



Evaluating Alternative Crisis Response in Denver's Support Team Assisted Response (STAR) Program: Interim Findings

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Since 2020, Denver, Colorado, has been operating a crisis-response program known as STAR (Support Team Assisted Response). The STAR program pairs paramedics and behavioral health professionals on designated vans to respond to certain 911 calls in lieu of a conventional response from law enforcement or other first responders. The STAR van teams work to de-escalate the immediate crisis and make referrals to a network of community-based service providers through the STAR Community Partner Network. The STAR program offers an alternative to having police respond to behavioral health crises—reducing the potential for clients to experience additional trauma—and connects clients with resources that can help them obtain stability and address their longer-term service needs.

This report is part of an ongoing evaluation of the STAR program. Our prior brief described the STAR program and its early implementation (Gillespie, McGilton, and Rogin 2023). Here, we describe preliminary findings from our analyses of 911, public safety, and STAR encounter data collected from the Denver Department of Safety and WellPower, the mental health services organization that staffs STAR van teams. We also describe findings from qualitative data collected through surveys and interviews with STAR program stakeholders, staff, and clients.

This brief reflects early stage findings and is intended to keep program stakeholders informed about, and invite their input in, the ongoing evaluation. Next, we plan to identify a comparison group so that we can measure differences in public safety outcomes for people who received STAR services compared to people with similar characteristics who did not receive STAR services. We also plan to use

data collected by the STAR Community Partner Network to understand STAR follow-up referrals and services. Our goal for this year is to release a public report focused on STAR outcomes, conduct a cost study to better understand the public benefits and costs of the program, and perform a scaling-up assessment to estimate the full demand for STAR services and the implementation and budget requirements for meeting that demand.

Below is a summary of the research questions addressed in this brief and associated key findings. We then describe these findings in greater detail with accompanying figures, and conclude with a description of next steps for the evaluation of the STAR program.

Research Questions and Key Findings

Outcomes Study

1. What are the characteristics of STAR-eligible calls for service to 911?

- There were 38,375 STAR-eligible calls for service from June 2020 to December 2023 (see figure 1).
- STAR-eligible calls for service increased notably from 2020–21 to 2022–23 (see figure 1).
- STAR van teams have responded to approximately 24 percent (n = 9,244) of STAR-eligible calls for service since the program started, and over time have responded to greater shares and absolute numbers of STAR-eligible calls for service. In 2023, van teams responded to 38 percent of STAR-eligible calls for service, compared with only 16 percent in 2020. These STAR responses include both clinical and nonclinical encounters (see figures 2 and 3).
 - » Approximately 9 percent of STAR-eligible calls (n = 3,301) did not have a vehicle assigned from any agency. According to 911, a vehicle might not be assigned to a call if the original caller calls back and cancels the request or if the call is related to another call for which a vehicle has already been assigned.
- Most STAR-eligible calls for service—94 percent (n = 35,897)—occurred during STAR operating hours (figure 4).¹
- Beginning in February 2023, the City and County of Denver began tracking caller requests for STAR-only assistance, in which the caller requests that only STAR van teams respond and no other agency.
 - » From February to December 2023, there were 467 STAR-eligible calls for service in which the caller requested STAR-only assistance (4 percent of all STAR-eligible calls during this time period), with the monthly number of such calls increasing substantially over the course of the year.
 - » STAR van teams responded alone to 50 percent of these STAR-only calls and responded with another agency—including the police—to an additional 13 percent. (By

comparison, in 2023, STAR van teams responded alone or with another agency to 31 percent of all STAR-eligible calls for service that were not STAR-only calls.) Police responded alone or with another non-STAR agency to 21 percent of STAR-eligible, STAR-only calls; nonpolice agencies responded to 1 percent of these STAR-only calls; and there was no responding vehicle for 15 percent of these calls.

- STAR van teams also responded to incidents that were not initially flagged by 911 as STAR-eligible calls for service. These incidents typically occur when another agency responds to a call for service, but then identifies STAR van teams as an appropriate responding agency.
 - » There were 7,899 such responses (reflecting 46 percent of all STAR responses) from June 2020 to December 2023.
 - » The characteristics of such responses were similar to those of all STAR-eligible calls for service.

2. What are the characteristics of the calls for service to which STAR van teams respond and provide clinical services and what are the characteristics of the people served during these encounters?

- WellPower data reflect 6,700 clinical STAR encounters—a subset of the broader population of clinical and nonclinical STAR encounters reflected in call-for-service data—from June 1, 2020, to October 31, 2023, with 4,435 distinct individuals.²
 - » For the 12 months, from November 2022 to October 2023, that the STAR program has been operating at full implementation, STAR van teams had an average of 319 clinical encounters per month.
- Approximately one in five people with a clinical STAR encounter had multiple such encounters.
- More than three-quarters of all clinical STAR encounters identified “mental health” as a priority issue. By contrast, “suspected substance use” was cited as a priority issue in less than 20 percent of encounters (see figure 9).

Community-Engagement Network Study

3. How was the network of service providers in the STAR Community Partner Network established? Who are the providers? What is the linguistic, cultural, and geographic diversity across providers? Are clients satisfied with the providers?

- All STAR Community Partner Network member organizations are BIPOC-led and have unique roles and connections with specific communities.
- The goals of the Partner Network are to provide culturally, linguistically, and geographically responsive services based on client needs and to increase access to and utilization of services.

- Partner Network member organizations reported that some STAR clients expressed relief when connected with a culturally specific provider.

4. How are STAR clients connected to services? What types of services are most commonly referred? What service gaps exist in the provider network? Are clients satisfied with the services?

- Partner Network member organizations receive referrals from STAR van teams through a shared data system. Servicios de La Raza serves as the hub organization for referrals; that is, it assigns referrals to appropriate member organizations based on cultural factors, client needs, and client preferences.
- Partner Network member organizations noted challenges with receiving referrals and communicating and building trust with STAR van teams. The member organizations estimate they receive referrals for less than 20 percent of STAR encounters, even though they have capacity to take many more.
- Data collection efforts for the STAR Client Survey were very difficult, with only 18 complete responses received. Case managers at Servicios de La Raza recorded over 130 meetings with clients during which they deemed it was inappropriate to offer the survey given the sensitivity of clients' needs.
 - » Collected client feedback on STAR encounters were largely positive.
 - » Housing; mental health services; food, clothing, or other basic needs; and transportation were the most commonly identified long-term service needs of clients in both the STAR Client Survey (see figure 10) and the Community-Based Survey.

5. How does the STAR Community Partner Network facilitate access to community-based services at a systems level? What barriers to services are being addressed and what challenges remain?

- All Partner Network member organizations identified housing as the biggest unmet need as well as a need for which they can offer few resources.
- All Partner Network member organizations identified wait times for initial mental health intake appointments at large community-based mental health organizations as a significant barrier to providing ongoing services (e.g. psychiatric and clinical services beyond what is provided by the Partner Network).
- Many Partner Network member organizations identified major barriers to connecting people with disabilities to appropriate services.
- Many Partner Network member organizations identified a need for more community outreach and education about the STAR program to reach those who need culturally specific services and who are less likely to call 911 or seek services from larger service providers that are not culturally specific.

Data Considerations

Current data limitations impact our ability to answer some key research questions. Table 1 highlights some of the major limitations, their implications, and related needs to address or minimize the impact of these limitations on the evaluation. We will continue to work with STAR program leaders to address these data limitations as the evaluation moves forward.

TABLE 1

Data Limitations, Implications, and Needs

Limitations	Implications	Needs
911 call-for-service data do not identify individual people.	We are unable to analyze 911 calls for service in relation to other related data, such as data on arrests and bookings. Only clinical STAR encounters have information that allows us to link calls for service to other public safety data. Initially, we planned to use call-for-service data as the source for identifying a comparison group, but we realized we cannot do so without individual identifiers that link to arrests and bookings.	An alternate source of data that includes personal identifiers for a population as similar as possible to those who had clinical STAR encounters. We are currently exploring whether street-check data could address this need.
WellPower data shared with Urban do not include demographic characteristics.	Without comprehensive demographic data on WellPower STAR encounters, we cannot describe trends, such as who had such encounters and what their subsequent criminal-legal system engagements look like. We also cannot create an accurate comparison group that parallels the demographic characteristics of those who had STAR encounters.	Demographic data for all WellPower STAR encounters.
The response rate was very low for the STAR Client Survey.	Findings from the STAR Client Survey were not representative of all people who encountered STAR van teams. Collecting client feedback remains an important goal across all STAR stakeholders, Partner Network staff, and community members.	More robust mechanisms to collect feedback from people who encounter both STAR van teams and STAR Community Partner Network member organizations.

Source: Authors' analysis.

Outcomes Study

One component of the STAR program evaluation is an analysis of quantitative program data. In this section, we describe STAR-eligible calls for service—that is, calls dispatched through 911 that are marked as appropriate for STAR van teams—using data from the Denver Department of Safety. We then focus on clinical STAR encounters³—that is, encounters with STAR van teams during which a substantive service need was identified and documented—using data from WellPower that describe the characteristics of these encounters and clients.

STAR-Eligible Calls for Service

All STAR-eligible calls for service include calls routed through 911 that dispatchers identify as appropriate for a STAR van team—instead of a conventional response by police or other first responders—based on characteristics such as the focus of the call (e.g., welfare check, intoxication, etc.) and the absence of any safety threats.⁴ Note that the data on STAR-eligible calls for service include both those to which STAR van teams did and did not respond and do not distinguish between clinical and nonclinical STAR encounters; WellPower STAR encounter records, which describe only clinical encounters, correspond to far fewer calls for service than are reported in this data. This section also briefly covers data for calls that were *not* initially flagged as STAR-eligible but to which STAR van teams responded. These incidents typically occur when another agency responds to a call for service, but then identifies a need for a STAR van team to respond.

- There were 38,375 incidents in the call-for-service data reflecting the calls that were designated as STAR-eligible from June 2020 to December 2023 (figure 1).
- STAR-eligible calls for service increased notably from 2020–21 to 2022–23 (figure 1).
- There were no consistent trends in seasonality of STAR-eligible calls for service (figure 1).
- STAR van teams have responded⁵ to approximately 24 percent (n = 9,244) of STAR-eligible calls for service since the program started, and over time have responded to greater shares and absolute numbers of STAR-eligible calls for service. In 2023, van teams responded to 38 percent of STAR-eligible calls for service, compared with only 16 percent in 2020. These STAR responses include both clinical and nonclinical STAR encounters (figures 2 and 3).
 - » This aligns with the shift from the pilot phase of the program to full implementation in spring 2022 (figure 3).
 - » As noted above, we were unable to distinguish between clinical and nonclinical STAR encounters; therefore, all data on STAR encounters in this section include both clinical and nonclinical encounters.
 - » Approximately 9 percent (n = 3,301) did not have a vehicle assigned from any agency. According to 911, a vehicle might not be assigned to a call if the original caller calls back and cancels the request, or if the call is related to another call for which a vehicle has already been assigned.
- The police department responds alone or with another non-STAR agency to 60 percent of all STAR-eligible calls for service, while STAR van teams respond alone to 17 percent (figure 3).
 - » STAR van teams respond in combination with the police to 6 percent of all STAR-eligible calls for service and in combination with other nonpolice agencies to 1 percent of calls.
 - » Calls that police arrived to first and STAR arrived subsequently account for 16 percent of all calls that STAR responded to (n = 1,454). Calls that STAR arrived to first and the

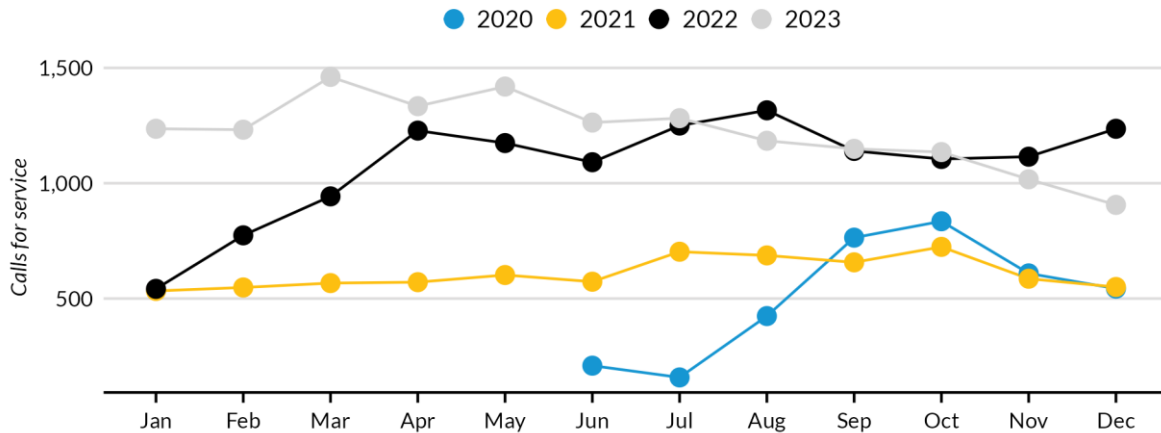
police arrived subsequently account for 7 percent of all calls that STAR responded to (n = 655).

- Most STAR-eligible calls for service—94 percent (n = 35,897)—occurred during STAR operating hours (figure 4).
- Welfare-related problems (“welfare check” problem codes) account for roughly half of all STAR-eligible calls for service and two-thirds of all STAR van team responses (figure 5).
- Beginning in February 2023, the City and County of Denver began tracking caller requests for STAR-only assistance: when the caller desired to have only STAR van teams respond and not another agency.
 - » From February to December 2023, there were 467 STAR-eligible calls for service in which the caller requested STAR-only assistance (4 percent of all STAR-eligible calls during this time period), with the monthly number of such calls increasing substantially over the course of the year.
 - » STAR van teams responded alone to 50 percent of STAR-only calls and responded with another agency—including the police—to an additional 13 percent. (By comparison, in 2023, STAR van teams responded alone or with another agency to 31 percent of all STAR-eligible calls for service that were not STAR-only calls.)
 - » Police responded alone or with another non-STAR agency to 21 percent of STAR-only calls; nonpolice agencies responded to 1 percent of STAR-only calls; and there was no responding vehicle for 15 percent of calls.
 - Of STAR-only calls that did receive a response, STAR responded alone to 59 percent of calls and in combination with a nonpolice agency to another 5 percent of calls; STAR and the police both responded to 10 percent of calls; and the police (with or without another non-STAR agency) responded to 24 percent of calls.
- STAR van teams also responded to incidents that were not initially flagged as STAR-eligible calls for service. These incidents typically occur when another agency initially responds to a call for service, but then identifies the need for a STAR van team.
 - » There were 7,899 such responses (reflecting 46 percent of all STAR responses) from June 2020 to December 2023.
 - » The characteristics of such responses were similar to general STAR-eligible calls for service:
 - They increased in volume beginning in early 2022.
 - They followed a similar temporal distribution, with the greatest share of responses occurring in the late morning and early afternoon.
 - The “welfare check” problem code was the most frequently used, though “suicide or self-harm” was relatively more common compared with the broader set of STAR-eligible calls for service.

FIGURE 1

STAR-Eligible Calls for Service by Year and Month (N = 38,375)

Monthly STAR-eligible calls have increased substantially year over year.



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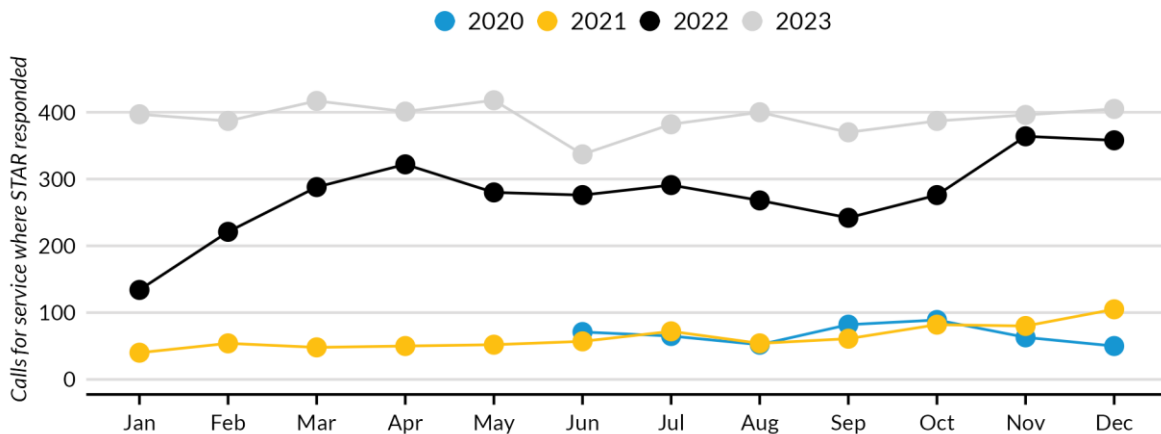
Source: Authors' analyses of STAR-eligible call-for-service data provided by the City and County of Denver.

Note: Data for this figure include STAR services from June 2020 (beginning of STAR program implementation) to December 2023.

FIGURE 2

STAR-Eligible Calls for Service to Which STAR Responded by Year and Month (N = 9,244)

Monthly STAR-eligible calls have increased substantially year over year.



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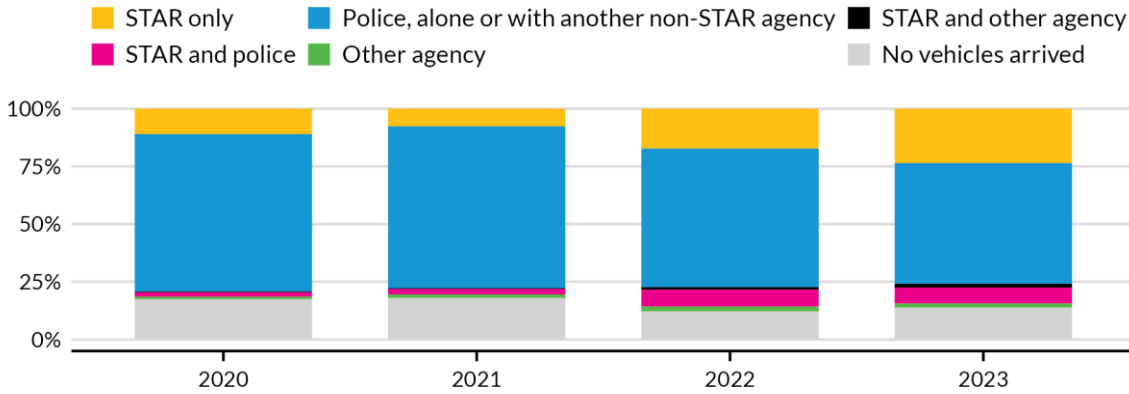
Source: Authors' analyses of STAR-eligible call-for-service data provided by the City and County of Denver.

Notes: The STAR program began in June 2020 and the dataset used for this figure reflects STAR services through December 2023. Accordingly, counts of STAR-eligible calls for service were not available for January to May 2020. Calls to which STAR van teams responded include those to which other agencies responded as well. "Responded" includes calls with listed vehicle arrival times and calls for which five or more minutes elapsed between the time the call was assigned and when it was cleared.

FIGURE 3

STAR-Eligible Calls for Service by Responding Agency by Year (N = 38,375)

In 2023, STAR van teams alone responded to one in five of all STAR-eligible calls for service—the highest share of calls for any year to date.



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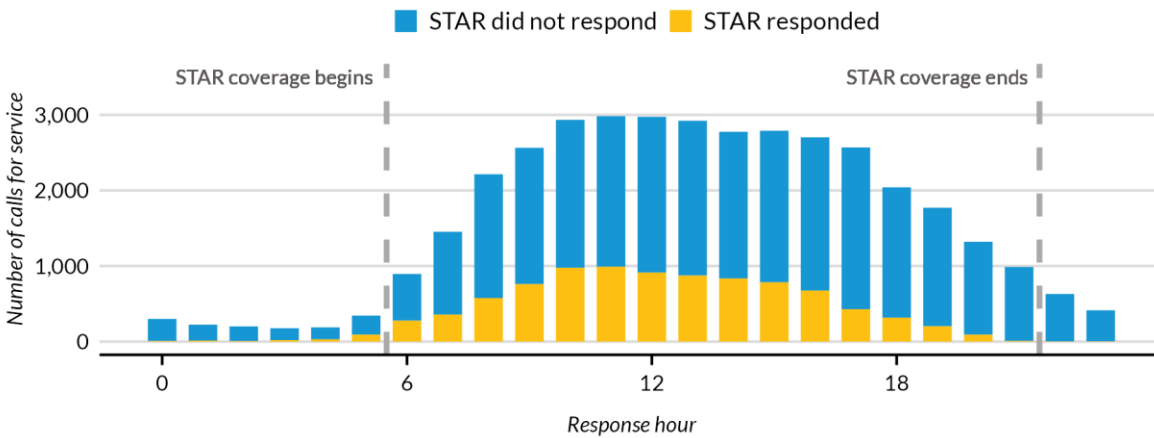
Source: Authors' analyses of STAR-eligible call-for-service data provided by the City and County of Denver.

Note: "Non-STAR agency" includes the fire department, emergency medical service (referred to as "EMS" in the data), detoxification (referred to as "DTX" in the data), and animal protection (referred to as "DAP" in the data).

FIGURE 4

STAR-Eligible Calls for Service by Time of Day (N = 38,375)

STAR-eligible calls for service outpace STAR responses by more than three to one.



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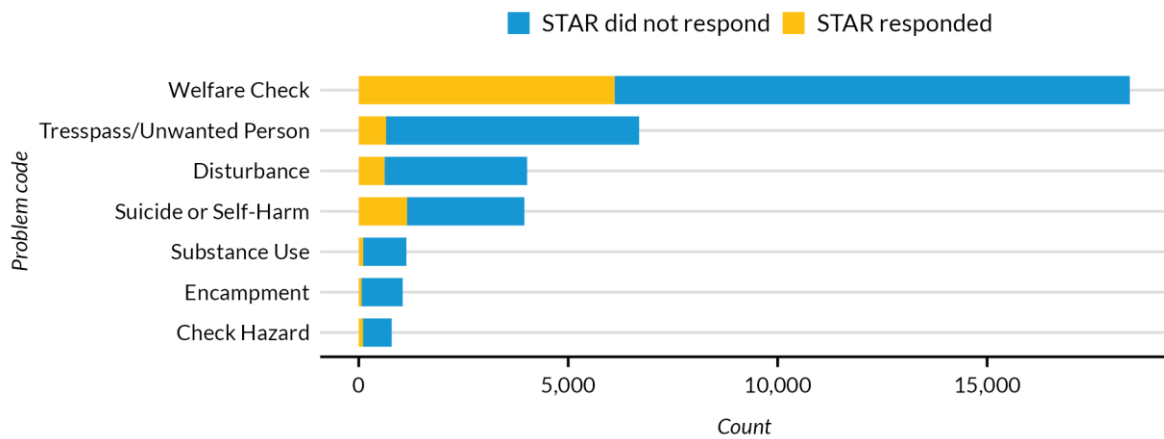
Source: Authors' analyses of STAR-eligible call-for-service data provided by the City and County of Denver.

Note: STAR-eligible calls for service categorized as occurring in hour zero came in between midnight and 1 a.m., while calls occurring in hour 23 came in between 11 p.m. and midnight.

FIGURE 5

STAR-Eligible Calls for Service by Problem (N = 36,049)

Welfare checks account for most STAR-eligible calls and STAR van team responses.



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Source: Authors’ analyses of STAR-eligible call-for-service data provided by the City and County of Denver.

Notes: There are 170 different problem codes in the call-for-service data. We collapsed related codes using the following logic: “Welfare Check” = welfare or assist; “Disturbance” = disturbance, indecent, suspicious occurrence; “Suicide or Self-Harm” = suicide; “Substance Use” = narcotics, intoxicated, overdose, detox, syringe. We omitted codes that were used for ≤500 calls for service; in total, the omitted codes accounted for 2,133 calls (6 percent of all calls for service that had an associated problem). According to staff at Denver 911, the “Encampment” code is primarily used for tracking calls relating to encampments, not for dispatching Denver Police or STAR staff; in cases when STAR van teams do respond to “Encampment” calls, the precipitating incident relates to the wellbeing of someone in an encampment, not a more general response to the presence of an encampment. The “Check Hazard” code primarily describes incidents when an individual is on or near a roadway, such as when a person is walking or standing in the middle of a road.

Clinical STAR Encounters

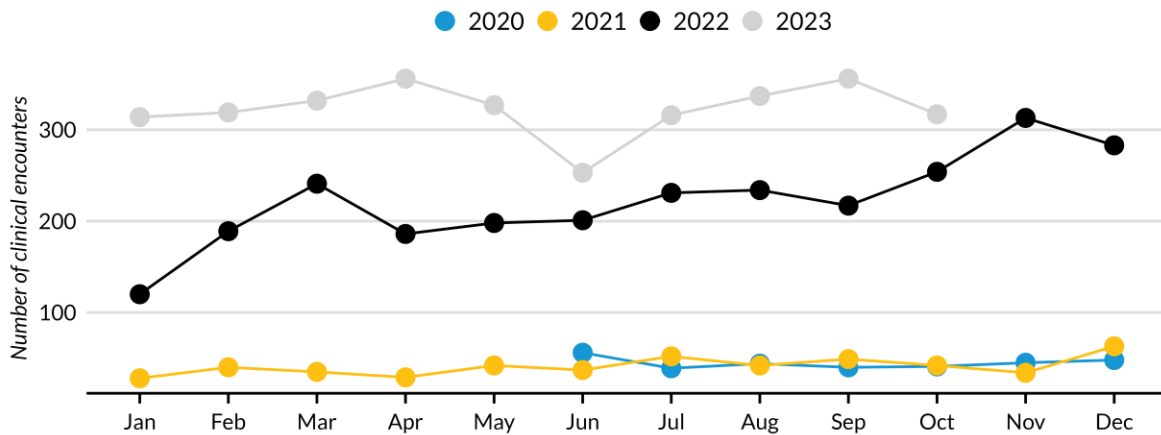
When a STAR van team has an interaction with a person that leads to identifying and documenting a substantive need (deemed a “clinical encounter”), they collect information on the client using a clinical-encounter form. This data is important for tracking the nature of the interaction and the services that clients receive. WellPower provided the data for these clinical STAR encounters from June 1, 2020 (when the STAR program began), to October 31, 2023.

- WellPower data reflect 6,700 clinical STAR encounters from June 1, 2020, to October 31, 2023.
- Akin to the trends in the call-for-service data, clinical STAR encounters increased notably from 2020–21 to 2022–23. This is in line with the transition from the program’s pilot phase to full implementation (figure 6).
- Approximately one in five people with a clinical STAR encounter had multiple clinical STAR encounters.

- » A small subset of high-frequency clients (n = 37) had 10 or more clinical STAR encounters; one individual had 42 clinical STAR encounters.
- Clinical STAR encounters are most common in the middle of the day, akin to trends reflected in the call-for-service data (figure 7).
- More than three-quarters of all clinical STAR encounters identified “mental health” as a priority issue (figure 8).

FIGURE 6
Clinical STAR Encounters by Month and Year (N = 6,700)

There were often more than four times as many clinical STAR encounters every month in 2022 and 2023 as in 2020 and 2021, which is consistent with the timeline for scaling STAR implementation.



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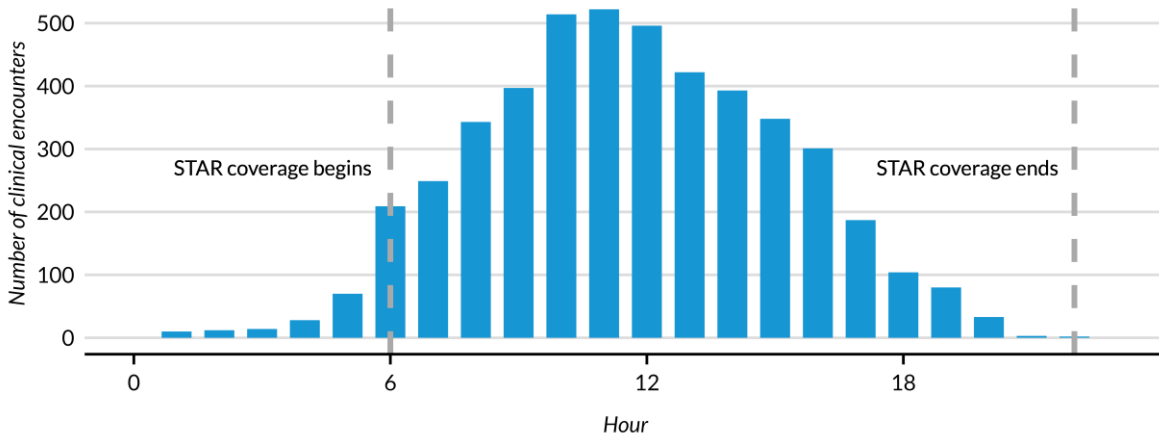
Source: Authors’ analyses of Support Team Assisted Response (STAR) encounter data from WellPower.

Notes: The STAR program began in June 2020 and the dataset used for this figure reflects STAR services through October 2023. Accordingly, counts of STAR-eligible calls for service were not available for January to May 2020 nor for November to December 2023.

FIGURE 7

Clinical STAR Encounters by Time of Day (N = 4,742)

Clinical STAR encounters are most frequent from 10 a.m. to 4 p.m.



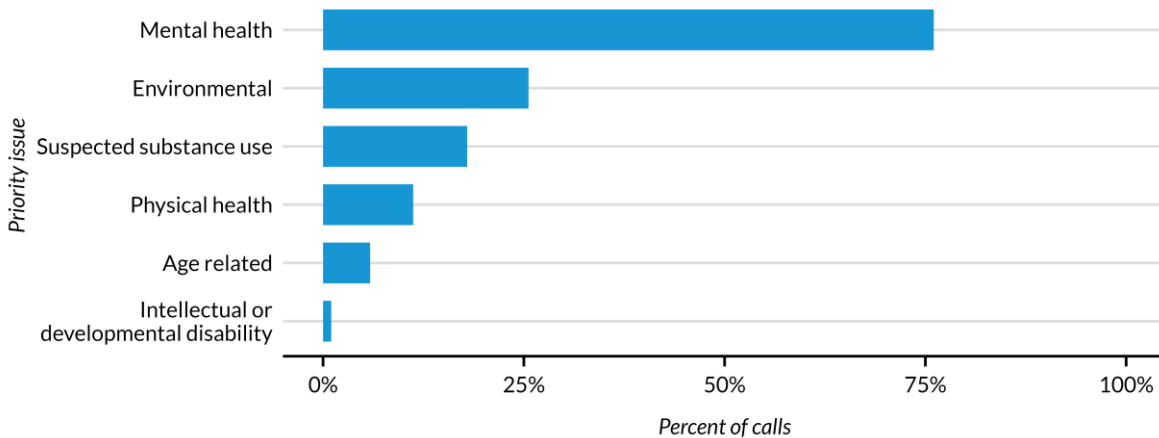
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Source: Authors' analyses of Support Team Assisted Response (STAR) encounter data from WellPower and STAR-eligible call-for-service data provided by the City and County of Denver.

FIGURE 8

Clinical STAR Encounter Priority Issues (N = 6,700)

"Mental health" is identified as a priority issue in three-quarters of all clinical STAR encounters.



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Source: Authors' analyses of Support Team Assisted Response (STAR) encounter data from WellPower.

Notes: An additional category of "Diagnosis previously given" was indicated 14 times in the data, but it has been omitted from the figure for clarity. Priority issues are not exclusive; as a result, categories in the figure add to more than 100 percent.

Community-Engagement Network Study

Another key component of the STAR program evaluation is to understand client and community experiences with the program and how clients who encounter STAR van teams are connected to follow-up services through the STAR Community Partner Network. In this section, we highlight: (1) findings from surveys and interviews with people who encountered STAR van teams and were referred to the STAR Community Partner Network, (2) an electronic survey of people in the community who have interacted with the STAR program, and (3) interviews with staff from STAR Community Partner Network member organizations who receive client service referrals from STAR van teams.

STAR Client Survey Findings

To understand STAR clients' experiences and perceptions of the STAR program, we partnered with Servicios de La Raza to administer a client feedback survey. Case managers at Servicios de La Raza administered the survey to clients between June 29, 2023, and November 21, 2023, though the online software Qualtrics. Clients who completed the survey were offered an opportunity to provide more detailed feedback through a follow-up interview with Urban Institute.

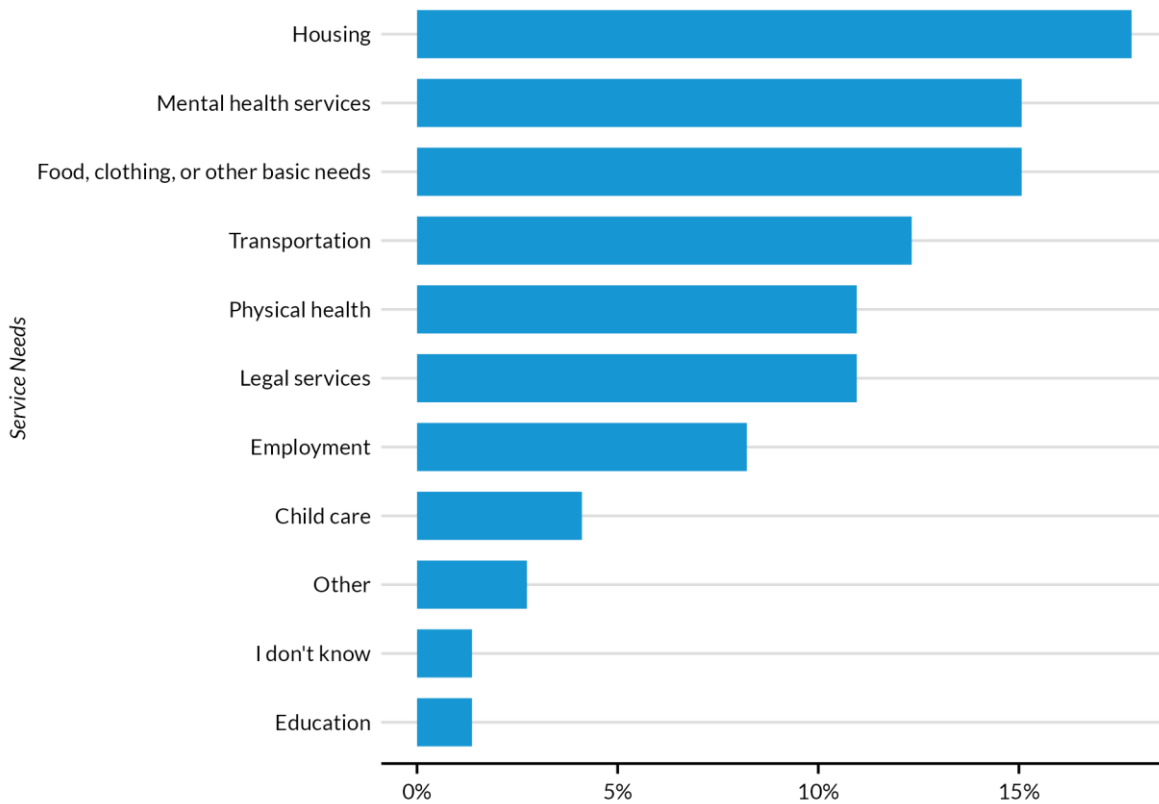
A main takeaway from the survey effort was how challenging it can be to identify an appropriate time to follow up with STAR clients to request feedback. Case managers often did not think it was appropriate to offer the survey to clients because of the sensitivity of clients' needs. Overall, we received 18 completed surveys. Among clients who completed the survey, we conducted 5 follow-up interviews. Beginning on August 30, 2023, case managers began tracking whether they offered the survey to clients; if the survey was not offered, their reasons for not offering it; and the number of times they offered the survey (surveys could be offered up to four times to each client). These data points helped us understand barriers to survey uptake. When clients declined to take the survey, the most common reasons were that they did not remember their encounter with the STAR van teams (n = 10; 7 percent) and that they did not want to provide feedback (n = 10; 7 percent).

These findings are not representative of all people who encountered STAR van teams, given the very small number of survey responses and interviews. Among people who chose to complete the survey, feedback on the STAR program was largely positive. Their feedback mainly focused on encounters with the STAR van teams, because the survey was usually fielded at an intake meeting with the STAR Community Partner Network before follow-up services were provided.

- Over two-thirds (72 percent) of respondents agreed or strongly agreed that the STAR van teams understood and respected them, and 88 percent of respondents agreed or strongly agreed that the STAR program is an important program in Denver.
 - » These sentiments were also clear in follow-up interviews. Clients reported: “They really help your situation,” and “They are able to help me get out of trouble, help me calm down, and get me what I need.”

- Some respondents reported negative experiences with STAR van teams. Five respondents disagreed or strongly disagreed that the STAR van teams helped them get what they needed. During one follow-up interview, a client expressed concern that the STAR van team did not provide appropriate service connections and supports when they were in acute crisis and had clearly communicated their need and desire for mental health care.
- The most commonly identified long-term service needs of clients were housing; mental health services; food, clothing, or other basic needs; and transportation (figure 9).

FIGURE 9
Long-Term Service Needs Identified by STAR Client Survey Participants (N = 18)



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Sources: Authors' analyses of survey data from clients who had a STAR encounter.

STAR Community-Based Survey

To understand the impact of the STAR program on the broader community, we fielded an online survey to capture the perspectives of people in the community who interacted with STAR van teams. We shared the online survey with the STAR Community Advisory Committee's and Caring for Denver's email lists of community organizations. The survey was open from July to October 2023.

Overall, we received 16 completed surveys. These findings are not representative of all people in the community who encountered STAR van teams, given the small number of survey responses. The survey focused on encounters with STAR van teams because the STAR Community Partner Network was still beginning implementation when the survey was designed and fielded. The following findings may help inform ongoing conversations about the impact of the STAR program in the community.

- The survey was primarily completed by people who called for a STAR van team response for someone else—a stranger (38 percent), a family member/friend (19 percent), or a witness to a STAR response (31 percent); one person who completed the survey received a STAR response.
- Half of the surveys completed (50 percent) were for STAR van team encounters that happened in downtown Denver, while the remainder were for encounters that happened across the rest of Denver.
- When asked about what went well during STAR van team encounters, open-ended survey questions identified the following themes in the responses:
 - » Timely response to a call for service
 - » Positive interactions with staff
 - Good tone, body language, patience
 - Professional, compassionate, and kind demeanor
 - » De-escalation of crisis
 - » Avoidance of criminal-legal action
 - » Information and support in accessing services, such as to a shelter or Solutions Center
- When asked about what did not go well during STAR van team encounters, responses to open-ended survey questions identified the following themes:
 - » Police respond when STAR van teams are not available
 - » STAR van teams call for police backup
 - » STAR van teams leave while crisis is still ongoing
 - » STAR van teams do not provide enough information about appropriate services
 - » STAR van teams do not follow up with the community-based service provider who made the call for service to coordinate ongoing client care
- When asked about how STAR van team encounters could be improved, responses to open-ended survey questions identified the following themes:
 - » Quicker response times
 - » More warm handoffs to case management and mental health services after the crisis
 - » More teams and more vans
 - » No police involvement
 - » More trauma-informed training for STAR staff

- » More solutions for needs that STAR van teams cannot meet, such as housing and immediate mental health care
- Similar to the needs identified in the STAR Client Survey (figure 10), the most commonly identified long-term service needs among those who responded to the STAR Community-Based Survey were mental health (75 percent); housing (69 percent); and food, clothing, or basic needs (56 percent).

STAR Community Partner Network Interviews

To understand implementation of services by the STAR Community Partner Network, which consists of six member organizations, we interviewed staff from four member organizations: Servicios de La Raza, DASHR, Struggle of Love Foundation, and Muslim Family Services. The staff from the other two member organizations—Face It Community and GRASP—were unavailable at the time we completed interviews in October and November 2023. We asked about goals, referral processes, client service needs, strengths of the Partner Network, challenges faced by the Partner Network, and suggestions for improvement. The following findings may help support conversations about potential midcourse adjustments and ongoing implementation of the STAR Community Partner Network.

GOALS OF THE STAR COMMUNITY PARTNER NETWORK

- Provide culturally, linguistically, and geographically responsive services based on client needs and increase access to and utilization of services.
 - » Partner Network member organizations reported that some STAR clients expressed relief when connected with a culturally specific provider.
- Connect STAR clients to culturally, linguistically, and geographically specific providers to increase client safety and self-sufficiency.

STAR COMMUNITY PARTNER NETWORK REFERRAL PROCESSES

- STAR van teams send referrals to the Partner Network in Julota, a shared data system.
- Servicios de La Raza serves as the hub organization for referrals; that is, it triages referrals based on clients' needs, identified communities, and/or cultural preferences. It connects clients based on not just race/ethnicity but other specific needs mentioned in the initial referral made by the van teams. This work is necessary because not every member organization can provide the needed services and because some service providers are better aligned with clients' identified communities.
- Each member organization has its own client outreach process, which often involves calling clients and visiting them at the provided addresses. The process can also involve street outreach for people experiencing homelessness.
- Client outreach can be immediate for high-priority referrals, but often staff try to make contact within 24 hours of receiving the referrals.

- Current STAR-specific staffing at Servicios de La Raza includes one director and five case managers. Other Partner Network member organizations each have one to two case managers working on STAR referrals.

BIGGEST CLIENT SERVICE NEEDS

- Housing: Some Partner Network member organizations can provide limited emergency motel vouchers, but otherwise there is not much the Partner Network can offer regarding housing.
 - » Some member organizations estimate that approximately 65 to 70 percent of their STAR referrals are for unhoused people.
 - » Member organizations seek to help clients get access to emergency shelter.
 - A big challenge is finding shelter for people with disabilities.
 - » Member organizations also get calls to help clients with evictions.
- Mental health: Partner Network member organizations report long wait times for initial mental health intake appointments at large community-based mental health organizations (e.g. psychiatric and clinical services beyond what is provided by the Partner Network); STAR case managers try to access other options for mental health services like referrals to telehealth providers or other private providers with more immediate availability.
- Physical health
- Mentorship for youth and support for parents
- Basic needs, food, transportation, and survival gear like tents
- Employment and income supports
- Help navigating systems, such as schools, criminal justice, and hospitals

STRENGTHS OF THE STAR COMMUNITY PARTNER NETWORK

- Partner Network member organizations are all BIPOC-led organizations that have unique roles and connections with specific communities.
 - » Staff reported the Partner Network includes trusted organizations in the community.

CHALLENGES FACED BY THE STAR COMMUNITY PARTNER NETWORK

- The Partner Network estimates that less than half of all STAR van team encounters result in a referral to the Partner Network.
 - » While STAR van teams have more than 300 clinical encounters a month, the Partner Network receives 80–90 referrals a month maximum; and up to 25 percent of those referrals have no contact information.
- Long delays between STAR van team encounters and referrals to Partner Network member organizations can make it difficult to connect with clients.

- To increase referrals, Partner Network staff suggested having more direct communication with STAR van teams about the services Partner Network member organizations provide and the importance of providing culturally specific services for clients.
- Partner Network staff also emphasized that client crises are not one-and-done incidents; they can be cyclical. Partner Network staff would prefer to receive referrals for all people who have a clinical encounter with a STAR van team so that the Partner Network can work to address a client's overall needs to prevent the next crisis.

NEEDS AND SUGGESTIONS FOR ONGOING IMPLEMENTATION AS IDENTIFIED BY STAR

PARTNER NETWORK STAFF

- Build trust and rapport between STAR van teams and Partner Network staff to work as a single STAR team.
- Allow Partner Network member organizations to conduct community outreach and education about the STAR program, especially about services provided by both the van teams and the Partner Network.
 - » Partner Network staff emphasized that people who need culturally specific services may be less likely to call 911, and therefore less likely to encounter STAR van teams and get connected to the Partner Network. They suggested more outreach to these specific communities, which Partner Network member organizations believe they are well positioned to take on.
- Remove barriers between STAR van teams and Partner Network member organizations by providing options for direct connections (e.g., phone, etc.), particularly when there is an urgent client need; for such clients, more warm handoffs from van teams to member organizations would be helpful.
- Provide better documentation for referrals, including client contact information and needs.
- Offer more cultural-competency training for STAR staff to underscore the need for culturally specific services. Clients may appear “service resistant” until they are connected with a culturally specific provider.

Next Steps

The analysis in this brief reflects an interim point in the STAR program evaluation. Subsequent evaluation reports will extend this analysis to inform decisions about the ongoing STAR implementation and possible expansion. Planned next steps for the evaluation include the following:

- **Ongoing outcomes study:** The evaluation will identify a comparison group to understand how the STAR program impacts subsequent criminal-legal system outcomes. It will also analyze referrals to the STAR Community Partner Network and follow-up services provided by the Partner Network.

- **Cost study:** The evaluation will pair outcomes with estimated program costs and estimated costs of system interactions (e.g., 911 calls, arrests, and jail stays) to quantify the public benefits and costs of the STAR program.
- **Scaling-up assessment:** The evaluation will estimate overall demand for the STAR program, examine demographic data to understand who encounters STAR van teams, and interview STAR stakeholders and Partner Network staff to evaluate goals for expansion and assess what would be needed to meet those goals while maintaining fidelity to the service model.

Notes

- ¹ Due to awareness of STAR's operating hours among 911 staff, calls that occur outside of STAR's operating hours may be marked as "STAR-eligible" with less frequency than similar calls that occur during STAR's operating hours.
- ² We received the WellPower data analyzed for this brief on approximately December 5, 2023.
- ³ The data captured about individuals who interact with STAR van teams depend on the clinical significance of the encounter. All STAR van team responses have some data about the encounter, like the date it occurred. However, other information—including personal identifiers, demographics, and characteristics of the person's mental health at the time of the encounter—is collected only if the interaction is deemed "clinically significant" (i.e., when there is an imminent mental health or clinical need observed during the encounter). Otherwise, STAR staff may opt to not collect this information because they do not consider it prudent. Additionally, trauma-informed care practices may preclude collecting this information. While the call-for-service data reflect both clinical and nonclinical interactions, the "Clinical STAR Encounters" section in this brief refers to the smaller set of STAR encounters during which there was a clinically significant interaction.
- ⁴ A small number of calls for service—roughly 1 to 2 percent of all STAR-eligible calls for service during our analysis period—are STAR-only requests that are not explicitly flagged as STAR-eligible but are functionally STAR-eligible. These calls are evaluated for STAR eligibility, and dispatched accordingly, akin to other STAR-only calls for service. In this report, "STAR-eligible" refers only to calls that are explicitly flagged as such by 911 staff.
- ⁵ We consider a vehicle to have "responded" if either (1) a vehicle (a STAR van or a police car, for example) notes that it has arrived at a scene or (2) the time between when a vehicle is assigned to a call for service and when that vehicle marks that call for service as cleared is greater than or equal to five minutes. We include this second condition because many records do not have data about if or when a vehicle arrived on scene, but for many calls that don't have a recorded arrival time, the amount of time between when a vehicle is assigned to and cleared from a call is quite substantial. We also take this approach because STAR vans may respond to a call for service via a phone call, rather than physically driving to the location of a call for service, and because a time of arrival is not applicable for a phone-based response.

References

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