



**COMMUNITY SAFETY**

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CITY OF DURHAM


# Crisis Response Pilot Plan Updates

Ryan Smith, CSD Director | January 2022

# Agenda

Today's presentation will provide City Council with updates on:

- CSD's activities during the department's first six months
- Pilot plans for four areas we are ready to advance:
  - Crisis Call Diversion (remote response)
  - Community Response Team (in-person, unarmed response)
  - Co-Response (joint in-person response with DPD)
  - Care Navigators (follow-up)
- Anticipated timeline
- Outcomes and Evaluation plans
- Staffing and service levels with current resources

The background image is a grayscale photograph of an industrial urban scene. In the foreground, there are railroad tracks and a street. In the middle ground, there are several multi-story buildings. One building in the center has a large mural of a cow on its side. In the background, a tall smokestack rises into the sky. The overall atmosphere is gritty and industrial.

**A shop owner is concerned about a man sleeping in the doorway of her business and who will not move when asked.**

*This call comes in as a **Trespass***

**A man is worried about a colleague who hasn't shown up to work today. When he saw her a few days ago, she was not acting like herself.**

*This call comes in as a **Welfare check***

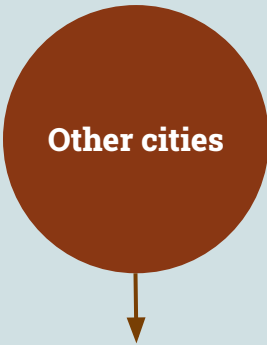
**A woman is afraid that someone is breaking into her apartment through the ceiling. She has a history of calling 911 with hallucinations.**

*This call comes in as a **Crisis***

**Community-Informed:** We have been conducting in-person resident interviews, focus groups and listening sessions. We also collaborated on a 2-day virtual Town Hall with SWTF. We have engaged 220+ residents so far.



**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.



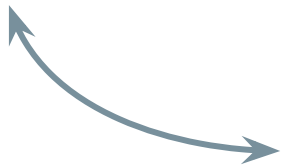
**Highly-Collaborative:** We formed a multi-agency planning team with EMS, DPD, DECC, DFD, Alliance, CJRC, CAO, UNC School of Social Work, Housing for New Hope, RTI, & Recovery Innovations to plan pilots. We have also conducted multiple CIT ride-alongs & interviews with peer support specialists, community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



**Evidence-based:** We've taken time to learn from many US cities leading similar work, including Albuquerque, Austin, Atlanta, Charleston, Denver, Greensboro, Houston, Philadelphia, Portland, & San Francisco, among others. We're also part of a national cohort of 5 cities launching pilots this year.

Our goal: **To connect people to the right care by sending the right response, across the spectrum of risk.**

Person in  
need of  
support



**Crisis Call  
Diversion  
(CCD)**

*Remote response*

**Community  
Responder  
Team  
(CRT)**

*Unarmed response*

**Co-Response  
(CoR)**

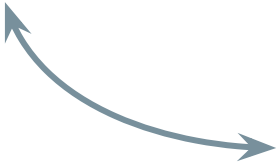
*Joint response*



Lowest safety risk

Highest safety risk

To meet this goal, we are designing new approaches and support at **3 key moments**: the call, response, and follow-up.



Connecting people to the right care starting from the point at which someone calls 911 to the warm handoff to those prepared to help meet the needs of our neighbors in crisis.

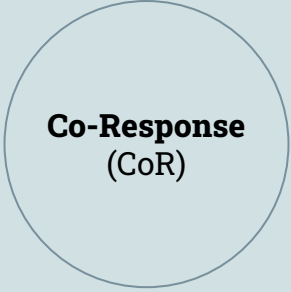
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The call



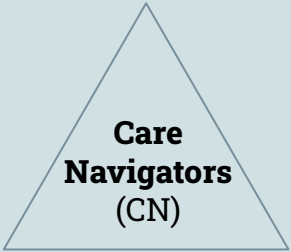
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In-person response



3

Follow-up

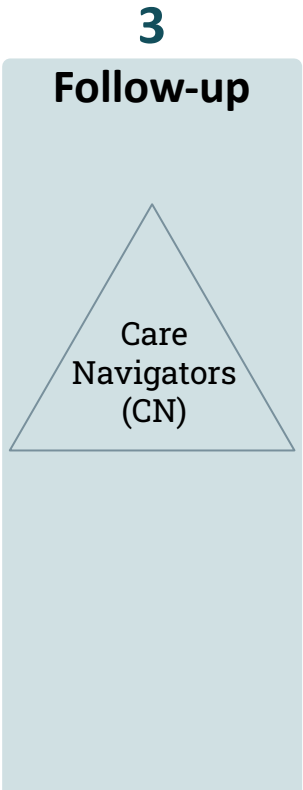
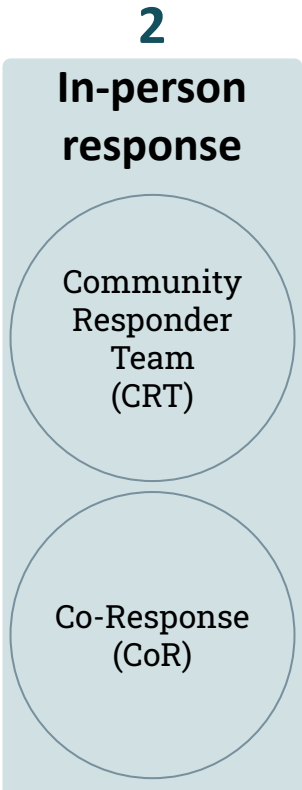


We aim to be as far upstream in the process as possible. Integrating clinicians on the floor is crucial.

– Austin 9-1-1

There needs to be a holistic approach, starting with the appropriate triage of the call, so that it can be matched to the appropriate responding resource.

– Durham Fire



# Crisis Call Diversion (CCD)

## Description

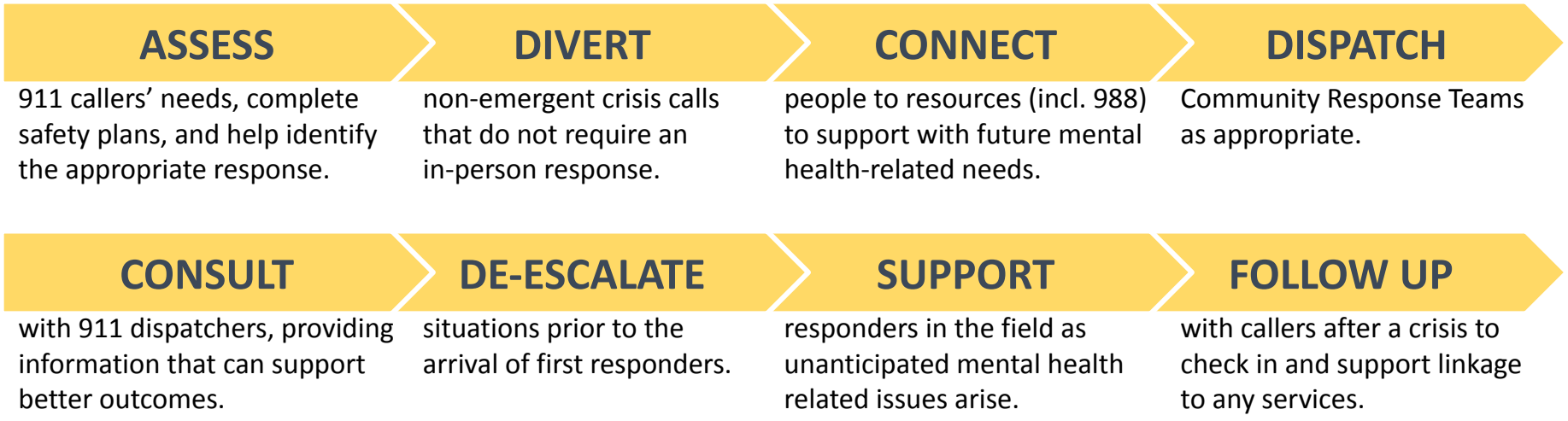
Embed licensed mental health clinicians into Durham's 911 call center to triage, assess, and respond to behavioral and mental health related calls for service that are non-emergent and non-life threatening.

## Goals

1. Ensure callers experiencing mental or behavioral health crises are quickly connected to the right response and care based on their needs.
2. Divert appropriate behavioral and mental health related calls for service away from unnecessary in-person responses or interactions with the criminal justice system.
3. Reduce risk of harm when responding in-person to mental health crises.



Crisis Call Counselors embedded in our 911 call center will serve 8 major functions:



How 911 behavioral health calls are handled can determine whether the incident ends safely, the person in crisis is arrested, or the person is connected to appropriate care.

– Pew, October ‘21, “New Research Suggests 911 Centers Lack Resources for Behavioral Health Calls”

New question for appropriate 911 calls:

**“Are you aware or does it appear the person is in mental health crisis?”**

**IF YES:** A counselor would conference in with the call-taker right away to listen through the rest of the protocol questions.

## CCD Eligible call types

- Mental Health Crisis
- Suicide Threat
- Other calls involving a person with a known or suspected mental or behavioral health need

**Crisis Call  
Diversion  
response**

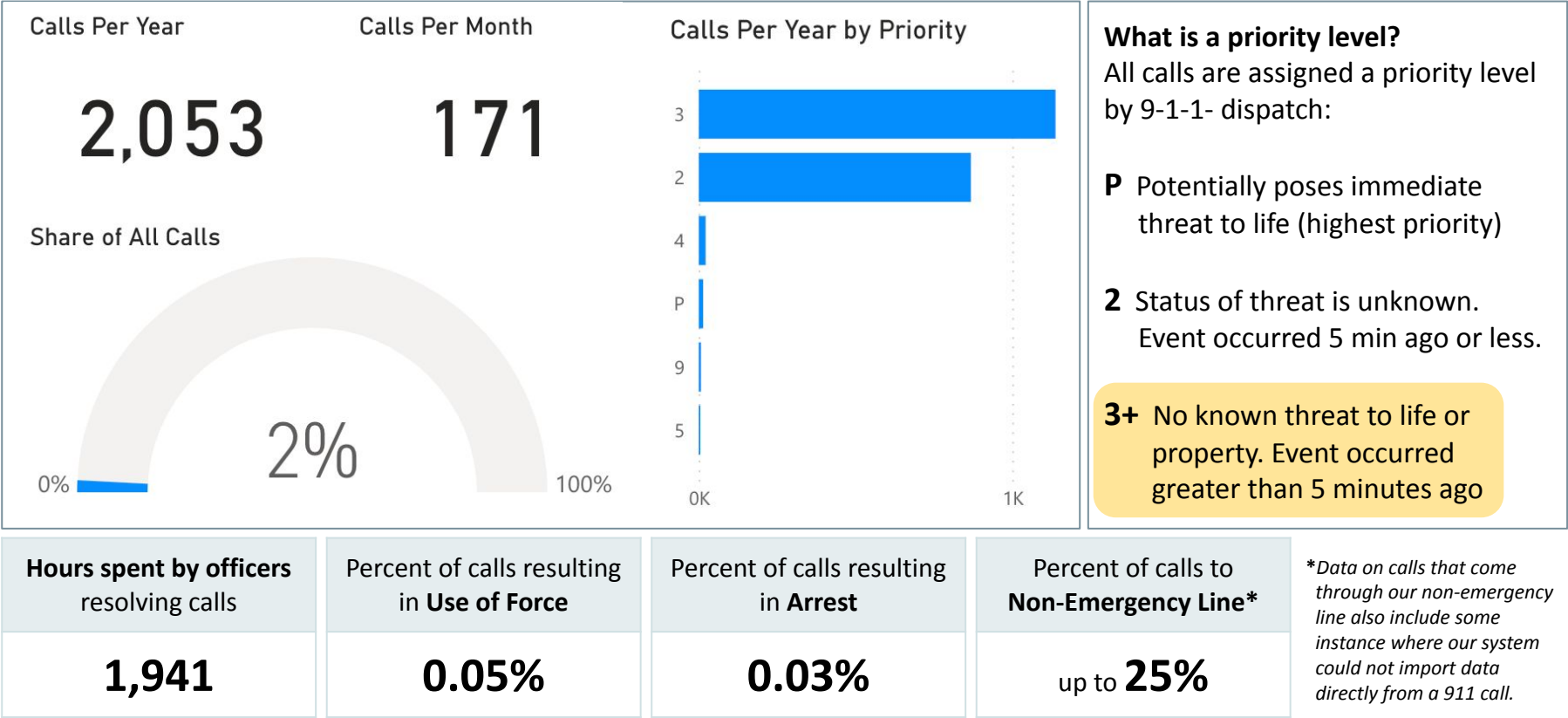
## Exclusion criteria\*

- Is a weapon present?
- Is the person in crisis exhibiting physically violent behavior towards themselves or others?
- Is the person in crisis under the influence of drugs/alcohol to the extent that a medical intervention may be needed?
- Is this a priority P call?

**Co-Response  
/EMS  
response**

\*CCD Counselors could still support MH calls involving violence or weapons, but the goal would be **de-escalation**, not diversion.

# Data on Durham Mental Health Crisis & Suicide Threat Calls



Launched in  
2016

# HOUSTON

2016 – 2020

7,400+ calls diverted from police  
(5.8% of total CIT calls; over 11,000 hours of police time saved)

Increased staff	Now operates
9 clinicians	24/7

Est. cost avoidance of diversion  
\$477,818 per year

The cost of their CCD program at the time was \$460,000

Launched in  
2020

# AUSTIN

In 1 month

Responded to 742 calls  
(84% of those diverted from police)

Increased staff	Now operates
18 clinicians	8 – 12am Mon-Fri 10 – 8pm Sat

Added question to all 911 calls  
“Are you aware or does it appear the subject is in mental health crisis?”

Plans to add Advanced Pediatric Nurse who can write prescriptions for psychiatric medications

Launched in  
2020

# CHARLESTON

In 1 day

Respond to 4 calls (as many as 7)  
Call intake represents about 60% of total eligible calls

Counselors are beginning to assign themselves to responding to 911 calls through CAD.

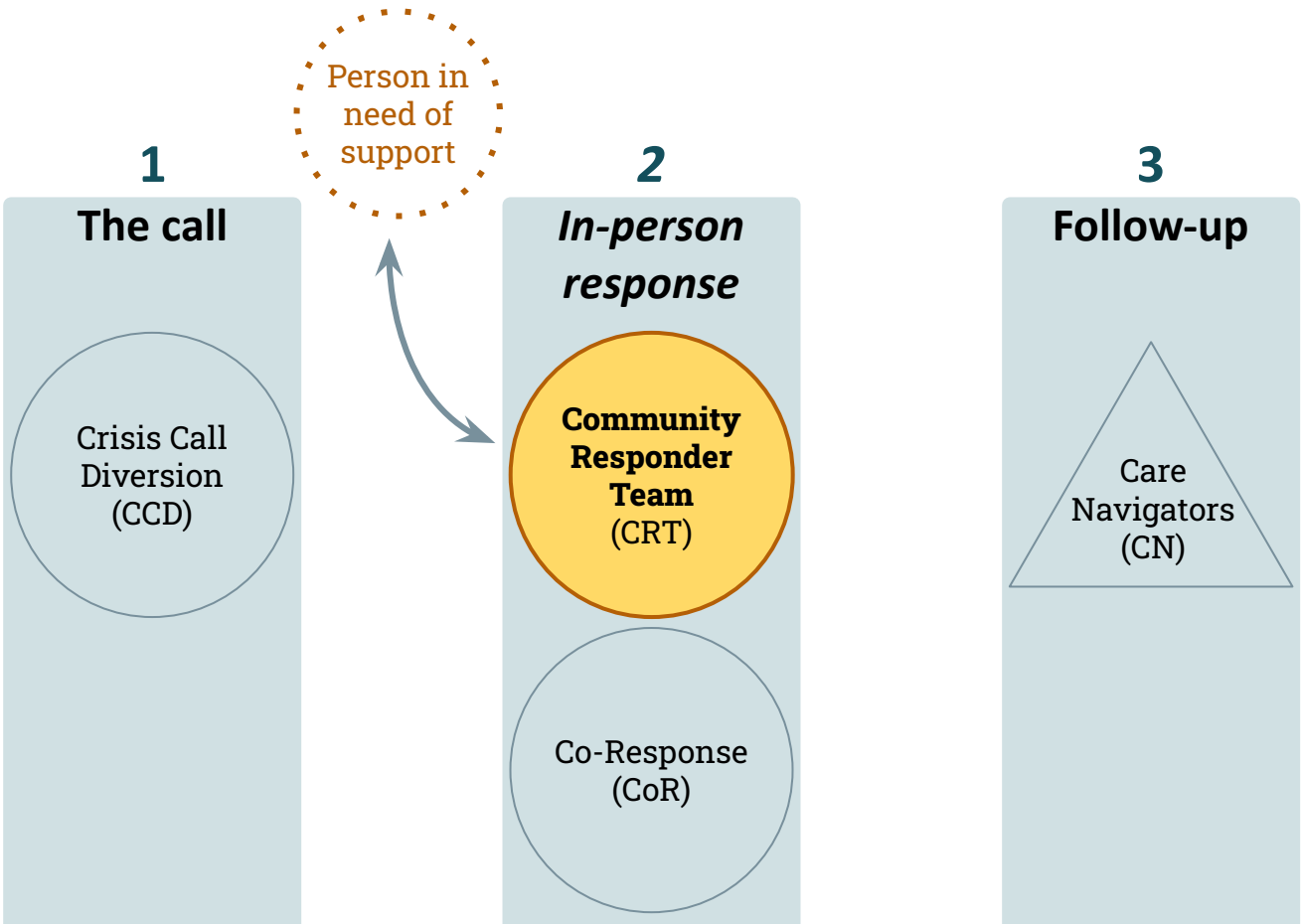
Shows greatest success with 1st party calls (when the person who is undergoing the crisis calls 911)

Police & Fire are the default for when things have gotten really bad, but are typically poor instruments for dealing with chronic issues like mental health and addiction.

– Durham Police Officer

What happens when you give lots of social workers police radios is they recognize that a lot of the issues coming through 911 do not need the traditional response.

– Denver STAR clinician



# Community Response Teams (CRT)

## Description

Provide rapid, trauma-informed care for 911 calls for service involving non-violent behavioral and mental health needs and quality of life concerns, including calls involving the needs of people who are unsheltered, by dispatching teams of unarmed, skilled and compassionate responders as first responders.

## Goal

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

IDENTIFY

*appropriate 911 calls that will receive an unarmed response:*

How we’ve identified appropriate calls:

- ✓ From evidence in other cities responding to these calls;
- ✓ From input from Durham behavioral health providers, residents and first responders;
- ✓ From a deeper dive into data specific to Durham calls;
- ✓ From observing similar calls through ride-alongs with DPD

I want a response that centers and responds to people’s needs appropriately.  
– Durham resident

<i>Common calls eligible for unarmed responders in other cities</i>
<b>Common eligible calls:</b> Assist; Disturbance; Intoxicated Person; Mental Health Crisis; Suicidal Ideation; Panhandler, Public Indecency; Trespass; Unsheltered Person; Welfare Check
<b>Common exclusion criteria:</b> Possession of weapon; Physical violence; Imminent threat to themselves or others; Serious medical needs; Criminal activity

IDENTIFY

DISPATCH

*teams of three unarmed, skilled responders through 911:*

1 Licensed Clinician

Someone who has 3 years of post-graduate experience and over 1,000 hours of supervised work

**Role includes:** Screening and assessing people experiencing crisis with mental health and substance use; providing therapeutic interventions, case management, and personalized services that connect people to community-based mental health providers.

2 Peer Support Specialist

Someone who knows the community, has relevant lived-experience, and has been trained as a specialist

**Role includes:** De-escalating situations, promoting engagement in care, fostering relationships between residents and other community responders, and making connections with residents to gain trust and move them to be open to care.

3 Advanced-EMT

Someone who has been trained to provide advanced life support care

**Role includes:** Assessing people for potential medical emergencies, providing life support and pre-hospital emergency medical care to individuals, and helping identify underlying medical needs that may present initially as mental health needs.



IDENTIFY

DISPATCH

*Why multi-person teams?*

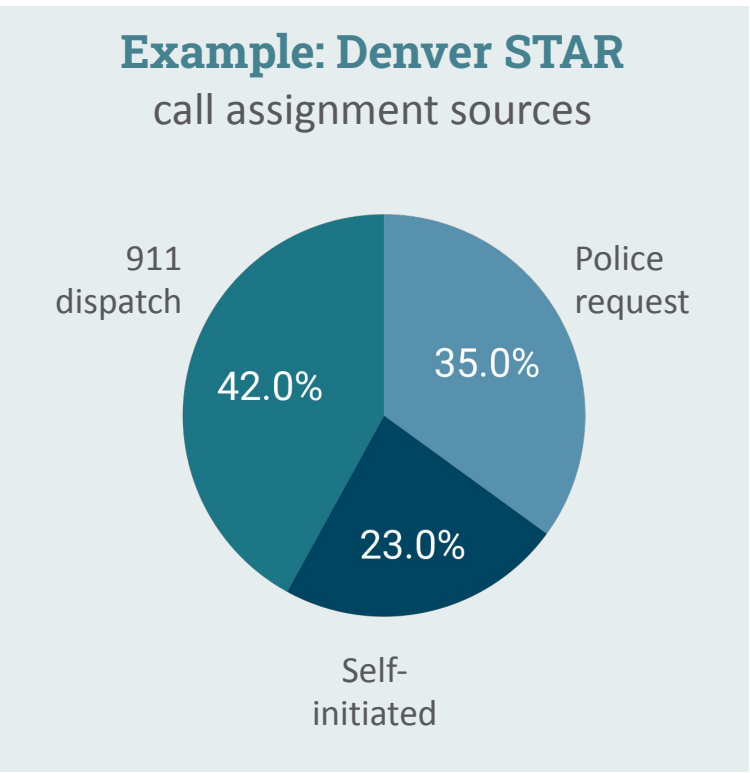
Mitigate safety risks for unarmed responders	Match the needs of a person with the right expertise	Support others on the scene involved in the crisis
A team-based approach provides added safety compared to dispatching a single responder. Additionally, each position brings different skills and experiences that improve situational awareness.	A multi-disciplinary team is better positioned to respond to wider range of needs that a person in crisis may have. Additionally, teams are more likely to have one team member who can connect with the person.	A team-based approach means responders have greater capacity to engage with others present during the crisis, especially family members and others who have also experienced trauma.

IDENTIFY

DISPATCH

*CRT teams will receive calls through 3 primary avenues:*

- 1. **Direct dispatch** from 9-1-1 as first responder;
- 2. Request for assistance **from call takers or other first responders** who arrive to a call and realize that CRT is the more appropriate responder;
- 3. **Self-initiated** calls through a proactive community presence





*on the scene in less than 30 minutes from time of dispatch.*

**“We are often able to arrive on scene faster than law enforcement because for them these are lower priority calls.”**  
– Denver STAR

**Arrival Appearance:**

- Responders will arrive in vehicles distinguishable from other responders.
- Vehicles will have lights for safety, but not sirens.
- Responders will be dressed in plain clothes with a shirt that clearly identifies them as community responders.

*Response-time stats from other cities with unarmed responders:*

City	Avg response time
Denver	28 minutes
San Francisco	16 minutes
Atlanta	18 minutes



*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

**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.

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

**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.

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

**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?

[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

**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.



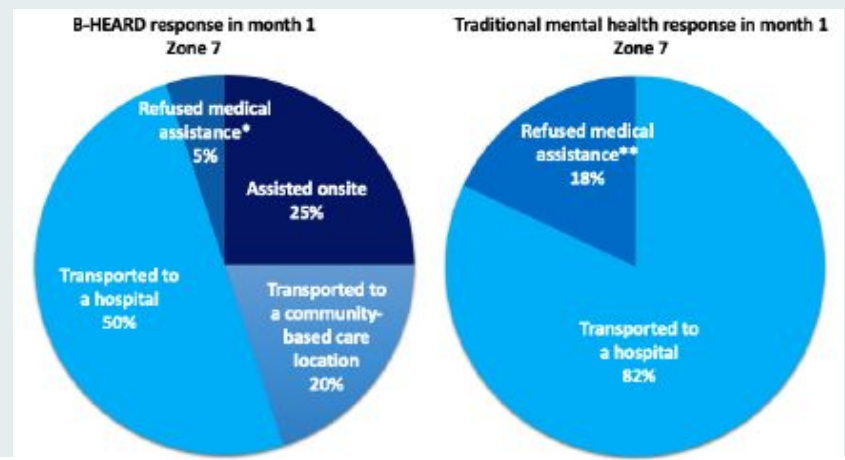
*people to the appropriate community-based care:*

Wherever possible, CRT will seek to resolve issues on scene in community. However, when people want and need to go to community-based care options, CRT will transport them.

During the pilot, teams will transport people:

- **To:** non-emergency facilities (e.g. Durham Recovery and Response Center, shelters, etc.)
- **Not to:** private residences, Emergency Room (EMS will be requested), or involuntary commitments

Early results from NYC show fewer people are transported to hospitals and more people accept care from unarmed responder teams than from police/EMS:





*with residents 48 hours after a crisis.*

Follow-up emerged as an essential part of connecting people and families experiencing crisis to the right care:

- Other cities with unarmed responders all named follow-up as crucial;
- Durham behavioral health providers, first responders and residents have consistently lifted up the need for adequate follow-up after crises, both with the person in crisis and their families.

To meet this need, we plan to pilot dedicated Care Navigator teams (described later in this presentation).

**It's not just about showing up at the scene. It is also about what happens next. It's about follow-up. That is even more important than showing up. You have to make sure than she gets the right type of help that she needs.**

– Durham resident

# Safety Measures

- ✓ **Exclusion criteria**  
For certain risk indicators
- ✓ **Visible to dispatch**  
Automatic vehicle location
- ✓ **Police radios**  
Ability to call for police backup
- ✓ **Training**  
Prior to responding to calls

See Appendix for more details on training.

You could argue that you have community workers already doing this work, without the benefit of a dispatch and police radio — I could be gone for three days before anyone noticed. This is safer than any case management I’ve done in the community before [the Denver STAR program].

Safety stats from other cities:		
City	Calls	Calls for backup
Denver	1,700 total	0
San Francisco	700 / month	2% (no arrests or violence as a result of calls for back-up)
Eugene	17,000 / year	2.3%

A review of 7 community responder programs by the Council of State Governments found **0.014% out of 23,500 calls required police backup.**

# Proposed eligible calls for Community Response Teams

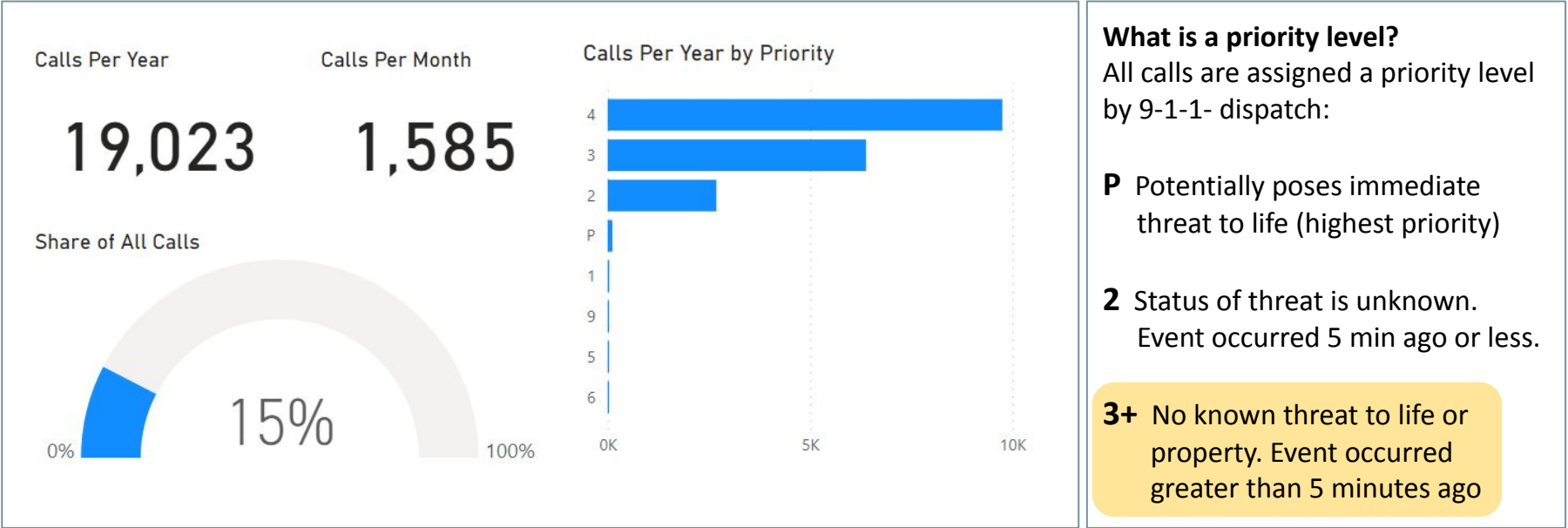
Initial eligible calls (first 6 months)	Calls for future consideration
<p>When the pilot starts, we propose dispatching Community Response Teams to these call types:</p> <ul style="list-style-type: none"><li>• Nonviolent mental health crisis</li><li>• Suicide threat</li><li>• Trespass</li><li>• Welfare check</li><li>• Intoxicated person</li><li>• Assist</li><li>• Follow-up</li><li>• Panhandling</li><li>• Indecency</li><li>• Verbal Disturbance</li></ul>	<p>We are considering further exploring the following additional call types for inclusion in a later phase. Some of these may be best explored initially through a co-response model.</p> <ul style="list-style-type: none"><li>• Disturbance</li><li>• Drug use</li><li>• Prostitution</li><li>• Noise Complaints</li></ul>

CRT calls must **not** meet these exclusion criteria:

- The person is in possession of a weapon
- A person is under the influence of alcohol or drugs to the extent requiring a medical intervention (e.g. overdose)
- A person at imminent risk of hurting others
- High priority calls that potentially pose immediate threat to life (Priority P)



# Data on Proposed Phase 1 Eligible Calls



Hours spent by officers resolving calls	Percent of calls resulting in Use of Force	Percent of calls resulting in Officers as Victims	Percent of calls resulting in Arrest	Percent of calls to Non-Emergency Line*
11,655	0.05% (10)	0.05% (10)	0.13% (13)	up to 39%

CCD	<b>CRT</b>	CoR
CN		

**Durham is not alone** in our interest in developing unarmed responder teams for some 911 calls. Other US cities are already showing us this can be done in ways that meet the needs of residents in crisis and are consistent with first responder safety. We have been learning from 8 cities over the past 6 months. **Here are examples from 3 cities already doing this work:**

## DENVER

STAR

Launched in  
**2020**

In first 12 months

Responded to **1,700 calls**

Top calls

Welfare Check, Trespass, and Assist

Increased staff

From **1 team to 6**

Now operates

**7 days/wk**

**32 sq.mi. area**

Model

**2-person team (A-EMT + Clinician)**

## SAN FRAN

Street Crisis Response Team

Launched in  
**2020**

Nov 2020 to Oct 2021

Responded to **4,616 calls**

Top calls

Behavioral health distress  
(now responding to **58% of eligible calls**)

Increased staff

From **1 team to 7**

Now operates

**24/7 citywide**

Model

**3-person team (Community Paramedic,  
Clinician & Peer Specialist)**

## ATLANTA

PAD

Launched in  
**2020**

In first 9 months

Responded to **747 calls**

Top calls

Basic needs, mental health & disturbance

Increased staff

From **11 to 35 staff**

Now operates

**M-F, 7am – 7pm**

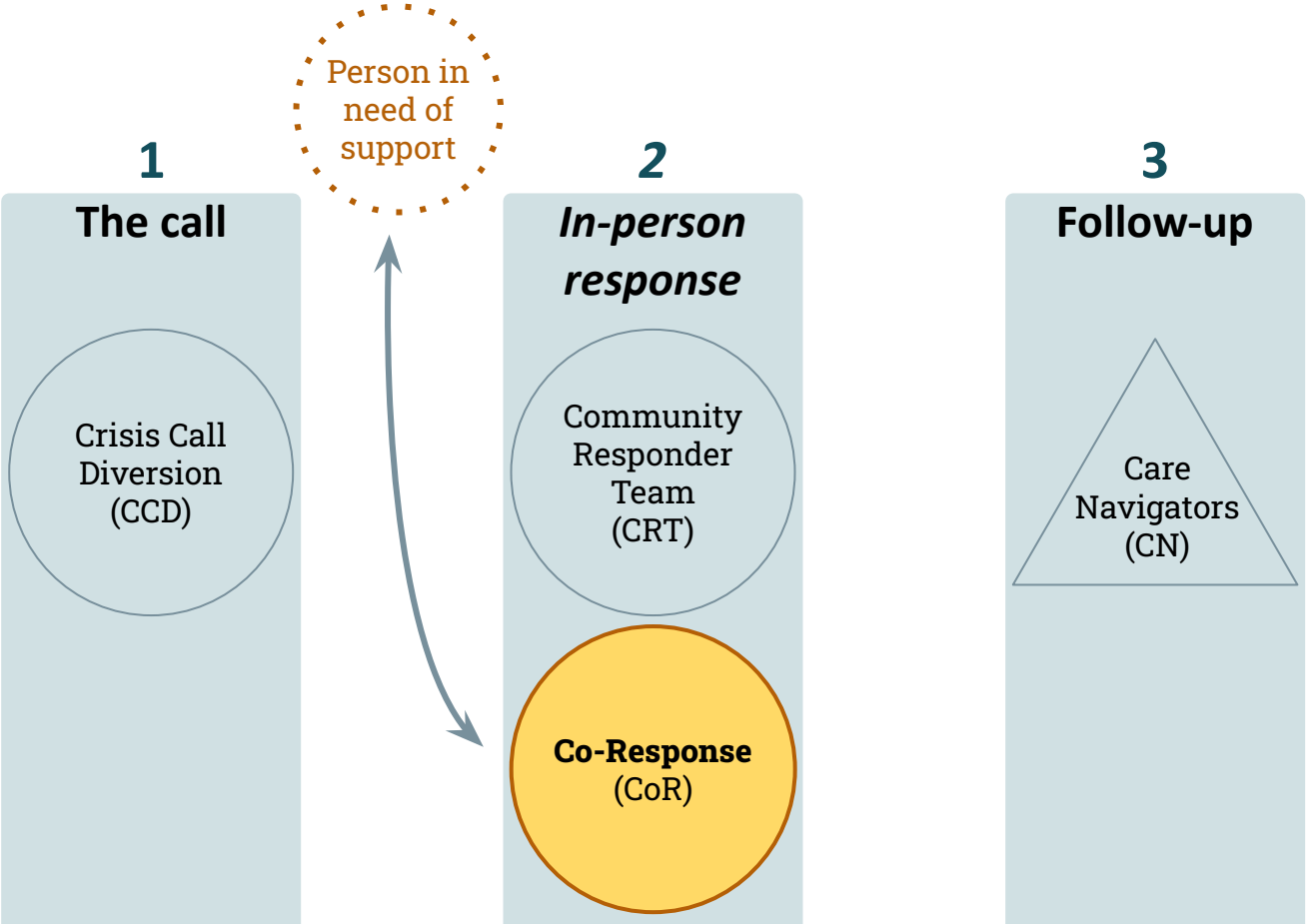
Model

**Unlike other cities, utilizes 311, not 911**

**2-person team (Harm Reduction Specialists  
– Bachelor’s in Social Work)**

One can't expect every person to be the best mental health crisis responder and the person kicking down the door and carrying out several other police responsibilities all at the same time. It takes so many different facets of personality, training, and abilities to respond to these calls that one person can't be all of those people.

– Durham Police Officer



# Co-Response (CoR)

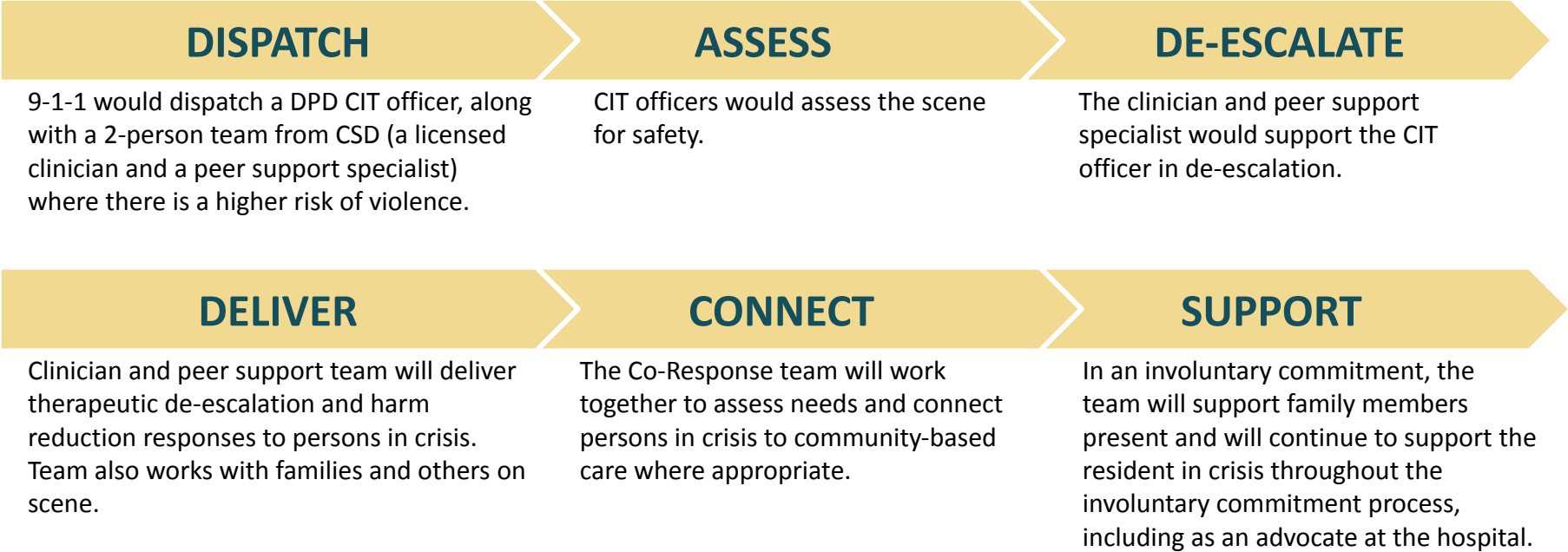
## Description

Send a Licensed Clinician and Peer Support Specialist with a CIT police officer to respond to *highest risk calls* involving mental and behavioral health needs.

## Goals

1. Send the right response to a wider range of crisis calls regardless of priority level, and
2. More safely explore some calls types to see if they might be appropriate for unarmed responses in the future.

# Co-Response would entail a joint-response from Durham Police and Community Safety departments.



# Proposed eligible calls for Co-Response (CoR)

## Initial eligible calls (first 6 months)

When the pilot starts, we propose dispatching Co-Responders to the following calls:

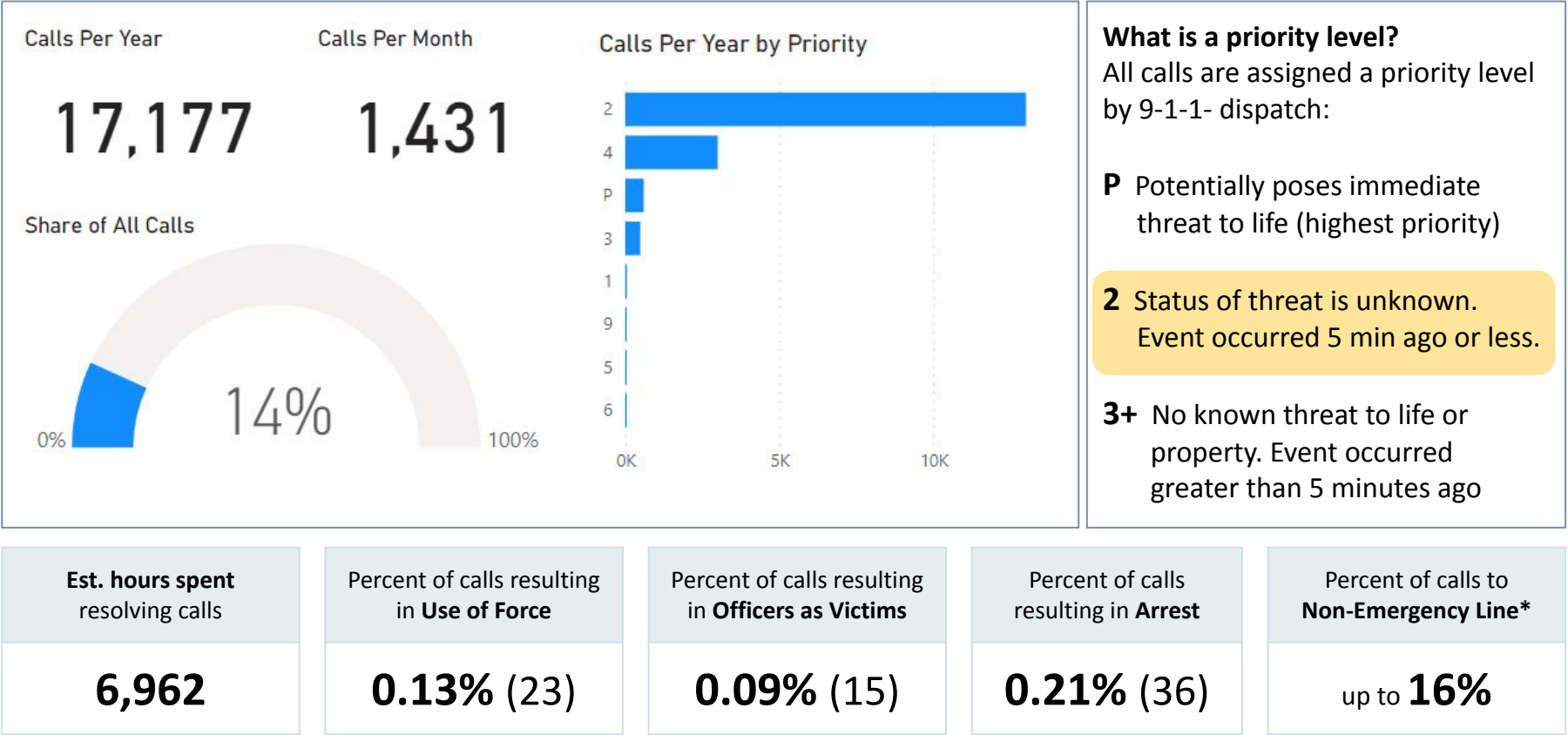
- Crisis Response Team (CRT) calls where one or more exclusion criteria are present;
- Calls under future consideration for unarmed responders:
  - Disturbance, Family & Domestic Disturbance
  - Drug use
  - Prostitution
- Calls for involuntary commitments;
- Other calls for service where a mental or behavioral health need may be present but not currently eligible for unarmed responders, including domestic violence

## Calls for future consideration

Based on results from the first six months of each pilot, some calls eligible for CoR under phase 1 could move to CRT teams.

- Continue to respond to CRT calls where one or more exclusion criteria are present;
- Continue to respond to calls for involuntary commitments;
- Continue to respond to calls for service where a mental or behavioral health need may be present but are not eligible for unarmed responders;
- Depending on what we learn from the first six months, CoR may continue to respond to Disturbance, Drug use, and Prostitution calls, or only when these calls meet exclusion criteria for CRT.

# Data on calls initially eligible for Co-Response



# GREENSBORO

Launched in  
**2021**

## PURPOSE

Respond to 911 calls involving individuals in mental crisis or having mental health issues, and follow up with those individuals to connect to services.

## PERSONNEL

Two-person teams comprised of 1 Officer and 1 Counselor who ride together; Officers assess scene for safety before counselors begin interaction. OEI hired 9 staff who work with 9 sworn GPD staff.

## HOURS OF OPERATION

M-F, 8am – 10pm  
Crisis Counselors also work on-call overnight, weekends, and holidays

Greensboro’s Behavioral Health Response Team is a joint response between the Office of Equity and Inclusion (OEI) and Greensboro Police Department.

### Between January to June 2021, this team...

- Responded to 2,800 calls (70% of mental health calls), representing 961 people.
- Conducted 739 follow-ups and 405 hours of case mgmt.

# CO-RESPONSE:

What we know about the model

- Started in the US in early 1990s
- Substantial variation in definition and delivery of co-responder teams across communities (e.g. can be ride-along, ride-separate, or remote support).
- Insufficient research on its efficacy; however, evidence suggests Co-responder programs may:
  - facilitate better connections to behavioral health services;
  - improve de-escalation and experiences of people in crisis;
  - support diversion from the criminal justice system, and reduce strain on medical facilities.

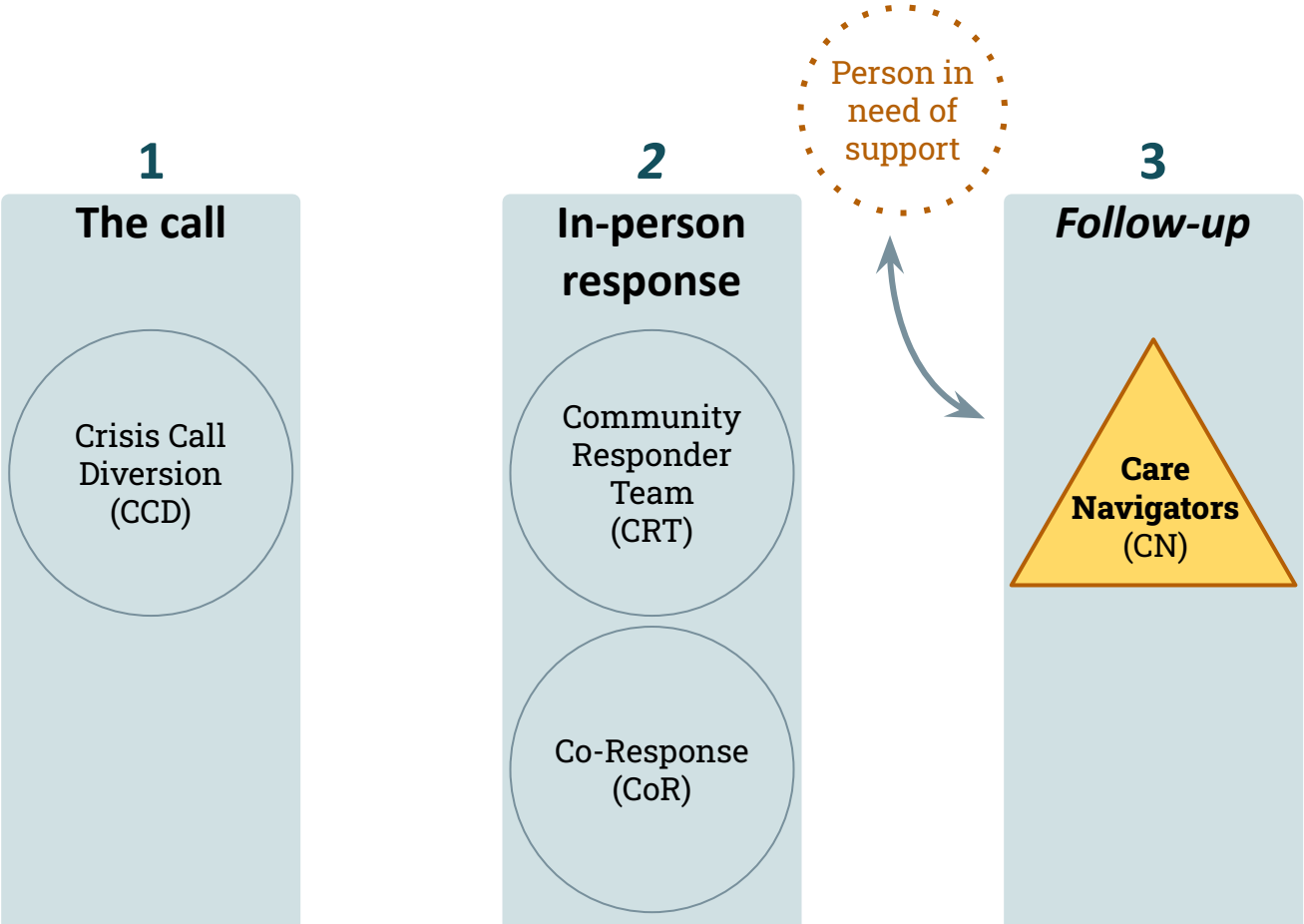


Our initial response to mental health crises is fair / good, but we could use improvement with continuum of care and more clinicians/social workers.

– Durham Police Officer

Ensuring people are connected to someone who can help is so important. That is what can set this apart and make a real difference.

– Durham Behavioral Health Provider



# Care Navigators (CN)

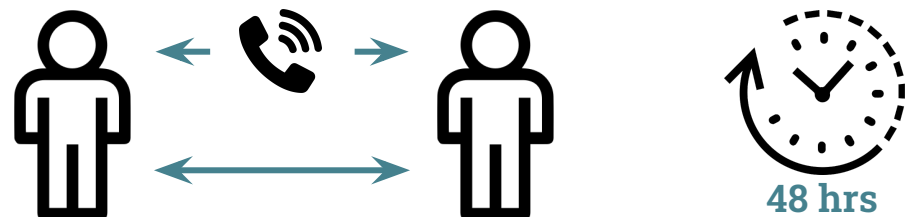
## Description

Two-person teams of a Peer Support Specialist and Licensed Clinician provide in-person or phone-based care within 48 hours of initial encounter with crisis response teams, and continue follow-up until the resident is connected to the care they need and want.

## Goal

Through follow-up, increase the likelihood that people connect with community-based care, reduce unnecessary use of the emergency room, and decrease the number of people who experience multiple crises.

# Care Navigators: Core pilot elements



Families need help too, so they can learn how to deal with this crisis next time ... If you follow up with families, then you can learn about the social and family history, so you can better support the person in crisis.

– Durham resident

## In-person and phone-based care within 48 hours of initial encounter

2-person teams	CRT + CoR follow-up	Continuation of care	Respond in pairs	Multiple check-ins
Navigator teams will be made up of 1 Community Health Worker/Peer Support Specialist and 1 Licensed Clinician.	Navigators will follow up with people who meet with our Community Responders, Co-Responders, or even Crisis Call Counselors, if requested. They will also follow up with families.	CRTs and CoR teams will inform Navigators about each person’s needs. Navigators strive for a warm handoff to ensure linkage to care and to minimize people having to retell their story.	When following up in person, Navigators will respond in pairs.	Based on each person’s needs, Navigators may check in multiple times, ranging from 1 week to 3 months.

# SAN FRANCISCO

Launched in  
**2021**

## PURPOSE

Link people to the right care following a crisis.

## PERSONNEL

Two 2-person teams comprised of 1 Community Health Worker and 1 Licensed Clinician; planning to increase to 4 teams

## HOURS OF OPERATION

M-F, 7am – 6pm

San Francisco’s mobile crisis team is supported by an **Office of Coordinated Care**, where staff provide follow-up and linkage support to people within 24 hours of the initial encounter.

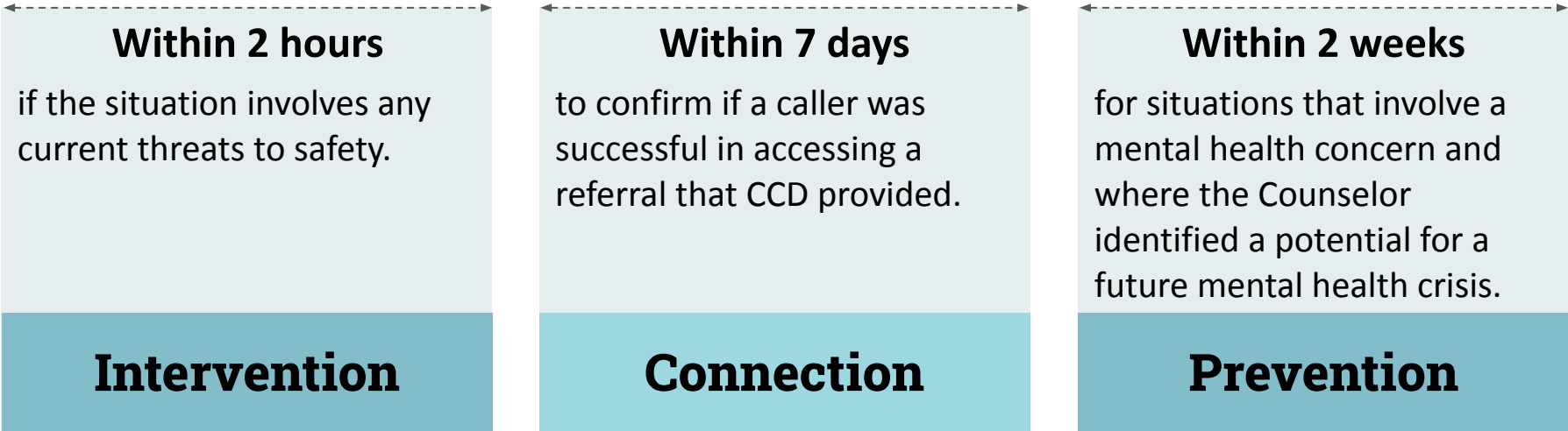
### In September 2021, this team...

- Followed up with 59% of clients;
- Connected 34% of clients with an existing provider or treatment facility;
- Followed up directly with 33% of clients;
- Were unable to locate 27% of clients

# Role of CCD Counselors in Follow-Up

Following up with callers after a situation led them to call 911 is crucial to ensuring people are connected to the right care.

After the initial phone call, Crisis Call Counselors will follow up with people:



If people would like in-person follow up, counselors will engage Care Navigators.



# The change we anticipate

- 

**Law Enforcement Capacity**  
For focusing on violent crime
- 

**Comfort calling 911**  
For MH/QOL calls
- 

**Resident confidence**  
We will send the right response
- 

**Connection to Care**  
For residents with unmet needs
- 

**Law Enforcement Encounters**  
For mental & behavioral health
- 

**Arrests or citations**  
For calls involving MH/QOL needs
- 

**Emergency Room use**  
For mental/behavioral health calls
- 

**DECC time on repeat callers**  
From residents with MH needs

# Things we want to better understand through pilots\*

## Identifying appropriate calls

Do we have the right protocol?

## Personnel

Do we have the right team makeup based on the needs of callers?

## Familiarity

What aspects of this design principle are most important and why?

## Mitigating burnout

How can we support & attend to the wellness needs of first responders?

## Staffing for follow up

What level of staffing is required?

## Rotations

Do the benefits of staffing rotations outweigh the challenges they present?

## Sharing data that matters

How can we share data between crisis responders & service providers?

## Appearance

What type of attire and vehicle markings establish trust & credibility?

*\*This is just a partial list of aspects we aim to better understand through our pilots.*



# How we will determine impact

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## Third Party Evaluations

Supported through external grants



## Mixed Methods

Data and stories that matter and that can help us understand what is working, what is not, and why. Planned methods include, but are not limited to:

- Asset-based survey approach with 800 residents (oversampling Black, Latinx and sexual and gender minorities) to better understand perceived needs and to inform implementation plans
- A community participatory approach that collaborates with residents to think about and make sense of data collected
- In-depth interviews and focus groups with people who have interacted with one of the crisis response pilots.

# Transparency + Accountability

✓ **Publish monthly metrics on website**

Including, but not limited to, the following:

Number of calls responded to by call type	Average Response time	Call outcomes	Follow-up rate & outcomes
Percent of calls for back-up & outcomes	Call origin (911, referral, self-initiated)	Resident satisfaction with responder	Percent of people who accept services
Client characteristics	Type of services requested by client	Officer hours saved via diversion	Percent of eligible calls responded to

✓ **Ongoing Community Engagement**

To understand residents’ experiences with alternative responses and how to refine and improve the models.

	<div>Crisis Call Diversion</div>	<div>Community Responder Team</div>	<div>Co-response Team</div>	<div>Care Navigator</div>
Pilot staffing	1 clinician	2 teams (5)	2 clinicians	1 team (2)
Percent of total calls during hours of operation	33%	61%	57%	N/A
Hours of Operation (based on call volume)	M-F, 2-10pm	M-F, 8am-11pm	M-F, 2p-10p (1) F-M, 2p-12a (1)	M-F, 10am-6pm
Percent of eligible calls covered	<b>Appx. 33%</b>	<b>8% - 22%</b>	<b>10% - 18%</b>	<b>TBD</b>
Police Hours Saved	<b>Appx. 524</b>	<b>932 - 2,564</b>	<b>N/A</b>	<b>TBD</b>

# Thank you.

**Ryan Smith** | Director  
Community Safety Department  
ryan.smith@durhamnc.gov

Follow our progress at [DurhamNC.gov/4663/departments-updates](https://DurhamNC.gov/4663/departments-updates)

# Appendix

- Summary of initial 911 Calls for Service Analysis (2017 - 2020)
- Detailed data on proposed calls eligible for alternative response
  - Call volume, officer time spent, safety-related data by call type
  - Calls eligible for unarmed responders in other cities
  - Distribution of calls by day of week and hour of day
  - Geographic concentration of Phase 1 and Phase 2 calls
- Staff Training Plans
- Pilot Implementation Timeline
- Update on other pilot areas
- Current Departmental Org Chart (15 FTEs)

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

Read the detailed reports and access data at [calls-for-service-durhamnc.hub.arcgis.com](https://calls-for-service-durhamnc.hub.arcgis.com)



**CSD has created 8 data dashboards in PowerBI to aid in pilot planning:**

- Key call stats
- Staffing calculators for CRT, CoR, and CCD
- Call frequency by day of week and hour of day
- Geographic concentration of calls
- TRU dashboard

CSD has also been reviewing call details in our computer aided dispatch (CAD) system to understand the kind of situations involved in specific call natures and what kind of information our dispatchers know prior to sending a responder to a crisis.

# Phase 1 Calls: Key stats

Phase 1 Total Calls	Welfare Check	Trespass	Mental Health Crisis	Suicide Threat	Intoxicated Person
Annual Call Volume	2,604	4,457	1,345	735	609
Hours spent on calls	2,140	3,682	1,612	946	486
Cities sending unarmed responders to these calls	Albuquerque, Denver, Eugene, San Francisco, Harris County	Albuquerque, Denver, Eugene, San Francisco, Portland, Harris County	Albuquerque, Denver, Eugene, San Francisco, Portland, New York, Harris Co	Denver, Eugene, New York, San Francisco, Harris County	Albuquerque, Denver, Eugene, San Francisco, Portland, Harris County

Panhandling	Indecency	Verbal Disturbance	Assist Person	Follow up	TOTAL
1,092	277	625	4,945	2,648	19,146
680	306	583	4,536	2,791	17,482
Albuquerque, Harris County	Albuquerque, Denver, Harris County	Albuquerque, Portland, Harris County	Denver, Eugene, Portland	Albuquerque, Denver, Eugene, San Francisco, Portland, New York, Harris Co	



# Phase 1 Calls: Key stats

Phase 1 Total Calls	Welfare Check	Trespass	Mental Health Crisis	Suicide Threat	Intoxicated Person
Pct Priority 3+	89.5%	94.8%	83.7%	4.95% (96%: 2)	5.6% (94.4%: 2)
Pct. Assault on Officer	N/A	0.12% (5)	N/A	N/A	0.38% (2)
Pct. Use of Force	0.03% (1)	0.09% (4)	0.05% (1)	0.05% (>1)	0.27% (2)
Pct. Arrest	0.04% (1)	0.31% (14)	0.16% (2)	0.10% (1)	0.41% (2)

Panhandling	Indecency	Verbal Disturbance	Assist Person	Follow up
98.9%	98.5%	2.6% (91.7%: 2)	89.4%	99.1%
0.03% (>1)	N/A	0.01% (>1)	0.01% (>1)	0.01% (>1)
N/A	N/A	0.02% (1)	0.02% (1)	0.03% (1)
0/13% (1)	0%	0.04% (2)	0.04% (2)	0.01% (1)

# Community Response Team Calls (Phase 1)

*	0	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23
0	95	90	60	52	40	42	39	44	58	87	99	110	131	130	145	130	133	141	142	136	142	124	112	89
1	69	56	47	32	24	32	44	73	108	141	152	147	167	166	181	174	190	191	168	175	146	139	111	90
2	76	60	43	37	26	37	50	92	106	128	162	149	182	169	185	175	176	191	178	166	133	135	110	96
3	73	60	43	33	29	30	48	70	113	125	146	146	168	162	155	180	186	185	176	163	145	148	117	84
4	77	57	37	36	29	31	41	75	118	126	141	145	175	155	170	170	175	182	169	156	144	126	123	94
5	73	53	46	31	25	26	65	73	116	126	143	147	165	154	171	188	182	188	162	161	138	142	124	101
6	99	64	60	59	38	39	42	50	77	115	118	142	148	156	162	160	156	144	160	136	151	126	145	120

# Assist Person

*	0	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23
0	25	27	16	18	11	18	7	12	17	24	29	33	29	40	36	34	25	41	34	39	40	36	33	25
1	19	11	14	6	8	7	10	18	36	47	37	40	41	40	53	47	49	44	36	40	45	40	29	21
2	24	16	10	10	6	6	15	19	24	35	38	34	42	42	49	43	45	49	47	39	39	37	33	25
3	19	20	12	9	8	9	13	23	29	36	35	43	41	38	40	48	53	51	50	42	37	36	25	23
4	22	14	11	8	7	10	9	20	28	34	35	44	42	37	45	51	45	40	44	38	41	28	34	25
5	18	21	10	10	7	8	21	20	29	28	30	34	33	45	39	51	48	47	47	50	40	35	32	29
6	20	16	22	17	13	11	12	13	14	31	30	39	40	34	40	39	37	43	48	36	41	32	31	30

## HOW TO READ THESE CHARTS:

Numbers running horizontally along the top of the charts indicate hours of the day. Numbers running vertically along the left hand side of the chart indicate day of the week, where 0 = Sunday, 1 = Monday, etc.

Please note all figures *inside* the chart represent **calls per year**.

# Crisis Calls

*	0	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23
0	10	9	3	4	5	2	4	1	4	6	5	6	11	7	12	10	8	8	8	8	12	11	7	9
1	5	7	6	5	3	5	5	7	6	9	7	7	12	8	13	6	13	11	14	12	10	11	12	7
2	7	11	6	5	3	4	3	6	6	8	11	12	13	9	9	13	9	10	12	10	13	12	11	7
3	10	7	6	3	4	5	4	6	7	10	11	6	16	16	7	11	11	11	16	12	12	16	13	7
4	10	7	4	7	5	4	3	5	6	8	7	12	9	9	14	13	13	13	11	11	10	12	15	7
5	8	4	7	4	5	3	7	6	7	7	6	6	13	6	7	12	11	13	10	8	9	12	10	8
6	11	6	3	6	4	5	3	4	4	7	4	6	10	9	8	11	7	6	8	13	14	6	12	11

# Indecency or Lewdness, and Indecent

*	0	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23
0	1	1	1	2			1		1			3	3	2	3	2	4	2	5	3	1	2	2	
1	1	3	1					1	2	2	5	3	2	3	3	5	4	4	4	3	1	2	2	1
2			2	1			1	2	4	2	4	2	2	2	4	3	4	3	5	3	2	2	2	2
3		1	1		1		1	2	2	2	4	3	3	4		4	2	2	4	3	4	4	2	2
4	2				2	1			3	3	3	2	3	2	3	3	5	2	4	5	1	2	2	2
5	2	1	1			1			2	2	2		3	2	2	3	3	4	3	1	1	2	3	3
6	2	1	3	3	1			2	2	2	2	3	3	2	2	4	4	3	3	3	1	2	4	2

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# Intoxicated Person

*	0	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23
0	8	11	7	4	5	4	3	2	1	2	5	5	4	3	2	3	4	2	7	6	9	7	5	4
1	5	4	2	3	1	1	1	2		1	2	4	4	2	3	6	6	4	2	8	3	6	3	2
2	5	2	3	1	2	2	1	2	2	1	2	2	3	3	2	5	6	4	4	6	4	4	4	7
3	5	2	1		2	2	1	1	2	3	2	3	7	5	7	5	4	6	6	6	6	4	3	3
4	9	6	3	2		2	3	2	1	2	2	1	5	5	2	2	4	7	6	7	6	9	7	6
5	4	4	2	3	2		1	1	2	3	2	5	5	4	5	3	6	6	5	8	10	9	8	5
6	6	4	5	4	2	2	3	2	4	2	4	6	2	7	6	6	8	6	6	5	10	9	9	7

# Panhandling or Solicitation

*	0	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23
0	2	6	1	2		1	3	2	3	6	7	7	7	7	10	12	11	11	12	8	5	2	3	2
1	3	3	2				3	2	4	7	6	11	10	13	9	13	9	16	12	12	6	4	2	2
2	5	3	2	2	1	1	3	7	6	5	7	8	13	10	16	12	15	20	13	16	5	7	6	3
3	3	2	2			1	2	3	3	6	8	10	12	9	12	15	14	13	7	11	10	10	5	3
4	1	2	1	1	1	2	4	4	4	8	5	6	13	11	18	11	12	17	15	12	6	7	5	4
5	2	1	2	2	2	2	3	3	7	5	6	8	16	12	17	19	18	15	12	10	5	9	7	5
6	3	2	3	4	1	2	1	3	3	6	10	14	14	17	12	9	12	8	14	10	6	4	7	1

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# Suicide Threat

*	0	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23
0	3	4	4	3	3	4	1	4	3	4	4	1	4	4	4	4	6	6	2	8	7	4	7	6
1	7	2	5	2		3	2	5	2	4	6	8	8	5	6	4	4	7	7	6	8	8	8	7
2	5	4	7	3	3	3	2	3	2	5	9	7	8	7	10	9	9	7	7	4	7	9	6	3
3	4	3	6	4		4	2	3	3	2	9	6	7	6	7	7	8	6	6	5	4	5	6	3
4	5	3	2	3	1	1	1	3	3	3	3	7	7	4	7	5	6	4	4	7	4	5	6	8
5	4	2	4	2	2	1	2	2	3	4	6	4	10	5	5	4	5	8	4	8	5	6	2	4
6	6	4	1	5	2	3	2	2	2	2	2	5	7	4	5	4	6	5	4	8	7	5	6	7

# Trespass or Unwanted

*	0	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23
0	23	22	17	11	10	8	11	13	15	17	21	31	36	34	38	32	39	39	36	31	35	28	26	25
1	15	17	13	8	8	6	13	21	19	23	28	27	40	39	38	40	43	45	38	42	39	35	33	26
2	16	12	10	7	6	13	11	25	21	24	36	39	43	42	37	34	30	37	40	38	30	33	24	24
3	20	16	11	10	7	6	18	16	27	23	28	29	36	37	36	38	41	42	39	40	33	37	30	19
4	16	15	11	11	7	6	10	21	33	27	33	26	40	42	34	36	29	40	40	40	38	31	32	20
5	20	11	13	6	5	7	20	18	26	27	36	34	38	34	44	39	35	37	35	33	35	33	32	29
6	31	22	11	16	12	10	13	13	22	28	27	30	32	42	50	36	38	41	38	30	33	39	39	35

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## Verbal Disturbance

*	0	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23
0	2	1	4	2	3	1	1	1	2	3	2	3		4	5	4	5	7	4	6	6	6	3	5
1	3	2	3	1	2	2	5	3	1	6	3	3	5	7	3	4	6	4	4	4	5	3	8	2
2	3	4	2	3	4		2	1	1	1	5	4	6	6	4	3	6	5	3	4	5	7	4	5
3	3	1	3		1	3	2	2	3	3	6		3	4	7	6	6	8	2	10	4	5	4	4
4	11	3	1		1		2	4	4	2	5	2	5	7	1	5	10	6	4	4	2	7	2	2
5	4		2			3	1	2		1	3	2	4	5	5	5	3	7	3	6	7	8	8	3
6	3	2	4	2	1	1	2	3	2	3	5	6	6	7	7	4	3	3	4	3	11	4	9	11

## Welfare Check

*	0	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23
0	14	9	6	3	3	5	8	8	11	15	16	16	22	20	26	16	13	18	21	22	18	15	17	9
1	6	8	3	5	4	9	6	11	16	21	25	15	23	23	30	18	21	28	20	22	14	13	11	12
2	8	5	5	6	5	9	9	17	23	22	20	17	29	28	33	19	20	27	18	20	16	13	15	14
3	6	8	3	5	6	4	6	9	14	18	21	23	24	23	23	24	23	25	21	20	18	20	15	14
4	7	9	4	5	3	6	9	11	22	21	28	20	26	22	22	23	26	27	20	15	16	15	11	17
5	9	9	4	5	3	4	10	15	23	25	26	28	25	26	24	28	22	29	18	22	14	19	16	12
6	10	7	6	6	5	7	5	8	16	22	21	22	21	22	20	28	24	18	16	15	20	18	23	12

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Please note all figures *inside* the chart represent **calls per year**.

# Crisis Call Diversion Calls

*	0	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23
0	12	13	7	7	8	6	4	3	6	10	9	7	15	11	15	14	14	13	10	16	19	15	14	15
1	11	9	11	7	3	6	7	12	8	13	13	15	20	13	19	10	17	18	21	18	18	19	20	14
2	12	15	13	7	5	5	4	9	8	13	20	19	21	16	19	21	18	17	19	14	20	21	17	10
3	14	9	11	7	4	8	6	9	10	11	20	12	23	22	14	17	19	17	22	17	16	21	19	9
4	14	8	6	10	5	5	3	8	9	11	10	19	15	12	20	18	19	17	14	17	14	17	21	15
5	11	6	11	6	6	4	9	8	10	11	12	10	23	11	12	16	16	21	14	16	13	18	11	12
6	16	10	4	8	5	7	4	5	5	8	6	11	17	12	13	14	13	11	12	20	20	10	17	18

# Co-Response Calls

*	0	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23
0	88	81	65	47	34	25	24	27	33	50	54	54	70	76	82	76	77	83	90	84	95	85	70	76
1	62	40	33	24	19	15	20	33	41	47	52	71	74	79	91	94	90	100	104	107	95	80	88	72
2	59	37	35	28	21	16	23	36	43	62	63	66	68	81	72	87	85	97	105	97	85	83	79	64
3	69	45	42	26	15	18	23	29	49	65	56	75	81	75	87	83	106	104	95	94	96	105	79	71
4	57	41	27	28	18	21	26	29	42	54	61	77	73	77	90	83	97	98	93	88	86	93	82	81
5	60	49	34	30	22	22	21	34	50	47	60	72	72	74	91	87	91	96	106	92	97	101	94	86
6	71	61	58	45	35	23	22	26	49	51	64	82	80	75	85	89	81	89	98	96	106	103	112	99

## HOW TO READ THESE CHARTS:

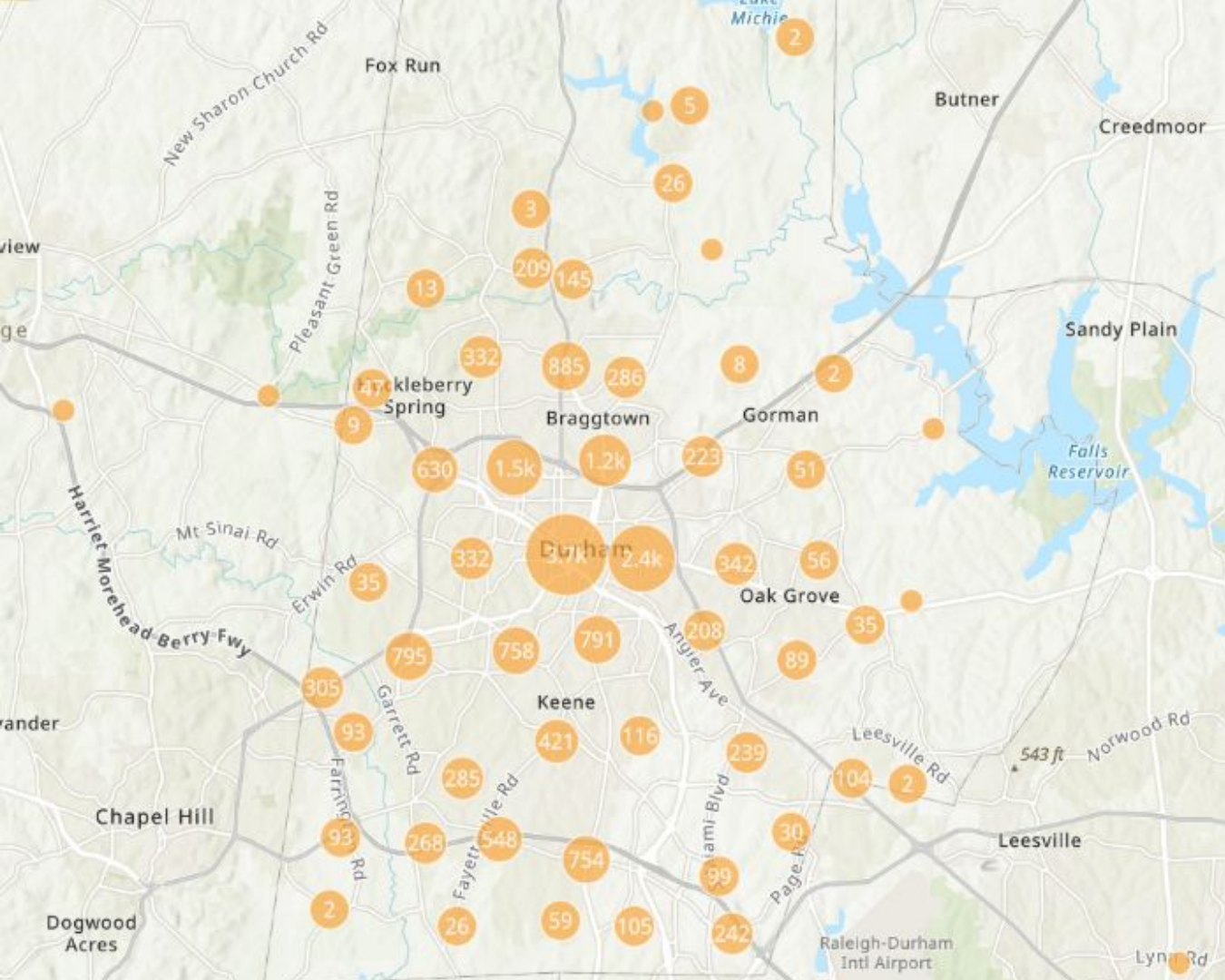
Numbers running horizontally along the top of the charts indicate hours of the day. Numbers running vertically along the left hand side of the chart indicate day of the week, where 0 = Sunday, 1 = Monday, etc.

Please note all figures *inside* the chart represent **calls per year**.



(based off of 2019 data)

Note that the chart includes all eligible calls from 2019. They are clustered into orange bubbles. Naturally, the bigger the orange bubble, the greater the call volume. The exact number of calls each orange bubble represents is written in the center of the orange bubble for convenience.





This map displays the population distribution across various census tracts in Durham, North Carolina. The size of each orange circle corresponds to the population count for that specific area. The largest concentration is in the central urban core, particularly around the downtown area where populations reach over 1,600 per tract. Other significant clusters are found in the northern and eastern parts of the city. The map also shows major transportation routes and geographical features like the Falls Reservoir.

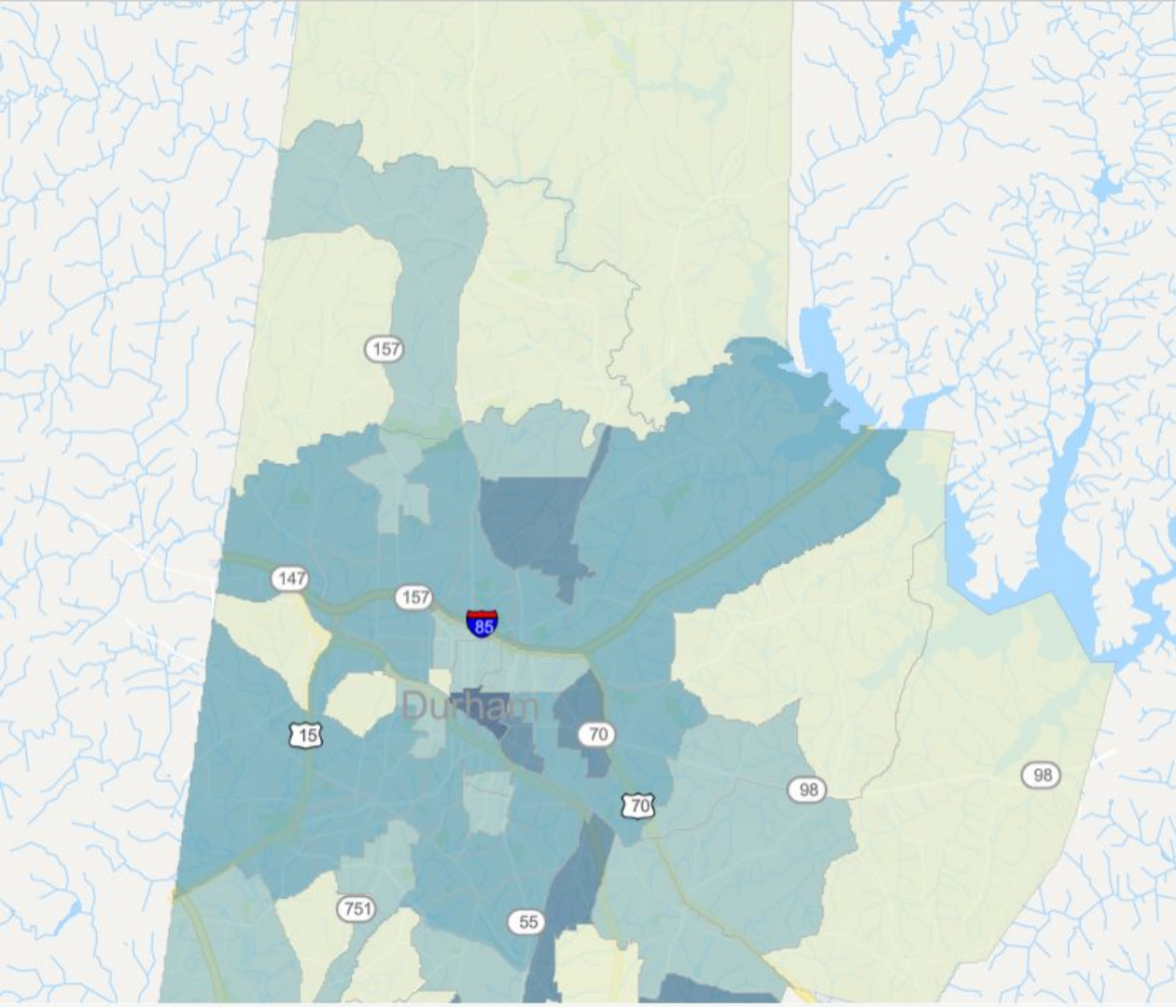
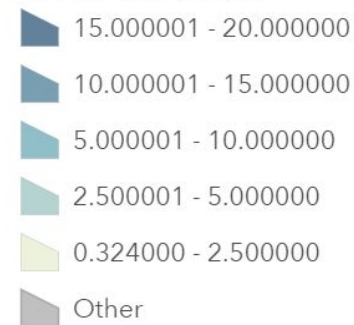
Census Tract	Population Count
Durham Central Core	1,600+
Durham Central Core	1,700+
Durham Central Core	1,800+
Durham Central Core	1,900+
Durham Central Core	2,000+
Durham Central Core	2,100+
Durham Central Core	2,200+
Durham Central Core	2,300+
Durham Central Core	2,400+
Durham Central Core	2,500+
Durham Central Core	2,600+
Durham Central Core	2,700+
Durham Central Core	2,800+
Durham Central Core	2,900+
Durham Central Core	3,000+
Durham Central Core	3,100+
Durham Central Core	3,200+
Durham Central Core	3,300+
Durham Central Core	3,400+
Durham Central Core	3,500+
Durham Central Core	3,600+
Durham Central Core	3,700+
Durham Central Core	3,800+
Durham Central Core	3,900+
Durham Central Core	4,000+
Durham Central Core	4,100+
Durham Central Core	4,200+
Durham Central Core	4,300+
Durham Central Core	4,400+
Durham Central Core	4,500+
Durham Central Core	4,600+
Durham Central Core	4,700+
Durham Central Core	4,800+
Durham Central Core	4,900+
Durham Central Core	5,000+
Durham Central Core	5,100+
Durham Central Core	5,200+
Durham Central Core	5,300+
Durham Central Core	5,400+
Durham Central Core	5,500+
Durham Central Core	5,600+
Durham Central Core	5,700+
Durham Central Core	5,800+
Durham Central Core	5,900+
Durham Central Core	6,000+
Durham Central Core	6,100+
Durham Central Core	6,200+
Durham Central Core	6,300+
Durham Central Core	6,400+
Durham Central Core	6,500+
Durham Central Core	6,600+
Durham Central Core	6,700+
Durham Central Core	6,800+
Durham Central Core	6,900+
Durham Central Core	7,000+
Durham Central Core	7,100+
Durham Central Core	7,200+
Durham Central Core	7,300+
Durham Central Core	7,400+
Durham Central Core	7,500+
Durham Central Core	7,600+
Durham Central Core	7,700+
Durham Central Core	7,800+
Durham Central Core	7,900+
Durham Central Core	8,000+
Durham Central Core	8,100+
Durham Central Core	8,200+
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Durham Central Core	17,000+
Durham Central Core	17,100+
Durham Central Core	17,200+
Durham Central Core	17,300+
Durham Central Core	17,400+</

The map displays the Durham, NC area with 100 restaurants marked by orange circles. The size of each circle indicates the number of restaurants at that location. The largest circle is in the center of Durham, labeled '1.7k'. Other circles are labeled with numbers such as 1.6k, 1.3k, 1.1k, 1.0k, 800, 770, 618, 602, 511, 430, 392, 389, 342, 320, 311, 298, 253, 244, 231, 226, 211, 200, 190, 180, 170, 160, 150, 140, 130, 120, 110, 100, 90, 80, 70, 60, 50, 40, 30, 20, 10, and 5. The map also shows major roads like I-405, I-85, and US-1, and landmarks like the Durham Bulls Athletic Park and the Durham Bulls. Surrounding areas like Chapel Hill, Cary, and Raleigh are also visible.

## All Calls for Service per 1000 People, 2018

Note that Durham is divided into census tracts in this map. Each census tract is colored by the calls for service per 1000 people in that tract. Please refer to the legend below for more detail on the color coding.

CSF per 1000 people

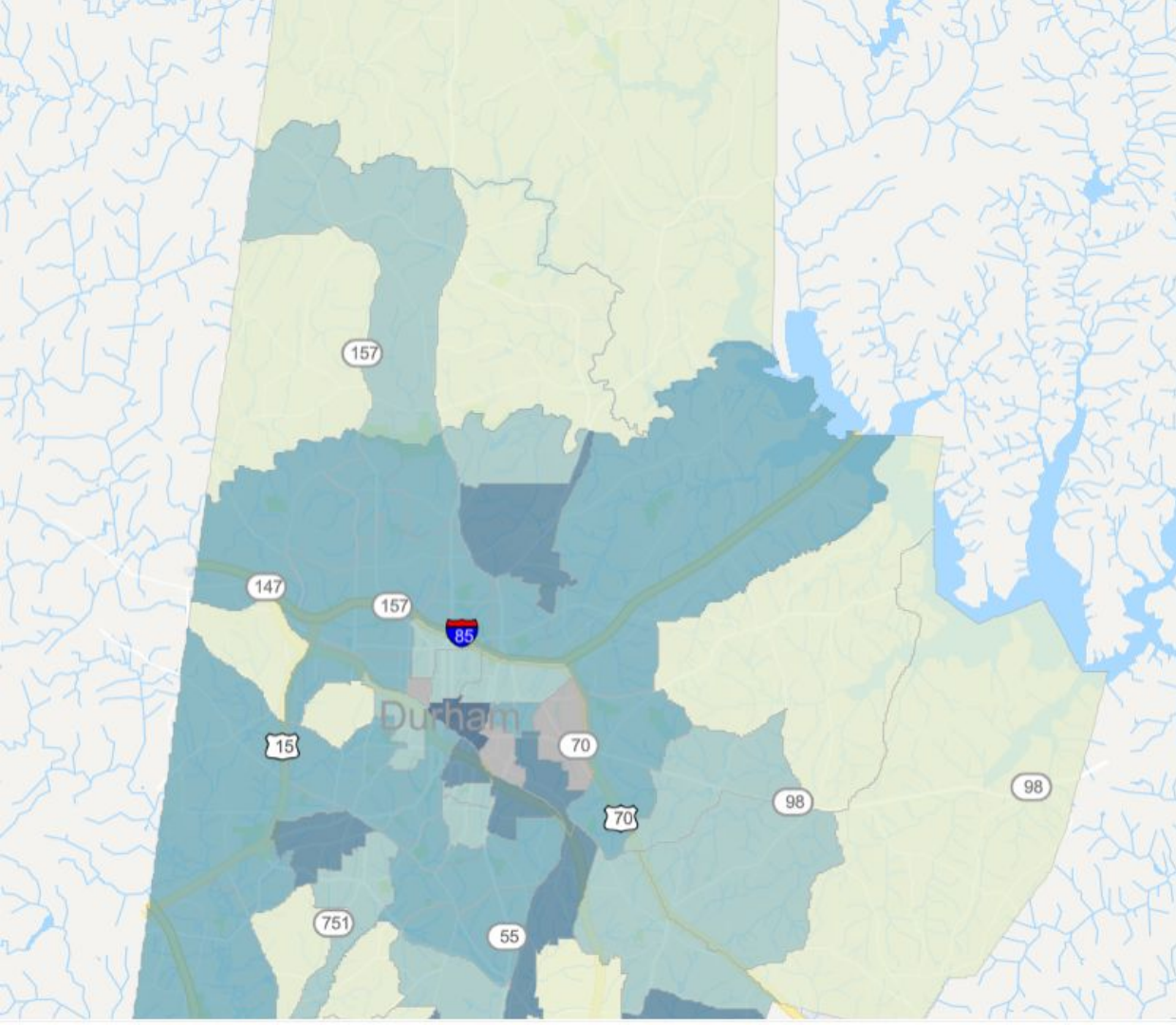
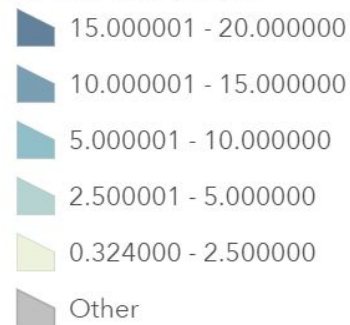




## All Calls for Service per 1000 People, 2019

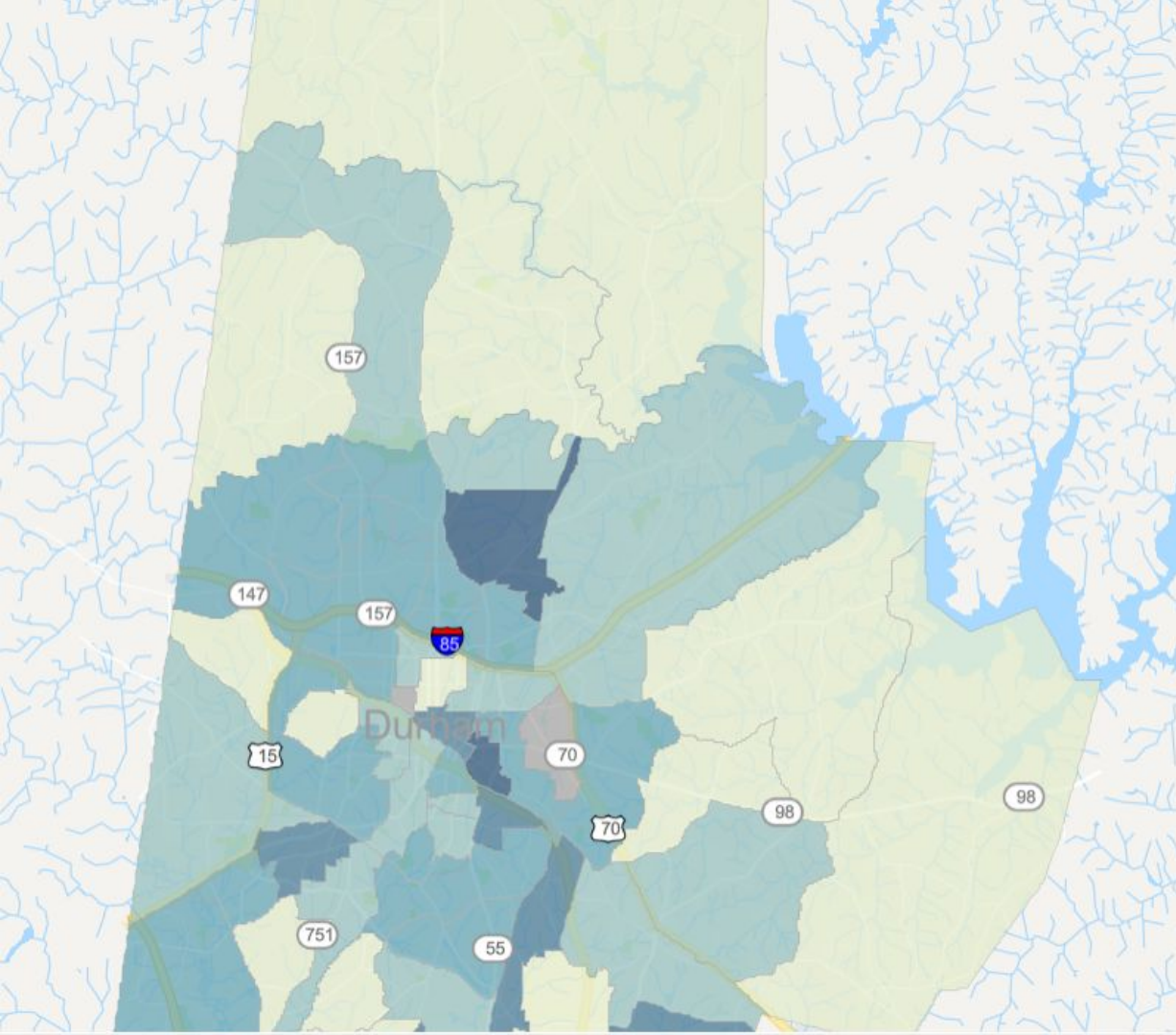
Note that Durham is divided into census tracts in this map. Each census tract is colored by the calls for service per 1000 people in that tract. Please refer to the legend below for more detail on the color coding.

CSF per 1000 people

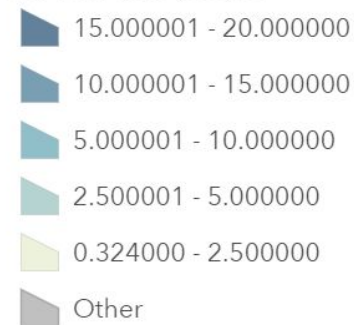


## All Calls for Service per 1000 People, 2020

Note that Durham is divided into census tracts in this map. Each census tract is colored by the calls for service per 1000 people in that tract. Please refer to the legend below for more detail on the color coding.



CSF per 1000 people



# Staff training

Once hiring has completed and before pilots launch, all pilot staff will engage in thorough trainings in order to prepare them and build team culture.

Classroom Training	Site Visits	Local Services Info	Ride Alongs
Including: Crisis Intervention Training, Cultural Awareness and Trauma-Informed Care, Mental Health First Aid, Motivational Interviewing, Cultural Competency, Assessing Suicide Ideation and Homicide Ideation, Safety Planning and De-Escalation, Mandatory Reporting, NIMS (basic level), CAD training, & CPR/First Aid	Visit at least one other city with an alternative response program in current operation and meet with response personnel and program managers.	Response personnel will receive presentations from local service and behavioral health providers and tour some programs to understand what services are available to persons in crisis and how to access them.	With first responders and shadow shifts with 911 call takers and dispatch, EMS, Durham Recovery and Response Center, Duke Behavioral Health Emergency Room, Alliance Crisis Line, and other partners who make up our crisis response network.

# Pilot launch: 3 phases

## PHASE 1

2 weeks

### Dry run & final checks

Teams shadow other first responders on calls they would have responded to under protocol. This is a final observation period prior to actually taking calls.

# Pilot launch: 3 phases

PHASE 1	PHASE 2
2 weeks	1 month
	<div><p><b>Rapid process improvement &amp; program refinement</b></p><p>Staff evaluate pilots each week to refine the service delivery model.</p></div>

# Pilot launch: 3 phases

PHASE 1	PHASE 2	PHASE 3
2 weeks	1 month	3-4 months
		<b>Rigorous, third party evaluation</b>  CSD partners with RTI and UNC Center on Health Equity Research to evaluate pilots.



# Pilot launch: 3 phases

PHASE 1	PHASE 2	PHASE 3
Dry run & Final checks	Rapid process improvement & Program refinement	Rigorous, third party evaluation

- **After Phase 2:** CSD staff adjust hours of operation based on eligible call volume data
- **After Phase 3:** CSD staff receive results of third-party evaluation and consider whether the evidence supports scaling up the pilots. Staff report back to City Council.

## CSD is working with DPD on four other pilot areas.

### Telephone Response Unit

New response for minor traffic accidents

**Description:** Respond to a higher percentage of calls via DPD’s Telephone Response Unit that are appropriate for remote response.

**Potential Benefit:** Many calls for service do not require a physical officer on-scene (e.g. a caller following-up for an update on an incident). However, officers often respond on scene per custom and/or protocol, using up valuable law enforcement time.

**Data:** According to our internal analysis, from 2017 - 2020, DPD officers spent up to **12,876 hours** traveling to calls that might have been resolved via telephone.

**Status Update:** Plan to make several recommendations to DPD and DECC for consideration.

- Automatically routing specific call codes that rarely require in-person response to TRU.
- Enhance staffing with a hybrid model that includes both civilians and reserve officers,
- Reemphasize the importance of indicating a call was resolved by telephone in police officer reports (to better understand what call types are suited for TRU).

### Improving Identification of Mental Health Calls

**Description:** Less than 1% of current 911 calls are coded as related to mental health, which we believe is low.

**Potential Benefit:** Better understanding the volume of mental health calls and other attributes can better position to meet the needs of residents in crisis and inform resource allocation.

**Status:** Exploring adding a new question on mental health to the call-taker protocol, and pilot a new assessment tool developed by NYU law to help identify mental health calls.

## CSD is working with DPD on four other pilot areas.

### Civilian Traffic Response

New response for minor traffic accidents

**Description:** Dispatching civilian responders to minor traffic accidents and some calls for traffic-related assistance.

**Potential Benefit:** Traffic accounts for the 3rd highest response volume for DPD; however, officers often respond to minor incidents where the primary need to fill out a report for insurance purposes.

**Data:** According to RTI’s analysis, from 2017 - 2020, DPD officers spent **84,328 hours** on traffic related calls (representing the third highest call type for officer time spent).

**Status Update:** Plan to seek authorization from state in spring.

- Durham needs authorization from the General Assembly to dispatch non-sworn officers to traffic related calls for service.
- Wilmington and Fayetteville already have authorization and do this in NC.
- Greensboro and Raleigh are also seeking authorization.

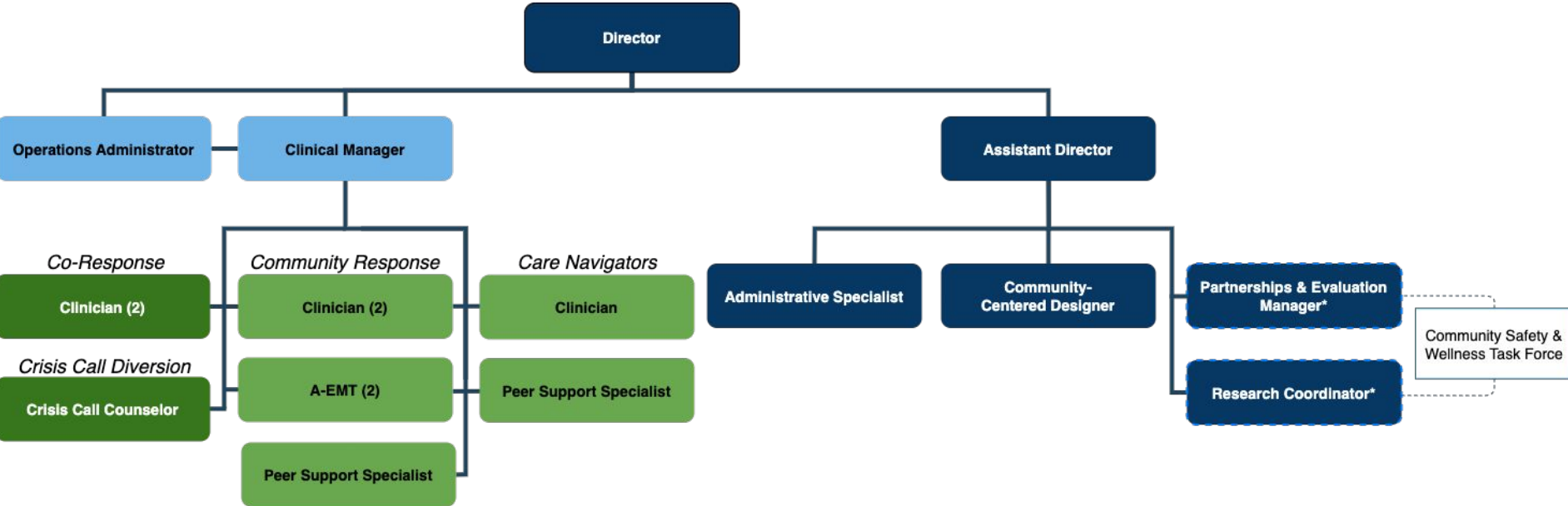
### Alarms

Reducing responses to false alarms

**Description:** Seeking ways to lower the amount of time officers spend responding to false alarms.

**Potential Benefit:** According to RTI’s analysis, from 2017 - 2020, DPD officers spent over **23,000 hours** responding to alarms, the majority of which were false.

**Status:** We are reviewing efforts other cities are taking, including ordinances that only respond to verified alarms. We will work with DPD to bring forward recommendations later this year.



- Filled
- In process of being filled
- Reserved for pilots  
(holding recruitment until plans presented to City Council)
- Grant funded
- Externally funded