

## Justice Reform

### **“Talk to me like a regular person, not a criminal”**

Clevelanders share their views about emergency response for people in crisis

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#### **Introduction**

People experiencing crises related to behavioral health, homelessness or substance use do best when they are treated with compassion and care. That’s why advocates, policymakers and service providers in Cleveland are increasingly recognizing the value of embracing non-police care response.

Care response provides a health-first approach that, rather than sending police, sends emergency medical technicians, paramedics, mental health clinicians, social workers or trained peers with lived experience on emergency calls. Such initiatives are already in use in cities around the country and are being piloted Ohio.

Policy Matters Ohio and REACH NEO (Responding with Empathy, Access and Community Healing) worked with the Northeast Ohio Coalition for the Homeless (NEOCH) to survey 177 Clevelanders about their experiences with first responders, including police officers, emergency medical technicians, paramedics and firefighters. Many survey participants have struggled with housing insecurity.

The survey reveals a complex snapshot of directly impacted Clevelanders’ views of first response for people experiencing behavioral health crises or struggling with issues including homelessness and substance use. Nearly half of survey participants said their interactions with first responders over the past year have been positive, with 30% reporting them as negative. Participant responses to open-ended survey questions show room for improvement in how people are treated when experiencing a crisis, and the services that are available to them.

All but a handful of people interviewed for the survey reported having at least one interaction with first responders over the past year. Overall, participants felt more positive and safer when they received a police response for a threat against their safety, a firefighter response for a fire, and a health\_care response for a health care need. A majority of participants reported that their calls to 911 were driven by health needs – either physical, mental or behavioral. Just under 50% described their interactions with first responders over the past year as positive, just under 30% as negative, with the rest reporting them as neutral.

When asked specifically about non-police first responders such as EMTs/paramedics, social workers, mental health clinicians, or peers with similar lived experience, respondents had the most positive assessment of EMTs/paramedics, but a majority of had favorable views of all. Of these options, only EMTs/paramedics are now deployed as emergency responders in Northeast Ohio communities. Small co-response pilots in Cleveland and Shaker Heights

include social workers who ride with police, but for the most part police officers are required to clear the scene before social workers are able to approach people requesting assistance.<sup>1</sup>

In response to an open-ended question about what kind of training a non-police care response team should have, nearly half of participants mentioned a wide range of training, including in mental health, interpersonal skills, trauma-informed care, and youth-, LGBTQ+, and homeless-specific competencies.

Participants' most common answer to a question about what makes them feel safer (41) included words like compassion, calm, friendly and positive, while many participants (25) said that it depends largely on the situation. EMS was included in the response 28 times, social workers or mental health workers 10 times. Fourteen responses included police and an equal number included some version of "not police." Twelve participants emphasized the need for a quick response.

### Conclusion and Recommendations

Policymakers, service providers and advocates have an opportunity to improve public safety in Cleveland and Cuyahoga County by implementing a mobile care response pilot based on the non-police crisis response programs with a long track record of success and others being developed across the country. We recommend that anyone seeking to implement care response use the perspectives shared in this report to inform their work.

Policymakers and service providers working to establish care response in Cleveland must also:

- **Study the well-established, successful programs in cities** across the country to understand how they built toward success by understanding the particular needs of their communities. Examine the best practices they used or developed in hiring, training, retention, operations, and data collection.
- **Investigate care response pilots** in Ohio to further inform program building for Cleveland.
- **Identify intersections with the existing work and service populations** of local care providers and others working in public safety.
- **Begin working to ensure that policymakers and service providers develop a deeper understanding** and a trusting relationship with the communities they serve.
- **Expand the peer and behavioral health workforce** in Cuyahoga County to ensure the long-term success of any care response program our communities choose to implement.

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<sup>1</sup> The Shaker Heights social work co-responder does work without police officers at times.