



COMMUNITY ENGAGEMENT

# Alternative Response Program

*Engagement Report*

raleighnc.gov





**1,409**  
Online Survey  
Participants



**1,372**  
Community  
Comments



**45+**  
Hours of  
Engagement



**22**  
Public  
Events

***OCE would like to extend our heartfelt gratitude to those that bravely shared their stories with us. We'd also like to thank Raleigh's historically underserved communities for trusting us. A safe and vibrant community is impossible with you.***

**THANK YOU TO OUR PARTNERS THAT HELPED US ENGAGE OUR COMMUNITY:**

- Advance Community Health
- Chapel Hill's Crisis Unit
- Durham's Office of Community Safety
- Emancipate NC
- Food Lion
- Healing Transitions
- Holly Hill Hospital
- LGBT Center of Raleigh
- Lincoln Park Holiness Church
- Lutheran Services Carolinas
- North Carolina Asian Americans Together
- North Carolina State University
- Oak City Cares
- Raleigh HEART Coalition
- Refund Raleigh
- Shaw University
- Southeast Raleigh Table
- Southeast Raleigh YMCA
- US Committee for Refugees and Immigrants
- Wake County Boys & Girls Club
- Wakeup Raleigh



TO ENSURE EQUITY AND INCLUSIVITY, ENGAGEMENT FOCUSED ON GROUPS MOST AFFECTED BY OVER-POLICING. ENGAGEMENT METHODS INCLUDED:

- 15 Community Pop-ups
- Five Listening Sessions
- Two Community Workshops
- Four Focus Group Meetings
- Online Poll
- Feedback Telephone Line

OCE STAFF DESIGNED THE ONLINE SURVEY TO CAPTURE THE COMMUNITY'S VOICE. THE SURVEY PROVIDED BOTH QUANTITATIVE AND QUALITATIVE DATA. TOPICS INCLUDED:

- Overall support for the program
- Preferred responders in scenarios
- Preferred characteristics of team members

*During engagement, there was overwhelming support for an alternative response program in Raleigh.*

92%

of respondents favored establishing community response teams

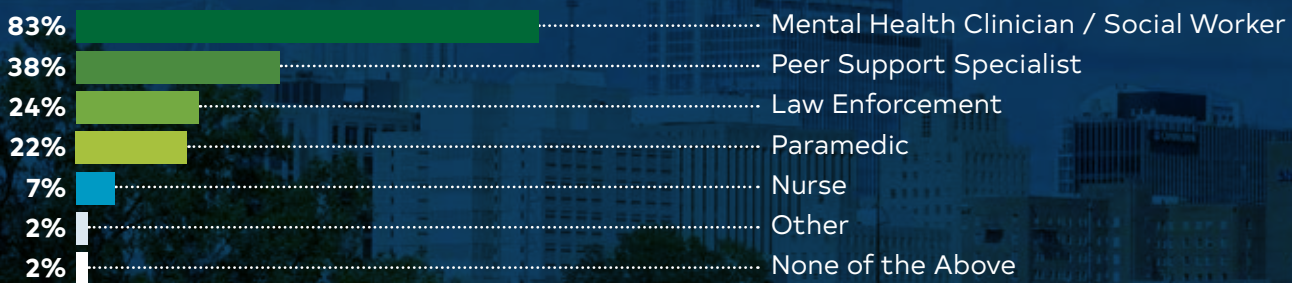
94%

of respondents supported crisis call diversion

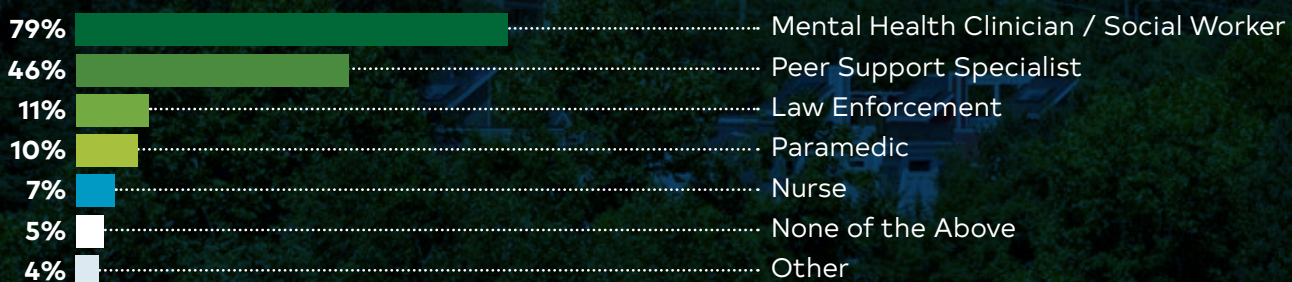
PARTICIPANTS ALSO HAD THE OPPORTUNITY TO SELECT WHO THEY'D WANT TO RESPOND IN CERTAIN SCENARIOS.

"Mental Health Clinician" and "Peer Support Specialist" were often the top two answers, followed by "Law Enforcement" and "Paramedic."

*A person calls 911 about someone yelling at onlookers on a Raleigh greenway. The caller says the individual appears to be experiencing a mental health crisis.*



*A family member is yelling at a cashier and will not calm down. They have a history of non-violent mental illness.*





*“I wanted to once again echo the gratitude expressed at the end of this session. Many of us came skeptical... of this effort (not necessarily of you all, but of the City) after such a long fight for the program. Y’all managed this skepticism with grace, answered questions to the best of your ability, and truly listened. That goes a long way in building the trust necessary to collaborate with the community in meaningful ways, especially those of us who are directly impacted. I’m excited to see how the rest of the process goes and hope for a successful program that, although inspired by HEART’s success, surpasses it in meeting community needs.”*

**A notable challenge encountered during the engagement was the lack of trust in government, particularly among underserved populations. To address this, OCE prioritized creating safe spaces for community members during events. Community members provided positive feedback:**

*“We envision an alternative response program that is rooted in the community, a reflection of the community, and shaped and maintained by the community.”*

*- Dr. Ajamu Dillahunt-Holloway*





# Top Community Priorities:

## A COMMUNITY CENTERED PROGRAM

*“Community response team members who are trained crisis intervention counselors, trained social workers, and who look like the community they’d be serving. Have a community response team would go so far to assisting residents of Raleigh and to keeping all residents out of harm’s way.”*

*“Connections to the community, multi-lingual capacity, knowledgeable about supporting people with disabilities, able to de-escalate tense situations, conflict mediation skills, well-versed in resources that are available.”*

## INDEPENDENCE FROM THE POLICE DEPARTMENT

*“It should be clear to a person experiencing a mental health crisis that the community response team members are not cops.”*

*“Not connected to the RPD... [teams consisting of] people who represent the communities that are being served by this response team.”*

## TRAINED MENTAL HEALTH PROFESSIONALS + COMPASSIONATE CARE

*“Profesionales capacitados en todas las áreas de la salud que sean amables y no toleren la discriminación racial.” (Professionals trained in all areas of healthcare who are kind and do not tolerate racial discrimination.)*

*“Responders should be compassionate, unarmed/unthreatening, know how to deescalate a situation and get people connected to the care and resources they need and want. They should be respectful of people’s autonomy and dignity.”*

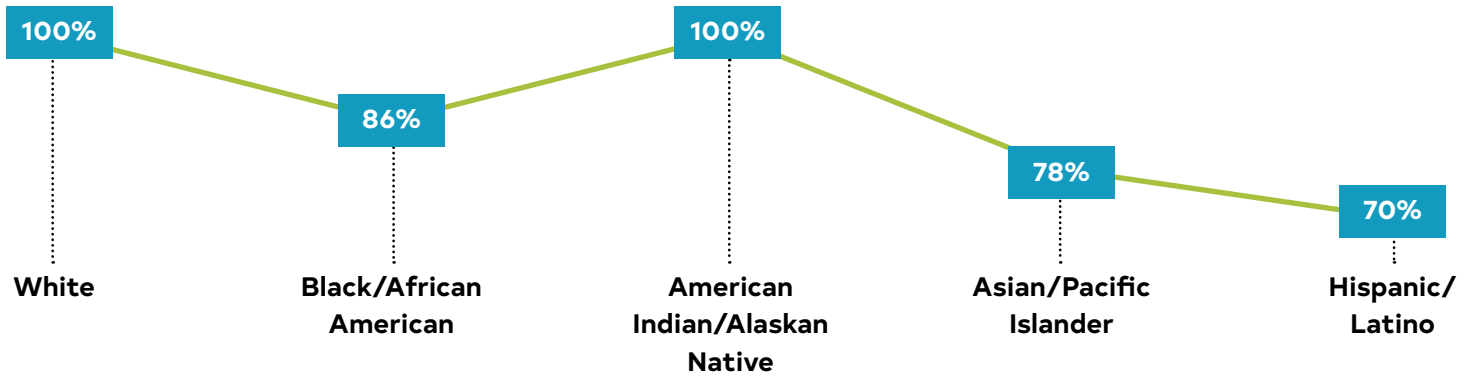
## DATA TRANSPARENCY AND ACCOUNTABILITY

*“Outside review of incident handling by a community support committee with representation from the community and groups involved. Transparency with incident review. Follow up done from appropriate agencies to ensure recommendations are being followed/supported where needed.”*

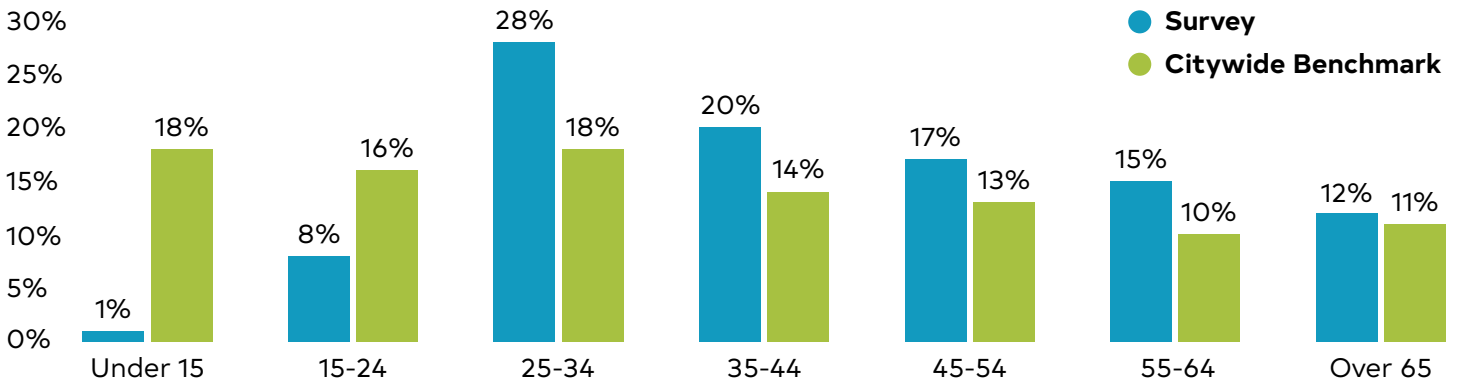
*“Data collected on number and type of calls that are diverted to the new team, number of response events that were wrapped up without police having to be brought in, eventually the data on police violence incidents should show a reduction. No more Suicide By Cop incidents.”*

# Survey Demographics:

## PERCENT OF RACIAL BENCHMARK MET

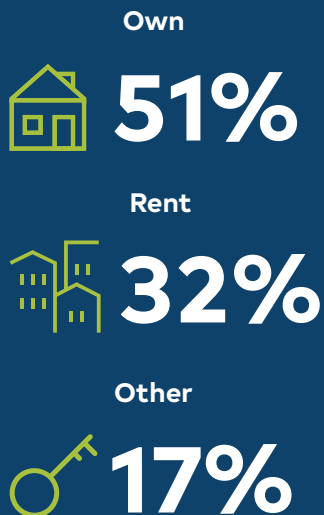


## PARTICIPANT BY AGE



Survey demographics mirrored the city's age demographics, with a notable increase in participation among individuals aged 25-34.

## DO YOU RENT OR OWN YOUR HOME?



Above speaks to the number of unhoused individuals that we spoke to

## DO YOU IDENTIFY AS A PERSON WITH A DISABILITY?

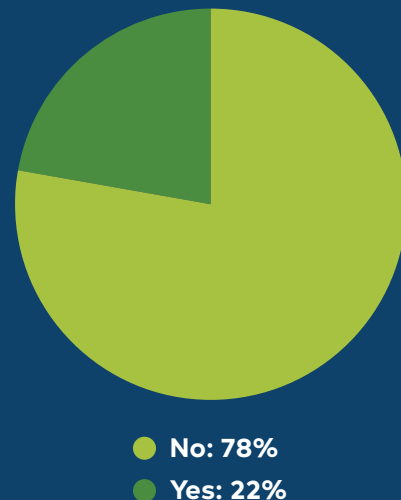


Chart above speaks to inclusive and accessible engagement



## ENGAGEMENT EVENTS

Date of Event	Name of Event	Location of Event
Saturday, December 9th	Pop-up #1	Food Lion of Western Blvd
Tuesday, December 12th	Listening Session #1	VIRTUAL
Wednesday, December 13th	Focus Group – Meeting #1	VIRTUAL
Saturday, December 16th	Pop-up #2	SE Raleigh YMCA
Saturday, December 16th	Pop-up #3	Food Lion of Southgate
Wednesday, January 3rd	Focus Group – Meeting #2	Healing Transitions
Tuesday, January 16th	Pop-up #4	Chavis Community Center
Thursday, January 18th	Focus Group – Meeting #3	City of Raleigh Pathways Center
Friday, January 19th	Pop-up #5	Advance Community Health
Tuesday, January 23rd	Listening Session #2	Raleigh United Mutual Aid Hub
Saturday, January 27th	Pop-up #6	Food Lion of New Bern Ave
Monday, February 5th	Pop-up #7	North Carolina State University
Tuesday, February 6th	Pop-up #8	North Carolina State University
Wednesday, February 7th	Listening Session #3	North Carolina State University
Thursday, February 8th	Listening Session #4	Hayes Barton UMC
Friday, February 9th	Workshop #1	SE Raleigh YMCA
Monday, February 12th	Pop-up #9	Healing Transitions (Men's Campus)
Monday, February 12th	Pop-up #10	Brentwood Boys & Girls Club
Tuesday, February 13th	Listening Session #5	Teen Center – Boys & Girls Club
Wednesday, February 14th	Pop-up #11	Moore Square
Friday, February 16th	Pop-up #12	Raleigh Boys Club
Monday, February 19th	Pop-up #13	Healing Transitions (Women's Campus)
Wednesday, February 21st	Workshop #2	Shaw University
Sunday, March 3rd	Pop-up #14	Lincoln Park Church
Tuesday, March 5th	Pop-up #15	Lincoln Park Food Pantry
Wednesday, March 6th	Focus Group – Meeting #4	VIRTUAL



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