



***DEPARTMENT OF HOMELAND SECURITY
SCIENCE AND TECHNOLOGY DIRECTORATE***

Text-Enabled Gatekeeper Intervention Help Line Referral System

Theoretically Informed Rationale Report

Georgia State University

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Purpose

The objective of the Theoretically Informed Rationale Report (TIRR) is to detail and contextualize any instances of 211 LA's staff's divergences from, or difficulties in following their own protocols (i.e., program fidelity). Currently, 211 LA provides support and referrals for victims, victims' advocates, and witnesses of hate crimes. The TIRR can inform an expansion of 211 LA's capabilities regarding prevention and intervention in extremism-related cases. While some organizations abroad already offer helpline support for families, friends, and other social connections of those seen to be radicalizing or mobilizing (e.g., Koehler, 2017), few initiatives exist within the United States. Previous research has highlighted the need for such helplines, because friends, family members and peers are often aware of radicalization or mobilization, and can help intervene before attacks occur (Williams, et al. 2019). Furthermore, anonymized call, text, and web helplines allow concerned peers a channel for communication without fearing that they will get someone else or themselves in trouble (Williams et al., 2016).

Background

211 LA, a 501(c)(3) nonprofit organization established in 1981, refers people to services in communities in Los Angeles County, California (hereafter LA) and provides care coordination via their 24-hour call, text, and website chat lines. They provide outreach, education, and a database of over 50,000 health and human service providers in the greater LA area and beyond. 211 programs across the country are supported by United Way, city and county agencies, and public and private funders.

211 LA, known in the 1980s as INFO LINE of Los Angeles, was the first accredited inquiry & referrals service in the country and has a rich history of innovation. In 1987, 211 LA became one of the first helpline organizations to implement a taxonomy of human services¹. More than just a classification system, their taxonomy created a common language and reduced confusion by becoming a dictionary of human services and community needs (211taxonomy.org). Today, that taxonomy is recognized as an industry standard and is used by thousands of information and referral providers across the United States and Canada (Sharan et al., 2017). Similarly, some of 211 LA's process documents, such as the Quality Assurance Monitoring Guide, were adopted by other 211 helplines across the country.

In August of 2020, 211 LA became part of the anti-hate initiative called LA vs Hate. LA vs Hate works with community partners on multiple fronts. Their activities include efforts to address the normalization of hate; to inspire people to stand against hate; to build understanding about what constitutes hate and how to report it; and to track and report hate in order to hold offenders accountable and build resilient communities. Individuals witnessing hate crimes or directly affected by them can report those incidents on the LA vs Hate online report form or by contacting 211 LA via helpline. Inquiries regarding other issues (e.g., housing, mental health services, etc.) may also in some instances be flagged as hate related.

¹ formally titled, "A TAXONOMY OF HUMAN SERVICES: A Conceptual Framework with Standardized Terminology and Definitions for the Field." See the 211 taxonomy [website](https://211taxonomy.org/) for details.

211 LA receives over 570,000 calls and live chats a year, averaging over 1,500 requests per day. Out of those, 1,875 are, on average, tagged annually as related to hate crimes or bullying (hereafter referred to as “anti-hate”), averaging 5 per day.

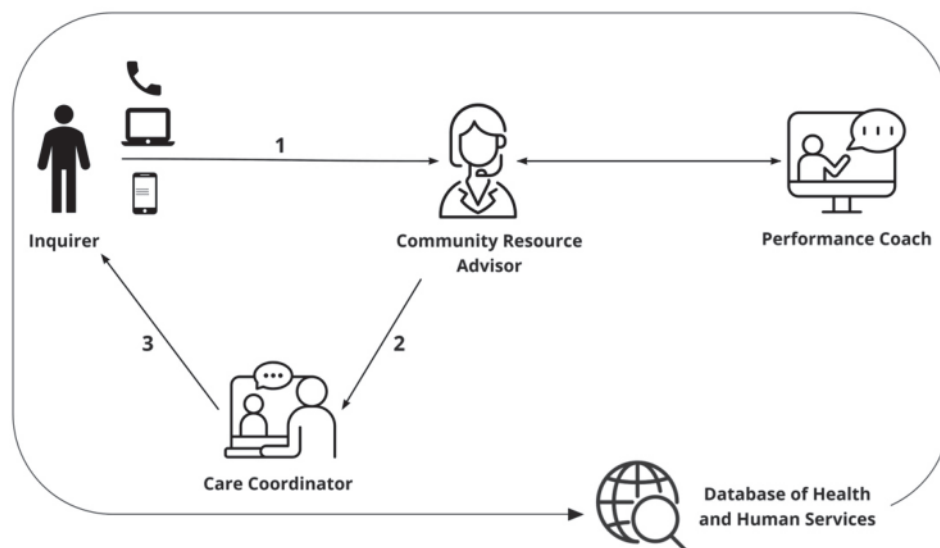
Process Overview

211 LA is an information and referrals service, connecting inquirers with resources available in and around LA county. While members of the public can search 211 LA’s online database for resources on their own, they also have the option of talking to someone who will assist them directly. 211 LA has a 211 number, an 800 number, and a live chat option. In addition, hate crimes can be reported via an online form on the 211 LA and the LA vs Hate websites (see Appendix A) or via email. The process operates as follows.

Step 1 – The inquirer reaches out to 211 LA

Most inquirers reach 211 LA via phone, but some reach out via the live chat, email, and website report form (see Figure 3 for a comparison over time). When calling 211 LA (step 1 in Figure 1), inquirers first reach a menu with prerecorded menu items. Callers can choose from a variety of options, such as “If you have been the victim or have witnessed hate crime or bullying, press 4.” The live web chat also allows the inquirer to directly connect with 211 LA staff.

Figure 1. 211 LA Process Steps



Step 2 – The CRA files a report

A CRA (Community Resource Advisor) answers inquiries via either the helpline phonelines, live chats, web report forms or emails. CRAs follow designated protocols for inquiry and referral (I&R). Each CRA handles 40+ calls a day². CRAs answer a call with a standard greeting, such as

² A CRAs takes, on average, 7-8 calls an hour during peak hours (Sharan et al., 2017). Though median call time is between 7-10 minutes, some calls extend over 30 minutes. Therefore, CRA’s have little to no downtime between calls.

“Thank you for calling 211 LA, my name is _____. What referral can I provide for you today?” Either the inquirer has already indicated a desire to report a hate crime—thereby accessing 211 LA through the anti-hate line—or the CRA determines during the inquiry that it is a hate-related case. Most of the inquiries that are tagged anti-hate are tagged for additional services as well, such as housing, mental or physical health (see Figure 8 below (p 13) and related discussion).

It can be challenging to correctly identify hate-related incidents. Consequently, CRAs receive extensive training and ask direct questions when filing the report. CRAs have multiple protocols to draw on during this process, depending on what the situation requires. Using the protocols, the CRAs identify practical and psychosocial concerns pertaining to the case that they record into the notes of the case report. The CRA is trained to actively listen to each inquirer. This allows CRAs to identify the needs of each enquirer, and in some cases, this allows the CRA to provide immediate support and direct referral to appropriate services. In most cases, however, CRAs will inform the enquirer that their case will be further referred to one of 211 LA's Care Coordinator (i.e., a case manager). This person, in turn, will follow up with them to ensure the enquirer is referred to appropriate service providers.

Across all methods of contact, inquirers have the option to accept or decline whether a Care Coordinator may follow up with them. Most inquirers accept follow up and receive referrals, unless the inquirer declines follow up (only 4% of inquirers with hate-related cases decline; see Table 1 below for details). If the call or live chat takes place during business hours, CRAs may transfer the inquirer directly to a Care Coordinator once they have agreed to care coordination. Once an inquirer has agreed to receive care coordination support, they are subsequently referred to as “clients”.

Step 3 – A Care Coordinator follows up with inquirer/clients to refer them to service providers. Once an inquirer has agreed to follow up from a Care Coordinator, a Care Coordinator takes on responsibility for the case. Care Coordinators work in teams. They look at new case reports to determine which team member takes on a specific case. The Care Coordinator reviews the intake call, or other recorded communication between the CRA and the inquirer, to ensure that the CRA correctly assessed the situation, and to determine what questions to ask the inquirer. The Care Coordinator will verify if the case is hate-related, and whether the inquirer needs any particular resources. A Care Coordinator will typically follow up with a client within 5-10 business days. Care Coordinators will attempt to reach the inquirer three to five times, as per their protocol. Even if the Care Coordinator cannot reach the inquirer on the phone, the Care Coordinator will write an email to the inquirer requesting a time to “check in.”

Once the Care Coordinator has reached an inquirer (now a “client”), the Care Coordinator starts building a relationship. The Care Coordinator begins by verifying what the client’s priorities are and informing the client how they can be of assistance. The Care Coordinator assures the client that they (the Coordinator) will only offer recommendations—i.e., that the client is ultimately in control over how to proceed. The Care Coordinator identifies services and either “cold transfers” the client (by giving the client a providers’ contact information if not a phone transfer to a service provider) or “warm transfers” (i.e., staying on the line with the client and the referred provider for a three-way call). The Care Coordinator will follow up thereafter with the client regarding whether the provider(s) rendered services to the client and, if so, whether that has helped.

Referrals fall under the categories of, but are not limited to, law enforcement in general, law enforcement specifically regarding hate crimes, faith-based organizations, school administrators, and other non-profit or community organizations. Sometimes a client just wants to ensure a hate-crime is reported and does not desire further services or follow up. However, Care Coordinators reported in our focus groups that some clients are reluctant to make police reports, as that involves “tedious paperwork.” While the Victims of Crime³ unit is generally helpful, Care Coordinators report that clients found that filling out the form can be overwhelming. To that end, Care Coordinators offer to help clients with police forms and suggest that clients pace themselves if they find themselves emotionally triggered from the process. Care Coordinators reported that some clients do not file reports because they do not want to relive the experience of the hate-crime in the process of filing the report, talking to investigators, etc. Care Coordinators reach out to, on average, 8 clients a day. This is in addition to any advocacy to agencies on a client’s behalf for service provision.

As above, Care Coordinators are specialized. There are currently two Care Coordinators who specialize in anti-hate cases. Both personnel previously worked as CRAs. They have additional training as it relates to hate crimes (e.g., hate crime, cultural competency, trauma informed care, implicit bias, bystander intervention training via the Human Relations Commission and network partners).

Quality Assurance (QA)

211 LA has multiple internal procedures to assure quality of services. Performance Coaches oversee the CRAs’ Quality Assurance (QA). Performance Coaches oversee separate teams of CRAs. CRAs routinely receive support and feedback from Performance Coaches. This occurs in two main ways: 1) they receive ongoing evaluation with scored feedback; and 2) they receive live feedback during inquiries and weekly meetings.

Performance Coaches provide feedback mid-month and end of month to the CRAs on their QA scores and productivity. By listening to live calls, Performance Coaches score CRA performance. The QA Weighted Elements Form (see Appendix B) specifies how items are weighted. A score of 90 or higher is satisfactory. To be considered productive, CRAs are expected to spend approximately 70% of their time on a call or waiting for a call, and the other 30% in meetings, trainings, coaching, finishing reports, etc. For example, if a CRA scores low on productivity, their calls are subject to further analysis to identify what specific section the CRA spends too much time on. The Performance Coach considers what previous training the CRA has had, how they performed in the last few months, and what other events might be affecting a CRA’s current score. The Performance Coach decides how to best help their CRA improve, or alternatively, how best to help them maintain consistent performance.

³ The Office for Victims of Crime (OVC) is one of six Program Offices within the Office of Justice Programs at the U.S. Department of Justice. The OVC administers the Crime Victims Fund, which supports a broad array of programs and services that focus on helping victims in the immediate aftermath of crime and continuing to support them as they rebuild their lives. Millions of dollars are invested annually in victim compensation and assistance in every U.S. state and territory, as well as for training, technical assistance, and other capacity-building programs designed to enhance service providers’ ability to support victims of crime in communities across the Nation.

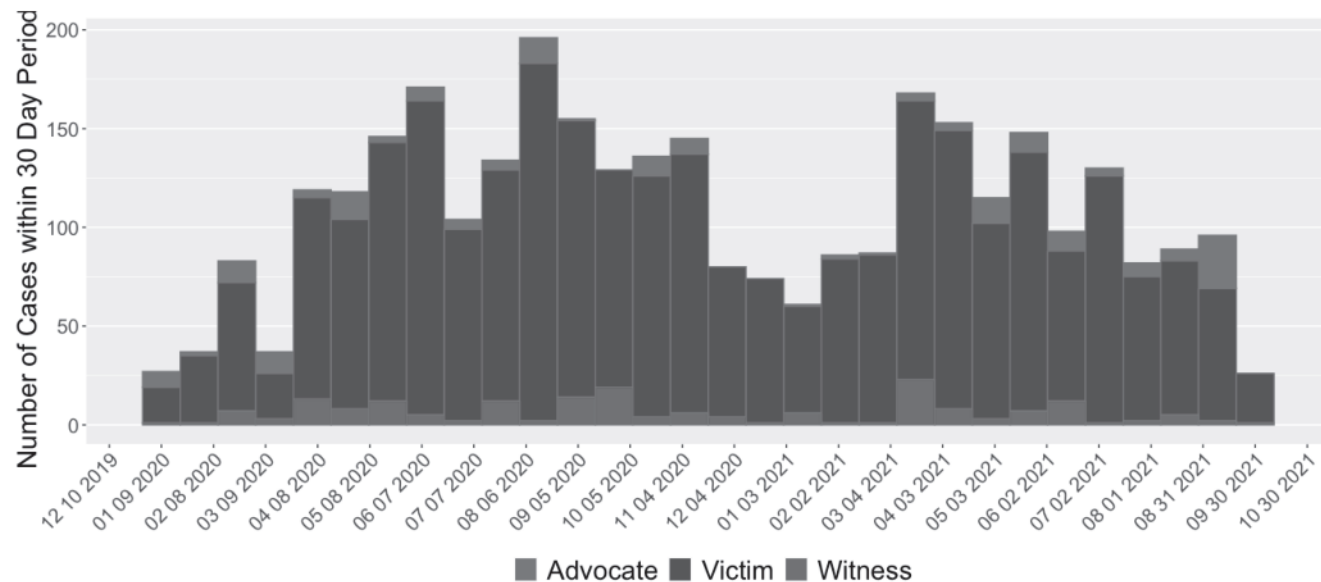
For live feedback, CRAs may contact Performance Coaches when they experience difficulties on the helpline. Performance Coaches are essentially CRA supervisors. During business hours, Performance Coaches can listen in on live calls and provide advice, recommend referrals, or assist CRAs in other ways. The Performance Coach regularly connects with their CRAs to help them decompress after difficult calls. The CRAs reported in our focus groups that hate-related calls are especially demanding, as the CRAs may sometimes relate to case details if it resonates with their own personal experiences of discrimination.

Note that Performance Coaches do not evaluate Care Coordinators. Care Coordinators are evaluated at least once annually by the Program Manager for their particular program (e.g., anti-hate). Program Managers also periodically monitor recorded Care Coordinators' calls to provide feedback on strategy and verbiage, as well as identify referral resources that the Care Coordinator may not have been aware of.

Inquiries & Actions Taken

211 LA provided to the research team deidentified hate-related case information. This allows for a numerical overview of program activity. Since its inception, 211 LA has received 3,230 calls or website reports regarding hate-related cases over the course of 631 days (about 5 calls a day). Regardless of type of contact, information from inquirers about those hate-related cases is recorded following the report form on the LA vs. Hate website. Each case may include multiple incidents being reported.

Figure 2. LA vs. Hate Incidents Over Time by Inquirer Type



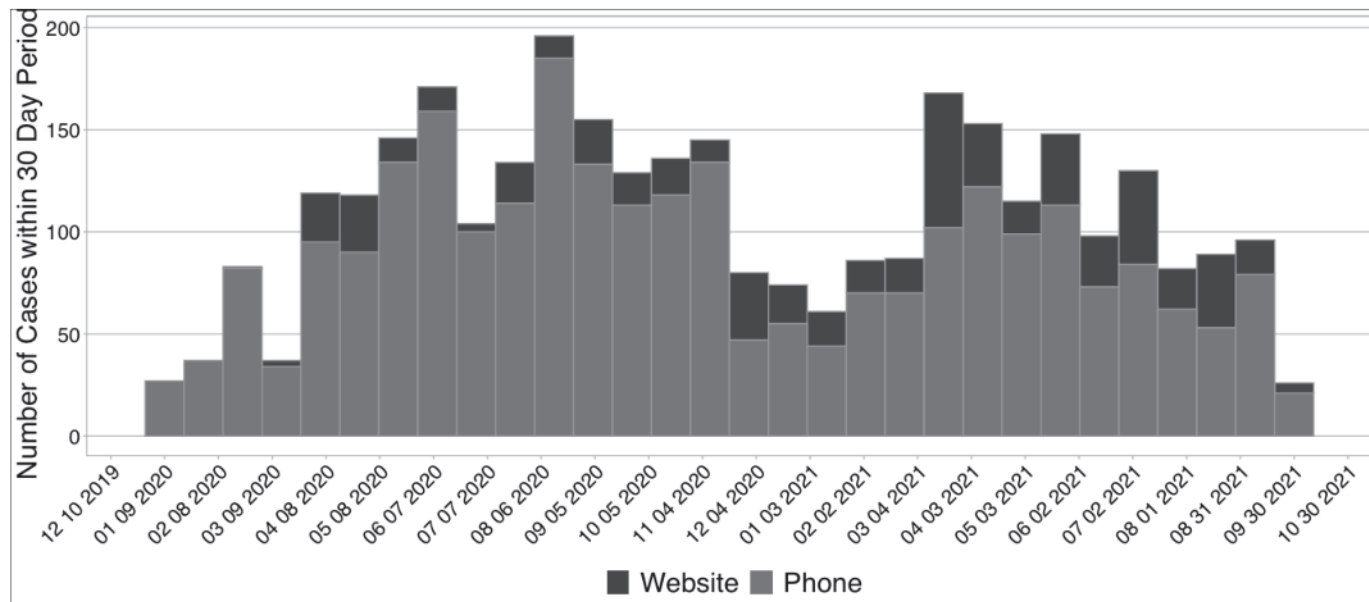
Note. Bars represent counts of calls and online form submissions within 30-day windows.

As illustrated by Figures 2 and 3, most individuals reaching out to 211 LA regarding hate-cases are victims calling over the phone (90%). A smaller cohort of clients (18%) started using the LA vs. Hate's website incident report form after the first four months⁴ of the program.

⁴ Each bar constitutes counts of reports within a 30-day period.

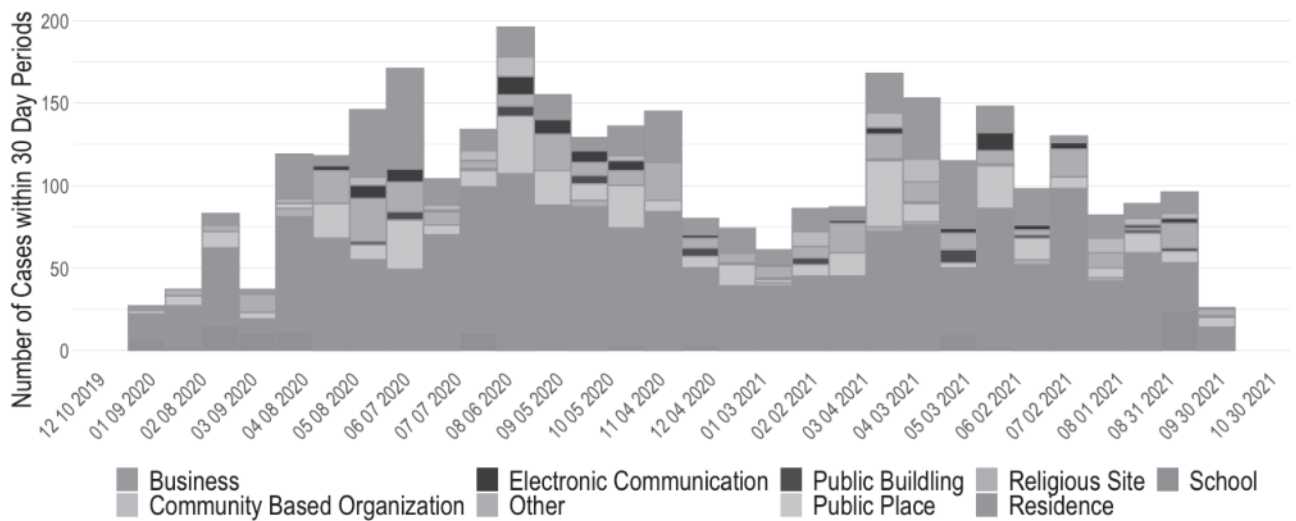
The redesigned 211 LA website was launched in June 2020. About as many witnesses ($n = 186$) as advocates ($n = 191$) have called in or used 211 LA's online form. Cases appear to be annually unimodal thus far, with peak rates in the spring and summer months, declines in the fall, and the lowest rates in winter.

Figure 3. LA vs. Hate Incidents Over Time by Source



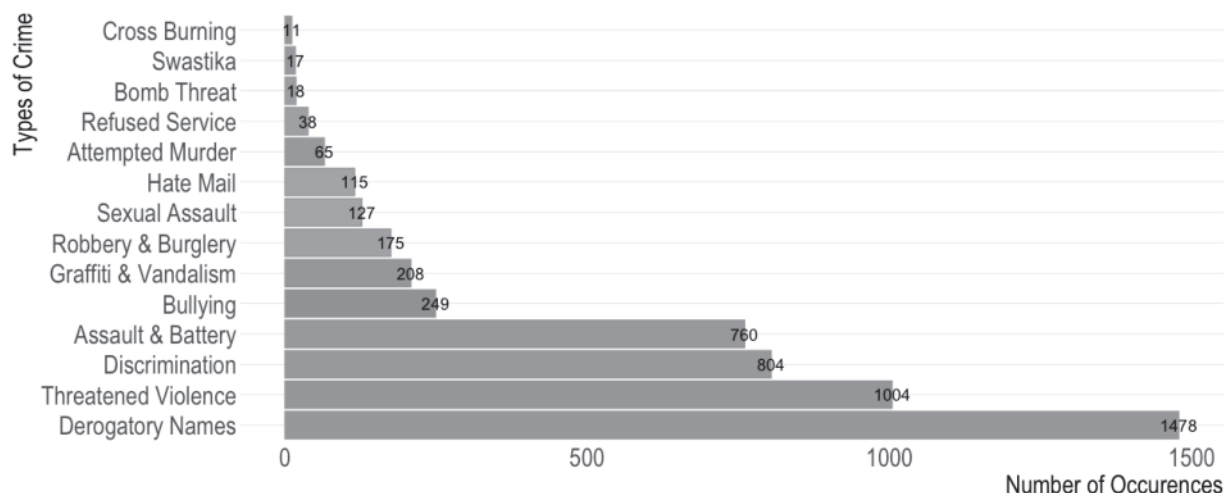
As depicted in Figure 4 below, most reported incidents occur in residences ($n = 1708$), followed by businesses ($n = 497$), public places ($n = 374$), or other locations not listed below ($n = 306$). While reported incidents involving online activity ($n = 88$) only emerged after the onset of the COVID-19 pandemic and LA's lockdown, most reported incidents occurred in person. Conversely, incidents at schools nearly disappeared since February 2020, though there has been an observable increase reported this past September 2021.

Figure 4. LA vs. Hate Incidents Over Time by Location



While 74% of victims were individuals (as opposed to multiple people victimized at the same time), only 53% of perpetrators were individuals (see the Hate Report Form for this and other variable categorization in Appendix A). Nearly half (46%) of reported incidents in cases involved a victim being called derogatory names (see Figure 5 below), and nearly a third (31%) involved threats of violence. About a quarter included either discrimination and/or assault and battery. Less than 10% of reported incidents included any of the remaining categories. Note that these categories are not mutually exclusive, and most cases are categorized as having incidents involving more than one of these types of crimes.

Figure 5. LA vs. Hate Incidents by Type of Crime

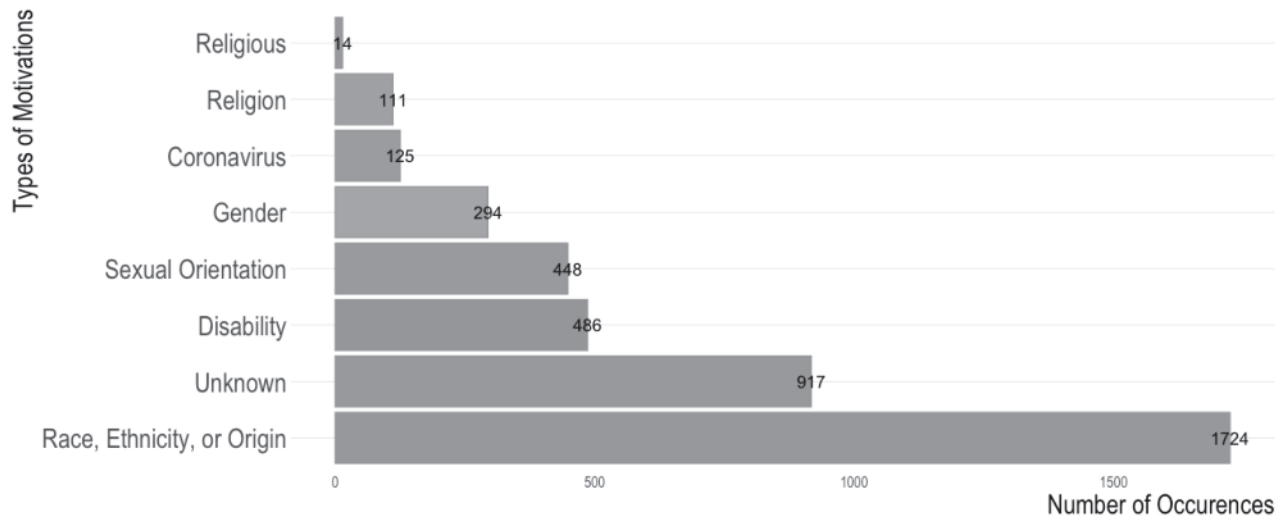


Note. These categories are not mutually exclusive, i.e., cases can include more than one category.

53% of incidents were motivated by the race, ethnicity, or national origin of the victim(s) (see Figure 6 below). Almost a third had unknown motivations. Less than a sixth of cases were

motivated by the victim(s)'s disability and/or sexual orientation. Less than 10% included any of the remaining categories.

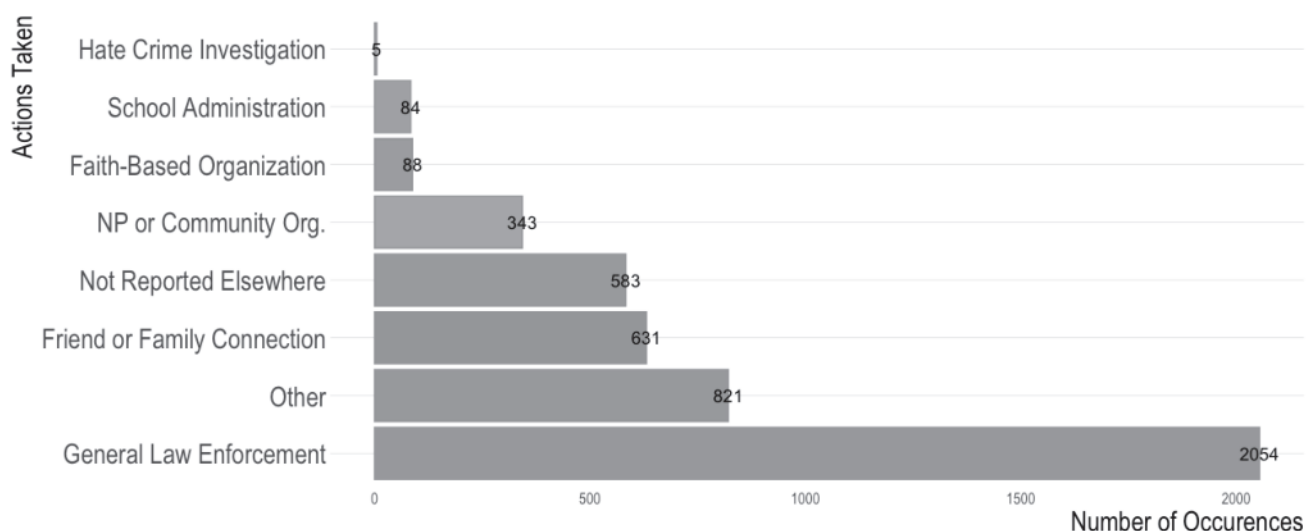
Figure 6. LA vs. Hate Incidents by Type of Motivation



Note. These categories are not mutually exclusive, i.e., cases can include more than one category.

Police and other law enforcement were already involved in almost two thirds (64%) of hate-related inquiries 211 LA received. However, only 5 cases had already triggered a hate crime investigation. In about a fifth of cases, inquirers had spoken with friends and/or family about the incident(s). In about a tenth of cases, inquirers had already connected to non-profit or community-based organizations. In 3% of cases each, school and/or faith-based organizations had already been contacted. In about a quarter of cases, inquirers had connected to “Other” uncategorized services. About a fifth of cases were not previously reported elsewhere.

Figure 7. LA vs. Hate Cases by Actions Taken Prior to Inquiry



Note. These categories are not mutually exclusive, i.e., cases can include more than one category.

98% of calls and website reports were made by adults. Only 4% of clients declined referrals, including <1% of minors. Only 3.5% of clients declined care coordination (e.g., a follow up call from a Care Coordinator). See table below for client referrals and follow up rates.

Table 1. *Clients Referral and Follow Up Rates*

<i>Did they receive follow up calls?</i>			<i>Did they receive referrals?</i>		<u>Total</u>
			No	Yes	
No			114 (3.5%)	18 (<1%)	132 (4%)
Yes	<i>...with parental consent?</i>	Adult (n/a)	230 (7%)	2,784 (86%)	3,014 (94%)
		No	1 (<1%)	15 (<1%)	16 (<1%)
		Yes	3 (<1%)	58 (2%)	61 (2%)
Total			348 (11%)	2,875 (2%)	3,223 ⁵

211 LA has hundreds of referral resources at their disposal. The way in which 211 LA records the resources referred to clients by cases is done in such a way currently does not facilitate codification and analysis that would allow us to accurately taxonomize referral resources. Specifically, 211 LA records their referred resources per case as strings of plain text with the name of the referred organizations. Multiple referrals are recorded in the same cell, separated by indentation. Organization titles of many different levels are recorded in the same cell (e.g., the California Department of Consumer and Business Affairs—Bureau for Private Postsecondary Education or a specific person’s office, etc.).

⁵ 7 cases were missing information for these two variables.

To get a sense of the variety and frequency of referred organizations, we can produce a word cloud (Figure 8 below). The cloud represents the top 200 most frequent words⁶ in the names of organizations referred for hate-related cases. As we might expect, we can see that organizations denoting county-level, city-level, and community-level services have been more often referred than those denoting state-level or national-level services. We also see that while “legal,” “rights,” “mental,” and “police” are, as we might expect, common words in referred organizations’ names (followed by words like “counseling,” “attorney,” “victim,” “protective,” “law,” or “station”), there are some words of high frequency we would not expect for hate-related cases: “health” is a particularly frequent one, followed by “housing,” “family,” “adult,” and “aging.” While this would be a limited way to make inferences about the services that LA vs. Hate clients are referred, these unexpected topics align with what we heard discussed in our focus groups. These referral name frequencies also fit some of the aforementioned categorical frequencies (e.g., the high number of residential locations of hate-related incidents). Currently 211 LA uses a web search referral system, based on taxonomy of social services. However, during the focus groups, two of the performance coaches mentioned the benefit of developing an automated resource referral system such as a “suggestion box” that pops up, because an app has analyzed your call and is putting forth recommendations for referrals. They stressed that this would in no way replace the human interaction between inquirer and CRA, but rather it would add something to the CRAs repertoire.

Figure 8. *LA vs. Hate Referred Organizations' Names' Word Frequencies*



Research Question

To what extent do 211 LA's text-, phone-, and web-based helplines appropriately implement their service protocols? What are the difficulties or gaps in doing so?

⁶ Excluding the words "los", "Angeles", "department", "center", "office", "services", "association", "foundation", "program", and "service," as they provided little information and were so common as to obscure other words.

Background and Context

Crisis helplines have existed since the 1950s and rapidly increased in number globally (De Leo et al., 2002). Internet forums, email, text messaging, and other technologies and platforms have emerged in addition to traditional telephone support (Lipczynska, 2009). Helplines are relatively inexpensive and accessible, offering quick support for users who otherwise have not yet been reached by professional interventions (Sivenbring, 2019). Crisis helplines have different models informing how they engage with users, ranging from a non-directive empathetic listening response to a more directive approach where operators tend to investigate and provide direct advice or offer suggestions (Mishara et al., 2007). 211 LA and LA vs Hate primarily use a directive approach, where the operator files a report and, if requested, connects clients to care coordinators, who arrange a care plan for the clients with referrals to community providers.

However, few helplines exist around the world with protocols designed to specifically handle extremism (Sivenbring, 2019) or hate crime-related reports, let alone with published evaluations of program fidelity⁷. Indeed, though program fidelity is not itself well studied in the hotline literature, we can draw on knowledge developed through helplines and program interventions generally⁸. These might include, for example, helplines with mandated reporting, such as those developed for handling calls on domestic and intimate partner violence (Clark et al., 2019; Decker et al., 2020; McDonnell et al., 2018), anti-trafficking (Lang, 2011), suicide prevention (Boudreaux et al., 2013; Stanley et al., 2020), triage decision making (Belman et al., 2002), and other health behaviors (Borrelli, 2005).

Helpline programs have been evaluated in myriad ways. Relevant evaluation strategies include reviews of user calls, website, app, or form activity/completion (Carolan et al., 2017; Lepping et al., 2006), reviews of case information and call transcripts or recordings⁹ (Decker et al., 2020; Lelutiu-Weinberger et al., 2015; Stanley et al., 2020), conducting mock calls (Belman et al., 2002), conducting exit and follow up surveys and interviews with users (Boudreaux et al., 2013; Borrelli, 2005; McDonnell et al., 2018), and evaluating user retention and adherence to program referrals (Gordon et al., 2020). Some programs enhance their fidelity by not only describing in training how protocols ought to be followed, but actually roleplaying user interactions and providing measured feedback to helpline staff (e.g., Gordon et al., 2020). That level of training and evaluation to ensure and preserve program fidelity seems to be rare, but helpline staff coaching, regular staff check-ins and supervision are more common (e.g., Kealey et al., 2009). While there is some published discussion of these methods employed to measure protocol fidelity, there are few results published. That information seems to remain between the evaluator and the subject of evaluation. Furthermore, Clark and colleagues (2020) note a difficulty measuring and controlling for program fidelity in their study that is likely common across programs: the settings are large, and the clients heterogenous, requiring a lot of variability in program application. Such issues represent important considerations when evaluating 211 LA's program fidelity.

⁷ The fidelity with which a program is implemented per its protocols, procedures, training, etc.

⁸ e.g., tobacco cessation (Gordon et al., 2020; Kealey et al., 2009), HIV prevention (Lelutiu-Weinberger et al., 2015), or stress management (Carolan et al., 2017).

⁹ Though only a randomly chosen smaller percentage of calls may be reviewed (e.g., Kealey et al., 2009).

Sources of Data and Method

To test for program fidelity, we triangulated information gained from multiple sources. These included 211 LA's program materials, focus groups with 211 LA staff, meetings with 211 LA management, and deidentified client case records. Given the privacy issues associated with 211 LA's clients, several discussions and clarification meetings took place between 211 LA and GSU researchers about what data was acceptable for access and analysis. After GSU's Institutional Review Board approved the receipt of program material and deidentified data, 211 LA shared their protocols, staff training and QA evaluation materials, and deidentified case records with the research team. After reviewing these documents, several meetings with 211 LA staff took place over the course of months to discuss and clarify the information provided.



Both the materials and conversations informed our data analysis plan and the focus group script development. Focus groups were deemed an appropriate additional data source to expand upon and corroborate findings from the materials provided by 211 LA, and to allow for a more extensive process overview to emerge. While reviewing case records is common in testing for program fidelity (Decker et al., 2020; Lelutiu-Weinberger et al., 2015; Stanley et al., 2020), a more nuanced and flexible qualitative approach is necessary to capture the heterogeneity common in clients' needs (Clark et al., 2020).

The development of the focus group questions was based on *Doing Focus Groups* (Barbour, 2007) and reviewed for ease of understanding and applicability by 211 LA management across multiple levels. Between September and October of 2022, we conducted three semi-structured focus groups with 211 LA staff—namely CRAs, Care Coordinators, and Performance Coaches. We employed open-ended, hypothetical, “Devil’s Advocate,” and “ideal position” focus group questions. We then performed qualitative analysis on responses to questions regarding service provision, particularly regarding agreement, knowledge, confidence vs. doubt, reasoning vs. reacting, and disbelief vs. affirmation regarding protocol fidelity.

Our intended method for evaluating program fidelity with the deidentified case records was to test for variation in case service by cases versus CRAs when controlling for case type and demographics (i.e., mixed effects modeling with categorical outcomes). Specifically, we had intended to test for significantly higher variation between CRAs than between cases as that might signify protocol non-compliance. However, the unidentified case records provided by 211 LA did not include CRA and Client identifiers. Instead, we used non-mutually exclusive case report form questions as proxies for measuring program fidelity.

The following materials were provided by 211 LA to the research team:

a) Documents related to Community Resource Advisors:

- Anti-Hate Campaign Protocol
- Comprehensive I&R Call Handling Protocol
- Crisis Call Handling Protocol

b) Documents related to Care Coordinators:

- Anti-Hate Campaign Care Coordinator Protocol

c) Documents related to Performance Coaches:

- Quality Assurance Monitoring Guide
- QA Weighted Elements

Each of the protocols contains the following sections: goal, quick guide, guidelines, general information, and documentation. The protocols are structured such that the CRA or Care Coordinator has the most essential information they need to guide an active call. Important information is highlighted, and color blocking sets big chunks of information apart. Protocols have been in use by 211 LA for over 35 years and have been updated over time.

The Quality Assurance Monitoring Guide allows the performance coach to rate / score a call by the sections of call opening, delivery of service, assessment of need, service information / referral competence, and call closing. The Performance Coach enters a CRAs score into the corresponding QA Weighted Elements form and tallies it up. This result forms the basis for CRAs' monthly performance review.

The following sections will explain the implementation of 211 LA's protocols relative to hate-related cases and whether we found deviations thereof. This material draws on focus groups conducted by the research team with 211 LA staff.

Results and Findings

Summary & Overview

We have determined that:

- 211 LA's anti-hate protocols are correctly implemented and followed
- The protocols ensure consistent program delivery
- Training is comprehensive and on-going, enabling staff to respond to program changes and address challenges
- Appropriately classifying types of crimes and motivations for anti-hate inquiries, while at times challenging, is achieved with consistency
- Quality assurance is built into the program via monitoring, supervision, & quality feedback, contributing to program success
- 211 LA's implementation of LA vs. Hate using the anti-hate protocols represents a promising new program that shows great potential to be upscaled

Background Context

CRAs' and Care Coordinators' adherence to protocols means more consistency in delivery and ensures quality. CRAs and Care Coordinators being able to correctly identify anti-hate cases can lead to better service referrals. We set out to answer the following questions:

- Do 211 LA staff use the protocols correctly and consistently?
- Does training for 211 LA staff prepare them to do so?
- Does 211 LA staff correctly identify anti-hate cases?
- Are they able to get help on a call that is difficult to classify and provide referrals for?

Use of Protocols

Most of the Care Coordinators and Performance Coaches have worked as a CRA on the helpline. This enables them to understand the challenges that CRAs face. CRAs have to respond to ever-changing requests, as no two cases are alike, while providing customer-centered service. They have a small window of time to establish trust, assess what the client's needs are, deescalate a situation if necessary, and develop a strategy. They do this while following the protocols. Even though CRAs differ in personal styles and relate to clients in their own ways, the protocols ensure that each client receives relevant services and referrals.

The CRAs expressed that they are trained to use multiple protocols and use one or more for each of the calls they receive. The Care Coordinators have only one protocol that relates to anti-hate, and the Performance Coaches have one that applies to all quality assurance.

Across all focus groups, training emerged as a positive experience that prepared 211 LA staff to do their job and accurately follow the protocols. Initial training is provided for new hires, followed by ongoing training and workshops with partner agencies to understand the broader scope of their services (e.g., The Anti-Defamation League, Caller Back, etc.). Sharon and colleagues (2017) found in their own research with 211 LA that the learning curve for CRAs after their initial training is quite steep, and that it takes CRAs about 2 years to become entirely proficient in handling all the kinds of inquiries that 211 LA receives.

Classification

To correctly identify hate-related incidents and file an anti-hate report, CRAs and Care Coordinators work through a variety of scenarios as part of their training. They also watch multiple training videos and listen to recorded calls. Through these activities, they learn to ask direct questions and write down the actual terms used by the client, even when hateful or discriminatory language is used. The next part of their training is hands-on, as CRAs work alongside senior colleagues and their Performance Coach. No amount of theoretical training can prepare a CRA for having a person in crisis on the line, while quickly trying to figure out what steps to take. The protocols allow a new CRA to correctly follow the relevant procedures.

An example of quality assurance at work, as one participant noted, when the anti-hate program first started, CRAs were "trigger happy" and tagged too many incidents as anti-hate. Follow up training quickly led them to make more nuanced judgements on what is a hate crime

and what is not. Multiple checks and balances are now in place so that missteps are quickly identified and addressed (see below).

Results & Findings

Deviation from Protocols & Difficulties with Inquiries

CRA's follow protocols closely and consistently. However, they also described cases where some calls are difficult to categorize. In such instances, the CRA might not know immediately what the needs of the client are and hence, what resources to refer them to. In addition, the client might refuse service or not cooperate, or the hate incident might unsettle the CRA on a personal level. The CRA's do not deviate from the protocol as such but can feel personally overwhelmed in a given situation and require additional assistance.

If the CRA is on a challenging call, they have the option of reaching out via instant messaging (IM) to other CRA's or their supervisors (Performance Coaches). Another CRA or Performance Coach can place themselves on the phone as well, as a "buddy," thereby listening in and being able to IM recommendations to the CRA during the call. On such an occasion, as a crisis call happens, and the CRA requests support, other CRA's might put a non-crisis caller on hold, as the crisis call takes priority. The CRA will attempt to keep the client on the line, while they or someone else contacts law enforcement, a mobile psychiatric response team, or such.

CRA's in the focus group also described reaching out to each other and Performance Coaches on IM as useful for gaining clarification or input on non-crisis calls. The Performance Coach can enter a live call with a CRA and "whisper into their ear"—thus helping the CRA. During the Performance Coaches focus group the Coaches expressed that if they get a request, such as "can you jump on this call and help me?" they will go on, ask the CRA for a quick overview and advise them on how to proceed. If the call is considered a crisis or anti-hate call, the Performance Coach might ask "do you have the relevant protocol up?" or offer suggestions for services. They said in the focus group that sometimes they just remind the CRA to breathe.

CRA's expressed during the focus group that this system worked very well pre-COVID-19, when they were all working in-person. They said they found it beneficial to be able to see who was in the office that day. This became more challenging during the pandemic, as new hires were not familiar with the other CRA's, or for other reasons have had difficulty getting a "buddy" on the line when needed.

A newer CRA who participated in the focus group said they would enjoy more time getting to know the rest of the team, even if only via videoconferencing. In addition, a CRA suggested that biweekly meetings with other CRA's would help to build their knowledge base, compare notes, and learn new strategies for handling calls. It appears that little time is currently allotted for teambuilding, as the CRA's operate on a very exacting schedule.

Additional minor but potentially significant issues were raised in the focus groups. For example, a change in one of the software platforms used by CRA's (in this case, Google Hangout), resulted in IM opening a new browser window, rather than popping up on the screen. As a result, CRA's miss some messages.

After an intense or demanding call, the Performance Coach might check in with the CRA to debrief, offer emotional support, and make sure they are ready and able to take their next call. The Performance Coach expressed that they regularly remind the CRA that they are only human, they are still learning, and that they will be more prepared the next time. If the CRA experiences emotional distress because of a hate incident (e.g., if the content of the call relates to their own identity as a protected class or because a call was otherwise overwhelming, they might take a break – e.g., to take ten minutes off - after which they are expected to return to the helpline. Some CRAs have expressed that after a particularly difficult call, ten minutes is not enough and that having an in-house trained therapist available for CRA support would be beneficial. CRAs also reported that they know of other CRAs who have walked out and quit because of the demands of the job. During the focus groups, CRAs expressed that working in this capacity is incredibly stressful at times. Some CRAs acknowledged that they "take the job home," sometimes dreaming about cases they could have handled better. CRAs said that while they love that they are able to help people, they have to remind themselves to take it "one call at a time," and helping "one person at a time."

Equifinality

During the focus groups, participants across all groups expressed that while personnel styles differ, the outcome for clients is consistent. Participants repeatedly mentioned the importance of establishing a "human connection"— which they described as listening with empathy, connecting personally to the inquirer and then client, and, "leaving them in a better place." While each CRA and Care Coordinator has their own unique way of connecting with inquirers and clients, the protocols ensure that the same steps are taken with each inquirer and client. The 211 LA staff interviewed stressed that the human connection is what clients are actually looking for, and that clients have expressed happiness at "not having an automated answer but a real person" on the line. Being flexible and responsive is what makes CRAs and Care Coordinators effective at their job. Some minor variation in interaction styles is to be expected. However, focus groups participants insisted that if one were to listen to calls, a consistent pattern would emerge whereby CRAs and Care Coordinators follow the same steps, ask the same questions for assessment, and determine referral based on the client's answers. In addition, all staff are held to the same standard regarding productivity, quality, and attendance.

The Performance Coaches also expressed that they each have *their* own style of how they foster relationships, teach their team, and support their CRAs. A CRA can request a different coach if they don't relate to theirs, but this rarely happens. Our impression from the focus groups was that the Performance Coaches genuinely care about their team of CRAs. They acknowledge that while quality control implies criticism, they take steps to frame it as support and opportunity for growth.

In conclusion, conducting focus groups with 211 LA's CRAs and Performance Coaches provided a valuable opportunity to gain observations and insights that would not have been possible via an examination of protocols and training materials alone.

Protocol Fidelity: Quantitative Data Inferences

In the Process Evaluation Plan and Data Collection Plan, we had originally planned to statistically test for variation in program implementation (e.g., referral categories and rates)

between CRAs via a multilevel modeling approach: specifically, to test for the Intraclass Correlation (ICC) or proportion of variance in an outcome (e.g., referral choice and frequency) due to groups (e.g., each CRA that handled a group of cases). However, 211 LA did not share CRA and client ID numbers tied to case records as they believed that such sharing would violate those individuals' anonymity.

Instead, we devised an alternate solution. We can consider descriptively a proximate measure of implementation variability: average number of boxes ticked across time by CRAs on non-mutually exclusive variables. Specifically, we looked at the non-mutually exclusive categorical variables described earlier: Types of Crime, Types of Motivation, and Types of Actions Taken. CRAs could, for each variable, select one or more among several multi-select box options (15, 8, and 8 options, respectively). We calculated a proportion of potential options selected (e.g., 4 out of 15 Types of Crime for a case, and 7 out of 8 Actions Taken), and then compared averages across time (LOESS) of proportions of these variables selected (see Figure 9 below).

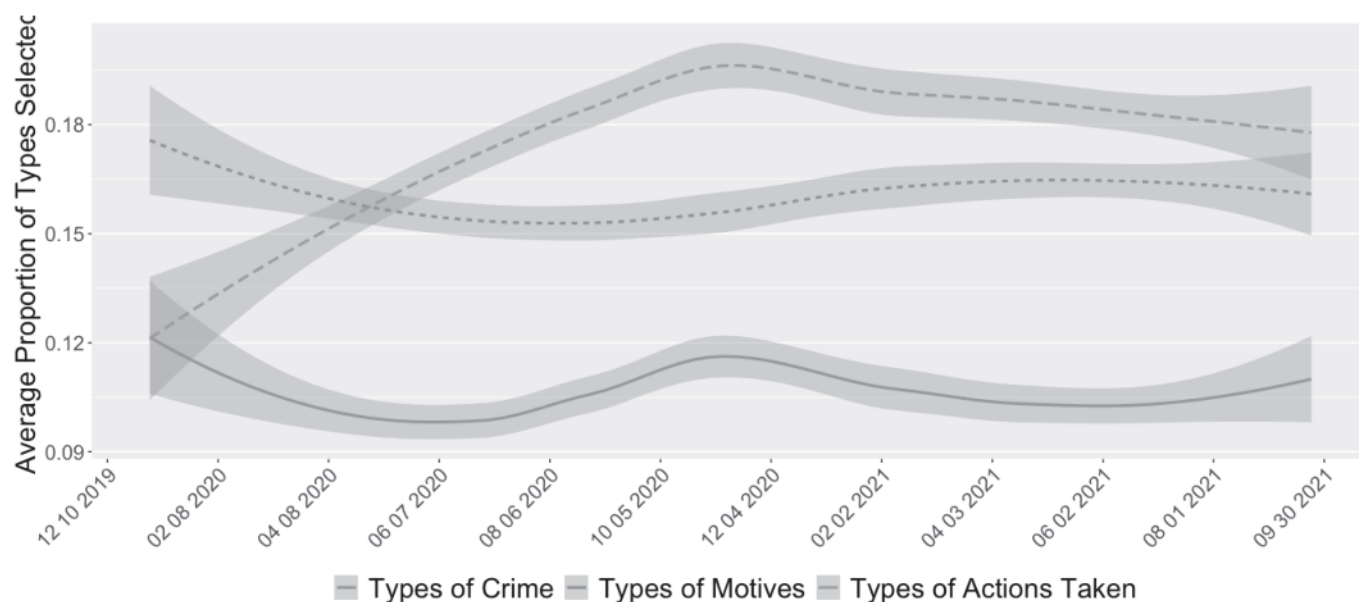
What this means is as follows. Higher proportions of items selected (indicated by height on the y-axis) may be indicative of more diverse and complex cases (e.g., a case involving Hate Mail, Graffiti, Swastikas, Bullying, Burglary, and Discrimination)—or, they may be indicative of overgeneralization of case categorization by CRAs due to poor understanding of, and/or familiarity with, hate crimes (e.g., checking all boxes 'just in case'). Indeed, we see that, at the time of LA vs. Hate program's inception, both Types of Crime and Motives item selection proportions started higher before decreasing. This is to be expected, as CRAs were first learning about hate crimes and how to categorize them; their subsequent decrease in proportion of boxes checked may be indicative of CRAs learning more about, and better understanding, hate crimes, how to appropriately categorize them, etc.

We do see a prominent *increase* over LA vs. Hate's first year in Types of Actions Taken before inquirers contacted 211 LA about a case. Assuming that inquirers were not increasingly engaging with more services prior to calling 211 LA, and that, unlike Types of Crime and Motivation, Types of Actions Taken are not difficult to distinguish/categorize, the most parsimonious conclusion is that 211 LA staff simply got better at asking clarifying questions of inquirers regarding what they had already done prior to calling 211 LA. Put another way, 211 LA staff have gotten better at asking inquirers about all the different actions inquirers may have already taken prior to contacting 211 LA.

We also see that the standard error around these moving averages does not dramatically change at any point in time, despite 211 LA hiring and training new cohorts of staff at punctuated points in time since LA vs. Hate started. This indicates that the expansion of the program and training of new staff did not increase variability of the proportion of boxes ticked by the CRAs--i.e., that new staff gained all the of specificity that current staff had already learned.

Most importantly, using this method, tentative evidence emerges that CRAs are categorizing calls with increasing consistency and accuracy following the program's inception. Additional information would be necessary to statistically test for variability in program implementation across CRAs; however, given what we have learned from 211 LA's staff in focus groups and protocol materials, we are confident that 211 LA staff implements their program with more than reasonable fidelity.

Figure 9. *Proportion of Non-Mutually Exclusive Categorical Variable Boxes Checked Over Time*



Discussion

In October 2020 the research team started engaging with 211 staff at multiple levels. We reviewed materials and deidentified case records provided by 211 LA, as well as talked with staff during focus groups, to assess 211 LA's program fidelity, particularly regarding the LA vs Hate program.

We found that 211 LA staff successfully implemented their new protocols created for the LA vs Hate program. 211 LA staff are able to use correctly classify incidents involving a hate-crime against a protected class due to their effective and extensive training. Further, they can connect hate crime victims and witness to relevant services. Quality Assurance assures that staff rely on the protocols and deliver a consistent program across a heterogeneous inquirer base.

While we were not able to visit the 211 LA call center and observe the process live, the 211 LA's staff was helpful in explaining the process during meetings and focus groups. Information gleaned from the documents and training material was corroborated with interviews with 211 LA staff. Consistency in the information disclosed across the focus groups and meetings with 211 LA management suggests high structural integrity¹⁰. 211 LA has shown that they can take established processes, adapt them to the new anti-hate program, create new protocols, and implement a new program successfully. Existing and new training prepared CRAs to use the new protocols. Initially, CRAs may have had some difficulty initially understanding and consistently responding to hate-related cases, judging from our proximate quantitative

¹⁰ The clarity, measurability, verifiability, and comparability of an intervention program's implementation (e.g., level of staff training, program's theory of change, methodological rigor, quality of procedures, etc.)

measure of program fidelity corroborated by focus group themes. However, a learning curve would be expected; furthermore, 211 LA staff quickly adapted to their new inquiry content area.

211 LA staff clearly demonstrated a solid knowledge base and the ability to improve upon their helpline implementation following the LA vs. Hate program using consultation, QA feedback, and further training as resources. That ability they demonstrated to quickly hone their program implementation will be crucial for applying new protocols we help them develop to prevent and counter violent extremism.

211 LA has created a valuable template for reporting hate crimes that shows promise for replication across the country. Currently, several States are contemplating adopting the program. The taxonomy allows for human services to be added in any State and categorized accordingly. 211 LA's ability to create and implement protocols, suggests that they are well equipped to implement a new program to address violent extremism. 211 LA has the capacity to function as an early implementer and test a new program that could be upscaled to other states, without much modification.

References

- Belman, S., Murphy, J., Steiner, J. F., & Kempe, A. (2002). Consistency of triage decisions by call center nurses. *Ambulatory Pediatrics*, 2(5), 396-400.
- Borrelli B, Sepinwall D, Ernst D, Bellg AJ, Czajkowski S, Breger R, et al. A new tool to assess treatment fidelity and evaluation of treatment fidelity across 10 years of health behavior research. *J Consult Clin Psychol* Oct 2005;73(5):852-60.
- Boudreaux, E. D., Miller, I., Goldstein, A. B., Sullivan, A. F., Allen, M. H., Manton, A. P., ... & Camargo Jr, C. A. (2013). The emergency department safety assessment and follow-up evaluation (ED-SAFE): method and design considerations. *Contemporary clinical trials*, 36(1), 14-24.
- Carolan, S., Harris, P. R., Greenwood, K., & Cavanagh, K. (2017). Increasing engagement with an occupational digital stress management program through the use of an online facilitated discussion group: Results of a pilot randomised controlled trial. *Internet interventions*, 10, 1-11.
- Clark, C. J., Wetzel, M., Renner, L. M., & Logeais, M. E. (2019). Linking partner violence survivors to supportive services: impact of the M Health Community Network project on healthcare utilization. *BMC health services research*, 19(1), 479.
- De Leo, D., Dello Buono, M., & Dwyer, J. (2002). Suicide among the elderly: the long-term impact of a telephone support and assessment intervention in northern Italy. *British Journal of Psychiatry*, 181, 226-9.
- Decker, M. R., Wood, S. N., Kennedy, S. R., Hameeduddin, Z., Tallam, C., Akumu, I., ... & Clough, A. (2020). Adapting the myPlan safety app to respond to intimate partner violence for women in low and middle income country settings: app tailoring and randomized controlled trial protocol. *BMC public health*, 20, 1-13.
- Barbour, R. (2007). *Doing Focus Groups*. Sage Publications.
- Gordon, J. S., Bell, M. L., Armin, J., Giacobbi Jr, P., & Nair, U. S. (2020). A Telephone-Based Guided Imagery Tobacco Cessation Intervention: Results of a Randomized Feasibility Trial.
- Kealey, K. A., Ludman, E. J., Marek, P. M., Mann, S. L., Bricker, J. B., & Peterson, A. V. (2009). Design and implementation of an effective telephone counseling intervention for adolescent smoking cessation. *JNCI: Journal of the National Cancer Institute*, 101(20), 1393-1405.
- Koehler, D. (2017). *Understanding Deradicalization: Methods, Tools and Programs for Countering Violent Extremism (Contemporary Terrorism Studies)* (1st ed.). Routledge.
- LA vs Hate. (2021, August 20). *About*. LA vs. Hate. <https://www.lavshate.org/about>
- Lange, A. (2011). Research note: challenges of identifying female human trafficking victims using a national 1-800 call center. *Trends in Organized Crime*, 14(1), 47-55.

- Lelutiu-Weinberger, C., Pachankis, J. E., Gamarel, K. E., Surace, A., Golub, S. A., & Parsons, J. T. (2015). Feasibility, acceptability, and preliminary efficacy of a live-chat social media intervention to reduce HIV risk among young men who have sex with men. *AIDS and Behavior*, 19(7), 1214-1227.
- Lepping, P., Woodworth, B., Roberts, L., & Turner, J. (2006). Increasing psychosocial assessment by introducing a self-harm pathway. *Psychiatric Bulletin*, 30(5), 169-172.
- Lipczynska, S. (2009). Web review: Suicide. *Journal of Mental Health*, 18, 188–191.
- Mishara, B. L., Chagnon, F., Daigle, M., Balan, B., Raymond, S., Marcoux, I., Bardon, C., Campbell, J. K., & Berman, A. (2007). Which Helper Behaviors and Intervention Styles are Related to Better Short-Term Outcomes in Telephone Crisis Intervention? Results from a Silent Monitoring Study of Calls to the U.S. 1-800-SUICIDE Network. *Suicide and Life-Threatening Behavior*, 37(3), 308–321.
<https://doi.org/10.1521/suli.2007.37.3.308>
- McDonnell, K., Nagaraj, N., Mead, K., Bingenheimer, J., Stevens, H., Gianattasio, K., & Wood, S. (2018). An Evaluation of the National Domestic Violence Hotline and loveisrespect.
- Sivenbring, J. (2019). Signs of Concern about Islamic and Right-Wing Extremism on a Helpline against Radicalization. *Journal for Deradicalization*, Spring (18), 108–145.
- Sharan, M., Ottilingam, N. K., Mattmann, C. A., Singh, K., Marin, M., Latzer, A., Foon, C., & Handore, U. (2017). An Automated Approach for Information and Referral of Social Services using Machine Learning. 0–5. <https://doi.org/10.1109/IRI.2017.42>
- Stanley, B., Labouliere, C. D., Brown, G. K., Green, K. L., Galfalvy, A. C., Finnerty, M. T., ... & Dixon, L. B. (2020). Zero suicide implementation-effectiveness trial study protocol in outpatient behavioral health using the AIM suicide prevention model. *Contemporary clinical trials*, 106224.
- Whitaker, D. J., Lutzker, J. R., & Shelley, G. A. (2005). Child maltreatment prevention priorities at the Centers for Disease Control and Prevention. *Child Maltreatment*, 10(3), 245–259.
<https://doi.org/10.1177/1077559505274674>
- Williams, M. J., Bélanger, J. J., Horgan, J., & Evans, W. P. (2019). Experimental Effects of a Call-Center Disclaimer Regarding Confidentiality on Callers' Willingness to Make Disclosures Related to Terrorism. *Terrorism and Political Violence*, 31(6), 1327–1341.
<https://doi.org/10.1080/09546553.2018.1476347>
- Williams, M. J., Horgan, J. G., & Evans, W. P. (2016). The critical role of friends in networks for countering violent extremism: toward a theory of vicarious help-seeking. *Behavioral Sciences of Terrorism and Political Aggression*, 8(1), 45–65.
<https://doi.org/10.1080/19434472.2015.1101147>

Appendix A: Hate Report Form

If you are trying to report a business for failing to comply with COVID-19 health orders, please contact the LA County Public Health - Environmental Health Department at **888-700-9995** to make your report.

Or if you are in the City of Los Angeles, you can submit a report on their City of Los Angeles - Complaint Intake Form for Alleged Businesses in Violation of the Safer at Home Order.

Submitting information about a hate act or bullying helps inform community efforts dedicated to prevent and respond to acts of hate and bullying. If you wish to remain anonymous you may leave contact information blank.

Your Name

Your Zip Code

Your Phone Number

Your Email

Your Year of Birth

If you are a Student, what School are you Attending/Enrolled in? (Enter full school name)

How Did You Hear About 211 LA Anti-Hate Line? (Select One)

- Select -

- ☐ 211 Outreach Team/Community Schools Initiative
- ☐ County Office/Department
- ☐ Faith Based Organization
- ☐ Law Enforcement
- ☐ Marketing/Pamphlet/Signage
- ☐ Non-Profit or Community Organization
- ☐ Other
- ☐ Radio
- ☐ Social Media
- ☐ TV
- ☐ Word of Mouth

Incident Data

Who is Reporting (Select One)

- Select -

- ☐ Self/Victim
- ☐ Witness
- ☐ Victim Advocate

Do you know the exact incident date?

- Select -

- ☐ Yes
- ☐ No

Incident Location (Select One)

- Select -

- ☐ Physical Address
- ☐ Online

Description of Incident - Must be specific and use exact language used by the perpetrator(s). What specifically did the perpetrator say or do (if applicable)?

Care Coordinator Follow up - Can a Care Coordinator follow-up with you to make sure that you are able to connect with the referrals that you are provided? (Select one)

- Select -

- ☐ Yes - 18+
- ☐ Yes - If under 18 with parent consent
- ☐ Yes – Under 18 without Parent Consent
- ☐ No - Client declined followup - Just wanted to report

Location Type (Select one)

- Select -

- ☐ Business
- ☐ Community Based Organization
- ☐ Electronic Communication (social media, email, chat, etc.)
- ☐ Government/Public Building
- ☐ Public Place
- ☐ Religious Site
- ☐ Residence
- ☐ Other

Types of Crime or Harassment (Select all that apply)

- ☐ Bomb Threat?
- ☐ Bullying (K-12)?
- ☐ Burglary / Robbery?
- ☐ Discriminatory Treatment?
- ☐ Cross Burning?
- ☐ Display of Swastika?
- ☐ Derogatory Names?
- ☐ Graffiti / Vandalism?

- ☐ Hate Mail?
- ☐ Physical Assault/Battery?
- ☐ Murder (Attempt)?
- ☐ Sexual Assault?
- ☐ Threat of Violence?
- ☐ Other Crimes/Harassment

Motivation for Crime or Harassment (Select one)

- ☐ Disability
- ☐ Gender
- ☐ Race/Ethnicity/National Origin
- ☐ Religion
- ☐ Sexual Orientation
- ☐ Coronavirus
- ☐ Unknown Motivation

Action Taken - Who else has this incident been reported to? (Select all that apply)

- ☐ General Police/Law Enforcement
- ☐ Family or Friend
- ☐ Faith Based Organization
- ☐ Non-profit/Community Based Organization
- ☐ School Administrator/Teacher/School Police
- ☐ Not Reported Elsewhere
- ☐ Other

Victim Information

Who was Targeted (Select one)

- Select -

- ☐ One Person (Individual)
- ☐ Group

Perpetrator Information

Who was Perpetrator of Hate Act/Crime? (Select one)

- Select -

- ☐ One Person (Individual)
- ☐ Group

Consent to Share Information - Can 211 LA County share your information with the LA County Human Relations Commission to help identify areas in need of more resources related to hate-incidents?

- Select -

- ☐ Yes - Must be 18+
- ☐ Yes - if under 19 with parent consent

- ☐ No - Decline to Share
- ☐ No - Under 18

Appendix B: Focus Group Scripts

Script for the Focus Group with CRAs

Opening

LEADER A: Welcome and thank you for being here today. The goal of this meeting is to ask for your feedback about the processes and protocols of the 211LA helpline, particularly as they pertain to the LA vs Hate program. This will help us researchers better understand text- and call-based helplines, especially regarding hate crimes. You have a much better understanding of what works ‘on the ground’ than we do, and that’s why we are grateful for the opportunity to hear from you.

LEADER B: Let me introduce us. I am Katharina, this is Ari, and we will be the moderators for today’s discussion. We are PhD researchers from Georgia State University working in collaboration with 211LA. We are working with Dr. John Horgan, who leads this research project. The research is supported with funding from the Department of Homeland Security (DHS).

Today we are having a conversation focused on specific questions in a safe environment. We invite you to participate in the discussion. There are no right or wrong answers. Just speak from your perspective. If you wish, you can also respond to each other’s comments, like you would in an ordinary conversation. It is our job to make sure that everyone here gets to participate and that we stay on track. When one of us is leading a conversation topic, the other one will be taking notes.

LEADER A: Before we get started, we want to let you know three things. First, the information we learn today will be compiled into a report. That report will include a summary of your comments and recommendations. It will be shared with other members of the research team, as well as some 211 LA and DHS staff. We will not be using your names and you will not be identified as an individual in our report of this project. Your comments will be confidential. In addition, we ask that what people say here not be repeated outside of this room. Second, you do not have to answer any questions that you do not feel comfortable with. If at any point you wish to leave the focus group, you are free to do so.

LEADER B: Third, we will be audio recording this focus group. The recording will only be used by ourselves and Dr. Horgan to make sure our notes are correct. The audio recording will be transcribed within a couple of days, whereafter all names will be removed and replaced with confidential IDs, such as, “Speaker A, Speaker B,” etc. We ask that you refer to one another via first name only as an added layer of protection until we remove all names entirely. Also, please do not use any names or identifying information about other people.

LEADER A: We thank you for giving us 60 to 90 minutes of your time. Having already taken up a small part of it, let’s begin with introductions.

Icebreaker

LEADER A: Please share with us your first name, your role at 211LA, and how long you have been working at 211LA.

LEADER B: Thank you. Next we are going to ask you several questions about your experiences working with clients, especially those who might have hate crime-related calls. Feel free to ask

us to repeat or rephrase any of the questions. Again, you are the experts on this, we are here to learn from you. Before we begin, do you have any questions for us?

Program Fidelity & Training

1. In your own words, can you describe the steps you take when you answer a helpline request?
 - 1.1. Do you follow the same steps every time? Please expand on why or why not.
 - 1.2. Do you experience situations in regards to hate related cases, where you have to diverge from the protocol? If yes, please give an example of the situation and how you handled it.
2. How do you determine if a case is hate related? Can you walk us through those steps?
 - 2.1. What are the indicators that it is hate related?
 - 2.2. Have you had a call where you were not sure if it is hate related?
 - 2.3. What would you consider grey areas?
 - 2.4. Who do you contact if you are unsure?
3. If you were the caller and were to call the helpline about the same incident, but on three different occasions, and let's say that you ended up being connected to a different CRA each time, do you think that your experience would be the same or different from call to call?
4. What did the CRA training prepare you for? What stood out about the training as beneficial to you?
 - 4.1. Can you think of a situation that the training did not prepare you for? How did you handle it?
 - 4.2. If you were to train others or create training materials, what would you include that's not currently in there?

Mandatory Reporting

5. Do you sometimes share caller's information with law enforcement or non-profit partners? If so, what are you allowed to share?
 - 5.1. Have you ever had to involve law enforcement in a case, and if so, how did you proceed?
 - 5.2. Are there grey areas?

Other

6. If you were running the program and had all the resources in the world, what would you add or change?
 - 6.1. What makes your job harder?
 - 6.2. What would make it easier?
7. Do you think people know enough that 211 LA offers services in regards to hate related incidents?
 - 7.1. How could people be reached better?
 - 7.2. Why might some people not contact you?

Opening [same as above]

Icebreaker [same as above]

Program Fidelity & Training

1. In your own words, can you describe the steps you take when you receive a new client.
 - 1.1. Do you follow the same steps every time? Please expand on why or why not.
 - 1.2. Do you experience situations in regards to hate related cases, where you have to diverge from the protocol? If yes, please give an example of the situation and how you handled it.
2. Have you had a case that was tagged as something else, and then turned out to also be hate-related?
 - 2.1. What do you do if you are unsure whether it is hate related?
 - 2.2. What are the indicators that it is hate related?
 - 2.3. What would you consider grey areas?
3. Can you tell us more about the process of referrals for hate related incidents?
 - 3.1. Overall, do you feel confident that you can refer the caller to someone who will be able to help them?
 - 3.2. Can you think of a situation where you could not think of a good provider to recommend? What happened?
 - 3.3. Can you think of a situation where you were not sure whether the provider was a good fit? Can you tell us more about that situation?
 - 3.4. Are there any services that are missing for those contacting you regarding hate related incidents?
4. How much does individual style matter? Would a client receive different referrals or different assistance, if they received a different care coordinator?
5. What did the care coordinator training prepare you for? What stood out about the training as beneficial to you?
 - 5.1. Can you think of a situation that the training did not prepare you for? How did you handle it?
 - 5.2. If you were to train others or create training materials, what would you include that's not currently in there?

Mandatory Reporting

6. Do you sometimes share client's information with law enforcement or non-profit partners? If so, what are you allowed to share?
 - 6.1. Under which circumstances would you be required to contact law enforcement, without permission by the caller?
 - 6.2. Have you ever had to involve law enforcement in a case, and if so, how did you proceed?
 - 6.3. Are there grey areas?

Other

7. If you were running the program and had all the resources in the world, what would you add or change?
 - 7.1. What makes your job harder?
 - 7.2. What would make it easier?
8. Do you think people know enough that 211 LA offers services in regards to hate related incidents?
 - 8.1. How could people be reached better?
 - 8.2. Why might some people not contact 211 LA?

Script for the Focus Group with Care Coordinators

Opening [same as above]

Icebreaker [same as above]

Program Fidelity & Training

1. In your own words, can you describe the steps you take when you assess a CRA's performance?
 - 1.1. Do you follow the same steps every time? Please expand on why or why not.
 - 1.2. Do you experience situations regarding hate related cases, where you have to diverge from the assessment protocol? If yes, please give an example of the situation and how you handled it.
2. In your own words, can you describe the steps you take when you assist a CRA during an active call or after?
 - 2.1. Do you follow the same steps every time? Please expand on why or why not.
 - 2.2. Do you experience situations regarding hate related cases, where you have to diverge from the protocol? If yes, please give an example of the situation and how you handled it.
3. If you were the caller and were to call the helpline about the same incident, but on three different occasions, and let's say that you ended up being connected to a different CRA each time, do you think that your experience would be the same or different from call to call?
4. What did the Performance Coaching training prepare you for? What stood out about the training as beneficial to you?
 - 1.1. Can you think of a situation that the training did not prepare you for? How did you handle it?
 - 1.2. If you were to train others or create training materials, what would you include that's not currently in there?

Other

5. If you were running the program and had all the resources in the world, what would you add or change?
 - 1.1. What makes your job harder?
 - 1.2. What would make it easier?

Script for the Focus Group with Performance Coaches

Opening [same as above]

Icebreaker [same as above]

Program Fidelity & Training

1. In your own words, can you describe the steps you take when you assess a CRA's performance?
 - 1.1. Do you follow the same steps every time? Please expand on why or why not.
 - 1.2. Do you experience situations regarding hate related cases, where you have to diverge from the assessment protocol? If yes, please give an example of the situation and how you handled it.
2. In your own words, can you describe the steps you take when you assist a CRA during an active call or after?
 - 2.1. Do you follow the same steps every time? Please expand on why or why not.
 - 2.2. Do you experience situations regarding hate related cases, where you have to diverge from the protocol? If yes, please give an example of the situation and how you handled it.
3. If you were the caller and were to call the helpline about the same incident, but on three different occasions, and let's say that you ended up being connected to a different CRA each time, do you think that your experience would be the same or different from call to call?
4. What did the Performance Coaching training prepare you for? What stood out about the training as beneficial to you?
 - 1.1. Can you think of a situation that the training did not prepare you for? How did you handle it?
 - 1.2. If you were to train others or create training materials, what would you include that's not currently in there?

Other

5. If you were running the program and had all the resources in the world, what would you add or change?
 - 1.1. What makes your job harder?
 - 1.2. What would make it easier



Department of Psychology
Informed Consent Document

Text-Enabled Gatekeeper Intervention Help Line Referral System

Principal Investigator: John Horgan, PhD

Student Principal Investigator: Katharina Meredith

Introduction and Key Information

You are invited to take part in a focus group for research purposes. The study is organized by researchers at Georgia State University and facilitated by 211 LA. It is up to you to decide if you would like to take part.

The purpose of this study is to understand the processes and protocols of the 211LA helpline, particularly as they pertain to the LA vs Hate program.

Your participation in this study will last 60-90 minutes.

You will be asked to do the following: participate in a focus group.

I. Purpose:

We would like you to participate in a focus group. The purpose of this focus group is to help the researchers better understand text- and call-based helplines that might help prevent hate crimes and violent extremism. Participation will require 60-90 minutes of your time. Other 211LA staff may take part in this session.

II. Procedures:

Researchers will ask you a series of questions about daily processes, callers, referrals, care plans, who calls, how to reach more people, etc. The nature of the focus groups is designed to remain open-ended and allow free discussion regarding a particular topic. The evaluation focuses on broad processes, not individual performance. Nobody will be asked to evaluate their own or other staff members' performance.

The audio of the focus group will be recorded, then transcribed within a couple of days, wherein all names will be removed. We will ask that participants refer to one another via first name only as an added layer of protection.

III. Risks:

You will not have any more risks than you would in a normal day of life.

IV. Benefits:

This study will not benefit you personally, except perhaps in reflecting on how 211LA works. Primarily, this study is meant to improve understanding about how helplines can work regarding hate crimes and related problems.

V. Compensation:

There will be no compensation for your participation.

VI. Voluntary Participation and Withdrawal:

Participation in research is entirely voluntary. You do not have to be in this focus group. If you decide to be in the focus group and change your mind, you have the right to leave at any time. You may skip questions or stop participating at any time. Whatever you decide, you will not lose any benefits to which you are otherwise entitled.

VII. Confidentiality:

We will keep your records totally confidential and private to the extent allowed by law. Dr. John Horgan, Ms. Katharina Meredith, and Mr. Ari Fodeman (the GSU research team) will have access to the audio recording from the focus group, but the recording will be destroyed within a week, after the text has been transcribed. All names will be changed and therefore the transcript will not include any information that can be tied to you. Information may also be shared with those who make sure the study is done correctly (GSU Institutional Review Board and the Office for Human Research Protection (OHRP)). We will use a code, such as P01, rather than your name in the focus group transcript. The transcript will be stored in a password-protected and encrypted computer file. Only aggregated data (i.e., general comments, themes, etc.) will be shown when we present this study or publish its results. That is, the findings will be summarized and reported in group form. You will not be identified personally.

Researchers will remove information that may identify you and may use your data for future research. If we do this, we will not ask for any additional consent from you.

VIII. Contact Persons:

Contact Dr. John Horgan if you have questions about this study. His email is jhorgan@gsu.edu. You can also call if you think you have been harmed by the study.

IX. Copy of Consent Form to Subject:

You can print a copy of the form to print for your records.

If you are willing to volunteer for this research, please click on the Zoom link below on the following date:

[date of focus group]

[Zoom link to focus group]