



EXECUTIVE SUMMARY

May 2024

“Make sure to treat people how you want to be treated”

Clevelanders speak about crisis response, what works, and how to improve it

Bree Easterling | Cori Schleiffer | Piet van Lier

After years of community advocacy and stakeholder discussion, the Alcohol, Drug Addiction and Mental Health Services (ADAMHS) Board of Cuyahoga County is preparing to launch a non-police care response pilot in Cleveland in summer 2024 for people experiencing mental and behavioral health crises, working with FrontLine Service, a local behavioral health agency.

Local law enforcement, policymakers, and service providers have begun to change how people in crisis are helped. From efforts to expand Crisis Intervention Team training — included in the 2015 consent decree that seeks to dramatically reform policing in Cleveland — to doubling our investment in co-response teams that pair officers with social workers, serious thought and effort are being put into improving crisis response. With the addition of community-informed implementation, this foundation will mean better outcomes for people in crisis, responders, and the larger Cleveland community.

Care response removes police from emergency first response for people experiencing mental and behavioral health crises, with the goal of providing support, compassion, and helping them connect with behavioral health-specific care and resources. The pilot starting this year in two Cleveland ZIP codes will send teams of mental and behavioral health clinicians and trained peer responders on some emergency calls, allowing police and paramedics/EMTs to focus on situations for which they are better trained.

For our phase 1 survey, released in October 2022, we partnered with the Northeast Ohio Coalition for the Homeless and the Homeless Congress to interview 177 members of our community who had experienced homelessness or housing instability.¹ The survey revealed the complexity of directly impacted Clevelanders’ views of emergency first response. Half of participants said their interactions with first responders had been largely positive, but their answers to open-ended survey questions showed much room for improvement in the response to and treatment of people in crisis, and the services available to them.

This paper provides the results of the second phase of our survey project, which began after we released the first report in 2022. Interviewers talked to 580 people, most of whom live or stay in Cleveland and interacted with first responders there. The sample was not random: We focused on members of the LGBTQ+ community; people who are homeless or

¹ “Talk to me like a regular person, not a criminal,” Cori Schleiffer and Piet van Lier. Policy Matters Ohio, October 24, 2022. Online at <https://tinyurl.com/4wvctkfb>.



who struggle with substance use; young people, and others who live in marginalized communities. These are the people most likely to rely on first responders in a crisis; their perspectives should inform every decision about crisis response.

While nearly half of survey participants assessed their experiences with emergency responders as positive or very positive, a deeper dive into the survey results revealed a diversity of experiences and responses. That diversity makes clear the need for a wider range of crisis response options, including some that do not involve police. Those who establish and run programs for people in crisis should have access to every available tool — including non-police care response — to care for our families, neighbors, and fellow residents.

About one-third of survey participants said police officers made them feel safe, while majorities said EMTs/paramedics, social workers, mental health professionals and peer responders made them feel safe. When asked what would make them feel safer, participants' top responses were providing proper identification, including wearing badges or uniforms; promising confidentiality to people receiving crisis care, including not checking for warrants; and arriving in a non-police vehicle.

In addition to medical care and attention, participants said they want first responders to provide information about housing and recovery; transportation assistance; food, water, clothing, blankets and first aid; and hygiene services and supplies. They said responder training should include mental health awareness, listening, trauma-informed care, and conflict resolution.

Members of the LGBTQ+ community were much less likely (41%) to say police made them feel safer than people who did not identify as LGBTQ+ (55%), while responses didn't vary as much by race.

As with our phase 1 survey, much of the strength of phase 2 rests with what participants said when they responded to open-ended questions. For example, responses to the question, "What did the first responder(s) do that made [the interaction] feel positive or negative?" included:

- "I told them multiple times that I am trans.... When the officer patted me down [they] continuously grabbed my crotch and other places saying, 'something's not right.'"
- "I felt safe because their tone was respectful."
- "The most recent interaction, the officer was empathetic but ultimately not helpful in managing what felt like a crisis to me. When I've called for mental health crisis and threat to safety, I've appreciated their ability to intervene and restore safety."
- "Calm demeanor - [they] talked slowly and listened to my answers."
- "Helped me find a shelter that would take me with AIDS/HIV."