SUMMARY REPORT - APRIL 2024

DCSD INTERVIEWS

The Safety and Health Innovation Through Neighborhood Engagement (SHINE) Study

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Executive Summary

This report provides a rapid analysis of 15 interviews conducted by the SHINE Study with staff from the Durham Community Safety Department (DCSD) focusing on facilitators, barriers, and areas for improvement for the Holistic Empathetic Response Teams (HEART) program. Interviews took place between August-October 2023, prior to the expansion city-wide from the pilot program area.

Key Facilitators

- **Open-Door Policy**: The accessibility of the DCSD leadership was a key strength of the program as it allowed responders to feel cared for and have any concerns addressed.
- **Support and Burnout Prevention**: The department's culture of care, open communication, and collaboration helps prevent burnout and supports responders in assisting neighbors in crisis.
- **Responder Backgrounds and Skills**: The diverse education, training, and lived experiences of HEART responders facilitate their ability to perform their roles effectively.
- **Building Trust with the Community and Neighbors**: The extended time on calls, immediate material resources, harm reduction approach, and the presence of Peer Support Specialists (PSS) on units have contributed to building trust with the community.
- **Relationship with the Durham Police Department**: The relationship built between the DCSD and the Durham Police Department was considered instrumental in facilitating the work of the HEART program.

Key Challenges and Opportunities

- **Durham Resources:** The lack of available social service and healthcare resources in Durham was a significant challenge. The Care Navigation program was seen as a crucial component in addressing this issue by assisting neighbors in navigating the Durham resource landscape.
- **Defining the Scope of HEART:** The program was still defining its scope, policies, and practices. There was a need to clearly define the scope of HEART and manage expectations both internally and externally. There were differing views and opinions between participants about the direction and goals of the Care Navigation program.
- **Role Ambiguity and Decision-Making on HEART Units**: There was uncertainty related to responder leadership roles and decision-making, particularly on CRT. Some responders described ongoing concerns, such as the disregard of the PSS expertise on calls, while others described overcoming challenges with a flexible approach where team members adjust who is the best to 'take the lead' depending on the scenario.
- **Peer Support Specialists on Co-Response Units**: The potential inclusion of PSSs on Co-Response units was identified as a program opportunity.
- **Reaching Spanish-Speaking Communities**: There was a desire to increase HEART's reach to Spanish-speaking persons and communities in Durham.
- **Expansion Experience Concerns:** Concerns related to staffing, burnout, police cooperation, and resources were identified in relation to the imminent expansion of the HEART program.

HEART Summary Report: DCSD Qualitative Interviews

The purpose of this report is to provide the Durham Community Safety Department (DCSD) with a rapid analysis of findings from an ongoing process evaluation of the Holistic Empathetic Assistance Response Team (HEART) program. The HEART program facilitators, challenges, and opportunities presented in this report are a summary of findings from semi-structured, one-on-one, qualitative interviews. Interviews were conducted between August-October 2023 with N = 15 participants from DCSD, representing roles across leadership, administrative staff, and responders.

Facilitators: What's working well?

Open-Door Policy: Participants who were HEART responders noted that the accessibility of the DCSD leadership is a key strength of the program, facilitated primarily by the department's open-door policy.

> *"I think definitely having access […] I could walk into anyone's office in admin and be like, "I need to talk about this thing." And most of the time, I can do that right in that moment. And if I can't, then we talk about when we can meet. So, having very direct and frequent access to the people that I need to confer with is very helpful and very supportive, and not something that you always get in a work environment. Especially direct access to your director."*

Support and Burnout Prevention: While burnout is an expected risk in this line of work, no study participants described feeling burnt out. Most participants who were HEART responders felt supported by their department through an internal culture of care, open communication, and collaboration, which enables them to better respond to neighbors in crisis. Specific protective factors mentioned include being paid well across all job roles, receiving support from peers or supervisors by debriefing from calls upon request, expectations for setting work-life boundaries, and having a structured scheduling and time-off system.

Responder Backgrounds and Skills: The education, training, and lived experiences of HEART responders were factors frequently referenced by participants as facilitators of the program's responses. Responder participants highlighted that the skillsets they acquired before they were hired at the DCSD (e.g., education, training, lived experiences) facilitate their ability to perform in their role at HEART. Peer Support Specialists (PSS), particularly those from the Durham community, are considered to bring valuable local knowledge and connections, and can refer neighbors to resources that they have utilized or are aware of due to their lived experience.

> *"I think the difference [between HEART and other first responders] is that we have clinicians. And although we are all first responders, and we know what our role is […] we're able to look at it from a different lens. Like EMS is going to answer that call from a medical lens. We're going to look at it from an emotional, mental holistic lens on […]. And we understand that in order to truly get to that person, to get them to de-escalate and stabilize, we have to help them emotionally and mentally to relax and to release and to become more present in the moment. So, we go in with those skills and I think that makes a world of difference. And that's some of our tools that we have in our tool bag that fire and police and EMS do not have."*

Building Trust with the Community and Neighbors

Participants who were HEART responders described that the longer they have operated, and with increased familiarity, the community has come to know and trust HEART responders.

Time on Calls: Participants who were HEART responders perceived that having an extended amount of time on calls, compared to other first responders, is what gives them the ability to hold space and support neighbors with compassion and empathy. Trust is also built with neighbors in the ability to work with them over time throughout the various HEART programs, especially through Care Navigation, to connect them to resources.

> *"I think that the authenticity that we come with, people can tell that we really care. […] We're not just there for show, we're there to help. […] So, yeah, authenticity, the fact that we're not pressuring them to do anything, the fact that we're not telling them what they should do. However, they would like to move, just letting them know we there to support them with that the best we can. Especially with having the care-navigation unit to let them know, you know, I know we responded to a crisis at an emergency, but hey, let us connect you with care navigation and have somebody come out and help walk up with you through the next step."*

Crisis Care Supplies: When interacting with neighbors, participants believed that having immediate, material resources to provide to neighbors has contributed to building trust.

> *"The voices and the visions that you're experiencing may or may not exist but this drink exists. So, this drink exists, and I'm giving it to you and that builds a bridge of trust. […] That matters a lot to people. I think there's a lot of people when they're living on the street, they hear things, empty promises. But if, you know, it's really easy to hear, "Oh, you're going to receive this thing in the future," and then maybe it materializes, maybe it doesn't, but to actually receive this thing now, even if it's something small. A sleeping bag matters to somebody who's cold tonight. You know, food matters to somebody who's hungry now. Narcan matters to somebody that just saw someone overdose two hours ago. Like these supplies I'm giving people, they matter."*

Harm Reduction: Responder participants perceived that the harm reduction approach of the HEART program facilitates trust-building with neighbors who may not typically trust first responders.

> *"It's just little things like that because often when we're in these areas, like, people ask us if we have those supplies. And to me, wow, what a level of trust. I am a white dude with an earpiece in my ear, driving a vehicle with a yellow license plate. This person trusts me enough to go, "Hey, you got sharps? You got your boy? You got any glass roses?" Like, they've just opened up to me and they've shown trust in me. They do that because when I walk in, I'm like, "Hey, do you need any Narcan?" Like, there's no judgment here. You know, we're just trying to keep people alive. We're trying to keep people safe. And that to me is evidence that they, like, they are not gonna walk up to a cop and ask them for clean syringes. That the perception that the community has of us and the trust that they have in us, this is things that we are being asked for."*

Peer Support Specialists: The PSS role is considered especially important in building trust; their presence on calls was uplifted by participating responders across all roles for being able to relate to and facilitate connections with neighbors.

"Peer support in particular has a unique value in crisis response. I've heard people say like, when I'm in crisis, I don't really want a clinician in that moment. I want somebody who's been through it."

"If it's a situation where someone is down on their luck, maybe for substance use or mental health, we allow our peer support specialists to make that connection, to kind of bridge over to the clinician to allow us to ask those more theoretical questions and probing that we do as clinicians. The peer support is there to provide that tangible support that seems real, that seems authentic because it is. Whereas if we say [we are a] clinician, they're automatically thinking of somebody that went to school but don't know nothing and haven't been through anything in life. That peer support specialist is huge in closing that gap creating that connection that allows someone to open up and start trusting us."

Additionally, a few responders that participated reported that they felt that a three-person structure of the CRT unit is a strength; as it increases the opportunity that a member of the unit can build a natural connection with a neighbor, through diversity of training, backgrounds, and experiences.

Relationship with the Durham Police Department: Participants who were responders noted that they initially experienced mixed attitudes and interactions with the Durham Police Department (DPD) officers, but over time, the interactions have become increasingly positive. All interview participants noted that they experience less skepticism or doubt from officers than they did at start of the HEART program, although it is still present to a lesser degree.

"I think the police and Durham police in general feel welcoming. I think that they are open to us now, whereas in the beginning, I think they were very hesitant and understandably so. "It's this new department and what are they going to do? Are they going to do our role? Do we have to look out for them?" All of those type of questions. I totally get it. I totally understand. And I think we have proved our worth to them. I think we have shown up and the care that we give to our neighbors, the care that we give to each other, the care that we show to them, the appreciation that we give to them, I think has proven that we are of equal statue with the work that we do."

Over time, HEART responders who participated perceived that officers began to more frequently request support from HEART on calls and defer to their leadership on the scene. Officers have expressed to HEART that they appreciate having the option to call HEART as an alternative to a citation/ticket, jail, or the hospital.

"… And so, we receive a lot of support from the majority of law enforcement. Even getting the waves as we pass each other in the community or they'll call for us in certain situations that they run across a nuisance call or they just happen upon a situation, they'll call in and be like we need HEART over here to support this individual. [Instead of] just the routine of issuing a citation or locking them up, taking them down to jail, and booking them. They'll call us to provide that support."

Participants also recognized that police aren't equipped for the calls that HEART responds to, and thus, HEART is filling a needed role in Durham that also benefits officers by shifting responsibilities and reducing time on calls.

> *"I've had an officer say, "My only two options were to take him to jail or to call you, and I decided to call you" and being relieved that there is an option. So, I think most things police respond to are not things that police need to respond to, which we see."*

The DCSD leadership that participated voiced that having police buy-in is a protective factor for the program to survive shifting political landscapes. From an institutional perspective, the two primary reasons listed for a successful relationship between the DCSD and the DPD are (1) the relationship that has been built between the DCSD's Director and the DPD's Chief of Police, and (2) that the DCSD's budget and staffing for the HEART program has not significantly divested from the DPD.

Legal Education from the City Attorney: Several participants identified that one of the most valuable DCSD-provided learning opportunities for HEART responders is legal training and advice provided by the city attorney. Responders who participated expressed feeling equipped with the complex legal information needed to respond to challenging call types, such as "trespassing." A couple of participants cited that their knowledge of the law, especially as it relates to trespassing, has surpassed what police officers may know. This then allows HEART responders to provide education on calls to neighbors and law enforcement, and then determine the appropriate course of action.

Challenges and Opportunities

HEART and Durham City Council

Challenges: Several interview participants noted that the HEART program evolved out of calls from Durham residents to the city council to reallocate funding from the police department towards social services.

> *"[DCSD] was also created, initially, in a political climate where much of the local discourse…among city council was in the time where we were talking more about defunding the police, reallocating resources."*

One program leader expressed concern over the program being founded during this call as they must now,

> *"Figure out […] how to position the work to survive a political landscape that can change."*

Most participants noted feeling supported by the city council due to the council's vote in July 2023 that expanded the HEART program. Many responders also reported feeling supported by the City of Durham due to being well-compensated. Yet, some tensions regarding city council persisted amongst our participants. One responder participant vocalized concerns that some members of city council are potentially being performative about their continuous support for the program stating,

> *"I think that there are others who see it merely as some kind of campaigning ploy or whatever like that and they like the optics of HEART."*

A few participants in the DCSD leadership vocalized concerns over the city council potentially redirecting funds from HEART with one stating,

> *"In some more recent conversations around pay for public sector employees and increasing salaries for some of our sanitation workers or firefighters, the mayor put on the table the idea, because the question is where is that money gonna come from, but it could come from taking back from HEART being expanded."*

Durham Resources:

Challenges: Every participant named that the greatest challenge the HEART program faces is the lack of available social service and healthcare resources in Durham to refer neighbors to. The lack of affordable housing was the most frequently cited concern, in addition to food, mental health care, and financial assistance and employment resources. Most participants noted that Durham's service environment has other agencies, organizations, and efforts that are meant to fulfill these needs in the community. However, participants described that neighbors may face significant barriers to these resources, such as long application processes, waitlists, or services that are entirely unavailable. The absence of these resources is perceived by participants to contribute to the number of neighbors in crisis, as well as exacerbate the number of "familiar neighbors," or individual neighbors who repeatedly have contacts with HEART.

> *"[…] I'm pretty sure you've heard this over and over, is the lack of resources or the limited resources. I always tell people it's two questions we have on a survey that are back-to-back. One is, does Durham have the appropriate resources to support this neighbor? The answer most of the time is yes. The next question is, does Durham have the capacity? And it seems that question is always no. So, telling people we're here to help you and ask you, what can you do for me? We can support you with initiating the housing process through Entry Point but there's a long waiting list. Or we can connect you to mental health resources but there's a waiting list and these are emergent calls."*

Opportunity: Participants who have worked in CN highlighted the importance of the program in coping with the lack of resources in Durham.

> *"So, the Care Navigation unit is so important in that we try to keep them from falling off the map, if you will, by providing ongoing support as much as we can to keep them from getting discouraged, so to speak, because there's a lack of resources."*

Defining the Scope of HEART to Internal and External Audiences:

Challenges:

Unclear Expectations: Participants described that they are,

> *"Building the plane as they fly it,"*

Or, still defining the HEART program scope, policies, and practices while they are implementing the program. As a result of this, HEART's services and responses may shift over time, as policies and

procedures are being developed. During the pilot year of the program, two participants described that they would give more personalized or customized attention to neighbors that might now be considered outside of HEART's intended scope, setting expectations that became impossible to maintain as the program grew.

> *"It's government and the politics and stuff like that where I really come with the heart. And so, sometimes it's kind of difficult to see through when I'm having to follow a guideline to use my heart. So, it's very contradicting. Like I'm supposed to be serving my people, I'm supposed to be out in the field trying to love my people back to life. And so, if I'm going by policies then I'm only able to do so much."*

Participants described that external service providers seem to contribute to the issue of setting unrealistic expectations for HEART with neighbors. Neighbors may arrive at City Hall to HEART to request services that are being advertised to them by other social service agencies but are not services that HEART provides, such as housing or mental health care.

> *"… so I think specifically, we've recently had people coming from the [Durham Social Services (DSS)] building looking for resources that DSS is literally like the umbrella hub of where they should get that from, and they come to us looking for that. And I don't know how much of it is them specifically saying, "HEART can do this," or just them saying, "HEART may be a resource." But to our neighbors, they're hearing, "HEART has a solution to this and we aren't." And so [neighbors] show up [at the DCSD] and they're very confused when we don't have the resource, or the resource lives in DSS and they just came from DSS. So, it's kinda hard when they get to us with that expectation."*

> *"[Organizations/community partners] just [have] a lack of understanding on HEART being a public service entity as opposed to a community mental health [provider]. So, we have overcome those misunderstandings, and it's simply just a lack of knowledge for folks sending people our way or thinking that they can email or call and send folks to us and then realizing that we're not community mental health. We don't have therapists. Technically, we do have therapists here, but we don't have therapists that will be able to serve in that capacity. We actually make referrals to agencies, and I think we'll probably continue to have folks that don't know. I mean, we're called HEART. I mean, the community calls us HEART. So, people thinking that we're coming to see them because they have a heart condition. I think it's just in the nature of the work that we do that we will continue to have to educate."*

Care Navigation Purpose: We observed some tension in interviews between the length of time that CN is designed to spend work with a neighbor and the time that it may take to connect a neighbor to resources. Multiple participants asserted that they prefer for CN to maintain its function as extended crisis management, limited to the 30-day window to work with neighbors. However, some participants also recognized that the limited time they must work with a neighbor is not always enough to meet their needs due to the previously named barriers to accessing timely services and resources in Durham, such as long waitlists.

Additionally, responders identified a barrier where the handoff of a neighbor from CRT or Co-Response (CoR) to CN is made more confusing when neighbors are unfamiliar with the CN team members. For example, if a neighbor is instructed to visit HEART at City Hall and meet with CN, they are often not meeting with the same responders that they saw whilst in crisis.

Opportunities:

Continue Creating Standard Operating Procedures: Participants, especially responders, appreciated the more recent efforts of the department to create SOPs for HEART (e.g., SOPs for how the vehicles are set up and maintained and how crisis care supplies are stocked, prepared, and distributed) and suggested that this practice continues.

Define the Scope of Care Navigation: Participants voiced a strong desire to structure the CN program to ensure that the practices align with the intended operations while providing quality, efficient, standardized care. Many participants asserted that CN should explicitly define and maintain their scope to limited to crisis management and communicate this information to external audiences to appropriately manage expectations.

Review and Consider Modifying Call Types: Participants voiced an interest in re-evaluating call types eligible for HEART, and to potentially expand to include sexual assault calls, verbal/family disturbances, death notifications, and overdose calls.

Dispatch Through 911

Challenge: Overall, integration through 911 was recognized by participants as a program strength, and a necessity for being considered first responders. However, they also recognized that having to go through 911 may deter some neighbors who may need HEART services from calling, for fear of a police response. Participants also voiced that 911 callers frequently aren't aware of which first responders will respond to their calls, which can contribute to fear and frustration for callers amidst a crisis.

> *"For the most part, it makes the most sense because that is how everybody else is dispatched. We want to be a part of that world. We want to be part of the [first response] system. I don't always love it in that people have a lot of feelings about, well, 'I may get [the police department].' So, they're not going to call anyone. So, I have very mixed feelings about it because on one hand it is so easy for people to just call 911.*
>
> *We are trying to position ourselves, as this is an appropriate 911 response. We're not all these other things that already exist, mobile crisis, all of these things. We're not that. We're a new totally different thing. And, also, if we're positioning ourselves to be anti-carceral, we have to be able to recognize that some people are not going to make that phone call because of the fear of the police showing up. Largely, I think it makes sense. But I don't know what the answer is there. I have no idea."*

Opportunity: Some participants were open to the creation of a non-911 phone number to access HEART crisis response teams, while others felt it was not a worthwhile solution. Those who were interested in exploring implementation of a non-911 phone number emphasized the need to also identify potential

solutions for inherent challenges to this strategy, such as resourcing and adequately responding to non-911 and 911 phone calls simultaneously.

Role Ambiguity and Decision-Making on HEART Units:

Challenges: Responder participants named experiencing some uncertainty as it relates to their roles on teams in the field and decision-making. Clinicians have been formally designated as the team lead on CRT units, which has provided some explicit guidelines and clarity for HEART responders. However, this has also caused some tension around leadership and decision-making with other roles on the unit. Interview participants who were PSSs and clinicians named concerns that the team lead hierarchy may allow for disregard the expertise of the PSS, even if it's a scenario where the PSS might be the most suitable team members to lead decision-making in a specific scenario.

> "*I'm just kind of puzzled where it's like the clinicians have to have the lead where I may want to make a recommendation and I feel like sometimes I might not be heard. But I kind of just let it roll over my shoulder."*

Responder participants described informally reaching some agreement on this issue by deferring decision-making to,

> *"Whoever's license would be on the line."*

One clinician described a time when they defer to the PSS they work with frequently:

> *"[The Peer Support Specialist has] a large substance use knowledge and history personally. And that is definitely an area where I'm happy to be like, "Okay, I'm just sitting here. You take it away." And I'm learning a lot through that to be able to maybe help when [they're] not there. But I do greatly appreciate that because there are things that I don't know at all or I just don't even understand."*

Peer Support Specialists on Co-Response Units:

Opportunity: In the 'Facilitators' section of this report, we discussed that participants identified PSSs' relatability with neighbors as a bridge for trust-building between the crisis response team and the neighbor. Citing this ability to build rapport with neighbors, and ultimately contribute to a safer and healthier response, most PSSs who participated in interviews shared that they believe peers should also be present on CoR units.

> *"I feel like peer support should be able to ride with the officers as well. I mean the peer supports have the lived experience and so why would it be something that we should be afraid of to ride with an officer to a high level? I know the type of background I come from and the things. Like I was around guns every day."*

> *"I think that the community could be much better served if there were peers available for [CoR] calls. And a lot of times, we don't get cleared to go to calls even if an officer requests us for a Co-Response call […] If they request us, we have to get cleared for that by our supervisor. A lot of times they'll be like, 'No, I don't want you, this doesn't seem secure enough for CRT to go to.' So, there's all of these different barriers for a*

peer ever getting to be present for those neighbors that are needing support and they're in a very special type of crisis that could have a very different outcome if someone who knew what they were going through, who had experienced it, and who could speak to that."

Reaching Spanish-Speaking Communities:

Opportunity: Multiple participants mentioned wanting to increase HEART's reach to Spanish-speaking persons and communities in Durham. One responder described that currently, they have a few Spanish-speaking responders, and their tablets are used for translation with neighbors when needed, to reduce barriers. HEART has also worked with the DPD's Hispanic Liaison to facilitate connections in community, which has been perceived as a strength and something HEART could continue to do.

Trespass Calls: Business Owners and Police Involvement:

Challenges: Multiple participants described that there is sometimes a lack of understanding from community members about HEART, when in-field units respond to calls, frequently occurring on "trespass" calls at businesses. For example, if a business has called 911 about a neighbor trespassing on their property, when HEART arrives, a response that they report frequently hearing from the 911-caller is,

"We did not call you; we called the police."

Responders who participated describe that they use this opportunity to provide education on HEART, who they are, and what they do, as well as education on what police can do. Additionally, participants reported that they share with the caller that the outcome of the trespassing call would likely be the same if police were to respond. However, if the caller insists, HEART must call police to the scene. Responders are aware that requesting an officer on trespassing calls can be a waste of resources, and that a police presence on these calls, especially during a neighbor's crisis, may be harmful and can exacerbate their stress.

"I would say most of the time, it's gonna be business owners that are upset at our presence… I think there's not a lot of education also on what police can do. And so it's very hard because they have this expectation or this thought in their mind that police are gonna show up and arrest this person and take them away. And the real truth is that that doesn't usually happen. So, even if police were to respond, it's kind of a sad truth, but especially right now in Durham, there are bigger things going on than trespassing.

And so police are not occupying their time with trespass arrests and taking people to jail for that. And also, even just the magistrate. It's so much deeper than the actual direct policing. The magistrate has rejected people that police have brought to the magistrate's office for trespass because they're just not doing that. They are not in a place where they feel like that is worth time or resources. And so it's created a lot of confusion across the board because people don't understand that. And also when we're the ones delivering the message, I don't know that it feels like that's the truth.

… At the end of the day, if someone is still requesting police, we have to call. And so we'll call police just for them to tell them the same thing that we've just told them. And we have to wait there. And you're also wasting that resource of this officer coming to this call just to relay information you've already relayed."

Expansion Experience Concerns: Most interviews occurred before the expansion of the HEART program. Therefore, the concerns listed regarding the expansion experience were ***potential*** concerns that participants had and identified during interviews.

Challenges:

Staffing and Burnout: The most frequently named concern by participants for the expansion experience was not having enough staff or units for city-wide responses. While burnout is not currently an issue for participants, responders did share in the interviews that they feared that it could become an issue with the pressures and speed of expansion.

Police Cooperation: Participants who were responders voiced some minor concerns about "starting over" in building buy-in and trust with police officers across the city, as HEART begins to respond to new beats city-wide. However, most responders recognize that this is something that will resolve over time, through exposure and collaboration, as it did previously at the start of the HEART pilots.

Opportunity:

Staffing and Resources: Resoundingly, participants recommended the increase of staffing to meet the needs of going city-wide and prevent burnout from expansion. Participants did envision HEART eventually expanding to 24/7 but wanted to remain focused on developing and improving the first phase of expansion in 2023-2024 before feeling ready to consider any further extensions of program availability.