

**INTERPROFESSIONAL COLLABORATION BETWEEN  
CRIMINAL JUSTICE AND MENTAL HEALTH PRACTITIONERS  
REGARDING MENTALLY ILL OFFENDERS: PERCEPTIONS OF  
COLLABORATION FROM CRIMINAL JUSTICE  
PRACTITIONERS**

by

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## **ABSTRACT**

The federal program of deinstitutionalizing psychiatric facilities, which began in the 1960's, has resulted in a well documented, ever-increasing mentally ill population in the nation's prisons and jails.

Historically, the criminal justice system has maintained a laissez-faire attitude toward the mentally ill, and only became involved with the mentally ill when a crime had been committed. Instead, the impetus has been placed on institutionalized psychiatric treatment for the mentally ill offenders since the rise of the mental health asylums in the 18<sup>th</sup> century. However, with the onset of deinstitutionalization of psychiatric facilities, more pressure has been placed on community based mental health treatment centers to treat the mentally ill. Unfortunately, these community based centers were severely under-prepared to handle the explosive growth of the mentally ill population, and as a result, many of the mentally ill came into contact with the criminal justice system in a negative way. As such, the President's Mental Health and Criminal Justice Consensus Project was developed to explore ways that the two systems could work together to address the growing problem of the mentally ill offender. However, challenges arise because the criminal justice system has typically been viewed as a loosely coupled, fragmented system that is unwilling or unable to address the social issue of the mentally ill offender.

The concept of coupling between agencies has serious ramifications for the ability of agencies to successfully collaborate. Theoretical foundations for collaboration

between mental health and criminal justice agencies lie partly in labeling theory and the drive to avoid the negative stigmatization of the mentally ill by the formal criminal justice system, as stated by the President's Mental Health and Criminal Justice Consensus Project. A second theoretical foundation is found in developmental theories, which seek to explain the development of organizational knowledge and skills, in handling mentally ill offenders, through interaction between the mental health and criminal justice systems. Developmental theories argue that the development of knowledge and skills is optimized through peer interaction, which is an essential function of coupling and collaboration. Both theoretical perspectives lead to the concept of coupling as crucial for understanding the reasons for collaborating and the relationships between mental health and criminal justice practitioners in collaborative enterprises. In this study, it is asserted that agencies that are appropriately coupled and have experience with collaboration will perceive greater benefits from the collaborative exchange. Furthermore, this leads to the main hypothesis of the current study that agency coupling and collaborative experience will increase the perception of benefits of collaboration and support of collaborative efforts that deal with mentally ill offenders.

To assess the main hypothesis of the current study, a modified Dillman methodology was utilized. The research population consisted of a complete enumeration of the 20 Florida State's Attorneys Offices, the 66 County Sheriffs, the 54 Probation Office Managers, and the 313 municipal law enforcement agencies for a total study population of 453 possible respondents.

From this population, 49% of agencies responded, representing agencies from higher population densities, and higher per capita income areas within the response group. It was found that perceived benefits and agency coupling were the most important predictor of support for collaboration.

Overall, the findings of the current study illustrate a willingness of agencies to couple with outside agencies to address the phenomenon of the mentally ill offender. Although respondents did not necessarily view the arrest of the mentally ill as a negative thing, it was found that responding agencies did see the importance of working with outside agencies to explore alternatives to formal criminal justice interaction with the mentally ill. The results provide theoretical support for the need to reduce the negative stigma of a mentally ill individual being additionally labeled a criminal offender. The results additionally bolster the belief that the knowledge and skills to do this can best be accomplished through interaction with outside agencies.

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## **CHAPTER 1 – THE HISTORICAL PROBLEM OF CRIMINALIZING THE MENTALLY ILL**

The crux of the problem observed today in the criminalization of the mentally ill is the result of recent large scale deinstitutionalization of non-criminal justice institutions in the United States. The current federal policy of deinstitutionalization of mental health facilities has its roots in the 1963 Joint Commission on Mental Illness and Health and its recommendations for community alternatives to state run mental health facilities (Lamb, 2002). The commission was formed after intermittent public outcries regarding the conditions of these state-run facilities (Lamb, 2002). Additionally, mental health practitioners were unable to agree on the quantity of individuals with mental illness within the community, and the most appropriate method of treating these illnesses (Harrington, 1999).

In regards to the mentally ill offender, there is statistical information that the percentage of the deinstitutionalized mentally ill population being incarcerated by the criminal justice system is increasing (Ditton, 1999). Police officers are frequently required to arrest mentally ill individuals due to a lack of options afforded by state hospitals or community based mental health centers (Dvoskin & Steadman, 1994). The criminal justice system has been assuming the state hospital's role of removing severely mentally ill individuals from the streets and placing them into custodial care (Kagan, 1990; Harrington, 1999). Additionally, serious impediments to involuntary commitment, in the form of overly restrictive admission procedures and criteria, seriously limit the use of psychiatric hospitalization in lieu of arrest (Lurigio, 2000). Furthermore, as the field

of criminal justice becomes the default arena for treating the displaced mentally ill, concerns arise as to whether these facilities are 1) able to meet the medicinal needs of the diagnosed mentally ill, and 2) have the ability to provide psychotherapy or other mental health treatment to these individuals.

Another factor that has contributed to the criminalization of the mentally ill is the lack of mental health law reform (Torrey, 1997). The existing mental health codes that provide the same criminal due process procedures to mentally ill offenders as to “regular” criminal defendants, only provide involuntary hospitalization to the most dangerous or profoundly mentally ill individuals (Lurigio, 2000). This has resulted in increased numbers of mentally ill individuals within the community that may commit criminal acts and enter the criminal justice system (Lamb & Weinberger, 1998, p. 487).

The compartmentalization of mental health treatment, and other treatment systems provide yet another catalyst to the criminalization of the mentally ill (Lurigio, 2000). The mental health system is comprised of fragmented services (Lurigio, 2000) similar to the loose coupling of the criminal justice system (Weick, 1976; Hagan, J., Hewitt, J., & Alwin, D., 1979). For example, the majority of mental health treatment programs provide treatment for “pure types” of clients: mentally ill, developmentally disabled, alcoholic or chemically dependent, and although a client may exhibit several disorders, the treatment programs rarely overlap or share information (Lurigio, 2000). Subsequently, large percentages of severely mentally ill individuals may be denied access to treatment because they fail to meet the restrictive admission criteria (Lurigio, 2000; Abram & Teplin, 1991).

To attempt to address this growing phenomenon, researchers have reported that through assertive case management, and collaboration between mental health providers and the criminal justice system, joint problem solving can be encouraged (Calsyn, R., Morse, G., Klinkenberg, W., Trusty, M., Allen, G., 1998). This, in turn, will allegedly result in reduced hospital stays, improved living situations, and improved social relationships for the mentally ill, although empirical confirmation is currently lacking (Calsyn et al., 1998; Solomon, 1992).

Hochstedler (1987) represents a rare attempt to provide empirically based information regarding the mentally ill offender and the methods that the criminal justice system employs to handle them. Hochstedler (1987) acknowledges that there is very little empirical research, although there is a great deal of discussion and speculation regarding prosecutorial and judicial decisions in cases involving the mentally ill. This lack of empirical research regarding the criminal justice system's response to the mentally ill continues today, although there is a growing discussion in other fields regarding appropriate ways to address the phenomenon of the mentally ill offender.

Hochstedler found that the prosecutors typically followed one of four courses of action when dealing with mentally ill defendants: a) decline to issue charges, b) defer charging, c) file a criminal complaint, but defer prosecution based on the defendant's seeking of treatment, d) issue charges and take the case to trial. The Court's course of action depended largely on the offense and the defendant's history of contacts with mental health systems. However, it is acknowledged by Hochstedler (1987) that the court nearly always uses its criminal authority not to impose criminal sanctions but to mandate treatment. This leads Hochstedler (1987) to conclude that both prosecutors and



judges alike often find the mentally ill defendant an inappropriate candidate for criminal justice systems based on the absence of clear criminal intent.

It would appear to an outsider that neither the mental health profession, nor the field of criminal justice knows how to effectively address the growing problem of mentally ill offenders. This question of how best to handle the mentally ill within society is not a new one.

Historically, the treatment quandary of the mentally ill dates as far back as 1408, with the building of the first asylum, and has resulted in many different forms of advocacy since. This study will focus on the current movement towards interagency collaboration, when handling mentally ill offenders, and practitioners' perceptions of interagency collaboration. However, due to the historically cyclic nature of treatment versus selective incapacitation for the mentally ill, no discussion of current advocacy movements can be complete without a discussion of the movement's history. This historical overview displays the foundations for collaboration, and the current quandary within the criminal justice system, regarding the appropriate treatment and appropriate supervision of mentally ill offenders.

### **America 1700 – 1830: The Rise of Psychiatric Facilities**

For much of the 18<sup>th</sup> century in the American colonies, little attempt was made to confine the mentally ill living within the communities, unless they were proven to be violent (Jimenez, 1986). During this time, madness (the term for any mental illness) was not an important concern for the community because it was not viewed as a permanent

state (Jimenez, 1986). Instead, the thinking of the community was based on pre-Enlightenment ideas that madness was a natural result of a supernatural play with God and the devil as actors, and the “distracted” (mentally ill) individual as the stage where the contest of good versus evil would be resolved (Deutsch, 1937). This drama would conclude when God and the devil had played all of their parts, and the person would eventually return to normal. As a result, it was not seen as an effective practice to provide care for these individuals due to the belief that supernatural powers were having their way, and man should not get involved. Ironically, the mentally ill were often treated with contempt because they were seen as having lost favor with God (Deutsch, 1937). The public response was to drive the mentally ill out of the town with orders to not return (usually after having branded the individual) (Foucault, 1965). The only exception to this practice was when insanity was linked in some way to witchcraft. The subsequent societal response was swift and severe, often with ad hoc court proceedings involving a trial by ordeal, in order to rid the community of the taint associated with witches (Jimenez, 1986).

If not banished or banned, the remaining laissez-faire attitude toward mental illness changed, however, if the person who was mad became a drain on the town finances. These so called pauper lunatics were often reluctantly placed in almshouses, or in the homes of local families because settlements were too dispersed (Grob, 1994; Jimenez, 1986). There was no distinction, for housing, between the insane and the poor at this time as both parties would be subject to the town’s placement in a boarding house, or in the local jail if no local house could be found (as in the case of Samuel Coolidge in

1750<sup>1</sup>) (Foucault, 1965; Jimenez, 1986). The belief at the time, based on classical reasoning, was that being unemployed or unable to care for one's self was criminal, therefore confinement was the only appropriate response (Foucault, 1965). Towns were more concerned with warning away strangers, (especially when it was believed that those strangers might cause madness, or were mad themselves) than in providing appropriate housing for the mentally ill (Jimenez, 1986).

Alternatively, unlike colonial America, in 1700's England, under the Elizabethan Poor Laws<sup>2</sup>, individual townships considered themselves responsible for the care of the indigent poor (Wright, 2000). Local magistrates often employed local non-institutional solutions to effectively deal with the mentally ill under the concept of pauper idiocy<sup>3</sup> (Wright, 2000). Later, outside agencies, which were given allowances through a system of boarding out<sup>4</sup>, were utilized when family and local care systems had broken down. The formation of these asylums coincided with the emergence of the Enlightenment, and the belief in science and medicine to provide rehabilitation to individuals (Foucault, 1965). The criminal justice system rarely, if ever, got involved with the care of the mentally ill unless the mentally ill had committed a criminal act for which they had some cognizance of their behavior (Simon, 1999). Instead, the criminal justice system's purpose was to provide a means to confine these individuals within the asylums at an increasing rate (Foucault, 1965).

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<sup>1</sup> Samuel Coolidge was a man known for abusive outbursts in the Harvard area, and was often locked in the schoolhouse to ensure that he would be present for classes.

<sup>2</sup> Elizabethan Poor Laws – Overseers of the poor were supposed to provide relief to the poor by financially supporting the sick or infirm, and putting the able-bodied to work.

<sup>3</sup> Pauper Idiocy – those destitute and mentally ill individuals that were supported financially by Overseers of the poor under the Elizabethan Poor Laws.

<sup>4</sup> Boarding Out – allowances paid to families or non-related individuals to care for 'idiots' or imbeciles' (Houston, 1999).

Following Britain's lead by the 1770's, in the United States, the first private institutions for the mentally ill began to be built. However, they existed for families that could afford to make arrangements for care, and the pauper insane were still being housed in boarding houses or local jails (Jimenez, 1986). The local officials concerned themselves with the care and management of insane individuals that had substantial financial resources (Jimenez, 1986). They were given the legal provisions to do this by the 1678 General Court, which stated that Selectmen (town officials) were to:

*“take care and Order the Management of their Estates in the Times of their Distemperature, so as may be for the good of themselves and Families depending on them; and the charge be Paid out of the estates of all such persons where it may be had, otherwise at the public charge of the town such persons belong unto”* (The Colonial Laws).

This amounted to the formalization of an already existing private arrangement, which was meant to keep the wealthy insane from squandering their money and becoming the responsibility of the town (a secondary motive was to protect the wealthy insane from embezzlement) (Jimenez, 1986).

The town selectmen determined sanity through pointed questioning, and recommended custodial care from the individual's family or guardian, if needed (Jimenez, 1986). This emergence of institutionalization for the mentally ill, through the formal proceedings of the criminal justice system, coincided with Enlightenment ideas of secular responses to social situations, and the classical idea of confinement (Foucault, 1965). Although these criminal justice proceedings represent early interaction between criminal justice and mental health systems, actual collaboration for treatment and supervision did not exist in practice nor in concept.

The Enlightenment movement towards rationality led to the arrival of American medical schools in the late 18<sup>th</sup> century. Physicians at these schools formally and actively entered into research on the causes of insanity (Jimenez, 1986). The American physicians extensively borrowed ideas on madness, from English physicians, and the emerging asylums provided a training ground for these aspiring physicians (Grob, 1994). The concentration on biological sciences led to insanity being viewed as a physical ailment, like other diseases, which could be cured. However, towards the end of the century, efforts to treat and cure the insane were equally matched with efforts to control and confine them (Foucault, 1965). During this time, the efforts to control and confine the mentally ill were becoming increasingly important. There was an increasing uneasiness regarding the mentally ill, and their proximity to the “normal” population, which was due in large part to the growing urban population in the Massachusetts area and the fear of abnormal behavior (Foucault, 1965).

The movement toward confining the insane did not begin in earnest though until the early 1800’s. With the growth of institutions continuing into the emerging Industrial Revolution and the 1833 opening of the Worcester State Lunatic Hospital, more of the insane were finding themselves placed in formal almshouses and institutions (Jimenez, 1986). Subsequently, during the Industrial Revolution, institutionalizing the mentally ill in almshouses became a first resort instead of last, due to the steady increase of the community’s resources made available from population and economic growth (Jimenez, 1986). Additionally, what is interesting is that the right to confine the insane was now being expanded to all classes, not simply the pauper insane (Grob, 1994; Jimenez, 1986). Many behaviors that may have been previously viewed as eccentric or peculiar were now

being cited as sufficient cause to involuntarily commit an individual to an almshouse. Additionally, American asylums were viewed as something that the wealthy provided for the poor to keep them out of sight (Grob, 1994). By the early nineteenth century, institutional solutions were being sought as a serious alternative to family or parish care (Wright, 2000). Before this, psychiatric institutions were used as an entertainment venue to taunt patients instead of a place for care (Jones, 1993).

Moving into the 19<sup>th</sup> Century, the view that insanity was a disease was gaining in popularity, and increased the call for physicians to treat the patients (Jimenez, 1986). However, the explanation of insanity as a biological phenomenon that called for tactics such as leeching, applying blisters, drowning, and primitive shock therapy to shock the patient back to reality was quickly losing favor to a more regimented program where patients were forced to internalize the values of society (Grob, 1994). This medical view, as well as the growth of institutions, coincided with the rehabilitative model that permeated the criminal justice system at the time which also saw criminal behavior as a disease to be cured within a proper institution. The nature of treatment for the mentally ill, during this time, was in stark contrast to the treatment expended during the colonial period. This unfortunately led to both great strides and horrible pitfalls in the treatment of the mentally ill.

## **The Asylum Movement 1830 – 1890**

One of the most influential social reformers in mental health treatment was Dorothea Dix. Her 1843 petition to the Massachusetts General Court regarding the deplorable conditions of those “Insane Persons confined within the Commonwealth...” (Dix, Memorial, 1843,4) is renowned for initiating the American asylum movement (Gollaher, 1995). Her initiatives in reforming the treatment of the mentally ill were a direct result of personal experiences with “melancholy”, and her subsequent return to health within the property, and compassionate care, of English gentry (Gollaher, 1995). Treatment (in England, where Dix gained her experience) at this time was based upon the creation of a model domestic atmosphere, which would not only restore the insane, but would reunite them with mainstream society (Jones, 1955). Dix’s concept of public asylum care for the indigent mentally ill, which became the focal point of her reform campaign, was born from observing the investigations into England’s madhouses, and the discovery of the horrific conditions in them that led England to reform (Gollaher, 1995; Scull, 1979). The findings from these investigations advocated immediate reform of private and public asylums, and the creation of a state sponsored supervisory board to watch operations within the facilities to ensure compliance (Deutsch, 1937).

Dix brought these reform ideals back to America using the rehabilitative movement within English asylum reform as a model for American institutions. During this time, America did not have a formal system of private asylums, and very few facilities designated to care for the insane (Grob, 1994). However, her reform initiatives

called for the creation of public asylums, regardless of the cost to society, due to the moral benefit that would be achieved by doing so (Gollaher, 1995; Deutsch, 1937).

Historians such as Rothman (1990) have stated that asylums are an American creation, regardless of extensive literature identifying the formation of asylums in England and France. It is notable that in America, the asylum movement was viewed as a factory-based means of social control, which is in tune with the efficiency ideal of the Industrial Revolution (Gollaher, 1995). Conversely, lawmakers and politicians had satisfied society's growing imperative to provide support for the indigent mentally ill, but the level of support was just above starvation and destitution, and happened in a haphazard manner (Grob, 1994; Gollaher, 1995). Dix saw this as a contradiction to Enlightenment ideals that sought cures for humanity's illness, and she vocalized convictions that it was the duty of government to provide for the most ill fated citizens within its society (Gollaher, 1995).

The efforts of Dorothea Dix led state after state to erect public institutions to house the mentally ill instead of the continued use of almshouses and jails (Luchins, 1987). Additionally, the Association of Medical Superintendents of American Institutions for the Insane (AMSAAI) was created, which mirrored English reforms of creating a government-based agency to oversee the operations of England's asylums (Grob, 1994).

As stated previously, advocates of the asylum believed that the insane could be transformed and returned to society as healthy people. However, it was also believed that the asylums could be made attractive to the families of the insane, thereby assisting in the



overall treatment of the patient by making the environment seem less artificial (Deutsch, 1937).

By attracting the families of the insane, the asylums had less of a feel of being a hospital (which carried the negative connotation of being a place to die), and concentrated more on making the asylums the first place the mentally ill turned to, where a tailor-made treatment plan was constructed by the superintendent for the patients (Warner, 1986). Finally, treatment was deemed successful, and the patient released, when the patient was free of all symptoms of insanity and resisted impulses to go against what was considered normal behavior at the time (Luchins, 1992).

Opponents of the asylum movement believed that asylums should be reserved for the dangerous and “furiously” insane and that even these patients should be released when cured (Luchins, 1987). Additionally, horrific conditions were being sited within the asylums both in the United States and abroad as more people moved into asylums, forcing overcrowding (Grob, 1994).

It has also been found that at the beginning of the 20<sup>th</sup> century, asylums were being seen as a place to send society’s elderly, infirm and senile. These populations could not care for themselves, and due to the changing family dynamics within American society, were no longer being cared for by their families (Luchins, 1987). As a result, movements to find less costly and more humane alternatives to institutionalization started as early as the middle of the 19<sup>th</sup> century (Deutsch, 1937). Subsequent attacks on the status of asylums came in the form of oversight boards in most states to review the status of the asylums (which at this time were being viewed as an extension of the state’s welfare system) (Luchins, 1987). The boards found inefficient institutional management,

and would often challenge or remove the superintendent's professional autonomy (Luchins, 1987).

### **1890 – 1950 The Status Quo**

Although movements for psychiatric facility reform were growing in numbers (Luchins, 1987), mentally ill individuals were continuing to be admitted into psychiatric facilities at a substantial rate (Harrington, 1999). As a result, the criminal justice system did not have to become responsible for mentally ill offenders because of the ease involved with committing an individual to a mental health facility. During this period, commissions continued to find substandard conditions of housing and treatment, but substantial change did not occur until modern times. The reason for this lack of change is largely due to several controversies revolving around the nature of approaching mental illness as a disease or dependency, which engendered divergent responses, and the questions of professional autonomy when dealing with patients (Grob, 1994). These controversies led to a loosely coupled mental health system that became seemingly unwilling to collaborate to treat the mentally ill (Harrington, 1999; Grob, 1994). As a result of this lack of communication, and an emerging isolationist mentality, psychiatric facilities concentrated on their own operations as opposed to seeking meaningful change to policies and procedures. Recently, this has been most clearly demonstrated in the case of Florida's psychiatric facility system, which will be discussed further.

## **Modern Times; 1950 – Present: Attempted Deinstitutionalization**

The reform movements in mental health treatment finally led to the enactment of a Federal policy, referred to as deinstitutionalization, which was created for the purpose of shifting the care of the mentally ill to the communities. The theory behind the policy was that the mentally ill were viewed as a local community problem, and local governments were in the best position to plan and implement responses to the needs of the mentally ill (Conly, 1999). Additionally, there was an increased belief that psychiatric facilities should be reserved for the most severely and dangerously mentally ill.

Originally, the policy of deinstitutionalization was viewed as a positive venture in that it called for the release of psychiatric patients from outdated, ineffective institutions (Grob, 1995). Theoretically, patients that were released from institutions would be successfully reintegrated into mainstream society through the use of various, client-tailored; social and psychiatric support systems in community based mental health facilities (Grob, 1995). These systems were to be implemented through the use of federal dollars, although with far fewer dollars than had been used to run the facilities

The policy of deinstitutionalization did not work for many reasons. First, the federal money to help start the programs never followed the federal policy (Grob, 1995). Second, the newly created community mental health centers were not able to shoulder the burden of managing the mentally ill in the community (Grob, 1995). Third, political arguments over what the best policy was regarding the mentally ill led to the repeal of many mental health laws, and an emerging “hands off” attitude, on behalf of the federal government, toward dealing with the mentally ill (Grob, 1995). Finally, the states were

accelerating their discharge of the mentally ill from institutions due to the impending lack of funding from their federal sources (Grob, 1995).

The community mental health centers were laden with disinterest regarding the treatment of the severely mentally ill and held extremely weak bonds with state run facilities, where most of the severely mentally ill individuals were still being housed (Rosenheck, 2000). The social activism of the 1960's, and the focus on civil rights helped to play a part in bringing attention to the plight of the mentally ill, but not until the mid to late 1960's (Rosenheck, 2000). However, due to a lack of experience with overseeing nationally based programs, the National Institute of Mental Health was unable to enforce the accountability of community mental health centers (Rosenheck, 2000).

The result of all of these influences was that the mentally ill were suddenly being thrust out of mental health institutions and into local communities that were woefully unprepared to meet their needs (Harrington, 1999). In the years following deinstitutionalization, the meaning of the federal policy changed from a positive possibility for the mentally ill to a fatalistic view of the outcome of the mentally ill as homeless undesirables that needed to be removed from the community (Harrington, 1999).

The ultimate result of deinstitutionalization was that the federal government has unwittingly created a dilemma in the handling of the mentally ill. Reports indicate that a good deal of these former mental health patients were not placed in residential treatment facilities, but were moving into the criminal justice system (Harrington, 1999). Researchers have noted an increase in criminal justice contact with mentally ill offenders (Ditton, 1999; Bonovitz & Bonovitz, 1981) although few programs for the provision of

psychiatric treatment to these offenders have been implemented (Grob, 1995). Current “get tough” legislation, which has increased sanctions for certain criminal offenses, has also led to the mentally ill spending longer periods in criminal justice custody (Harrington, 1999; Ditton, 1999).

Irrespective of its Federal origins, the practical impacts of deinstitutionalization has fallen on the various states. The state of Florida is no exception, and warrants further study because Broward County, Florida is viewed as the birthplace of the mental health court movement. Florida is perceived to be a leader in how to practically and effectively handle the impact of the deinstitutionalized mentally ill. Therefore, what follows is an in depth discussion of Florida’s response to deinstitutionalization.

### **Deinstitutionalization in Florida**

Florida’s institutional services are provided by six mental health treatment facilities located throughout the state. These hospitals are categorized into four civil hospitals, which serve 1,955 adults with a serious mental illness who are voluntarily or involuntarily committed because they are a danger to themselves or others. The other two hospitals are forensic hospitals that serve 800 adults with a serious mental illness who are charged with a criminal offense, but are found not guilty by reason of insanity (or are incompetent to participate in the judicatory process). This represents psychiatric treatment for a total of 2,815 of the estimated 338,677 with a severe mental illness (year 2000 projections from the Florida Consensus Estimating Conference, 1995).

The status of the institutional services is based on a performance based program budgeting system, which has been in place since 1994, and it is asserted that by focusing on performance, accountability has greatly improved. However, in a 1996 release from the Justice Department, it was announced that the Justice Department was filing suit to improve Florida's state psychiatric hospitals, specifically G. Pierce Wood and South Florida State Hospital. In the release, it was noted that the state had not permitted the Justice Department to inspect the hospital despite a 1989 agreement that required the state to improve its services.

The Justice Department suit addressed substandard care for residents, and a lack of community placements for discharged residents, and the state responded by phasing down G. Pierce Wood for closure in 2002, and privatizing South Florida State Hospital. Interestingly, the Department of Children and Families still claims that all of the state institutions are part of the continuum of care for the most seriously mentally ill residents of the state, even though two of the six facilities have been lost. Additionally, the department argues the need for these facilities to assist in stabilizing adults so that they can return to the community.

This formal, and somewhat contentious, interaction between the criminal justice and mental health systems, in the form of overseeing operations, is indicative of the tenuous relationship between the two fields. The systems are untrusting of each other, and the tendency is to withhold information, or become authoritative with the other party instead of truly collaborating to provide appropriate treatment. The result is that many mentally ill offenders end up on the street without access to proper care until they come into contact with the criminal justice system.

It was believed by mental health treatment advocates that the answer to this dilemma was to increase community based programs. To accomplish this, the Florida Legislature appropriated \$234 million dollars for community-based services for adults with mental illness, which is to be spread among 15 service districts throughout the state. Unfortunately, the community-based programs are also having problems. A significant portion of the appropriated funds for community-based services lies in Medicaid dollars from the Federal government. The Federal government decreased Medicaid funds to the state thereby undermining the community-based initiative.

However, the closing of G. Pierce Wood, and the privatization of South Florida State Hospital not only helped to alleviate the scrutiny of the Justice Department lawsuit, but also freed funds, which could be directed toward community-based care. The Department of Children and Families then elicited the aid of the Office of Program Policy Analysis and Government Accountability (OPPAGA) to create program performance measures, and report on the program's effectiveness. OPPAGA found in their Justification Review of Mental Health Institutions Program (Report No. 00-13) that the program provided not only beneficial services to clients, but also a measure of public safety, a key for criminal justice practitioners. Additionally, it was asserted that many clients in institutions could be served in community-based settings in a less restrictive manner, and at less cost to Florida taxpayers. Finally, they concede that some clients remain in forensic hospital due to either a lack of community-based alternatives, or a lack of mental health services in the jails.

In a July 21, 2000 meeting of the Florida Commission on Mental Health and Substance Abuse, Dr. Martin Cohen (president and CEO of MetroWest Community

Healthcare Foundation of Framingham, MA.) noted some of the problems associated with systems of care. He stated that they are often fragmented in terms of programs and funding due to the fact that there are: many sources of funding with little coordination among them, few incentives to finance systems, outdated systems in place, and that the clients often have to follow the funding not the other way around. Additionally, Brent Taylor, Director of Policy Advocacy Center for Persons with Disabilities, Inc., stated that important empirical data needed to make informed treatment and funding decisions are unavailable.

The assistant secretary of the Mental Health Program Office for the Department of Children and Families reported that the closing of G. Pierce Woods without building up the community treatment capacity was not a viable option, and that five Assertive Community Treatment teams will be assigned to the GPW catchment area in 1999-2000. However, according to the National Alliance for the Mentally Ill, Florida has not created any permanent ACT model programs, but remains in the demonstration phase. Besides these effects on the mental health system, deinstitutionalization has had significant impact on the criminal justice system.

### **Deinstitutionalization's Impact on Criminal Justice**

Studies of the criminal justice system have begun to quantify the influx of mentally ill individuals. Bonovitz and Bonovitz (1981) conducted a study after the enactment of the Pennsylvania Mental Health Act and found that law enforcement calls



for service (not simply relabeling a case as involving a mentally ill offender), involving a mentally ill suspect, increased 228% after the enactment of the restrictive involuntary commitment guidelines put forth by the Mental Health Act. A qualitative explanation, from law enforcement officers, for this increase in calls for service and disorderly conduct arrests revolved around a lack of suitable options, such as psychiatric commitment, and increased knowledge about mental illness (Bonovitz & Bonovitz, 1981). A study by Lamb and Weinberger (1998) reports that mentally ill individuals are admitted to jails at a rate eight times that of psychiatric hospital admissions. This has resulted in more individuals with severe mental illness in jail than in treatment (Criminal Justice/Mental Health Consensus Project, 2003).

These findings are especially important to law enforcement officers because the public's perception of law enforcement as agents of social control (Bonovitz & Bonovitz, 1981). As social control agents, officers are increasingly being called to deal with the mentally ill, and are more inclined to arrest due to the fact that it is easier to incarcerate than to enter an offender into a mental health facility (Harrington, 1999).

The field of criminal justice has also begun to address appropriate responses to the growing number of mentally ill offenders within the system. A qualitative review of the practices of the four mental health court programs was conducted (using a methodology similar to the Delphi method), which resulted in the creation of a matrix of best practices for future mental health court program creators (Goldkamp & Irons-Guynn, 2000). The goal of the study was to provide a possible outline for diverting mentally ill offenders away from formal criminal justice proceedings, and into a treatment based intervention (Goldkamp & Irons-Guynn, 2000).

Another purpose of the study was to address the problems that are faced by the criminal justice system when it is confronted with a mentally ill offender. These problems include, but are not limited to, housing, medical care, and the inadequacies of the misdemeanor system in adequately assessing the special needs associated with the mentally ill (Goldkamp & Irons-Guynn, 2000).

Although the study of the existing mental health courts did not discuss the qualitative or quantitative successes of the programs, it did have other beneficial outcomes. The study of the four mental health courts was utilized to assist in creating legislation and funding for future mental health courts. The result of this legislation was the signing of S.1865 into law by President Clinton in 2000. This legislation allowed congress to distribute up to \$10 million dollars for the creation of as many as 100 mental health courts nationwide. This legislation also helped to show the federal government's acknowledgement that a growing problem of an increasing incarceration rate for mentally ill offenders did exist. Unfortunately, the final amount of funding to be allocated for the creation of mental health courts was \$4 million dollars, which equates to \$40,000 per court if all 100 mental health courts are established.

Although the extent of the mental health court movement is still minimal, it should be noted that some advocates are stating that it is the criminal justice system's best approach to appropriately handling the mentally ill offender (Goldkamp & Irons-Guynn, 2000). This is because of the treatment-based orientation of the court, which is modeled similarly to the drug court movement. However, whereas jail time may be used within the drug court programs to encourage compliance with program guidelines, non-compliance with mental health court programs is expected. Instead of incarceration for

noncompliance with mental health court program rules, an offender's treatment level is reassessed and adjusted to adequately and appropriately address the individual's behavior. This proposal for the reassessment of treatment criteria instead of incarceration is consistent with Hochstedler's (1987) research on the courtroom workgroup, and the handling of mentally ill offenders, which found that many judges feel that the mentally ill are inappropriate for the formal criminal justice system.

Mental health courts and all other courts must be especially cognizant of mental health treatment issues and work appropriately to minimize the use of coercion to compel treatment. This is especially poignant because specialized courts have a limited vantage point from which to run mental health programs, and cannot provide the adequate resources to fill gaps in treatment. Therefore, the risk of inappropriate intervention is great, as is the risk of further criminalizing the mentally ill, and increasing the fragmentation of the criminal justice and mental health systems (Goldkamp & Irons-Guynn, 2000).

The risk of inappropriate intervention may be a significant factor as to why the mental health court movement has not grown significantly. Although the empirical study of the mental health court movement is not the purpose of the study at hand, the meta-analysis of the mental health court systems, conducted by Goldkamp & Irons-Guynn (2000) provided an example of how agencies from divergent professions could collaborate to address the social issues of the mentally ill.

It is noted that the ideals behind the mental health court concur with a great deal of literature, most of it from the field of social work, regarding the need for partnerships to create effective case management for the mentally ill. Studies exist which find that a

paradigm shift that emphasizes interrelated steps, tasks, and processes to develop new mutual information architectures, among the various fields, is necessary for both systems to understand each other and discover the impact that the mentally ill have upon their respective systems (Keilitz & Roesch, 1992). However, there is very little discussion of how two different systems with divergent goals – the mental health providers, and the criminal justice system are supposed to work together (Keilitz & Roesch, 1992).

Another issue that plagues the treatment of the mentally ill, and has an impact on collaborative efforts, is funding. According to a study conducted in 1996, mental health and substance abuse treatment funding consisted of approximately 8.1% of the total amount of national money spent on healthcare (McKusick, D., Mark, T., Kin, E., Harwood, R., Buck, J., Dilonardo, J., & Gernardi, J., 1998). Spending for behavioral healthcare is not only falling far behind overall healthcare spending, but also appears to be targeted because it is viewed as ineffective due to the costs of treatment, and the stigma associated with mental illness (Mechanic & McAlpine, 1999).

As a result of the lack of federal spending on behavioral healthcare, the amount of money set aside by the legislature in S.1865 for future mental health courts, and the scarcity of these specialized courts, a few law enforcement jurisdictions are adopting the creation of CIT teams. Crisis Intervention Teams (CIT, a.k.a. crisis response teams) have been adopted, in some jurisdictions, to appropriately handle interactions with mentally ill individuals in a non-lethal manner. These teams have been utilized widely in school jurisdictions in the aftermath of highly publicized school violence, and in response to victims of crimes such as domestic violence.

The short-term goal of a CIT program is to solve the immediate, behavior-based problem of the mentally ill by restoring a person's equilibrium. However, the long-term goal is to redirect mentally ill persons from the criminal justice system into appropriate mental health care. To accomplish this, CIT officers work very closely with mental health practitioners in order to have access to appropriate levels of treatment. This model is asserted by the National Alliance for the Mentally Ill to have been led by Memphis, Tennessee, and is directed at addressing and developing treatment delivery systems for the mentally ill in order to provide adequate treatment before the mentally ill behave in a criminal manner (Cochran, 2005).

Systemic fragmentation within the field of mental health treatment, coupled with a lack of communication between mental health and criminal justice practitioners has made interprofessional collaboration between criminal justice and mental health practitioners all but impossible. The fact that the criminal justice system is also a fragmented, loosely coupled system (Hagan, J., Hewitt, Alwin, D., 1979) makes the prospect of successful interprofessional collaboration to address the treatment of the mentally ill highly problematic. The result is that both criminal justice and mental health systems have been attempting to address the problem as autonomous entities. Furthermore, this isolationist mentality has been adopted without exploring the opinions of practitioners, especially criminal justice practitioners, regarding their support for collaboration. In effect, the most logical course of action, collaboration, has been either abandoned or haphazardly pursued without a basic knowledge of the perception of collaboration by criminal justice practitioners or the role of coupling in successful mental health and criminal justice collaboration. In response, the purpose of this study is to first

measure existing criminal justice agency's levels of coupling in Florida in order to secondly determine how coupling is related to overall perceptions of collaboration. It is expected that criminal justice agencies that are highly coupled and have collaborative experience will be more likely to support interprofessional collaborative efforts.

### **The Research Question**

The problem of inadequate delivery systems for mental health treatment is felt in many jurisdictions, by both criminal justice and mental health practitioners. In a recent statewide study of Florida criminal justice practitioners, conducted by the University of Central Florida for Florida Partners in Crisis, it was found that 79% of respondents felt that the mental health and substance abuse delivery systems are in crisis (McCarthy & Sharp, 2002). Additionally, 72% feel that access to these systems is directly related to public safety. The Florida Partners in Crisis study further illustrates the impact of the mentally ill offender on the criminal justice system, and the belief that incarceration of these individuals is not the proper way to handle them (McCarthy & Sharp, 2002).

A serious problem arises as the agencies and institutions of criminal justice become the sites for treating the displaced mentally ill. Although recognition of a growing problem of mentally ill offenders has been identified, widespread support for this shift in treatment has not been shown to exist within the criminal justice system. Additionally, criminal justice practitioners are not historically nor currently equipped to provide appropriate treatment to mentally ill offenders who come into the system.

Regardless of the widespread identification and recognition of a problem, criminal justice system support for collaboration with mental health practitioners cannot be assumed. The assumption of support, and the subsequent lack of collaboration, results in mentally ill offenders not being provided with a continuity of care upon release from a correctional facility. Many mentally ill offenders therefore do not have the opportunity to adjust to treatment. These offenders regress further into their illness, often returning to jail, which results in the increased “criminalization of the mentally ill” (Teplin, 1984).

This brings up the critical issue regarding the actual level of criminal justice practitioners’ support for collaboration in community-based treatment for mentally ill offenders. While the field of social work has produced a great deal of research regarding the efficacy of collaborative treatment for the criminal mentally ill, an issue that has not been addressed is the perception of criminal justice administrators regarding collaboration. Thus, the support of half of the collaborators has been largely ignored, yet assumed. This issue becomes increasingly important in light of the recent growth of the mentally ill population within the criminal justice system (Ditton, 1999; Bonovitz and Bonovitz, 1981).

The main question that arises from the current state of affairs regarding the plight of the mentally ill offender is how effective can collaboration be given the loosely coupled nature of the criminal justice and mental health systems? This becomes especially poignant given the recent guidance of the Federal government that the two systems must work together in order to divert mentally ill offenders from the formal criminal justice system and into community based treatment that will appropriately treat the mental illness. Additionally, there is an underlying assumption that the criminal

justice system is not doing enough to address the growth of the mentally ill within the criminal justice system because of the loosely coupled nature of the system as a whole. Nevertheless, both the criminal justice and mental health systems are being placed into a position where information, services, and effort will have to be shared in the form of consistent interprofessional collaboration. Therefore, it is important to establish the characteristics of collaboration and determine criminal justice practitioners' support for such an endeavor. The nature of the responses on support will address the assumption of loose coupling within the criminal justice system, and identify criteria that are important for successful collaboration from a population that has been previously unstudied.

With these concerns in mind, the research question addressed by this study is how is support for collaborative efforts affected by an agency's level of coupling? It is expected that as the coupling of an agency moves along a continuum from not coupled to highly coupled support for interprofessional collaboration will also increase. It is further expected that the history of an agency's collaboration will have a significant relationship to current support for collaboration. Specifically, agencies with collaborative experience are expected to be more supportive of interprofessional collaboration. However, in order to determine support for interprofessional collaboration, an understanding of what is meant by the term collaboration is important in order to identify measures of practitioner support for such efforts.



## **CHAPTER 2 – REVIEW OF COLLABORATION LITERATURE**

To understand the criminal justice system's treatment of mentally ill offenders, the concept of collaboration is central to this study. As a result, defining collaboration, and determining support for collaborative measures becomes an important task. However, the concept of collaboration has defied a solid definition, which becomes problematic when attempting to measure support for collaborative endeavors. Therefore, an extensive review of the concept of collaboration is needed to provide a base from which to design questions associated with interprofessional collaboration.

Interprofessional collaboration portends many advantages which are currently being explored by projects such as the President's Criminal Justice and Mental Health Consensus Project (2003). One of the key benefits that has been identified is the opportunity for criminal justice and mental health practitioners to learn each other's systems (Solomon, 1999). Additionally, law enforcement personnel would be able to gain access to information that would assist them in finding alternatives to arresting mentally ill individuals through open communication with mental health practitioners (Criminal Justice/Mental Health Consensus Project, 2003). Interprofessional collaboration has been credited with early identification and treatment of the mentally ill which decreases both the disruptive behavior of the mentally ill and the opportunity for negative mentally ill/law enforcement interactions (Conly, 1999).

Although interprofessional collaboration has been identified as a successful venture with several benefits for all agencies involved, there are several inconsistencies as to the validity of those claims due to a lack of empirical study, and specified practices (Ditton, 1999; Mechanic, 1998). Therefore, in order to move beyond the rhetoric surrounding collaborative treatment of the mentally ill, a solid foundation of what collaboration is needs to be established. This practical foundation necessitates a thorough discussion of the theoretical foundations for collaboration, definitions of collaboration, the efficacy of collaborative supervision, and problems associated with collaboration. This foundation will provide a basis for an empirical assessment of the perceptions of criminal justice practitioners concerning collaborative treatment of the mentally ill.

### **Defining Collaboration**

Leonard and Leonard (2001) look to classical organizational and leadership theories to explore the foundations of current collaborative practice. They note that the theories of Taylor, Weber and Fayol rely heavily on top down management where power is associated with those that assume formal roles within a legitimate hierarchical structure (Leonard & Leonard, 2001). However, since the emergence of the classical theories, the value of collaboration has been noted for being more effective at achieving organizational goals (Friend & Cook, 2000). As a result, doubt grew regarding the long held beliefs of hierarchical management and its ability to address human resources and community building (Leonard & Leonard, 2001).

Due to the doubt surrounding hierarchical management, advocates of reform called for leadership styles within the public, private and not-for-profit organizations that would make interprofessional collaboration a reality (Drucker, 1996; Leonard & Leonard, 2001). These emerging leadership styles included conceptualizations such as servant leaders (Greenleaf 1977/1995; Pollard, 1996), transformational leaders (Burns, 1978/1995; Senge, 1990), principle-centered leaders (Covey, 1991), and emotionally intelligent leaders (Goleman, 1998), which were essential organizational mindsets for interprofessional collaboration (Leonard & Leonard, 2001). However, the largest problem facing interdisciplinary collaboration has been defining the term ‘collaboration’.

The term “collaboration” is often used in similar context with the term “community” (Leonard & Leonard, 2001). Advocates of collaborative efforts focus on the benefit of collective learning, empowerment, and professional learning communities that come together to solve a common problem (Leonard & Leonard, 2001; Little, 1982). However, the concept of collaboration remained an indefinable process that often left constituents with little direction as to their part (Leonard & Leonard, 2001). This has led to a feeling that collaborative practice is touted as a cure-all for societal problems that defy solution (Leonard & Leonard, 2001).

Additionally, collaboration has been viewed as the opposite of bureaucratization, (Leonard & Leonard, 2001; Kruse & Louis, 1997). This suggestion alone has led many professionals to be skeptical of interprofessional collaboration which engenders ideas of an inefficiently organized, full commitment of agency resources and personnel to a collaborative effort that may last indefinitely. However, many agencies have adopted

practices that are similar to collaboration due to an expected increase in productivity (Leonard & Leonard, 2001).

While a consensus definition of collaboration has not emerged within the literature, it is often found that practitioners involved usually hold homogenous beliefs which would be a logical prerequisite for collaboration (Hochstedler, 1987). Additionally, although the definition of collaborative activities is often limited to projects, groups, or activities involving very small groups of agencies, common characteristics of collaboration can be found (Van Eyk & Baum, 2002).

### **Characteristics of Collaboration**

Characteristics of collaborations, although not easily defined (Welch, 1998; Leonard & Leonard, 2001), have been compared to a romantic relationship that has no clearly defined boundaries, but works within a continuum of interaction from situational cooperation to a full commitment (Schrage, 1995; Leonard & Leonard, 2001). Schrage (1995) defines collaboration as:

*“the process of shared creation: two or more individuals with complementary skills interacting to create a shared understanding that none had previously possessed or could have come to on their own.”*

This definition helps to solidify the notion of interprofessional collaboration as a higher level activity due to the new understanding of a social issue that is achieved as a result of a shared collaborative venture. Additionally, the concept of shared creation

illustrates that the responsibility for creating a successful collaborative environment does not rest with any single entity (Melaville & Blank, 1991; Corrigan, 2000), but encompasses a “village” concept. Moreover, each new group that enters a collaborative initiative offers a further opportunity to achieve the collaborative’s objectives (Ladd, 1969). A successful collaborative initiative is often facilitated through face-to-face meetings of the partners because they are located in the same building. This type of collaborative allows for expedient, efficient communication sharing (Falk & Allebeck, 2002). However, because these conditions are not always feasible, there may exist a continuum of collaboration from a cooperative effort, to a full collaborative model. The extent of collaborative activity along the continuum is based largely on peer equality among stakeholders as opposed to one partner attempting to seek control over the collaborative exchange (Berggren, 1982; Westrin, 1982; Falk & Allebeck, 2002).

A more realistic view of interprofessional collaboration involves balancing the interests of multiple stakeholders with divergent theoretical backgrounds and providing an effective means for channeling existing resources into productive, outcome related policies (Alkema, G., Shannon, G., Wilber, K., 2003). Gardner (1989, p. 21) defines collaboration as “the creation of a community process to plan a service system for [clients] in which no new programs are started without participation with existing programs”. The reformation and utilization of existing practices in a collaborative environment has become synonymous with a national focus on reengineering government services to provide more outcome based services (Linden, 1994; Harley., D., Donnell, C., Rainer, J., 2003). The funding sources for this reengineering movement demand

collaborative efforts due to the inefficiency associated with single-focus initiatives (Bailey & Koney, 1997; Harley et al. 2003).

These single focus initiatives usually involve dedicating minimal personnel and fiscal resources to collaborate with outside agencies. Although not a full dedication of all agency resources, these smaller scale partnerships are a more realistic practical application of collaborative principles, and are therefore more readily adopted as a coalition.

The term collaboration is often used synonymously with coalitions, and other interorganizational approaches to address critical social issues (Mizrahi & Rosenthal, 2001; Abramson & Rosenthal, 1995; Rosenthal, 1998). However, there are distinct differences between the ideas of collaboration and coalition.

Coalitions have been labeled as “advocacy” (Dluhy, 1990; Galaskiewicz, 1985; Roberts-DeGennaro, 1986; Mizrahi & Rosenthal, 2001), “action” (Frey, 1974; Mizrahi & Rosenthal, 2001), or “progressive” (Sink & Stowers, 1989; Mizrahi & Rosenthal, 2001) within the practice of social change (Mizrahi & Rosenthal, 2001). The organizations within a coalition often commit to an agreed upon purpose, share decision making responsibilities (while retaining professional autonomy), and limit themselves to a specified time frame (Mizrahi & Rosenthal, 2001). These cooperative commitments face limitations because they often run parallel to external social movements, and therefore interprofessional coordination is defunct once the social movement has ended (Mizrahi & Rosenthal, 2001;).

This is distinctly different from collaboration because individuals and agencies can cooperate and coordinate without changing their daily operations. However, due to

the smaller scale of dedicating agency resources the prospect of working within a coalition becomes more acceptable to agency leaders instead of the dedication of all agency resources to a specific task. This form of collaborating within a small scale coalition allows for an easier exchange of trust among partners because of the perceived limited impact on the overall agency in the event of failure to address the social issue.

This trust building process, although slow, is facilitated through participants maintaining a clear purpose (Leonard & Leonard, 2001; Knop, N., LeMaster, K., Norris, M., Raudensky, J., & Tannehill, D., 1997), staying committed to the relationship (Leonard & Leonard, 2001; Knop et al., 1997; Jordan, 1999), maintaining a sense of selflessness (Leonard & Leonard, 2001; Knop et al., 1997), valuing diversity (Leonard & Leonard, 2001; Knop et al., 1997; Jordan, 1999), and retaining a willingness to share power (Leonard & Leonard, 2001; Mankoe, 1996), which is more easily accepted within a small scale coalition rather than a full collaborative effort. It is the facilitation of trust building when agencies act in a collaborative effort that can be measured to determine how agencies are coupled with other agencies. The degrees of agency coupling can be measured through the importance that agencies put on: staying committed to the collaborative effort, valuing the input of others, sharing power, and maintaining both a clear purpose for collaborating and a sense of selflessness. These measures, which are addressed in the current study, can be used to measure the levels of trust that agencies have to couple and collaboration with outside agencies.

Due to the emergence of federal initiatives such as the Consensus Project for Criminal Justice and Mental Health (2004), there is a possibility of perceived pressure to collaborate or lose important federal funding. However, according to Friend and Cook

(2000), one of the most important aspects of interprofessional collaboration is that the effort must be voluntary in order to be genuine. Although collaborative relationships can be coerced, these situations will often lead to ineffective outcomes (Leonard & Leonard, 2001). Other important characteristics of collaboration are: equality among participants, mutual goals, a shared responsibility for participation in the division of labor (although an equal division of labor is not essential), equality in decision making responsibility, pooled resources, and shared liability for outcomes (Leonard & Leonard, 2001; Friend & Cook, 2000).

Finally, Tiegerman-Farber and Radziewicz (1998) cite a belief in the value of collaboration, and a growing sense of community as important criteria for collaborative movements (Friend & Cook, 2000). These criteria allow collaborators to share ideas and viewpoints in non-intrusive manners, to analyze them in a cooperative environment, and create an effective organizational synergy (Leonard & Leonard, 2001; Koehler & Baxter, 1997). The growing sense of community, within an agency, can be measured through the number of collaborative experiences that an agency has had (Tiegerman-Farber & Radziewicz, 1998), and by assessing how an agency is coupled with other agencies (in other terms, how well they interact with outside agencies).

From the literature, there are many possible definitions of what is involved in interprofessional collaboration. However, two definitions emerge as common themes of collaboration. The first is an idealistic definition of collaboration where all partnered agencies are believed to be ideologically similar and fully involved in the collaborative effort by reengineering their agency's current practices in order to fit into the collaborative model. The second come from a more practical standpoint where



dedicating a portion of agency resources to an interprofessional collaborative effort that may result in specific projects or activities instead of a complete immersion of all agency resources into a collaborative enterprise is more realistic. This reduced dedication of resources is more attuned to the reality of applying collaboration strategies in the form of coalitions, as outlined in the discussion of defining collaboration. Therefore, Van Eyk and Baum's (2002) limitation of collaboration to projects, groups, or activities involving small numbers of partnered agencies supports the operational definition of collaboration adopted by this study. For the purposes of this study, this operational definition of collaboration through specific projects is measured with specific questions regarding support for Crisis Intervention Team training as this type of training has a very specific purpose (to de-escalate volatile situations involving disturbed individuals), and involves collaborating training between mental health and criminal justice practitioners.

However, it is also believed that agencies will not collaborate with outside agencies simply to collaborate. Instead, there needs to be a practical basis for why the collaborative exchange is important. The argument "it works" is not enough to drive potential partners into a collaborative exchange. While agencies may trust other agencies enough to couple and collaborate with them, partners must be able to visualize a tangible reason or goal for such an exchange such as reducing either the stigmatization of the mentally ill, or an increase in the understanding of the development of their core tasks. This reason for collaborating is often grounded in the perceived possibilities for success involved in pursuing the collaborative effort.

## **Why Organizations Collaborate; Two Theories**

Within the current literature on interprofessional collaboration, there are several ideas that serve as a foundation for creating measures of collaboration, particularly when measuring collaboration in the treatment of the mentally ill. Two important theories are involved. The first, labeling, concerns the stigmatization of mentally ill individuals. The second, organizational development, concerns the improvement of organizational knowledge and skills through peer interaction with other organizations. The stigma associated with mentally ill offenders has historically led many in society to ostracize the mentally ill, leading to further criminality. This ostracizing of the mentally ill offender has been reflected at the organizational development level by the laissez-faire attitude that the criminal justice system adopted in dealing with the mentally ill, and the recent rise in the incarceration of the mentally ill (Ditton, 1999). Through employing a more proactive approach in dealing with mentally ill offenders, by interacting with mental health agencies that are equipped to provide treatment, this increased incarceration could have been alleviated. As a result, it is important to discuss the development of organizations, especially criminal justice organizations, and how the organization can develop relationships with outside organizations to address social injustice issues such as the incarceration of the mentally ill. These theories lead to specific measures of whether or not criminal justice practitioners view the mentally ill as appropriate for the criminal justice system, and how to increase the knowledge of alternatives to incarceration if the mentally ill are in fact inappropriate for the system. These theories will now be discussed in depth.

## Labeling Theory

The negative stigma of mental illness has been a part of the societal psyche since the creation of the first psychiatric institutions (Jimenez, 1986). These institutions, as has been discussed, quickly became dumping grounds for mentally ill individuals due to society's inability to define or accept their behavior (Edwards, 2000; Luchins, 1987; Jimenez, 1986). Consequently, the negative attitudes associated with the behavior of the mentally ill quickly became associated with mental health treatment, and those who received mental health treatment, even for minor societal coping problems (Grob, 1973; Luchins, 1987).

In terms of formal labeling, the mentally ill offender faces a dual social stigma. It has been found that that the mentally ill offender is not only confronted with the stigma of being a criminal offender, they also carry the label of being an mental patient while in the facility and later upon release (Goffman, 1963). The result of formally labeling an individual as an offender, in and of itself, can significantly influence the self-image of the offender, which has been shown to have a direct effect on increased deviant behavior (Kaplan & Johnson, 1991), also known as secondary deviance (Lemert, 1951).

Labeling theory, a subset of social process theories, is based on society's reaction to deviance (Schmalleger, 2002; 236). This deviant behavior does not necessarily have to be criminal, just diverge from the societal norm (Schmalleger, 2002; 236). Tannenbaum, in his 1938 work *Crime and the Community* coined the term 'tagging' to define the

reaction to an offender's arrest, conviction and sentencing (Schmalleger, 2002: 236; Tannenbaum, 1938). Tannenbaum goes on to discussing tagging in these terms:

*“This conflict over the situation is one that arises out of a divergence of values. As the problem develops, the situation gradually becomes redefined. The attitude of the community hardens definitely into a demand for suppression. There is a gradual shift from the definition of the specific act as evil to a definition of the individual as evil...the individual... has not become a bad and unredeemable human being...The community cannot deal with people whom it cannot define.”*

(Tannenbaum, 1938).

The double stigma that a mentally ill offender faces may be ameliorated somewhat in a free society where support structures can provide both protection and support (Wasylenki, D., James, S., Clark, C., Lewis, J., Goering, P., Gillies, L., 1992) or this can be a source of additional stress (Pattison, E.M., Defrancisco, D., Frazer, H., Crowder, J., 1975) if those persons within the social environment in which the offender is placed are not accepting of the individual. The ability to ameliorate this double stigma, coupled with the rate of mentally ill entering into the formal criminal justice system, has been the focal point for collaborative measures.

Therefore labeling theory says that criminal justice and mental health collaboration will result in the ability to protect mentally ill individuals from further stigmatization through the formal criminal justice system by diverting them into

appropriate, community based treatment. This community based treatment will provide the employment, education, and most importantly, psychiatric support that these individuals need to become functioning members of society as opposed to convicted offenders with little hope for support from either the criminal or mental health systems. This will assist the mentally ill in avoiding further stigmatization from being labeled a criminal.

First, however, criminal justice practitioners' views of whether arresting the mentally ill has a negative impact on the individual, and if justice would be better served through finding alternatives to incarceration, needs to be assessed. Through this, support for collaborating with other agencies to find alternatives to incarceration for mentally ill offenders could be established, and the levels of trust in working with outside agencies to accomplish this goal could be measured. However, there needs to be a practical means for accomplishing that goal, and a reason for implementing those practical means. It is believed that this reason for implementation is addressed within the developmental theories.

### Developmental Theories and Collaboration

Walsh, M., Brabeck, M., and Howard, K., (1999) state that all human service professionals subscribe to at least one of the several human development theories. Knowledge of these developmental theories is important for several professions in terms of not only the advancement of society through human development, but also the

development of an organization or profession (Walsh et al. 1999; Bersoff , D., Goodman-Delahunty, J., Grisso, J., Haas, V., Poythress, N., Roesch, R., 1997; Pullin, 1996; Sherman, 1998; Mahoney & Patterson, 1992).

From a criminological viewpoint, the human developmental view begins with neonatal development to explain criminality. It further seeks to understand why people behave in different ways during their life cycle (Loeber and LeBlanc, 1990).

Developmental criminology is a study of the onset, maintenance, escalation and termination of criminal behavior across the life course of an individual. Similarly, in other professions, the developmental theories revolve around human development across the life span, development occurring within a cultural and social context, and that human development can be continually modified into more acceptable forms of behavior (Walsh et al. 1999).

Most important for the prospect of interprofessional collaboration is Vygotsky's (1978) finding that the levels of human development that achieve the greatest skill and knowledge enhancement happen as a result of peer interaction instead of solitary actions. This aspect of human development is mirrored in organizational development theories where it is posited that both the mental health and criminal justice systems should seek practical collaborative means for intervening in the life course of mentally ill offenders to provide treatment that would terminate criminal behavior (Wood & Gray, 1991; Walsh et al., 1999).

At the organizational level, for organizations to achieve successful growth and enhance their knowledge of social issues, they must seek interprofessional collaborative efforts to maximize agency development (Bronfenbrenner, 1979; Lerner, 1978; Werner,

1957). The idea of enhancing the development of an organization's response to social problems as a result of peer interaction is central to the pursuit of interprofessional collaboration. To counter the resulting organizational myopia, interprofessional collaboration allows for a sharing of knowledge and expertise on multiple levels of human and organizational development and a more holistic approach to a social issue (Walsh et al., 1999)

Walsh et al. (1999) note that a widespread recognition of the need for interprofessional collaboration exists, although there appears to be minimal effort in implementing collaborative strategies. Additionally, they found that many interprofessional collaborations that do exist are found in situations where one profession works in a setting dominated by the other (Walsh et al. 1999; Biaggio & Bittner, 1990; Reppucci & Crosby, 1993; Staley, 1991; Theil & Robinson, 1997; Weil, 1982; Abramson & Mizrahi, 1996; Allen-Meares & Moroz, 1989; Tharinger, D., Bricklin, P., Johnson, N., Paster, V., Lambert, N., Feshbach, N., Oakland, T., & Sanchez, W., 1996). Further limited, evidence of the number of collaborations involving three or more participants is rare (Walsh et al. 1999; Blumberg, P., Deveau, E. J., Clark, P. G., 1997; Hawaii Medical Association, 1996). The most common collaboration setting often occurs in the context of educational or medical agencies where there is a strong nurturing environment (Walsh et al. 1999; Illback, R., Cobb, C., & Joseph, H., 1997; Melaville & Blank, 1991; Payzant, 1992; Stowitschek & Smith, 1990).

In terms of true collaboration, where agencies commit personnel and fiscal resources, any shift in professional practices is no longer simply a shift in actions, but becomes a paradigm shift in the professional understanding of and approach to a

significant issue (Walsh et al. 1999). However, it has been asserted that a theoretical and practical framework for interprofessional collaboration has not been expressed, and that this lack of articulation presents the greatest barrier to the implementation of collaborative practice. It has been noted that the argument “it works”, without empirical support (Petrie, 1992) is not a valid enough basis to commence nationwide collaboration initiatives (Walsh et al. 1999). This vague argument of “it works” is especially unconvincing to the criminal justice profession, which bases success on quantifiable data such as arrest rates, incarceration rates, and recidivism rates.

However, from an organizational developmental theory perspective, there appears to be a spectrum of rationales for interprofessional collaboration that moves from practice oriented thinking to abstract, theory oriented perceptions (Goldkamp & Irons-Guynn, 2000). However, there is an absence in the literature that would bridge the theoretical foundations of interprofessional collaboration to the actual daily practice of agencies working together (Walsh et al. 1999).

The goal of this discussion on theoretical frameworks is to explore a common theoretical foundation from which to identify an organizational rationale that both mental health and criminal justice systems can utilize to engage in collaborative practices (Walsh et al. 1999). The fact that both the mental health and criminal justice systems subscribe to human developmental theories across a life span and acknowledge that successful intervention is a significant contributor to terminating antisocial or criminal behavior provides a shared view for the two systems to collaborate. The incentive to collaborate should pre-exist regarding the development of the mentally ill offender into a non-criminal member of society.



Additionally, due to the fact that both the mental health and criminal justice systems are seeking organizational and professional development, and it has been argued that the greatest achievements of developing knowledge and skill happen in the social context of peer interaction as opposed to solitary endeavors, interprofessional collaboration should be a positive mental health and criminal justice endeavor. These two facets of developmental theories, human and organizational, present a theoretical framework from which to study support for interprofessional collaboration. The human development theories seek to identify the onset of criminal behavior and the reasons for that onset such as why and when a mentally ill individual engaged in criminal behavior. Additionally, the organizational development theories seek to maximize the intervention that would decrease the criminal behavior through organizations interacting with each other to share knowledge and skills.

Aside from exploring the theoretical foundations for interprofessional collaboration, it is important to analyze literature regarding the practical application of collaborative efforts. Although, research on interprofessional collaboration is relatively nonexistent within criminal justice research, other professions have conducted empirical research on interprofessional collaboration. This research allows for identifying the perceived benefits of collaboration and support for collaborative efforts, from other professions, which can be adopted as measures in the current study. Therefore, a discussion of the research regarding interprofessional collaboration from other professions is necessary at this point.

## **Literature in other Disciplines Regarding Collaborative Efforts**

The benefits of interprofessional collaborative efforts have been discussed extensively in regards to assertive case management for mentally ill offenders (Hiller & Knight, 1996; Gorey, K., Leslie, D., Morris, D., Morris, T., Carruthers, W., John, L., Chacko, J., 1998; Conly, 1999). Case management involves the intensive supervision of the mentally ill from professionals from many areas such as substance abuse, psychiatry, vocational training, and more recently criminal justice. Van Eyk and Baum (2002) note that this type of interagency collaboration has been increasingly viewed as a vital strategy in implementing and coordinating effective care to patients. Okamoto (2001) supports this in the study of collaboration to provide service to high risk gang youth by stating that collaboration is becoming essential for meeting legal mandates for performance outcomes as well as treatment expectations.

According to mental health advocates, effective treatment happens in a community-based setting where the mentally ill individual can apply tools provided during treatment. Collaborative case management provides an acceptable alternative to incarceration for mentally ill offenders because it provides necessary psychiatric and medical treatment in a setting that is conducive to treatment (the community where the individual lives), and has led to a measure within the current study of whether criminal justice practitioners believe the mentally ill could be safely supervised in the community.

Additionally, collaborative efforts appear to have a number of positive agency benefits such as: improving service delivery, more efficient use of resources, providing a means for managers to share responsibility of community care, and relieving the stress of

increased organization demand in a climate of cost reduction (Van Eyk & Baum, 2002; Macklin, 1991; Harris, E., Wise, M., Hawe, P., Finlay, P., & Nutbeam, D., 1995). The perceived benefit of improving treatment services and delivery and the willingness of collaborative partners to share decision making responsibility are addressed as measures of perceived benefits of collaboration and measures of how agencies are coupled with other agencies within the current study.

Current research has found that both the mental health and criminal justice systems view the mentally ill as inappropriate for the criminal justice system. This has been reflected in the criminal justice system through the use of mental health courts where one commonly held belief is that the mentally ill are not appropriate for the formal criminal justice system (Goldkamp & Irons-Guynn, 2000). Nevertheless, there has been a lack of widespread collaborative efforts, which is likely due to Van Eyk and Baum's (2002) finding that collaborative participants view the effort of collaboration as time consuming and challenging.

On the other hand, collaborative efforts allow for the ability to develop interagency relationships and networks that are viewed as essential to the trust building process that is the foundation for effective coupling of agencies within collaborative efforts (Van Eyk & Baum, 2002). This trust is often not present between multidisciplinary and interagency groups and must subsequently be managed (Van Eyk & Baum, 2002). Often, the first step of building the element of trust between collaborative partners is to explore the perceptions of potential partners on the particular issue to be addressed.

The exploration of the perceptions of collaboration efficacy among stakeholders within the collaborative effort has great significance for the prospect of interprofessional collaboration between mental health and criminal justice practitioners. As noted, collaborative participants often see collaboration as time consuming and challenging. However, the ability to address critical social issues and make more effective and efficient use of agency resources may be an important motivational factor in driving agencies to adopt collaborative measures due to the performance based outcomes that are founded in “doing more with less”. This is supported by Farmakopoulou’s (2002) assumption that agencies will collaborate, regardless of the challenges, out of a sense of self interest based on the perceived benefits of collaborating (fewer agency expenditures, better coordination of services, etc.) This has led to measures, within the current study, of perceived benefits that are focused on factors believed to be important to criminal justice practitioners specifically such as whether or not collaboration would: reduce the arrest and incarceration of the mentally ill, reduce calls for service involving the mentally ill, increases public and officer safety, and decreases the criminality of the mentally ill.

Farmakopoulou (2002) discovered additional factors that influenced inter-agency collaboration: implementation of the collaboration (which should be based on a gradual strategic change) (Goacher, B., Evans, J., Welton, J. & Wedell, K., 1988), and resources (or the lack thereof and its impact on the willingness to become a part of a collaborative action) (Farmakopoulou, 2002). Farmakopoulou (2002) found that agencies with fewer personnel and financial resources as well as agencies with abundant resources were hesitant to engage in collaborative activities, which is a direct result of administrative constraints. This was due to the perceived additional cost of collaborating, or the

perception that the agency would not feel the need to do so if they had the resources to handle the problem themselves (Farmakopoulou, 2002). Therefore, Farmakopoulou (2002) notes that the willingness to become involved in a collaborative effort lies somewhere in the center of the scarcity of resources continuum. This has led to specific questions regarding agency resources, and whether collaboration could result in financial savings in the form of reduced civil liability, calls for service, court time, and time spent supervising the mentally ill in jail, which are addressed in the current study.

In addition to resources, Farmakopoulou (2002) found that a similar organizational structure among partnered agencies within the collaboration initiative leads to a power struggle (Farmakopoulou, 2002). The internal bureaucracy of an agency has a large bearing on the willingness of an organization to engage in collaboration. The bureaucracy may be based on divergent priorities (Birchall & Hallett, 1995) and differences in the way that work is carried out (Farmakopoulou, 2002). The criminal justice system has been heavily bureaucratized since the reform era, with a main priority of maintaining social order. Conversely, the mental health system is not as heavily bureaucratized, and is more concerned with the social justice issue of ensuring that individuals receive the treatment necessary to function within society. The fact that the organizational structures of mental health and criminal justice systems are similar in bureaucratic structure, coupled with the divergent goal priorities often leads to power conflicts between the two systems.

Farmakopoulou (2002) provided implications for collaborative practices that would reduce inter-agency conflicts by focusing on dependency, power and intensity of relationships (Farmakopoulou, 2002). The author states that clear guidelines for

behaviors and activities, even to the point of reducing professional discretion, should be initiated to reduce inter-agency conflicts (Farmakopoulou, 2002). This becomes problematic, however, when investigating the prospect of reducing discretion in the criminal justice system, which has discretion as a fundamental facet of the profession. What is important for interprofessional collaboration between mental health and criminal justice agencies is identification of potential benefits from collaboration. These perceived benefits may lead both systems to engage in collaborative practices with the understanding that professional autonomy will not be violated (meaning criminal justice personnel will not have to reduce the use of discretion). Therefore, through measuring the levels of professional autonomy and discretion that is exercised among collaborative partners the flexibility to work with outside agencies (and therefore a reduction in conflict) can be addressed.

Okamoto (2001) expands on conflict reduction by discussing how agencies are supposed to collaborate in terms of Gray's (1989) three phases. The three phases are defining the problem and exploring the willingness to collaborate (first phase), setting a common purpose for the collaborative effort (second phase), and setting specific goals and tasks for the collaborative parties (third and final phase) (Okamoto, 2001). These three phases provide a practical outline for how collaborative enterprises should be specifically conducted. The focus for the current study, which is to measure support for collaboration among criminal justice practitioners is identified in the second phase. The second phase also identifies the need for a plan of action and well defined goals when collaborating, which will be measured among respondents within the current study to address how these factors may influence the willingness to collaborate.

Okamoto (2001) found that agencies were still hesitant to participate in collaborative efforts due to what is called “agency fear” (Okamoto, 2001). Those that did participate in collaborative programs did so in such a way that shielded themselves, or the agency, from liability and perceived or real physical harm through excessive restrictions to admittance (Okamoto, 2001). This has implications for the practical application of collaborative efforts because even though agencies may perceive benefits from collaborating, as outlined by Farmakopoulou (2002), the fact that agencies may shield themselves from the perceived harm of collaboration will have a significant impact on that agency’s level of involvement in a collaborative exchange. Okamoto (2001) notes that a great deal of perceived harm revolves around the potential for liability, and the way to reduce the potential for civil liability is to restrict activity within the collaborative exchange. As stated, within this study, collaboration involves the participation of all agencies within the collaborative, which could be hampered due to the perceived harm to the agency in the form of civil liability. However, if potential collaborators perceive reduced civil liability as a benefit of collaborating, the agency may be more supportive of interprofessional collaboration. The perceived benefit of reduced civil liability is but one of the several benefits that could draw partners into a collaborative exchange, and is measured within the current study.

Overall, the research on collaboration from other professions has led to several measures of perceived benefits of collaboration and support for collaboration within the current study. The research from other professions is important because it allows for the identification of measures of perceived benefits that could not be identified within the criminal justice literature, but were necessary for measurement in the current study.

Additionally, within the current study, measures for the support for collaboration have been identified, which addresses the perceptions of key stakeholders (criminal justice practitioners) on the overall effectiveness of interprofessional collaboration. However, although identifying the perceived benefits of collaboration and overall support for collaboration is important, and is the goal of this study, problems associated with collaboration need to be discussed and identified. These problems revolve around the study of collaborative efforts, and barriers to the implementation of collaboration and can have significant ramifications for the success of collaborative efforts.

## **Barriers Associated with Collaboration**

### Problems with the Empirical Study of Collaboration

In the field of education, the practice of interprofessional collaboration has been noted as one of the most necessary policies for organizational leadership (Leonard & Leonard, 2001; Pugach & Johnson, 1995). Reportedly one of the largest inhibitors of collaborative efforts, both in the fields of education (Pugach & Johnson, 1995) and mental health (Falk and Allebeck, 2002), is a vague definition of the meaning of collaboration, which inhibits the empirical study of what collaboration is and what it should look like.



When studying collaboration, Leonard and Leonard (2001) suggest focusing on “increasing our knowledge of collaboration, i.e. what it is and what it looks like; (2) articulating our understanding of collaboration skills...(3) uncovering our values and beliefs about collaboration, i.e. what they are and how they influence the collaborative process” (Leonard & Leonard, 2001, p. 393). Leonard and Leonard (2001) cite a review of the literature that often highlights varying and vague definitions of collaboration, and report that a working conceptualization of collaboration is necessary for further research. This has provided the purpose for the study at hand, which has first sought to provide a practical definition of collaboration; participation in specific small scale collaborative efforts instead of a full dedication of all agency resources to a collaborative exchange. Additionally, Leonard and Leonard’s (2001) addressed need to uncover the values and beliefs about collaboration and how they influence the collaborative process provides the basis for creating measurements of support for collaboration and the factors such as; agency coupling, collaborative experience, and perception of benefits of collaborating can influence the overall support for collaboration.

### Barriers to Collaboration

Aside from the stated problems with empirically studying collaboration due to a lack of conceptual foundation, there exist problems associated with the practical application of collaborative efforts. These problems associated with the practical application of collaboration often dissuade potential partners from participating in a

collaborative exchange. One such barrier revolves around the time spent creating new theories on why interprofessional collaboration is important as opposed to testing existing theories through application, which would combine the knowledge of collaborative partners regarding social issues. Austin and Baldwin (1991) assert that collaboration between professions is more frequent when the effort is made to empirically test theories of why collaboration is important and how collaborating can benefit partners. This lack of combined knowledge and an ideology from which to operate leads to power struggles as collaborative partners strive for ownership of a phenomenon by being the first to provide theoretical foundations and operational strategies. These power struggles can result in competing grant applications and funding issues, and a reluctance to share necessary information among collaborative partners.

Biglan (1973) posits that collaboration exists in more hard science fields where strong agreement exists on the method of studying a phenomenon as opposed to soft-applied field, such as the social sciences, where fewer consensuses about how to study social phenomenon exist. This finding is bolstered by research that illustrates reluctance for considering a shift in the way that the social sciences research programs that assist populations in need of services (Luongo, 2000; Harley et al. 2003).

It is this research on the reluctance to adopt different research paradigms that explores the combination of knowledge, skills and values that participants must acquire to create a collaborative atmosphere (Leonard & Leonard, 2001; Johnston & Hedeman, 1994; Brundrett, 1998; Jordan, 1999; Leonard, 1999a,b; Corrigan, 2000). Although the possession of knowledge, skills and values about collaborating is not a prerequisite for collaboration, the effort to gain these abilities for a successful collaborative culture prove

to be a difficult and time consuming task for many stakeholders, and causes the collaborative efforts to be negatively scrutinized (Leonard & Leonard, 2001; Johnston & Hedeman, 1994; Brundrett, 1998; Jordan, 1999; Leonard, 1999a,b). Nevertheless, it is the acquisition of knowledge, skills and values that allow for the open exchange of information and ideas in a non-threatening atmosphere and creates a synergy that results in increased agency effectiveness ((Leonard & Leonard, 2001; Koehler & Baxter, 1997).

Among researchers, the acquisition of knowledge, skills and values through research would be ideally similar across social science disciplines (Creamer, 2003). Within the social sciences, Guba and Lincoln (1994) identified: positivism, post-positivism, critical theory and constructivism as the prevailing research paradigms. These paradigms are distinguishable according to basic beliefs about the nature of reality, the nature of the relationship between the knower of information and the information that is known, and the process of creating or exploring knowledge (Guba & Lincoln, 1994; Creamer, 2003). These paradigms were identified in the belief that collaborative efforts come from a shared view of the world, and interdisciplinary research would be based on this shared understanding (Toma, 1997; Creamer, 2003).

Regrettably, there is not a shared worldview, and the divergent research methodologies for studying social phenomenon within the social sciences has led to “paradigm wars” (Gage, 1989). This is reflected in organizational idiosyncrasies that prohibit collaborative efforts due to a feeling of loyalty or commitment to an individual’s agency (Van Eyk & Baum, 2002). This leads to a rejection of new ideas and the possibility of divergence between the stated organizational policy and the unwritten organizational culture (Bemack, 2000; Harley et al. 2003).

When one compounds this by taking into consideration the organizational politics and culture both within and among agencies, interagency collaboration becomes even less likely (Van Eyk & Baum, 2002). Van Eyk and Baum (2003) assert that there is often an “us versus them” mentality, which makes the ability to reach agreed upon goals almost impossible.

However, this interdisciplinary conflict may be eased by comparing the assumptions of scholars from the different paradigms, and recognizing that significant differences may be a result of epistemological suppositions (Creamer, 2003; Toma, 1999). In addition, a shared commitment to a critical interdisciplinary issue or paradigm may assist in partnering unlikely participants in a collaborative effort (Creamer, 2003). It is this shared commitment that lead to the ultimate goal of increased knowledge, skills and values about a critical interdisciplinary issue and provide a foundation for strategic planning.

The emergent turf battles are a result of defining the purpose of the collaborative, prioritization of goals, and the resolution of problems (Alkema, G., Shannon, G., Wilber, K., 2003). These battles are expected when agencies couple together in a collaborative venture, and are necessary to achieve the goals of the new collaborative because they allow participation guidelines to be set (Corrigan, 2000). On the other hand, there are other barriers to the stakeholder arrangement such as; not including participants in all phases of the process (Gardner, 1992; Corrigan, 2000), specialized instead of generalized professionals (Farrow & Joe, 1992; Corrigan, 2000), divergence regarding the importance of near and long term goals (Chase & Cahn, 1992; Corrigan, 2000), differences in organizational structure (Case & Cahn, 1992; Corrigan, 2000), differences regarding the

need to become involved in the initiative (Corrigan, 2000), and the sovereignty of the participants being challenged through open information sharing (Bruner, 1991; Corrigan, 2000), that are not conducive to interdisciplinary collaboration.

In regards to agency development through interprofessional collaboration, Walsh et al. (1999) identify many barriers to collaboration, both conceptual (understanding of development, professionalism, and status), and practical (structural constraints, professional cultures, and professional preparation). There is preliminary evidence that supports the efficacy of interprofessional collaboration (Walsh et al. 1999). However, as stated earlier, Walsh et al. also note that the argument “it works” (Petrie, 1992) is not a valid enough basis to commence nationwide collaboration initiatives (Walsh et al. 1999).

Governance and organizational ownership of a collaborative effort also appears to present a barrier to effective collaboration (Corrigan, 2000). Farmakopoulou (2002) briefly discusses a power/resource dependency framework for collaborative efforts that states that organizations are sometimes forced into arrangements that they would not normally have entered. This leads to limited and poor quality collaborative efforts within a political arena involving legal, administrative and social constraints to open collaboration (Farmakopoulou, 2002). These constraints lead to significant communication barriers with outside agencies, and a strong desire to achieve a leadership position within the collaborative effort, as opposed to a partnered relationship.

When an individual agency is perceived as owning an interagency partnership (through exclusive funding rights or decision making ability), then other agencies are likely to participate in name only (Gardner, 1992; Corrigan, 2000). This single leadership organizational structure will further reduce the ability to gain funding from

outside sources due to the reduced decision making ability of those agencies expected to provide funding (Gardner, 1992; Corrigan, 2000).

Other funding issues revolve around the availability of public or private sector funding through grants. Once these soft sources of funding run out, the collaborative effort is likely to expire as the collaborators move on to other initiatives in order to secure continued funding (Gardner, 1994; Corrigan, 2000). Though short-term grant money may be received to operate collaborative programs, often these programs fade away when the grant money is finished (Van Eyk & Baum, 2002).

Finally, collaborative initiatives require systemic sharing of information and resources (Corrigan, 2000). However, with mentally ill offenders, client treatment confidentiality may pose a significant barrier to collaboration (Gardner, 1992; Corrigan, 2000). The resistance to sharing information and resources is furthered by the divergent paradigms of the criminal justice and mental health agencies (Braxton & Hargen; 1996, Creamer, 2003). Greenberg and Levy (1992) suggest applying a need-to-know doctrine in regards to access to information with rigid information handling guidelines in place. However, the problem with information sharing may not lie simply with the reluctance to do so, but also within incompatible data collection and storage techniques (Corrigan, 2000; Gardner, 1992), and the verbiage associated with the different professions. This presents an initial problem for collaboration between mental health and criminal justice systems because of the communication barrier. However, as illustrated through the developmental theories, the more agencies work together, the more knowledge they acquire, which helps to alleviate the communication problem because partners are now given insight into the workings and terminology of other collaborative partners.

The barriers to collaboration, as identified in the literature, are incorporated in this study in the concept of agency coupling. Measures such as: the importance of working with mental health agencies to treat mentally ill offenders, and the willingness to share power and change agency policy based on outside input, become important in determining the level of coupling that an agency has with other agencies. Furthermore, the voluntary nature of involvement in the collaborative exchange and the perception that mental health agencies do not know how the criminal justice system works affect the willingness of criminal justice agencies to couple with mental health agencies.

These barriers have an important impact on the success of interprofessional collaboration due to the impact on the willingness of agencies to work with each other. This lack of enthusiasm for collaborative endeavors exacerbates the problem of agency coupling within mental health and criminal justice systems. As agencies become less willing to collaborate, they will also become less coupled with other agencies, which will lead to more of an isolationist mentality. This loose coupling has been assumed to be pervasive within the criminal justice system (Hagan et al., 1979), and as a result it is alleged that criminal justice agencies are unwilling to address social issues. This perception has led many mental health treatment advocates to hesitate to even approach the criminal justice system with the prospect of collaborating even though collaborating has been deemed necessary for successfully treating the mentally ill. As a result, the perceptions of criminal justice practitioners regarding barriers to collaboration and treatment for mentally ill offenders have largely been unstudied. Filling this deficiency provides the primary purpose for the current study.

## **Criminal Justice, Loose Coupling and Collaboration**

In addition to the problems associated with participating in collaborative efforts, the criminal justice system was facing an internal paradigm shift from a classical to a positivist view of crime (Hagan et al., 1979). Although not a contemporary writing, Hagan et al.'s, 1979 assertion of an emerging positivist view provided a foundation for mental health treatment advocates. The positivist view of crime urges a matching of the offender to the punishment as opposed to matching the offense to the punishment, which is in line with advocates of community-based mental health treatment (Hagan et al., 1979).

However, this positivist view toward punishment was occurring in a loosely coupled criminal justice system rather than the widely perceived Durkheimian model of the criminal justice system (Hagan et al., 1979). The concept of loose coupling evokes a system that works harmoniously while the different parts retain physical and professional autonomy (Hagan et al., 1979; Weick, 1976). The structural and organizational elements within the system are only nominally linked, which leads to rule and jurisdiction violations, unimplemented decisions, and unpredictable consequences for decisions that are implemented (Hagan et al., 1979; Meyer & Rowan, 1977).

The impact of this paradigm shift regarding the treatment of offenders within a loosely coupled system allows for ceremonial representation of certain criminal justice practitioners within the system instead of legitimate involvement (Hagan et al., 1979). This allows for the criminal justice system to accept increasing facets (i.e. drug court,



mental health court, etc.) without altering day to day operations (Glassman, 1973) thereby increasing cultural and institutional legitimacy while maintaining organization efficiency (Hagan et al., 1979; Meyer & Rowan, 1977). A modern example of ceremonial policy making is the community policing movement which has been touted as sweeping the country (Office of Community Oriented Policing Services, 1997) while critics argue that the movement lacks substance, and is nothing but a slogan (Maquire & Katz, 2002; Bayley, 1988; Klockars, 1988; Manning, 1989; Weatheritt, 1988) that is excessively difficult to study empirically in order to ascertain effectiveness (Bayley, 1988).

The dilemma of providing individualized punishment within a criminal justice system that has parts that minimally operate within the whole (Matza, 1964) stems from problems of leadership and decision making (Hagan et al., 1979). The criminal courts have responded to this issue by increasing the decision-making powers of players such as prosecutors and probation officers, although this in turn has led to a power struggle to adopt divergent ideologies (efficient case disposal versus individualized justice) (Hagan et al., 1979).

However, a benefit of loose coupling within the criminal justice system is the provision of abundant discretion to implement organizational change (Maguire & Katz, 2002; Manning, 1997). The effective use of discretion has led to a sensemaking perspective derived from Weick's (1979) model of loose-coupling (Manning, 1997) that advocates bringing order to a fragmented criminal justice system through interaction with outside organizations and sharing information (Maguire & Katz, 2002). Although literature regarding the sensemaking perspective is minimal, there is an expressed need to

analyze data on organizational cultures and attach social and environmental meaning to the data (Choo, 1996). This will allow for the identification of common views of social issues that agencies can utilize as a basis to interact with outside organizations (Maguire & Katz, 2002).

With the emergence of the positivist view of punishment, and matching the punishment to the offender, the foundation is laid for accepting collaborative efforts that treat the mentally ill offenders that the criminal justice system have deemed inappropriate for the formal criminal justice system. Through collaborating to treat mentally ill offenders, thereby changing life course behaviors through intervention, the positivist view of making the punishment fit the offender is addressed. However, the problem of a loosely coupled criminal justice system allows for ceremonial involvement in these collaborative efforts regardless of the emerging positivist view. This problem can be alleviated through the effective use of discretion to bring administrative guidance and direction to the criminal justice system to address social issues.

### **Concluding Thoughts on Collaboration**

Thus, the literature collectively suggests that the term collaboration is often synonymous with community cooperation involving collective learning to solve community problems, and the empowerment of stakeholders (Leonard & Leonard, 2001; Little, 1982), which may be adopted to increase agency productivity (Leonard & Leonard, 2001; Leithwood, 1992). This process (aka a cooperative) involves a

consensual commitment, from stakeholders, with a shared responsibility in decision making for a limited time (Mizrahi & Rosenthal, 2001). The cooperative is facilitated through the use of voluntary (Friend & Cook, 2000) face-to-face meetings with all stakeholders (Falk & Allebeck, 2002) that allows for open communication without negative repercussions (Leonard & Leonard, 2001; Short & Greer, 1997). Additionally, there must be a commitment to sharing power among stakeholders (Leonard & Leonard, 2001; Mankoe, 1996), and equal liability for outcomes (Friend & Cook, 2000).

However, there appears to be half-hearted efforts in implementing collaborative strategies (Walsh et al., 1999), which may be due to a vague understanding of the purpose of collaboration (Petrie, 1992), or the lack of a theoretical foundation for interprofessional collaboration (Walsh et al., 1999). This minimal effort is also attributed to the common occurrence of one stakeholder dominating the others within most collaborations (Walsh et al. 1999; Biaggio & Bittner, 1990; Reppucci & Crosby, 1993; Staley, 1991; Theil & Robinson, 1997; Weil, 1982; Abramson & Mizrahi, 1996; Allen-Meares & Moroz, 1989; Tharinger et al., 1996), which happens when participants are thrust into a cooperative that they would not have normally entered (Farmakopoulou, 2002). The deficiencies in empirical literature in both the criminal justice and mental health fields regarding the purposes and goals of interprofessional collaboration has led to a series of half-hearted efforts to work with outside agencies.

As a result of a history of half-hearted efforts, there are calls to increase the knowledge of what interprofessional collaboration truly is and what it should look like. An increase in knowledge about collaboration involves uncovering professional values about collaboration and how these values affect the collaborative process (Leonard &

Leonard, 2001). Knowledge of how practitioners value collaboration and information sharing would give a clearer picture of what collaboration should look like, but measuring this is difficult due to the divergent research paradigms among stakeholders (Leonard & Leonard, 2001; Johnston & Hedeman, 1994; Brundrett, 1998; Jordan, 1999; Leonard, 1999a,b; Corrigan, 2000; Creamer, 2003). The existence of loose coupling within and among stakeholders adds to the confusion of information sharing (Hagan et al., 1979), and the emergent turf battles confound the purpose of the collaborative exchange, goal prioritization, and problem resolution (Alkema et al., 2003). Quantitative analysis of practitioner views on collaboration and information sharing would provide and exploration of interprofessional collaboration, which has been largely non-existent to date. The quantifiable exploration of views, as is done in this study, allows for a foundation from which to build a qualitative analysis that would seek a deeper understanding of these views and pave the way for successful interprofessional collaboration.

In regards to advocating interprofessional collaboration between criminal justice and mental health regarding the treatment of the mentally ill offender, Walsh et al., (1999) found that the argument “it works” is not compelling when facing the profession-wide reluctance found within the criminal justice system. This reluctance has been displayed through the criminal justice system’s unwillingness to become involved with the mentally ill unless a crime had been committed (Simon, 1999). Although this *laissez-faire* stance changed when the criminal justice system was obligated to address the mentally ill through formal proceedings for psychiatric institutionalization, cooperation

between criminal justice and mental health professionals was non-existent, and continues to be minimal (Jimenez, 1986).

To compound this lack of cooperation, psychiatric commitment became easier to achieve through the private sector, which allowed the criminal justice system to become even more disassociated with the treatment of the mentally ill (Luchins, 1987; Harrington, 1999). As such, Hochstedler's (1987) acknowledgement that very little empirical evidence exists regarding the methods engaged by the criminal justice system to handle the mentally ill is not surprising but is worrisome in the face of the Presidential Consensus Project which calls for full participation from the criminal justice system in handling mentally ill offenders.

It is believed that the deinstitutionalization movement, which was releasing mentally ill individuals at an accelerating rate to a community based system that was woefully unprepared to accept them, (Grob, 1995) coupled with reports that many of these released individuals were moving into the criminal justice system (Harrington, 1999) led Walsh et al., (1999) to advocate the creation of a common description of the dilemma surrounding the mentally ill offender. The description of a specific social problem, as it pertains to the mentally ill offender, was especially daunting in the face of increasing "get tough" legislation within the criminal justice system (Harrington, 1999; Ditton, 1999; Bonovitz & Bonovitz, 1987).

The research that does exist, on criminal justice management of the mentally ill, notes that criminal justice practitioners feel the mentally ill are not appropriate for the formal criminal justice system (Hochstedler, 1987). To address this, many mental health professionals advocate the use of assertive, community-based treatment programs based

on a team approach to divert the mentally ill from the criminal justice system (Keilitz & Roesch, 1992; McDonald & Teitelbaum, 1994; Gorey et al, 1998; Dvoskin & Steadman, 1994). However, the criminal justice facet of these programs, for the mentally ill offender, remains unaddressed in discussions of treatment approaches. This is attributed to the prevailing view that the criminal justice system is a fragmented, loosely coupled system (Hagan et al., 1979). At the practical levels, it is important to determine if interprofessional collaboration is commonly perceived as valuable within criminal justice agencies in order to successfully initiate the community-based programs as set forth by the Presidential Consensus Project (Maguire and Katz, 2002).

The literature regarding the willingness of criminal justice agencies to reduce the negative stigma for the mentally ill offenders is non-existent. Additionally, the required knowledge and skills necessary to reduce the negative stigma associated with the mentally ill offender is non-existent. Both the criminal justice and mental health systems agree that the mentally ill are not appropriate for formal criminal justice proceedings and that through the formal process the mentally ill are further stigmatized as offenders. This further stigmatization leads to ostracization and a reduction in treatment services to the mentally ill. However, the knowledge to alleviate this problem has not been gained due to the lack of shared communication between the criminal justice and mental health disciplines. According to the developmental theories, this knowledge is best acquired through peer interaction with outside agencies. As knowledge between the criminal justice and mental health agencies increases, they can begin to create appropriate programs that would reduce the stigmatization and criminalization of the mentally ill. Additionally, through an increased acquisition of knowledge about solving critical social

issues, which agencies will hypothetically perceive as a benefit, agencies will increase their coupling with outside agencies and support collaborative efforts overall. Therefore, the measurement of support for collaboration based on levels of agency coupling, collaborative experience and the perceived benefits of collaboration in exploring alternatives to handling the mentally ill need to be addressed.

In response, this study analyzes through a survey selected representatives of criminal justice agencies throughout the state of Florida regarding their support for interprofessional collaboration with mental health practitioners. Attitudes toward, and correlates of support and opposition, for collaborative programs are explored. These as yet unmeasured perceptions are important because collaborative success requires that all stakeholders involved with mentally ill offenders view the value of collaborative techniques as important, which is congruent with Gray's (1989) phases of the collaborative process (Friend & Cook, 2000; Falk & Allebeck, 2002). The perception of the value of collaboration is a reflection of an agency's willingness to couple with other agencies, and is believed to be based in the perception of the benefits of collaborating. As such, the main hypothesis of this study is that agencies that are tightly coupled and have collaborative experience will perceive the benefits of collaborating and support collaborative efforts more than loosely coupled inexperienced agencies.

This research is especially important due to the wide reaching goals of the Presidential Consensus Project (passed in 2003) that falsely portrays interprofessional collaboration as relatively easy to implement and imperative in light of ongoing deinstitutionalization. The proposed program structure of the Presidential Consensus Project is grounded in a Durkheimian view of a closely coupled and inter-functioning

criminal justice system (Consensus Project, 2003). The flow charts that accompany the proposed outlines for program implementation display an outline based on interprofessional communication that leads to a continuum of care for the mentally ill, which until now has been non-existent in the criminal justice system (Hagan et al., 1979; Consensus Project, 2003).

The literature on collaboration and coupling has led to two main hypotheses within this study. First is the hypothetical relationship between coupling and collaborative experience. Logically, one would expect coupling with other agencies to increase as agencies gained more experience with collaboration. Therefore, it is expected that collaborative experience will be positively correlated with agency coupling. Additionally, as agency coupling and collaborative experiences increases, it is expected that the perception of benefits from collaborating will also increase. This leads to the second main hypothesis where past experience with collaboration and agency coupling will interact to lead to an increase in the perception of benefits. Additionally, the increase in the perception of benefits will lead to an increase in positive attitudes toward collaboration. The perceived benefits are hypothesized to be a result of the tangible benefits that the agencies have already received as a result of collaborating and will therefore lead to an increase of support for collaboration.



### **CHAPTER 3 – RESEARCH METHODOLOGY**

As has been stated, prior research indicates that criminal justice professionals perceive the mentally ill as inappropriate for the formal criminal justice system (Hochstedler, 1987; Florida Partners in Crisis, 2002). Therefore, it is expected that criminal justice respondents who show greater support for the creation of collaborative efforts for mentally ill offenders will feel that these efforts reduce the incarceration of the mentally ill. Whether law enforcement personnel agree with the assertion that the mentally ill offender is an increasing problem that can best be addressed through collaboration with mental health practitioners will be explored. It is hypothesized that respondents who display increased support for interprofessional collaboration (as separate from post-collaborative experience) will do so as a result of a perception of increased benefits from the effort.

It is also believed that an agency's past history of participating and cooperating with other agencies in collaborative efforts will be associated with respondent's perception of increased benefits, and subsequently a more positive attitude toward interprofessional collaboration. An agency's collaborative history is associated to the theoretical concept of loose coupling in the criminal justice system as espoused by Hagan (1979). Hagan's (1979) theory of coupling states that coupled agencies act harmoniously when part of a system where elements remain ideologically linked while retaining physical and professional autonomy (Hagan, 1979). This coupling leads to solidification of the idea that the system functions properly, as a whole, while the elements of the

system maintain individual operational efficiency (Hagan et al., 1979; Meyer & Rowan, 1977). The literature suggests that the criminal justice system has historically been very loosely coupled in that they have retained physical and professional autonomy but have not maintained ideological linkages with other disciplines. As a result of this lack in ideological linkages, critical social issues such as the criminalization of the mentally ill continue unabated. However, the development of ideological linkages with outside agencies can be measured through the collaborative history of an agency. As agencies collaborate with outside agencies, it is asserted that they will also assimilate some of the ideologies of those outside agencies in regards to social problems and potential responses to those problems.

The importance of exploring these relationships between coupling, agency collaborative history and perception of the problem and its solution is that if a criminal justice agency is appropriately coupled (works harmoniously while retaining professional autonomy) (Hagan et al., 1979; Wieck, 1976) then the collaborative treatment of the mentally ill can be pursued. However, the usual reality of criminal justice agencies is as part of a loosely coupled system in which agencies are only nominally linked, do not communicate well, and do not provide a continuum of care for the mentally ill offender (Harrington, 1999; Grob, 1995). As a result, the provision of treatment to the mentally ill will tend to be ceremonial rather than true (Harrington, 1999). However, even within an inappropriately coupled criminal justice system, the perception of benefits of participating in collaborative efforts should provide a foundation for advancing interprofessional collaboration. The existence of such a perception of benefits among professionals working within inappropriately coupled criminal justice agencies is

explored in this study. If a perception of benefits exists, it will signal the usefulness of developing strategies and expanding resources to overcome the effects of weak coupling. The absence of a perception of benefits would suggest that collaboration efforts must first instill supportive attitudes in criminal justice practitioners if mental health and criminal justice collaboration is to have a realistic chance of success.

Finally, due to the exploratory nature of this study, it is believed that the most effective way to measure perceived benefits of collaboration and support for collaboration is through a survey instrument. Through utilizing a survey instrument, a large number of measures can be created to explore and expand on the various perceptions of benefits of collaboration, measure support for collaboration, and determine the level of coupling and collaborative experience among respondents. Moreover, by having multiple measures of these concepts, it is believed that some measures and concepts will present themselves for replication in future research. The concepts of agency coupling, collaborative experience, perceived benefits of collaboration and support for collaboration, as well as the corresponding measures, are discussed in depth in the following sections.

### **Measuring Collaboration**

The largely accepted practical interpretation of collaboration has focused on open communication and cooperation instead of structural or policy changes to the

organization, which may make potential participants hesitant (Quinn & Cumblad, 1994; Walsh et al., 1999). This is consistent with the Criminal Justice and Mental Health Consensus Project, which notes that collaboration, cooperation and coalition are terms that are becoming increasingly confused (Consensus Project, 2003) and provides the practical definition of collaboration used in this study as derived from the Criminal Justice and Mental Health Consensus Project.

Hypothetically, a true collaboration would involve the full dedication of all agency resources to a collaborative exchange with outside agencies. This concept of collaboration would be intimidating to potential partners, and as a result a more practical definition of collaboration where the dedication of agency resources to the collaborative exchange is significantly reduced through specific small scale initiatives was adopted by this study. The practical definition of small scale collaborative exchanges is operationalized through studying team approaches involving criminal justice and mental health practitioners that deal with mentally ill offenders.

The first team approach is Crisis Intervention Team training, which is usually conducted by mental health case managers to train specialized response teams that respond to situations involving mentally ill or suicidal individuals. This lecture-based training provides law enforcement personnel with the necessary information to identify a mentally ill person in a state of crisis (delusional, psychotic, severely depressed, etc.) and provide appropriate intervention through involuntary commitment, contacting family, and contacting psychiatrists. This training can last from eight to twenty hours depending on the nature of the team, and the level of involvement of the officers. Additionally, the level of agency involvement in community based outreach programs, community

improvement task forces, as well as the perceived benefits of creating mental health and criminal justice collaborative programs for mentally ill offenders were measured to determine which agencies do not have CIT teams, but present themselves as good candidates for these collaborative approaches.

The second team approach involves diversion programs aimed at diverting mentally ill offenders from formal criminal justice proceedings into community-based supervision. Diversion programs are essentially programs that provide an alternative to arrest (such as psychiatric commitment) for law enforcement officers, or an alternative to incarceration for criminal justice practitioners, when handling mentally ill offenders. Frequently labor intensive (Lane & Turner, 1999), these diversion programs also involve intensive supervision in the form of outpatient counseling, behavior modification training, weekly contacts from both the probation officers and the mental health case managers, and assurance of medication compliance.

These team approaches appear to be more along the lines of a cooperative effort instead of a full collaboration (which involves the decentralization of resources and goes against the bureaucratic structure of the criminal justice system) (Berggren, 1982; Westrin, 1982; Falk & Allebeck, 2002). However, this practical definition of collaboration is congruent with research that states that the terms collaboration and cooperation are synonymous within the criminal justice and mental health nexus (Criminal Justice and Mental Health Consensus Project, 2003). It is also felt that by tailoring the current study to true collaborative practices (such as having one building that houses all of the partnered agencies, and a complete dedication of agency resources),

results of the survey within the current project would be negatively skewed due to a lack of experience with such practices.

The operational definition of small scale collaboration initiatives have been chosen for this current study because of the interdisciplinary nature of the programs (Mizrahi & Rosenthal, 2001; Abramson & Rosenthal, 1995; Rosenthal, 1998).

Additionally, because the phenomenon of the mentally ill offender affects both the criminal justice and mental health professions, it is expected that these activities require a higher level of commitment from participants, which can be displayed through the presence of CIT teams and diversion programs (Corrigan, 2000; Dluhy, 1990; Galaskiewicz, 1985; Roberts-DeGennaro, 1986; Mizrahi & Rosenthal, 2001).

Furthermore, interprofessional collaboration must be voluntary (Friend & Cook, 2000), and encompass a clearly articulated purpose such as that which has been adopted by the presence of these specialized teams and diversion programs to identify mentally ill individuals and divert them from the formal criminal justice system whenever possible.

It is important to distinguish respondents who work for agencies that already participate in these types of programs from those that do not in order to establish how collaboration and coupling are related. An important question is how current and past participation relates to a respondent's current perception of collaborating with mental health practitioners. Does the experience increase or decrease support? As illustrated by the President's Criminal Justice/Mental Health Consensus Project, and literature from Goldkamp and Irons-Guynn (2000) on strategies for mental health courts, this type of first hand knowledge of collaborative efforts often gets passed along to other agencies

through coupling relationships, and strongly influences other agencies that are considering collaborative techniques.

## **Key Concepts for Study**

### **Concept 1) Coupling**

Predicting support for interprofessional collaboration through the concepts of agency coupling, collaborative experience and perceived benefits of collaboration among criminal justice agencies is the goal of this study. Agencies that are appropriately coupled experienced a symbiotic relationship with other agencies that involves open communication and information sharing. This can be analyzed through an agency's past experience of involvement in community outreach programs, and team approaches to social problem solving, which has been shown to be essential for interprofessional collaboration to be effective (Leonard & Leonard, 2001; Short & Greer, 1997).

Levels of agency coupling need to be established, and can be identified through both the responding agency's willingness to communicate with outside agencies, and the actual collaborative experience that these agencies have had. Within this study, coupling as it relates to criminal justice is conceived as a continuum. This continuum encompasses agencies at one end that are appropriately coupled (and have had collaborative experience) and at the other end agencies that are inappropriately coupled (that do not have collaborative experiences) within a single concept.

Appropriately coupled agencies theoretically possess a willingness to communicate with outside agencies due to a positivist ideology of matching the offender to the punishment (Hagan et al., 1979). This ideology necessitates communication with outside agencies and social institutions in order to achieve a holistic view of the offender and create a Beccarian type punishment that would deter that specific offender from future criminal activities. However, it is understood that not all agencies that are adopting this positivist view have actually experienced interprofessional collaboration. Influences such as a change in the bureaucratic structure of the agency, political leader of the agency, and so forth, may create an organizational culture that is accepting of interprofessional collaboration although the actual practice has not been implemented. Additionally, the positivist view is not as prevalent as once thought. It has been supplanted by a classical ideology to match the offense, not the offender, to the punishment. However, agencies that hold a positivist view pose themselves as excellent candidates for participation in collaborative efforts because of the perception that individualized treatment of offenders is necessary, and can be successfully achieved through communicating with agencies in the community.

An additional factor related to coupling is the presence of professional autonomy. Autonomy by agency representatives within a collaborative effort allows for immediate decision making from the line practitioners, and provides flexibility to the collaborative effort through a process of information sharing (Leonard & Leonard, 2001; Koehler & Baxter, 1997; Johnston & Hedeman, 1994; Brundrett, 1998; Jordan, 1999; Leonard, 1999a,b; Corrigan, 2000; Creamer, 2003). Retaining professional autonomy is an important facet of a harmonious partnership within a collaborative effort that is



appropriately coupled (Hagan et al., 1979; Weick, 1976). The literature acknowledges that agencies that are inappropriately coupled retain nominal linkages, which leads to rule violations, unimplemented decisions, and vague consequences for the decisions that are implemented (Hagan et al., 1979; Meyer & Rowan, 1977).

It is recognized that for professional autonomy to remain significant within appropriately coupled agencies, open communication without fear of reprisal is necessary (Leonard & Leonard, 2001; Short & Greer, 1997). The uninhibited flow of communication allows for trust building, and provides an understanding of the importance of differing ideas among collaborative stakeholders in order to maintain a sense of selflessness (Leonard & Leonard, 2001; Knop et al., 1997; Jordan, 1999). Therefore, open communication can be measured through the degree to which respondents feel comfortable exercising professional autonomy within collaborative efforts, and the degree of importance that they give to other stakeholders within the collaboration.

Unfortunately, due to the divergent ideologies often found within interprofessional collaboration efforts, and the lack of shared theoretical foundations for collaborating (Walsh et al., 1999), there frequently develops a vying for authority (Walsh et al. 1999; Biaggio & Bittner, 1999; Reppucci & Crosby, 1993; Staley, 1991; Theil & Robinson, 1997; Weil, 1982; Abramson & Mizrahi, 1996; Allen-Meares & Moroz, 1989, Tharinger et al., 1996). Such power-struggles do not allow for professional diversity to accomplish strategic planning and problem solving (Knop et al., 1997; Jordan, 1999), and dissuade willingness to share power (Leonard & Leonard, 2001; Mankoe, 1996). The ultimate result of this power struggle is the emergence of non-coupled agencies that are

unwilling to relinquish authority or communicate with outside agencies. This situation represents the negative side of the coupling continuum where agencies are, at best, nominally linked and any collaborative effort is ceremonial.

Along the coupling continuum, the ability to communicate without fear of reprisal as well as the willingness of collaborative partners to share decision making power and responsibility are but some of the criteria that were utilized as measures. Other factors such as the ability to volunteer to work with outside agencies, valuing the diverse backgrounds of other agencies, sharing a clear sense of purpose, and staying committed to a collaborative effort were used as measures of coupling.

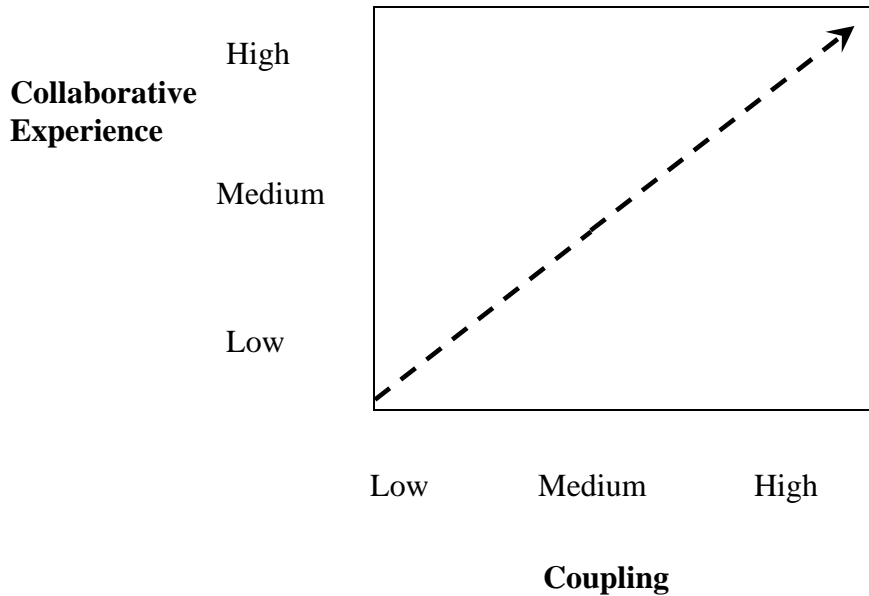
The results of this study begin to shed light on the identifiers of agency coupling as well as correlating agency coupling with support for collaboration. As previously stated, the prevailing view of the criminal justice system is that of a fragmented and inappropriately coupled system that is more likely to produce a reactive response to crimes within society rather than proactive approaches to combating the causes for criminal behavior through non-law enforcement based means (Hagan et al., 1979). However, it should be noted that the concept of agency coupling is significantly intertwined with the collaborative experience that an agency has. Therefore, it is equally important to measure the experience that agencies possess in collaborative efforts. This leads to the following discussion of the concept of collaborative experience.

## Concept 2) Collaborative experience

The interrelationship of coupling and collaborative experience poses a challenge in measuring these concepts separately. However, a differentiation needs to be made between agencies that are willing to collaborate with outside agencies, and those that have actually done so. Additionally, the voluntary nature of that participation in collaborative efforts needs to be established.

Logically, the concepts of agency coupling and collaborative experience are inextricably linked. This rationale is based on the assumption that as agencies become more coupled with outside agencies, then their collaborative experience will increase. Even though it is possible that agencies may be highly coupled with outside agencies and not have any practical experience with collaboration, such agencies are not actually expected to be found (Maguire & Katz, 2002; Manning, 1997; Hagan et al., 1979). These expectations allow the concepts of coupling and collaborative experience to be measured independent of each other. Nonetheless, it is also expected that due to the logical linkage between coupling and collaborative experience, the two concepts will coexist in a limited set of relationships. This linkage is illustrated in the following matrix (Figure 1) which displays the possible relationships between agency coupling and collaborative experience.

**Figure 1 – Expected findings from Coupling and Collaborative Experience matrix.**



Although alternative relationships could exist, such as agencies with low coupling having a high level of collaborative experience, these relationships are improbable based on the literature regarding coupling and collaboration. Increased coupling brings order to a fragmented criminal justice system and requires the acquisition of knowledge and skills in order to accomplish the task of streamlining resources and services. According to organizational developmental theories, the acquisition of knowledge and skills is maximized through peer interaction, or collaboration. Therefore, agencies that seek to counter the loose coupling of the criminal justice system as a whole generally will do so by sharing information with outside agencies. Information sharing will result in all

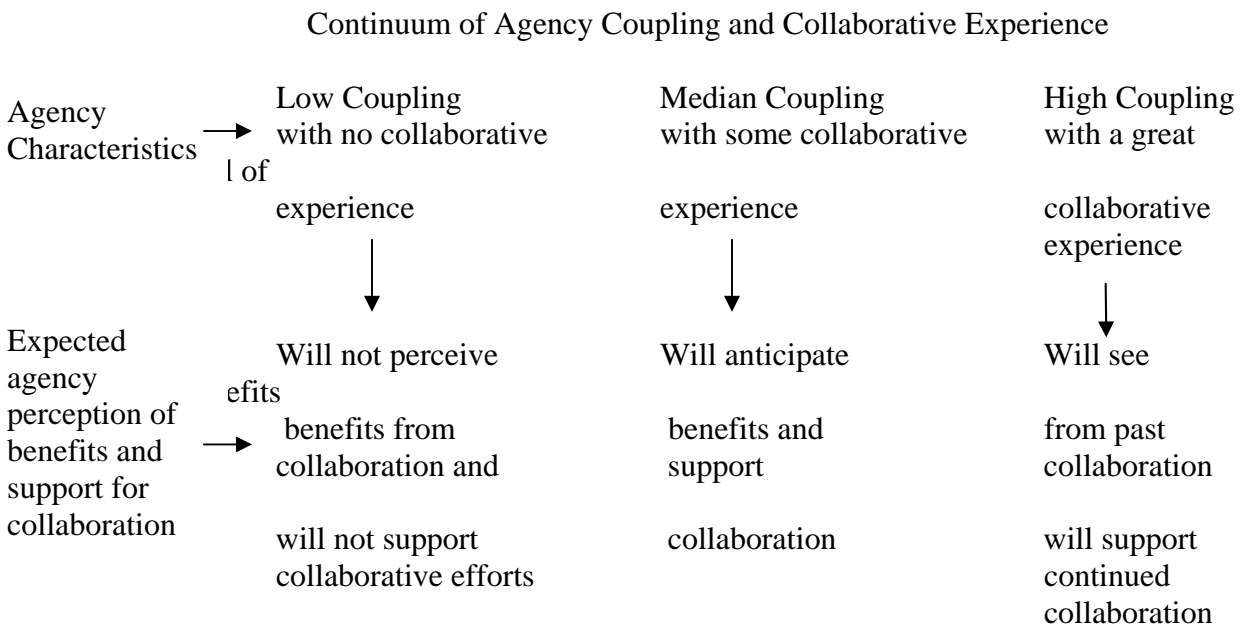
involved agencies acquiring knowledge and skills to improve the continuity of the system, and service delivery.

Farmakopoulou (2002) briefly discusses a power/resource dependency framework for collaborative efforts that states that organizations are sometimes forced into arrangements that they would not normally have entered. This coercion to participate is often conducted within a political arena involving legal, administrative and social constraints (Farmakopoulou, 2002). However, even when forced to participate, these organizations are assumed to act in a manner of self-interest based on their perceived benefits of collaborative efforts.

As such, the collaborative experience of agencies, and its relationship to agency coupling, is an important factor for analyzing the perceived benefits of interprofessional collaboration, and establishing support for collaborative efforts. As stated, the concept of coupling is not a dichotomous condition of being either coupled or uncoupled. Instead, the idea of coupling within the criminal justice system represents a continuum of agency interaction with outside agencies (see Figure 1). Similarly, there is a continuum of perceived benefits of collaboration and support for collaborative measures. A logical postulation is that those agencies that perceive greater benefits within collaborative efforts would display more support for these efforts (see Figure 2). Therefore, this study explores where criminal justice agencies are situated on both continuums of coupling and support for collaboration. Specifically, this study is concerned with agencies that are coupled at a median to high level, and have collaborative experience in order to determine how coupling and collaborative experience effect perceived benefits and support for collaboration. Figure 2 illustrates the expected relationship between coupling

and collaborative experience with perceived benefits from collaboration in support for collaboration within this study.

**Figure 2: Hypothesized relationships between Coupling and Collaborative experience, Benefits, and Support for collaboration:**



As a result, the continuous nature of coupling, and the nature of the relationship between coupling and collaborative experience and its effect on the perception of benefits and support for collaboration, three core hypotheses result that will lay the foundation for multivariate analysis:

*Ha1 – Collaborative experience will be positively correlated with agency coupling.*

*Ha2 – An increase in agency coupling and collaborative experience will result in an increased perception of the benefits of collaboration.*

*Ha3 – The increased perception of the benefits of collaboration will result in an increase in support for collaboration.*

These hypotheses are derived from the expected interaction between coupling and collaborative experience, and how this interaction affects the perceived benefits of interprofessional collaboration and support for collaboration. As coupling and experience increase, the anticipation of benefits and support do also. Each of these concepts; coupling, collaborative experience, perceived benefits, and support for collaboration, is operationalized via a set of theoretical indicators derived from the literature. These indicators are tied to subconcepts of coupling and perceived benefits, and in turn, several operational concepts herein used to measure coupling, collaborative experience, perception of benefits and support for collaboration.

Within the concept of coupling, all theoretical subconcepts except one have two assigned corresponding operational concepts. This single subconcept exception was the *lack of ability to volunteer to collaborate*. It was believed that while the other theoretical subconcepts needed two operational concepts for adequate measurement, the ability to volunteer was effectively measured through a single direct survey item. Therefore, due to this, and in the interest of survey brevity, the operationalization of *the ability to volunteer to collaborate* was limited to one operational concept. The survey items employed as measurements of each concept are detailed below.

The first concept measurement developed is that for 'coupling'. The theoretical subconcepts of coupling, the operational variables, and the survey items are presented in Table 1.



**Table 1: Theoretical subconcepts, operational concepts and survey items for agency coupling.**

| <b>Theoretical Subconcepts</b> | <b>Operational Concepts</b>  | <b>Survey Items</b>   |
|--------------------------------|--|---|
| Level of professional autonomy | <p>Prior approval for decisions<br/>(Leonard &amp; Leonard, 2001)</p> <p>No repercussions for open discussion<br/>(Short &amp; Greer, 1997)</p>      | <p>My agency wants me to get prior approval for all decisions to be made when working with outside agencies.</p> <p>Working with outside agencies is more likely when there are no repercussions for talking openly.</p>                  |
| Level of open communication    | <p>Divert mentally ill out of criminal justice<br/>(Hochstedler, 1987)</p> <p>Open communication encouraged<br/>(Hagan et al., 1979)</p>             | <p>My agency is willing to communicate with mental health agencies to divert mentally ill individuals out of criminal justice proceedings.</p> <p>My agency encourages open communication with mental health workers</p>                  |
| Valuing collaborative partners | <p>Agency values outside input<br/>(Leonard &amp; Leonard, 2001)</p> <p>Flexible with outside agencies<br/>(Leonard &amp; Leonard, 2001)</p>         | <p>My agency values input from outside agencies.</p> <p>My agency is flexible enough to work with outside agencies.</p>   |
| Authority competition          | <p>Decision responsibility should be shared<br/>(Mellaville &amp; Blank, 1991)</p> <p>Seeks blame for problems<br/>(Leonard &amp; Leonard, 2001)</p> | <p>The leadership in my agency feels that responsibility for decisions should be shared among agency partners.</p> <p>When a decision with outside agencies does not work, my agency is determined to find individual responsibility.</p> |
| Power struggles                | <p>Shares decision making power<br/>(Mizrahi &amp; Rosenthal, 2001)</p> <p>Unlikely to share decision making<br/>(Leonard &amp; Leonard, 2001)</p>   | <p>My agency is willing to share decision-making power with other agencies.</p> <p>My agency is unlikely to give up decision-making power to other agencies.</p>  |

| <b>Theoretical Subconcepts</b>                     | <b>Operational Concepts</b>  | <b>Survey Items</b>  |
|--|--|--|
| Lack of strategic planning                         | <p>Defined goals are necessary (Okamoto, 2001)</p> <p>Plan of action in order to collaborate (Pugach &amp; Johnson, 1995)</p>                    | <p>It is important for partnered agencies to have well defined goals.</p> <p>A well defined plan of action is necessary before my agency will collaborate with other agencies.</p>   |
| Lack of commitment to inter-agency problem solving | <p>Commitment determined by agency leadership (Hagan et al., 1979)</p> <p>Collaboration possible when all are committed (Hagan et al., 1979)</p> | <p>Leadership determines the level of commitment to working with outside agencies.</p> <p>Working with outside agencies is possible when everyone stays committed to the effort.</p> |
| Lack of the ability to volunteer to collaborate    | <p>Collaboration effective when not forced (Farmakopoulou, 2002)</p>   | <p>Working with outside agencies is more effective when my agency is not forced to do it.</p>  |

The second concept developed is that of collaborative experience. Table 2 outlines its operationalization and subsequent survey item measures. Note that there are no theoretical subconcepts of collaborative experience. It is operationalized by five survey items.

**Table 2: Operational concepts and survey items for collaborative experience.**

| Operational Concepts   | Survey Items  |
|--|---|
| <p>Agency currently working with community leaders<br/>(Greenleaf, 1977/1995)</p> <p>Agency works to keep mentally ill out of criminal justice<br/>(Goldkamp &amp; Irons-Guynn, 2000)</p> <p>Agency participates in outreach programs<br/>(Friend &amp; Cook, 2000)</p> <p>Agency represented in community improvement<br/>(Friend &amp; Cook, 2000)</p> <p>Agency provides CIT training to personnel<br/>(Corrigan, 2000)</p> | <ul style="list-style-type: none"> <li>• My agency is currently working with community leaders to address local problems.</li> <br/> <li>• Does your agency participate in programs to keep mentally ill offenders out of criminal justice proceedings?</li> <br/> <li>• Does your agency participate in community outreach programs (for example after school programs for youths)?</li> <br/> <li>• Is your agency represented in any community improvement task forces (for example, “clean streets” or neighborhood watches)?</li> <br/> <li>• Does your agency provide Crisis Intervention Team training to handle the mentally ill for front line personnel?</li> </ul> <p style="padding-left: 40px;">If yes, who provides Crisis Intervention Team training to your agency?</p> |

### Concept 3) The Perception of Benefits

The third concept “perceived benefits of collaboration” is presented in Table 3. For this study, several key benefits for criminal justice practitioners have been identified that are realistic for the criminal justice system to pursue as it deals with mentally ill offenders. All but two of the theoretical subconcepts have two operational concepts. The first, a perception of reduced agency costs, is closely linked with a perception of resource management. However, it was believed that the survey item for a perception of reduced agency costs should be measured from the absence of a negative perception of reduced agency costs. This negative perception could be adequately addressed through one question so as to minimize the length of the survey instrument.

The second theoretical subconcept with only one operational concept was a perception of decreased liability with mentally ill offenders. As the most visible and damaging form of liability with mentally ill offenders comes in the form of civil lawsuits, it was believed that the perception of decreased liability could be addressed with one question that centered on the perceived reduction of civil liability involved with treating mentally ill offenders. The perception of these benefits was analyzed to determine which of these benefits correlate with the greatest levels of support for interprofessional collaboration in order to identify if agencies collaborate out of self preservation, as Farmakopoulou (2002) asserts, or more out of a sense of altruism.

**Table 3: Theoretical subconcepts, operational concepts and survey items of perceived benefits from collaboration.**

| <b>Theoretical Subconcepts</b>  | <b>Operational Concepts</b>   | <b>Survey Items</b>   |
|---|---|---|
| a perception of reduced agency costs in handling mentally ill offenders         | Special training is a waste of resources<br>(Petrie, 1992)  | Specialized training in identifying and handling the mentally ill is a waste of resources.  |
| a perception of increased benefits of access to mental health service providers | Access to facilities would reduce arrests<br>(Bonovitz & Bonovitz, 1987)<br><br>Access to facilities would reduce incarceration<br>(Harrington, 1999) | Increased access to psychiatric facilities by police officers would reduce the arrests of mentally ill offenders.<br><br>Access to psychiatric facilities would reduce the incarceration of mentally ill offenders. |
| <b>Theoretical Subconcepts</b>  | <b>Operational Concepts</b>   | <b>Survey Items</b>   |
| a perception of increased public safety   | Mentally ill programs improve public safety<br>(McDonald & Teitelbaum,  | Participation in community-based programs for the mentally ill is an important part of providing public safety.   |

|   |  |  |
|---|--|--|
|   | 1994)<br>Mentally ill could be in the community<br>(Gorey et al., 1998)  | My agency feels that mentally ill individuals could be supervised safely in the community.   |
| a perception of decreased liability with mentally ill offenders | Treatment reduces civil liability<br>(Farmakopoulou, 2002)   | Providing treatment to mentally ill Offenders reduces the civil liability associated with supervising these offenders.   |
| a perception of increased resource management                   | Communication reduces service calls<br>(Bonovitz & Bonovitz, 1987)<br><br>Diversion frees agency resources<br>(Mechanic, 1998)       | Open communication with mental health workers would reduce service calls for mentally ill offenders<br><br>Diversion programs for mentally ill offenders frees agency resources.   |
| a perception of increased provision of mental health services   | Communication improves Service provision<br>(Dvoskin & Steadman, 1994)<br><br>Facilities unwilling to treat<br>(Berggren, 1982)      | Open communication with mental health workers increases the ability to provide psychiatric services to mentally ill individuals.<br><br>Psychiatric facilities are unwilling to provide treatment to mentally ill offenders.       |
| a perception of increased officer safety                        | Training increases officer safety<br>(Bonovitz & Bonovitz, 1987)<br><br>Treatment increases officer safety<br>(Farmakopoulou, 2002)  | Providing training in handling mentally ill offenders increases officer safety.<br><br>Providing community-based treatment to mentally ill offenders increases officer safety.   |
| a perception of a decreased crime rate                          | Communication decreases criminality<br>(Falk & Allebeck, 2002)<br><br>Treatment reduces criminality<br>(McDonald & Teitelbaum, 1994) | Communication between criminal justice and mental health agencies will decrease crimes committed by mentally ill offenders.<br><br>Providing treatment to mentally ill offenders will reduce the amount of crime that they commit. |
| <b>Theoretical Subconcepts</b>                                  | <b>Operational Concepts</b>  | <b>Survey Items</b>  |
| a perception of decreased incarceration of the mentally ill     | Diversion reduces incarceration<br>(Gorey et al., 1998)  | Creating diversion programs with mental health agencies will reduce the incarceration of the mentally ill.   |

|  |   |  |
|--|---|--|
|  | No options other than jail<br>(Leonard & Leonard, 2001) | There are no other options other than<br>incarcerating mentally ill offenders. |
|--|---|--|

#### Concept 4) Support for Collaboration

Studying agency support for collaborative partnerships is the overarching goal of this study. From the literature, a practical definition of collaboration has been derived that revolves around working with outside agencies in specific, small scale exchanges. As stated, one such small scale practice is CIT training. Therefore, support for collaboration is measured largely through the responses of support for CIT training. Additionally, whether or not criminal justice practitioners view the mentally ill as appropriate for the criminal justice system addresses the stigmatization of the mentally ill as derived from the labeling theory research. This provides a possible reason for collaborating. Furthermore, the question of the willingness of agencies to collaborate to provide treatment instead of incarceration is also addressed. Responses to these questions address the organizational developmental theory's postulation that knowledge is increased through interaction with outside agencies, and provide another reason for collaborating with outside agencies. Survey questions measuring support for collaboration are presented in Table 4.

**Table 4: Operational concepts and survey items of support for collaboration**

| Operational Concepts  | Survey Items   |
|---|--|
| Agency supports CIT<br>(Crisis Intervention Consensus Project, 2003)                    | <ul style="list-style-type: none"> <li>• My agency supports Crisis Intervention Team Training.</li> </ul>  |
| CIT provides financial savings<br>(Farmakopoulou, 2002)                                 | <ul style="list-style-type: none"> <li>• Do you think that Crisis Intervention Team training could provide financial savings for the agency?</li> </ul>                  |
| Savings equal reduced lawsuits<br>(Crisis Intervention Consensus Project, 2003)         | <p style="padding-left: 40px;">Do you think these savings will appear through reduced lawsuits?</p>  |
| Savings equal reduced service calls<br>(Bonovitz, & Bonovitz, 1987)                     | <p style="padding-left: 40px;">Do you think these savings will appear through reduced service calls?</p>   |
| Savings equal reduced need for officers<br>(Gorey et al., 1998)                         | <p style="padding-left: 40px;">Do you think these savings will appear through reduced need for officers?</p>   |
| Savings equal reduced court time<br>(Crisis Intervention Consensus Project, 2003)       | <p style="padding-left: 40px;">Do you think these savings will appear through reduced time spent testifying in court?</p>  |
| Savings equal reduced jail supervision<br>(Crisis Intervention Consensus Project, 2003) | <p style="padding-left: 40px;">Do you think these savings will appear through reduced time spent supervising mentally ill offenders in jail?</p>                         |
| Should divert mentally ill out of system<br>(Hochstedler, 1987)                         | <ul style="list-style-type: none"> <li>• Mentally ill offenders should be diverted out of the system whenever possible.</li> </ul>                                       |
| Arresting mentally ill is bad<br>(Harrington, 1999)                                     | <ul style="list-style-type: none"> <li>• My agency feels arresting mentally ill offenders is inappropriate.</li> </ul>   |
| Agency makes effort to collaborate<br>(Mellaville & Blank, 1991)                        | <ul style="list-style-type: none"> <li>• My agency will make every effort to successfully work with outside agencies.</li> </ul>   |
| Agency changes policy based on outside input<br>(Tiegerman-Farber & Radziewicz, 1998)   | <ul style="list-style-type: none"> <li>• My agency will change policy based on input from outside groups.</li> </ul>   |
| Communication important to provide treatment<br>(Friend & Cook, 2000)                   | <ul style="list-style-type: none"> <li>• Open communication with mental health workers is an important part of providing treatment to mentally ill offenders.</li> </ul> |
| Mental health has no idea about system<br>(Leonard & Leonard, 2001)                     | <ul style="list-style-type: none"> <li>• Mental health workers have no idea how the criminal justice system works.</li> </ul>  |

## Other Internal and External Controls

Finally, it is understood that there are additional factors aside from coupling, collaborative history, and perception of benefits that may have an influence on an agency's level of support for collaboration. One such factor is past negative experience with a mentally ill offender. For the purposes of this study, past negative experience is being operationalized as having experienced a physical assault to an employee by a mentally ill individual, or losing an employee as a result of an assault from a mentally ill individual. These operational concepts and survey items are presented in Table 5.

**Table 5: Operationalization of an agency's past negative experience regarding assault by a mentally ill offender.**

| <b>Theoretical Concepts</b>                                | <b>Operational Concepts</b>   | <b>Survey Items</b>  |
|--|-------------------------------|--|
| Agency history regarding assault by mentally ill offender. | Employee physically assaulted | Has an employee of your agency been physically assaulted by a mentally ill offender in the last 6 months?  |
| Agency history of employee loss.                           | Lost employee                 | Has your agency lost any personnel (through death, serious injury, or quitting) due to an employee being physically assaulted by a mentally ill offender in the last 6 months? |

In addition to a negative experience with a mentally ill offender, the literature on coupling within the criminal justice system has not successfully recognized factors that



identify appropriate or inappropriate coupling among agencies. As such, several factors, both internal and external, are being explored to provide a clearer picture of coupling as it relates to interprofessional collaboration. The perceptions of respondents regarding the benefits of collaboration and identifying criteria that support the implementation of collaborative efforts are some of the elements that may affect coupling and the willingness to collaborate. Other factors that can characterize agency coupling and influence the agency's willingness to collaborate may be out of the immediate control of the respondents. These factors may impede interprofessional collaboration because of the organizational stress involved in adopting collaborative efforts. However, as stated, it is unclear what affect these factors have on the implementation of collaborative efforts. These additional conceptual factors include agency type, size, resources, and community crime rate.

### Agency type

The positivist view of criminal justice (Hagan et al., 1979) has been met with institutional resistance that emerges as a divergence between the stated public policy and the unstated organizational practice, and favors matching the offense and the punishment (Bemack, 2000; Harley et al. 2003). In terms of interprofessional collaboration, this may lead certain stakeholders to commit ceremonially to the effort (Walsh et al., 1999; Hagan et al., 1979). However, certain stakeholders may emerge as leaders of the collaborative

effort (Walsh et al., 1999) in order to secure interests specific to the agency, such as increased case processing efficiency (Farmakopoulou, 2002; Meyer & Rowan, 1977). In a loosely coupled criminal justice system where agencies can minimize their cooperation within the entire system and face little retribution (Matza, 1964; Gardner, 1992; Corrigan, 2000), extremely powerful players within the system can emerge as collaborative leaders while furthering their own interests (Maguire & Katz, 2002; Manning, 1997). It was expected that this study would find that Sheriff's offices would emerge as the leaders of interprofessional collaboration because of the increased numbers of contacts with the mentally ill (Bonovitz & Bonovitz, 1981) and the impact that this has on the department, both in calls for service and in providing incarceration facilities (in jurisdictions where the sheriff also runs the county jail). Additionally, it was expected that Sheriff's office would differ from police departments in their support for collaboration due to the political power associated with the Sheriff's offices in Florida.

### Agency size

Farmakopoulou's (2002) finding that agency resources have a direct impact on an agency's willingness to become involved in a collaborative effort provide the conceptual framework for hypothesis seven. However, it is acknowledged that fiscal resources are but one aspect of resources of an agency (Farmakopoulou, 2002). Due to the fact that interprofessional collaboration tends to be labor intensive (Lane & Turner, 1999), and

Farmakopoulou's (2002) finding that agencies with limited human resources are less likely to participate in collaborative efforts, it is expected that agencies with large numbers of personnel would be more likely to show support for collaborative efforts. Therefore, the advocacy for interprofessional collaboration is not based solely on agency type, but also on agency size due to the recognition of the personnel resources necessary for effective interprofessional collaboration. As a result, it is believed that large agencies are more likely to be appropriately coupled and respond positively to interprofessional collaboration due to the ability to absorb the personnel resources aspect associated with collaborative efforts (Table 6).

**Table 6: Theoretical concepts and survey item measuring agency size.**

| <b>Theoretical Concept</b> | <b>Operational Concept</b>   | <b>Survey Items</b>  |
|----------------------------|------------------------------|--|
| Agency size.               | How many personnel in agency | How many total (full time and part time) personnel do you have within your agency? |

### Agency resources

Additionally, agencies that come from communities with greater fiscal resources, based on a per capita income and budget ratio for community based services, will more readily adopt interprofessional collaboration efforts because doing so will not impose a great financial burden on the agency.

Farmakopoulou (2002) discovered that fiscal resources (or the lack thereof) had a significant impact on the willingness to become a part of a collaborative action. The author found that agencies with fewer resources as well as agencies with abundant resources were hesitant to engage in collaborative activities. The concern for agencies lacking funding was due to the perceived additional cost of participation, and for well funded agencies there existed a perception that the agency did not feel the need to participate since they had the resources to handle the problem themselves (Farmakopoulou, 2002). Therefore, the author notes that the willingness to become involved in collaborative efforts lies somewhere in the center of the scarcity of resources continuum as agencies seek to maximize operations while reducing costs (Farmakopoulou, 2002; Johnson, L., Zorn, D., Kai Yung Tam, B., Lamontagne, M., Johnson, S. et al., 2003). Subsequently, the ability to access monetary resources was determined through a measurement of community per capita income by county (accessed through Florida vital statistics) as a proxy measure of and agency’s access to monetary resources for collaborative programs.

**Table 7: Theoretical concept and measurement of community per capita income.**

| <b>Theoretical concept</b>  | <b>Concept Measure</b>   |
|---|--|
| Agencies from areas with a higher per capita income will have greater monetary resources to institute collaborative programs. | State of Florida records on Per Capita Income accessed through State vital statistics. |

## Community Crime Rate

Finally, it is accepted that external factors have an impact on the agency's willingness to participate in interprofessional collaboration. It is expected that agencies in areas with high crime rates experience pressure to consider non-traditional and non-law enforcement based approaches, and be more willing to participate in interprofessional collaboration.

Farmakopoulou (2002) found that agencies often participate in collaborative efforts within a political arena. While it is acknowledged that not all external factors are being measured for their effect on an agency's willingness to participate, it is expected that the current "get tough" policies that drive criminal justice legislation (Harrington, 1999) provide a logical foundation to include the crime rate of communities surrounding the respondents. It is believed that higher than average crime rates provide a politically based incentive for agencies to participate in collaborative efforts in order to be perceived as "doing something" about crime. For the purposes of this study, crime rate was measured through analyzing official total crime report data, based on arrests, from each of the responding agencies (Table 8).

**Table 8: Theoretical concept and measurement of community crime rate.**

| <b>Theoretical concept</b>  | <b>Concept Measure</b>  |
|---|---|
| Agencies in counties with a higher crime rate will seek collaborative exchanges as a result of greater political pressure . | State of Florida records on crime rate accessed through the Florida Department of Law Enforcement |

|  |  |
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## **Survey Administration**

### **Subjects**

This study focused on the perceptions of representatives from Florida criminal justice agencies toward collaborating with non-criminal justice agencies regarding mentally ill offenders through a mail-based survey analysis. State's Attorneys Offices, Probation Offices, County Sheriffs, and municipal Police Departments across the state of Florida were surveyed. The survey was distributed to the agency head, or their designated representative responsible for the mentally ill offender policy for each agency. These respondents, therefore, represent the main interprofessional policy-making force within their agencies.

It is anticipated that for larger agencies, chief administrators would be more likely to have designated an individual to oversee arrest alternatives when handling special needs offenders (of which the mentally ill are a subgroup). As a result, these agency representatives are in a better position to provide information regarding the development of programs and collaboration with mental health agencies. Therefore, these designated agency representatives were the first choice respondent for the survey. In the event that an individual had not been designated to have responsibility in this area, the chief administrator was requested to respond to the survey. These agency representatives were identified and their cooperation obtained by telephone contact before the survey

administration process is initiated. A complete enumeration of these law enforcement agencies was conducted for a total sampling frame of 453 respondents.

### Data Collection Procedures

To study the perceptions of criminal justice practitioners regarding the effectiveness of collaborating with non-criminal justice agencies, a non-experimental survey was used (Appendix A). Agencies were not randomly selected; instead a complete enumeration of four types of Florida criminal justice agencies was conducted. Chief administrators from the State's Attorneys Office, County Sheriffs municipal Chiefs of Police, and Probation Office Managers were asked to identify the person in their organization responsible for policy in the area of the mentally ill. This designated representative (or the head of the agency if that individual is designated at the person who formulates this policy) was then contacted and asked to complete a survey following the modified Dillman surveying method (Figure 3).

**Figure 3: Illustration of modified Dillman survey methodology**

|  |  |   |  |
|--|--|---|--|
| February 6, 2005<br>Initial notification of survey mailing given via email contact.  | February 8, 2005<br>Mailing of paper-based copy of survey and email notification of mailing. | February 22, 2005<br>First reminder email sent.   | March 8, 2005<br>Second reminder email sent. |
| March 15, 2005<br>Second mailing of paper-based survey to remaining non-respondents, and email notification of second mailing. | March 22, 2005<br>Third reminder email sent (first after second mailing).                    | April 6, 2005<br>Email based survey and final reminder email sent to all non-responding agencies. |  |

The Total Design Method was formulated by Don A. Dillman (1991) to address the non-response error associated with mail based surveys through a comprehensive mail survey system that relied on repeated contacts. However, Dillman (1991) noted that in the growing information age, modifications to the Total Design Method would be necessary in order to maximize response rates. Research conducted by Schaefer and Dillman (1998) noted that an email based methodology proved to be as successful as a traditional mail based survey system when utilizing similar techniques. Additionally, Dillman (2000) acknowledged that offering multiple response methods, based on the demographics of the population, is known to increase response rates. As such, the use of the Tailored Design Method within this study combined traditional mail based surveys,



which respondents may feel more comfortable with, with follow up contacts and surveys, via email, for respondents that were more comfortable with an internet based survey instrument. This hybrid approach allowed for a reduction in overall expense for survey administration and rapid contact with the identified sample for study.

This method was intended to provide the best response rate from criminal justice practitioners by providing a hard copy of the survey via mail, but also allowing for personalization of the survey through email communications. As shown in Figure 3, contact with the identified sample was made every two weeks from the initial mailing until the second mailing of the survey where there was a one week follow up contact via email. The final contact was made approximately 60 days following initial contact to encourage those that had not responded to the survey to do so, and to thank all participants for taking part in the survey. This results in a total time of approximately 60 days from the initiation of the survey notification to the final respondent contact. Finally, respondents were given one week to respond after the receiving the final email contact and responses were not accepted after that seven day period was over to allow for analysis of those agencies that responded in a timely manner.

Once data was gathered, the individual measures were checked for normality of distribution (which is a key assumption of using variables in a regression equation for prediction), and analyzed through a Pearson's correlation matrix to determine the strength of the relationships between variables within the concepts of coupling, collaborative experience, perceived benefits of collaboration, and support for collaboration. Once these relationships had been analyzed, and variables identified that provided the greatest reliability for measuring the given concepts through the Pearson's correlation coefficient,

the variables were analyzed for the possibility of creating a scale variable of the individual concepts of coupling, collaborative experience, perceived benefits, and support for collaboration. These separate scale variables provided a single variable that reliably measured the concepts of coupling, collaborative experience, perceived benefits and support for collaboration. It is these scales that can then be introduced into a regression model to determine which concept (coupling, collaborative experience, or perceived benefits) is most influential in explaining support for collaboration. Through using this analysis process, the research can identify the concept that is most influential in support for collaboration, and provides advocates of collaboration a point from which to focus on increasing support for collaborative measures.

## **CHAPTER 4 – DATA ANALYSIS AND FINDINGS**

### **Survey Administration and Response Analysis**

A complete enumeration of all law enforcement agencies in the State of Florida was conducted. The mail based survey was administered over a sixty day period beginning in February, 2005. The first paper based copy was received by respondents approximately four days after initial email contact. Additionally, follow up contacts were initiated, via email, at seven day intervals following the receipt of the survey. A second, paper based copy of the survey was administered five weeks after initial contact with a reminder and request to respond to the survey. This second mailing was also followed up via email contact in seven day increments, with a final email based copy of the survey administered to all non-respondents seven weeks after initial contact. Finally, a reminder email was administered approximately eight weeks after initial contact, with the study being terminated in April, 2005, four days after this final contact.

There were 222 respondents, which accounted for 49% of the 453 possible respondents. Within this, 56% (37 total) of Sheriff's Offices responded, 50% (158 total) of municipal police departments, 45% (9 total) of States' Attorneys offices, and 33% (18 total) of Probation Offices. On the surface, this distribution presents a representative sample of all agencies surveyed with the exception of Probation Offices. This was in large part due to the number of privately run probation departments (approximately 56% of all departments) with outdated contact information: Approximately 80% of all

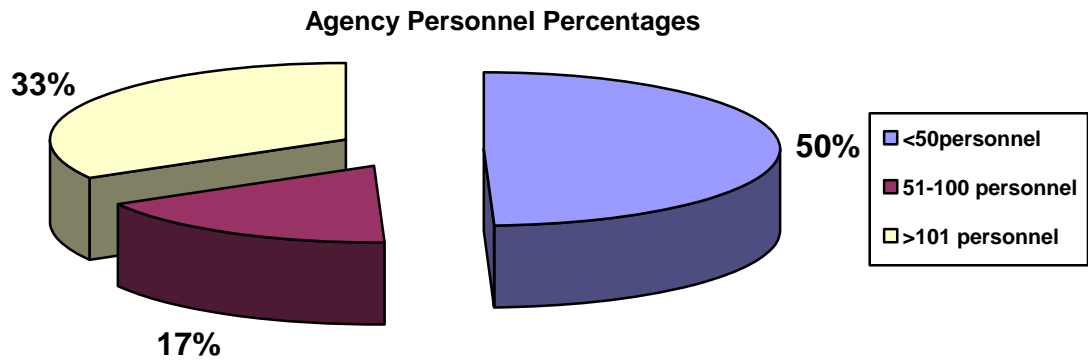
privately funded probation departments could not be contacted. Additionally, two of the potential respondents for publicly funded probation offices no longer existed as the county had done away with the services altogether, which left a total of 39 potential respondents. Eighteen of these 39 potential respondents from probation offices actually responded, which equates to an adjusted response rate of 46% for probation offices, and represents primarily publicly funded probation offices.

To analyze responses from urban versus rural areas, all Florida counties were broken down into tenth percentiles based on overall population density in order to facilitate interpretation. It was found that 65% of overall responding agencies came from the top 30% of counties based on population density (as reported by the 2000 census). Sheriffs offices were evenly distributed among all population density percentiles. The other agency types had at least 55% of their respondents coming from the top 40% of counties based on population density. Dade, Broward, and Palm Beach Counties had the highest modes of responding agencies respectively, and 76% of responding municipal police departments coming from the top third of counties based on population density. In sum, the data represents respondents coming from primarily metropolitan areas with higher population densities, with the exception of the sheriff's offices, which were evenly distributed among population densities.

This trend is not mirrored in agency size as it could be expected that agencies in higher population densities to have corresponding high numbers of personnel. Approximately 49% of responding agencies possessed less than 50 total personnel, 17% had 51 – 100 personnel, and 33% of responding agencies possessed 101 or more total personnel within the agency (Chart 1). This represents the influence of responding

probation and municipal police departments where over 50% of each of these agency types possessed less than 50 personnel. This could be attributed to the significant number of agencies that are geographically concentrated in high population density areas. For example, Broward County had 14 agencies from an area of approximately 100 square miles with over 1.6 million people.

**Chart 1: Pie-chart of Agency Personnel Percentages for responding agencies.**



Furthermore, the data illustrates that the respondents were slightly skewed (although not significantly) toward areas with higher total crime rates. The total crime rate for the State of Florida was 4,855.3 per 100,000, while the average crime rate of the responding agencies was 4,989.9 (median = 4,824.6; range = 937.6 to 7,306.8, standard deviation 1,475.9; skewness = -.269; Standard Error of the skew = .163).

Additionally, responding agencies were significantly skewed toward areas with higher per capita income. The average per capita income for the State of Florida was \$29,559. Alternatively, the average community per capita income among responding agencies was \$27,727 (median = \$26,594; range = \$12,385 to \$43,626; standard

deviation = 7200.12), but the most frequently reported per capita income among responding agencies was significantly higher at \$43,626, which led to the positive skewing of results (skewness = .836, Standard Error of the skew = .163). Regardless of the positive skewing, both the median and the mean of responding agency's per capita income are lower than the State of Florida average per capita income. This indicates responding agencies that are from areas with lower per capita incomes.

Interestingly, 48.6% of the respondents represented the Chief Executive Officer of their agency, 5.9% represented an office manager, and 45.5% represented some other unspecified position within the agency<sup>5</sup>. Within this distribution, the majority of respondents from municipal police departments (56.3%) were returned by the actual CEO's of their agency. The same was true for the largest portion of responding probation offices (44.4%). Additionally, the majority of agency CEOs (66.7%) came from agencies with less than 50 total personnel. This is interesting because it was expected that agency heads would have a designated representative to oversee collaboration with other agencies, specifically in areas dealing with arrest alternatives. This expectation was met with sheriff's offices and State's Attorneys offices where 73% of responding sheriff's offices, and 66.7% of responding State's Attorneys offices had someone other than either

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<sup>5</sup> Based on the distribution of responding CEOs and other unspecified positions within the sample, an independent samples T-test analysis of the relationship between the respondent's position within the agency, and the various measures of coupling, perceived benefits, collaborative experience and support for collaboration was conducted in order to determine the necessity of creating two study groups (CEO and some other unspecified respondent). No significant difference of the means was found, and therefore the variable of position within the agency was not separated into two study groups of CEO respondents and some other unspecified respondent.

the CEO or the main office manager respond to the survey. However, according to the data, the most common respondents were the CEO of the agency.

Overall, the sample for analysis represented almost half (49%) of all law enforcement agencies in the State of Florida, with agency CEO's being the most common respondents. These agencies included state's attorneys' offices, sheriffs' offices, municipal police departments, and primarily publicly funded probation offices. Additionally, responding agencies came from areas with a high population density, based on 2000 census data, and the majority of respondents came from an area with a lower per capita income than the State of Florida average. Finally, the greatest number of agencies (49%) possessed less than 50 personnel, which is ascribed to the large number of municipal police departments that responded.

Underrepresented were privately funded probation agencies such as the Salvation Army, and responding agencies from counties with a low population density. Additionally, agencies from counties with a low overall crime rate were underrepresented, which could have provided valuable insights into the perceptions of why the overall crime rate was low (i.e. the possibility of a low crime rate being the result of relationships with social service organizations).

### **Concepts, Descriptive Statistics and Constructs**

The number of responding criminal justice agencies represents almost half of all law enforcement agencies within the state of Florida, and represents agencies from higher

population densities and possesses fewer fiscal resources (as measured by per capita income). The fact that the sample is skewed in terms of population densities indicates that the sample includes the major criminal justice agencies across the state of Florida, or those which are most likely to be involved in interprofessional collaborative efforts. This is bolstered through analyzing the geographic location of these agencies, which fell along major highways and in heavily populated areas. Additionally, the positive skew of per capita income (which illustrates agencies from lower per capita income areas) coupled with the standard deviation for per capita income show that the respondents could be representative of Florida as a whole. Therefore, the final sample provides a focused data source to study and identify significant predictors of support for collaboration. With that goal in mind, a discussion of the sample statistics for the measures of the concepts of coupling, collaborative experience, perceived benefits and support for collaboration follows.

## **Coupling Scale**

The review of the literature in Chapter 2 identified as a key factor for collaboration “the presence of professional autonomy by agency representatives”. Professional autonomy allows immediate decision making from the line practitioners, and provides flexibility to the collaborative effort through information sharing (Leonard & Leonard, 2001; Koehler & Baxter, 1997; Johnston & Hedeman, 1994; Brundrett, 1998; Jordan, 1999; Leonard, 1999a,b; Corrigan, 2000; Creamer, 2003). Retaining professional



autonomy through unconditional open communication among line workers is an important facet of an appropriately coupled partnership (Leonard & Leonard, 2001; Short & Greer, 1997; Hagan et al., 1979; Weick, 1976). The uninhibited flow of communication allows for trust building, and provides an understanding of the value of input from outside agencies (Leonard & Leonard, 2001; Knop et al., 1997; Jordan, 1999).

The research indicates that agencies that are inappropriately coupled will maintain nominal linkages with other agencies and that the lack of full linkages will result in rule violations, unimplemented decisions, and unpredictable consequences for decisions that are implemented (Hagan et al., 1979; Meyer & Rowan, 1977). Unfortunately, due to the divergent ideologies often found within interprofessional collaboration efforts, and the lack of shared theoretical foundations for collaborating (Walsh et al., 1999), there frequently develops a vying for authority to become the primary decision making entity within a collaborative effort (Walsh et al. 1999; Biaggio & Bittner, 1999; Reppucci & Crosby, 1993; Staley, 1991; Theil & Robinson, 1997; Weil, 1982; Abramson & Mizrahi, 1996; Allen-Meares & Moroz, 1989; Tharinger et al., 1996). Such power-struggles do not allow for shared decision making to accomplish strategic planning and problem solving (Knop et al., 1997; Jordan, 1999; Leonard & Leonard, 2001; Mankoe, 1996). The ultimate result of this power struggle is the emergence of non-coupled agencies that are unwilling to relinquish authority by refusing to communicate with outside agencies regardless of either the possible benefits (financial or otherwise) of doing so, or the political pressure to collaborate with outside agencies. As argued, it was expected that agencies in this study would vary in terms of coupling and therefore in terms of their support for collaboration.

There are many identifiable measures along the continuum of coupling. These measures were extracted from the literature on collaboration in order to operationalize how coupling should manifest itself (see Table 1 - Theoretical subconcepts, operational concepts and survey items for agency coupling, p. 87, Chapter 3).

Once collected, these measures were explored for normality of distribution. Distribution normality is important in order to meet one of the assumptions of regression which calls for normal distributions of error terms in order to have reliable predictions of a dependent variable based on known values of an independent variable. If a variable is significantly skewed, then it is no longer useful as a predictor of a dependent variable. However, due to the fact that these measures were assessed for scale construction, determining how the additions of individual variables influence the coupling scale became more important than statistical skewness. Analysis of the measures of coupling provided the following descriptive statistics listed in Table 9.

**Table 9: Descriptive Statistics for measures of agency coupling.**

| Variable                                      | SA    | A     | N     | D     | SD   | # of Responses | Skewness | Standard Error of the Skew |
|---|-------|-------|-------|-------|------|----------------|----------|----------------------------|
| Prior approval for decisions                  | 3.2%  | 27.1% | 13.1% | 48.0% | 8.6% | 221            | -.386    | .164**                     |
| No repercussions for open discussion          | 10.6% | 60.6% | 22.5% | 6.4%  |      | 218            | -.600    | .165**                     |
| Divert mentally ill out of criminal justice   | 13.4% | 68.9% | 16.7% | 1.0%  |      | 209            | -.292    | .168                       |
| Open communication encouraged                 | 36.8% | 58.6% | 4.5%  |       |      | 220            | -.062    | .164                       |
| Agency values outside input                   | 30.2% | 65.3% | 4.5%  |       |      | 222            | .159     | .163                       |
| Flexible with outside agencies                | 32.9% | 62.6% | 4.5%  |       |      | 222            | .071     | .163                       |
| Shares decision making power                  | 6.9%  | 75.9% | 17.2% |       |      | 215            | -.650    | .166**                     |
| Unlikely to share decision making             | 8.2%  | 25.9% | 34.5% | 28.2% | 3.2% | 220            | -.151    | .164                       |
| Decision responsibility should be shared      | 7.4%  | 59.5% | 24.2% | 8.8%  |      | 203            | -.280    | .171                       |
| Seeks blame for problems                      | 2.7%  | 24.0% | 48.4% | 21.7% | 3.2% | 221            | .073     | .164                       |
| Defined goals are necessary                   | 26.7% | 68.8% | 4.1%  | .5%   |      | 221            | -.012    | .164                       |
| Plan of action in order to collaborate        | 8.1%  | 38.9% | 17.6% | 30.8% | 4.5% | 221            | .139     | .164                       |
| Commitment determined by agency leadership    | 26.8% | 61.5% | 11.3% | .5%   |      | 213            | .220     | .167                       |
| Collaboration possible when all are committed | 32.0% | 63.5% | 4.5%  |       |      | 222            | .100     | .163                       |
| Collaboration effective when not forced       | 5.5%  | 49.5% | 30.7% | 14.2% |      | 218            | -.390    | .165**                     |

\*\* represents variables that are significantly skewed

\*\*\*Percentages are given for each of the response categories Strongly Agree (SA), Agree (A), Neutral (N), Disagree (D), and Strongly Disagree (SD)

Employing the explore function of SPSS, it was found that skewness was not a problem for eleven of the “coupling” measures. Additionally, for the four that were significantly skewed, the results were not biased enough to preclude them from entry into a scale reliability analysis as they cover important conceptual elements of “coupling”.

Collectively, the following variables provide indicators of “coupling” and specifically cover the theoretical components of “coupling”. Measures of appropriate coupling (*no repercussions for open discussion, divert mentally ill out of criminal justice, open communication encouraged, agency values outside input, flexible with outside agencies, shares decision making power, decision responsibility should be shared, defined goals are necessary, collaboration possible when all are committed, and collaboration effective when not forced*) were reverse coded as Strongly Agree = 5, Agree = 4, Neutral = 3, Disagree = 2, and Strongly Disagree = 1. This was done to facilitate interpretation of results so that higher numbers would represent greater levels of coupling. Additionally, measures of inappropriate coupling; *prior approval for decisions, plan of action in order to collaborate, unlikely to share decision making, commitment determined by agency leadership, and seeks blame for problems* were coded as Strongly Agree = 1, Agree = 2, Neutral = 3, Disagree = 4, and Strongly Disagree = 5 with the same logic in mind that higher numerical values would represent greater levels of coupling. Coding the variables in this way would lead to an expected range of 15 (very uncoupled) to 75 (highly coupled) if all fifteen variables are used in the final scale construction.

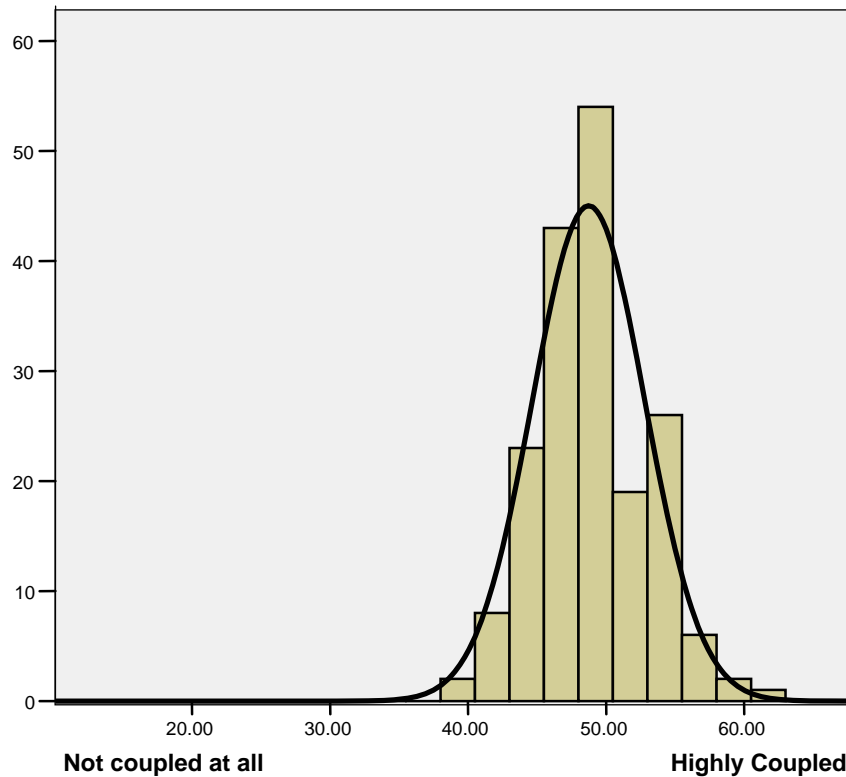
The fifteen measures of coupling were further analyzed through a test of Cronbach’s alpha for group inter-correlational consistency in order to assess the ability to

create a coupling scale based on these variables. Analysis of Cronbach's Alpha statistics displayed that the variables "*leadership determines level of commitment*" and "*collaboration more effective when not forced*" should be removed from the final scale in order to increase the alpha coefficient. This was done and the resulting scale produced a coefficient of .654 (Friedman's  $X^2 = 120.70$ ,  $p = .000$ ,  $n = 184$ ) based on a two-way mixed interclass correlation to measure the agreement of values within cases. Although the alpha coefficient could have been increased by removing more variables from consideration, the increase would have been marginal and would have reduced the conceptual scope of the scale of coupling. This would not have allowed for a complete analysis of the concept of agency coupling as derived from the literature. Furthermore, including the thirteen variables, the sample size of the coupling scale was reduced due to the fact that respondents needed to respond to all survey items being used in the scale in order to be considered in the final analysis. Although there is a reduction in sample size, which may influence the interpretation of the final multivariate analysis, further analysis of the coupling scale is warranted, and the effect of the loss in sample size will be discussed during the multivariate analysis. Therefore, the thirteen variables were transformed into an overall scale variable, named "*coupling*", and again examined through SPSS for normality of distribution.

The mean score for the coupling scale was 48.73, and the scale ranged from 38 (moderately coupled) to 62 (highly coupled) with a standard deviation of 4.08. The sample's observed range of coupling was compared to the expected range of coupling (13 - not coupled at all to 65 - very highly coupled; based on thirteen variables) in order to assess the sample's level of coupling. A graphical representation of the possible values

in the coupling scale and the observed values for the coupling scale is presented in Chart 2.

**Chart 2: Histogram of observed findings of coupling scale.**



\*\*The x-axis represents the possible values of the coupling scale while the bars within the graph represent the observed values of the scale.

Overall, the sample represents responding agencies that are moderately to highly coupled with outside agencies. Interestingly, agencies that are either not coupled at all or possess low levels of coupling are not represented in the sample. This raises questions on whether uncoupled agencies exist or chose not to respond, or if the conceptual framework of coupling as espoused by the literature is accurate. This will be discussed further in the final chapter of this study.

A one-way ANOVA was calculated to compare the mean scores of coupling among the responding groups (Sheriff’s offices, police departments, probation offices and State’s attorneys’ offices). A significant difference was found ( $F(3, 180) = 3.11, p=.028$ ) among the means with probation offices showing the highest mean score for coupling followed by sheriff’s offices, state’s attorneys offices, and municipal police departments respectively (see Table 10). Additionally, It was found that the scale variable of coupling was not significantly skewed (skewness = .324, SEs = .179). As a result of these findings, the scaled variable of “*coupling*” was used in subsequent regression analysis.

**Table 10: ANOVA results of agency coupling by agency type.**

|                                 | <b>Mean</b> | <b>Standard<br/>Deviation</b> | <b>Number of<br/>Respondents</b> |
|---------------------------------|-------------|-------------------------------|----------------------------------|
| Probation Offices               | 50.93       | 5.59                          | 15                               |
| Sheriff’s Offices               | 49.87       | 3.79                          | 30                               |
| State’s Attorneys<br>Offices    | 49.50       | 4.04                          | 4                                |
| Municipal Police<br>Departments | 48.21       | 3.85                          | 135                              |

Although a substantial difference does not exist between the means of responding groups, the difference is statistically significant, a result likely influenced by the vastly different number of responding agencies within each group. Not surprisingly, probation offices were shown to be the most coupled of the responding agency types. This is most likely due to the nature of probation work where probation offices are often working with

community based groups to provide services and treatment to those sentenced to community based supervision. However, what is surprising is that municipal police departments appear to be slightly less coupled than other Florida agencies, particularly when compared with probation officers. This is surprising due to the nature of the work of municipal police departments which often involves working in urban areas with higher population concentrations and would logically put the agencies in more contact with people living within the community as well as community leaders. This will be discussed further in the conclusion of this study.

### **Collaborative Experience Index**

The prior literature review established that the interrelationship of coupling and collaborative experience poses a challenge in measuring these concepts separately. Additionally, like the concept of coupling, which moves from inappropriate to appropriate along a continuum, collaborative experience logically falls into a continuum from not experienced to possessing a great deal of experience. Measuring the degree of agency collaboration experience in order to study the effect of that experience is essential. This allows for identifying the relationship of collaborative experience and the perception of benefits from collaboration, level of coupling, and support for collaboration. The logic behind this is straightforward in that it is expected that agencies that have experience with interprofessional collaboration were expected to be



appropriately highly coupled, perceive more benefits from collaboration, and to support collaboration.

The measures of collaborative experience, as outlined on page 82 (Table 2: Operational concepts and survey items for collaborative experience, Chapter 3) provide the conceptual measures described in Table 11.

**Table 11: Descriptive statistics for measures of collaborative experience.**

| Variable  | Yes   | No    | N   |
|---|-------|-------|-----|
| Agency currently working with community leaders           | 6%    | 94%   | 168 |
| Agency works to keep mentally ill out of criminal justice | 54.5% | 45.5% | 200 |
| Agency participates in outreach programs                  | 64.1% | 35.9% | 217 |
| Agency represented in community improvement               | 76.0% | 24.0% | 217 |
| Agency provides CIT training to personnel                 | 58.3% | 41.7% | 216 |

\*\* represents variables that are significantly skewed

\*\*\*Percentages are given for each of the Yes/No response categories.

Due to the dichotomous nature of the variables, the variables (*agency currently working with community leaders, agency works to keep mentally ill out of criminal justice, agency participates in outreach programs, agency represented in community improvement, and agency provides CIT training*) were not checked for skewness (due to the obvious data ramifications of having just yes/no responses)<sup>6</sup>. Further analysis

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<sup>6</sup> The single ordinal level measure of collaborative experience (agency currently working with community leaders) was recoded to a dichotomous variable of either 1 = working with community leaders (by combining strongly agree and agree responses) or 0 = not working with community leaders (by combining strongly disagree and disagree responses). It was found that the majority (94%) of respondents were not currently working with community leaders which in effect converted the variable to a more statistical constant. As such, it was not introduced into further analysis.

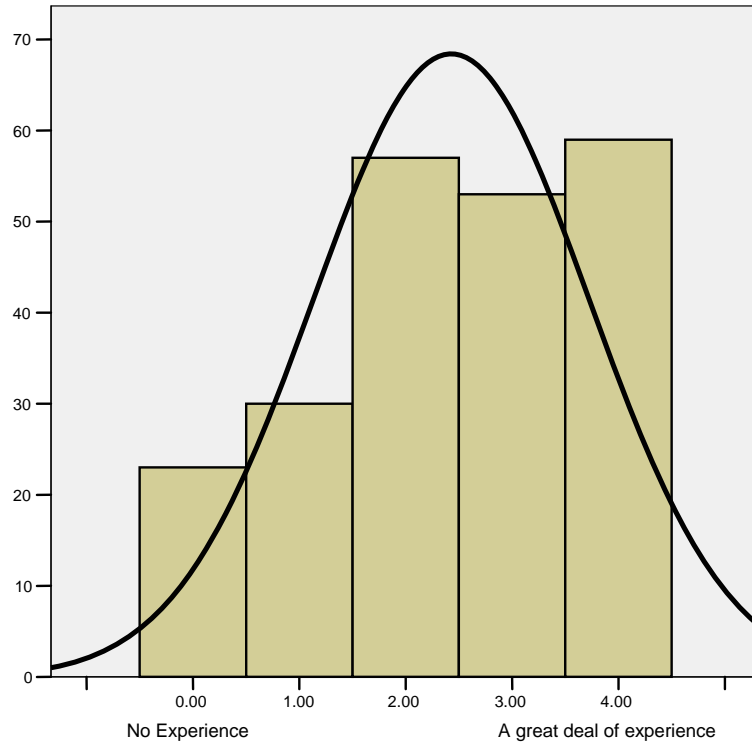
through Cronbach's alpha, to determine the feasibility of creating an index of collaborative experience, produced a coefficient of .639; Friedman's  $X^2 = 24.77$ ,  $p=.000$ ,  $n = 222$ .

The collaborative experience index range from 0 (no experience) to 4 (a great deal of experience; standard deviation = 1.29), with a mean of 2.43 (median = 3.00), which displays moderate to high levels of collaborative experience (see Chart 3). A one-way ANOVA was calculated comparing the mean scores of respondents' agency type and levels of collaborative experience. A significant difference was found ( $F(3, 218) = 6.23$ ,  $p=.000$ ) with sheriff's offices displaying the greatest level of collaborative experience followed by municipal police departments, probation offices, and state's attorneys offices respectively (see Table 12).

**Table 12: ANOVA results of collaborative experience by agency type.**

|                                 | <b>Mean</b> | <b>Standard<br/>Deviation</b> | <b>Number of<br/>Respondents</b> |
|---------------------------------|-------------|-------------------------------|----------------------------------|
| Sheriff's Offices               | 3.14        | 1.06                          | 37                               |
| Municipal Police<br>Departments | 2.37        | 1.29                          | 158                              |
| Probation Offices               | 1.83        | 1.38                          | 18                               |
| State's Attorneys<br>Offices    | 1.78        | .97                           | 9                                |

**Chart 3: Histogram of observed findings of collaborative experience index.**



\*\*The x-axis represents the possible values of the collaborative experience index while the bars within the graph represent the observed values.

Unlike levels of agency coupling where a statistically significant, although not substantial, difference between agency means emerged with probation offices displaying the greatest levels of coupling and police departments displaying the least amount of coupling, the index of collaborative experience displayed more substantial differences. Sheriff's offices report themselves to have substantially more collaborative experience than probation offices or state's attorneys' offices. Interestingly, municipal police departments report high levels of collaborative experience yet reported the lowest levels

of agency coupling among all responding agencies. This alludes to the possibility of negative experiences with collaborative exchanges that drove municipal police departments to become less coupled with other agencies. Again, this will be discussed further in the conclusions portion of this study.

Although significant skewness was found when these variables were transformed into an index (skewness =  $-.383$ , SEs =  $.163$ ), the index was introduced into a correlation matrix due to the theoretical necessity of accounting for how coupling and collaborative experience interact, and what effect this has on support for collaboration. Although agencies with no collaborative experience are not represented in the sample, a concentration of agencies with collaborative experience can provide useful insight into the criteria for successful interprofessional collaboration from the perspective of those that have actually engage in such ventures. The results of this index will be discussed later in predicting support for collaboration.

### **Perceived Benefits Scale**

Although many benefits from collaboration have been identified, such as the potential for information sharing, none of the reviewed literature pertained exclusively to the field of criminal justice. The basis for creating a scale of perceived benefits lies in the literature which often discusses potential benefits when advocating support for collaboration. Farmakopoulou (2002) notes that many times, agencies participate in collaborative efforts out of a sense of self-preservation. This preservation benefit derives

from the opinion that the collaborative exchange will lead to possible protective advantages for an agency.

As a result, it was expected that agencies that perceived more benefits would also demonstrate more support for collaboration. Following the logic of Farmakopoulou's (2002) assertion that agencies collaborate out of a sense of self preservation, a scale of perceived collaborative benefits was created to assess agency motivation for collaborating. This scale theoretically ranges from a sense of acting to preserve the interests of the agency to an altruistic ideology that safeguards the interests of the mentally ill offender. Lower scores to questions regarding the need for treatment and reduced incarceration of the mentally ill would point more toward an altruistic ideology. Conversely, lower scores to questions regarding agency specific benefits such as the reduction of civil liability would point more towards an agency's desire for self protection. Where respondents lie on the continuum is determined by the clustering of responses to survey items.

Although as stated for the criminal justice system, specific goals from collaborating have not been specified within the literature, for the purposes of this study, several key benefits for criminal justice practitioners were identified that are believed to be important to the criminal justice system in dealing with mentally ill offenders. The survey items used as measures of perceived benefits, as outlined in Table 3 (Theoretical subconcepts, operational concepts and survey items of perceived benefits from collaboration, p. 90, Chapter 3) led to the following measures illustrated in Table 13.

**Table 13: Descriptive statistics for measures of perceived benefits from collaboration.**

| Variable  | SA    | A     | N     | D     | SD    | # of Responses   | Skewness | Standard Error of the Skew |
|---|-------|-------|-------|-------|-------|------------------|----------|----------------------------|
| Special training is a waste of resources        |       |       | 2.3%  | 47.1% | 50.7% | 221              | -.363    | .164**                     |
| Access to facilities would reduce arrests       | 11.8% | 49.5% | 25.5% | 13.2% |       | 220              | .378     | .164**                     |
| Access to facilities would reduce incarceration | 15.0% | 57.7% | 20.9% | 6.4%  |       | 220              | .544     | .164**                     |
| Mentally ill programs improve public safety     | 29.0% | 61.8% | 8.8%  | .5%   |       | 217              | .233     | .165                       |
| Mentally ill could be in the community          | 11.0% | 50.7% | 31.5% | 6.8%  |       | 219              | .263     | .164                       |
| Treatment reduces civil liability               | 12.8% | 51.1% | 26.5% | 9.6%  |       | 219              | .386     | .164**                     |
| Communication reduces service calls             | 4.6%  | 55.7% | 27.4% | 12.3% |       | 219              | .606     | .164**                     |
| Diversion frees agency resources                | 18.6% | 49.8% | 21.7% | 10.0% |       | 221              | .464     | .164**                     |
| Communication improves service provision        | 18.9% | 68.4% | 11.8% | .9%   |       | 212              | .293     | .167                       |
| Facilities unwilling to treat                   | 1.4%  | 10.9% | 38.9% | 42.1% | 6.8%  | 221              | -.332    | .164**                     |
| Training increases officer safety               | 67.9% | 30.8% | 1.4%  |       |       | 221              | 1.030    | .164**                     |
| Treatment increases officer safety              | 25.5% | 57.1% | 16.5% | .9%   |       | 212              | .272     | .167                       |
| Communication decreases criminality             | 12.2% | 34.2% | 32.9% | 18.0% | 2.7%  | 222              | .175     | .163                       |
| Treatment reduces criminality                   | 11.8% | 57.9% | 26.2% | 4.1%  |       | 221              | .366     | .164**                     |
| Diversion reduces incarceration                 | 9.1%  | 77.3% | 13.6% |       |       | 176 <sup>7</sup> | .138     | .183                       |
| No options other than jail                      |       |       | 6.5%  | 56.5% | 37.0% | 216              | -.183    | .166                       |

\*\* represents variables that are significantly skewed.

\*\*\*Percentages are given for each of the response categories Strongly Agree (SA), Agree (A), Neutral (N), Disagree (D), and Strongly Disagree (SD)

<sup>7</sup> It is interesting that although the number of responses for the measure “diversion reduces incarceration” is small, the variable is not significantly skewed. These unvaried perceptions of the ability of diversion programs to reduce the incarceration of the mentally ill are significant as they represent a drive to find alternatives to incarceration for those deemed unsuitable for the criminal justice system.

The variables were coded in such a way that higher numerical values would illustrate a higher perception of benefits. As such, thirteen of the variables (*access to facilities would reduce arrests, access to facilities would reduce incarceration, mentally ill programs improve public safety, mentally ill could be in the community, treatment reduces civil liability, communication reduces service calls, diversion frees agency resources, communication improves service provision, training increases officer safety, treatment increases officer safety, communication decreases criminality, treatment reduces criminality, and diversion reduces incarceration*) were reverse coded as 1 = Strongly Disagree, 2 = Disagree, 3 = Neutral, 4 = Agree, 5 = Strongly Agree.

Alternatively, negative perceptions of benefits were measured in three variables (*special training is a waste of resources, facilities unwilling to treat, and no options other than jail*) and were coded as 1= Strongly Agree, 2 = Agree, 3 = Neutral, 4 = Disagree, 5 = Strongly Disagree in order to allow for ease in interpretation where higher numbers would equate to increased perceptions of benefits.

As a final step in the creation of the scale of perceived benefits, these sixteen variables were analyzed through a test of Cronbach's alpha for internal consistency, which produced a coefficient of .811 (Friedman's  $X^2 = 54.03$ ,  $p = .000$ ,  $n = 150$ ). Due to the strength of the alpha coefficient, these variables were transformed into an overall scale variable, named "*perceived benefits*". It should be noted that the sample size of the perceived benefits scale is significantly reduced. This is due to the number of variables being used in the creation of the scale and the fact that a respondent must answer every item being used in order for that respondent to be included in the final analysis. As such, there are only 150 respondents that answered all sixteen survey items being used in the

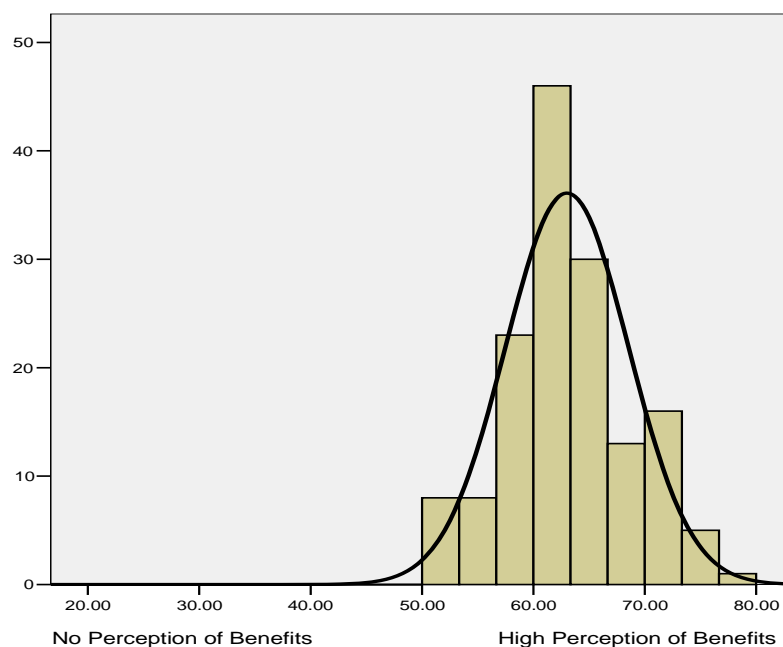
perceived benefits scale, which will have an effect on the interpretation of the final multivariate analysis and will be discussed in that section.

Examined through the explore function of SPSS, it was found that the scale of perceived benefits had an observed mean of 63.01 (median = 63.00) with an observed range of 50 (moderate perception of benefits) to 77 (high perception of benefits) and a standard deviation of 5.52. This was compared to the possible range of the perceived benefits scale where values were as follows; 16 = No benefits to 80 = High perception of benefits (see Chart 4). The results display an overall moderate to high perception of benefits from collaboration among these agencies. It should be noted that all but one of the measures (*treatment increases officer safety*) reflect an altruistic ideology.

Interestingly, the respondents report significant appreciation for training in dealing with the mentally ill, treatment for the mentally ill, and diversion programs that would allow for supervised treatment for the mentally ill outside of the formal criminal justice system. The findings allude to a possibility that the sample is unique in its perception of benefits and differ significantly from what is proposed in the literature regarding the perceived benefits of collaboration. Additionally, the literature regarding the perceived benefits of collaboration may be dated and does not therefore reflect contemporary law enforcement agencies. Another possibility is that the operationalization of the perception of benefits within the study is incorrect. These possible interpretations will be discussed in the conclusion of this study.



**Chart 4: Histogram of observed findings from perceived benefits scale.**



\*\*The x-axis represents the possible values of the perceived benefits scale while the bars within the graph represent the observed values of the scale.

A one-way ANOVA found a significant difference in the means between the responding groups ( $F(3,146) = 3.34, p=.021$ ) with probation offices displaying the highest mean score for the perception of benefits followed by sheriff's offices, municipal police departments, and state's attorneys offices respectively (see Table 14). Additionally, the scale was found to be not significantly skewed (skewness = .240, SEs = .198), and would be used in subsequent regression analysis.

**Table 14: ANOVA results from perception of benefits based on agency type.**

|                                 | <b>Mean</b> | <b>Standard<br/>Deviation</b> | <b>Number of<br/>Respondents</b> |
|---------------------------------|-------------|-------------------------------|----------------------------------|
| Probation Offices               | 66.2        | 6.35                          | 11                               |
| Sheriff's Offices               | 64.7        | 5.13                          | 29                               |
| Municipal Police<br>Departments | 62.4        | 5.44                          | 105                              |
| State's Attorneys<br>Offices    | 59.6        | 3.21                          | 5                                |

Probation offices reported the greatest perception of benefits, which is to be expected given the hypothesized relationship between coupling and perceived benefits (although probation offices reported the second lowest experience with collaborative exchanges which is not consistent with the hypothesized relationship between coupling, collaborative experience and the perception of benefits). Additionally, although all agencies reported high levels of perceived benefits from collaboration, state's attorneys' offices reported the least perception of benefits, which is consistent with the reported low levels of coupling and collaborative experience (and is consistent with the hypothesized relationship between coupling, collaborative experience and the perception of benefits from collaboration). The implications of these findings will be explored further through the regression analysis and discussed in the conclusion section of this study.

## **Support for Collaboration Scale**

Previous literature points to the importance of interprofessional collaboration in coordinating such things as effective healthcare, and services to difficult adolescents (Van Eyk and Baum, 2002; Okamoto, 2001; Nelson & Pearson, 1991; Stroul & Friedman, 1986). Additionally, agencies must recognize the need for interprofessional collaboration to address critical issues (Van Eyk and Baum, 2002). Furthermore, respondents to surveys regarding interprofessional collaboration often believe that the effort is time consuming and challenging, and therefore provides no benefit for doing so (Van Eyk and Baum, 2002). Therefore, through exploring possible correlates of support for collaboration through agency coupling, collaborative experience, and perceived benefits, the criteria for increasing or decreasing support can be established. As such, the concept of support for collaboration lends itself to a scale ranging from no support (interprofessional collaboration as an imposition) to total support (collaboration as an important tool in providing social services).

Based on Gray's (1989) writing on the collaborative process, the first phase of collaboration is defining the problem and exploring the willingness to collaborate in terms of treating mentally ill offenders. From this orientation, the current measures of support for collaboration within criminal justice were created. Prior to this, the perceptions of support for collaboration among criminal justice practitioners had not been studied due to the prevailing belief that criminal justice agencies were loosely coupled and unwilling to address the problems associated with mentally ill offenders. The measures of the previously unstudied opinions of criminal justice practitioners' support

for interprofessional collaboration, located in Table 4 (Operational concepts and survey items of support for collaboration, p. 93, Chapter 3) are described in Table 15.

**Table 15: Descriptive statistics for measures of support for collaboration.**

| <b>Variable</b>                              | <b># of Responses</b> | <b>SA</b> | <b>A</b> | <b>N</b> | <b>D</b> | <b>SD</b> | <b>Skewness</b> | <b>Standard Error of the Skew</b> |
|--|-----------------------|-----------|----------|----------|----------|-----------|-----------------|-----------------------------------|
| Agency supports CIT                          | 219                   | 33.8%     | 51.6%    | 14.6%    |          |           | .244            | .164                              |
| Should divert mentally ill out of system     | 220                   | 15.0%     | 52.3%    | 26.8%    | 5.9%     |           | .333            | .164**                            |
| Arresting mentally ill is bad                | 221                   | 8.1%      | 26.7%    | 21.7%    | 34.4%    | 9.0%      | -.151           | .164                              |
| Agency makes effort to collaborate           | 222                   | 45.9%     | 50.5%    | 3.6%     |          |           | .307            | .163                              |
| Agency changes policy based on outside input | 221                   | 4.5%      | 49.8%    | 38.9%    | 6.8%     |           | .282            | .164                              |
| Communication important to provide treatment | 222                   | 28.8%     | 67.1%    | 3.6%     | .5%      |           | .032            | .163                              |
| Mental health has no idea about system       | 217                   |           | 17.1%    | 31.3%    | 48.8%    | 2.8%      | -.440           | .165**                            |

\*\* represents variables that are significantly skewed

\*\*\*Percentages are given for each of the response categories Strongly Agree (SA), Agree (A), Neutral (N), Disagree (D), and Strongly Disagree (SD) and Yes/ No categories

Six of the seven ordinal level variables (*agency supports CIT, should divert mentally ill out of system, arresting mentally ill is bad, agency makes effort to collaborate, agency changes policy based on outside input, and communication important*

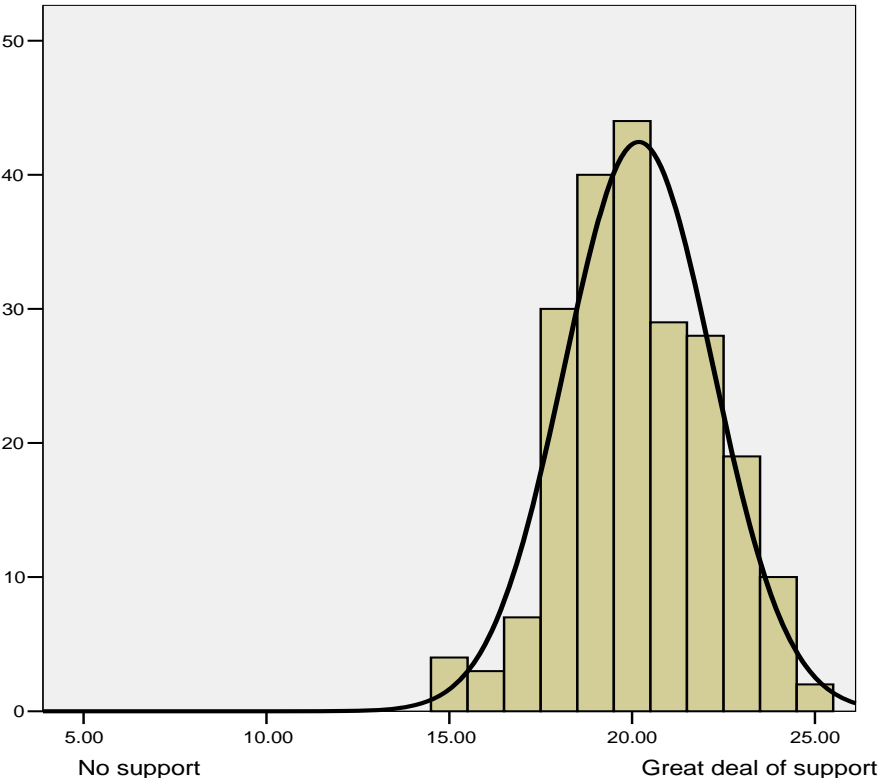
*to provide treatment*) were coded as 1 = Strongly Disagree, 2 = Disagree, 3 = Neutral, 4 = Agree, 5 = Strongly Agree. The final ordinal level variable (*mental health has no idea about system*) was reverse coded as 1 = Strongly Agree, 2 = Agree, 3 = Neutral, 4 = Disagree, 5 = Strongly Disagree. This was done to allow for greater numerical values to represent increased support for collaboration<sup>8</sup>.

In order to determine the strength of a newly created scale variable of support for collaboration the seven ordinal level variables were analyzed through a test of Cronbach's alpha for scale reliability. A coefficient of .615 (Friedman's  $X^2 = 260.295$ ,  $p = .000$ ,  $n = 216$ ) was produced once the variables "*mental health has no idea about system*" and "*arresting mentally ill is bad*" were removed from scale reliability analysis. The surviving five variables were transformed into an overall scale variable, named "*support*", and examined through the explore function of SPSS. The scale of support for collaboration had a mean of 20.18 (median = 20.00; range = 15 to 25; standard deviation = 2.03), which illustrates high levels of support for collaboration. The levels of support for collaboration were based on the possible range of support where 5 = no support for collaboration and 25 = the greatest support for collaboration (see Chart 5).

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<sup>8</sup> Several dichotomous variables of support for collaboration (CIT provides financial savings, savings equal reduced lawsuits, savings equal reduced service calls, savings equal reduced need for officers, savings equal reduced court time, and savings equal reduced jail supervision) were removed from analysis due to the severely reduced number of responses to these survey items. The reduced number of responses is likely due to the lack of real world experience with CIT and the subsequent lack of knowledge of what a CIT provides.

**Chart 5: Histogram of observed findings from support for collaboration scale.**



\*\*The x-axis represents the possible values of the scale of support for collaboration while the bars within the graph represent the observed values of the scale.

Overall, the scale displayed a high level of support for collaboration, and a one-way ANOVA found no significant difference between the responding group means ( $F(3,212) = 2.49, p=.061$ ). Finally, it was found that the scale variable of support for collaboration was not significantly skewed (skewness = .008, SEs = .166), and was therefore used in further analysis.

## **Summary of Scales**

The sample represents respondents with relatively high levels of collaborative experience and that are moderately to highly coupled. Additionally, the respondents display a high perception of benefits from collaboration and express a great deal of support for collaboration. As a result, this negates the possibility of analyzing the sample from the perspective of low levels of coupling and collaborative experience or those that do not perceive benefits from collaboration and do not support collaboration. This ultimately limits the range of hypothesis testing because of the truncation of the scales. Therefore, in further analysis, it should be noted that significant findings will represent only differences in the views of agencies residing on the positive ends of the scales that have been created (i.e. those agencies that are highly coupled, have collaborative experience, perceive some benefits from collaboration and support collaboration overall). In addition, responding agency types were relatively consistent in their responses to the scales with probation offices reporting the greatest levels of both coupling and perceived benefits from collaboration with municipal police departments reporting the lowest levels of coupling and a reduced perception of benefits from collaboration. Furthermore, sheriff's offices reported high levels of collaborative experience, increased levels of agency coupling and the second highest perception of benefits from collaboration while state's attorneys' offices were consistently low in all areas.

Lastly, there is more consensus among respondents than was theoretically expected. This phenomenon could mean several things. First, that this population is not

representative of criminal justice agencies in general. Agencies that are uncoupled, perceive no benefits from collaboration and do not support collaboration might simply have chosen not to respond to the survey. More likely, the literature regarding loose coupling, the benefits of collaboration and collaboration in general may be misleading because it does not tap into the full conceptual nature of each concept thereby resulting in truncated scales. Alternatively, the literature regarding the coupling of law enforcement agencies presented a negatively biased picture of the coupling of law enforcement agencies and the subsequent perception of benefits from collaboration that may no longer apply to these agencies in the twenty-first century. These possibilities will be discussed in the concluding chapter.

## **Hypotheses**

Thus far, the purpose of the statistical analysis has been to identify measures of the concepts of agency coupling, perceived benefits from collaboration, collaborative experience and support for collaboration in order to create scales of each concept. Although it is believed that these concepts are interdependent (Mizrahi & Rosenthal, 2001; Abramson & Rosenthal, 1995; Rosenthal, 1998; Farmakopoulou, 2002), especially in the case of coupling and collaborative experience, the concepts have been separated and each operationalized as independent variables in order to determine which of them has the greatest influence on predicting support for collaboration. From the literature, it can be asserted that support for collaboration is reliant on all three of these concepts



simultaneously. However, the relationship that each concept has with the other and the relation to the support of collaborative measures has not been addressed. Therefore, the next step was to examine the correlation between the independent variables of coupling, collaborative experience, and perceived benefits in order to determine suitability for a multivariate analysis predicting support for collaboration.

### **Identifying Correlates in Support for Collaboration**

As stated previously, the concepts of coupling and collaborative experience are challenging to analyze separately as they relate to support for collaboration. However, the separation of these concepts is important in order to understand agency support for collaboration. Predictors of support should be mutually exclusive in order to minimize the confounding effects of other variables and adequately identify the relationships possible between predictors and support for collaboration.

Consequently, the separation of agency coupling and collaborative experience led to the creation of a scale for coupling, and an index for collaborative experience. Finally, the scale of coupling and index of collaborative experience were introduced into a correlation matrix with scales of perceived benefits, and support for collaboration in order to determine the direction and strength of relationships among the newly created variables. Determining the strength and direction of the relationships among coupling, collaborative experience, perceived benefits, and support for collaboration was the first step in identifying which concept (agency coupling, collaborative experience, or

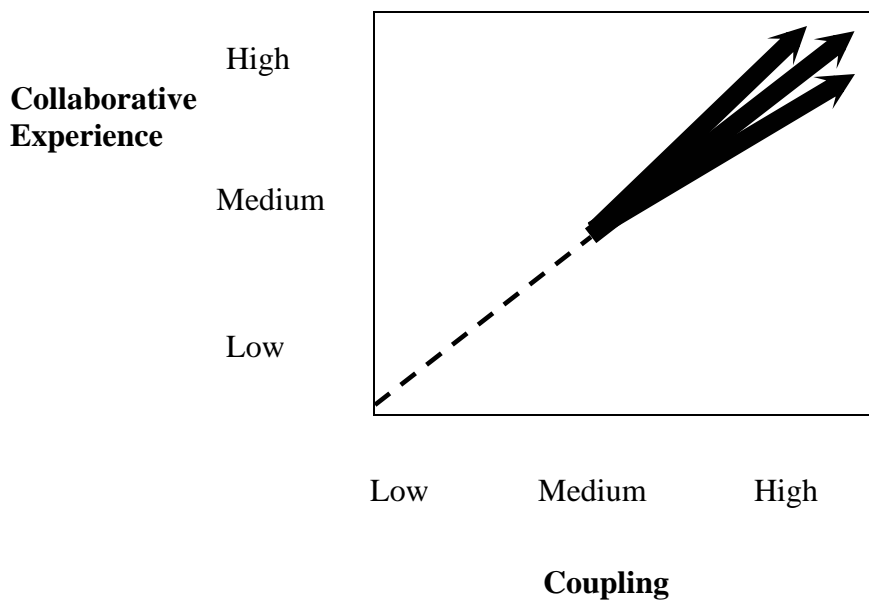
perceived benefits) was more influential in predicting overall support for interprofessional collaboration. Through the Pearson correlation matrix it was determined which scales should be introduced into a regression model to predict support for collaboration based on the statistical significance of the correlation between the independent variables (coupling, collaborative experience, and perceived benefits) and the dependent variable; support for collaboration. Through analyzing these relationships, support for the first two hypotheses could be determined.

### Bi-variate Correlations with Support for Collaboration

The first hypothesis posited that: *Collaborative experience will be positively correlated with agency coupling* in a bivariate correlation in order to lay the foundation for a future multivariate analysis. The Pearson correlation illustrates that collaborative experience was weakly related with agency coupling ( $r = .339$ ,  $p = .000$ ,  $n = 184$ ). This relationship is important because of the way that the two variables were thought to be theoretically intertwined. The literature alludes to a positive continuum of coupling and collaborative experience that moves from appropriately coupled with collaborative experience to inappropriately coupled with less collaborative experience. This continuous relationship is graphically represented in Figure 4. Although the observed relationship is weak, it is a direct relationship, in the expected direction, and is statistically significant. Therefore, the first hypothesis that collaborative experience and agency coupling are positively related is supported and lays the foundation for a causal

path leading from coupling and collaborative experience to the perception of benefits and ultimately to support for interprofessional collaboration.

**Figure 4: Expected and observed findings from relationship between coupling and collaborative experience.**



\*\*The dashed line represents the theoretical but unobserved relationship between agency coupling and collaborative experience while the solid arrows represent both the theoretical and observed results. The solid arrows are significantly larger, and varied, as a result the variation ( $r = .34$ ) in the bivariate relationship between coupling and collaborative experience.

Additionally, it should be noted that Figure 4 only represents the positive relationship between coupling and collaborative experience ranging from agencies that are moderately coupled and have some collaborative experience to highly coupled with a great deal of collaborative experience. This is due to the observed ranges of the scales of

coupling and collaborative experience which illustrated that agencies that were not coupled at all and had no collaborative experience were not represented.

The second hypothesis: *The interaction of coupling and collaborative experience will increase the perception of the benefits of collaboration* was first tested by a set of Pearson correlations. A moderate positive relationship between coupling and perceived benefits ( $r = .524$ ,  $p = .000$ ,  $n = 137$ ) was found. Additionally, collaborative experience was significantly correlated, although weakly, with the perception of benefits ( $r = .213$ ,  $p = .009$ ,  $n = 150$ ). Thus, as expected, an increase in both coupling and collaborative experience is related to an increase in the perceived benefits from collaboration. The reduced sample sizes in the bivariate analysis are a result of the interaction between the sample sizes for each scale (which were reported previously and indicate only respondents that answered all survey items). The sample size of a single scale was reduced to the number of respondents that answered all survey items. The sample sizes would be further reduced to the number of respondents that answered all survey items from both scales. Therefore, the sample sizes of the bivariate correlations indicate respondents that have answered all of the survey items from both scales being measured.

However, it would appear that due to the weak relationship that collaborative experience has with the perception of benefits, collaborative experience might be marginally important for predicting higher levels in the perception of benefits. To analyze this, a multiple regression using agency coupling and collaborative experience as predictors of agency scores on the perception of benefits scale was calculated and found

to be significant ( $F = 26.784$ ,  $p=.000$ ,  $R^2$  adjusted = .275,  $n = 137$ ) (see Table 16)<sup>9</sup>. The analysis results substantiate the above possibility, and collaborative experience was found to not be significant in predicting the perception of benefits ( $t = 1.438$ ,  $p=.153$ ) when coupling is taken into account. Additionally, although coupling and collaborative experience were linearly related (as illustrated through the Pearson correlation), collinearity diagnostics did not display collinearity between the two variables. As a result, hypothesis two is partially supported because agency coupling remained a significant predictor of the perception of benefits from collaboration in the multivariate model. It would appear that collaborative experience is not part of the causal path (coupling leads to perceived benefits which leads to support for collaboration). However, due to the bivariate relationship that collaborative experience had with support for collaboration ( $r = .362$ ,  $p=.000$ ,  $n = 216$ ) it will be used in the multivariate analysis as an internal variable.

**Table 16: Multiple Regression predicting perceived benefits based on coupling and collaborative experience.**

| Model | Unstandardized Coefficients |            | Standardized Coefficients | t    | Sig.  | 95% Confidence Interval for B |             | Collinearity Statistics |      |       |
|-------|-----------------------------|------------|---------------------------|------|-------|-------------------------------|-------------|-------------------------|------|-------|
|       | B                           | Std. Error | Beta                      |      |       | Lower Bound                   | Upper Bound | Tolerance               | VIF  |       |
| 1     | (Constant)                  | 27.545     | 5.103                     |      | 5.397 | .000                          | 17.452      | 37.639                  |      |       |
|       | collabexperience            | .465       | .323                      | .108 | 1.438 | .153                          | -.174       | 1.104                   | .940 | 1.064 |
|       | coupling                    | .702       | .106                      | .498 | 6.607 | .000                          | .492        | .912                    | .940 | 1.064 |

<sup>9</sup> An exploration of the studentized residuals displayed a normal distribution (mean = .000, standard deviation = 1.003, skewness = -.098, standard error of the skew = .207). Additionally, an analysis of the scatterplot of ZRESID ( the z scores of the actual value of the dependent variable minus the value predicted by the regression equation) by ZPRED (the z scores of the values that the regression model predict for each case) showed the data to have equal variance around “0” (homoscedastic) thereby assuring that the assumption of normality was met for the regression model. The scatterplot of ZRESID by ZPRED simultaneously checks for homoscedasticity, normality and linearity

The third hypothesis – *The perception of the benefits of collaboration will result in an increase in support for collaboration* was initially analyzed via a Pearson's correlation. This relationship was the strongest bivariate positive relationship, although still moderate, ( $r = .613$ ,  $p = .000$ ,  $n = 150$ ). Therefore, as hypothesized, an increase in the perception of benefits from collaboration will result in an increase in overall support for collaboration, and as a result hypothesis three is supported.

However, due to the statistically significant ability to use agency coupling to predict the perception of benefits (established in the discussion of the second hypothesis) and the positive relationship that the perception of benefits had with overall support for collaboration, just discussed, a multiple regression model was conducted to determine which was more important (coupling or perceived benefits) in predicting support for collaboration. Both were equivalently related to support for collaboration at the bivariate level (perceived benefits ( $r = .613$ ,  $p = .000$ ,  $n = 150$ ) coupling ( $r = .609$ ,  $p = .000$ ,  $n = 182$ )). An additional purpose of the multiple regression was to determine how much variance within support for collaboration was explained by the presence of the perception of benefits and agency coupling before the introduction of internal and external variables in a final multivariate model.

The regression model was significant in predicting support for collaboration based on agency coupling and perceived benefits from collaboration ( $F = 60.69$ ,  $p = .000$ ,  $R^2$  adjusted =  $.467$ ,  $n = 137$ )<sup>10</sup>. As shown, both variables significantly contribute but the

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<sup>10</sup> The studentized residuals were explored for this regression model to determine normality (an assumption of running regression models). The residuals were found to be normally distributed (mean =  $.001$ , standard deviation =  $1.003$ , skewness =  $.038$ , standard error of the skew =  $.207$ ) and the scatterplot of ZRESID by ZPRED showed the data to have equal variance around "0" (homoscedastic) thereby meeting an

standardized Beta coefficients illustrates that more predictive weight is given to the perceived benefits (Beta = .445) than agency coupling (Beta = .343) in the regression model (Table 17).

**Table 17: Multiple Regression predicting support for collaboration based on perceived benefits and agency coupling.**

| Model |              | Unstandardized Coefficients |            | Standardized Coefficients | t     | Sig. | 95% Confidence Interval for t |             | Collinearity Statistics |       |
|-------|--------------|-----------------------------|------------|---------------------------|-------|------|-------------------------------|-------------|-------------------------|-------|
|       |              | B                           | Std. Error | Beta                      |       |      | Lower Bound                   | Upper Bound | Tolerance               | VIF   |
| 1     | (Constant)   | 2.474                       | 1.655      |                           | 1.495 | .137 | -.799                         | 5.748       |                         |       |
|       | percbenefits | .154                        | .025       | .445                      | 6.052 | .000 | .104                          | .204        | .725                    | 1.378 |
|       | coupling     | .168                        | .036       | .343                      | 4.670 | .000 | .097                          | .238        | .725                    | 1.378 |

### Prediction of Support for Collaboration

The purpose of this study was to identify predictors of support for collaboration. Recapping the analysis to this point, three key concepts were identified as independent variables (agency coupling, collaborative experience and the perceived benefits of collaborating), and measures of these concepts were created. Through further analysis, relationships between individual indicator variables were examined in order to identify ones that would be appropriate to use in constructing scales of coupling, benefits and support, and an index of collaborative experience. Composite measures were then tested for normality of distribution in order to determine whether or not they would meet one of

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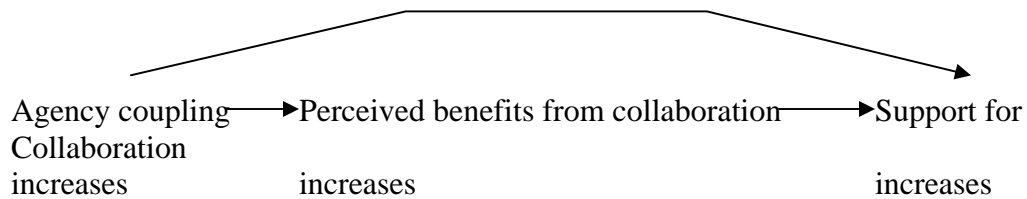
assumption of linear regression. The explanation of the tests associated with the scatterplot were previously explained in Footnote 5.

the basic assumptions of the regression model (that the data be normally distributed), and could be used in a regression model to predict support for collaboration. The scales were found to be normally distributed and were therefore entered into a correlation matrix to determine the strength and relationship among variables. It was found that coupling, collaborative experience, and perceived benefits were positively related to support for collaboration.

Hypothesis one - *Collaborative experience will be positively correlated with agency coupling* was supported. However, the second hypothesis (*The interaction of coupling and collaborative experience will increase the perception of the benefits of collaboration*) was only partially supported because only agency coupling remained a significant predictor of the perception of benefits in a multivariate regression model using coupling and collaborative experience as independent variables. Although collaborative experience did have a weak, bivariate relationship with the perception of benefits, a regression model found that collaborative experience was not significant in predicting the perception of benefits from collaboration. Finally, the third hypothesis was that *the perception of benefits of collaboration will result in an increase in support for collaboration*, which was supported through the moderately positive Pearson's correlation. As a result, it appears from the findings that agency coupling increases the perceived benefits of collaboration which then increases the support for collaboration. Figure 5 illustrates the direct and indirect effects for coupling:



**Figure 5: Direct and indirect effects for agency coupling on support for collaboration.**



### **The Influence of Additional Variables on Support for Collaboration**

As stated, the purpose of the previous analysis was to lay the foundation for a multivariate analysis to predict support for collaboration. Extensive analysis was conducted on the scales coupling, collaborative experience and the perception of benefits in order to determine a possible causal path to support for collaboration. An initial regression model was conducted in order to determine the level of prediction that these scales had on support for collaboration without the introduction of internal and external variables. What follows is an in depth discussion of identified internal and external variables. These variables will be examined individually in order to determine their relationship to support for collaboration and suitability for entering them into an overall multivariate model.

## Internal Variables

Steered by the review of the literature, the potentially biasing effects of employee assault or losing an employee as a result of an experience with a mentally ill offender were analyzed for their relationships to perceived benefits and support for collaboration.

In regards to agency history of physical assault by a mentally ill offender, the operational concept (*employee physically assaulted*) was dichotomously coded as “yes” (history of assault) or “no” (no history of assault). The majority of respondents (60.2%) reported not having had an employee assaulted by a mentally ill offender. An independent samples *t* test found a significant difference in support for collaboration between agencies that had an employee that was physically assaulted compared to agencies that had not had an employee that was physically assaulted by a mentally ill offender ( $t = -2.779$ ,  $p = .006$ ). Surprisingly, agencies that had not had an employee that had been physically assaulted (mean = 19.89, standard deviation = 2.07,  $n = 113$ ) displayed slightly less, although still high levels, of support for collaboration than agencies that had an employee physically assaulted by a mentally ill offender (mean = 20.71, standard deviation = 1.84,  $n = 75$ ), which is the opposite of expectations. It was expected that having an employee that was physically assaulted by a mentally ill offender would negatively bias support for collaborative measures that sought to divert the mentally ill from the formal criminal justice system. The data illustrate that this is not the case. Seventy-seven agencies reported having an employee physically assaulted (fifty-seven municipal police departments and twenty sheriff’s offices). It would appear from the data that having an employee physically assaulted by a mentally ill offender would

cause an agency to seek information from outside sources to increase knowledge and skills about appropriate responses to situations and therefore reduce further harm from future encounters. Although the assertion that agencies that had a history of physical assault by a mentally ill offender would show less support for collaboration was not supported, the relationship between agency history of assault and support for collaboration was significant and therefore this variable will be introduced into a multivariate analysis.

In analyzing agency history of losing an employee due to physical assault by a mentally ill offender (which was dichotomously coded using the same scheme as for assault history), it was found that only 3.7% ( $n = 8$ ) of the respondents reported losing an employee. An independent samples  $t$  test found no difference between those that had lost an employee due to a physical assault from a mentally ill offender (mean = 20.57, standard deviation = 2.64,  $n = 7$ ) and those that had not (mean = 20.17, standard deviation = 2.01,  $n = 201$ ) ( $t = -.514$ ,  $p = .607$ ). As a result, this variable will not be utilized in a multivariate model.

The next internal variables that may have an effect on support for collaboration are agency type and size. The bivariate relationship between agency type and support for collaboration was not significant ( $r = -.102$ ,  $p = .133$ ,  $n = 216$ ) and as a result, agency type will not be used in a multivariate model in predicting support for collaboration.

The final internal agency variable is agency size, which was measured at the interval level. Based on literature by Maguire and Katz (2002), the impetus for analyzing agency size revolved around the argument that larger agencies would be more likely to collaborate with outside agencies. This assertion is that agencies with more personnel

(both line and support personnel) can afford to dedicate personnel to collaborative exchanges with outside agencies. To analyze this, a Pearson's correlation was run and an insignificant correlation was found between agency size and support for collaboration ( $r = .022$ ,  $p = .751$ ,  $n = 216$ ). As a result, agency size will not be utilized as an independent variable in a multivariate analysis.

### External Variables

The final two hypotheses deal with conditions external to an agency. The first is "per capita income". As public entities, the responding agencies rely on taxpayer money for funding. Resultantly, it is speculated that agencies that exist in areas with a higher per capita income will have access to increased resources and that this increase in revenue will allow agencies flexibility in dedicating funds to collaborative efforts with outside agencies. There were no specific survey items used to address per capita income, which was used as a proxy measure of fiscal resources available to an agency. Instead, responding agencies were identified by their county and the corresponding per capita income was acquired through the Florida Statistical Abstract (2003) from the University of Florida. Through the descriptive statistics, it was found that the responding agencies were located in counties that were positively skewed on income (skewness = .832, Standard Error of the skew = .095) (see Table 18), but still represented areas with a lower per capita income than the State of Florida. This is illustrated through the respondent's mean per capita income of \$27,728 (see Table 18) and median per capita income of

\$26,594, which are both lower than the State of Florida’s mean per capita income of \$29,559. The most frequent response of \$43,626 as a per capita income (17 of the responding agencies) came from Broward, Dade, and Palm Beach counties. However, the majority of respondents come from communities with a lower per capita income than the average for the State of Florida.

A Pearson’s correlation was determined to explore the relationship between per capita income and support for collaboration. A significant but very weak relationship was found between community per capita income and support for collaboration ( $r = .163$ ,  $p=.017$ ) which would suggest that as per capita income increases, support for collaboration increases. This is contrary to Farmakopoulou’s (2002) finding that agency’s with more abundant resources would become hesitant to support collaboration because of a perception that the agency had the resources to handle any problem themselves. As a result of the analysis per capita income will be used in a multivariate model due to the significant relationship with support for collaboration.

**Table 18: Descriptive statistics for community per capita income and crime rate for responding agencies.**

| <b>Variable</b>      | <b># of Respondents</b> | <b>Mean Score</b> | <b>Skewness</b> | <b>Standard Error</b> |
|----------------------|-------------------------|-------------------|-----------------|-----------------------|
| Per capita income    | 222                     | \$27,728          | .832            | .095**                |
| Community crime rate | 222                     | 4990 per 100,000  | -.268           | .095**                |

\*\* represents variables that are significantly skewed

The second external variable is *community crime rate*. Agencies that operate in areas with high crime rates are pressured to consider alternate means to address the crime rate within acceptable public parameters. Examples include tactics such as sting operations or specialized units, such as anti-gang units, to handle specific types of crime. As with *per capita income* there were no specific survey items used. Instead, responding agencies were identified by their county and the corresponding crime rates were acquired through the Florida Department of Law Enforcement. With the growing number of mentally ill offenders entering the criminal justice system (Ditton, 1999), it is believed that agencies in high crime rate jurisdictions will have the added need to address mentally ill offenders and the crime that they commit. Therefore, the desire to be trained on handling mentally ill offenders and finding alternate ways to handle mentally ill offenders would logically lead these agencies to support collaboration with outside agencies. The descriptive statistics of community crime rate show a statistically significant negative skew (skewness =  $-.268$ ; Standard Error of the skew =  $.095$ ) (see Table 18) with an average crime rate of 4,990 per 100,000 residents (median = 4,824.6) among responding agencies. The crime rate for the State of Florida was 4,855.3 per 100,000. However, to report the crime rate from the state is misleading. Instead, the average crime rate from all counties within the State of Florida presents a better depiction of where study respondents fit. The average crime rate from all counties in the State of Florida was 3573 per 100,000 (median = 3541)m which means that approximately half of responding agencies came from areas with a significantly higher crime rate than the average crime rate for the counties in the State of Florida.

Through a Pearson correlation, the relationship between community crime rate and support for collaboration was found to be not statistically significant ( $r = .066$ ,  $p = .335$ ). As a result, no further analysis was conducted and this variable will not be used in the multivariate analysis.

### **Final Model of Prediction of Support for Collaboration**

Finally, to collectively analyze the variables that were found to be significant for predicting support for collaboration, a multiple regression model was created to predict support for collaboration based on all of the factors that emerged as significant in the analysis to this point. The purpose thus far has been to identify variables that were individually related to support for collaboration, primarily through bivariate analysis. Thus, coupling, perceived benefits, collaborative experience (due to its positive correlations with support for collaboration it was assessed in the multivariate analysis as an internal variable), agency history of physical assault (due to those agencies that had not had a physical assault reporting less support), and per capita income were used in the final regression model. It was found that the model was significant in predicting support for collaboration ( $F = 22.523$ ,  $p = .000$ ,  $R^2$  adjusted = .475,  $n = 120$ )<sup>11</sup>, but explained only slightly more variation than the regression model using just coupling and perceived

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<sup>11</sup> The studentized residual diagnostics for this model illustrate a normal distribution (mean = .002, standard deviation = 1.003, skewness = .010, standard error of the skew = .221) through the ZRESID by ZPRED scatterplot that shows equal variance around “0” (homoscedastic) thereby meeting the assumption of linear regression models. See Footnote 5 for an explanation of the tests achieved by the scatterplot of ZRESID by ZPRED.

benefits to predict support for collaboration ( $F = 60.69$ ,  $p = .000$ ,  $R^2$  adjusted = .467,  $n = 137$ ). As stated in the previous discussion of the coupling and perceived benefits scales, the sample size was significantly reduced. The sample size is further reduced in the multivariate analysis because of the number of variables being used and because responding agencies needed to fit into all categories in order to be analyzed in the final listwise deletion of cases

To analyze what effect this would have on generalizability, a series of tests were conducted to compare those that were included in the regression model (recoded to included = 1) and those that were not (recoded to excluded = 0). First, for coupling, a relationship was found between those that were either included or excluded in the regression model and agency type ( $X^2 = 10.190$ ,  $p = .017$ ). The biggest difference among the agency types was that 56% of state's attorneys offices were excluded from analysis and 44% were included (municipal police departments had 85% included and 15% excluded, sheriff's offices had 81% included and 19% excluded, probation offices had 83% included and 17% excluded). Additionally, through a One-Way ANOVA, no significant difference was found between those that had been included in the regression model and those that were not for per capita income ( $F(1, 220) = .237$ ,  $p = .627$ ). Finally, through a One-Way ANOVA, no significant difference was found in agency size for those that had been included in the regression model and those that had not ( $F(1, 220) = .085$ ,  $p = .771$ ). As a result, it appears that the respondents that were included in the coupling scale mirror those that were not in agency size and resources, with the exception of state's attorneys offices who were significantly excluded from the coupling scale.



For perceived benefits, no relationship was found between those that were included in the regression analysis and those that were not with regard to agency type ( $X^2 = 2.997, p = .392$ ). Furthermore, through a One-Way ANOVA, no difference was found between those that had been included in the regression model and those that had not for either per capita income ( $F(1, 220) = .110, p = .740$ ) or agency size ( $F(1, 220) = 2.613, p = .107$ ). Therefore, from the data, it appears that the sample that was not included in the regression analysis demographically mirrors those that were for the perception of benefits. Therefore, these analyses of coupling and perceived benefits within the regression model allow for a greater level of generalizability because the samples that were included in the regression analysis mirror the larger sample, with the exception of state's attorneys' offices responses in the coupling scale.

Analysis found that only coupling, and perceived benefits remained statistically significant in predicting support for collaboration. Collaborative experience, per capita income, and agency history of physical assault were no longer significant as predictors of support for collaboration (Table 19). Coupling and perceived benefits have already been discussed regarding their predictive power for support for collaboration ( $F = 60.69, p = .000, R^2 \text{ adjusted} = .467$ ) in the discussion of hypothesis three. It can be seen that the addition of the three variables (collaborative experience, agency history of physical abuse, and per capita income) add nothing to the ability to predict support for collaboration.

**Table 19: Multiple Regression predicting support for collaboration based on independent variables with a significant bivariate relationship with support for collaboration: all agencies (n = 120).**

| Model |                                      | Unstandardized Coefficients |            | Standardized Coefficients | t     | Sig. | 95% Confidence Interval for |             | Collinearity Statistics |       |
|-------|--------------------------------------|-----------------------------|------------|---------------------------|-------|------|-----------------------------|-------------|-------------------------|-------|
|       |                                      | B                           | Std. Error | Beta                      |       |      | Lower Bound                 | Upper Bound | Tolerance               | VIF   |
| 1     | (Constant)                           | 2.287                       | 1.846      |                           | 1.239 | .218 | -1.370                      | 5.943       |                         |       |
|       | agency employee physically assaulted | .152                        | .281       | .040                      | .543  | .588 | -.404                       | .709        | .821                    | 1.219 |
|       | per capita income                    | 1.30E-005                   | .000       | .053                      | .766  | .445 | .000                        | .000        | .929                    | 1.076 |
|       | percbenefits                         | .148                        | .027       | .419                      | 5.435 | .000 | .094                        | .201        | .742                    | 1.349 |
|       | collabexperience                     | .169                        | .111       | .118                      | 1.523 | .131 | -.051                       | .389        | .730                    | 1.370 |
|       | coupling                             | .162                        | .038       | .336                      | 4.326 | .000 | .088                        | .237        | .731                    | 1.367 |

However, because this model is based on a listwise deletion of missing values, a significant question remains. Would the observed relationships in the regression model be different as a result of including the values from non-respondents? To answer this, a multiple regression model was created that introduced the values from non-respondents, and was found to be significant ( $F = 31.972$ ,  $p = .000$ ,  $R^2$  adjusted = .412,  $n = 222$ ) although it explained slightly less variation than the model utilizing listwise deletion. Coupling and perceived benefits remained significant predictors of support for collaboration. However, with the inclusion of all values, collaborative experience also became a significant predictor of support for collaboration as did per capita income based on a one-tailed test of significance (Table 20).

**Table 20: Multiple Regression predicting support for collaboration based on independent variables with a significant bivariate relationship with support for collaboration including values from non-respondents (n = 222).**

**Coefficients<sup>a</sup>**

| Model |                                      | Unstandardized Coefficients |            | Standardized Coefficients | t     | Sig. | Correlations |         |      | Collinearity Statistics |       |
|-------|--------------------------------------|-----------------------------|------------|---------------------------|-------|------|--------------|---------|------|-------------------------|-------|
|       |                                      | B                           | Std. Error | Beta                      |       |      | Zero-order   | Partial | Part | Tolerance               | VIF   |
| 1     | (Constant)                           | .830                        | 1.727      |                           | .480  | .631 |              |         |      |                         |       |
|       | collabexperience                     | .214                        | .093       | .139                      | 2.306 | .022 | .357         | .155    | .119 | .737                    | 1.357 |
|       | per capita income                    | 2.71E-005                   | .000       | .098                      | 1.849 | .066 | .162         | .125    | .095 | .956                    | 1.046 |
|       | agency employee physically assaulted | .378                        | .245       | .087                      | 1.541 | .125 | .183         | .104    | .079 | .843                    | 1.187 |
|       | percbenefits                         | .134                        | .025       | .304                      | 5.335 | .000 | .489         | .341    | .275 | .822                    | 1.217 |
|       | coupling                             | .195                        | .032       | .361                      | 6.097 | .000 | .543         | .383    | .314 | .761                    | 1.314 |

a. Dependent Variable: support

These findings were further analyzed through separate multiple regression models selecting by agency type to see what effect, if any, agency type had on the independent variables' relationship to support for collaboration. Before conducting these models, the data from the variable "agency type" was used to create two additional subsets of "sheriff's offices" and "municipal police departments". This was not done for either probation offices (n = 18) or state's attorneys' offices (n = 9) for two reasons. First, the sample size of the two responding agency types would make the findings suspect. Second, although the sample size of responding sheriff's offices was small, it was felt that due to their job function (which requires extensive contact with the public and subsequently the mentally ill) they needed to be analyzed separately. Therefore, the final two regression models were run to predict support for collaboration selecting for the two agency types with similar job functions (sheriff's offices and municipal police departments).

The regression model run on just sheriff's departments was significant in predicting support for collaboration ( $F=12.336$ ,  $p = .000$ ,  $R^2$  adjusted = .749,  $n = 20$ )<sup>12</sup>. It should be noted that for sheriff's offices, the regression model predicts significantly more support for collaboration than when all of the agency types are combined. Additionally, the model for sheriff's offices mirrored the original multiple regression model in that perceived benefits and coupling remained significant predictors of support for collaboration while per capita income, collaborative experience, and agency history of physical assault by an employee did not (see Table 21).

**Table 21: Multiple Regression model predicting support for collaboration analyzing only sheriff's offices (n = 20).**

| Model | Unstandardized Coefficients          |            | Standardized Coefficients | t     | Sig.   | Correlations |         |       | Collinearity Statistics |      |       |
|-------|--------------------------------------|------------|---------------------------|-------|--------|--------------|---------|-------|-------------------------|------|-------|
|       | B                                    | Std. Error | Beta                      |       |        | Zero-order   | Partial | Part  | Tolerance               | VIF  |       |
| 1     | (Constant)                           | -11.710    | 4.349                     |       |        |              |         |       |                         |      |       |
|       | percbenefits                         | .330       | .078                      | .660  | 4.222  | .001         | .831    | .748  | .485                    | .539 | 1.855 |
|       | coupling                             | .264       | .096                      | .445  | 2.756  | .015         | .696    | .593  | .316                    | .505 | 1.978 |
|       | per capita income                    | -2.8E-005  | .000                      | -.103 | -.742  | .470         | .145    | -.195 | -.085                   | .692 | 1.446 |
|       | collabexperience                     | -.493      | .319                      | -.241 | -1.546 | .144         | .341    | -.382 | -.178                   | .544 | 1.839 |
|       | agency employee physically assaulted | .879       | .539                      | .204  | 1.630  | .125         | .261    | .399  | .187                    | .841 | 1.190 |

<sup>12</sup> The regression model selecting for sheriff's offices is normally distributed according to the studentized residual diagnostics (mean = .015, standard deviation = 1.423, skewness = .230, standard error of the skew = .221) and the scatterplot of ZRESID by ZPRED which shows equal variance around "0" (homoscedastic) which meets a fundamental assumption of linear regression models. See Footnote 5 for an explanation of the tests achieved by the scatterplot of ZRESID by ZPRED.

The regression model run on only municipal police departments was significant in predicting support for collaboration ( $F=10.995$ ,  $p = .000$ ,  $R^2$  adjusted = .365,  $n = 88$ )<sup>13</sup>. Furthermore, the model for municipal police departments mirrored the original multiple regression model in that perceived benefits and coupling remained significant predictors of support for collaboration while per capita income, collaborative experience, and agency history of physical assault by an employee did not (see Table 22). However, it should be noted that the model selecting for municipal police departments accounted for significantly less variation in support for collaboration than either the original regression model or the model selecting for sheriff's offices. Unlike sheriff's offices, employing a one-tailed test of significance based on the direction of the relationship between collaborative experience and support for collaboration, collaborative experience becomes significant in predicting support for collaboration ( $p = .033$ ) in the municipal police agency group. This is important given the previously hypothesized positive relationships between collaborative experience, coupling, perceived benefits and support for collaboration which continue to be supported in this regression model for municipal police departments. Therefore, for police departments, coupling, perceived benefits, and collaborative experience are significant predictors of support for collaboration. It should be noted, however, that the sample size is significantly reduced as a result of the number of variables being used in the multivariate analysis. This makes the generalizability of

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<sup>13</sup>The studentized residuals diagnostics in the regression model selecting for municipal police departments display normality ( mean = -.006, standard deviation = .966, skewness = -.031, standard error of the skew = .221). Through a scatterplot of ZRESID by ZPRED equal variance around "0" (homoscedastic) was found thereby meeting a fundamental assumption of linear regression models. See Footnote 5 for an explanation of the checks achieved by the scatterplot of ZRESID by ZPRED.

the findings difficult even though the sample that was included in the regression model mirrored the original sample demographically.

**Table 22: Multiple Regression model predicting support for collaboration analyzing for municipal police departments (n = 88).**

| Model |                                      | Unstandardized Coefficients |            | Standardized Coefficients | t     | Sig. | Correlations |         |      | Collinearity Statistic |       |
|-------|--------------------------------------|-----------------------------|------------|---------------------------|-------|------|--------------|---------|------|------------------------|-------|
|       |                                      | B                           | Std. Error | Beta                      |       |      | Zero-order   | Partial | Part | Tolerance              | VIF   |
| 1     | (Constant)                           | 4.918                       | 2.403      |                           | 2.046 | .044 |              |         |      |                        |       |
|       | percbenefits                         | .130                        | .031       | .392                      | 4.176 | .000 | .534         | .419    | .357 | .828                   | 1.208 |
|       | coupling                             | .129                        | .047       | .260                      | 2.722 | .008 | .471         | .288    | .233 | .800                   | 1.250 |
|       | per capita income                    | 1.27E-005                   | .000       | .054                      | .616  | .539 | .118         | .068    | .053 | .941                   | 1.063 |
|       | collabexperience                     | .254                        | .137       | .185                      | 1.856 | .067 | .341         | .201    | .159 | .733                   | 1.365 |
|       | agency employee physically assaulted | .000                        | .341       | .000                      | -.001 | .999 | .153         | .000    | .000 | .818                   | 1.223 |

## Summary

The purpose of this study was to identify statistically significant predictors of support for collaboration. To do this, measures of the key concepts (agency coupling, perceived benefits, collaborative experience and support for collaboration) were utilized to create scales that could be used in regression analysis. Bivariate analysis found that agency coupling and collaborative experience were linearly related as were coupling, collaborative experience, and perceived benefits from collaboration. However, the relationship between collaborative experience and perceived benefits from collaboration was weak and collaborative experience was statistically insignificant in predicting the perception of benefits from collaboration.

Finally, the perceived benefits from collaboration were positively related to support for collaboration, as hypothesized. However, in a multiple regression predicting support for collaboration based on the perception of benefits and agency coupling, the perception of benefits is the strongest significant predictor of support for collaboration, followed by the level of agency coupling.

Variables that were internal to the agency were analyzed for their potential relationship to support for collaboration. None of the variables internal to an agency (size, type, history of assault by a mentally ill offender, and history of losing an employee due to physical assault by a mentally ill offender) were significant predictors of support for collaboration. Neither were any of the external variables identified within the study (per capita income and community crime rate).

Finally, in creating regression models that selected only for sheriff's offices and municipal police departments, two things were found. First, it was found that the models mirrored the initial regression model in that coupling and perceived benefits from collaboration remained the only significant predictors of support for collaboration. Second, the regression model selecting for sheriff's offices accounted for significantly more variance in support for collaboration than the original multivariate analysis. The regression model selecting for municipal police departments accounted for less variance than the original multivariate analysis, but collaborative experience became a significant predictor of support for collaborative experience utilizing a one-tailed test of significance.

## CHAPTER 5 – DISCUSSION

### Review

There is growing concern over the federal program of deinstitutionalizing mental health treatment facilities which has led to the release of mentally ill individuals into communities that are unprepared to treat them (Ditton, 1999; Harrington, 1999). Empirical research illustrates that the mentally ill are coming into contact with the criminal justice system at an increasing rate (Bonovitz & Bonovitz, 1987), and the rates of mentally ill incarceration are significantly increasing (Ditton, 1999). Historically, the criminal justice system has maintained a laissez-faire attitude toward the mentally ill, but the criminal justice system can no longer afford to be unwilling to address the impact of the mentally ill individuals that have been released as a result of deinstitutionalization (Simon, 1999).

The increased calls for service (Bonovitz & Bonovitz, 1987) and increased incarceration (Ditton, 1999) have compelled the criminal justice system to begin to seek assistance from within and without to address the problem (Goldkamp & Irons-Guynn, 2000). The President's Consensus Project on Mental Health and Criminal Justice strongly urges the two systems of criminal justice and mental health to work together to achieve the goal of providing appropriate treatment to the mentally ill offender. However, this remains improbable since there is very little discussion of how two different systems with divergent goals are supposed to work together (Keilitz & Roesch,



1992). This becomes particularly problematic when given the usual reality of criminal justice agencies as part of a loosely coupled system in which agencies are only nominally linked, do not communicate well, and do not provide a continuum of care for the mentally ill offender (Harrington, 1999; Grob, 1995).

Theoretical foundations for the prospect of interprofessional collaboration lie in both labeling and developmental theories. Advocates of collaboration between mental health and criminal justice agencies cite the need to reduce the stigmatization of the mentally ill associated with having contact with the formal criminal justice system. This negative impact of labeling the mentally ill as a convicted offender has been identified by both the mental health and criminal justice systems, as both systems have deemed the mentally ill inappropriate for the criminal justice system.

Initially, it would appear that the study of collaboration between criminal justice and mental health practitioners would fall into the realm of exchange theory. Exchange theory addresses the structure of groups and networks and how specific types of exchange mechanisms can influence structural transformation (Emerson, 1972). However, because of the perception of the criminal justice as a fragmented system operating in isolation, the measurement of exchange mechanisms (i.e. collaboration practices with outside agencies) did not present itself as a logical course of action as these mechanisms were previously unstudied. Instead, operating under the assumption that the criminal justice system is loosely coupled and possibly unlikely to collaborate, measuring the desire to gain knowledge and skills in addressing a specific social problem and using this to measure support for collaborative exchanges provided a useful foundation for study.

From a developmental theory perspective, interprofessional collaboration between mental health and criminal justice practitioners increases knowledge of how to reduce the increased incarceration of the mentally ill. Increasing knowledge and skills, as outlined by the developmental theories, is most successful when organizations interact and share their respective insights on a particular problem (Walsh et al. 1999; Bersoff et al., 1997; Pullin, 1996; Sherman, 1998). In this case, the problem is the increased incarceration of the mentally ill offender, and identifying ways to intervene in the life course of the mentally ill to provide appropriate treatment that will prevent criminal behavior has become a main focus for mental health advocates and the federal mental health and criminal justice consensus project.

However, the research on interprofessional collaboration argues that the lack of an articulated theoretical foundation for collaboration from which to draw practical policies has led many agencies to not participate in collaborative efforts. This lack of articulation is attributed to many influences, most importantly the divergent ideologies between mental health (which is focused on treatment) and criminal justice (which is focused on public safety) which lead to turf wars as agencies struggle to define their place within the collaborative.

Often times, collaborative participants view the efforts as difficult and time consuming. Inter-agency communication becomes even more unlikely due to the perceived low level of coupling within the mental health and criminal justice systems. Inappropriate coupling of agencies can adversely affect the perception of benefits from interprofessional collaboration and support for collaborative efforts.

As a result, it is important to note what defines coupling, identify what benefits are important to potential collaborators, and identify what causes agencies to support collaboration. Defining coupling is a difficult undertaking given the vague definitions of the sense making perspective, which provides the foundation for the theory of loose coupling and advocates stabilizing a fragmented system (Maguire & Katz, 2002). Additionally, there is a significant lack of empirical study on agency coupling and how it affects agency decisions, specifically support for collaboration. The current study sought to answer the need for empirical data by expanding the literature regarding coupling, collaborative experience, perception of benefits from collaborating, and how these concepts predict overall support for collaboration.

Through a survey of all law enforcement agencies within the state of Florida (which 49% of all agencies responded) several variables were outlined for each of the main study concepts (coupling, collaborative experience, perceived benefits, and support for collaboration). The variables for each concept were subsequently used in the creation of separate scales for coupling, collaborative experience, perceived benefits from collaboration and overall support for collaboration.

## **The Scale of Coupling**

Overall, the current study suggests that coupling falls into a continuum, much like the previous literature on coalitions and collaboration suggests (Schrage, 1995; Leonard & Leonard, 2001). Theoretically, this continuum ranges from being appropriately

coupled and desiring communication and input from outside agencies to less appropriately coupled with agency leadership determining the extent of commitment to collaborative efforts and agencies unlikely to share decision making powers. Within the current study, however, the respondents reported a truncated version of the coupling continuum in that all of the responding agencies were at least moderately coupled.

It should be noted that of the fifteen original variables identified from the literature to measure the continuum of agency coupling, thirteen of the variables reliably measured the concept of agency coupling (as illustrated by the scale reliability analysis,  $\alpha = .654$ ; Friedman's  $X^2 = 120.70$ ,  $p = .000$ ). However, the data also illustrate that respondents reported moderate to high levels of coupling only. Due to the truncation of the coupling scale (representing agencies that are moderately to highly coupled) agencies with low levels of coupling were not represented. This presents several possibilities for future researchers. First, the research on the coupling of criminal justice agencies may be dated as shown that much of the research on agency coupling comes from the 1970's (Hagan et al., 1979; Meyer & Rowan, 1977; Weick, 1976; Glassman, 1973). Therefore further study is necessary in order to further determine the current nature of agency coupling within the criminal justice system. A second possibility is that those agencies that are uncoupled chose not to respond to the survey.

As a result, research is needed to determine if non-responding agencies chose not to respond to the study due to lower levels of coupling. Although these agencies did not respond to a mail based survey, a qualitative analysis of a few agencies via face to face, or phone based interviews may produce better results. Finally, it is possible that the conceptual framework of agency coupling as espoused by the literature from the 1970's

does not reflect the actual practice of agency coupling. Therefore, uncoupled agencies would not have been able to appropriately respond in a way that was reflective of their coupling status. As a result, future research should continue to form a definition of coupling that is reflective of day-to-day operations which responding agencies may more easily associate with.

Furthermore, similar to the minimal literature on coupling which is based on bringing order to a fragmented criminal justice system through interprofessional collaboration (Weick, 1979; Manning, 1997; Maguire & Katz, 2002), the respondents in the current study appear to focus on increasing knowledge and skills through peer interaction. This is displayed through the statistically reliable measures of coupling which illustrate a desire for open communication because the agency values outside input and is flexible in working with outside agencies. This is an especially important finding for advocates of the collaborative treatment of mentally ill offenders. If, as reported, criminal justice agencies desire input from external agencies and are flexible in working with outside agencies then their amenability to accepting the President's Consensus Project (2004) objectives is very high. Additionally, it would appear from the data that criminal justice agencies are not as loosely coupled or fragmented as once thought and seek to maximize their organizational development through peer interaction (Brofenbrenner, 1979; Lerner, 1978; Werner, 1957; Vygotsky, 1978; Wood & Gray, 1991; Walsh et al., 1999).

This development makes criminal justice agencies more approachable for information sharing with outside agencies and negates a long standing criticism of the criminal justice system. However, due to the fact that the coupling continuum was

truncated by agency responses, future researchers should continue research on agency coupling and where agencies fall along the theoretical continuum of coupling. Although there was nothing in the current data to make the findings suspect (such as outliers), continuing research on the coupling continuum would be able to discern if the respondents in the current study were an anomaly or are representative of the true nature of coupling among criminal justice agencies.

### **The Index of Collaborative Experience**

The concept of collaborative experience is theoretically enmeshed with agency coupling in that collaborative exchanges are believed to represent the manifestation of an agency's level of coupling. This led to several measures associated with collaborative exchanges that would assess the participation of agencies in activities external to the agency. It was believed that presenting the concepts of coupling and collaborative experience as separate concepts would be a difficult prospect due to the theorized interrelationship between the two concepts, as espoused by the literature. This correlation was supported in the hypothesis testing, which will be discussed further, and eluded to a continuum of collaborative experience much like the continuum of coupling.

Along this continuum, sheriff's offices reported the highest levels of collaborative experience, which corresponds with their reported high levels of agency coupling. However, other responding agencies report moderate to low levels of collaborative

experience. This may be due to the generalized definition of collaborative experiences (i.e. participation in community outreach programs) as opposed to identifying specific collaborative exchanges that responding agencies may have more easily identified with. Through a general definition of collaborative experiences, errors in interpreting the true meaning of a survey item used within the study may have occurred. Therefore, specificity in identifying and defining collaborative exchanges would assist in reducing this interpretation error and may increase response rates.

Future researchers should reduce ambiguity about studying types of collaborative exchanges as much as possible. Reducing ambiguity about what is involved in collaborative activities is important in reducing the apprehension associated with engaging in a collaborative exchange and was cited, in this study, as an important part of why agencies couple with other agencies. Specifying collaborative activities that criminal justice agencies have engaged in can be accomplished through a qualitative analysis and then using those examples in an expanded quantitative analysis. This would allow for respondents in future studies to have several specific examples to measure their collaborative engagement and would provide a more accurate picture of collaborative experience.

Additionally, a study of why sheriff's offices report having engaged in more collaborative exchanges needs to be made. It is believed that this engagement may be due to the fact that county sheriff's are an elected position and highly visible to the public which may cause more participation in collaborative exchanges as a result of political pressure to do so. The presence of political pressure to engage in collaborative exchanges would support Farmakopoulou's (2002) assertion that agencies (and allegedly

agency leaders) will engage in collaborative exchanges out of a sense of self preservation. The result of this political pressure may have an unmeasured effect on assessing the perception of benefits from collaboration and true levels of support for collaboration. The current study did not address political pressures to collaborate that agency leaders face, and therefore provides another avenue for researchers to focus on.

### **Perceived Benefits**

Regarding the perception of benefits on support for collaboration, Farmakopoulou (2002) assumes that even agencies that are forced into a collaborative effort will participate in a manner of self interest based on perceived benefits. However, criminal justice agencies operate with a mission of service which points to a more altruistic ideology. As a result, it was believed that the perception of benefits ranges along a continuum from protecting self interests to an altruistic view that seeks to serve the public. Resultantly, another purpose of this study was to identify benefits, both from a self-serving and an altruistic viewpoint that would make potential participants supportive of collaborative efforts.

The respondents reported high levels of perceived benefits from collaboration, which, just as with the coupling scale, truncates the scale and the possible interpretation of results. This means that the data illustrate responses only from agencies that perceive a high level of benefits and agencies that do not perceive benefits from collaboration are not represented. This has potential ramifications for future researchers. First, future



researchers need to be aware that the perceived benefits of collaboration from criminal justice practitioners may not have been measured in depth in this study. It is believed that this was due to an inaccurate depiction of the benefits that criminal justice practitioners would perceive from collaborating, which may have led to more focus on agencies with a higher perception of benefits from collaboration. The measures used within this study were a direct reflection of the literature regarding the perception of benefits which, although relatively contemporary, may not reflect the true nature of contemporary law enforcement agencies. Therefore, future research on the perception of benefits from collaboration should focus on identifying the benefits that criminal justice practitioners, from all agency types and sizes, identify as significant from collaborative efforts. This can best be accomplished through in-depth interviews of practitioners that would identify specific benefits which could be further explored and analyzed. This analysis can also be conducted through an in-depth survey instrument with a main concept being perceived benefits only as opposed to the current study which focused on the various concepts of coupling, collaborative experience, and perceived benefits in support for collaboration.

The majority of benefits that were identified as reliable measures of perceived benefits from collaboration lean more towards an altruistic view of assisting the mentally ill to a better quality of life. These key benefits involve collaborating to supervise the mentally ill in the community which would improve public safety and decrease mentally ill criminality and incarceration. These perceived benefits point at the efficacy of open communication with mental health workers in providing psychiatric treatment to the mentally ill and subsequently reducing criminality and incarceration.

Although the perception of benefits from collaboration has been previously studied, though not empirically, the current study represents the first study of the perceptions of criminal justice practitioners. This is important because the perceptions of criminal justice agencies have largely been assumed. In identifying specific benefits from collaboration that criminal justice agencies perceive from collaboration a foundation for future research has been established. Through assuming the perceived benefits of criminal justice practitioners, the development of knowledge and skills in treating mentally ill offenders has not been attained. This is because previously there was no stated purpose to develop knowledge and skills. However, through the findings of the current study on the perceived benefits from collaboration a goal has been established for agencies to collaborate; that is to develop the knowledge and skills that will allow for the perceived benefits from collaboration to become reality.

### **Support for Collaboration Scale**

Although the recognition of a growing problem of mentally ill offenders has been identified, widespread support for this shift in treatment has not been studied in detail within the criminal justice system. The proposition that appropriately coupled agencies will perceive the benefits of collaboration and will support interprofessional collaboration was ultimately supported in the current study. This is encouraging considering the tenuous relationship that mental health and criminal justice practitioners in Florida have had since deinstitutionalization has led to the closing of state run hospitals. The support

for interprofessional collaboration is especially poignant given the systemic fragmentation that has gone on within both fields of mental health treatment and criminal justice, and has made interprofessional collaboration all but impossible.

Regarding the measures of support for collaboration from a conceptual perspective, respondents reported high levels of support for collaboration. In fact, several of the variables point to the fact that law enforcement agencies make an effort to collaborate, and will change agency policy based on external input due to a belief that interprofessional collaboration is important (especially in providing treatment to the mentally ill). However, contrary to Hochstedler's (1987) finding that criminal justice personnel felt the mentally ill were not appropriate for the formal criminal justice system, the current study's respondents did not feel that arresting the mentally ill was necessarily a bad thing. This is significant since respondents also felt that there were options other than jail for mentally ill offenders. However, questions are raised regarding what agencies will do with mentally ill offenders that they have arrested but are hesitant to put in jail.

From the perspective of a practical application of collaboration, respondents reported support for collaboration in the form of CIT training for agency personnel. Within this study, CIT training was the only specifically identified practical application of collaboration. To analyze this, a One-way ANOVA was conducted. A significant difference between the means was found ( $F(3,215) = 3.47, p=.017$ ). Through an analysis of the means, it was found that sheriff's offices showed the greatest support for CIT training, followed by municipal police departments, probation offices, and state's attorneys' offices respectively. The biggest difference is between traditional law

enforcement agencies (sheriff's offices and municipal police departments) and agencies not normally associated with law enforcement experience (state's attorneys). Although all agencies reported agreement with supporting CIT training, state's attorneys' offices were much closer to remaining neutral regarding the subject of supporting CIT training. This is most likely due to the lack of experience with CIT training as well as the lack of practical application that the state's attorneys would have in utilizing this type of training. Therefore, because of the support for a specific form of collaboration, future researchers will want to identify other practically applied forms of collaboration that agencies may or may not support. This will assist in providing a broader range of programs that advocates of interprofessional collaboration can draw from for implementation.

Although the discussion of the various concept scales is enlightening regarding the nature of the study respondents and implications for future researchers, it does not address the relation that these various concepts have with each other. Therefore, what follows is a discussion of the implications from the hypothesis testing discussed within this study.

## **Hypothesis Testing Results**

The first hypothesis (*Collaborative experience will be positively correlated with agency coupling*) was supported through a Pearson correlation which displayed a positive correlation ( $r = .339$ ,  $p = .000$ ,  $n = 184$ ) between agency coupling and collaborative experience. This followed the logical assumption that as an agency's experience with

collaborative exchanges increased, so to would the level of that agency's coupling with outside agencies. The second hypothesis (*The interaction of coupling and collaborative experience will increase the perception of the benefits of collaboration*) was partially supported, however. Although agency coupling and collaborative experience were correlated, and both agency coupling and collaborative experience were correlated with the perception of benefits (coupling and perceived benefits:  $r = .524$ ,  $p = .000$ ,  $n = 137$ , collaborative experience and perceived benefits:  $r = .213$ ,  $p = .009$ ,  $n = 150$ ) a significant regression model ( $F = 26.784$ ,  $p = .000$ ,  $R^2 = .29$ ) found that collaborative experience was not a significant factor in predicting the perception of benefits ( $t = 1.438$ ,  $p = .153$ ). Therefore, it appears that how an agency is coupled with external agencies influences their perception of benefits from collaboration regardless of that agency's history of engaging in collaborative exchanges. This may be due in large part to the measures of collaborative experience that were used in this study being ill-defined. Furthermore, it is possible that agencies may have very open communication with outside agencies but have never worked together on a collaborative project. As a result, the interaction of agency coupling and the propensity to work in a collaborative exchange as a result of that coupling needs to be explored further. This could further illuminate the reasoning behind an agency's willingness to engage in collaborative ventures (i.e. if it is in fact due to the perceived benefits from collaboration as the literature states). Additionally, as a result of further research, a conceptual bridge could be made between the theoretical concept of agency coupling and the practical aspect of engaging in collaborative exchanges.

The perception of benefits from collaboration represents a significant reason in establishing why agencies move from the theoretical concept of coupling to actual

participation in collaborative exchanges, and is significantly correlated with support for collaboration ( $r = .613$ ,  $p = .000$ ,  $n = 150$ ). As a result of this correlation, the hypothesized bivariate relationship between the perception of benefits and support for collaboration (*The perception of benefits of collaboration will result in an increase in support for collaboration*) was supported and the perception of benefits could therefore be used in multivariate analysis. The perceived benefits from collaboration obviously increases support for collaboration. However, although responding agencies reported high levels of perceived benefits from collaboration and support for collaboration, as discussed in the report of those scales, the reported levels of collaborative experience were relatively moderate (with the exception of sheriff's offices that displayed a high level of collaborative experience). Although coupling, perceived benefits and support for collaboration fit into a causal path, as shown by the data, there is an issue of a temporal order for collaborative experience. For those agencies with collaborative experience, a logical postulation is that this experience along with agency coupling will increase the perception of benefits from collaboration and ultimately the support for further collaboration. However, agencies that have no collaborative experience may be coupled and perceive the benefits from collaboration and support for collaboration. This raises the question why these agencies have not entered into a collaborative exchange more often if they have a high perception of benefits, are highly coupled, and report high levels of support for collaboration. Additionally, anomalies such as with municipal police departments that reported high-moderate levels of collaborative experience yet the lowest levels of agency coupling (although still high) raise issues regarding the true interaction between agency coupling and collaborative experience and the effect on perceived

benefits from collaboration and overall support for collaboration. As such, further research needs to be done in the area of collaborative experience and how agencies are defining collaborative experience. Additionally, there may be other factors present that influence whether or not agencies engage in collaborative exchanges regardless of coupling, the perception of benefits and support of collaboration.

To address some of these factors, several criteria both internal and external to the agency were assessed. First, with internal variables, agencies with a history of assault by a mentally ill offender reported more support for collaboration; however this variable was not a significant predictor in the multivariate analysis. The report of support for collaboration from agencies with a history of assault may be due to the agency administration's perceived need to ensure that the same scenario does not happen again. As a result of this perceived need, agencies may become more willing to seek assistance from experts that are external to the agency in order to properly equip personnel with knowledge and skills that would prevent such occurrences. However, as stated, agency history of assault was not a significant predictor of support for collaboration. Another variable that evaluated the impact of losing an employee due to a physical assault by a mentally ill offender had on support for collaboration (hypothesis five) was assessed but proved to be inconclusive due to the low number of agencies (n=7) that had lost an employee in such a manner.

Further analysis of internal variables such as agency type and agency size and the effect on support for collaboration produced mixed results. No difference was found between the agency types in regards to reported general support for collaboration ( $F = 2.488, p = .061$ ). Therefore, in assessing support for collaboration, future researchers

would benefit from either retaining a general definition of collaboration, which all respondents can identify with, or identifying specific practical collaborative endeavors that specific agency types could recognize to assess support. Interestingly, agency size possessed no significant correlation with support for collaboration. This is interesting because it was believed that larger agencies would be more supportive of collaboration due to their ability to more easily divert personnel resources to the collaborative exchange; a possibility not readily available to smaller agencies. This was not the case, however.

Finally, the only external variables that were assessed within this study were per capita income for the community surrounding the responding agencies, and community crime rate from the responding agencies. Community crime rate had no significant relationship with support for collaboration ( $r = .066$ ,  $p = .355$ ) which is in opposition to the expected relationship that the two variables would have had. The expected relationship was based on the assumed public pressure to do something to curtail the crime rate which would drive agencies to seek assistance from external sources. Per capita income does have a significant, yet weak, bivariate relationship with support for collaboration ( $r = .163$ ,  $p = .017$ ) which would appear to counter Farmakopoulou's (2002) assertion that agencies with abundant resources would hesitate to participate in collaboration. However, the relationship between per capita income and support for collaboration was revealed to be spurious in the multivariate analysis. Therefore, further research into how agencies acquire and allocate fiscal resources and how those resources are associated with support for collaboration is warranted.



As a result of all significant findings within the study (whether they supported study hypotheses or not), a multiple regression analysis was conducted to look at all of the variables that had statistically significant relationships with support for collaboration. It was found that agency coupling, and perceived benefits from collaboration remained the only statistically significant predictors of support for collaboration. Having had an employee physically assaulted by a mentally ill offender, community per capita income and collaborative experience were no longer significant in predicting support for collaboration.

However, when these regression models were further defined by selecting for agency type, it was found that collaborative experience became a significant predictor of support for collaboration for municipal police departments. This is especially peculiar given the reportedly moderate-high levels of collaborative experience from municipal police departments. When the levels of collaborative experience among municipal police departments are compared with reported rates of coupling and perceived benefits, municipal police departments appear to be the most consistent of all responding agencies (i.e. neither at the highest end nor the lowest end of any scale). Therefore, this identifies a group of criminal justice practitioners that advocates of collaboration can utilize to initiate change. Before this can be done, further study of support for specific collaborative measures, such as CIT training, as opposed to the general concept of support for collaboration used within this study should be conducted.

## Study Deficits

The purpose of this study was to establish predictors of support for collaboration based on agency coupling, collaborative experience and the perception of benefits from collaboration. As such, the scope of this study was very broad. In attempting to address the several concepts, as well as other internal and external variables that may affect support for collaboration, no single area was studied in as much depth as it could have been. This may be the reason for the truncation of the scales of coupling, perceived benefits from collaboration and overall support for collaboration.

Within coupling, agencies that are not coupled at all were not represented. This would not be a problem if the response rate was significantly higher because then it could be stated with some level of confidence that uncoupled agencies were less likely to exist. The response rate (49%) presents a significant hurdle in interpreting the results because the levels of agency coupling and the perception of benefits from collaboration remain unmeasured for the majority of law enforcement agencies in the State of Florida. Therefore, the findings can only be applied to agencies that are highly coupled, perceive a great deal of benefits from collaboration and show a great deal of support for collaboration. This truncation of findings is due to a diminished sample size as a result of listwise deletion of missing data. As a result, the sample size ( $n = 137$ ) in the regression analysis represents a response rate of usable surveys that is only 30% of all criminal justice agencies in the State of Florida.

Additionally, the separation of coupling and collaborative experience was necessary due to belief that an agency can be coupled with other agencies but never have

engaged in a collaborative exchange. This phenomenon was not expected however. Furthermore, although the concept of coupling had several specific measures, the concept of collaborative experience was measured using general measures as opposed to specific types of collaborative exchanges. The lack of specificity in the definition of what was meant by a measure of collaborative experience may have led to an increase in interpretation errors from respondents. As a result, respondents may not have reported their collaborative experience accurately, which would have led to the current study's findings that although agencies were highly coupled the reported level of collaborative experience was not proportional (although positively related). While this may be the case, it cannot be stated with a great deal of confidence due to the measures that were used.

In regards to the perception of benefits, although the measures were drawn from the literature regarding the perceived benefits from collaboration, it is possible that they do not reflect the true nature of contemporary law enforcement agencies. The respondents in the current study have a decidedly altruistic ideology for collaborating in that they seek to explore ways to treat the mentally ill as opposed to incarcerating them. However, as stated before, the respondents represent approximately half of all law enforcement agencies in the state. Therefore, while these agencies may possess an altruistic ideology, non-responding agencies may not. Additionally, although the respondents of this study appeared to be altruistic, they did not see a problem with arresting mentally ill offenders which would be counterintuitive. Instead of basing the perception of benefits on what previous literature has stated, which has not studied the perceptions of criminal justice agencies, it would have been better to first establish a set of benefits that criminal justice agencies actually perceive from collaborating. This was

not done in the current study. Instead, as stated, measures drawn from the literature (which were also altruistic in nature) focused on agencies with an altruistic ideology and excluded those that operate under different philosophies.

### **Study Strengths**

In spite of the current study's shortcomings, it does provide significant insight into the perceptions of criminal justice practitioners because it represents a statewide analysis of law enforcement agencies in the state of Florida. Additionally, because the perception of criminal justice agencies regarding collaboration has largely been assumed, this study presents tangible measures of what has been previously theoretical. The theoretical concepts of coupling, perceived benefits from collaboration and support for collaboration have not previously been put into practical terms for criminal justice agencies. As such, this study provides a foundation from which future researchers can study. Furthermore, through these tangible measures, criminal justice practitioners can begin to formulate practical ideas of what interprofessional collaboration is and whether or not it is feasible.

Moreover, an empirically assessed link between agency coupling, the perception of benefits from collaboration and support for collaboration has begun to be established, which has been previously unexamined. The concept of agency coupling was theorized to be a continuum of uncoupled to highly coupled. However, this study now provides tangible measures of what it means for an agency to be coupled. Additionally, the

question of what effect this coupling has on the perception of benefits from interacting with outside agencies and support for continued interprofessional collaboration has begun to be established. As such, the current study provides invaluable information that was previously not present in the literature.

### **Future Research**

The several concepts and internal and external variables that this exploratory study sought to measure proved to be both a benefit and a hindrance. Future researcher should continue to study these concepts in order to further determine the true nature of criminal justice agencies, but they should limit the number of concepts that they seek to measure.

First, as stated previously, the perception of the criminal justice system is that it is a highly fragmented, loosely coupled system. This was not supported by the data in this study. Instead, this study showed not only high levels of coupling among respondents but also a great deal of support for collaboration (which was assumed not to exist). This is promising not only as an area for future research, but also illustrates the true nature of contemporary law enforcement agencies. The reported perception of altruistic benefits from collaboration, as well as the high level of support for collaboration, presents a criminal justice system that is ripe for interprofessional collaboration; specifically for treating mentally ill offenders.

However, a majority of criminal justice agencies in the State of Florida were not studied. Therefore, future studies should concentrate on measures of coupling that were used in this study as well as measures that would increase the representation of agencies that are not coupled which would provide a more comprehensive picture of agency coupling in the criminal justice system. These measures can be established by using an inductive methodology of observing the various criminal justice agencies in the field. These field experiments would allow future researchers to observe how agencies define themselves as coupled and how that self definition correlates with the definition of coupling as stated by the literature. This would increase the validity of measures regarding coupling as future measures of coupling would be based on what was actually observed in the field, and has the potential for modifying the concept of what coupling means.

Once measures are established they can then be used in an expanded quantitative study that would maximize respondent participation and shed more light on how well criminal justice agencies work with outside agencies. Furthermore, ambiguous measures of collaborative experience should be avoided. A review of the literature, both empirical and anecdotal, would provide specific measures of collaborative exchanges that criminal justice agencies are known to engage in. This would reduce the interpretation error associated with ambiguous terms, as used within this study, and provide a better measure of the level of collaborative experience among criminal justice agencies.

As stated, the current study focused on benefits identified in the literature on interprofessional collaboration, although the previous literature did not focus on criminal justice agencies. Therefore, future researchers will want to continue to develop measures

of the perceived benefits of collaboration from both an altruistic and a self-serving ideology. This would allow for a broader range of respondents to provide input and would give a better picture of contemporary law enforcement agencies. This could be accomplished through a deductive method using an analysis of preexisting data that explores the operational ideologies of law enforcement agencies. Although this method would not necessarily provide actual measures of perceived benefits, it would allow for an exploration of whether agencies are more altruistic or self serving. In turn, this would allow for the creation of measures based on the operational ideology of the agencies which would allow for more validity in the scale of perceived benefits. Based on the findings of this study, it is hypothesized that future research will continue to contradict the preconceived notion that criminal justice agencies are primarily self-serving and instead will find that criminal justice agencies are more altruistic when creating operational policies.

Additionally, although support for collaboration was high in this study, the support was for a general idea of collaboration. Only one specific measure of collaboration was used within this study (support for CIT training). As with collaborative experience, this ambiguity may give a false picture of support for collaboration. Future studies that concentrate on support for specific types of collaborative exchanges, as well as general support for collaboration, will provide a broader understanding of what types of exchanges criminal justice agencies are likely to support. This will provide a foundation for strategically planning collaborative exchanges because support for specific types of collaboration will be determined.

Although this study attempted to isolate several internal and external variables that could influence support for collaboration it was limited due to the broad scope associated with conducting an exploratory study. Other possible variables that could affect an agency's support for collaboration include the number of civil lawsuits that an agency has faced involving mentally ill offenders. However, the number of agencies that have experienced civil lawsuits as a result of a negative interaction with a mentally ill offender is unknown. It is hypothesized that the number of agencies that have experienced this will be small (as with the number of agencies that had an employee that was physically assaulted by a mentally ill offender) and therefore the effect of civil lawsuits on support for collaboration will be small if an effect exists at all.

Furthermore, whether or not criminal justice agencies have access to mental health agencies to collaborate with and the perceptions of those agencies should be studied. Finally, the political pressure to collaborate that an agency experiences needs to be addressed in future research. Agencies operate within a political environment. As a result of this environment, decisions are often made based on a response to those pressures. Therefore, the type of political pressures that agencies face, and the effect that these pressures have on agency policy and operations needs to be addressed. It is hypothesized that criminal justice agencies are currently feeling pressure from vocal special interest groups to appropriately deal with the mentally ill. This is believed because of the number of agencies that reported that they are supportive of programs that treat the mentally ill as opposed to incarcerating them. The fact that agencies responded in this manner could be a result of emerging political pressure from special interest groups and voting constituents to appropriately handle the mentally ill. However, special



interest groups are only one part of the equation, and the views of the majority party also impart political pressure. Therefore, it is believed that criminal justice agencies are feeling pressure to enter into collaborative exchanges to handle the mentally ill not only from special interest groups but also from the voting majority.

Finally, it is possible that the State of Florida's criminal justice agencies are unique in their responses for many reasons. First, tourism plays a large role in the economy of Florida through wage earnings in the arts, entertainment and recreation industries as well as accommodations, retail trade and the food industry (Bureau of Economic and Business Research, 2003). As a result, agencies may be more willing to enter into collaborative exchanges with outside agencies as a means to protect that economic resource and provide faster and more comprehensive solutions to problems that arise. Furthermore, Florida is often threatened by the damage associated with hurricanes, tropical storms, etc. The need for immediate and wide-ranging reaction to potential emergencies may drive agencies to collaborate in order to provide an expedient public service response in the event of a state crisis. Finally, the diversity present in the state (with respect to age as Florida is often a destination for retirees with 17.6 percent of the population over the age of 65 in 2002 (Bureau of Economic and Business Research, 2003)) drives agencies to respond to multiple groups with a broad spectrum of services. As it is not realistic for any single agency to provide these services alone, agencies might feel the need to collaborate with outside agencies so that they can meet the demands of the public. These factors may have a significant impact on the generalizability of findings from Florida on other states. As a result, further research is warranted.

## **Conclusions**

The term collaboration denotes a process where partnered agencies restructure all policies and resources in order to fully immerse themselves in a collaborative effort for an unspecified period of time. Such a commitment is impossible for criminal justice agencies which work in an environment of social and political as well as economic constraints. However, the operational definition of collaboration within this study involved the reengineering of specific resources to address specific activities or issues on a permanent basis, for example creating crisis intervention teams in law enforcement agencies that are trained by mental health professionals. This approach is more feasible to potential collaborative partners because it does not call for a complete overhaul of the existing organization, and therefore does not challenge the individual organization's professional autonomy. As such, the study of support for specific collaborative activities should be further explored to determine what activities (such as crisis intervention team training) and issues potential collaborators feel comfortable involving their agencies in. The current study focused on general support for collaboration, and measured support for specific forms of collaborative activity utilizing only one specific collaborative activity (CIT training).

According to the data within this study, the only significant determinants of support for collaborative efforts are levels of agency coupling and the perception of benefits (with the exception of the addition of collaborative experience for municipal police departments). Identified factors that measured agency coupling reflected a

relationship that values input from outside agencies in a collaborative environment as long as the partnered agencies have well defined goals and all participants stay committed to the effort. These well defined goals assist in relieving the emergent turf battles that hamper goal prioritization and problem resolution (Roberts, R., Behl, D., & Akers, A., 2003), and addresses the problem of ceremonial involvement as opposed to legitimate participation (Hagan et al., 1979). Through well defined goals, partnered agencies have a better idea of their roles within the collaborative exchange. Additionally, well defined goals allow for partners to engage in a collaborative exchange with the knowledge that once the goal is achieved they can remove themselves from the collaborative. This produces a perceived reduced timeframe for the collaborative and reduces pressure to dedicate scarce agency resources for extensive periods of time. If collaborative efforts do not have well defined goals, agencies will be unlikely to couple with outside agencies, or stay committed to a collaborative effort, due to the ambiguity of the relationship between the agencies.

Overall, the previously assumed condition of the criminal justice agency as a fragmented system was not supported in this study. Instead, agencies reported being highly coupled and supportive of collaboration. This negates the arguments posed by much of the research that the criminal justice system is unlikely or unwilling to seek alternatives to incarcerating the mentally ill. Apparently, not only are criminal justice practitioners aware of the problem of the increased incarceration of the mentally ill, they are willing to work with outside agencies to change current policies in such a way as to appropriately treat this special needs population. This has profound implications for the success of interprofessional collaboration efforts between mental health and criminal

justice agencies. What needs to happen, however, is a specified articulation of how the agencies will work together in a manner that is acceptable to both agencies. A full dedication of all agency resources to a collaborative exchange is not likely. Instead, specific collaborative exchanges, such as CIT training, not only fit into a more feasible definition of collaboration, but are also strongly supported by the respondents in this study. As such, measuring how agencies interact with other agencies, and the perceived benefits from this collaboration need to continue to focus on specific measures in order to not only solidify support for collaboration but to also solidify the linkages between coupling, perceived benefits and support for collaboration. This would provide further explanation as to why agencies decide to engage in collaborative exchanges or not.

In conclusion, this study adds to the literature in the area of collaboration, agency coupling and its relationship to the perception of the benefits of collaboration. With all of the vague descriptions of collaboration and coupling, more concrete definitions of what is involved in a collaborative effort need to be created, especially in light of the findings of support for interprofessional collaboration within the current study. These concrete definitions are important to law enforcement personnel who desire well defined goals within collaboratives to better understand the role that they are to play within the collaborative effort. Through providing practical definitions of collaboration and coupling, and identifying the perceived benefits of collaboration, researchers may begin to allay the fears of losing professional autonomy through collaborative exchanges that have haunted the criminal justice system to date. Additionally, in providing means for identifying appropriately coupled agencies, it is hoped that researchers and practitioners

can work together to encourage inappropriately coupled agencies to embrace collaborative efforts.

**APPENDIX**  
**SURVEY INSTRUMENT**



**Criminal Justice-Mental Health  
Collaboration Study**

**University of Central Florida  
Department of Criminal Justice**

**&  
Legal Studies**

**Conducted by  
Christopher Sharp, M.S.**

**© 2005**

**[csharp@mail.ucf.edu](mailto:csharp@mail.ucf.edu)**

***Please send completed surveys to:*  
34045 Picciola Drive  
Fruitland Park, FL 34731**

For each of the following items, we would like to know whether you Strongly Agree (SA), Agree (A), Neutral (N), Disagree (D), or Strongly Disagree (SD).  
**Please circle your responses.**

- 1) My agency feels arresting mentally ill offenders is inappropriate.....SA A Neutral D SD
- 2) My agency feels that mentally ill individuals could be supervised safely in the community.....SA A Neutral D SD
- 3) Mental health workers have no idea how the criminal justice system works.....SA A Neutral D SD
- 4) A well defined plan of action is necessary before my agency will collaborate with other agencies.....SA A Neutral D SD
- 5) My agency encourages open communication with mental health workers.....SA A Neutral D SD
- 6) My agency wants me to get prior approval for all decisions to be made when working with outside agencies.....SA A Neutral D SD
- 7) Participation in community-based programs for the mentally ill is an important part of providing public safety.....SA A Neutral D SD
- 8) Providing treatment to mentally ill offenders reduces the civil liability associated with supervising these offenders.....SA A Neutral D SD
- 9) Diversion programs for mentally ill offenders frees agency resources.....SA A Neutral D SD

- |  |   |         |   |    |   |   |         |   |    |
|--|---|---------|---|----|---|---|---------|---|----|
| 10) Providing training in handling mentally ill offenders increases officer safety.....SA  | A | Neutral | D | SD | 19) My agency is willing to share decision-making power with other agencies.....SA  | A | Neutral | D | SD |
| 11) Communication between criminal justice and mental health agencies will decrease crimes committed by mentally ill offenders. ....SA | A | Neutral | D | SD | 20) Open communication with mental health workers would reduce service calls for mentally ill offenders.....SA                                    | A | Neutral | D | SD |
| 12) My agency will make every effort to successfully work with outside agencies.....SA   | A | Neutral | D | SD | 21) My agency is willing to communicate with mental health agencies to divert mentally ill individuals out of criminal justice proceedings.....SA | A | Neutral | D | SD |
| 13) There are no options other than incarcerating mentally ill offenders.....SA  | A | Neutral | D | SD | 22) Leadership determines the level of commitment to working with outside agencies.....SA   | A | Neutral | D | SD |
| 14) Specialized training in identifying and handling the mentally ill is a waste of resources.....SA                                   | A | Neutral | D | SD | 23) Access to psychiatric facilities would reduce the incarceration of mentally ill offenders.....SA  | A | Neutral | D | SD |
| 15) Creating diversion programs with mental health agencies will reduce the incarceration of the mentally ill.....SA                   | A | Neutral | D | SD | 24) My agency values input from outside agencies.....SA   | A | Neutral | D | SD |
| 16) Increased access to psychiatric hospitals by police officers would reduce the arrests of mentally ill individuals.....SA           | A | Neutral | D | SD | 25) Mentally ill offenders should be diverted out of the system whenever possible.....SA  | A | Neutral | D | SD |
| 17) My agency is currently working with community leaders to address local problems.....SA   | A | Neutral | D | SD | 26) My agency is flexible enough to work with outside agencies.....SA   | A | Neutral | D | SD |
| 18) Psychiatric facilities are unwilling to provide treatment to mentally ill offenders.....SA   | A | Neutral | D | SD | 27) Working with outside agencies is more likely when everyone stays committed to the effort.....SA   | A | Neutral | D | SD |



- 28) My agency is unlikely to give up decision-making power to other agencies.....SA A Neutral D SD
- 29) The leadership in my agency feels that responsibility for decisions should be shared among agency partners.....SA A Neutral D SD
- 30) When a decision with outside agencies does not work, my agency is determined to find individual responsibility.....SA A Neutral D SD
- 31) Working with outside agencies is more effective when my agency is not forced to do it.....SA A Neutral D SD
- 32) Providing treatment to mentally ill offenders will reduce the amount of crime that they commit.....SA A Neutral D SD
- 33) Working with outside agencies is more likely when there are no repercussions for talking openly.....SA A Neutral D SD
- 34) My agency will change policy based on input from outside groups.....SA A Neutral D SD
- 35) Open communication with mental health workers is an important part of providing treatment to mentally ill offenders.....SA A Neutral D SD
- 36) Providing community-based treatment to mentally ill offenders increases officer safety.....SA A Neutral D SD

Now we would like to ask you a few things about your agency.  
**Please answer by circling the most appropriate answer.**

- 37) Has an employee of your agency been physically assaulted by a mentally ill offender in the last 6 months?.....Yes No Not Sure
- 38) Has your agency lost any personnel (through death, serious injury, or quitting) due to an employee being physically assaulted by a mentally ill offender in the last 6 months?.....Yes No Not Sure
- 39) Does your agency participate in programs to keep mentally ill offenders out of criminal justice proceedings?.....Yes No Not Sure
- 40) Does your agency participate in community outreach programs (for example after school programs for youths)?.....Yes No Not Sure
- 41) Does your agency provide Crisis Intervention Team training to handle the mentally ill for front line personnel?.....Yes No Not Sure
- If yes, who provides Crisis Intervention Team training to your agency?  
**(please check your response)**
- \_\_\_ Mental health case managers
- \_\_\_ Psychiatrists
- \_\_\_ Specialized law enforcement personnel
- \_\_\_ Other\_\_\_\_\_
- 42) My agency supports Crisis Intervention Team Training.....SA A Neutral D SD

- 43) Communication with mental health workers increases the ability to provide psychiatric services to mentally ill individuals.....SA A Neutral D SD
- 44) It is important for partnered agencies to have well defined goals.....SA A Neutral D SD
- 45) Do you think that Crisis Intervention Team training could provide financial savings for the agency?.....Yes No Not Sure
- Do you think these savings will appear through reduced lawsuits?.....Yes No
- Do you think these savings will appear through reduced service calls?.....Yes No
- Do you think these savings will appear through reduced need for officers?.....Yes No
- Do you think these savings will appear through reduced time spent testifying in court?.....Yes No
- Do you think these savings will appear through reduced time spent supervising mentally ill offenders in jail?.....Yes No
- 46) Is your agency represented in any community improvement task forces (for example, “clean streets” or neighborhood watches)?.....Yes No Not Sure

- 47) How many total (full time and part time) personnel do you have within your agency?  
0 – 25 26 – 50 51 – 75 76 – 100 101 or more
- 48) What is your position within the agency? **(please check your response)**  
 Chief Executive Officer  
 Office manager  
 Other \_\_\_\_\_
- 49) In what type of agency do you work? **(please check your response)**  
 Probation Office  
 Sheriff’s Office  
 State’s Attorneys Office  
 Municipal Police Department
- 50) Which Circuit of the State is your agency located in? \_\_\_\_\_
- 51) Sheriff’s Office, which Florida county are you from?  
\_\_\_\_\_
- 52) Probation Office, which Florida county are you from?  
\_\_\_\_\_
- 53) Police Department, which city are you from?  
\_\_\_\_\_

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