July 2021

Justice Reform

Reimagining public safety in Cleveland

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Introduction

In little more than a year, high-profile killings of Black people across the United States by police, including George Floyd in Minneapolis, Breonna Taylor in Louisville, and Andrew Brown, Jr., in North Carolina, have vaulted the actions of law enforcement to the top of a rancorous national debate.\(^1\)

The city of Cleveland is no exception, with its own list of deaths by police violence over the past several years, including Malissa Williams and Timothy Russell, Tamir Rice, Tanisha Anderson, and Arthur Keith.

Advocates around the country are demanding a different approach to policing, with calls to better address community needs by redirecting funds,\(^2\) strengthening civilian oversight and changing who responds to certain types of calls for emergency assistance. Over the past year, however, violent crime has increased after several years of decline\(^3\) and reports suggest that police departments are struggling to recruit new officers.\(^4\) As a result, debates about how best to keep communities safer are more contentious than ever.

Cleveland, again, is no exception. A few initiatives in the city, some new, some longstanding, are providing non-police aid and assistance to people experiencing certain types of crises, and a local ballot initiative would make permanent and independent key police oversight. But change is slow, and emergency calls to 911 in Cleveland still generate a response that includes armed police officers, with few signs that this approach will change anytime soon. As in other cities, the increase in violent crime\(^5\) is on the minds of residents and mayoral candidates alike.

The killing by Cleveland police of Williams and Russell, who were unarmed, in a hail of 137 bullets after a car chase, sparked an investigation by the U.S. Department of Justice (DOJ), which found that the Cleveland Division of Police (CDP) engaged in practices that violated the U.S. Constitution. As a result, the city and the DOJ entered into a consent decree, which seeks significant change from the CDP.\(^6\) Cleveland is the

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\(^1\) “Black people were 28% of those killed by police in 2020 despite being only 13% of the population.” mappingpoliceviolence.org/
only U.S. city to have entered into two consent decrees for policing; the first lasted from 2002 to 2004.\(^7\)

The current consent decree identified the use of excessive, unconstitutional force by CDP as one of the main problems it seeks to remedy. That is one reason advocates want other kinds of personnel, such as mental health workers and medics, to respond to certain emergency calls. This approach, many argue, will allow officers to focus on stopping and solving violent crimes and responding to calls that are more likely to justify an armed police presence. Advocates also want stronger civilian oversight of the police department.\(^8\)

The comprehensive staffing plan conducted by CDP, as required by the consent decree, called for an increase in the number of police officers in Cleveland to ensure effective community and problem-oriented policing, as well as adequate staffing to investigate misconduct and to meet consent decree requirements, among other goals.\(^9\) Community advocates, on the other hand, have argued that more police on the streets will not make residents safer or solve underlying issues, especially those that plague Black and brown communities, which are more heavily policed, yet under-served and disproportionately harmed by racial disparities in policing.\(^10\)

This paper, a companion to our analysis of the CDP budget,\(^11\) highlights work happening in Cleveland and around the country to transform how our nation’s cities understand and address public safety.

What’s happening in Cleveland

Cleveland has long had initiatives that provide assistance to people experiencing mental health crises, problems with substance abuse, or other traumatic events.\(^12\) The city also has implemented violence interruption programs over the years, with

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\(^9\) The mandated staffing plan was to address and provide for effective community and problem-oriented policing and to ensure well-trained staff and resources to conduct timely misconduct investigations and a sufficient number of supervisors and staff to allow CDP to meet all consent decree requirements including, but not limited to, rigorous investigations and reviews of force incidents; specialized crisis intervention officers; supervisors that can competently supervise officers and review stops, searches, and arrests and the implementation of an Early Intervention System. Motion to Approve Cleveland Division of Police Staffing Plan. Cleveland Police Monitoring Team, 21 Feb. 2019, [https://bit.ly/3zFIXta](https://bit.ly/3zFIXta).


\(^12\) The city of Cleveland had not yet responded, at the time of publication of this report, to a longstanding Policy Matters for records that would provide a count of people served in these and other programs.
varying degrees of success. The intersection of the consent decree and ongoing killings of Black people by police forces in Cleveland has helped mobilize local advocates. This description of local initiatives, by no means exhaustive, provides some of the Cleveland context as advocates and civic leaders consider, and residents push for, changes to our city’s approach to policing and public safety.

**Crisis line and mobile team**

One local example is a countywide crisis line and mobile response team operated since the mid-1990s by the nonprofit organization FrontLine Service. The initiative provides information and referrals, a suicide prevention hotline, crisis services and wellness checks. It costs about $1.6 million a year to support 27 full-time staff who provide around-the-clock services, responding to approximately 1,500 calls and referrals each month. The program is mostly funded by the Alcohol, Drug Addiction and Mental Health Services Board (ADAMHS) of Cuyahoga County.

**Street outreach**

The Northeast Ohio Coalition for the Homeless (NEOCH) is another organization that provides an alternative response for people in crisis. It works with several other organizations, including Care Alliance, Volunteers of America, the Veterans Administration, the Salvation Army and Lutheran Metropolitan Ministry’s homeless shelter staff as part of an outreach collaborative. The group runs a hotline for people to call instead of 911, sending staff who can help those experiencing homelessness.

**Crisis co-responders**

A new initiative, funded by a three-year, $1 million grant from the U.S. DOJ, pairs mental health workers with CDP officers, sending them as two-person teams in response to calls that involve people experiencing mental health crises. Slated to begin in April 2020 but delayed by the pandemic, the co-responder program kicked off in December. Its five teams, one per CDP district, generally work a 1 p.m. to 10 p.m. weekday shift. Mental health workers ride along with Crisis Intervention Team (CIT) police officers, monitoring police radio and responding to mental health calls. They are not first responders – they wait for police officers to clear and secure the scene before providing assistance. The DOJ grant funds three mental health workers; the county ADAMHS board funds two others. Three work for FrontLine Service, two for another local nonprofit, Murtis Taylor Human Services Systems.

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14 FrontLine Service, Resolving Crisis: https://bit.ly/3gKrd8H
15 Interview with Rick Oliver, director of crisis services at FrontLine Service, 4/29/21.
18 Rick Oliver interview, 4/29/21.
A pilot co-responder program ran in Cleveland’s Second District from June 2016 through September 2018, averaging 66 calls per month. Forty-four percent of the calls came through CDP dispatch, resulting in crisis workers being on the scene with CIT police officers, while the rest of the calls to the co-responder teams came through forms filled out by patrol officers to provide follow-up for individuals in need of further assistance. When crisis workers were on the scene, a lower percentage of individuals were transported to an emergency department and the workers were more successful in connecting individuals to services they needed. The workers were also able, in the months after first contact, to reduce the number of calls from individuals with frequent CDP contact. The pilot was funded by a $200,000 federal grant to the city and $260,000 from the county ADAMHS board. In 2018, the city applied unsuccessfully for a grant to continue the program.

A snapshot of Cleveland data suggests that many calls logged by CDP officers could likely be handled by unarmed responders with different skills and training than those of the vast majority of police officers. The figure below shows data from a citywide CDP report covering a 20-day sample from the first half of 2021 separated into two categories: more likely to require an armed response and less likely to require an armed response. This analysis suggests that as many as 37% of the calls during this period are in categories that could have been handled by individuals other than sworn and armed patrol officers, including traffic stops, parking violations, burglar alarms, traffic control, and checking on an individual’s welfare. Nationally, some reports suggest an even higher percentage of calls do not involve violence.

It is quite likely that some of the calls listed as requiring an unarmed response would in fact warrant an armed response, but it is equally likely that some listed as requiring an armed response could be handled by unarmed first responders. One relevant example: One CDP staffing report found that of the more than 23,000 residential and business alarms CDP officers responded to in 2015, 98% were false alarms.

An effective and safe unarmed first-responder initiative in Cleveland would require clear criteria; rigorous training of dispatch staff would minimize mistakes, injuries, or worse. The example of a program in Eugene, Ore., is instructive. There, unarmed

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20 Ibid.
21 “Sworn” officers have taken an oath to support the U.S. and state constitutions and the laws of their local jurisdictions. They also have the responsibility to protect the safety and quality of life of the communities they serve. Sworn officers have arrest powers and carry a firearm and a badge.
22 “City of Cleveland, Division of Police, CERP Command Review Process, Week 23 – 2021 - 05/30/2021-06.05/2021” obtained by Policy Matters Ohio public records request on 6/18/21.
24 The 2017 staffing report found that the Cleveland Division of Police received 30,305 alarm calls in 2015 and responded to 23,659 (both residential and business); 23,240 (98.3%) were false. See page 5: https://bit.ly/3zFtXta.
alternative first responders are integrated into the emergency call system with full cooperation and coordination from the police department; call-takers and dispatchers are trained and work with clear criteria for how to distribute calls. The program is described in more detail below. It is important to note that very few calls directed to the program have required back-up and that no one has been seriously injured on calls by non-police responders. This suggests that it is within the capacity of a system to distinguish which calls would be appropriate for an unarmed response.

**CDP calls with officer arrival**

Based on a 20-day sample from February 13 to June 8, 2021

37% of calls to dispatch are less likely to require armed response

<table>
<thead>
<tr>
<th>Call type</th>
<th>Total calls</th>
<th>Percent of total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Traffic stop</td>
<td>648</td>
<td>6.5%</td>
</tr>
<tr>
<td>Alarm - burglar (business)</td>
<td>566</td>
<td>5.6%</td>
</tr>
<tr>
<td>Alarm - residential</td>
<td>401</td>
<td>4%</td>
</tr>
<tr>
<td>Parking violation</td>
<td>418</td>
<td>4.2%</td>
</tr>
<tr>
<td>Asst Police/Fire/EMS/Aux non-emergency</td>
<td>307</td>
<td>3.1%</td>
</tr>
<tr>
<td>Traffic problem - hazardous conditions</td>
<td>295</td>
<td>2.9%</td>
</tr>
<tr>
<td>Damage accident</td>
<td>298</td>
<td>2.6%</td>
</tr>
<tr>
<td>Non-violent family trouble</td>
<td>248</td>
<td>2.5%</td>
</tr>
<tr>
<td>Check welfare of a person</td>
<td>187</td>
<td>1.9%</td>
</tr>
<tr>
<td>Property crime</td>
<td>177</td>
<td>1.8%</td>
</tr>
<tr>
<td>Mental - Non-violent disturbing</td>
<td>113</td>
<td>1.1%</td>
</tr>
<tr>
<td>Community engagement</td>
<td>42</td>
<td>0.4%</td>
</tr>
</tbody>
</table>

63% of calls to dispatch are more likely to require an armed response

<table>
<thead>
<tr>
<th>Call type</th>
<th>Total calls</th>
<th>Percent of total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Special attention</td>
<td>990</td>
<td>9.9%</td>
</tr>
<tr>
<td>Disturbance/nuisance</td>
<td>653</td>
<td>6.5%</td>
</tr>
<tr>
<td>Trouble unknown cause</td>
<td>653</td>
<td>6.5%</td>
</tr>
<tr>
<td>Dom violent assault/threats suspect on scene</td>
<td>623</td>
<td>6.2%</td>
</tr>
<tr>
<td>Civil dispute</td>
<td>451</td>
<td>4.5%</td>
</tr>
<tr>
<td>Shots fired</td>
<td>411</td>
<td>4.1%</td>
</tr>
<tr>
<td>Detail assignment (officer initiated)</td>
<td>392</td>
<td>3.9%</td>
</tr>
<tr>
<td>Suspicious activity</td>
<td>353</td>
<td>3.5%</td>
</tr>
<tr>
<td>Property crime/suspect on scene</td>
<td>233</td>
<td>2.3%</td>
</tr>
<tr>
<td>Silent 911 call</td>
<td>264</td>
<td>2.6%</td>
</tr>
<tr>
<td>District assignment</td>
<td>334</td>
<td>3.3%</td>
</tr>
<tr>
<td>Threats - suspect on scene/in area</td>
<td>321</td>
<td>3.2%</td>
</tr>
<tr>
<td>Person threatening w/weapon</td>
<td>241</td>
<td>2.4%</td>
</tr>
<tr>
<td>Assault - suspect on scene/in area</td>
<td>245</td>
<td>2.4%</td>
</tr>
<tr>
<td>Shotspotter alert</td>
<td>124</td>
<td>1.2%</td>
</tr>
<tr>
<td>Suspected stolen auto recovery</td>
<td>42</td>
<td>0.4%</td>
</tr>
</tbody>
</table>

Total calls to dispatch                         | 10,300      | 100.0%           |

Source: Cleveland Division of Police, CERP Command Review Process, Weeks 7, 9, 17, 18 and 23. Data were provided in response to a Policy Matters Ohio request. The breakdown of calls for each week for which data were made available were very similar, suggesting these data are broadly representative.
Crisis Intervention Team training (CIT)

CIT programs provide a national model for training police officers to assist people experiencing mental health crises. This approach has been shown to prevent the incarceration of people with mental illness, reducing arrests and increasing the likelihood that people will receive needed mental health services. In Memphis, the use of CIT resulted in a reduction in officer injuries during mental health crisis calls, and some communities have found that CIT has reduced the time officers spend responding to mental health calls.25

The Cleveland consent decree identifies crisis intervention training as a remedy for the lack of preparation the DOJ found among CDP officers, call-takers and dispatch staff in terms of their ability to provide an appropriate response for individuals in crisis. The settlement requires that all officers and recruits undergo eight hours of CIT training each year, and that CDP develop a team of specialists with deeper training.26 As a result, CDP has created the position of crisis intervention coordinator and set a goal of providing a 40-hour training for 25% to 30% of its officers over the next few years. Approximately 100 officers remain with CDP who participated in previous crisis intervention training, but as of May 2021, only 19 had been trained under the new program.27

In a May 2021 consent decree dialogue, CDP’s crisis intervention coordinator cited the pandemic for the slow start to training of a specialized team and said a 2021 training was canceled because of staffing needs related to the NFL draft in late April/early May. According to dialogue participants, all officers are required to undergo some crisis training as recruits and on an ongoing basis; the department’s goal is to more deeply train patrol officers who volunteer for the training and have at least three years’ experience. Participants in the dialogue did not specifically address training for call-takers and dispatchers, which is required by the consent decree.28 A member of the Mental Health Response Advisory Committee (MHRAC)29 who participated in the dialogue strongly criticized the low number of newly trained CIT officers. She questioned the pandemic as a reason for the low number of new trainees with the deeper 40-hour training, saying that a detailed CIT plan was in place by August 2017, but was not finalized until 2019.30 Participants in the dialogue

27 Capt. James McPike, CDP Crisis Intervention Coordinator, a position created as a result of the Consent Decree, during Consent Decree dialogue #5, on 5/12/21, online at https://bit.ly/35DkXZY. This was one of a series of “community conversations” about the consent decree, co-presented by the United Way Greater Cleveland and NAACP Cleveland Branch; each panel discussion focuses on a different topic.
28 Ibid.
29 The Mental Health Response Advisory Committee was established as a requirement of the consent decree to build relations between police and mental health providers, provide guidance, and issue an annual report on CDP’s Crisis Intervention Team data, among other roles. https://bit.ly/2ThiBBm.
also noted that CDP relies largely on community volunteers to provide the trainings, limiting how often the trainings can be offered.

The MHRAC 2020 annual report, required under the consent decree, showed that CDP officers responded to nearly 4,000 calls in 2020 involving a person with suspected behavioral issues, or CIT calls. The report provided the following information:31

- 99% of the calls involved no use of force by officers.
- 97% of individuals offered no resistance or passive resistance.
- 96% were unarmed, and fewer than 3% had a gun or knife.
- 89% involved “individuals with mental illness.”
- 54% were initiated by the individuals themselves or their families.
- The subject was injured on 2.5% of the calls, the officer .2%, and third-party individuals 1.1%.
- The overwhelming majority of individuals on CIT calls were transported to a hospital.32

**Intervention and trauma-informed training**

In June 2021, Cleveland City Council approved $2.7 million to treat at the city’s 22 recreation centers teens who have experienced trauma and their families. One local advocate raised concerns about ensuring that counselors and therapists look like the youth they intend to serve, understand the trauma they’ve experienced, and are able to maintain confidentiality in a community space where it may be hard to seek counseling without drawing attention.33 City council’s decision builds on earlier efforts, including the training of rec center workers to recognize trauma, and hiring social workers to connect young people to services they need.34

The work at rec centers includes the Cleveland Peacemakers Alliance, a local organization that fields teams of outreach workers who engage youth, residents, business owners and others to prevent violence. Alliance outreach staff are often referred to as “violence interrupters” for their work to prevent retaliation after a violent incident.35

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32 While transport to a hospital is a better outcome than incarceration, it is costly and often not the help most needed by individuals experiencing homelessness or mental health crises.
The ties these initiatives have with the city, either structurally or through funding, allow for greater collaboration but also mean they may be less free to act independently of city leadership.

**Strengthening community oversight**

In 2019, a coalition including families who lost loved ones to police violence and other community members formed Citizens for a Safer Cleveland. In July 2021, the Cuyahoga County Board of Elections verified signatures collected by the coalition to get on the November ballot reforms that would strengthen existing oversight entities and make them independent from the current police and city power structures. If voters approve the issue, the Community Police Commission (CPC), created under the consent decree and set to expire when the decree expires, would become permanent, independent, and exercise ultimate oversight over police discipline and policies. Its funding would be set to equal about 1% of the police budget, including a fund to make grants for restorative justice programing. The initiative includes criteria for members, who would be appointed by the mayor and approved by city council. The ballot issue would give more power to the Office of Professional Standards, which investigates complaints against police officers, and the Civilian Police Review Board, which recommends discipline. Currently, the police chief and public safety director are not obligated to follow the Review Board’s recommendations; should voters approve the issue, they would be required to defer to the CPRB’s authority absent “clearly erroneous” findings and recommendations.

Citizens for a Safer Cleveland’s goals are similar to an effort in Seattle, which entered into a consent decree with the DOJ in 2012. The DOJ found that Seattle police used excessive force in a number of cases, especially against people of color, including the shooting death of a First Nations wood carver, John Williams. In 2017, the Seattle City Council unanimously passed a law creating a structure for accountability and oversight of the police, among other reforms making permanent the Community Policing Commission created under the Seattle consent decree although not endowing it with the same powers proposed for the Cleveland CPC with the ballot initiative. Seattle remains partly out of compliance with the consent decree after nearly 10 years, and efforts to establish alternative approaches to public safety in the city remain controversial with no clear resolution in sight.

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36 Citizens for a Safer Cleveland. “County officials verify additional signatures for Citizens for a Safer Cleveland, ensuring real police accountability will be on November ballot,” 7/16/21. https://bit.ly/2Tvln1S
Cleveland Mayor Frank Jackson, who is not running for re-election, has spoken in opposition to the effort by Citizens for a Safer Cleveland, saying the Cleveland CPC “would become the police chief.”41 City Council member Blaine Griffin, whose position as chair of Cleveland City Council’s Public Safety Committee puts him in an oversight role, has spoken against giving authority over policing to citizens who don’t hold elected office, saying that “Democracy demands that elected officials be held accountable, and this board [the CPC] is not elected.”42 Even though the ballot initiative would allow the mayor to appoint and council to approve CPC membership, the commission would exercise more independence if voters were to approve the initiative than it would as part of the city administration, a move that Griffin has suggested.43

What’s happening in other cities?

There are several differences between what’s taking place in Cleveland and in other cities that are being held up as models for new approaches to public safety. In some cities, medics and mental health workers are taking the role of first responders in cases that don’t require an armed response; so far in Cleveland, police remain first responders in all 911 calls, while mental health and social workers are by design not first on the scene. In other cities, independent oversight of policing has already been strengthened. And in some cities, advocates have redirected police funding to areas such as mental health and housing, creating new initiatives at least in part with money that had previously been allocated to the police budget.

Alternative, unarmed first responders

The CAHOOTS program, operating in the Eugene-Springfield Metropolitan area in Oregon since 1989, is one of the best-known mobile crisis-intervention programs nationally. Short for “Crisis Assistance Helping Out on the Streets,” the program is dispatched through the Eugene police-fire-ambulance communications center and a Springfield non-emergency number. Each team consists of a nurse or emergency medical technician and a crisis worker with experience in the mental health field.44 Designed as an unarmed alternative to police response to non-violent calls, CAHOOTS responders do not have the same authority as police, unable, for example, to arrest or detain.

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41 Richmond, Matthew, ideastream public media. “Activists Want to Overhaul the Way Cleveland Police are Disciplined.” https://bit.ly/3wESKQe
43 Richmond, Matthew, op cit.
44 See Crisis Assistance Helping Out on the Streets at whitebirdclinic.org/cahoots/.
CAHOOTS was created by the Eugene police department and a local mental health crisis initiative, institutionalizing what had been an informal collaboration. In 2019, the program responded to an estimated 24,000 calls, with only 311 requiring police backup; the calls in Eugene accounted for almost 20% of all calls coming through the city’s public safety communications center. To date, no one has been seriously injured. The program is funded by Eugene and Springfield at the cost of approximately $2 million a year, about 2% of their police department budgets.

Outreach workers, who undergo months of training, may have undergraduate degrees in social services, job experience working crisis lines or in shelters, or lived experience with behavioral health conditions. Call-takers and dispatchers are trained to determine which calls are appropriate for CAHOOTS, and which require a response by armed patrol officers.

CAHOOTS as a model for other cities

Other cities have begun implementing programs based in part on the CAHOOTS model, including Denver, Colo., where residents voted to fund an unarmed response for people experiencing mental health crises. Denver launched its Support Team Assisted Response, known as STAR, in 2020. The initiative has one team working daylight hours in one part of the city, with the goal of expanding. It is part of a broader effort funded by a voter-approved sales tax increase of .25% passed in November 2018 to address problems stemming from mental health crises and substance misuse. The tax increase generates about $35 million a year, which in addition to the STAR program is being used to expand a co-responder initiative, fund training, and develop a “case manager hub” in the Denver Police Department.

STAR staff are not sent on any calls with evidence of criminal activity, disturbance, weapons, threats, violence, injuries, or serious medical needs, instead focusing on seven dispatch codes: assist, intoxicated person, suicide, welfare check, indecent exposure, trespassing, and syringe disposal. In its first six months of operation, STAR responded to 748 calls, 68% of them relating to people experiencing homelessness, resulting in zero arrests. According to a January 2021 program evaluation, prior to STAR’s development, the Denver 911 system had two options for health and safety calls – the criminal legal system or the health/hospital system. STAR created a third option that redirects people away from costly emergency department visits or the possibility of incarceration. About 42% of the calls to STAR came through 911, 35% through uniformed responders, with 23% initiated by STAR personnel. Based on

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47 Ibid.
STAR-eligible call data, this alternative response could reduce Denver police calls by approximately 2.8%.  

A January 2021 evaluation noted that Denver had identified $1.4 million in its general fund to support STAR in 2021, and recommended the city purchase four vans and fund six two-person teams and a supervisor to target key areas of the city with the new program. In February, a program similarly modeled on CAHOOTS launched in one Portland, Ore., neighborhood.

The allocation of $15 million by civic leadership in Phoenix removes primary responsibility for mental health response from the police, instead shifting that work to the newly augmented Community Advocacy Program, long an underfunded part of the city’s fire department. When fully operational, the initiative will include 10 mobile units staffed by civilian city employees providing crisis response, connection to care and other social services; a public-private partnership with a behavioral health provider will staff nine additional units to provide ongoing case management and counseling for people with mental and behavioral health conditions. The Phoenix City Council approved funding in June 2021.

**Rochester**

Closer to home, two initiatives seek to change policing in Rochester, N.Y., where police killed Daniel Prude in March 2020 as he was undergoing what his family said was a psychotic episode. The first, dubbed the Person in Crisis or PIC team, has 14 mental health professionals and social workers responding to behavioral health crises. But subsequent incidents, including the pepper spraying by police of a nine-year-old child and the shooting of a man outside a homeless shelter, have critics saying that the program’s eligibility requirements, which exclude people under the influence of drugs or alcohol, limit its effectiveness; they also point to problems with an unclear dispatch process that has left residents confused about the correct number to call to summon the PIC team.

The program is housed in the city’s Department of Recreation and Human Services, and half its $650,000 budget comes from a fund the city created by cutting the police department’s recruit class in half. More recently, a coalition of religious groups proposed a $2.25 million, three-year pilot that would provide unarmed

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50 Ibid
51 Ibid
56 Ibid
responders around the clock in the northeast corner of the city. The group wants to redirect police funding for the initiative, to serve as a “buffer between the police and the community.”

**Milwaukee: redirecting funds**

In Milwaukee, activists from LiberateMKE succeeded in redirecting $900,000 from the police budget in 2020. By reducing the force by 60 police officers through retirement, the city used the extra funds to increase the hourly wages paid through a summer youth program and to create an emergency housing program. Advocates credit their success in part to community outreach, including conversations with 1,100 people, that helped build community demands. LiberateMKE is a coalition organized by the city’s African American Roundtable in 2019 that has been leading calls to trim the police budget.

Milwaukee dedicated more than 46% of its General Revenue Fund budget to policing in 2020, a higher percentage than demographically similar cities, including Cleveland, which allocated 33% of its General Revenue Fund to the CDP. In 2021, LiberateMKE is calling to divert $75 million of the police department’s $300 million annual budget to public health and housing.

**Durham: A new safety department**

In Durham, N.C. a coalition of community groups led by Durham Beyond Policing and Durham for All is pushing for changes at both the city and county levels in a “10 to Transform” campaign. They are calling on the city to transfer the funding for 10% of officer positions in the Durham Police Department to a new Department of Community Safety, the creation of which Durham City Council approved when it passed the city budget in June 2021. As of April 2021, the police department had 71 vacant positions, representing 13% of the force. Advocates also want the Durham Board of County Commissioners to reallocate an amount equal to 10% of last year’s county spending on police and jails.

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58 See liberatemke.com/campaign-results.
61 See liberatemke.com/our-ask.
The Community Safety Department as approved by city council will house new public safety initiatives outside of traditional policing, including pilots to explore alternative responses to 911 calls, and oversee $935,000 allocated to expand the county’s violence interruption team. The new department will have 15 full-time staff, five of which will be funded by transferring four full-time sworn officer vacancies and one civilian vacancy from the Durham Police Department. Funding for an additional 15 positions for the new department may be transferred from the police department in the future.66

The change is driven not only by community demands, but by research. A Durham-based nonprofit research institute studied nearly 1 million calls for service made to the police over a three-year period and found that 98% did not lead to arrest and only about 3% involved a violent crime or sex offense, based on the description in the initial call, while 13% were traffic related and 12% were in response to an alarm.67 One pilot being planned would focus on tracking mental health calls.

**Cleveland: studying alternatives**

This spring, a national training focused on considerations in creating local programs that deploy mental-health first responders like CAHOOTS. Facilitated by a CAHOOTS staffer, featuring representatives from the crisis-response programs in Denver and Portland, and hosted by the national organizations What Works Cities and Everytown for Gun Safety, the eight-session training drew participants from 13 cities, including more than 50 from Cleveland.68 Issues covered included analysis of crisis-response models; racial equity and over-policing; the importance of dispatch; community-informed design; and risk mitigation, responder and patient safety. According to organizers of the Cleveland cohort, the training generated significant interest and support, although many participants were invited individually, not necessarily as representatives of their organizations.69

National survey data and results in cities that implemented alternative-responder models make a case for the development of alternative responses across the country. For example, based on a survey of 355 U.S. law enforcement agencies, in 2017 an average of 10% of law enforcement agencies’ budgets and 21% of total law enforcement staff time was spent responding to and transporting persons with mental illness.70 Furthermore, at least 25% of all people killed by police suffered from

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68 CNN, “Louisville, a dozen other cities push to minimize or even eliminate police presence at mental health calls,” 6/4/21. https://bit.ly/3gxHFF6; Cleveland is the unnamed city in this news report; details about the training were added by organizers of Cleveland’s learning cohort.
69 Communication with the organizers of Cleveland’s learning cohort, June 2021.
a serious mental illness.\textsuperscript{71} The range of different cities implementing alternatives, both in terms of region and size, suggests that such programs are possible for larger cities like Cleveland with high rates of violent crime.\textsuperscript{72}

The importance of rethinking how to respond to mental health calls in Cleveland is clear if for no other reason than the 2014 death of Tanisha Anderson at the hands of Cleveland police. Anderson’s family had called police and agreed to let them take her to the hospital for a mental health evaluation, but she was killed by police as they took her to their car. The Cuyahoga County Medical Examiner ruled her death a homicide, saying that she died as a result of being physically restrained in a prone position, although her heart disease and bipolar disorder were factors that increased her chance of sudden death.\textsuperscript{73}

\section*{Recommendations & conclusion}

Cleveland has an opportunity to reimagine its approach to policing and ensure engaged civilian oversight of the police. City leaders can learn from experiences in other cities and research that supports change. As they consider new approaches, Clevelanders – residents, advocates, and civic leaders alike – should be asking an essential question: who will be protected by a reformed, or even transformed, public safety system? If a new approach does not protect and serve everyone – especially the Black, and brown residents who represent the majority of Clevelanders – transformation will be incomplete.

\textbf{Alternative responders}

As noted previously, Cleveland has many initiatives, most run by nonprofits, that seek to avoid calls to the police for people experiencing mental health crises, homelessness, or other traumatic events, including violence. Cleveland should integrate some of these service providers directly into a first-responder system that allows residents calling 911 to choose an option other than police, fire or emergency medical services. A well-trained dispatch staff could ask the right questions to ensure that callers not needing an armed response get the help they need.

\footnotesize
https://on.wsj.com/3SKCshP.
\textsuperscript{72} CNN, “Louisville, a dozen other cities push to minimize or even eliminate police presence at mental health calls,” 6/4/21.  
\textsuperscript{73} Shaffer, Cory, Cleveland.com. “Tanisha Anderson was restrained in prone position; death ruled homicide,” 1/2/15.  
https://bit.ly/3xJzZcE.
An initiative like this would not only help fulfill consent decree requirements, it would save lives, put scarce resources where they have the most impact, and allow police officers to focus on responding to, stopping and solving crimes. With its co-responder initiative, Cleveland has taken the first steps toward this approach, but integrating alternative responders into the 911 system would magnify the impact.

National data and research from other cities support this type of approach, as does local experience, including the snapshot of Cleveland calls provided in the table above, recent data on CIT calls in Cleveland and the experience of the co-responder pilot in Cleveland’s Second District several years ago, both cited above.

As in Durham, deeper analysis in Cleveland would help determine how a more flexible response system could send armed officers only where they are needed and provide unarmed assistance to those who would be most helped by responders with expertise in mental health and trauma. Researchers at Case Western Reserve University are already engaged in the evaluation component of CDP’s co-responder initiative with FrontLine Service and Murtis Taylor – any effort to create an alternative first-responder initiative should include a rigorous research component.

Cleveland’s current initiatives need more funding. CDP’s crisis intervention training program, for example, relies heavily on community volunteers.74 City officials should commit resources to pay trainers, rather than limiting much-needed trainings because of the volunteer status of the trainers. Decisions about what to fund reveal priorities; along with the slow progress on training officers, the reliance on volunteers in this case suggests decision makers have not prioritized full CIT training.

**Permanent, independent oversight**

Like Seattle, Cleveland City Council could ensure community oversight of police by following the lead of Citizens for a Safer Cleveland. Current oversight, even under the consent decree, is part of the city’s leadership and therefore lacks the independence needed to ensure all communities in Cleveland, especially Black, brown and Indigenous residents, are well served and protected.

Absent action by city council, a broad array of civic leadership should support Citizens for a Safer Cleveland’s ballot initiative. As written, the measure would make Cleveland’s Community Policing Commission permanent and independent, with funding equal to approximately 1% of the CDP budget, and give more power to the Office of Professional Standards, which investigates complaints against police officers, and the Civilian Police Review Board, which recommends discipline.

74 Capt. James McPike, CDP Crisis Intervention Coordinator, a position created as a result of the Consent Decree, during Consent Decree dialogue #5, on 5/12/21, online at https://unitedwaycleveland.org/community-conversations/consent-decree/
The Mental Health Response Advisory Committee (MHRAC), created under the consent decree, is required to conduct an annual, publicly available “analysis of crisis intervention incidents to determine whether CDP has enough specialized CIT officers, whether it is deploying those officers effectively, and whether specialized CIT officers call-takers, and dispatchers are appropriately responding to people in crisis.” MHRAC’s annual reports do provide valuable data about CIT work in Cleveland, some of which is cited in this paper. What they lack is clear judgment or analysis, required by the decree, about CDP’s capacity to provide effective crisis intervention. The 2020 report notes challenges of collecting consistent data, and this may have slowed the committee’s ability to make judgments, but it is past time for clear analysis that can shape policy and practices moving forward.

Redirecting funding
Both creating an alternative responder system along the lines of programs modeled on Eugene’s CAHOOTS program and strengthening community oversight as proposed by Citizens for a Safer Cleveland would effectively fund alternative approaches to public safety. But advocates around the country also have been calling on cities to more broadly reallocate funds from police departments to issues like housing and mental health.

Milwaukee, Durham and Rochester provide examples of this work, and civic leadership and advocates have taken their own, different approaches in each city. Cities that have implemented alternative first-responder initiatives like the CAHOOTS program in Eugene also have changed or at least reprioritized funding for public safety. In Denver, voters approved a tax increase to fund new, non-police approaches to responding to people experiencing mental health crises, and city leaders in Phoenix set aside funds to remove police from the response to calls involving mental health issues. Cleveland’s reform efforts will fall short of the transformation we need until our leaders take steps similar to what is happening in other large cities. What Cleveland does matters, because evidence suggests that alternative approaches lead to better results, protecting the health and safety of residents and police officers, and using public funds more cost effectively.

In the end, what Cleveland does to alter its approach to public safety will be determined by a number of factors: the consent decree, how the community -

76 MHRAC reports are available on the website of the Alcohol, Drug Addiction & Mental Health Services Board of Cuyahoga County. [https://bit.ly/3hkTzXp](https://bit.ly/3hkTzXp).
including city officials, advocates, residents and voters - responds to calls for change, and the outcome of the 2021 mayor’s race.

What cannot be allowed to happen is a continuation of the status quo. The consent decree is a positive force for change but must be seen as a baseline upon which to transform policing, not a limit. On its own, the consent decree is unlikely to deliver the kind of transformation that is being demanded by Clevelanders, whether they are advocating for new oversight and a different approach or simply concerned about their safety. Civic leaders must learn from the experiences in other cities and ensure that all Clevelanders receive the protection and service they deserve, no matter how much money they make, the color of their skin, or their zip code.

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