

Overview of HEART

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Overview & Background



HEART

HOLISTIC EMPATHETIC ASSISTANCE RESPONSE TEAM

- Durham Community Safety Department (DCSD) was established as a new branch of public safety in July 2021 by Durham City Council.
- DCSD works to enhance public safety through trauma-informed & person-centered approaches that reduce harm, extend care, and increase stability for neighbors facing crises.
- After nearly a year of careful planning, DCSD launched four new crisis response programs in 2022 that aim to connect people experiencing non-violent mental health crises or quality of life concerns with the right care by sending new responses that better match residents' needs.

Research informed the decision to create a new branch of public safety.


In 2020, the City conducted an in-depth analysis of 911 Calls for Service.

<u>3-year analysis of 911 calls</u>	<u>Use of force analysis</u>	<u>First Responder experience</u>
<ul style="list-style-type: none">• Analyzed approx. 1,000,000 calls from 2017 - 2020. <u>See Jan 7 report to City Council.</u>• Durham formed NC cohort: Raleigh, Cary, Burlington, Greensboro, and Winston Salem• Supported by RTI	<ul style="list-style-type: none">• Analyzed DPD data on police use of force (Oct 2017 - Oct. 2020)• Use of force was connected with 174 calls for service.• Top 3 call natures where use of force occurred: domestic violence, disturbance, and trespass.	<ul style="list-style-type: none">• Held <u>DPD focus groups</u> to understand perspectives on issues related to alternative response.• Conducted a <u>first responder survey</u> (DPD and Fire) to gather public safety and wellness resources, needs and gaps as understood by first responders: 168 responses

Read the detailed reports and access data at [c](#)


How we arrived at our HEART framework

Community-Informed: We conducted in-person resident interviews, focus groups and listening sessions. We also collaborated on two bilingual virtual town halls. We engaged over 300 residents.




Durham
responders
& providers

Data-driven: We analyzed 3 years of Durham 911 calls to better understand which calls are appropriate for our pilots. We also conducted a use of force analysis and built data tools that allow us to analyze calls by volume, frequency, location, risk level, and response time.



Learning
from other
cities



Durham
community
members

Highly-Collaborative: We formed a multi-agency planning team with EMS, DPD, DECC, DFD, Alliance, JSD, CAO, UNC School of Social Work, Housing for New Hope, RTI, & Recovery Innovations to plan pilots. We conducted multiple DPD ride-alongs & interviews with peer support specialists, community health workers & mental health professionals.



Data
Informed

Evidence-based: We took time to learn from many US cities leading similar work, including Albuquerque, Austin, Atlanta, Denver, Houston, & San Francisco, among others. We were also part of a national cohort of 5 cities launching pilots the same year.

Crisis Response Team Values

Delivering person-centered, trauma-informed care

[I want] somebody to come diffuse the situation. They would show love, compassion, understanding, patience... to be there physically, to sit down and talk with you.

– Durham resident experiencing mental and behavioral health challenges

One reason people are afraid of police, besides documentation, is language barriers. They'll ask for personal information and many are afraid they'll be investigated and get benefits removed.

– Durham resident from an immigrant community

I want to know that unarmed responders will not be accompanied by an armed officer and for there to be clear understanding in the community when a transition to an armed response is going to happen.

– Durham resident

[I want] someone who can relate to being homeless, know how to treat them, how to ask questions. They'd come to check on you, see what's going on, see if you're on medication, good with housing... the whole nine.

– Durham resident with housing insecurity experience

Harm Reducing

Approaches that **honor the dignity of every person** encountered. Residents underscored centering people's needs, committing to nonviolent resolution, and respecting individual needs and choices about their health.

Accessible & Inclusive

Approaches that are **welcoming, respectful, and culturally competent**. Residents emphasized the need to account for diverse backgrounds, language barriers, and multiple ways for people to access services.

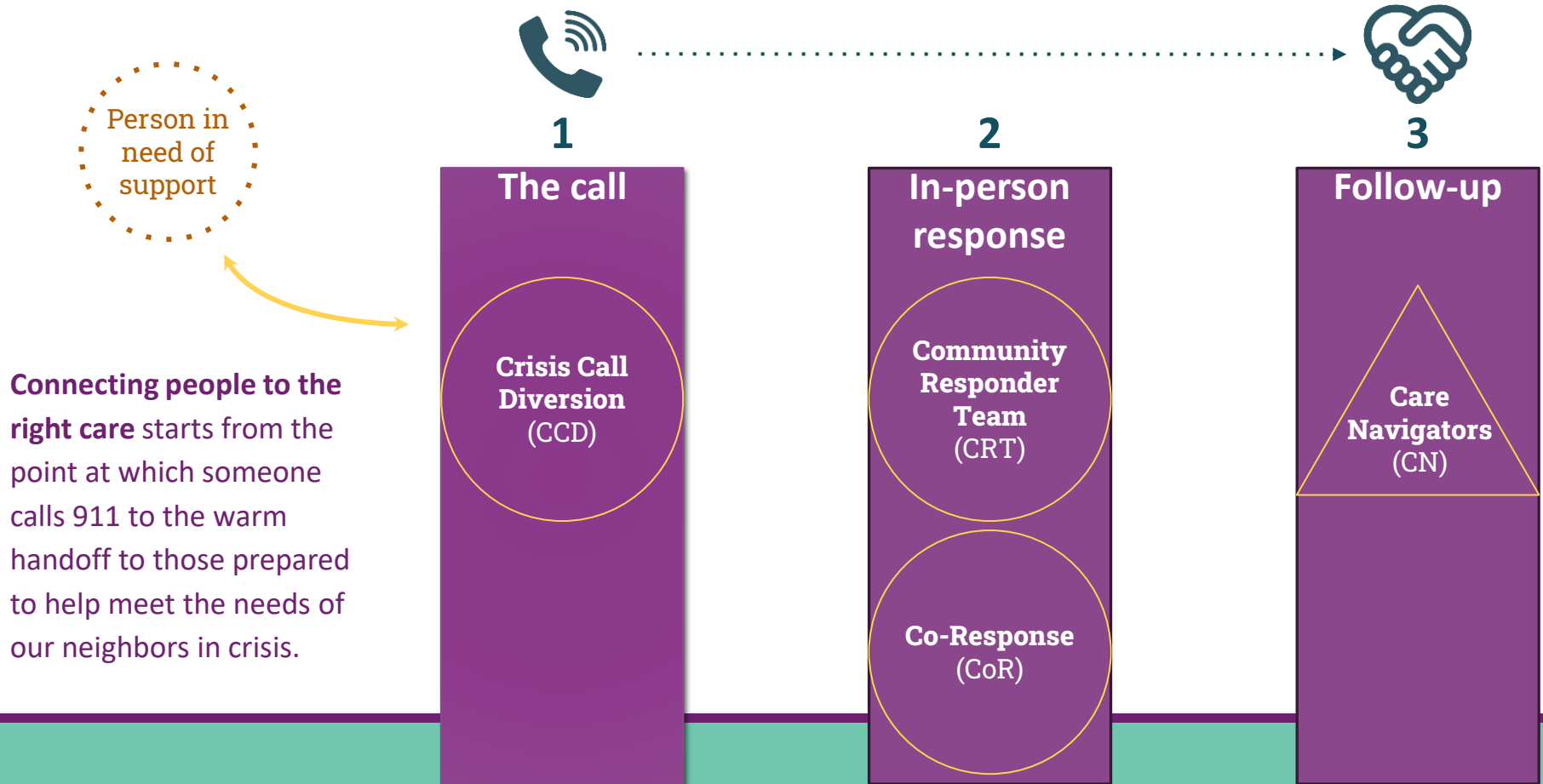
Reliable & Predictable

Approaches that embed **transparency, follow-through, and follow-up**. Residents highlighted the need for consistency: *when* will services be offered, *who* will show up, and *how* will information be shared?

Familiar & Empathic

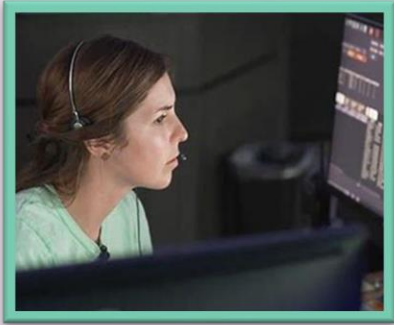
Approaches that provide **compassionate understanding and opportunities for frequent interaction** with community members. Residents reiterated the significance of sharing lived experiences in the building of trust.

Our goal is to connect people in crisis to the right care



Crisis Call Diversion (CCD)

5161



Top call types

- Crisis Call Diversion
- Mental Health Crisis
- Suicide Threat

Program description:

CCD embeds licensed mental health clinicians into Durham's 911 Call Center to triage, assess, and respond to behavioral and mental health-related 911 calls for service.

Goals:

- Immediately connect callers who are experiencing mental or behavioral health crises to a trained mental health clinician.
- Divert appropriate behavioral and mental health related calls for service away from unnecessary in-person responses.
- Support de-escalation while other responders are enroute to a crisis.
- Follow up to check in on neighbors after initial crisis calls and help connect to services

CCD clinicians **divert 66% of calls** from the need for any in-person response, successfully resolving the situation over the phone.

Response Time

1.37

Avg Minutes to Scene

27.94

Avg Minutes on Scene

29.31

Avg Total Minutes

Notable Measures

3.76%

% Needed Transport

0.00%

% Needed PD Backup for Team ...

0.23%

% Needed EMS Support

14241

Community Response Team (CRT)



Program description:

CRTs provide rapid, trauma-informed care for 911 calls for service involving non-violent behavioral and mental health needs and quality of life concerns by dispatching teams of unarmed, skilled and compassionate staff (Licensed Clinician, Peer Support Specialist, and EMT) as first responders.

Goal:

Send the right response based on people's needs and, by doing so, reduce unnecessary law enforcement encounters and emergency room use.

Exclusion criteria:

The person is in possession of a weapon; A person at imminent risk of hurting others; High priority calls that potentially pose immediate threat to life (Priority P)

Top Call Types

1. Trespass
2. Welfare Check
3. Mental Health Crisis
4. Assist Person
5. Nuisance or intoxicated
6. Suicide Threat

Response Time

12.19

Avg Minutes to Scene

34.06

Avg Minutes on Scene

46.25

Avg Total Minutes

Notable Measures

6.52%

% Needed Transport

0.04%

% Needed PD Backup for Team ...

0.55%

% Needed EMS Support

Co-Response (COR)

5372



Program description:

Pairs a HEART clinician with a CIT-trained officer to respond to the highest risk calls involving mental and behavioral health needs.

Goals:

- Respond to crisis calls that are violent in nature by either the involvement of a weapon or a person that is prone to violence.
- Respond to Involuntary Commitments calls for service and provide transport to a mental health facility.
- Reevaluate calls for service that would be appropriate for unarmed responses in the future.

Top Call Types

1. Disturbance
2. Trespass
3. Domestic Violence
4. Involuntary Commitment
5. Mental Health Crisis
6. Harassment or Threats

Response Time

12.67

Avg Minutes to Scene

51.99

Avg Minutes on Scene

64.66

Avg Total Minutes

Notable Measures

7.80%

% Needed Transport

0.02%

% Needed PD Backup for Team ...

0.41%

% Needed EMS Support

Key Stats

Neighbors supported 3,618

% Connected to care 33%

of Days to first follow up 2.9

Top Neighbor Needs

1. Behavioral healthcare
2. Housing
3. Food security
4. Substance Use
Dependency Support
5. Physical Healthcare
6. Accessing benefits

Care Navigation (CN)

Program description

After meeting with one of our responders during a crisis, a resident may need additional support connecting to community-based care. CN provides dedicated follow-up, either in person or over the phone, from our clinicians and peer support within 48-72 hours after the initial 9-1-1 interaction.

Goal

Increase the likelihood that people connect with community-based care following a crisis.



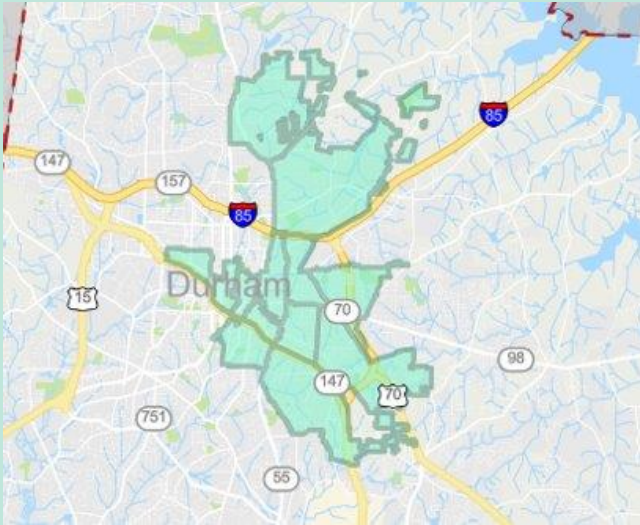
Team Appearance

How neighbors & other responders can identify our teams



Service Area & Hours of Operation

AT LAUNCH (2022):
MON-FRI 8 AM – 5 PM



NOW: 7 DAYS A WEEK, CITYWIDE

CRISIS CALL DIVERSION & CARE
NAVIGATION

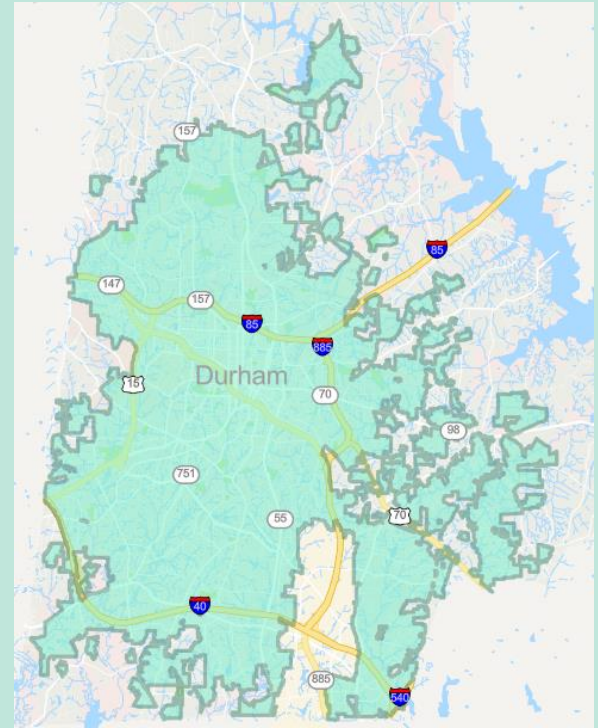
9 AM – 9 PM

COMMUNITY RESPONSE TEAMS

9:15 AM – 11:45 PM

CO-RESPONSE

6 AM – 9 PM

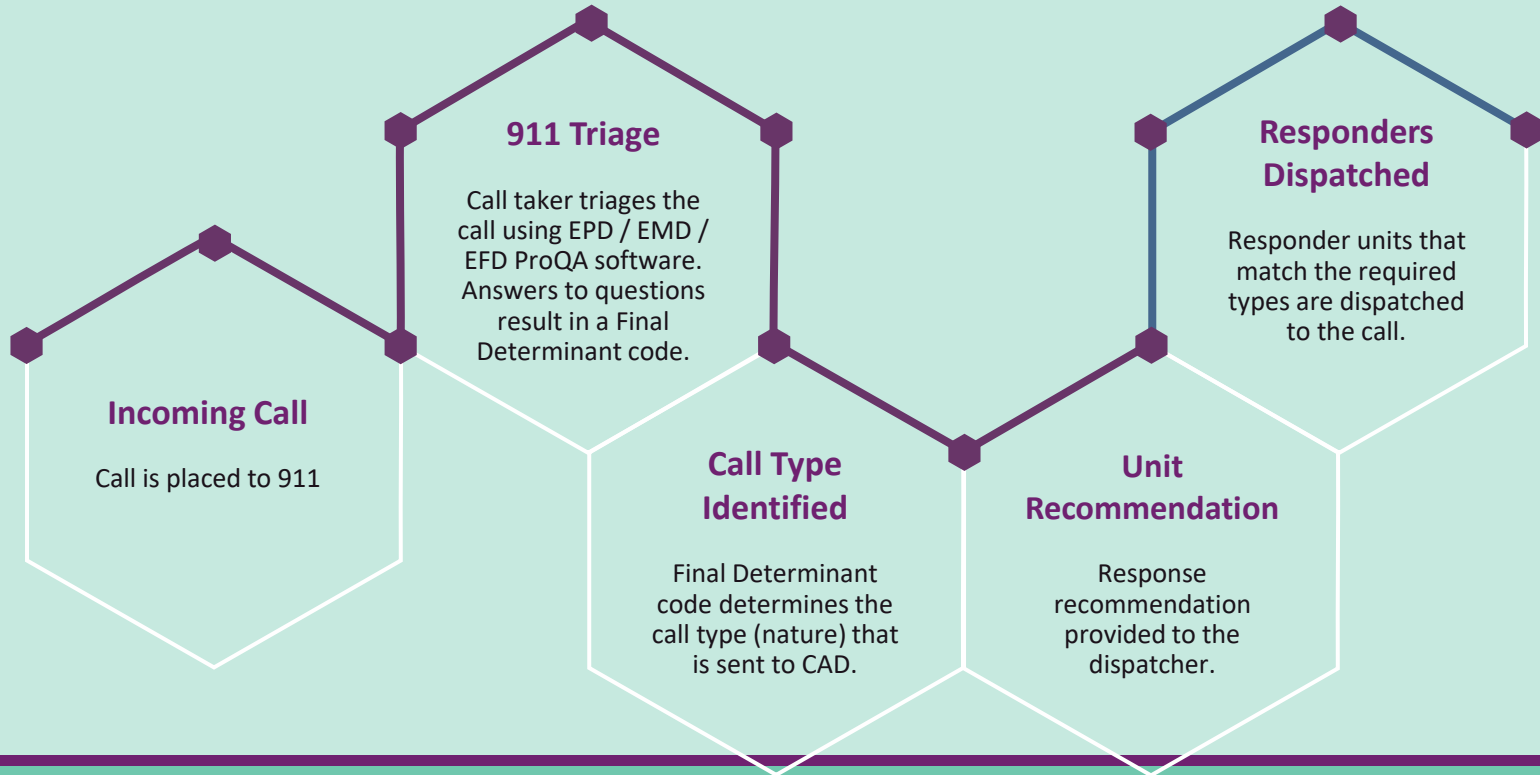


Integration with 911



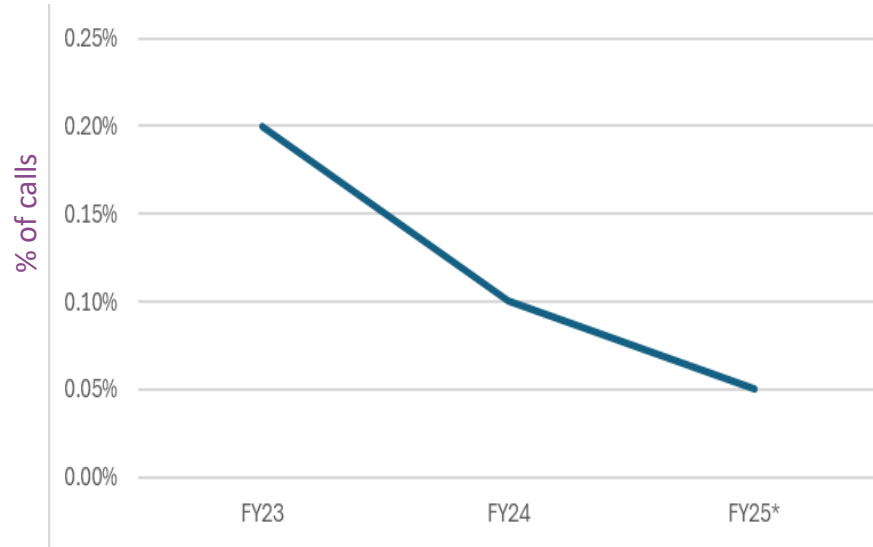
- HEART responders are fully integrated in the City's 911 system.
- Our responders have public safety radios, tablets connected to 911 computer aided dispatch system, and automatic vehicle location.
- Durham residents do not need to memorize a new number or request HEART. DECC will send the appropriate response based on the needs of the caller.

911 Call Process Overview

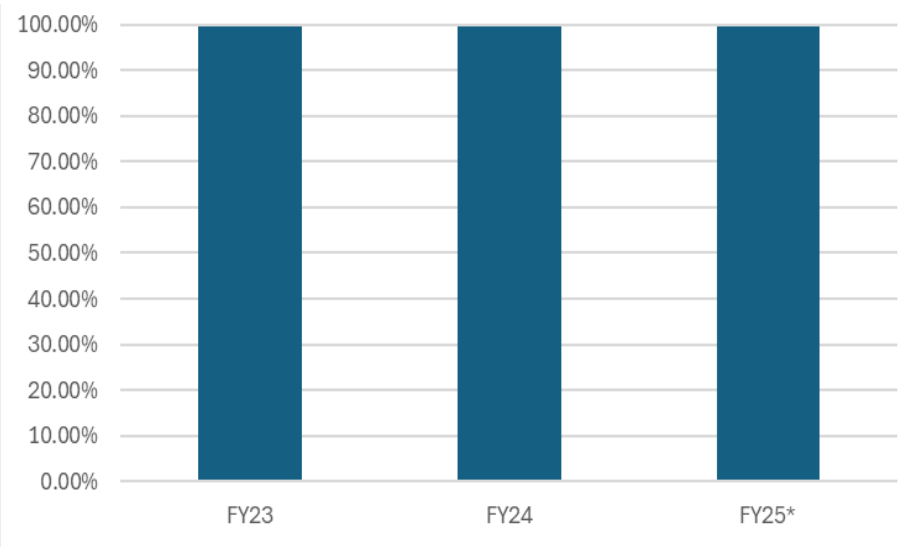


HEART has established a strong safety track record.

HEART calls for emergent police backup on less than ½ of 1% of the time.

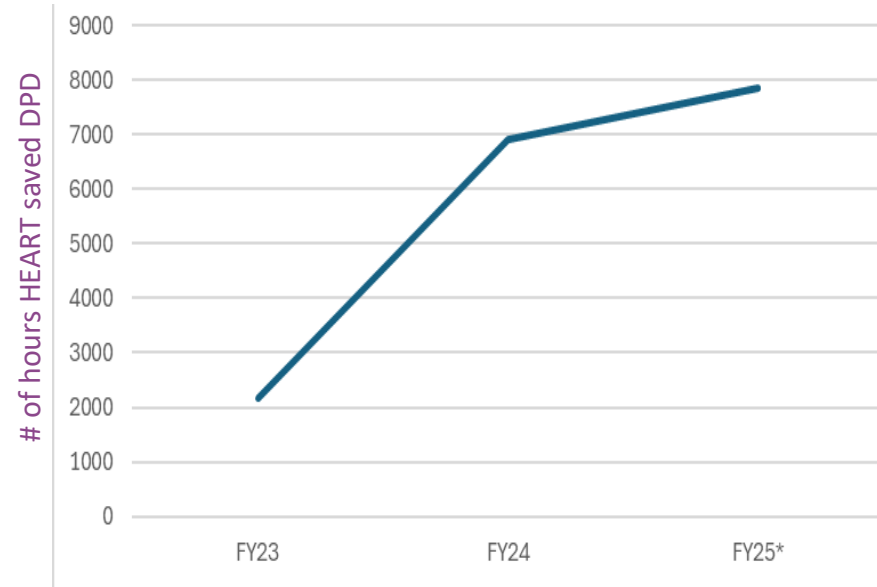


HEART responders feel safe on scene over 99% of the time.

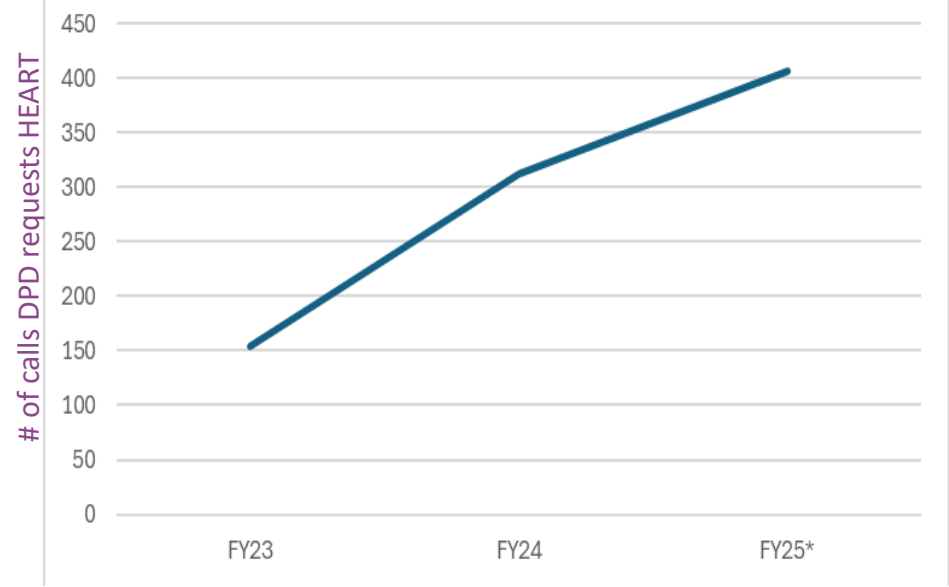


HEART is a benefit to law enforcement.

HEART saves police 1,000s of hours

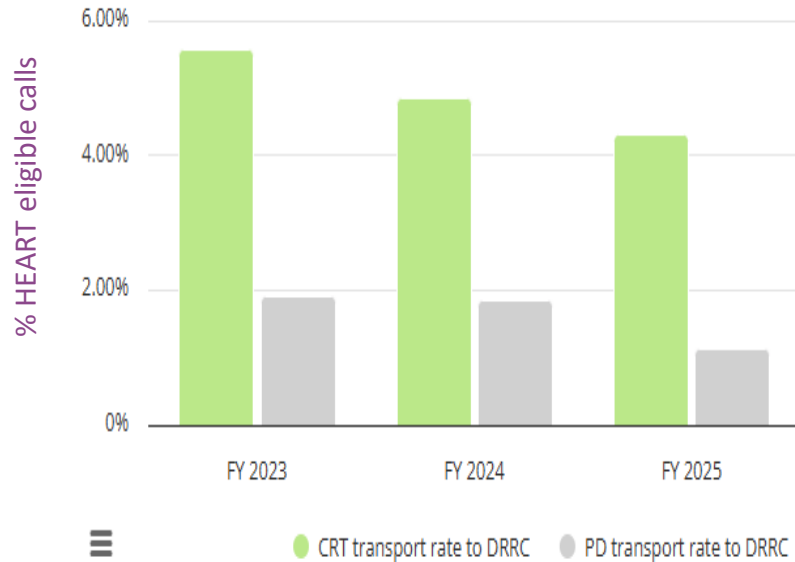


HEART is increasingly requested by DPD

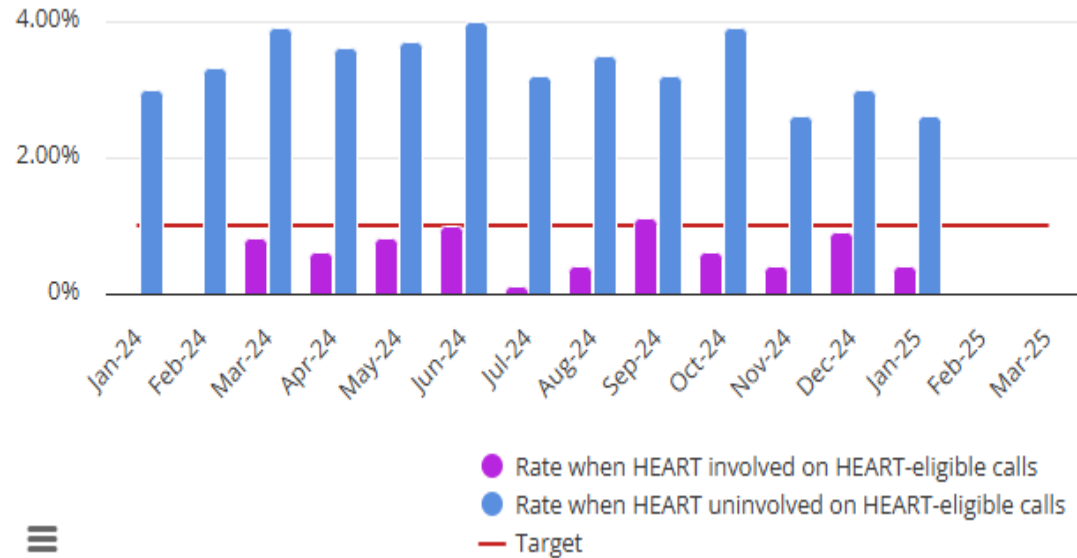


HEART-eligible calls that receive a HEART response result in...

Increased transports to DRRC

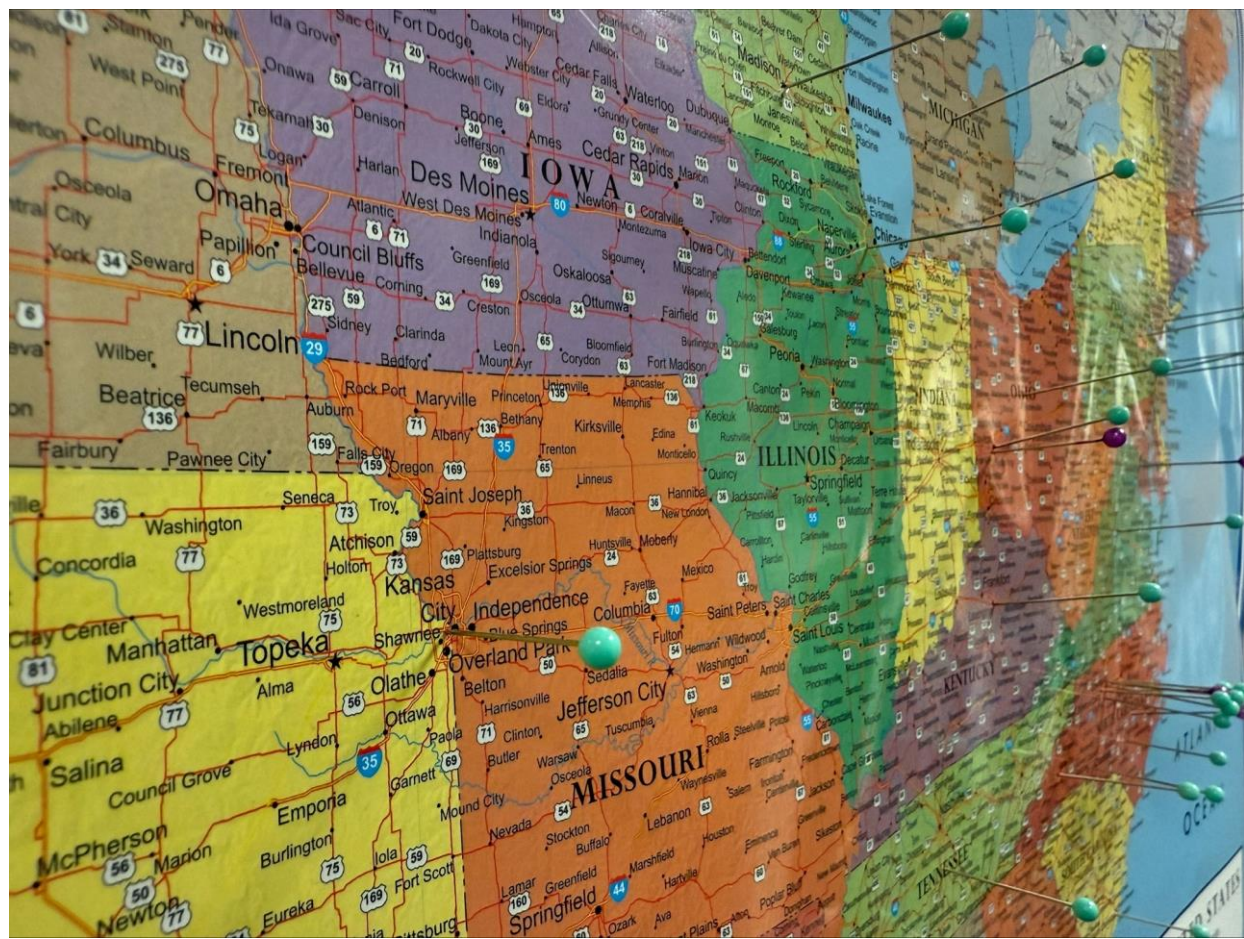


& fewer arrests



HEART is a national learning site & leader in the field

- DCSD has supported more than 50 communities in advancing alternative response.
- DCSD regularly hosts site visits from across the country, with some cities visiting twice.
- DCSD is working with national organizations like Georgetown Law, Vera, and Harvard to shape and inform national standards.



DCSD is committed to transparency & rigorous evaluation.

Multi-year external evaluations



Public facing data dashboard



By RTI funded
by Arnold Ventures



By Duke's Cook Center
by RWJF

Thank you.



Watch RTI's documentary film



Listen to Tradeoffs Health Policy Podcast Series

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