



What if Raleigh had H.E.A.R.T.?

What is H.E.A.R.T.?

The Holistic Empathetic Assistance Response Team (H.E.A.R.T.) is a program that identifies calls to 911 about non-violent crises and dispatches mental health care workers, EMTs, and peer support specialists in order to save police resources and ensure that those in crisis receive the care that they need. Additionally, this reduces needless and harmful incarceration of people experiencing mental health or quality of life issues.

1 Crisis Call Diversion (CCD)

CCD adds clinicians to 9-1-1 call centers to quickly connect callers to a mental health professional when the caller or a loved one is experiencing a behavioral health crisis. It is staffed by licensed mental health professionals and responds to calls about suicide threats, mental health crisis, and other behavioral health issues.

2 Community Response Teams (CRT)

CRT dispatches unarmed, 3-person teams as first responders instead of police when someone calls 911 about non-violent mental health crises or quality of life concerns. It is staffed by mental health clinicians, peer support specialists, and EMTs. The teams respond to mental health call, trespass, welfare checks, intoxication, prostitution, public indecency, and any other calls where the person is not in possession of a weapon or physically violent towards others.

3 Care Navigation (CN)

CN provides in-person or phone-based follow-up within 48 hours of meeting with H.E.A.R.T. staff if someone needs additional support connecting to care. It is staffed by mental health clinicians and peer support specialists

How is this different than ACORNS?

RPD's ACORNS (Addressing Crisis through Outreach, Referrals, Networking, and Service) unit does not assist in real-time with calls related to suicide or involuntary commitments. Only 12 of the 680 calls the team assisted with over the last year were connected with mental commitments and zero were suicide calls. In contrast, Raleigh officers handled over a 1,000 suicide-related calls and more than 3,200 calls related to mental commitments. Instead, a majority (60%) of the calls ACORNS members respond to are labeled as "follow-up investigation."



Why Should Raleigh have H.E.A.R.T.?

Failures in police responses to mental health crises

- Almost half of all people killed by police nationally are disabled ([source](#) at 392).
 - From 2015-2020, 23% of people shot and killed by police were, or were perceived to be, experiencing a mental health crisis ([source](#) at 5).
 - In small or midsize metropolitan areas, 39% of people shot and killed by police were, or were perceived to be, experiencing a mental health crisis ([source](#) at 5).
 - 1,500 people experiencing mental health crises were killed by police between January 1, 2015 and February 9, 2022--one in five cases when police fatally shot a person ([source](#) at 498).
 - People with untreated mental illnesses are 16x more likely to be killed in a police encounter than others ([Treatment Advocacy Center report](#)).
- Racial stereotypes also lead to law enforcement (when serving as first responders) using force in situations where Black people actually need mental health care ([source](#)). People do not call 911 when their family member is having a mental health emergency for fear that they will be killed by police ([source](#)). In cases where mentally ill people are arrested for felonies, those arrests are generally for “a lack of alternatives” ([source](#) at 519).
- Freedom House, a revolutionary emergency medicine program in Pittsburgh noted that the absence of police was what was transformative about their program because community members knew that they did not need to fear arrest or retribution because the sole purpose of the program was to provide care. This helped the program to be highly effective in the communities it served ([source](#) at 1091).

What about Officers with CIT Training?

- Research shows that officer training programs are “largely ineffective.” No study of Crisis Intervention Teams has led to a measurable decrease in officer use of force and civilian mortality ([source](#) at 395)
- Officers who have received Crisis Intervention Training have been responsible for killing people who were perceived to be in a mental health crisis ([source](#))
- Barriers to the effectiveness of CIT and CRT programs include (1) officers’ attitude on mental health interventions; and (2) officers’ lack of diagnostic abilities, particularly related to people with co-occurring disorders. In particular, co-occurring disorders such as mental health conditions and substance abuse can significantly influence officers’ decision-making. Officers often have “a great deal of discretion” in these scenarios despite having minimal, if any, training on mental health ([source](#) at 522)
- CIT and CRT programs give officers “too much discretion” and do not eliminate the potential for violence ([source](#) at 530)
- Generally, people experiencing mental health crises are arrested by police for misdemeanor offenses, which do not indicate criminality. These arrests waste valuable time and resources and can lead to detrimental individual outcomes ([source](#) at 519)



Successes of the Durham H.E.A.R.T. Program

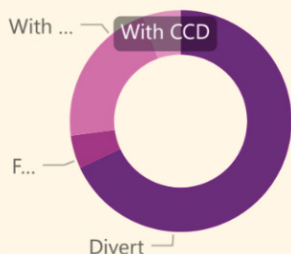
Primary Types of Responses from H.E.A.R.T. Teams

Community Response Teams (CRT)

Unarmed Response Teams

2250

CRT Responses



Top Call Types

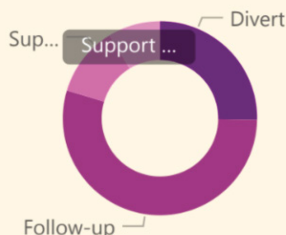
Top Call Types	#
Trespass Or Unwanted	650
Mental Health Crisis	371
Heart Assist	357
Non Urg Welfare Check	219
Urgent Welfare Check	207

Crisis Call Diversion (CCD)

Crisis Call Counselors

2155

CCD Responses



Top Call Types

Top Call Types	#
Heart Follow Up	117
Crisis Call Diversion	37
Mental Health Crisis	30
Suicide Threat	9
Crisis With Violent Subject	5

Share of encounters where H.E.A.R.T. responders reported feeling safe:

99%

With CCD = Joint responses with CCD

Support CSD = Joint response with CRT

With/Supporter PD = Joint response with police

Follow-Up = Not an initial response

Divert = Successfully avoided police response for CRT and in-person response for CCD

H.E.A.R.T. Dashboard Story

Predating H.E.A.R.T.'s inception, a neighbor had been frequently calling 911 due to drug-induced paranoia, where he would report that there were people in his house.

Over time, the neighbor began to trust H.E.A.R.T. responders, who would listen and validate him and sometimes discuss resources, including NA meetings. Eventually, the neighbor identified that he was ready to seek help.

H.E.A.R.T. supported him in an application for a substance use rehab, working with him to acquire funding to attend and submitting a referral on his behalf. The neighbor was accepted into the program, and H.E.A.R.T.'s hope is that he will have success there and maintain his sobriety.



The most intensive calls that we respond to are actually now being supplemented and helped by the community safety department. That allows officers to focus on violent crime and addressing some of the other ills within our community.

-Durham Police Chief Patrice Andrews



How to get Raleigh H.E.A.R.T.?

- **Visit our website:** whatifraleighhadaheart.org
- **Sign the Petition:** our goal is 3,000 signatures
- **Share the Petition** in your networks (conversation, text, email, social media)
- **Grow the Coalition:** Connect to businesses, faith leaders, organizations, or neighborhood associations
- **Share a 2 minute message** at City Council budget public hearings using this handout
- **Canvass with us** in our neighborhoods to spread the word



**JOIN THE FIGHT TO BRING
H.E.A.R.T. TO RALEIGH!**

