MILWAUKEE COMMUNITY RESPONDER REPORT

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LAW ENFORCEMENT ACTION PARTNERSHIP
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Acknowledgements

Executive Summary

Cities across the country are building civilian first responder teams to ensure that they can send the right responder to each 911 call, rather than having to send an armed police officer by default. Existing programs have demonstrated that these "community responder" teams can safely take many calls off the plate of police -- calls that do not require an armed officer, that involve issues better handled by connections to services than by engaging with the criminal justice system, and that can be escalated by the presence of a uniformed officer with a gun and a badge. Community responder teams are specially trained and equipped for these calls, so they have the ability to de-escalate crises and conflicts in the short term and connect people to services to prevent more serious issues in the long term. Their work helps build community trust and allows police to focus on responding to serious crime.

Amidst a backdrop of public outrage following the deaths of many Americans during encounters with law enforcement, notably the paradigm-shifting death of George Floyd, cities across the nation made several resolutions to address racial justice, including the creation of civilian first responder teams. Dayton, Albuquerque, Rochester, San Francisco, Houston, Baltimore, and others have taken the step to create an alternative response model that includes unarmed civilians responding to various calls for service. Due to proper screening and training, community responders across the country have handled hundreds of thousands of calls without any reported casualties or injuries.

Milwaukee has had to deal with the aftermath of the tragic death of [Dontre Hamilton](). The city followed the lead of many others, and formed a citizen-led taskforce. To recommend a design for Milwaukee's community responder model, the city contracted with the Law Enforcement Action Partnership (LEAP). LEAP is a nonprofit group of current and former police and prosecutors who seek to improve public safety by transforming the justice system to address the root causes of crime, confront racial disparities, and restore community trust.

LEAP developed our recommendations by conducting research on existing community responder models, analyzing the city's calls for service data, and interviewing a broad range of stakeholders.

We recommend the following process for a Milwaukee community responder program: when a member of the public calls 911 or a non-emergency line about a low-risk situation, the call-taker would screen the call for potential red flags that may indicate a need for police presence. If it is determined that the call qualifies for civilian response, the dispatcher would radio the community responder team to respond. The community responders will be trained to inspect the scene for safety, de-escalate the situation, and connect people to appropriate services for long-term resolution of the underlying issues. The community responder team would primarily handle eighteen call types, ranging from mental health-related disturbances to welfare checks and noise complaints.

Our detailed call analysis concludes that each year, **a fully staffed community responder program has the potential to handle nearly 67,000 citizen-initiated calls in Milwaukee. This number equates to about 25.5% of total citizen-initiated police calls for service**. If the city invests time and effort in raising awareness of and building trust in the program, the community responders could also respond to another **80,000 incidents that originate from officer referrals, self-initiated, and new calls.**

These additional calls would help Milwaukee prevent smaller issues from escalating into more serious situations, which would improve community safety over the long term.

Based on the volume of eligible calls, we recommend that Milwaukee hire twenty-eight teams of two community responders to respond to eligible calls in all eighteen call types. As an alternative option, the city could hire fourteen teams of two community responders and reduce the number of call types responders handle. We recommend that the City of Milwaukee hire a Program Director, support staff, and these two-person response teams as city employees. In hiring responders, rather than requiring advanced degrees, the city should consider racial and ethnic diversity, lived experience with key issues, ties to the community they will serve, and skills in de-escalating crises and resolving conflict. As multiple local police stakeholders have suggested, we recommend that the community responder teams be available twenty-four hours a day. Even during early morning hours (2:00 am-7:00 am), the volume of calls justifies multiple teams of community responders.

Existing data shows that 90% of the community responder-eligible calls currently result in no formal action. Less than 6% of these calls currently end in arrest or involuntary commitment. Based on average police time spent on these calls, we estimate that a fully-staffed community responder program **could save Milwaukee roughly 34,000 hours of police time,** which the city could utilize to address serious crime.

To achieve this long-term improvement in health and safety, the community responders would connect, refer, and transport people to key services that address the root causes of these crises and conflicts. We identify four key service connections in Milwaukee: 24-hour crisis stabilization, housing, restorative justice, and MFD's super utilizer program. In addition to these service areas, we recommend the community responder program be synergized with local mental health service providers, group homes, and coordinated care programs. We also recommend that the city direct funding to the current gaps in these services. The community responder program will need their support to achieve a long-term reduction in crises and conflict.

We believe that in addition to benefiting Milwaukee, the community responder program would attract attention from jurisdictions around the country and from the media due to its unique features and benefits to the residents of Milwaukee. Most existing programs are focused primarily on issues related to mental health, addiction, and homelessness. Cities across the country are realizing that a significant share of calls for service relates to low-level disputes in need of conflict resolution and mediation. Milwaukee's program would receive positive attention for handling a more comprehensive range of calls.

In sum, we conclude that community responder program responders would be critical assets for the City of Milwaukee in conserving police resources, effectively de-escalating crisis and conflict, resolving long-standing issues through referral to other services, addressing root causes to prevent future crime, and preventing negative or even dangerous interactions between officers and community members.

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Introduction

Most cities across the country send armed police officers to respond to the majority of 911 calls. However, the majority of 911 calls are not related to specific crimes.

Computer-Aided Dispatch (CAD) data provided by the Milwaukee Police Department (MPD) shows that Milwaukee police received 264,486 citizen-initiated calls for service in 2021. About 28.9% of these calls required an immediate police response. Report-taking calls, which include actions such as filing a report for insurance purposes, accounted for 23.9%, and minor disputes accounted for 21.6%. Calls related to behavioral health needs accounted for 11.6% and "suspicious" calls, which includes calls about unknown persons or vehicles in the area, accounted for 3.5%. Rapid assistance calls, involving situations such as heart attacks and overdoses, accounted for another 10%. Figure 1 shows the total number of citizen-initiated calls and the percentage they represent. These numbers highlight an area of major concern. According to this analysis, the Milwaukee Police Department is responding to many calls that do not involve crime at a time when the police department is significantly understaffed. This ultimately takes away police time and resources from solving serious crime.

Figure 1: Nature of Milwaukee Citizen-Initiated 911 Calls, 2021

Category	Number of Calls	% of Calls
Total	259,805	100.0%
Police	75,133	28.9%
Report-taking calls	62,211	23.9%
Minor disputes	56,111	21.6%
Behavioral health needs	30,125	11.6%
Rapid assistance	26,084	10.0%
Suspicious	9,134	3.5%
Alarm	1,007	0.4%

An extensive report by the Vera Institute of Justice found similar numbers for other major cities. Vera examined 15.6 million 911 calls from nine cities including New Orleans, Baltimore, Detroit, and Seattle and found that 62% of those calls involved "noncriminal" situations. These calls included situations like loose animals, abandoned cars, and fireworks. These calls required no arrests or official police action. Essentially, we are calling our crime fighters out to situations where there is no crime to fight.

The Vera Institute of Justice's report echoes the findings of a 2020 report released by the Center for American Progress (CAP) and the Law Enforcement Action Partnership (LEAP). CAP and LEAP examined data from eight cities including Detroit, Minneapolis, and New Orleans. The report concluded that up to 68% of 911 police calls for service did not require an armed police response. Both reports

concluded that trained, unarmed responders could be deployed to respond to a significant portion of these 911 calls for service.

In addition to exhausting police resources unnecessarily, a small number of these calls result in the death, injury, or unnecessary detainment of citizens. These incidents have caused cities across the country to re-examine policing practices and analyze the roles that implicit bias and structural and institutional racism play in police interaction with community members.

Like many other cities, Milwaukee wants to ensure that its public safety response systems are centered on equity and best practices and identify areas where bias exists. The city and MPD have already taken great initiative by creating programs such as the CART co-responder unit, homeless outreach team, online reporting system for theft and vandalism incidents, Milwaukee Opioid Response Initiative through the Health and Fire Departments, and 414 For Life program in the Office of Violence Prevention. Milwaukee wants to continue to be forward thinking and to make certain that it is doing all it can to better create a public safety response system that is equitable, unbiased, and effective.

The Milwaukee Common Council passed a [resolution](#) in October 2020 to help resolve the problem of unnecessarily burdening overstretched police officers with non-criminal calls for service by creating an unarmed public safety response unit. The city formed the Community Intervention Task Force (CITF), which decided to explore the idea of a community responder program.

Community responders are well-trained, unarmed civilian teams that can respond to low-level calls for service such as noise complaints, verbal disputes, homelessness issues, and mental/behavioral health calls. These responders are trained in a variety of fields including mental health, substance use, conflict resolution, de-escalation tactics, restorative justice practices, and mediation.

Cities around the country are implementing models that send trained civilian first responders with lived experience and behavioral health skills to calls for service, particularly for lower-risk 911 calls involving mental health, addiction, and homelessness. Community responders effectively lighten the load for law enforcement by handling low-priority calls so that police can spend more time responding to serious crime. Since community responders are trained in addressing root causes of commonly seen issues through referrals to mediation, behavioral health, and other services, they can reduce repeat interactions and effectively resolve issues without having to engage the legal system. They specialize in effectively de-escalating conflict. By taking these calls off the plate of police, they can help prevent negative or even dangerous interactions between officers and community members. The community responder program is a valuable public safety tool even in jurisdictions with professional and forward-thinking police departments such as MPD, which provides officers with extensive training related to substance use and mental health.

The CITF and the city of Milwaukee contracted with the Law Enforcement Action Partnership (LEAP) to recommend a design for the city of Milwaukee's community responder team based on research on existing models, calls for service data analysis, and stakeholder interviews.

LEAP started the process of formulating its recommendations by examining existing cities with community responder or alternative response programs. LEAP first examined leading community responder models across the country that were founded by pioneering police leaders, such as the CAHOOTS program in Eugene, Oregon, the STAR program in Denver, Colorado, and the CRU program in

Olympia, Washington. Secondly, we examined programs in cities with similarly-sized populations, such as the EMCOT program in Austin, Texas, the PAD initiative in Atlanta, Georgia, and the BCRI 911 diversion program in Baltimore, Maryland. Finally, we examined existing programs in cities with similar demographics as Milwaukee, such as MRU in Dayton, Ohio and CRT in Durham, North Carolina.

After reviewing our repository of existing models, we began exploring the opportunities for alternative response systems in Milwaukee by examining calls for service data provided by the Milwaukee Police Department (MPD). We focused on data from the calendar year 2021.

Finally, we spoke with system and community stakeholders including the MPD, fire department, emergency communications, and civic leaders to solicit their input to ensure that our recommendations are bespoke to the city of Milwaukee and that a spectrum of voices had the opportunity to be heard.

Responder Safety

The primary concern with a new first responder program is safety. Existing programs have shown that community responders can be implemented safely, thanks to careful responder training and call screening. In Eugene, Oregon, CAHOOTS handled over 15,000 dispatched calls for service in 2019, which includes about 8,300 calls diverted from police, or 15 percent of police calls for service. About 2.2 percent of calls for service to which CAHOOTS arrived required a subsequent police response. The calls that required police assistance did not put responders in danger -- about 0.2% of calls required emergency police backup, which is equivalent to about 140 calls per year in Milwaukee. In more than three decades, the program has never had a responder casualty, and police and program staff are unable to remember an injury or close call. Denver's STAR program has operated for about two and half years, and so far no calls have required police backup or resulted in arrest.

Civilians already respond to a large number of mental health calls. Milwaukee County currently has a civilian crisis mobile team (CMT) that responds to individuals in mental or behavioral health crises, accessed through a hotline number. This is similar to many other cities, including Salt Lake City and Baltimore. The Baltimore program has been operating for over a decade. Most people are not aware of the crisis line, so they call 911 instead, and the police are sent to handle identical calls -- until Baltimore finally started diverting those 911 calls to the mobile crisis team in spring 2021.

In every city, public employees and other civilians handle interactions with distressed residents that could potentially involve risk and liability. These civilian roles include child protective services investigating treatment of a child, companies repossessing or towing cars, utility workers shutting off power or water, social and mental health case workers visiting families, code enforcement officers inspecting homes, outreach workers engaging with homeless people, and even violence interruptors trying to build relationships with people involved in violence. Employees are often trained in conflict resolution and threat assessment, and they rarely sustain injuries from these interactions.

Cities across the country have seen that risk is not a one-sided issue -- there is risk of harm to the responder, and there is also risk that a police response has the potential to escalate to use of force which can cause harm to people, damage community trust in police, and create liability for the city. Cities with community responder programs -- which range from Austin and Albuquerque to Dayton, Denver, Atlanta,

Rochester, and New York City -- are quite familiar with both risk to responders and liability for police use of force.

By developing a community responder program that focuses its training and screening on responder safety, Milwaukee can work on balancing these risks.

Dispatch Process

Every city needs to design its own unique process for routing a 911 call from the 911 call-taker to community responders. The process needs to protect the responder's safety, transfer all the information each step of the way, and ensure an appropriate and timely response. To minimize extra work for the dispatch center, the process should build on the existing dispatch system, which is unique to each city.

Milwaukee's community responder team could begin calls through four different methods:

1. **Traditional police dispatch:** When a caller dials 911 or the police non-emergency line, the call-taker would screen the call and indicate to the dispatcher that it is appropriate for the community responder team. The dispatcher would then dispatch that team as if it were a police patrol unit.

2. **Direct line:** For callers who want to reach community responders but specifically want to avoid a police response, the dispatch center could establish a new "community responder direct line" phone number that forwards to the dispatch center. This method would depend on technology that allowed the call-taker to see that the call came into the community responder direct line.

3. **Officer referral:** When an officer observes a situation that could be handled by community responders, the officer could notify dispatch over the radio to dispatch the community responder team.

4. **Self-initiated:** When a community responder happens to encounter a situation that would benefit from their intervention, they could notify dispatch over the radio that they were self-initiating a call.

Dispatch through the Dispatch Center

When a caller dials 911 in Milwaukee, a police call-taker picks up the call. If they determine it to be a fire or medical emergency, they forward the call to the fire department. If not, they open a digital call file in the Computer-Aided Dispatch (CAD) system, ask questions, type notes into the call file, and select a call type and priority level. That call file appears on screen for the police dispatcher in the district where that call originated. The dispatcher reviews that call file, assigns an available police unit to respond to the call by selecting their unit number in the CAD system, and announces the assignment over the police radio system.

When a caller dials the police non-emergency number, the process is effectively the same. The call comes into a different line in the same center, where it is picked up by a different police call-taker.

From that point, the non-emergency call-taker follows the same process as a 911 call-taker. The call-takers rotate, so the same individuals pick up 911 and non-emergency calls, just on different days.

We recommend that community responders in Milwaukee use the radio dispatch process of most existing community responder programs, including CAHOOTS in Eugene, Oregon, CRU in Olympia, Washington, and STAR in Denver, Colorado. Those cities use the traditional dispatch sequence and dispatch community responder teams as if they were police units. The call-taker can write a predetermined "short code" in the call narrative so that the police dispatcher knows that they can send community responders. The dispatcher can view the locations of all available community responder teams and call over police radio to assign the call to the closest available team. By carrying police radio, the community responder team can call for immediate backup if necessary. They also hear other calls, and if a call is initially assigned to a police unit but they have an existing rapport with the individuals involved, they could jump in to request to take over the call.

Ideally, the team would also have a screen on which they can see the call file, including the call narrative, caller's address and phone number. Dayton provided their MRU community responder teams with tablets that allow the team to access the key call information as well as their own record management system for internal documentation. Milwaukee police use in-car computers ("mobile data communicators"), which are more expensive, because they also need access to criminal justice databases not relevant to community responders. If community responders have the caller's phone number, while they are en route to the location, they could dial the caller back to gather additional details. Innovative police officers across the country already practice this technique to speed up their response, gather more complete information, and ensure safety.

While Milwaukee is now transitioning the dispatch center from the police department to a new Department of Emergency Communications, the new department is not planning to change the underlying dispatch process, so our recommendations hold true both pre- and post-transition.

Call Screening

As in every city, Milwaukee's call-takers already ask screening questions for all incoming calls to judge the urgency of response and flag any warning danger signs for responding officers. According to their Assignment Classification Manual, they can record a one-letter code for weapons or domestic violence in the call type itself, and they record notes in the call narrative.[1]

In cities with community responder programs, call-takers ask consistent screening questions to ensure that responders are not sent into unsafe situations and residents receive the most appropriate service provider. In Eugene, call-takers ask if there has been physical harm to persons, if there is an immediate threat of physical harm to persons, and if any weapons are present. If the answer to any of the screening questions is yes, they dispatch police. If a serious injury has occurred, they dispatch EMS. In other cities, call-takers ask similar questions prior to dispatching community responders.

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[1] Fire and EMS call-takers use the nationally standardized EMD call types through the scripted Pro-QA computer system. Since we did not analyze fire and EMS calls, we do not discuss this system in the report. However, cities from Rochester to Baltimore have begun diverting select psychiatric calls such as 25A02 from police to community responders, and Milwaukee could follow suit.

We recommend that Milwaukee's community responder program assist the dispatch center in developing a simple screening protocol. Call-takers can screen out any calls that involve weapons, the presence or threat of violence, an urgent need for medical attention, or a police-only action. Police-only actions would include forcing open a door, writing a theft report, and directing traffic around a hazard. If a caller could not see if the scene contained any of these red flags, for example in the case of a "hidden mystery" call about a worrying scream or unexpectedly open door, then dispatch would send police. They could use a similar format to the existing protocol for dispatching unarmed community service officers (CSOs), which lists the eligible call types and the response parameters for each call type. Dispatch could also add the community responder parameters to the Assignment Classification Manual, which lists guidelines, suggested questions, and other details for each call type.

In addition to developing a clear screening protocol, Milwaukee should develop situation-based dispatch training. Dispatch centers have struggled to change the decades-long habit of sending police to these calls. This training would help call-takers practice identifying red flags and distinguishing between eligible and ineligible calls. The training should also introduce call-takers to the community responders themselves, and to the benefits that community responders can bring in assisting the community. It will allow the community responder program and dispatch center staff to begin a collaborative and trusting relationship, and that trust will ultimately extend to the community-at-large.

Responder Arrival Screening

After the dispatcher summons community responders to the scene, the responders themselves conduct another round of screening -- they arrive, approach, and engage only if it is determined to be safe. The program should develop a safe arrival protocol and provide extensive practical training, including when to call for help from other first responders. Responders can learn on-scene safety from police, such as how to maintain a strategic barrier when first approaching a potentially unpredictable situation. If the responder sees evidence of any red flags from the dispatch screening protocol, they would then back away and summon police or medical help. The protocol can also cover special circumstances -- for example, if responders are blocked by a locked door. By instituting proper protocols and training, the program can ensure that it maintains the unblemished safety record of other community responder programs nationwide.

Liability

City attorneys sometimes ask if the city could be sued for sending community responders to a call instead of police. While it is impossible to definitively predict how every civil court judge or jury would rule, there is little reason to believe that the city would face liability for dispatching community responders.

Cities usually only face liability if they or their contractor fail to comply with a specific legal duty, and then that failure causes someone harm. In general, state law does not create duties for dispatch to send certain types of responders or for how unarmed first responders must act on scene. While individuals have a duty to not be negligent, Wisconsin Statute § 893.80(4) provides immunity for city

agents exercising discretion in their day-to-day operations. To sue a city for negligence, a plaintiff would generally have to meet the "known danger" exception, showing that the city's agent ignored a danger that was so obvious and hazardous that it superseded the agent's right to exercise discretion.

To meet this high bar for liability in 911 dispatch, a call-taker would normally have to go to an extreme like refusing to answer a 911 call or hanging up on a caller for no reason. The call-taker would not face liability for making a judgment call to send community responders based on available information and established protocol. Call-takers can perform call screening and use their discretion to send community responders instead of police without creating liability concerns for the city.

Community responders would also be hard-pressed to face liability in handling a call. They would not directly cause intentional harm because they are not authorized or equipped to use force. To face liability, they would have to be confronted with an obvious, hazardous danger and refuse to take any reasonable action, such as notifying police or EMS. If they simply took the wrong action or acted too slowly, they should not be liable because they did not ignore the danger. We find no evidence that well-trained community responders would create risk for the city. **Furthermore, like most jurisdictions, Wisconsin has a "Good Samaritan Law" (895.48 1) that states "any person who renders emergency care at the scene of any emergency or accident in good faith shall be immune from civil liability for his or her acts or omissions in rendering such emergency care."**

From the standpoint of overall city liability, dispatching community responders would decrease risk compared to sending police. Police face many legal obligations governing how they can use force. In Wisconsin, individuals can sue police for excessive use of force under both state and federal law. Milwaukee is far more likely to face lawsuits for sending police to a scene than for sending community responders.

In short, we find that Milwaukee could reduce liability concerns by creating a community responder program. In case of specific concerns, we suggest that the city attorney review the relevant statutes in order to provide authoritative guidance on this issue.

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Call Types

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Many of the programs handle very similar calls, although their dispatch system may use various descriptors. In general the call types fit into these general categories: mental/behavioral health, intoxicated person, homelessness, verbal disputes, noise complaints, and suspicious persons. Most programs handle the first three categories. Denver, Amherst, and Dayton handle verbal disputes and noise complaints, and Amherst also handles suspicious person calls. Each city divides calls in these categories into their own unique call types. For example, verbal disputes may be spread across call types from trespassing and loitering to neighbor and landlord/tenant disputes, business-customer disputes, family disputes, juvenile disturbances, and barking dogs. Other programs also handle specific call types such as notifying family members of deaths (Eugene) or supervising custody exchanges (Amherst).

These programs do not handle all calls within each type – every call is individually screened to ensure that it is eligible to be handled by a trained community responder team.

We examined Milwaukee's police call types to identify which types could potentially be handled by community responders. We then scrutinized those call types by reviewing the "call narratives," or the actual notes recorded by the call-taker during a sample of calls. We discussed these call narratives with Milwaukee law enforcement to review safety concerns. Figure 2 shows a sample narrative written by the call-taker for each of the community responder-eligible call types.

Figure 2: CR Eligible Call Types and Narrative

Call Type	Call Narrative
Trouble with Subject	1. Caller waiting in a silver Honda, states live In boyfriend refuses to leave the residence 2. Ongoing issue with neighbor in the upper and her children stomping the floor intentionally.
Welfare Citizen	1. Caller reporting a homeless man (Subject) that is standing outside of their business crying and stating he wants to die and he also wants to commit suicide / States the man has not harmed himself / States the man also said he gave his cat away and his wife just left him 2. Caller states client (is) having suicidal ideations / Unknown if she is a local / Caller knows client subj is pregnant due in middle of Dec
Call for Police	1. Caller states male and female arguing in the alley for the past 10 mins / Caller stated very angry and escalating 2. Open Line, can hear male and female arguing / No call history / Can hear female yelling at male to get out
Suspicious Person/Auto	1. Caller reporting suspicious subject / subject's vehicle is parked in front of location / subject exited the vehicle / subject is walking through yards and is on his cell phone 2. Caller states suspicious vehicle across from location for the past 15 min with headlights on / Caller doesn't recognize the vehicle and neighborhood is quiet
Mental Observation	1. Caller states 68 year old girlfriend going

	off deep end, hallucinating, diabetic 2. Caller states her son suffers from mental health issues / He is off his meds
Noise Nuisance	1. Caller is reporting subjects that are having a party / Caller does not know the exact address / Caller is willing to accept a call back from officers 2. Caller reporting loud music for about an hour and a half / States they have a sound system in the backyard / Caller is willing to speak to an officer
Property Pick-up	1. Caller states that his mother is not letting him pick up his property / States she won't open the door/Caller calling from D5 / Caller states his phone is inside his mother's house 2. Caller has a no contact order in place and needs to pick up property
Family Trouble	1. Caller states her son uses drugs and alcohol / states her son is causing a disturbance outside of her residence 2. Caller states mother is intoxicated / Causing a disturbance at the location / Did not see any weapons
Trouble with Juvenile	1. Caller states high school aged kids in basement smoking drugs 2. Caller and her 12 year old daughter have been arguing / Caller states that her daughter made threats to call police so she called first / Caller states that there has been no violence
Child Custody	1. Caller states child's father is trying to take child because she asked him to leave location 2. Caller said for the past year the mother of his child will not let him see his son / There is no court order / Caller is outside of her home
Child Neglect	1. Caller states there are 4 kids up on the roof alone / they are 8 and younger / the kids told caller they were left alone 2. Child caller states he is 5 years old / He

	states that a 3, 6, and 4 year old are in the house with him / No adult is home / Parents went to the store
Parking Trouble	1. Caller states juveniles hanging out of vehicles 2. Caller states her neighbors keep parking in front of her garage / Caller states they won't move
Suspicious -Other	1. Caller states door to location above will not close allowing anyone without bank card to walk into location / caller did not see any damage / has no phone number to advise bank / request squad look at the door 2. Caller requested police back to location / She states she is hearing a clicking sound at the doors / Thinks someone may be out there
Indecent Exposure	1. Caller states that there is a person with no clothes on / Subject is walking west bound on Villard 2. Caller states that there is a black female on the corner exposing herself and acting like something is crawling on her
Landlord/Tenant Trouble	1. Caller states tenant refusing to leave / states it is the daughter not the mother at the location 2. Caller states his is landlord is on scene knocking on the door / They are disputing over her wanting more money for rent / Stating he is being harrassed
Fireworks	1. Caller states that someone is setting off fireworks in area / occurring for about 20 mins 2. Caller reports subjects are letting off fireworks / Caller reports fireworks are hitting his house
Soliciting	1. Caller states subject is in front of her house flagging down vehicles / Blocking traffic 2. Caller requesting squad to above location / Female soliciting waving down vehicles

	south west corner
Cruelty Animal	1. Caller states there is a vehicle parked in the parking structure with dog in it for 30 mins now 2. Caller states her 19 year old son is out of control / Kicked her dog / Damaging property / Caller wants him removed

Based on our review of individual examples of calls for service, the following call types could be appropriate for first response by a community responder team, after appropriate call screening: trouble with subject, welfare citizen (welfare checks), call for police, suspicious person/auto, mental observation (mental health), noise nuisance, property pick-up, family trouble, trouble with juvenile, child custody, child neglect, parking trouble, suspicious-other, indecent exposure, landlord/tenant, fireworks, soliciting, and cruelty animal.

Call-takers would screen out some of the calls in these categories due to weapons, violence, threats, or injury. To estimate the number of calls appropriate for community responders, we reviewed the call narratives for a sample of individual calls in each call type. We use the percentage of calls screened as appropriate in the sample to estimate the total number of calls that could be sent to community responders (Figure 3).

In sum, we estimate about 66,373 calls per year would be appropriate for community responders within these call types. **This constitutes about 25.5 percent of Milwaukee's total citizen-initiated calls currently sent to police.** These numbers align with the CAP/LEAP report, which examined eight cities including Detroit, Seattle, and New Orleans. The report estimated that between 23 and 37 percent of police calls for service in each city could be handled instead by community responders.

Figure 3: Total Community Responder-appropriate Call Volume in Call Types, 2021

Call Type	# Citizen-initiated calls	% CR-eligible	# CR-eligible	% of total citizen-initiated calls
All calls	259,831			
All CR call types	93,808	70.5%	66,373	25.5%
Trbl W/Subj	26,932	73.5%	19,787	7.6%
Welfare Citizen	20,767	75.0%	15,575	6.0%
Mental Observation ("MO")	7,650	86.0%	6,579	2.5%
Susp Pers/Auto	8,385	70.8%	5,939	2.3%
Call For Police	13,216	37.8%	5,001	1.9%

Noise Nuisance	4,740	100.0%	4,740	1.8%
Family Trouble	3,781	67.5%	2,552	1.0%
Property Pickup	1,144	93.8%	1,073	0.4%
Cruelty Animal	1,021	84.6%	864	0.3%
Trbl W/Juv	1,426	55.8%	796	0.3%
Child Custody	1,150	65.7%	756	0.3%
Child Neglect	914	76.2%	696	0.3%
Landlord/Ten Trb	582	86.4%	503	0.2%
Fireworks	518	93.0%	482	0.2%
Ind Exposure	685	64.1%	439	0.2%
Suspicious-Oth	749	45.0%	337	0.1%
Soliciting	148	95.6%	141	0.1%
Parking Trouble	352	32.1%	113	0.0%

Officer Referral

A vital component of all existing community responder programs is the ability of officers to use their discretion to refer appropriate calls for service to community responders. Officer referral is a major source of community responder calls in many programs. For example, in Denver, the STAR team receives 40% of their calls from officer referral. Referrals can be especially effective for calls that call-takers initially screen out due to safety concerns but that officers determine after arrival on scene to be safe and more beneficial for community responders.

Officer referrals typically happen in one of two ways. First, police are dispatched to a call, and after examining the situation, the officers determine that the call is more appropriate for community responders. This is usually the result of call takers only getting limited information. The second way that officer referrals happen is when officers on proactive patrol are confronted with situations "on view" that they want to refer. In both cases, they can call over the radio to engage responders. Once the officer radios dispatch to send the community responder team, the officer either remains on the scene to wait for the responder, especially if requested by the person on the scene, or the officer leaves once the responders have been dispatched.

We recommend that the Milwaukee community responder program also allow for officer referral. Officer referral would allow the community responder team to handle calls that were initially screened out due to red flags but that an officer later found to be appropriate for community responders. For example, often the caller reports a possible weapon or other risk factor that turns out to be false. In other cases, the situation has calmed down by the time the officer arrives, or the officer is able to de-escalate the situation to a point where it is safe for the community responder to take over.

We provide only a very rough estimate of the potential volume of officer referrals to community responders. Officer referrals would primarily come from officer-initiated calls, when they observed a situation on view that would be more appropriate for community responders. Unfortunately, MPD's CAD system data does not allow us to specifically review officer-initiated calls. We draw on data from two other cities to inform our estimate. In Denver, 40 percent of all STAR calls come from officer referrals. In Eugene, for every 100 police calls that dispatchers sent straight to CAHOOTS, dispatchers initially sent police to about 32 calls that were referred to CAHOOTS.[2] To provide a more conservative estimate of potential officer referrals in Milwaukee, we use the lower number from Eugene. If Milwaukee community responders receive about 32 officer referrals for every 100 calls diverted from police, they would receive about 21,000 officer referrals per year.

The key to success for the officer referral process is ensuring that officers are familiar and comfortable with the community responder program. Once officers have a first hand understanding of the community responder program, they will be more likely to make referrals. This is evidenced by programs such as CAHOOTS and CRU, both of which saw an increase in officer referrals once officers had more experience with the programs.

To achieve this comfort level, we recommend that the program provide officers with real-life examples of the benefits of the program and involve the police department early on in the development of responder training. The community responder team can also conduct conversations with MPD to discuss the benefits both to officers and to the community. For example, in Dayton, Major Christopher Malson acts as a liaison between the MRU program and the police department. He describes the MRU as "experts in conflict resolution." The experience of other jurisdictions has shown that as officers become more familiar with community responders, and as they witness them handling calls on the street, some will become "champions" within the department. These champions play a crucial role in encouraging other officers to use their discretion to refer calls to the community responders.

Joint Response

Many other jurisdictions, such as Tucson, Philadelphia, and Springfield (MO), have recognized that even in situations where police need to be on scene to ensure safety, clinicians can help de-escalate, persuade people to follow instructions, and provide appropriate referrals.

As the community responder program becomes established in Milwaukee, the Program Director and MPD may agree that some situations would benefit from joint call-outs, so that both community responders and police could respond to the same scene.

In Milwaukee, the CART program is already operational and uses a co-response model that includes a trained clinician and a law enforcement officer to handle mental health crisis calls and connect individuals with the resources needed to remain in the community. Currently, CART primarily handles officer referrals rather than providing first responses to scenes. CART has already developed specialized

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[2] We calculate the "initial police dispatch" figure by subtracting 15,356 (only CAHOOTS dispatched initially) from 17,700 (total CAHOOTS dispatched calls) – see Eugene Police Department report pp. 3-4.

training and written protocols to ensure that police and responders are able to work effectively and safely together. Although CART and the community responders will handle different call types, we recommend that community responders be trained using CART's safe arrival protocols when conducting a joint response. This includes the officer making the initial contact with the subject and ensuring that the scene is safe before community responders engage with the scene. Having community responders available to respond jointly with MPD may lead to better outcomes for community members who could otherwise have more negative interactions with police working alone.

Direct Line

In Milwaukee and many other cities, community members have noted that some callers are so determined to avoid the police that they will not call 911 or the police non-emergency line. Even if the caller knows that they can request that dispatch send the community responder team, they may fear that the dispatcher will send the police. Indeed, if the caller requests the community responders but the call-taker finds a red flag, they might send the police.

To address this issue, some jurisdictions offer a "direct line" number that callers can use to summon community responders with no potential for police response. Denver instructs the public to dial 720-913-STAR to reach the STAR team. The call is received by the same call-taker in the emergency call center who handles 911 and police non-emergency calls, but that call-taker can see that the call came in via the STAR direct line, so they know the caller does not want the police.

Milwaukee could easily create a 10-digit direct line number for callers who want to reach the community responder team. The city could send those calls to the "admin" line in the dispatch center, which currently receives the non-emergency calls. Unfortunately, we would need additional evaluation time to determine whether the current system would allow the admin line call-takers to see whether the call came from the non-emergency line or the community responder line. The call-takers themselves should be consulted on this issue.

Assuming Milwaukee can establish a community responder direct line as described above, the city should publicize this number extensively. The city can raise awareness of the purpose and benefits of the community responder program, so that callers know about and support the program before reaching the call-takers. Call-takers should expect to send community responder direct line calls to the program unless the call-taker screens the call out according to the protocol. For rare situations in which the call-taker finds a red flag and screens the call out, since the caller is trying to avoid a police response, the call-taker should not inform the police unless there is an imminent threat to human life. If there is no imminent threat, the call-taker should ask the caller's permission to send police or, if possible, a joint response.

Extra calls

By establishing new dispatch options and raising public awareness of the new program, Milwaukee will increase its volume of calls for service. Some people have not called in the past because they avoid the police in general. Others have not called because while they were comfortable with the

police in general, they did not consider a minor issue well-suited to a police response. These individuals will begin calling to ask for community responders in situations where they previously would not have called. While these calls place an extra load on the call-takers, they allow Milwaukee to better prevent crises before they occur, rather than only learning about a situation after it has escalated out of control.

We provide a very rough estimate of the number of extra calls that Milwaukee might receive long-term by looking at data from the long-standing CAHOOTS program. In Eugene, because people are familiar with CAHOOTS, they are more likely to call for help. To estimate how many extra calls come in as a result of CAHOOTS, we relied on a report from the Eugene Police Department, which showed that for every 100 calls that dispatch diverted from police to CAHOOTS, dispatch received another 77 calls that only came in because CAHOOTS exists.[3] We reduced this ratio for Milwaukee because a quarter of CAHOOTS calls are Citizen Transport calls -- often to help someone seeking mental health or addiction treatment. These calls allow CAHOOTS to build relationships with these individuals and to help stabilize their situation to prevent future emergency calls. While Milwaukee would also benefit if community responders provided Citizen Transports, we conservatively cut the amount of transports to 20% of Eugene's level.

As a result, we estimate that in Milwaukee, for every 100 calls that 911 diverted from police to community responders, they would receive another 41 calls that aren't currently coming in. **In other words, Milwaukee could receive an additional 27,284 calls per year as a result of establishing a community responder program, on top of the calls diverted from police.** These calls would allow Milwaukee to prevent crises before they occur, improving public safety and reducing health and safety costs in the long run. They also allow the city to build trust with people of color and others who currently are not willing to call for help because they fear a police response.

This estimate is far from perfect. On the one hand, CAHOOTS does not offer a direct line – callers have to dial 911 or the police non-emergency line. Eugene may be missing out on calls from those who are concerned 911 dispatchers will send the police. On the other hand, calls will only rise as the Milwaukee community becomes aware of and begins to trust the community responder program. CAHOOTS has been in operation since the 1980s, so the program has had decades to build community awareness and trust. Milwaukee should invest strategically to effectively spread the word about the program.

Self-Initiated

Community responders will handle one final category of calls: self-initiated, "on view," or proactive encounters. These situations are similar to police self-initiated activities and occur when responders encounter situations while out on the street. In existing programs, community responders are often in the community proactively seeking situations that may require their services. For example, in Eugene, for every 100 calls that CAHOOTS diverts from police, CAHOOTS handles 34 "on view"

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[3] Following the report's logic, we calculated this 77 extra call figure as 26% of Welfare Check calls (figure estimated by dispatchers), 49% of Assist Public calls (since there was no dispatcher estimate, we based this on the frequency of police follow-up), and 100 percent of Transport calls (since there was no dispatcher estimate, we followed the report's argument that none of these calls would have been handled by police).

situations that they identify in the community. **If we apply that same rate to Milwaukee, community responders would self-initiate an additional 29,201 proactive calls per year.**

These proactive encounters can help to prevent situations that, if left unattended, could escalate to more serious occurrences. Proactive encounters can be crucial opportunities to provide resources and connect community members to services before situations rise to the level of crisis.

Community responders can also spend time educating community members about the program by speaking to community organizations, schools, and businesses as well as engaging community health agencies and providers. CRU staff in Olympia have found this personal outreach to be crucial in increasing community and officer referrals. Community responders can also follow up with individuals whom they or service provider partners have assisted in the past and received permission to contact again. These actions will allow community responders to prevent some crisis calls from ever coming in to dispatch.

Calls For Service Impact

We estimate that when fully staffed and deployed, the program will handle approximately 150,000 calls per year: 66,373 calls currently on the shoulders of police, 27,284 new calls, 29,201 proactive encounters on the street, and 21,035 officer referrals (Figure 4). These estimates assume that Milwaukee invests in building awareness and trust in the community responder program among dispatchers, officers, other agencies and service providers, and the community. Milwaukee will only reach this potential if the program is able to earn widespread confidence, as CAHOOTS has in Eugene.

This response volume would constitute a significant share of Milwaukee's calls for service. The 66,373 calls diverted from police comprise 25.5% percent of all citizen-initiated police calls for service. And those calls diverted from police comprise only 46% of the total activity for community responders.

Figure 4: Estimated Potential Community Responder Call Volume

Total Estimated Community Responder Call Volume

Officer referrals
14.6%
21,035

Calls Diverted
66,373
46.1%

Self-initiated
20.3%
29,201

New Calls
27,284
19.0%
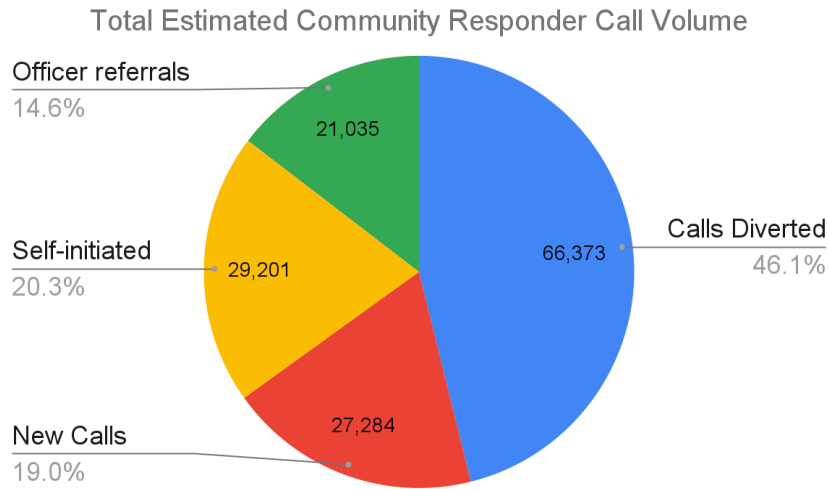
Response Time Impact

City stakeholders sometimes express concerns that callers might be left waiting for longer time periods for community responder teams to arrive. We use CAD data to calculate the current median response times from when a caller dials 911 to when police arrive on scene. As shown in Figure 5, total median response times range from 16 minutes for suspicious persons/auto to 47 minutes for child custody calls. Median travel times only range from six to nine minutes, so the response times range widely because dispatchers do not have available units and are waiting to dispatch lower-priority calls.

If Milwaukee staffs an adequate number of community responder teams, they can achieve similar response times. New York City's B-HEARD teams report a 16-minute average response time. Community responders do not arrive as quickly as police, but the limiting factor is not travel time, it is availability of police units. Milwaukee's program can improve upon current response times by deploying enough community responder teams on the street.

Figure 5: Current Median Police Response Times

Call Type	Call Start to Dispatch Time (median, in min.)	Travel Time (median, in min.)	Total Response Time (median, in min.)
Total	16.1	7.6	23.7
Trbl W/Subj	18.9	6.3	25.1
Welfare Citizen	12.1	8.7	20.8

Call Type			
Mental Observation ("MO")	11.8	9.0	20.9
Susp Pers/Auto	9.4	6.8	16.2
Call For Police	10.6	7.8	18.4
Noise Nuisance	34.5	6.5	41.0
Cruelty Animal	16.8	8.9	25.8
Trbl W/Juv	32.4	7.9	40.3
Child Custody	38.1	9.0	47.0
Child Neglect	8.2	9.2	17.4
Landlord/Ten Trb	33.7	8.3	42.0
Fireworks	19.6	5.5	25.1
Ind Exposure	10.3	8.3	18.5
Soliciting	21.3	6.2	27.5

Police Time Impact

Since community responders handle calls that would otherwise go to police, we assessed how much time their responses would save police. Using CAD data, we calculate the median time that police spend both traveling to the scene and on scene for each call type. As shown in Figure 6, the main difference is in time on scene, which ranges from 11 minutes for fireworks calls to 50 minutes for mental observation calls. **By combining the police time spent per call with the number of community responder-eligible calls in each call type, we estimate that a community responder program could save Milwaukee police about 34,000 hours per year.**

Figure 6: Current Police Time Spent Per Call

Call Type	Travel Time (median, in min.)	Time on Scene (median, in min.)	Police Time Per Call (median, in min.)	# of Calls	Total Police Time (hours)
Total	7.5	25.3	32.8	62,298	34,103
Trbl W/Subj	6.3	22.8	29.1	19,787	9,580
Welfare Citizen	8.7	25.1	33.8	15,575	8,774
Mental Observation ("MO")	9.0	50.0	59.0	6,579	6,474
Susp Pers/Auto	6.8	21.5	28.3	5,939	2,803
Call For Police	7.8	20.4	28.1	5,001	2,344
Noise Nuisance	6.5	13.3	19.8	4,740	1,564
Cruelty Animal	8.9	23.4	32.3	864	466
Trbl W/Juv	7.9	26.7	34.6	796	459
Child Custody	9.0	33.7	42.7	756	537

Child Neglect	9.2	22.9	32.1	696	372
Landlord/Ten Trb	8.3	30.2	38.5	503	323
Fireworks	5.5	11.2	16.7	482	134
Ind Exposure	8.3	22.5	30.8	439	225
Soliciting	6.2	13.8	20.0	141	47

Arrest and Citation Impact

Currently, when police respond to calls that we recommend diverting to community responders, a small fraction of these calls end in arrests, citations, and other police reports. Across community responder call types, 2.6 percent of calls end in arrest, 3.6 in emergency detention, and 1.6 percent end in a report. (Figure 7). These outcomes can destabilize people's lives, from losing employment to becoming unable to pay rent or buy medication. They also require officers to expend significant time and resources and can impact community trust in police.

Community responders will not make arrests or write citations but rather use an entirely different set of tools. If community responders can safely resolve these calls, the calls will not end in arrests or citations, improving outcomes for community members and reducing the burden on police and other criminal justice system resources. Community responders will not prevent all cases of arrest in Figure 7.

Figure 7: Percent of Calls Leading to Arrest, Summons, and Report

Current End Result of CR-Eligible Calls

Report Filed 1.6%
Emergency Detention 3.6%
Arrest 2.6%
Nothing formal 90.7%
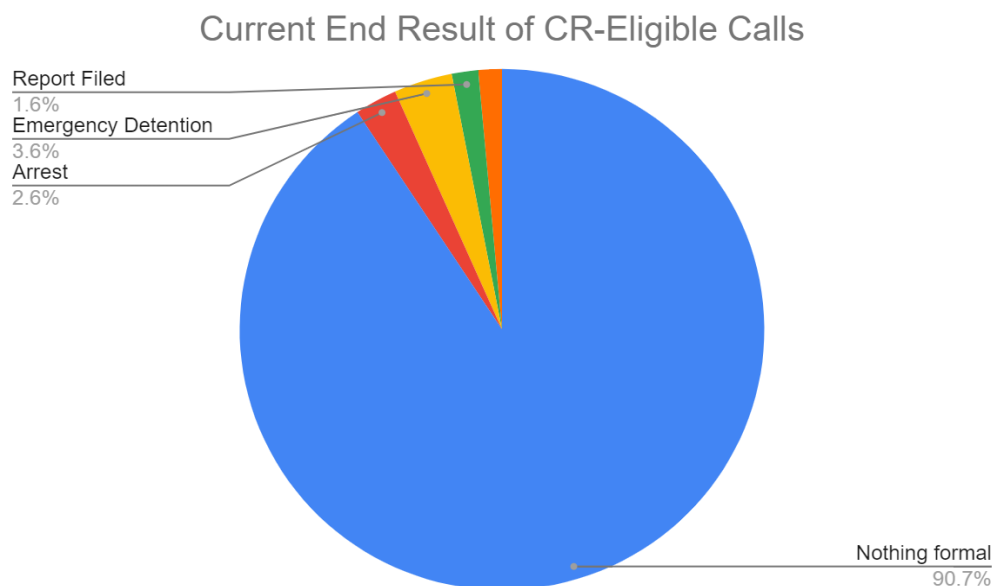
Other Impacts

Community responder programs can also have long-term benefits beyond responding to calls for service. When community responders effectively use mediation and restorative justice practices, they

help to reach long term resolution of ongoing conflicts and stabilize relationships between community members. Community responders can also assist individuals with accessing the long term mental health and substance use treatment needed to help prevent or reduce future mental health episodes or substance use relapses. This program can have generational benefits to families and communities in Milwaukee.

Responder Background and Hiring

Existing community responder programs have struggled to achieve diversity of race and lived experience due to their focus on mental health and medical credentials. With two responder spots per team, CAHOOTS chooses one behavioral health clinician and an EMT or nurse, and STAR employs a clinician and a paramedic. CRU and EMCOT staff two behavioral health clinicians or counselors. SCRT in San Francisco squeezes three staff onto each team so that they can include a peer support specialist alongside a clinician and community paramedic. It is already a challenge to find clinicians who are well-suited to the community responder role, much less clinicians who have a diverse background in terms of race, lived experience, and other factors.

Yet community response programs benefit enormously from including those with lived experience and community ties. Staff of the Olympia CRU program credit much of their success to peer navigators, who work alongside them to engage difficult-to-reach individuals. By having "walked in the shoes" of those they serve, peers can understand and connect where other responders would give up. Just as police start out at a great disadvantage simply because their sirens, badges, and guns can set off people's emotional triggers, a responder who shares background and lived experience with a respondent will start out with an instant advantage.

In addition, Milwaukee's calls for service data does not support the idea of staffing teams with two responders with formal mental health or medical credentials. As shown in Figure 8, we estimate that 18 percent of the community responder-eligible calls would benefit from a responder with expertise in disciplines in mental health, behavioral health, or substance use. Nearly 72 percent of these calls would benefit from a response focused on conflict resolution. The majority of community responder-eligible calls would benefit from a responder with conflict resolution and mediation expertise rather than behavioral health, though of course many calls would benefit from both.

As a result of both the need for a diverse group of responders and the frequency of calls related to conflict resolution, we recommend that each responder team include one person with a background in behavioral health response and one person with a background in conflict resolution and mediation. We also recommend that, in selecting these individuals, Milwaukee looks for responders who reflect racial diversity and who have lived experience with the types of situations they would be asked to handle. We do not recommend that Milwaukee limit the hiring pool by requiring higher education or specific credentials. Milwaukee can open the hiring pool to community members with lived experience and social capital within the community. Other community responder programs have successfully attracted a diverse, talented staff by avoiding degree requirements, including Dayton's Mediation Response Unit and Amherst's CRESS program.

Figure 8: Primary Skill Needed to Service Call

Primary Skill Type

Case Management
4.7%
Medical
1.3%
Substance Use
4.1%
Mental Health
17.9%

Conflict Resolution
71.9%
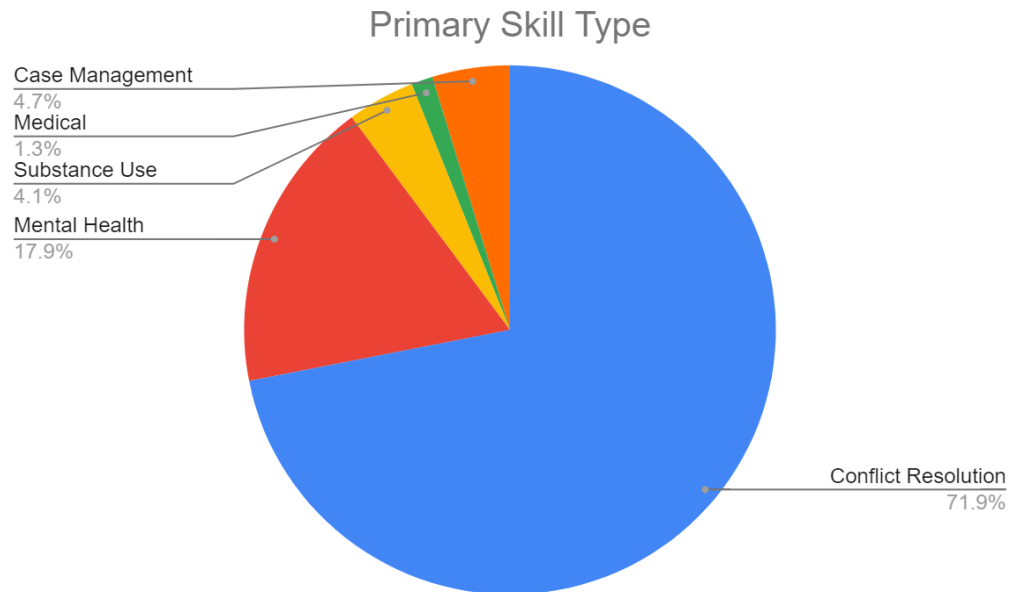
Figure 9: Share of Calls Related to Behavioral Health

Call Type	% Mental Health	% Substance Use	% Other
Overall	18%	4%	78%
Trbl W/Subj	3%	6%	92%
Welfare Citizen	25%	8%	67%
Mental Observation ("MO")	100%	0%	0%
Susp Pers/Auto	6%	0%	94%
Call For Police	0%	0%	100%
Noise Nuisance	0%	0%	100%
Family Trouble	11%	11%	78%
Property Pickup	0%	0%	100%
Cruelty Animal	0%	0%	100%
Trbl W/Juv	0%	4%	96%
Child Custody	0%	0%	100%
Child Neglect	0%	0%	100%
Landlord/Ten Trb	0%	0%	100%
Fireworks	0%	0%	100%
Ind Exposure	52%	4%	44%
Suspicious-Oth	6%	0%	94%
Soliciting	0%	2%	98%

| Parking Trouble | 0% | 0% | 100% |

Responder Agency

Existing community responder programs are housed within a variety of city agencies and external service providers. Externally run programs include CAHOOTS in Eugene, which is run by the White Bird Clinic; STAR in Denver, staffed by the Mental Health Center of Denver; and EMCOT in Austin, which is run by Integral Care. Responders can only be housed within an external service provider if there is a provider comfortable with the range of skill sets that would be practiced by the responders. In other jurisdictions, external providers leading mental health-focused programs have not been willing to expand to calls related to unfamiliar skills like mediation.

The CRU responders in Olympia recently transitioned to become city employees in order to retain staff and improve collaboration with city agencies. In Rochester, the FACIT team recently moved from the Police Department to the Department of Recreation and Youth Services. Albuquerque built an entirely new Community Safety Department to house its program. Directors of several existing programs have suggested that hiring responders as city employees improves retention and relationships with other city agencies, which is critical to the success of the program.

For multiple reasons, we recommend that the community responder team be housed within a city department rather than contracted through a local service provider. First, as with police and fire, city employment is more stable and likely to retain good employees. Second, since the team would include both behavioral health and mediation responders, there is no local organization equipped to house both. Third, city employment gives the city control over hiring, which allows Milwaukee to appropriately value diversity of responders. Finally, housing the community responder program within a city agency allows program staff to more effectively interact and problem-solve with police, dispatch, public works, and other agencies, leading to better outcomes for the community.

Responder Training

Training is essential because it ensures that community responders will protect both their own safety and that of the public. Since the community responder role is new to the region, no new hire will come in with all of the required skills. Training will allow the responders to learn to develop the wide range of skill sets they will need to handle a broad range of calls.

We believe that Milwaukee has the providers necessary to lead these trainings. We make initial recommendations below on the important components of a training program. The Program Director should work with key stakeholders, including community members, to build on and customize our list of training components. They can find trainers to handle each aspect of training, ideally local service providers and organizations, in order to benefit from their understanding of the local landscape and to build their trust in and familiarity with the community responder program. We can recommend specific local service providers to take on specific roles.

We recommend training community responders in two modules: operational and field. Operational training aims to teach specific skills, while field training gives responders a chance to witness and participate in unpredictable real-life scenarios.

Operational training should include technology skills, including data management systems, record keeping, and other technology operations. In particular, we recommend trainers allot significant time to teaching responders how to communicate over the police radio, including the use of 'code' language and how to call for back-up. The Olympia's CRU team reported a steep learning curve in understanding and feeling comfortable speaking up on police radio. If responders do not receive sufficient training, they are likely to either stay silent and miss out on calls or even fail to call for police assistance when necessary. They may also cause conflict with dispatchers and police by breaking unwritten rules they may not be aware of, so they should be given practical training on the nuances and customs of Milwaukee's radio usage. This training should also include vehicle operations such as defensive driving, vehicle maintenance, sharing vehicles, parking, and safe transport.

Community responders will also need to be knowledgeable about other parts of the first response system. They should understand how calls come in through different phone numbers, how call-takers screen those calls, and the information they provide when dispatching to those calls. They should understand how EMS, fire, and police officers assess a scene upon arrival. They should be able to explain relevant legal processes to the general public, such as protection and trespassing orders and involuntary commitment. They should also be given introductory legal education in order to understand and respect people's legal rights when they interact with them and their own legal obligations as first responders.

Responders should receive significant operational training on how to initiate safe and effective interactions. They should be trained on a safe arrival protocol, which would cover confirming the location with dispatch, situational awareness, recognizing red flags, using natural barriers and maintaining separation when approaching the scene, and announcing one's presence. This training should include practical instruction in personal safety, threat assessment, and basic self-defense. It should also include de-escalation training, with a focus on making individuals feel heard, seen, and understood. Responders should be instructed on verbal interventions -- including clear, direct, and respectful ways to instruct an individual in crisis -- as well as nonverbal interventions involving body language and personal space. Responders should also learn the technique of motivational interviewing. They should practice all of these skills extensively through scenario-based training.

We recommend extensive mental health training, since community responders will come in with varying levels of mental health expertise, and many calls are related to mental health. They should be taught to recognize the symptoms of a range of mental health conditions. Responders should learn about dual relationships -- when the individual is a friend, family member, or otherwise known to the responder. They should learn professional boundaries (setting limits for safe and professional standards in a social care environment), role clarity (expectations and responsibilities of each responder), and role flexibility (the ability to adapt and contribute to a fluid situation). They should be trained on crisis intervention and suicide prevention protocols, such as the Applied Suicide Prevention or Zero Suicide programs. They should also be trained in the intersection of mental health, race, culture, and stigma, because mental health issues are taboo for many members of the community.

We also recommend training on substance use, since many calls may involve individuals who are under the influence of substances or dealing with substance use disorder. Responders should learn to recognize the signs of substance use and intoxication and to de-escalate situations involving intoxication. Responders should be taught to engage people dealing with substance use disorders through a harm reduction philosophy, which emphasizes meeting people where they are at and not leaving them there.

The training should also include basic medical instruction. Responders should receive practical training in Basic Life Support, including CPR, clearing an airway obstruction, checking for a pulse and for signs of overdose, and administering naloxone to reverse an overdose.

Responders should receive extensive training on conflict resolution. They should learn both mediation and restorative justice skills, though they would not perform traditional mediation or restorative justice conferences out in the field, since those require significant preparation. Still, they would learn principles that apply to first-response situations -- including social justice mediation -- as well as how to recognize and refer appropriate situations for the appropriate resolution process.

We also recommend allocating a large portion of the operational training to cultural competency. Responders should be trained to understand marginalized groups, including sex workers, individuals with autism spectrum disorders, BIPOC, and members of the LGBTQIA+ community. Further training should include implicit bias, deconstructing anti-black racism, and anti-oppressive training. The training should give special instruction relating to immigration status as well as language barriers and cultural taboos.

Responders should also learn skills to help break cycles of violence. These techniques include recognizing the signs of trauma and domestic violence, providing trauma-informed care to victims and witnesses in the aftermath of a violent act, and preventing retaliation.

The operational module should also address "special cases" such as the elderly, youth, and families involved in custody disputes. This module should cover mandatory reporting and working with transition-aged youth. Community responders should be trained to identify the difference in the presentation of trauma, mental illness, substance abuse, and suicidality in youth as opposed to in adults. They should learn to engage family members of people in crisis or dealing with addiction. Responders should also learn to identify the signs of child abuse and human trafficking.

Responders should learn how to connect community members in need with key community resources. These resources include "drop-off locations" related to mental health, substance use, and medical needs, housing, women and children's shelters, recovery coaches, mental health involuntary commitment and other services, food and clothing, domestic violence and sexual assault services, and other educational and practical resources.

Lastly, the operational module should give special consideration to managers and peer workers. Managers should learn how to support workers, supervise both front line and administrative staff, create a supportive schedule including vacation and mental health days, and the best practices of equitable hiring. Peer workers should have access to peer-specific training, and their entire training process should be accessible and flexible. Responders should receive wellness support to deal with vicarious trauma, both through initial training, ongoing in-service training, and accessible wellness services.

Field Training

The field training module should include ride-alongs with police, and watching 911 call-takers, mental health responders, and harm reduction peer response teams in action. This portion of the training should be extensive. Many existing community responder teams reported at least three weeks of shadowing a more experienced worker. The New York team reported conducting nearly full-time field training for five weeks, and Olympia held a full three months of field training. Field training is important because it allows new hires to gain real experience in putting their first response skills into practice.

Once the program launches, new responders can shadow existing responders, but we still recommend that the responders shadow police, 911 call-takers, and other responders. Not only will they benefit from seeing these other professionals in action, Milwaukee will benefit from building trust and understanding between community responders, the police, dispatch, and other agencies.

Responder Supplies

Beyond the purchase and licensing of police radio, cell phones, and mobile data terminals, the primary concern is acquiring a vehicle or vehicles. Existing programs require vans that are large enough to fit a wheelchair and sizable luggage (such as a Sprinter van), since a large part of their work involves unhoused people.

A van would also allow the team enough room to carry supplies. We recommend that each mediation responder team carry emergency medical supplies such as naloxone (Narcan) and EpiPens, as well as comfort items like water, granola bars, blankets, feminine hygiene products, and socks. With these supplies and basic medical training, community responders can prevent the need for some medical responses.

In order to make all community members feel as comfortable as possible, Milwaukee should ensure that community responders do not look like police. Their uniform should not look like a police uniform, and their logo should not look like a badge. Their vehicle should not look like a police vehicle. More details about appearance and supplies can be determined based on feedback from the community.

Responder Staffing

In order to handle nearly 67,000 calls every year, Milwaukee will need to hire a significant number of responders and support staff. We estimate the volume of responders by combining calls per shift handled by existing community responder teams in other cities and call volume during each hour of the day in Milwaukee.

Existing community responder programs operate on a first responder schedule. CAHOOTS responders work 12-hour shifts, while STAR responders in Denver work 8-hour shifts. We recommend 8-hour shifts. 8-hour shifts are considered safer than 12-hour shifts because consistent exposure to trauma and stress can lead to fatigue, decrease focus, and negatively impact decision making skills.

We estimate the number of calls that a Milwaukee team can handle by averaging data from existing programs. Austin's EMCOT and Durham's HEART report spending 45 minutes[4] and 35 minutes per call, respectively.[5] Eugene's CAHOOTS averages over 20 calls per 12-hour shift, and Denver's STAR averages 6 calls per 8-hour shift. We calculate the average as 9.4 calls per 8-hour shift.

Instead of estimating the number of responder teams purely based on the total of 67,000 calls per year, we first examine how the volume of calls for service changes across days of the week and hours of the day. Calls are relatively consistent across days of the week (Figure 10), and they vary much more across hours of the day (Figure 11). For every call that comes in during the quietest hour, 6 - 7am, about

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[4] Integral Care, Crisis Call Diversion Program Cost Analysis report, October 2020, p.14.
[5] To calculate calls per shift, we adjust these figures by ¾ since we estimate conservatively that 2 hours of an 8-hour shift will be spent briefing, preparing to depart, taking breaks, documenting calls, debriefing, and closing out the shift.

three calls come in during the peak hour, 10 - 11pm. Milwaukee needs significantly more responders on the street between noon and midnight than between 3am and 9am.

Despite this variation, Milwaukee needs a program that runs 24/7. Police in Milwaukee and other cities told us in interviews how important it is for the program to run 24/7. They expressed frustration that other services only operate during the day, so anything that happens in the middle of the night falls on the police's shoulders. Police in other cities have expressed the sentiment that "if it's suitable for community responders at 4pm, it's suitable for community responders at 4am." Dispatch centers also prefer a 24/7 program, because they do not want to have to switch protocols based on the hour of the day. Fortunately, in Milwaukee, there is plenty of demand to justify a 24/7 program. Even at 6am, 911 is receiving more eligible calls than even two teams could handle.

To complete our estimate, we compare specific schedules of three shifts per day and calculate how many responder teams Milwaukee would need to handle the calls during those shifts. Schedule 1 minimizes the number of teams having to work overnight, while Schedule 2 matches the number of responder teams to the number of calls as precisely as possible (Figure 13). To handle all calls, both schedules would require Milwaukee to hire 28 teams of responders, or 56 total responders. This number accounts for days lost to vacation, sick leave, and training, as well as hours lost to transitions, breaks, debriefing, and documentation.

The program could be launched with a reduced program starting at 50% capacity (14 teams of responders). A pilot will enable the city to test out the program before expanding it. This could be done by allowing the program to respond to only a few of the community responder eligible call types (Figure 14). We do not recommend that Milwaukee start a community responder program with only a few shifts. The program is less likely to succeed if it is only available a few shifts per week – since dispatch, police, and community members and institutions will not be able to depend on it. In our conversations with police, dependability and availability were mentioned as integral for a community responder program to be effective. Additionally, reduced shifts will put the burden on dispatch to memorize the hours when the responders are available, and to track when sick days change the schedule. Furthermore, community members and institutions are less likely to call for the program and more likely to give up on it if it's not available when they need it.

Figure 10: Day-of-week analysis for community responder eligible calls

Day of Week	Avg. Calls per Day
Monday	189
Tuesday	183
Wednesday	189
Thursday	184
Friday	195
Saturday	198
Sunday	194

Figure 11: Time-of-day analysis for community responder calls

Hours	Calls per day per hr
12am - 1am	9.4
1am - 2am	8.5
2am - 3am	7.3
3am - 4am	5.8
4am - 5am	4.5
5am - 6am	3.9
6am - 7am	3.7
7am - 8am	4.5
8am - 9am	6.0
9am - 10am	6.8
10am - 11am	7.2
11am - 12pm	8.5
12pm - 1pm	9.1
1pm - 2pm	8.9
2pm - 3pm	8.7
3pm - 4pm	9.0
4pm - 5pm	9.6
5pm - 6pm	9.0
6pm - 7pm	9.7
7pm - 8pm	9.3
8pm - 9pm	9.5
9pm - 10pm	10.2
10pm - 11pm	10.6
11pm - 12am	10.1

Figure 12: CR-Eligible Calls per Day by Hour

CR-Eligible Calls per Day by Hour
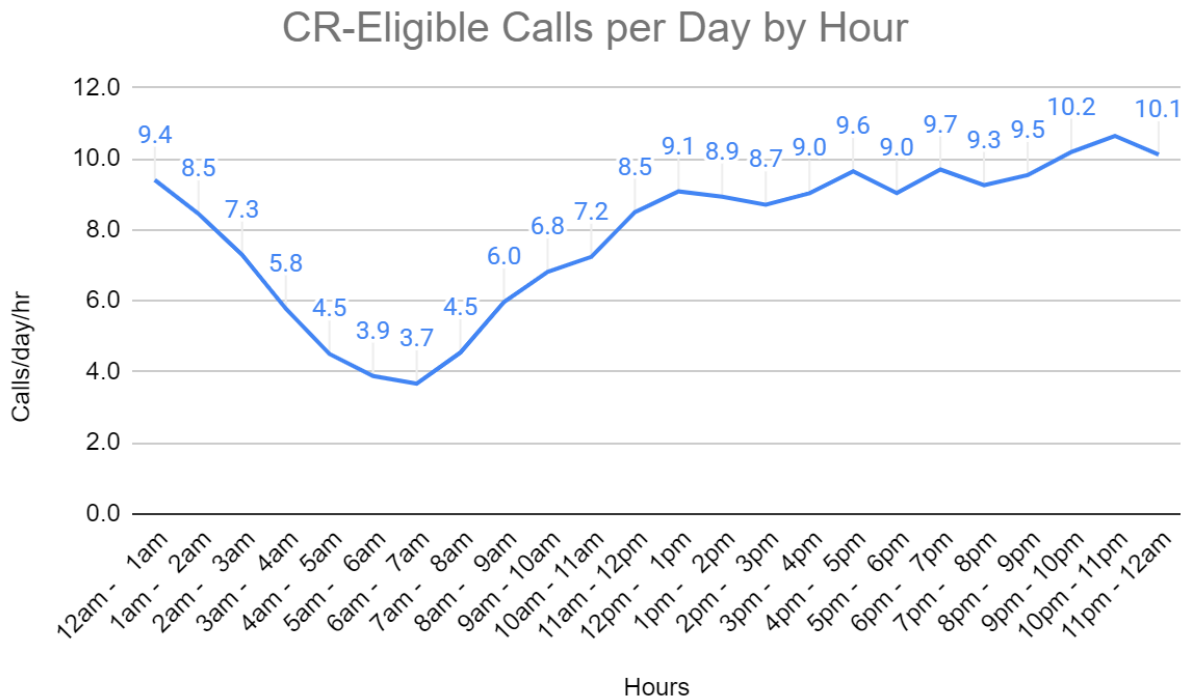
Figure 13: Shift Schedule

		# Teams	Call Capacity	# Calls	Calls unanswered	Excess capacity
Schedule 1		**28**				
Shift 1	2am - 10am	4	37.6	42.4	4.8	0.0
Shift 2	10am - 6pm	8	75.2	70.2	0.0	5.1
Shift 3	6pm - 2am	8	75.2	77.3	2.1	0.0
Schedule 2		**28**				
Shift 1	6am - 2pm	6	56.4	54.7	0.0	1.7
Shift 2	2pm - 10pm	8	75.2	75.1	0.0	0.1
Shift 3	10pm - 6am	6	56.4	60.1	3.6	0.0

Figure 14: Community Responder eligible calls at 50% capacity

Call Type	# CR-eligible	% of total citizen-initiated calls
All CR call types	32,275	12.4%
Welfare Citizen	15,575	6.0%
Mental Observation ("MO")	6,579	2.5%
Noise Nuisance	4,740	1.8%
Property Pickup	1,073	0.4%
Cruelty Animal	864	0.3%
Trbl W/Juv	796	0.3%
Child Custody	756	0.3%
Child Neglect	696	0.3%
Landlord/Ten Trb	503	0.2%
Ind Exposure	439	0.2%
Soliciting	141	0.1%
Parking Trouble	113	0.0%

Call Geography

We used GPS coordinates in the CAD data to identify how CR-eligible calls are spread across police districts in the city. We find that each of Milwaukee's seven police districts receives a significant share of CR-eligible calls (Figures 15-17). Their shares vary based on call type; for example, Parking Trouble calls fall disproportionately in District 1, while Soliciting calls fall primarily in District 2. However, all districts receive meaningful portions of the highest-volume call types.

% of CR-Eligible Calls in each Police District

Call Type	Police District						
	1	2	3	4	5	6	7
Trbl W/Subj	16.9%	15.8%	15.4%	12.4%	15.4%	10.0%	14.1%
Welfare Citizen	10.4%	14.0%	15.4%	14.2%	16.5%	13.2%	16.3%
Mental Observation ("MO")	9.1%	10.9%	18.1%	14.4%	15.7%	11.5%	20.3%
Susp Pers/Auto	9.5%	13.0%	14.1%	17.2%	13.2%	13.0%	20.0%
Call For Police	5.1%	13.6%	18.5%	18.5%	20.2%	6.3%	17.8%
Noise Nuisance	13.9%	17.0%	14.5%	13.4%	14.3%	13.3%	13.6%
Family Trouble	1.4%	13.2%	16.5%	19.3%	19.5%	8.1%	22.0%
Property Pickup	18.9%	17.6%	13.7%	22.2%	8.2%	10.0%	9.5%
Cruelty Animal	9.0%	17.3%	14.5%	12.9%	16.3%	14.5%	15.4%
Trbl W/Juv	3.9%	14.2%	15.7%	19.4%	15.4%	13.3%	18.1%
Child Custody	1.8%	11.8%	15.6%	19.3%	16.4%	10.8%	24.3%

Child Neglect	2.0%	11.8%	20.4%	21.6%	15.7%	7.9%	20.5%
Landlord/Ten Trb	5.2%	19.7%	16.4%	10.5%	20.0%	9.2%	19.0%
Fireworks	6.4%	15.9%	15.0%	16.5%	10.5%	13.0%	22.7%
Ind Exposure	14.7%	21.2%	14.4%	9.4%	14.9%	12.6%	12.7%
Suspicious-Oth	11.8%	9.1%	16.5%	14.5%	16.7%	13.4%	18.0%
Soliciting	1.4%	65.5%	14.2%	2.0%	10.8%	2.0%	4.1%
Parking Trouble	28.8%	11.8%	9.1%	11.5%	12.2%	13.2%	13.5%
Overall	11.5%	14.5%	15.8%	14.6%	15.8%	11.2%	16.6%

Figure 17: Map of Police Districts

City of Milwaukee Police Districts

District 1
District 2
District 3
District 4
District 5
District 6
District 7

Produced by the Milwaukee Police Department - Crime Analysis Section X7326 12/2007
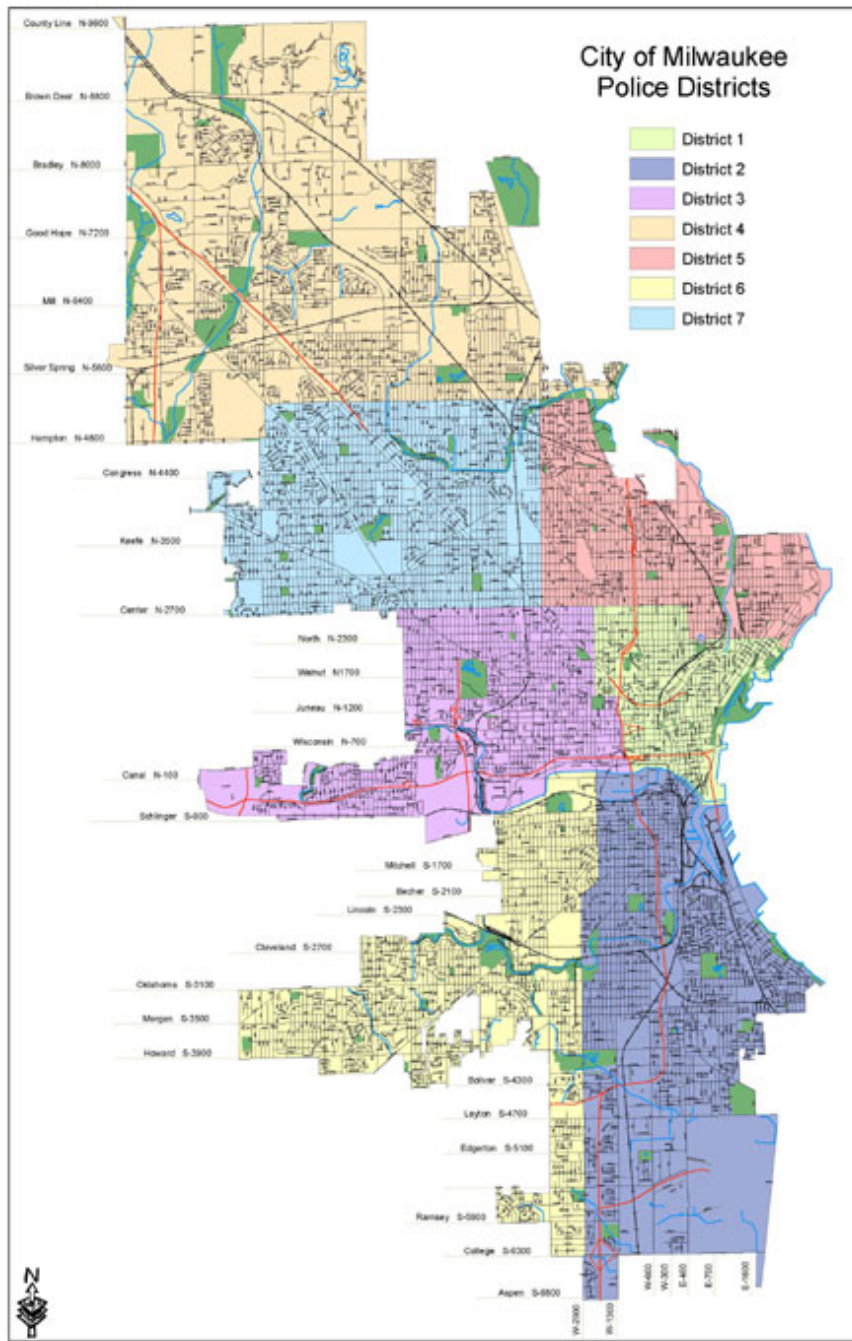
Calls vary significantly across neighborhoods. Though there are almost 200 neighborhoods, the top twenty neighborhoods alone account for over 40 percent of community responder-eligible calls (Figure 16). We recommend that the city conduct particularly strong outreach in these neighborhoods in order to raise awareness with those most likely to meet responders. The full list of calls by neighborhood can be found in Appendix 2.

Figure 18: CR-Eligible Calls in Top Twenty Neighborhoods, 2021

Neighborhood	# of calls	% of calls
Kilbourn Town	2,280	3.3%
Harambee	2,099	3.0%
Old North Milwaukee	2,009	2.9%
Walker's Point	1,779	2.6%
Lower East Side	1,707	2.5%
Silver Spring	1,666	2.4%
Historic Mitchell Street	1,493	2.2%
Franklin Heights	1,450	2.1%
Sherman Park	1,429	2.1%
Lincoln Village	1,392	2.0%
Juneau Town	1,226	1.8%
Amani	1,202	1.7%
Clarke Square	1,183	1.7%
Muskego Way	1,155	1.7%
Uptown	1,148	1.7%
Na	1,146	1.7%
North Division	1,129	1.6%
Bay View	1,114	1.6%
Avenues West	976	1.4%
Midtown	948	1.4%

For a full list of neighborhoods, see

Key service connections

Existing community responder programs report that they are only effective when their responders can connect people to effective services. The Milwaukee area already contains many effective service providers and other resources that will prove invaluable for the community responder team. For example, community responders can connect people struggling with addiction with the Milwaukee Opioid Response Initiative for individual follow-up and case management. They can connect individuals involved in domestic disputes with domestic violence liaisons through the Sojourner Truth House, as police do. Community responder training should bring in as many of these groups as possible, in order to ensure that the responders are familiar with the local resources. And the reverse is equally important, so that local groups are comfortable with the community responder program and know when it is appropriate to call them and how they can help stabilize issues and conflicts in the community.

Below, we highlight a few resources that have proven crucial for community responder and diversion programs in other communities, and that need additional attention in Milwaukee.

Drop-Off Locations

In the short term, one crucial resource is a drop-off location for individuals who are not safe in their current location. Community responder teams in other jurisdictions report that they depend on having a "dropoff stabilization center," so that they have a place to bring someone voluntarily rather than relying on an emergency room, psychiatric facility, or jail.

Some individuals who experience mental health episodes may simply benefit from crisis stabilization houses. Crisis stabilization houses are alternatives to psychiatric inpatient hospitalization. These houses provide a continuum of care and support for individuals in crisis. Crisis stabilization houses are a less restrictive environment and provide services for individuals with a wide range of mental health diagnoses including personality, psychiatric disorder, bipolar and schizophrenia. Similarly, the community responder team could potentially bring individuals to Waukesha County Mental Health Center which is set to open its own crisis stabilization center in 2024.

The Archdiocese of Milwaukee offers many alternatives for individuals experiencing houselessness and need a warm place to shelter and connect to other services. The archdiocese has shelters for women, women with children and men. They also offer services to assist with clothing, meals, medical care, and counseling. The Salvation Army also provides emergency shelter along with access to medical and dental care, mental health counseling , and case management. Joy House is a Christian-based program that also offers safe shelter, meals, clothing,and other services for women and children.

For people with active substance use and need to detox, Milwaukee Detox Center offers detoxification care from alcohol, cocaine, heroin and other drugs. Milwaukee Detox Center provides 24-hour nursing care under the supervision of a physician in a residential setting. They employ a multidisciplinary team of healthcare professionals that includes physicians, advanced practice nurse prescribers, and mental health and substance use SUD counselors.

The Living Room is a recovery model that draws from a strength-based approach and is provided at no cost. The Living Room is open to walk-ins daily from 7:30 am to 7 pm, and those needing more assistance are screened by a Living Room supervisor and may stay the night. However, since it would take responders a significant amount of time to drive someone to and from Springfield, ideally a similar crisis stabilization setup could be developed locally by existing service providers.

High-utilizer case management

Because prevention is always better than response, one key service for existing community responder programs is case management for high utilizers. Calls related to mental health, addiction, and homelessness often involve the same repeat callers or subjects. While it is a positive step to send community responders to handle these calls rather than police, cities have benefited greatly by setting up programs dedicated to serving high utilizers. When Olympia's CRU team interacts multiple times with a specific individual, they can refer them to the Familiar Faces program for long-term case management. The Familiar Faces team employs Peer Navigators who conduct long-term follow-up with specific high utilizers. They build relationships with their clients to stabilize their situation and dramatically reduce

negative interactions with citizens and police, as well as 911 calls. San Francisco and other cities run similar programs, receiving referrals from the community responders.

MFD already has the Community Paramedics Program (CPP) that services high utilizers. The CPP – also known as mobile integrated healthcare, uses paramedics to visit the home of individuals that are enrolled as high utilizers of emergency medical services. The program bridges the gap in care for those who often resort to calling 911 for health issues. The program reduces both the use of 911 for non-emergency calls and non-emergency visits to ER.

We recommend the community responders and Community Paramedics work collaboratively to recommend community members that may benefit from the both programs.

Restorative Justice

Another helpful resource for the community responder team would be a restorative justice program. Restorative Justice is a model of justice that focuses on repairing harm to the victim. For example, if a teenager throws rocks through a neighbor's windows, the traditional criminal justice approach of arrest and conviction might not be beneficial for either the teenager or the neighbor. Instead, if the teenager is willing to accept responsibility for their actions and the neighbor gives consent, a facilitator can bring both of them and their families together for a restorative justice conference. This conference provides a structured opportunity for the teenager to take responsibility, for the neighbor to explain how it affected them, to understand why the teenager threw the rocks, and for them both to decide how the teenager can make things right.

Restorative justice conferences have proven to be an effective alternative to the traditional criminal justice system for many cases. The restorative justice model offers the opportunity for victims to feel heard and for offenders to understand the harm they caused. Approximately 95 percent of victim-offender mediations reach consensus on the appropriate punishment. Since victims are most concerned with stopping the perpetrator from reoffending and ensuring that they take responsibility for the harm they caused, restorative conferences often improve victim satisfaction.

We expect that a restorative justice conference would be a useful long-term process to help resolve a significant portion of community responder incidents, and experienced facilitators are already working in the Milwaukee area. The University of Wisconsin at Madison operates the Victim-Offender Dialogue (VOD) program. This restorative justice program provides an 'opportunity for victims and survivors to have their questions answered regarding an offense as well as let that person know the impact the crime has had on victims' lives.' The dialogue is completely voluntary throughout, and either party can terminate from the process at any time. The program is available to a victim or surviving family member (in the case the victim is deceased) or any person above 18 years old who lived with the deceased. Although the program is designed for serious or sensitive crime, we believe that VOD can be a source of information, training, and referral.

The Interfaith Conference of Greater Milwaukee is a restorative justice collective established in 2000. The organization provides training and educational material on restorative justice practices. The organization also holds community circles and other events dedicated to restorative justice. We recommend that the community responder program develop an agreement with VOD and the Interfaith

Conference of Greater Milwaukee, or other local restorative justice facilitators to guide appropriate community responder calls into a restorative justice process.

Mediation

Disputes between community members often do not require police involvement. For example, neighbors may have a long running dispute over a barking dog. The traditional criminal justice response model is ill-equipped to resolve these types of disputes. Police officers are not professionally trained mediators, and arrests or citations will not resolve the conflict.

When a community responder responds to a call involving a dispute, they will often benefit from being able to connect the disputing parties to mediation. Mediation is a structured process in which a trained mediator assists disputing parties with finding resolution to their conflict. Much like the restorative justice model, mediators conference with disputing parties to negotiate terms that will satisfy each party. Mediation has been used as a way of solving disputes between community members by organizations such as the New Orleans PeaceKeepers (NOPK). In the last several years, the NOPK have successfully resolved dozens of community conflicts without police involvement.

We recommend the community responder team work with local mediators to develop a process for identifying and referring appropriate disputes to mediation processes.

Community Engagement

We recommend that the city of Milwaukee continue to gather public input to inform the plans for the community responder team. For example, once the city agrees on key points of the model, the program can be presented at the ongoing listening sessions hosted by MPD. In addition, this body can develop a community survey that explains the purpose and general structure of the program while gathering input on relevant questions. Questions should cover meaningful yet realistic choices in the program's design. An example of potential questions include: *What community resources should community responders be familiar with? Should callers be able to "opt out" of a community responder response in favor of a police response? What data should be gathered about the program? Should community responders wear a clearly identifiable uniform and drive a marked car? How should the program measure success?*

Community engagement is also an opportunity to present information on current police calls for service to community members. For example, it might be useful for groups to see concrete examples of calls that fall into the community responder-eligible call types.

Agency Education

The best way to make the call-takers' job easy is to educate the community about the purpose of the community responder team and the types of calls that are appropriate, as well as the anticipated benefits of community responder involvement, such as connection to services and avoiding arrest. Then, callers will often bring up the community responder program or at least know what it is if the call-taker mentions community responder.

Existing programs have found it important to educate potential callers about the program at places including mental health facilities, jails, rehabilitation centers, libraries and transit agencies, businesses that interact with the public, group homes, and with frequent 911 and non-emergency line callers. Community responders should seek community input on publicizing the program and invest significant effort in raising awareness both about its existence and its community benefits.

Documentation and Impact Evaluation

By properly documenting what occurs during calls, community responders can identify patterns and improve the quality of service, review interactions that lead to complaints, and demonstrate the positive impact of the program on the community. The program's positive impact will be watched closely by political leaders and the media as a pioneering model for Wisconsin and other jurisdictions nationwide. The program needs to carefully develop a documentation system that allows the program to achieve these aims.

Impact evaluation has not been a priority in the past for CAHOOTS, the only long-standing community responder program, but rigorous studies are now underway elsewhere. Denver's STAR program is rapidly becoming the leader in this space, tracking data from responders and from dispatchers. Olympia tracks call types, root causes of calls, and call line sources of calls. San Francisco's SCRT program tracks everything from call sources to referral follow-ups and health outcomes of individuals who have frequent contact with the team. Durham has a publicly accessible dashboard that tracks 911 calls diverted to the HEART team and the outcome of those calls.

In Milwaukee, basic information about the calls will be gathered in the Computer-Aided Dispatch (CAD) system, just as for police and fire calls. This system records many pieces of information about each call, which we used to conduct the entire calls-for-service analysis included in this report. The city can use it to evaluate several aspects of the program's performance (Figure 19).

One minor issue with community responder use of the CAD system will be recording entries for the calls that go directly to the responders' cell phone via the recommended responder line. In order to add these calls to the CAD system, community responders can radio in the details for dispatchers to record in CAD. Radioing the dispatcher for CAD entry is already common practice. The process is the same for notifying dispatch of proactive encounters that community responders initiate when they address "on view" situations out in the community.

Figure 19: CAD-Stored Data and Community Responder Evaluation Questions

Data Stored in CAD	Community Responder Evaluation Questions
Vehicle number	Which calls were handled by Community Responders?
Call Type	What volume and percent of each call type is Community Responders handling?
Notes from call-taker/responder	Why did call-takers screen particular calls out and send them to police/EMS? If any inappropriate calls were sent to community responders why weren't they screened out? What percent of calls in each type involved behavioral health issues?

Dispatch source line	What volume and percent of each call type comes in through 911 versus non-emergency, community responder dispatch, and community responder responder lines? Did the volume of calls increase after the community responder program launched?
Location, phone number	What recurring issues are causing repeat calls from the same locations? How concentrated are calls in common locations? Which frequent callers are reaching the program through 911 versus the community responder dispatch line?
Caller gender, race, and ethnicity	What are the demographics of people reaching the program through 911 versus the dispatch line?
Date/time when call was received, when first responder arrived, when incident was closed	How many calls are community responders handling in the morning and evening shifts? How quickly did the responders arrive on scene? How long did the responders remain on scene for different call types?
Outcome/disposition of call	Did any community responder calls lead to police making an arrest, giving a citation, or taking an incident report?
Incident number	Allows analyst to merge CAD and record management system (RMS) entries to answer additional questions.

The CAD system only records certain discrete information related to each call for service; the community responder program will need a record management system (RMS) to track more detailed information, since adding new fields to CAD is difficult and expensive and CAD information is shared with other agencies. The RMS system will allow the program the flexibility to enter more detailed information on call circumstances, referrals, and follow-ups. Every community responder program uses their own RMS to record, track, and view results of incidents.

Community responders should consider selecting an RMS system that will integrate easily with the CAD system, so that program managers can view all available information without having to request case-by-case assistance from program evaluators or the IT Department. If the city has an existing RMS contract, a community responder-specific service can be added to that system. Adding to an already existing RMS should help to more easily integrate the community responder RMS system with the CAD system and respond to community responder related Wisconsin public records requests. Merging RMS and CAD is important, because it means that responders do not need to spend time recording information in the RMS entry that is already contained in the CAD entry (see Figure 19). The entries can be merged if the responders record the unique CAD incident number.

The RMS system should allow the responder to efficiently enter detailed narrative descriptions of calls while also guiding them to fill in key indicators by choosing from appropriate pre-set answer choices. Responders should record key indicators not included in CAD that can be used to both evaluate and improve the program's performance (Figure 20).

Figure 20: RMS-Stored Data and Community Responder Evaluation Questions

Data Stored in RMS	Community Responder Evaluation Questions
Incident number	Allows analysts to merge CAD and RMS entries to answer additional questions.
Notes from responder	In case a complaint is filed or a related incident occurs later, what occurred during the incident? If any inappropriate calls were sent to responders, why weren't they screened out? What percent of calls in each type involved behavioral health issues? If any calls led to police or other agency involvement, why did that occur?
Root cause	What portion of calls in each call type are related to which underlying issue? (poverty, housing, mental health, substance use, family dispute, other conflict)
Referral type, agency, notes	How many referrals to services are responders making? Are they making warm handoffs or just providing referral information? How long is it taking for responders to conduct referrals?
Call involves a known high utilizer?	What share of calls involves known high utilizers? Is high-utilizer case management resulting in a decrease in calls for service?
Subject gender, race, and ethnicity	What are the demographics of people involved in community responder calls, both callers and subjects?
Contact information and permission	Were responders successful in reaching people who agreed to follow-up? Did follow-ups lead to additional referrals or reduced calls for service?
Outcome/disposition of incident	Did any community responder calls lead to police making an arrest, giving a citation, or taking an incident report?
Follow-up with other service providers	What percent of referrals led to treatment uptake and long-term success? Have high utilizer individuals improved health and safety outcomes? Why were some referral efforts unsuccessful?

To set up the RMS system to most effectively answer these questions, the community responder program should contract with a local researcher. The Milwaukee area is saturated with prominent academic researchers who would likely jump at the chance to evaluate a ground-breaking local program. The researcher should be local, so that they can visit frequently with staff not just to understand the goals and needs of the program but also to observe "dry run" operations to ensure responders are capturing the greatest amount of useful information in the least amount of time. They can also ensure that referral providers are able to share enough data to evaluate the short- and long-term success of referrals.

The researcher should evaluate the program by combining CAD and RMS data with satisfaction surveys. They should conduct interviews with program staff, police, dispatch, service providers, callers who gave permission for follow-up, high utilizers, and community groups and representatives. In addition

to using these results for program evaluation, they should be shared regularly with the oversight body to improve program operations.

An evaluation plan would be a strong selling point for private funders, many of whom prioritize academic research results. It would also elevate the program's standing in the world of academics and various service providers.

Oversight Body

We recommend that a long-term oversight body meet regularly to monitor and recommend improvements to the program. The body should incorporate members of the implementation team, who are familiar with the program's design. It should involve members of the community, who are familiar with the program's goals. It should also involve representatives from key partners, including the police, dispatch, and important referral providers. It should include the evaluator, so that conversations can rely on data rather than anecdotes.

The oversight body should receive regular reports at these meetings from the Program Director and evaluator. The body can revisit key questions such as call screening, dispatch of appropriate call types, radio communication, officer referral, and call documentation. The body can focus on balancing the need for the program to operate safely with the goal of providing maximum impact for the community. The body can also review specific concerns or progress related to key locations, individuals, or agencies. The reviews should remain in place as long as necessary, likely long-term as the program continues to expand.

Implementation Plan

Preparation for the launch will likely require at least six months. It is important to prioritize the steps that will serve as a bottleneck -- for example, responder training cannot begin until the responders are hired. We recommend thinking of program implementation in three phases: program development, training, and operation.

Program Development Phase

Program development begins with the hiring of the Program Director and Project Manager. Both the Program Director and Project Manager need to be involved early on in most aspects of implementation. Since it may take two months from job posting to the first day on the job, this step is likely to be a bottleneck. It is also crucial to start the program off on the right track by attracting a diverse pool of qualified candidates.

Another top priority is hiring the responders, starting with securing budget approval and developing position descriptions. This step can also become a bottleneck, because responders need to be onboarded efficiently so that training can begin. The city may want to simultaneously hire a transitional assistance coordinator, in order to streamline onboarding and training.

The Implementation Team, Program Director, and Project Manager should focus on a few steps that need to be completed before the training phase can begin. A top priority is planning responder training, since it should involve significant community and stakeholder input and participation, and since trainers need to be identified well in advance of training. The city will also need to settle on a record

management system and other technology in order to train responders to operate them. The record management system needs to be set up in partnership with the researchers leading program evaluation to ensure that they will be able to use the program's records to measure the success of the program. Finally, the program needs to solicit community feedback early and often in order to ensure community buy-in.

The Implementation Team, Program Director, and Project Manager also need to start determining the details of the program's operation. Responders will need internal protocols for sensitive aspects of the program such as safety on scene, confidentiality, and calling for police assistance. The program should work with the dispatch center to develop protocols for call screening, dispatch, and IMC (CAD system) access, as well as with MPD for officer referral. The city would likely benefit from formalizing external and internal agreements with CART, Community Paramedics, restorative justice and mediation providers for intake and referral. The program should also develop relationships with other agencies that work on sensitive issues including minors and domestic disputes, such as the schools, and Child Protective Services (CPS).

We estimate that the program development phase will take 3-4 months, depending largely on the pace of hiring and onboarding for the Program Director and Project Manager.

Training Phase

The training phase begins when the responders are hired. Costs increase because the city begins paying the salaries of the responders, in addition to paying trainers. This phase will last roughly two months. It includes operational and field training, as well as initial "dry run" tests to allow responders to stress-test the technology, dispatch, response, and follow-up systems before the program actually launches. It also includes community and stakeholder engagement, which are essential to build awareness of and trust in the program. The program can reach these goals naturally by heavily involving key community members and stakeholders in the training process. The city should also be marketing the program during this phase to let the broader community know how community responders will help the community at large.

The Program Director needs to procure equipment and supplies for the program, most importantly a vehicle or vehicles, so that responders can conduct driving field training and prepare for the "dry run" pre-launch testing.

Operation Phase

The operation phase begins when the program officially launches. Community responders start working full shifts and continue to promote the program in the community. The Implementation Team or a similar oversight committee should continue to meet weekly to conduct ongoing post-launch oversight of the program to ensure that operations are running smoothly and effectively.

It would not be unrealistic to expect program launch in June or July 2023.

Budget

Existing community responder programs are funded by a variety of local, federal, and private sources. The Olympia CRU team is funded by a property tax levy passed by the City Council to fund the downtown walking patrol and street response team. The CRU team also received a grant through the

state association of police chiefs and sheriffs. The Baltimore BCRI team receives significant funding from state and federal behavioral health block grants, the National Suicide Prevention Lifeline, and Medicaid reimbursement for face-to-face services. Rochester's PIC team is funded by the City Council through funds set aside for racial equity initiatives.

Given the program's benefit to the community, we believe that it should be funded directly by the city's budget, as are the city's other first responders. However, there may be opportunities to leverage other funding, for example the Bipartisan Safer Communities Act Funds. We believe that the program can attract private grant funding because the program would be a pioneering model. If implemented, it will be one of the most comprehensive examples in terms of call types and responder experience, and it is the first to launch in the state of Wisconsin.

The American Rescue Plan Act has allocated $350 million dollars to first responder relief. Milwaukee can receive these funds directly from the state and the funds can be used on crisis intervention and other behavioral health programs, like the community responders.

The U.S. Department of Health and Human Services' Substance Abuse and Mental Health Services Administration (SAMHSA) has made available Grants for Community-Based Funding for Local Behavioral Health Disorders and Substance Use Disorder Services. This program authorized $50 million in grants for state and local governments and nonprofits to address behavioral health needs in the wake of the COVID–19 pandemic. An additional $30 million is available to support harm reduction services for people with substance use disorders. While Congress has authorized the funds for these programs, the specifics of these opportunities, how to obtain the funds and the requirements around spending, are still forthcoming.

Milwaukee should monitor these program offerings along with others and apply for relevant grants in order to support its community responder program, and consider expanding offerings in light of available federal funding.

The budgets for existing community responder (CR) programs are primarily staff cost. For example, about three quarters of Albuquerque's $4 million pilot budget goes to city and contractor staffing. Aside from staff, a significant portion of community responder budgets goes to technology purchase and licensing fees, most importantly purchasing vehicles.

We provide a rough budget estimate for the first year of the program, including six months of program implementation and training, and six months of operation (see Figure 21).

Figure 21: First Year Budget Estimate

	6 Months Pre-Launch		First Year of Operation	
	50% of Calls	**100% of Calls**	**50% of Calls**	**100% of Calls**
Total cost	**$825,200**	**$1,612,400**	**$2,495,200**	**$4,980,400**
Personnel cost	**$677,600**	**$1,355,200**	**$2,461,200**	**$4,922,400**
Responder cost	$553,000	$1,106,000	$2,212,000	$4,424,000
Management cost	$124,600	$249,200	$249,200	$498,400

Equipment cost	**$113,600**	**$222,200**	**$34,000**	**$58,000**
Office space	$10,000	$15,000	$20,000	$30,000
Vehicle purchase	$84,000	$168,000	$0	$0
Vehicle gas/maintenance	$2,800	$5,600	$14,000	$28,000
Technology purchase	$11,200	$22,400	$0	$0
Uniforms	$2,800	$5,600	$0	$0
Misc. Supplies	$2,800	$5,600	$14,000	$28,000
Training cost	**$34,000**	**$35,000**	**$0**	**$0**
Training space	$3,000	$4,000	$0	$0
External trainer cost	$25,000	$25,000	$0	$0
Internal trainer cost	$4,000	$4,000	$0	$0
Training supplies	$2,000	$2,000	$0	$0

Figure 22: Budget Breakdown: 6 Months Pre-Launch (at 100%)

Budget Breakdown: 6 Mo. Pre-Launch (at 100%)

Training Cost 2.2%
Vehicle purchase/ma… 10.8%
Office space 0.9%
$173,600
Manager Cost 15.5% $249,200
$1,106,000
Responder Cost 68.6%
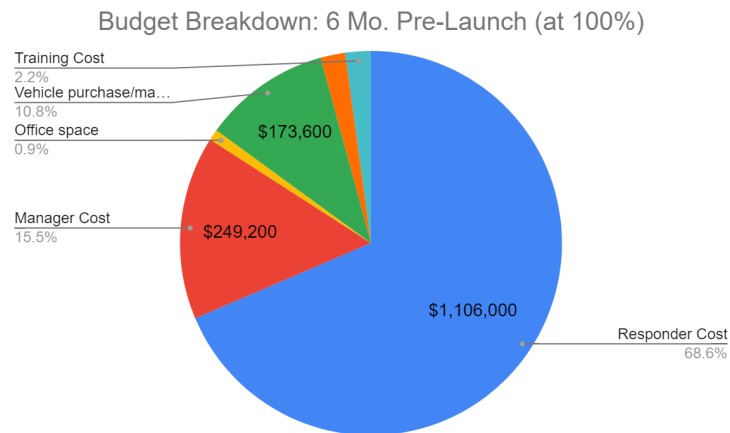
Figure 23: Budget Breakdown: Year of Operation (at 100%)

Budget Breakdown: Year of Operation (at 100%)

Office space
0.6%
Manager Cost
10.0%

$498,400

$4,424,000
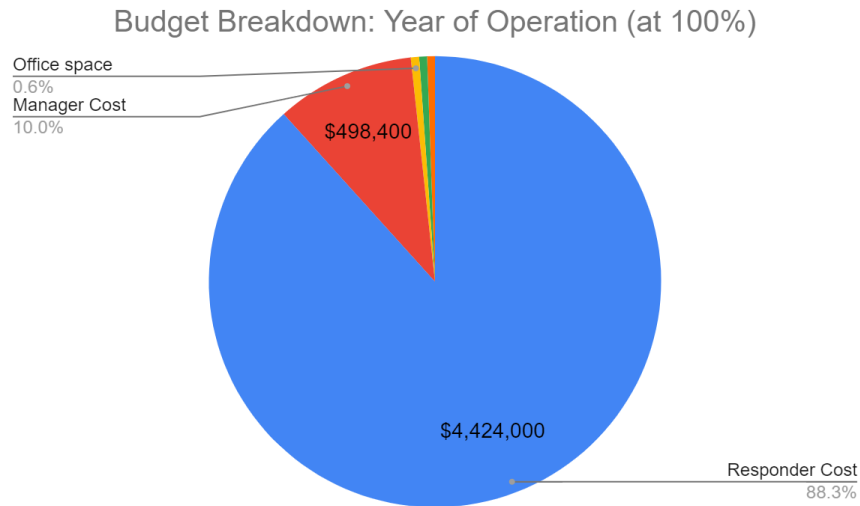
Responder Cost
88.3%

Conclusion

In this report, we make recommendations for the design of Milwaukee's community responders program -- teams of two trained civilians who can be dispatched as first responders to low-risk 911 and non-emergency calls. We estimate that a fully staffed community responder program can take roughly 67,000 calls for service off the shoulders of the police every year, or 25.5% percent of total citizen-initiated police calls for service (Figure 24). Community responders can also handle an additional 29,201 self-initiated calls, 21,035 calls referred by officers, and 27,284 new calls which will allow Milwaukee to proactively resolve crises and conflicts before they escalate into emergency calls. By preventing emergencies, Milwaukee can improve public health and safety, accrue savings across health and safety services, avoid negative community interactions with law enforcement, increase positive outcomes for people in need of services, both in the long and short term, and build trust with people of color.

We believe that in addition to benefiting the city of Milwaukee and the people in it, the program will be highlighted as a pioneer in the alternative response space because it would handle a more comprehensive range of calls . Major cities across the country are already realizing that they need to address conflict-related calls in addition to behavioral health, and they will look to Milwaukee for guidance. We see tremendous potential for this program, with careful implementation, to benefit the local community and many other communities across the country.

Figure 24: Total Estimated Alternative Responder Call Volume

Future Handling of Today's Citizen-Initiated Police Calls for Service

CR Team handles
25.5%

66,266

193,451

Police handle
74.5%
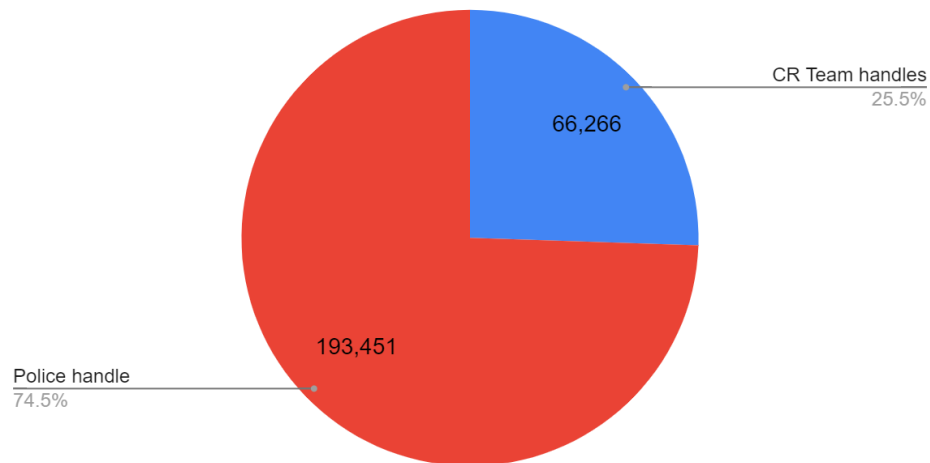
Appendices

Appendix 1: General Categories of Citizen-Initiated Calls For Service, 2021

Call Type	Number of Calls	Call Category
Trbl W/Subj	26,932	Minor disputes
Welfare Citizen	20,767	Behavioral health needs
Call For Police	13,216	Minor disputes
Acc Pdo	12,659	Report-taking calls
Battery	11,573	Police
Threat	9,713	Police
Entry	8,671	Report-taking calls
Inj Person/Sick	8,651	Rapid assistance
Susp Pers/Auto	8,385	Suspicious
Stolen Vehicle	7,996	Report-taking calls

Mental Observation (Mo)	7,650	Behavioral health needs
Shots Fired	7,585	Police
Theft	7,324	Report-taking calls
Subj Wanted	7,153	Police
Property Damage	6,747	Report-taking calls
Subj With Gun	6,567	Police
Battery Dv	5,525	Police
Theft Vehicle	5,385	Report-taking calls
Traffic Hazard	5,317	Rapid assistance
Entry To Auto	5,315	Report-taking calls
Noise Nuisance	4,740	Minor disputes
Property Pickup	4,291	Minor disputes
Acc Pi	4,217	Rapid assistance
Family Trouble	3,781	Minor disputes
Fight	3,485	Police
Acc Unkn Inj	3,474	Rapid assistance
Reck Use Of Weap	3,179	Police
Subj With Weapon	3,129	Police
Viol Rest Order	2,338	Police
Reckless Vehicle	2,295	Police
Overdose	1,689	Rapid assistance
Aband/Stolen Pro	1,662	Report-taking calls
Loose Animal	1,489	Report-taking calls
Trbl W/Juv	1,426	Minor disputes
Robbery Armed	1,323	Police
Meet Govt Agency	1,257	Police
Shoplifter	1,192	Report-taking calls
Shooting	1,182	Police
Sex Assault	1,153	Police
Child Custody	1,150	Minor disputes
Missing Check	1,128	Police
Suicide Attempt	1,112	Rapid assistance
Child Abuse	1,104	Police
Fire	1,097	Rapid assistance

Addl Info	1,074	Report-taking calls
Cruelty Animal	1,021	Minor disputes
Missing Rpt Crit	1,003	Police
Drug Dealing	975	Minor disputes
Child Neglect	914	Behavioral health needs
Parking Trouble	814	Minor disputes
Robbery	763	Police
Suspicious-Oth	749	Suspicious
Missing Report	743	Police
Ind Exposure	685	Behavioral health needs
Dead On Entry	662	Police
Dui	649	Police
Holdup Alarm	592	Alarm
Landlord/Ten Trb	582	Minor disputes
Fireworks	518	Minor disputes
Battery Cutting	486	Report-taking calls
Recovered Veh	475	Report-taking calls
Animal Bite	325	Report-taking calls
Theft From Person	305	Report-taking calls
Mfd Other	304	Police
Lost Child	284	Report-taking calls
Wires Down	251	Rapid assistance
Aband/Prop Weapon	247	Police
Abduction	233	Police
Fraud	221	Report-taking calls
Missing Return	218	Report-taking calls
Burg/Aud Business	207	Alarm
Gps Monitoring	164	Report-taking calls
Gas Leak	162	Rapid assistance
Soliciting	148	Minor disputes
Burg/Aud Govt	140	Alarm
Gambling	126	Minor disputes
Escort	111	Police
Lockout	110	Police

Hospital To Mcmh	109	Behavioral health needs
Demonstration	80	Police
Graffiti	75	Report-taking calls
Hostage Sit	73	Police
Mfd Security	69	Police
Internet Crimes	61	Report-taking calls
Susp Pkg/Device	56	Police
Explosion	51	Police
Battery Cut-Dv	50	Police
Burg/Aud Resi	45	Alarm
Water Main Break	44	Rapid assistance
Threat School	39	Police
Child Enticement	38	Police
Subj In Water	29	Rapid assistance
Forgery	28	Report-taking calls
Assist Fire/Amb	26	Police
Prob_Parol_Ck_Rq	26	Police
Altered Currency	22	Report-taking calls
Cont Del Minor	22	Police
Esp Target Escor	22	Police
Assist Officer	21	Police
Bomb Threat	19	Police
Recovered Prop	16	Report-taking calls
Strnd/Dis Vessel	16	Rapid assistance
Bb Gun Complnt	15	Report-taking calls
Haz Waste Mat	12	Rapid assistance
Mpd Mon Alarm	11	Alarm
Explosives	9	Police
Overturned Boat	9	Rapid assistance
Alarm On Bus	8	Alarm
Phone Call Compl	8	Police
Unattend Package	8	Police

Appendix 2: CR-Eligible Calls by Neighborhood, 2021

Neighborhood	# of calls	% of calls
Kilbourn Town	2,280	3.3%
Harambee	2,099	3.0%
Old North Milwaukee	2,009	2.9%
Walker'S Point	1,779	2.6%
Lower East Side	1,707	2.5%
Silver Spring	1,666	2.4%
Historic Mitchell Street	1,493	2.2%
Franklin Heights	1,450	2.1%
Sherman Park	1,429	2.1%
Lincoln Village	1,392	2.0%
Juneau Town	1,226	1.8%
Amani	1,202	1.7%
Clarke Square	1,183	1.7%
Muskego Way	1,155	1.7%
Uptown	1,148	1.7%
Na	1,146	1.7%
North Division	1,129	1.6%
Bay View	1,114	1.6%
Avenues West	976	1.4%
Midtown	948	1.4%
Washington Park	948	1.4%
Saint Joseph	935	1.4%
Capitol Heights	921	1.3%

Riverwest	849	1.2%
Southgate	836	1.2%
Roosevelt Grove	768	1.1%
Arlington Heights	758	1.1%
Concordia	746	1.1%
Lincoln Creek	734	1.1%
Menomonee River Hills	713	1.0%
Garden Homes	687	1.0%
Cold Spring Park	678	1.0%
Hampton Heights	671	1.0%
Valhalla	670	1.0%
Lincoln Park	665	1.0%
Rufus King	644	0.9%
Borchert Field	639	0.9%
Fairfield	632	0.9%
Morgandale	603	0.9%
Metcalfe Park	594	0.9%
Timmerman West	567	0.8%
Dineen Park	525	0.8%
Polonia	522	0.8%
Thurston Woods	521	0.8%
Williamsburg	484	0.7%
Layton Park	474	0.7%
Merrill Park	474	0.7%
Wahl Park	461	0.7%

Jackson Park	453	0.7%
Hillside	452	0.7%
Murray Hill	451	0.7%
Burnham Park	448	0.7%
Forest Home Hills	448	0.7%
King Park	433	0.6%
Silver City	411	0.6%
Southpoint	411	0.6%
Sunset Heights	408	0.6%
National Park	405	0.6%
Washington Heights	395	0.6%
Long View	386	0.6%
Woodlands	366	0.5%
Yankee Hill	366	0.5%
Lindsay Park	362	0.5%
Brewer'S Hill	358	0.5%
Northpoint	356	0.5%
Grasslyn Manor	348	0.5%
Menomonee River Hills East	338	0.5%
Arlington Gardens	328	0.5%
Town Of Lake	312	0.5%
Mc Govern Park	309	0.4%
Silver Swan	302	0.4%
Town & Country Manor	297	0.4%
Walnut Hill	294	0.4%

Vogel Park	283	0.4%
Mitchell West	278	0.4%
Northridge Lakes	273	0.4%
Northridge	272	0.4%
Triangle North	263	0.4%
Castle Manor	261	0.4%
Miller Valley	251	0.4%
Graceland	247	0.4%
Clock Tower Acres	245	0.4%
Columbus Park	244	0.4%
Historic Third Ward	240	0.3%
Cambridge Heights	226	0.3%
Granville Station	214	0.3%
Enderis Park	210	0.3%
Riverside Park	210	0.3%
Bradley Estates	209	0.3%
Kops Park	209	0.3%
Menomonee River Valley	204	0.3%
Upper East Side	204	0.3%
Martin Drive	198	0.3%
Fairview	195	0.3%
Estabrook Park	190	0.3%
Tippecanoe	185	0.3%
Bluemound Heights	172	0.2%
Baran Park	171	0.2%

Halyard Park	168	0.2%
Maple Tree	163	0.2%
Wilson Park	158	0.2%
Nash Park	155	0.2%
Johnson'S Woods	154	0.2%
Lenox Heights	153	0.2%
Calumet Farms	151	0.2%
Grantosa	150	0.2%
Cannon Park	149	0.2%
Golden Valley	148	0.2%
St. Amelian's	147	0.2%
Gra-Ram	142	0.2%
Havenwoods	140	0.2%
Land Bank	140	0.2%
Root Creek	139	0.2%
Cooper Park	137	0.2%
Maitland Park	137	0.2%
Mitchell Park	122	0.2%
Holler Park	118	0.2%
Servite Woods	117	0.2%
Tripoli Park	116	0.2%
Wyrick Park	113	0.2%
Honey Creek Manor	111	0.2%
White Manor	109	0.2%
Harbor View	105	0.2%

Story Hill	102	0.1%
West View	102	0.1%
Fair Park	95	0.1%
Highwood Estates	90	0.1%
Whispering Hills	88	0.1%
Alverno	85	0.1%
Saveland Park	84	0.1%
Honey Creek Parkway	81	0.1%
Grover Heights	79	0.1%
Little Menomonee Parkway	78	0.1%
Mitchell Field	78	0.1%
Goldman Park	76	0.1%
Park Place	75	0.1%
Downer Woods	73	0.1%
Pheasant Run	73	0.1%
Morgan Heights	72	0.1%
The Valley / Pigsville	71	0.1%
College Heights	68	0.1%
Rolling Green	68	0.1%
Timmerman Airport	68	0.1%
Parkway Hills	66	0.1%
Fernwood	66	0.1%
Mount Mary	66	0.1%
Florist Highlands	65	0.1%
Haymarket	63	0.1%

River Bend	62	0.1%
Hawley Farms	61	0.1%
Woodland Court	60	0.1%
Triangle	59	0.1%
Wedgewood	59	0.1%
Euclid Park	56	0.1%
Pollber Heights	56	0.1%
Park View	49	0.1%
Lyons Park	49	0.1%
Clayton Crest	42	0.1%
Melody View	42	0.1%
Wick Field	42	0.1%
Riverton Heights	42	0.1%
Schlitz Park	41	0.1%
Heritage Heights	40	0.1%
Alcott Park	37	0.1%
Granville Woods	37	0.1%
Park Knoll	33	0.0%
Lake Park	32	0.0%
Copernicus Park	30	0.0%
Brynwood	25	0.0%
Green Moor	23	0.0%
Hawthorne Glen	23	0.0%
Milwaukee River Parkway	18	0.0%
Valley Forge	18	0.0%

New Coeln	17	0.0%
Freedom Village	16	0.0%
Marquette	16	0.0%
Mill Valley	16	0.0%
Golden Gate	14	0.0%
Harder'S Oaks	14	0.0%
Dretzka Park	13	0.0%
Mount Olivet	11	0.0%
Red Oak Heights	11	0.0%
Ridgeview	11	0.0%
North Granville	7	0.0%
Jones' Island	5	0.0%
Veterans Affairs	3	0.0%
Mack Acres	2	0.0%
Zoo	1	0.0%
Brown Deer Park	1	0.0%
Buchel Park	1	0.0%