

## **Cross-Agency Collaboration Matrix**

## **Understanding Community Partners**

This brief is intended to aid local planning groups, community leaders, and their partners in collaborative efforts to expand community-based substance use treatment and related service capacity. It presents a matrix of key partner characteristics and offers guidance to inform development conversations among diverse partners.

As communities pursue local responses to the opioid crisis that are both effective and sustainable, it is critical that partners become familiar with one another and develop shared awareness of the strengths and challenges of the different systems in which they operate. A foundation of mutual understanding creates a collaborative environment well-positioned to deliver services meeting the needs of the community. This document is intended to guide planning discussions among diverse partners.

The following matrix outlines selected key characteristics of three key partner entity categories—1) law enforcement and first responders, 2) treatment and social service providers, and 3) hospitals and emergency departments—and offers guidance on building response capacity, inter-agency linkages to treatment, and community engagement. Partners in each category bring strengths that support building a robust community overdose response capacity and face challenges that may limit their ability to serve this population. The characteristics described below are generalized, and may apply to greater or lesser degrees in any particular community.

| Law enforcement and other first responders   | Community-based treatment and service providers   | Hospitals and<br>emergency departments |  |
|--|---|--|--|
| RESPONSE CAPACITY  |   |  |  |
| Look to leverage  • 24/7 engagement in the community   |   |  |  |
| Mobility / ability to transport clients in crisis  |   |  |  |
|  | Experience with naloxone administration   |  |  |
| Partner agencies may want to   |   |  |  |
| <ul> <li>Shift thinking from public safety to public health for certain types of street-level responses</li> </ul>                                   |   |  |  |
| <ul> <li>Provide training on different modalities of response, including prevention, treatment, care<br/>coordination, and harm reduction</li> </ul> |   |  |  |
| Build awareness of exist   | <ul> <li>Build awareness of existing provider network across spectrum of clinical and support services</li> </ul> |  |  |
| Establish protocols, policies, and best practices for post-overdose linkages to care   |   |  |  |

| Law enforcement and other first responders  | Community-based treatment and service providers  | Hospitals and emergency departments  |
|---|--|--|
|   | INTER-AGENCY LINKAGES TO TREATMENT   |  |
| Existing relationships with local hospitals and triage centers.      Experience with models for mental health crisis response that may resemble OD response (e.g., crisis intervention teams)             | Look to leverage     Existing relationships with community support services, including housing, job training, education, etc.     Existing core services like care coordination and case management     Experience with client-centered treatment and long-term recovery planning with community agencies                      | Experience working with law enforcement and first responders and established relationships and protocols with these agencies   |
| Partner agencies may want to  Establish protocols, policies, and best practices to allow direct access to treatment via first responders  Develop relationships with long-term recovery-oriented services | Partner agencies may want to  Establish protocols, policies, and best practices for receiving referrals directly from law enforcement and first responders on demand  Build positive relationships with law enforcement for staff who may have been justice-involved so as to not compromise the integrity of the relationship | Partner agencies may want to  Establish protocols, policies, and best practices for developing long-term care plans in cooperation with community-based treatment and social service agencies.  Provide training on different modalities of response, including prevention, treatment, care coordination, and harm reduction |
|   | COMMUNITY ENGAGEMENT   |  |
| Look to leverage     Familiarity with communities, families, and individuals known for drug activity  | Look to leverage     Knowledge of local drug trends     Knowledge of local prevention, harm reduction, treatment, and recovery resources   | Look to leverage     Experience as source of emergency help and stabilization  |
| Partner agencies may want to     Address tensions with individuals, communities, or neighborhoods   | Partner agencies may want to     Build awareness of street-level concerns, such as areas with a high concentration of drug use or overdose   | Partner agencies may want to  Explore opportunities for other services to access on demand for non-emergency needs  Build awareness of street-level concerns, such as areas with a high concentration of drug use or overdose  |

## About TASC's Center for Health and Justice

TASC, Inc. (Treatment Alternatives for Safe Communities) provides evidence-based services to reduce rearrests and facilitate recovery for people with substance use and mental health issues. Nationally and internationally, TASC's Center for Health and Justice (CHJ) offers consultation, training, and public policy solutions that save money, support public safety, and improve community health.

**TASC's** *Treatment Capacity Expansion* **Series** is designed to guide communities and concerned stakeholders in efforts to meet community demand for behavioral health services. The lead author of the series is Amanda Venables.

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