

Prescription for Repair
ADDENDUM
Community Safety and Wellness Task Force

INTRODUCTION TO REVISED APPLICATION. We appreciate the thoughtful feedback from the City Council members for the Prescriptions for Repair project of the Durham's Community Safety and Wellness Task Force, including comments from the work session on June 9, 2020 and individual meetings with Council members over the summer. We have used this feedback to improve the proposal, including changing program operations, increasing access to mental health resources, modifying the budget, and revising the associated research components. Specifically, we have done the following:

PROGRAM OPERATIONS. We recognize the concerns of the capacity of the City Community Safety Department to oversee program operations. In response to the review by the City Manager that program administration is beyond the capacity of the Department, we have arranged to have the Duke Health oversee administration of this one-year pilot. For long-term program operations, we anticipate housing this program within an Office of Survivor Care in collaboration with the City, Duke Health, as well as other partners.

SOCIAL WORK AND MENTAL HEALTH SUPPORT: We recognize the concerns of limited social work and mental health engagement for the program. We have secured support of the Duke Professional Diagnostic Clinic to have 0.5 FTE Social Work support, with Melissa Gordon-Pitts, Assistant Director of Social Work joining the program. As well, we have early discussions through CM Hyman to collaborate with members of the Social Work faculty of NCCU. Finally, we will increase engagement with existing community mental health services, including those services supported through NCCARE360.

BUDGET. We agree with the need to ensure equitable financial support by all partners. We have received additional funding from the Duke Institute for Health Innovations and other Duke resources to support 51% of this pilot project. Ms. Debra Clark Jones, Duke Associate VP for Community Health, will offer strategic support to expand collaborations among all community partners. We are seeking grant funding beyond the one-year pilot, recognizing the need for sustained program funding for ongoing operations of this program as part of a Durham City Office of Survivor Care for victims of violence.

RESEARCH AND COMMUNITY ENGAGEMENT. We agree with the importance of ethical conduction of any research associated with this project, recognizing the long history of challenges with health research involving persons of color in the U.S. We would emphasize that the research arm is a small component of this program, with the research intended to ensure high quality program operations and to disseminate findings rapidly across the Durham community. We have modified the research arm to: 1) Increase collaboration with academic experts in social work from NCCU, 2) Expand engagement with faith-based and other community partners through the Community Safety and Wellness Task Force and associated representatives. We will use these meetings to ensure that community engagement and research is inclusive and grounded in trust, bidirectional information flow, and culturally centered approaches.

CSWTF Proposal – (Prescriptions for Repair: Listening Sessions with Survivors of Gun Violence). This one-year pilot program is intended to support gunshot survivors with a structured restorative justice listening intervention so we may respond appropriately, individually, and systemically to the harm violence creates to our community. The CLS RT will be submitting a separate proposal to create an Office of Survivor Care (OSC) within the Department of Community Safety, which is intended to oversee the Prescriptions for Repair program after this one-year pilot period. The Prescriptions for Repair recommendation will provide the foundational understanding for the OSC proposal.

Submitted by	Durham’s Community Safety and Wellness Task Force
Local Governing Body/ies to Implement	City Council - Community Safety Department (CSD)
What agencies and organizations are required to make this recommendation successful?	<p>City Community Safety Department (CSD), County Dept of Community Intervention Support Services (CISS), Duke Hospital (Dr. Henry Rice), Duke Hospital Violence Intervention Program, Criminal Justice Resource Center, Alliance Behavioral Health, Restorative Justice Durham, and Bull City United.</p> <p>ALL community-based organizations and local agencies are needed to: 1) recruit individuals who have survived gun violence to share their lived experience and what is needed for repairing the harm; 2) recruit facilitators of listening sessions (LSs), and 3) provide trauma support and accept referrals for follow-up services for participants, as needed. Local universities for 1) technical support to collect and preserve the LS information, and 2) trained researchers to analyze the accumulated information and report it to stakeholders.</p>
Did the Roundtable (RT) consult with these agencies and organizations? Response?	Yes. The Criminal Legal System (CLS) RT members have held LSs with 16 families of homicide victims and have consulted with Community Safety Dept, Duke Hospital Violence Intervention Program, Center for Child and Family Health, and County’s Criminal Justice Resource Center. The CLS RT will be submitting a separate proposal in May to create a new Office of Survivor Care within the CSD.
Estimated Full Cost	\$147,000 Duke’s Institute for Health Innovations and other Duke resources have pledged \$75k to support the pilot project.

Estimated Request to local government

\$72,000 (from the City's Task Force budget)

Request/Project Timeline

1 year pilot program. Oct 2022-Sept 2023.

Oct- Dec 2022 (Planning/Hiring/Training)

Jan 2023- July 2023 (LSs)

Aug 2023-Sept 2023 (analysis of information. Reporting to CWTF, community partners, and other stakeholders)

Proposal Summary (see below for space for additional implementation and budget details)

This pilot will be administered by Duke Health in collaboration with the City of Durham (Dr. Dwayne Campbell, Department of Community Safety), community partners (Ms. Marcia Owen, Restorative Justice Durham), Dr. Henry Rice (Duke pediatric surgeon), Ms. Melissa Gordon-Pitts (Duke Social Work), Ms. Uzuri Holder (Director of Duke Hospital Violence Intervention Program). Ongoing discussions are taking place to incorporate staff from NCCU School of Social Work, the County's Community Intervention Support Services and/or CJRC, a graduate student representative from Duke and/or NCCU, and TF member representative from CLS RT.

This program will use an established restorative justice framework to connect facilitators with survivors of gun violence for structured, confidential listening for at least 40 participants and 20 facilitators. Trained facilitators will conduct listening sessions in teams of two with one survivor. Each facilitation team will conduct at least one LS/wk over 30 wks for a total of 4 survivors per team. All participants, facilitators, coordinator, and trainers will be paid \$25/hour.

Participants will be survivors of gun violence and/or their family members who are seen at Duke Hospital and the greater Durham community. There will be no restrictions on when they experienced gun violence or in what context.

Program leadership will hire one coordinator to oversee program operations. The coordinator will oversee hiring and training of all facilitators in collaboration with Restorative Justice Durham staff. The coordinator and trainer will work together to recruit the facilitators and conduct the listening sessions.

The first two months of the pilot project will be devoted to recruiting and training 20 facilitators, beginning recruitment of gunshot survivors, designing and integrating a program evaluation into pilot, and securing commitments from relevant community partners to address survivors' needs throughout the pilot and beyond. The pilot budget includes a line item to pay contracted support services if required. The pilot project staff

will commit to regular check-ins with LS participants to assess their needs and either connect them with service providers or provide that direct support, as appropriate.

Each survivor will be offered a minimum of 8 hours for listening sessions. The pilot will devote a total of seven months to complete all of the sessions. Each participant will be offered an opportunity to support research analysis of all confidential material, with protection of all protected health information (PHI). The project will create a participant/facilitator agreement to protect the integrity and confidentiality of the process.

Each listening session will be structured to learn:

What happened?

What were you thinking and feeling then and now?

Who was affected and how?

And what needs to be done to make things as right as possible?

The answer to “what needs to be done to make things as right as possible” is The Prescription for Repair. It will join an archive of public information which will offer lessons from those most impacted by gun violence. All listening Sessions will be recorded and transcribed for archiving of information in a confidential manner, with all identifiers and PHI not recorded.

All information from this program will be used in collaboration with the new Duke Health Hospital-based Violence Intervention Program (HVIP) to link survivors of gun violence and their families with hospital- and community-based resources aimed at addressing underlying risk factors for violence. We will use support of social work, mental health experts, and other resources such as NCCARE360 to support the needs of gun violence survivors.

We will include an associated research arm to summarize gunshot survivor experiences, ensure high-quality data analysis, and help define community response opportunities. Our interdisciplinary research team from Duke and NCCU has broad expertise in clinical care, qualitative research, and community safety interventions. We will use qualitative methods to assess recorded transcripts from the listening sessions, with strict protection of all participant confidentiality. We will summarize variables impacting the experiences of survivors of gun violence, such as adverse childhood experiences, sources of resilience, and responses to posttraumatic symptoms. We will integrate data from all survivors to inform a novel conceptual model and organizing framework to summarize themes which impact healing of gunshot survivors. We will rapidly disseminate these findings back to the greater Durham community with attention to protection of participant identifying information through a series of public task force meetings, a website, and other tools to help facilitate community knowledge and develop community response programs.

Rationale

Needs Proposal Addresses

Gunshot survivors and their loved ones' self-identified needs to repair the harm of gun violence as much as possible.

This pilot reflects Durham Racial Equity TF's criminal justice recommendation to implement the practices and principles of NYC's "Common Justice" that centers the wisdom and needs of survivors of violence.

Over the past 2 years, the Duke ER has seen an **52% increase** in gunshot victims.

- In 2020, 318 people were shot in Durham compared to 189 in 2019.
- Duke Hospital serves this ever-increasing population, seeing more than 215 gunshot wound (GSW) victims in FY2019 and 280 in FY2020.
- YTD FY2021, has brought 393 GSW survivors and victims to Duke Hospital.

On average someone is shot in Durham EVERY DAY. Most gunshot victims are young, Black men between 16-29 years of age.

We already have a few programs in Durham to address the harm of gun violence in our community, through groups such as Bull City United, Public Health Dept's Gun Safety Team, Duke's HVIP. However, we are missing is a way to directly hear the thoughts from gunshot survivors themselves and to listen to what survivors identify are the needs in our community to address gun violence.

This approach complements the ongoing work of Duke Hospital's Violence Intervention Program, with similar programs being operated in over 35 cities across the U.S. These programs help equip survivors of violence with a healing narrative that aids in recovery, link survivors to hospital- and community-based resources, and reduce the rates of reinjury.

This pilot reframes the problem of gun violence. Normally when someone is shot, we focus public attention and funds on who committed the harm and how we punish them. This innovation is

	centered on the experience and needs of those who were harmed.
Proposal's Goals	<p>A growing public archive and understanding of gunshot survivors' needs and an assessment of the community's current ability to address those needs based on the survivors' lived experience. Also a pilot program for how such Listening Sessions can immediately help participants and connect them with needed follow on services.</p> <p>This pilot will also aid in the creation of a new Office of Survivor Care in the CSD. This is a separate CLS RT proposal that will be presented to the Task Force in May 2022.</p> <p>This is a one-year pilot program that, if successful, could be adopted by CSD, in collaboration with relevant community partners, to provide regular, periodic information through this LS approach to inform policy making in response to gun violence. We will provide a mechanism for repair for the participants in future LSs.</p> <p>We will link all program participants to required community resources depending on our findings, including XXX</p>
How the proposal aligns with Task Force by-laws	<p>"Conduct a comprehensive review of existing institutional and community-based public safety and wellness resources. Identify community safety needs that are not currently being served and provide recommendations for how to add new resources to fill these gaps."</p> <p>Durham City and County invest in the support of free services for criminal legal system-involved individuals yet have no integrated/free services for individuals who have been harmed other than the NC Victims Compensation Fund. Understanding of needs from survivors is a gap in services and public knowledge.</p>
How the proposal aligns w/ strategic plan/s of governing body/ies to implement?	This proposal aligns with the City's strategic goal of "creating a safer community together".
How the proposal aligns w/ recommendations from other bodies? (Other local agencies or governing bodies, Governor's	Local agencies and governing bodies have not yet identified survivors as a source of knowledge and practical guidance.

Task Force, community organizations, etc...)	Pilot reflects NC Racial Equity TF recommendations #61-#65. Durham's Racial Equity TF's first CLS recommendation is to focus on violent crime survivors, using practices of "Common Justice." "Crime survivors should be at the center of any conversation about violence. When survivors are at the center, they are pragmatic and clear—and what they ask for is not always what people might expect."
Experts Consulted Beyond RT members	Duke Hospital ER (Sean Gibson, MHA) and HVIP Director (Uzuri Holder, LCSW), Duke Pediatric physicians (Dr. Henry Rice and Dr. John Moses), Center for Child and Family Health (Dr. Trip Ake), Duke Public Policy (Dr. Phil Cook), Dept of Community Safety (Ryan Smith), RJ Durham Coordinator (Leah Wilson-Hargrove), Michelle Sered's book, <u>Until We Reckon</u> (ED of Common Justice), Renee Shaw and Kelly Andrews, CJRC staff.
Public Input Gathered. How (includes Listening Sessions)	CLS RT LSs with sixteen Families of Homicide Victims

Additional Proposal Details

Additional Implementation Details	Dr. Dwayne Campbell will collaborate with Dr. Rice on recruiting, training, and supervising graduate researchers for information collation and analysis. The pilot coordinator and the CSD will develop the information dissemination portion of the project at its completion.
Additional Budget/Resource Details	(See budget table below under Additional Supporting Documents)
Assessment System?	The CSD and the P4R coordinator will develop the assessment system during the planning period, following the same process CSD is using for evaluation of its crisis response pilots. The coordinator will also provide monthly updates to the Task Force and the CSD over the course of the one-year pilot project. If additional funds are needed beyond the initial request, those funds can be requested based on those monthly updates.

	Assessment of the LS's opportunity for "healing" for participants could include questionnaires and surveys of participants and facilitators after each session and cumulative, qualitative, evaluation at the end of the process. It could also track the number of referrals to follow on services participants receive from the LSs. The facilitators and the coordinator will also do a more informal "debrief" and group reflection after each set of Listening Sessions.
Mechanism for Accountability, Oversight, Public Input?	The Ad hoc Advisory Circle includes gunshot survivors, TF CLS RT members, pilot partner service providers, and representatives from pilot's participating agencies/organizations. The assessment system of the LS process will allow participants to evaluate its efficacy. In addition to monthly updates, the pilot program will also share its final results with the Task Force and the public. If the pilot program is adopted as a permanent, recurring function of the CSD's Office of Survivor Care beyond June 2023, then a permanent assessment and oversight structure would be created.
Is there any potential for financial conflict of interest? If so, explain.	None

Additional Supporting Documents/Links

Budget Details:

Category	Detail	Amount
Coordinator (1) FT	50 weeks/40hrs/wk for 2000 hrs	\$50,000
Therapist/Care Navigator (LCSW) (1) .5T	To provide referral to follow-on service and/or to provide initial therapy support, as needed. For participants and facilitators. 30 weeks/20hrs/wk for 600 hrs	\$15,000
Trainer of facilitators	Estimated costs for one trainer: 5 hours prep & 5 hrs training & 10 hours with Reflection Circles = 20 hrs total at \$25/hr=\$500 @\$50/hr=\$1000	\$1,000

Self-Identified needs	Funds to fulfill self-identified needs (if possible) for 40 survivors, such as: transportation to LSs, child care for LS, art classes, athletic memberships, therapeutic services. At \$500/survivor.	\$20,000
Facilitator training	Facilitation initial training (5hrs), reflection circles (10hrs), and closing (2hrs) for 17hrs = \$425/facilitator, 20 facilitators= \$8,500	\$8,500
Facilitator preparation, listening, recording setup N=20	Facilitator preparation (2hrs), facilitation (8hrs), and note-taking (2hrs) for 12hrs = \$300/survivor, 20 facilitators = \$6,000 (Facilitators expected to complete LSs with at least 4 survivor participants over 30 weeks.) (90 hours/facilitator/survivor over pilot lifetime)	\$12,000
Survivor Participants in LSs N=40	Gunshot survivor/Repair Messenger (8hrs) = \$25/hour/participant = \$200 if complete full 8 hrs. At least 40 participants (some might not complete full process) = \$8,000	\$8,000
Transcription of Recordings	A one-hour interview would take 4 hours to transcribe. 320 listening session hours would lead to an estimate of 1,280 hours transcribing. Average cost for most transcription services is \$1-2 per minute, depending on the complexity and quality of the recording. For 320 hours that would be a rough estimate of \$20,000, assuming \$1 per minute cost.	\$20,000
Collation of LS notes/transcriptions, qualitative analysis	Trainee/graduate student support (\$25/hour), total of 100 hours.	\$2,500

Compilation of final report and implementation of public outreach, dashboard	Independent contract, as needed. TBD by coordinator.	\$10,000
Total budget		\$147,000
Cost Sharing from Duke (DIHI and other sources)		-\$75,000
Total amount requested from Task Force Budget		\$72,000