

Unpacking HEART's data dashboard: June 28 – Aug 26, 2022



The goal of this guide is to provide additional context to Community Safety's data dashboard for the HEART pilot programs in their initial 8 weeks of operation. The data provided represents the capacity of our pilot teams at the time of this guide, August 26, 2022. The Community Safety team has already learned a lot since launching in June and we look forward to building more capacity over the coming weeks and months.

The data dashboard is regularly updated at www.durhamnc.gov/HEART-data.

For a refresher on what each crisis response pilot entails, visit our website: www.DurhamNC.gov/HEART.

Framing the data...

	HEART pilot staffing:	Service area:	Service hours:
<i>At the time of this report:</i>	<p>Crisis Call Diversion (CCD) has had 1 Clinician working in the 911 Call Center.</p> <p>Community Response Team (CRT) has had 1 team, made up of 1 Clinician, 1 Peer Support Specialist, and 1 EMT.</p> <p>Care Navigation (CN) has not yet had dedicated full-time staff; all follow-up care has been split between CCD and CRT.</p> <p>Co-Response (CoR) has not yet been staffed</p>	<p>CCD runs citywide</p> <p>CRT operates in 12 police beats in the city of Durham. <i>A few weeks into launch, CRT decided to expand its service area by adding 4 police beats to the initial 8.</i></p>	<p>CCD and CRT have both operated Monday – Friday, 8:30 - 4:30pm.</p> <p>CN has been accomplished at different times based on current staff availability.</p>
<i>Changes in the coming weeks:</i>	<p>CCD will continue to have 1 Clinician.</p> <p>CRT will have 2 teams made of 3 people each.</p> <p>CN will have a dedicated 2-person team.</p> <p>CoR will have its first team in September, second team in October.</p>	<p>There are no plans right now to change any pilot service areas.</p>	<p>CRT will expand to 7 days per week, 9 - 7pm beginning this September</p> <p>CoR hours will initially run Monday - Friday, 9 - 5pm</p>

Eligible calls – for the first 8 weeks, over 4,000 total 911 calls were eligible for response by one of our pilots. This amount encompasses calls that were made 24/7 citywide and includes higher risk calls that would have been eligible for HEART's Co-response pilot, which is not yet online.

Call Volume – the line graph that represents the volume of 911 calls HEART responds to can appear quite jagged. There is a couple reasons for that: first, call volume varies by the day; and second, HEART also does not yet provide service on weekends and will show 0 every Saturday and Sunday.

Key takeaways from the data...

■ HEART responders have felt very safe while responding to 911 calls.

Something we ask our responders to report in their notes after each call is how safe they felt. To date, none of our responders have reported feeling unsafe during a call, and they have not had to radio for police backup a single time due to concerns for their own safety.

HEART radioed for emergent Police backup once for a situation that ultimately required an involuntary commitment (IVC), in which case HEART remained on-scene with the individual during the IVC. In 5 other instances, HEART redirected or referred to police because standard police services were required (e.g. filing a report).

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Key takeaways from the data, continued...

■ HEART is diverting calls from police and other in-person first responses.

82% of CRT responses successfully diverted the need for law enforcement. While 13% of CRT responses have involved officers on-scene, the majority of these instances were the result of operational processes that needed fine-tuning with public safety partners.

52.7% of CCD responses diverted calls away from any in-person response. On 21.6%, the CCD Clinician was able to stay on the line to provide support while other responders are sent.

■ HEART resolves most calls in community and transports Neighbors when needed

HEART's goal is to resolve as many issues in community. To date, 68% of CRT calls have been resolved on-scene. In 5.4%, a Neighbor has been connected to others in community.

In about 6% of calls, HEART transported Neighbors to where they needed and wanted to go – whether a community resource, emergency facility, or bus station.

1% of all calls have required Emergency Medical Services (EMS). This occurs in situations when our EMT recognizes the need for a higher level of care, or a transport to ER for medical reasons. In these cases, HEART stays on scene till EMS arrives.

Some calls are closed as Unresolved. Examples of such instances are when HEART arrives to a scene and the Neighbor is no longer there, or is firmly uninterested in engaging our team and is not doing anything that warrants a first response.

■ Pilot roles are evolving and expanding as HEART teams learn and grow in size.

While Care Navigation is designed to include a Clinician and Peer Support Specialist, we have not yet been able to dedicate full time staff to that pilot. Now that we have completed training for a dedicated CN team, we look forward to growing our impact in this very relational and connective aspect of our care, which until now has been split between CRT and CCD staff.

One of the ways that HEART's CCD Clinician has added follow-up care to the CCD role is by regularly reviewing call notes for other 911 calls, and recognizing opportunities to follow up with callers, whether or not HEART initially responded to that call. This service has been well received by Neighbors. You can read one such story to the right.

A story of CCD diversion: A tearful and anxious mother called 911 requesting police intervention for her adult daughter who had not been acting like herself for several days. The daughter had been depressed, crying and talking about "not wanting to be here anymore". The mother did not know how to support her daughter in this moment of crisis; her only option was to call 911. When the Call Taker asked if she would like to speak to someone who could provide more assistance right then over the phone, the mother's worried demeanor shifted. The CCD clinician was able to provide validation and direction to this mother regarding community resources she could utilize that would support her daughter's needs and, in this case, avoid unnecessary police involvement and a potential Involuntary Commitment. Another HEART responder then followed up with the family the next day. They were thankful for the resources provided and the daughter received the treatment that she needed on a voluntary basis, allowing the family to build connections with Durham's community resources should any other behavioral health needs occur in the future.

A story of de-escalating & resolving in community: CRT was dispatched to a scene where a woman was attempting to retrieve items from a shelter where she was no longer staying, which was against the shelter's policy. When shelter security was unable to go against policy, the woman became increasingly distressed, even indicating she did not care that she might be arrested if police were to be dispatched. CRT responders were able to sit with the woman and talk with security to understand both perspectives, while working to de-escalate the situation. Ultimately, they were able to calm things down and negotiate to accompany the woman in gathering her things before transporting her to a bus station.

A story of follow up care: A mother called 911 to see if someone could help with her son, who had run away again and was in emotional distress. While police were dispatched to that call, a HEART Clinician reviewed the call notes and saw an opportunity to support the mother. First, the Clinician researched local options to confirm someone could serve the family so that when she called, the mother would not reach another dead end. The mother was very grateful, as she had done a lot of work trying to find somewhere to help her son. In a Care Navigation capacity, another HEART Clinician followed up for several weeks, providing care in person and over the phone as the mother navigated these new systems of support.

Stay tuned! You will see that some pages on the data dashboard are under construction. That data is in a separate clinical database that we are working to integrate over the next month, along with even more learnings!