



STAR

(Support Team Assisted Response)

Annual Report

2022

January 1, 2022 through December 31, 2022

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Table of Contents

Program Description	1
Changes Made and Lessons Learned	1
STAR Expansion	1
Self-care and Professional Development	2
Changing Community Perspective	3
Data Collection	3
External and Environmental Factors	3
COVID-19	3
Staffing Shortages	4
Evaluation Summary	4
Demographics	4
Gender Identity	5
Race and Ethnicity	7
Age Groups	9
Veterans	9
Diagnosis	9
Clinical Encounter Data	9
Number of Encounters and Individuals	10
By District	13
Characteristics of Individuals	14
Clinical Encounter Details	16
CAD Call Types	16
Primary Concerns	17
Interventions	19
Clinical Encounter Outcomes	21
M1 Holds	21
Transport	21
Service Referrals	23
WellPower Services	24
Non-Clinical Encounter Data	25
Non-Clinical Encounter Services	28
Successes	30



Program Flexibility	30
Partnerships	30
Legislative Support.....	30
Awards	30
Participant Stories.....	30
Danette	30
Alden	31
Oscar	32
Goals for 2023	32

Program Description

The Support Team Assisted Response (STAR) is a collaboration between the Denver Department of Public Safety (DOS), Denver Health, and WellPower. Historically, many crimeless and nonviolent 911 calls have been routed to police for lack of a better option. STAR provides a more appropriate response for these calls and an additional resource for 911, dispatch, police officers, and emergency medical responders, allowing them to focus on criminal issues, law enforcement, and medical emergencies.

A community work group was integral to the creation of the STAR pilot and includes community partners, organizers, and individuals with lived experience. This group approached the Denver Police Department (DPD) and requested a program like the Crisis Assistance Helping Out On The Streets (CAHOOTS) program in Eugene, Oregon. CAHOOTS has existed as a community-based, mobile mental health crisis response for over 30 years, and responds to events involving mental health, substance use, and homelessness. Personnel from WellPower, DOS, and three community organizations, along with a Colorado state representative, visited Eugene in May of 2019 to see CAHOOTS in practice and explore how a similar model might be implemented in Denver. DOS, WellPower, and Denver Health launched the STAR program in June of 2020.

The STAR team is comprised of WellPower licensed mental health clinicians and Denver Health paramedics who respond to events independently from police and Emergency Medical Services (EMS). Over the course of the initial pilot in 2020, three WellPower clinicians and five paramedics worked on the STAR program. In November of 2020, a full-time clinician dedicated to the STAR program was hired by WellPower. The STAR program has since expanded to include 10 mental health clinicians and 10 Denver Health paramedics in 2022.

The data included in this report evaluates the work of the STAR program from January 1, 2022 to December 31, 2022.

Changes Made and Lessons Learned

STAR Expansion

In 2020, WellPower evaluation staff produced the 2020 STAR Pilot Report which summarized qualitative interviews with WellPower mental health clinicians, Denver Health paramedics, Denver 911 staff, service provider organization staff, and DPD personnel. When asked about how STAR could be improved, the top theme was program expansion, specifically more staff. Respondents believed more staff would lead to more vans, extended operational hours, and allow the program to expand outside of District 6. They reported that opportunities to help community members were being missed because of staff availability. If the response time was too long, those waiting for services sometimes left before STAR arrived. As a result, STAR staff would miss calls when serving an individual, and sometimes felt rushed as they were serving a community member knowing there were other calls waiting.

Since the pilot, the STAR program has addressed this need by expanding to a total of ten mental health clinicians and ten Denver Health paramedics. The increased number of clinicians and paramedics allowed for

each district in the City and County of Denver to have a STAR van, totaling six vans. In addition, STAR changed from an 8-hour rotating schedule to a 12-hour one, with shifts starting at 6:00am and ending at 10:00pm. With additional staff to take calls and move between districts as needed, clinicians and paramedics could be thorough when serving an individual, which improved the quality of care provided.

Another change identified in the 2020 STAR Pilot was the need to make all STAR vans wheelchair accessible. During the pilot, a person had to be able to walk on their own to get into the STAR van and there was no way to transport an electric wheelchair. The STAR team temporarily created a work around by partnering with the Denver Health medic unit to bring a trailer in tow, but it was time consuming and cumbersome. In 2022, all STAR vans became wheelchair accessible, allowing STAR to more effectively and efficiently serve individuals in the community.

To meet the needs of the community, STAR has continued to add more items to the van inventory. In the past, STAR vans were stocked with water and snacks. This year, STAR clinicians and paramedics started to hand out Narcan, fentanyl testing strips, and individual sharps containers on the van. Additionally, the van was stocked with seasonal items. In the summer, they handed out summer clothing (tank tops, t-shirts, shorts, undergarments), sunblock, and cooling pads. In the fall, winter, and spring, they handed out winter/cool weather clothing (sweaters, sweatpants, t-shirts, socks, gloves, hats/beanies, undergarments) and hand warmers. STAR also handed out resource cards and items needed for daily use, such as phone chargers, wheelchair chargers, carrying totes, trash bags, and hygiene products. STAR staff reported being grateful for being able to provide more resources in the moment for individuals served, improving the situation or crises they were in.

Another change was the creation of the STAR phone line, 720-913-STAR (7827), which would allow individuals to contact STAR directly. Unfortunately, the distribution of this phone line is currently paused due to staffing challenges (detailed in the External and Environmental Factors section).

Self-care and Professional Development

A focus in the STAR program over the past year was to encourage clinicians and paramedics to concentrate on self-care, as they can experience primary and secondary trauma in the course of their work. Managers worked on meeting staff where they were at and providing resources to them. They supported staff by letting them communicate their needs by intentionally holding space for these conversations during team meetings and supervision. Managers also advocated for staff to take vacation time, put on several team building events, and added a session to training that was focused on self-care and developing support systems. They also worked with staff to build their confidence and become more comfortable working more closely with 911 dispatch on identifying calls that were appropriate for a STAR response.

Program managers also emphasized professional development in the past year. Staff attended the Clinician Academy, a four-day training focused on on-scene response safety which included session topics, such as Narcan, safety training, active bystander for law enforcement, M-1 holds, and clinician roles in high-risk mental health scenarios. The STAR team also collaborated with WellPower's Diversity, Equity, and Inclusion (DEI) team to develop a session on providing treatment through a DEI lens. The DEI session was adapted to be specific to a STAR clinician's role, elaborating on discussion in current required trainings, specifically the power dynamic when responding with first responders to crisis calls. STAR staff also had the opportunity to attend VitalHearts, a three-day training focused on building resiliency among care providers who have experienced

secondary trauma. Additionally, at the time of this report, two STAR clinicians are in the process of obtaining their Certified Addiction Specialist Certificate

Changing Community Perspective

Outside of mobile crises, STAR serves as the first alternative response without police within the City and County of Denver. Although the Co-responder program created a foundation that allowed for STAR to be accepted within the first responder community, STAR experienced issues getting buy-in from the individuals contacted. As with many new programs, community members did not understand what STAR was. Additionally, individuals in the community who have had negative experiences with first responders or were otherwise hesitant to reach out for support, had difficulty accepting that STAR could provide a different experience. As a result, STAR has focused on building trust within the community and showing community members that they are truly an alternative response. When responding to a call, STAR staff shows up in casual attire in effort to reduce the power differential that can come across with traditional first responders. They take the time to get to know the individuals they serve and find out the best ways they can to assist with whatever the person is going through. Furthermore, STAR spent time outreaching new community partners with a focus on educating the community on what the program is.

Data Collection

To more accurately and fully capture the activities of the STAR program, changes were made to the STAR non-clinical encounter form which went into effect on November 1st, 2022. In response to community requests, more information was added to the STAR additional data collection form. This is a form that STAR clinicians fill out when the encounter is not considered a clinical encounter. An encounter is not considered a clinical encounter if there is not an imminent mental health or clinical need during the interaction and the individual is not already in WellPower's records. In those cases it is not deemed prudent to create an electronic health record for that individual, so data is collected on the non-clinical encounter form. Additions to the form in 2022 include a question about whether the encounter was with people who are unhoused or housed. If the encounter was with unhoused individuals, additional questions were added about resources that were requested which STAR could not immediately access. The hope is that this data will provide more information about the unmet needs of community members experiencing homelessness in Denver. The changes having been made three quarters of the way through 2022 means that some data were incomplete this year and work is still being done to integrate the new data into existing dashboards and reporting mechanisms.

External and Environmental Factors

COVID-19

With another year in a pandemic and the emergence of the highly contagious Omicron strain, STAR continued to have COVID-19 protocols in place. They followed WellPower's mask policy, in which all WellPower employees, regardless of vaccination status, were required to wear a mask when interacting with people served, and at certain times of the year, around other WellPower staff. In addition, they disinfected vans, encouraged hand washing, and asked questions to people served about COVID-19 exposure and symptoms.

STAR experienced some challenges following the COVID-19 protocols. During this reporting period, there were a lot of new staff on the team and sometimes these staff were uncomfortable asking COVID-19 questions to

people served or were not yet familiar with the disinfecting process. Clinicians and paramedics were not able to practice social distancing due to the nature of riding in a van together, and managers had difficulty making sure all staff wore their masks correctly or consistently. Additionally, the lifting of mask requirements at certain times in the year increased staff's chance of catching COVID-19. These circumstances resulted in STAR staff getting COVID-19 and being out sick to quarantine, thus impacting the number of STAR vans in service and limiting support to the community during portions of the year.

Staffing Shortages

In 2022, many industries continued to be affected by what was termed the "Great Resignation," with people quitting their jobs or dropping out of the labor force for a variety of reasons. The public safety industry was no exception, and these staffing shortages resulted in challenges for the STAR program during this reporting period. Dispatchers were receiving high call volumes and did not have the capacity to answer phones, especially those intended for STAR through the non-emergency line or the specific STAR line. The long wait times led to the community being discouraged and confused by not being able to get an immediate answer and ultimately, access to STAR support. Because of this, some people questioned why referrals to STAR come through Denver 911, even though Denver 911 can make triage more efficient since they already know the process. The 911 staffing challenges have made it more difficult to provide high quality support to the community and have influenced the STAR program's decision to not further distribute the direct STAR phone line until staffing capacity increases.

Evaluation Summary

Demographics

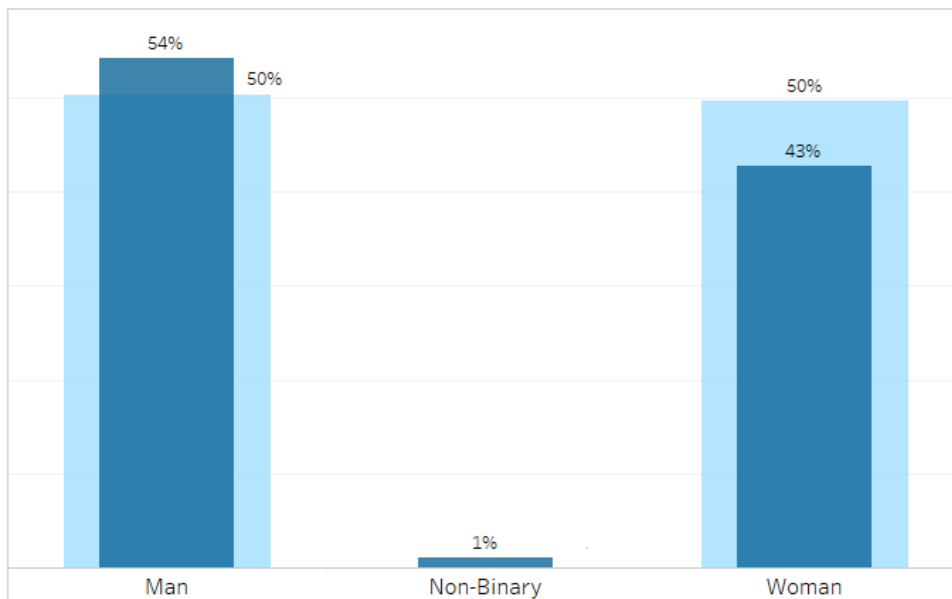
Demographic information is not available for every individual that the STAR program serves, only those who had a clinical encounter with the STAR program or who were already in WellPower's electronic health record. In order to enter an encounter into WellPower's system, the clinician needs to gather certain personal information from the individual being served and create an electronic health record for them. In some instances, an encounter was not considered a clinically significant interaction by the clinician, so the creation of an electronic health record was not justified. In other words, if there is not an imminent mental health or clinical need during the interaction and the individual is not already in WellPower's records, it was not deemed prudent to create an electronic health record for that individual. In other circumstances, trauma informed practices would recommend not asking for such personal information because of the symptoms that a person might be experiencing, such as paranoia. Additionally, the STAR team visits encampments or other areas where there are large numbers of people present and collecting these data for specific individuals was not possible.

The following demographic data reflects those individuals who were either already in WellPower's electronic health record or who had a clinically significant interaction with STAR and a record was created for them. These data do not include the many individuals who were assisted by STAR but did not meet the previously stated criteria.

Gender Identity

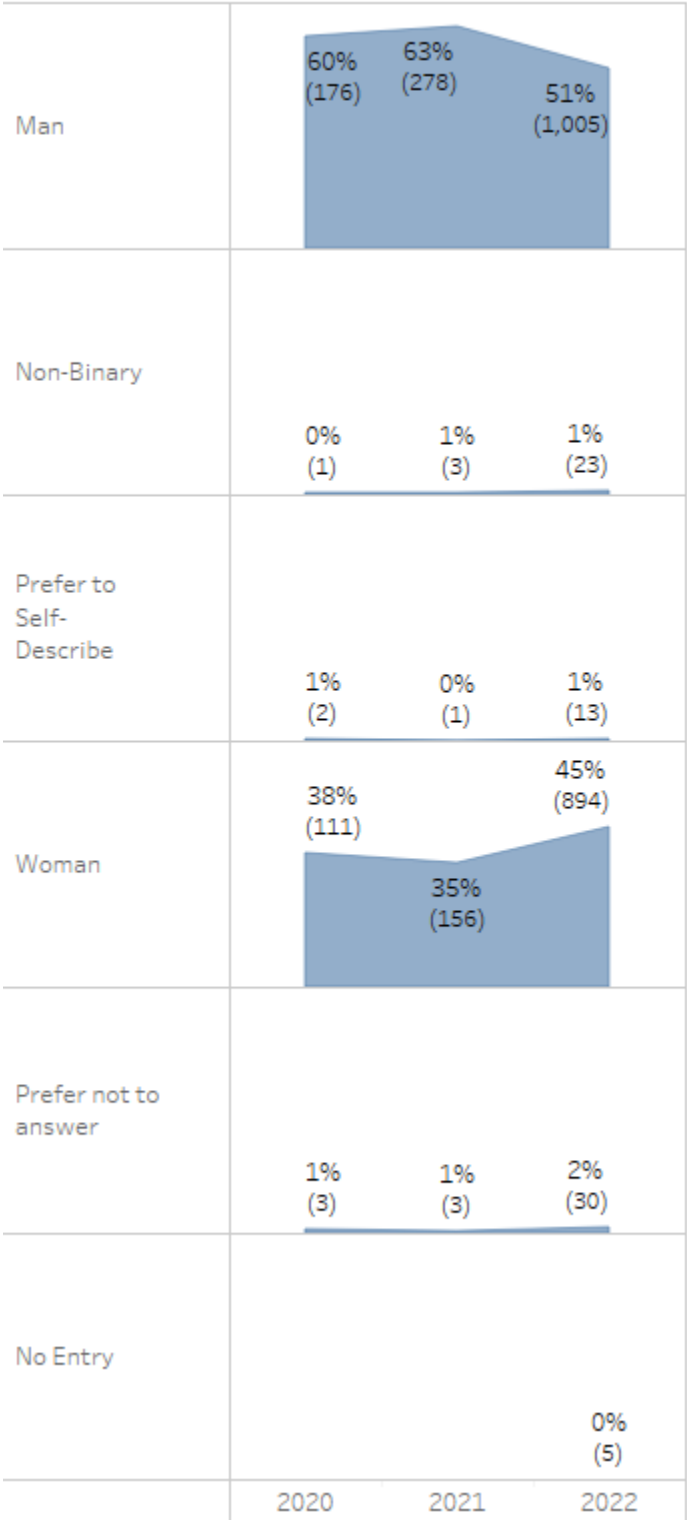
In 2022, during clinical encounters the STAR program served a slightly lower percentage of women compared to the Denver County population as a whole.

Gender Identity of **STAR participants** and **Denver County population** in 2022



The census data for the Denver population (<https://www.census.gov/quickfacts/denvercountycolorado>) does not include the 'Non-Binary' category. WellPower gender identity categories also include 'Prefer to Self-Describe' and 'Prefer not to answer', which are not shown above.

Gender Identity by Year
(of those with STAR clinical encounters)



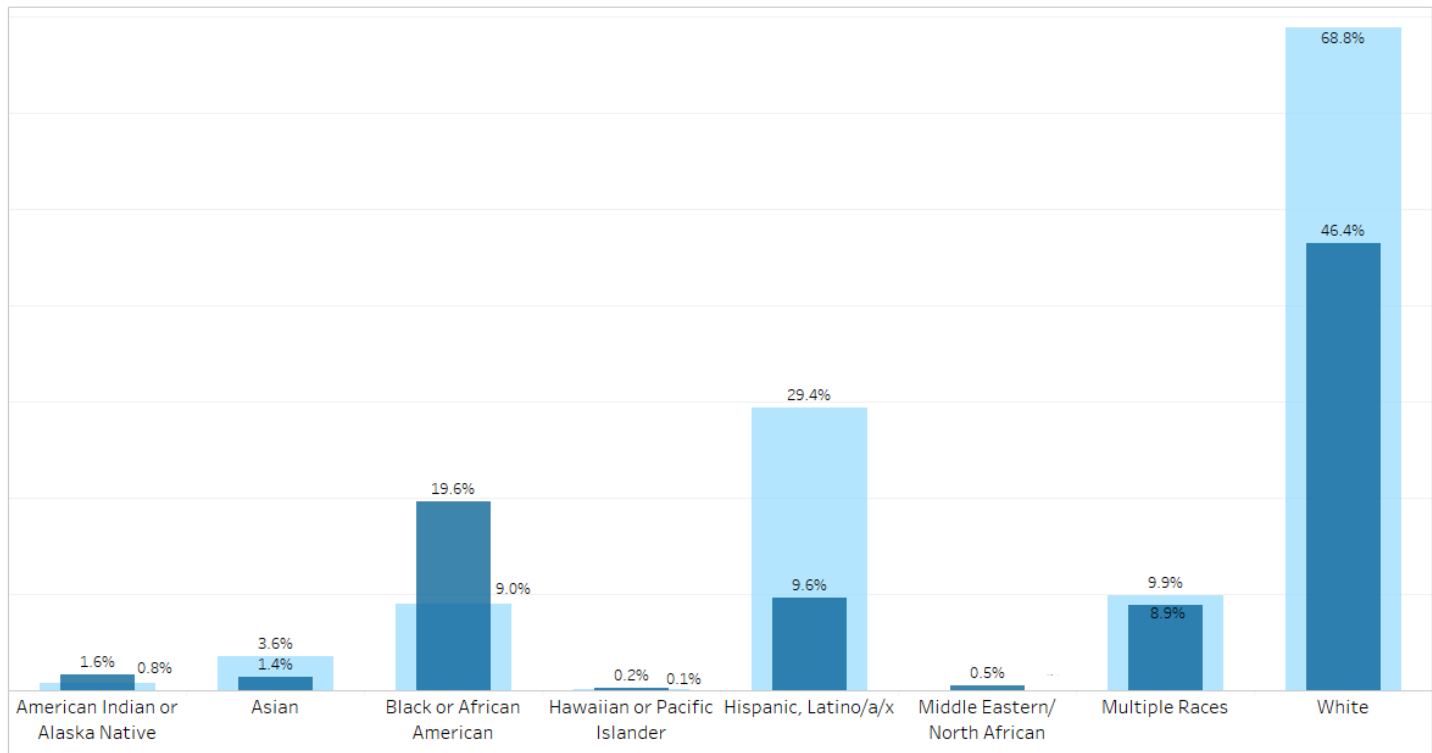
In the past year, the percentage of individuals served in clinical encounters who identified as women went up, while those with men went down.

The percentage of folks who had clinical encounters and identify as non-binary has stayed consistent.

Race and Ethnicity

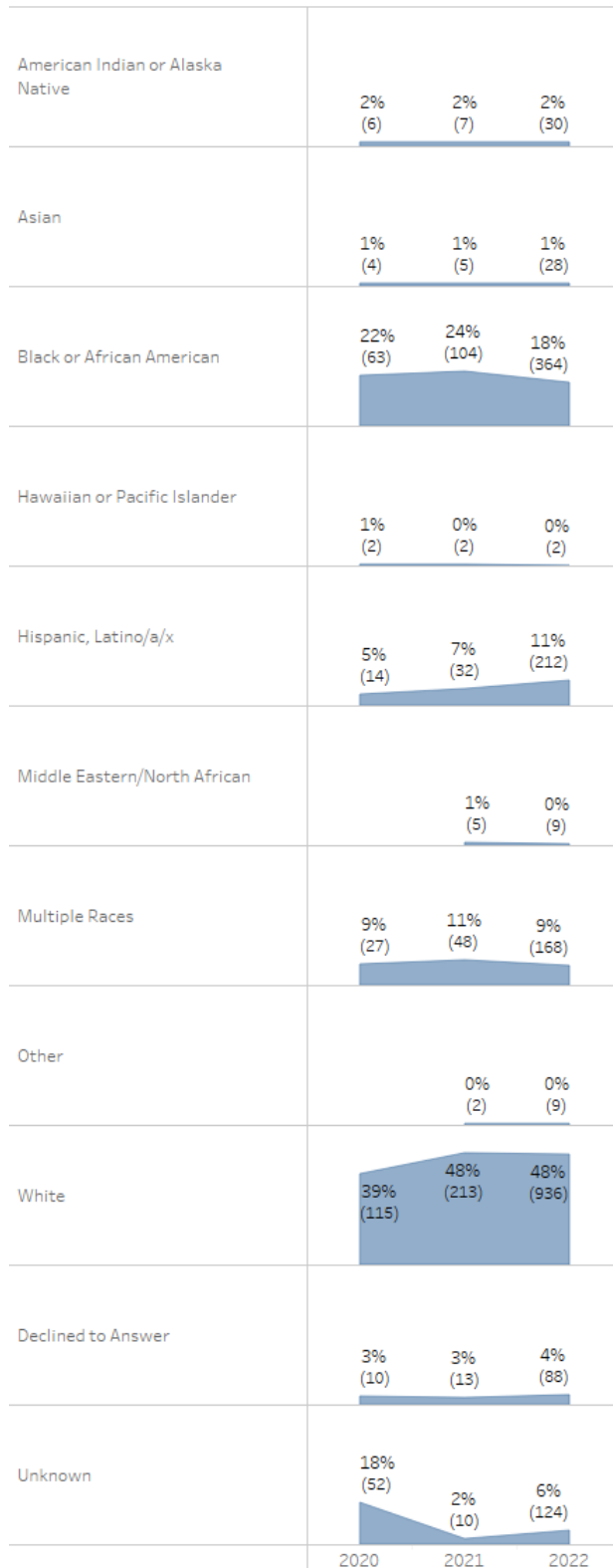
The STAR program served a higher percentage of Black/African Americans and a lower percentage of Hispanic/Latinx and White individuals compared to the Denver County population as a whole.

Race/Ethnicity of STAR participants and Denver County population in 2022



The census estimate for the Denver population (<https://www.census.gov/quickfacts/denvercountycolorado>) does not include Middle Eastern/North African and the totals are higher than 100% as Hispanic/Latino/a/x is collected as a separate category from race. ¹

Race and Ethnicity by Year
 (of those with STAR clinical encounters)



Compared to last year, STAR served a lower percentage of Black/ African American folks and individuals of multiple races, and an increased percentage of Hispanic, Latino/a/x folks.

Of those who identify as Hispanic, Latino/a/x, over half identify specifically as Mexican.

	2020	2021	2022
Cuban	8.8%	3.0%	0.6%
Mexican	67.6%	75.8%	59.4%
More than 1	2.9%	1.5%	1.0%
Other Hispanic, Latino/a/x	17.6%	16.7%	34.2%
Puerto Rican	2.9%	3.0%	4.8%

Throughout the report you will see tables shaded from blue to grey to white. Blue indicates the highest percentages, grey the middle, and white the lowest.

Age Groups

A little under half (44%) of the people served by STAR were between 18-40 years old.

Age Group in 2022

(of those with STAR clinical encounters)

17 or under	6% (110)
18-30	20% (403)
31-40	24% (467)
41-50	17% (327)
51-60	14% (283)
61-70	12% (239)
71-80	5% (92)
81-90	2% (41)
91+	1% (18)
Grand Total	100% (1,970)

Age Group by Year

(of those with STAR clinical encounters)

	2020	2021	2022
17 or under	1%	4%	6%
18-30	16%	17%	20%
31-40	23%	25%	24%
41-50	18%	18%	17%
51-60	20%	18%	14%
61-70	13%	14%	12%
71-80	4%	3%	5%
81-90	0%	1%	2%
91+	4%	0%	1%

Veterans

The percentage of veterans served by STAR in 2022 was just slightly down from previous years, however the total number of veterans served tripled.

Veteran Status by Year

(of those with STAR clinical encounters)

	2020	2021	2022
Is a Veteran	7% (20)	7% (31)	5% (102)

Diagnosis

Primary Diagnoses in 2022

(of those with STAR clinical encounters and a mental health diagnosis)

Anxiety Disorder	21% (67)
Schizoaffective Disorder	16% (52)
Bipolar Disorder	15% (48)
Major Depressive Disorder	15% (47)
Schizophrenia Disorder	11% (35)
Other Psychotic Disorder	8% (24)
Mood Disorder	6% (18)
Depressive Disorder NOS	4% (12)
Other Substance Related Disorder	3% (9)
Adjustment Disorder	3% (8)

The top diagnoses of those who had a clinical encounter and a primary mental health diagnosis, were anxiety, schizoaffective, bipolar, and major depressive disorder.

Clinical Encounter Data

As previously mentioned, in order to enter an encounter into WellPower's system, the clinician needs to gather certain personal information from the individual being served and create an electronic health record for them. In some instances, an encounter was not considered a clinically significant interaction by the clinician, so the creation of an electronic health record was not justified. Data about these nonclinical encounters is presented in the Non-Clinical Encounter Data section later in the report.

STAR clinicians document their work on a contact form in WellPower's electronic health record and the data in each of the clinical encounter sections of this report summarize the information from those contact forms. The following data reflect those individuals who were either already in WellPower's electronic health record or who did have a clinically significant interaction with STAR and a record was created for them. These data do not include the many individuals who were assisted by STAR but did not meet the previously stated criteria.

Number of Encounters and Individuals

of Clinical Encounters by STAR Program Since 2020

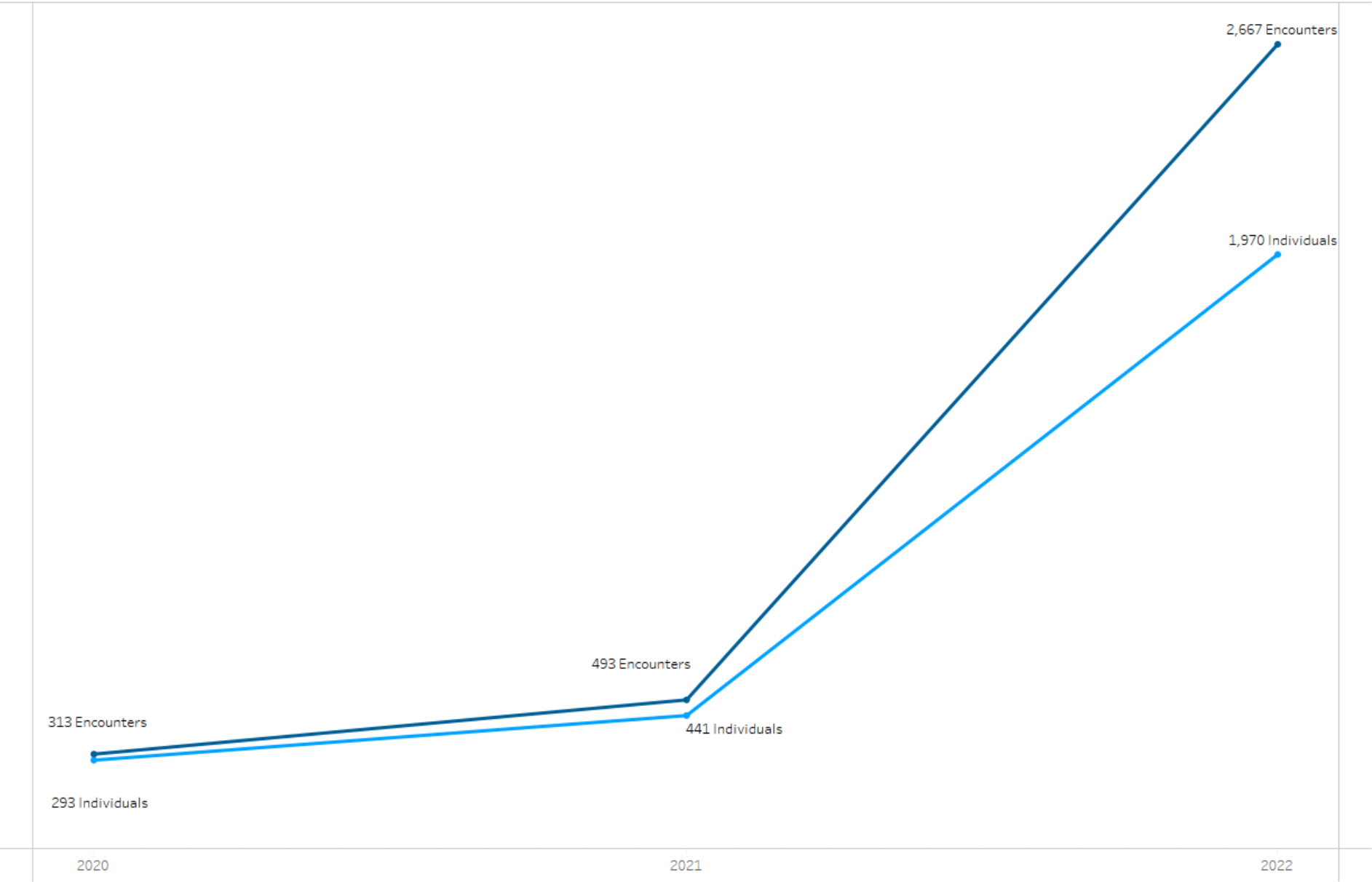


Total # of Individuals Served in a Clinical Encounter by STAR Program Since 2020

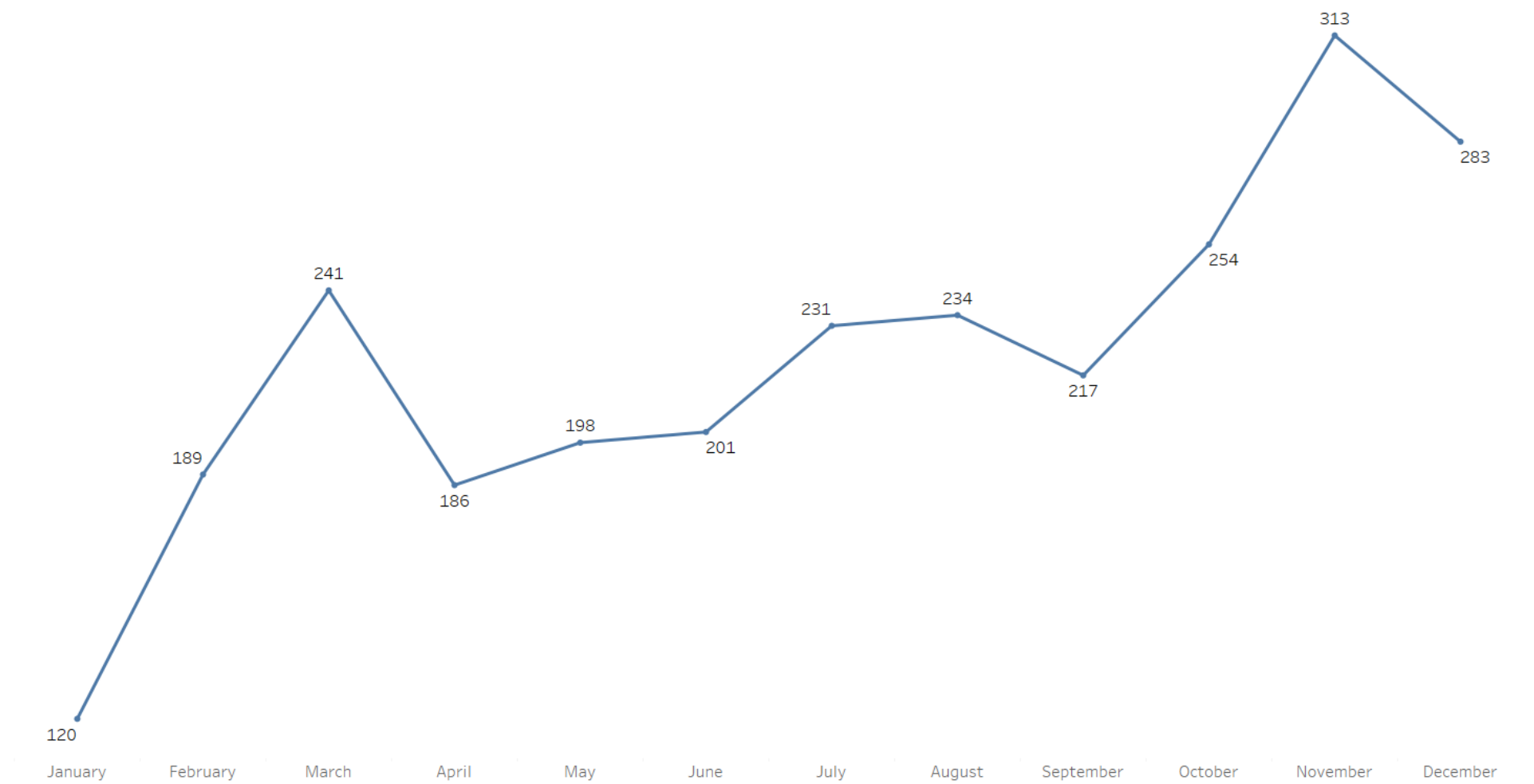


The expansion of STAR in 2022 resulted in a sharp increase in both the number of encounters and the number of people served.

of Clinical Encounters and People Served by the STAR Program



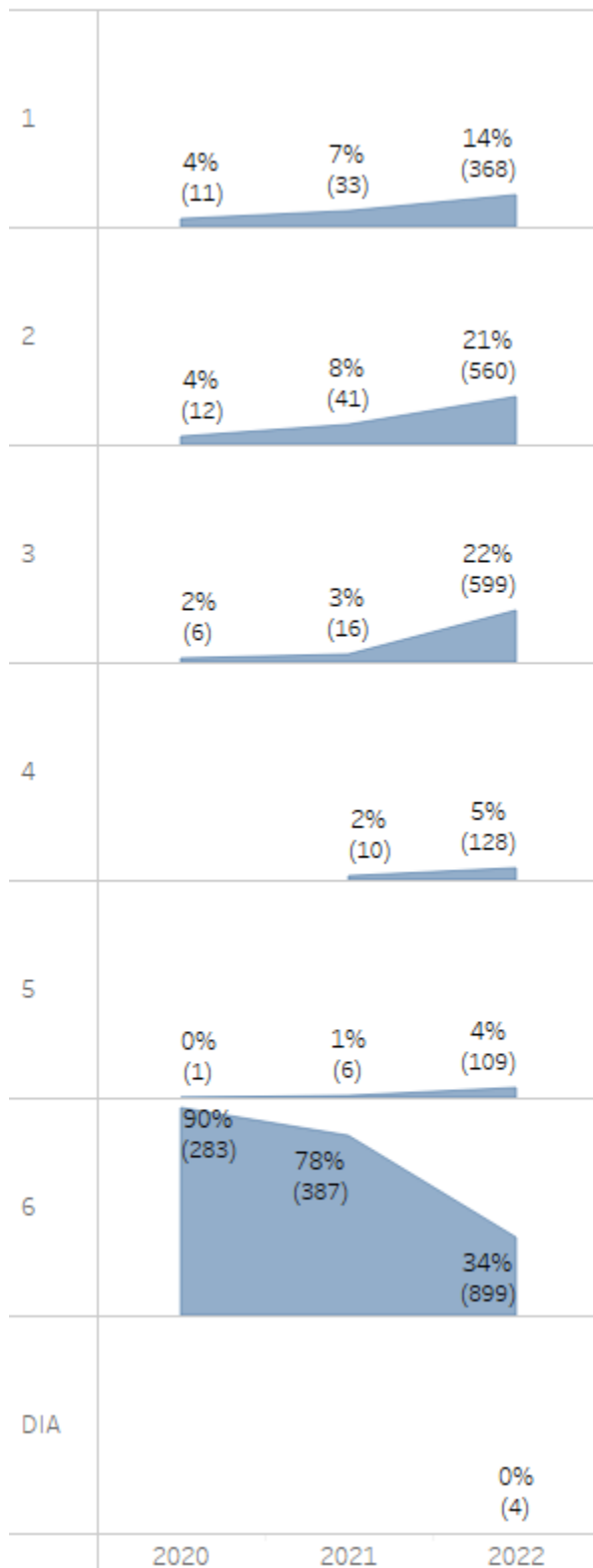
of STAR Program Clinical Encounters by Month in 2022



In 2022, November was the month with the highest number of clinical encounters at 313, while January was the lowest at 120 clinical encounters.

By District

Clinical Encounters by District by Year

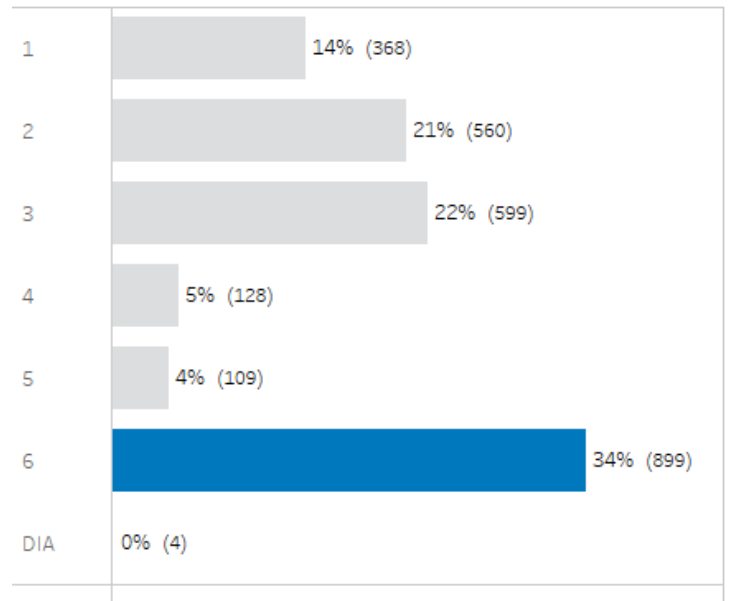


While District 6 had the highest percentage of clinical encounters in 2022, the percentage of total clinical encounters located in District 6 decreased from last year.

The initial STAR pilot was located primarily in District 6 with little ability to take calls across the Denver metro area, which is reflected in the 90% of encounters taking place there in 2020 and 78% in 2021.

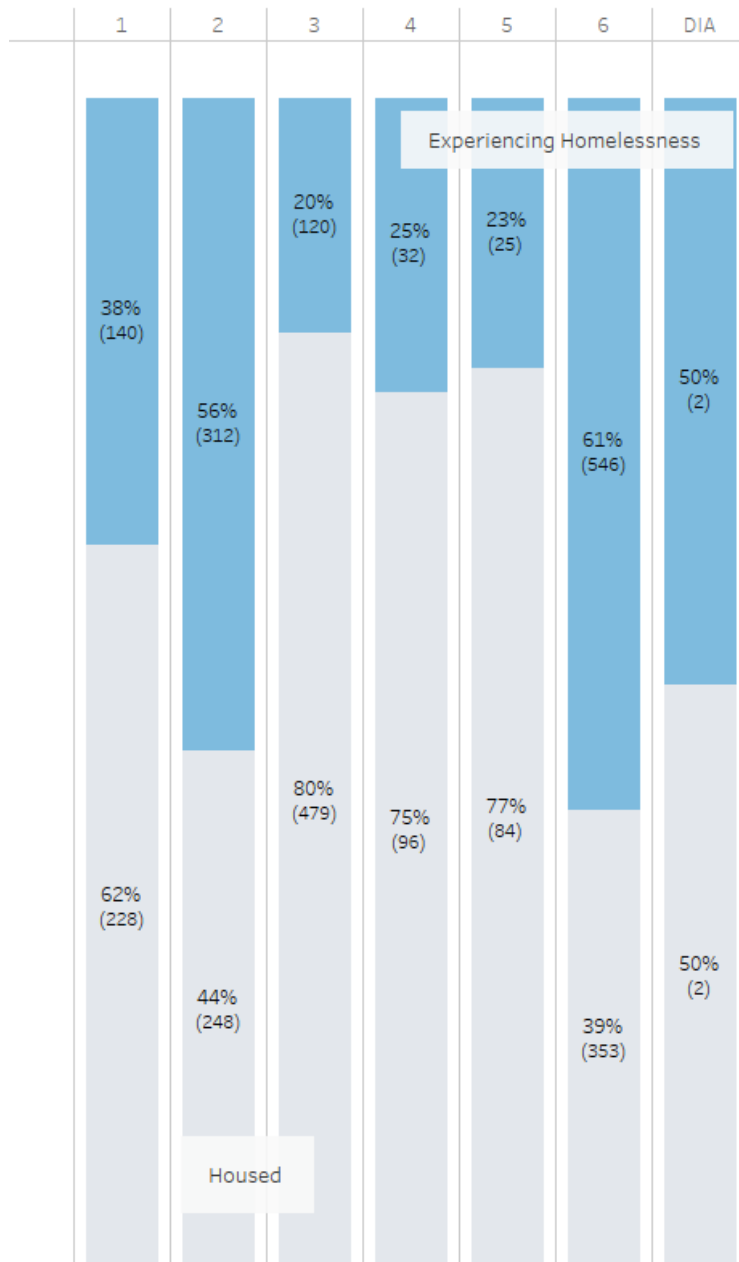
The data over time shows the expansion of the STAR program with increased their ability to do work in other districts, providing more comprehensive coverage of the Denver metro area.

STAR Clinical Encounters by District in 2022



Characteristics of Individuals

Housing Status at time of Clinical Encounter by District in 2022

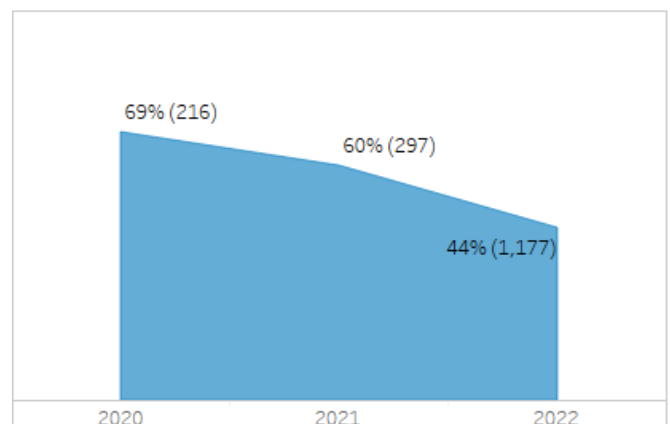


In 2022, Districts 6 and 2 had the highest proportion of encounters with a person who was unhoused at the time of the encounter.

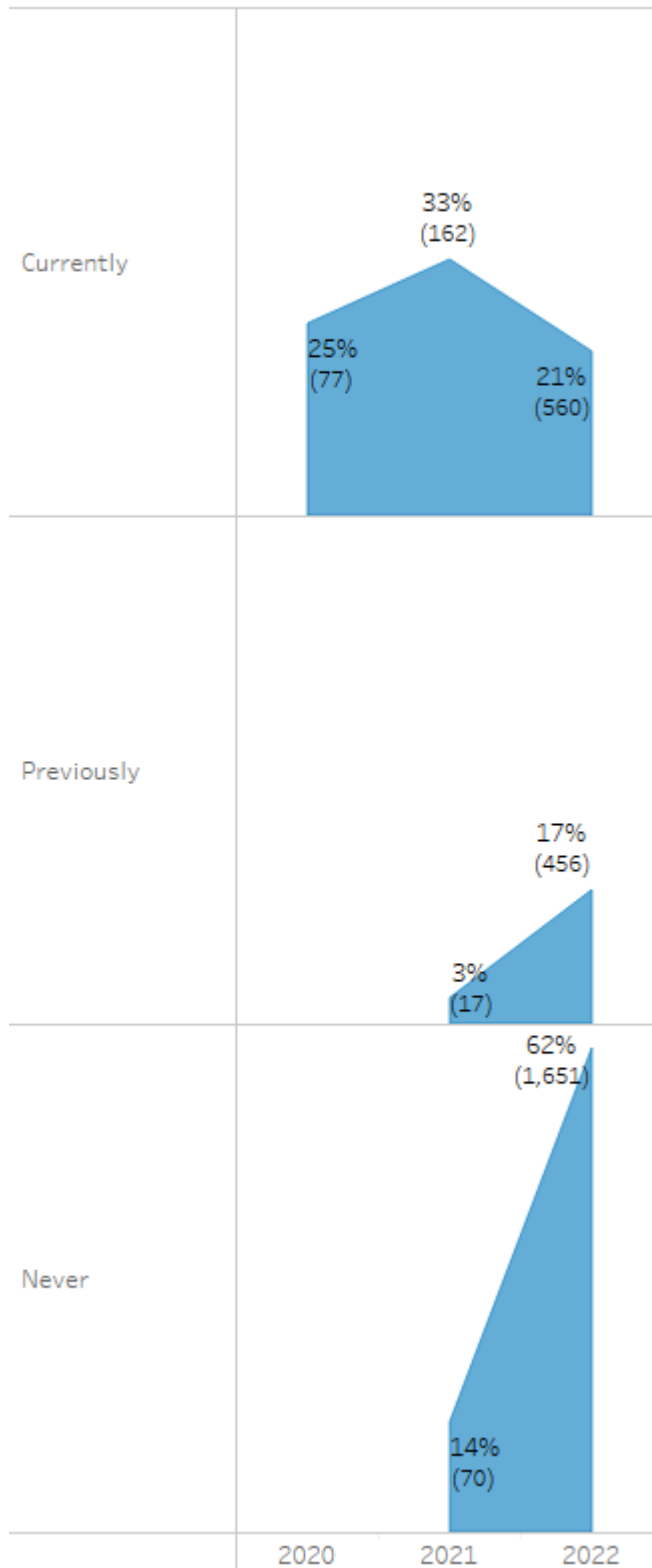
Districts 3 and 5 had the highest proportion of encounters with housed individuals.

The overall percentage of STAR clinical encounters in which a person is experiencing homelessness has continued to decline over time. This is perhaps due in part to the expansion, as calls were originally all in District 6, which has one of the higher percentages of unhoused people. As STAR spread to other districts with lower percentages of people experiencing homelessness this may have affected the decline in the overall percentage.

Individual Experiencing Homelessness at Time of Clinical Encounter by Year



Open to WellPower Services by Year



In 2022, STAR had the highest percentage of encounters with individuals who had never been open to WellPower Services. This change is possibly due to the expansion of the program's reach beyond the pilot area. As the STAR program moved beyond the downtown area they started making connections with more people in suburban neighborhoods of Denver.

Clinical Encounter Details

CAD Call Types

Computer Aided Dispatch (CAD) is a specialized application that allows for coordinated communication, assignment and tracking of resources in response to calls-for-service. The CAD call types provide information on the types of calls that STAR clinicians are going on.

Consistently, 'welfare check' was the highest category over the last three years.

CAD Call Types by Year

	2020	2021	2022
Welfare Check	41% (129)	39% (194)	30% (810)
Request for support		6% (31)	23% (615)
AB Psych/Behavioral		1% (4)	19% (518)
Suicidal Party	11% (34)	18% (89)	12% (330)
Homeless Issues		1% (3)	6% (148)
Disturbance	7% (23)	14% (69)	2% (41)
Intoxication	5% (17)	2% (12)	1% (40)
Family Disturbance	1% (3)	1% (6)	1% (35)
Follow Up/Outreach		0% (1)	1% (21)
Other	32% (100)	15% (72)	1% (21)
Trespass		0% (2)	1% (17)
Harassment		0% (1)	1% (15)
EMS/Fire cover		1% (3)	1% (14)
Burglary/Theft		0% (1)	0% (13)
DV	0% (1)	0% (2)	0% (13)
Eviction		0% (2)	0% (8)
Threats to Injure	1% (2)	0% (1)	0% (3)
Assault			0% (2)
Subject Stop	1% (4)		0% (2)
Weapons			0% (1)

Descriptions for the top CAD call types are below:

Welfare Check: wide range of concern; needing to check on someone not doing well, haven't seen an individual in a while, assessment for concern, etc.

Request for support: STAR is requested by police after police clear a scene and determine they aren't needed or that they aren't the appropriate response

AB Psych/Behavioral: obvious to the call taker that someone is having a psych episode

The CAD call type 'other' was used less frequently in the past year as additional CAD categories were added to the data collection field at the end of 2021. The 'other' field contains all encounters that did not fit into an existing CAD category option on the data collection form.

Although 12% of calls were for a suicidal party, encounters involving a suicide attempt remained low.

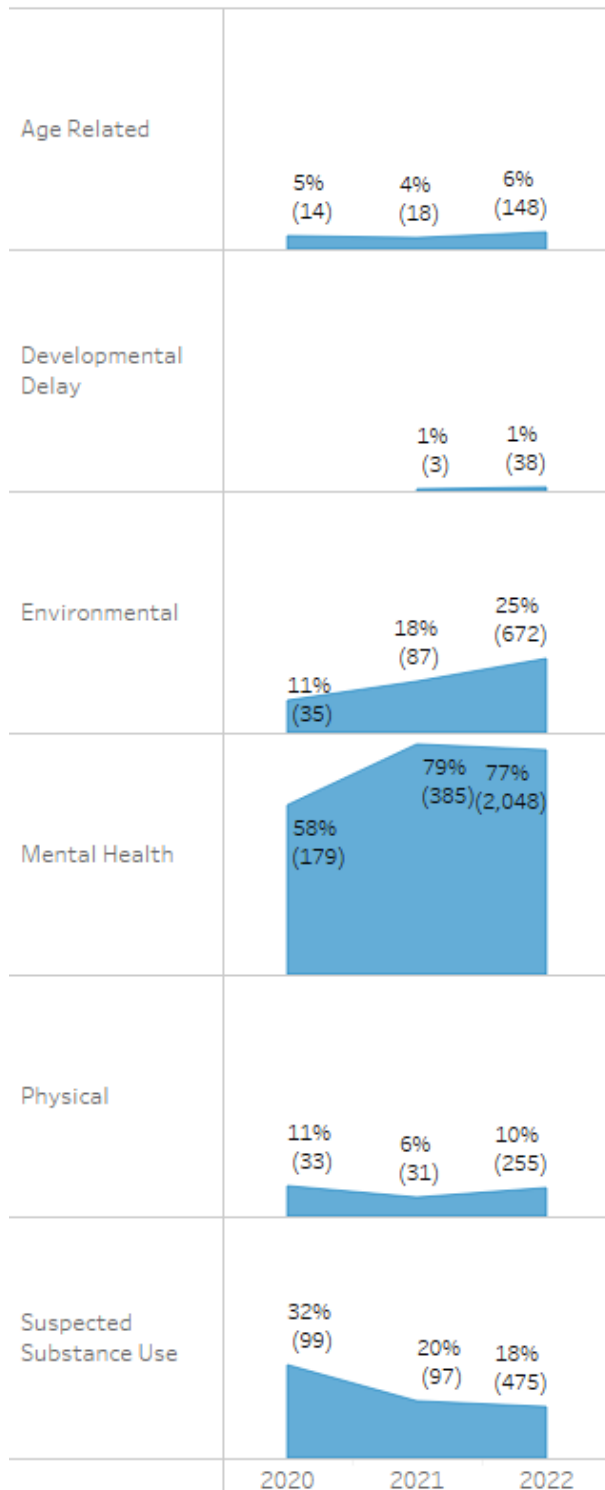
Suicide Attempted by Year

2020	2021	2022
1% (2)	2% (10)	1% (24)

Primary Concerns

When clinicians are on-scene with an individual, they assess the primary concerns the individual is experiencing in the moment.

Primary Concern by Year



Primary Concerns in 2022

Mental Health	77% (2,048)
Environmental	25% (672)
Suspected Substance Use	18% (475)
Physical	10% (255)
Age Related	6% (148)
Developmental Delay	1% (38)

In 2022, top primary concern in clinical encounters was mental health.

Over time, the percentage of clinical encounters with a primary concern related to the person's environment has been steadily rising.

The percentage of clinical encounters with suspected substance use as a primary concern seems to be declining somewhat.

It is important to note that the number of individuals served who struggle with substance use is likely higher than reported because substance use issues are not always immediately discernable. Often symptoms presented by individuals could be due to a number of other conditions and factors. In the limited time STAR clinicians have to assess someone they are not always able to determine substance use components unless they are blatantly obvious.

Also, the fact that many substances are illegal is a barrier to an individual divulging substance use information.

Suspected Substances in 2022

Alcohol	43% (204)
Amphetamines	43% (203)
Opioids	9% (42)
Cannabis	9% (42)
Cocaine/Crack	7% (34)
Other	3% (16)
Depressants	3% (16)
Hallucinogens	2% (11)
Inhalants	0% (1)

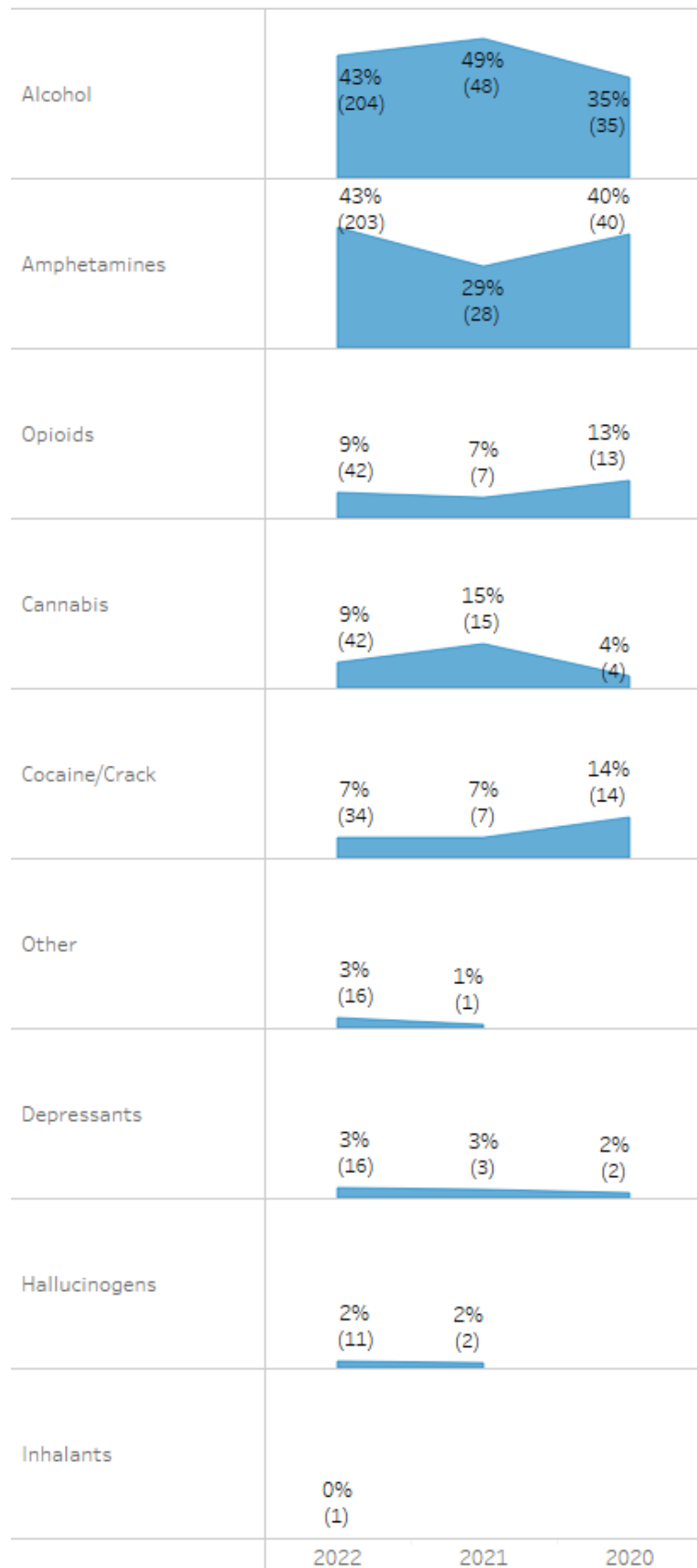
In 2022, the top suspected substances remain alcohol and amphetamines.

In the last year, the percentage of encounters where an individual has a suspected substance use issue related to alcohol dropped, while amphetamines increased.

The percentage of encounters where it is suspected the individual has a substance use issue related to opioid or cocaine/crack has doubled since last year, however the number of individuals remains low.

The percentage of encounters where it is suspected the individual has a substance use issue related to cannabis has declined significantly from last year.

Suspected Substances by Year



Interventions

During the encounter, STAR clinicians can utilize an array of interventions depending on the circumstances and the individual involved. They always use compassion, creativity, and quick thinking to meet the individual where they are and tailor their responses to the unique situation.

Definitions for intervention categories are below:

Intervention	Description
General Support/ Education/Rapport Building	Information and support given to family or the individual (that did not have a referral component) such as Colorado Crisis Line, Walk-in Crisis locations, or other referral cards.
Clinical Assessment	Completed a basic crisis assessment: safety is gauged, and mental health/ substance use is discussed to determine most appropriate services.
Community Referral	Referral is made to other providers (e.g., CCH, Mile High United Way, Gathering Place, Denver Health etc., or possibly to a private provider).
Other	Some other intervention that does not fit into any other category.
CPS/APS	Contacted a protection agency (child protective services/adult protective services) because the individual was identified as an at-risk population.
Initial Screening	WellPower intake is done on site.

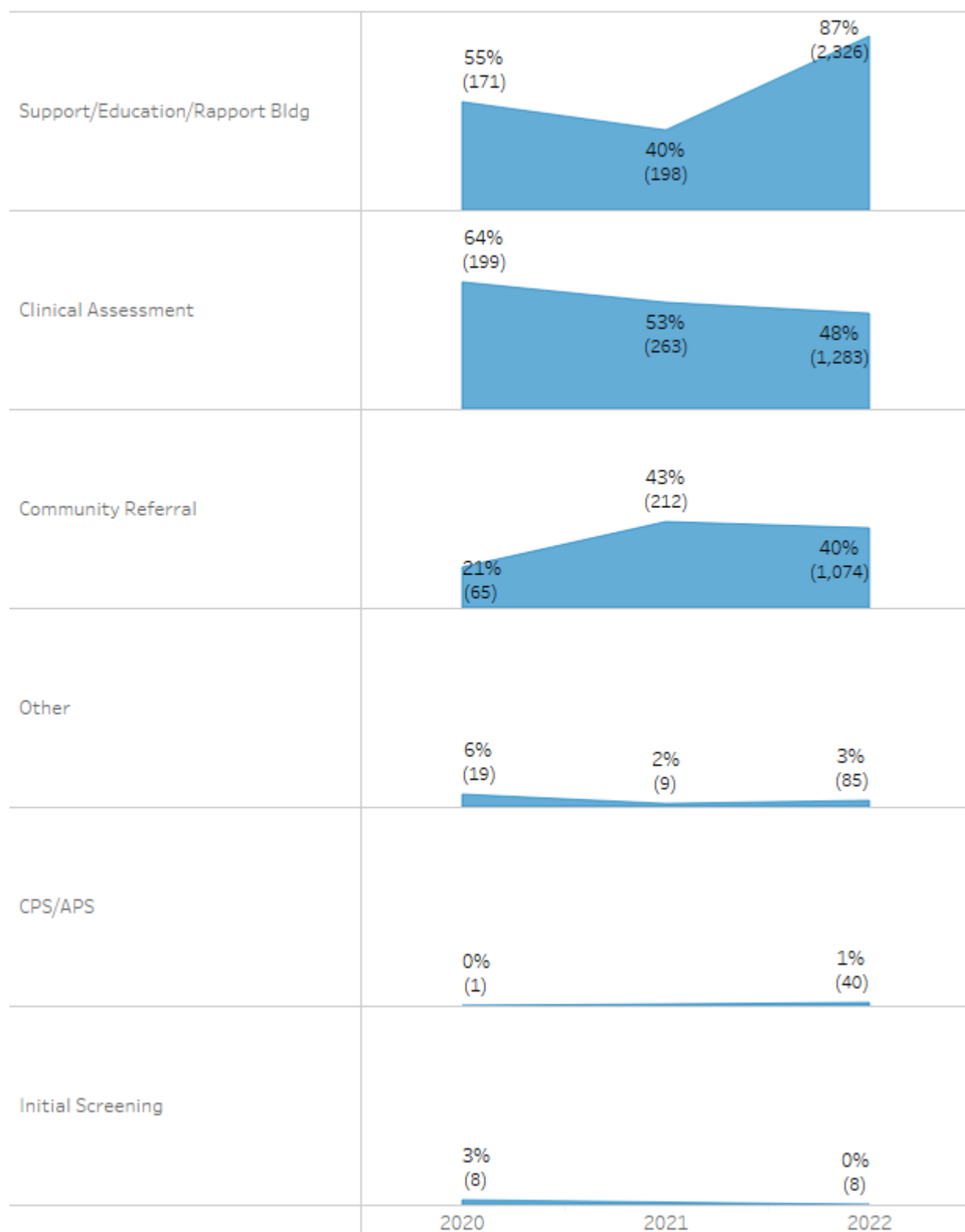
In 2022, the top intervention by STAR clinicians was general support, education and rapport building, followed by clinical assessments and community referrals.

Interventions in 2022

Support/Education/Rapport Bldg	87% (2,326)
Clinical Assessment	48% (1,283)
Community Referral	40% (1,074)
Other	3% (85)
CPS/APS	1% (40)
Initial Screening	0% (8)

**Note that the total number of interventions is greater than the total encounters because more than one intervention could be used in one encounter.*

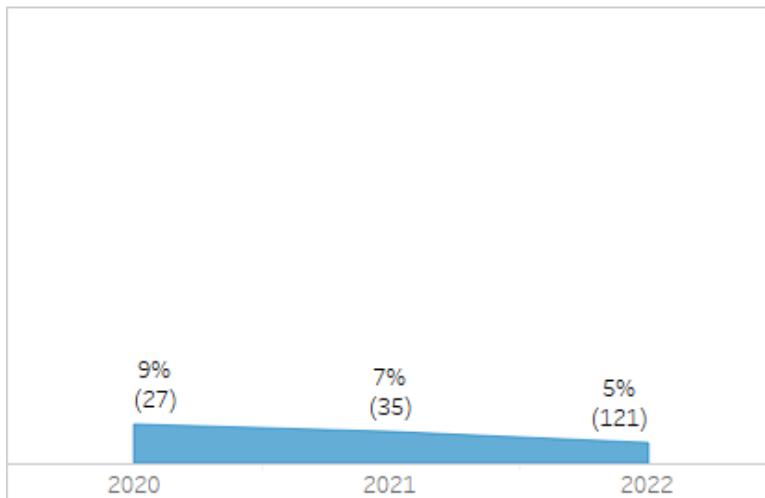
Interventions by Year



Clinical Encounter Outcomes

M1 Holds

Encounters in which an M1 Hold was Placed by Year



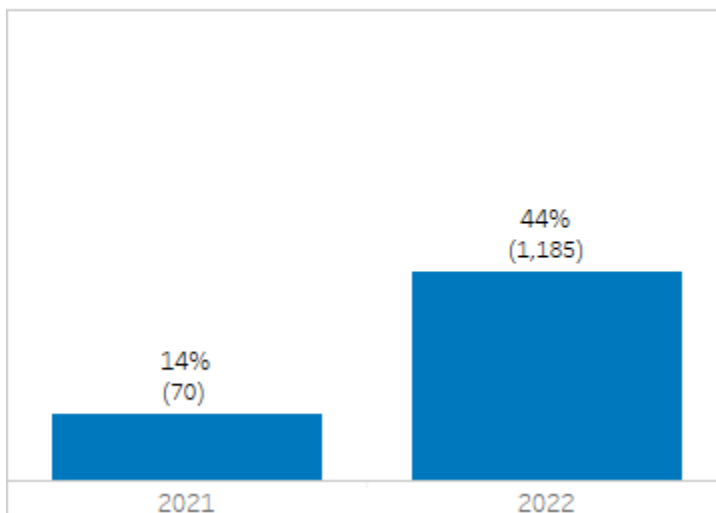
The percentage of clinical encounters that involve placing an M1 hold has decreased over time.

Transport

The percentage of clinical encounters that involve transportation increased from last year.

The top locations that STAR transported to include places to get medical care (like urgent care or the hospital), shelter, and the Behavioral Health Solution Center.

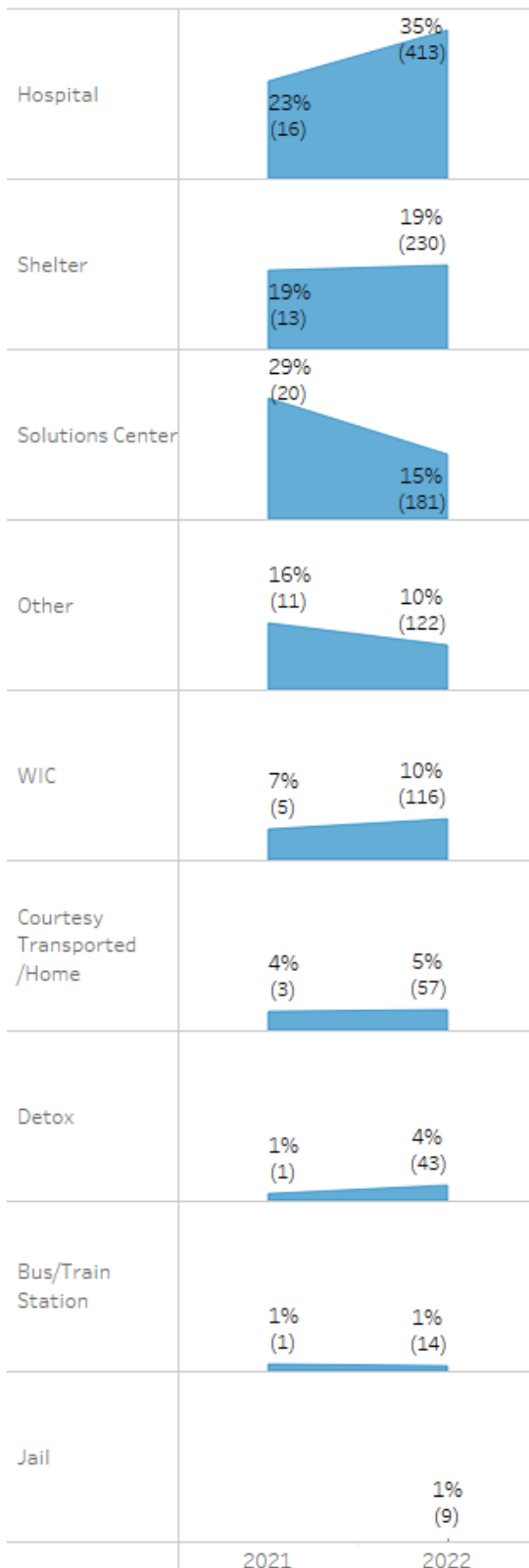
Encounters Involving Transport by Year



Locations individuals were transported to in 2022

Medical Care	35% (413)
Shelter	20% (230)
Solutions Center	15% (181)
Other	10% (122)
WIC	10% (116)
Courtesy Transported /Home	5% (57)
Detox	4% (43)
Bus/Train Station	1% (14)

Locations Transported To by Year



Encounters in which an Ambulance was Called

	2020	2021	2022
Individual transported in ambulance	11% (33)	10% (48)	9% (240)

The percentage of STAR clinical encounters where an ambulance was called for transport has been declining each year.

Percentage of transports to the hospital has risen since last year as well as transports to the WIC (Walk-in Crisis Center).

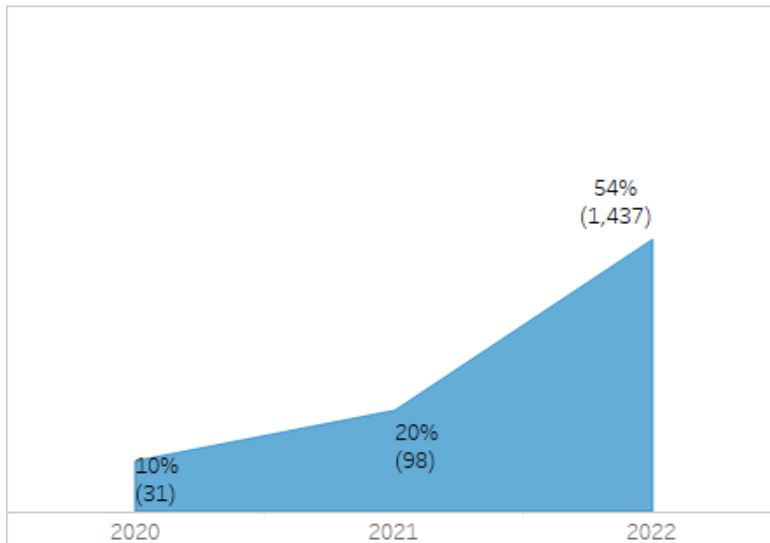
Percentage of transports to the solution center have declined since last year, although the number of transports has increased significantly.

With the STAR expansion and changes to data collection only recently occurring, these data will be more useful in coming years to spot transport trends.

Service Referrals

In 2022, service referrals were made in over half (54%) of all STAR clinical encounters.

Clinical Encounters Where a Referral Was Made by Year



Over half of service referrals by STAR were to WellPower Intake, while just under half were to other providers. Only a small portion of referrals were to the co-responder case manager team.

Service Referral Details in 2022

WellPower Intake	61% (875)
Other Provider	41% (593)
Co-Responder Case Managers	3% (49)

Service Referral Details by Year

	2020	2021	2022
WellPower Intake	71%	83%	61%
Other Provider	29%	14%	41%
Co-Responder Case Managers		3%	3%

Why Not Referred by Year

	2021	2022
Already has a provider	40% (53)	47% (578)
Not currently interested	60% (80)	53% (652)

It is important to recognize that all calls sent to 911 dispatch with behavioral health concerns do not always meet the criteria or need for formalized mental health services. Individuals in acute crisis are often able to receive crisis-based services on scene with supportive community-led alternatives to 911/police response that will be able to meet their future needs. Individuals that have chronic behavioral health symptoms that rise to the level of EMS systems are treated with options that allow low barrier, wrap around services from formalized treatment providers. There are a variety of reasons someone may not be referred to behavioral health specific options which could include: already being actively engaged in services and only needing reconnection, solely needing access to community resources, or having the ability to address concerns within their current environment. Building on the key elements of trauma informed service delivery: trustworthiness, safety, choice, collaboration and empowerment, STAR clinicians seek to provide access to services that are welcoming and create an environment of healing.

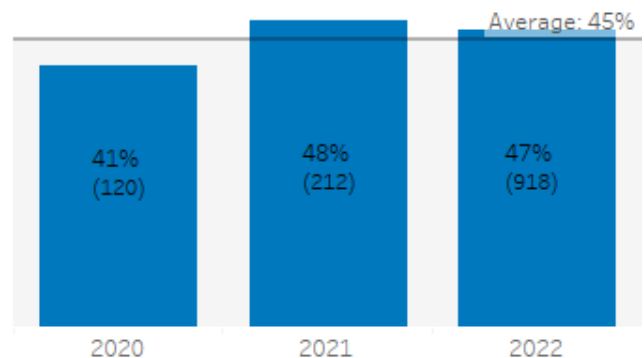
WellPower Services

After meeting with the STAR clinicians, individuals connected with a number of other WellPower services depending on their particular needs and goals.

Individuals who Received Any WellPower Services within 90 days of STAR clinical encounter by Year

In 2022, just under half (47%) of all individuals who had a clinical encounter with STAR received a service from WellPower within 90 days of that encounter.

Tables below show both the number of individuals and the number of services received within 90 days of a STAR clinical encounter in 2022.



WellPower Services Received within 90 days of a STAR clinical encounter

Case Management	2,869
Residential Services	2,550
Crisis/Emergency	2,442
Outreach Services	1,793
Community Psych Support Trtmt	968
Evaluation and Management	663
Peer Support	339
Psychiatric/Medication Mgmt Svcs	315
Individual Psychotherapy	269
ClubHouse/Drop-In Center	261
Behavioral Health Screening	206
Telephone Support	170
Group Psychotherapy	141
Vocational Services	106
Assessment/Diagnosis	104
Treatment/Service Planning	89
Rehabilitation Program	51
Education Services	45
Behavioral Health Day Treatment	39
Rehabilitation Services	35
Family Psychotherapy	11
Psychotherapy	9

of Individuals by WellPower Services Received within 90 days of a STAR clinical encounter

Crisis/Emergency	616
Outreach Services	381
Case Management	305
Evaluation and Management	280
Behavioral Health Screening	186
Peer Support	170
Community Psych Support Trtmt	153
Residential Services	152
Assessment/Diagnosis	99
Individual Psychotherapy	92
Treatment/Service Planning	80
ClubHouse/Drop-In Center	76
Group Psychotherapy	73
Telephone Support	66
Psychiatric/Medication Mgmt Svcs	61
Education Services	41
Rehabilitation Services	17
Vocational Services	13
Rehabilitation Program	11
Family Psychotherapy	5
Psychotherapy	4
Behavioral Health Day Treatment	2
Grand Total	918

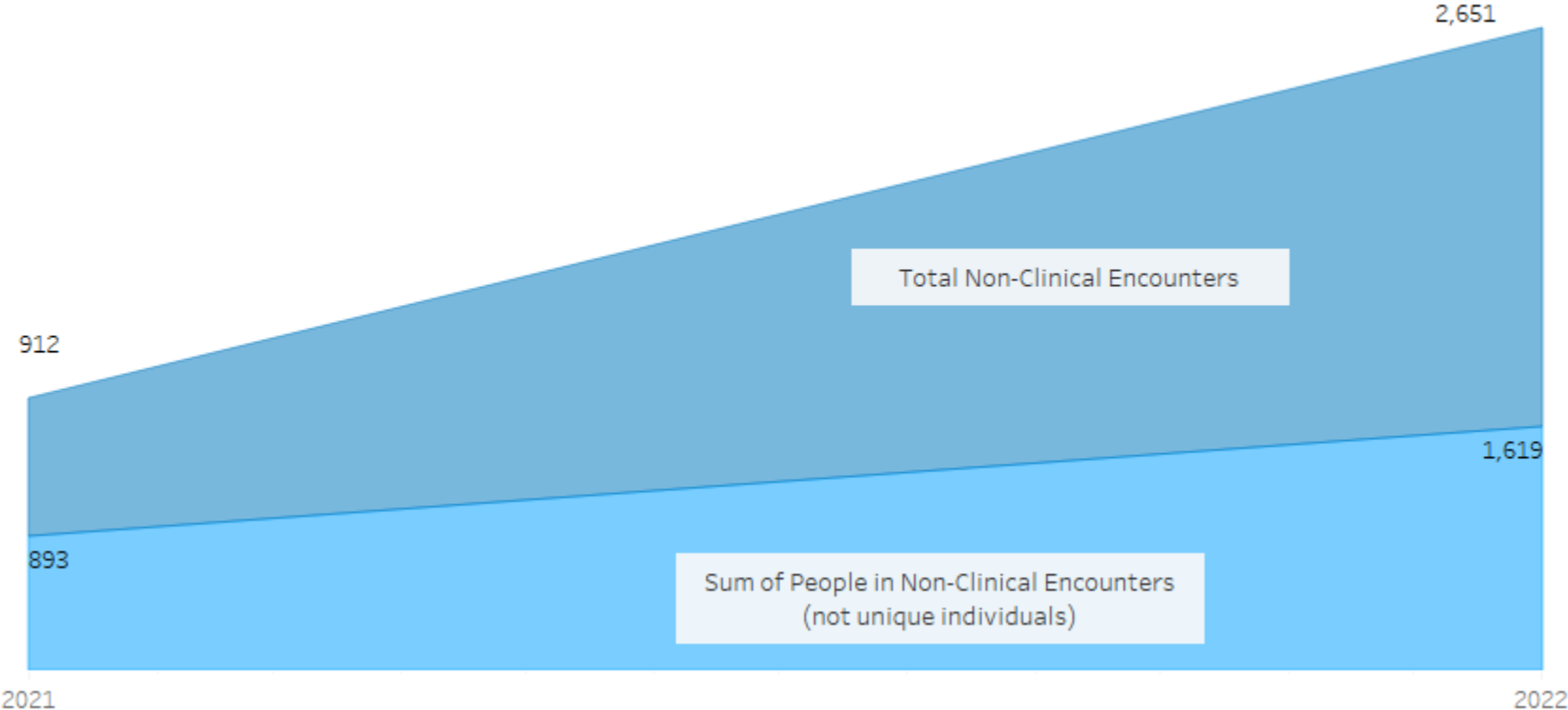
Non-Clinical Encounter Data

As mentioned previously, it is not seen as prudent to create an electronic health record for an individual who is not already in WellPower's record if the encounter is not clinically significant. Also, the STAR team may not create a new electronic health record for someone if collecting the required data would go against providing trauma informed care or escalate a crisis situation. Additionally, STAR visits encampments or other areas where there are large numbers of people present and collecting the information for entry into individual health records is not feasible.

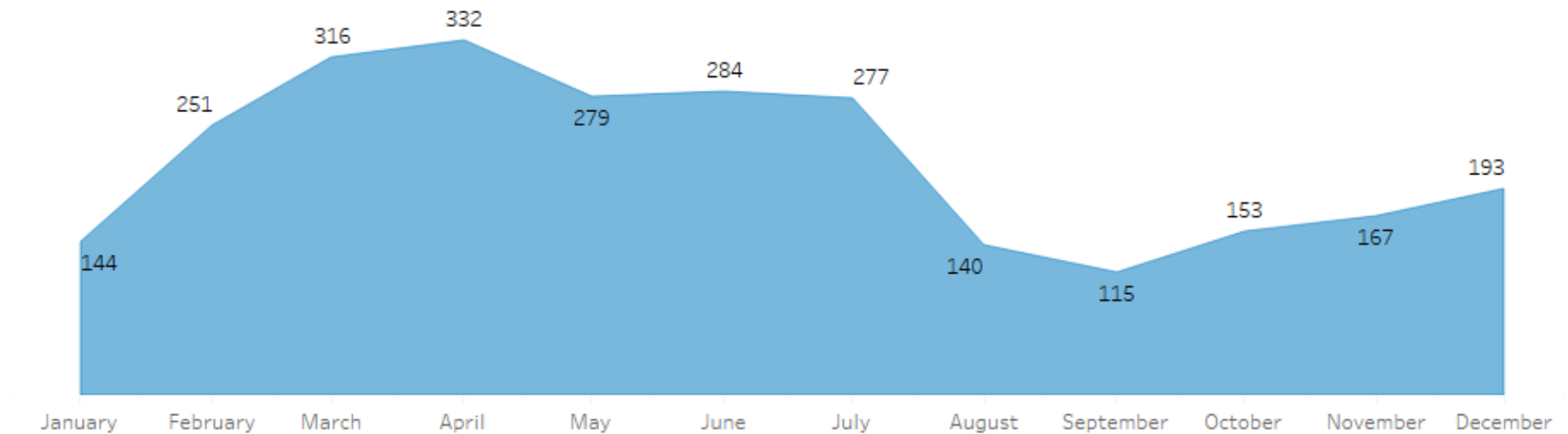
In these circumstances, the STAR clinician will fill out a form in the electronic health record called the STAR non-clinical encounter form. These data are tied to the staff member collecting the data and not to an individual electronic health record. The data are summative for all individuals helped during the encounters, and therefore it is not possible to get unduplicated counts of individuals served. This section summarized the data collected on STAR non-clinical encounter forms.

As with the clinical encounters, the STAR expansion in 2022 shows a marked increase in the number of non-clinical encounters and people served.

Number of STAR Non-Clinical Encounters and Sum of People



Numbers of STAR Non-Clinical Encounters by Month in 2022

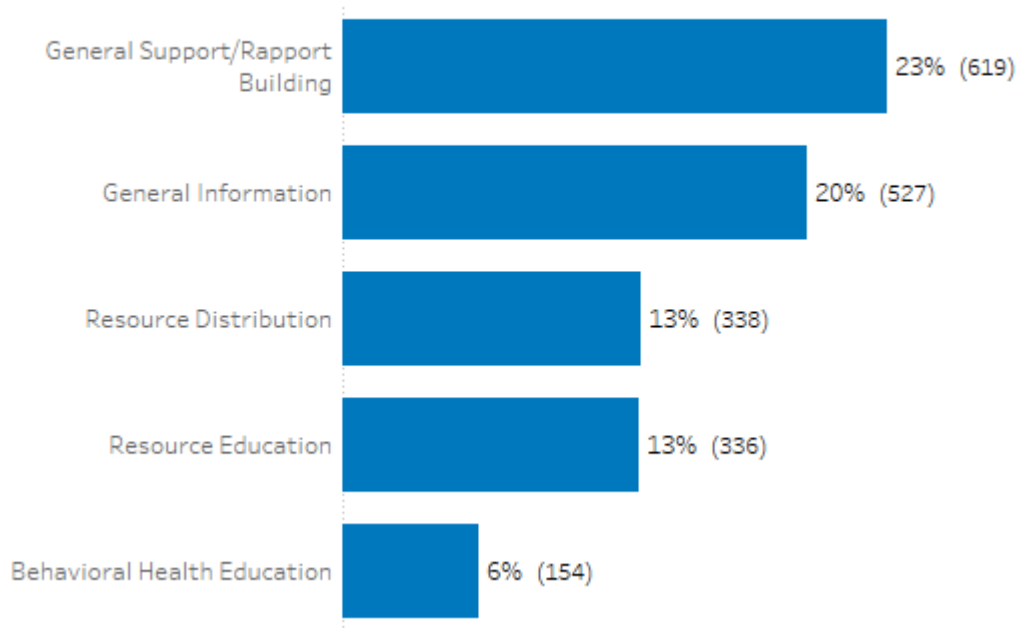


The STAR team had the most non-clinical encounters in April at 332, and the least in September with 115. The drop in non-clinical encounters in August coincides with increased efforts by the city to break up encampments, resulting in less STAR interactions with large groups of unhoused folks.

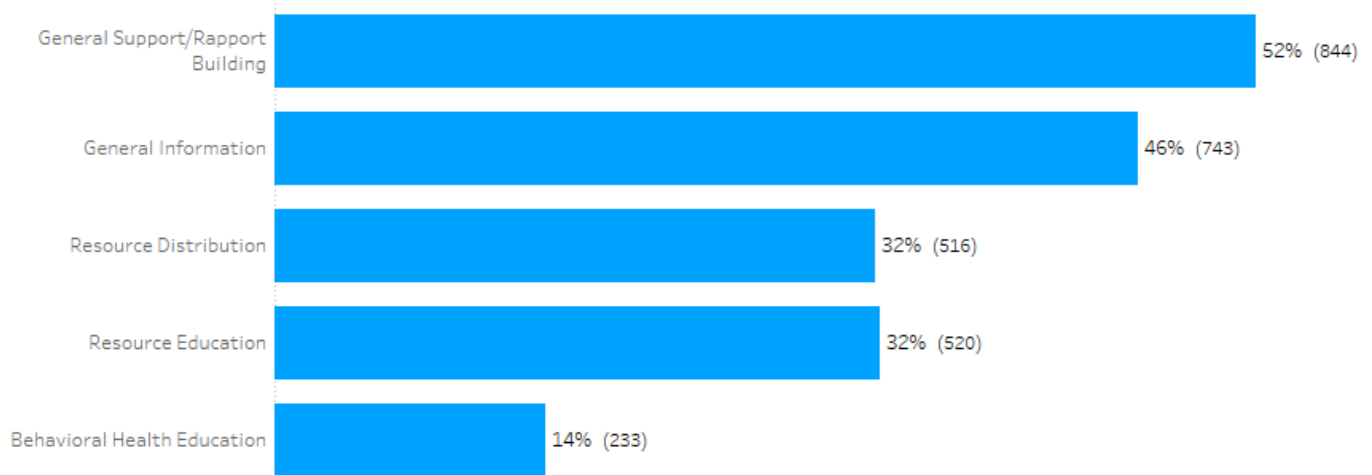
Non-Clinical Encounter Services

General support/rapport building and general information were the top services provided during non-clinical encounters.

of Non-Clinical Encounters by Service Type in 2022

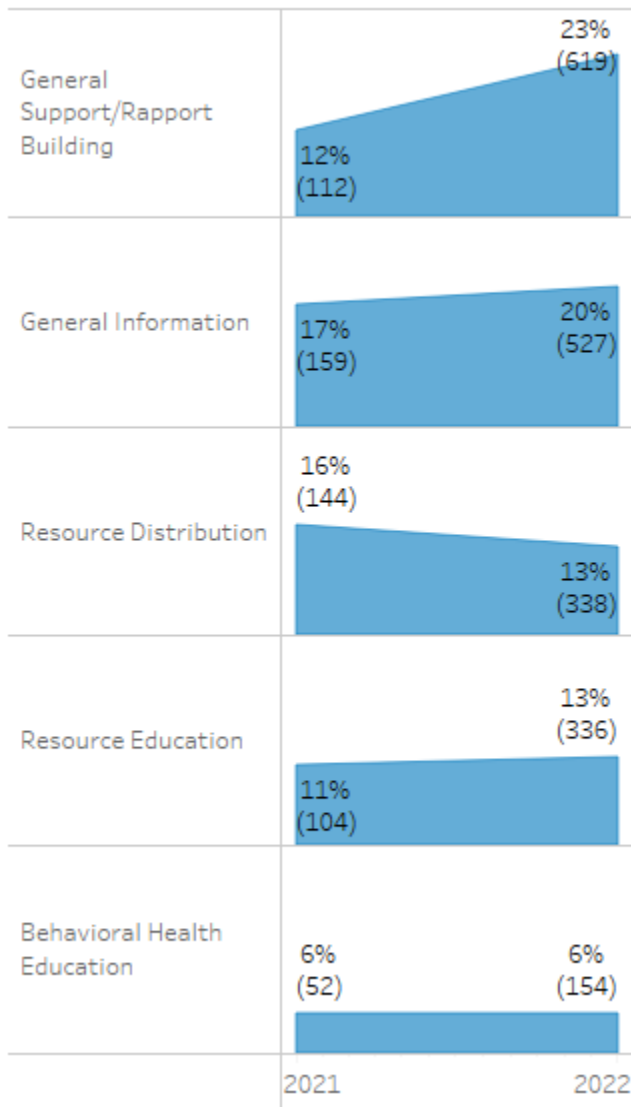


Sum of People Served by Service Type in 2022

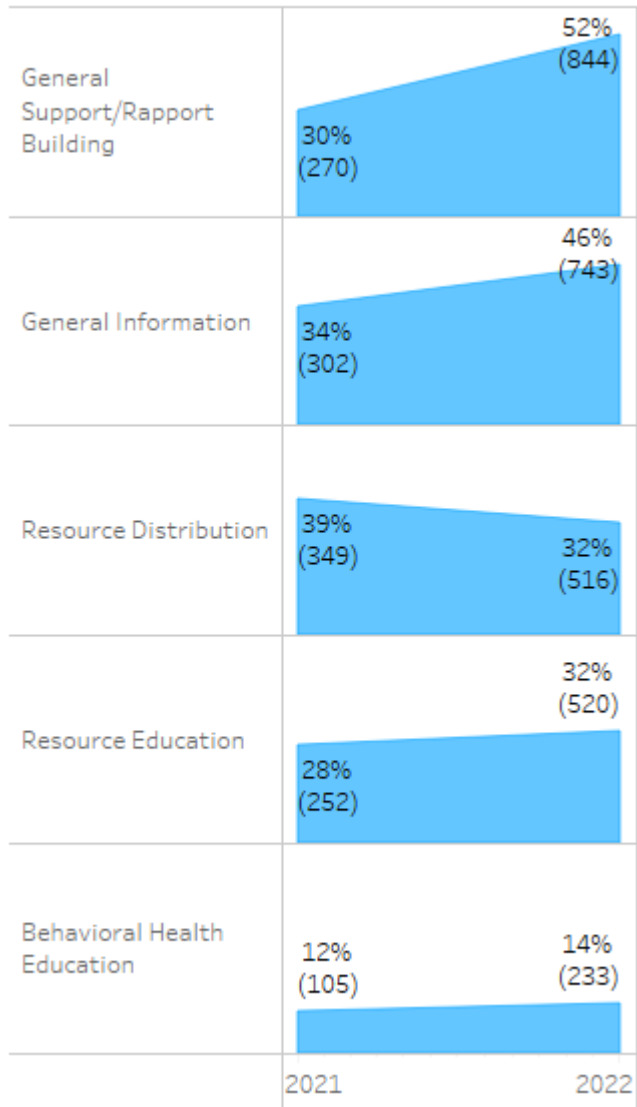


The percentage of non-clinical encounters with general support and information increased, while those with resource distribution went down slightly compared to last year.

NC Encounters by Service Type by Year



Sum of People by Service Type by Year



As previously mentioned, in response to community requests, more information was added to the STAR additional data collection form in 2022, including a question about whether the encounter was with people who are unhoused or housed. If the encounter was with unhoused individuals, additional questions were added about resources people requested which STAR could not immediately access for them. The hope is that these data will provide more information about the unmet needs of community members experiencing homelessness in Denver. Since these questions were added in late 2022, some data were incomplete this year and work is still being done to integrate the new data into existing dashboards and reporting mechanisms. These new data will be presented in the 2023 annual report.

Successes

Program Flexibility

One success of the STAR program has been the flexibility of the STAR team, which fosters a trauma-informed approach. Unlike police or EMS response, STAR can listen to an individual's needs and connect them to resources immediately without time being a concerning factor. STAR is not limited by any geographic bounds and can move in and out of districts if needed to provide consistent coverage. Since the STAR team does not operate under a time constraint and a strict duty-to-act policy, they can take time to deescalate individuals to avoid the use of restraints or sedatives and refer them to sources of care aside from the emergency room.

Partnerships

The STAR program depends on the collaboration between a WellPower mental health clinician and a Denver Health paramedic. The clinician and the paramedic can be creative in their response and meet several types of needs: mental health, resource, and medical. With their different specialties, they can figure out what may be going on with an individual in the community. For example, while responding to a call, the clinician can focus on providing resources while the paramedic can rule out any medical issues that are taking place in the moment. This collaboration is vital to the success of the STAR program, as it enhances the services provided as well as the interaction with individuals served.

Another component that is vital to the success of the program is STAR's external partners. STAR worked with external partners to meet community needs and connect individuals to resources, such as shelters, treatment, crisis centers, and community support. In addition, the external partners reached out to STAR to provide support at their sites.

Legislative Support

In July 2022, Colorado U.S. Senator Michael Bennett introduced the Supporting Mental Assistance Responder Teams (SMART) Community Policing Act to provide funds to law enforcement to partner with mental health professionals, case managers, and outreach teams. The SMART Community Policing Act was drawn from the success of three Colorado first responder programs, including the Denver STAR program. The STAR program manager spoke at a press conference with Senator Bennett about the STAR program and how alternative response is effective in the community. The passing of this act would support expansion of the Denver STAR program as well as create opportunities for the other cities in the nation to establish programs similar to STAR.

Awards

In September 2022, the STAR program received the Golden Lightbulb award at the Colorado Behavioral Healthcare Council's annual conference. The award is given to a program each year for innovative and impactful services to communities.

Participant Stories

Danette

(<https://www.wellpower.org/two-wellpower-programs-help-during-cancer-crisis/>)

On a Friday morning in November, Danette felt unsettled after speaking with her surgical oncologist. She remembers hearing a lot of new information and medical jargon, she was overwhelmed and spiraling out of

control. Having navigated her new cancer diagnosis for a couple of months, she felt well-equipped with resources from her healthcare provider. However, on this day, her nurse navigator was out of town, the cancer counseling line was closed on Fridays and the website she usually utilized was down.

Danette knew she needed immediate support with her mental health. With nowhere left to turn, she dialed 911. She told the 911 operator about her crisis, and they sent Support Team Assisted Response (STAR) to help her.

When the STAR team arrived, Danette was immediately relieved to be in the company of two clinicians and a paramedic. The paramedic mentioned that her father was a surgeon and understood why the conversation had upset Danette greatly. She helped Danette recognize that surgeons can be very factual with their language and their job is to fight the disease.

Danette felt very supported by the STAR team. They even played with her cat who had been acting out because Danette was so upset. She mentioned how worried she felt about her upcoming surgery as she didn't have anyone to care for her cat. The STAR clinician told her that the local animal shelter could board her cat while she was in the hospital. Danette was so relieved to hear about this resource. She felt every message she needed to hear was coming from each person that was part of the STAR team.

“The best thing that Denver has is the STAR program,” said Danette. “They can handle any crisis. Everyone was so compassionate. Everyone knew where I was coming from. I thought I was overreacting, and they could all relate to my experience. They understood how it threw me through a loop.”

“The STAR clinicians helped explain that some of my family was being somewhat distant and not as supportive as they usually were because our whole family has PTSD from breast cancer,” commented Danette. “My mother died when my twin sister and I were 10-years old. Then my older sister had breast cancer. As a trauma response, our family goes into separate spaces, and we don't support each other as much as usual. It's like it's contagious.”

The STAR clinicians went through the paperwork Danette received at her appointment. With the cancer counseling center closed, they referred Danette to WellPower's new TherapyDirect program. TherapyDirect provides up to three virtual sessions with a counselor for anyone in metro Denver, age 18 and up, no insurance required. Danette was able to connect with an intake person right away, and by the afternoon she had an appointment with a therapist. After two therapy sessions Danette felt that she had the tools to move forward and navigate the uncertainty ahead.

Alden

In December 2022, STAR responded to “Alden,” a gentleman who was from out of the state and wanted to get back home. Alden had his phone and wallet stolen during his bus ride from California to his home state of Massachusetts and was not able to make his transfer in Denver. He was unfamiliar with resources in Denver and could not purchase another ticket home. When STAR responded, the team was able to build rapport and really listen to Alden's needs. STAR staff took him to the bank to try to access his account, but he was unable to access it without an ID, so they took him to a police station and had a printout of his Massachusetts ID made for him. They also provided Alden referral resources for working to get an ID through Saint Francis Center. The following day, the STAR team met up with Alden to check in. After much discussion, the STAR

team concluded that the best solution would be to support Alden in getting home quickly and safely. The STAR team purchased him a bus ticket home, provided him with some food and water, and brought him to Union Station, where they saw that he was able to get on the bus successfully. About a week later, STAR received an email from Alden, expressing gratitude for the support, reporting that he made it home safely and things in his life were quickly improving.

Oscar

In September 2022, STAR was called out to a house where a father, “Oscar”, was in crisis and feeling suicidal. His son had recently died by suicide in their house and the whole family was struggling. STAR was able to help Oscar and his family through the immediate crisis, creating a safety plan and talking to them about future support. They gave the Oscar information about the WIC and how to seek further services. The family was primarily Spanish speaking, so STAR reached out to a co-responder (CR) case manager who spoke Spanish and asked him to check in on the family. They wanted to ensure that the family had understood all the information, were able to successfully connect to resources and get their needs met.

The CR case manager met with the family and learned more about the situation. The family talked about their son, who had been in the military, and expressed confusion about making funeral arrangements and concerns about money. The CR case manager was able to speak with them about how to work with the military and the VA in order to get through everything related to their son’s death. Both parents expressed interest in potentially talking to a therapist, so the CR case manager gave them information about TherapyDirect so that they could get immediate support if they wanted it. He also referred them to the District 4 case manager to see if there was some additional support they could get with funeral arrangements.

A little while later, the sister reached back out to the CR case manager to express her gratitude for all the help they had received. She let him know that they had successfully connected with the District 4 case manager for more support. That case manager was able to use money from a special fund to help the family with the funeral expenses, lessening their burden a little during such a difficult time.

Goals for 2023

Looking forward, the STAR team wants to continue focusing on building partnerships within the community. They want to work with community partners that would benefit from being able to utilize STAR as well as provide resources to specific populations. One example is working with Servicios de la Raza, an organization that was founded on supporting the underserved Latinx community by providing culturally responsive, essential human services and opportunities to the community. STAR is looking forward to work with Servicios to coordinate care and connect individuals post crisis to the services that best meet their needs. The STAR team continues to notice needs in the community that require follow up and possible long-term care. The team strongly believes that a close working partnership with Servicios will enhance services to people encountered by STAR and increase community supports across Denver.

In January 2023, STAR will expand to include six more mental health clinicians and six more paramedics. With these new positions opening and one current paramedic vacancy, the STAR team is going to focus on hiring and making sure the program is fully staffed.

In 2022, 988 was designated as the new three-digit code connecting callers to the National Suicide Prevention Hotline. Currently, Colorado Crisis Services is taking 988 calls, but due to staff shortages, they do not have the bandwidth to answer all calls. If calls escalate beyond their ability, Colorado Crisis Services is supposed to direct calls to 911 to get a response out to the caller. One of STAR's goals in this next year is to have those responses be given to STAR or other co-responders and not police only. This year, program managers will work with Denver 911 and Colorado Crisis to figure out what the process is to get a mental health clinician sent to those 988 calls. Once a process has been created, STAR will focus on distributing the 988 as a resource. In addition to the 988 phone line, once 911 staffing capacity is adequate the STAR team hopes to distribute the direct STAR phone line more widely in the community.