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Understanding Denver's STAR Program

Alternative Crisis Response in Denver

Sarah Gillespie, Mari McGilton, and Amy Rogin

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Law enforcement agencies are often first responders for people experiencing mental health or substance use crises because most communities have few other options. In order to better connect people in crisis to the services they need, a growing number of communities are exploring alternative crisis-response strategies that, for example, pair police with social workers or other clinical professionals, or allow teams of clinicians and medics to lead crisis response without police involvement. The COVID-19 pandemic and the recent demand for police reform have accelerated the implementation of these alternative strategies in communities across the country; however, not much research has been done to understand the implementation and impact of these strategies.

Denver, Colorado, is implementing both of the above types of crisis-response strategies through the Co-Responder and Support Team Alternative Response (STAR) programs and has committed to the robust evaluation of program implementation, outcomes, and costs of each. This brief summarizes key themes from the first year of the STAR program evaluation. It is focused on understanding the STAR program implementation, including successes and challenges, and informing practitioners and policymakers who are seeking to implement and improve similar programs. We review our findings from the first year of the evaluation of Denver's Co-Responder program in a separate brief (Gillespie, McGilton, and Rogin 2023).

Background

Nationally, 6 to 31 percent of all police contacts are with individuals with mental illnesses, making effective responses to this population critical for community safety and well-being (Morabito et al. 2018; Watson et al. 2010; Wilson-Bates 2008). To this end, police departments have introduced specialized training, such as crisis intervention teams (Vickers 2000). Crisis intervention teams consist of police officers who have gone through advanced training in dealing with mental health and behavioral crises; they have been installed in 2,700 communities nationwide as of 2019, representing 15–17 percent of all police agencies (Helfgott, Hickman, and Labossiere 2016; Rogers, McNiel, and Binder 2019). Although specialized training for police officers continues to prove helpful in the US and abroad, it is not enough. Escalated interactions resulting in arrests and violence persist, and individuals remain without short- and long-term support (Boazak et al. 2020; Comartin, Swanson, and Kubiak 2019; Compton et al. 2014; Herrington and Pope 2011; Macauley 2021; Marcus and Stergiopoulos 2022; Rogers, McNiel, and Binder 2019; Skubby et al. 2012; Watson and Fulambarker 2012).

In recent years, a select number of cities have introduced programs that remove police officers from mental health crisis response altogether. In 1989, the city of Eugene, Oregon, became the first community in the US to experiment with this model. The Crisis Assistance Helping Out on the Streets (CAHOOTS) initiative mobilizes two-person teams consisting of a medic and a crisis worker with substantial mental health training and experience.[1] Inspired by CAHOOTS, Denver community and system stakeholders worked to adopt a similar model. In 2020, the Denver Department of Safety piloted the Support Team Assistance Response (STAR) program. STAR teams consist of mental health clinicians and emergency medical technicians who respond to mental and behavioral crises that have a low risk to address clients' immediate needs and connect them with follow-up services. Since the launch of Denver's STAR program, other cities have introduced similar programs, such as the Portland Street Response Program, Crisis Response Unit (CRU) in Olympia, Washington,[2] the Person in Crisis (PIC) teams in Rochester, New York,[3] the A3 crisis unit in Contra Costa, California,[4] and the B-Heard pilot program in New York City (Canady 2020; Townley et al. 2021).

Due to the recent implementation of these programs, few have been extensively evaluated. CAHOOTS has received the most attention and has been found to divert an estimated 5 to 8 percent of 911 calls, saving the city up to $1.23 million annually (Waters 2021). Researchers at Portland State University conducted a comprehensive, mixed-methods evaluation of the Portland Street Response Program, finding significant reductions in total calls responded to by police, police response to non-emergency welfare checks and "unwanted person" calls, and fire department activity on behavioral health calls (Townley and Leickly 2022). Assessments of New York's B-Heard pilot program had mixed findings, concluding that most mental health calls were routed straight to the police, while response rates to these calls had dropped since the program's initial implementation.[5]

Denver has committed to the robust evaluation of both its Co-Responder and STAR programs. This brief outlines the methods and key findings from the first year of a two-year mixed-methods evaluation of the STAR program, including recommendations and next steps as the evaluation enters its second

year. We outline our findings from the first year of evaluation of Denver's Co-responder program in a separate brief (Gillespie, McGilton, and Rogin 2023).

STAR Program Overview

The STAR program is funded by the Caring for Denver Foundation and the City of Denver's general fund and is administered by the Denver Department of Public Health and Environment (DDPHE). The STAR program pairs medics (paramedics or emergency medical technicians) from Denver Health and Hospital Authority with mental health professionals from WellPower, a local mental health center, to jointly respond to engage individuals experiencing distress related to mental health issues, poverty, homelessness, and substance abuse. STAR is dispatched through Denver's 911 system to calls with low risk for violence or harm to STAR teams, the client, or the public. STAR started in 2020 as a pilot program in Denver's downtown district with two teams with limited hours of operation. The program began expansion in early 2021. The STAR program increased to 10 mental health clinicians, 8 medics, and 5 vans in operation with 1 backup van. STAR is available from 6 a.m. to 10 p.m . In late 2022, STAR also contracted with Servicios de La Raza, a local behavioral health services organization, to provide direct services and follow-up connections to community-based service providers for people who encounter STAR teams. The STAR program partners with a volunteer community advisory committee comprised of community advocates, providers, and other stakeholders from all 11 city council districts in Denver. The STAR Community Advisory Committee held monthly public meetings with program leaders until DDPHE temporarily paused committee meetings in the fall of 2022 to build a collective understanding of roles, responsibilities, and processes between the community advisory committee and the city.

Until fall 2022, STAR teams were dispatched via radio from Denver 911, receiving summary details of the call. As of fall 2022, STAR teams have access to the computer-aided-dispatch (CAD) system in vans to view open calls and review the details of all dispatched call notes. Denver's 911 call takers and dispatchers are trained to assess whether calls are eligible for a STAR response instead of a traditional police response based on designated nature codes (such as welfare checks, trespassing, and intoxication) and the absence of safety threats. When responding to a call, the STAR team focuses on de-escalating the crisis; meeting people's basic needs (e.g., food, clothes, shelter, and medicine); and connecting people to follow-up services such as mental health intake long-term services. Depending on the person's needs, STAR teams may provide medical intervention, transport, or resources. Denver's STAR program was developed with years of planning and collaboration and has been expanding and evolving since the pilot period. Appendix B provides a more detailed timeline of the origin and evolution of the STAR program.

Key Program Implementation Findings

In this section, we summarize the major themes we heard across interviews with program staff and community leaders. Interviews were focused on understanding program successes and challenges as well as opportunities for coordination and collaboration, and continued community engagement.

STAR Program

GOALS

The STAR program staff, leaders, and community stakeholders we interviewed largely aligned with the goals of the program and stated that the goals have remained the same since the program's inception. Interviewees described the two main goals of the STAR program as to (1) provide an alternative response to 911 calls that remove police (and the risk of related trauma) from mental and behavioral health crises, and (2) ensure that people get follow-up services they need through connections to community support and resources.

KEY SUCCESSES

Staff, leaders, and community stakeholders overwhelmingly reported that the largest success of the STAR program is its ability to offer an alternative response to crises other than the traditional police, emergency medical services, and fire response. Community partners emphasized the benefit of having an alternative to calling for the police when de-escalation is needed in mental health crises. STAR staff emphasized their ability to use creativity and problem-solving and to take as much time as needed to determine the best response for each call, a process that often falls outside the protocols of traditional first responders.

Many staff reported that STAR allows police to focus on public safety since they know that the STAR teams are more effective in responding to mental health and behavioral health calls. Staff, leaders, and community stakeholders reported that STAR has increased system and community awareness of mental and behavioral health needs and resources in Denver.

Finally, because of the unique cultural, social, and environmental needs of each district in Denver, interviewees consistently reported that the expansion of STAR into all districts was critical to reaching those people most in need of support and services without police. They also reported that the increased staff, supplies, and vehicles—especially the newer branded STAR vans—have increased awareness of the program and its impact on those it serves. Staff, leaders, and community stakeholders expressed the desire to see the STAR program expand further, to operate several vans 24/7 and in every district.

KEY AREAS FOR EXPANSION AND IMPROVEMENT

Improve relationships between the city and the STAR Community Advisory Committee. Relationships were one of the greatest challenges reported by interviewees about the STAR program. City leaders

often referred to STAR as a much-needed fourth arm of first responders and an expansion of the city's first-responder system. The STAR program is housed in DDPHE and is therefore subject to city policies regarding procurement and other program management activities. City leaders reported many efforts to work with the STAR Community Advisory Committee, including sharing details of the rules and regulations applied to public programs. Conversely, many we spoke with from the STAR Community Advisory Committee referred to STAR as an *alternative* to a city response. STAR Community Advisory Committee members reported confusion around leadership structures, communication channels, and decisionmaking authorities. Committee members also reported a need for improved transparency and accountability from city partners. Some members also emphasized the importance of a racial equity lens for the STAR program, which city partners had not explicitly addressed. DDPHE temporarily paused committee meetings in the fall of 2022 to build a collective understanding of roles, responsibilities, and processes between the community advisory committee and the city.

Connect people to follow-up services. STAR has been effective in meeting the immediate needs of individuals, though the long-term connection to services remains a major challenge. Staff reported that their ability to connect people to culturally and geographically appropriate services is limited by their knowledge of providers and their capacity. Some community stakeholders emphasized that STAR encounters can be very different depending on the team that responds. Staff reported ongoing confusion about how STAR can and should work with hospitals, the Behavioral Health Solutions Center, and other key service organizations in the community. They explained that many system and organization staff members do not know of STAR or understand how the program functions, which is further complicated by the plain clothes STAR teams wear. Systems and program staff do not know how to work with one another and mentioned a need for more outreach to system providers to increase awareness. Some identified a need for systems-level connections to Denver's continuum of care, for example connecting STAR to increased housing resources. Most interviewees expressed hopefulness and excitement about Servicios de La Raza beginning to work as the community engagement provider. However, they were unclear about how the STAR program and Servicios should collaborate to reduce duplication of work and help advance systems-level connections to services.

Clarify appropriate response criteria. Staff, leaders, and community stakeholders consistently expressed concerns regarding the appropriateness of calls that STAR vans are and are not dispatched to. In some districts, interviewees expressed concerns that STAR teams are responding with police on many calls. In many instances, police are dispatched first and determine STAR would be a more appropriate response. Additionally, many interviewees believed that STAR teams should respond to a broader range of calls. This has raised questions in the community about whether it is possible to directly call for a STAR van response and how that would work. It also raised questions among 911 leaders about legal obligations when a caller requests a STAR response, but a STAR van is unavailable. STAR recently gained approval to install CAD's that provide details from 911 calls in their new vans. This is the same dispatch system used by police and other first responders. STAR staff are hopeful that access to this information will help increase the number and types of calls STAR teams choose to respond to, and reduce the number of times STAR and police respond to the same call.

Increase clarity of case managers and case coordinator roles. The STAR program has many opportunities for alignment with other responders and providers, but there are some missing connections across partners. The role of WellPower case managers and outreach case coordinators housed within the Denver Police Department was unclear across most staff we spoke with. STAR clinicians have limited knowledge of who they are, what they do, and how/when to make referrals to them. Instead, clinicians often reported that they personally followed up with the people they responded to when connections to other services were needed. In addition to expressing a need for awareness and access to external resources, STAR staff expressed a need for increased clarity around internal organizational structure, key staff and their roles, and communication channels.

Create a feedback loop. Both staff and community members expressed a need for continuous feedback on STAR program operations that would allow program leaders to seek and learn from the experiences of program staff, people who encounter STAR, and the community programs that rely on STAR.

Recommendations

Increasing Connections to Services after Crisis Response

Connection to services following crisis response is a primary goal and also a significant challenge for the STAR program. Two potential recommendations for increasing service connections arose from the interviews we conducted in year one of the evaluation.

Build connections at a systems level. Staff reported both a lack of knowledge of potential service referrals and gaps in the availability of the most needed types of service referrals. One opportunity is to build service connections at a systems level, rather than relying on individual program staff. This could happen through systems-level partnerships built by Servicios de La Raza, for example. It could look like priority access to certain services after a STAR encounter and/or formalized protocols for STAR teams transporting clients to another service partner. For example, the continuum of care, which coordinates all local homelessness-assistance resources, could have a specific referral pathway for STAR clients to be quickly assessed and connected to housing services. STAR staff noted that a formalized protocol would also be helpful for transport to hospitals, the Solution Center, and other health care services, thereby decreasing the confusion about how each should work with one another.

Clarify the roles of case managers and outreach case coordinators. Another opportunity to increase connections to services is through working more closely with the case manager and outreach case coordinator roles at WellPower and the Denver Police Department. Overwhelmingly, program staff did not understand who occupied these positions, how to work with them, and what their capacity was for follow-up with clients. Case managers themselves had different understandings of their roles and responsibilities and the goals of follow-up with clients after an encounter with STAR. While outreach case coordinators are often separate from STAR, people who were connected with these coordinators were eager to share their experiences with us and had many examples of how coordinators managed to meet their needs during the hardest times. Increasing communication and

coordination among clinicians, medics, case managers, and case coordinators could accelerate progress toward follow-up service connections for more clients following an encounter with STAR.

Balancing Cross-program Collaboration

Although the Co-Responder and STAR programs are distinct in many ways, both programs share similar goals and are two important parts of the behavioral health network in Denver. Urban's evaluation examined both programs to understand the similarities and differences and highlight potential opportunities for coordination and collaboration.

For similarities, both programs receive funding from Caring for Denver, "a nonprofit founded by voter approval to use local tax revenue to fund efforts addressing mental health and substance misuse" in Denver. Also, the clinicians on both STAR and Co-Responder teams are Wellpower employees and collaborate often. Co-Responder and STAR clinicians frequently consult with one another, which was repeatedly recognized as a strength of the programs when we talked with frontline staff. Program staff and leaders reported that their ability to consult and collaborate across teams and agencies has improved the consistency of responses and increased their ability to connect people with appropriate support.

The programs also have several important differences, the most important being that the Co-Responder program pairs a police officer with a clinician, whereas STAR does not have a police officer as part of the team. The STAR program is housed in the Denver Department of Public Health and Environment, and the Co-Responder program is housed in the Denver Police Department. The Co-Responder program has been expanding for many years, while the STAR program is newer to the community. STAR began with the community's desire for an alternative crisis response, and many community stakeholders prioritize its separation from law enforcement. Recognizing the importance of clear boundaries between these programs, our research highlighted two opportunities for productive collaboration.

Maintain internal collaboration among clinicians. Nearly everyone we talked to highlighted the strengths of clinicians supporting one another in preparing for and responding to calls. This type of internal collaboration happens over the radios and internal chat platforms and does not have to be client-facing to continue supporting better outcomes for both programs. We also think collaboration among clinicians will likely become more important as clinicians begin to refer clients to the new community engagement provider network funded by STAR.

Create clear outreach and awareness materials for both programs. Many staff and community members we spoke with highlighted common misunderstandings in the community about how these two programs are the same and how they are different. Many noted that the general public hears much more about STAR than the Co-Responder program, even though the latter is older. Sharing outreach and awareness materials about each program can help reduce confusion and highlight both programs as part of a set of expanding behavioral health strategies in Denver.

Program Metrics

As noted above, year one of this evaluation was largely qualitative, given the delay in data sharing between the city and WellPower. Year two of the evaluation will be more focused on understanding quantitative measures of program implementation and outcomes. In addition, as STAR continues to expand within DDPHE, the city could broaden the types of metrics it monitors for STAR beyond the typical public safety outcomes of interest. Based on our understanding of these programs to date, in table 1, we outline a potential framework for measuring program outputs (how many services were provided by the programs), program implementation (client satisfaction with services), and program outcomes (difference the program made to people who encountered the program). Year two of the evaluation will seek to measure many of these metrics as feasible, given data availability.

TABLE 1

Metrics for Program Measurement

Measuring program outputs, implementation, and outcomes

Research questions	Process measures and outcomes	Data sources
Outputs: How many services are provided?		
How many services are provided?	▪ number of encounters ▪ *time on scene* ▪ number and type of referrals	▪ WellPower ▪ DPD
Implementation: How well do the programs perform?		
Are services appropriate for the demand?	▪ share of 911 calls flagged as STAR appropriate ▪ share of flagged calls with STAR response	▪ WellPower ▪ 911
Are services culturally appropriate?	▪ demographics/needs of encounters compared to city demographics/needs (race, age, *language*, geography, *disability*) ▪ *client satisfaction*	▪ WellPower ▪ DPD ▪ *client survey*
Do services vary by race and gender?	▪ demographics ▪ type of response (STAR, co-responder, police, etc.)	▪ 911 ▪ WellPower ▪ DPD
To what extent does service connection occur after crisis response?	▪ *number and date of referral* ▪ *number and type of service connection* ▪ *number of clients who take up service connection* ▪ *number of follow ups per client*	▪ WellPower ▪ DPD ▪ Servicios de La Raza
Are programs cost effective?	▪ program costs ▪ cost offsets and shifts across systems	▪ WellPower ▪ DPD
Outcomes: What difference are the programs making?		
How do clients perceive the effects of programs on their well-being and quality of life?	▪ stability ▪ access to services ▪ health ▪ support networks ▪ income and employment	▪ client survey

Research questions	Process measures and outcomes	Data sources
Are changes observed in clients' system utilization because of program encounters?	▪ police contacts, arrests ▪ jail days ▪ 911 calls ▪ ambulance transport ▪ fire response ▪ detox ▪ *ED use* ▪ *shelter stays/assistance*	▪ Denver Public Safety ▪ DHHA for ED use ▪ MDHI for shelter use

Source: Framework developed by authors.

Notes: DPD = Denver Police Department, DHHA = Denver Health and Hospital Authority, MDHI = Metro Denver Homelessness Initiative. Italics indicate measures and outcomes that would require new data collection.

Conclusion

Overall, the STAR program has proven to be an incredibly successful alternative response mechanism for meeting the immediate needs of people in crisis. The program provides human-centered care and de-escalates situations involving people in mental health crises, allowing traditional responders to spend their time more appropriately. To stop the cycle of crisis response for people with ongoing mental and behavioral health needs, more strategies are needed to help connect clients to long-term, culturally competent, and accessible follow-up services. The new community service provider contract with Servicios de La Raza will be a central component of this, along with clarifying the roles of case managers and outreach case coordinators. Another important step for the STAR program will be to repair the relationship with and restructure the STAR Community Advisory Committee, along with other intentional community outreach and engagement.

Evaluation Next Steps

A second year of the evaluation will allow data collection and analysis to focus on components of both the STAR and Co-Responder programs:

- A **community engagement/service provider network study** to document how much and how effectively Servicios de La Raza connects clients to a network of community-based providers created to support longer-term service connections for STAR clients, as well as a client satisfaction survey to measure the appropriateness and outcomes of service connections.
- An **outcomes study** to analyze linked WellPower and Department of Safety data and understand client outcomes over two years after encounters with the STAR or Co-Responder program, and to compare those outcomes to a similar population that did not encounter either program to understand the effects of the programs on individual outcomes.
- A **cost study** to understand the public costs and benefits of the STAR and Co-Responder programs and how these compare to the public costs and benefits of traditional first responder systems.

As with year one of the evaluation, year two is designed to help inform policymakers and program leaders as they assess implementation, outcomes, and costs and benefits for these programs. This information will also be valuable to other local leaders across the country who are pursuing similar strategies in their own communities.

Appendix A. Methods

The Urban Institute's two-year evaluation of the STAR and Co-Responder programs includes multiple study components to examine the implementation, outcomes, systems change, and costs of these programs in order to foster a greater understanding of implementation, coordination, and connection to services; support continuous improvement; and document participant outcomes and ongoing needs. In year one, the evaluation focused on qualitative methods that engaged a broad range of key stakeholders. We conducted a comprehensive review of program documentation, facilitated 38 individual interviews with program staff and leaders from Denver agencies, 10 individual interviews with STAR Community Advisory Committee members and other community stakeholders, and four interviews with people who had prior encounters with STAR and co-responders or outreach case coordinators. We also conducted four in-person program observations of STAR and co-responder teams while on shift and observed monthly STAR Community Advisory Committee virtual public meetings. We separated the programs when possible and appropriate. However, many interviewees spoke about both programs. To ensure the interpretation and reporting of the results were complete, accurate, and relevant, we facilitated two data walks: one with Denver staff and officials and one with community stakeholders who had participated in data collection. During these data walks, we presented the key findings from the study and solicited feedback on our interpretation and presentation, which was used to finalize the publications for this evaluation.

EVALUATION LIMITATIONS

- **Participant interviews**. We sought to interview participants who had direct experience with either STAR or Co-Responder programs to understand the perspective of people on the receiving end of these services. However, we had challenges connecting with participants, and our data collection efforts were limited to just four participant interviews.
- **Administrative data delays**. Our initial scope of analysis for the first year of the evaluation included analyzing administrative data from the Department of Public Safety and WellPower to understand program outcomes for STAR and Co-Responder. However, we encountered delays in finalizing data use agreements that pushed the outcome study to the second year of the evaluation.

Appendix B. STAR Program Timeline

2018

NOVEMBER 2018

The Caring for Denver Foundation ballot initiative passes, which creates a fund to support initiatives addressing mental health and substance misuse in the City and County of Denver.

At least 10 percent of the fund (expected to total about $35 million annually) is directed to public-safety services and trainings.

2019

EARLY 2019

Community partners and DPD begin to expand the co-responder program and strategize how to create a successful STAR program.

JUNE 2019

Community leaders, non-profit leaders, and city staff visit Eugene, OR, to learn about CAHOOTS.

2020

JUNE 2020–NOVEMBER 2020

STAR begins pilot period implementation.

AUGUST 2020

Denver 911 begins flagging all calls that would be STAR eligible, regardless of location, time of day, or availability of van.

2021

JANUARY 2021

STAR expands out of the pilot period to three vans serving all six police districts.

SEPTEMBER 2021

STAR Community Advisory Committee is created.

Hours of operation expand from the original 10 a.m.–6 p.m. weekdays to 6 a.m.–10 p.m. seven days a week.

2022

JANUARY 2022

Oversight of the program moves from Department of Public Safety to Department of Public Health and Environment.

SUMMER 2022

Servicios de la Raza receives the contract to serve as the community-engagement partner organization.

The STAR fleet consists of four vans, eight clinicians, and six EMT/paramedics.

SEPTEMBER 2022

DDPHE temporarily pauses STAR Community Advisory Committee meetings to determine a new structure.

Source: Timeline compiled by authors based on interviews with program staff and community stakeholders.
Notes: DDPHE = Denver Department of Public Health and Environment; DPD = Denver Police Department; CAHOOTS = Crisis Assistance Helping Out on the Streets program in Oregon; STAR = Support Team Assisted Response program in Denver

Notes

[1] "CAHOOTS & The Police Departments," White Bird Clinic, October 29, 2022, https://whitebirdclinic.org/what-is-cahoots/.

[2] Jackson Beck, Melissa Reuland, and Leah Pope, "Case Study: CRU and Familiar Faces," Vera Institute of Justice, November 2020, https://www.vera.org/behavioral-health-crisis-alternatives/cru-and-familiar-faces.

[3] "Person in Crisis Team," City of Rochester, NY, accessed December 16, 2022, https://www.cityofrochester.gov/person-in-crisis-team/.

[4] Tony Hicks, "Contra Costa's New A3 Crisis Unit Helps Prioritize Mental Health Call Response," January 17, 2022, *Bay City News Foundation*, https://localnewsmatters.org/2022/01/17/contra-costas-new-a3-crisis-unit-helps-prioritize-mental-health-call-response/.

[5] Greg B. Smith, "Non-Cop Response Teams Handled Just 16% of 911 Mental Health Crisis Calls," July 18, 2022, *The City*, https://www.thecity.nyc/2022/7/18/23267193/mental-health-911-b-heard-teams/.

References

Boazak, Mina, Sarah Yoss, Brandon A. Kohrt, Wilfred Gwaikolo, Pat Strode, Michael T. Compton, and Janice Cooper. 2020. "Law Enforcement and Mental Health Clinician Partnerships in Global Mental Health: Outcomes for the Crisis Intervention Team (CIT) Model Adaptation in Liberia, West Africa." *Global Mental Health (Cambridge, England)* 7: e2. https://doi.org/10.1017/gmh.2019.31.

Canady, Valerie A. 2020. "NYC Pilot to Respond to MH Crises Needs Peer De-Escalators, Advocates Say." *Mental Health Weekly* 30 (45): 1–3. https://doi.org/10.1002/mhw.32594.

Comartin, Erin B., Leonard Swanson, and Sheryl Kubiak. 2019. "Mental Health Crisis Location and Police Transportation Decisions: The Impact of Crisis Intervention Team Training on Crisis Center Utilization." *Journal of Contemporary Criminal Justice* 35 (2): 241–60. https://doi.org/10.1177/1043986219836595.

Compton, Michael T., Roger Bakeman, Beth Broussard, Dana Hankerson-Dyson, Letheshia Husbands, Shaily Krishan, Tarianna Stewart-Hutto et al. 2014. "The Police-Based Crisis Intervention Team (CIT) Model: II. Effects on Level of Force and Resolution, Referral, and Arrest." *Psychiatric Services* 65 (4): 523–29. https://doi.org/10.1176/appi.ps.201300108.

Gillespie, Sarah, Mari McGilton, and Amy Rogin. 2023. "Understanding Denver's Co-Responder Program: Alternative Crisis Response in Denver." Washington, DC: Urban Institute.

Helfgott, Jacqueline B., Matthew J. Hickman, and Andre P. Labossiere. 2016. "A Descriptive Evaluation of the Seattle Police Department's Crisis Response Team Officer/Mental Health Professional Partnership Pilot Program." *International Journal of Law and Psychiatry* 44: 109–22. https://doi.org/10.1016/j.ijlp.2015.08.038.

Herrington, Victoria, and Rodney Pope. 2014. "The Impact of Police Training in Mental Health: An Example from Australia." *Policing and Society* 24 (5): 501–22. https://doi.org/10.1080/10439463.2013.784287.

Macauley, Nayo. 2021. "Alternative Response to Mental Health- Related 911 Calls." *PCOM Capstone Projects* 41. https://digitalcommons.pcom.edu/capstone_projects/41.

Marcus, Natania, and Vicky Stergiopoulos. 2022. "Re-Examining Mental Health Crisis Intervention: A Rapid Review Comparing Outcomes across Police, Co-Responder and Non-Police Models." *Health & Social Care in the Community* 30 (5): 1665–79. https://doi.org/10.1111/hsc.13731.

Morabito, Melissa S., Jenna Savage, Lauren Sneider, and Kellie Wallace. 2018. "Police Response to People with Mental Illnesses in a Major U.S. City: The Boston Experience with the Co-Responder Model." *Victims & Offenders* 13 (8): 1093–1105. https://doi.org/10.1080/15564886.2018.1514340.

Rogers, Michael S., Dale E. McNiel, and Renée L. Binder. 2019. "Effectiveness of Police Crisis Intervention Training Programs." *Journal of the American Academy of Psychiatry and the Law Online*, September. https://doi.org/10.29158/JAAPL.003863-19.

Skubby, David, Natalie Bonfine, Meghan Novisky, Mark R. Munetz, and Christian Ritter. 2013. "Crisis Intervention Team (CIT) Programs in Rural Communities: A Focus Group Study." *Community Mental Health Journal* 49 (6): 756–64. https://doi.org/10.1007/s10597-012-9517-y.

Townley, Greg, and Emily Leickly. 2022. "Portland Street Response: Year One Evaluation." *Homelessness Research & Action Collaborative Publications and Presentations*, April. https://pdxscholar.library.pdx.edu/hrac_pub/30.

Townley, Greg, Kaia Sand, Thea Kindschuh, Holly Brott, and Emily Leickly. 2022. "Engaging Unhoused Community Members in the Design of an Alternative First Responder Program Aimed at Reducing the Criminalization of Homelessness." *Journal of Community Psychology* 50 (4): 2013–30. https://doi.org/10.1002/jcop.22601.

Vickers, Betsy. 2000. "Memphis, Tennessee, Police Department's Crisis Intervention Team, Practitioner Perspectives." Washington, DC: U.S. Department of Justice. https://www.ojp.gov/pdffiles1/bja/182501.pdf

Waters, Rob. 2021. "Enlisting Mental Health Workers, Not Cops, In Mobile Crisis Response." *Health Affairs* 40 (6): 864–69. https://doi.org/10.1377/hlthaff.2021.00678.

Watson, Amy C., and Anjali J. Fulambarker. 2012. "The Crisis Intervention Team Model of Police Response to Mental Health Crises: A Primer for Mental Health Practitioners." *Best Practices in Mental Health* 8 (2): 71.

Watson, Amy C., Victor C. Ottati, Melissa Morabito, Jeffrey Draine, Amy N. Kerr, and Beth Angell. 2010. "Outcomes of Police Contacts with Persons with Mental Illness: The Impact of CIT." *Administration and Policy in Mental Health* 37 (4): 302–17. https://doi.org/10.1007/s10488-009-0236-9.

White, Clair, and David Weisburd. 2018. "A Co-Responder Model for Policing Mental Health Problems at Crime Hot Spots: Findings from a Pilot Project." *Policing: A Journal of Policy and Practice* 12 (2): 194–209. https://doi.org/10.1093/police/pax010.

Wilson-Bates, Fiona. 2008. *Lost in Translation: How a Lack Of Capacity in the Mental Health System is Failing Vancouver's Mentally Ill and Draining Police Resources*. Vancouver, CA: Vancouver Police Board. https://vpd.ca/wp-content/uploads/2021/06/vpd-lost-in-transition-1.pdf.

About the Authors

Sarah Gillespie is associate vice president of the Metropolitan Housing and Communities Policy Center at the Urban Institute. Her research focuses on ending homelessness. She is a co-principal investigator of the Denver Housing to Health evaluation and was the project director for the Denver Supportive Housing Social Impact Bond Initiative. She is also principal investigator of the evaluation of Denver's STAR and Co-Responder programs and other evaluations of alternatives to arrest for people experiencing homelessness.

Mari McGilton is a research associate in the Metropolitan Housing and Communities Policy Center at the Urban Institute. She works on federally and locally funded projects performing mixed-methods research that employs community-engaged and participatory research methods. As a previous therapist, her research focuses on mental health, youth and families, the Credible Messenger Movement, and community-centered approaches to safety.

Amy Rogin is a research analyst in the Metropolitan Housing and Communities Policy Center at the Urban Institute. Her research interests include disaster resilience, housing affordability and urban sustainability. Rogin holds a BA in environmental science with minors in data science and Middle Eastern studies from Northwestern University.

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500 L'Enfant Plaza SW
Washington, DC 20024

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