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TRANSFORMING DENVER'S FIRST RESPONSE MODEL:

Lessons in Multi-level Systems Change

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This report is one in a series of research projects undertaken as part of the Policing Project's Reimagining Public Safety initiative. Learn more at SafetyReimagined.org.

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INTRODUCTION

The police killings of unarmed Black Americans, and the ensuing protests, have reinvigorated concerns about the footprint of policing in the United States. There have been renewed calls from the public to shift various tasks away from the police.

These calls reflect a set of interrelated problems:

- Police are called to address many social problems for which they are unsuited to address;
- Because they are unsuited to address such problems, too often the police fail to solve the problem for which they are called to respond to in an effective or lasting way, squandering societal resources and leaving the social needs that led to the call unmet; and
- In too many instances, police interactions (inappropriately) result in a use of force and/or arrest.

As a result of these problems, community safety is threatened rather than protected, and perceptions of police legitimacy & trust in the police rightfully suffer. These adverse effects are borne by all of society, but they fall disproportionately on communities of color and marginalized communities.

Denver has been a national leader in addressing these interrelated challenges. It was well ahead of the curve in conceiving and planning significant changes prior to the protest movement that sparked reform discussions in other communities, and then, in the ensuing years, implemented and scaled multi-level system improvements. Denver's strong start and promising experience, although still evolving and unfinished, provides important lessons for public safety professionals, elected officials, community leaders, and residents across the country.

The most prominent change undertaken in Denver is the addition of the Support Team Assisted Response (STAR) program. Established in 2020, the STAR program is a mobile crisis response van that pairs a Mental Health Center of Denver (MHCD) clinician and a Denver Health paramedic or emergency medical technician (EMT) to respond to incoming calls-for-service related to mental and behavioral health, substance use, and homelessness instead of the police. The program has generated significant excitement from community members and government officials alike, but until now there have been many unknowns regarding this large-scale change to first response in Denver.

In this report, we present shared learnings from conversations with residents of Denver's communities most affected by policing and other first response practices, and municipal actors from multiple agencies within the Denver government about their perceptions, ideas, and attitudes toward reducing the scope of policing, increasing the use of alternative responders to address community needs, and other ways to transform first response systems. We found it critical to incorporate both community and government in this study, as all too often each group does not hear or understand the views of the other. Through our case study of Denver, we generate an in-depth understanding of the motivations for and complexity of transforming first response more generally and explore an issue that numerous jurisdictions across the U.S. are interested in understanding.

Objectives

Our objectives in this report are to:

- Shine a light on how communities motivate and implement organizational change; and
- Put government and community in open and transparent dialogue with one another regarding first response practices.

To accomplish our objectives, we investigate a series of research questions in this study. Given the two-pronged nature of our work (e.g., learning from community and municipal actors), the Reimagining Public Safety (RPS) research team pursued two distinct, but at times overlapping, lines of inquiry. Below we present key research questions from each team.

Municipal Actors

Research Questions:

- **How do municipal employees, practitioners, and organizational actors define public safety?**
  - What does public safety mean?
  - How can it best be achieved?
  - Who is in charge of providing it?
- **How do municipal employees, practitioners, and organizational actors define public safety?**
  - What motivated the change?
  - What do municipal actors believe police should be spending (and/or not spending) their time doing?
- **How is the first response system changing?**
  - What do municipal actors believe are the goals of changing their first response model? How do stated goals align with measures of program success?
  - What is being changed (e.g., policy, practice, mindset)?
  - What are the barriers (or lack thereof) Denver faces when implementing an alternative response program? How are front-line workers overcoming the challenges they face?

Community Members

Research Questions:

- **How do community members define public safety?**
  - How do community members characterize organizations' and professionals' roles and responsibilities for establishing public safety?
  - What do community members perceive as the most effective sources of public safety services?
- **What stage of readiness for change best characterizes community members?**
- **What are community members' perceptions of recent changes within Denver's public safety system?**
- **What first response services are unavailable, inaccessible, or unusable?**
- **Where, how, and from whom do community members want to obtain first response services and support?**

Note: "Community members" refers to city residents most affected by policing and other first response practices.

DATABASE AND ANALYTICAL APPROACH

We include a multitude of perspectives, viewpoints, and opinions from municipal actors and community members in our data sample to more deeply understand how and why Denver is transforming its first response model. Denver is an ideal site for study because it has made significant changes to its first response model with the introduction of STAR - an alternative response program that shifts certain calls away from the police. The following section describes our data and analytical approach.

Municipal Actors

We purposively sampled municipal actors across five key roles to learn from Denver's experience implementing alternative response.[1] These roles included:

- City officials (e.g., policymakers in the Department of Public Safety, staff in the Mayor's Office, city attorneys);
- Police leaders (e.g., the chief of police, policymakers inside the police department, sergeants, lieutenants);
- Patrol officers
- 911 operators (e.g., 911 police call-takers and dispatchers); and
- Alternative responders (e.g., medics and clinicians with STAR).

We focused heavily on 911 operators in our sample because the success or failure of alternative response depends largely on the decisions made inside dispatch about which type of responder to send. In addition to these five kinds of municipal actors, we also interviewed a non-profit leader who provided the city with funding to support the STAR pilot program, as well as members of a co-response unit (e.g., a patrol officer paired with a mental health clinician). We learned a great deal from these individuals, but did not further sample within these roles as they were not critical to understanding the STAR program.

Figure 1 below shows the total number of interviews we conducted in Denver (N=45), as well as a breakdown by respondent role.

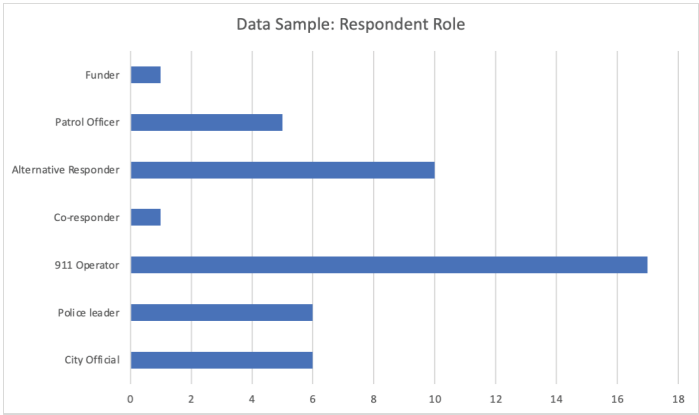

Figure 1: Respondent Roles in Municipal Actor Data Sample

To answer our research questions, we conducted virtual and in-person interviews with the various respondents listed above. Qualitative interviews are a powerful tool to learn about respondents' "experiences, accounts, motivations, aspirations, and efforts to make meaning" in a particular social context.[2] For these reasons, interview data were critical to our study because we sought to understand how municipal actors made sense of motivation and practice changes around first response. Interviews were semi- structured, meaning we used an IRB approved interview protocol to guide our inquiries, but also engaged in careful listening and deep probing to

maximize learning from our respondents' unique experiences.[3] Each virtual and in-person interview lasted approximately one-hour. All interviews were recorded and transcribed by an online transcription service (Rev.com).

In addition to conducting semi-structured interviews, we also engaged in participant observation to see firsthand how front-line workers interact with members of the public and each other at the street-level. Participant observation pays close attention to how individuals react and behave to make sense of situations in which rules and protocols fail to provide adequate guidance. The method's emphasis on meaning-making and interaction is particularly well-suited for studying how municipal actors in Denver reacted to, came to understand,and implemented organizational changes.[4]

Our decision to observe police, co-responders, STAR, and 911 operators during ride-alongs and sit-ins contributes to a strong methodological tradition in criminology; essential studies illuminating decision-making among law enforcement have all been observational in nature.[5] Our ride-alongs and sit-alongs occurred during a one-week site visit to Denver and each observation block lasted approximately four hours. Participant observers made jottings in field notebooks and then dictated voice memos at the end of each day to capture the various activities and interactions they witnessed. Voice memos were transcribed using a transcription service (Rev.com).

Figure 2 shows the number of transcripts in our database and the proportion derived from interviews and field notes.

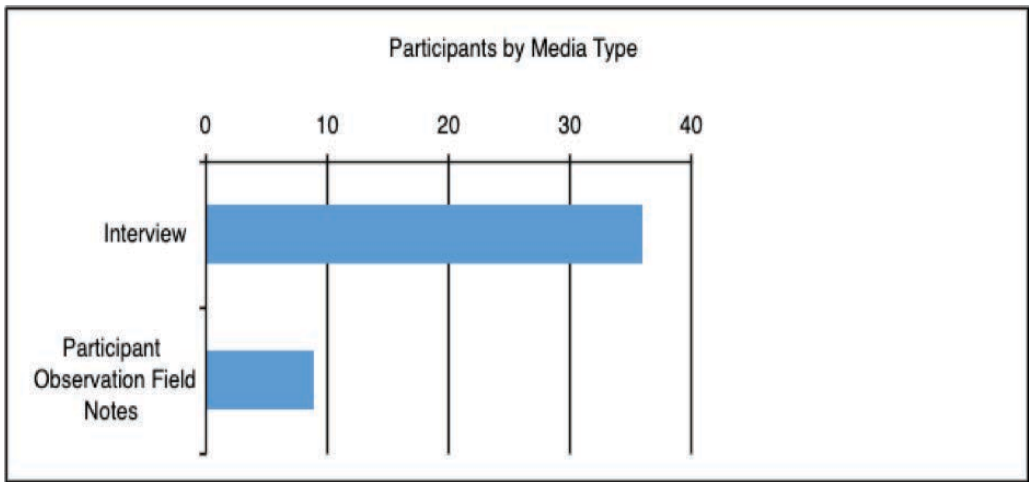

Figure 2: Data Source by Type of Collection Method

Note: We interacted with 45 respondents across 20 interviews/focus groups as well as during a weeklong participant observation field visit.

After assembling our database, we employed a deductive-inductive analytical approach in which analysts both reviewed interview data for concepts articulated in our initial research questions and identified emerging concepts that arose during collection and analysis. Coding of interview transcripts began with a research question-driven list of codes and definitions. Additional parent and child codes were added during the review and analysis of the data. The research team met weekly to discuss and review the evolving codes. During these weekly meetings, researchers reviewed themes and codes while simultaneously referring back to the research questions and relevant literature to make sense of and affirm the analysis. An important task in the coding and analysis included comparing theme interpretation and resolving interpretation and coding discrepancies to reach inter-rater reliability.[6] All coding was completed using the qualitative analysis software Dedoose. Our analytical approach aligns with best practices in qualitative methodologies.[7]

Community Members

The eligibility criteria to participate in the community conversations included:

- Being over 18;
- Speaking conversational English or Spanish;
- Residing within the jurisdiction of the partnering public safety department.

We implemented a targeted strategy within those parameters.[8] Specifically we focused on filling every cell within a matrix containing two dimensions: geographic and individual characteristics. As detailed in Figure 3, at the geographic level, we targeted neighborhoods in the top quartile for Denver arrest rates that year (2021). At the individual level, we targeted people with differing levels of previous participation in public safety transformation efforts. This approach ensured that: (a) we did not restrict community feedback to representatives who most commonly have a seat at the design table; and (b) we heard from residents with extensive lived experience interacting with Denvers public safety system.

Involvement in Reform Efforts

Geographic Area	Formal Representative	Informal Leader	Previously Disconnected	TOTAL
High Arrest Rates	4	6	5	15
Other Areas	7	2	2	11
TOTAL	11	8	7	26

Figure 3: Targeted Sampling Matrix and Number of Participants

Due to the surge in the Omicron variant of the COVID-19 virus in December of 2021, we limited participation to 26 people. The participants are demographically diverse. Two out of every five participants are Latinx, eight are Black, and nine are men. Household income ranges from below $20,000 to above $250,000 per year. Half of our participants are between 30 and 56 years old, and ages range from 18 to 72. Most people (19) have lived in Denver for more than two decades and hailed from 16 different Denver neighborhoods (represented in Figure 4).

Figure 4: Community Representation

Note: This illustration is weighted so that communities with greater representation are in larger fonts.

The participants represented some of the populations most impacted by Denver's first response practices. Nearly two-thirds of people at the community conversation had recently called 911. They live in neighborhoods with average overall offense rates – including both violent and property crimes – of 86 per 1,000 residents (rates ranged from 35/1,000 to 140/1,000).[9] Finally, as is represented in Figure 5, the racial composition of community participants more closely resembles the racial composition of DPD arrestees than the racial composition of Denver residents overall. As noted above, our selection parameters for community participants were not intended to provide a representative sample of the entire population of the city of Denver, but rather were weighted to ensure participants were likely to have lived experience with Denver's policing and first response system.

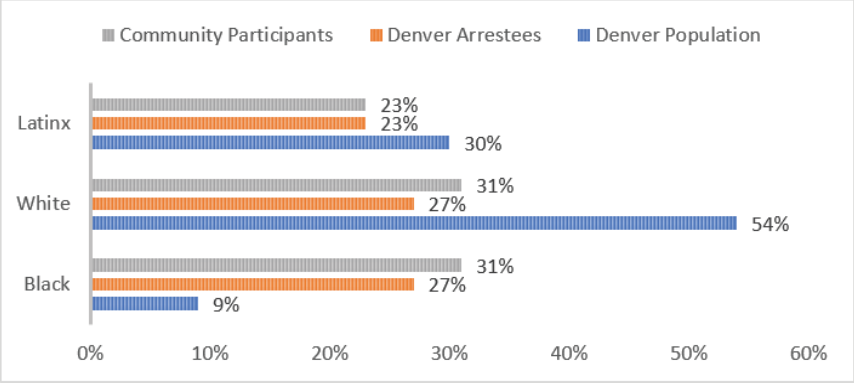

Figure 5: Racial Composition Comparison of Community Conversation Participants[10]

Note: 12% of oir participants identify as Native American, but we could not obtain arrest rate data for that population. None of our participants identified as NHOPI or Asian/PI.

Our research team consisted of the principal investigator, a five-person community advisory board from Denver, six facilitators who were Denver residents, and six co-facilitators from Montclair State University and NYU (two of whom served as research assistants). We designed a three-pronged data collection plan to answer our community research questions. First, after arriving and completing the informed consent process, participants completed a CAPI enrollment questionnaire consisting of questions on demographics, use of service, perceptions of police,[11] and community readiness for change.[12] Our community advisory board also added questions about response times to the questionnaire during the course of the study. The final question asked respondents: "When you signed up to join this conversation, is there a specific topic you hoped we'd discuss?"

Next, participants engaged in two rounds of focus group discussions. This first round (in the morning) focused on a predetermined set of topics, although the community advisory board helped inform the specific examples, probes, and question-wording we used. The question route moved from general to particular, employing probes to maximize the detail and clarity of participant data.

The morning question route focused on the following topics (in order):

- Definitions of public safety
- Perceptions of agencies, organizations, and local citizens' roles and responsibilities
- Public safety resource utilization, including access to and usability of services
- Desired public safety services and resources (and from whom)
- Feedback on recent change efforts and, specifically, the STAR program

At the end of the morning session (during the lunch break), the research team gathered to discuss emerging themes and review the results from the enrollment questionnaire, including answers to the final question in the questionnaire. The team used this information to determine three topics for the afternoon focus groups.

After lunch, participants chose to participate in a focus group on one of the following topics:

- Housing and Unhoused Issues;
- Holistic and Unconventional Reforms;
- Equitable Distribution of Community Resources; or
- One that focused on Denver's co-response and Street Enforcement Team programs.

For these focus groups, facilitators focused on achieving saturation of items in the semi-structured question guide by choosing the most appropriate probes in lieu of maintaining verbatim fidelity to the questions. The afternoon focus group ended with participants completing and sharing their answers to a worksheet designed to elicit feedback on trusted people and organizations who have skills, talents, and resources that could contribute to first response transformation effort in Denver.

All focus groups had a facilitator/co-facilitator design. The facilitators were local Denver residents with experience and training in research ethics, evaluation, and group facilitation. The co-facilitators were students and NYU Policing Project staff trained in culturally responsive and equitable facilitation and qualitative note taking. Each focus group contained five to eight community members to ensure the proper balance between collecting rich data at individual levels vibrant discussion at group levels. Participants were fully oriented to the focus group processes before participation and fully debriefed at the conclusion. We audio- recorded every focus group meeting, and co-facilitators produced jottings to provide context and markers for use during transcription. The team members transcribing the recording used these notes to identify and specify speakers and include notations about signs of agreement from other participants (e.g., nodding, snapping, smiling) or disagreement from other participants (e.g., head shaking, arms crossing, exiting the circle).

The quantitative data analysis of the questionnaire is purely descriptive. It consists of basic univariate statistics and bivariate comparisons. To plan for the analysis of qualitative data, we held team debriefings (including the local facilitators) and read all field notes along with the complete transcription. The team then met with the community advisory board, using member perspectives to validate and add to the emerging codebook. We performed two rounds of open coding[13] before finalizing the codebook.

The coding trees in our completed book consisted of selective themes and axial categories.[14] Subsequently, we used these trees to perform focused coding in the Dedoose software program.[15]After beginning coding during this stage, we checked for intercoder reliability in Dedoose, which had a Cohen's Kappa value of .82. In this report, we use pseudonyms when reporting results from these analyses.

FINDINGS

The following section of the report presents a detailed case study of Denver's attempt to transform their first response system. We start by unpacking what the term public safety means to a wide range of municipal and community actors. We then highlight several dominant factors that drove Denver to change their first response system. Next, we describe the main change that Denver made – shifting certain calls away from the police and toward clinicians and medics through the STAR program – to better address societal needs. In particular, we highlight the ways that municipal actors articulate the goals of the program, the roles it serves, and barriers to its implementation. Finally, we move beyond STAR to discuss ways in which Denver can further transform their first response system.

Unpacking Public Safety

The phrase "public safety" often is used by policymakers, government leaders, front-line workers, and community members when discussing the purpose of first response systems. But what does public safety mean? How can it best be achieved? Who is responsible for providing it? We believe a key step in the transformation of first response requires a deep understanding of what actors from multiple parts of government and the community mean when they say public safety. In the section below, we provide an overview of findings from both municipal and community actors regarding this concept.

What does public safety mean?

Participants in the community conversations were adamant that public safety is more than policing and "flashing lights." They used the term "public safety" to refer to "larger problems that should be addressed way outside of the lens of the criminal system or law enforcement." Throughout the day, they asked clarifying questions such as "public safety for who," "who is the public," "safe for who," and "to safeguard whose lives?"

To many participants, public safety means **having the formal and informal resources that community members need to survive and feel secure.** These residents want to "be able to…not live in fear; to be able to get a good quality of life without living in fear." That is dependent on having "resources that folks need to survive" and "economic stability in the neighborhoods [so you don't] have to worry about somebody robbing you 'cause they can't feed their kids." When residents think of public safety, they imagine "feeling safe at home," "having security and being able to have stability in your community," and "people being safe because they have the resources that they need."

Layla summed up these sentiments well:

> **There's a belief that… 'safe communities are safe because they have police there.' That's not true. [agreement from the group] Our safe communities in Denver are safe because those people have the resources to get the help that they need when they need it.**

Similar to the community conversations, a recurrent theme that emerged from speaking with respondents from different levels within municipal government was that **public safety means "feeling safe" in your community**. Respondents believed all community members, including first

responders, deserve to feel safe. One police leader captured this sentiment by comparing safety to basic human necessities:

> **Safety is part of Maslow's hierarchy of needs...it's foundational. You can't get to the next step of that pyramid until you have safety. It's like food. It's like water. You have to have it.**[16]

Unlike community members however, respondents on the municipal side generally viewed public safety more narrowly and equated it to **physical safety from harm and victimization**. For example, one police leader defined public safety by posing a question: "Do you feel like you can walk down the street and be okay no matter what neighborhood you're in?" Yet another police leader shared a similar perspective and said that public safety is about "people feeling comfortable to live, work, and play how they want." One 911 operator also viewed public safety as being about a feeling of physical safety among community members: "To be able to walk around on the streets or to feel safe inside their home or even safe just to call us if they need us."

This notion that public safety implies physical safety was not limited to the physical safety of community members. Respondents also indicated that public safety includes whether or not responders feel safe on the street as well. Regardless of whether the municipal respondents were referring to community members or first responders, the common thread here was the emphasis on physical safety.

Who is in charge of creating public safety?

The Denver Department of Public Safety's (DOS's) official mission is "to solve complex problems through support and oversight of Denver's public safety agencies". Community members found this mission statement to be "stuffy and bureaucratic," "very top-down in terms of the relationship that these agencies have with community members," and "very vague."

More specifically, community members agreed that there is "no mission behind this mission statement." Some felt that it is **"as if we have no say in our own safety; it's weird. It's like an outsider coming in."** In other words, the mission seems to focus on agencies and employees, "not people that really are a part of the community." It also dismisses the idea that the community has some ability and agency to contribute to public safety and to hold people and organizations accountable for their actions.

Community views about responsibility for public safety took several forms. Some of the participants argued that the community's role largely revolves around accountability, meaning "personal responsibility, appropriate use of services, and demanding improvements to the services that are not working." Others argued that "close knit communities" and "neighbors looking out for each other" are the best pathways to establishing a safe environment. Regardless, **nearly everyone believed in shared responsibility for establishing public safety**, and the need for "municipal, county, and state entities that govern public safety" to work closely with groups and individuals who are working at a more informal level.

Participants' concerns over the lack of recognition in their own ability and agency to create public safety are not unfounded: municipal actors overwhelmingly viewed the government (including police) as the main entity responsible for creating public safety, and community members as the beneficiaries of their efforts. One police leader explicitly discussed local governments' role in providing public safety: "Government cannot overlook the responsibility to keep its people safe."

A small subset of respondents viewed the police as being the primary government entity

in charge of creating public safety. A patrol officer explained that police officers take pride in their neighborhoods and feel ownership over the task of creating public safety. The officer worried that the decentralization of public safety responsibilities to special teams and units reduced officers' "ownership over their particular neighborhood." Most respondents, however, expressed broader views of the government's role in maintaining public safety beyond just the police.

For example, in response to problems of drug use in Denver's downtown transit center, police leaders explained that "law enforcement alone cannot solve this problem, we need public health interventions." Collaborations with Denver's Department of Public Health & Environment and other areas of government (e.g., housing, social services, mental health) were seen as vital to creating public safety. Notably, none of the municipal respondents explicitly discussed public safety as being the responsibility of the community to create or provide, despite local residents believing they have a direct role to play in establishing public safety.

In short, based on our community and municipal conversations, we heard two divergent views about who should be tasked with creating public safety. The government saw their role as needing to provide services, responders, and resources to create feelings of safety for residents. The community saw the government's role differently; as one community member explained:

> **The role of governmental agencies and systems should be to support and amplify community stakeholders to solve their own problems. The community knows what a community needs.**

Both community conversation participants and municipal actors, however, agreed that 911 plays a key role in achieving public safety.

How can public safety best be achieved?

Despite community participants' emphasis that public safety includes things beyond the provision of physical safety (such as access to childcare, education, food, housing, medical treatment, etc.), they still believe that there is a specific and important role for first response to fulfill in creating public safety. Denver residents firmly believe that 911 and first response should be reserved for "proper emergencies" or "when someone is dying." Specifically, participants think 911 should be used for medical emergencies, physical threats, and fires.

When is it okay to call 911?

- Telia: "When somebody is gonna die."
- Layla: "That's really the only reason I've ever called 911. They were medical emergencies for my dad and I wouldn't know who else to call."
- Mary: "From my understanding 911 is the service you call for medical safety. Like, it's 911 who you call when you need an ambulance, a fire truck, or the police to show up."
- Tavon: "If you need someone now, right now, 911."
- Lillian: "I think in life threatening emergencies. Somebody was in the house or something, I'd call."

Figure 6 reveals, however, that community conversation participants have called 911 for reasons other than life and death emergencies such as traffic enforcement and animal issues, which differs from respondents' indication that 911 should only be used for medical emergencies, physical threats, and fires. However, these findings do align with broader trends in call-for-service data that community members rely on 911 for a wide array of problems not limited to "life and death emergencies."[17]

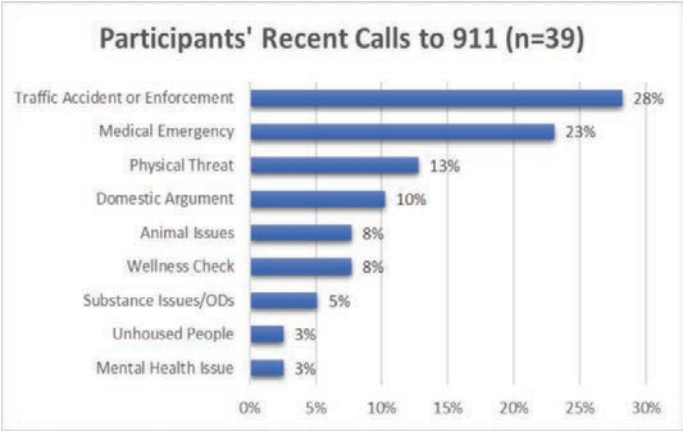

Figure 6: Calls to 911

Because of the wide-ranging caller reports that come through 911, municipal actors shared that they believe public safety is best achieved by having a **diverse set of first responders**. A 911 operator clearly articulated this view:

> **I kinda see it (public safety) as a puzzle. It has many different interlocking pieces that all come together to form one picture. You have dispatch and call-takers. You have police. You have fire. You have medical. You have your fourth responders – your clinicians and your STAR vans and things like that. And then you have your community in need. It's just having the availability of the resources to make a functioning and healthy community.**

For this respondent, having the ability to send out police, fire, medical, and now "the fourth responders" to address issues of mental health, homelessness, and addiction contributes to public safety. Other respondents agreed with the importance of having alternative responders without "lights and sirens," "uniforms," and "guns" as essential to protecting people from harm and creating public safety. This emphasis on having additional responders to achieve public safety reflects a broader mentality that we heard amongst municipal respondents: **Recent changes at the government level are less about how public safety is defined, and more about how public safety is delivered.**

Some municipal actors, however, were less certain about how to achieve public safety because of the inherent tensions it raises. One police officer explained that public safety is the freedom to walk down the street and not be spit on or touched by people experiencing mental health crises, for example. He believed that achieving public safety in such a situation requires the removal of the person doing the spitting or touching from the street. He went on to explain that such a removal would not go over well with the average person: "For whatever reason, that's just not the climate we're in. I think when you talk about public safety, it's that balance. People want certain things. They want folks off of their porch. They want people to not be on the street naked, but when you say, okay, we'll take them to jail, they're like, 'Well, I don't want that either.'"

This officer felt stuck in a difficult position; people call 911 to report behaviors that make them feel unsafe, but the only tool the police really have – to (often forcibly) remove the subject – can make the subject of the call feel unsafe. One person's safety ends up taking priority over another's. This sentiment was echoed by another officer who described the dilemma in the context of a new needle exchange program in Denver. Although she agreed with the practice of providing people with clean needles, she said that because participants aren't required to return their used needles, they are dropping them in public parks and children are picking them up. In her mind, the program prioritized the safety of "the drug users over the kids." Municipal actors agreed that achieving public safety in a way that makes all parties feel safe and cared for is a difficult tightrope to walk.

Motivating Changes to First Response

Throughout our conversations with community

members and municipal actors, we repeatedly heard agreement from participants over the need for Denver to make changes to their traditional first response model of sending the police out to the vast majority of 911 calls.

Figure 7 shows general alignment across community members, police leaders and alternative responders regarding the problems with traditional first response: **Sending police to deal with every social problem simply isn't working.**

Community Member	Police Leader	Alternative Responder
"We have been doing the same thing over and over again, and it hasn't worked. This cookie-cutter approach to safety – who feels safe and who doesn't, who is protected and who isn't, and which agency responds – this shit ain't working."	*"I don't know that I would call somebody having a health crisis a policing issue. Although, by default, in this country, it tends to be a policing issue, unfortunately."*	*"They gave us a police radio, shockingly. And, during that time we just kind of said, why on God's green earth are we sending police to certain calls? Like even we were just like, this is not a police matter, why are we doing this?"*

Figure 7: Alignment Among Respondents Regarding a Need for a Transformation Community

Our data also indicates a high level of readiness for change in the communities most affected by policing practices and Denver's first response system. Figure 8 shows that seventy-eight percent of community participants believed that transforming the first response system is a high priority issue. As might be expected, the people who came to the conversation perceived themselves as more interested in seeing transformation than other groups. Still, the perception is that even the average Denver resident sees transforming first response as a high priority.

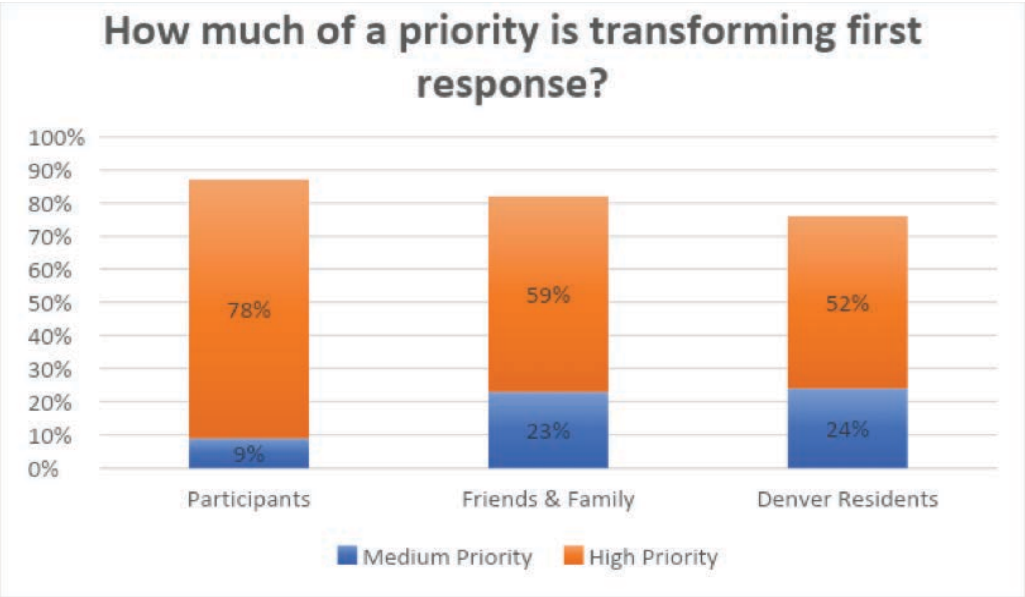

Figure 8: Community Conversation Participants' Perceptions of Denver Residents' Interest in Transforming First Response

In addition to showing shared desires among stakeholders (e.g., community members, police officers, alternative responders, etc.) to transform first response, this section of the report uncovers and describes the primary reasons **why** community members and municipal actors are calling for changes to first response.

These changes include:

- Reducing the risks associated with a police response
- Minimizing "illegitimate" use of 911[18]
- Improving relationships between first responders and community members
- Better aligning callers' problems with more appropriate resources and/or responders

Motivation #1: Risks Associated with a Police Response

Figure 9 shows that only about one out of every five community respondents reported that they would never hesitate to call 911 in an emergency. During the conversation, participants explained that the hesitancy is primarily due to the likelihood that police will respond to their calls. At first, community members referred to historical relationships with the police at the most general level. For example, one group referred to "the history between what cops have done to people," another focused on "the history of that pain and trauma inflicted on us," and the others mentioned "mistrust," "distrust," or "betrayal." However, discussions later became more specific. Although the conversation participants acknowledged these general relationship issues as shared trauma that informed their risk calculations, they detailed two main risks associated with calling 911 (particularly when doing so results in a police response): (a) the risk of being criminalized, and (b) the risk of bodily harm.

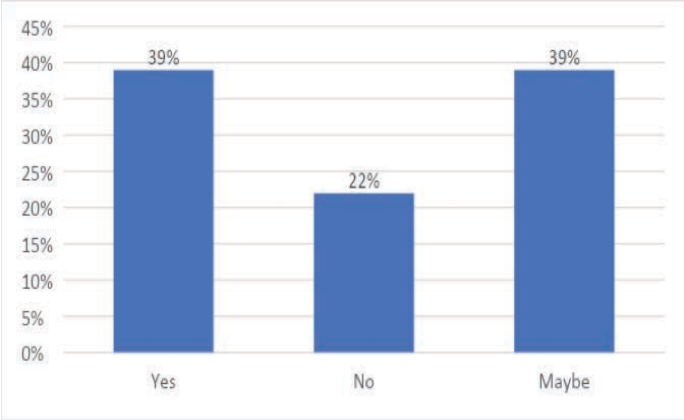

Figure 9: Percent of Participants Who Would Hesitate to Call 911 in An Emergency

> **It comes to cultural norms if, you know, in your community you've never seen [police] help people. You've only seen them take people to prison or jail or shooting them or beating them. I personally been beat up by cops, you know. And I didn't do anything wrong. I was loitering pretty much, but I got beat up and nobody ever did nothing about it. So, I've always felt that police, again, are more a threat to my safety than the streets.**
>
> **- Community Conversation Participant**

Risk of being criminalized

More than any other risk associated with calling 911, participants discussed concerns that police response would result in legal sanctions against the caller.

- "A lot of the time you call police, you know...they see you as somebody they need to catch in a lie. Even when you're a victim [they ask], 'oh what are you doing over here? How come you got whatever?'"
- "Priors. You got priors and you call 911, you're guilty."

- "No matter what, even if the police are called and you're answering questions to them, as soon as you start that interaction, right away it's like in their training to try to catch you up on something. 'Oh where you coming from? What's this and that?'"

- "Like, if you're in housing [public housing], you're not allowed to have but so many police contacts... Now, police contact can be as simple as your neighbor getting beat-up. But, you're afraid to call and report that because that's a police contact."

As a result of these types of risks, community members either avoid calling 911 or have adopted tactics to allow them to avoid contact with police after calling 911. Participants explained:

- "You do a drive-by 911 call: 'I'm just calling to report this address.'"
- "Block your number, *67, however you do it."

Risk of bodily harm

Participants worried about bodily harm to both the caller and the subject of the call, but most often they were concerned about harm to others if police were to respond to their 911 calls.

- "There's so many situations out there where somebody calls the police for help... Then the person who calls the police is the person who ends up getting shot."

- "If you're being victimized by someone who's abusive [sometimes] you don't want to call the police. You don't want this person dead, which can very well happen."

- "There was some people in the restrooms, I think they were dealing. So, we called about that. These other two young men had nothing to do with that and they were just sitting outside waiting. And I regretted calling because [the police responders] went after these other two young men who were just sitting there. I mean the officer was just red in the face. Huge tattoos, bulking guy and he was yelling at this young gentleman and yeah... Since then I think, 'stay up here and try everything to ensure that that is not one of our moves.'"

Risk of Trauma

Municipal actors across different roles also expressed an understanding of the ways in which police have contributed to trauma among communities, especially marginalized communities, and the need to address those traumas and make changes to their first response system. Although community participants identified trauma as a contextual factor, municipal respondents viewed trauma as a risk associated with police response.

- One city official explained that, "[Police] bring some trauma to certain communities, right? Communities of color, communities that have experienced over-policing or disparities in criminal justice practices on them... And sometimes bringing in an armed police officer brings in more trauma."

- An alternative responder expressed a similar understanding regarding the historical trauma of policing: "Following George Floyd there's been a lot more outcry with STAR specifically. We don't want police responding to these calls because of historical negative outcomes." He went on to explain

that "historical trauma is a real thing and anytime an officer shows up whatever they've [the subject] has experienced is gonna come out in that call."

Additionally, city officials appeared to understand the concerns voiced by community members above regarding bodily harm. One official shared a concern he had once heard from a resident: "My son has schizophrenia. He's diagnosed with schizophrenia. And so I don't wanna call the police because I'm afraid if he acts out you're gonna shoot him." **Leaders are not oblivious as to the real risks that come from mobilizing a police response.** One police leader put it bluntly: "Every time you're on a call, there's [at least one] gun there. There's a weapon there." A 911 operator we interviewed also understood the risks of a police response: "Sometimes a police officer, just their presence can escalate a situation."

Because of the risks that can come from a police response, in addition to calls from community members, there are also calls from within the government to allow alternative, unarmed responders to address calls without a criminal or life-or-death aspect to them. Municipal actors in Denver are motivated to determine the lowest kind of response they can send to meet the needs of individuals.

Motivation #2: Minimizing "Illegitamate" Use of 911

> **I think we could also look at it like people don't, or maybe haven't practiced, or aren't aware of alternatives to a situation. So, they're calling about things that may be like, trivial. We're socialized with this policing mentality, I think, of policing each other constantly.**
>
> **- Community Conversation Participant**

As mentioned earlier, community participants indicated that the first response system should only respond to medical emergencies, fires, and other immediate threats. Their use of Denver's 311 system – in lieu of the 911 system – aligned with this belief. Specifically, a majority of the community conversation participants (15) reported that they had called 311 for issues such as animal complaints, abandoned vehicles, fallen trees, trash, and other "non-emergencies." It is not surprising, then, that a desire to reduce non-emergency 911 calls partially motivated community members' calls for change:

- **Layla**: "It has gotten better over time but, particularly in the Eastside, I've seen a lot of people calling the police on things like, 'There's a Black man sleeping in his car in front of my house' or 'There's an unfamiliar Black kid in a hoodie walking down my street.'"
  Dorothy: "Mhmm."
  Shenise: "That's basically not what it's for."
  Layla and Tavon: "Right."

- [Imitating an illegitimate call] "'Yeah, I'd like to report somebody. Somebody's homeless. Come get 'em. We don't like to see how the status quo is maintained. Keep that invisible.'"

- "When someone is just walking down the street. I don't think you should call the police for that."

- "[People shouldn't call] for civil disputes, you know? Like, your neighbor is playing his music too loud or something... back in the days [you would] knock on somebody's door. 'Hey, can you do me a favor, turn your music down' or whatever but now it's first thing they do is call the cops."

- "When kids, you know, are doing something to the neighbor's yard – just doing something they aren't supposed to do: talk to their parents! Instead, they call the police."

Despite participants' beliefs that 911 should be used for "proper emergencies," decades of messaging from political and police leadership encouraging the community to use 911 for all sorts of problems complicates efforts to minimize "illegitimate" uses of 911.[19] One 911 operator explained their frustration over the mismatch between the promises the government makes about the 911 system and the realities of the system: "**I think we're impacted by promises made by governing officials who don't quite understand how this system works or how that impacts us.** Not only those in visible politics, but I know that police officers or commanders will have CAD meetings and they'll tell you to call 911 for things like loud music and these smaller things. And at the same time those aren't necessary emergencies that need that 911 call. It's just adding call load to us and then call load to the street. **It's kind of a false promise.**" According to an alternative responder, part of the problem is that 911 has become "a catchment for just about everything."

During participant observation with one 911 call-taker in Denver, we learned that on shifts when she answers only 911 calls, about 50 to 75 percent of those calls are "not emergencies" and result in her redirecting callers to a non-emergency line (which also comes through the same emergency communications center but does not need to be answered in a specific time-frame to meet best practice guidelines).[20] Included are a few examples of the types of calls that came into the center during the period of participant observation that did not rise to the threshold of an "emergency" among call-takers, as well as examples participants provided during formal interviews.

- A city employee called about a car blocking. The call-taker convinced the caller to deal with this problem himself. He eventually said he would call a tow truck himself. When we hung up with the caller, the call taker said, "That's ridiculous that a city employee is calling us to kind of deal with this sort of issue."

- A truck driver had run into a gate and was not complying with giving out insurance information to the other driver. The call taker asked, "Did he leave?" The 911 caller said, "No, he's stuck in the gate." The call taker said, "This doesn't count as a hit and run because he's still there." She asked if there were weapons or injuries and the caller said, "No." The call-taker asked, "Are you in an actual altercation?" and the caller said, "No." Then the call taker said, "I need you to call the non-emergency line."

- "If someone snatches your phone off the table and runs away, don't call 911. Is that an emergency? Like it stinks your phone got stolen, but those are the types of things that people do because TV tells you that's a 911 call, which then results in these massive call volumes and tons of calls pending on our screens."

- "[People] who are tired of seeing the same encampment or the same person over and over and they just want an officer to come out and move them. And so I don't think there's a very wide understanding of why would that help or why is that gonna get rid of an encampment or get rid of this person that you don't like seeing."

- "I think part of the issue is almost a reframing of what people call 911 for 'cause we get so many calls of just homeless encampments and, you know, we've tried so many times to say, 'Hey you can report homeless encampments online at this website.' But people call in every day. There's people that will pride themselves on calling multiple times a day every day, every single time they see a homeless camp. And so, it gets super frustrating. That definitely burns me out."

- "There are the quality-of-life issues that people are upset about. 'There's an RV parked on my street. I don't want it there.' And they're gonna call in every single day... And then there's also kind of an education issue where there's people that go, 'Yeah, I called 911, because I need someone to babysit my kids. Who do I call for that?' 'I don't know. (laughs) That's why I don't have kids.'"

Beyond the risks of bodily harm and criminalization that can come from overuse of 911, there are also resource risks. Directing police resources to one caller's location often comes at the expense of another's and can lead to longer wait times for certain parties. **In the case of calling 911, a caller is requesting a publicly financed, scarce, and vital resource.** 911 operators are acutely aware of the risks to the 911 system that come from calls like the ones listed above. One 911 operator explained the need for greater public education about the proper use of 911: "There's a need for public education on what 911 is really needed for, what is an emergency and what is not, because there is kind of an overuse of the 911 system that can stop legitimate calls from getting responses quickly."

Public misunderstanding over what 911 should and should not be used for is not the only reason demands for a 911 response are so high. In addition to the public, **municipal actors also struggle to define what constitutes an emergency,** and what kinds of calls warrant a police or other emergency response. Many of the participants we spoke with were hesitant to discount another person's idea of an emergency and oftentimes failed to agree on examples of urgent scenarios that they believed emergency personnel should respond to. One call-taker said, "Honestly, if it's not life or limb, is it really an emergency that needs 911 versus our non-emergency line?" Another call-taker defined an emergency as "something imminent" with the "potential for loss of life or injury" and that could have impacts on many people. According to her definition, she explained that a "mattress on a highway" would "count as an emergency" because it has the potential to harm many people.

Interestingly, when we shared this example with a dispatcher later on, she disagreed and said "that's not an emergency." She told us she would still "send out the courtesy patrol and in about five minutes they'd pick up that mattress," but then went on to explain that if another call came in about a suspicious vehicle casing a residence she would "forget all about the mattress call" because the suspicious call would take priority. Comparing these perspectives reveals disagreement over the definition and prioritization of an "emergency" among call-takers and dispatchers, and suggests a need for greater agency guidance. It also highlights the need for substantive conversations between government and the public to articulate clear principles about what constitutes an emergency and what kinds of situations require a police or other type of emergency response.

The Denver 911 website now has clearer instructions on 911 usage to try and address requests from within the agency to narrow the scope of the public's 911 usage. These criteria around "emergencies" align more

closely with the situations community conversation participants themselves felt should be considered emergencies.

When Should You Call 911? Only call 911 for the following reasons:[21]

911 should only be called to:

- Stop a crime
- Report a fire
- Save a life.

Motivation #3: Improving Relationships Between First Responders and Community Member

> **Why would I call someone for help who I think hates me?**
>
> **- Community Conversation Participant**

In our enrollment questionnaire, we asked the community participants whether the actions of the Denver police align with and support their mission statement. ("In partnership with the community, the Denver Police Department strives to operate a police agency focused on preventing crime in a respectful manner, demonstrating that everyone matters.") Half of the community members agreed, and half disagreed.

We also asked them to complete the Perceptions of Police scale. On average, 13 people (out of 24) disagreed with general, positive statements about the police. The number ranged from a low of 9 people disagreeing with the idea that "police are good people" to a high of 17 people disagreeing that "police are friendly." Responses to the questions regarding perceptions of police bias were more critical. All three questions elicited higher negative sentiment than any questions about general perceptions of police. According to their responses, a large majority of the community members at the conversation believe that Denver police officers are biased (18), discriminatory (18), and don't treat all people fairly (19).

During the day's sessions, community members elaborated on their enrollment questionnaire responses. They expressed beliefs that "stereyotypes get in the way" of effective first response. Participants agreed that there are "disparities in service delivery" because dispatchers and responders "prioritize" certain areas and people. Minoritized people are "profiled," and at the same time, stigma toward "our zip codes," "your address," and "the neighborhood" results in differences in response time, the type of response received, and the tone of first responders. In general, community members called for changes to the first response system that would address first responders' bias against both people and places in regard to: (1) response time; (2) response type; and (3) response tone.

Biased Response Time

- **Against People:**
  - **Mary:** "The response was quick."
    Bernard: "What does your last name sound like? Is it something like you're from England or something?"
    Mary: "My last name?"
    Bernard: "Yeah. I don't need to know it. Just, does it sound like it has a cultural attachment to it?"
- **Against Places:**
  - "You come from a certain part [of town] that's known for crime and, you know, they're always going through that, 'we'll get to it when we get to it.'"

Biased Response Severity

- **Against People:**
  - "As soon as they find out it's a white person it's like, 'nah, go ahead, you're free to go.' But if it's a person of color, next thing you know, another unit shows up."
- **Against People:**
  - "So, there's also almost like this overreaction. Like in this resourced community we're gonna go so over the top to make sure that these white people are okay."

Biased Response Tone

- **Against People:**
  - "If it is a minority person, then there's gonna be an immediate suspicion. 'What were you doing that caused this emergency?'"
- **Against Places:**
  - "So, I've been in communities where it feels like the residents are being tasked, or preyed upon, or harassed versus where residents are more, like, being protected or 'you are our constituents.' You can tell the difference."

Motivation #3: Improving Relationships Between First Responders and Community Member

A wide range of municipal actors shared that a dominant motivation for changing their first response system is the lack of alignment between many callers' problems and the resources they ultimately receive (or don't receive). Many municipal actors recognized that historically, police have been the default response to all types of social problems despite not being equipped to solve many of those problems. One city official articulated this sentiment clearly: "I think that in general the system we have tended to send just [police]. It's not necessarily the fault of law enforcement and policing, right? Over the years, we've changed. Our communities have changed... It's not the most responsive anymore, just to have law enforcement officers. They're not equipped. They're not trained. They're just not the right resource. How do we send the right resource to the right situation? And how do we figure out what that is?" Part of the reason for why officials believe police are not the right resource for every problem is the fact that they are not solving callers' underlying problems, but rather are only responding to these problems at a surface level.

> **Because right now the way that we were responding we were just getting the same results, with people just cycling through our systems. And that's not good for the community, it's not good for the individual, and it's not good for our first responders either.**
>
> **- City Official**

A number of city officials had reviewed call-for-service data and/or observed police, fire, and medics repeatedly responding to the same addresses which motivated them to rethink their current first response system. One official explained that certain areas around shelters are heavy utilizers of 911 and current responses do not appear to be working: "We're sending all of these resources, these big old fire trucks, you know, all of these ALS responses, and it's not working. We're just still going to this three-block area. We're spending all of these personnel hours there. What can we do differently?" A clinician expressed a similar observation, "We're looking at all our systems, 911 call takers, the police department, fire department, the paramedics, [and asking] 'Who's using our resources

more than most people?'... Last month we went 40 times to this house. What resources does that house need?" Repeated visits to certain locations indicated to municipal actors a need to better align callers' problems with resources and different first response types.

Even police officers understand that they are not the best resource for many types of calls and desire change. Dealing with behavioral health crises is not what many officers hoped a policing career would entail. One officer explained, "All of us in policing, you know, I think most of us got into this job to catch the bad guy, to arrest the bad guy, to keep our community safe. And so going to the guy that's having a mental health episode, standing naked in the street, it's like, is that person a bad guy? I didn't get into this job to tackle naked guys for basically causing a disturbance." Officers also shared with us that from their experiences, neither the sheriffs at the jail or the workers at the hospitals like when police bring unhoused individuals to them as a default response.

City officials also understand the frustrations that come from police not being the right responder for certain types of calls. One official expressed: "I can't imagine we get many women and men in our police academy that say, 'Yeah, I'd like to arrest the same person for shooting up heroin in the park every single day.' I don't think that's really why they signed up for it, and I don't think that's what they think is the best utilization of their time and energy." Municipal actors generally believed that the "best utilizations" of police time and energy involved addressing violent crime rather than deeply rooted social problems such as homelessness, substance use, and behavioral/mental health issues.

The city's concerns over not providing callers with the resources they need, and the subsequent inefficient use of resources that results from this practice, were certainly motivating factors to change first response systems, however, it is important to note that many of these concerns have been long-standing. The combination of the murder of George Floyd, civil unrest, protests, advocacy work, and frustration from within the city government created the conditions for change to happen. One city official explained this confluence of factors, and notably, the murder of George Floyd as a "national flashpoint": "I think the impetus [for change] is the internal recognition on the part of law enforcement agencies that there's a better way to do things. There's a different way to do things. Coinciding probably with lobbying advocacy work from community groups, mental health groups, politicians... I think obviously when you have a high profile, national flashpoint like that change will come quicker."

STAR as a Major Step in Transforming First Response

In response to the motivating factors described above, the city and community of Denver piloted STAR, an alternative response program, in districts with the highest call volumes of what they considered to be "STAR-eligible" calls. Community members played an integral part in the founding of the program. As one of the participants described: "The community came together with all these different stakeholders to design everything from programming to the logo, to the name." This sense of community ownership appeared to provide a foundation for positive feelings about and trust in the program.

> **Put out as many STAR vans as police cars as far as I'm concerned.**
>
> **- Community Conversation Participant**

STAR is intended to provide community members, 911 dispatchers, and police a "fourth option" to send to calls primarily related to mental health, and also at times to homelessness and substance use. The program

was piloted in June 2020 with one van, but is currently in the process of expanding to six vans that will service the entire city. Each van has a paramedic and clinician on board to provide assistance during behavioral health and other crises. Community members can call 911 and request STAR (but ultimately the decision about whether STAR will respond comes down to 911 and sometimes a field supervisor) or call a non-emergency STAR phone number that also is routed through Denver's Emergency Communications Center and answered by the same call-takers that pick up 911 and other non-emergency lines. **According to an evaluation by the Denver government completed after the first six months of the program, STAR had responded to 748 incidents of which none led to arrest or jail time.**[22]

Figure 10 depicts the way calls are processed inside dispatch and the four response options available to dispatchers:

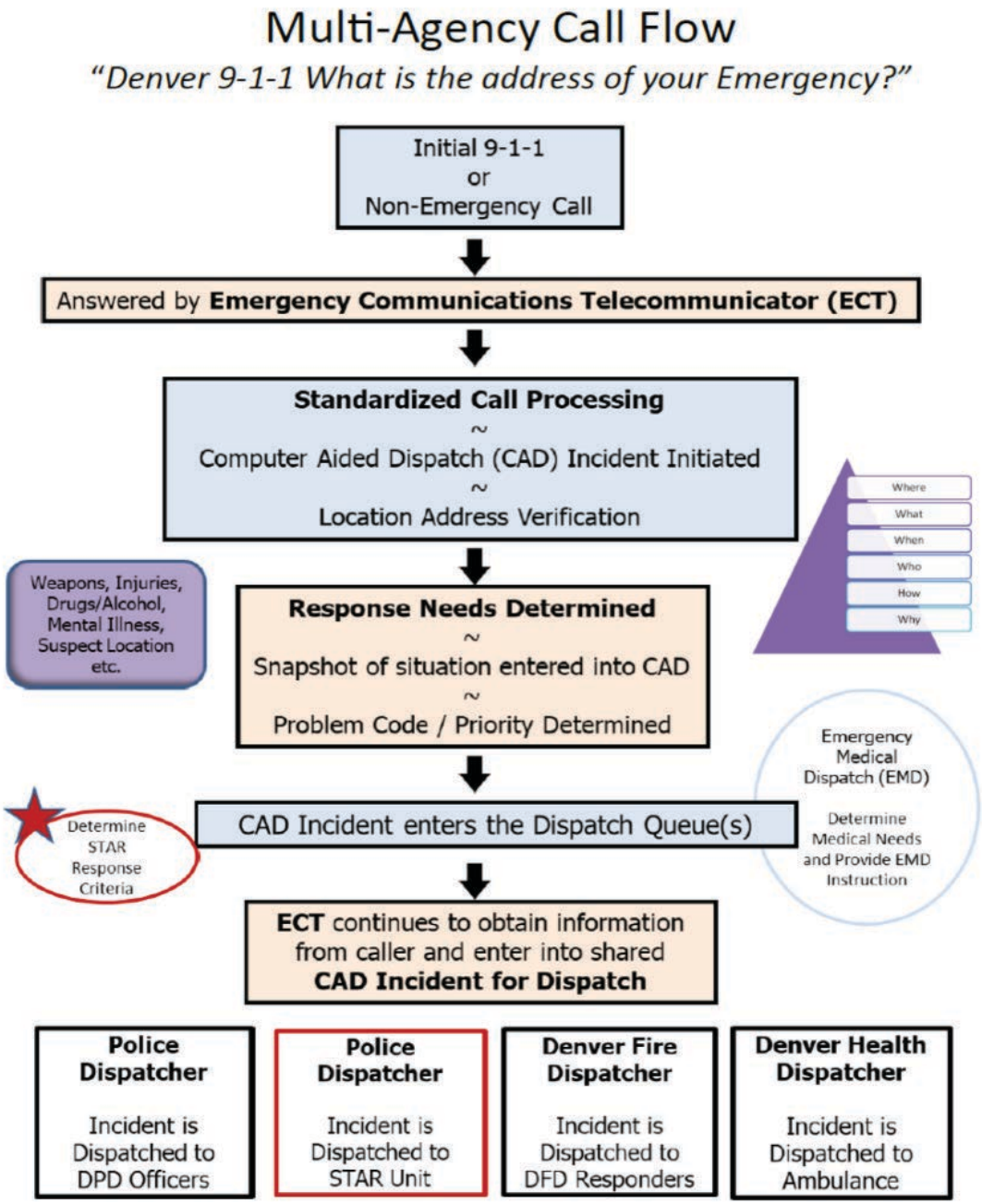

Figure 10: Multi-Agency 911 Call Flow Chart (Including STAR)
Note: This figure came from the STAR reference guide distributed inside dispatch.

In the section below, we share experiences, perspectives, and opinions from municipal actors associated with the program regarding the goals of the program, the roles it plays in the community, and barriers to its implementation. We conclude this section by offering Denver a set of considerations as they move to expand the program.

Image 1: The STAR Van

Goals

Our work in Denver highlighted the complexity that comes with the introduction of new community safety and well-being approaches, especially those that break away from deeply rooted institutional practices. This complexity was observed in relation to the diverse perspectives we heard concerning the goals of alternative response efforts such as STAR.

Some individuals that we spoke with were quick to report that the goals of Denver's alternative response programming are to connect community members and those in need of services to care. For those we interviewed, **connecting to care** meant helping community members access various care facilities, services and programs, and generally, utilizing the alternative response staff to access resources currently unavailable, or unbeknownst to individuals that call 911 during a crisis. Others that we interviewed shared that care connection was just a step in achieving a larger goal of **stabilization** whereby individuals feel secure and cared for by society and out of crisis.

Another goal of alternative response that was introduced by municipal actors was diversion. More specifically, interviewees spoke of **diverting individuals from the criminal legal system** (e.g., courts, prison, jail, probation) who may have otherwise been directed to these systems if not for the existence of an alternative response program. There were a handful of interviewees that went further and spoke of **harm reduction** as a goal of STAR, noting that alternative response programs, like STAR, can help to reduce the harm caused by existing institutions (e.g., the government, police, courts). In some cases, the "reduction of negative interactions with police" was explicitly noted given that these interactions (e.g., uses of force interactions) can be traumatizing. Interviewees also raised concerns about acts of racially motivated police-inflicted violence.

There were notable mentions of **efficiency** as yet another goal of STAR. Some referenced the idea of **reducing costs and saving resources**, including government resources (e.g., freeing up police time) and healthcare resources (e.g., emergency room visits). Multiple references were made to **"freeing up police time"** as a goal of implementing an alternative response program so that police could respond to other more pressing "emergency" calls/matters. One respondent described the efficiency goal of STAR as, "Freeing up our officers to work on things that are more appropriate based on their education, their training, um, and, and frankly why they signed up for the job, right?" The "appropriate" scope of police work often was described as responding to and solving "violent crime."

Another dimension of efficiency centered around the goal of **reducing the number of 911 calls and repeat 911 callers** (e.g., multiple times in one day/week/month) who may be in need of non-police resources. Interestingly, we heard

that these desired efficiencies are unlikely to come to fruition solely through STAR. Respondents called for widespread education of the public as it pertains to calling the police for non-police related, or "non-emergency" needs. There were a series of ideas shared within the center about the use of 911, with participants talking about "teaching the public how to 'properly' use 911 for only specific needs and emergencies" and actually telling callers that their 911 call is not an emergency and texting them the non-emergency phone number.

Based on our findings, we condensed municipal actors' diverse goal terminology into two overarching categories: **care-oriented and efficiency-oriented goals.** Figure 11 shows that care-oriented goals (e.g., stabilization, harm reduction, diversion, crisis management, and care connection) were mentioned by over half of all interviewees, and efficiency-oriented goals (e.g., reduction in 911 calls, freeing up police time, cost and resource savings) were mentioned by just under half of all interviewees. We offer these two consolidated categories for Denver's consideration in hopes of unifying goal language across stakeholders.

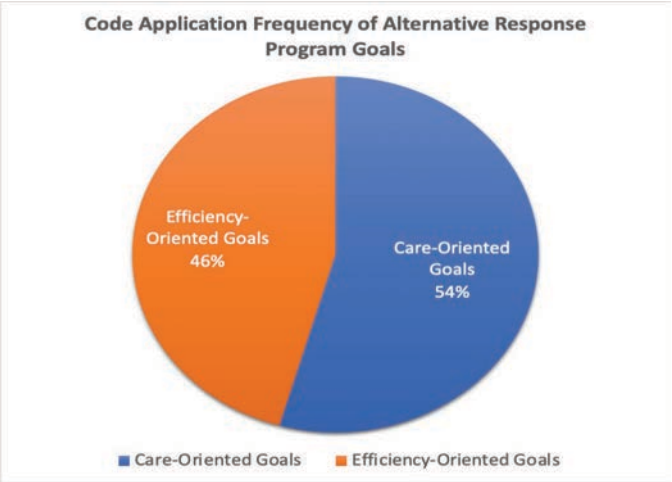

Figure 11: Code Application Frequency of Alternative Response Program Goals

Note: Goals are defined as any mention of the objectives or desired outcomes/results of the implementation of an alternate response program. Care-oriented goals include any mention of: Stabilization, harm reduction, diversion, crisis management, and care connection. Resource-oriented goals include any mention of: Reduction in 911 calls, freeing up police time, cost, and resource savings. Responses captured in this figure are from municipal actors only.

Roles of Denver's Alternative Response Program

Based on our interviews and site visit riding with the STAR van, we heard three recurrent functions that the program fulfills in the community:

- Serve as a care connection between persons in crisis and mental health care professionals and facilities;
- Engage in follow-up case management services after an acute crisis; and
- Provide transportation.

To be sure, other roles came up during our discussion such as providing emotional support and material support (e.g., snacks, sweatpants, tampons, condoms as photographed in Image 2), but care connection, case management, and transportation were by far the most common roles discussed. Notably, care connection and case management align with goals stated above, but transportation does not despite being major features of the program.

Image 2: Material Resources on the STAR Van

Care Connection

The importance of STAR providing a care connection came up seventy times among our forty-five respondents. Based on our coding,

we defined care connection as, "Any mention of an interaction between (an) alternate responder(s) and one or more persons that involves/results in a person or persons being connected or brought to a social service provider, resource or program (e.g. housing facility, substance use program, therapy, etc.)" When respondents mentioned that STAR provides a care connection, generally they meant that STAR helps individuals in crisis gain entry/access to stable, longer-term care, including but not limited to: a primary care doctor, therapist, or an in-patient facility to help address the underlying causes of their immediate crisis. These care connections typically occur during an acute crisis (as opposed to case management follow-up which occurs post-crisis). One police official explained that simply sending out the STAR van without connecting the person in crisis to care is not sufficient for an alternative response program to be considered a success: "So although we're high fiving that we deescalated the situation and, and got Paul the help that he needed, what about next week? What about next month? What about the long-term issues that created this crisis in the first place?"

When facilitating care connections, clinicians from STAR explained that they see themselves as navigators for individuals who are going through the process of accessing resources. During our ride-along with STAR, we heard the clinicians reference the "golden thread of care," which they explained, "means that they walk alongside a person as they're getting care. People who need care also need navigators." Because systems can be confusing (and at times, traumatizing), and information can get lost when clients retell their experiences, STAR responders see themselves as playing a critical role in walking clients through different systems (healthcare, housing, social service, etc.) on their way to accessing care.

Part of the reason why STAR responders are able to serve as care connectors is that they have sufficient time during their interactions to make a plan with individuals in crisis as opposed to police officers who feel more pressure to address issues quickly and move to another call. An alternative responder explained to us how the concept of time works very differently among STAR responders than police: "I love the police officers we work with. I also know that they are burdened by time. They're on call to call to call. And they have to get done with this one to get to the next one. STAR's intention is to be present with someone for however long it needs… so someone doesn't have to feel rushed and we don't have to feel like we're on a clock when we're talking with someone, which I think [is a] benefit…. It can just be rambling and we'll say, 'okay, we'll listen to this for a little bit and see if we can kind of game plan.'" In addition to differences in skill sets between police and social workers, the time that STAR responders have to build rapport and trust with individuals and then connect them to care is critical to the program.

Despite respondents emphasizing the role STAR plays in connecting individuals to care, it appears much more difficult to actually measure how often those care connections are happening. For example, Denver's six-month evaluation report does not detail the frequency with which STAR was able to help a client set up appointments with local care providers.[23] Interviewees explained that one reason for this lack of care connection metrics is that there are existing legislative restrictions preventing the sharing of patient data. One official we spoke with described the difficulties of sharing data between public health and law enforcement systems, especially with The Health Insurance Portability and Accountability Act of 1996 (HIPAA) protections. He advocated for better outcome tracking by maintaining a name list and ability to follow up with each person to know if STAR is actually connecting them to longer term care.

Case Management

Because STAR also plays a **case management** role, municipal actors were hopeful that the forty-five respondents. Based on our coding,

seven outreach case managers associated with the program can help solidify and facilitate those care connections for individuals who want them. Case managers work in every district and are not new to the city. They have been working with co-responder clinicians in Denver before the implementation of STAR, but also play an important role in the city's new alternative response program. One dispatcher explained how clinicians on the ground and case managers work together to provide resources to individuals: "Clinicians tell [the case managers], 'Hey, look, these people are homeless. I've got a mother and a child, they're sleeping at a bus stop every day.'...The clinician is the one [who] at first told the case manager about it. The case manager has all sorts of city resources to get them off the street, provide them with some shelter. You know, like an apartment. Um, and then I think some of the businesses donated furniture and stuff. So I think it is going to have an impact, but it's not gonna be overnight." **The presence of case managers allows for greater follow up with individuals on the back-end of a care connection** and municipal actors generally believe this type of approach is fruitful.

Transportation

Another major role that STAR plays in the community is providing **transportation** to individuals in need. Dispatchers particularly appreciate this role as it means they have another responder to send out when someone in the community needs a ride: "If somebody needs a ride somewhere, an officer's not gonna be able to do that. If they don't have the resources to pay for a taxi or an Uber or whatever that may be we're sending STAR out on that." The idea of STAR being a "free Uber" for the community came up several times during our interviews. A member of the STAR program explained that they had once driven somebody in crisis to their friend's house and gave them some snacks along the way. The clinician accompanied the person up to their friend's front steps and said everyone was happy with the outcome: "I was allowed to just be an Uber, if I wanted (laughs)... And it really worked well for that person at that time because they were really afraid that they were just getting toe to toe with a cop because they were walking up and down the street screaming."

Beyond dropping individuals off at locations other than jail or the emergency room (which may very well have been the outcomes if police were to respond to the same situations), **STAR vans also provide transportation to help individuals pick up their medications.** A STAR medic described one such incident: A woman was hearing voices and told the STAR responders that she has medication to help with her condition, but was unable to pick it up because she did not have a way to get to the pharmacy. The STAR van was able to drive the woman to pick up her medications and avoid a trip to the ER, which would have otherwise provided her with a single dose of her medication and sent her on her way. The medic shared with us how "fascinating" this outcome was because in his experience, if he had responded in an ambulance then the woman would certainly have been brought to the ER. During transports, clinicians sometimes engage in conversation to see if individuals want to be connected to additional services. One clinician explained, "It's just a conversation in the van of what else is surrounding them that might be beneficial."

Program Usage

Despite the important roles that STAR plays in the community, data indicate that many calls deemed eligible for a STAR response do not receive such a response. Figure 12 shows that of all calls that originated from a community member and were marked as STAR eligible by a call-taker or dispatcher (e.g., "STAR eligible calls"), 24 percent actually received a STAR response. Because call-takers and dispatchers sometimes flagged a call as being STAR eligible during times when STAR was not operational and thus could not be sent, we only include STAR eligible community-initiated calls-for-service that were made during times and places in which STAR was operational in our analysis (see figure 12 notes for further information).

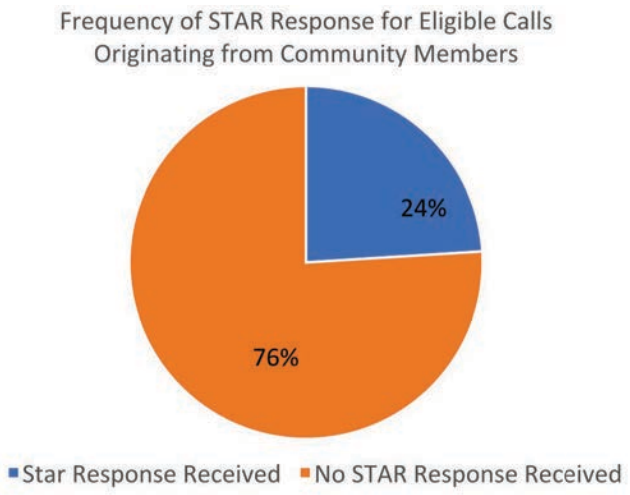

Figure 12: Frequency of STAR Response for Eligible Calls Originating from Community Members, (January 1, 2021 – August 1, 2022)

Figure 12 includes all calls that originated from community members via 911 or non-emergency phone lines and that were marked as STAR eligible by call-takers and dispatchers. 911 call-takers and dispatchers are trained to flag incoming calls as being STAR eligible in the Computer Aided Dispatch system. Because call-takers and dispatchers sometimes flagged a call as being STAR eligible during times when STAR was not operational and thus could not be sent, we only include star eligible community-initiated calls-for-service that were made during times and places in which STAR was operational. For the time period of January 1, 2021 through December 31, 2021, STAR was operational 10 am – 6 pm on Monday-Friday in the neighborhoods of Capitol Hill, North Capitol Hill, Civic Center, Five Points, Union Station, and CBD. For the time period of January 1, 2022 through August 1, 2022, STAR expanded their operations to 6 am – 10 pm seven days a week in all Denver neighborhoods. Figure 12 reflects these operation parameters.

STAR can also be used in situations in which a call is not initially deemed STAR eligible by a call taker inside dispatch. Table 1 reveals that of the 3,275 community-initiated calls that received a STAR response between January 1, 2021 and August 1, 2022, nearly half (1,543) were in response to incidents not being coded that way inside dispatch.

	Did not receive STAR response	**Received STAR response**	**Total**
Not marked STAR eligible	5,422	1,732	7,154
Marked STAR eligible	158,325	1,543	159,868
Total	163,747	3,275	167,022

Table 1: Number of Community Member Calls by STAR Call Eligibility and Response Type, (January 1, 2021 – August 1, 2022)

Table 1 includes all calls that originated from community members via 911 or non-emergency phone. Because call-takers and dispatchers sometimes flagged a call as being STAR eligible during times when STAR was not operational and thus could not be sent, we only include STAR eligible community-initiated calls-for-service that were made during times and places in which STAR was operational. For the time period of January 1, 2021 through December 31, 2021, STAR was operational 10 am – 6 pm on Monday - Friday in the neighborhoods of Capitol Hill, North Capitol Hill, Civic Center, Five Points, Union Station, and CBD. For the time period of January 1, 2022 through August 1, 2022, STAR expanded their operations to 6 am – 10 pm seven days a week in all Denver neighborhoods. Table 1 reflects these operation parameters.

Further disaggregating the nature of caller requests reveals that the most common types of calls that were marked STAR eligible included welfare checks, trespassing calls, assists, suicidals, and disturbances. Fig. 13 shows the frequency with which each problem type was flagged STAR eligible, as well as the number of times a STAR response was received (regardless of initial eligibility status). Some call types, such as welfare checks, received a STAR response nearly half of the time. Others, like encampments and suicidals, received a STAR response much less frequently. In the following section, we put forth several reasons to help explain the gap between eligibility and usage.

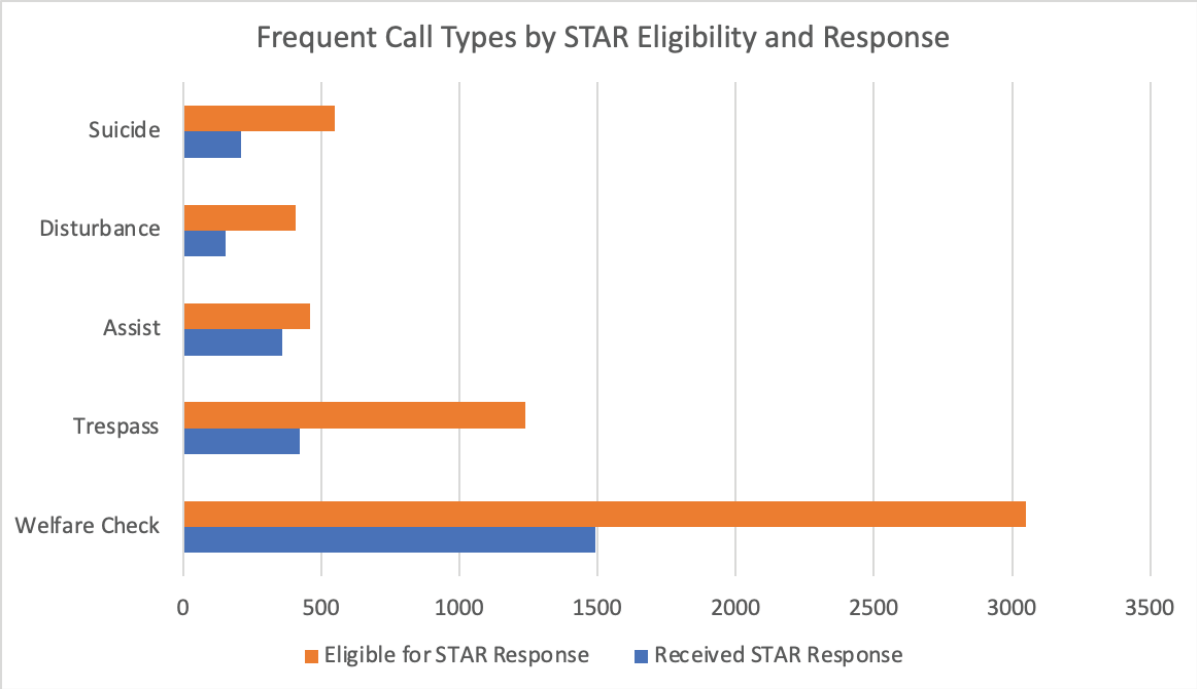

Figure 13: Number of STAR Response for Eligible Calls Originating from Community Members by Frequent Problem Types (January 1, 2021 – August 1, 2022)

Figure 13 includes the most frequent call types that originated from community members via 911 or non-emergency phone lines. The orange bars represent calls marked STAR eligible inside dispatch. Because call-takers and dispatchers sometimes flagged a call as being STAR eligible during times when STAR was not operational and thus could not be sent, we only include star eligible community-initiated calls-for-service that were made during times and places in which STAR was operational. For the time period of January 1, 2021 through December 31, 2021, STAR was operational 10 am – 6 pm on Monday- Friday in the neighborhoods of Capitol Hill, North Capitol Hill, Civic Center, Five Points, Union Station, and CBD. For the time period of January 1, 2022 through March 8, 2022, STAR expanded their operations to 6am – 10 pm seven days a week in all Denver neighborhoods. Figure 13 reflects these operation parameters. The blue bars represent calls that actually received a STAR response regardless of initial eligibility (e.g., these bars include situations in which police arrived to the scene and decided a STAR response was appropriate).

Barriers to Program Implementation

Like any new program, STAR has experienced some challenges during the program's implementation. We share our findings on

several of those dominant challenges in order to help inform other jurisdictions looking to make similar changes to their first response systems. First, the introduction of a new program, even one that is well-liked, is still difficult for front-line workers to incorporate into their work routines. Second, perceptions of safety among 911 call-takers and dispatchers can undermine program usage and effectiveness. Third, capacity constraints make the scaling up of the program difficult. We describe each barrier in more detail below.

Novelty of the Program

911 call-takers and dispatchers primarily are in charge of deciding whether to send STAR out on certain calls. During our conversations with 911 operators and observations inside Denver's 911 call center, we documented front-line workers' overwhelming appreciation for STAR, but also their **tendency to forget to utilize this new "fourth option."** This challenge of remembering to send alternate responders out on calls was captured in an interview with dispatch: "I don't think there's a lot of hesitancy in terms of, 'Oh gosh, I don't want to add STAR to this,' it's more of a, 'Oops, I forgot,' than anything. But it's just newer, so it takes time to adjust to everything. But I think as the STAR program expands in Denver, that'll kind of resolve itself in time." This respondent went on to explain that once the program fully is incorporated, and no longer a pilot, they believe workers will become more familiar with using this additional option.

Our research team experienced first-hand the frustration that can come from program novelty during a ride-along with STAR. During our site visit we drove in the STAR van for approximately forty minutes to a call involving a mental health crisis, but once there the person in crisis had already been taken to the hospital by the paramedics. The STAR medic expressed frustration over dispatch forgetting to alert him that the person was no longer at the location. He explained that dispatchers "sometimes forget STAR is there, or they forget that STAR is on their way out and then they don't cancel them…but dispatchers never forget to cancel police or paramedics." He did not believe the issue stemmed from any one individual dispatcher, but rather was the result of systems-level communication challenges across fire, medical, police, and the new fourth responders.

Part of the reason folks inside dispatch may "forget" about STAR is because of a lack of awareness and understanding of what precisely the clinicians and medics in the STAR van can do. Program managers are working to educate dispatchers and call takers on the skills STAR responders have in order to make them more comfortable with utilizing the program. As one alternative responder explained, "We're not cool enough to have a TV show or whatever, so most folks have a pretty good understanding of what an officer does, what a paramedic does, what a firefighter does even if you don't interface with those people every day… So really making the staff comfortable and familiarizing them that we come from a community case management background." Recognizing their lack of knowledge on the role and capabilities of STAR, dispatchers expressed a desire for greater communication with alternative responders to help them overcome some of these novelty-related challenges and better understand the resources they offer members of the public.

Another reason why the novelty of the program can be a challenge is that it contributes to further specialization of resources which can be difficult to manage. One city official explained that the implementation of additional first response programs and services can create confusion among organizational actors and the community, especially around issues of homelessness: "We have a lot of these services we started up… and our community gets confused, right? They get confused particularly in this homeless encampment response… What does [the] early intervention team do as opposed to the street enforcement team as opposed to the homeless outreach team of police officers,

and how does STAR fit into that, and where do they align, and what is their central authority?" Evidently, greater clarity around the function and role of each program, especially various alternative response programs, is critical to ensuring dispatch sends the appropriate resource and the community understands the responder options available to them.

Perceptions of Safety Limiting Program Usage

One of the more challenging issues that came up during our conversations involved how **perceptions of safety among 911 dispatchers and call takers can result in an under-utilization of STAR.** Prior to the program's implementation, call-takers and dispatchers were provided a detailed thirteen-page protocol about how and when to use STAR. The manual explains that the dispatcher is responsible to dispatch STAR to the below incidents if the call-taker has deemed them STAR-eligible in the Computer Aided Dispatch (CAD) notes:

- Assist
- Intoxicated Person
- Suicidal Series
- Welfare Check
- Indecent Exposure
- Trespass Unwanted Person

However, the presence of a "potentially dangerous or an emergency medical problem" among these call types means police, medical, or fire should respond instead. The below excerpt from Denver's 911 operator training manual explains when STAR should not be dispatched in more detail:

> Any time a request for service involves a crime, a potentially hostile person, a potentially dangerous situation, or an emergency medical problem, the call will be handled on the most appropriate nature code call guide and a CAD incident will be sent to Police, and/or FIRE/EMS dispatch. If for any reason there is any question whether the incident qualifies for an alternate response by STAR or Police, and/or FIRE/EMS dispatch the ECT will err on the side of caution and create the dispatch incident and immediately consult with the on-duty operations supervisor.

Despite having the authority to send STAR to a host of situations as long as they do no involve a weapon, in practice we heard significant hesitation from dispatchers and call takers to send unarmed responders out in the field. **One common reason for the 911 operators' reluctance to send STAR is a fear of being held liable if something were to go wrong** while responding to a call. One dispatcher explained their perspective to us, "From me in the chair, if STAR can't protect themselves, I'm not sending them by themselves... It's a liability that... then falls on us, as the dispatcher. 'Why did you send them there? Now they've gotten hurt. Now it's your fault.'" To this dispatcher, the protocol detailing the situations under which STAR can be sent was not sufficient enough to mitigate their concerns about being held liable if a situation ended up being more dangerous than was initially thought. A supervisor inside dispatch recognized the challenge of changing their coworkers' mindsets around safety: "I think some of the problems we've been seeing, um, the call takers are still so safety focused, that they don't realize [that clinicians have been] dealing with these people on the street for a long time without police assistance. And so they're afraid to send them out there without knowing the whole story. Um, so they don't always add STAR when they should."

During our observation inside Denver's 911 call center, we learned more about how the STAR program protocols came to life. **We saw a tendency among folks inside 911 to send police to provide cover for the STAR van** just in case there was a potential for violence at the scene of the incident. One

call-taker shared that on intoxication calls – that, according to protocol, STAR technically can handle alone – she always wants to add police as a cover as extra precaution. She also adds police cover to all suicidal calls, which, like intoxication calls, are one of the seven call types that are deemed STAR-eligible. She explained to us that, "You really need to go with your gut for what's risky, that you never want someone to get hurt." In her mind, preserving the safety of first responders is the primary concern of 911 operators. This should not be surprising, as a key job function of dispatchers is to serve as guardians over their responders.[24] A group of dispatchers suggested that STAR responders wear bulletproof vests in order to quell their safety concerns. This recommendation was met with negative feedback from STAR program officials because the optics of tactical vests runs counter to the entire point of the program: to provide an unarmed, non-uniformed response.

Dispatch's hesitancy to send STAR, or to send them without police cover, has the potential to harm STAR's reputation. Community members may come to see STAR as another off-shoot of the police, rather than its own response. During a community conversation, one participant expressed the importance of not bundling response types: **"The relationship between the police and STAR need[s] to be a little more separated in order to maintain that unbiasedness."** The coupling of STAR with police runs the risk of damaging community trust in the program.

Interestingly, the mindset shared by 911 operators regarding safety is very different from the sentiments expressed by actual STAR responders. STAR clinicians told us that they feel very comfortable going inside apartments and houses with individuals in crisis largely because they have done so many times in previous job positions. The following quote from a member of Denver's STAR program summarizes this tension around safety:

> **I had a dispatcher the other day who was like, 'God, I just hate sending STAR to, to an apartment or a house 'cause it's... like you're going in and all this stuff could happen.' I'm like, ' We've delivered groceries and medications and picked people up. Like, we're used to going into people's homes. We're used to meeting people in alleys. We're used to meeting people in parks.' Um, send them. We got this. You have our back. You know where we are. We'll call for help if we need it. But really just police, some of the medics, um, that work for the division, the dispatchers, I mean their whole mindset is focused around safety and assessing risk and anticipating risk. And we just come from a very different perspective.**

This quote underscores the challenges that come from bringing together individuals with different training, socialization, and mindsets around risk and safety.

Capacity Constraints

Despite occasionally forgetting to use STAR and having concerns over responder safety, **we heard a strong desire among 911 call-takers and dispatchers for more STAR vans** to be added in the city. A recent agreement between the city of Denver and the Denver Health and Hospital Authority has authorized an additional $500k to support the purchase of five more Ford Transit cargo vans for the STAR program.[25] However, due to supply chain shortages, it has been difficult to obtain these new vans for the program. A member of dispatch described the challenges of obtaining sufficient resources for STAR:

> **The biggest hurdle for the STAR program for us right now is, we just need more. We have two STAR cars right now, uh, if we could have about 40, that'd be great.**

Additionally, STAR vans do not yet have Mobile Data Terminals (MDTs) which makes STAR completely reliant on the radio to learn about incoming calls-for-service and receive important information from dispatch. Dispatchers and alternative responders are looking forward to the addition of MDTs in the vans so that they can see all calls-for-service in the queue and try to respond to more of them. Community members also appear to understand that STAR is currently operating at limited capacity. An exchange between two community members highlighted this:

> **Layla: Why is STAR only responding to one out of every three qualifying calls?**
>
> **Jacob: I would say it's capacity. It's limited to only certain districts.**

Jacob is not incorrect in his assessment, but we now know capacity is not the only reason why STAR is not going out on all "qualifying calls." Hesitancy due to safety concerns and difficulties adjusting to a new response option also are impacting dispatchers' decisions not to send STAR on certain calls.

Respondents expressed concerns over limited resources within the broader social safety net landscape. **STAR can only be successful at connecting individuals to care or stabilizing them if well-resourced community providers already exist in the community.** STAR cannot solve problems of homelessness or substance use alone. Not having enough affordable housing or beds in shelters complicates the ability of STAR to help solve underlying social problems. One clinician explained that, "Frequently, we'll have people who have pretty significant chronic medical illnesses that can't go to the shelter because the shelter doesn't have the resources to take care of them either." Greater investment by local, state, and federal government in social service provision, detox facilities, and housing need to happen in tandem with the expansion of STAR.

Considerations for Denver

STAR appears to be an increasingly recognized resource by members of Denver's community, including individuals who serve in formal government, and social service organizations. Notwithstanding the various challenges that we have learned of, along with differing views about the purpose and goals of STAR, insights gleaned from interviews and our review of various formal documents and data suggests that STAR is becoming fairly well-established in Denver as an alternative response resource.

However, despite this positive standing, our research elevated a number of matters that may influence the way STAR is implemented and how STAR is utilized by various stakeholders. We observed differences in how STAR's goals were framed, which may be due to the different roles and identities of the various stakeholders. Alignment of perspectives and views of STAR goals would bring more inter-role cohesion to the implementation and impact of STAR.

How STAR's work is carried out appears to remain a work in progress, and we learned of a number of challenges and barriers to optimizing STAR as a community and organizational resource. We recognize that implementation challenges are not unexpected in the introduction of new policies and practices. We also recognize that individuals interviewed for this study are aware of the challenges. Therefore, in reflecting on the greatest implementation challenges

such as the need for greater resources, concerns over safety, and adjusting to new practices and procedures – we believe that Denver's alternative response strategies can be enhanced by addressing these issues.

Lastly, our inquiries into "measures of success" of STAR suggest that there is some uncertainty about how to measure program impact and outcomes, both in terms of short-term and long-term assessment. Conversations about measures of success were some of the most contemplative in our data collection process as interviewees shared with us the difficulties of identifying metrics for success and agreeing on said metrics across diverse stakeholder groups. We found considerable mismatches between the recurrent goals that respondents shared with us and the dominant measures of success they intend (or have started already) to collect. For example, crisis management, stabilization, and reduction in 911 calls were stated as goals of the program but were not mentioned as measures of success being tracked, or intended to be tracked. Our observations suggest that metrics and measurement should follow the identification and articulation of goals, knowing that STAR may have multiple goals that are measured in different ways across the variety of stakeholders.

Reconciling the "goals-implementation-measurement" disconnect is a key take-away from our observations, but it appears that the foundation for STAR that is currently in place can facilitate this improvement work in ways that will further strengthen it as a community resource. The City is working with the Urban Institute, a nonprofit research organization, to conduct a third-party evaluation of STAR and DPD's co-response program. The data collected in this evaluation will provide a better understanding of these programs' outcomes and impact, which is critical to ensuring clear alignment between program goals and metrics tracked.

Continuing the Transformation

Implementation of the STAR program addressed several of the municipality and community members' motivations for changing the first response system. The STAR program was chosen, designed, and expected by municipal agents and community members alike to address all four of these factors **as they pertain to mental and behavioral health and substance use crises.** At the community conversation, we discussed how Denver could continue to address these motivating factors beyond these two categories of issues tasking Denver's first response system. This section provides an overview of some of the community members' main messages and ideas that could help to shape efforts to continue transforming Denver's first response system.

The Desired Police Footprint

> **I feel like we need a uniformed definition of terms. That way people are clear about what we're working on when we say [public safety]. When it comes to policing, a whole entire redefinition of what is under the domain of policing and what is not. A new job description.**
>
> **- Community Conversation Participant**

Opportunities to Reduce the Police Footprint

Community participants do not view unhoused individuals as a "public safety emergency," so **being unhoused falls outside the purview of the first response system in general and policing specifically.** Several respondents referred to sweeps as "unnecessary policing." One of our formerly unhoused participants summarized his group's views about police responding to calls about unhoused individuals: "It's unnecessary policing... I mean, a good example is like encampments across the city. Most neighborhoods complain about safety

[issues] like trash and bathrooms when the city isn't responding to trash pickup and access to bathrooms for these folks. That should be the safety response."

In contrast, as we have reported several times, respondents believe that the first response system is responsible for fire, medical, and other life-threatening emergencies. Yet, they do not think the police need to respond to every first response emergency. They called for **an end to the "automatic bundling" of police** to improve public safety and fiscal responsibility.

- "I feel like they bring fire, police, and ambulance all at once. It's like, how much tax-payer money are we wasting? Do we just aggregate that? Like if it's a fire, just send fire or the EMT too, probably. If we're able to just disconnect them, it would be far better."
- "I used to be a volunteer EMT and it was very obvious anytime something would happen, even if it was just a medical response, there would be police officers there."
- "When you call 911 and this person is OD'ing on the floor, they need an emergency responder, you know, or like an ambulance. They need a medic, a medic. They don't need an officer hovering above them trying to question them about anything or roughhousing and rough-handling them at all."

Respondents also expressed **apprehension about police responding to some traffic incidents.** For example, the community participants were frustrated with police who were "quick to pull people over" or who ticketed residents for "going five miles over the limit" or "jaywalking." These residents felt like they were living "in a revenue-generating area where cops, in many ways, acted like tax collectors" or engaged in "extortion." In addition, three groups discussed the opportunity to remove police officers from the response to minor traffic accidents. "I don't know that the police need to show up at that accident."

- "You need an armed cop because of a fender bender to show up?"
- "If it's a minor fender bender, let's handle it through our insurance. Exchange information. That's not something that the police should have to come out to."

Police Specialization

Two people mentioned that police should respond to dangerous traffic situations like "DUIs" or "if you're going 100 miles in a 20." Yet, when we asked community members to describe situations that police officers should respond to, the large majority described an armed police force akin to the Canadian Armed Forces or UK Firearms Unit. Participants said that, **ideally, armed police officers would respond to "really dangerous situations" and "high stakes cases."** People provided specific examples, including "carjackings, assaults, and murder," "domestic violence or gunshots," "murder cases or rape," and "children being kidnapped."

Reducing Harm when Police Presence is Necessary

Community participants **blamed the police department's militarized and tactical training** for much of the harm inflicted on people when police response is necessary. For example, when relating an instance when a police officer was belligerent, a community member argued that "it's in their training." Another participant explained, "my uncles were police officers. Once they get that call, their mind automatically snaps to their training, and it is tactical. It's not empathy."

Participants also **doubted that post-hoc training could address police officers' lack of empathy or their biases.** The idea of did not emerge often in the community con-

de- escalation, implicit bias, and anti-racist training did not emerge often in the community conversation. However, when it did, community members did not have much faith in the process.

- "I think it's all important, changing hearts and minds. But the issue is: you could train all the officers to be more compassionate and less racist it's still a system of oppression."
- "We can reform the criminal legal system all day and train cops to be less violent and racist, but its still a system that is [another participant finishes his sentence] not for us."
- "We were talking about all sorts of training that you can have. But I think it's about having community. Being here long enough to know people and get to know who's coming in."

Instead, community members turned to the hiring process as the most promising opportunity to reduce secondary harm when police response is necessary. A few participants were concerned with DPD lowering the bar for new recruits (e.g., "you just had your GED and high school diploma only and no further education"). However, more people and groups were focused on improving screening during the hiring process to make sure police hires do not need to be trained to be "empathetic." Participants suggested the following changes to hiring practices.

- "We need to figure out why do you want to be a police officer."
- "I want you to come around my community and meet my community members. If you're going to be my cop, then you need to know my community or live in it."
- "Are they seeking these positions because of power? Because of authority?"
- "I want to know your history. Why do you want to become a police officer? What does your dad do? I want to truly investigate you and find out why it is you want this job."

Engaging Denver's Most Affected Communities

Our participants suggested three ways DPS could effectively and systematically engage with Denver's most affected communities: (a) mirror STAR's design process; (b) implement community-determined budgeting; and (c) recognize and invest in community organizations' alternative response programs. Community involvement during the establishment of the STAR program serves as an excellent example of how participants think Denver's Department of Public Safety should engage community members. As we previously discussed, community members at the conversation appreciated involvement in the process from the initiation. They also valued having a voice in establishing operating procedures instead of being asked to limit feedback to evaluation after the fact. As one of the participants described, "the community came together with all these different stakeholders to design everything from programming to the logo, to the name." Several people at the conversation were directly involved in "bringing the program to Denver" or referred to friends or colleagues who "went down and met with the leaders of CAHOOTS" and "helped to establish the STAR program."

However, as was mentioned in Section 3, the city struggled to continue to integrate community members in decision-making around STAR beyond the initial planning and implementation stages. The participants in our community conversation blamed some of this on the lack of transparency around funding and budgets. One person explained:

> **We would need a more transparent way to understand the origins of how budgets are funded, where does that come from and what does that mean. We never get all of the information to truly address things. We're spoon fed a bunch of stuff to react to then, boom! We do that. That will never translate to completely redesign, rejecting other things, or replace them.**

So, in our two afternoon focus groups that discussed "holistic and unconventional reform" the participants suggested community-determined budgeting as one meaningful way Denver's Public Safety Department could engage community members:

- [Moderator: If you had a magic wand, what is one change that would address or support holistic and unconventional reforms?] "Community improvement budgets."
- "Community determined budgeting. With a magic wand. In a way that it could be designed to be effective. Having communities get a say in how much of the proportion of the budget goes to what."
- [Moderator: What about funding? Who would have funding power?] "The community."
- "The community."

Community members also endorsed formally recognizing community organizations as part of the public safety system and investing in them as alternative response programs, which we discuss below. In sum, participants in the community conversation advocated for **integrating individuals from Denver's most affected communities into the public safety system as decision-makers, staff members**, and funded organizations rather than increasing existing efforts to gather community input through town halls and surveys.

Suggestions about Additional Alternative Response Programs

> **There has to be a collaborative nature between agencies that are providing public safety... I think police have to be a part of that collaboration. But, I don't think the [alternative] programs should be run out of law enforcement agencies because of the historical distrust that exists between communities that have been highly policed in the past and currently.**

Given the earlier finding that participants believe unhoused issues fall outside the purview of the first response system, it is not surprising that they were **not supportive of the Street Enforcement Team (SET) program**, citing it as "the worst idea possible." SET is a pilot program consisting of six (6) unarmed civilians with authority to issue citations for low-level quality of life issues. It was designed as an alternative response program intended to address public safety issues involving unhoused individuals.

Community conversation participants are primarily concerned with the types of services the SET offers and potential confrontations that place both SET members and homeless individuals in harm's way. The community members who participated in our conversations see SETs as a "vigilante sort of thing...that's **dangerous not only for the vigilante but for the other person."** They understand that the city kept hearing 'stop sending police, we want communities to handle this,' but they view "deputizing civilians" as an ill-informed extension of the

police department that is "offering no services" to unhoused people, except to warn them of "impending sweeps." Community members fear having a bunch of "George Zimmermans running around" because training is limited to "four weeks of trauma-informed care: that's nothing."

Instead, community participants discussed two types of alternative response programs that could be a part of the transformed first response system. First, they suggested establishing peer mediation or facilitation programs. In these programs, their fellow residents or "elders" would essentially become the public safety staff members responsible for helping neighbors address incivilities and minor disputes.

- "A lot of neighbors don't feel necessarily comfortable having conversations with each other, especially if it's to complain. But if facilitation services were to become available, there would be a place where people can go before they go to law enforcement."
- "I wish there was a network where we have elders... who just go 'why y'all two beefin?' Bring in the elder and say 'Y'all need to talk it out, what's the beef here?' rather than having cops come, arrest folks, and put charges on them."
- "Being able to, to have a peer mediation [they all nod]. That way, you know, it's not as invasive as having police come."
- "The mediation thing for someone who won't turn down the music or whatever is going on."
- "For [someone complaining about loud music or a party] we've got building reps. The building rep can handle those complaints about parties, person to person, which is great."

Second, the participants **advocated for investing in community** organizations already contributing to Denver's public safety. They explained that the first response system does not have to rely solely on government agencies. There are "other organizations that can respond in kind," and we should "find ways to fund them." These participants believe community organizations have the capacity, skills, and potential to improve public safety, "but they're struggling because they're competing for the grant process with other agencies." Furthermore, there was general agreement that the city awards grants in a way that is not "equitable" or "fair," and bases funding decisions on "connections" and "networks."

As a result, community members argued that DPS continues to fund and partner with under qualified people and organizations "who don't really have the experience" and "who couldn't care less" about the communities most affected by inadequacies in first response. Instead, they want DPS to invest in a diverse group of organizations trusted by those communities as part of the public safety system.

- "Because nobody's doing the same thing. Public Safety is a pie and people have a slice of it, but we need that holistic view. So, we can know who can work in tandem and ask, who has the more specialized skill set for these needs?"

- "Find ways to get other organizations in other parts of the city with different kinds of focuses you know so when the money comes, the unity response becomes a lot more diverse and appropriate for various communities."

At the end of our community conversations, participants completed a guided activity to help them organize their thoughts about assets in Denver that could be mobilized to improve the first response system. During that activity, community members identified the following organizations as entities that have unique skills, talent, and resources to help transform Denver's first response system.

Trusted Organizations

- Colorado Coalition for the Homeless
- Colorado Criminal Justice Reform Coalition
- Colorado Village Collaborative - tiny home village
- Community Crime Victim Services Program of The Latino Coalition
- Servicios de la Raza
- Stout Street Clinic
- The Center for Trauma and Resilience
- The Metro Denver Homelessness Initiative
- DASHR
- Denver Homeless Out Loud
- Denver Justice Project
- DU Prison Arts Initiative
- Eastside QT BIPOC Housing Collective
- Public Health for Public Safety Initiative
- Struggle of Love Foundation
- Therapists of Color Collaborative (Elements of Discovery)
- Together Colorado
- Friends of Manuel
- Gang Rescue and Support Project
- Interfaith Alliance
- McBride Foundation
- Mental Health Center of Denver
- Renaissance at North Colorado Station
- Renaissance building downtown Denver

CONCLUSION

In this report, we have presented an in-depth case study into Denver's first response system. Our findings are useful in both understanding how Denver has undertaken a significant public safety change, and in informing Denver and others of the future of alternative response. Understandably, change has come with challenges, and in Denver those have included adapting to new practices and procedures, shifting deeply rooted mindsets about risk and safety, and operating in a context of limited resources. What's more, we noted that there are different views across stakeholder groups about who should be tasked with maintaining public safety, though there was much agreement on the concept of public safety and the role 911 ought to play in public safety response. In our study, we uncovered multiple views on why first response is changing. In Denver, motivations include reduction of risk, improving relationships between community and first responders, better aligning community needs with appropriate resources, and finally, minimizing the illegitimate use of 911. These motivations have led to the creation of STAR, a first step in shifting some calls away from police.

In addition to STAR, the community members we interviewed shared many suggestions for continued transformation. These calls seem to be driven by community members' conviction that they have some responsibility for establishing public safety. This conviction appears to be based on the idea that residents have expertise and wisdom about community needs and what works to address those needs. Thus, their main suggestion is to decrease the footprint of the police and increase the community's footprint as part of Denver's first response system. To do so, they advocate taking an approach to systems change that mirrors STAR's establishment: integrate community members into the design phase of programs that aim to reserve police responders for only the most dangerous or threatening emergencies. Additionally, they call for three departures from the STAR process:

- Implementing community-determined budgeting
- Hiring people from the most affected communities as staff members
- Implementing the program through a trusted organization

It will be important for government and community to come together to make decisions regarding these additional efforts to continue transforming first response.

Many of the issues raised in this report hint at the need for greater substantive conversations between government and community to come to agreement over clear principles about what constitutes an emergency, when to invoke public resources for help, and what that help should look like. We hope this report is a step in further opening space for that type of productive dialogue.

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APPENDIX

Assessment of Denver Calls for Service

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Methodology

This assessment was compiled using Calls for Service (CFS) data from Denver Police Department covering January 1, 2018 through August 1, 2022. Calls for Service do not perfectly capture time spent by law enforcement officers but instead provide a snapshot as to how officers interact with members of the public. This dataset includes 6,128,207 Calls for Service reporting 3,580,029 unique incidents.

Within this report, Denver Calls for Service are classified two different ways:

1. **AHD categories and subcategories** created by AH Datalytics (AHD) to comply with a standardized method that has been used for other jurisdictions across the country. The 9 categories include:
    a. Miscellaneous Policing - Activities performed by the police that are typically not responding to crimes such as performing maintenance, administrative duties, patrolling, or transporting a prisoner. Administrative incidents are a catchall category that reflects time spent by an officer not serving the public.
    b. Traffic - These incidents typically involve responding to traffic accidents, enforcing traffic laws (other than DUI), and directing traffic.
    c. Service - Incidents that involve responding to community issues that are typically non-criminal such as answering a burglar alarm, taking a report on a missing person, or chasing an escaped or loose animal.
    d. NIBRS Property - Defined by the FBI as auto theft, burglary, and theft. This does not include theft by fraud, forgery, or embezzlement.
    e. NIBRS Society - Defined by the FBI as crimes that “represent society’s prohibition against engaging in certain types of activity (for example liquor law violations or narcotics offenses); they are typically victimless crimes in which property is not the object.”
    f. Non-NIBRS Offense - Incidents that are criminal in nature but do not fit in FBI’s Uniform Crime Report (UCR) Part I categories (criminal homicide, rape, robbery, aggravated assault, theft, auto theft, and burglary). These range from city ordinance violations to kidnapping.
    g. Medical - Typically mental health, suicide, or death incidents.
    h. NIBRS Person - Defined by the FBI as criminal homicide, rape, robbery, and assault.
    i. Emergency – Incidents where DPD units assisted other emergency response entities such as fire or EMS.

2. **RPS Categories** created by New York University School of Law’s Policing Project to make the data more relatable to a general audience.

Calls for Service analysis

AHD category and subcategory

Call distribution and time spent

A plurality (32.8%) of all Calls for Service from January 1, 2018 through August 1, 2022 were categorized by AH Datalytics as miscellaneous policing. Most incidents in this category fit into four subcategories: other (7.6% of all incidents), self-initiated action (7.4%), investigative (4.6%), and administrative (4.6%). Notably, miscellaneous policing calls labeled as off-duty comprise 3% of all incidents but 17% of all time spent by officers.

Less than 2% of all Calls for Service during the analysis period were for an incident deemed a NIBRS[1] person crime. Assault and sexual assault made up 94% of all person crime Calls for Service.

Table 1 – Number of incidents by AHD category, January 1, 2018 through August 1, 2022.

AHD category	Incidents	Percent of total
Miscellaneous Policing	1,173,904	32.8%
Traffic	708,170	19.8%
Service	689,248	19.3%
NIBRS Property	281,733	7.9%
NIBRS Society	245,652	6.9%
Non-NIBRS Offense	192,726	5.4%
Medical	123,098	3.4%
Emergency	96,242	2.7%
NIBRS Person	64,037	1.8%

Table 2 – Number of incidents, average response time, total time spent on scene, and percent of all time spent on scene by AHD categories and subcategories, January 1, 2018 through August 1, 2022.

AHD category	Incidents	Average response time (in minutes)	Total time spent on scene (in days)	Percent of time spent
Emergency	**96,242**	**10**	**2,183**	**1.6%**
Death	1,253	205	115	.2%
EMS Support	90,618	10	1,995	1.4%
Fire Support	5,025	12	171	0.1%
Other	599	8	17	0.0%
Medical	**123,098**	**40**	**3,654**	**2.6%**
Medical	7,828	10	243	0.2%
Mental Health	663	17	32	0.0%
Suicidal Person	28,598	14	1,378	1.0%
Welfare Check	86,009	53	2,001	1.4%
Miscellaneous Policing	**1,173,904**	**30**	**67,071**	**48.4%**
Administrative	162,893	76	12,425	9.0%

[1] National Incident-Based Reporting System (NIBRS) is the national standard for law enforcement crime data reporting in the United States.

Community Meeting	327	10	35	0.0%
Investigative	163,590	58	7,451	5.4%
Maintenance	69,282	23	2,233	1.6%
Off Duty	104,729	6	23,526	17.0%
Other	272,445	40	1,357	1.0%
Patrol	26,389	10	2,274	1.6%
Self-Initiated Action	264,552	8	8,399	6.1%
Stop and Search	86,579	16	5,022	3.6%
Transport	22,714	77	4,287	3.1%
Warrant	406	115	62	0.0%
NIBRS Person	**64,037**	**51**	**2,596**	**1.8%**
Assault	51,733	57	1,287	0.9%
Kidnapping	1,702	17	117	0.1%
Sexual Assault	8,391	63	728	0.5%
Shooting	2,211	10	363	0.3%
NIBRS Property	**281,733**	**58**	**10,157**	**7.3%**
Arson	1,589	16	54	0.0%
Auto Theft	113,156	59	3,083	2.2%
Burglary	80,128	62	2,666	1.9%
Robbery	7,400	18	712	0.5%
Theft	79,461	61	3,643	2.6%
NIBRS Society	**245,652**	**35**	**6,869**	**5.0%**
Family Offense	11,071	64	629	0.5%
Liquor Law Violation	19,609	30	457	0.3%
Narcotics Offense	22,460	44	575	0.4%
Other	117	22	2	0.0%
Trespassing	131,083	42	2,678	1.9%
Weapons Offense	61,312	13	2,528	1.8%
Non-NIBRS Offense	**192,726**	**32**	**8,440**	**6.1%**
Criminal Mischief	30,692	54	1,196	0.9%
Domestic Violence	68,845	22	4,030	2.9%
Fight	16,580	11	640	0.5%
Harassment/Threats	62,053	42	2,228	1.6%
Other	11,138	37	247	0.2%
Stalking	3,418	12	99	0.1%
Service	**689,248**	**31**	**14,987**	**10.8%**
Alarm	119,329	27	1,632	1.2%
Animal Protection	434	16	10	0.0%
Assist Agency/Citizens	54,770	38	1,670	1.2%
Complaint	45,205	45	390	0.3%
Disturbance	153,303	29	4,356	3.1%
Housing/Homeless	7,112	90	275	0.2%
Missing/Found Person or Property	32,441	54	1,312	1.0%

Nature Unknown	59,671	13	1,479	1.1%
Other	79,504	30	748	0.5%
Suspicious	137,479	35	3,116	2.3%
Traffic	**708,170**	**37**	**20,012**	**14.4%**
Accident	179,767	34	8,804	6.4%
Enforcement	118,982	30	3,200	2.3%
Other	26	7	0	0.0%
Parking	23,565	71	334	0.2%
Stop	385,830	35	7,673	5.5%

Note: Incidents represent every unique CFS. Average response time (in minutes) represents the average response time for all calls that had a documented response time greater than 0 minutes and less than 1,440 minutes. Total time spent on scene (in days) represents the total amount of time officers spent on scene for calls where officers documented spending more than 0 minutes and less than 720 minutes on scene.

Officer time spent on scene widely varies based on the call type. Shooting incidents, for example, took an average of five hours from when officers arrive on the scene to when the call is closed. By contrast, service requests regarding alarms, average just under 29 minutes to resolve.

Person crime Calls for Service typically take over 3 and a half hours to clear, significantly longer than any other call type category. Despite this, person crime incidents account for only 6.8% of the time spent by officers during the analysis period. This finding falls roughly in line with other cities studied in this project.

Table 3 – Average time spent by AHD category, January 1, 2018 through August 1, 2022.

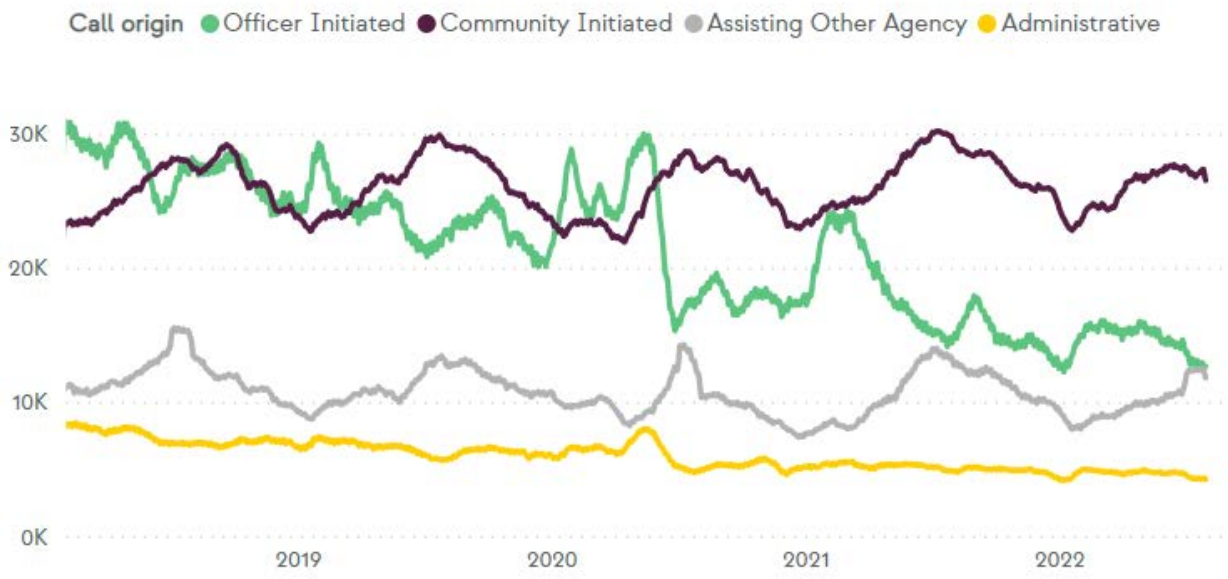
AHD category	Percent of time spent	Average time spent (in minutes)
Miscellaneous Policing	48%	110
Traffic	14%	57
Service	11%	48
NIBRS Property	7%	97
NIBRS Society	5%	60
Non-NIBRS Offense	6%	81
Medial	3%	58
NIBRS Person	2%	152
Emergency	2%	53

Over time analysis

Incidents

From 2018 to 2021 there was an average of 797,223 Calls for Service made per year. In 2021, there were 730,350, approximately 17% less than 2018. That decrease is largely due to a 37% drop in officer-initiated calls likely related to changes in mobility due to COVID.

Figure 1: Calls for Service incidents by call origin, January 1, 2018 through August 1, 2022.



There were 38% less traffic incident Calls for Service in 2021 compared to 2018. During that time, there were 47% less officer-initiated and 25% less community-initiated traffic incident Calls for Service. Miscellaneous policing CFS decreased by 27% during that period, but that is mostly because officer-initiated miscellaneous policing calls decreased by 34%. Community-initiated miscellaneous policing calls increased by 19%. Medical and NIBRS property crime CFS increased the most from 2018 to 2021 for both call origins.

Table 4 – Number of incidents per year by AHD category, January1, 2018 through December 31, 2021.

AHD category	2018	2019	2020	2021	Percent change 2018-2021
Traffic	207,540	181,827	129,725	128,229	-38%
Miscellaneous Policing	304,682	271,705	257,635	223,643	-27%
Emergency	22,033	24,746	18,724	19,841	-10%
Service	156,780	151,689	152,426	145,587	-7%
NIBRS Person	7,521	7,300	6,247	7,059	-6%
NIBRS Society	52,314	55,037	56,211	53,758	3%
Non-NIBRS Offense	42,367	40,332	42,683	43,908	4%
NIBRS Property	51,183	52,115	54,481	64,760	27%
Medical	22,902	24,815	26,403	30,543	33%
Total	879,578	822,106	756,857	730,350	-17%

Note: Data for 2022 was excluded from this table because it is incomplete and thus not comparable.

Response time

There were 1,043,252 community-initiated Calls for Service with a response time greater than 0 minutes and less than 1,440 minutes (24 hours) from January 1, 2018 through August 1, 2022.

Figure 2: Average response time (minutes) rolling over 30 days, January 1, 2018 - August 1, 2022.

In 2022, the average response time was 48 minutes, 45% slower than 2018 when the average response time was 33 minutes. During that period, average response times slowed down for all AHD call type categories. Average response times slowed down the most for non-NIBRS offense calls, from 30 minutes in 2018 to 47 minutes in 2022. Average response times slowed down the least for miscellaneous policing and NIBRS person calls.

Table 5 – Average response time per year by AHD category, January 1, 2018 through August 1, 2022.

AHD category	2018	2019	2020	2021	2022	Percent change 2018-2022
Non-NIBRS Offense	30	32	33	42	47	58%
Medical	35	37	40	50	54	55%
Service	28	29	30	37	42	48%
Traffic	35	36	34	45	52	48%
NIBRS Property	50	54	53	71	73	44%
NIBRS Society	33	35	35	42	45	37%
Emergency	10	10	10	12	13	33%
NIBRS Person	51	53	48	62	68	32%
Miscellaneous Policing	46	46	48	46	55	21%
Total	33	34	34	43	48	45%

Note: This table only includes community-initiated Calls for Service. Calls with response times fewer than 0 minutes or greater than 1,440 minutes are excluded from this table. Data for 2022 is incomplete, it only includes data from January 1, 2022 through August 1, 2022.

Time spent

There were 2,535,167 Calls for Service from January 1, 2018 through August 1, 2022 where officers documented spending more than 0 minutes but less than 12 hours on scene responding to the incident. Officers spent nearly 140,000 days of time responding to those CFS.

In total, officers spent 19% less time responding to Calls for Service in 2021 than 2018. Officers spent 40% less time responding to traffic incidents in 2021 than they did in 2018. This aligns with a 38% reduction in traffic-related Calls for Service during this period.

Officers spent 19% less time responding to miscellaneous policing CFS in 2021 than in 2019. Officers spent about the same amount of time responding to miscellaneous policing calls that were initiated by the community, but significantly less time responding to those same calls initiated by officers. Notably, miscellaneous policing Calls for Service labeled as “off-duty” are considered administrative rather than community- or officer-initiated. Off-duty likely represents time spent by officers doing other routine non-policing duties, such as desk work. Officers spent 30% more time off-duty in 2021 than 2018. Time spent off-duty comprised 30% of miscellaneous policing CFS in 2018 and 45% in 2021.

While the number of NIBRS society and non-NIBRS offense incidents increased by 3% and 4% respectively from 2018 to 2021, the total time officers spent on scene responding to those calls decreased by 16% and 11% respectively.

Table 6 – Time spent on scene (in days) per year by AHD category, January 1, 2018 through December 31, 2021.

AHD category	2018	2019	2020	2021	Percent change 2018-2021
Traffic	5,739	5,255	3,678	3,423	-40%
Miscellaneous Policing	16,355	15,507	14,533	13,327	-19%
NIBRS Society	1,543	1,667	1,584	1,301	-16%
NIBRS Person	584	598	493	497	-15%
Service	3,441	3,475	3,387	2,948	-14%
Non-NIBRS Offense	1,913	1,951	1,885	1,710	-11%
Emergency	495	537	462	444	-10%
NIBRS Property	2,218	2,329	2,045	2,216	0%
Medical	726	791	830	809	11%
Total	33,611	32,769	29,529	27,241	-19%

Note: Only calls where officers reported spending more than 0 minutes but less than 720 minutes (12 hours) on scene are included in this table. Data for 2022 was excluded from this table because it is incomplete and thus not comparable to previous years.

NYU RPS categories

Call distribution and time spent

Scholars from New York University School of Law's Policing Project consulted with community members and experts to recategorize Denver's 214 unique Calls for Service call types into 35 categories expressed in everyday language and applicable to almost any police department.

Among these RPS categories, traffic enforcement and proactive policing are the most common CFS, comprising 15% and 8% of all calls respectively. While miscellaneous policing incidents represent 7% of all CFS, officer spent 26% of their time on these calls. Officers also spent a large proportion of their time responding to traffic-related incidents.

Table 7 – Number of incidents by NYU's RPS categories, January 1, 2018 through August 1, 2022.

RPS category	Incidents	Average response time (in minutes)	Total time spent on scene (in days)	Percent of time spent
Traffic enforcement	522,376	62	10,706	7.7%
Proactive policing	282,303	9	9,159	6.6%
Miscellaneous policing	249,327	23	36,042	26.0%
Traffic-related incidents	185,727	34	9,305	6.7%
911 hang up	171,192	34	220	0.2%
Investigation, surveillance, intelligence	146,387	66	5,969	4.3%
Property crime, vandalism	145,437	56	4,333	3.1%
Unknown	139,545	14	3,284	2.4%
Suspicious person, object, activity	137,479	35	3,116	2.3%
Unwanted person	134,501	41	2,777	2.0%
Admin	130,984	51	6,285	4.5%
Assist	124,952	31	4,277	3.1%
Burglar alarms	119,329	27	1,632	1.2%
Disturbances	117,292	34	2,730	2.0%
Theft, larceny	113,504	60	4,886	3.5%
Domestic violence, disputes	109,750	22	5,916	4.3%
Welfare check	92,036	51	2,201	1.6%
Field interview	86,579	16	5,022	3.6%
Medical assistance	85,419	10	1,859	1.3%
Noise complaints	62,041	46	430	0.3%
Weapons	61,312	13	2,528	1.8%
Harassment	56,931	39	1,949	1.4%
Violent crime	49,249	42	3,423	2.5%
Substance use	42,225	37	1,033	0.8%
Mental health	36,179	14	1,584	1.1%
Court order	25,650	49	864	0.6%
Burglary, robbery	25,484	66	1,422	1.0%
Missing persons	17,256	42	697	0.5%
Disputes, fights	16,580	11	640	0.5%
Lost, found, abandoned property	15,200	75	615	0.4%

Abuse, neglect	7,378	92	484	0.4%
Unhoused persons	7,112	90	275	0.2%
Juvenile	3,810	16	147	0.1%
City code violation	1,693	63	25	0.0%
Animal control	434	16	10	0.0%
Crime scene	322	127	23	0.0%

Note: Incidents in this table represent every unique CFS. Average response time (in minutes) represents the average response time for calls that had a documented response time greater than 0 minutes and less than 1,440 minutes. Total time spent on scene (in days) represents the total amount of time officers spent on scene for calls where officers documented spending more than 0 minutes and less than 720 minutes on scene.

Recommendations

Secondary call codes

Denver CFS data does not contain secondary call codes, which can be used to denote whether a call is related to a secondary issue such as mental/behavioral health concerns, weapons, or domestic violence which are often not represented in primary call types. Denver does collect additional information in the comments table for trending/research purposes but using a flag variable would improve usability.

Time spent on scene per officer

To accurately calculate how much time officers spend on scene, the data must contain the arrival and departure time of each officer. The data provided to AH Datalytics has a row for each unit that responded to the scene, but has a precalculated “Time on event” variable that provides the total time spent on scene for all officers. Ideally, the data should provide arrival and departure times for each officer, to calculate the time spent on scene for each officer rather than an aggregate for all. With this information, analysts could begin to see if officers are being over dispatched and if their time could be better spent somewhere else. For example, if one officer is on scene for the entire call, and another comes for only a brief time mid-call, that may be an indication that the additional officer dispatched was not needed.

Data crosswalk

Denver's call type	AHD category	AHD subcategory	NYU's RPS category
911 Hang Up	Miscellaneous Policing	Other	911 hang up
Child Abuse/Neglect	NIBRS Society	Family Offense	Abuse, neglect
Elder Abuse / Vulnerable Adult	NIBRS Society	Family Offense	Abuse, neglect
Administrative	Miscellaneous Policing	Administrative	Admin
Maintenance	Miscellaneous Policing	Maintenance	Admin
Training	Miscellaneous Policing	Administrative	Admin
DAP - Agressive / Bite Report	Service	Animal Protection	Animal control
DAP - Inj / Sick / Distressed	Service	Animal Protection	Animal control
DAP - Investigation	Service	Animal Protection	Animal control
DAP - Loose / Contained Stray	Service	Animal Protection	Animal control
DAP Request Police	Service	Animal Protection	Animal control
DAP Requst Police	Service	Animal Protection	Animal control
Aircraft Crash	Traffic	Other	Assist
Assist	Service	Assist Agency/Citizens	Assist
Check Hazard	Service	Other	Assist
Explosion	Emergency	Other	Assist
F Automobile Fire	Emergency	Fire Support	Assist
F Box Alarm - DFD	Emergency	Fire Support	Assist
F Carbon Monoxide Investigatio	Emergency	Fire Support	Assist
F Dumpster	Emergency	Fire Support	Assist
F Fireworks Investigation	Emergency	Fire Support	Assist
F Force Entry	Emergency	Fire Support	Assist
F Fuel Spill	Emergency	Fire Support	Assist
F Hazmat - Investigation	Emergency	Fire Support	Assist
F Hose Protection	Emergency	Fire Support	Assist
F Illegal Burn	Emergency	Fire Support	Assist
F Lockout - Emergency	Emergency	Fire Support	Assist
F Lockout - Non Emergency	Emergency	Fire Support	Assist
F Natural Gas Leak - Inside	Emergency	Fire Support	Assist
F Natural Gas Leak - Outside	Emergency	Fire Support	Assist
F Odor Investigation	Emergency	Fire Support	Assist
F Other	Emergency	Fire Support	Assist
F Scene Control - Code 10	Emergency	Fire Support	Assist
F Smoke Investigation- Outside	Emergency	Fire Support	Assist
F Structure	Emergency	Fire Support	Assist
F Trash	Emergency	Fire Support	Assist
F Water Problem	Emergency	Fire Support	Assist
F Water/Ice Rescue	Emergency	Fire Support	Assist
F Weed	Emergency	Fire Support	Assist
F10 With Fire	Emergency	Fire Support	Assist
F9 With Fire	Emergency	Fire Support	Assist
FIRE	Emergency	Fire Support	Assist
Ranger - Park Patrol	Miscellaneous Policing	Patrol	Assist
Special Event	Miscellaneous Policing	Administrative	Assist
Water / Boating Accident	Service	Other	Assist
Alarm Audible	Service	Alarm	Burglar alarms
Alarm Hold Up	Service	Alarm	Burglar alarms
Alarm Hold Up No Permit	Service	Alarm	Burglar alarms
Alarm Panic	Service	Alarm	Burglar alarms
Alarm Panic No Permit	Service	Alarm	Burglar alarms
Alarm Silent	Service	Alarm	Burglar alarms
Alarm Silent No Permit	Service	Alarm	Burglar alarms
Burglary	NIBRS Property	Burglary	Burglary, robbery
Burglary IP-JO	NIBRS Property	Burglary	Burglary, robbery

Dump	Non-NIBRS Offense	Other	City code violation
Civil	Miscellaneous Policing	Other	Court order
Court	Miscellaneous Policing	Administrative	Court order
Lab	Miscellaneous Policing	Investigative	Crime scene
Fight	Non-NIBRS Offense	Fight	Disputes, fights
Disturbance	Service	Disturbance	Disturbances
Riot	Miscellaneous Policing	Other	Disturbances
Disturbance Family	Service	Disturbance	Domestic violence, disputes
Domestic Violence	Non-NIBRS Offense	Domestic Violence	Domestic violence, disputes
Domestic Violence IP-JO	Non-NIBRS Offense	Domestic Violence	Domestic violence, disputes
Restraining Order Viol	Non-NIBRS Offense	Harassment/Threats	Domestic violence, disputes
Subject Stop	Miscellaneous Policing	Stop and Search	Field interview
Harassment	Non-NIBRS Offense	Harassment/Threats	Harassment
Harassment IP-JO	Non-NIBRS Offense	Harassment/Threats	Harassment
Threats	Non-NIBRS Offense	Harassment/Threats	Harassment
Threats IP-JO	Non-NIBRS Offense	Harassment/Threats	Harassment
Clearance Information	Miscellaneous Policing	Investigative	Investigation, surveillance, intelligence
Directed Follow Up	Miscellaneous Policing	Investigative	Investigation, surveillance, intelligence
Follow Up	Miscellaneous Policing	Investigative	Investigation, surveillance, intelligence
Information Call	Miscellaneous Policing	Other	Investigation, surveillance, intelligence
Knock and Talk	Miscellaneous Policing	Investigative	Investigation, surveillance, intelligence
Research	Miscellaneous Policing	Other	Investigation, surveillance, intelligence
Surveillance	Miscellaneous Policing	Investigative	Investigation, surveillance, intelligence
Child Abuse/Neglect IP-JO	NIBRS Society	Family Offense	Juvenile
Curfew Violation	NIBRS Society	Other	Juvenile
Found Property	Service	Missing/Found Person or Property	Lost, found, abandoned property
Down Person	Medical	Medical	Medical assistance
DTX-EMS	Emergency	EMS Support	Medical assistance
E 01 Abdominal Pain	Emergency	EMS Support	Medical assistance
E 02 Allergies Envenomations	Emergency	EMS Support	Medical assistance
E 03 Animal Bites / Attacks	Emergency	EMS Support	Medical assistance
E 04 Assault / Sexual Assault	Emergency	EMS Support	Medical assistance
E 05 Back Pain (Non-Traumatic)	Emergency	EMS Support	Medical assistance
E 06 Breathing Problems	Emergency	EMS Support	Medical assistance
E 07 Burns / Explosion	Emergency	EMS Support	Medical assistance
E 08 Carbon Monoxide / Inhale	Emergency	EMS Support	Medical assistance
E 09 Cardiac/Resp Arrest/Death	Emergency	EMS Support	Medical assistance
E 10 Chest Pain	Emergency	EMS Support	Medical assistance
E 11 Choking	Emergency	EMS Support	Medical assistance
E 12 Convulsions / Seizures	Emergency	EMS Support	Medical assistance
E 13 Diabetic Problems	Emergency	EMS Support	Medical assistance
E 14 Drown/Diving/ Scuba Acc	Emergency	EMS Support	Medical assistance
E 15 Electrocution/Lightning	Emergency	EMS Support	Medical assistance
E 16 Eye Problems / Injuries	Emergency	EMS Support	Medical assistance
E 17 Falls	Emergency	EMS Support	Medical assistance
E 18 Headache	Emergency	EMS Support	Medical assistance
E 19 Heart Problems / A.I.C.D.	Emergency	EMS Support	Medical assistance
E 20 Heat / Cold Exposure	Emergency	EMS Support	Medical assistance
E 21 Hemorrhage / Laceration	Emergency	EMS Support	Medical assistance
E 22 Inaccessible/Other Entrap	Emergency	EMS Support	Medical assistance
E 23 Overdose / Poisoning	Emergency	EMS Support	Medical assistance
E 24 Pregnant/Birth/Miscarriag	Emergency	EMS Support	Medical assistance
E 26 Sick Person	Emergency	EMS Support	Medical assistance
E 27 Stab/GSW/Penetrate Trauma	Emergency	EMS Support	Medical assistance
E 28 Stroke / CVA	Emergency	EMS Support	Medical assistance
E 29 Traf/Transportation AA	Emergency	EMS Support	Medical assistance
E 30 Traumatic Injuries	Emergency	EMS Support	Medical assistance
E 31 Unconscious / Fainting	Emergency	EMS Support	Medical assistance

E 32 Unknown Problem	Emergency	EMS Support	Medical assistance
E Assist EMS (Non Emergency)	Emergency	EMS Support	Medical assistance
EI Emergency Incident	Emergency	EMS Support	Medical assistance
EMS	Emergency	EMS Support	Medical assistance
EMS request PD	Emergency	EMS Support	Medical assistance
PQA Medical Response	Medical	Medical	Medical assistance
E 25 Psych/Ab Beh/Suicide Att	Emergency	EMS Support	Mental health
Mental Health	Medical	Mental Health	Mental health
Suicidal Person / Suicide	Medical	Suicidal Person	Mental health
Attempt Contact or Pickup	Miscellaneous Policing	Investigative	Miscellaneous policing
BOLO	Miscellaneous Policing	Investigative	Miscellaneous policing
Bomb Device Found	Non-NIBRS Offense	Other	Miscellaneous policing
Bomb Threat	Non-NIBRS Offense	Harassment/Threats	Miscellaneous policing
Drowning	Medical	Medical	Miscellaneous policing
DSD Transport	Miscellaneous Policing	Transport	Miscellaneous policing
DU Venue	Miscellaneous Policing	Transport	Miscellaneous policing
Foot Pursuit	Miscellaneous Policing	Investigative	Miscellaneous policing
Help	Service	Assist Agency/Citizens	Miscellaneous policing
Notification	Miscellaneous Policing	Administrative	Miscellaneous policing
Officer Working Off Duty	Miscellaneous Policing	Off Duty	Miscellaneous policing
Open Door - Window	Service	Assist Agency/Citizens	Miscellaneous policing
Order In	Miscellaneous Policing	Administrative	Miscellaneous policing
Risk	Miscellaneous Policing	Warrant	Miscellaneous policing
Safety Order	Service	Other	Miscellaneous policing
Scout Car Transport	Miscellaneous Policing	Transport	Miscellaneous policing
Special Assignment	Miscellaneous Policing	Administrative	Miscellaneous policing
Transfer to Another Agency	Miscellaneous Policing	Other	Miscellaneous policing
Weather Warnings	Service	Other	Miscellaneous policing
F Amber Alert	Emergency	Fire Support	Missing persons
MPER - Child Found	Service	Missing/Found Person or Property	Missing persons
MPER - Endangered/WalkAway/Esc	Service	Missing/Found Person or Property	Missing persons
MPER - Lost Child	Service	Missing/Found Person or Property	Missing persons
MPER - Runaway / Adult	Service	Missing/Found Person or Property	Missing persons
Fireworks	Service	Other	Noise complaints
Noise Complaint	Service	Complaint	Noise complaints
Community Meeting	Miscellaneous Policing	Community Meeting	Proactive policing
Foot Patrol	Miscellaneous Policing	Patrol	Proactive policing
Meeting	Miscellaneous Policing	Administrative	Proactive policing
Routine Business Check	Miscellaneous Policing	Patrol	Proactive policing
Self Initiated Action	Miscellaneous Policing	Self-Initiated Action	Proactive policing
Arson	NIBRS Property	Arson	Property crime, vandalism
Auto Theft	NIBRS Property	Auto Theft	Property crime, vandalism
Auto Theft IP-JO	NIBRS Property	Auto Theft	Property crime, vandalism
Auto Theft Recovery	NIBRS Property	Auto Theft	Property crime, vandalism
Criminal Mischief	Non-NIBRS Offense	Criminal Mischief	Property crime, vandalism
Criminal Mischief IP-JO	Non-NIBRS Offense	Criminal Mischief	Property crime, vandalism
LoJack	NIBRS Property	Auto Theft	Property crime, vandalism
Detox	NIBRS Society	Liquor Law Violation	Substance use
Intoxicated Person	NIBRS Society	Liquor Law Violation	Substance use
Narcotics	NIBRS Society	Narcotics Offense	Substance use
Syringe Disposal - HRAC	Service	Other	Substance use
Suspicious Item	Service	Suspicious	Suspicious person, object, activity
Suspicious Occurrence	Service	Suspicious	Suspicious person, object, activity
Fraud / Forgery	NIBRS Property	Theft	Theft, larceny
Fraud / Forgery IP-JO	NIBRS Property	Theft	Theft, larceny
Shoplifter	NIBRS Property	Theft	Theft, larceny
TFMV	NIBRS Property	Burglary	Theft, larceny
TFMV IP-JO	NIBRS Property	Burglary	Theft, larceny

Theft	NIBRS Property	Theft	Theft, larceny
Theft IP-JO	NIBRS Property	Theft	Theft, larceny
Direct Traffic	Traffic	Enforcement	Traffic enforcement
Parking Complaint / Aband Veh	Traffic	Parking	Traffic enforcement
Radar	Traffic	Enforcement	Traffic enforcement
Reckless Driver	Traffic	Enforcement	Traffic enforcement
Tow - Short Tow	Traffic	Enforcement	Traffic enforcement
Traffic Stop	Traffic	Stop	Traffic enforcement
Vehicle Pursuit	Traffic	Stop	Traffic enforcement
Vehicle Stop	Traffic	Stop	Traffic enforcement
Accident Hit and Run	Traffic	Accident	Traffic-related incidents
Accident No Injury	Traffic	Accident	Traffic-related incidents
Accident Unknown Injury	Traffic	Accident	Traffic-related incidents
Accident With Injury	Traffic	Accident	Traffic-related incidents
Tow	Traffic	Enforcement	Traffic-related incidents
Encampment	Service	Housing/Homeless	Unhoused persons
Eviction	Service	Housing/Homeless	Unhoused persons
911 Open	Miscellaneous Policing	Other	Unknown
Nature Unknown	Service	Nature Unknown	Unknown
PTest	TEST	TEST	Unknown
Seven	Miscellaneous Policing	Administrative	Unknown
Prowler	Non-NIBRS Offense	Stalking	Unwanted person
Trespass / Unwanted Person	NIBRS Society	Trespassing	Unwanted person
Unwanted Person	NIBRS Society	Trespassing	Unwanted person
Assault	NIBRS Person	Assault	Violent crime
Assault IP-JO	NIBRS Person	Assault	Violent crime
Indecent Exposure	Non-NIBRS Offense	Other	Violent crime
Kidnap	NIBRS Person	Kidnapping	Violent crime
Kidnap IP-JO	NIBRS Person	Kidnapping	Violent crime
Robbery	NIBRS Property	Robbery	Violent crime
Robbery IP-JO	NIBRS Property	Robbery	Violent crime
Sex Assault	NIBRS Person	Sexual Assault	Violent crime
Sex Assault IP-JO	NIBRS Person	Sexual Assault	Violent crime
Sexual Assault - GO ONLY	NIBRS Person	Sexual Assault	Violent crime
Shooting	NIBRS Person	Shooting	Violent crime
Shooting - Walk In	NIBRS Person	Shooting	Violent crime
Stabbing	NIBRS Person	Assault	Violent crime
Stabbing - Walk In	NIBRS Person	Assault	Violent crime
Shot Spotter	NIBRS Society	Weapons Offense	Weapons
Shots Heard / Fired	NIBRS Society	Weapons Offense	Weapons
Weapon / Concealed Weapon	NIBRS Society	Weapons Offense	Weapons
Slumper - Person in Vehicle	Medical	Medical	Welfare check
Welfare Check	Medical	Welfare Check	Welfare check