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Sam Fuqua: That's Chris Richardson, and this is Well, That Went Sideways! A podcast that serves as a resource to help people have healthy, respectful communication. We present ideas, tools, and techniques to help you transform conflict in relationships of all kinds. On this episode, we talk about a program in Denver that dispatches trained personnel to people experiencing a mental health crisis. It's called STAR - Support Team Assisted Response. We're going to speak with Chris Richardson with Mental Health Center of Denver. He oversees the clinicians in the STAR Program, and with Carleigh Sailon, STAR Program operations manager with Denver 911 Communications. I'm Sam Fuqua, co-host of the program with Alexis Miles. Hi Alexis.

Alexis Miles: Hi Sam.

Sam Fuqua: And we're really pleased to have Carleigh Sailon and Chris Richardson join us for this conversation. Can I start by asking, uh, either of you can take this, to describe the STAR Program - Support Team Assisted Response. What is it? How does it work?

Carleigh Sailon: Sure. So Support Team Assisted Response, or STAR, is a civilian response program here in Denver that pairs a Mental Health Center of Denver mental health clinician, and a Denver Health paramedic, and they respond to low risk, low acuity calls coming into the 9-1-1 or police non-emergency system.

Sam Fuqua: Uh, what is a low risk, low acuity call? Give us an example if you would.

Carleigh Sailon: Yeah. So a call where someone is in crisis or needs assistance, and there is no crime being committed, no weapon present, no injury. So things like welfare checks, trespass calls, uh, individuals who are experiencing suicidal ideation who are not in imminent risk, people who may be under the influence of drugs or alcohol, um, indecent exposure where maybe one of our unhoused neighbors is, uh, changing in an alley or trying to rinse off in a fountain, or something like that. Things that are more quality of life issues, public health, or resource in nature.

Sam Fuqua: Now, prior to the implementation of the STAR Program, would that have been handled by a police officer?

Carleigh Sailon: Yeah, um, it would have. The, these would typically be low priority calls for DPD. Um, but the truth is, is that when someone calls, uh, 9-1-1 or non-emergency for one of these issues, traditionally, there are only, uh, three options for response being police, fire, or an ambulance. Um, so what our program aims to do is sort of shift those calls to a more appropriate team. Um, but you know, due to lack of a better option, a, a police officer may have been dispatched to something like that prior to STAR.

Sam Fuqua: So you've given us many examples of what the incident might be. Can you walk us through what happens after your team gets the call and, and who's part of that team?

Chris Richardson: Yeah. So when we're, uh, dispatched to a call, it means someone, um, contacted 9-1-1 with concerns either about themselves, a loved one, or seeing someone in the community that they just had some concerns about. So, um, dispatch, uh, the 9-1-1 center, request STAR to go and, um, investigate what's going on, whether that be, uh, welfare check, trespass, someone that might not be feeling great that day. And so, uh, Mental Health uh, Center of Denver clinician and a Denver Health paramedic, um, take our van and we go, um, to that location and kinda let that individual that we're having contact with, um, kinda tell us what's going on. Um, let them be the director of, uh, what they are experiencing. Um, what's kind of going on, um, with the situation and what they feel would be the best solve, whether that is immediate needs that we may have on the van, whether that's access to services that they otherwise, um, haven't accessed before, or maybe it's even getting somewhere that they don't have the ability to get to whether that's a clinic, whether that's, um, shelter, whether that's, um, somewhere safe, um, and being able to do that and really let the individual be the driver of what that looks like.

Alexis Miles: How does it look different from the traditional model where the call would go to fire, police or ambulance and the STAR model? How do the outcomes differ?

Carleigh Sailon: The outcomes are different because you are sending the right response when someone calls 9-1-1 or non-emergency for an issue. Um, these types of things have wound up on first responder's plate. Um, like I said, due to a, a lack of a better option, um, and you know, police likely would try to solve the issue as well, but it's really not their area of expertise or, or wheelhouse. So it may take them longer. They may not be familiar with the, all of the options in the community, uh, that could serve as a solution. So, you know, when STAR shows up and there's a, a community mental health clinician and a paramedic, this is very much in their wheelhouse and they can, um, assess what's going on and, and provide, uh, several options for a solution to that problem.

Alexis Miles: So I'm wondering, is there a difference in response time since the STAR personnel have more training, are they able to resolve the, the presenting issues more quickly?

Chris Richardson: So we actually, and Carleigh correct me if I'm wrong, I think we're about eight minutes faster than the, uh, the normal response time. And a lot of that is believed to be just resource understanding, connections, relationships that we have with communities. Um, that kind of puts us ahead of the game with just knowing what we can do to help someone. And we're coming at it from a different, different approach. Uh, you know, Carleigh and I were the first clinicians that were on the van and we showed up in jeans and a t-shirt and kind of a bottle water and saying, how can we help? And sometimes that approach can be a much different, uh, interaction versus, um, you know, someone that has, um, had contact with police, fire, or, uh, ambulances in the past.

Carleigh Sailon: Yeah, and the, the, uh, gentleman who collected that data, um, from the Department of Safety that showed that we were, you know, a bit quicker on scene, like Chris said, kind of compared it to having an, an eight minute head start on the call. So we didn't have to spend that extra time figuring out resources or trying to build that rapport because that's very much in our skillset.

Sam Fuqua: That's interesting that just showing up in street clothes, as opposed to uniform can, can help prevent conflict or deescalate a conflict.

Carleigh Sailon: Yeah, for sure.

Sam Fuqua: Can you talk a little bit more about what led to the development of this program and, and how long you've been in existence?

Carleigh Sailon: Yeah, so a little historical context. Um, Chris and I, uh, ran a co-responder program here in Denver that launched in, uh, the Spring of 2016, that pairs a licensed mental health clinician with a Denver police officer to respond to calls, you know, that do have a risk element, where there may be a crime being committed that, you know, that officer needs to be there for scene safety. And I think what Chris and I realized, um, once we got access to police radios, um, was that there were a lot of calls coming into the system that really didn't require an officer or an ambulance or a fire truck, and started thinking about, um, what, you know, kind of our 2.0 version of that, that co-responder program could be and, and heard about Cahoots out in Eugene, Oregon, that's been running for about 30 years. Um, and that's what STAR's modeled after.

So in May of 2019, we went out to Eugene and did a site visit with, you know, city stakeholders, members of the community, um, Chris and myself, and spent a couple days with Cahoots and thought it really made sense, and started kind of working on what a Denver program, um, you know, of the same type would, would look like. So we still run our co-responder program and, and there's clinicians in every district throughout the city. Uh, adding STAR is sort of an additional option for response, uh, and that pilot launched in June of 2020, on June 1st, um, still running currently and working on citywide expansion and we've run, uh, 1,685 calls to date without ever needing to call for police backup, due to a safety issue.

Sam Fuqua: Getting back to a situation, what, what escalates a, a, a conflict in a mental health crisis situation and, and what helps deescalate it?

Chris Richardson: You know, I think that's, it's kind of tricky 'cause it's the, each individual. Um, I think it really just depends on what we're encountering. You know, someone that has high degrees of paranoia, um, or, or concern about people around them, um, having someone that's coming up with lights and sirens can kind of be a additional trigger. Um, that's an unintended, um, behavior associated with mental health disorder. So, um, I think having an alternative response that's much more, um, trauma informed, much more engaging someone in a way that is just like, we just wanna be able to help support you, um, in whatever way might be supportive, even if that's just a safe place for you to be right now. Um, you know, and, and we can figure out what long term stuff looks like. I think it really allows people that otherwise may have been already stressed, uh, have more stress associated with it, kinda have a ability to kinda take a breath with a professional that has skills in, um, breathing practices, and just kinda being an easy ear to, to talk to. Um, and sometimes even just kinda like a post of, voice all the concerns that they're having. And it just has a, a way to be able to really relate to the person where you can come up with a game plan that's a little more intentional to help them in that moment.

Alexis Miles: I'm curious about how the program has been received compared to how the traditional services are received.

Carleigh Sailon: Yeah, um, I think the folks that we've been contacting on STAR have had a really positive, uh, response. I remember a situation last summer where we contacted a, a woman who was, you know, someone called the police non-emergency because she was sitting on a curb and crying and someone was concerned about her. Uh, and we contact her, it was really hot, it was like, you know, July or August late afternoon, and we offered her water and asked her if she was okay. And she basically said that she, um, was unhoused and had sort of gotten stranded up in this part of town and, and didn't really know her way around and was far away from the resources that she typically accessed. Um, and I asked her where she

would like to go, and she had said, you know, at that point, um, Denver was running the women's shelter out of the Coliseum, the Denver Coliseum. And she said, "Well, I really would like to get back there so I can, you know, get inside for the night and shower and, and get a meal, um, but that's like clear across town and it's really far." Um, and we sort of just said, "Well, we'll, we'd be happy to give you a ride there." And she was kind of shocked, you know, she was, um, very surprised. She, you know, kind of got in the van and I mean, we had introduced ourselves, but she's like, what, what is this? Who are you guys again? And, and couldn't believe that there was, um, a response of, of two, you know, kind people that would, uh, happily drive her back to her overnight shelter. Um, and she expressed that it felt very comfortable and, and very supportive and she was incredibly, uh, grateful that STAR had shown up that day.

Chris Richardson: And I think some of those can be one of it, it's one of those developing relationships with people over time. Um, I was on a situation yesterday. Uh, I have had contact with the lady while I was on the van, uh, probably about three times. Um, and we've talked about mental health supports and additional supports and she's never really taken us up on it. Um, but we kept having those discussions and kinda had the attitude of being able to, to meet a client where they're at and being able to provide support in the moment. And yesterday, unrelated to STAR, just walking down the street, she saw me across the park and basically was like, you're that, you're that guy from STAR. Like I, I thought about what you were saying. And I, I do wanna access like mental health supports. Um, we called our back end case managers that came down and met with her. They did the intake in the park. She got associated with a case manager, she got a psychiatrist and then she said, I'm ready to not be on the streets. I need help getting to the shelter, but I don't wanna take the bus. So we called STAR up and they transported her to the shelter where her case manager is gonna be able to meet with her today, um, to kind of begin that process of what recovery looks like for her. So sometimes it's not an immediate support of like, this is a long term plan, but over time you build relationships with people and trust to be able to get them, uh, the supports in the future when they see you.

Sam Fuqua: In that example, you cited the woman crying on the curb. Uh, someone did call, uh, who was concerned, but in some cases I think uh, if we encounter someone who's in a mental health crisis, it's, it can be scary, or we can think it's not my business. What prevents people from calling 9-1-1?

Carleigh Sailon: And I think we're kind of, um, touching on a bigger issue potentially is that historically there hasn't really been other options other than calling 9-1-1 or non-emergency. And these really aren't, you know, law enforcement or ambulance or fire issues, but yet they're sort of routed there because, um, you know, typically when some folks need help, um, that's who they call. Uh, but you know, if someone does see an individual who appears to be in crisis, um, and I definitely wanna highlight that just simply displaying behaviors of a mental illness does not necessarily mean that, that somebody's in crisis, right? Um, if an individual who lives with schizophrenia is, is walking down the street and, um, appears to be responding to internal stimuli, uh, or maybe muttering to themselves, that doesn't necessarily indicate that that person is in acute crisis or needs help. Um, but of course, this woman was crying and appeared to be in some sort of emotional distress and upset, um, and a community member wanted to get her help. Um, so at least now we have this option of civilian response and mental health experts and, and paramedics that can go out and contact folks. Um, but also wanna highlight that, you know, unless it is a crime or a public safety issue or an emergent medical need, um, in Denver folks should be calling, uh, the police non-emergency number, which is 720-913-2000, so that we can leave that 9-1-1 line open for individuals who are, uh, experiencing an immediate, you know, life threatening need.

Alexis Miles: So for people who observe a behavior or a situation, is it better to err on the side of making a call or to try to get more information or, or what should the approach be?

Chris Richardson: I think if the situation is one that warrants, um, there's no say a per, no clear and present safety issues, I'm a big fan of communities being more involved with talking with people and saying, "Hey, are you doing okay? Is there anything we can help support you?" And I think you get more information from that individual in that moment to say, yes, this is something that we actually want to tap in the STAR van for support. Or like Carleigh was saying, this might be an individual that's pleasantly doing well in the community, and they're just like, "No, thank you for checking on me, but I'm actually doing okay." Um, I think it breeds a, a community that's more involved with supporting each other, um, instead of saying, I see something, I'm gonna call someone else to deal with it. And I think a lot of that comes with mental health education and behavioral health education in the community that can always be, uh, expanded and, and, and developed more, so.

Sam Fuqua: How do you determine, let's say you get a call, you go out and you're engaging with the individual, and it seems like it's headed in a direction that might require, uh, law enforcement or something more than you can provide. How do you determine that? Is that just a, a case by case thing?

Carleigh Sailon: It is, um, you know, again, we've never found ourselves in a situation on the STAR van where we, you know, we're put at risk to the point that we needed law enforcement backup, which, one, I think is a testament to our call takers at 9-1-1 who are triaging calls appropriately, um, and we appreciate that very much. Um, but secondly, you know, Chris and I, and the clinicians on the van, uh, have been working in the community mental health game for a long time. The behaviors that someone might, uh, display when they're in crisis, uh, do not make us feel unsafe. You know, someone's in crisis, if the STAR van is showing up, they're likely, you know, not having a great day. They may be angry, um, they may be upset, uh, you know, but that doesn't necessarily mean I'm, I'm unsafe. I can let them know that we're there to support them, and that we understand that, you know, I, I can totally see why you're so upset about this situation and how can we work on a solution. Um, but I think also, you know, something important to note is that there's a lot of stigma around individuals with, uh, behavioral health issues. The media and society has not done a great job, um, of portraying them. Um, and I think it's important to note that, you know, statistically, people with a, a mental health diagnosis are more likely to be the victims of a violent crime than a perpetrator. Um, so you know, those types of behaviors don't scare Chris and I away. People are having a bad day, they might, they might be upset and we'll deescalate and we'll try to support them and let them know that we're there to help. And typically that's very, you know, disarming.

Sam Fuqua: What's been the reaction to the STAR Program from law enforcement and public safety?

Chris Richardson: Pretty successful. We've, um, we've definitely launched the pilot in the downtown corridor area, so District 6, um, I think Denver's saving grace is that they actually had a clinician program, the co-responders, for about five years prior. So I think they already, police already knew kind of what a clinical lens and clinical, um, assistance can actually provide, um, on each scene. Um, so when we rolled out STAR, it was just another opportunity for us to say, hey, we wanna make sure that we're keeping you guys on the calls that you guys signed up for, which is, you know, taking care of the safety of our community, whether that's, you know, vehicle thefts, uh, robbery, stuff like that. Um, and let us take on the lower level stuff that, um, is more in our wheelhouse and there's collaboration and coordination, but for the most part, I think police were very, uh, on board and supportive of the idea of having more resources available and more ability to help support the, the things that they're seeing and have seen for the past, you know, 80 plus years, um, since the invention of 9-1-1.

Carleigh Sailon: And, uh, for the past year, every time we see a District 6 off, officer, they pretty much ask us when they're getting more STAR vans.

Sam Fuqua: Uh, what kind of training did they get? Uh, and has that changed over the years? By they, I mean, uh, uh, police. Cops on the beat.

Carleigh Sailon: Yeah, so DPD trains all of their officers in CIT, which is a national model for recognizing and responding to, um, individuals dealing with mental health, developmental disabilities, uh, veterans, uh, individuals who use substances. So they, um, get that training, um, you know, and, and it's widespread that training across the department. Uh, but again, you know, it is a, a course. It's a one week course. It's very informative. I think it's a great course for law enforcement, but, um, you know, it's not the same level of expertise as Chris and I, who, you know, have, have, um, postgraduate degrees and have worked in this field for years and years. Even with that CIT training, there are some calls and some resources and just certain things that, you know, we're just, it's just a mismatch to send that to law enforcement. They have, um, crimes to be investigating and, uh, keeping our community safe, and, um, it just helps them stay focused on, on the work that they signed up to do and allows us to take that off their plate and solve it more effectively.

Chris Richardson: And I think having the clinicians actually part of not only the, the police, um, riding with them, but also on STAR, is the ability to see skills and, uh, learn from a different partner. Um, just through osmosis, like sitting with someone for 10 hours, you know, we're with them and the paramedics. So they get to kind of see how we interact with folk as well. So, uh, it's kinda that like cross training that you get, um, as a result that kind of can hopefully impact when you're not with a clinician. I still know some of the skills they employ that I never thought of using that maybe I can start using in my practice.

Sam Fuqua: So, a cop may show up to a call and watch you work, and learn something from that.

Carleigh Sailon: Yeah, it's kind of been amazing over the years of, of working with DPD, um, you see, uh, the officers using more clinical language, they'll call you and describe something and you're like, oh, you picked that up from the clinicians, you know. Then when we've learned a lot about how to keep ourselves safe, and you know, when things, uh, if there you are responding with an officer and things are more acute or risky, um, things that you can do, you know, seen awareness and seen safety and things like that.

Alexis Miles: It sounds like you not only can help deescalate with the person who's having a situation, but you can, what your, your work also helps police deescalate within themselves. Is that correct?

Carleigh Sailon: Wouldn't necessarily say, uh, police deescalating. We, they've picked up some information, um, but it's been my experience, I'm sure Chris would agree that, um, you know, we have a really progressive police department who, you know, shows up and, and tries to, you know, provide people with whatever it is that they need, um, you know, I, I can't say that I've had experiences where I felt like an officer was escalating.

Alexis Miles: And, and the next part of that question is, is there de-escalation training just for the ordinary citizen who is just interested in getting the correct response for people who need help?

Chris Richardson: I think mental health first aid is a pretty readily available, um, training for any individual in the community that is trying to learn basic mental health understanding. Um, and I think part of that is also understanding how to talk with people, uh, that may be experiencing some of those, and it gives, um, uh, specific trainings around, you know, uh, mood disorders, uh, psychosis-based disorders. Um, and I think that's something that we encourage every community member to be able to participate in.

Carleigh Sailon: It's a really good course. And, um, you know, you could look up, uh, mental health first aid courses in your area, and sometimes they're free and sometimes there's a, a small cost, but it's definitely worth it.

Sam Fuqua: If you were in charge of the city budget, or if you had a magic wand, uh, how would you staff the STAR Program compared to how it's staffed now? How much more is needed?

Carleigh Sailon: Well, you know, the City and City Council and, and the Caring for Denver Foundation have made a significant investment in STAR expansion. Um, I think what we're working on now is sort of, uh, a strategic expansion, uh, very much rooted in data and putting, you know, staff and units where they're needed. Uh, by the end of the year, beginning of next year, we hope to have six teams and four vans. We'll kind of take a look at, at call volume and what we're making it to versus, you know, what was eligible that we didn't have a van available for and, um, go from there.

Sam Fuqua: Yeah. And, and why do you do this work?

Chris Richardson: I've been doing this work for about, going on 15 years now, uh, with the Mental Health Center of Denver, and I, I think, I just believe that people, um, if given the right opportunity and given the right person to talk with, um, can really get support to be able to access long term recovery based stuff, whatever that person might be, um, saying they need, whether it's substance use mental health, education, employment, housing, um, and that sometimes individuals, not sometimes, individuals with behavioral health, specifically mental health, sometimes don't get a voice or they feel like they don't have the ability to kinda say here's what's going on without feeling judged or stigmatized. And I think the ability to do this work and give voice to those people and give support to 'em, um, is huge.

Carleigh Sailon: Yeah. And when I, uh, graduated, uh, from college, I got a job as an executive recruiter in, uh, the IT field in Manhattan, um, and did it for about three months and was absolutely miserable. Um, and it just wasn't for me. Had no clue what I was gonna do and wound up getting a, a job in a residential setting at a group home for autistic adults and found, you know, working with marginalized, uh, populations and helping those vulnerable members of our community was really fulfilling and really meaningful to me. Um, and that's basically what brought me to pursue a career in social work and have always loved, you know, working community mental health and, um, working, especially in, in crisis work in the criminal justice system, and sort of the unpredictability of all that. And you know, now, uh, with my new position at 911 Communications, really just looking forward to, uh, impacting change from a different perspective.

Sam Fuqua: Well, it sounds like the program really is making a difference and can expand to make a greater difference. Thank you both for speaking with us.

Carleigh Sailon: Thank you. We appreciate it.

Chris Richardson: Appreciate it.

Sam Fuqua: Chris Richardson is with Mental Health Centers of Denver. He oversees the clinicians in the STAR Program. Carleigh Sailon is the STAR Program operations manager with Denver 911 Communications. STAR stands for Support Team Assisted Response.



PODCAST TRANSCRIPT

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