



**CITY OF  
DURHAM**

# Community Safety Department Overview

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## Purpose of presentation

To provide **high level overviews** of the City of Durham's new Community Safety Department and 911 Calls for Service alternative response pilots in support of **ongoing collaboration** with government agencies and community partners

**Purpose: CSD exists to bring people together to reimagine what public safety can look like. Through research and collaboration, CSD will identify, implement, and evaluate new approaches to enhance public safety that may not involve a law enforcement response or the criminal justice system.**

Current Status	Staffing	Focus Areas in First Year
New department was part of the City Manager's proposed budget	Manager's budget calls for initial staffing of 15 full-time positions	Piloting alternative response models to 911 calls
Council voted to approve the budget on June 21	Half are dedicated to implementing alternative response pilots	Collaborating with community to identify new approaches to safety
The department officially began on July 1, 2021	The Department could double by mid-year	Building, managing and evaluating partnerships that promote safety

## 911 Calls for Service – Work done to date

### 3-year analysis of 911 calls

- Analyzed approx. 1,000,000 calls from 2017 - 2020. [See Jan 7 report to City Council.](#)
- Durham formed NC cohort: Raleigh, Cary, Burlington, Greensboro, and Winston Salem
- Supported by RTI

### Use of force analysis

- Analyzed DPD data on police use of force (Oct 2017 - Oct. 2020)
- Use of force was connected with 174 calls for service.
- Top 3 call natures where use of force occurred: domestic violence, disturbance, and trespass.

### First Responder experience

- Held [DPD focus groups](#) to understand perspectives on issues related to alternative response.
- Conducted a [first responder survey](#) (DPD and Fire) to gather public safety and wellness resources, needs and gaps as understood by first responders: 168 responses

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

## Highlights from initial 911 CFS analysis:

Call nature	Top call types	Top close codes
<b>Mental health</b> <ul style="list-style-type: none"> <li>• 10,716 (1%) calls</li> <li>• 96% of calls initiated by public</li> <li>• Est. 16K hours spent on these calls</li> </ul>	Crisis (43%)	<ul style="list-style-type: none"> <li>• 53% resolved without report</li> <li>• 29% CIT resolved without report</li> </ul>
	Involuntary Commitment (28%)	<ul style="list-style-type: none"> <li>• 50% resolved without report</li> <li>• 39% CIT resolved without report</li> </ul>
	Suicide threat (23%)	<ul style="list-style-type: none"> <li>• 44% resolved without report</li> <li>• 31% CIT resolved without report</li> </ul>
<b>Quality of life</b> <ul style="list-style-type: none"> <li>• 53,531 (6%) calls</li> <li>• 89% of calls initiated by public</li> <li>• Est. 37K hours spent on these calls</li> </ul>	Trespass / loitering (22%)	<ul style="list-style-type: none"> <li>• 82% resolved without report</li> <li>• 7% incident report / 7% unfounded</li> </ul>
	Noise complaint (21%)	<ul style="list-style-type: none"> <li>• 71% resolved without report</li> <li>• 25% unfounded</li> </ul>

*Note: data covers 3-year period: Oct 2017-Oct 2020*

## Highlights from initial 911 CFS analysis:

Call nature	Top call types	Top close codes
<b>Traffic</b> <ul style="list-style-type: none"> <li>74,100 (7%) calls</li> <li>89% initiated by the public</li> <li>Est. 84K hours spent on these calls</li> </ul>	Motor vehicle accident (50%)	<ul style="list-style-type: none"> <li>73% resolved without accident report</li> <li>15% resolved without report</li> <li>7% unfounded</li> </ul>
	Traffic hazard (19%)	<ul style="list-style-type: none"> <li>65% resolved without report</li> <li>21% unfounded</li> </ul>
<b>General assistance</b> <ul style="list-style-type: none"> <li>263,615 (26%) calls</li> <li>64% of calls initiated by the public</li> <li>31% of calls were “hang ups”</li> <li>Est. 101K hours spent on these calls</li> </ul>	Assist person (16%)	<ul style="list-style-type: none"> <li>51% resolved without report</li> <li>42% incident report</li> </ul>
	Follow-up (16%)	<ul style="list-style-type: none"> <li>93% resolved without report</li> <li>2% incident report</li> </ul>
	Attempt to locate (15%)	<ul style="list-style-type: none"> <li>63% missing information</li> <li>21% resolved without report</li> </ul>

*Note: data covers 3-year period: Oct 2017-Oct 2020*

**Focus Group: Officers felt least equipped to respond to mental health-related calls and did not see these calls as ones that should be responded to solely by the police.**

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

“There are many more resources within the community that few know about or forget for referrals.”

-DPD Officers

**Survey insights: Meeting residents needs will require investing more in follow up and in our ability to triage calls to match callers' needs with the appropriate responding resource.**

“We do a great job,” noted one officer, “getting people to the help they need. They get treated for 24-72 hours then get cut loose with no follow-up. We set them up to fail again.”

“This will require extensive training or employment of different resources at the front end (a mental health nurse in the dispatch center).”

-Durham First Responders



## Sending the Right Response Based on the Needs of People in Crisis

### 911 Alternative Response Pilots – Pilot areas we are exploring

Crisis Call Diversion	Mobile Crisis Response Teams	Alternative Traffic Response Teams	Co-Response Teams
<p>Embeds mental health clinicians into our 911 call center to improve our ability to identify and redirect non-emergent, non-life threatening calls for service that are mental health related.</p>	<p>Dispatching mobile crisis teams of paramedics and clinicians to respond to calls involving people in behavioral health crisis and quality of life calls instead of police officers.</p>	<p>Sending trained civilian responders to minor traffic incidents or abandoned vehicles.</p> <p><i>*Would require approval from state that has been granted to 2 other NC cities.</i></p>	<p>Sending a team that pairs a clinician and an officer to respond to higher-risk calls (e.g. weapons are present) involving mental and behavioral health needs.</p>

We are currently [learning from other communities](#) including Eugene, OR, Denver, CO, Houston, TX, and many others.

**The department will also focus on collaborating with community members to identify and test new approaches to public safety.**

The department will serve as the **City's main staffing support for the Community Safety and Wellness Task Force (SWTF).**

- Staff members will play a support role to SWTF members in organizing meetings, conducting and coordinating research, collecting and analyzing data, developing proposals, and learning about or evaluating programs of interest to the task force.
- As SWTF identifies promising new initiatives, this department will be tasked with implementing and/or evaluating the new approaches or programs recommended by the task force for the City.

## The department will also focus on building, managing, and evaluating partnerships that promote a safer Durham.

This department will take on **oversight and management of the following contracts** & agreements previously funded within other departments:

- Bull City United Violence Interrupters: \$935,488
- Mental Health Contract for Clinical Social Worker: \$85,261
- Durham Expunction and Restoration Program: \$150,000
- The Administrative Office of the Courts (AOC) for a Domestic Violence Judge, Domestic Violence Assistant District Attorney, Witness/Victim Legal Assistant, and Gang Assistant District Attorney. Total funding: \$228,096.
- The joint City/County Gang Reduction Strategy initiative, with additional focus given to bi-lingual outreach efforts and Project Build program. The City contributes 50% for this initiative. Funding share: \$157,357

# We're committed to ongoing, meaningful, & proactive collaboration with the community.

**We welcome your ideas** for how we might work together to better address the safety needs of Durham residents.

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