Alternative Response to Calls for Service:

Denver STAR

March 25, 2021
TASC’s Center for Health and Justice

COSSAP TTA Provider for
First Responder Led Diversion Initiatives

Website: www.centerforhealthandjustice.org
Center for Health & Justice COSSAP Team
TTA provider for COSSAP FRD grantees since 2017

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Denver’s Support Team Assisted Response (STAR)

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March 25, 2021
New Approach Needed:
- Significant population increase
- Mental health related calls up 13.2% against 3-year average
- 31,264 mental health related calls in 2019
- Sending the right response based on the need
STAR Program Overview

Design:
• Modeled after the CAHOOTS program (Eugene, OR)
• Community-based response
• Meets people where they are

Team Composition:
• Mental Health worker (Clinician)
• Substance use/Peer navigator
• Paramedic / EMT
• Police officer is not a part of the team
Community participation from the beginning to help create the program:

- 6 community based working meetings with the following organizations to help shape the Denver version of CAHOOTS (now known as STAR):
  - Servicios de La Raza
  - HARM Reduction Action Center
  - Denver Justice Project
  - Denver Alliance for Street Health Response
  - DHOL (Denver Homeless OutLoud)
  - MHCD (Mental Health Center of Denver)
  - DPHE (Dept of Public Health and Environment)
  - Denver Fire
  - Denver Police
  - Denver Department of Safety Executive Director’s Office
  - Denver 911 Center
  - Denver Health and Hospital Authority
  - Denver City Council
  - LIVED EXPERIENCE COMMUNITY (individuals that participated, not associated with an organization)

Denver sent a team including community members to Eugene, OR in May 2019 to learn firsthand how their program works (CAHOOTS).
Sending the Right Response

STAR Program:
- No police response
- Low level risk calls (no weapons involved)
- De-escalation (not having a uniformed officer sometimes can be a benefit)
- Get the person the services they need
- Community based
  - Peer navigator
  - Lived experience

Co-Responder Program:
- Officer and clinician respond
- Higher risk calls (potential of violence or weapons involved)
- Utilizing the right resources to de-escalate the crisis and get the person the help they need
STAR Pilot Overview

- Collect data to assist in the full rollout
- Make changes/modifications to improve the program
- 40 hours a week (Mon-Fri 10am-6pm)
- Location – Downtown and Broadway/Lincoln Corridor
STAR Pilot Overview

The seven nature codes approved for inclusion in the pilot were:

- Assist
- Intoxicated Person
- Suicidal Series
- Welfare Check
- Indecent Exposure
- Trespass Unwanted Person
- Syringe Disposal – HRAC
STAR Pilot program funding

- Caring4Denver funds
- From the 10% city services bucket allotted for the expansion of the Co-responder program
- $449,067 requested
  - Includes Cultural Relevancy training for all STAR participants (including 911 personnel, EMT’s and Clinicians).
The STAR program is an extension of the suite of services DPD already provides.
2016
- Initial pilot program (4 clinicians)
- Through Senate Bill 97, two clinicians added
- Behavioral Health Navigator added
- Social Impact Bond collaboration added

2017
- Denver Forensics At-Risk cases added
- Denver Police Department Intelligence Unit and Special Victims cases added
- Denver Hoarding Taskforce added
- Denver Fire Department referrals added

2018
- Crisis housing and management added
- Eight clinicians added to cover 7 days per week in all six Denver Police Districts
- Assistance with Denver Sheriff Involuntary Treatment pick-up orders to address compliance

2019
- 16 Clinicians
- Provided expanded response / support to 2017-18 increase in service
- Responded to 2,300 calls for service (co-response) Jan – Nov 2019 (26% increase over 2018
- 61 individuals permanently housed
Services 2020-Present

- **Co-Responders**
  - 25 Clinicians
  - Looking to add addition for 24/7 coverage

- **STAR**
  - Expanding in 2021 with $1.4 million from City of Denver and additional Caring4Denver funding

- **Case Manager Hub**
  - Team assigned to every patrol district and our SORT team
STAR Evaluation Data
Breakdown of Assignment Mechanism

The STAR unit can be assigned to a call for service through three general mechanisms:

1. 911 call takers flagging incoming calls and directly dispatching the STAR unit – This accounted for 313 (41.8%) incidents

2. Uniformed response independently requests STAR to respond on scene – This accounted for 260 (34.8%) incidents

3. STAR self-initiates a response in the field – This accounted for 175 (23.4%) of incidents
STAR Program Outcomes

• STAR began operations on June 1, 2020 and responded to 748 calls traditionally fielded by Police, Fire, and/or EMS

• STAR-eligible calls accounted for 2.8% of DPD’s call load during this timeframe

• STAR is a lower profile response from Public Safety and responds to an average of 9.43 calls/day
STAR Incident by Problem Type

STAR Incidents by Problem Type

- Trespass / Unwanted Person: 213
- Welfare Check: 145
- Assist: 94
- Follow Up: 59
- Suicidal Person / Suicide: 48
- Subject Stop: 31
- Maintenance: 23
- Disturbance: 22
- Indecent Exposure: 20
- Intoxicated Person: 14
- E 25 Psych/Ab Beh/Suicide: 10
- EMS request PD: 9
- Narcotics: 9
- Nature Unknown: 9
- Administrative: 7

Count of ID
### Primary Concern

<table>
<thead>
<tr>
<th>Question</th>
<th>Count</th>
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<tbody>
<tr>
<td>Mental Health</td>
<td>160</td>
</tr>
<tr>
<td>Suspected Co-Occurring</td>
<td>87</td>
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<tr>
<td>Environmental</td>
<td>20</td>
</tr>
<tr>
<td>Physical Health</td>
<td>18</td>
</tr>
<tr>
<td>DX Previous Given</td>
<td>10</td>
</tr>
<tr>
<td>Age Related</td>
<td>9</td>
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### Top 10 Primary Diagnoses

<table>
<thead>
<tr>
<th>Diagnosis</th>
<th>Percentage</th>
</tr>
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<tbody>
<tr>
<td>Schizoaffective Disorder</td>
<td>26%</td>
</tr>
<tr>
<td>Bipolar Disorder</td>
<td>19%</td>
</tr>
<tr>
<td>Major Depressive Disorder</td>
<td>14%</td>
</tr>
<tr>
<td>Mood Disorder</td>
<td>7%</td>
</tr>
<tr>
<td>Post-traumatic stress disorder, unspecified</td>
<td>7%</td>
</tr>
<tr>
<td>Schizophrenia Disorder</td>
<td>7%</td>
</tr>
<tr>
<td>Anxiety Disorder</td>
<td>5%</td>
</tr>
<tr>
<td>Depressive Disorder NOS</td>
<td>5%</td>
</tr>
<tr>
<td>Other Psychotic Disorder</td>
<td>5%</td>
</tr>
<tr>
<td>Alcohol Related Disorder</td>
<td>2%</td>
</tr>
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</table>
Lessons Learned

- Properly identify the call types for the STAR team to handle and to construct decision trees that govern their assignment to those calls.

- There is a significant need for available supplies to support members of our community.

- The data shows a need for the STAR program beyond the current pilot capacity and the majority of appropriate calls for service are in the downtown corridor.

- Many service providers were off-line, or their services significantly modified, as a result of the pandemic but there continues to be a need for additional locations for the STAR program to provide warm hand-offs.

- To better serve all individuals, future STAR vans should be outfitted with wheelchair lifts.
Evaluation Team

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Questions?

Work Hard & Treat People Right

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Need TA?

- To request training and technical assistance, contact CHJ:

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  or visit the TTA request page on the COSSAP website:  
  https://www.cossapresources.org/Program/TTA/Request