

# Study of Alternative Strategies to Traditional Police Response: Durham, North Carolina's Holistic Empathetic Assistance Response (HEART)



## Background

Over the past decade, there has been a proliferation of programs designed to respond to non-violent, mental health and quality-of-life 911 calls for service (CFS) as alternatives to traditional police response. In most communities, law enforcement remains primarily responsible for responding to 911 CFS; however, research suggests that a large proportion of calls could be handled without sending an armed officer or resolved administratively<sup>1</sup>. These alternative response programs range from dispatching specially trained police officers, to pairing officers and clinicians as co-responders, to approaches that involve no officer presence at all, such as dispatching unarmed clinicians affiliated with city departments or third-party responders, or providing remote clinical support by phone<sup>2,3</sup>.

Although early evidence points to promising outcomes<sup>4,5</sup>, rigorous research remains limited. To support the developing evidence base, Arnold Ventures funded RTI International to conduct an evaluation of the Durham Holistic Empathetic Assistance Response Teams (HEART) program in Durham, North Carolina. RTI's evaluation includes three components: (1) a process evaluation to assess program implementation; (2) a quasi-experimental evaluation to examine the incident-level impacts of HEART responses on arrests, citations, offense reports, and transports; and (3) a net-benefit cost analysis. This report brief offers an overview of the program and study methods and highlights key outcome and cost findings.

## Overview of HEART Program

The HEART program is composed of three specific alternative response elements for 911 calls: 1) a crisis call diversion (CCD) clinician embedded in the 911



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Center who provides clinical support over the phone, 2) an unarmed community response team (CRT) staffed by a three person team of clinician, peer specialist and EMT, and 3) a co-response team (COR) that pairs a Crisis Intervention Trained (CIT) officer and a clinician. HEART was launched as a 12-beat pilot in June 2022 and expanded to allow citywide coverage in 2023. It is funded by the city of Durham and operated by the Durham Community Safety Department (DCSD).

HEART is dispatched through Durham's Emergency Communication Center, and each response strategy has mutually exclusive 911 call nature codes. After the call-taker assigns a call nature, the computer-aided dispatch system uses conditional logic to determine which response is dispatched.

All response teams operate seven days/week: the CCD clinician is available 9 a.m. to 9 p.m.; CRT is dispatched from the CSD offices from 9:15 a.m. to 11:45 p.m.; and the COR team patrols the city in an unmarked police car responding to calls from 6 a.m. to 9 p.m. HEART teams may make referrals to Care Navigators, who provide limited case management support, or to other supportive services available from DCSD. If HEART is unavailable, either because the team is on another call or because the call occurs outside operating hours, patrol officers are dispatched.

## Study Methods

The primary aim of the study was to implement a robust research design to assess whether HEART alternative responses are associated with differences in operational timing, service resolution, enforcement and documentation, and cost outcomes when compared with patrol-only responses to similar eligible incidents. To achieve this aim, we used a quasi-experimental design that took advantage of the fact that HEART cannot respond to every eligible call. When HEART is available, the call receives a HEART response; when the team is busy or offline, the call is handled by patrol. This capacity-driven variation creates a comparison group from the same pool of HEART eligible calls.

The analysis draws on three administrative data sources: 1) HEART administrative data documenting alternative response activities; 2) Durham Emergency Communications Computer Aided Dispatch (CAD) data, which provide information on the 911 calls to which HEART and police are dispatched; and 3) Durham Police Department (DPD) Record Management System (RMS) data, which captures arrests, citations, and offense reports resulting from 911 calls. These data were collected for the period July 1, 2022, through June 30, 2025.

Eligible call events were defined based on call type, program operating hours, and dispatch priority.

To ensure stable treatment and comparison samples, HEART-eligible events were grouped into broader categories tailored to the program's specific call mix and eligibility criteria. Pre-dispatch covariates, including time of day and dispatch priority, were incorporated as factor variables in the weighting and outcome models to enhance comparability between HEART and patrol-only incidents.

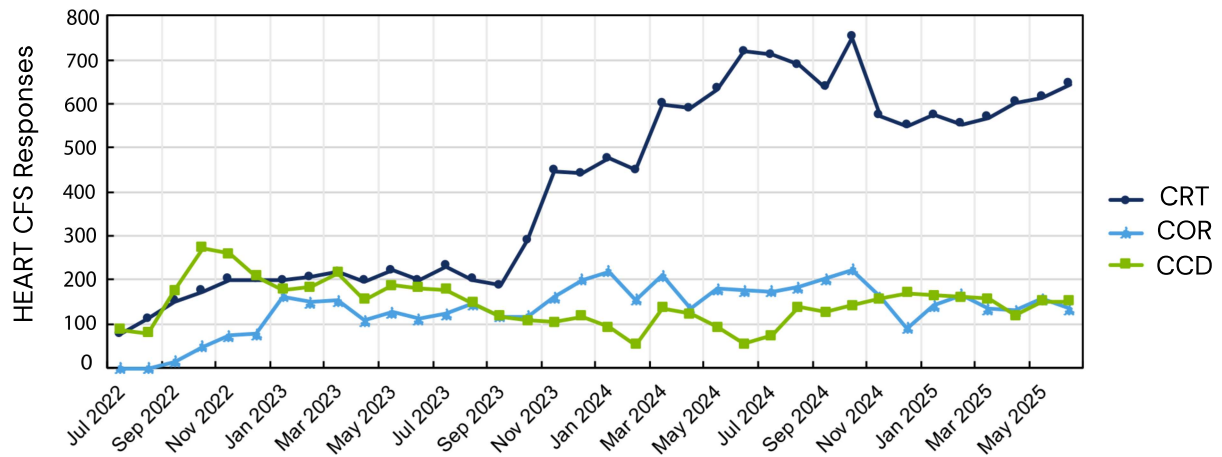
To make HEART and patrol-only calls as comparable as possible, the analysis accounted for available pre-dispatch characteristics, such as time of day, month, and dispatch priority. When differences remained between the groups, inverse probability of treatment weighting (IPTW) was used to adjust the patrol-only calls so they more closely resembled calls that received a HEART response. This helped create a stronger comparison between the two groups.

## Key Findings

### *HEART Response*

HEART responded to 27,795 call events during the observation period, approximately 5.5% of all police calls for service. HEART events were defined using CAD data, identifying all events that involved a response from at least one HEART specific unit. These events are inclusive of the multiple HEART response types, including CRT, COR, and Care Navigation teams. **Figure 1** presents the monthly CCD, CRT and COR responses. Nearly three-quarters of all HEART responses (73%) were handled by the teams alone, and about 7% of call events had patrol as backup. The remaining events were either simultaneous responses with patrol, where they arrived on scene at the same time, or served as backup to patrol. Table 1 presents the HEART response configurations during the observational period.

Figure 1. Monthly HEART CFS Responses by Response Type, July 2022–June 2025



When we look at the specific HEART responses in **Table 1**, we find that CRT handles nearly three-quarters of its call events without additional responders, whereas only 39% of COR calls are managed independently. Likely, the large number of simultaneous COR responses with patrol is related to DPD protocols requiring multiple units. Requests for patrol backup are relatively uncommon for CRT and COR events. Among CRT call events, the most frequent were trespass or unwanted (27.9%), non-urgent welfare

check (17.3%) and mental health crisis (15%). COR exhibited greater variability in event types. Disturbance (16.4%) and trespass/unwanted (8.5%) were the most frequent, while 87 other distinct event types collectively made up 13% of COR responses. For CCD, the largest proportion of events was proactive follow-up calls (33.1%) and crisis call diversions (26%), neither of which had analogous patrol responses.

Table 1. HEART Response Configurations (N=23,820)\*

Response Configuration	CRT Response N=14,889	COR Events N=4,851	CCD Events N=5,215
Response alone	11,180 (75.1%)	1,904 (39.2%)	3,523 (67.6%)^
Response with patrol back-up**	1,087 (7.3%)	216 (4.5%)	424 (8.1%)
Simultaneous response with patrol	1,065 (7.2%)	2,210 (45.6%)	436 (8.4%)
Patrol with response back-up**	867 (5.8%)	378 (7.8%)	118 (2.3%)
Response with other HEART teams*	690 (4.6%)	143 (2.9%)	719 (13.7%)

\*The column totals exceed the total events due to combined HEART responses. ^Note, many of the CCD events are not patrol eligible CFS events. \*\* Response configurations (simultaneous or back-up) were developed by the research team to support treatment and control assignment based on CAD event timing data.

### HEART Service Activities

HEART responders document their interactions for every meaningful service encounter. They record a wide range of activities, including perceived service needs, connections to care, transportation, distribution of supplies, Narcan administration, perceived scene safety, injuries, and follow-up needs. During the observation period, staff recorded 16,576 service events.

Most (93.7%) recorded service events resulted in successful contact and engagement. In 97% of instances, staff reported the right response was sent and they knew how to address the neighbor's needs. Event data also show 1,008 requests for HEART assistance, with police accounting for 94% of these requests.

Across HEART teams, mental health was the most common service needed, followed by housing-related services. Consistent with CCD’s role in providing phone-based mental health support, most (84%) callers had mental health needs. The share of calls involving mental health needs was lower for CRT (62.7%) and COR (67.3%). Many neighbors served by CRT also needed housing or shelter services (39.3%) and peer support for mental health or substance use (27.1%).

### Officer’s Perspectives of HEART

The study included an anonymous survey of DPD staff to assess their familiarity with the HEART program and their opinions about its helpfulness in responding to 911 calls. The survey was conducted in two waves to assess changes in perspective over time. The first survey wave found that 87% of DPD staff were familiar with HEART; by the second wave, familiarity increased to 100%. Between waves 1 and 2, the share of respondents who rated HEART as extremely-to-moderately helpful in responding to mental health-related calls increased slightly from 67% to 77%. Perceptions of HEART safety also improved substantially, with the proportion of respondents rating HEART responders as extremely or moderately safe when responding to calls, rising from 39% to 59%. Respondents who reported being extremely familiar with HEART were significantly more likely to view the team as safer and more effective at responding to mental health calls.

### CRT Incident Outcomes

To estimate the incident level outcomes, we compared the calls where CRT was dispatched at the initial call assignment (treatment) to the eligible calls handled patrol only (comparison), examining outcomes for four call types and all eligible calls. **Table 2** presents the analytic sample of CRT-eligible calls occurring during operational hours, along with the proportion of calls responded to by CRT versus patrol. As illustrated by the table, CRT responds to almost half (44%) of all CRT eligible calls and nearly three-quarters of mental health-related calls.

### Response Time and Transports

Response time is measured by the number of minutes between call initiation and arrival of the first unit on scene. Time on scene is the total time from first unit arrival to event clearance. Across all CRT eligible events, patrol is about 1.89 minutes faster in its response. There is no meaningful difference in response times for mental crisis or disorder calls, though patrol is significantly faster overall for trespass calls (1.73 minutes) and welfare checks (3.27 minutes). The slightly longer response times for CRT are likely due to the team’s central location, compared to patrol sending the nearest unit. CRT-at-dispatch events also involve more time on-scene than patrol, except for disturbance calls. CRT spends on average 3.7 to 6.4 additional minutes for trespass and welfare checks and 21.1 additional minutes for mental crisis events.

Table 2. CRT Analytic Sample

Event Type	Contributing call events	CRT N (%)	Patrol N (%)
<b>Trespass (N=8,865)</b>	Trespass or Unwanted	3,676 (41.5%)	5,189 (58.5%)
<b>Welfare Check (N=8,895)</b>	Non-Urgent Welfare Check; Urgent Welfare Check	3,846 (43.2%)	5,049 (56.8%)
<b>Disorder (N=3,034)</b>	Nuisance or Intoxicated; Indecent or Prostitution	1,297 (42.7%)	1,737 (57.3%)
<b>Mental Crisis (N=1,273)</b>	Mental Health Crisis; Suicide Threat	924 (72.6%)	349 (27.4%)
<b>All CRT Eligible (N=22,204)</b>	All events explicitly coded as CRT eligible	9,771 (44.0%)	12,433 (56.0%)

The longer on-scene times are likely due to the engagement and care linkage activities of team members, as well as providing transport. CRT responses are associated with a higher likelihood of subject transport for trespass, welfare check, and especially mental crisis events, while differences in transports for disorder calls are small and not statistically significant. For every 1,000 mental crisis events, CRT responses result in 85 additional transports compared to patrol responses. In the pooled sample of CRT-eligible calls, CRT deployment increases the likelihood of transport relative to patrol, suggesting more frequent relocation or transport outcomes when CRT is dispatched to otherwise comparable incidents.

### Offense Reports and Enforcement Actions

CRT is consistently associated with a lower probability of offense reporting across all event categories (Table 3). The modeled reductions are largest for disorder and trespass events, but the direction is consistent for welfare checks and mental crisis calls as well. In the pooled CRT-eligible model, CRT reduces offense reporting by 2.75 percentage points, reinforcing a clear pattern that CRT responses are less likely to

generate formal offense/incident documentation than patrol-only responses for comparable calls.

Overall, CRT deployment is associated with significantly lower enforcement actions compared with patrol-only responses for comparable eligible calls (Table 3). Across the CRT-eligible call universe, the adjusted predicted probability of arrest is substantially lower when CRT is dispatched (<0.01%) and is consistent across call types. A similar pattern is observed for citations, although base rates are lower and effects are correspondingly smaller in absolute terms. Models for mental crisis calls could not be reliably estimated because of low event counts and few enforcement actions in either group. Taken together, these results represent one of the clearest incident-level outcome differences observed for CRT: relative to patrol-only responses to otherwise similar calls, CRT deployment is associated with a meaningful reduction in arrests and, to a lesser extent, citations within the CRT-eligible call universe.

Table 3. CRT Offense Report and Enforcement Actions Modeled Results

	CRT Adjusted Mean	Patrol Adjusted Mean	Marginal Mean Difference	95% CI
<b>Offense Report</b>				
Trespass	4.08%	7.25%	-3.17%*	[-4.0 to -2.3]
Welfare Check	0.73%	1.89%	-1.15%**	[-1.9 to -0.4]
Disorder	8.59%	14.79%	-6.20%*	[-7.8 to -4.6]
Mental Crisis	0.27%	2.04%	-1.77%**	[-2.9 to -0.6]
All CRT Eligible	8.61%	11.36%	-2.75%*	[-3.3 to -2.3]
<b>Arrests</b>				
Trespass	0.03%	1.81%	-1.78%*	[-2.4 to -1.2]
Welfare Check	0.12%	0.56%	-0.44%*	[-0.7 to -0.2]
Disorder	0.35%	2.25%	-1.90%*	[-2.7 to -1.1]
All CRT Eligible	<0.01%	1.15%	-1.15%*	[-1.4 to -0.9]
<b>Citations</b>				
Trespass	<0.01%	0.70%	-0.70%*	[-1.0 to -0.4]
Welfare Check	0.01%	0.10%	-0.10%	[-0.2 to -0.04]
Disorder	0.36%	0.82%	-0.46%^	[-0.9 to -0.1]
All CRT Eligible	<0.01%	0.35%	-0.35%*	[-0.5 to -0.2]

## COR Incident Outcomes

For COR, we assess the incident level outcomes of two call types and all eligible calls. **Table 4** presents the analytic sample of COR-eligible calls occurring during operational hours, along with the proportion of calls responded to by COR versus patrol. Approximately 50% of the calls COR responds to are outside of the COR-eligible events and are not included in the analysis.

## Response Time and Transports

The modeled results for response time and time on-scene for COR-at-dispatch find that there is no meaningful difference in response times across all COR calls or for crisis related calls, though patrol is significantly

faster for disturbance calls (by 1.08 minutes). However, COR responses are associated with longer on-scene time across all event types, ranging from 7.5 additional minutes for disturbance calls to 15 additional minutes for crisis calls. The modeled results for transports found that COR is associated with a higher probability of subject transport for both disturbance and crisis events, with a modest increase for disturbance calls (+0.98 percentage points) and a larger increase for crisis calls (+5.70 percentage points). Over the study period, COR responses to crisis events correspond to approximately 127 additional transports compared to patrol responses.

Table 4. COR Analytic Sample

Event Type	Contributing Call Events	COR N (%)	Patrol N (%)
Disturbance (N=21,534)	Disturbance (w/ & w/o weapon); Domestic Violence (w/ & w/o weapon); Harassment or Threats	1,369 (6.4%)	20,165 (93.6%)
Crisis (N=2,551)	IVC; Crisis with Violent Subject; Attempted Suicide; Crisis with Weapon; Suicide Threat with Weapon	534 (20.9%)	2,017 (79.1%)
All COR Eligible (N=26,709)	All events explicitly coded as COR eligible	2,080 (7.8%)	24,607 (92.2%)

## Offense Reports and Enforcement

We find that COR is associated with a lower probability of offense reporting overall and in disturbance calls (**Table 5**). In the pooled COR-eligible model, COR reduces offense

reporting by 2.99 percentage points, or about 51 total offense reports over the study period. While the crisis offense-reporting estimate is directionally similar, it does not reach conventional statistical significance.

Table 5. COR Offense Report and Enforcement Actions Modeled Results

	COR Adjusted Mean	Patrol Adjusted Mean	Marginal Mean Difference	95% CI
<b>Offense Report</b>				
Disturbance	34.74%	36.59%	-1.84%^	[-3.0 to+0.7]
Crisis	11.81%	13.49%	-1.68%^	[-3.4 to+0.1]
All COR Eligible	21.80%	24.79%	-2.99%***	[-3.9 to+2.1]
<b>Arrests</b>				
Disturbance	9.57%	9.69%	-0.12%	[-0.7 to+0.5]
Crisis	2.60%	2.57%	0.00%	[-0.5 to+0.5]
All CRT Eligible	3.92%	4.21%	-0.29%	[-0.7 to+0.2]
<b>Citations</b>				
Disturbance	0.39%	0.43%	-0.04%	[-0.2 to+0.1]
All CRT Eligible	0.02%	0.13%	-0.11%	[-0.2 to+0.02]

\*\*\*p<.001, \*\*p<.01, ^p<.05, ^^p<.1

Overall, the modeled results do not find that COR deployment affects the likelihood of law enforcement actions for comparable patrol-only events (**Table 5**). The probability of arrest is nearly identical across treatment conditions for disturbance calls (9.57% vs. 9.69%) and crisis calls (2.60% vs. 2.57%), and the estimated arrest difference remains small and statistically nonsignificant across all COR events. For citations, base rates are extremely low, limiting sensitivity to detect meaningful differences, and we were unable to analyze crisis calls. Within disturbance calls, citation probabilities are again similar between COR and patrol (0.39% vs. 0.43%).

## CCD Findings

More than half of CCD activity (59.1%) consists of proactive follow-up contacts or crisis calls that have no direct counterpart in standard patrol operations. Accordingly, we restricted the primary CCD outcome analysis to a subset of two higher-volume crisis-related event types, mental health crisis and suicide threat calls, that are explicitly designated as CCD eligible and may be handled by CCD or by patrol alone. As with the other treatment group designations, the treatment group was defined as incidents in which CCD was involved at the point of dispatch. Events where CCD was combined with another HEART response (CRT or COR) were excluded because the outcomes could not be clearly linked to CCD alone. Therefore, the comparison examines how outcomes differ when a CCD-eligible crisis call involves CCD versus when it is handled by patrol only.

The modeled results for CCD and patrol responses to CCD-eligible crisis events show that CCD was associated with shorter response times (-7.45 minutes), reflecting the ability to engage callers quickly over the phone. Notably, CCD responses had more time on scene (7.62 minutes), likely due to clinical engagement and assessment with callers. Finally, transport was less common in CCD-involved calls than in patrol-only calls, although the adjusted difference did not reach conventional statistical significance. We were not able

to include enforcement actions in the model because arrests were rare among both groups and citations were not observed. Offense reports were also uncommon among CCD events (3.3%) and patrol events (4.6%). Overall, the CCD findings are consistent with a diversion-oriented program that can engage patrol-comparable crisis calls more quickly and may reduce the need for transport, although the available sample does not support strong causal conclusions across all downstream outcomes.

## Cost Findings

The cost analysis compares the economic costs of CRT and COR responses with traditional patrol responses. Costs include travel to the scene, staff time on scene, documentation, and immediate outcomes such as citations, arrests, and transports. Activities that occur after the call, such as service referrals or follow-up work, are not included. Costs were estimated using an ingredients-based approach, calculating the cost of each 911 call by identifying the resources used, assigning a cost to each, and summing them to produce a total cost per call. The analysis focuses on short-term criminal justice costs and does not include longer-term costs related to arrests, such as court proceedings or incarceration. As a result, total justice system costs may be underestimated. Cost estimates were informed by program interviews, CAD and RMS data, and published research.

For each program, we conducted two cost analyses using different treatment samples: (1) CRT/COR responses at dispatch and (2) CRT/COR only responses, each compared with patrol only responses. This approach accounts for frequent simultaneous responses, which require more resources than single unit responses.

## CRT Costs

**Table 6** presents the predicted means from the weighted models comparing CRT-at-dispatch and

Table 6. CRT-at-dispatch and CRT-only Cost per Incident Predicted Means

	CRT-at-Dispatch Model			CRT Only Model		
	CRT-at-dispatch	Patrol	Difference	CRT-Only	Patrol <sup>a</sup>	Difference
Trespass	\$116.58	\$102.85	\$13.73 <sup>^</sup>	\$89.16	\$103.28	-\$14.12 <sup>^</sup>
Welfare check	\$127.85	\$72.49	\$55.46 <sup>***</sup>	\$125.84	\$91.36	\$34.49 <sup>***</sup>
Disorder	\$106.54	\$90.13	\$16.41	\$89.14	\$76.85	\$12.29
Mental health	\$167.31	\$76.46	\$90.86 <sup>***</sup>	\$141.83	\$86.27	\$55.56 <sup>***</sup>
All	\$132.87	\$98.17	\$34.70 <sup>***</sup>	\$125.77	\$111.61	\$14.16 <sup>***</sup>

<sup>a</sup> Estimated patrol costs differ due to model weighting, <sup>^</sup>p<0.1 <sup>\*\*</sup>p≤ 0.01 <sup>\*\*\*</sup>p≤ 0.001

patrol responses across event categories. CRT-at-dispatch costs more per response than patrol-only events, which is statistically significant for all but disorder calls. Across all event categories, CRT-at-dispatch costs \$132.87 per incident compared to \$98.17 for patrol, a difference of \$34.70 (p≤0.001). While mental health calls have the greatest cost difference for CRT-at-dispatch, they only make up 9% of response events.

The cost differences between CRT and patrol are reduced when simultaneous CRT-patrol responses are removed from the model (N=1,458), compared to the CRT-only sample to patrol (Table 6). Across all event categories, CRT-only response costs \$14.16 more than patrol response, and for trespass calls, CRT-only response costs \$14.12 less than patrol. Mental health calls continue to have the largest cost difference, though the difference is reduced from \$90.86 to \$55.56, and make up 7% of the calls in this sample.

### COR Costs

**Table 7** presents predicted means from the weighted model for the COR-at-dispatch sample, and patrol responses across event categories. COR-at-dispatch was significantly more expensive across all events. Across all event categories, COR-at-dispatch costs \$289.84 per incident compared to \$173.45 for patrol, a difference of \$116.39 (p≤0.001).

**Table 7** presents the results for the COR-only analysis. In this model, estimated patrol costs differ from the earlier figures, due to model weights forming an adequate control comparison. The difference between COR-only and patrol is smaller for all event categories. For disturbance events, which comprise more than half (59%) COR-only responses, the cost difference is \$38.22. Across all event categories, COR-only costs a difference of \$51.88.

Table 7. COR-at-dispatch and COR-only Cost per Incident Predicted Means

	COR-at-Dispatch Model			COR Only Model		
	COR-at-dispatch	Patrol	Difference	COR-Only	Patrol <sup>a</sup>	Difference
Disturbance	\$456.85	\$355.75	101.10 <sup>***</sup>	\$97.64	\$59.42	\$38.22 <sup>***</sup>
Crisis	\$319.89	\$138.61	\$181.28 <sup>***</sup>	\$260.15	\$144.64	\$115.51 <sup>***</sup>
All	\$289.84	\$173.45	\$116.39 <sup>***</sup>	\$218.35	\$166.47	\$51.88 <sup>***</sup>

Estimated patrol costs differ due to model weighting, <sup>^</sup>p<0.1 <sup>\*\*</sup>p≤ 0.01 <sup>\*\*\*</sup>p≤ 0.001

## Limitations

This evaluation uses a strong quasi-experimental design that takes advantage of real-world limits in the availability of alternative response teams, but it is not a randomized controlled trial. By focusing on comparable, eligible events and adjusting for observed differences at dispatch, the analysis provides a reasonable comparison between alternative response and patrol-only handling of 911 calls.

However, assignment was not truly random, and some differences between events may remain unmeasured, particularly where dispatcher discretion, mixed responses, or post-dispatch changes influenced who responded. As a result, findings should be interpreted with caution and viewed as credible evidence of likely incident-level effects under real-world conditions rather than definitive causal proof.

## Conclusions

Our HEART evaluation provides compelling evidence that dispatching unarmed community responders, such as CRT, to 911 calls instead of law enforcement is associated with fewer enforcement-related outcomes. Among narrowly defined eligible calls, we find that CRT was associated with significantly lower rates of offense reports, arrests, and citations relative to patrol-only responses. Additionally, there are limited differences in response time compared to patrol, and CRT spends, on average, only 5 minutes more on scene than patrol across all call events. These beneficial outcomes, combined with the modest cost difference for CRT-only responses, about \$14 more across all call events, as well as the crisis stabilization and care coordination activities delivered by the team, suggest that this has been a good investment for the city.

COR fulfills a unique role by its ability to respond to higher-risk calls, including calls with suspected weapons.

Notably, more than half (50.9%) of COR responses were outside of the COR-eligible events, and 45.6% were simultaneous responses. While there were limited differences in arrests or citations between COR and patrol, COR is associated with a lower probability of offense reporting, primarily driven by the differences in disturbance calls, and a higher probability of transport. Across all COR-eligible events, the team spends, on average, 9 minutes more on scene, consistent with its function to provide clinical care and coordination. COR costs more to deploy than patrol-only responses, but these costs are driven by the additional responders in simultaneous responses. The cost differences narrow to on average \$51 across all COR-eligible events, and \$38 more for disturbance calls, which comprise 59% of the call volume.

The available evidence for CCD was more limited, in part because CCD operates through multiple modalities, including proactive follow-up, diversion, and partial attachment to incidents that do not have a clean patrol-only analogue. The study design does not capture the potential impact of counselors' de-escalation efforts over the phone, which may enhance on-scene safety or reduce on-scene time for other responders.

This study examines short-term, incident-level outcomes related to enforcement actions and does not capture the broader, less observable effects of HEART on service access, engagement, and longer-term behavioral health outcomes. The analysis also does not account for potential cost savings associated with avoiding arrests, such as reduced spending on court proceedings, incarceration, or future justice system involvement. Additional research is needed to examine these longer-term impacts.

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## References

- [1] Neusteter, S. R., O'Toole, M., Khogali, M., et al. (2020). *Understanding Police Enforcement: A Multicity 911 Analysis*. Vera Institute of Justice. <https://www.vera.org/publications/understanding-police-enforcement-911-analysis>
- [2] Shapiro, G. K., Cusi, A., Kirst, M., et al. (2015). Co-responding police-mental health programs: A review. *Administration and Policy in Mental Health and Mental Health Services Research*, 42(5), 606–620. <https://doi.org/10.1007/s10488-014-0594-9>
- [3] Irwin, A., & Pearl, B. (2020). *The community responder model: How cities can send the right responder to every 911 call*. Center for American Progress. <https://www.americanprogress.org/article/community-responder-model/>
- [4] Dee, T. S., & Pyne, J. (2022). A community response approach to mental health and substance abuse crises reduced crime. *Science Advances*, 8(23), eabm2016. <https://doi.org/10.1126/sciadv.abm2106>
- [5] Davis, J., Norris, S., Schmitt, J., et al. (2025). *Mobile crisis response teams support better policing: Evidence from CAHOOTS* (NBER Working Paper No. 33761). National Bureau of Economic Research. <https://doi.org/10.3386/w33761>