



# SO FAR, SO SAFE:

## DENVER'S ALTERNATIVE RESPONSE MODEL OFF TO A PROMISING START

The STAR program replaces police with paramedic/  
social worker teams for low-threat 9-1-1 calls

By John Erich

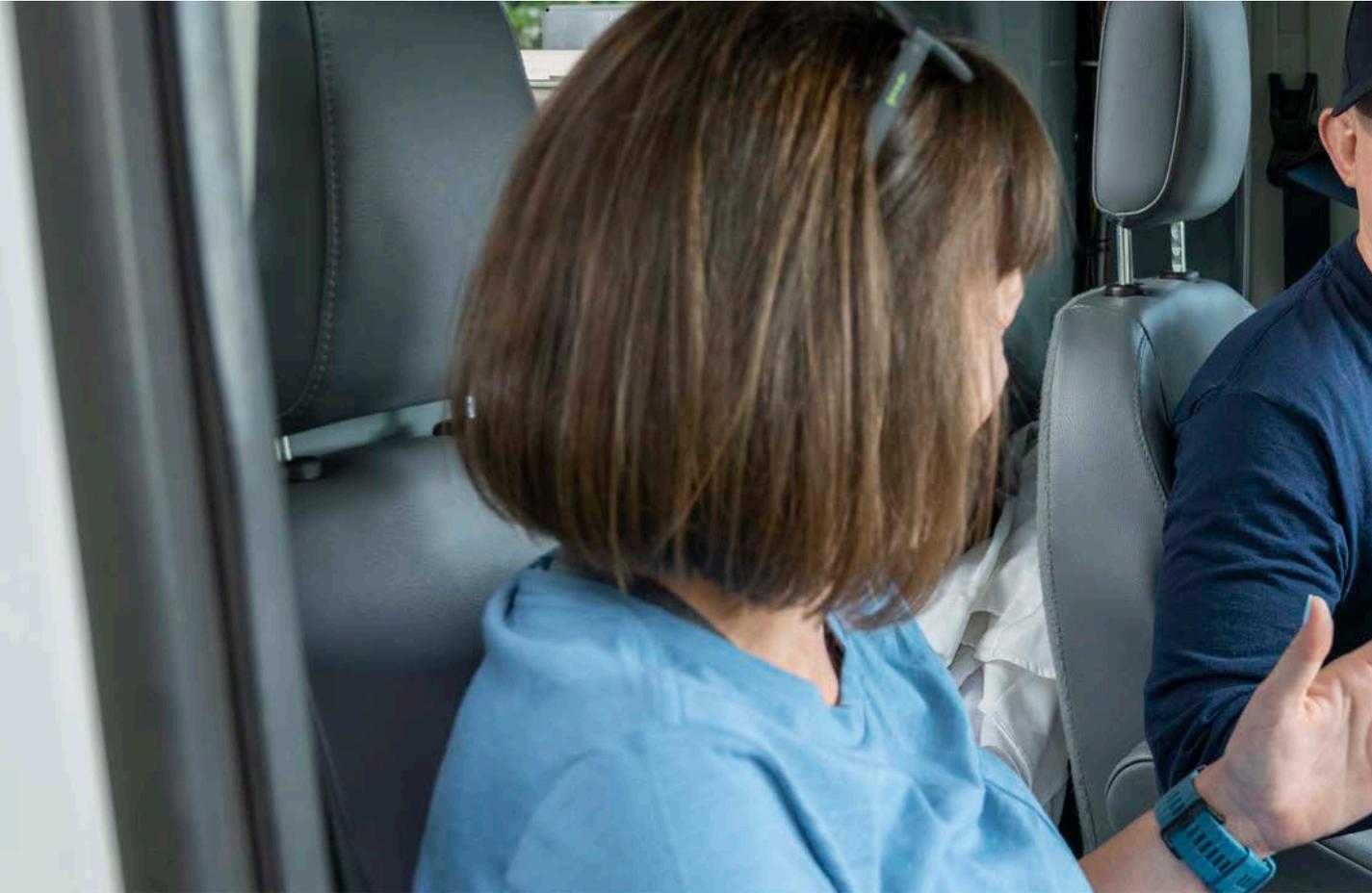


**A**s change in public safety goes, the move toward alternative response concepts has been unusually rapid. Following multiple high-profile deaths and last summer's widespread racial-justice protests, a fast-growing number of jurisdictions across America started looking for ways to manage low-threat 9-1-1 calls without police.

One main model they're looking to for that, Eugene, Ore.'s CAHOOTS program (*Crisis Assistance Helping Out On the Streets*), has decades of data showing teams of paramedics and mental health crisis workers can respond safely to certain nonviolent calls and assist those in need without involving officers. In 2019, of roughly 24,000 calls answered by CAHOOTS, its crews needed police backup just 150 times—a rate of 0.6%. Yet in 2017 CAHOOTS peeled off 17% of the Eugene Police Department's overall call volume, and it saves the city around \$8.5 million a year.

That's promising, but amid rising crime and politicized rhetoric about police funding, jurisdictions can be forgiven for proceeding cautiously and seeking evidence of their own. A program that works at one time and place might not be suited to another. Can a new crop of programs similar to CAHOOTS produce similar results?

For many it's too early to say. But Denver's program, STAR (*Support Team Assistance Response*), has delivered some early data that may start allaying some fears.



### An Early Start

Denver produced some of the earliest data of these programs because it had a head start on those who took up the idea in 2020–21. STAR was the outgrowth of a 2018 ballot initiative, Caring 4 Denver, that raised taxes by a quarter of a percent to fund increased mental health and substance misuse services. The revenue was targeted for areas like suicide prevention, substance abuse treatment, and resources for the diagnosed, and at least 10% was earmarked for public safety services and training.

“That was where the first conversations about what is now the STAR program started,” says Justin Harper, who oversees the program for Denver Health’s Paramedic Division. “It really was the idea of the police chief, Paul Pazen. The thought process was to try to find a way to reduce the number of unnecessary interactions with police and provide people with better resources when they called 9-1-1 for help.”

Denver’s police, EMS, and mental health stakeholders sent a team to Eugene for a close-up look at CAHOOTS in 2019, and they came back to operationalize their version. That hit the streets in June 2020—squarely in the middle of the COVID pandemic, which had freshly deprived many citizens of needed resources, as well as heated protests over the killings of George Floyd and others.

“We kicked this off with the belief that, with COVID and social unrest, everything had changed in our society so significantly that people who once had support no longer had full access to all those supports,” says Chris Richardson, LCSW, one of two social workers from the Mental Health Center of Denver (MHCD) who partnered with Denver Health Paramedics to answer STAR calls. “It was a way for us to kind of lean into these concerns for our community and try to help people bridge those gaps and connect them to resources they no longer had connection points to.”

Safety under the new program was an important concern, so its initial scope was limited. The STAR van began operating from 10 a.m.–6 p.m. Monday through Friday in four police districts and precincts where data suggested it could have the most benefit. Seven call types were directed to its Denver Health/MHCD crews:

- General assist;
- Intoxication person;
- Suicidal series;
- Welfare check;
- Indecent exposure;
- Trespass/unwanted person;
- Syringe disposal.

In January the program published a report reviewing its first six months. It found STAR had responded to 748 calls and not needed police backup once. Expanding the program, leaders calculated, could reduce Denver police call volume by nearly 3%.

“I think we’re seeing the types of calls we



A conservative approach to STAR calls has kept crews safe thus far.

## STAR Facts and Figures

Average scene time, **24.65 minutes**  
 Traditional response, **34.08 minutes**

### RESPONSE ORIGINS:

9-1-1 dispatch, **42%**  
 Scene request, **35%**  
 Self-initiated, **23%**

### INDIVIDUALS ENCOUNTERED:

Male, **59%**  
 Female, **41%**

### ENCOUNTERS BY AGE GROUP:

17 and under, **1%**  
 18–30, **20%**  
 31–40, **21%**  
 41–50, **16%**  
 51–60, **21%**  
 65+, **21%**

### PRIMARY DIAGNOSES:

Schizoaffective disorder, **26%**  
 Bipolar disorder, **19%**  
 Major depressive disorder, **14%**  
 Mood disorder, **7%**  
 Post-traumatic stress disorder, **7%**  
 Schizophrenia disorder, **7%**

were hoping to see,” says Harper. “But there’s a balance there in sort of wanting more opportunities and maintaining the scene and crew safety component. I’d consider the boundaries of what STAR responds to as fairly conservative, but I think there may be opportunities to expand it in the future.”

### A Different Way to Contribute

Denver Health turned to its seasoned paramedics to get STAR launched, though it hopes the program can eventually be BLS-driven. After good feedback to an initial request for interest, Harper evaluated medics’ responses and suitability for a community service program that would go beyond the bounds of traditional EMS and into areas like mental health, substance use, and homelessness.

The group ultimately assembled reflected the community it would serve and was heavy with lived experience. For EMS

providers, having those personal histories and their own past struggles brings extra empathy to their care.

“That’s not to say paramedics aren’t empathetic or don’t want to help people,” Harper notes. “It’s just we’re limited by what resources we have on the ambulance and what we can provide. This program provides an opportunity for our people to contribute in a different way.”

Denver Health Paramedics has a robust onboarding process that emphasizes scene safety education. Still, this new role was a bit outside medics’ comfort zones. It took a bit of a leap of faith, Harper says, to trust and rely on the LCSWs’ skills in situations EMS by itself might consider potentially insecure.

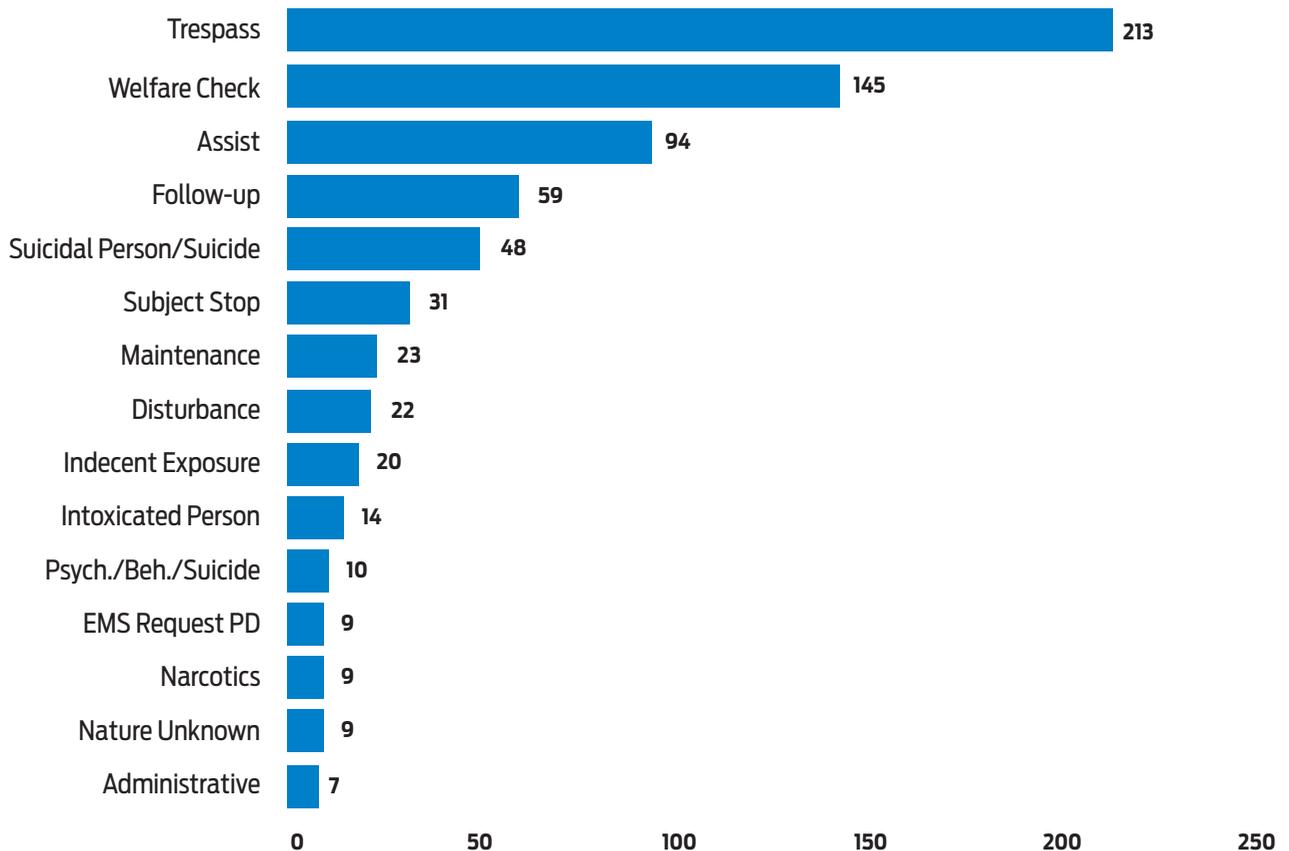
Conversely, Richardson and his colleague Carleigh Sailon, LCSW, weren’t wholly new to public safety. They’d overseen other criminal justice programs at MHCD, and the center’s had a corespond program with police for other

behavioral health calls since 2016. That and STAR now coexist and complement each other.

Richardson and Sailon rode the STAR van for its first six months, after which MHCD hired a full-time clinician to take over. The MHCD staff bring experience in calming and de-escalating mental and behavioral crises, harm reduction, dealing with different types of mental illness, and connecting people to resources that can help. “Our clinicians come from pretty extensive case management backgrounds and have those historical relationships with community resources we can leverage to solve problems with STAR,” says Sailon.

Of those they encountered in STAR’s first six months, more than two-thirds were homeless, and 61% had a mental health condition identified as a primary concern. Per MHCD data, the most common conditions diagnosed (note these are clinicians’ impressions and not formal

## STAR Incidents by Problem Type



By handling low-level issues, STAR helps keep officers free for more serious crimes.

diagnoses) were schizoaffective disorder (26%), bipolar disorder (19%), and major depressive disorder (14%). A third had co-occurring conditions.

Others had issues that were more acute—familiar needs like shelter, food aid, and medicine. STAR provides help there as well, steering subjects to urgent cares and other non-ED solutions.

“A good number of people require ongoing support, but also a good percentage of them just need a solution in the moment,” says Sailon. “Not everybody we come in contact with needs that formal treatment. We’re able to do both pretty easily, which I think is one reason why the STAR pilot has been so successful.”

### Room for Growth

By the end of May, STAR’s volume was approaching 1,400 calls answered, still

with no police backup. Optimism is high, and expansion plans afoot: For its second year the city has allocated \$1.4 million to continue the program—enough to field four additional vans, six new two-person teams, and a full-time supervisor.

“Right now I think we have a really good fit,” says Richardson. “We’ve been able to dispatch to calls appropriately and resolve them without having the police called. As we move into the future, I think there’s always room for growth, and hopefully over the next couple of years we can develop through more in-the-field kind of learning.”

Denver Health Paramedics has found a big difference in how the often-marginalized people STAR helps receive its personnel. Without law enforcement presence and the threat of arrest, they’re more relaxed and receptive.

“Having been in EMS for 25 years, I know

how people react to paramedics and police officers, and the way they reacted to us on the STAR van was completely different,” says Harper. “It was a lot more open, a lot more willing to communicate. People are more open to conversation when we arrive on the STAR van and aren’t in a typical uniform, with badges and patches—we’re in t-shirts that are more informal and nonthreatening. Some of our medics even wear jeans, like the social worker does. It’s very impactful on the initial interaction.”

For what it’s worth, in both Eugene and Denver, the chiefs of police are enthusiastic about the programs. Pazen, in fact, “is a social worker at heart and doesn’t know it,” Richardson joked.

“I want the police department to focus on police issues,” Pazen told Denverite in February.<sup>1</sup> “We have more than enough work with regards to violent crime, property

crime, and traffic safety, and if something like STAR or any other support system can lighten the load on mental health calls for service, substance abuse calls for service, and low-level issues, that frees up law enforcement to address crime issues.”

“If I can rely on a mechanism that matches the right response to the need, it means I don’t have to put my officers in these circumstances,” Eugene Chief Chris Skinner told Oregon Public Broadcasting in April.<sup>2</sup> “By sending the right resources...there are going to be fewer times when officers are in situations that can turn violent. It actually de-conflicts, reducing the need for use of force.”

That social worker mind-set has to be shared by any EMS provider taking such a concept to the field. A primary takeaway from STAR’s initial months was that it takes the right kind of caregiver: “People who come

from a trauma-informed perspective, who know the community well, and who are really willing to approach with a nonjudgmental attitude and meet people where they are,” says Sailon.

That’s been a fine fit for Denver Health Paramedics, whose STAR medics are thrilled to be doing more for these difficult patients than they’ve been able to in the past.

“Our medics have really pushed to have more support systems and opportunities to help people. Because you go out on these eight-hour shifts and interact with people in these dire situations, and the need is almost overwhelming,” says Harper. “What speaks to me most about this program is that the STAR van is able to be that resource that interacts with these folks to come up with a solution. Maybe it’s just picking up needles or asking them to move their tent that’s blocking the sidewalk, or maybe

they need a ride or some other resource, but we’re able to interact in a different way and rethink what folks need when they call 9-1-1. It’s been a really positive thing.”

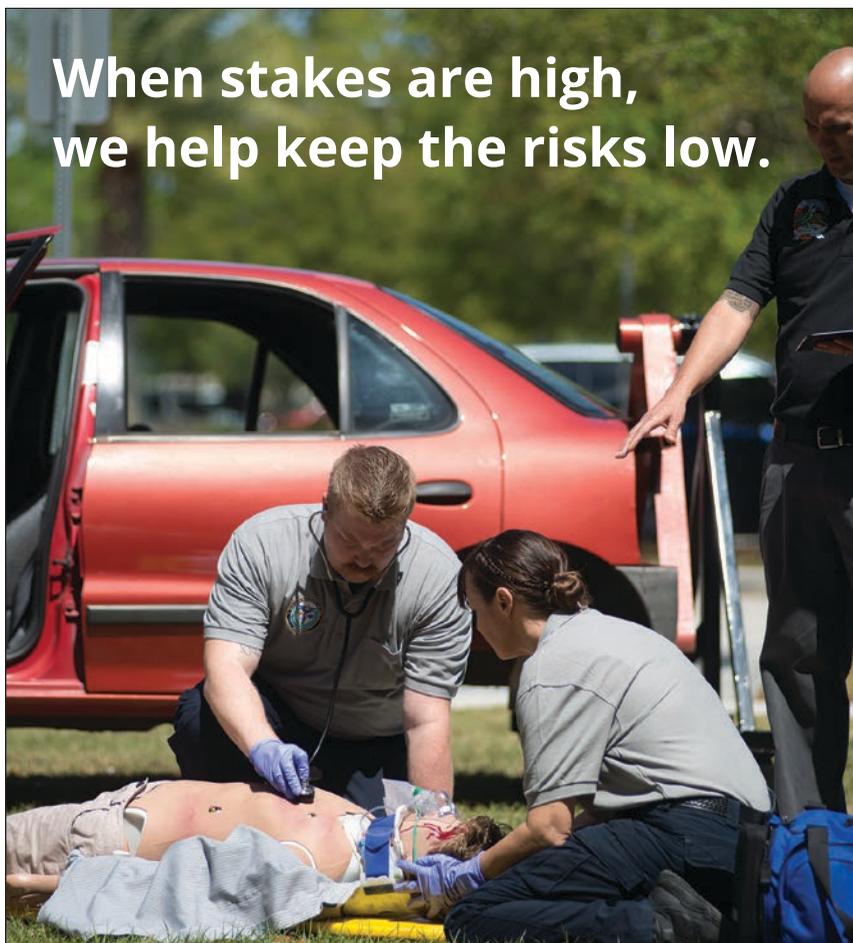
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## ABOUT THE AUTHOR



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