



Vulnerable Populations Report Q1 2025

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“The moral test of government is how that government treats those who are in the dawn of life, the children; those who are in the twilight of life, the elderly; and those who are in the shadows of life, the sick, the needy and the handicapped.”

— Hubert H. Humphrey
38th Vice President of the United States

Vulnerable Populations

Vulnerable populations are individuals within the community who have a higher dependence on emergency services to address their medical and basic needs.

Vulnerable populations are at higher risk for exploitation, victimization, and criminal justice involvement. They often have unmet needs that precipitate contact with emergency services.

Vulnerable populations include:

- Individuals experiencing a mental or behavioral health (substance use) crisis or illness
- At-risk youth and adults including those experiencing intellectual, developmental, or physical disabilities
- Aging/elderly adults
- Individuals experiencing homelessness.

Clear Creek County strives to provide a specialized response to 911 calls involving a vulnerable person.

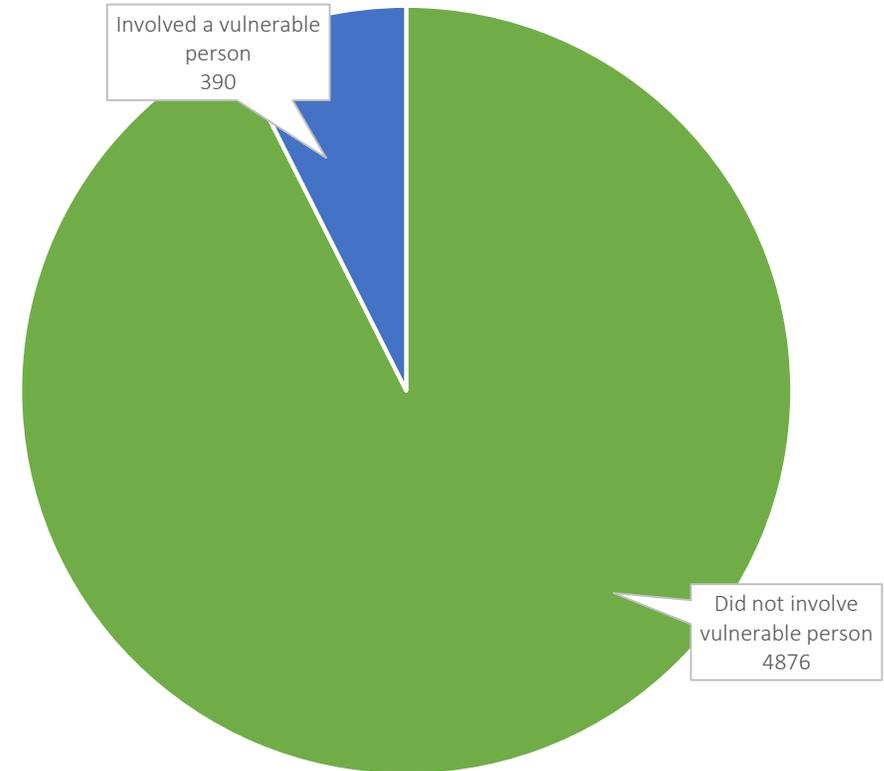


County-Wide 911 Data about Vulnerable Populations

390

390 or 7% of the total calls for service Clear Creek emergency response agencies were dispatched to in the first quarter involved a vulnerable individual.

Total Calls for Service Involving a Vulnerable Population

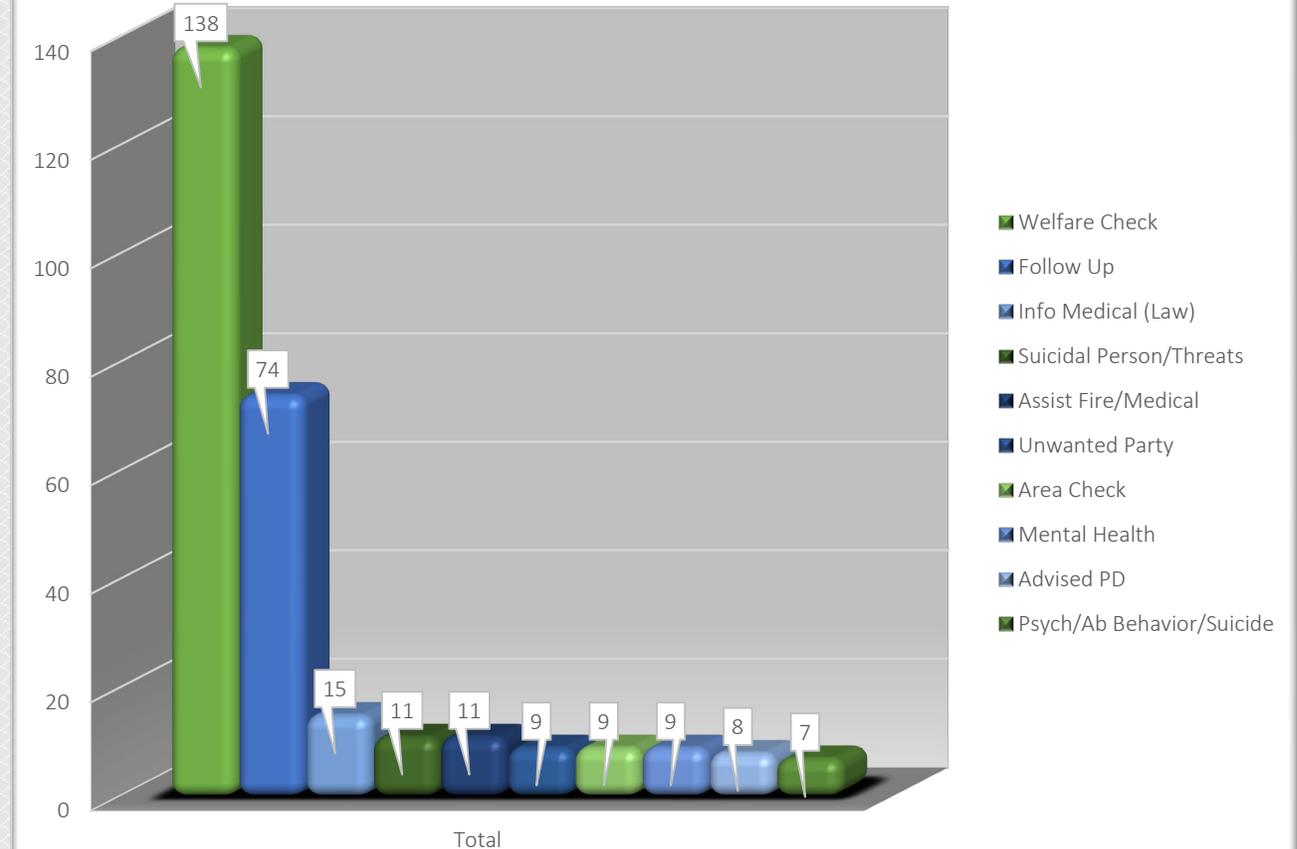


County-Wide 911 Data about Vulnerable Populations

Whether a call involves a vulnerable population is determined by using a keyword search in CAD data (the database used to dispatch emergency services to calls for service). The keywords or partial keywords used in this search are below. An * denotes a partial word search.

addict*	alzheimer*	anxiety	anxious	at risk
at-risk	bipolar	bi-polar	CIHCS	CCHAT
dementia	depressed	depression	disability	delusion
elder	homeless	M1	mental	parano*
safecall	schiz*	suicidal	suicide	transient

Top 10 calls types involving a Vulnerable Person

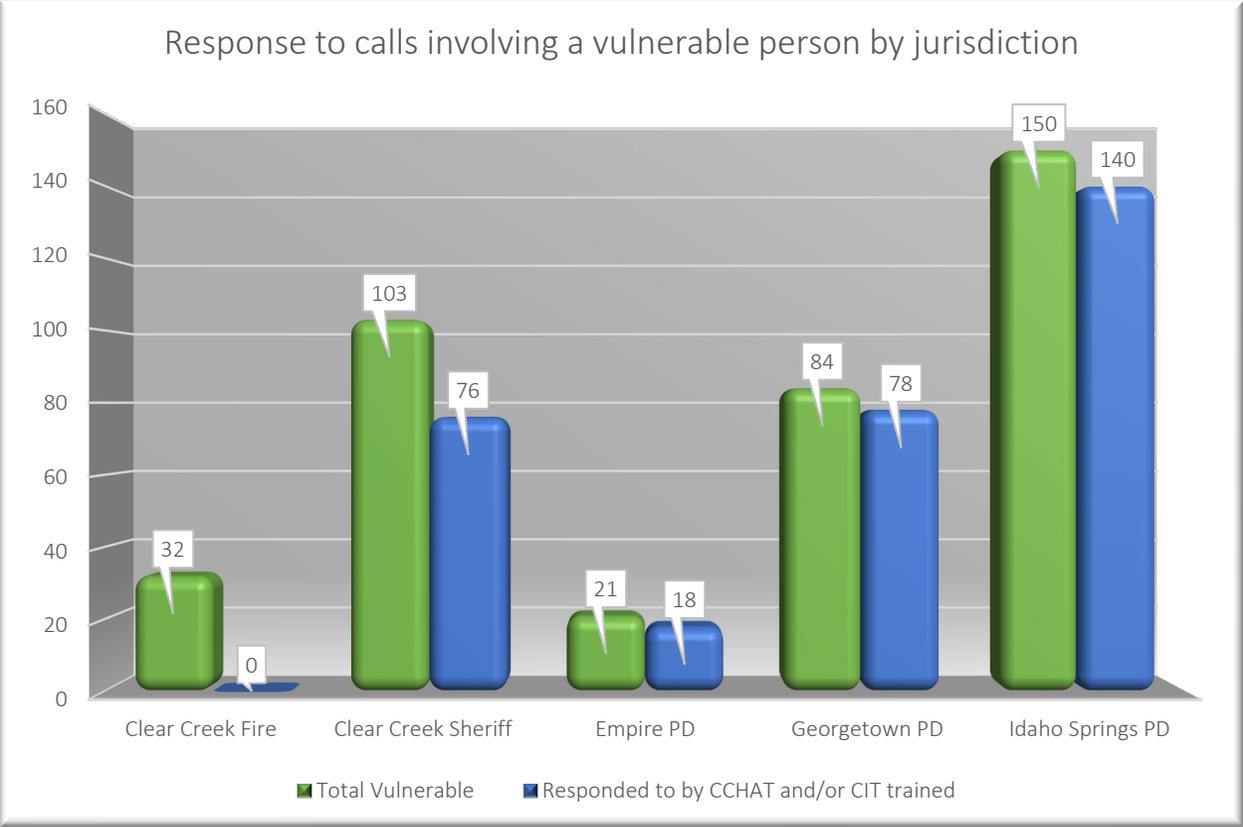


County-Wide 911 Data about Vulnerable Populations

Specialized Response:

The Community Crisis and Health Assistance team (CCHAT) is comprised of skilled mental health professionals and community paramedics to better meet the needs of the vulnerable person and free other first responders to return to their core competencies. The goal is to reduce or eliminate the vulnerable person's reliance on emergency services to meet their needs.

Crisis Intervention Training (CIT) is a comprehensive training course for law enforcement to promote empathy and understanding while increasing effective communication and de-escalation with community members when they are in the most vulnerable points of their lives. The course helps officers gain a better understanding of the needs of individuals with mental illness, substance use disorders and other vulnerabilities.

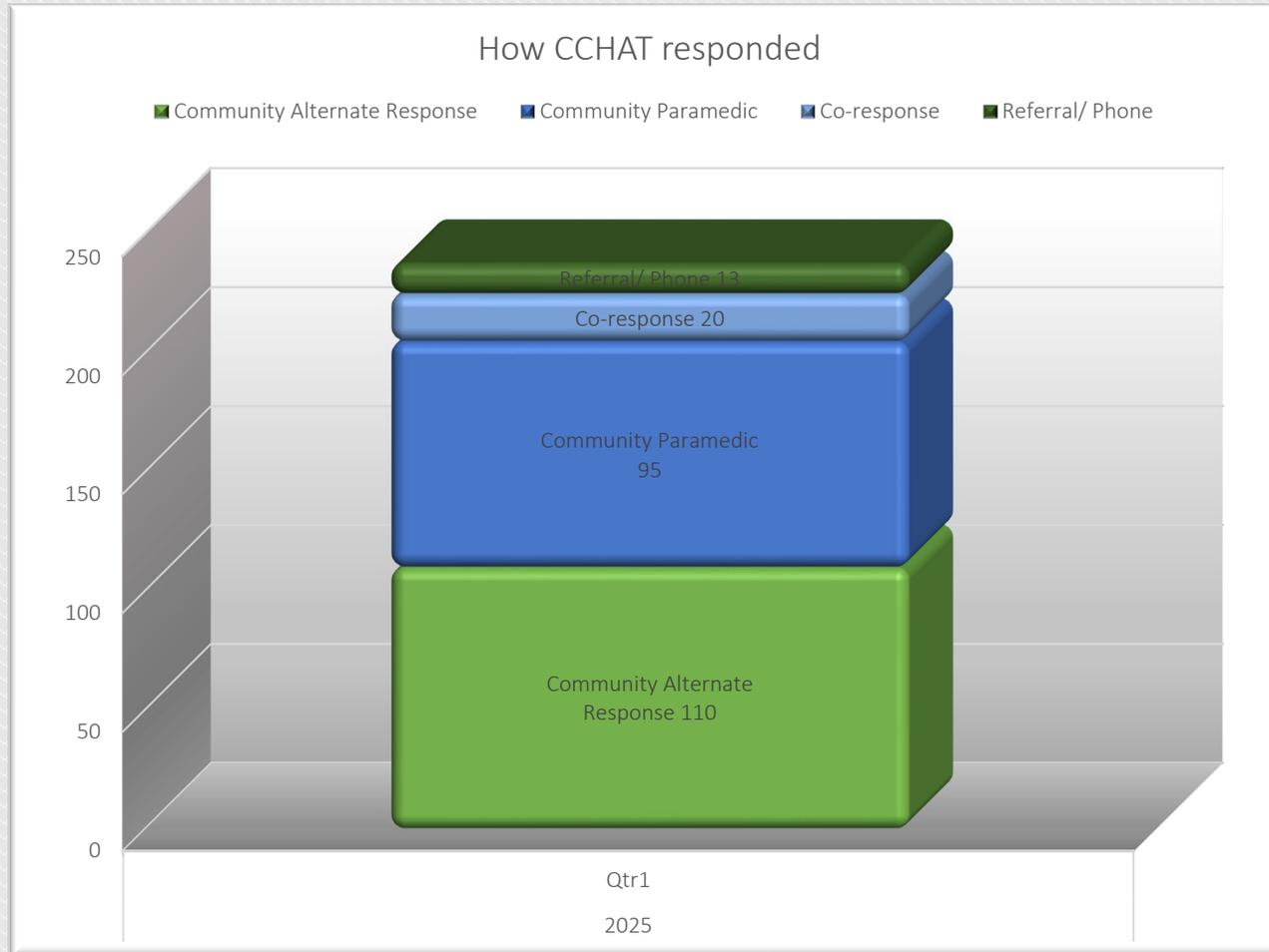


The majority of calls involving a vulnerable person are responded to by CCHAT and/or a CIT trained deputy or officer.

Newly hired officers or deputies complete CIT within their first year of hire.

Additionally, medical needs always take the highest priority in an emergency response and Fire/EMS calls often have a duplicate call created for LE awareness, but LE response is not always required or available.

CCHAT Team Utilization and Effectiveness Data



CCHAT responds to calls in three ways:



A Community Alternate Response Team, which responds to appropriately screened 911 calls for service which do not require EMS, Fire or Law Enforcement (LE).
✓ The team aims to de-escalate and resolve each call with the least restrictive means including safety planning and resource navigation in order to reduce or eliminate future contact with emergency services.



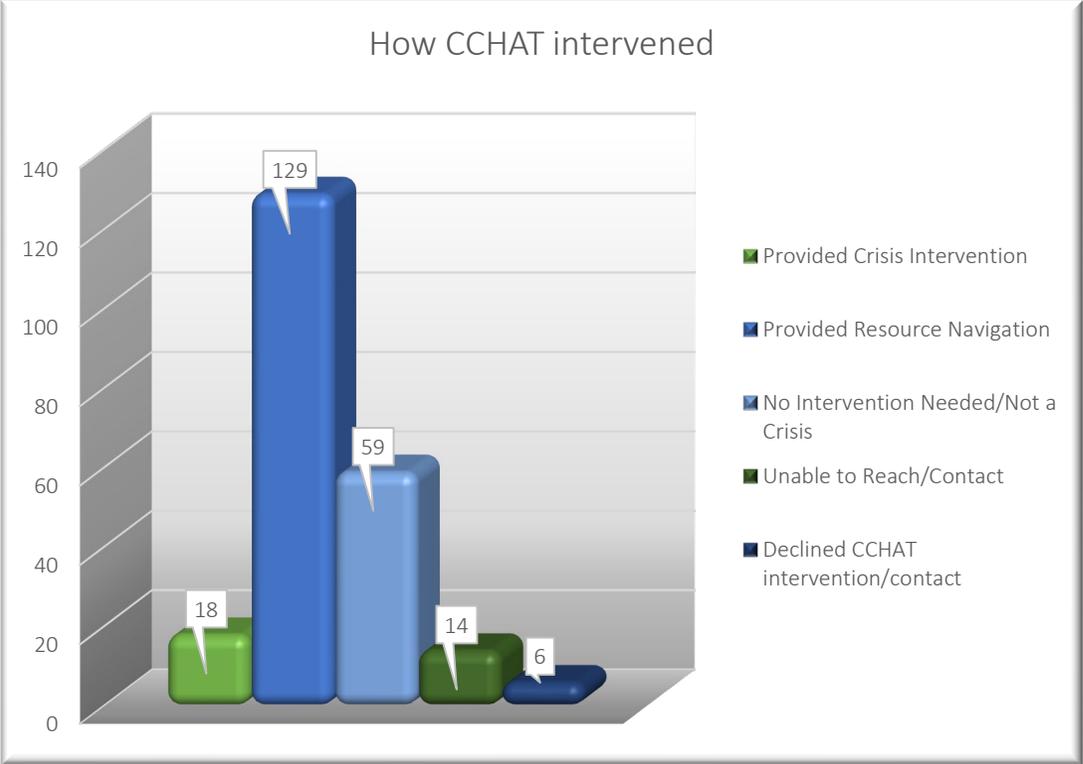
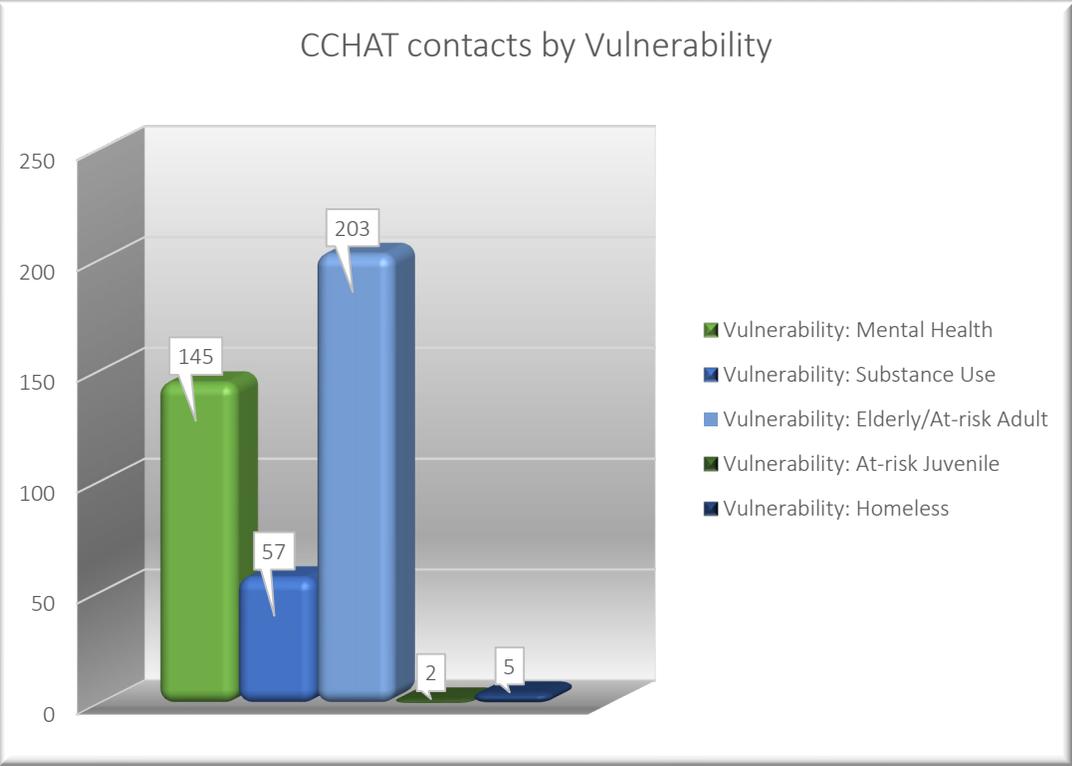
A Co-response Team, which responds alongside EMS, Fire or LE to calls for service involving a vulnerable person that also require EMS, Fire, or LE presence.
✓ The team supports de-escalation, conducts mental health and needs assessments, assists with determining appropriate call resolution, and always advocates for the physical, mental, and behavioral health needs of the vulnerable person.



A Community Paramedic or Community Integrated Health Care Service (CIHCS) Team which, under a CIHCS License, helps address the gaps in access to care.
✓ The team provides resource navigation, basic health assessment and medication management, care coordination, and patient education to vulnerable populations, especially those who are medically fragile.

CCHAT Team Utilization and Effectiveness Data

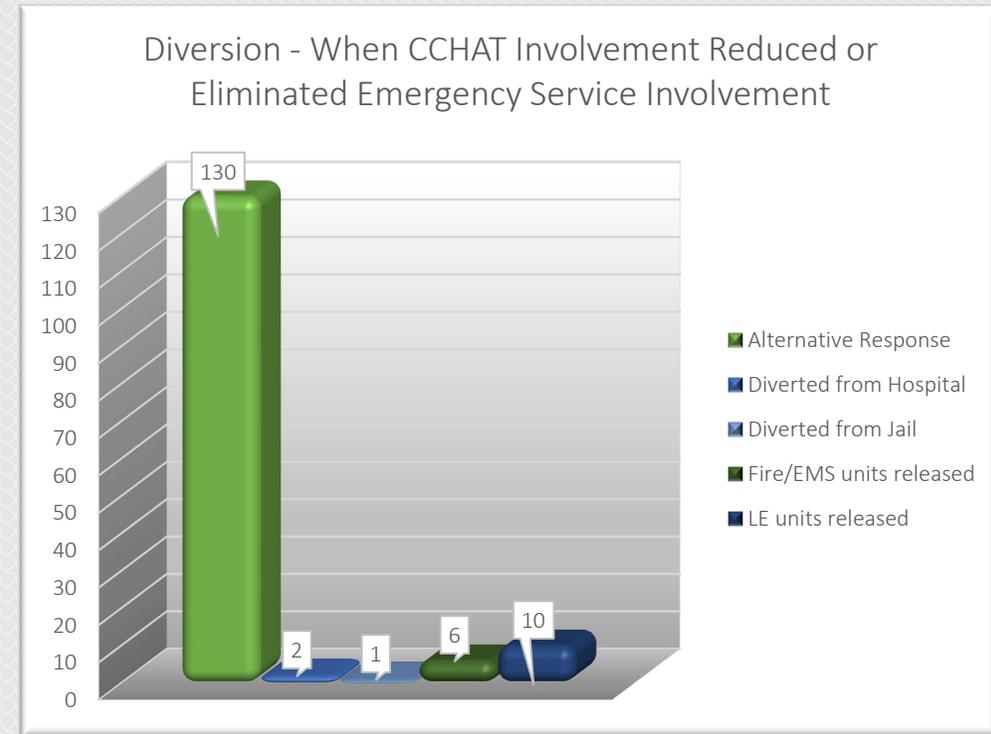
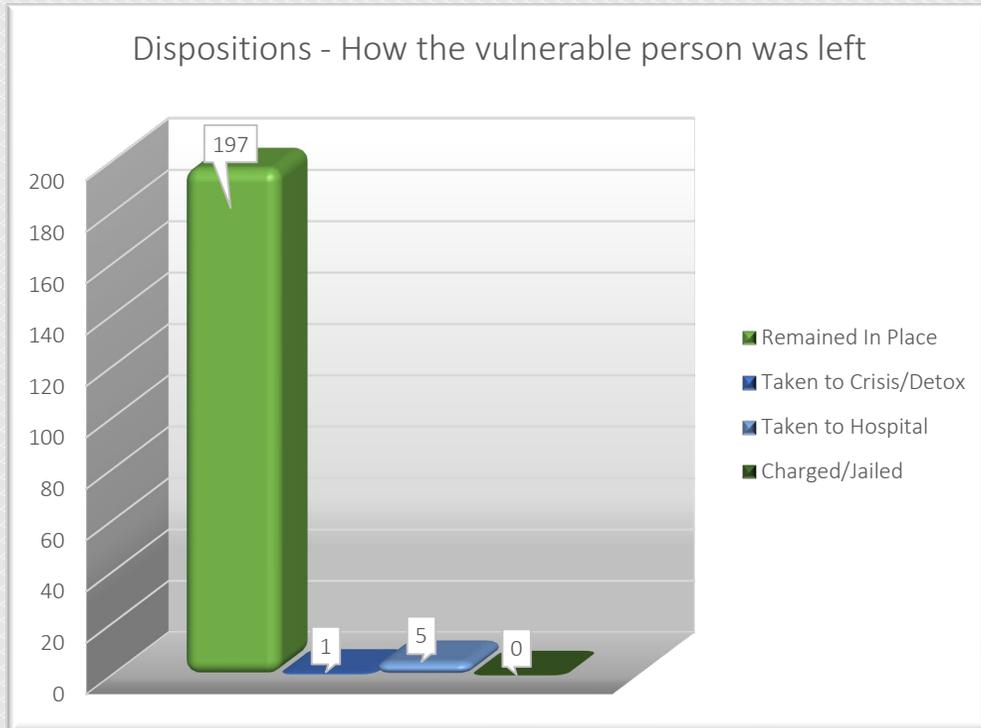
CCHAT tracks the type of vulnerability a person was experiencing during their contact. A person may have more than one vulnerability.



This chart shows how CCHAT was able to intervene or help. There may be more than one intervention during a single contact and some calls are not assigned an intervention.

CCHAT Team Utilization and Effectiveness Data

Dispositions refers to what happened to the vulnerable individual at the conclusion of the call. The majority of calls, the individual is left in place – most likely their home. Not all contacts will have a disposition.



Diversion shows when CCHAT involvement reduced or eliminated emergency service involvement.

- “Alternate Response” are calls where CCHAT was able to respond alone. Without CCHAT, these calls would have been responded to by LE or EMS/Fire.
- “Diverted from” shows where, due to CCHAT involvement, the vulnerable person was diverted from a higher level of care (hospital) or involvement in the criminal justice system (jail).
- “Units released” shows calls where CCHAT was able to take over a call from Fire/EMS or LE allowing units to return to their core function while CCHAT continues to support the vulnerable individual.