

# RESPONSE & REFERRAL SITE INTERVIEWS

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

Margaret Roach, Valery Arevalo, Melanie Mayfield, Tonia Poteat, Lauren  
Brinkley-Rubinstein



Bellwether Collaborative for Health Justice  
Department of Population Health Sciences  
Duke University

The SHINE Study is funded by the Robert Wood Johnson Foundation.

## Table of Contents

<b>Executive Summary .....</b>	<b>2</b>
Key Facilitators .....	2
Key Challenges and Opportunities .....	2
<b>Facilitators .....</b>	<b>3</b>
Communication and Collaboration .....	3
HEART's Approach .....	3
Structure of HEART Teams and 911 Accessibility .....	4
Funding, Advocacy, and Information .....	5
<b>Challenges and Opportunities .....</b>	<b>6</b>
Awareness & Access .....	6
Trespass Calls .....	6
Resource Gaps and Funding .....	7

## Executive Summary

This report provides a rapid analysis of findings from an ongoing process evaluation of the Holistic Empathetic Assistance Response Team (HEART) program. The report focuses on facilitators, challenges, and areas for improvement for the HEART program from the perspectives of participants from “response” and “referral” sites. Response sites are locations that HEART responds to, such as local businesses. Referral sites are locations that HEART considers a community partner and communicates with on a more organizational level. Participants were classified as associated with a response and/or referral site based on their direct experiences with the HEART program. The study team conducted semi-structured, one-on-one, qualitative interviews with n = 6 participants. The sample of response site participants included diverse types of sites that are most likely to interact with HEART including gas stations, the Durham Crisis Response Center, the Durham County Library, NC Harm Reduction Coalition, and Open Table. Interviews took place between March – April 2024.

### Key Facilitators

- **Communication & collaboration:** Participants highlighted positive experiences with HEART's communication and collaboration, noting effective interactions and successful resolutions of concerns.
- **HEART's approach:** HEART's "person first" approach and ability to de-escalate situations were appreciated, with participants noting the team's empathy and respect in handling crises.
- **Structure of HEART teams & 911 accessibility:** The structure of HEART teams, combining medical and mental health professionals, was praised, and participants valued the ability to access HEART through 911.
- **Funding, advocacy, and information:** Participants noted HEART's strong funding, advocacy for community-focused initiatives, and effective marketing and communication efforts.

### Key Challenges and Opportunities

- **Awareness & access:** Challenges included occasional lack of clarity about HEART's scope and operations and the need for better community awareness and access.
- **Trespass calls:** Participants experienced tensions regarding who should respond to trespass calls, with some preferring HEART's involvement but recognizing its limitations compared to police enforcement.
- **Resource gaps & funding:** Resource gaps in Durham, particularly in homeless services, were highlighted, with participants noting the need for more equitable funding and support for various city departments.

## Facilitators

### Communication and Collaboration

Most of the participants discussed the positive experiences they had when interacting, communicating, and collaborating with the HEART team as facilitators. The HEART program was described as “a wonderful presence to have in the community” and participants felt the HEART team was “pretty good” and “real friendly.” When speaking about communication referral sites and HEART, one participant said that they “feel like HEART has a pretty good grip on how to get to us.” Other participants mentioned that they had been able to successfully communicate with HEART to work through concerns such as “a duplication of services,” how to contact HEART for patrons, and increasing HEART’s presence at some sites. To address the possible duplication of services, one participant stated that a “helpful conversation” with HEART resulted in a solution of more effective collaboration between HEART and the site. Another participant was able to meet with one of HEART’s [clinical managers] and from that conversation, developed a document for their site describing how to access HEART’s services.

Participants also expressed that HEART did a great job of connecting neighbors with resources and services offered by other provider agencies or organizations. As one participant said, “HEART is one of the best-prepared emergency services for connecting people to us.” When discussing the process of the referral or soft handoffs with their organization, one participant explained, “Usually it’s phone call first, and then [HEART will] show up. And I think they do a good job with sort of the soft hand-off of making sure that the individual that they’ve probably spent some time building a rapport with and have some comfortability with – when they arrive to us that they feel exactly like a soft hand-off. They feel like they’re comfortable when they get and arrive to us.”

When discussing collaboration with HEART, it seemed that many participants liked “being able to collaborate with them and would like to collaborate more in the future.” Some participants explained that their organizations’ relationships and collaborations with HEART were fostered through “growing pains of learning a system and then following through” in combination with HEART being “very receptive when we talk about the things that we do and how to better connect.” Finally, some participants felt their collaboration with HEART was related to how HEART had filled in some service gaps, specifically for homeless services. One participant said that “because there’s a lacking need, they have stepped in to fill that need” and described them as “homeless service adjacent” helping to “highlight inconsistencies or a lack of services that we’re providing in the community.”

### HEART’s Approach

Participants were generally appreciative of HEART’s approach to calls for service and how HEART team members interacted with members of the community. Compared to traditional first responders, HEART’s approach was described as “person first” where “HEART is really focusing in on that person.” As one participant explained, “They’re not responding to the scene, which I appreciate. They’re responding to make sure that the person’s needs are met.” Another participant felt that when the HEART team responds, “they come trying to provide empathy and respect, rather than coming from a place of judgment, or like a need to put these people somewhere,” mentioning, “that kind of attitude is vastly

helpful in handling crises.” Several participants appreciated HEART’s ability to de-escalate situations. As one participant said, “They have helped de-escalate situations in really good ways. So, we’re happy.” Another participant explained, “I think if you can have the right person respond to a situation, it creates more de-escalation than just sending police, fire, EMS and trying to figure out all right, let’s see what sticks.”

Some participants also mentioned that neighbors seem to feel more at ease with the HEART team. As one participant stated, “The people feel less threatened because they’re more of normal people than the cops” with another participant mentioning, “I see that our clients feel more comfortable when a HEART member arrives as opposed to law enforcement or a first responder.” One participant mentioned that when their organization is doing work out in the community, “it’s not uncommon to see emergency services around, and it’s always... prefer[red] to see the HEART van show up to handle something.” Some participants also felt that HEART’s “lack of a uniform” helped to instill a sense of comfort for community members, explaining that, “It’s nice that they – I know it’s kind of silly – but that they wear those cute little turquoise T-shirts. Because a lot of people, if you come to them wearing any kind of uniform, that’s gonna be a scarier situation.” Another participant said, “I feel like one good thing is that ‘cause they’re in their [t-shirts] sometimes people are more calm; like the other side is more calm and they might be more open to listen to them.”

One participant viewed HEART’s actions as akin to harm reduction, explaining that HEART is “meeting homeless people wherever they are, being able to hand out services, being able to make sure they get connected to care” and “they hand out Narcan; they teach people about Narcan, they make sure they can get up with [community partner] for safe supplies if they need. They’re in it.” Another participant specifically spoke about HEART’s Care Navigation team as a strength, and how “they’ll also follow up with neighbors for 30, 60, or 90 days” to “help [neighbors] navigate community resources. And ideally, making warm handoffs to other community partners.”

### **Structure of HEART Teams and 911 Accessibility**

Participants described the structure of the HEART response teams and accessing HEART through 911 as facilitators. One participant stated that they appreciated “that there are people on board that are going to be peer support, are going to be able to respond medically appropriately, and have the capacity for understanding the mental needs at hand.” Another participant said about the structure of the HEART teams: “Having someone who is trained like an EMT along with mental health professionals or peer support” made “so much sense and is so good.” Participants felt that the different teams within HEART would be “fantastic to keep.”

Most participants also liked that HEART could be accessed through 911, with one participant stating, “It’s probably the best place for it to be.” As one participant expressed, “I think that’s great because as long as there’s somebody that is trained to hear the phone call, hear what’s going on, and recognize what sort of support is needed when they’re sent out.” It was stated that using 911 ensured that “the situation is responded to accordingly.” Another participant mentioned that the 911 dispatchers determined if a “call need[ed] armed response, or only HEART, or a combination of both” and that “it seems like you need to have that. You need to have some kind of filter for the calls that come through.”

## Funding, Advocacy, and Information

Participants also named HEART's funding, advocacy, and marketing as key facilitators. For example, one participant mentioned that "it seems like there's unlimited funding for HEART" and supports the city government prioritizing the program and funding it. It was also noted that HEART is "community-focused" and advocates for increasing funding for systems and providers external to HEART. One participant mentioned that HEART's growing capacity allows the program to take swift action, explaining that "they're essentially doing office hours, which just speaks to their capacity. We've worked so hard to try to get to that point. And they're just doing it like [snaps fingers], 'Oh you want to talk to someone who's a licensed mental health?' [snaps fingers]' and they're doing it."

Another participant stated that the HEART program's "PR, and their marketing, and the communication is really strong with what they do" and felt that the "emphasis on data and having a dashboard" was "incredibly positive." In addition to this, some participants discussed the benefits of having pamphlets or brochures on hand to easily share information about HEART. One participant explained that when they work with individuals who are not familiar with HEART, "We have their pamphlets in our office, so we'll go over [the pamphlet with them]." Another participant stated that they have been able to use HEART brochures to provide individuals with information about local resources. They explained, "There's a bunch of stuff in Durham. Like, in Durham County. So, we have [a brochure] at every service desk now so that people can grab one of those and have some resources right there."

## Challenges and Opportunities

### Awareness & Access

#### *Challenges*

Some participants touched on challenges with awareness of and access to HEART. A few participants highlighted a lack of clarity on what HEART is or does, and how it relates to external agencies and entities. Some participants wanted access to more information about HEART saying, “I don’t know all the benefits from HEART,” and that other staff at their workplace also “don’t know what HEART is,” and “don’t know the benefits.” A couple of participants perceived that the community is unaware of HEART, stating they are “not well known” in the community. One participant expressed concerns about access issues for vulnerable and historically marginalized communities, who may be hesitant to call 911 to access HEART for fear of police response.

For participants, wanting to understand exactly what HEART does seemed essential in understanding how to collaborate and serve neighbors. One participant said, “I think in the next two years, we’re gonna see significant changes [to HEART]. And then that will impact [other organizations]. And I’m hoping there will just be clarity on their end of what that looks like.” Further, the same participant emphasized the importance of HEART “knowing what it is they do so that [they] can communicate that to community partners. Because if there’s a lack of clarity internally [at HEART], there’s going to be a lack of clarity externally [with other entities].” However, this participant also described their awareness that HEART, along with other entities serving unhoused neighbors, is rapidly changing and that this transition period may contribute to these gaps in communication and clarity surrounding the HEART program. Additionally, this participant described ongoing concerns and conversations with HEART to reduce unnecessary service duplication.

#### *Opportunities*

Participants highlighted the need for both response and referral sites to have a better understanding of HEART’s operations. and “It would be better if we get a pamphlet or just basic knowledge on everything they do and they provide so we have more knowledge when to call HEART and when not to.” A participant also suggested education on “When [and how] we can request HEART... when we call 911... instead of cops.” One participant described creating a protocol for their site staff to access HEART, after meeting with a clinical manager. Another participant suggested that HEART should “spread more knowledge about HEART [to] people” by increasing their community engagement and public-facing information. Related to 911-access issues, one participant stated, “I would like to be able to continue to dispatch HEART through 911 and for there to be a separate line... it would just be a huge relief and feel safer to access [HEART] on their own number.”

### Trespass Calls

#### *Challenges*

Several participants described experiencing tensions with who responded to trespass calls—the police or HEART. One participant disliked that HEART did not have the same “influence” as the police.

They reported that because HEART does not have “any enforcement power where they can charge you with trespassing,” neighbors “aren’t as scared by HEART [as] they would be by the cops,” thus, the neighbor may return to the property after HEART leaves the scene. However, that same participant contradicted that when HEART asks neighbors who are on a property to leave, “most of the time [neighbors who are trespassing] don’t come back. They listen and they don’t come back.” However, there was one participant who mentioned that they “feel more comfortable calling the cops,” specifically if there is “an argument that sometimes gets really violent” because they “feel like cops can de-escalate the situation faster than HEART. When I imagine HEART, I just imagine more peaceful people.”

### *Opportunities*

Overall, there was a sense among most participants that HEART is effectively dealing with “minor issues” like unhoused neighbors on business properties. Several participants preferred a HEART response for trespass calls, not wanting police to be involved, but recognized that there are legal and operational limitations to this. One participant described that they, “would rather call HEART than the cops” because they “don’t want [the neighbor] to get in trouble... or hurt them.” However, because of their job, they “have to call the cops [if the neighbor is] not moving.” This participant proposed that HEART should “have more power” to enforce trespassing.

### **Resource Gaps and Funding**

#### *Challenges*

Several participants touched on themes related to resource gaps in Durham and tensions between city departments around funding and policies. As with most of the SHINE study interviews, participants identified that HEART’s impact is limited by the resourcing of other community needs—namely, housing—by the city. Many of the “challenges” that come up for people around HEART are issues rooted in other areas of Durham resources that are lacking. One participant stated, “...I think overall, homeless services in Durham is lacking,” continuing to say that HEART existing “shines a light” on the “shortcomings of homeless services... which is a point of tension on a systems-level in Durham.”

The conversation with participants around resource gaps led to more reflections on the funding of the HEART program. One participant described feeling that there is “unlimited funding” for HEART, while other city departments, such as entities serving unhoused neighbors, are “playing with scraps.” They further elaborated that they were criticizing the city, not HEART: “And I don’t feel like HEART’s mantra is like, ‘It’s only HEART.’ I feel like they are community-focused... It’s not like, ‘Oh, fund HEART to do this.’ It’s, ‘[the city] needs to fund other providers more.’” Additionally, this participant described the risk of service duplication and inequitable service provision when city-level departments have such different levels of funding and support from the city. An example given by the participant of a systems-level inconsistency between city departments impacting neighbors was the fact that HEART supplied and distributed tents to neighbors when other departments did not. Another participant described hearing that other city departments aren’t always in favor of HEART because they feel like it takes away from their funding. The participant added, “I want to be empathetic of that response, but also know it’s not



necessarily that [HEART is] taking funding away. It's just a different way of getting resources to help support the community."

### *Opportunities*

When asked about opportunities for HEART to improve, a participant focused more on needing city-level, system-wide improvements, external to HEART: "I think that HEART exists more to connect people to resources, rather than providing specific resources. So, they can connect [neighbors] to county or city social workers or connect them to organizations that can fill [a specific need]. And each of those organizations has their capacities. Their limits. So, I think we never have enough resources, or staff, or time to be able to help everybody to the full extent that they need help. But I don't think that's on HEART." Despite bringing up some concerns around the scope, capacity, and clarity of HEART's role, one participant did suggest that HEART could take on city responsibilities around housing and likely be more effective than current systems. For example, HEART could over the unsheltered coordinating agency role: "There's a natural [fit] of HEART has the capacity... to go out and identify who is unsheltered." A different participant echoed a similar sentiment: "I feel like [HEART] should make programs for homeless people, if that makes sense, to help them better assist with – you know, some people have trauma, they have job issues and everything. So, maybe like help them find a job or help them assist trauma or drug addiction."