unique needs of each site. IACP carefully identified and selected subject matter expert organizations and consultants to join the Collective Healing initiative as training and technical assistance providers who held unique expertise and skills in trauma-informed strategies, capacity building, community engagement, victim services, and officer wellness to meet the complex needs of the demonstration sites. Core subject matter expert consultants and organizations engaged in the work include the following:

- [Equal Justice USA \(EJUSA\)](#) is a national organization that works to transform the justice system by promoting responses to violence that break cycles of trauma. EJUSA works at the intersection of criminal justice, public health, and racial justice to elevate healing over retribution, meet the needs of survivors, advance racial equity, and build community safety.
- Katherine Manners, M.Ed., LMFT, and Lisa Tieszen, M.A., LICSW, of [Resilience Works](#) have extensive experience addressing trauma in individuals and organizations, providing victim services, and addressing secondary traumatic stress and resilience among direct service providers. With their expertise on vicarious trauma and its impact on advocates and others who work with traumatized populations, they were the lead developers for the innovative [Vicarious Trauma Toolkit \(VTT\)](#), a first of its kind resource designed for organizations that are seeking to become vicarious trauma-informed by proactively raising awareness and addressing the impact of critical incidents and ongoing exposure to traumatic events on the job.
- Aqeela Sherrills is a spirit-centered activist, working to promote healing in marginalized communities and community ownership of public safety. Sherrills is the national training director for the [Alliance for Safety and Justice](#) (ASJ) and a founder of the [Crime Survivors for Safety and Justice Initiative](#), a national network of crime survivors joining together to create healing communities and shape public safety policy. Sherrills grew up in the Jordan Downs Housing Project in Watts, Los Angeles, and at 19 began working with football star Jim Brown. They co-founded the Amer-I-Can Program to negotiate peace treaties among gangs in cities around the country. In 1992, he and his brother, along with several others, forged a historic truce between the Crips and the Bloods in Watts. On January 10, 2004, Mr. Sherrills' 18-year-old son,



Terrell, home from college, was shot and killed. In the aftermath of the murder of his son, Aqeela launched the Reverence Project to develop comprehensive wellness centers in urban conflict zones to introduce those who suffer from high levels of trauma to alternative healing technologies. Sherrills advises Mayor Ras J. Baraka of Newark, New Jersey, on his innovative community-based violence reduction initiative, the Newark Community Street Team.

- [PRO Wellness Services](#) consults with law enforcement agencies on developing comprehensive wellness programs and providing private practice therapy for officers and their families. Brandi Burque, Ph.D., the founder of PRO Wellness, previously led the San Antonio Police Department's (SAPD) psychological services division, where her team implemented Performance and Recovery Optimization (PRO), an officer resilience training program developed from sports medicine and military training that teaches officers to understand and manage their stress responses. Dr. Burque has provided psychological treatment for police officers and their families, trained law enforcement officers, and provided crisis intervention services for critical incidents, such as officer-involved shootings. PRO Wellness subject matter experts also include SAPD officers Cliff Burns, Annie Salinas, and Joel Pope. Dr. Burque is the police psychologist for the Bexar County Sheriff's Office in Texas where she provides clinical treatment for staff and their families, screens applicants, teaches training sessions, and assists in crisis negotiations and other critical incidents.
- Sergeant (Ret.) Christopher J.A. Scallon, MPsy, CCISM, retired as a 24-year veteran of the Norfolk, Virginia, Police Department, holds a master's degree in psychology and a bachelor's degree in criminal justice, and is certified in critical incident stress management. He is director of public safety support for Chateau Recovery and first responder outreach specialist for Evolution Way Recovery Centers. He connects first responders and veterans to mental health and substance abuse programs. Scallon was the founder and first director of the Norfolk Police Department's Critical Incident Stress Management (CISM) & Peer Support Unit and the department's crisis intervention team co-coordinator. Having been involved in multiple shootings, he is intimately familiar with trauma and the consequences of exposure. Scallon has firsthand experience with the primary, secondary, and tertiary effects of trauma related to personal and professional relationships.
- Captain (Ret.) Scott Meadors served with the Stockton, California, Police Department as a lead trainer in procedural justice, implicit bias, and trust building workshops with communities and police. As a police officer, he served in community policing, narcotics, training assignments. He commanded field

operations, investigations, and special operations and oversaw the department's gun violence reduction efforts through a program called Ceasefire. Under his leadership, Stockton's procedural justice training has been recognized nationally. Meadors has trained agencies in California and across the U.S. Now founder of Scott Meadors and Associates, LLC., he designs and delivers training and workshops for law enforcement officers of all ranks together with community members to create positive change.

- Thomas Coghlan is a licensed clinical psychologist, a retired New York Police Department (NYPD) detective, and a past visiting law enforcement fellow at IACP. He operates a private practice in Great Neck, New York, where he provides psychotherapy to police officers and their families and performs evaluations for candidate psychological disqualification appeals. He has been an adjunct professor at John Jay since 2014. Coghlan received his doctorate in clinical psychology from Yeshiva University in 2010, his master's degree in forensic psychology from John Jay CUNY in 2003, and his B.A. in psychology from Queens College in 1993. He retired from the NYPD in 2018, after 21 years of service., the last eight as a psychologist in the department. He performed psychological fitness-for-duty evaluations, pre-employment psychological evaluations, military deployment debriefings, disciplinary stress-triage debriefings, and trauma response. He served as liaison to the department's peer support program.
- Heather Warnken, J.D., LL.M., is a visiting fellow at the U.S. Department of Justice, working across the Bureau of Justice Statistics and the Office for Victims of Crime to improve the dissemination and translation of statistical data and social science research for the crime victim assistance field. Before joining DOJ, she spent five years as legal policy associate at the Warren Institute on Law & Social Policy at University of California (UC) Berkeley School of Law. While there, Warnken led many multidisciplinary projects using research and collaborative partnerships to bridge the gaps among research, policy, and practice, including two statewide needs assessments on how to improve access to victims' services and compensation for underserved victims of crime.

In addition to the core subject matter expert consultants and organizations engaged by IACP to work closely with the demonstration sites, RTI International was awarded a grant from the National Institute of Justice (NIJ), U.S. Department of Justice to conduct a baseline study and evaluability assessment of the Collective Healing initiative. The study was funded as a 12-month project to assess the evaluability of Collective Healing and to obtain baseline data on the demonstration sites prior to, and during, the development of the initiative. RTI's study captured information during the planning and early implementation phases of Collective Healing in all five sites and a report

was created to reflect RTI's 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 Collective Healing: 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 Collective Healing initiative overall and locally. During the study, RTI staff traveled to each of the sites and interviewed the core team members with the policing agency and community partner organizations. RTI built customized Collective Healing logic models to provide an overall picture of the context within which the projects were operating, the key components of the initiatives, and anticipated results within each site. In doing so, RTI provided valuable TTA to each of the sites including establishing baseline performance metrics for the local sites to collect and analyze to demonstrate the effectiveness of Collective Healing efforts.<sup>2</sup>

IACP's Collective Healing technical assistance strategy included bringing together the core teams from each of the five sites for peer to peer engagement and networking to share experiences and lessons learned combined with the opportunity for the IACP TTA Team to deliver education and resources to each of the sites. The all-sites meetings were conducted three times over the project period. In April 2018, the Collective Healing kickoff meeting was held in Alexandria, Virginia, and featured a combination of education, peer to peer learning, and strategic planning working sessions. Key sessions included the following:

- Law Enforcement and Mental Health Collaborations and the Role of Law Enforcement in Trauma Response
- Historical Harm and Collective Healing: How Distrust Can Lead to Barriers for Victims Reporting Crimes and Accessing Services
- Enhancing Access to Victims Services: Community Engagement and Collaborations
- Collective Healing Self-Assessment Tools

In October 2018, a second meeting was held in Orlando, Florida, in conjunction with the IACP Annual Conference. It featured a combination of education, peer to peer learning, and working sessions. Key sessions included the following:

- Trauma-Informed Police Response
- Collective Community Engagement
- Agency Wellness and Resiliency: Addressing Trauma
- Trauma Recovery Center: Community-Driven Victim Services Models
- Expanding Capacity for Response to Victims

In August 2019, a third meeting was held in Minneapolis, Minnesota. It featured a combination of education, peer to peer learning, guided discussions, and working sessions. Key sessions included the following:

- Who Experiences Violent Victimization and Who Accesses Services? Findings from the National Crime Victimization Survey for Expanding Our Reach
- Creating Citywide Synergy to Implement Healing: Newark's Community-Based Public Safety Approach to Violence Reduction and Healing
- Best Practices for Engaging Community through Media: Strategies for Critical Incident and Crisis Communication
- Minneapolis Community Navigators Unit

In 2020, IACP started a new monthly call with the core teams of all the demonstration sites to foster peer to peer exchange specifically related to sustainability for Collective Healing beyond the funding and project period. The value of these calls intensified during the COVID-19 pandemic and the wave of protests that swept the country relating to concerns regarding policing policies and practices in use of force, bias in policing, and police accountability and transparency.

One core strategy IACP wove throughout the Collective Healing initiative was promoting peer to peer learning between the demonstration sites and with sites across the country that have had success in implementing strategies and interventions to address the needs of those affected by acts of violence and other high-profile incidents, and in enhancing community relationships and access to victim services. Over the course of the project period, IACP staff designed peer to peer exchanges through targeted virtual consultation and facilitated on-site visits. Each of the Collective Healing demonstration sites benefited from peer to peer learning through site exchanges. The Collective Healing project teams, made up of sworn and

2 U.S. Department of Justice, National Institute of Justice, Office of Justice Programs, "Evaluability Assessment and Baseline Study of the Supporting Collective Healing in the Wake of Harm Program," by Kelle Barrick, Elizabeth Tibaduiza, Caitlin Dean, Amanda Young, Merissa Gremminger, (Washington, D.C.: 2020). <https://nij.ojp.gov/library/publications/evaluability-assessment-and-baseline-study-supporting-collective-healing-wake>



non-sworn professional police staff and Collective Healing partners from each of the sites, took part in the following peer to peer site visits:

- Oakland visited the Chattanooga, Tennessee, Police Department (CPD) to learn how CPD had implemented a victim-centered approach as part of OVC's Enhancing Law Enforcement's Response to Victims Demonstration Site Initiative that served to inform Oakland Police Department's trauma-informed policing framework.
  - Houston visited the Boston Police Department in Massachusetts to learn about BPD's long-running peer support program.
  - Baton Rouge engaged in virtual peer learning with Newark, New Jersey, including an exchange between the mayors of both cities, for Baton Rouge to learn about the community-based violence reduction efforts of the Newark Community Street Team.
  - Baton Rouge and Oakland visited Newark, New Jersey, to learn about Newark's community-police centered collaborations to address the core problem of trauma and trust-building between law enforcement and victims.
  - Baton Rouge received multiple site visits from the San Antonio, Texas, Police Department for training and consultant on building its Peer Support Unit and incorporating officer wellness and resiliency throughout BRPD, with special focus on debriefs on critical incidents and other areas of support for officers who may be traumatized.
  - Rapid City visited Nampa, South Dakota, to learn about the Nampa Family Justice Center and its services to victims of domestic violence, sexual assault, stalking, sex trafficking, child abuse, and elder abuse which laid the groundwork for Rapid City's plan for its own Family Justice Center.
  - Oakland had multiple site visits from the Stockton, California, Police Department to learn about the successful integration of the SPD's procedural justice program into their operations.
  - Baton Rouge received a site visit from Stockton Police Department that involved delivery of procedural justice training to officers at the BRPD academy and a train-the-trainer event with the academy trainers.
- IACP's technical assistance strategy to promote sharing with, and learning from, peer agencies in the field, was also inclusive of exposure to promising practices and training through workshops and events around the country. Some examples of how Collective Healing sites shared and learned from their peers and other experts in the field include the following:
- Oakland and Minneapolis attended the National Network for Safe Communities (NNSC) conference to further their learning in best practices for implementing violence reduction strategies and guidance on how to build trust between law enforcement and the communities.
  - Rapid City attended the International Family Justice Center Conference to learn how to build co-located and wraparound services to better serve victims of family violence.
  - Houston sent a cross-agency contingent of staff to attend the Conference on Crimes Against Women, an educational forum of best practices, victim-centered policies, promotion of multidisciplinary dialogue and collaborative community models, and real-life tools and strategies to take back to their own agencies and communities.
  - Baton Rouge served along with IACP and consultants on a discussion panel, *Law Enforcement and Community: Building Partnership and Capacity to Address Healing in the Wake of Harm*, at the National Association of VOCA Assistance Administrators Conference.
  - Oakland and Rapid City delivered a workshop, *Addressing Police and Community Trauma: A Path Towards Collective Healing*, at IACP's Officer Safety and Wellness Symposium.
  - Minneapolis presented a panel discussion on its Community Navigators at the Community Based Crime Reduction Grantee meeting in St. Louis, Missouri.

# COLLECTIVE HEALING SITE PROFILES





# III. COLLECTIVE HEALING SITE PROFILES

## Site Profile: BATON ROUGE

### Demographics<sup>3</sup>

- **Baton Rouge, Louisiana**
- **Population:** 220,236
- **Type:** Urban
- **Size:** 88 square miles
- **Diversity Snapshot:**

Baton Rouge Community Diversity by Race and Hispanic Origin	% of Population
White alone	38.7
Black or African American alone	55.0
American Indian and Alaska Native alone	0.2
Asian alone	3.2
Native Hawaiian and Other Pacific Islander alone	0.0
Two or more races	1.4
Hispanic or Latino	3.7
White alone, not Hispanic or Latino	36.6

### Agency Profile<sup>4</sup>

**Agency Name:** Baton Rouge, Louisiana, Police Department

**Agency Staff (Total):** 789

- **Sworn Staff:** 631
- **Professional Staff:** 158

Police Department Diversity by Race and Hispanic Origin	% of Staff
White alone	54.0
Black or African American alone	43.0
Asian alone	0.9
Hispanic or Latino	1.5

## Collective Healing Baton Rouge Partners:

### ■ 100 Black Men

The 100 Black Men of Metropolitan Baton Rouge is a nonprofit organization that helps African-American males step forward and assume roles of community leadership, responsibility, and guidance. The organization serves to empower African-American men to reach their full potential by providing resources that foster success in education and economic and community development.

### ■ Louisiana State University

Louisiana State University is a public research university located in Baton Rouge, Louisiana.

### ■ Southern University

Southern University and A&M College is a public historically black university located in Baton Rouge, Louisiana.

### ■ NAACP Baton Rouge Branch

The National Association for the Advancement of Colored People (NAACP) of Baton Rouge advocates for civil and human rights in the areas of education, health, economic opportunity, criminal justice, voting rights, and the environment.

### ■ The Bridge Agency

The Bridge Agency is a volunteer organization focused on providing resources and services to disinvested communities. The organization hopes to empower families affected by crime through economic and community development.

### ■ A.G.I.L.E Planning Solutions

A local organization dedicated to partnering with the communities they serve by identifying common agendas, developing shared measurements, driving mutually reinforcing activities, engaging in continuous communication, and providing support.

### ■ The Butterfly Society

The Butterfly Society is a nonprofit organization dedicated to empowering communities to stand up and speak out against domestic violence. Founded in October 2014, the organization offers services, resources, and networking opportunities to community members who have been impacted by domestic violence.

### ■ C.H.A.N.G.E

Community Healing and Nurturing Growth through Edification (C.H.A.N.G.E.) was established by families

<sup>3</sup> "U.S. Census Bureau QuickFacts: Baton Rouge City, Louisiana," accessed July 14, 2020, <https://www.census.gov/quickfacts/batonrougecitylouisiana>.  
<sup>4</sup> Jazzika Matthews (Collective Healing Baton Rouge site coordinator) in correspondence with IACP, August 2020.

and community members who have lost loved ones or have otherwise been impacted by violence in their community. C.H.A.N.G.E. was founded in 2019 with encouragement by, and technical assistance support from, Collective Healing, now working collaboratively to develop solutions and action strategies to identify and address the needs of the community. To date, C.H.A.N.G.E. has sponsored community events such as canvassing and community listening sessions. They collaborated with local organizations such as the NAACP in Baton Rouge's MLK march to connect with and influence the community on the importance of peaceful reconciliation. They have worked alongside BRPD to bring awareness to the community about the impact and loss caused by gun violence.

#### ■ **Capital Area Human Services**

Established by the Louisiana State Legislature in 1997, Capital Area Human Services (CAHS) provides mental health, developmental disability, and addictive disorder services to the Baton Rouge community. CAHS is nationally recognized for its outpatient and residential treatment programs for children, adolescents, and adults.

#### ■ **CADAV (Community Against Drugs And Violence)**

CADAV (Community Against Drugs And Violence) is a civic organization in the Banks Community of Baton Rouge, Louisiana. It works to improve and revitalize the Banks Subdivisions by empowering the citizens to alleviate drugs and violence thereby creating a cleaner and safer neighborhood for youth to prosper and become self-sufficient citizens.

## Reasons for Applying to be a Collective Healing Site

Law enforcement leaders in Baton Rouge, Louisiana, report that events in the summer of 2016 underscored growing concerns about the police department's relationship with the community and the challenges of taking care of officers under trying conditions.

On July 5, 2016, a police officer with the Baton Rouge, Louisiana, Police Department (BRPD) shot and killed a man named Alton Sterling, which led to protests and civil unrest for 12 days across the Baton Rouge parish. On July 17, Gavin Eugene Long, a black separatist from Missouri, murdered two Baton Rouge police officers and one from the East Baton Rouge Parish Sheriff's Office claiming retaliation for the murder of Alton Sterling. Three other officers were injured, with one left paralyzed.

The following month, more than 20 inches of rain fell in Baton Rouge. More than 55,000 houses in the Baton Rouge area experienced flooding, including the homes of 170 Baton Rouge police officers. For the second straight month, BRPD was operating in a state of emergency with all officers working 12-hour shifts with no time off to deal with their own personal losses.

The deaths of Alton Sterling and the three police officers highlighted the city's historic problems with racial tension. Community members expressed their concerns about the police on social media, in online comments to news articles, and during Metro Council meetings. The lasting effect of these tensions and the resulting trauma—on both the law enforcement and the community—were spelled out in BRPD's Collective Healing initiative application.

Before applying to be a Collective Healing demonstration site, the BRPD was already working with Louisiana State University (LSU) to conduct community surveys to understand community sentiment toward police relationships and practices in the parish. Less than 20 percent of residents surveyed felt that the police were approachable or could be trusted. The Baton Rouge Collective Healing project team indicated that the greatest challenge would be to take these feelings and turn them into meaningful dialogue to address this disconnect and begin making a change for the better.

## Strategic Focus Areas

- Community Engagement
- Healing Coalition
- Peer Support Unit
- Procedural Justice Training
- Community Police Collaboration
- Baton Rouge Street Community Team

## Community Engagement

The Baton Rouge Collective Healing project team spent the first six months of the project conducting the Collective Healing self-assessments and participating in community listening sessions. Southern University (SU) conducted and analyzed the listening sessions and LSU conducted and analyzed the officer wellness and victim services self-assessments.

Other partners brought onto the team were also critical to gaining insight into areas for growth and healing. BRPD knew the importance of involving organizations such as 100 Black Men and NAACP Baton Rouge. These partners were already actively involved before BRPD applied to be a Collective Healing site. BRPD understood that to truly come together to address the pain and historical trauma in the community, they must "get uncomfortable," meaning BRPD would need to be part of difficult conversations to address discord, resolve issues, and work to build mutual understanding, especially with those in the community who trusted police the least.



Listening sessions focused specifically on vulnerable populations, including but not limited to parents who had lost children to violence, as well as formerly incarcerated individuals. As a result of these sessions, the project team was able to identify the areas of focus for their initiative. Broken trust and a need for collaboration were common themes during the listening sessions. The community emphasized time and again that trust needed to be built not just with BRPD in general but with specific officers working the beat in their respective communities. Participants insisted that BRPD needed to make a greater investment in the relationships those police officers had with the communities they serve. Another issue raised during the listening sessions was that while the NAACP Baton Rouge and 100 Black Men were regular resources in the community, other groups were also providing services and resources to Baton Rouge. They were simply not being acknowledged or otherwise supported, according to participants. The project team realized these groups were operating in silos and splitting resources rather than combining them and working on a much larger scale.

The BRPD officer who shot and killed Alton Sterling was not charged with a crime, but he had been fired by the city and was appealing this decision. With an appeal hearing looming in the coming months, the project team determined that building relationships and working together as a community were going to be imperative to healing for both law enforcement and the parish.

## Healing Coalition

As the appeal hearing for the fired officer approached, BRPD leadership worried that the community would be re-traumatized, furthering the schism between the department and the community. To prevent further unrest and trauma that could follow the hearing, BRPD leadership and Collective Healing community partners organized healing spaces. These spaces were equipped with mental health providers, victim assistance resources, and recuperation and expression areas. Ultimately, the terms of the fired police officer's termination were settled out of court and the appeal hearing was cancelled. However, these healing spaces continued to grow, thanks in part to support from the Collective Healing technical assistance team, and first and foremost to the efforts of community leaders and BRPD, and specifically Chief Murphy Paul.

Chief Paul, newly appointed in January 2017, fully embraced the Collective Healing initiative, demonstrating the crucial component of leadership buy-in and made sure that he was listening to the frustration from the community and his officers.

Chief Paul said,

*“I knew there was a lot of healing that need[ed] to be done. There was a clear public perception of the police department that wasn't favorable by groups within the community. There is a historical component. ... There were a lot of incidents that happened that led to that; this was a boiling point for some in this community. I got that. But then at the same time there were police officers on the job who felt like they were not being appreciated for the work that they do.”*

With the full support of Chief Paul and BRPD leadership, the team organized the Baton Rouge Healing Coalition, a group of community organizations working to assist victims in Baton Rouge parish and serving as a conduit through which the community and BRPD could communicate. The Healing Coalition helped ensure that information from the department was effectively disseminated throughout the community, providing for stronger relationship-building. This communication avenue was particularly valuable when Chief Paul decided to issue a public apology to the Baton Rouge community for the prior employment of the fired police officer. With support from the IACP TTA team, the apology took place on August 1, 2019, and included the following statement:

*“And while we obviously cannot change the past, it is clear that we must change the future. And I sincerely apologize for the actions of the past and the role that our profession has played in building barriers in communities of color in the city of Baton Rouge. It is important that we maintain good relationships with the diverse communities in Baton Rouge; communities of all races. We can't allow an 'us versus them' mentality to take root in the rank and file of this organization. And we cannot allow that division to fester in the neighborhoods that we patrol. And as servants to the community of Baton Rouge, we must be committed to healing and collectively gaining an understanding that no matter who we are, or how we identify ourselves, all of us are in need of healing from the trauma we experience and perpetrate.”*

**Chief Murphy Paul, Baton Rouge Police Department**

He later emphasized, “Those words were intentional ... and they were needed. Because I hear from men and women of this community every day who say, ‘Thank you, Chief.’ I hear from people in the community that walk up and say, ‘I needed to hear that.’” Since Chief Paul's apology, the

Baton Rouge Healing Coalition has served as a community outlet to voice frustrations and concerns regarding public safety, seeking solutions and preventative measures that can help mitigate tensions during critical events. Community groups and credible messengers who were not sharing resources and ideas before now work together to ensure continued healing. The Healing Coalition provided the department with an entry into historically mistrustful communities and an opportunity to hear the needs of those community members.

The Healing Coalition serves a critical function, most recently during the civil unrest the country has experienced since the death of George Floyd. Thanks to a direct line of communication between the Healing Coalition and BRPD leadership, there has been no violent protesting or rioting in Baton Rouge, activities that recent history demonstrates likely would have occurred in Baton Rouge in the absence of the Collective Healing project.

The Baton Rouge project team is determined to grow and institutionalize the Healing Coalition network of community organizations that works with the BRPD for the benefit of the community. They are also working to incorporate more youth-led initiatives to have a long-term positive impact on the relationship between the youth of the community and law enforcement.

During the summer of 2020, the Collective Healing community partner, the Bridge Agency hosted a virtual internship opportunity for high school students in the community. A major component of this program was weekly workshops with local and national thought leaders. The internship featured a trauma training included the following topics:

- What is trauma and how is it caused?
- Understanding how trauma affects the brain
- Working on yourself and your relationship-building abilities

The Collective Healing TTA Team at EJUSA was enlisted, along with local experts and partners to participate in the youth trauma training. In addition, youth participants received information on adverse childhood experiences (also known as ACEs).

The Collective Healing community partner, 100 Black Men of Metro Baton Rouge, sought to close the gap in understanding and bring community together through a new Collective Healing Curriculum that brings parents, youth, and police officers together in a dialogue to learn about their different cultures and perspectives. The curriculum was developed working with law enforcement and others in the community to create a program that they believe can truly save lives. Although focused on the most vulnerable population—young African American males—the curriculum and materials can be used with

African-American women and other minority groups facing many of the same challenges. The curriculum encourages personal insights, an understanding of positive opportunities, and how personal behavior can threaten or promote safety during a law enforcement encounter. It also addresses challenges and biases in the judicial system and encourages youth to both embrace outlets for healing and be respectful and collaborative at home and at school.

## Peer Support Unit

While the community began to speak more openly to law enforcement, BRPD leadership and the team turned toward healing the department and its officers. The events of 2016 and their impact had severely affected the officers, and many felt there had not been enough support for them. As BRPD Sergeant Rendy Richard emphasized, *“Officers were affected by incidents, were stressed, needed a group of their peers that they weren’t ashamed to go to as an outlet,”* a sentiment further supported by the officer wellness self-assessment.

The first steps to healing officers was naming and recognizing the trauma they had experienced. To move forward with healing, institutional changes in the form of peer support and training were necessary. While BRPD had a group of officers informally supporting their peers, they needed a formalized peer support unit (PSU). The Baton Rouge Collective Healing project team recognized that having a dedicated officer peer support group (to include sworn and non-sworn professional staff) would help with the mental health of officers. This unit will also provide sustainability after the Collective Healing project ends. The IACP TTA Team worked closely with BRPD in establishing the new PSU, including arranging for training from officers from an established peer support unit at the San Antonio, Texas, Police Department (SAPD) in performance and recovery optimization (PRO), a wellness program embedded throughout SAPD that provides holistic education to enhance the performance and wellness of SAPD officers. Also, BRPD received onsite expertise from SAPD’s police psychologist in developing the BRPD’s peer support unit’s policies and procedures and additional support after an officer-involved shooting in Baton Rouge.

With the support of IACP, BRPD’s wellness officers are establishing standard operating procedures for the new peer support unit, and in the wake of a recent officer-involved shooting, were able to provide debriefs and other areas of support for officers who were traumatized. The recent incident happened on April 26, 2020 when a veteran Baton Rouge police officer was slain, and a fellow officer critically wounded when they were ambushed by a murder suspect. The days following the incident, BRPD’s new peer support team served a critical function of addressing issues related to officer wellness in the aftermath of trauma. As a result of the relationships



established through Collective Healing, BRPD received in-person support from SAPD's police psychologist and officers during the management of this critical event.

## Procedural Justice Training

While the peer support unit has been crucial to ensuring better support for officers, BRPD also recognized a need for institutionalizing officer wellness and community-police engagement through training. With assistance from the IACP TTA team, BRPD identified procedural justice training as a viable option. Ten BRPD Academy trainers made a peer to peer site visit to Stockton and Oakland, California, to observe different versions of procedural justice training for police officers. The community engagement component of the training in Stockton really resonated with the BRPD trainers. The IACP TTA Team arranged for Stockton Police Captain Scott Meadors to conduct procedural justice training for officers at the BRPD academy and a train-the-trainer event with the academy trainers. The procedural justice training focused on internal agency validity, officer wellness, historical trauma, community wellness, and community dialogue. These are areas that Lieutenant Jeff Williams, director of BRPD's Training Academy, considers vital to developing strong officers. He emphasized that "an officer that is healthy mentally and physically is going to pay off dividends in the community."

The procedural justice training was targeted to several credible messengers in the BRPD, those officers who had spent time on the street, earned the respect of their peers, and were already looked to as leaders. These were also officers who understood and were part of the Baton Rouge community, who understood the big picture, and who embraced the importance of not downplaying the role of trauma in police officers' lives. These steps paved the way for BRPD's goal to train all of their officers, from cadets to seasoned officers, in procedural justice. The department also intends to incorporate community dialogue into the training, an element that will incorporate the Baton Rouge Healing Coalition network of community-based organizations.

**Procedural justice:** The idea of fairness in the processes that resolve disputes and allocate resources and has four pillars: fairness in the processes; transparency in actions; opportunities for voice; and impartiality in decision making.

## Community Police Collaboration

Building off the successes of the Collective Healing initiative, BRPD applied for and was awarded a new federal award, the Innovations in Community Based Crime Reduction (CBCR) grant, to build community-level, cross-sector partnerships that use data, evidence, and innovation to create effective crime reduction strategies.

This includes implementing place-based crime prevention and community revitalization strategies, which reduce crime and build community-police collaboration. This three-year CBCR initiative in Baton Rouge is designed to do the following:

- Empower community members by establishing a community-led advisory council to support and direct law enforcement efforts to reduce violent crime, dismantle gang activity, and enhance police-community relations.
- Institute a community-led advisory council with knowledge about community perceptions, local risk factors, crime, and group activity to direct crime prevention and response efforts in the Baton Rouge Area.
- Deploy data-driven, community-initiated programming and law enforcement strategies as a mechanism to build social cohesion, improve collective efficacy, and reduce crime.

The planning phase of the project will include a multiagency, multidisciplinary exploration of crime, community perceptions of crime, risk factors, and group and gang activity. During the planning phase, the site coordinator will identify community leaders to be members of a CBCR Advisory Council, which will be a multidisciplinary collective of individuals and organizations tasked with ingesting information collected and analyzed during the planning phase and making programmatic decisions for the implementation phase of the project. The work of the Collective Healing Baton Rouge project team and community partners laid the groundwork for this new initiative and helped ensure sustainability to the collaborative relationships and efforts started under Collective Healing.

As with other large urban police departments, leadership at BRPD understands that turnover at the command level is inevitable. With this understanding, Chief Paul and his deputy chiefs feel that it is vital that the cultural changes in the department come from the men and women on the frontline with input from the broader community of Baton Rouge. Chief Paul firmly believes that policy changes bring sustainability and with the support of Collective Healing, has worked to change the promotional process within the department, ensuring that those officers at the forefront of making positive change are rising in the ranks. BRPD leadership is also working to incorporate a leadership training to encourage young leaders in the department to step up and drive the change in culture within the agency. Deputy Chief Jonathan Dunnam said, *"I think the future's bright for our young leaders."*

The work of the Collective Healing initiative both within the BRPD and in the larger Baton Rouge community has begun the long journey to healing for a community and an agency that have been stricken with tragedy

over a number of years. There is much work to be done, beginning with acknowledgement of trauma and following with tangible actions, but community relations are improving. As Deputy Chief Dunnam confirms, in the wake of the apology and the commitment to this work,

*“You go out now and the segments of the community that in the past have felt neglected, have felt underserved, have even had felt abused by police see a complete change. I’m telling you, doing canvasses, doing other things, they come out and talk to you more now. They’ll tell you the problems that they’re having, and in the past, they didn’t do that so much. So, having them open up has allowed us to solve more crimes, it’s allowed us to reduce the crime rate.”*

Under Collective Healing, BRPD released its first [BRPD Report to the Community](#) in 2019 and followed it up with the [2020 BRPD Report to the Community](#). These publications highlight the work of the BRPD, introduce “Faces of the Force,” provide crime statistics, elevate the critical work of community partners, explain officer gear and equipment, honor line of duty deaths, and outline policies and practices to ensure trust and legitimacy.

## Baton Rouge Street Community Team

*“Public safety has traditionally been considered the domain of law enforcement, but we’ve now come to understand that you can’t have ‘public safety’ without the public.”*

**Aqeela Sherrills**, Director,  
Newark Community Street Team

During the peer to peer site visit to Newark, New Jersey, the Collective Healing Baton Rouge team first learned about the [Newark Community Street Team](#), a community-based violence reduction strategy that takes an evidence-based, trauma-informed approach to reducing violence. The IACP TTA team, specifically Aqeela Sherrills and EJUSA, worked closely with the Baton Rouge team in the final months of the Collective Healing initiative to lay the groundwork to launch the Baton Rouge Street Community Team, which is part of the mayor’s new [Safe, Hopeful, Healthy](#) initiative. Based in a community-based nonprofit, [Healthy BR](#), the new Baton Rouge Street Community Team will take a public health approach to addressing violence through the violence interrupter model. This means incorporating credible messengers to intervene in high-risk disputes that typically lead to violence, working with individuals at greatest risk of becoming a victim or a perpetrator of violence in communities, and supporting crime survivors who are often overlooked by traditional victim services agencies. Baton Rouge is funding the implementation of the new Baton Rouge Community Street Team through a multiple funding streams, including the new CBCR initiative, to ensure a robust and sustainable future.



## Site Profile: HOUSTON

### Demographics<sup>5</sup>

- **Houston, Texas**
- **Population:** 2,320,268
- **Type:** Urban, suburban
- **Size:** 669 square miles
- **Diversity Snapshot:**

City of Houston Community Diversity by Race and Hispanic Origin	% of Population
White alone	57.6
Black or African American alone	22.5
American Indian and Alaska Native alone	0.3
Asian alone	6.9
Native Hawaiian and Other Pacific Islander alone	0.1
Two or more races	2.1
Hispanic or Latino	44.8
White alone, not Hispanic or Latino	24.6

### Agency Profile<sup>6</sup>

**Agency Name:** Houston, Texas, Police Department

**Total Agency Staff:** 6,249

- **Sworn Staff:** 5,263
- **Professional Staff:** 986

Police Department Diversity by Race and Hispanic Origin	% of Staff
White alone	38.34
Black or African American alone	24.0
American Indian and Alaska Native alone	0.21
Asian alone	7.60
Native Hawaiian and Other Pacific Islander alone	0.26
Two or more races	0.11
Hispanic or Latino	29.48
White alone, not Hispanic or Latino	38.34

## Collective Healing Houston Partners:

- [NAACP Houston Branch](#)  
The National Association for the Advancement of Colored People (NAACP) of Houston advocates for civil and human rights in the areas of education, health, economic opportunity, criminal justice, voting rights and the environment.
- [Houston Area Women's Center](#)  
The Houston Area Women's Center is a domestic violence service center that serves survivors in the Houston area. The center offers free counseling, education, shelter, and support services, and runs a state-of-the-art hotline call center.
- [Children's Assessment Center](#)  
The Children's Assessment Center provides services to sexually abused children and their families in Harris County, Texas. It is one of the largest child abuse advocacy centers of its kind in the country and is an accredited member of the National Children's Alliance.
- [ACTION CDC](#)  
ACTION CDC provides resources and services to low-income families in the Houston area. Services include economic, residential, and commercial development; health and human services; and advocacy for culture and the arts.
- [Mental Health America of Greater Houston](#)  
Mental Health America of Greater Houston is Houston's longest serving mental health education and advocacy organization. Established in 1954, the organization focuses on mental health, integrated healthcare, chronic illnesses, suicide prevention, and family services.
- [The Harris Center](#)  
The Harris Center for Mental Health and IDD is a mental health clinic located in Houston, Texas. The clinic offers outpatient mental health services, forensic mental health services, a comprehensive psychiatric emergency program, and a mental health jail diversion program.
- [University of Houston Graduate College of Social Work](#)  
The Graduate College of Social Work at the University of Houston prepares diverse leaders in practice and research to address complex challenges and achieve sustainable social, racial, economic, and political justice, locally and globally, through exceptional education, innovative research, and meaningful community engagement.

<sup>5</sup> "U.S. Census Bureau QuickFacts: Houston City, Texas," accessed July 14, 2020, <https://www.census.gov/quickfacts/houstoncitytexas>.

<sup>6</sup> Houston Police Department Employee Services Division, as of Aug 5, 2020.

## Reasons for Applying to be a Collective Healing Site

Houston, Texas, is reportedly the most diverse city in the United States,<sup>7</sup> with 2.2 million residents, speaking 100 languages living and working in a sprawling 669-square mile urban and suburban footprint. The large, diverse population of the city, along with the city's expansive area, create a challenging environment for the police department to respond promptly and effectively to the wide variety of calls for service it receives.

Immediately before the department applied for the Collective Healing initiative, Chief Art Acevedo was sworn in as the chief of police for the Houston Police Department (HPD). Coming from Austin, Texas, Chief Acevedo was a proponent of relational policing, which encourages officers to embrace every interaction with citizens as an opportunity to establish or enhance relationships and build trust. HPD had worked for many years on community-policing initiatives and enhancing response to victims of crime. While progress had been made, the department reports that there was still significant work to be done to build trust, improve legitimacy, and remove barriers between the department and the diverse communities the agency serves. The unique approach of the Collective Healing initiative represented an excellent opportunity to advance these efforts.

HPD cited data from the annual Kinder Institute Houston Area Survey as demonstrating the importance of addressing barriers to engagement with underserved communities. In the 2017 survey, only 49 percent of Houston's U.S.-born African American residents responded that they strongly agreed they would be comfortable calling police for help, compared with 81 percent of Houston's U.S.-born Anglos, 67 percent of U.S. Hispanics, and 72 percent of foreign-born Hispanics.<sup>8</sup>

In their Collective Healing application, the Houston project team stressed HPD's financial constraints and staffing shortage, which resulted in a lack of uncommitted time for officers. Such uncommitted time is necessary to give officers the opportunity to proactively engage with the community. The application also highlighted the need for meaningful programming targeting young, teenage males who were believed to have the least trust and confidence in the department. Previous outreach efforts designed to address these challenges (such as the Police Activities League) were discontinued years before due to a lack of funding, with no comparable outreach programs implemented in their wake.

Houston has experienced many types of critical incidents, including active shooting events, controversial use of force incidents, and sizable protests and demonstrations. Past delays in releasing police videos increased tensions with the community and created a perception in some residents that the department was not fully committed to transparency. More recently, HPD has sought to release video in a timelier fashion. The department has also focused efforts on ensuring effective support of demonstrations in response to critical incidents. When HPD learns about a planned protest, the department gathers intelligence and communicates with the organizers to assure them that the department supports their right to demonstrate and will protect them while they are doing so.

While preparing their Collective Healing application, Houston experienced devastating flooding from Hurricane Harvey, a Category 4 hurricane that caused \$125 billion in damage, ranking as the second costliest hurricane to hit the U.S. mainland since 1900. Sadly, the department suffered an on-duty death of one of its officers during the hurricane. Despite these hardships, HPD completed the application, stressing that the impact of the aftermath of Harvey on both the community and HPD only further magnified the need to identify and develop strategies to support healing and recovery in the wake of harm.

Houston initially undertook a lengthy assessment phase during which they used the Collective Healing self-assessment tools provided by IACP. Four tools allowed the Houston Project Team to review department policies and procedures. These included the Divisive Events Preparation and Response Checklist; the Victim Services Checklist; Officer Mental Health Policy Checklist; and Trauma-Informed Policing: Enhancing Your Agency's Capacity to Respond to Community Members Impacted by Violence.

HPD utilized the Collective Healing self-assessment tools developed by IACP to gather employee opinions about staff wellness and victim services. A link to the victim survey was distributed to all officers by email with a photo and a quote from Assistant Chief Sheryl Victorian urging participation. Regular reminder messages were sent and helped increase participation to more than 1,000 officers. They deployed the wellness survey to all department personnel, initially sending it out with a video message from Chief Acevedo. The video and regular reminder messages led to more than 1,700 HPD employees completing the wellness survey, a response rate that provided critical information on the needs of the agency.

7 Greater Houston Partnership, "Houston Still Most Diverse City in the Nation, Report Finds," by A. J. Mistretta (April 12, 2019), <https://www.houston.org/news/houston-still-most-diverse-city-nation-report-finds#:~:text=A%20new%20report%20finds%20Houston,four%20residents%20are%20foreign%20born.>

8 "The Kinder Houston Area Survey: Thirty-Six Years of Measuring Responses to a Changing America" (May 2017), <https://www.datahouston.org/khas#report>.



## Strategic Focus Areas

- Community Engagement
- Multicultural and Human Relations Training
- *Healthy You, Healthy Blue*
  - » Peer Support Unit
  - » Mobile App
- Expanded Victim Services
- Trauma Training for Supervisors

## Community Engagement

At the beginning of the Collective Healing initiative, HPD conducted several community outreach efforts. Members of the command staff, from patrol captains up through the chief of police, met regularly with civic and community associations to hear directly from community members about what they are experiencing in their communities.

The department conducted surveys of the community and benefitted from the annual Houston Area Survey conducted by Rice University's Kinder Institute<sup>9</sup>. This survey reflected which issues were of greatest concern to Houstonians and measured levels of citizen comfort in contacting the police when they were in need.

To secure community input, HPD contracted with the Houston Area Women's Center (HAWC) to assist with a series of small focus groups. Aabha Brown, LMSW, a professor with the University of Houston's Graduate College of Social Work, trained session facilitators and conducted some sessions herself. In all, 13 community listening sessions were conducted to hear from specific groups of Houston's diverse community:

- LGBTQIA+
- English-speaking survivors
- Spanish-speaking survivors
- Hispanic, Latino and Latina immigrants
- Gang-involved youth
- High school youth
- African Americans (representing broad age diversity over multiple sessions)

Informed by data from the policy reviews, surveys, listening sessions, and discussions conducted during IACP staff site visits, the team then engaged in strategic planning to brainstorm, refine and ultimately outline the projects they would implement within the three broad

focus areas of victim services, employee wellness and community trust.

Throughout the assessment and implementation phases, a core Project Team has steadily guided Collective Healing efforts. Assistant Chief Victoriano leads HPD's Patrol Region 2 and chaired the Project Team. She explained:

*"The Collective Healing opportunity has allowed HPD to develop a more intimate relationship with our community partners and has facilitated honest dialogue about our agency's strengths, weaknesses, and opportunities. We have also become innovative in ways we connect with our officers for improved wellness and more importantly with our communities by embracing a victim-centered, trauma-informed approach. This experience has allowed our team to be exposed to strategic responses from across the country and develop contacts for best practices and professional resources."*

Lisa Longoria Bourgoyne, director of forensic services for the Children's Assessment Center (CAC), served as a member of the Project Team throughout the initiative. She added:

*"As a community partner dedicated to the multidisciplinary team approach to investigations and treatment of child sexual abuse as well as to promoting complete healing of child victims and their families, the CAC was honored to be a part of the Houston Police Department's Collective Healing initiative. The strategic focus on enhancing victim services, officer well-being and evidence-based, trauma-informed policing aligns with the goals of the advocacy center movement and has a direct impact on the children and families we serve. We applaud the efforts of Houston's Collective Healing Project Team and are grateful to the community leaders who dedicated their time and resources to enhancing HPD's footprint in our community. It's an honor to serve alongside each member of this extraordinary team."*

Based on the extensive community feedback obtained, the Collective Healing Houston project team then focused on goals to enhance community trust, starting with agency training.

9 "The Kinder Houston Area Survey: Thirty-Six Years of Measuring Responses to a Changing America" (May 2017), <https://www.datahouston.org/khas#report>.

## Multicultural and Human Relations Training

HPD had an existing multiculturalism curriculum for cadets that included a bus tour but received feedback from stakeholders that this training was not an adequate representation of their communities. HPD sought a more robust starting place for new officers to learn about the diverse communities of Houston.

Working under the Collective Healing initiative, Professor Brown, the facilitator and trainer for the community listening sessions, was tasked with revising this curriculum and training component for the academy. She reviewed the curriculum, observed several sessions (classroom lessons, panels, and bus tour), conducted focus groups with participants, and had lengthy discussions with trainers. After sharing her findings and recommendations with agency leadership and stakeholders, she worked hand in hand with department personnel to implement her recommendations. Professor Brown explained this process:

*“We utilized a co-creative process that embraced the law enforcement vernacular and culture to facilitate dialogue and critical thinking specifically regarding difficult topics. Using this approach engages internal stakeholders throughout the process, leading to greater internal adoption and acceptance of curricular and cultural change.”*

Professor Brown trained the HPD academy trainers on the new curricula, and the department's trainers subsequently delivered the new multicultural and human relations training for the first time to the class of cadets in May 2020. Debriefings were held and the program was refined to prepare it for delivery to the next class of cadets. Using feedback of the improved training, Professor Brown is currently continuing to refine classroom curriculum, the multicultural speaker panel, and a multicultural bus tour.

[\(Page 97\)](#)

## Healthy You, Healthy Blue

After Hurricane Harvey, much of the underlying trauma experienced by HPD officers began to come to the surface. HPD leadership realized that more needed to be done to help officers who, through their work in law enforcement, experienced trauma on a nearly daily basis and often did not have the avenues or language to process the impact on both their work in the community and their home lives.

HPD also recognized a need to assess how trauma affects officers mentally and physically and how it can impact their suitability for duty. Prior to the initiative, the department was working to improve its capacity to care for officers' mental and emotional well-being after critical incidents, work they were able to augment and increase when awarded the Collective Healing funding.

HPD embarked on institutionalizing a wraparound wellness program that embraces all aspects of wellness, emphasizing the interconnectedness of these aspects and how they contribute to physical and mental well-being. For HPD personnel, the wellness program will be tangible in three primary ways: through the peer support program's emphasis on wellness; through the wellness app; and through a semiannual newsletter. The program is branded with the *Healthy You, Healthy Blue* campaign slogan, developed through the work of HPD during Collective Healing, and intended to emphasize that only when HPD's individual personnel are healthy can the department be healthy.

*“How can we expect to foster mutually respectful and beneficial relationships between peace officers, victims, and the community when everyone is traumatized?”*

**Abdul Haleem Muhammad, Ph.D.,**  
Founder and CEO, ACTION CDC

## Peer Support Unit

Understanding the need for a peer support program to assist HPD officers, the project team, through the Collective Healing initiative, undertook the development and implementation of a new Peer Support Unit (PSU). To equip the unit with as much information and as many resources as possible, key HPD staff participated in two IACP symposia on officer safety and wellness. IACP also arranged a peer to peer technical assistance site visit for HPD staff to Boston to learn directly from staff of Boston Police Department's long-running peer support program. The IACP TTA Team engaged subject matter experts from the San Antonio Police Department Performance and Recovery Optimization program, and from former Norfolk police sergeant Chris Scallon who was integral in starting the Norfolk Police Department's peer support program to provide training and technical assistance support on HPD wellness strategies.

Training was an important priority for the peer support program staff and volunteers. Through the initiative, the unit received training on assisting individuals in crisis, group crisis intervention, and suicide prevention, intervention, and postvention as well as supplemental Applied Suicide Intervention Skills Training (ASIST). Assistant Chief Daryn Edwards of HPD's Professional Development Command stressed the impact of this work:



“The Collective Healing initiative allowed us to realize our vision for a peer support unit. Sending a team to two IACP Officer Safety and Wellness Symposia and to meet with Boston’s peer support unit let them brainstorm and talk through SOPs and other program details with true subject matter experts. Our peer support staff and volunteer mentors are completing ICISF training which equips them to facilitate debriefings and defusings after critical incidents. We’ve put these into practice after several real-life significant incidents and they’ve been very well received by affected personnel who see the department’s commitment to the emotional and psychological wellbeing of our employees.”

## Mobile App

The team recognized that not all personnel would be comfortable turning to a peer for support, and additional resources were needed. Accordingly, the department is sustaining and enhancing its wellness efforts by providing all personnel with a cellphone-based mobile application, or app, that will provide a full complement of wellness resources. The app includes screening tools to assess for potential wellness issues such as anger management, PTSD, and alcoholism and offers one-touch contact information for peer support, psychological services, and various hotlines. The anonymous and confidential app not only provides the ability to present wellness resources and content but allows users to tailor and supplement this content with locally developed materials.



## Expanded Victim Services

Through the assessment phase, Houston’s Collective Healing project team learned that a great majority of crime victims have traumatic experiences, but do not seek follow-up services to address the trauma. A critical goal of the Houston Collective Healing initiative project team was to better support victims of crime in the Houston community, specifically those that may underreport or have distrust in law enforcement.

Under the leadership of Chief Acevedo, HPD focused on expanding capacity of the HPD’s Victim Services Unit (VSU). Between 2018 and 2019, the VSU grew from 15 to 25 victim advocates with future goals to build the team to a strength of 35 victim advocates. The VSU also produced a past, present, and future framework for the HPD’s victim services. The growth of the VSU presented tremendous opportunity for improved support to victims but necessitated a revisioning of the structure and protocols of the VSU, work which was supported through the Collective Healing initiative.

In support of this need and recognition of gaps in services for victims, the IACP TTA Team facilitated by EJUSA and Resilience Works held an on-site victim advocacy mapping session with representatives from VSU and multiple victim advocacy groups. The session focused on gaining a stronger understanding of groups providing services to victims, determining relationships between organizations working with victims to include marginalized victims, and discussion of strategies to strengthen overall response to victims. EJUSA and Resilience Works further led a Vicarious Trauma Training for Community-Based Providers during this on-site visit. Additional focus of this site visit included enhanced coordination with the Houston-Galveston Area Council, the body who drives dissemination of state VOCA funds for the region.

The revisioning of the VSU enhanced efforts in several categories of work: personnel, communication, advocate training, mandatory in-service training for all HPD personnel, cadet training, correspondence to include resource sharing, correspondence to victims, implementation of U Visa pre-screening, community engagement, VSU webpage redesign, and funding to support VSU structure and services. To further support the needs of the VSU and community partners in training and national best practices, Collective Healing supported the attendance of six victim advocates, five investigators, and two community-based victim counselors to attend a conference on Crimes Against Women in April 2019.

**“** The Collective Healing Project created opportunities for HAWC advocates to listen to survivors of interpersonal violence in order to deepen our understanding of their lived experiences with police and the experience of their communities. In addition, it created opportunities for HAWC advocates to engage law enforcement personnel about the critical importance of understanding the impact of trauma on survivors of violence. HAWC advocates were able to share their expertise gleaned from working directly with survivors about how trauma can be personal but also communal and historical, particularly as experienced by Communities of Color. It is our hope that this project can truly be the beginning of a collective healing from the abuses that have transpired in the lives of individuals and communities, both at the hands of individuals and of systems.”

**Sonia Corrales**, Chief Program Officer,  
Houston Area Women's Center

Realizing that many members of the diverse Houston community do not speak English as their first language, contributing to misunderstanding and mistrust when reporting to law enforcement, the project team used Collective Healing resources to update and translate the victim services “Blue Card” into multiple languages. The blue card lists resources and is provided to all crime victims by patrol officers at the crime scene. A new “what to do when the police leave” brochure was also developed and translated in multiple languages.

Revisions were made to HPD's VSU website to include expanded multimedia resources and book recommendations for crime victims. Through the Collective Healing initiative, these books will be installed in 41 library branches across Houston, with a notation on the website that the resources could be found at these locations. The resources included books in both English and Spanish.

Collective Healing resources allowed HPD to procure and deploy a state-of-the-art victim service tracking software system. This innovation has helped victim advocates in HPD to streamline case management and maintain improved records of the services, information, and referrals made for victims of crime.

**“** The Collective Healing assessment phase forced us to be vulnerable, engaging with community partners and the public, some of whom weren't even aware the unit existed. We heard them, and HPD prioritized outreach to crime victims, doubling the size of the Victim Services Unit and training all department personnel to ensure that every patrol officer is aware of the unit's mission and function. We continue to seek additional funding to help us achieve a new mobile response capability to better serve victims of violent crime.”

**Lieutenant Julie Pleasant**, HPD Victim Services Unit

## Trauma Training for Supervisors

As this report is being prepared, the IACP TTA team is completing a five-module online training program for HPD entitled *Trauma: Understanding Its Impact on Houston Police Department Staff & Communities*. Modules of the training include: Introduction to Trauma; Trauma-informed Police Practices; Developing Your Response Toolkit; Vicarious Trauma & Resilience: Individual Supervisors & Staff; and Vicarious Trauma: Organizational Response.

This in-service training program will be viewed by over 1,600 supervisors at HPD in 2020 and will be available on HPD's online training system for new supervisor training in the future. The training program is designed to enhance participants' understanding of trauma and its impact; provide effective ways to respond to traumatized victims and traumatized communities; and deliver resources on how to become a more trauma-informed supervisor within HPD.

## Site Profile: MINNEAPOLIS

### Demographics<sup>10</sup>

- **Minneapolis, Minnesota**
- **Population:** 429,606
- **Type:** Urban
- **Size:** 58 square miles
- **Diversity Snapshot:**

Minneapolis Community Diversity by Race and Hispanic Origin	% of Population
White alone	63.8
Black or African American alone	19.4
American Indian and Alaska Native alone	1.4
Asian alone	6.1
Native Hawaiian and Other Pacific Islander alone	0.0
Two or more races	4.6
Hispanic or Latino	9.6
White alone, not Hispanic or Latino	59.8

### Agency Profile<sup>11</sup>

**Agency Name:** Minneapolis, Minnesota, Police Department

**Agency Staff (Total):** 1,060 (2017)

- **Sworn Staff:** 882
- **Professional Staff:** 178

Police Department Diversity by Race and Hispanic Origin	% of Staff
White	73.9
Black or African American	11
American Indian and Alaska Native	2.9
Asian/Pacific Islander	0.1
Hispanic or Latino	5.8
Other	0.0

## Collective Healing Partners

- [A Mother's Love](#)  
A Mother's Love is a community organization that advocates for individuals and families affected by gun crime. Made up of African-American mothers and fathers, the organization partners with nonprofits, for-profits, and law enforcement to better reach crime victims.
- [YouthLink](#)  
YouthLink is a nonprofit organization that serves homeless youth in the Minneapolis-St. Paul area. In partnership with over 30 other agencies, the organization provides housing, mental health, education, and employment services to those in need.
- [Barbara Schneider Foundation](#)  
The Barbara Schneider Foundation is a nonprofit organization that provides training on crisis intervention to first responders across the state of Minnesota. The organization was formed by community members, mental health advocates, and law enforcement professionals after the shooting death of Barbara Schneider, who was killed by Minneapolis police during a mental health crisis in 2000.
- [The Urban League](#)  
The Twin Cities Urban League is a local chapter of the Urban League, a nonpartisan civil rights organization that advocates on behalf of economic and social justice for African Americans. The Urban League provides financial, educational, employment, and civic engagement programs for the Minneapolis-St. Paul area.
- [Minneapolis Office for Violence Prevention](#)  
The City of Minneapolis's Office of Violence Prevention (OVP) uses a community-focused, public health approach to fight and prevent violent crime. The OVP is located within the city's health department and offers a crisis hotline, victim support, and youth services.
- [Inner Hero](#)  
Inner Hero is a community organization that focuses on youth development, providing mentorship programs to local youth in the city of Minneapolis. The organization hopes to create a sense of community and leadership for its participants through engagement with public servants.

<sup>10</sup> "U.S. Census Bureau QuickFacts: Minneapolis City, Minnesota," accessed July 14, 2020, <https://www.census.gov/quickfacts/minneapoliscityminnesota>.

<sup>11</sup> Minneapolis Phase I Collective Healing Application (2017).



## Reasons for Applying to be a Collective Healing Site

When the Minneapolis Police Department (MPD) applied to be a Collective Healing demonstration site, it identified the goals of building a victim-centered, trauma-informed approach to enhance its responses and relationships and building trust with communities that historically have not had positive relationships with law enforcement in the city. In its application, Minneapolis highlighted the following reasons for applying to be a Collective Healing demonstration site.

Before applying for the Collective Healing initiative, Minneapolis had seen two high-profile officer-involved shootings. One resulted in an occupation outside MPD's 4th Precinct location for 18 days in 2015. Just a year later, this shooting and occupation was followed by a second officer-involved shooting that did not have bodycam or squad car video of the incident. Both ended in a fatality and sowed further discord between many in the community and MPD.

In its Collective Healing application, MPD identified these divisive incidents and the historical mistrust between the police and some communities in Minneapolis. MPD attributed the mistrust to poor communication between the agency and the diverse communities of Minneapolis, with a lack of consistency in messaging, timeliness, and voice with those they serve.

Minneapolis experienced rapid growth of immigrant and new-arrival communities of diverse racial, ethnicity, religious, sexual orientation, and immigration status backgrounds. MPD indicated that it had not always been ready or able to pivot and work with new organizations, groups, and leaders that have emerged, and this has caused further isolation between police and members of these communities.

MPD highlighted improvements in how the department engages with community members and expressed hope for growth based on these small successes. For example, as a way to address the concerns of the LGBTQIA+ community regarding the way transgender citizens were treated during police encounters, police leaders worked with city leadership, community organizations, and advocacy groups to craft policies and procedures that ensured the Constitutional rights and civil liberties of members of that community.

In its application, in addition to building positive community police relations, MPD highlighted the need to address officer wellness within the agency. As the Collective Healing initiative was designed to address and encourage healing at the officer, agency, and community levels, MPD sought to build a healthy workforce and help officers who were experiencing traumatic stress due to the nature of their law enforcement duties. These officers often have not been given the avenues or language to express the stress they are experiencing both in their work with the community and in their home lives.

## Strategic Focus Areas

- Community Engagement
- Community Navigators
- Reaching Victims
- Understanding Vicarious Trauma & Building Resilience

## Community Engagement

MPD and other community partners participated in the DOJ-funded National Initiative for Building Community Trust and Justice and secured a U.S. Department of Health and Human Services-funded Resiliency in Communities After Stress and Trauma (ReCAST) grant from the Substance Abuse and Mental Health Services Administration (SAMHSA) prior to the beginning of the Collective Healing initiative. The programs prepared the department to begin the Collective Healing initiative with strategies and practices they were eager to implement.

As with the other demonstration sites, the Collective Healing self-assessment tools were encouraged; however, MPD used multiple avenues for getting the pulse of their community from their previous projects. Through the collaboration with the National Initiative for Building Community Trust and Justice efforts, a community survey about the satisfaction of community with policing in the city was conducted in 2015-2016. This information was used to inform the work of the Collective Healing initiative and helpful in guiding the work in Minneapolis. However, MPD recognized that the most successful method to identifying and understanding the needs of the communities was the face-to-face community meetings held in the neighborhoods. This method created a personal dynamic where community members got to know members of the MPD in a non-enforcement situation. As trust increased on both sides, the conversations and information shared became much more personal and relevant to the questions the community had about policing in Minneapolis.

Through these dialogues, MPD recognized that to meaningfully build relationships with the people they serve, they needed to have difficult and uncomfortable conversations within the agency, as well as with community members and partners. Through these conversations, MPD leadership identified a priority among the areas in which they felt they were falling short: victim assistance. Responding effectively to crime victims and citizens who had been traumatized by violence was an underexplored area of outreach for their agency. This was uncovered through these community conversations and allowed MPD to gain an understanding of how policing in Minneapolis may have caused harm to certain communities, hindered MPD's ability to build positive relationships with the communities they serve, and impacted victim reporting.

MPD expanded dialogue and relationships through engagement with the Inner Hero. Through a vision of safe communities where youth can thrive, the Inner Hero facilitated community-led critical conversations with underserved and overlooked groups. These conversations created an opportunity to humanize through dialogue, building relationships through transparency and understanding. Conversations began as barbershop forums and quickly grew beyond the available space and into larger venues. The quarterly conversations engaged important criminal justice stakeholders including the Minneapolis chief of police, the Hennepin County sheriff, the mayor of Minneapolis, the attorney general, various state legislators, and the newly created Office for Violence Prevention.

## Community Navigators

With such a diverse community in Minneapolis, MPD realized that outreach to victims of crime and underserved communities would need to look different depending on the demographic. The agency also realized that a culturally-informed response to each of these communities would be critical to a successful interaction and the development of better police-community relationships. MPD acknowledged that while many times officers would like to assist victims of crime, they may not be the most trusted communicators of important information to victims.

To better address the needs of communities across Minneapolis, MPD established the Community Navigator Unit (CNU) within the police agency to strengthen traditional and non-traditional partnerships between MPD and the community. The goals of the CNU are to build community trust, help crime victims find needed resources, help address issues like homelessness, joblessness, and substance abuse, increase community understanding of the police and police understanding of the community, partner with MPD Community Engagement teams to provide trauma-informed outreach to the community, and assist investigators. Employed by MPD, each of the six Community Navigators represents a diverse cross section of underserved communities and serves as a trusted liaison between police and historically victimized communities, including African American, LGBTQIA+, Native American, East African/Somali, and Latino communities. In addition, one Community Navigator is dedicated to serving as a liaison with victims of intimate partner/domestic violence. These Community Navigators provide vital support to victims by connecting them to underutilized services, helping them navigate the reporting and criminal justice process where relevant, and ultimately allowing MPD to respond to, communicate with, and follow up with victims and community members more effectively. ([Page 102](#))

The CNU is unique in that while these individuals are credible messengers with long-standing ties to their respective communities, they are embedded within the 4<sup>th</sup> Precinct, are part of MPD's Procedural Justice Division, and communicate daily with MPD officers. While the CNU work closely with the Chaplain's Corps in response to homicides and shootings, Officer Jason Anderson clearly states the distinction: *"These [Community Navigators] don't need to be faith leaders to do their job; they're building those instant relationships through language, through culture, through diversity."* The implementation of the CNU assisted in building a bridge for victims to access resources in ways which had not previously existed, especially for populations that have historically had particularly strained relationships with MPD.

Selecting the right six individuals to build this unit has been critical to its success. Not only did these individuals need to have a background and understanding of social services but they also needed to deeply understand the dynamics of the communities they were part of and were tasked with serving as a liaison for. They also needed to understand the social-political realities of those demographics. For instance, one Community Navigator reflects on the selection process: "When looking for navigators, it's important to pick someone who can come at this objectively without any sort of bias toward one group or organization."

The Collective Healing initiative has allowed MPD to pilot this new model with the Collective Healing Minneapolis project team as if "building the plane while flying it," Glenn Burt, the supervisor of the Community Navigator Unit, admits. Standing up a unit like this has had its obstacles, to include struggling to define its role, raise awareness of CNU services, and differentiate itself from chaplains, crime scene specialists, and community-based victim advocates. CNU goals and functions may be overlapping with aspects of those other critical roles, but with this new unit and team of non-sworn professional staff, MPD was seeking to fill unique unmet needs. The IACP TTA Team, including EJUSA and Resilience Works, has provided continuous technical assistance to the MPD Collective Healing project team as it has worked to define and communicate the roles of the Community Navigators within and external to the Department, and worked to integrate the Community Navigators into the agency and communities. This includes ensuring the safety of CNU staff responding to victims and other community members on-scene.

While being housed in MPD's 4<sup>th</sup> Precinct helped encourage interaction with officers stationed there, it was still challenging to message the CNU to the rest of the department. The Community Navigators expressed that there were positives to starting out and building the program from scratch, as it gave them the opportunity to grow organically and better understand what the community wanted and needed from them, rather than what MPD presumed was needed by the community.

The downside to this organic process has been that standardizing core functions and raising awareness about the CNU as a resource throughout the agency and community has been challenging. This is particularly true in establishing a set of responsibilities and workload amid high demand and complex community needs that does not overwhelm or unduly strain the Navigators themselves. While MPD leadership originally sought 24 Community Navigator positions to serve diverse communities throughout the city, the city council only approved funding for four Community Navigator positions within MPD. Therefore, MPD used the Collective Healing initiative to add two additional staff for a total of six Community Navigators. As there are not enough Community Navigators to meet the needs of communities across Minneapolis, MPD has been hesitant to market CNU services widely for fear of creating demand that cannot be met. While the Community Navigators have been serving a critical function within the 4<sup>th</sup> Precinct, word has spread organically, and Community Navigators have become in demand by both police officers and community members, leading to some limited utilization across the entire department.

Community Navigator Deanna Beaulieu served an integral role as a liaison between MPD and Native American community members in the Fall of 2018 as a homeless encampment had become one of the largest in city history offering a sense of community for mostly Native Americans but simultaneously, concerns over safety and crime grew. The city focused efforts on moving what became known as the Wall of Forgotten Natives homeless encampment to a low barrier Navigation Center.

An additional effort that Ms. Beaulieu is involved in is the MPD Police Athletic League (PAL) which sustains programs to engage underserved, traumatized youth. The partnership among MPD PAL officers and Community Navigator Deanna Beaulieu, led MPD to expand its community collaboration through engagement with Little Earth of United Tribes, a nonprofit organization dedicated to outreach, mentorship, and cultural development to underserved communities, especially young women, through sports, education, and cultural uplifting and acknowledgment.

The African-American Community Navigator Bo Powell worked to develop a Citizen's Youth Academy, a partnership with the University of Minnesota and the Minneapolis Office for Violence Prevention to support underserved youth at high risk of exposure to violence and victimization. Youth were selected and the Academy was in the process of preparing to begin when the COVID-19 pandemic slowed progress.

IACP TTA providers from Resilience Works and EJUSA provided vicarious trauma training for the Community Navigators and ongoing technical assistance by exploring strategies to build resilience among the team, and increase peer support, connection, and collaboration to further support resiliency of team members.

The future of the Community Navigator Unit is unclear, as MPD's budget undergoes significant changes. There is conversation regarding moving the CNU to the City's Office for Violence Prevention exploring advantages and disadvantages of having this important work not directly affiliated with police. However, some Community Navigators are concerned that moving out of the police department would prevent open dialogue and collaboration with law enforcement. However, even as the unrest in Minneapolis continues to unfold and the effects of the pandemic continue to hurt already under-resourced communities, the Community Navigators are serving a critical role in ensuring their communities have the proper information and open lines of communication with MPD leadership which is as urgent as ever. Community Navigators, with their unique role embedded within the police department and serving as credible messengers within their communities, have been linking crime victims to vital services and ensuring law enforcement is informed of ways in which they can engage in more responsive and trauma-informed support.

With the work of the Community Navigators and the strong leadership within MPD, Sasha Cotton, director of the city's Office of Violence Prevention, still sees the opportunity for healing between MPD and its community as long as the culture shift continues: *"I think what the chief has really been focused on [is] trying to shift from this warrior mentality ... to a different framework of guardianship and what it looks like to be a protector."*

## Reaching Victims

MPD engaged in a crucial partnership with A Mother's Love as a critical incident community-led outreach partner. In this role, A Mothers Love expanded its capacity to reach out to victims of crime and communities that have suffered through the trauma of violent crimes. Collective Healing supported one MPD Collective Healing team project member and the founder of A Mother's Love to attend the National Network for Safe Communities (NNSC) conference in 2019. NNSC works with communities to reduce violence, minimize arrest and incarceration, and increase trust between law enforcement and the public. Working in partnership with cities around the country, the NNSC provides education on best practices for implementing violence reduction strategies and guidance on how to build trust between law enforcement and the communities it serves.

Additionally, the IACP TTA Team met with sworn personnel who oversee investigations of sexual assault, an area of intense public scrutiny for MPD. MPD was in process of implementing a new sexual assault policy and trauma-informed sexual assault training. The IACP TTA team worked closely with the newly hired MPD sexual assault advocate and with Community Navigators to provide improved support to victims.



The Collective Healing initiative supported the attendance of three MPD personnel, to include the Native American Community Navigator, to attend the National Mass Violence Response Conference, Leave No Victim Behind. Through this attendance, MPD personnel gained stronger understanding and knowledge on best practices for tribal communities and tribal partnerships to effectively assist victims of crime.

In February 2019, Collective Healing supported the attendance of multiple MPD Officers, the Community Navigators, and the MPD Collective Healing Project Manager to attend a Procedural Justice and Implicit Bias Train-the-Trainer event. This training allowed the MPD team to bring additional skills back to the department to support further enhancement of the MPD Procedural Justice Unit. Community Navigators helped to develop cultural competency training content on LGBTQIA+ and Latino communities which was embedded into the full MPD Procedural Justice training. Over the course of 20 weeks, the Community Navigators helped deliver the expanded training content to the entire department.

## Understanding Vicarious Trauma & Building Resilience

As part of the Minneapolis Collective Healing initiative, MPD and its partner, YouthLink, sought to build bridges and initiate healing between MPD officers and YouthLink staff, who had a history of tense and difficult interactions while serving the city's vulnerable youth. YouthLink, as a multifaceted victim service organization, and MPD both had recognized vicarious trauma as an occupational challenge and were seeking ways to minimize the negative impact of acute and cumulative trauma exposure on staff. Both agencies recognized that this exposure comes in wide-ranging ways, from mass casualties of a shooting to the devastating victim experiences of bullying, racism, xenophobia, and other forms of oppression. Addressing exposure to trauma can optimize staff health, reduce turnover, and improve quality of care for victims. With IACP's TTA Team's guidance and support, an interactive training for MPD officers and YouthLink staff was held on vicarious trauma and resilience with facilitated discussions and activities designed to bring a better understanding to both YouthLink and MPD participants. The objectives of this training were to explore vicarious trauma and its impact on individuals and teams; understand resilience and vicarious resilience; develop strategies to build resilience; and increase team and peer support, as well as collaborative, supportive connections across the two agencies.

## Moving Forward

As this publication was being prepared, the death of George Floyd at the hands of MPD police officers understandably sparked outrage in Minneapolis and throughout the United States and the world. In the days and weeks afterward, protests ensued, and civil unrest erupted in Minneapolis and other cities across the country. Nationwide the conversation has turned toward policing, specifically concerns regarding policing policies and practices, ranging from use of force to bias in policing to police accountability and transparency. The work that MPD undertook through the Collective Healing initiative is intricate, complex, layered, and long term. While it may be difficult to recognize in the current circumstances, the groundwork and progress of the Collective Healing work in Minneapolis during the course of the project period assisted MPD and the communities they serve in making crucial strides towards helping MPD and the communities they serve in addressing the needs of those impacted by acts of violence. It also better positioned the site to weather the intensity and spotlight of this historic time through efforts to enhance community relationships, increase transparency, strengthen officer training, and improve access to services for traditionally underserved victims already underway.

## Site Profile: OAKLAND

### Demographics<sup>12</sup>

- **Oakland, California**
- **Population:** 433,031
- **Type:** Urban
- **Size:** 78 square miles
- **Diversity Snapshot:**

Oakland Community Diversity by Race and Hispanic Origin	% of Population
White alone	36.1
Black or African American alone	23.6
American Indian and Alaska Native alone	0.9
Asian alone	15.7
Native Hawaiian and Other Pacific Islander alone	0.6
Two or more races	6.8
Hispanic or Latino	26.9
White alone, not Hispanic or Latino	28.2

### Agency Profile<sup>13</sup>

**Agency Name:** Oakland, California, Police Department

**Agency Staff (Total):** 1,036

- **Sworn Staff:** 751
- **Professional Staff:** 285

Police Department Diversity by Race and Hispanic Origin	% of Staff
White	30.0
Black or African American	25.0
American Indian and Alaska Native	0.4
Asian/Pacific Islander	17.0
Hispanic or Latino	25.0
Other	2.6

## Collective Healing Oakland Partners

- [Bay Area Women Against Rape](#)  
Bay Area Women Against Rape (BAWAR) is a nonprofit sexual assault and domestic violence advocacy organization located in Oakland, California. The organization provides sexual assault and domestic violence advocacy, education, and counseling to those affected in Alameda County.
- [Youth ALIVE!](#)  
Youth ALIVE! is a youth organization that provides mentorship, counselors, and case managers to local youth in the Bay Area. The organization also has a focus on community-based violence prevention, deploying intervention specialists and violence interrupters to the surrounding community.
- [National Institute for Criminal Justice Reform \(NICJR\)](#)  
The National Institute for Criminal Justice Reform (NICJR) is a nonprofit organization that provides technical assistance, consulting, research, and organizational development to government agencies, nonprofit organizations, and philanthropic foundations.
- [Urban Institute](#)  
The Urban Institute is a Washington, D.C.-based think tank dedicated to economic and social policy research. The institute receives funding from government contracts, foundations, and private donors.
- [Community & Youth Outreach \(CYO\)](#)  
CYO provides outreach, mentoring, intensive life coaching, intervention and direct support to high risk youth and young adults in Oakland, especially those affected by and at risk of gun violence.

## Reasons for Applying to be a Collective Healing Site

According to its application, the Oakland Police Department (OPD) has a complicated history with the community it serves, prompting it to apply to become a Collective Healing demonstration site. Tensions and distrust have existed between Oakland police and the African-American community since the Great Migration and the Latino community for longer than that. Numerous demonstrations during the 1960s led to clashes between the police department and the African-American and Latino communities.

<sup>12</sup> "U.S. Census Bureau QuickFacts: Oakland City, California," accessed July 13, 2020, <https://www.census.gov/quickfacts/oaklandcitycalifornia>.

<sup>13</sup> Barbara DeSalvo (Collective Healing Oakland site coordinator) in correspondence with IACP, August 2020.

In the late 1990s, civil rights attorneys sued OPD<sup>14</sup>. The lawsuit led to a negotiated settlement agreement in 2003 between the City of Oakland and the plaintiffs that required federal oversight of numerous tasks intended to prevent the patterns and practice of civil rights violations by OPD. Seventeen years after the agreement, federal oversight is still in place, and OPD continues to work to remedy the harms through collaborative relationships with community partners, policy and leadership changes, procedural justice trainings, implementation of procedural justice at shooting and homicide scenes, implicit bias trainings, and the collection and analysis of stop data to prevent disparate treatment of minorities.

OPD has completed most of the tasks for compliance with federal oversight in the areas of institutional changes and accountability, however the trauma and mistrust reportedly continue, with violent crime disproportionately affecting African-American and Latino residents. While only 28 percent of Oakland's population is African American, 74 percent of Oakland's homicide victims and suspects are African American. In its application, OPD indicated that its officers understand that building trust with the community must include the people who trust them the least yet need them the most, and that a trauma-informed response is necessary to overcome barriers.

The City of Oakland in collaboration with the police department has made multiple attempts to implement a Ceasefire approach to reducing violence dating back to 2003. In the most recent and successful form, from 2012, the City of Oakland developed a working group composed of community members affected by gun violence, researchers, faith leaders, and service providers to reduce gun violence and improve community-police relationships. The strategy had three goals: reduce homicides and shootings, reduce recidivism of those most at risk of gun violence, and build relationships and trust with communities most impacted by gun violence. OPD had made progress with the first two goals using the data-driven Ceasefire strategy to reduce homicides and shootings by almost 50 percent between 2012 and 2018 and reducing recidivism by 72 percent for the same period. They found greater challenges in making progress on the third goal of building trust with the community and viewed the Collective Healing initiative as an opportunity to focus on the crucial component of improving relations with the community and connecting with those individuals most impacted by violence and historical trauma and most in need of healing, support, and services.

In addition, OPD also highlighted the impact of trauma experienced by officers and agency staff and sought to address the health and wellbeing of officers and agency staff as an important component of the Collective Healing initiative. Addressing officer and agency trauma would

allow agency staff to recognize and address their own trauma and recognize and respond more effectively to victims of crime and community members affected by violence and continuous trauma.

## Strategic Focus Areas

- Community Engagement
- Procedural Justice Training
- Trauma-Informed Policing Plan
- Professional Development and Wellness Unit
- Vicarious Trauma Training
- Peer Support Team

## Community Engagement

To work toward a better understanding of the tensions between OPD and the affected communities of Oakland, OPD conducted listening and feedback sessions with a variety of groups including but not limited to the following:

- Clergy
- Latino population
- Formerly incarcerated community members
- Youth ALIVE! clients
- Members from the LGBTQ+ community
- Community Youth Outreach clients
- Internally with OPD staff directly engaged with high risk communities

Listening sessions focused on community experiences with the OPD and input on strategies to more effectively engage with the community and serve victims of crime. The feedback gleaned from these sessions underscored the amount of trust building that remained to be done between OPD and communities of color. In support of the relationship building goal of the Ceasefire Strategy, OPD hired Rev. Damita Davis-Howard, a community organizer for at-risk communities and an anti-gun violence advocate, to lead the work of the Ceasefire strategy. The work included improving community trust and building relationships with and among communities and individuals most at risk of gun violence, public and private service agencies, and area law enforcement.

14 U.S. District Court, Northern District of California, Delphine Allen, et al. v. City of Oakland, et al., Settlement Agreement Re: Pattern and Practice Claims (January 22, 2003), <https://web.law.columbia.edu/sites/default/files/microsites/contract-economic-organization/files/Allen%20v.%20City%20of%20Oakland.pdf>.



## Procedural Justice Training

The Collective Healing Oakland team re-examined the agency's current procedural justice training, which included three modules: Introduction to Procedural Justice and Police Legitimacy; Procedural Justice in Motion: The Practice of Procedural Justice in the Field; and Procedural Justice at Shooting and Homicide Scenes. The team realized it was time to add a new module titled Courageous Conversations to bring together law enforcement and community members to discuss how trauma affects all parties. This training component has been identified as a promising model based on the work and implementation of the procedural justice training by the Stockton, California, Police Department (SPD) which has shown success in moving towards a path of healing for police and community. During Collective Healing, the IACP TTA team facilitated a peer exchange between OPD and SPD so that OPD had an opportunity to learn about the successful integration of the SPD procedural justice program into their operations, while considering enhancements to OPD's own procedural justice training.

## Trauma-Informed Policing Plan

Acknowledging the need for effective response to victims and the importance of addressing trauma in the community and in the department, OPD worked with community partners to create a trauma-informed policing (TIP) plan that lays out five major goals. Partners involved in the development and implementation of the TIP are individuals from law enforcement, private and public agencies, and organizations and community groups supporting to the work. They include, but are not limited to, IACP TTA team, OPD, Ceasefire Oakland Partnership, Faith in Action Bay Area, Community Youth Outreach (CYO), Bay Area Women Against Rape (BAWAR), Youth Alive, the San Antonio Police Department, Oakland ReCAST, Oakland Police Officers Association (OPOA), the Chattanooga Police Department, Urban Institute, and others. ([page 105](#))

In the plan, OPD defines trauma-informed policing through an approach that explicitly acknowledges the impact of trauma on those served as well as on the workforce providing services. It integrates that understanding into all aspects of service delivery, creating a culture that promotes mutual respect, healing, and resilience and actively avoids re-traumatization. The approach identified internal and external goals which incorporated elements of staff training, victim services training and support, and the creation of departmental policies and procedures to support the goals. The significance of the need for such an approach was echoed through several Collective Healing internal agency focus groups where officers spoke of the need for more awareness around historical and current community trauma and expressed a desire to learn more about community resources to which they could refer victims of crime and trauma.

OPD's trauma-informed policing framework was created after a peer exchange in April 2018 with the Chattanooga, Tennessee, Police Department (CPD). During this trip, supported as technical assistance through Collective Healing, a team from Oakland that included OPD, city trauma services and community violence interrupters had the opportunity to learn how CPD had implemented a victim-centered approach as part of OVC's Enhancing Law Enforcement's Response to Victims Demonstration Site Initiative.

As a result of the Chattanooga peer exchange, and building on learning occurring through listening sessions, and Collective Healing partner meetings that allowed critical dialogue to occur between OPD and community partners on these topics, Oakland was able to identify weaknesses in their ability to provide assistance to victims of violent crime. CPD had several victim advocates embedded in the police department. The advocate program was fully supported by the CPD Executive Team, implemented with adequate resources, and successfully engaged with community members and service providers. Oakland currently has no victim advocates within the police department. This leaves a critical gap in services for victims who need assistance with law enforcement related issues during or after an event. This was proposed as an important element of the initial trauma-informed policing plan, but budget constraints prohibited it. In response, the IACP TTA team worked with OPD to identify relevant opportunities for funding. OPD applied for and is waiting to hear if funding will be awarded to bring victim advocate positions in OPD.

Oakland also conducted an internal victim services survey to determine whether staff felt properly trained and equipped with adequate resources to address victims' needs at crime scenes and during resolution. Results indicated a need to enhance partnerships and prioritize victim's needs during an event. Participants also felt that limited time and a lack of victim services hindered their ability to support victims. To address these issues, the Oakland Collective Healing team invited local community service provider organizations to conduct brief roll-call trainings on resources and services to support the community, fostering stronger connectivity and improved communications for the agency, service providers, and community. Victim services training has also been incorporated as part of the training academy curriculum.

## Professional Development and Wellness Unit

As a component of the trauma-informed policing plan, OPD understood that addressing the impacts of vicarious trauma for those within the agency required a renewed look at officer safety and wellness support and resources. Agency leadership understood that to focus on improving victim response and building community relationships, resources were needed to address the mental and

physical health of both officer and agency staff. The Oakland Collective Healing project team disseminated the Collective Healing Officer Wellness Self-Assessment Tool to both sworn and non-sworn professional staff and received a response rate of over 80 percent. The results highlighted the trauma that many officers, dispatchers, crime scene technicians, and analysts experienced through their work and that they did not feel adequately supported or a part of policy decisions that directly affected them. Barbara DeSalvo, the Oakland Collective Healing project manager, remembers when the priority of the initiative pivoted toward officer wellness:

**“** *The project gave people permission to talk about their experiences ... about the trauma. SWAT officers come to me acknowledging that there was a problem and asking if Collective Healing meant we would do something. Folks were randomly coming into my office wanting to know, ‘What is this collective healing?’ One such conversation was with a highly respected sergeant who shared, ‘Well, you know, I was the first one that responded to Oikos [University, site of a 2012 shooting that left seven dead], and I can still hear my shoes sticking to the floor with blood on them. If you need me to tell my story to help others, I will.’ That was one of many interactions that let us know we needed to heal ourselves first.”*

OPD recognized a need to revitalize, expand, and relocate their wellness unit. In doing so, they implemented key structural changes, developed a strategic plan, policies, and procedures, and began developing a cadre of training and resources for staff. OPD chose to rename the unit to include professional development and move the new Professional Development and Wellness (PDW) Unit to the training division to provide more direct oversight and hands-on support to address morale issues, chronic on-the-job stress and burnout, and provide support and service referrals. They designated a full-time officer to oversee the health and nutrition functions of the unit who immediately began hosting workout classes, nutrition workshops, healthy living challenges, yoga, and podcasts for emotional and physical well-being. A bi-monthly newsletter was developed to promote the PDW, encouraging self-care and professional development and providing insight into services and resources available to staff.

## Vicarious Trauma Training

Working with OPD, over the life of the Collective Healing initiative, the IACP TTA team identified numerous opportunities to provide resources and training to support officer wellness. Subject matter experts from Resilience Works developed and conducted vicarious trauma

training for both sworn and professional staff as part of the trauma-informed policing plan. Dispatchers were identified as the first cohort to receive training. Oakland dispatchers are located offsite, isolated in a windowless building, far from headquarters and police stations. Due to low staffing levels, they had been working on mandatory overtime for the previous four years. Research indicates that dispatchers have frequent symptoms indicative of post-traumatic stress disorder (PTSD) and high levels of burnout. Dispatchers received the training gratefully, indicating that they frequently did not feel a part of the department, and at times felt like an afterthought. Participating in the training was meaningful, validating, and bonding for the participants. The training explained the neurobiology of trauma, defined compounding and vicarious trauma, and provided healthy coping strategies. While the vicarious trauma training was provided to approximately 15 percent of the OPD personnel, OPD’s training division plans to create opportunities for officers and professional staff to receive trauma training through in-service training annually. OPD identified six trainers and Resilience Works conducted a train-the-trainer class with the final work product being an in-service introduction to vicarious trauma training presentation with a focus on recognizing and responding to vicarious and victim trauma.

## Peer Support Team

To complement the vicarious trauma training and the services provided by the PDW, OPD is focused on implementing additional support for agency wellness to include the formalization of a peer support team. The IACP TTA team together with subject matter experts from the San Antonio, Texas, Police Department (SAPD) provided technical assistance to OPD on policy and procedures for the successful development and implementation of a peer support team in the training department. Additionally, SAPD provided considerations to OPD on addressing current challenges in structuring the professional development and wellness unit to include service coordination, resource overlap, funding, and support for capacity to the unit, evaluation and assessment of unit outcomes, and sustainability. OPD developed a three-year plan for effective implementation with training and certification of team members a priority. The plan recognizes the importance of incremental steps and building toward sustainability and a cultural shift in addressing officer safety and wellness through a holistic model.

The work begun through the Collective Healing initiative on these strategic focus areas to improve community engagement and trust, provide procedural justice training, promote trauma-informed policing practices, support professional development and agency wellness, and address vicarious and victim trauma is a long-term goal of OPD that will need to be continually addressed and supported.

## Site Profile: RAPID CITY

### Demographics<sup>15</sup>

- **Rapid City, South Dakota**
- **Population:** 77,503
- **Type:** Urban
- **Size:** 55 square miles
- **Diversity Snapshot:**

Rapid City Community Diversity by Race and Hispanic Origin	% of Population
White alone	79.4
Black or African American alone	1.2
American Indian and Alaska Native alone	11.3
Asian alone	1.7
Native Hawaiian and Other Pacific Islander alone	0.0
Two or more races	5.7
Hispanic or Latino	5.3
White alone, not Hispanic or Latino	76.8

### Agency Profile<sup>16</sup>

**Agency Name:** Rapid City, South Dakota, Police Department

**Agency Staff (Total):** 166

- **Sworn Staff:** 131
- **Professional Staff:** 35

Police Department Diversity by Race and Hispanic Origin	% of Staff
White alone	93
Black or African American alone	2
American Indian and Alaska Native alone	3
Native Hawaiian and Other Pacific Islander alone	1
Hispanic or Latino	1

## Collective Healing Partners

### ■ Collective Healing Initiative Working Group

The Collective Healing Initiative Working Group is a collective of native elders and community members, consisting of more than 50 members, in the Rapid City area. The group is tasked with laying out policies and priorities for consideration by the Rapid City Police Department.

### ■ University of South Dakota

The University of South Dakota is a public research university in Vermillion, South Dakota.

### ■ Great Plains Tribal Chairman's Health Board

Established in 1986, the Great Plains Tribal Chairmen's Health Board is a nonprofit organization representing the 18 tribal communities in the four-state region of South Dakota, North Dakota, Nebraska, and Iowa. The organization serves as a liaison between the Great Plains Tribes and various health and human services divisions in the region.

### ■ Recovery Communities in South Dakota

The Recovery Community of South Dakota is dedicated to creating a culture of recovery and holistic wellness around trauma, addiction, and mental illness through advocacy and education throughout the state of South Dakota.

### ■ Behavioral Management Systems

Behavior Management Systems is a nonprofit organization that provides comprehensive counseling services and treatment to individuals suffering from addiction, mental illness, and stress in the Black Hills region of South Dakota.

### ■ Council of Elders

An advisory group of seven 'grandmothers' that provides support, guidance and counsel to community individuals and groups when they deal with issues involving racial tensions.

### ■ OneHeart

OneHeart is a nonprofit organization building the OneHeart transformation campus to elevate the human spirit and the spirit of the Rapid City community. The campus will provide transitional housing and co-locating a variety of services from addiction and mental health counseling to life skills and job training to more efficiently, effectively and collectively help our neighbors without homes move into permanent housing and a better quality of life.

<sup>15</sup> "U.S. Census Bureau, "QuickFacts: Rapid City, South Dakota," accessed July 14, 2020, <https://www.census.gov/quickfacts/rapidcitycitysouthdakota>.

<sup>16</sup> Dave Kinser (Collective Healing Rapid City site coordinator) in correspondence with IACP, August 2020.



## Reasons for Applying to be a Collective Healing Site

The Rapid City demonstration site is unique among the Collective Healing sites as the only small and rural agency and the only jurisdiction with a significant indigenous population. When applying for this initiative, the Rapid City Police Department (RCPD) sought to repair the deep-rooted generational distrust between the police department and the Native American community by building and strengthening relationships through meaningful collaboration and addressing crime victimization within the community.

In its application, RCPD acknowledged the lack of positive engagement between the police department and the Native American population of Rapid City, South Dakota, the ancestral home of the Lakota Sioux Tribe. The long-term mistrust of all forms of government by the Lakota people resulting from a history of injustices including the breaking of the 1851 Fort Laramie Treaty (resulting in the annexation of the Black Hills), cultural assimilation policies, confinement to reservations, and the Wounded Knee Massacre, persists in many forms today. While these events date farther back than many of the current divisive events of other demonstration sites, there has been a lasting impact, passed down through generations, on today's population, and it is exacerbated when new incidents arise. While many grassroots coalitions exist that address historical trauma in the Native American community, RCPD had not collaborated with these groups or the programs occur outside the limits of Rapid City on the Pine Ridge Reservation.

As RCPD highlighted in its application, the historical trauma and generational distrust are compounded by disproportionate policing activity of the Native American population in Rapid City. For example, a 2016 independent research study by the University of South Dakota found that Native Americans experienced a disproportionate number of arrests (63 percent) and use-of-force incidents (56 percent) in Rapid City.<sup>17</sup>

Prior to applying to be a Collective Healing demonstration site, RCPD had done a significant amount of work to understand community sentiment toward police and police practices in the community. By policy, the RCPD conducts community service satisfaction, performance, and trust surveys at least every three years. In 2014, RCPD commissioned a research study by the University

of South Dakota to conduct an independent review of RCPD and its relationship with Native Americans in Rapid City. In addition, RCPD requested and received technical assistance from the Office of Justice Programs (OJP)'s Diagnostic Center at DOJ to identify opportunities to foster collaboration, engage in problem solving, and build trust at the community level.

RCPD sought to better understand and address victimization in the Native American community, where it appears to occur at disproportionate rates. While the U.S. Census Bureau indicates that Native Americans make up 11.3 percent of Rapid City's population,<sup>18</sup> they account for 32.6 percent of reported victimization cases.<sup>19</sup> The lack of trust in law enforcement as a barrier to reporting victimization serves to further isolate victims and impede justice, and may indicate the disparities in victimization are even greater.<sup>20</sup> A particular concern for RCPD was the rate of victimization for those experiencing homelessness, which also disproportionately affects the Native American community of Rapid City. RCPD recognized the importance of connecting victims to services, addressing trauma, and creating a path toward healing to disrupt cycles of violence and improve overall quality of life.

## Strategic Focus Areas

- Collective Healing Initiative Workgroup
- Quality of Life Unit
- Officer Wellness
- Family Justice Center
- At-Risk Youth

The implementation of the Collective Healing initiative in Rapid City began with RCPD using the Collective Healing self-assessment tools provided by IACP to assess five key areas: community collaborations and partnerships, officer and agency wellness and resiliency, divisive events preparation and response, trauma-informed policing, and victims services. The outcomes of those assessments led to RCPD creating the following strategic focus areas for the Collective Healing initiative in Rapid City.

17 Richard Braunstein and Tobias Schantz, "Rapid City Police Department and the Native American Community in Rapid City: Examining Policing Trends, Community Opinions and Best Practices" (November 2015), accessed August 19, 2020, [https://www.newscenter1.tv/content/uploads/2019/06/RCPD\\_Native-Police\\_USD\\_Study\\_Report\\_Rich\\_Braunstein\\_2-1.pdf](https://www.newscenter1.tv/content/uploads/2019/06/RCPD_Native-Police_USD_Study_Report_Rich_Braunstein_2-1.pdf).

18 U.S. Census Bureau, "QuickFacts: Rapid City, South Dakota," accessed August 19, 2020, <https://www.census.gov/quickfacts/fact/table/rapidcitycitysouthdakota/PST045219>.

19 Richard Braunstein and Tobias Schantz, "Rapid City Police Department and the Native American Community in Rapid City: Examining Policing Trends, Community Opinions and Best Practices" (November 2015), accessed August 19, 2020, [https://www.newscenter1.tv/content/uploads/2019/06/RCPD\\_Native-Police\\_USD\\_Study\\_Report\\_Rich\\_Braunstein\\_2-1.pdf](https://www.newscenter1.tv/content/uploads/2019/06/RCPD_Native-Police_USD_Study_Report_Rich_Braunstein_2-1.pdf).

20 U.S. Department of Justice, Office of Justice Programs, Office for Victims of Crime, "Who Experiences Violent Victimization and Who Accesses Services: Findings from the National Crime Victimization Survey for Expanding Our Reach," by H. Warnken and Janet L. Lauritsen (Washington, D.C.: 2019), accessed September 16, 2020, [https://ncvc.dspacedirect.org/bitstream/item/1270/CVR%20Article\\_Who%20Experiences%20Violent%20Victimization%20and%20Who%20Accesses%20Services.pdf?sequence=1](https://ncvc.dspacedirect.org/bitstream/item/1270/CVR%20Article_Who%20Experiences%20Violent%20Victimization%20and%20Who%20Accesses%20Services.pdf?sequence=1).

## Collective Healing Initiative Workgroup

Rapid City chose to develop a core group of credible messengers in the local Lakota Community to convene regularly and serve as the Collective Healing Initiative Workgroup. Recognizing that critical community collaboration was key to successful relationships and outcomes of Collective Healing, they identified community members interested in consistent and active participation of Collective Healing with a strong knowledge and understanding of frustrations of the community and a desire to collectively determine a path forward to healing in Rapid City. The workgroup included a member of the Rapid City Council of Elders, the respected wisdom-keepers of the community. Workgroup members included both formal and informal leaders from the community and represented diverse viewpoints.

*“The [Collective Healing Workgroup] helped us determine what other funding do they need to apply for so that they can do the research to then create materials that can help the community realize we are one. They’ve just done a lot.”*

**Sandra Ogunremi**, a member of the Council of Elders, reflects on the importance of this unique community group.

A respected and culturally aware external facilitator was engaged to support effective group collaboration and assist in identifying and navigating an outcome-oriented process with buy in from all stakeholders. Dr. Rich Braunstein of the University of South Dakota stepped into the facilitation role with a wealth of past experience working with the Lakota community and RCPD.

Workgroup meetings early on identified a process preferred by community members for robust discussion and collaboration among community members, and driven by community members, before engaging with the RCPD. This process was designed to allow the workgroup members to feel empowered in defining the needs among their community first while identifying the appropriate intersections for recommendations to present to RCPD for direct collaboration. Furthermore, the workgroup acknowledge that their perspectives could not be assumed to represent the full community and created a process for gaining broader community feedback ahead of finalizing recommendations for RCPD. Given the complex history and steep challenges related to this work, identifying and maintaining these partnerships will continue to be an area of need and focus for RCPD moving forward.

*“The facilitation group that I experienced was the most successful political dialogue group process I’ve ever been involved in.”*

**Dr. Rich Braunstein**, University of South Dakota

Over the course of 16 months, the Collective Healing Workgroup met regularly to discuss the relationship between RCPD and their community and to draft recommendations for a positive path forward into a place of healing. The Collective Healing Workgroup developed an extensive list of 22 recommendations broken into the four following themes:

- Enhance dialogue and incident reporting
- Support native youth
- Develop trauma-informed strategies and promote healing
- Treat Native American community members as partners in public safety and officer wellness

Highlights from the recommendations include the creation of a Native American community street team to help solve problems in the community independent of the police department; and the creation of a coordinated youth outreach unit, a dedicated RCPD and community team designed to reduce at-risk behavior in youth and address cycles of violence based on adverse childhood experiences that can “have a tremendous impact on future violence victimization and perpetration, and lifelong health and opportunity.”<sup>21</sup>

21 Centers for Disease Control and Prevention, “Adverse Childhood Experiences” (n.d.), accessed August 19, 2020, <https://www.cdc.gov/violenceprevention/acestudy/index.html>.

The following 22 recommendations were presented by the Collective Healing Workgroup to the RCPD and include not only requests to the Department but, also to the Native American community in a collaborative growth strategy:

Rapid City Collective Healing Initiative Workgroup Recommendations	
1	Develop a dialogue process for respectfully considering emerging conflicts between RCPD and community members.
2	Build an accessible and responsive procedure for reporting crimes to RCPD.
3	Use polite and gentle treatment for Native youth.
4	Reduce negative interactions between Native youth and RCPD officers through trauma-informed practices AND increase positive interactions between Native youth and RCPD officers.
5	Stop treating groups of Native youth as threats to public safety.
6	Provide tours and friendly access to police station, squad cars, and special units.
7	Use advanced de-escalation skills when confronting long-term anger and historical trauma within the Native Community.
8	Look deeper into Lakota culture to heal past conflict and teach healing paths forward.
9	Engage Lakota learning and healing strategies.
10	Support efforts for Native community to honor, recognize, and celebrate Native and non-Native officers who show courage in facing traumatic incidents while showing respect and caring for Native people.
11	Use every step in the use-of-force continuum when incidents escalate.
12	Share trauma-informed trainings developed by <b>Quality of Life Unit</b> with Native community.
13	Engage in careful evaluation of trauma-informed programming.
14	Extend culture and values of RCPD leadership to patrol officers and investigators.
15	Become more transparent about unconscious bias (at minimum) and attitudes of white supremacy (at maximum) and the oppressive conditions they create. This is not something RCPD created but it runs deep in American social, political, economic, and historical contexts. With all the research on this nationally, there is no way Rapid City has avoided it. It is here and it is within RCPD officers.
16	Integrate the RCPD so that it reflects the community it serves.
17	Engage in relationship building efforts that build capacity, not resentment.
18	Create a Native Community street team.
19	Facilitate interventions with crime victims by appropriately oriented community members.
20	Remove barriers, enhance services, and collective healing through supporting and enhancing existing Native American leadership already active in the city.
21	Collaboratively develop and implement grant programs that create pass-through opportunities to Native programs.
22	Facilitate police and community interactions out of law enforcement context

RCPD was presented with the final recommendations by the Collective Healing Workgroup for review and response. In June 2020, the groups began holding regular monthly meetings to strategize collectively on implementation of the recommendations. While a strong foundation for this effort was built under the framework of the Collective Healing award to RCPD, the work to put the recommendations into practice will continue independently for the next several years.

The IACP TTA Team provided guidance and support to RCPD through biweekly site calls as plans for the workgroup were drafted and finalized. IACP TTA Team and subject matter experts met with RCPD and Dr. Braunstein to provide technical assistance through recommendations on community engagement best

practices focused on healing and reconciliation and assisted in co-facilitation of the first workgroup meeting, as well as assisted in development of trauma-informed strategies to survey and otherwise lift the perspectives of Native survivors and community members. The IACP TTA Team also had an opportunity to experience one of the workgroup sessions during an on-site visit to Rapid City in January 2019.



Building off the successes of the Collective Healing initiative, RCPD applied for and was awarded BJA's Innovations in Community Based Crime Reduction (CBCR) initiative grant to build community-level, cross-sector partnerships that use data, evidence, and innovation to create effective crime reduction strategies. This includes implementing place-based crime prevention and community revitalization strategies, which reduce crime and build community-police collaboration. Through this new three-year CBCR initiative in Rapid City, RCPD and its community partners will focus on the following:

- Advance collective healing in Native American community to develop trust and community-led partnerships for the reduction of violent crime and victimization in the North Side neighborhood
- Develop community-based partnerships on quality of life initiatives for North Side neighborhood's most vulnerable residents to identify revitalization opportunities and crime prevention strategies
- Initiate community-led partnerships in Native American youth development

## Quality of Life Unit

RCPD developed the Quality of Life Unit (QLU) to "further improve the quality of life by increasing community awareness, understanding, and engaging in a comprehensive strategy to help solve Quality of Life issues in Rapid City."<sup>22</sup> The pillars of the QLU were built on the qualities of integrity, support, relations, trust building, education, equity, resources, and community assistance with a focus of engaging those most in need of assistance with radical compassion and a trauma-informed approach. [\(Page 107\)](#)

The QLU was funded by the Collective Healing award and is composed of two full-time and four part-time officers. As a primary point of contact on the street, QLU officers dedicate their time to connecting one on one with those most vulnerable in the community and in highest need of services, and opening a path for access to services. In this role, the QLU played a critical function in building enhanced relationships with service providers and ultimately became integrated into the Rapid City Care Campus, a rehabilitation center housing crisis care, mental health treatment, detox, and addiction centers. The QLU has had particular benefit for those experiencing homelessness. As of (August 2020), the RCPD QLU has diverted hundreds of individuals away from the justice system and into services and treatment and worked to pull 72 out of cycles of poverty and victimization with advanced and continued programming.

**“** We are going to the individuals and meeting them where they are and whatever situation they are in and whatever condition they're in.”

**QLU Officer Dan Mertz, RCPD**

Building on the need for enhanced education and creating a stronger understanding of the impacts of trauma, the QLU developed a culturally informed historical trauma training titled *Trauma-Informed Policing: Understanding our Community from a Historical Perspective*. The training centers on the history of indigenous people in the region and the historical trauma and adversity Native American communities have faced, and most importantly, was substantially informed by Native leaders and partners to this initiative. While initial training content was built by the QLU, the Lakota Council of Elders served as a collaborating partner providing input and feedback which was incorporated into the final training material. Officers learn about Lakota history, culture, and trauma since 1492 and get a trauma-informed lens through which to see Native American community members. The QLU disseminated the four-hour training as mandatory in-service training for all RCPD personnel, sworn and non-sworn professional staff, from March through May 2019. Through partnership with a local service provider or mental health provider, the RCPD expanded on the in-service training for sworn personnel with a three-hour training block on Adverse Childhood Experiences. The success of the *Trauma-Informed Policing: Understanding our Community from a Historical Perspective* training, and engagement of multiple stakeholders to view the training, led to the training being adopted, and the team has brought this training to multiple community groups and organizations in the community.

**“** We alone are not going to be able to cure alcoholism or mental illness, but we can be a better conduit for these folks to get help, to get them connected with the right people.”

**Chief Don Hedrick, RCPD**

22 Rapid City Police Department, "Quality of Life Unit: Strategic Action Plan Framework" (2018).

**“** *The Quality of Life Unit is a radically different approach to building relationships with some of the city's most vulnerable, and most resource-demanding population. These relationships and support from QLU officers will be critical for when individuals are ready to get off the streets. RCPD is taking community policing to a new level by connecting people with resources they might not otherwise have access to.”*

**Charity Doyle**, Executive Director, OneHeart

The IACP TTA Team provided support and considerations to RCPD through continuous discussion on the framework, operations, relationship building, and community engagement efforts of the QLU through delivery of virtual and on-site technical assistance. Given the key role of agency and community victim services in the overall efforts of the QLU, the IACP TTA team delivered an on-site presentation on the distinction of roles between agency-based and community-based victim services and an overview of VOCA funding assistance opportunities to further expand community based capacity and services. Attendees of the session included the RCPD QLU, co-located Pennington County Sheriff's Office (PCSO)/RCPD victim specialists, and community-based victim service providers. Further technical assistance was provided on site to the PCSO/RCPD victim specialists through a session on strategic planning for enhanced structure, capacity, and integration of their roles among the agencies to further support assistance to crime victims and their families.

**“** *The ultimate success of a police department, or really any criminal justice organization, is to prevent the crime from occurring in the first place. ... I think internally, without a doubt, this effort has allowed us to essentially transform into a trauma-informed agency, and we did the in-depth, local research and built our own training to educate one hundred percent of our staff [on] the history of our land, which is related to the current ongoing division in our community.”*

**Chief (ret.) Karl Jegeris**, RCPD

## Officer Wellness

Exposure to trauma, to include the cumulative effects of trauma exposure over time, can diminish the short- and long-term health and wellness of officers. Creating supports internally for personnel to address health and wellness needs was a priority for RCPD and an important component to addressing Collective Healing through evaluating and enhancing trauma-informed approaches inside the agency. Prior to Collective Healing, RCPD had created a peer support team (PST) but sought to enhance the structures, policies, and protocols of the PST for optimal success. The team is comprised of 15 members who encompass all levels of command, rank, and function in the department. Additionally, RCPD wanted to further expand officer safety and wellness programming beyond the PST to continue the internal culture shift of reducing the stigma associated with seeking support.

**“** *We have a very clear, simple mission statement that was created. It is not dated. It was created before this [Collective Healing initiative] effort. So this effort fits right into it. ... ‘Take good care of yourself, take good care of each other, so that we can take care of others.’”*

**Chief Jegeris (ret.)**, RCPD

RCPD re-envisioned the role of the in-house clinical psychologist, a position which had previously focused solely on fitness for duty evaluations. In this enhanced role, the clinical psychologist built new relationships with personnel while transforming communications, processes, and resources to ensure structural supports to meet the needs of the agency. RCPD created and implemented a mandatory annual officer wellness screening in 2019. The screening is completed by sworn personnel as part of their annual medical screening. The PST expanded the team to include non-sworn professional staff, created a process to identify and vet short- and long-term treatment facilities for immediate crisis needs which were educated and competent in first responder populations, developed peer support programming and policies, officer wellness screenings, and expanded programming to engage family through training and education seminars to assist in navigating the dynamics and stressors of a loved one in law enforcement.

The Collective Healing award supported the attendance of select RCPD personnel at officer safety and wellness training and networking forums to increase knowledge and facilitate exposure to national best practices. The IACP TTA Team regularly provided remote technical assistance on considerations for the implementation of officer safety and wellness programming. In December 2018, IACP staff and a subject matter expert provided on-site technical assistance to the PST through a strategic planning session focused on considerations to the structure of the PST to support long term sustainability and success.

*“When you do take time for yourself and you do practice wellness and help others be well, then you’re able to give a better version of yourself to everyone you serve and everything you do ... As they take care of themselves, they’re going to be able to show better judgment, more patience. Wellness is a win-win situation.”*

**Dr. Roger Belisle**, clinical psychologist serving RCPD

## Family Justice Center

One significant focus of RCPD’s Collective Healing initiative was to better identify and address the needs of hard-to-reach victims, whether due to isolation or marginalization, and tackling the significant challenges to reaching and serving this population. RCPD set a goal to increase access to victim services for these vulnerable community members in Rapid City. With guidance and support from the IACP TTA Team, RCPD explored strategies that have been successful in other places, including the Family Justice Center (FJC) model. RCPD recognized the benefits of establishing an FJC to provide co-location and wraparound services to better serve victims of family violence in Rapid City. Through Collective Healing efforts, RCPD, criminal justice partners, and service providers have now created a strategic goal to establish an FJC, not only for Rapid City but also for the wider Pennington County. The development an FJC in Rapid City through a multi-stakeholder team is just one example of how the Rapid City project team has leveraged their participation in the Collective Healing initiative to create sustainable change. The early phases of this work have sought to integrate key learning and values of the Collective Healing work, including proactive identification and representation of service providers with specialized knowledge and connection to marginalized groups, and continuing to overcome barriers in collaboration with Native American-led organizations key to the effort’s success.

## Improved Outcomes for At-Risk Youth

Rapid City’s Police Activities League (PAL) is a nonprofit entity stood up by an active RCPD lieutenant early in the Collective Healing initiative period. RCPD partners with and supports the organization, viewing it as an integral component of its youth activities. The PAL program’s mission is to provide positive activities for young people to be involved in during the evening. It showcases a community that is connected and concerned with each other and supports the mission of the police department. It also demonstrates the compassion and care of the employees of the RCPD. Several agency employees are heavily involved and participate in, spectate, or assist with managing the events. It also engages with local businesses who support its activities. The weekly PAL events have given young people in Rapid City a constructive way to socialize and spend time. It also impacts the community’s perceptions and relationships with officers.

RCPD was recently awarded a grant award from DOJ’s Office of Community Oriented Policing Services to develop a Collaborative Youth Outreach Unit project to create a dedicated officer and community stakeholder team to reduce at-risk behavior in youth and prevent adverse childhood experiences (ACEs). RCPD is focused on improving outcomes for youth and believe that the Collective Healing efforts focused on youth will have a lasting positive impact on some of the most at-risk youth in Rapid City. Opportunities such as these Collective Healing efforts are crucial to the advancement of progressive work of the RCPD and City of Rapid City because they allow for proactive opportunities to break cycles of at-risk youth behavior and ACEs that would not be affected without them.



# THEMES ACROSS COLLECTIVE HEALING SITES



## IV. THEMES ACROSS COLLECTIVE HEALING SITES

The intensive work of the Collective Healing initiative over four years focused on creating a victim-centered, trauma-informed, collaborative response that meets the needs of those most vulnerable amid violence and traumatic events. Collective healing for the agencies involved in the IACP initiative and efforts toward collective healing that any other community may undertake will necessarily look different in each agency and community, though there are important shared learnings and themes.

While this work had widespread impacts on the agencies involved and the victims they serve, IACP came away with a greater understanding of the factors affecting change and lessons learned to share broadly in order to inform future such efforts for agencies and communities across the country.

In the wake of calls to reevaluate public safety, all acknowledge that working toward collective healing is difficult, complex, and long term work. Future work to address these goals should build on lessons learned from the Collective Healing initiative, and focus on the following interconnected areas often dependent on one another for success:

- Vicarious trauma and officer wellness
- Trauma-informed policing
- Leadership, culture, and operational capacity-building
- Collaboration and community engagement
- Victim services

### Vicarious Trauma and Officer Wellness

Over the last few years, law enforcement and communities have come to understand the impact on officers and agency staff of the exposure to the traumatic experiences of others and the effect this has on the quality of response to victims and the communities they serve.

Addressing vicarious trauma and officer wellness is an issue that all the Collective Healing sites identified as a critical need. The Collective Healing sites identified and implemented myriad initiatives to support officer wellbeing and future initiatives should include the following:

- Peer support (unit/staff)
- Professional development and wellness unit
- Vicarious trauma training for sworn and non-sworn professional staff
- Vicarious trauma organizational assessment

### Trauma-informed Policing

Police departments and the communities they serve have come to recognize the importance of understanding the impact and manifestation of trauma to provide meaningful support and healing. Important actions for strengthening trauma-informed policing which were implemented by Collective Healing sites include acknowledging historical and generational trauma, past harms perpetuated by governmental agencies and the understanding of, and training on, the following topics:

- Adverse Childhood Experiences (ACEs)
- Impact of trauma on human development and behavior
- Trauma-informed policing including interviewing and investigation skills and community interaction
- Procedural justice

Formalizing collective healing work between police and communities must be a process that is co-created and collaborative, recognizing diverse voices of community members as not just stakeholders but equals at the table in pursuit of these goals. Co-creation of programs, policies, and strategies can authentically and organically build understanding, trust, confidence, respect, and diversity of thought.

### Leadership, Culture, and Operational Capacity-Building

A key takeaway from the Collective Healing initiative is the critical importance of leaders and their role in prioritizing the work of collective healing, addressing trauma, and providing victim-centered responses. This is especially pertinent for those who come from traditionally underserved communities or those with strained relationships with law enforcement, and who are often reluctant to engage with the justice system and therefore frequently have not accessed or received services.

The greatest successes emerge when agency leaders are fully engaged in and committed to the work of listening, healing, and communicating their support both internally and externally. Critical elements of support include the following:

#### Culture

- Understanding the importance of addressing and training on trauma both as it affects agency personnel, to include their ability to respond effectively, and its impact on the community they serve

- Development of agency culture through means which ensure the ability of the agency to weather inevitable changes such as agency and city leadership turnover through:
  - » Reinforcement of values when hiring and promoting officers and professional agency staff
  - » Institutionalizing new policies and procedures to promote victim-centered practices and community engagement and trust-building
- Prioritization of a meaningful response to victims which includes all branches and levels of law enforcement in addition to non-sworn professional staff
- Prioritization of training specific to enhancing victim response, addressing trauma, and building relationships that acknowledge the unique strengths and complementary roles of external partnerships and in-agency victim advocacy and response
- Recognition of, and support for, the critical role of non-sworn professional staff who build collaborative, trauma-informed relationships with members of the community and with sworn agency staff
- On-going internal communication and messaging about:
  - » Agency efforts toward collective healing
  - » Community and victim services for referral
  - » Expectations for agency staff performance
- On-going external community communication and messaging about:
  - » Agency collective healing efforts
  - » Agency efforts to enhance response to victims
- Succession planning to include mentoring, preparing, and building leaders for the role of chief and throughout all levels of the agency
- Minimization of staff turnover to ensure continuation and follow through of relationships and collective healing efforts

### Operational Capacity-Building

- Allocation of internal budget
- Identification of external funding (e.g., VOCA-funded federal and state-level grants, private funding) to address collective healing
- Dedication of programmatic and administrative staff with authority and support to lead Collective Healing initiatives to provide true capacity and momentum to the work

- Dedication of officer time to build community relationships and connections with victim serving organizations
- Meaningful collaboration with community and criminal justice partners
- Education of local government officials, legislators and VOCA state administrators on needs related to improving community-police relations and community wellness, enhancing the availability and quality of victim services, and improving officer and agency wellness and resilience

Leadership sets the tone and expectations for agency culture and influences officer buy-in. The agencies involved in the Collective Healing initiative have shown that implementing culture change and gaining buy-in widely across an agency (specifically a larger agency) may be most successful when implemented slowly, possibly starting with one specific district or unit at a time and focusing on supervisors and field training officers to set a foundation and strengthen buy-in.

## Collaboration and Community Engagement

Building and maintaining trust and legitimacy with the communities they serve is paramount for police agencies. Community members should be recognized as essential partners in maintaining public safety. Police agencies should prioritize effective community engagement working with community members to identify problems and co-produce tangible solutions and offered meaningful and accessible opportunities to provide feedback to police agencies.

The work of collective healing, to address victims of crime and underserved community needs, reduce violence, and build trust should begin with gathering information from those with lived experience in order to listen and better understand the needs of the communities served. Information should also be gathered from community-based victim serving organizations, both those which are more established and those that are smaller or less well-resourced but are deeply rooted in communities. It is then critical to pull in community members to develop solutions, strengthen services, and build collaborative relationships and to make sure the agency communicates back to the community about all efforts. It is important to highlight that the partnerships established or enhanced through the Collective Healing initiative within each of the demonstration sites evolved over time depending on community needs, available resources, and organizational capacity.



## Victim Services

Robust and accessible victim services is key to collective healing. This can lead to healing for victims, broader community-wide trust and confidence in the police, and produce stronger, more comprehensive cases for law enforcement, as well as a pivotal role in preventing future crime. While there are many models of service provision to victims, the model of law enforcement-based victim services is important to consider. Agencies that employ this model are able to enhance services to victims and provide more seamless service delivery for crime victims, witnesses, survivors, and co-victims, as well as serve in a liaison and partner role to facilitate deeper collaboration with community-based victim response.

## The COVID-19 Pandemic

The COVID-19 pandemic had significant impact on the final months of the Collective Healing initiative. There was a substantial amount of pivoting done by IACP and the local sites to continue the vital Collective Healing work on the ground. The IACP TTA Team shifted to a virtual TA approach, such as creating online training in place of in-person TTA site visits. In addition, the Collective Healing sites were brought together on facilitated calls to share information about how to best adapt strategies for responding to victims and engaging the community in a meaningful way while the COVID-19 precautions were in place. From the restrictions on in-person gatherings to the financial constraints on local agencies stretched thin on staffing and resources during a public health emergency, the Collective Healing sites were able to draw upon the trauma-informed framework and training and tools provided by the initiative to navigate this unprecedented and challenging time.





# CLOSING



## V. CLOSING

**“** People fail to get along because they fear each other; they fear each other because they don't know each other; they don't know each other because they have not communicated with each other.”

**Dr. Martin Luther King Jr.**

IACP, together with five police departments, several of their key community partners, and a cadre of national subject matter experts set out to promote collective healing in the wake of harm, acknowledging the need and desire of police and communities to come together to address the impact of trauma on those served and on the workforce providing services. This was a significant and at times overwhelming undertaking for all involved, confronting some of the most pressing and complex challenges facing society today. The police departments, together with their community partners, explored ways to improve public safety, build trust and legitimacy, and provide victim assistance to those most at risk and often unwilling or unable to seek assistance.

Each site took time to assess the strengths and challenges facing their community, their police department, and the relationship between the two. They explored the connection between historical trauma and present-day experiences and the lasting effect of these tensions and trauma on both law enforcement and the community they serve.

Though this work is long-term and necessarily ongoing, many successes of the Collective Healing initiative will live on beyond the timeline of this project at the individual agency level, the community level, and the collaborative level of police-community relationships. These include the comprehensive agency self-assessment that illuminated focus areas and can serve for benchmarking later on; the recognition of the effects of trauma on officers and the impact on their ability to provide a trauma-informed response; the development of peer support and wellness programs; enhanced outreach and response to victims and members of underserved communities; the inclusion of training on trauma-informed policing and procedural justice; and efforts to recognize and provide space for community healing to address wounds of both the present and past.

In the wake of recent violent protests around the country, the protests in several of the communities involved in the Collective Healing initiative were largely peaceful, and law enforcement leaders in those cities spoke of a belief that their engagement in this project over the past few years played a significant role in these outcomes. This initiative supported the growth of police agencies and communities who came together to provide support to and share information with one another. These peer to peer relationships will continue to flourish and sustain the work.

This initiative demonstrated that law enforcement can play a critical role in supporting communities' recovery and healing and implement meaningful change through policy, practice, and collaborations. Communities who aim to address collective healing are encouraged to focus on this critical work by building bridges with communities and crime victims and collaborating with them as essential partners in maintaining public safety, by increasing access to resources and services, and by addressing officer wellness and resiliency.

The foresight and vision of the Office for Victims of Crime (OVC) at the U.S. Department of Justice must also be recognized. The creation of an innovative initiative dedicating resources which afforded law enforcement agencies and community partners the ability to spend committed time exploring how they might best collaborate to address trauma and to provide services for underserved victims and enhance public safety was notable. Significant time, attention, and expertise allowed for new ideas to thrive and a deeper understanding of the challenges and complexities in addressing healing for victims. In addition to providing lessons learned for the sites and the country, momentum in these individual communities, it has positioned OVC and IACP to continue to serve in the forefront as leaders in the promotion of public safety, healing, and justice for victims of crime.



# APPENDICES





## VI. APPENDICES

### A. Assessment Tools

1. [APPENDIX A1](#): Community Collaborations and Partnerships Self-Assessment Tool
2. [APPENDIX A2](#): Divisive Events Preparation and Response Checklist
3. [APPENDIX A3a](#): Officer and Agency Wellness and Resiliency Perceptions Survey
4. [APPENDIX A3b](#): Officer and Agency Wellness and Resiliency Policy Checklist
5. [APPENDIX A4](#): Trauma-Informed Policing: Enhancing Your Agency's Capacity to Respond to Community Members Impacted By Violence
6. [APPENDIX A5a](#): Victim Services Survey for Officers
7. [APPENDIX A5b](#): Victims Services Checklist

### B. Sample Documents from the Collective Healing Sites

1. [Baton Rouge](#)
  - [BRPD 2019 Report to the Community](#)
  - [BRPD 2020 Report to the Community](#)
2. [Houston](#)
  - [APPENDIX B2](#): Houston's Multicultural & Human Relations Course Summary
3. [Minneapolis](#)
  - [APPENDIX B3](#): Minneapolis' Community Navigator Program
4. [Oakland](#)
  - [APPENDIX B4](#): Oakland's Trauma-Informed Policing Plan Fact Sheet
5. [Rapid City](#)
  - [APPENDIX B5](#): Rapid City's Quality of Life Unit: Strategic Action Plan Framework

# APPENDIX A1: COMMUNITY COLLABORATIONS AND PARTNERSHIPS SELF-ASSESSMENT TOOL

**Directions:** *This community collaborations tool should incorporate all feedback from site partner team. These instructions will be disseminated electronically to your site after the kick-off meeting. Your site partner team will need to discuss the steps below as well as what are effective ways of recruiting participants, collecting the information, storing the information, analyzing the information, and reaching out to new potential partners. This assessment will be used when determining your agency's priorities for the rest of the project. Your site team will create a dissemination strategy with accompanying deadlines for this tool. The dissemination strategy is due to the IACP partner team by June 1st. Note: This tool will also be used throughout the length of the project as new partners will be established and priority areas arise.*

## Part I: Community Dialogue (*Listening Session*)

### Purpose:

To gather information regarding trust and collaboration between law enforcement and the communities they serve.

### Goals:

1. Identify areas of disconnect between the community and police which impact trust and access to victim services
2. Identify areas of community need which present barriers to healing in the wake of violence and/or divisive events, as well as barriers to accessing victim services

### Overview:

The law enforcement agency will conduct a series of two or more community dialogues/listening sessions. Dialogues should engage the following types of communities:

- Populations with whom there is recognized or acknowledged tension due to divisive events which have eroded the trust between police and community
- Underserved or marginalized populations who are exposed to violence and do not typically seek or receive access to victim services

The community dialogues should focus on community perceptions of the source of distrust, inhibitors to access to victim services, and effective ways that partnerships can be established between community and police. The following questions may be used as a framework for these conversations:

1. How would community members describe the challenges in the areas of:
  - a. community-police relations
  - b. community-police collaborations
  - c. police response to victims and community members who may be traumatized by violence
  - d. ability to connect victims and community members to victim assistance and services
2. How would community members describe the strengths in these same areas?
  - a. community-police relations
  - b. community-police collaborations
  - c. police response to victims and community members who may be traumatized by violence
  - d. ability to connect victims and community members to victim assistance and services



## Action Steps for Demonstration Site Team:

**Step 1:** The agency will work with community and victim service provider partners to identify community members from appropriate populations to invite to these conversations.

### Considerations:

- How will outreach methods ensure inclusion of populations who have been historically disconnected and disengaged from police so that discussion incorporates new voices and perspectives?
- What outreach methods have been used in the past to engage community members in dialogue and how can those methods be adapted to increase inclusion?

**Step 2:** The agency will work with community and victim service provider partners to establish an appropriate, effective format for these sessions.

### Considerations:

- What were the strengths and weaknesses of past community dialogues?
- Who would be the most appropriate person or partner/organization to organize the dialogues? Who would be the most appropriate facilitator for the dialogues? These two roles may not necessarily be the same person/organization and while the agency should be represented, they may not be the ideal organizer or facilitator. However, the agency's involvement with the dialogue should not be a secret nor a surprise.
- What *location(s)* would be most conducive to a productive conversation? What *location(s)* would be convenient and welcoming for the target populations?
- What dialogue *format* would be most likely to provide a meaningful conversation about these difficult topics? Although a town hall is a traditional format for generating feedback about police-community relations, they may not be ideal for smaller, more focused, and facilitated conversations. Consider formats that allow for more input from a variety of people, including facilitated dialogues, focus groups, and other small group sessions.
- Who will take notes and craft the written report of the community recommendations?

**Step 3:** After working with community and victim service provider partners in steps 1 and 2, create a draft plan for the outreach to communities and the implementation of these community dialogues. Once drafted, identify what concerns remain about the ability to meaningfully engage with previously disconnected groups. The demonstration sites will have an opportunity to discuss implementation and address any challenges with the national project partners before finalizing the plan, receiving approval, and initiating the community dialogues.

**Step 4:** Upon finalization and approval of the community dialogue plan with the national project partners, implement the community dialogues.

**Step 5:** Upon completion of the community dialogues, come together with your community and victim service provider partners to identify and discuss themes from the dialogues and establish areas for which actionable steps can be taken to improve relationships as well as to improve access to victim services within these populations.

**Step 6:** Create a draft report which both identifies dialogue themes from these community listening sessions and suggested action items. Provide this draft report to the national project team for review, feedback, and any appropriate technical assistance.

## Part II: Community Mapping and Partnership Development

### Purpose:

Broaden capacity and collaboration through the identification and engagement with grassroots community advocacy groups and victim service providers with whom the agency has not previously had partnerships.

### Directions:

Law enforcement agencies will work in consultation with their current community and victim service provider partners to identify 3-5 additional grassroots community advocacy groups and victim service providers to increase collaborations and assist in enhancing the capacity to:

- Build trust with populations with whom there is recognized or acknowledged tension due to divisive events which have eroded the trust between police and community
- Provide access to victim services to populations who are exposed to violence and do not seek / do not receive victim services
- Create a list of these new potential partners to share with the national partner team for feedback before engaging with these new groups.

Once approved, these newly engaged groups should answer the following community questions:

1. How would community members describe the challenges in the areas of:
  - a. community-police relations
  - b. community-police collaborations
  - c. police response to victims and community members who may be traumatized by violence
  - d. ability to connect victims and community members to victim assistance and services
2. How would community members describe the strengths in these same areas?
  - a. community-police relations
  - b. community-police collaborations
  - c. police response to victims and community members who may be traumatized by violence
  - d. ability to connect victims and community members to victim assistance and services

Responses to these questions should be provided to the national project team. Additionally, responses should serve as a foundation for the dialogue and assessment of opportunities to engage in partnership with each group.

# APPENDIX A2: DIVISIVE EVENTS PREPARATION AND RESPONSE CHECKLIST

**Directions:** Agency leadership should work in collaboration with appropriate units or personnel to complete this checklist and attach the requested additional documents. This checklist will be disseminated electronically to your site after the kick-off meeting. This assessment tool will be used when determining your agency's priorities for the rest of the project. Please return to IACP project team by July 1st.

(Response to Divisive Events: 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).

## Preparation and Response to Divisive Events

1. Has the agency developed notification policies with the mayor, city manager, and any elected/appointed boards or commissions with police oversight when divisive events occur?

Yes      No

Comments:

2. Do these protocols include an agreement on what they want to be notified about and when these notifications will occur?

Yes      No

Comments:

3. Does your agency have policies/protocols for divisive events that includes outlined roles and responsibilities for:

Investigators      Supervisors      Command Staff      Victim Assistance      Law Enforcement PIO

Comments:

4. Does the protocol include identifying victims who were present during the incident, were not physically injured, but may need support or services?

Yes      No

Comments:

5. Is consideration given to visiting involved individuals and:

- |  |     |    |
|--|-----|----|
| ➤ allowing a safe space to provide an update on the investigation? | Yes | No |
| ➤ discussing what can be expected from the department?             | Yes | No |



- |  |     |    |
|--|-----|----|
| ➤ extending an offer to provide regular updates? | Yes | No |
| ➤ making a liaison available to them?            | Yes | No |

Comments:

6. Are victim service providers deployed to support victims and survivors in interviews with law enforcement?

Yes      No

Comments:

7. Is information shared with family members about which hospitals are treating the injured or where their loved ones are located?

Yes      No

Comments:

8. Has a protocol been established for after-action review of an incident using an independent, external review team?

Yes      No

Comments:

## Community

9. Have relationships and direct lines of communication been established with key community leaders?

Yes      No

Which leaders?

How were these leaders determined?

Comments:

10. Who within your agency has the responsibility for making calls to key community leaders during divisive incidents?

11. Is there a prepared list of these community leaders and their cell phone numbers available?

Yes      No

Comments:

12. Does protocol include immediately contacting and briefing key community leaders?

Yes      No

Comments:

13. Have relationships and direct lines of communication been established with police union leaders, if applicable?

Yes      No      N/A

If applicable, is there a prepared list of these union leaders along with their cell phone numbers available?

Yes      No

Comments:

14. Does your agency's incident protocol include policies and procedures regarding police attending community events or forums, to engage impacted communities most interested in the outcome and events?

Yes      No

If yes, does your agency host, participate, or observe at these events? (select all that apply)

Host      Participate      Observe

If yes, at the events, when appropriate does your agency explain the department's handling of incidents, and department policies and practice?

Yes      No

Comments:

15. Has a Citizens Advisory Board been established that reflects the diversity of the community?

Yes      No

If yes, please provide a brief description of the role of the Citizens Advisory Board:

If yes, does the Citizens Advisory Board include one or more community representatives from each policing area (district, precinct, ward, etc.)?

Yes      No

If no, what areas are not represented?

How often does the Citizens Advisory Board meet?

Has the Citizens Advisory Board discussed best ways to engage the community and de-escalate any tensions if an incident occurs?

Yes      No

Do Citizens Advisory Board members have defined roles and responsibilities in the event of a divisive events?

Yes      No

Comments regarding the Citizens Advisory Board:

## Media and Communications

**16.** Have relationships been established with key local news media?

Yes      No

Comments:

**17.** Who within your agency has the responsibility for establishing relationships with key local news media?

**18.** Does your agency have a media and communications plan relating to divisive events?

Yes      No

If yes, does the plan incorporate:

A designated spokesperson on behalf of the agency (PIO, Chief, or other senior staff)

Yes      No

Planning a press conference to release pertinent information within the first 24 hours?

Yes      No

Engagement of key community leaders to share podium time to reflect unity among local leaders?

Yes      No

Assignment of staff to begin watching social media and gauging the mood of the community?

Yes      No



Use of social media to disseminate available information and counter misleading or uninformed information?

Yes      No

Use of translation services to address the language needs of the community, including the deaf and hard of hearing?

Yes      No

Distribution of a fact sheet or brochure to victims regarding their rights with the media?

Yes      No

Communicating with the public on how often and by what method you will provide situational updates?

Yes      No

Crafting a unified message that all local leaders can support which addresses the need to keep the peace; conduct a thorough investigation; and a commitment to keep the community informed?

Yes      No

Addressing the investigatory process and any related policies which impact the release of information to the community?

Yes      No

Addressing and explaining any departmental policies or laws which govern the status of any officers who were involved in the incident?

Yes      No

Comments about the media and communications plan:

## Internal Communications

**19.** Do internal communication protocols include:

Engaging regularly with sworn and civilian agency staff to address their concerns?

Yes      No

Providing guidance to supervisors on how to discuss the situation with officers at roll calls?

Yes      No

Issuing a statement about the incident to agency staff which is consistent with the message being delivered to the public?

Yes      No

Comments:

- 20.** Immediately following a divisive event does your agency have the supervisor briefly meet with involved personnel (when possible) to do any of the following:

Ask supportive questions concerning the divisive event?

Yes                  No

Discuss any standard investigations that will occur concerning the divisive event?

Yes                  No

Advise the involved personnel of the supportive services available to them?

Yes                  No

Advise the involved personnel that they may seek legal counsel, if desired?

Yes                  No

Comments:

## Policy

- 21.** Does your agency maintain a clearly defined use of force policy?

Yes                  No

If yes, is this policy made publicly available on your website?

Yes                  No

When was it last updated?

Comments:

- 22.** Does your agency have a use of force training curriculum?

Yes                  No

If yes, when was it last updated?

Comments:

- 23.** How often are personnel trained on use of force?

- 24.** How are use of force incidents documented?

**25.** Does your agency maintain a policy to address officer-involved shootings?

Yes              No

If yes, when was it last updated?

Comments:

**26.** How often are personnel trained on policy and protocol for officer-involved shootings?

**27.** Are officer-involved shooting protocols, FAQ's, or data made publicly available on your website?

Yes              No

If yes, what information is included?

Comments:

**28.** Does your agency maintain a video evidence policy?

Yes              No

Does it include if, and when, to review video with the officer?

Yes              No

Does it address if, and when, to review or release video to the public or other impacted individuals?

Yes              No

When was it last updated?

Comments:

## **Internal Agency Critical Incident Stress Management**

**29.** Does your department provide all employees with training pertaining to the negative physical, cognitive, emotional, and behavioral reactions that may occur following a critical incident?

Yes              No

If yes, how often is this training provided?

Comments:



**30.** Does your agency train supervisors and administrators to identify physical, cognitive, emotional, and behavioral reactions to critical incidents?

Yes      No

Comments:

**31.** Does your department take immediate action after divisive events to identify and address potential negative reactions in involved personnel?

Yes      No

Comments:

**32.** Does your response to critical incidents or divisive events include all affected personnel?

Yes      No

Comments:

**33.** Immediately following a divisive event, does your agency provide personnel who have experienced potential traumatic stress with mental health resources?

Yes      No

If yes, please provide a list of the mental health resources your agency provides:

**34.** Does your agency provide access to a Qualified Mental Health Professional (QMHP) (*any individual who is licensed as a mental health professional and has an in-depth understanding of the law enforcement culture*) in the aftermath of critical incidents or divisive events?

Yes      No

Is it procedure that the agency notify the QMHP immediately following an incident so that they can go on-scene in real time?

Yes      No

Does the agency brief the QMHP on all important and relevant aspects of the divisive event?

Yes      No

Is it procedure that the QMHP can be contacted to schedule a one-on-one or group debriefing for all involved personnel?

Yes      No

Does your agency require all involved personnel to attend a one-on-one and/or group critical incident debriefing provided by the department's QMHP as soon as reasonably possible?

Yes                  No

If yes, after a QMHP meets with the involved personnel, and with the involved personnel's understanding and release, is department advised of whether it would be in the best interest of individual personnel to have time off from work?

Yes                  No

If yes, after a QMHP meets with the involved personnel, and with the involved personnel's understanding and release, is department advised of the recommended course of counseling and intervention?

Yes                  No

Comments on the engagement of a QMHP:

**35.** Does your agency provide follow up counseling services to all personnel affected by the divisive event?

Yes                  No

If yes, is the initial follow-up face-to-face?

Yes                  No

Are all one-on-one debriefings and other individual counseling sessions kept confidential?

Yes                  No

Is any information provided to the QMHP used solely for return-to-work status recommendations?

Yes                  No

Comments:

*Please provide the following policies:*

- 36.** Use of Force
- 37.** Officer-Involved Shootings
- 38.** Critical Incident Stress Management
- 39.** Video Evidence
- 40.** Civil Demonstrations/Protests
- 41.** Body Worn Camera

*Resources Referenced:*

- [Community Relations Services Toolkit for Policing, Police Critical Incident Checklist](#)
- [Officer-Involved Shootings Investigative Protocols, A Guide for Law Enforcement](#)
- [IACP Model Policy for Critical Incident Stress Management](#)
- [OVC Mass Violence Toolkit](#)

# APPENDIX A3a: OFFICER AND AGENCY WELLNESS AND RESILIENCY PERCEPTIONS SURVEY

**Directions:** This survey should be disseminated to all levels within the agency to include a substantial sample of frontline officers, supervisors, and command staff and should ensure the anonymity of those responding. This survey will be disseminated electronically to your site after the kick-off meeting. Your agency will need to determine who will collect this data, how it will be collected, how it will be stored, and finally how it will be analyzed. This assessment tool will be used when determining your agency's priorities for the rest of the project. Your site team will create an dissemination strategy with accompanying deadlines for this tool. The dissemination strategy is due to the IACP partner team by June 1st.

Officer and Agency Wellness and Resiliency Perceptions Survey					
	Never	Rarely	Sometimes	Often	Always
1. I am able to discuss concerns about the agency or my job with my supervisor(s) without fear of negative consequences.					
2. Meetings with my supervisor provide a forum for addressing cumulative or critical incident stress.					
3. My agency shows appreciation for staff efforts in meaningful ways (e.g. public recognition, note in personnel file, promotions).					
4. My agency encourages use of earned time off.					
5. My agency provides training and education to all employees on—					
a. Work-related trauma and its impact on work performance.					
b. Strategies on how to address work-related stress and traumatization.					
6. My agency provides wellness activities (e.g. fitness program, mindfulness/meditation, yoga).					
7. My agency encourages wellness activities (e.g. fitness program, mindfulness/meditation, yoga).					
8. My agency's policies and/or practices support family members of employees.					
9. Leadership models, values, and promotes open and respectful communication among staff.					
10. My agency uses a protocol to address—					
a. Critical incidents.					
b. Organizational stress.					
c. Line-of-duty deaths.					
d. Specific concerning behaviors (e.g. low morale, substance abuse, absenteeism).					
11. My agency provides opportunities for all members to provide input into the—					
a. Development of programs, practices, and policies.					
b. Evaluation of programs, practices, and policies.					
12. My agency informs its members about expectations, opportunities, and steps necessary for advancement.					



<b>13.</b> I have confidence in the leadership of this organization.					
<b>14.</b> I can freely communicate opinions, concerns, and suggestions without fear of negative consequences.					
<b>15.</b> My work is important.					
<b>16.</b> Safety is a top priority for the department.					
<b>17.</b> I am satisfied with my job.					
<b>18.</b> This department is a good place to work.					
<b>19.</b> I have pride in this department.					
<b>20.</b> The department gives me sufficient authority to accomplish my job.					
<b>21.</b> The department gives me sufficient support to accomplish my job.					

	Strongly Disagree	Disagree	Agree	Strongly Agree
<b>22.</b> Leadership communicates and enforces a no-tolerance policy concerning:				
<b>a.</b> Sexual harassment.				
<b>b.</b> Workplace violence, including bullying/hazing.				
<b>c.</b> Intimate partner violence within or outside the workplace.				
<b>d.</b> Discrimination based on age, gender, gender identity, sexual orientation, race, religion, ability, etc.				
<b>23.</b> Leadership recognizes and values my role within the department.				
<b>24.</b> My supervisor takes steps to ensure that staff have access to adequate resources to perform their jobs.				
<b>25.</b> My supervisor ensures policies and/or procedures in place to address employee grievances are followed.				
<b>26.</b> My agency values demonstration of respect for all personnel.				
<b>27.</b> Disparaging comments and other demonstrations of disrespect are not tolerated.				
<b>28.</b> Staff feel safe coming forward to discuss issues of workplace harassment or discrimination based on age, gender, gender identity, sexual orientation, race, religion, ability, etc.				
<b>29.</b> My agency's policies--				
<b>a.</b> Support mental health and wellness.				
<b>b.</b> Support physical health and wellness.				
<b>30.</b> Leaders model a healthy work/life balance.				

<b>31.</b> Leadership proactively addresses officer trauma in the agency's long-term vision and strategy.				
<b>32.</b> My performance evaluation includes a discussion of organizational and individual strategies to minimize risk for traumatization.				
<b>33.</b> Diversity is welcomed, respected, and valued.				
<b>34.</b> During the hiring and orientation of new personnel, leaders demonstrate their understanding of the risk of trauma and the importance of both individual and organizational strategies to address it by making final hires aware of the agency's strategies to reduce the negative impact of the work.				
<b>35.</b> I received sufficient training and mentoring for my current assignment/position.				
<b>36.</b> The department handles complaints against officers and civilian staff appropriately.				
<b>37.</b> I am committed to the department.				
<b>38.</b> I am committed to the profession of policing.				
<b>39.</b> The department values that members trust one another and offer support to one another.				

*Resources Referenced:*

[\*Office for Victims of Crime Vicarious Trauma Toolkit: Vicarious Trauma—Organizational Readiness Guide \(VT-ORG\)\*](#)

# APPENDIX A3b: OFFICER AND AGENCY WELLNESS AND RESILIENCY POLICY CHECKLIST

**Directions:** Agency leadership should work in collaboration with appropriate units or personnel to complete this checklist and attach the requested additional documents. This checklist will be disseminated electronically to your site after the kick-off meeting. This assessment tool will be used when determining your agency's priorities for the rest of the project. Please return to IACP project team by July 1st.

1. Does your agency provide training to all personnel on behavioral health issues (e.g. PTSD, ASD, suicide, depression, substance abuse, etc)?

Yes              No

Please provide a list of the behavioral health issues that your agency provides training on

How often and when does this training occur?

2. Does your agency provide all personnel with access to Qualified Mental Health Professionals (QMHP) (any individual who is licensed as a mental health professional and has an in-depth understanding of the law enforcement culture)?

Yes              No

If yes, is a QMHP available to all employees, civilian and sworn, of your agency (as allowed by insurance coverage or agency policy)?

Yes              No

Is a QMHP available to all of your agency's employees' family members (as allowed by insurance coverage or agency policy)?

Yes              No

Can the services of a QMHP be initiated by employee self-referral?

Yes              No

Can the services of a QMHP be initiated by referral of a supervisor?

Yes              No

Can the services of QMHP be initiated by peer support personnel?

Yes              No

Comments:

3. Does your agency have a peer support program? (A non-professional employee volunteer of this agency, or, as authorized by this agency, a chaplain or physician who provides mental health intervention services to agency personnel)

Yes              No

If yes, do peer support personnel have to complete a prescribed course of instruction by your agency in order to provide voluntary support services?

Yes      No

Does your agency post the name, telephone number, and availability of peer support personnel?

Yes      No

Can agency employees voluntarily seek the assistance of a peer support personnel at any time while off-duty?

Yes      No

Can agency employees voluntarily seek the assistance of a peer support personnel at any time while during duty hours?

Yes      No

Can peer support personnel be used to assist officers and their families with support and through referral to a QMHP where necessary?

Yes      No

Can peer support personnel within your agency be utilized to assist through dealing with critical incidents or divisive events?

Yes      No

Do peer support personnel maintain confidentiality with the employee as outlined by state law?

Yes      No

Comments:

4. Are supervisors responsible for making available to their personnel information about the department's peer support, chaplains, and mental health services?

Yes      No

5. Are supervisory personnel responsible for continuously monitoring personnel performance and behavior?

Yes      No

If yes, what systems of accountability are in place ensuring that supervisors do so?

6. Are supervisory personnel educated on the behavioral indicators that suggest emotional difficulties? ***These include, but are not limited to uncharacteristic or repeated citizen complaints, particularly those related to excessive force, abrupt changes in prescribed officer response or behavior such as excessive tardiness, absenteeism, abnormal impatience, irritability or aggressiveness, or repeated instances of overreaction or failure to act in the line of duty, irrational or bizarre thoughts or actions, unexplained changes in work habits or patterns of leave usage, erratic mood swings, indications of alcohol or drug abuse.***

Yes      No



Do supervisory personnel who observe or receive information regarding the above types of behavior consult with the employee to discuss these concerns?

Yes                  No

Do supervisory personnel who observe or receive information regarding the above types of behavior confer with a QMHP for guidance?

Yes                  No

Where circumstances indicate, can the supervisory officer suggest a voluntary self-referral to the subject officer?

Yes                  No

Can the supervisory personnel determine whether an administrative referral to a QMHP is warranted when an employee's behavioral indicators suggest stress or emotional impairment/dysfunction may be disrupting the individual's job performance?

Yes                  No

Comments:

7. Does your agency's policy state that job security and promotional opportunities shall not be jeopardized by an employee solely for having participated in psychological counseling services?

Yes                  No

How is this policy communicated?

8. What steps does your agency take to reduce stigma around seeking formal and informal help?

*Please provide the following policies:*

Employee Mental Health and Wellness Policy or related

*Resources Referenced:*

[IACP National Law Enforcement Policy Center Employee Mental Health Model Policy](#)

# APPENDIX A4: TRAUMA-INFORMED POLICING: ENHANCING YOUR AGENCY’S CAPACITY TO RESPOND TO COMMUNITY MEMBERS IMPACTED BY VIOLENCE

**Directions:** This survey should be disseminated to a team of three (3) operational personnel from within the police department: 1 leader (Command staff, captain or above), 1 supervisor (1st line or mid-level, up to lieutenant), and 1 patrol officer. To be most effective, this effort should be led by a member of Command Staff within the agency but should incorporate operational viewpoints. The survey itself is best completed by operational staff as opposed to policy, planning or evaluation personnel who might typically be tasked with completing surveys in your department. **Completion by operational personnel ensures the best view of the current state of practice from those officers policing within the community.** It should be provided to each of the three team members with instructions to answer the questions according to how things **CURRENTLY OPERATE** in your department (rather than how they think they should be) so that they can be prepared to meet and discuss together. This survey will be disseminated electronically to your site after the kick-off meeting. Your agency will need to determine who will collect this data, how it will be collected, how it will be stored, and finally how it will be analyzed. This assessment will be used when determining your agency’s priorities for the rest of the project. Your site team will create an dissemination strategy with accompanying deadlines for this tool. The dissemination strategy is due to the IACP partner team by June 1st.

Current Practice	
For the following series of questions (Questions 1 -2), indicate what actions would typically be taken by police officers in your agency after following your department procedures for response and investigation. For each question, check all that apply.	Who Answers this Question?
<p>1. An adult has suffered a physical assault while walking in the neighborhood. As police arrive, the victim, as well as neighbors who have gathered, are yelling at the police.</p> <p>Officers ask about and address the emotional state of the person(s) from whom they seek information</p> <p>Officers are assigned individually (and outside of the investigation) to listen to concerns of citizens who have assembled, with the goal of addressing the concern</p> <p>Officers or supervisor suggest to citizens who have assembled that the police would be interested in following up by listening to concerns about the neighborhood, policing in the neighborhood, etc.</p> <p>Officers provide information to adults about signs and symptoms of traumatic stress as well as those typically experienced by children, where relevant</p> <p>Officers communicate clearly with victims and family members, as well as assembled neighbors, what is happening and what will happen next — either immediately on-scene or in a follow-up visit or call</p> <p>If there is an existing partnership with a mental health agency, officers determine whether this is an incident where a mental health professional would be called to the scene</p> <p>Other: specify</p> <p>None of the above</p>	<p>Command</p> <p>Supervisors</p> <p>Patrol Officers</p>

<p><b>2.</b> Officers respond to a call of shots fired in the parking lot of a housing complex. A victim is located on the ground with a gunshot wound and taken to the hospital.</p> <p>Officers conduct a community canvass to learn who else may have been impacted by the event</p> <p>Officers ask about and address the emotional state of the person(s) from whom they seek information</p> <p>Officers are assigned individually (and outside of the investigation) to listen to concerns of citizens who have assembled, with the goal of addressing any concern or upset by community members. Officers or supervisor suggest to citizens who have assembled that the police would be interested in following up by listening to concerns about the neighborhood, policing in the neighborhood, etc.</p> <p>Officers provide information to adults about signs and symptoms of traumatic stress as well as those typically experienced by children, where relevant</p> <p>Officers communicate clearly with victims and family members, as well as assembled neighbors, what is happening and what will happen next -- either immediately on scene or in a follow-up</p> <p>If there is an existing partnership with a mental health agency, officers determine whether this is an incident where a mental health professional (along with other victim services/crisis response personnel) would be called to the scene</p> <p>Officers check on the well-being of the neighborhood in the days following the event</p> <p>Other: specify</p> <p>None of the above</p>	<p>Command</p> <p>Supervisors</p> <p>Patrol Officers</p>
<h2 style="text-align: center;">Training</h2>	
<p><b>For the next series of questions (questions 3 – 7), indicate the training opportunities available to your agency. Check all that apply.</b></p>	
<p><b>3.</b> Officers at my agency are trained to implement a standard operating procedure or general order specifically related to how to respond to individuals and community members exposed to violence.</p> <p>Yes              No</p>	<p>Command</p> <p>Supervisors</p> <p>Patrol Officers</p>

4. Training and professional development is made available to officers in my agency, related to the following topics: Command

**Impact of psychological trauma on individuals and communities**

None	Less than 1 hour (e.g. roll call training)
1 -3 hours	3-8 hours
more than 8 hours	

**Trauma-informed responses to individuals, family and community members impacted by violence**

None	Less than 1 hour (e.g. roll call training)
1 -3 hours	3-8 hours
more than 8 hours	

**Police-community/citizen interactions**

None	Less than 1 hour (e.g. roll call training)
1 -3 hours	3-8 hours
more than 8 hours	

**De-escalation techniques**

None	Less than 1 hour (e.g. roll call training)
1 -3 hours	3-8 hours
more than 8 hours	

**Death notification policies and practices**

None	Less than 1 hour (e.g. roll call training)
1 -3 hours	3-8 hours
more than 8 hours	

**Effectively responding to victims**

None	Less than 1 hour (e.g. roll call training)
1 -3 hours	3-8 hours
more than 8 hours	

**Cultural awareness training**

None	Less than 1 hour (e.g. roll call training)
1 -3 hours	3-8 hours
more than 8 hours	

**Training on effectively responding to vulnerable, marginalized, and/or underserved populations (i.e. LGBTQ+, immigrant, disabled, etc.)**

None	Less than 1 hour (e.g. roll call training)
1 -3 hours	3-8 hours
more than 8 hours	

**Comments on Current Training Practices:**



<p>5. Patrol officers at my agency participated in the following types of training last year, and for the indicated length of time:</p> <p><b>Impact of psychological trauma on individuals and communities</b></p> <table> <tr> <td>None</td> <td>Less than 1 hour (e.g. roll call training)</td> </tr> <tr> <td>1 -3 hours</td> <td>3-8 hours</td> </tr> <tr> <td>more than 8 hours</td> <td></td> </tr> </table> <p><b>Trauma-informed responses to individuals, family and community members impacted by violence</b></p> <table> <tr> <td>None</td> <td>Less than 1 hour (e.g. roll call training)</td> </tr> <tr> <td>1 -3 hours</td> <td>3-8 hours</td> </tr> <tr> <td>more than 8 hours</td> <td></td> </tr> </table> <p><b>Police-community/citizen interactions</b></p> <table> <tr> <td>None</td> <td>Less than 1 hour (e.g. roll call training)</td> </tr> <tr> <td>1 -3 hours</td> <td>3-8 hours</td> </tr> <tr> <td>more than 8 hours</td> <td></td> </tr> </table> <p><b>De-escalation techniques</b></p> <table> <tr> <td>None</td> <td>Less than 1 hour (e.g. roll call training)</td> </tr> <tr> <td>1 -3 hours</td> <td>3-8 hours</td> </tr> <tr> <td>more than 8 hours</td> <td></td> </tr> </table> <p><b>Death notification policies and practices</b></p> <table> <tr> <td>None</td> <td>Less than 1 hour (e.g. roll call training)</td> </tr> <tr> <td>1 -3 hours</td> <td>3-8 hours</td> </tr> <tr> <td>more than 8 hours</td> <td></td> </tr> </table> <p><b>Effectively responding to victims</b></p> <table> <tr> <td>None</td> <td>Less than 1 hour (e.g. roll call training)</td> </tr> <tr> <td>1 -3 hours</td> <td>3-8 hours</td> </tr> <tr> <td>more than 8 hours</td> <td></td> </tr> </table> <p><b>Cultural awareness training</b></p> <table> <tr> <td>None</td> <td>Less than 1 hour (e.g. roll call training)</td> </tr> <tr> <td>1 -3 hours</td> <td>3-8 hours</td> </tr> <tr> <td>more than 8 hours</td> <td></td> </tr> </table> <p><b>Training on effectively responding to vulnerable, marginalized, and/or underserved populations (i.e. LGBTQ+, immigrant, disabled, etc.)</b></p> <table> <tr> <td>None</td> <td>Less than 1 hour (e.g. roll call training)</td> </tr> <tr> <td>1 -3 hours</td> <td>3-8 hours</td> </tr> <tr> <td>more than 8 hours</td> <td></td> </tr> </table> <p><b>Comments on Current Training Practices:</b></p>	None	Less than 1 hour (e.g. roll call training)	1 -3 hours	3-8 hours	more than 8 hours		None	Less than 1 hour (e.g. roll call training)	1 -3 hours	3-8 hours	more than 8 hours		None	Less than 1 hour (e.g. roll call training)	1 -3 hours	3-8 hours	more than 8 hours		None	Less than 1 hour (e.g. roll call training)	1 -3 hours	3-8 hours	more than 8 hours		None	Less than 1 hour (e.g. roll call training)	1 -3 hours	3-8 hours	more than 8 hours		None	Less than 1 hour (e.g. roll call training)	1 -3 hours	3-8 hours	more than 8 hours		None	Less than 1 hour (e.g. roll call training)	1 -3 hours	3-8 hours	more than 8 hours		None	Less than 1 hour (e.g. roll call training)	1 -3 hours	3-8 hours	more than 8 hours		<p>Patrol Officers</p>
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<p><b>6.</b> Supervisors at my agency participated in the following types of training last year, and for the indicated length of time:</p> <p><b>Impact of psychological trauma on individuals and communities</b></p> <table> <tr> <td>None</td> <td>Less than 1 hour (e.g. roll call training)</td> </tr> <tr> <td>1 -3 hours</td> <td>3-8 hours</td> </tr> <tr> <td>more than 8 hours</td> <td></td> </tr> </table> <p><b>Trauma-informed responses to individuals, family and community members impacted by violence</b></p> <table> <tr> <td>None</td> <td>Less than 1 hour (e.g. roll call training)</td> </tr> <tr> <td>1 -3 hours</td> <td>3-8 hours</td> </tr> <tr> <td>more than 8 hours</td> <td></td> </tr> </table> <p><b>Police-community/citizen interactions</b></p> <table> <tr> <td>None</td> <td>Less than 1 hour (e.g. roll call training)</td> </tr> <tr> <td>1 -3 hours</td> <td>3-8 hours</td> </tr> <tr> <td>more than 8 hours</td> <td></td> </tr> </table> <p><b>De-escalation techniques</b></p> <table> <tr> <td>None</td> <td>Less than 1 hour (e.g. roll call training)</td> </tr> <tr> <td>1 -3 hours</td> <td>3-8 hours</td> </tr> <tr> <td>more than 8 hours</td> <td></td> </tr> </table> <p><b>Death notification policies and practices</b></p> <table> <tr> <td>None</td> <td>Less than 1 hour (e.g. roll call training)</td> </tr> <tr> <td>1 -3 hours</td> <td>3-8 hours</td> </tr> <tr> <td>more than 8 hours</td> <td></td> </tr> </table> <p><b>Effectively responding to victims</b></p> <table> <tr> <td>None</td> <td>Less than 1 hour (e.g. roll call training)</td> </tr> <tr> <td>1 -3 hours</td> <td>3-8 hours</td> </tr> <tr> <td>more than 8 hours</td> <td></td> </tr> </table> <p><b>Cultural awareness training</b></p> <table> <tr> <td>None</td> <td>Less than 1 hour (e.g. roll call training)</td> </tr> <tr> <td>1 -3 hours</td> <td>3-8 hours</td> </tr> <tr> <td>more than 8 hours</td> <td></td> </tr> </table> <p><b>Training on effectively responding to vulnerable, marginalized, and/or underserved populations (i.e. LGBTQ+, immigrant, disabled, etc.)</b></p> <table> <tr> <td>None</td> <td>Less than 1 hour (e.g. roll call training)</td> </tr> <tr> <td>1 -3 hours</td> <td>3-8 hours</td> </tr> <tr> <td>more than 8 hours</td> <td></td> </tr> </table> <p><b>Comments on Current Training Practices:</b></p>	None	Less than 1 hour (e.g. roll call training)	1 -3 hours	3-8 hours	more than 8 hours		None	Less than 1 hour (e.g. roll call training)	1 -3 hours	3-8 hours	more than 8 hours		None	Less than 1 hour (e.g. roll call training)	1 -3 hours	3-8 hours	more than 8 hours		None	Less than 1 hour (e.g. roll call training)	1 -3 hours	3-8 hours	more than 8 hours		None	Less than 1 hour (e.g. roll call training)	1 -3 hours	3-8 hours	more than 8 hours		None	Less than 1 hour (e.g. roll call training)	1 -3 hours	3-8 hours	more than 8 hours		None	Less than 1 hour (e.g. roll call training)	1 -3 hours	3-8 hours	more than 8 hours		None	Less than 1 hour (e.g. roll call training)	1 -3 hours	3-8 hours	more than 8 hours		Supervisors
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<p><b>7. Executives/Leaders at my agency participated in the following types of training last year, and for the indicated length of time:</b></p> <p><b>Impact of psychological trauma on individuals and communities</b></p> <table> <tr> <td>None</td> <td>Less than 1 hour (e.g. roll call training)</td> </tr> <tr> <td>1 -3 hours</td> <td>3-8 hours</td> </tr> <tr> <td>more than 8 hours</td> <td></td> </tr> </table> <p><b>Trauma-informed responses to individuals, family and community members impacted by violence</b></p> <table> <tr> <td>None</td> <td>Less than 1 hour (e.g. roll call training)</td> </tr> <tr> <td>1 -3 hours</td> <td>3-8 hours</td> </tr> <tr> <td>more than 8 hours</td> <td></td> </tr> </table> <p><b>Police-community/citizen interactions</b></p> <table> <tr> <td>None</td> <td>Less than 1 hour (e.g. roll call training)</td> </tr> <tr> <td>1 -3 hours</td> <td>3-8 hours</td> </tr> <tr> <td>more than 8 hours</td> <td></td> </tr> </table> <p><b>De-escalation techniques</b></p> <table> <tr> <td>None</td> <td>Less than 1 hour (e.g. roll call training)</td> </tr> <tr> <td>1 -3 hours</td> <td>3-8 hours</td> </tr> <tr> <td>more than 8 hours</td> <td></td> </tr> </table> <p><b>Death notification policies and practices</b></p> <table> <tr> <td>None</td> <td>Less than 1 hour (e.g. roll call training)</td> </tr> <tr> <td>1 -3 hours</td> <td>3-8 hours</td> </tr> <tr> <td>more than 8 hours</td> <td></td> </tr> </table> <p><b>Effectively responding to victims</b></p> <table> <tr> <td>None</td> <td>Less than 1 hour (e.g. roll call training)</td> </tr> <tr> <td>1 -3 hours</td> <td>3-8 hours</td> </tr> <tr> <td>more than 8 hours</td> <td></td> </tr> </table> <p><b>Cultural awareness training</b></p> <table> <tr> <td>None</td> <td>Less than 1 hour (e.g. roll call training)</td> </tr> <tr> <td>1 -3 hours</td> <td>3-8 hours</td> </tr> <tr> <td>more than 8 hours</td> <td></td> </tr> </table> <p><b>Training on effectively responding to vulnerable, marginalized, and/or underserved populations (i.e. LGBTQ+, immigrant, disabled, etc.)</b></p> <table> <tr> <td>None</td> <td>Less than 1 hour (e.g. roll call training)</td> </tr> <tr> <td>1 -3 hours</td> <td>3-8 hours</td> </tr> <tr> <td>more than 8 hours</td> <td></td> </tr> </table>	None	Less than 1 hour (e.g. roll call training)	1 -3 hours	3-8 hours	more than 8 hours		None	Less than 1 hour (e.g. roll call training)	1 -3 hours	3-8 hours	more than 8 hours		None	Less than 1 hour (e.g. roll call training)	1 -3 hours	3-8 hours	more than 8 hours		None	Less than 1 hour (e.g. roll call training)	1 -3 hours	3-8 hours	more than 8 hours		None	Less than 1 hour (e.g. roll call training)	1 -3 hours	3-8 hours	more than 8 hours		None	Less than 1 hour (e.g. roll call training)	1 -3 hours	3-8 hours	more than 8 hours		None	Less than 1 hour (e.g. roll call training)	1 -3 hours	3-8 hours	more than 8 hours		None	Less than 1 hour (e.g. roll call training)	1 -3 hours	3-8 hours	more than 8 hours		<p>Command</p> <p>Supervisors</p> <p>Patrol Officers</p>
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## Policies and Procedures

**For the next series of questions (Questions 8 - 19), indicate what policies and procedures are currently in place within your agency. For each question, check all that apply.**

<p><b>8.</b> My agency has policies and procedures in place that outline how to respond to individuals, families and communities impacted by violence:</p> <p>Yes              No</p> <p><i>(if yes, check all that apply)</i></p> <p>Responding to individuals, families, and communities impacted by violence is included in the strategic plan</p> <p>There are policies and procedures relating to responding to individuals, families, and communities following violence</p> <p>Responding to individuals, families, and communities impacted by violence is mentioned during roll call or daily briefing</p> <p>We have signed MOUs with agencies related to responding to individuals, families, and community members following violence and traumatic events.</p> <p>There are executive-level meetings with partners focused on responding to individuals, families, and community members impacted by violence and traumatic events.</p> <p>Responding to all impacted individuals, families, and community members following violence is brought up during CompStat, Executive Staff meetings/briefings.</p> <p>Select policies exist, e.g., Community Engagement; De-escalation; or other policies related to community engagement during times of civil unrest /violence or divisive events impacting the community: specify</p> <p>Other: specify</p>	<p>Command</p> <p>Supervisors</p> <p>Patrol Officers</p>
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<p><b>9.</b> Supervisors in my agency:</p> <p>Mention responding to individuals, families, and community members impacted by violence in roll call or daily briefings.</p> <p>While on-scene, ask officers whether individuals, families, and community members impacted by violence were identified, and what actions were taken to respond to their needs.</p> <p>Routinely review reports to ensure that individuals, family and community members impacted by violence are identified.</p> <p>Attend regularly scheduled meetings to review cases where individuals, family and community members impacted by violence were identified.</p> <p>Attend training with professionals from other agencies, including mental health and local social services victims' services providers.</p> <p>Teach other professionals about how officers in our agency respond to individuals, family and community members impacted by violence.</p> <p>Develop specific activities to enhance how the law enforcement agency responds to individuals, families, and communities impacted by violence (including formal training, supervision, in-service training, roll-call training).</p> <p>None of the above</p> <p>Other: specify</p>	<p>Patrol Officers</p>
<p><b>10.</b> Supervisors in my agency reinforce policies and procedures around responding to individuals, families, and communities impacted by violence</p> <p><i>Choose one:</i></p> <p>Strongly agree</p> <p>Agree</p> <p>Neither Agree nor disagree</p> <p>Disagree</p> <p>Strongly disagree</p> <p>We don't currently have specific policies and procedures in place</p>	<p>Patrol Officers</p>
<p><b>11.</b> My agency offers an award or commendation specifically for excellence in the area of responding to individuals or community members impacted by violence</p> <p>Yes      No      I don't know</p>	<p>Command</p> <p>Supervisors</p> <p>Patrol Officers</p>

<p><b>12.</b> When responding to individuals and community members impacted by violence my agency responds on-scene together with the following mental health providers:</p> <p>City/County Mental Health</p> <p>Emergency Psychiatric Mobile Crisis Teams (could be contracted with county, a hospital, or a local non-profit)</p> <p>Non-profit or community mental health agency</p> <p>Private mental health provider</p> <p>Other victim service providers</p> <p>Other: specify</p> <p>None of the above</p>	<p>Command</p> <p>Supervisors</p> <p>Patrol Officers</p>
<p><b>13.</b> Officers have a mental health professional to contact and consult with about responding to community members impacted by violence. <i>Select one:</i></p> <p>On scene, 24/7/365</p> <p>On scene, in some cases; by phone at other times</p> <p>Monday-Friday during business hours</p> <p>My agency does not have a mental health partner to assist in responding to community members impacted by violence</p> <p>Other: specify</p>	<p>Command</p> <p>Supervisors</p> <p>Patrol Officers</p>
<p><b>14.</b> Officers have a victim services professional to contact and consult with, either internal or external to the agency, about responding to community members impacted by violence. <i>Select one:</i></p> <p>On-scene, 24/7/365</p> <p>On-scene, in some cases; by phone at other times</p> <p>Monday-Friday during business hours</p> <p>My agency does not have a victim services professional to assist in responding to community members impacted by violence</p> <p>Other: specify</p>	<p>Command</p> <p>Supervisors</p> <p>Patrol Officers</p>
<p><b>15.</b> These activities are typical practice in my agency:</p> <p>Officers attend regularly scheduled meetings, working with mental health providers, to review cases where community members impacted by violence were identified and plan responses to these individuals, families, and/or communities</p> <p>Mental health providers are non-sworn members of the police department</p> <p>Mental Health providers have ID/Access cards to police facilities</p> <p>Mental health providers have access to police reports</p> <p>Mental health providers have assigned workspace in station or substation</p> <p>Other: specify</p> <p>None of the above</p>	<p>Command</p> <p>Supervisors</p> <p>Patrol Officers</p>

<p><b>16.</b> These activities are typical practice in my agency:</p> <p>Officers notify mental health partners of community members impacted by violence while on scene</p> <p>Officers refer community members impacted by violence to the mental health partner as part of the on-scene response</p> <p>Officer and mental health partner conduct joint in-person case follow-up with active cases</p> <p>Officer and mental health partner conduct community canvassing after incidents of violence</p> <p>Other: specify</p> <p>None of the above</p>	<p>Command</p> <p>Supervisors</p> <p>Patrol Officers</p>
<p><b>17.</b> Expectations for how officers collaborate with mental health partners to respond to community members impacted by violence are clearly communicated through:</p> <p>Officers' job descriptions.</p> <p>Other written documents</p> <p>Annual evaluations</p> <p>Departmental awards</p> <p>Consideration for promotion</p> <p>Other: specify</p> <p>None of the above</p>	<p>Command</p> <p>Supervisors</p> <p>Patrol Officers</p>
<p><b>18.</b> The following activities take place in my agency:</p> <p>In-service cross-training with partners who also respond to individuals, families, and communities impacted by violence</p> <p>Roll-call training on approaches to responding to individuals, families, and communities impacted by violence</p> <p>Officers participate in follow up with mental health and/or victim service partners regarding community members impacted by violence who have been identified</p> <p>Multi-disciplinary team meetings</p> <p>Individuals with whom we collaborate, and/or co-responding partners do ride-alongs</p> <p>Individuals with whom we collaborate, and/or co-responding partners are familiarized in standard police practice, e.g. hostage negotiations and graduated use of force</p> <p>Other: specify</p>	<p>Command</p> <p>Supervisors</p> <p>Patrol Officers</p>

<p><b>19.</b> Officers are evaluated on the basis of the following in their performance evaluations</p> <p>Identification and appropriate intervention on-scene with community members impacted by violence</p> <p>Collaborative follow-up with professional partners who also serve individuals, families, and communities impacted by violence</p> <p>Officer-initiated follow-up (where officers follow up on their own cases)</p> <p>Feedback from citizens/families about officer's activities</p> <p>Feedback from professional partners about officer's activities</p> <p>Other: specify</p> <p>None of the above</p>	<p>Command</p> <p>Supervisors</p> <p>Patrol Officers</p>
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## Collaboration

**For the next series of questions (questions 20 – 26), describe your relationship and your professional collaboration with each of the following:**

<p><b>20.</b> Mental Health Provider</p> <p>Mental Health Providers respond jointly with officers on-scene involving individuals, families, and communities impacted by violence or traumatic events</p> <p>Officers provide individuals, families and community members with referral information to Mental Health Providers</p> <p>Officers make notification to Mental Health Provider about individuals, families and communities impacted by violence</p> <p>Officers meet with Mental Health Provider to discuss cases together</p> <p>Police conduct joint follow-up visit with Mental Health Provider to individuals, families and communities impacted by violence</p> <p>Our agency has a Mental Health Provider on staff to work with individuals, families and communities impacted by violence</p> <p>Our agency does not work directly with a Mental Health Provider to respond to individuals, families and communities impacted by violence</p> <p>Other: specify</p> <p>None of the above</p>	<p>Command</p> <p>Supervisors</p> <p>Patrol Officers</p>
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<p><b>21.</b> Victims Service Provider (other than the above-listed Mental Health Provider)</p> <p>Officers provide individuals, families and community members with referral information to Victim Services within the agency.</p> <p>Officers provide individuals, families and community members with referral information to Victim Services outside of the agency.</p> <p>Police notify relevant Victim Service Providers of individuals, families and community members impacted by violence based on victim needs</p> <p>Police meet with Victim Service Providers and/or have another direct line of communication, including to discuss cases and necessary follow-up.</p> <p>Police conduct joint follow-up with Victim Service Providers</p> <p>Our agency does not work directly with any Victims Service Provider</p> <p>Other: specify</p> <p>None of the above</p>	<p>Command</p> <p>Supervisors</p> <p>Patrol Officers</p>
<p><b>22.</b> Grassroots Community Advocacy Groups (<i>other than Victim Service Providers</i>)</p> <p>Police connect individuals, families and community members with a Grassroots Community Advocacy Group</p> <p>Police notify Grassroots Community Advocacy Group when individuals, families and community members are impacted by violence</p> <p>Police meet with a Grassroots Community Advocacy Group to discuss how to support individuals, families and community members impacted by violence</p> <p>Police and a Grassroots Community Advocacy Group conduct joint follow-up in communities impacted by violence</p> <p>Our agency does not work directly with Grassroots Community Advocacy Groups to identify and address the needs of individuals, families and communities impacted by violence</p> <p>Other: specify</p> <p>None of the above</p>	<p>Command</p> <p>Supervisors</p> <p>Patrol Officers</p>
<p><b>23.</b> School Staff</p> <p>Police coordinate with school staff to support children, families and communities impacted by violence</p> <p>Police meet with the school staff to discuss how to support child, family, and communities impacted by violence</p> <p>Police conduct joint follow-up with the local school system</p> <p>Our agency does not work directly with the local school staff to identify and address the needs of children, families and community members impacted by violence</p> <p>Other: specify</p> <p>None of the above</p>	<p>Command</p> <p>Supervisors</p> <p>Patrol Officers</p>

<p><b>24. Faith Communities</b></p> <p>Police connect individuals, families and community members with faith communities</p> <p>Police notify faith communities when individuals, families and community members are impacted by violence</p> <p>Police meet with faith communities to discuss how to support individuals, families and community members impacted by violence</p> <p>Police and faith communities conduct joint follow-up in communities impacted by violence</p> <p>Our agency does not work directly with faith communities to identify and address the needs of individuals, families and communities impacted by violence</p> <p>Other: specify</p> <p>None of the above</p>	<p>Command</p> <p>Supervisors</p> <p>Patrol Officers</p>
<p><b>25. Which Faith Communities does your agency collaborate with?</b></p> <p>Baptist</p> <p>Catholic</p> <p>Protestant</p> <p>Universalists</p> <p>Native American Spiritual</p> <p>Jewish</p> <p>Muslim</p> <p>Hindu</p> <p>Buddhist</p> <p>Other: specify</p> <p>None of the above</p>	<p>Command</p> <p>Supervisors</p> <p>Patrol Officers</p>

<p><b>26.</b> Officers at my agency have the opportunity to discuss how we respond to individuals, families, and communities impacted by violence with partners in order to facilitate follow-up and be advised of status:</p> <p>Weekly</p> <p>On a regular basis, but less often than weekly (bi-weekly, monthly, etc.)</p> <p>As needed</p> <p>No formal case conference is held, but officers and partners discuss cases as needed</p> <p>My agency identifies and responds to individuals, families, and communities exposed to violence without a specific community partner</p> <p>My agency identifies and responds to individuals, families, and communities exposed to violence in partnership with mental health professionals on staff within the department</p> <p>My agency identifies and responds to individuals, families, and communities exposed to violence in partnership with victim service providers on staff within the department</p> <p>Other: specify</p> <p>None of the above</p>	<p>Command</p> <p>Supervisors</p> <p>Patrol Officers</p>
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# APPENDIX A5a: VICTIM SERVICES SURVEY FOR OFFICERS

**Directions:** This survey should be disseminated to all levels within the agency to include a substantial sample of frontline officers, supervisors, and command staff and should ensure the anonymity of those responding. This checklist will be disseminated electronically to your site after the kick-off meeting. Your agency will need to determine who will collect this data, how it will be collected, how it will be stored, and finally how it will be analyzed. This assessment tool will be used when determining your agency's priorities for the rest of the project. Your site team will create an dissemination strategy with accompanying deadlines for this tool. The dissemination strategy is due to the IACP partner team by June 1st.

Officer Rank:

Years of Service:

Victim Services Survey for Officers				
	Strongly Disagree	Disagree	Agree	Strongly Agree
1. I feel that I received adequate training while in the Academy on providing support when interacting with victims, both on scene and off scene.				
2. I feel that I received adequate training within the Academy to address the needs and understand the differences across a diversity of victims and crime types.				
3. My training on responding to victims occurred only in the Academy.				
4. I have continued to receive formal training that is relevant and useful on providing support when interacting with victims, both on scene and off scene, since graduating from the Academy.				
5. The homeless are more likely to be victims compared to those who are not homeless.				
6. A male who refuses to file charges in a domestic situation is a victim.				
7. When responding to victims on scene, I've been trained to immediately ensure the safety of victims.				
8. When responding on scene, I've been trained to render first aid to all harmed individuals, as needed.				
9. When responding on scene, I've been trained to request additional medical assistance or resources, as needed.				
10. When responding on scene, I've been trained to ensure emotionally distraught victims are not left alone and receive access to crisis intervention.				
11. When responding on scene, I've been trained to be perceptive and patience to the victim's psychological state while obtaining evidence.				
12. When responding on scene, I've been trained to consider the method, manner, location, and timing of the victim interview to best meet the needs of the victim and gather meaningful information from him/her.				



13. When responding on scene, I've been trained to document in my report that victim was properly informed of rights and available protections. And was provided with information and referrals.				
14. When responding on scene, I've been trained to document in my report that victim was provided with information and referrals regarding relevant victim services.				
15. Gang members are often victims of crime.				
16. I haven't received training on responding to victims and my knowledge comes from what I've learned while on the job.				
17. I have learned how to respond to victims and my knowledge comes from both formal training as well as while on the job.				
18. I feel confident in my abilities to effectively respond to all types of crime victims, no matter their age, race, other characteristics, such as disability or mental health status.				
19. A person injured during an attempt to buy drugs is a victim.				
20. I feel equipped to effectively advise victims of services that might help them deal with their victimization.				
21. I am knowledgeable about what services for victims are available in my jurisdiction to adequately inform victims.				
22. I have adequate time during calls for service and ensuing investigations to follow-up with victims of crime.				
23. Those experiencing behavioral health issues are more likely to be victims compared to those who are not experiencing behavioral health issues.				
24. I am able to provide victims with information about victims' services in my jurisdiction and how to access those services.				
25. During initial interactions, I encourage victims to ask questions about services available to them.				
26. A suspect (while being taken into custody) is assaulted by his/her victim. The suspect is now a victim.				
27. I am encouraged to look at the totality of circumstances to determine all potential needs for the victim.				
28. I am encouraged to follow-up with victims, in the aftermath of an incident/crime, outside of specific calls for service.				
29. I have a working relationship and/or direct line of communication with victim services staff within my agency.				
30. I have a working relationship and/or direct line of communication with victim services partners who work in collaboration with my agency.				

31. Females are more likely to be victims than males.				
32. I find that there are an adequate number of services for victims in my jurisdiction.				
33. In responding to victims, I have seen the following gaps in addressing the needs of victims (please include both the type of victim and the type of service or need):				

*Resources Referenced:*

*Enhancing Law Enforcement Response to Victims Police Victims Survey 2016*

# APPENDIX A5b: VICTIMS SERVICES CHECKLIST

**Directions:** Agency leadership should work in collaboration with appropriate units or personnel to complete this checklist and attach the requested additional documents. This checklist will be disseminated electronically to your site after the kick-off meeting. This assessment tool will be used when determining your agency's priorities for the rest of the project. Please return to IACP project team by July 1st.

1. Does your agency incorporate services and other meaningful responses for victims into its vision, mission, and core values?

Yes                  No

If Yes, please provide where:

Comments:

2. Does your agency incorporate services for victims and effective victims' response into policies and standard operating procedures?

Yes                  No

If Yes, please provide where:

Comments:

3. Does your agency have a specific victim services policy?

Yes                  No

If yes, when was it last updated?

Comments:

4. Does the policy outline an expectation for all employees during each contact to:

- Recognize and address the needs of victims?

Yes, all employees                  No, only specific units (e.g. Domestic Violence, Child Abuse)                  No

Comments:

- Support and assist the victims as they interact with the investigation and other aspects of the criminal justice system and process, even if a prosecution is not pursued?

Yes, all employees                  No, only specific units (e.g. Domestic Violence, Child Abuse)                  No

Comments:

- Act as a liaison to appropriate victim assistance and service agencies?

Yes, all employees

No, only specific units (e.g. Domestic Violence, Child Abuse)

No

Comments:

**5.** Does the policy identify and define the following critical victim needs?

- **Safety:** Protection, safety planning and assistance in avoiding re-victimization

Yes

No

- **Information:** Concise and useful information about victims' rights, criminal justice system processes, and available victim services

Yes

No

- **Support:** Assistance to enable access to services, participation in the criminal justice system processes (if desired by the victim), applications for victim compensation, and/or other avenues for healing and repairing harm

Yes

No

- **Access:** Ability to participate in the justice system process and have ready availability to support services related to that process and accompaniment when necessary

Yes

No

- **Continuity:** Consistency in approaches and methods across agencies through all stages of the criminal justice process and necessary follow-up

Yes

No

- **Voice:** Opportunities to speak out and be heard on specific case processing issues

Yes

No

- **Justice:** Receiving the support necessary to heal and/or see the individual victim's desired outcomes, such as that perpetrators are held accountable in a meaningful way

Yes

No

Comments:

**6.** Do victim service providers and other key stakeholders participate in the development of any victim-related policies, procedures, protocols and trainings already in use?

Yes

No

If yes, please describe in what way and the policies developed:



## Practice

7. Are all personnel trained on providing support when interacting with victims, on scene and off scene?

Yes              No

Comments:

8. Are all personnel trained on the impacts of trauma on victims?

Yes              No

Comments:

9. Are responding personnel (officers, investigators, evidence technicians, victim assistance liaisons, call operators) trained to:

Yes	No	Immediately ensure safety of victims
Yes	No	Render first aid, if necessary
Yes	No	Request additional medical assistance or resources, as needed
Yes	No	Ensure emotionally distraught victims are not left alone /get access to crisis intervention
Yes	No	Be perceptive and patient to the victim's psychological state while obtaining evidence
Yes	No	Consider the method, manner, location, and timing of the victim interview so as to best meet the needs of the victim and gather meaningful information from him/her

Comments:

10. Do you work with external Victim Service Providers?

Yes              No

*If yes, what types of services do they provide?*

Information and Referrals

### **FINANCIAL AND MATERIAL ASSISTANCE SERVICES**

Assistance in Filing Victim Compensation Claims

Emergency Financial Assistance

Shelter/Emergency Housing

Basic Needs (e.g. housing, food, utilities, etc.)

Education/Workforce Development

Transportation/Relocation

### ***EMOTIONAL SUPPORT AND SAFETY***

- Crisis Counseling
- Conflict resolution, mediation, negotiation
- De-escalation Support
- Therapy or Support Groups
- Safety Planning
- Substance abuse services

### ***MEDICAL AND PHYSICAL HEALTH ASSISTANCE***

- Direct Clinical Services
- Healthcare/Medical Services
- Victim advocacy/accompaniment to medical forensic exam/interview
- Victim advocacy/accompaniment during medical care

### ***LEGAL AND VICTIMS' RIGHTS ASSISTANCE***

- Civil Legal Services
- Crime victim compensation legal assistance (including filing and appealing claims)
- Personal Advocacy
- Court Accompaniment
- Victim Rights Enforcement
- Immigration Services (e.g. U and T Visas)

### ***OTHER SERVICES***

- Other:

11. Do the Victim Service Providers that you work with provide services to victims, families and communities of the following types of crimes and/or characteristics?

- Survivors of Homicide Victims
- Hate Crimes
- Civil Unrest
- Officer-Involved Shootings
- Violence Against the Police
- Sexual Assault
- Domestic Violence
- Labor Trafficking
- Sex Trafficking
- Mental Health Crisis
- Homelessness

Stalking

Crimes Against Children

Terrorism/Mass Violence

Vehicular Crashes

Gang Violence

Non-fatal assault (such as gun shots and stabbings, excluding DV)

Economic/Property Crime

Elder Abuse

Fraud

Other:

## Information and Referrals

**12.** Are officers instructed to provide information to victims which include:

Yes	No	Written information and referrals to victim services
Yes	No	In-person connection/referral to victim services
Yes	No	State's victims right laws

If yes, please explain if information regarding State's victim rights laws is provided verbally or in writing:

Yes	No	Informing the victim of the investigative process
Yes	No	Informing the victim of who will provide additional follow-up
Yes	No	Informing the victim if they should be expect to be contacted

Please explain if this information is provided verbally or in writing and provide details on how and when this information is provided to the victim:

**13.** Is information, internal or external, about victim services provided on your agency's website?

Yes	No
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If yes, does the website:

Yes	No	Define victim services
Yes	No	List victim service providers and assistance
Yes	No	Provide an agency point of contact for victim services and assistance

Yes      No      Include FAQ's

Comments:

- 14.** Are written materials available in multiple languages based on the language access needs of your community?  
(Please list the available languages for which materials are available and an explanation of any communities that do not have appropriate language access)

➤ Does the agency have a language access plan for those victims who do not speak English?  
Please explain:

➤ Does the agency have a language access plan for Deaf and hard of hearing victims?  
Please explain:

- 15.** Is the officer required to document in his/her report that the victim was properly informed of rights and available protections and was provided with information and referrals?

Yes      No

Comments:

### Investigation and Follow-up

- 16.** Are trained victim assistance liaisons or case managers assigned to victims and their families?

Yes      No

Please provide details on whether liaisons are assigned to all victims of crimes or if only victims of certain crimes receive a liaison:

- 17.** Are victims contacted as appropriate to conduct follow-up to include providing information, as appropriate, pertaining to:

Yes      No      Access to system and community-based victim services



Yes	No	Arrest and detention
Yes	No	Court restraining orders
Yes	No	Court proceedings and schedules
Yes	No	Status of stolen, recovered, or removed property
Yes	No	Eligibility for victim compensation
Yes	No	Appropriate point of contact in the prosecutor's office
Yes	No	Available resources for support during trial (legal and financial assistance, transportation, housing, court accompaniment, etc.)
Yes	No	Available assistance for victim impact statements
Yes	No	Available assistance for media management

What is the method for, and who is responsible for, this follow-up?

How is accountability for follow-up maintained?

Additional comments:

## Resources and Partnerships

**18.** Do appropriate agency personnel maintain ongoing communication and a partnership with the State VOCA ([Victims of Crime Act](#)) Administrators (SAA) which cover both the following categories:

Yes	No	VOCA Compensation
Yes	No	VOCA Assistance

Comments:

Does your agency receive VOCA funds?

Yes      No

Comments:

Are officers within your agency able to request victim compensation when they have been victimized?

Yes      No

Comments:

- 19.** Please list all system and community-based victim service providers and other relevant stakeholders (e.g., medical and mental health, medical examiner/coroner's office), in your region with whom you partner and the types of services they provide:
- 20.** Please list all communities in your area whom your agency considers to be underserved by victim service providers, and which may need specialized resources?
- 21.** Please identify if partnerships have been established with community advocacy groups or victim service providers that can assist in meeting the specialized needs of these communities.
- 22.** What needs are your agency unable to sufficiently meet due to programmatic, resource, and/or geographic gaps? Please specify key reasons for each.

## Agency Culture

- 23.** Are the benefits of victim-centered response highlighted for officers, and the role of every member of the agency in providing a victim-centered response?

Yes      No

Comments:

- 24.** How and in what ways is this incorporated into the culture of the agency?

- 25.** Are victim response goals incorporated into performance appraisals?

Yes      No

Comments:

- 26.** Is there mandatory and ongoing victim response training for all personnel to include recruit, in-service, and executive level curricula?

Yes      No

Comments:

Does the training incorporate:

Yes	No	State and federal laws
Yes	No	Policies relating to working with victims
Yes	No	Effects of trauma on victims
Yes	No	Communication skills
Yes	No	Integrating the needs of victims into the investigation process
Yes	No	Cultural awareness
Yes	No	Familiarization and relationship-building with victim service providers
Yes	No	How to contact and access victim services

Please describe (length, frequency, etc.)

**27.** Are joint training opportunities with victim service providers conducted on the availability of their services, procedures, as well as access protocols?

Yes              No

Please describe:

**28.** Are joint training opportunities with victim service providers conducted to enhance cultural awareness and competency skills during interactions with victims of diverse and underserved communities?

Yes              No

Please describe:

**29.** Attach your agency's:

- Victim Services Policy
- Victim response training curricula
- Partnerships matrix of VSP's and community advocacy groups (see Question 19).

*Resources Referenced:*

[IACP Model Policy for Victim Services](#)

[National Survey of Victim Service Providers](#)

[OVC Mass Violence Toolkit Partnerships, Response, and Recovery Lists](#)

[IACP/OVC Enhancing Law Enforcement Response to Victims Strategy](#)

# APPENDIX B1: BATON ROUGE

[BRPD 2019 Report to the Community](#)

[BRPD 2020 Report to the Community](#)



# APPENDIX B2: HOUSTON'S MULTICULTURALISM & HUMAN RELATIONS COURSE SUMMARY

## Houston Police Department Basic Peace Officer Course – Multiculturalism & Human Relations

### Course Summary

CROSSWALK: HOW TEXAS COMMISSION ON LAW ENFORCEMENT (TCOLE) BASIC PEACE OFFICER COURSE MULTICULTURALISM & HUMAN RELATIONS UNIT OBJECTIVES ARE ADDRESSED IN HPD CURRICULUM				
TCOLE Unit Goal: To increase awareness of the role of multiculturalism in law enforcement.		HPD CURRICULUM COMPONENT		
		CLASSROOM	BUS TOUR	SPEAKERS PANEL
5.1	Discuss the definitions, key concepts, and origins of prejudice.	X		
5.2	Identify forms of prejudice.	X		
5.3	Discuss personal prejudices.	X		
5.4	Define key functions of discrimination.	X		
5.5	Evaluate and discuss the importance of not allowing personal prejudices to affect professional behavior.	X	X	
5.6	Discuss the value of, respect for, and sensitivity to the feelings and needs of others.	X	X	X
5.7	Discuss the public's perceptions of and attitudes toward peace officers.	X	X	X
5.8	Discuss cross-cultural communication and its tie to conflict resolution.	X	X	X

#### Associated Files:

- Powerpoint slide deck for classroom presentation
- Classroom course agenda with training notes
- Bus tour facilitation guide
- Speakers panel facilitation guide



THINK-PAIR-SHARE ACTIVITY	<ol style="list-style-type: none"> <li>1. Trainer reads question: <i>What could be challenges to officers working with communities?</i></li> <li>2. Ask cadets to pair with their neighbor to discuss their answers (3-5 minutes)</li> <li>3. Ask for 2-3 volunteers to share their answer</li> </ol>
Common Barriers	Barriers (total of 4) appear on CLICK. Trainer provide anecdotal reflections with each barrier listed.
Activity: Identity Inventory Activity	<p>Distribute Identity Inventory Handout. Give cadets about 5-7 minutes to complete the handout.</p> <p>Ask cadets to stand if they checked yes for all 10?</p> <p>.....8 or more?</p> <p>.....5 or more?</p> <p>.....1 or more?</p> <p>Ask cadets to look around – most will be standing.</p> <p><b>Trainer acknowledge how common stereotyping is and that it impacts all of us. Stereotypes are part of our perspective.</b></p>
Key Concept: Perspective	<ul style="list-style-type: none"> <li>▪ Read definition of perspective and give cadets a few minutes to identify what they see in the 4 images.</li> <li>▪ Ask for volunteers to share what they see.</li> <li>▪ Reveal the answers on CLICK</li> </ul>
Key Concepts: Culture, Race, Ethnicity, Attitude, Ethnocentrism, Prejudice, Explicit Bias and Implicit Bias	<ul style="list-style-type: none"> <li>▪ Present additional concepts of as presented on the slides</li> <li>▪ Allow cadets to volunteer to read the definitions</li> <li>▪ Play video: <i>Implicit Bias and Decision Making</i> (6:47 minutes)</li> </ul>
Targets of Prejudice	<ul style="list-style-type: none"> <li>▪ Present TCOLE common targets of prejudice or bias</li> <li>▪ Allow 1 or 2 volunteers to read the list</li> </ul>
Key Concept: Discrimination	<ul style="list-style-type: none"> <li>▪ Read the definition and statement</li> <li>▪ Play video: <i>Galveston PD Body Cam Footage</i> (1:23 minutes)</li> </ul>
THINK-PAIR-SHARE ACTIVITY	<ul style="list-style-type: none"> <li>▪ Read the questions one at a time. Determine if some questions might be better answered with the whole group, otherwise return to pairs.</li> <li>▪ Questions: <i>What are your perceptions of this video? How do you think the public perceived this video? How might reactions be different if the race of the officers were different? How might reactions be different if the race/gender of the citizen was different? Although the officers in the video did not violate current law, was this a violation of sound judgement? What do you think the consequences of bad judgement calls are for officers? What do you think the consequences of bad judgement calls are for officers?</i></li> </ul>
Skills to Support Impartiality	<ul style="list-style-type: none"> <li>▪ Trainer or cadet reads statement</li> <li>▪ Trainer introduces concept of Awareness of <u>S</u>elf, <u>C</u>itizen, and <u>S</u>ituation</li> <li>▪ Read each section and provide anecdotes</li> </ul>
Visual Case Studies	<ul style="list-style-type: none"> <li>▪ Present each of four video case studies, stopping between the two takes/versions of each.</li> <li>▪ Facilitate discussion of each version of the four scenarios.</li> </ul>
Skills to Support Impartiality	<ul style="list-style-type: none"> <li>▪ Trainer reinforces HPD's strong commitment to officer participation</li> <li>▪ Play video: <i>HPD received 2010 IACP Community Policing Award</i> (4:13 minutes)</li> </ul>
Conclusion	<ul style="list-style-type: none"> <li>▪ Awareness of <u>S</u>elf, <u>C</u>itizen and <u>S</u>ituation – Trainer anecdote regarding multiculturalism and human relations in law enforcement</li> </ul>

# Houston Police Department Basic Peace Officer Course – Multiculturalism & Human Relations

## Bus Tour Facilitation Guide

**Purpose:** Cadets participate in a Multicultural Bus Tour (MBT) of various sites in Houston to expose them to multiple community perspectives focused on the importance of relationships with law enforcement officers and the role of multiculturalism in law enforcement. The MBT may include sites in Houston that represent significant historical events that have impacted relationships between police officers and communities.

**Objectives:**

1. To gain understanding of law enforcement from various community perspectives. (TCOLE Unit Goal 5.7)
2. To learn about communication skills in various communities that can assist in de-escalation and conflict resolution. (TCOLE Unit Goal 5.8)
3. To reflect on strategies to decrease the influence of personal prejudice on professional behavior. (TCOLE Unit Goal 5.5)
4. To gain better understanding of respect and sensitivity as tools for effective law enforcement. (TCOLE Unit Goal 5.6)

Content	Facilitator Notes
Start Tour	Thank Sponsors: <ul style="list-style-type: none"> <li>▪ METRO for transportation (acknowledge bus driver)</li> <li>▪ Lunch Sponsor</li> </ul>
Overview/Purpose	<b>Read Aloud: HPD Guiding Principles (from HPD General Order 100-06)</b> <i>3e. Because law enforcement and public safety reflect communitywide concerns, the police must actively seek the involvement of citizens and residents in all aspects of policing.</i> <i>3d. The neighborhood is the basic segment of the community.</i> <b>Speaking Points:</b> <ul style="list-style-type: none"> <li>▪ Cadets have participated in this MBT since 2015</li> <li>▪ The MBT emphasizes the importance of building strong relationships in the communities you will patrol.</li> <li>▪ You will participate in Tour Stops, utilize a Learning Journal and discuss your experience with others.</li> </ul>
Distribute Evaluations	
Before Tour Stop	<ul style="list-style-type: none"> <li>▪ State name of the Tour Stop</li> <li>▪ (share description of the stop)</li> <li>▪ Ask cadets to write the name of the Tour Stop in their journal</li> </ul>
After Tour Stop: Think-Pair-Share Activity	<ul style="list-style-type: none"> <li>▪ Question 1: <i>What is one thing that you learned at this Tour Stop?</i> <ul style="list-style-type: none"> <li>– (~1 minute to think quietly and ~6 minutes to share with seat mate)</li> </ul> </li> <li>▪ Question 2: <i>What is something that you were surprised to learn?</i> <ul style="list-style-type: none"> <li>– (~1 minute to think quietly and ~6 minutes to share with seat mate)</li> </ul> </li> <li>▪ Reflection: Ask cadets to write a few words about their experience at the stop in their Journal (~5 minutes)</li> </ul>
Repeat for each Stop	
Collect Evaluations	
End of Tour	<ul style="list-style-type: none"> <li>▪ Thank Cadets for their engagement</li> <li>▪ Optional: Share personal anecdote about the impact of the MBT on your career as a police officer.</li> </ul>

# Houston Police Department

## Basic Peace Officer Course – Multiculturalism & Human Relations

### Bus Tour Facilitation Guide

**Purpose:** Cadets participate in a Multicultural Bus Tour (MBT) of various sites in Houston to expose them to multiple community perspectives focused on the importance of relationships with law enforcement officers and the role of multiculturalism in law enforcement. The MBT may include sites in Houston that represent significant historical events that have impacted relationships between police officers and communities.

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Distribute Evaluations	
Before Tour Stop	<ul style="list-style-type: none"> <li>▪ State name of the Tour Stop</li> <li>▪ (share description of the stop)</li> <li>▪ Ask cadets to write the name of the Tour Stop in their journal</li> </ul>
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Repeat for each Stop	
Collect Evaluations	
End of Tour	<ul style="list-style-type: none"> <li>▪ Thank Cadets for their engagement</li> <li>▪ Optional: Share personal anecdote about the impact of the MBT on your career as a police officer.</li> </ul>



# Houston Police Department

## Basic Peace Officer Course – Multiculturalism & Human Relations

### Speakers Panel Facilitation Guide

**Purpose:** Cadets learn from multiple community perspectives focused on the importance of relationships with law enforcement officers and the role of cross-cultural communication in law enforcement through a Multicultural Speaker Panel (MSP). Speakers represent diverse perspectives from multiple local communities. Speakers focus on the importance of strong community relationships with peace officers; the impact of perceived prejudice in professional behavior; and communication strategies to resolve conflict.

**Objectives:**

1. To gain understanding of law enforcement from various community perspectives. (TCOLE Unit Goal 5.7)
2. To learn about communication skills in various communities that can assist in de-escalation and conflict resolution. (TCOLE Unit Goal 5.8)
3. To reflect on strategies to decrease the influence of personal prejudice on professional behavior. (TCOLE Unit Goal 5.5)
4. To gain better understanding of respect and sensitivity as tools for effective law enforcement. (TCOLE Unit Goal 5.6)

Content	Facilitator Notes
Overview/Purpose	<p><b>Read Aloud: HPD Guiding Principles (from HPD General Order 100-06)</b></p> <p><i>3e. Because law enforcement and public safety reflect communitywide concerns, the police must actively seek the involvement of citizens and residents in all aspects of policing.</i></p> <p><i>3d. The neighborhood is the basic segment of the community.</i></p> <p><b>Speaking Points:</b></p> <ul style="list-style-type: none"> <li>▪ Cadets have participated in this Speaker Panel for decades</li> <li>▪ This panel provides cadets with perspectives from various community members</li> <li>▪ This panel emphasizes the importance and work of building relationships in communities from a community perspective</li> <li>▪ This panel emphasizes the role of respect, especially respectful communication, to resolve conflict or de-escalate an interaction</li> </ul>
Play Historical Context Video	
Speaker	<ul style="list-style-type: none"> <li>▪ Introduce Speaker</li> <li>▪ Speaker Remarks</li> <li>▪ Q&amp;A</li> <li>▪ Thank speaker</li> </ul>
Repeat for each speaker	
After all speakers, distribute evaluation forms	



## APPENDIX B3: MINNEAPOLIS COMMUNITY NAVIGATOR PROGRAM

### Community Navigator Program

Public safety is not just policing. In recognition of this, the Minneapolis Police Department is adding a new, transformational element to our service delivery model: Community Navigators.

Each year, the MPD responds to approximately 500,000 calls for service. Every day, the MPD is called to respond to situations that are not solely law enforcement situations - where patrol officers may not always be the most appropriate response. This gap in service is where the MPD will begin utilizing Community Navigators

These challenging times present an incredible opportunity to create a new culture within the Minneapolis Police Department. Through cultural and issue-specific lenses, and with the support of MPD's Procedural Justice Unit, Community Navigators will address gaps in the department's service delivery that present barriers to building trust. The Community Navigators will also serve as a resource to patrol officers.

Community Navigators will provide support with building community trust and confidence in the MPD by:

- Assisting in the delivery of services
- Growing traditional and non-traditional partnerships
- Serving as a resource for community members and MPD
- Generating and recommending workable solutions for police/community issues and concerns.

#### **Why**

Substance Use Disorders (particularly Opioids), homelessness, joblessness, mental health concerns – **calls involving these issues often are non-criminal in nature, complex, time consuming, and require resources beyond tools that our patrol officers readily have access to.**

Stakeholders across the spectrum - "We can't police our way out of these problems"

What solutions can we as a local police department begin to implement?

What can we do to minimize the time patrol officers spend on non-criminal issues?

***We believe the Community Navigator Program begins to help address these challenges.***

# **Minneapolis Police Department**

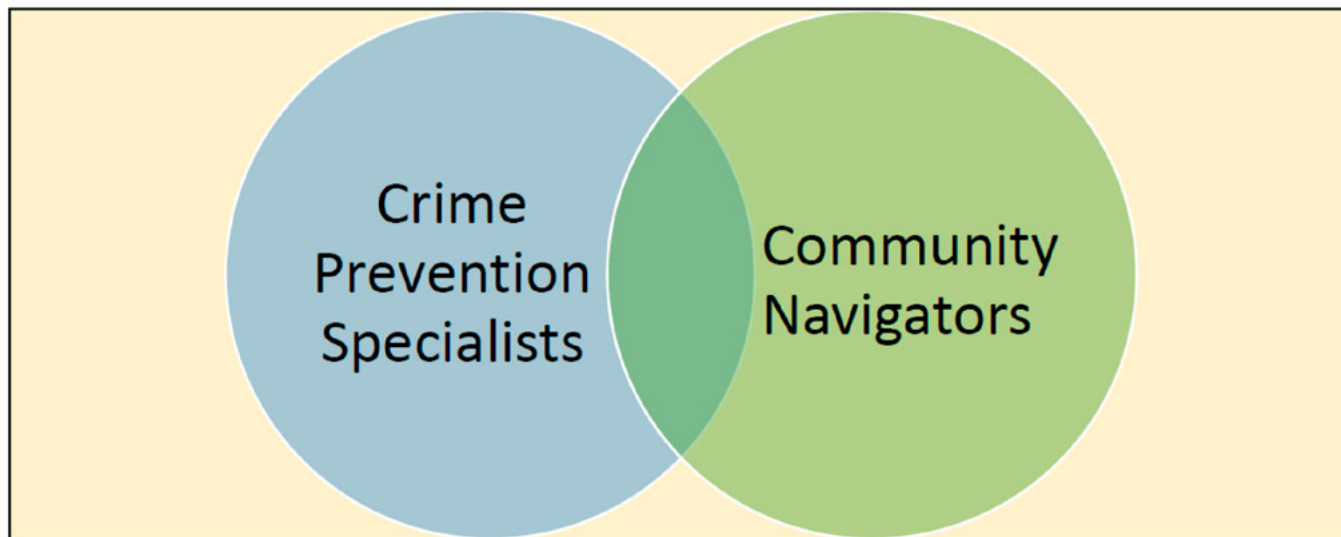
## **Community Navigators**

### **Our Mission:**

The Community Navigators Unit, through cultural and issue-specific lenses, address gaps in the Minneapolis Police Department's professional service delivery that present barriers to building trust within the communities we serve. The Community Navigators establish and grow traditional and non-traditional partnerships between MPD, service providers, and community members, while supporting Procedural Justice and community engagement efforts. The Community Navigators unit also partners with MPD leadership, along with patrol officers and investigators to assist in generating additional interventions and support to address identified police and community issues and concerns.

### **Goals:**

- Build community trust and confidence in the MPD
- Increase community understanding of policies and procedures within the MPD
- Become a resource for patrol officers to expedite certain time-consuming calls/decrease response times within the community
- Aid investigators with overcoming barriers to cooperation
- Decrease repeated calls for service
- Provide services city-wide



Crime Prevention Specialist	Emphasis	Community Navigator
Subject matter experts on crime prevention for homes & businesses	← Crime Prevention vs Community Outreach →	Subject matter experts on cultural and issue-specific dynamics and community resources: African American, Somali, Native American, Latinx, LGBTQIA+ and Domestic Violence
Offers education on: home/apartment security; commercial security; auto-theft prevention; graffiti prevention; crime prevention through environmental design; identity theft prevention; alley and block security; and personal safety. Assists in coordinating and providing precinct-level service and communication to residents and businesses	Shared: Community Engagement	Role: bridge between community and police; resource for patrol officers to expedite certain time-consuming calls (under development); aid investigators with overcoming barriers to cooperation; build networks of community-based relationships and resources for crisis response
Manage: block club network; problem & nuisance properties; crime alerts	Collaboration: share subject matter expertise to reach and engage more residents and businesses	Provides: insight and feedback to all ranks regarding MPD strategies and approaches to resolving concerns of respective communities.
Precinct-specific		Citywide



# APPENDIX B4: OAKLAND'S TRAUMA-INFORMED POLICING PLAN FACT SHEET

06 AUG 2019

## Developed by Oakland's Collective Healing initiative

**Trauma-informed policing** is an approach that explicitly acknowledges the impact of trauma on those served as well as on the workforce providing services. It integrates that understanding into all aspects of service delivery, creating a culture that promotes recovery, healing, and resilience and actively avoids re-traumatization.

### Trauma

- Produces long-term effects that impact how a person views and responds to the world.
- Can affect areas of the brain that regulate impulse control, executive functioning, and emotional and fear responses.
- Repeated exposure increases likelihood of heart disease/cancer
- Can result in a 20-year difference in life expectancy.

### Trauma-Informed Policing

- Distinct from trauma services
- Identifies science-based methodology for addressing trauma
- Recognizes the presence and effect of trauma and avoids retraumatizing

### Trauma-Informed Policing is Two-Fold

#### Internal Goals

- **Raise Department awareness** around the concept of trauma-informed care, and the difference between trauma-informed care and trauma services;
- Provide **ongoing training** and education, opportunities and resources;
- Adopt a Department-wide **evaluation model** to track progress in trauma-informed practices; and
- **Adopt** trauma-informed care practices to be incorporated into Department **policies and procedures**.

#### External Goals

- Educate officers on **neurology of trauma** to allow them to recognize and respond properly;
- Enhance **interviewing** techniques to avoid retraumatizing;
- Engage key community members in conversation (e.g. training and policy);
- Understand and identify **resources** for victims and families of trauma;
- Identify **benefits** to officer and community members;
- Sustain through department **policy and staff evaluation**.

## What would trauma-informed policing look like in practice?

**Trauma informed policing** addresses the prevalence of trauma in law enforcement encounters through:

1. **Staff training** that focuses on the signs, symptoms of trauma, how it effects families, staff, and others we may encounter both personally and professionally, awareness of paths for recovery and self-care and developing an awareness that reduces the possibility of traumatizing (or re-traumatizing) others. This training will balance knowledge and understanding with developing practical skills such as active listening and mirroring.

*Provider:* Will require OPD staff commitment (to train-the-trainer) to present and sustain training.

**Training Material:** Several – IACP, DOJ, Resilience Works – Follow link for examples developed by Northeastern University and partners. [https://ovc.ojp.gov/sites/g/files/xyckuh226/files/media/document/vt\\_intro\\_to\\_vt\\_forLaw\\_enforcement-508.pdf](https://ovc.ojp.gov/sites/g/files/xyckuh226/files/media/document/vt_intro_to_vt_forLaw_enforcement-508.pdf)

2. **Victim Services training** and collaboration that creates a cooperative relationship between victim service providers and law enforcement staff (e.g. officers, dispatchers, technicians, supervisors), most likely to encounter victims of trauma.

*Provider:* Training and collaborative strategy being developed and maintained by a cooperative of service organizations (e.g. BAWAR, Youth Alive, Community & Youth Outreach) and the Training and Criminal Investigation Divisions of the OPD. IACP TA's providing Peer guidance (e.g. Chattanooga PD)

**Training Material:** Lesson plans and presentation materials being developed by service partners.

3. **Community-police centered collaboration and training** that addresses the core problem of trauma to 1) promote healing and 2) develop collaborative relationships. Preparation for this collaboration includes community-based listening sessions, community and law enforcement feedback sessions, and law enforcement focus groups.

This collaboration allows police and community members to talk through persistent obstacles and appreciate the trauma on both sides. It includes the development of a fourth Procedural Justice training module titled Courageous Conversations: Addressing the core problem of police-community tensions and historical trauma and harm. The goal of this training is to promote mutual respect and develop collaborative relationships through direct communication that acknowledges harm and promotes healing. This training brings police and community members together and allows them to address and talk through persistent obstacles, recognize trauma on both sides, and develop relationships that promote problem-solving and ultimately healing.

*Provider:* Cohorts of collaborative training to lay the groundwork for a larger effort implemented by OPD and key community members.

**Training Materials:** Project-based development of core curriculum.

4. **Professional Development and Wellness** OPD recognizes a need to revitalize, expand and relocate the wellness unit. Key structural changes will be implemented, a strategic plan and policies and procedures will be developed, and a cadre of training and resources will be made available to staff. OPD chose to rename the unit to include Professional Development and it will be moved to the Training Division to provide more direct oversight and hands-on support to address morale issues, chronic on-the-job stress and burnout and provide support and service referrals.

The goals of the Unit are to promote increased awareness, provide support, assistance, multi-level training, and issue relevant resources to assist employees in managing personal and professional crisis and the everyday stress experienced by law enforcement professionals. More than a reaction to an immediate need, the Unit will take a holistic approach to wellness by providing tools and support that allow employees to manage their well-being. It will provide opportunities to increase awareness of paths for recovery and self-care; develop an awareness that reduces the possibility of traumatizing (or re-traumatizing) others and; track progress and effectiveness of trauma-informed practices implemented by the Department.

This includes formalization of a **Peer Support Program** including the recruitment of team members, training and certification and development of standards and policies.

5. **Creating policies and procedures** for the organization and administration of trauma-informed policing. Policies identified as trauma associated. Development of PDW P&P and Peer Support, Critical Incident and Chaplaincy P&P in final stages of review. Eleven others identified and should be reviewed.

*Provider:* OPD staff, IACP TA's



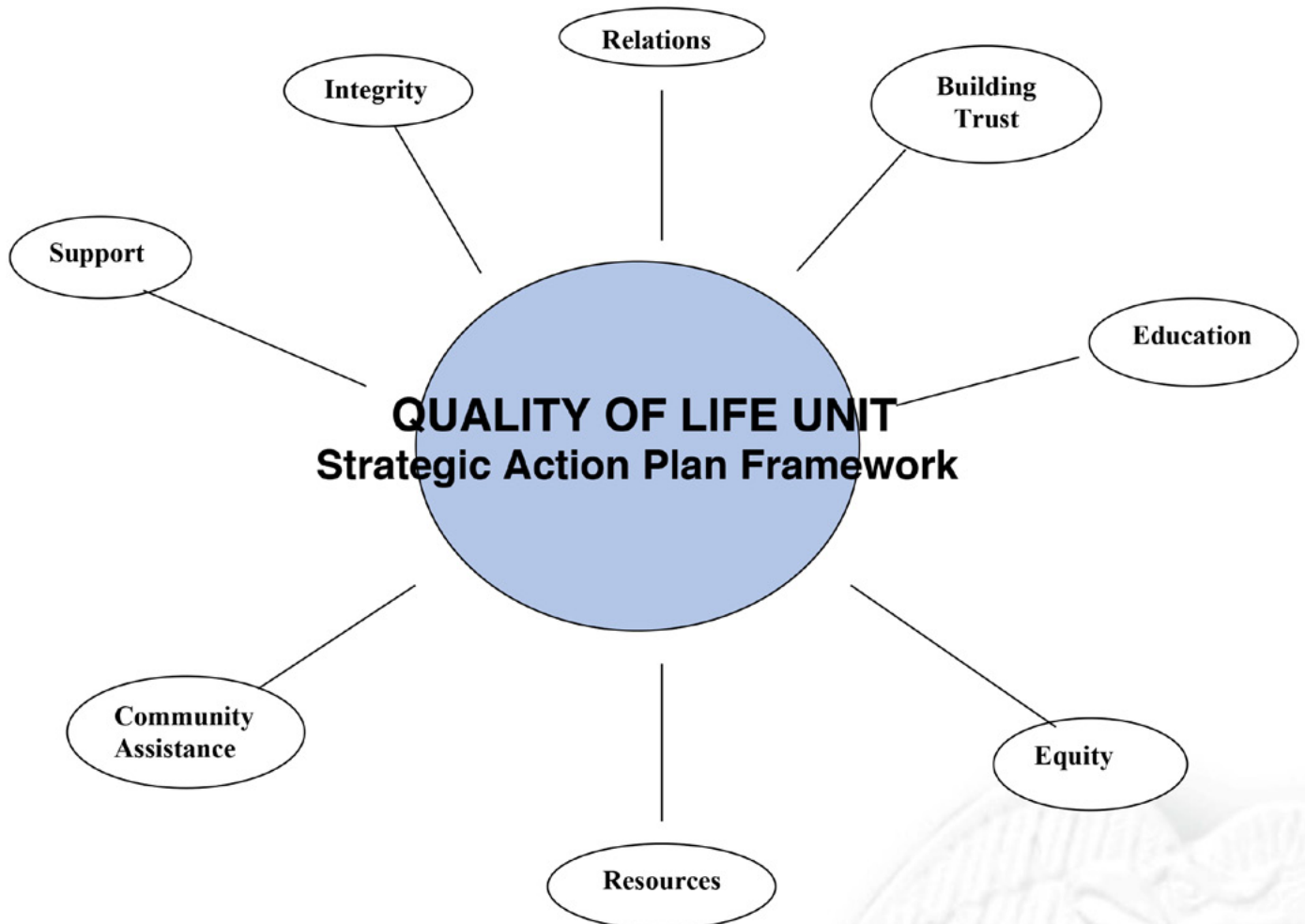
# APPENDIX B5: RAPID CITY'S QUALITY OF LIFE UNIT: STRATEGIC ACTION PLAN FRAMEWORK



## RAPID CITY POLICE DEPARTMENT

Community. Service. Integrity.

Karl Jegeris, Chief of Police



### **Mission Statement**

Provide Outreach and Connections  
Acknowledge Historical Truths  
Improve Quality of Life

### **Vision Statement**

We envision a safe and inclusive community built on trust and compassion  
with a sustainable and improved quality of life for all.

### **Goal**

The goal of the Rapid City Police Department Quality of Life Unit is to  
further improve quality of life by increasing community awareness,  
understanding, and engaging in a comprehensive strategy to help solve  
Quality of Life Issues in Rapid City.

## QUALITY OF LIFE UNIT PROJECT LOGIC MODEL

ISSUES/NEEDS	GOALS	STRATEGIES & ACTIVITIES	"IF-THEN" STATEMENTS	OUTCOME OBJECTIVES
<ul style="list-style-type: none"> <li>• Lack of affordable housing</li> <li>• Homelessness</li> <li>• Lack of trust from Native American community</li> <li>• Dissatisfaction from downtown business owners</li> <li>• Improve quality of life for all</li> <li>• Victimization and Experiences of Trauma and Trauma exposure</li> </ul>	<p>Further improve quality of life by increasing community awareness, understanding, implementing a radical compassion approach and engaging in a sustainable comprehensive strategy to help <i>improve quality of life of the city.</i></p>	<ol style="list-style-type: none"> <li>1) Create Safe Starting Spots</li> <li>2) Trust Building with Native American community -Acknowledge Historical Truths</li> <li>3) Provide Referral Services</li> <li>4) Improve RCPD trauma informed and victims services through collaboration</li> <li>5) Improve Officer and Agency Resiliency and Wellness</li> <li>6) Implement a strategic plan review schedule</li> <li>7) Develop and implement a sustainability plan</li> </ol>	<ol style="list-style-type: none"> <li>1. If we create safe starting spots, then we can start breaking cycles.</li> <li>2. If we build trust with the NA community, and if we acknowledge historical truths, then we can begin to start important work</li> <li>3. If we provide referral services, then we can improve collaboration and care</li> <li>4. If we improve victim services, then we break cycles and improve quality of life</li> <li>5. If we strengthen wellness, then we improve ourselves and build resiliency</li> <li>6. If we review the strategic plan on an ongoing basis, then there will be opportunity for revision and updates.</li> </ol>	<ol style="list-style-type: none"> <li>1. Transforming affordable housing and quality of life.</li> <li>2. Collectively progress towards breaking repeating cycles and improving quality of life.</li> <li>3. Improved service to the community and decrease officer workload with service provider collaboration</li> <li>4. Improved field services with service provider handoffs</li> <li>5. Improve agency cohesion, wellness, and officer satisfaction.</li> <li>6. Ongoing refinement and plan improvements.</li> <li>7. Reaching objectives and improving the quality of life in Rapid City.</li> </ol>



**International Association of Chiefs of Police**

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Alexandria, VA 22314

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