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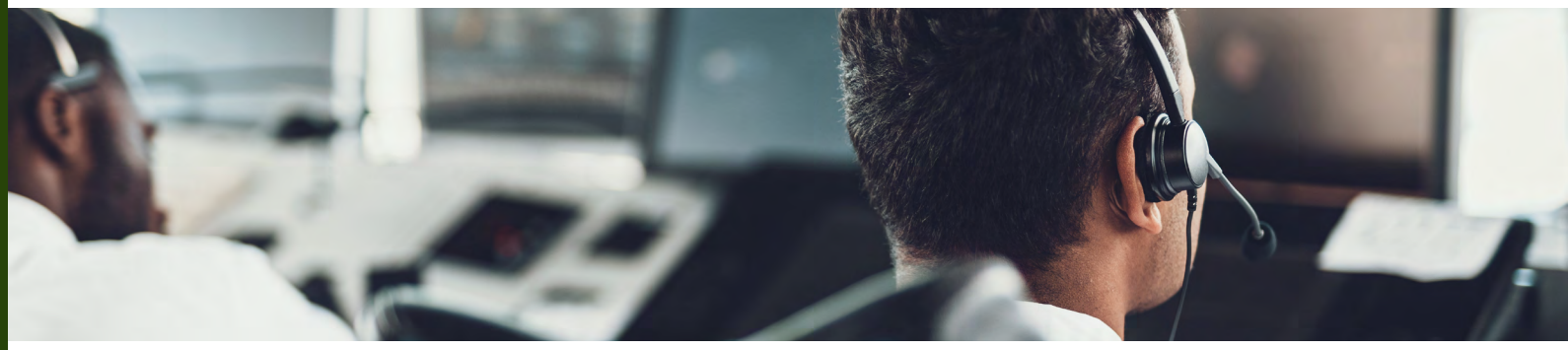

Innovations in 911 Response

Developing Clear Triage and Dispatch Processes for Alternative Response Programs

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Setting up effective triage and dispatch processes is one of the most critical yet challenging aspects of launching a successful alternative response program. Through our work supporting over 30 governments launching or expanding alternative response, the Harvard Kennedy School Government Performance Lab (GPL) has seen the power that comes when programs establish these processes effectively, which enables a boost in call volume and the ability to serve more residents. On the other hand, if dispatch processes are ineffective, call volume may remain low, restricting a program's impact and making it difficult to reach established goals.

Durham's alternative response program is a national leader for both call volume and the variety of calls it addresses.[1] Durham leaders told us a major factor in their success was choosing to develop their triage and dispatch system as an integrated part of the city's existing 911 system in collaboration with existing public safety stakeholders. This approach ensured consistency, minimized disruption for 911 call takers, led to better responses for residents, and gave alternative responders access to the same safety and communication tools used by other public safety responders.

We asked leaders in Durham to share how they developed their triage and dispatch system:

1. **911 Integration:** Why did you decide to fully integrate your operations into the city's 911 system, and what did that mean in practice?
2. **Call Codes:** How did you decide which 911 calls your responders would go to?
3. **Triage and Dispatch:** How did you develop your triage and dispatch processes?

This publication is the third in the GPL's ***Innovations in 911 Response*** series**,** which spotlights Durham's approach to creating and operating an alternative response program.

Click here to read the other publications about starting a program, using data, and staffing decisions.

1. See Law Enforcement Action Partnership's Nationwide Map of Community Responder Programs by Annual Call Volume and Call Categories.

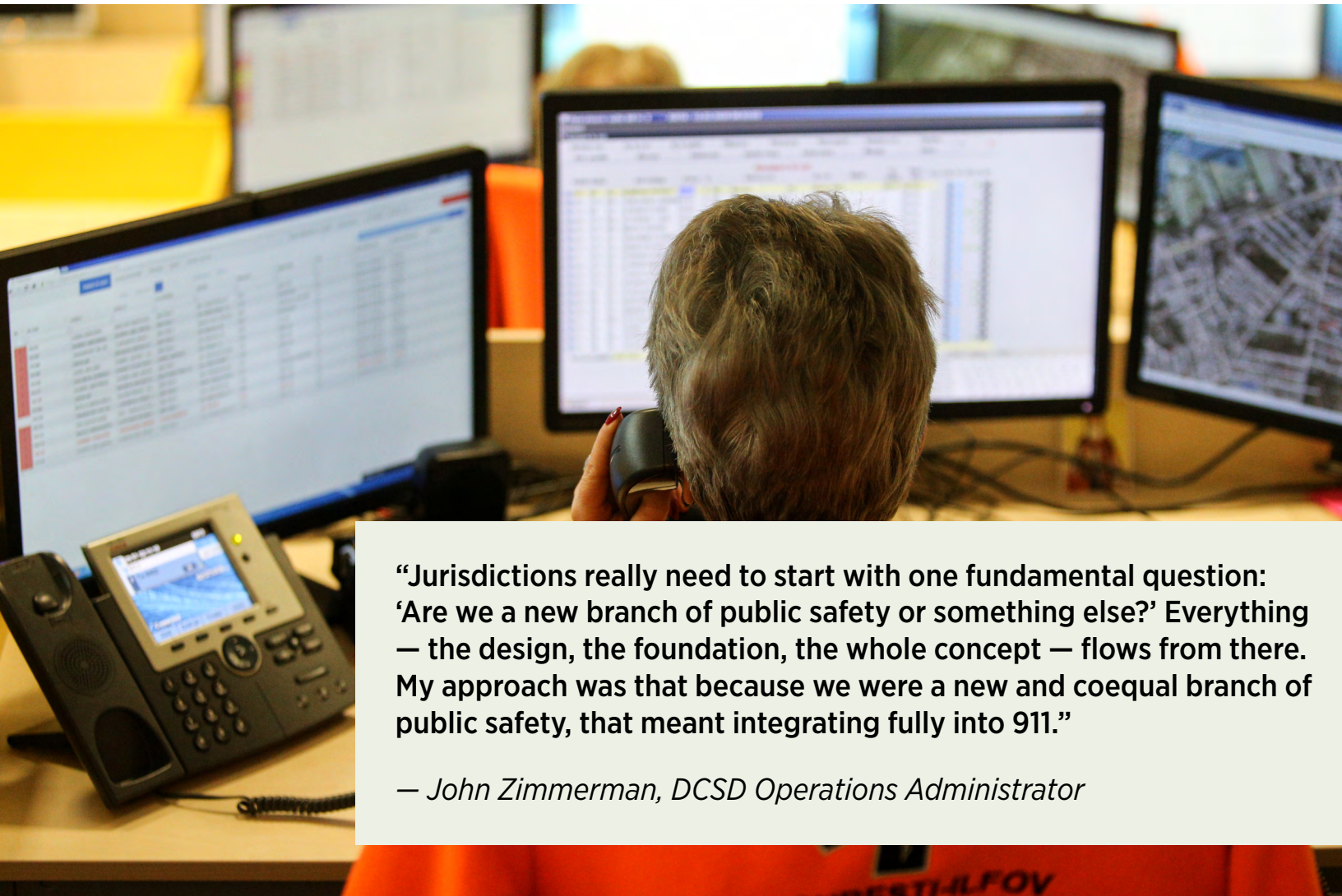
1. 911 Integration: Why did you decide to fully integrate your operations into the city's 911 system, and what did that mean in practice?

When establishing an alternative response program, jurisdictions must decide how calls for service will be routed to their specialized response teams. This involves determining which entity or entities will receive and triage calls, dispatch responders, and provide support in the field.

A jurisdiction can route calls using:

- The 911 call center
- A local hotline, such as a mental-health hotline
- A services directory line, such as 311
- A dedicated direct line to the alternative response team

Selecting one of these approaches will determine how the program is organized within the jurisdiction's public safety structure, how seamlessly calls are routed to the program, and how quickly alternative responders can request backup if a situation escalates. All of these factors are positively impacted by integrating with 911 call centers, which are specifically designed for rapid call handling, efficient dispatch, and coordinated multi-agency response.



"Jurisdictions really need to start with one fundamental question: 'Are we a new branch of public safety or something else?' Everything — the design, the foundation, the whole concept — flows from there. My approach was that because we were a new and coequal branch of public safety, that meant integrating fully into 911."

— John Zimmerman, DCSD Operations Administrator

DCSD's Approach: Integrating with 911

After Durham's Community Safety Department (DCSD) was established as a coequal branch of public safety — rather than an alternative outside the existing emergency response operating system — DCSD elected to fully integrate its suite of alternative 911 response teams with the city's established 911 system. This means all calls for DCSD's Holistic Empathetic Assistance Response Teams (HEART) are received, triaged, and dispatched by Durham's Emergency Communications Center (DECC), using the technology and systems that serve police, fire, and EMS.

We sat down with **John Zimmerman,** DCSD's operations administrator, who has more than two decades of experience in emergency communications, to talk about why and how Durham integrated their program into the city's existing 911 infrastructure.

Q: DCSD's response programs are triaged and dispatched out of the city's 911 call center. What big-picture questions did you start with to make that decision?

A: Jurisdictions really need to start with one fundamental question: 'Are we a new branch of public safety or something else?' Everything—the design, the foundation, the whole concept—flows from there. My approach was that, because we were a new and coequal branch of public safety, that meant integrating fully into 911.

Q: What did 'integrating fully into 911' mean to you from an operations perspective?

A: All our calls are received, triaged, and dispatched by Durham's 911 call center. It also means we get built into all the existing policies and protocols that 911 has for the other public safety agencies they work with. We believed there was a better public safety response to certain types of 911 calls. We wanted to grow the ecosystem of public safety, not live outside of it.

Q: What were the benefits you saw of fully integrating into Durham's 911 call center?

A: Responder safety is a huge part of it. 911 call centers have so many policies, protocols, and tools to keep responders safe that have already been tested in the field over a long period of time. When you work with 911 the same way an EMS or police department would, you get the benefit of those systems.

Q: Were there other factors that influenced your decision to integrate with 911?

A: Minimizing training and relearning for 911 staff was also paramount. Call takers get into a very habitual workflow so they can do things without thinking about it and multitask very quickly. When you interrupt that, it's very disruptive. For us, the impact on call takers was greatly reduced because they didn't have to learn any new policies or protocols.

Kirby Jones, DCSD Crisis Response Shift Supervisor, gets out a tablet that his team uses on calls.

Q: What safety tools did your responders have access to because you integrated with 911?

A: Our responders have access to continuous communication with 911 through:

- Automated safety checks via the computer-aided dispatch (CAD) system. If a responder has been on scene without communication for a specified amount of time based on the call type, the CAD system alerts 911 staff to check in with them.
- Tablets with bidirectional communication through the CAD system.
- Vehicle monitoring via GPS.
- Personal radios for communication with 911 staff. Radios include a silent alert button for high-acuity situations. Radios are assigned to individual responders so if they press the button because they're in a situation where they can't speak freely, 911 can immediately identify who needs help.

Q: Can you talk about any data considerations you made?

A: If program leaders want to understand how effectively they're capturing eligible calls and also identify ways they can expand their reach, they've got to have systems that provide detailed and up-to-date call data. 911's systems are great for that because they are designed to collect that type of data and have been improved over years of use.

Q: We hear jurisdictions talk a lot about optimizing caller experience as a crucial part of their triage process. Was that something DCSD considered?

A: It was, and it also weighed in favor of integrating with the 911 call center instead of routing calls through another line. Our primary concern was caller transfer. If someone's first call isn't to 911 and their situation escalates, they could end up being transferred to 911 anyway. Or if someone calls 911 but the alternative team is actually dispatched through another line like 988, 911 would have to transfer the call to get them help. Transferring calls deeply affects the experience of the caller. They might have to repeat information and wait longer for help. We didn't want that to happen.

Q: Were there any factors that made you hesitate to integrate your program with 911?

A: One of the things we've struggled with ever since our beginning stages is some people have a reasonable fear of calling 911. We really wrestled with that. The best solution we got to was trying as much as we could to educate the public on who we were, what we would respond to, and what our purpose was. It helped that we offered both solo teams (mental health responders without police) for low-risk calls and co-response teams (police and clinicians together) for higher-risk calls right from the start.

Durham's Emergency Communications Center (DECC) Quick Facts

- **Size:** 58 call takers, dispatchers, and shift supervisors at full staffing.
- **Yearly call volume:** The 911 Center processed **385,604 calls for service in 2024.** *(Includes incoming phone calls, self-initiated calls by responding agencies, calls sent directly to the 911 dispatch system, and calls requiring multiple agency response.)*
- **Services:** Consolidated public safety answering point (PSAP) for police, fire, EMS, and HEART for Durham County and the city of Durham.

"Offering multiple types of response meant no matter the situation, if you called during our hours with a mental health crisis, a trained mental health professional would always be part of the response."

— John Zimmerman, DCSD Operations Administrator

DCSD staff meet with other city stakeholders to discuss alternative response program details.

Q: Who should you work with in 911 to ensure that your program gets up and running quickly and effectively?

A: You need to make sure you have the right people in the room from the beginning. This includes:

- **The director.** As the key decision-maker, their support will go a long way in getting things done quickly.
- **The operations administrator.** They will help you understand how the center currently triages the calls you want to respond to and how to smoothly adjust that process for a new response.
- **The training coordinator.** This person is key to making sure whatever system you put in place is carried out by the call takers.
- **The IT coordinator.** Though you might loop in this person later on, they will do all the back-end software changes so your responders can start taking calls.

Integrating with 911: Ask Yourself

- What entity will receive, triage, and dispatch calls for our alternative response program?
- What existing responder safety tools and processes do we want our alternative responders to have?
- How can we integrate our program's triage and dispatch processes into existing 911 workflows with minimal changes to avoid disrupting 911 call takers?
- What system will best help us collect and access call data?
- Who in the 911 call center do we need to include in the decision-making process?

2. Call Codes: How did you decide which 911 calls your responders would go to?

The average 911 call center receives thousands of calls a year. Jurisdictions must decide which of those 911 calls would benefit from an alternative response and are safe for alternative responders to go to. If a program's scope is too broad, it risks sending responders into scenarios they are ill-equipped to handle or potentially putting them in danger. If a program's scope is too narrow, the program may receive too few calls to be effective and will not achieve the intended impact for residents.

"When we first started figuring out which calls to send our alternative responders to, we cast a wide net on purpose. We didn't want to miss anything. That approach really paid off because once we started getting feedback and looking at the data, we realized there were all kinds of calls that made sense for this program — some we might not have thought of otherwise."

— Ryan Smith, DCSD Director

DCSD's Approach: Selecting the Right Calls for the City

From the beginning, Durham city leaders took steps to understand the community landscape and broader public safety needs. These actions helped city leaders determine that alternative responders should go to mental and behavioral health calls, as well as calls that would not benefit from a police response, and calls where residents would be better served by a connection to services focused on long-term stability. By addressing a wider range of calls, DCSD is able to provide needed services to more residents. *(For a complete list of DCSD's eligible 911 calls types, corresponding response models, staff roles, and stabilization services, see* Appendices A and B*.)*

DCSD's approach to call selection can serve as a guide for jurisdictions as they build their own programs: **1) Explore community priorities, 2) Identify gaps in public safety, 3) Analyze 911 call data.**

The GPL recommends that program leaders start working with public safety stakeholders as early as possible in the development process. Download this worksheet to help prepare for your first meeting with public safety stakeholders.

HEART staff look up notes on their way to respond to a call.

1. Identify Community Priorities

Durham used various strategies to ensure they captured as many voices as possible when designing the program. Ultimately, these efforts led them to engage more than 300 residents to understand what the community wanted from an alternative response program. The city hosted listening sessions over a period of six months, scheduling these sessions at various times and days of the week, and offering options to engage in Spanish and English. They also worked with local community groups and service providers to ensure they collected input from residents directly impacted by mental and behavioral health crises. These actions helped Durham understand what types of situations residents felt could most benefit from a non-police response.

2. Identify Gaps in Public Safety

Prior to the creation of DCSD, Durham handled 911 calls related to mental and behavioral health or quality of life issues either with traditional emergency responders or with Crisis-Intervention Trained (CIT) police officers. City leaders invited RTI International, a non-profit research institute, to partner with them to learn about how those pre-existing public safety services were working. RTI analyzed three years of the city's 911 call data and conducted police ride-alongs, focus groups with patrol officers, and interviews with peer-support specialists, community health workers, and mental health professionals. *(To learn more about how DCSD uses field data to continually identify gaps in the public safety system, see Appendix C.)*

> **"[You] can't expect every [officer] to be the best mental health crisis responder, and the person kicking down the door, and [the person 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 those people."**
>
> *— Durham police officer, RTI focus group*

Through this outreach process, Durham and RTI researchers learned:[2]

- **Police felt mental and behavioral health calls could be better addressed by specialized professionals.** Officers felt the least equipped to respond to mental health or crisis-related calls and saw mental health-related calls as ones that should not be responded to solely by the police, or by the police at all. Officers also supported having a mental health professional accompany them when responding to those kinds of calls.[3]
- **If HEART only took calls identified by 911 as mental health related, they would overlook many calls that could benefit from an alternative response.** Only 2% of calls initiated by Durham residents had an identified mental health component at the time 911 call takers dispatched the call.[4] However, in focus groups with local police, participants indicated this was a substantial undercount, with estimates as high as 90%.[5] Researchers from RTI reported that this was likely triggered by how 911 call information was organized and labeled in CAD. Additionally, RTI's report looked at calls referred to CIT police officers and found that just over half were not related to mental health call codes. Instead, over a quarter of CIT calls were categorized as non-mental-health call types such as theft, disturbance, domestic call, or general assistance.
- **Sending officers to certain non-criminal issues took time away from their core duties**. Officers felt that responding to calls involving truancy, child-parent disputes, and neighbor disputes took them away from their primary goals of deterring crime and protecting Durham residents.
- **Only addressing mental and behavioral health emergencies without offering long-term support contributed to repeat emergencies**. When traditional responders handle calls, including those related to mental health, behavioral health, or quality of life issues, they focus only on addressing the immediate crisis and are not meant to provide ongoing support beyond that point of crisis. For people facing complex issues, this approach often results in repeated emergency calls. These individuals are sometimes called "high-frequency users," and call analysis identified many in Durham. Police officers in the focus groups also confirmed that they frequently meet the same people during calls referred to them from Fire and EMS.

2. See RTI Summary Document, RTI DPD Focus Group Report Final, and RTI PowerPoint Presentation, accessible here.
3. RTI's 2021 Report on Calls for Service: Durham Police Department Focus Group.
4. RTI PowerPoint presentation, slide 10.
5. RTI's 2021 Report on Calls for Service: Durham Police Department Focus Group.

DCSD Response in Action: Connecting a High-Frequency Caller to Services

Before HEART, a neighbor frequently called 911 to report people in his house — the result of drug-related paranoia. After HEART began responding, responders listened and validated his feelings. They often discussed resources, including substance use support groups. Over time, the individual began to trust HEART and eventually said he was ready to seek help. HEART helped him apply for a rehabilitation program, worked with him to find program funding, and submitted a referral on his behalf. The individual was accepted into the program.

Additional Resources

- Learn how DCSD selected responders to best meet residents' needs.
- Read how the GPL helped Long Beach, California, select call codes beyond mental and behavioral health calls.
- Read about Durham's outreach efforts in their Year One Engagement Summary.

3. Analyze 911 Call Data

Jurisdictions should use local 911 call data to determine which incidents are safe and appropriate for alternative response. 911 call centers typically categorize calls by nature or code and the responding agency, providing a useful starting point. To identify calls that can be diverted, programs need to examine how potential scenarios for diversion are classified in the 911 system and assess which calls do not require law enforcement response or do not involve significant safety risks. Collaborating with 911 leadership is crucial in this process, as they have the expertise to understand how different scenarios are categorized and can help ensure accurate identification of eligible calls.

RTI analyzed three years of Durham's 911 call data to help Durham identify specific call codes that could be a good fit for alternative response. The following table outlines some of RTI's process.

GPL Synthesis of RTI's Call Analysis Process[6]

Question	Data Considered	Approach	Example
Which scenarios do we think may be a good fit for an alternative response?	Community engagement results Police and clinician focus groups	Collect feedback from residents and local responders to understand community desires and public safety gaps.	"When there is a person who is unhoused sleeping in front of my building, I don't want to call police, but I don't know how else to help."
Which 911 call center call natures fit the scenarios identified?	911 call center call categorization protocols	Work with 911 call center leadership to match call scenarios to call categories used by 911 operators, also known as "call natures."	A call involving a person sleeping in front of a building would typically be categorized under the call nature, "Quality of Life."
What are the most common call codes within those call categories?	Call volume by code for each identified call nature	Review call volume by call code for each call nature identified.	Trespass and noise complaint are the most common, accounting for 43% of the total "quality of life" calls.
Of those call codes, which ones likely do not need a police response?	How the call was resolved (e.g., with or without a police report) Rate of calls where assistance or backup was requested Rate of calls resulting in arrest	Vet call codes for low rates of police action or need for backup.	82% of "trespass" calls and 71% of "noise complaint" calls were closed without any type of police report. Only 1% of "trespass" calls resulted in arrest and the number of "noise complaint" calls resulting in arrest was statistically indistinguishable from 0%.

6. The information in this table is a synthesis of the learnings included in RTI's Summary Document, RTI's Durham Police Department Calls for Service, and the RTI Durham Police Department Focus Group Final.

3. Triage and Dispatch: How did you develop your triage and dispatch processes?

Emergency dispatch centers are highly structured organizations that require clear processes and well-established protocols to ensure emergency calls are answered quickly and that the right help is sent to callers. If alternative response programs do not set up processes that can be integrated into existing 911 workflows, alternative teams may not be dispatched to eligible calls, resulting in the program not being utilized as intended.

Similarly, if 911 responders do not receive adequate training on any new triage or dispatch processes, they will be less able to effectively dispatch calls to the alternative response program. In both cases, alternative response programs cannot serve residents if they do not receive qualifying 911 calls. This is why programs must collaborate closely with leaders of 911 call centers when developing new triage and dispatch protocols.

> **"One of the huge advantages for us — and why we were able to pull off this program so quickly — was because we worked hand in hand with the 911 center to understand their current triage and dispatch processes, then make minor adjustments to fit our needs."**
>
> *— John Zimmerman, Operations Administrator, DCSD*

HEART staff en route to a call in Durham.

DCSD's Approach: Setting Up Efficient Triage and Dispatch

DCSD engaged leadership from Durham's Emergency Communications Center (DECC) early and often in the development of their triage and dispatch practices, identified which of DECC's dispatch technology fit best with the needs of alternative response, and delivered ongoing training for DECC staff.

Jurisdictions can consider the following actions when setting up their alternative response program's triage and dispatch processes: **1) Foster ongoing stakeholder engagement, 2) Select dispatch method, 3) Provide ongoing training for 911 staff.**

1. Foster Ongoing Stakeholder Engagement

The key to developing and sustaining successful triage and dispatch of an alternative response program is working closely with key stakeholders from 911 and other public safety agencies. These relationships can span from initial informal conversations to structured data and information sharing agreements.

Durham met with 911 call center leadership and other first responder agencies frequently from the outset to ensure operational protocols were developed collaboratively. Key actions taken by Durham that other jurisdictions can consider include:

- **Identify a public safety champion for alternative response.** Durham's police chief played a critical role in reinforcing officer understanding and cooperation with the new response model. DCSD leaders told us there was no shortcut to building trust — comfort grew over time through shared operations, communication, and presence.
- **Streamline communications with 911.** For Durham, having an operations administrator with extensive experience in 911 systems who could develop DCSD's call triage and dispatch processes minimized the usual back-and-forth communication between departments, which is common as departments are still learning about 911 operations. Additionally, 911 leadership trusted that DCSD understood its motivations and values and would take those into consideration when making decisions. Jurisdictions can work to streamline their own communications by learning about local 911 operations and building a strong relationship with a knowledgeable and influential stakeholder in the 911 center.
- **Host regular inter-agency meetings.** In addition to regular meetings leading up to the launch of DCSD's alternative response program, DCSD met with DECC leadership weekly for the first month after launch to conduct quality assurance and ensure the process was working well. After the first month, they allowed meetings to taper off organically as needed to weekly, monthly, and quarterly. During meetings, DCSD leaders presented HEART data, answered questions from DECC call takers, and troubleshot challenges. Meetings were framed as a collaborative space for all agencies to bring thoughts to the table, discuss patterns, and provide updates.

The GPL recommends that program leaders start working with public safety stakeholders as early as possible in the development process. Download this worksheet to help prepare for your first meeting with public safety stakeholders.

2. Select Dispatch Method

911 call centers and other Public Safety Answering Points (PSAPs) use different methods to triage and dispatch calls. Methods vary from strict call triaging software that provides questions and processes that are difficult to change, to in-house developed systems that are based on local practices and can be modified without working with an external software provider. Because specialized dispatch technology for alternative response is still in early stages, leaders must carefully consider how to leverage or adapt dispatch methods used by their local 911 call center to best serve their program.

In Durham, leaders decided to adapt one of the systems already used by their 911 call center to triage and dispatch calls: Emergency Police Dispatch (EPD) software. EPD provides automated triage questions that screen calls for violence and weapons, has built-in data collection tools, and was already integrated with computer-aided dispatch (CAD), the communication and data collection system used by DCSD and Durham's other emergency responders. Because DECC was already using EPD to triage police calls, DCSD's adoption of the software also minimized training demands on 911 staff who were already well versed in EPD practices. Although EPD limited DCSD's ability to use custom HEART-specific triage questions because it relies on preset options, DCSD was able to address this by adapting their HEART-specific questions to fit within EPD's preset choices.

The table below outlines additional tools and technology used by Durham for call triage and dispatch.

Tool	Software
Mobile Dispatch Terminal (MDT): a portable computing device used by responders in the field to communicate with the dispatch center and collect data.	OneSolution CAD Freedom
911 Compliance and Document Management Software: used by 911 call centers to track compliance with accreditation standards, reduce liability, and ensure compliance through automated policy management and training tracking.	PowerDMS
911 Call Taker Protocols: standardized guidelines and scripted procedures emergency dispatchers use to assess calls for dispatch and gather necessary information for responders.	EPD

When adapting or creating a triage process for an alternative response program, key factors jurisdictions should consider include:

- **Identifying appropriate calls:** Call takers need a way to determine how to classify a call based on the information they receive from a caller. After the call taker classifies the call and sends it to a dispatcher, the dispatcher needs to determine if a call is appropriate for the services of an alternative response program. These processes can be handled in two ways:
    - **Automated routing:** If your call center's system is set up for automation, call takers will answer preset questions, and the system will use their answers to determine the call code. You can also program your system so it automatically routes eligible call codes to your alternative response team without further action from the dispatcher.

- **Manual assessment:** If your call center relies more on the call taker's judgment, you will need to provide clear guidance. This might include written scenarios, fact patterns, or specific indicators that help call takers recognize when they should route a call to an alternative response team.

- **Safety screening or exclusionary criteria:** Programs must establish exclusionary criteria to ensure that calls directed to alternative responders are safe for unarmed, non-police teams. While specific exclusions vary by jurisdiction, most programs screen out calls involving weapons or active physical violence.
- **911 call taker training:** 911 call takers work in a fast-paced, high-stress environment, where speed and routine are essential. Their tasks quickly become second nature through repetition. Introducing new or altered processes can significantly disrupt their workflow, which may limit the number of calls that actually reach new alternative response programs. To minimize barriers, we suggest integrating changes into existing procedures as seamlessly as possible, making only minor adjustments where necessary.

HEART staff work on their computers.

3. Provide Ongoing Training for 911 Staff

Successful adoption of alternative response triage and dispatch processes in the 911 call center is crucial to program success. To make sure 911 staff know how and why they are dispatching calls to alternative response, programs must make sure they are well trained on alternative response protocols.

In Durham, training for DECC call takers was developed by DCSD in collaboration with DECC leadership. Prior to the launch of HEART, DCSD prepared and began directing in-service training for 911 call center staff that continued for eight months after launch.

DCSD is now a part of Durham's 911 training academy, providing ongoing orientation sessions to each new academy class. The academy curriculum is a two-hour session covering each of HEART's response units and includes a viewing of a HEART documentary by RTI International that highlights the early development and implementation of DCSD and the HEART program.

911 Staff Training Schedule

	Round 1	Round 2	Round 3
WHEN	Just prior to launch	Three months after HEART's launch	Eight months after HEART's launch
WHO	All 911 operations staff	All 911 operations staff	All 911 operations staff and select HEART responders
WHAT	Explained HEART program offerings, CAD/protocol updates, operational impacts, and answered staff questions.	Addressed FAQs and data-informed challenges after initial rollout.	Addressed FAQs and lingering barriers, humanized the program through ride-alongs, vehicle tours, and face-to-face interactions between 911 staff and HEART.

HEART staff participate in training.

Developing Triage and Dispatch: Ask Yourself

- Who are the public safety leaders we need to work closely with to set up triage and dispatch?
- How can we set up productive regular touchpoints with those leaders?
- Which triage and dispatch technology does my 911 call center use? How can we adapt this technology to use with our program?
- What additional training will 911 staff need to triage and dispatch calls for my program?
- How will we ensure 911 staff training is up to date and ongoing?
- What training or qualifications will my responders need to access the CAD system? (Requirements vary by state and locality — consult your 911 call center to determine the specific requirements for your area.)

To learn more about alternative response:

- Explore the other publications in the Innovations in 911 Response series.
- Join the GPL's Alternative Response Community of Practice to connect with other jurisdictions working to advance alternative response.
- Browse the GPL's other tools and research on alternative emergency response.

Appendix A: 911 Crisis Response: Holistic Empathetic Response Teams (HEART)

All teams are dispatched by Durham's Emergency Communications Center (DECC)

Program Name + Staff	Eligible 911 Call Types	Role of Staff
Crisis Call Diversion (CCD) Mental health clinicians embedded in the 911 call center.	• Suicide threat • Mental health crisis • Other calls involving behavioral health concerns	Provide over-the-phone support on 911 calls: Assess caller's needs, complete safety plans, connect people to mental health support, and help identify an appropriate emergency response.
Community Response Team (CRT) Team of three: A mental health clinician, a peer-support specialist, and an emergency medical technician (EMT).	*Any of the following where the individual is not in possession of a weapon or physically violent toward others:* • Suicide threat • Mental health crisis • Trespass • Welfare check • Intoxicated person • Panhandling/Nuisance • Prostitution[2] • Public indecency • Lost person	Deliver person-centered, trauma-informed care to the scene of 911 calls, and transport neighbors to the appropriate community-based care when necessary.
Co-Response (COR) Team of two: A licensed clinician and a Crisis Intervention Team (CIT) trained police officer riding together in an unmarked police car.	• Attempted suicide • Custody issue • Involuntary commitment • *Any of the following where there is an increased risk of violence and/or a weapon is present:* Trespass, Intoxicated person, Panhandling/ Nuisance, Indecency/ Lewdness, Prostitution, Physical or verbal Disturbance, Harassment, Threat, Reckless activity, Abuse, and Domestic violence.	Respond to 911 calls where there is a higher risk of violence, support de-escalation, connect neighbors to community-based care, and provide additional support to the neighbor in crisis and/or their family members in cases of involuntary commitment.
Involuntary Commitment Response Team (IRT) Team of two: A mental health clinician licensed to perform in-field exams and an EMT.	• Calls where there may be a need for involuntary commitment. Where weapons or violence are indicated, IRT will respond with a police officer.	Provide timely mental health evaluations in the field that assess whether someone meets the criteria for involuntary commitment, and ensure that individuals and families receive follow-up support and connection to ongoing care.

Appendix B: Stabilization Services (All teams are coordinated by DCSD)

Program Name + Staff	Role of Staff
Care Navigation (CN) – Mental health clinicians and peer-support specialists	Follow up with residents within 48 hours of a HEART interaction to provide connection to community-based care.
Familiar Neighbors (FN)	Build relationships with neighbors who have had frequent emergency service and/or justice involvement and serious mental illness, to connect them to care and resources.
Housing Opportunities & Pathways Engagement (HOPE)	Coordinate housing resources, support service providers, and ensure system compliance to support a mission of ending homelessness in Durham.
Office of Survivor Care (OSC)	Provide direct support to individuals and families impacted by gun violence.
Street Outreach (SO)	Engage unhoused individuals in the field to provide life-saving supplies, connection to resources, and support in developing housing plans.
Welcome Home (WH)	Help individuals returning to Durham after incarceration navigate reentry by providing wraparound services, resource connections, and encouragement for long-term success.

Appendix C: DCSD's Process for Continual Call Code Expansion

After selecting its initial set of call codes for launch, DCSD continues to examine additional calls for service that may be a good fit for an alternative response. DCSD uses information collected by responders in the field:

- **Full access to CAD:** DCSD responders can use the CAD system in the field to review live notes on all 911 calls.
- **Finding the right call types:** Responders use CAD to spot calls that may match HEART's skills, then suggest these to DCSD leadership.
- **Leadership review:** DCSD leadership checks suggested new call types for safety by looking at reports and data for each call code. They weigh the need for clinical support against public safety needs or the need for law enforcement.

DCSD Uses Data in First Call Type Expansion for Welfare Checks

When DCSD launched, they only responded to non-urgent welfare checks. After a few months, responders noticed the call notes for urgent welfare checks were very similar to those DCSD was responding to. When leadership spoke with 911, they found defining a welfare check as urgent versus non-urgent was left to the discretion of the 911 call taker and call data showed the call scenarios for each call type were largely indistinguishable. This led to DCSD's first call type expansion into urgent welfare checks.

HEART staff talk about their outreach to neighbors in Durham.

The Government Performance Lab, housed at the Taubman Center for State and Local Government at the Harvard Kennedy School, conducts research on how governments can improve the results they achieve for their citizens. An important part of this research model involves providing hands-on technical assistance to state and local governments. Through this involvement, we gain insights into the barriers that governments face and the solutions that can overcome these barriers. By engaging current students and recent graduates in this effort, we are also able to provide experiential learning.

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