

Speaker 1: Understanding why they need to document certain things or wanting to protect their clients or anything. So having to common work between the two, I think that's the most stressful. Because I'm always going to the workers like, "Hey, we need this, we need that, we need this".

Speaker 2: Yes, what does that feel for you, do you feel conflicted?

Speaker 1: Yes, I feel it's choosing sides when it shouldn't have to be, but that's what funding want meeting and having to give funding that it puts us in this predicament where.

Speaker 2: Yes, do you have like a relationship with your co-workers? Who would you consider in job title, your [laughs] closest co-workers. and valuator, the street outreach, or the outreach hospital responding.

Speaker 1: I would say I'm closer to the people who are praying for peace, and I am the evaluator, but I'm the liaison to so this, my job to working between but I'm close with everyone here, I have a different relationship with everybody, but, I don't have an issue, asking them for something when it comes to data, but it's just having to constantly explain the importance, and they already feel some type of way about me coming from an academic standpoint. So it's like, "Yo, you just coming from NASA, you want data?" Because that's the [unintelligible 00:01:16] my way and I'm like, "No, I'm trying to understand" Let me know, you know what it is, but if--

Speaker 2: Someone asks you to explain the importance, what do you say, depending on the person?

Speaker 1: Now, I tried to tell them that one, if you don't document, you're not showing the work that you have done. There's that side of it, but I'm not trying to say that you're not doing any work, but we had this barrier where certain things were happening, they didn't even feel that was worthy of being documented. That was one conversation, but really, the importance is for funding [unintelligible 00:01:58]. That's what it boils down to at the end of the day, and I don't know if I'm JD, because I started during the council thing. This is my first experience with needing data. This is my first real job.

So, I'm usually saying this for funding. We need to show our funders that we do good work.

Speaker 2: What's your relationship like with your supervisor?

Speaker 1: I have good relationships here. But yes.

Speaker 2: And then with the hospital responders, in the interactions, you've had with them. Can you tell that the work is emotionally taxing for them, can you sense that from your conversation?

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Speaker 1: I would say yes, but everybody's different. The woman we have one stuff. It seems like she feels more deeply. No, she didn't grow up in the streets, either. Maybe that influences how she feels where the other worker is like, "he's more numb to it", but it's not, I can tell it affects him too, and for me personally, I go to the hospital meetings every week. I also tasked with making sure our relationship so well and one of the hospitals gives us a list of everybody who's been shot or killed, that can't do their hospital.

Speaker 2: It's like a weekly?

Speaker 1: Weekly. So every time I get to that meeting, I always prefer to mean even start, scan the list and make sure nobody's name that I know is on there and it took me a while to like, why am I doing this, but I think it's like my coping method. Because if I do see somebody's name on there, I don't know, I will want to proceed with the meeting. I might have to step out.

Speaker 2: Yes, I was gonna say, what would that feel like? If you did see someone's name mentioned?

Speaker 1: I have seen one person's name. It wasn't a person I knew, but it was their brother and it's a surreal feeling. I don't know. Because I didn't grow up in the streets. You hear about stuff on the news, and you can comment like, also gun violence is very prevalent here in America and in Kansas City.

So I feel like we're all numb to it in a sense, but once you see somebody's name that you know, or may know of it is makes you feel differently. This is really hitting close to home.

Speaker 2: And are there people on staff that maybe someone close to them has come through the hospital like a family member boyfriend?

Speaker 1: Yes all the time.

Speaker 2: What does that look like, How do you see them coping?

Speaker 1: They mask the emotions around us, but I would say it has never been close enough like a sibling, but it's definitely been like friends and stuff, and it just seems like they know that would be my best way to explain it, but If Prior to me working here, I don't know how many years they've lost like workers who works here. In the sense- [crosstalk]

Speaker 1: You're not necessarily doing the work, but you're in the streets.

Speaker 2: And so when something that happens, if they know somebody or just like if it's a particularly hard day. Are there any supports or programs or anything that you all can consult? I can talk to somebody.

Speaker 1: We do have group therapy once a month, but [laughs] it's not. I don't know, it's textbook. We learn in different terminology for this is right now. This is this, this is that, and, it's more about being slight self-awareness. If you're experiencing this, you need to understand what they're going through. But yes, that's-

Speaker 2: That goes there. He's just with you guys. That info piece.

Speaker 1: Yes.

Speaker 2: And then is it what's the structure like a lecture or

Speaker 1: Is like [unintelligible 00:05:57] [crosstalk]. We can talk back, but I mean, we can interact, it's on virtual, and it's a PowerPoint in front of us. That's all Yes.

Speaker 2: So if you could design something that would actually be super helpful for you all, what would that look like?

Speaker 1: For me, personally, I would like to have unlimited access to therapists, but not saying I need them every week, but, if I needed to call or if any of us needed to call either. Yes, there some air somebody we can meet up in person to because I don't like group sessions. Because I feel like people don't like to share their feelings, but I think that will be beneficial.

Speaker 2: Because they're like incident that any of the hospital responders had to respond to that kind of like stuck with you with the way that it went down.

Speaker 1: Yes. So just recently, there was a-- Now we don't typically responded to domestic but we responded, and we didn't know it was domestic, but a woman was stepped up and lost her eye and it was rumors that it could be sex trafficking. We didn't really know what the situation was and I just remember one of the responders saying, "That's somebody's mom or somebody's sister. This is a real person who are people doing this to a person like that?"

We have another gentleman who anytime a kid is cute but he has to remove himself from the workforce a little while and he has a young, he has a young child himself. What about those people that you mentioned that had been injured doing the work? I know, you said that was prior to you coming but--

Speaker 1: Not doing the work, but they were in the streets, but it was off the clock.

Speaker 2: Absolutely right they were employed. [unintelligible 00:07:45]

Speaker 1: They said hit the team real hard? I don't know. I think that they were a part of the whole funeral process and working with the family to pay for everything and make sure everything went as smoothly as possible, but yes, it was before my time. I know, one he left for lunch, and it happened during lunchtime. Yes.

Speaker 2: There was no supports. When that [unintelligible 00:08:11] [crosstalk]

Speaker 1: No. That I don't know if the health department offers grief counseling after something like a staff member dies? I'm not sure if that might, they might have that.

Speaker 2: Yes.

Speaker 1: But I think that's a part of the problem. Why wouldn't I know what's available?

Speaker 2: Yes. Do you feel like sometimes the safety and well-being on the team, are compromised as a result of having to do that hospital work?

Speaker 1: I would say yes. Because they respond individually and then also like because of the constraints of budget and funding, we work in with only a few people. So even when we have to go out in a neighborhood for whatever reason, it's two or three of us. So I feel that puts us in danger. We don't do something anymore. Just because it's only a few of us.

Speaker 2: Do you work with other organizations for capacity?

Speaker 1: Yes, but it's like, nobody wants to do. They want to do violence prevention work, but not on the ground. Bullets are fine and you run it towards the police ever work like that? We do some activities with you and we partner with the church, we partner with the schools, but it's just a little bit of a different type of work.

Speaker 2: Because I was looking at your Facebook page and I see you partner with the Boys and Girls Club, and what does that look when you're out in the community, what's that relationship like?

Speaker 1: So when we work with the Boys and Girls Club. It's always us going to the Boys and Girls Club to do some big activity. So we recently in March, I think like in May at March we did the piece ball, which was a partnership between us the Boys and Girls Club.