



COMMUNITY SAFETY

CITY OF DURHAM



The Right Response at the Right Time: Rethinking Public Safety in Durham, NC

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What is HEART?

HEART (Holistic Empathetic Assistance Response Teams) is a comprehensive alternative response program that is the centerpiece of Durham's ***newest branch of public safety***, the Durham Community Safety Department (DCSD).

Since launching in July 2022, HEART has responded over **32,000 times** to neighbors. It aims to reduce harm, extend care, and increase stability for neighbors facing & following crises.

HEART is comprised of 4 major programs, though its scope is expanding this year.

Crisis Call Diversion

Embedding
clinicians in the
911 call center

Community Response Team

Non-law
enforcement first
response

Co-Response Unit

Joint PD / DCSD
first response to
high acuity calls

Care Navigation

Follow up
response within
48 hours

Establishing an alternative response program

- **SUMMER 2020:** Following the murder of George Floyd, Durham's City Manager partnered with RTI to analyze the 3-years of 9-1-1 call data (see right for table showing breakdown of 911 calls by time spent by DPD).
- **JAN 2021:** These findings were presented to City Council. Based on these findings, City Manager recommended the creation of a new public safety department to develop new first response programs.
- **JULY 2021:** DCSD created with 13 FTEs after unanimous support by the Mayor and City Council. DCSD was funded primarily out of the general fund, with a few positions coming from DPD.
- **JUNE 2022:** After 11 months of planning, DCSD launched four crisis response programs connecting people experiencing mental health crises and quality of life concerns with the right care by sending new responses that better matched their needs.

Table 7: Time Spent on each Nature Code

Nature Code	Total Number of Hours	Percentage
General Assistance	101,752.7	15.7
Directed Patrol	100,745.4	15.6
Traffic Related	84,328.2	13.0
All Other Property	75,288.7	11.6
Disturbance	40,299.0	6.2
Quality of Life	37,952.4	5.9
In Progress Violent	32,933.2	5.1
Domestic or Family	32,918.0	5.1
In Progress Other	31,911.3	4.9
Alarm	23,564.2	3.6
Proactive Policing	21,272.0	3.3
Medical Fire Assistance	20,073.1	3.1
Mental Health	16,310.3	2.5
Warrant Service	13,696.9	2.1
All Other Violent	10,909.9	1.7
Sex Offenses	3,026.8	.5
Deceased Person	627.0	.1
Police Administrative	21.7	0
TOTAL	647,630.7	100

Launching HEART:

Building the Program

Community-Informed

Conducted in-person resident interviews, focus groups, workshops, listening sessions, and bilingual virtual town halls with a community-led taskforce

Durham
responders
& providers

Data-driven

Analyzed 3 years of 911 calls, conducted use-of-force reviews, and developed data tools to assess calls by volume, frequency, location, risk, and response time

Other cities

Highly-Collaborative

Formed a multi-agency planning team to plan pilots. We also conducted multiple ride-alongs & interviews with law enforcement and community mental health providers.

Evidence-based

Learned from US cities leading similar work like Albuquerque, Austin, Atlanta, Denver, Houston, Philadelphia, Portland, San Francisco, and others.

Durham
community
members

Data
Data
Data

Interagency Relationships:

From Skepticism to Support

The decision to create DCSD occurred without securing Police buy-in or support. Many officers disagreed with the decision, feeling that alternative was unsafe and unnecessary.

PRE-LAUNCH



- City leadership hired a new **Police Chief aligned with vision** for alternative response
- DCSD and DPD **leaders committed to collaboration** and held regular 1:1s
- DCSD formed **cross-agency planning team** that met weekly to learn from other cities and get pilot design feedback. City leadership **didn't require consensus** to move forward—focus was on surfacing and addressing concerns (most of which were *safety-related*).
- DPD Chief invited DCSD staff to **meet with all patrol officers pre-launch** to answer questions
- DPD Chief **set expectation to trust the process** and give new approach chance to prove itself

Interagency Relationships: *From Skepticism to Support*

The decision to create DCSD occurred without securing Police buy-in or support. Many officers disagreed with the decision, feeling that alternative was unsafe and unnecessary.

POST-LAUNCH

"We can do both. We can have a wonderful professional police department. We can also have amazing public safety partners in HEART."

- Police Chief Patrice Andrews

- HEART responders **operated on the same police radio channel**, building officer trust and program confidence
- DPD and DCSD leadership **reviewed data and debriefed** regularly
- HEART **responders shared "kudos"** with DPD leadership when they observed officers providing compassionate care.
- **Transparent reporting on public facing dashboard**, including on safety-related concerns (responders reported feeling safe on over 99% of calls).

Interagency Relationships:

From Skepticism to Support

Police support for HEART has grown, according to an independent study. Just 37% of officers thought HEART would be helpful on mental health calls initially. That number rose to 67% after one year.

PRE-LAUNCH

*"Nothing is ever 100%, but it was darn close [in the police department] that **this was a bad idea**. There was a lot of trepidation about what this is going to mean for us, how this is going to affect what we've been doing for years?"*

- Sgt. Dan Leeder

1 YEAR LATER

*"I'll hear these calls come out, the HEART team responding to it, and the call's been handled. Whatever it is they're doing, they're doing it right. When I'm wrong, I'm the first one to raise my hand and say, I was wrong. **These people are going to help you. They're going to make your lives on this job easier.**"*

- Sgt. Dan Leeder

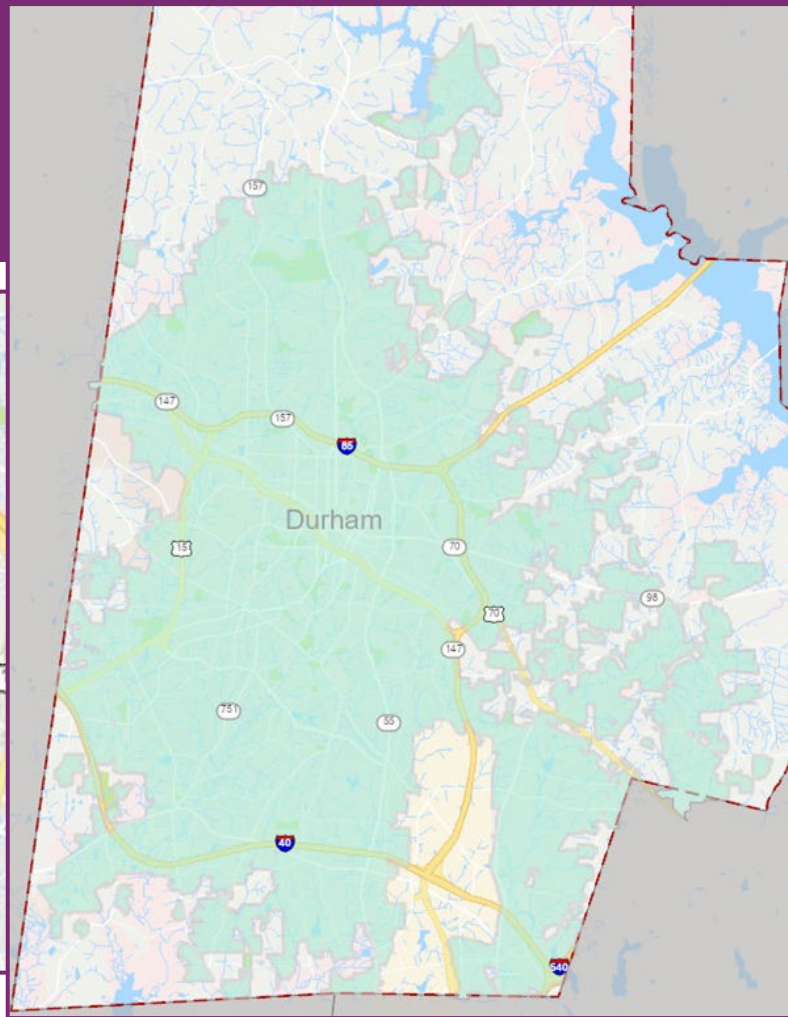
Evolving HEART: *Growing the Program*

[Pilot year]

Serving $\frac{1}{3}$ of city;
Mon-Fri; 8 hrs/day
20 FTEs

[After first year]

Expanded to citywide;
7 days/week; 12-15 hrs/day;
50 FTEs



Staffing HEART:

Building a Skilled, Caring Workforce

Our workforce is comprised of **City staff**, funded through the **City's general fund**. Grants support pilot initiatives and innovation, but not core first response operations. Staff go through an **8-week academy** combining classroom learning and in-field training.

Clinicians

Prepared with: Clinical training in de-escalation, diagnosis, & various trauma-informed approaches

EMTs

Prepared with: Wound care supplies, vitals supplies, Narcan, glucometer, and more



Peer Support Specialists

Prepared with: Knowledge of and personal experience with relevant community resources

How HEART Works:

Operations & Integration with 911 - 1- 1

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



How HEART Works:

Operations & Integration with 9 - 1- 1

Crisis Call Diversion	Community Response Team	Co-Response
Mental health crisis Suicide threat	Nonviolent mental health crisis Trespass Intoxicated person Lost person (assist) Panhandling / nuisance Indecency / lewdness Prostitution Non-urgent & urgent welfare check	Attempted suicide Trespass w/weapon Intoxicated person w/weapon Custody issue (assist) Panhandling / nuisance w/weapon Indecency / lewdness w/weapon Prostitution w/weapon Physical disturbance Verbal disturbance Reckless activity Abuse Harassment w/ & w/o weapon Threat w/ & w/o weapon Domestic Violence



Measuring HEART Success

Do HEART responders feel safe on calls?

Our responders report feeling safe on 99% of calls

How often are HEART teams calling police for emergent backup?

On less than 0.5% of responses

Is HEART viewed as helpful by police in responding to mental health calls?

94% of officers view HEART as helpful.

Does HEART result in different rates of transportation?

HEART is 5x more likely to transport to non-hospital care

Have responders ever been injured on scene?

0 times

How often are police requesting HEART assistance?

Over 400 times/year

How many police hours does HEART save?

Over 8,000 hrs/year

Does HEART result in fewer arrests for similar calls?

Yes, by a factor of at least 4x fewer

What's Next?



Expanding HEART

THIS YEAR

- Expansion from 50 to 75 FTEs
- Expanding scope to include reentry and homeless services, as well as an Office of Survivor Care and Street Outreach.

FUTURE YEARS

- Eventually moving to 24/7

911 Crisis Response Services

Community
Response
Team

Co-
Response

Crisis Call
Diversion

Care
Navigation

IVC
Response
Team

2025: Adding Stabilization Services Division

Familiar
Neighbors

Street
Outreach

Welcome
Home

Office of
Survivor
Care

Homeless
Services

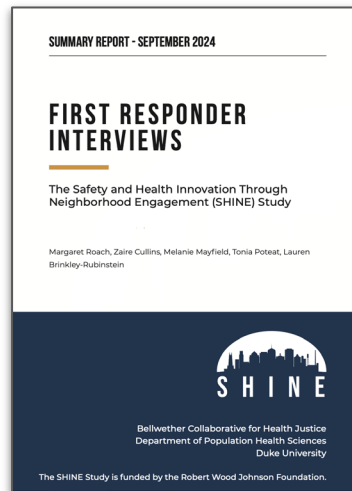
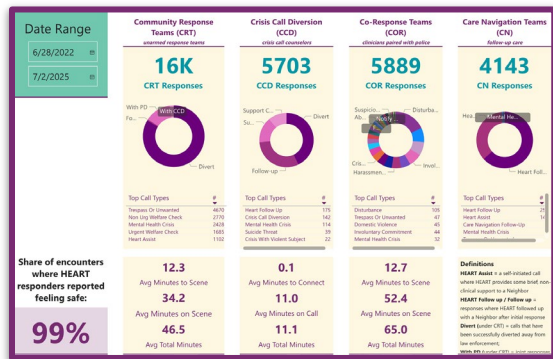
Recommendations for City Leaders

Four considerations for creating the conditions for a successful alternative response program:

1. Create *a new branch* of public safety to lead this work.
2. Develop this capacity *within city government* rather than contracting it out to external providers.
3. Set expectations for *strong collaboration* among public safety agencies without need for unanimous agreement.
4. Where possible, give staff *sufficient time to plan* and integrate into 911 before launching pilots (6 to 12 months).

Learn More about HEART

External evaluations underway...



Learning with HEART webpage
durhamnc.gov/5163/Learning-with-HEART

HEART's Data
Dashboard
durham.gov/heart-data

Duke SHINE Study

RTI Study

Find policies, job descriptions, training academy overview, internal reports, & evaluations.



HEART in Action: *Get an inside look*

HEART, Serving Our Neighbors in Crisis:
RTI International documentary



heartforthis.org

The Fifth Branch: A Podcast Series from
Tradeoffs & The Marshall Project



tradeoffs.org/2024/07/11/new-series-trailer-the-fifth-branch