

Chris Richardson:

What we do actually is with our STAR response is all 911 generated. So it's an individual that's up at the 911 call center that is triaging what is taking place or what's being identified and then making sure that STAR is the appropriate response for that call. And if it is, dispatching directly to our van for us to be able to respond to that.

We had the absolute luxury of being able to go up to Eugene, Oregon and our 911 com center actually came with us. So they sat in with their 911 center and really learned every kind of question you would need to ask, safety related stuff, behavioral, health type stuff to really make sure that STAR is the appropriate response to that type of call.

I think Carly and I are pretty big in that when we are responding to an individual that might be in a crisis that's coming across 911, time is never going to be our enemy. If it takes us five hours to talk with someone and be present with them, that is what we're going to do. That being said, what we've noticed in our data is that the common police response tends to be about 34, 35 minutes when police are responding on their own to when the call ends. Our STAR response is actually about 24 minutes right now. So we are definitely getting in there and taking care of the call and resolving it in a much more efficient and effective manner. I think the hypothesis is that we know system navigation, our relatability skills are more on par with what social work is. So being able to make those calls a little faster, while not an intended consequence, has been an eye opening one to be able to get to more calls and be able to help people that are in acute crises.

We're a data driven city, so we are at 10:00 AM to 6:00 PM Monday through Friday. That was when we identified, during this pilot, was the high call volume for STAR specific calls. Our staffing model right now is a one licensed clinician and one Denver Health Paramedic. We were pretty intentional that we had a licensed individual just on the off chance that we had to assess for harm to self, harm to others and great disability just to make sure that we were really intentional to meet that without having to add police dynamic attached with it. And the Denver Health Paramedics are just absolutely amazing knowledge wise when it comes to the medical components attached with it, being able to help educate the community about medical needs as they may arise.

And then staff training is a ever growing thing on the van in any of our programs. We always start out with radio training just so that we don't look like the social workers that have no clue what we're doing on a police radio. Want to be professional on that, and making sure that we're doing everything we can to really be respectful of what it's like to air information out. Scene safety, just to make sure that we're aware of our surroundings and what's going on. Big training related to harm reduction, trauma informed practices, motivational interviewing. We are really centered on that the individual that we're having contact with is the leader in what is going to help them feel best supported and best get their needs met. And being really intentional that we are letting them be the driver of how do we help you versus us dictating what is going to be best for that person.

And then, I think in general, and Carly can definitely weigh in on this, we come from a background that's case management and we just know our system and our city and how to work with partners and community members that really support this population. And being able to have that institutional knowledge of just who to reach out to when we need support on the van to get someone somewhere, to be able to have that knowledge base.