

CSWTF Proposal – [Prescriptions for Repair: Listening Sessions with Survivors of Gun Violence to connect us with gunshot survivors’ wisdom so we may respond appropriately, individually, and systemically, to the harm violence created. The CLS RT will be submitting another proposal in May to create an Office of Survivor Care (OSC) within the Department of Community Safety. 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 Pediatric Surgery Dept (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?	<p>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 CSD is willing to administer the pilot project. The CLS RT will be submitting a separate proposal in May to create a new Office of Survivor Care within the CSD.</p>
Estimated Full Cost	<p>\$147,000 Duke’s Institute for Health Innovations has pledged @\$35k to support the pilot project.</p>

Estimated Request to local government

\$112,113 (from the City's Task Force budget)

Request/Project Timeline

1 year pilot program. June 2022-April 2023. Assuming CWST approves at May meeting and the city council authorizes the expenditure before June.
June- Aug 2022 (Planning/Hiring/) 3mos
Sept '22- March 2023 (LSs) 7mos
April '23 - May '23 (analysis of accumulated information. Reporting to CWTF and other stakeholders.) 2 mos

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

This pilot will be administered by CSD and supported by an Advisory Circle of volunteer ad hoc members, including Community gunshot Survivor, Uzuri Holder (Director of Duke Hospital Violence Intervention Program), Dr. Henry Rice (Duke pediatric surgeon), a representative/s from County's Community Intervention Support Services and/or CJRC, a graduate student representative from Dr. Rice's research team, and TF member representative from CLS RT.

It will use an established restorative justice framework to connect facilitators with survivors of gun violence for structured, confidential listening in 320 LS hours with at least 40 participants and 20 facilitators. Facilitators listen in teams of two with one survivor. At minimum, each facilitation team conducts one LS/wk over 30 wks for a total of 4 survivors participating per team. All participants in the pilot, gunshot survivors, facilitators, coordinator, trainers, researchers, will be paid \$25/hour.

The 40 participants will be survivors of gun violence and/or their family members. There will be no participation restrictions on when they experienced gun violence or in what context. The sessions will also be open to community members who were shot by law enforcement.

The CSD will hire the project coordinator ASAP and have them in place before the pilot planning process begins. The coordinator will hire the care navigator/therapist and the facilitator trainer in consult with CSD staff following CSD hiring processes. The coordinator and trainer will work together to recruit the facilitators and plan the listening sessions.

The first two+ months of the pilot project will be devoted to recruiting and training 20 facilitators, inviting gunshot survivors' participation, designing and integrating evaluation into pilot, and securing commitments from relevant service providers before the sessions begin to address survivors' needs throughout the pilot and beyond. The pilot budget

includes a line item for the CSD to be able to pay contracted service providers so that participants are not charged for needed services. The CSD will work out the necessary MOUs during the planning period. The pilot project staff will also 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 discernment. The pilot will devote a total of seven months to complete all of the sessions with all of the participants. The only agreement with survivors is that her/his/their “Prescription for Repair” will be public and its source will be anonymous. The project will create a participant/facilitator agreement to protect the integrity and confidentiality of the process.

We will listen deeply 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.

The Listening Sessions will be recorded and later transcribed.

The Task Force will reflect on these prescriptions and come together with the CSD and others to create actions that reflect the self-identified needs of gunshot victims and their loved ones.

Rationale

<p>Needs Proposal Addresses</p>	<p>Gunshot survivors and their loved ones’ self-identified needs to repair the harm as much as possible.</p> <p>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.</p> <p>Over the past 2 years, the Duke ER has seen an 52% increase in gunshot victims.</p> <ul style="list-style-type: none"> • 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
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	<p>wound (GSW) victims in FY2019 and 280 in FY2020.</p> <ul style="list-style-type: none"> • YTD FY2021, has brought 393 GSW survivors and victims to Duke Hospital. <p>On average someone is shot in Durham EVERY DAY. Most gunshot victims are young, Black men between 16-29 years of age.</p> <p>We have a few of programs in Durham to directly address the harm of gun violence in our community, Bull City United, Public Health Dept's Gun Safety Team, Duke's HVIP, but what we are missing is a way to hear from gunshot survivors themselves and to listen to what survivors identify are the needs that violence creates.</p> <p>This approach complements the work of Duke Hospital's Violence Intervention Program. It equips survivors with a healing narrative that aids in recovery and reveals what is required of ALL OF US to rectify the injustice and racial inequity of gun violence in Durham.</p> <p>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.</p>
<p>Proposal's Goals</p>	<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. And to provide a mechanism for repair for the participants in future LSs.</p>

<p>How the proposal aligns with Task Force by-laws</p>	<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.” 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>
<p>How the proposal aligns w/ strategic plan/s of governing body/ies to implement?</p>	<p>This proposal aligns with the City’s strategic goal of “creating a safer community together”.</p>
<p>How the proposal aligns w/ recommendations from other bodies? (Other local agencies or governing bodies, Governor’s Task Force, community organizations, etc...)</p>	<p>Local agencies and governing bodies have not yet identified survivors as a source of knowledge and practical guidance.</p> <p>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.”</p>
<p>Experts Consulted Beyond RT members</p>	<p>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.</p>
<p>Public Input Gathered. How (includes Listening Sessions)</p>	<p>CLS RT LSs with sixteen Families of Homicide Victims</p>

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 DIHI		-\$34,887
Total amount requested from Task Force Budget		\$112,113