

**SUMMARY REPORT - SEPTEMBER 2024**

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# **FIRST RESPONDER INTERVIEWS**

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

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## 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 perspective of first responders. Semi-structured, one-on-one, qualitative interviews were conducted with 14 participants. The sample included participants from the Durham Emergency Communications Center (DECC), Durham County Emergency Medical Services (EMS), the City of Durham Fire Department (FD), the Durham Police Department (DPD), and the Durham County Sheriff's Office (DCSO). Interviews took place between January and March 2024.

### Key Facilitators

- **Value and Impact of HEART:** The HEART program is seen as necessary and effective by first responders. It provides a holistic approach emphasizing empathy, de-escalation, and compassion. HEART is better equipped to handle mental health crises, substance use, and housing related issues/calls; it relieves overburdened response systems by diverting calls from traditional first responders and identifies root causes, providing resources and services to address them.
- **HEART Program Structure & Design:** DCSD leadership is praised for their enthusiasm, innovation, and execution. The program model was well adapted to Durham's local context. The co-response model is preferred for safety.
- **Collaboration and Relationship-Building:** Initial skepticism of the HEART program from the traditional first response agencies has mostly shifted to positive support. Positive in-field collaborations and interactions build trust between first responders over time. There is strong leadership and communication between DCSD and other first response agencies.

### Key Challenges and Opportunities

- **HEART Program Growth, Operations, and Sustainability:** There were concerns about the pace of changes and instability and the impact on other first response agencies, causing confusion and frustration. Participants recommended: 1) Slowing down growth to ensure stability. 2) Expanding hours to operate 24/7 once adequately resourced. 3) DCSD applying for and managing their grants to reduce workload for another first response agency. 4) Standardizing operating procedures for HEART responders.
- **Communication, Collaboration, and Relationship-Building:** There are communication gaps about HEART's basic information and operations. Initial distrust and skepticism due to perceptions of HEART being anti-police, and concerns about HEART taking resources away from traditional first responders. Safety concerns persist for HEART responders in certain call types. Participants recommended: 1) Improving communication through written materials and regular updates. 2) Formal training between HEART and other first response agencies. 3) Addressing funding and job tensions through open conversations and reassurance.

- **Resource Environment:** Limited resources in Durham affect HEART and traditional first responders' ability to help neighbors. Participants recommended increasing awareness of available resources in Durham.

## SHINE Summary Report: First Responder Qualitative Interviews

### Facilitators

#### Value and Impact of HEART

**Value of HEART:** All first responders who participated stated that they believed the HEART program was necessary and many said they believed HEART was making a difference in Durham. Compared to traditional first response, first responders felt that HEART provides a distinctly holistic approach that emphasizes empathy, de-escalation, compassion, and shared experiences with one participant referring to HEART as the “solution-finders.” Many first responders felt that HEART was the best choice to respond to calls related to mental health crises, substance use and homelessness. First responders also expressed that they felt that HEART was better equipped with their knowledge, training and skillset to handle these types of calls compared to traditional first responders describing HEART as “the missing piece that...we’ve all kind of needed in this profession.”

*“But I think the HEART Team really does bring in that gap. It bridges that gap that we have. [...] when we get there, we can check vital signs and we can identify that the person’s in crisis, but unless we’re taking them to the hospital, I have no other resources where the HEART Team does have those resources.”*

**Impact of HEART:** One of the most frequently mentioned benefits of HEART, from first responders who participated, was that the program helps to relieve an overburdened response system by diverting calls that would typically be given to the traditional first responders. One first responder said that currently, first response agencies in Durham are receiving an “increasing number of 911 calls for a wide range of things,” but are short-staffed, which could be “detrimental at times.” They felt that having HEART there to alleviate stress and assist other first response agencies was “very valuable.”

*“Oh, there’s no doubt that there’s been a significant number of calls that have been diverted, call[s] that would have been handled by [traditional first responders] have been handled by HEART.”*

Current outcome data for the HEART program, published in an online dashboard, indicates that HEART is successful across various outcome measures, and was referred to by several participants as further evidence of the program’s value.

A couple of first responders felt that HEART could identify the root causes that drive the need for first responders to be called and could provide resources and/or services capable of addressing them.

*“If it’s something that can be resolved on scene without taking them anywhere or transporting them to a hospital to continue to cycle and getting resources available to them in their own home or where they’re comfortable at has a lot more positive outcome for that person versus just taking them to a hospital... So, [HEART] having the background, the resources available to them to get them the help they need or what they’re looking for... has hugely made an impact.”*

*“And [first responders] are no longer having those regular encounters with a neighbor because HEART has been able to, at least one neighbor at a time, identify to that neighbor those resources. And at least now, they have affected some sort of change in that person’s quality of life and quality of living.”*

## **HEART Program Structure & Design**

**Leadership:** The DCSD leadership were often lauded in interviews for their enthusiasm, innovation, effort, and execution of ideas—especially in the face of a first response system that participants admitted can be resistant to change.

**HEART Program Model:** First responders in leadership roles who participated spoke highly of HEART’s program design: a model of four different response units, spanning across the first response system, as adaptable to the needs of neighbors. Some of the participants in leadership explained that one reason for such a successful model is that the DCSD learned from other successful models first (e.g., STAR in Denver) and adapted to Durham’s local context.

*“I think that is a great all four of the entities of HEART are a great way to tell the community that we don’t wanna have any more of these incidents where innocent people are being harmed by the police. And we now have resources that can assist someone in a mental health crisis or homeless person that’s having some sort of crisis. I think it just speaks volumes to the community, ‘We care and we’re trying to do better.’”*

Several first responders voiced their support and preference for the co-response model (CoR) of HEART over the Community Response Team (CRT) unit, due to their belief that the inclusion of a law enforcement officer on the CoR team promotes safety.

*“In my mind, I feel like it's the best response, but that's just for me for a safety factor. The licensed clinician has a officer there that will help deescalate the situation if it goes too far or goes where there's a danger. But the officer's also trained to stand back and allow the licensed clinician to handle the situation and help those people that need services and everything. And it's like, okay, we don't need to arrest this person. This person needs services and everything. In law enforcement, they have frequent flyers. They recognize people. And they know people in the community that, you know, we don't necessarily have to arrest this person, but this person needs to be identified, and helped, and get services and everything. Like I said, for me, I think that's the best of both worlds for a safety factor for all people involved, but that's just my opinion.”*

**911 Integration:** Most first responders who participated liked the integration of the HEART program into the 911 system. An advantage of 911 integration mentioned was that the DECC is already staffed and equipped to dispatch. Additionally, using the same radios as other first responders allows for better communication and has facilitated trust-building with some first responders. Participants stated that the DCSD was intentional and methodical about identifying the call types that HEART could effectively respond to and when ensuring that the selection of call types directed to HEART are appropriate.

## Communication, Collaboration, and Relationship-Building

**Time, Collaboration, and Reciprocity:** Several participants identified some experiences and/or actions that aided in building relationships between traditional first responders with the HEART team. They expressed that there was initial skepticism and concerns about HEART from some traditional first responders that was alleviated over time and collaboration. First responders expressed that as they saw HEART in action and became more familiar with the program and team members, their initial skepticism shifted to viewing HEART positively and as a source of support for calls. First responders described their in-field collaborations with HEART as “very helpful” and that their interactions have been positive. Some participants also described reciprocal relationships between HEART and other first responders as facilitators. They stated that HEART was able to fill certain resource and service needs while traditional first responders addressed safety concerns and provided their expertise to HEART team members.

*“... What I’ve seen is there’s the progression of officers being skeptical to now officers saying, ‘Hey, is someone from HEART available?’ Or ‘Can someone from HEART come over here? Is there someone from HEART available where I can actually have a conversation with them because I’m not clear on are there more services we can offer?’ So, now, HEART is actually a fabric within the [first response agency]. For a unit and an entity that’s not a part of the [first response agency], they certainly have become a part of our fabric. And [first responders] are trusting of the work that HEART is doing.”*

**Leadership, Communication, and Training:** Leadership was credited as a key facilitator in building the relationships between the DCSD and other first response agencies. Nearly all participants in leadership across first response agencies described having a good working relationship with the DCSD leadership and that they communicate well. Specific facilitators included having regular meetings between leadership, sometimes including responders; being consistently accessible; and that the DCSD has been open to any concerns, suggestions or opinions expressed by traditional first response agencies. Another participant also mentioned that for one of the external first response agencies, collaboration with HEART was facilitated by tailoring their training curriculum, allowing them to integrate HEART’s training and education into the previously established program.

## Challenges and Opportunities

### HEART Program Growth, Operations, and Sustainability

#### *Challenges*

**Pace of Change and Instability:** Some participants from first response agencies found DCSD’s ‘dive-in-head-first’ attitude to be off-putting. Some felt that the DCSD expects them to match DCSD’s level of time, commitment, enthusiasm and effort on projects requiring collaboration between agencies, which they found unrealistic. They expressed that DCSD may sometimes overlook the need to navigate through policies, laws, and regulations, which could result in additional work or delays in implementing initiatives.

Several first responders reported that they found the pace of change and growth in the HEART program to be confusing and frustrating, especially in its impact on other first-response systems. A participant mentioned that during the pilot phase of HEART, there were constant changes and updates for their agency, leading to repeated staff re-training. They described creating messaging and information about the HEART program for their responders on their own.

*“It was a lot of change in a short period of time. There was no stability in our processes for a little bit because every time we fixed something, every time we updated something, there was a change. [...] It became very frustrating. And so, it felt like HEART was – they wanted perfection from us. But they needed an understanding of the learning curve and the learning process because, again, it was a lot for everybody.”*

**Standard Operating Procedures:** According to some participants, HEART sometimes seems unclear on their own standard operating procedures. For example, they described discrepancies between different responders in their approaches, such as where the HEART team can transport a neighbor.

*“It seems that not everyone has the same grasp of the resources. Where I’ll interact with one person and they’ll say, ‘Yeah, we can send them to...’ [...] that behavioral health center over on Crutchfield Street now. Right beside Duke Regional. They said, ‘Yeah, we can take them there.’ And then, a couple of weeks later, we’ll have someone in a similar situation, then the HEART team will go, ‘Well, I guess we can take them to Duke.’ I’m like, ‘What about that behavioral over on Crutchfield? Is that something y’all can do?’ ‘I don’t know if we can do that or not.’ So, I don’t think all the team members – again, a set of SOGs would be nice to help them decide all this stuff. So, it’s just the inconsistency, both of when they can respond, and when they do respond, what course of action we’re taking here.”*

First responders also reported that some HEART responders are hesitant in the field, with one participant recounting a time where HEART responders “froze up” in the field:

*“... And I feel like that’s something that is being missed at the HEART team. They’re not – they have an idea of what they’re getting into, but then when they actually are hit with the reality of it, they’re overwhelmed. They just don’t know how to react. They freeze up and patients can cue into that. [Patients are] pretty good at reading the room.”*

**Expansion:** A couple of participants across first response agencies expressed concerns and hesitations about HEART expanding too rapidly and cautioned them against doing so. A participant expressed, “...it’s better to have more right – well, less and right than more and wrong.” Examples of their concerns included HEART moving quickly despite laws, rules, and regulations that may not be able to be changed (e.g., with the new Involuntary Commitment unit), and that they did not have enough officers to expand the CoR unit when other units expanded.

Participants from first response agencies described that they feel a challenge for the HEART program is the low staffing ratios at other first response agencies. Leadership at one traditional first response



agency described wanting to allocate more staff to the HEART co-response team to support expansion of the HEART program but could not because they were short-staffed.

However, some first responders mentioned that HEART's limited hours of operation are challenging. They shared that it can be disheartening to respond to calls that would be eligible for HEART when it is outside of HEART's operating hours, and they cannot use HEART as a resource. They also described not always being aware of when HEART's operating hours are.

### *Opportunities*

**Stability:** Participants often suggested that HEART should slow down its pace of growth. They preferred not to implement new processes into existing first response structures until everyone could adapt and understand the current process.

**Sustainability:** At present, an external first response agency is the recipient and manager of some grants that fund positions at the DCSD. Participants at felt that this structure works well; However, with the anticipation of further growth and needs, a couple of participants from this agency also suggested that the DCSD should start applying for and managing their grants to reduce their workload. They proposed that administrative personnel at the DCSD start training with or shadowing the grant manager at the external first response agency.

**Expansion:** All participants supported the program expanding its hours to operate 24/7, once it is prepared with adequate resources, like all other first response agencies. A first responder encouraged the program to operate 24/7 to benefit the neighbors who need their services in Durham:

*"I know it's going to be a logistical nightmare, but if you're going to do something, do it. Don't half-ass it. Especially when it comes to mental health. 'Sorry, ma'am. If you'd have called two hours ago, we could have got you some better resources, but since you wanted to wait...' That's ridiculous. If you're going to offer something, it should be offered 24/7, especially for those in need. Fire department wouldn't say, "Ma'am, you know what? We only fight fires from 9:00 in the morning till 9:00 at night. So, if your house catches on fire tonight, I hope you've got a fire extinguisher."*

Another participant advocated for more 911 integration, stating that it would be beneficial to have a HEART clinician embedded in into the DECC center 24/7. Additionally, one participant was supportive of HEART obtaining an alternative number in addition to 911 to help the HEART program communicate with individuals who frequently use the 911 number just to speak to someone. They expressed that "...sometimes that's all people want is a number." These two opportunities were posed as solutions to help free up the emergency line by diverting calls to HEART quickly.

**Standard Operating Procedures:** When giving this recommendation, participants recognized that it is unrealistic to expect HEART to have SOPs for all situations, given the diversified nature of the people and calls they respond to. However, some first responders suggested the HEART program standardize their operating procedures when they are able, such as where they can/are allowed to transport neighbors for certain resources or needs.

*“Having a list of SOPs, I think would be very, very beneficial for them to help deciding what the best course of action is [when responding on a call].”*

## **Communication, Collaboration, and Relationship-Building**

### *Challenges*

**Communication:** First responders cited communication with HEART as a challenge. Specifically, they felt that they were not always aware of basic information about HEART, such as their hours of operation, which impacted their ability to access the program. Early in program implementation, there were misperceptions and misinformation amongst first response agencies about HEART regarding what the program could and would do, which increased skepticism.

A few participants mentioned that they felt that their jobs are not fully understood by the HEART responders—for example, HEART responders may not realize that firefighters are also trained EMTs.

**Funding and Job Tensions:** When discussing how they perceived HEART, some first responders mentioned that they perceived HEART as a program born out of calls for defunding the police that occurred locally and nationally in 2020:

*“HEART was a defund law enforcement movement. [...] community safety was born from the conversation around defund. Right? And so, I think instantly it became this political football.”*

This was a source of the initial distrust and skepticism for some first responders about the HEART program's purpose and intentions.

*“And it's almost to a certain extent those that hold defund the police kinda thing is, all right, so now this is another element that's working against us and trying to say that we're not needed. And in their eyes it's like, if someone is holding a knife at your throat or gun at you and this, that, or another, who are you gonna call? Are you gonna call HEART, because this person could be having a mental breakdown? And that's true; we do know that. But when that person gets shot or stabbed, who do we call?”*

One participant described hearing rumors that the HEART program is anti-police, and stated that the thought of HEART responders holding an anti-police sentiment was concerning:

*“And this is just some rumblings that I've heard that some of their employees may have the attitude of being anti-police. And so, that's concerning if that's the case. You work in tandem with the police. Your goal is not to replace the police. It's to compliment or add a different – just what the name is an alternative response here in Durham. And so, anybody that works for anyone in our capacity, I would say under the public safety portfolio, you don't have to agree. However, I don't think it's appropriate or professional to be this particular portfolio and be anti.”*

A few first responders previously held the impression that HEART was going to be taking resources away from traditional first responders, and some still hold that perception. Some participants described that they were worried HEART would cause them to lose their jobs. Additionally, participants expressed that they felt that traditional first responders' perceptions of HEART were negatively impacted by the City of Durham's proposal to take vacant full-time employment positions from another traditional first response agency to create staffing positions for HEART.

Some perceived HEART as being "favored" over other programs that have long been doing similar tasks without recognition. One participant described frustration that the community paramedic program is overlooked in favor of HEART. Another described that a continuing education session on HEART for a first response agency was derailed because it occurred just after the city council's budget vote in 2023 that expanded the HEART program but didn't include raises for the city's first responders.

*"And the timing was horrible because [it] was just when the city approved to give the HEART team another 10 million dollars and denied our raises."*

**Safety and Preparedness:** Some participants from first response agencies noted that they felt the HEART program's responders would be ill-equipped to handle calls, the safety of HEART responders would be at risk, and traditional agencies would be burdened by having to serve as back-up.

*"So, there was a little bit of worry about what kind of training they were gonna be having to just having some "street smarts" of the areas that they were gonna be serving and knowing what was out there. [...] And we didn't know what they were gonna be exposed to or have any kind of prior experience with. So, that was the little bit of worry [...] because we didn't want to see none of them getting into a bad situation and getting hurt and obviously causing chaos for all of us to get there to help whoever might need assistance."*

*"When I first heard about it, I expected trouble because I expected there to be more people in trouble who have the potential for causing physical damage. If you send people out to respond to these calls, it felt like they would be potentially in danger. I was skeptical about how it would work."*

*"So, I think, early on, there may have been some skepticism around HEART, not so much as to whether they were in support of not having to go handle these calls themselves because, for the most part, cops don't like answering those types of calls. I think they were more concerned really around the safety of HEART personnel and asked legitimate questions like, "Hey. Are they gonna go into some of these tougher neighborhoods at 2:00 in the morning by themselves?" So, I think there was some concern around their safety, not as much around whether they could be effective or whether [traditional first responders] were in support of somebody else handling certain types of calls that they were better equipped to handle."*

Some participants in administrative and leadership roles at first response agencies expressed safety concerns about some call types that are diverted to HEART to respond to. One participant felt that

trespassing calls could be “criminal in nature,” thus, posing a potential safety risk. Participants sometimes named call types that they felt HEART should not respond to at all, or without police officers, including deaths, drug overdoses, and domestic violence. It was expressed that these types of calls pose safety concerns and are too entrenched in a law enforcement response as they typically involve some form of investigation or should result in an arrest.

### *Opportunities*

**Improve Communication and Collaboration between First Responders:** First responders recommended that HEART-related information and the program’s standard operations be communicated to them in a written form, such as a pamphlet.

*“I would definitely like to see, again, something that just tells me what HEART is allowed and what they're not allowed to do. I want to see.”*

Examples of information about HEART relevant to other first responders that could be included in written communications are HEART’s command structure, their working hours, the services they provide, and an after-hours number to call when HEART is not in operation but would normally be called in to assist on a response.

*“Where if I have someone in crisis, at least I can call somebody on-call and say, ‘Hey, this is the situation I got. Where's the number? Who can I call? Or who can you call for me?’”*

Outside of informational purposes, first responders voiced a need for better communication to foster relationships between team members from each organization, especially for giving feedback to one another:

*“Finding better ways to communicate when [HEART] feels as if our team member didn’t handle a call the way that they should have... It’s finding better ways to communicate that between the leaders versus them butting heads on the floor. Also, it’s being able to get the supervisors more comfortable with being able to go over and talk to the clinician because they’re essentially a part of this team as well. And so, we want them to be able to communicate without having hardship.”*

A participant described working through a similar issue with DCSD by doing weekly check-ins to debrief events from the prior week and to examine individual calls and responses to identify what did not work well and what could be different in the future. The agencies also developed habits of identifying and sharing positive feedback when something went well.

Some first responders that were interviewed desired formal training between their first response agency and the HEART program, to educate responders about what both agencies can do. One participant described that the CoR program could be strengthened by the law enforcement officer and HEART clinician undergoing joint training together, as opposed to separately.

Other first responders hoped to further increase collaboration with HEART regarding neighbors that agencies see repeatedly, in part, due to the crossover between some medical and behavioral health

issues. Participants also expressed a desire for HEART to collaborate more closely with their response agencies to reduce redundancy. For example, one participant stated that information sharing could be improved by syncing and providing access to Electronic Health Records systems. Another participant mentioned that an example of collaboration included the exchange of medical information between HEART and community paramedics when they are working with the same individual, to provide “a better picture of how often this person is using our system and what are the tools that are being provided.”

**Future Collaboration:** Some participants also discussed opportunities for future collaboration between their agencies and HEART. For example, one participant mentioned that HEART could potentially have greater involvement upon neighbors’ release from jail and assist with re-entry, especially in connecting neighbors to community services. Other participants mentioned that there will be future opportunities to work with the HEART program especially as its’ expansion into the county starts to become a possibility. It was also recommended that the planning phases of county expansion should involve first response agencies that currently serve the county to reduce barriers to collaboration and build trust between HEART and their agencies.

*“Oh, I think there’s always potential for collaboration and I have to understand what the goal is. And so, again, I think once the mission and the goal and the core values are established and there’s some understanding, I certainly think there’s always room for collaboration.”*

**Address Funding and Job Tensions:** One participant suggested that better communication about the impact of HEART on first responders’ jobs could quell the concerns of traditional first responders:

*“Sometimes it comes with having a conversation of, “Hey, you’re always going to have your job. HEART can’t do your job and you can’t do HEART’s job, so don’t feel intimidated. Don’t feel like you’re not doing your job properly.”*

Participants voiced the importance of HEART distancing itself from the *Defund the Police* movement and that expansion/funding should continue to occur separately from taking away resources from traditional first response agencies.

*“So, I believe you can expand HEART without taking resources from law enforcement. You can have both. You can have reform, reformative measures, and you can support law enforcement efforts. Right? You can do both. And I don’t think that taking from one to create the other, especially right now in this day and age, is a productive conversation.”*

**Safety and Preparedness:** Some first responders reported that they and their colleagues continued to attach to HEART calls unrequested, stating that they showed up because they “don’t want [HEART responders] to get hurt.” To address this, leadership at these first response agencies met with staff who engaged in this practice to reassure them that HEART was trained to call for back-up when necessary.

Additionally, first responders stated that their safety concerns dissipated over time, because HEART has been able to “adequately assess and treat the type of call they’re dispatched to without further assistance from either police, fire, or EMS.”

## Resource Environment

### Challenges

Several first responders highlighted issues with the resource environment of Durham, which limit the abilities of HEART and traditional first responses.

*“And again, the problem with the HEART team is they’re basically the first responders of the mental health, right? So, they’re limited to what resources we have in the area.”*

One first responders who participated expressed that Durham has many resources, but people are unaware of them.

*“Durham has a lot of resources. It really does. We are just so blessed with resources here. But the problem is people don’t know about a lot of them.”*

Additionally, some participants highlighted that Durham needed better behavioral health resources and housing, with one participant specifically highlighting the need for low to no-barrier housing. Multiple participants expressed that their own agencies were suffering from understaffing. One participant stated:

*“We’re very short-staffed. And with the increasing number of 911 calls coming in [...] it can be detrimental at times. Burnout rates, people leaving for better pay for other places where they’re less busy but getting paid more, financial situations, stuff like that.”*

### Opportunity

A couple of participants suggested efforts to increase awareness of available resources in Durham—such as previous mentions of written materials for first responders to use when HEART is unavailable, to refer neighbors to.