

***City of Cleveland
Mental Health Response Advisory Committee
2016 Annual Report
January 31, 2017***



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We are pleased to present this 2016 Annual Report to the City of Cleveland; the Alcohol, Drug Addiction and Mental Health Services Board of Cuyahoga County; the Cleveland Division of Police (CDP) and the community-at-large that details the progress of the Mental Health Response Advisory Committee (MHRAC).

We hope that you feel this report highlights that the behavioral health community has taken its charge seriously to work with the City of Cleveland, the CDP and the Monitoring Team to meet the obligations of the MHRAC as outlined in the Settlement Agreement. The ADAMHS Board of Cuyahoga County and the MHRAC members consider the Memorandum of Understanding (MOU) and the Settlement Agreement as roadmaps to guide its activities. The MHRAC will continue to be collaborative, transparent and active with the CDP and the community. The group also believes in the opportunities to make Cleveland a city where everyone – including people living with mental illness and addiction - is treated safely with dignity and respect.

William M. Denihan
MHRAC Chair
Chief Executive Officer
ADAMHS Board of Cuyahoga County

Edward Eckart, Jr.
MHRAC Co-Chair
Assistant Director of the Cleveland
Department of Public Safety

James Purcell
MHRAC Co-Chair
Captain, CIT Coordinator
Cleveland Division of Police

Please see pages 16-18 for a list of MHRAC members and sub-committee chairs and co-chairs.

Background

Settlement Agreement & Mental Health Response Advisory Committee:

The Mental Health Response Advisory Committee (MHRAC) was developed as part of the Settlement Agreement between the City of Cleveland and the Department of Justice. The settlement was reached to address concerns about the Cleveland Division of Police (CDP) use-of-force policies and practices. The Agreement contains a mental health component that required the development of the MHRAC by the City of Cleveland and the CDP no later than December 9, 2015.

The City of Cleveland selected the Alcohol, Drug Addiction and Mental Health Services (ADAMHS) Board of Cuyahoga County to assist with establishing and implementing the MHRAC to assist with the Police Crisis Intervention Program. A Memorandum of Understanding (MOU) between the City of Cleveland Department of Public Safety, the Chief of Police and the ADAMHS Board of Cuyahoga County was developed and signed on September 10, 2015 – well before the deadline in the Agreement. The first meeting of the MHRAC was held on September 17, 2015, and the group continued to meet monthly throughout 2016 to carry out its charge:

- Fostering better relationships and support between the police, community, and mental health providers.
- Identifying problems and developing solutions to improve crisis outcomes.
- Providing guidance to improving, expanding and sustaining the CDP Crisis Intervention Program.
- Conducting a yearly analysis of incidents to determine if the CDP has enough specialized CIT officers, if they are deployed effectively and responding appropriately, and recommending changes to policies and procedures regarding training.

Mental Health Response Advisory Committee Structure:

To ensure the success of the MHRAC and utilize the experiences and talents of its members, a structure consisting of six sub-committees which meet on a regular basis, was developed:

1. **Executive Committee:** Smaller group of key stakeholders to work closely together, reach consensus on decision points and ensure the progress of the MHRAC.
2. **Community Involvement/Engagement Sub-Committee:** Foster relationships between the CDP and the community by engaging the mental health and drug addiction community, police, and the public in meaningful dialogue that builds knowledge, sensitivity, and understanding in order to inform and improve interactions and relationships through development of a plan to connect the community, the police and mental health and addiction specialists in each police district to build transparency and respect.
3. **Data Sub-Committee:** Analyzes data collected on CIT calls for monthly updates to the MHRAC and annual report to the City through creation of a mechanism to report measurable changes in the handling of calls involving individuals experiencing a behavioral health crisis, to recommend improvements in the manner the calls are addressed and increase the rate of diversions from arrest where possible.
4. **Diversion Sub-Committee:** Work with the Cleveland Division of Police to offer alternatives to the justice system for people with mental illness and addictions, such as diversion to hospitalization or treatment.
5. **Policy Review Sub-Committee:** Reviews and makes recommendations as part of the Settlement Agreement implementation process, which involves reviewing the existing CDP policies as they relate to handling people living with mental illness, vulnerable and/or citizens in crisis, for the purpose of revising policies consistent with best practices.
6. **Training Sub-Committee:** Reviews and makes recommendations for 8-hour Mental Health /AoD training for all CDP officers and personnel, as well as the 40-hour CIT training for specialized officers.

2016 MHRAC Accomplishments

- As required by the MOU, the MHRAC developed, published and submitted its **first Annual Report** to the City of Cleveland and the ADAMHS Board of Cuyahoga County and shared the report with the Monitoring Team and the community in January 2016. The complete report can be viewed at www.adamhsc.org.
- As required by the First Year Monitoring Plan, the MHRAC coordinated, developed and submitted the **2016 Crisis Intervention Work Plan** to the Monitoring Team. The Work Plan was approved by the Federal Court and directed the output of the MHRAC. The Work Plan established goals, objectives and timelines related to items identified in the Settlement Agreement, including:
 - ♦ Needs Assessment
 - ♦ Crisis Intervention Policies
 - ♦ 8-hour Crisis Training for all Officers
 - ♦ 40-hour Crisis Intervention Team (CIT) Training for Specialized Officers
 - ♦ 8-Hour Crisis Intervention Dispatcher Training
 - ♦ CIT Stat Sheet & Crisis Intervention Analysis

Policy Review Sub-committee

- Over the last year, the Policy Review sub-committee formalized its membership consisting of representatives from law enforcement, behavioral health, the criminal justice system, as well as community activists. The members of the Policy Sub-committee have spent countless hours carrying out the directives set forth in the Settlement Agreement which called for the development of new policies and procedures to be adhered to by the City and the CDP when dealing with individuals in crisis.
- The sub-committee developed three draft policy recommendations: Crisis Intervention Team Program Policy, Crisis Intervention Team Response Policy and Crisis Intervention Team Definitions.
- The draft policies were developed through an all-inclusive process that included gathering and reviewing the CDP current crisis intervention policies and procedures, as well as CIT policies from law enforcement in 19 jurisdictions throughout the United States. A review and analysis of these policies aided the sub-committee in identifying key

elements that it considered best practices when dealing with individuals in crisis, ie. situations where an individual's safety and health are threatened by behavioral health challenges -- including mental illness, developmental disabilities, substance use or overwhelming stressors.

- Sub-committee meetings were held on a monthly basis to analyze, review and discuss both the CDP present policies, as well as the guidance that CIT policies from the various jurisdictions provided. As a result many draft policies were created, discussed, modified and eventually submitted to the public for review and comment.
- In March, 2016, the Policy sub-committee, in conjunction with the Community Outreach sub-committee, sought community input to help draft the policies. An online survey was conducted which collected approximately 200 responses and three public forums were held to elicit public comment. In addition to the public feedback, the CDP also elicited feedback from its officers pertaining to handling individuals in crisis. Feedback from the community forums, the online community survey and the officer survey were subsequently incorporated into the draft policies. Several rounds of review and modifications were made by the sub-committee. The first draft of the policies were provided to the Settlement Agreement Monitoring Team for feedback and modifications.
- Once the Monitoring Team reviewed and made recommendations, the Policy sub-committee, once again in conjunction with the Community Outreach



William M. Denihan (front), CEO of the ADAMHS Board of Cuyahoga County talks about the importance of new CIT policies open for public feedback on November 28, 2016. Mr. Denihan was joined by Joellen O'Neill, Deputy Chief, and Captain James Purcell, CIT Coordinator, Cleveland Division of Police. (Photo courtesy of City of Cleveland)

Sub-committee sought community input pertaining to the policy recommendations. Two community forums were held and feedback was elicited on December 13, 2016. The feedback was then discussed by the Policy sub-committee and community recommendations were incorporated into the three final draft policy recommendations that were submitted to the Monitoring Team on January 9, 2017. The Monitors approved the final drafts and submitted the policies on January 19, 2017 to the federal court in Cleveland.

Training Sub-committee

- The 8-Hour Crisis Intervention Team Training curriculum, including lesson plans and PowerPoint presentations along with recommendations from the MHRAC Training sub-committee, was developed and submitted to the Monitoring Team in October 2016. A significant amount of feedback was received from the Monitors and the sub-committee has been working to provide modified content for the Mental Illness Overview portion and to a lesser extent the remaining three modules of the 8-Hour course. A new draft PowerPoint, lesson plan and instructor's manual are being reviewed by the sub-committee. Plans are also in place for further modification of the other modules.
- A draft of the 8-Hour Crisis Intervention Training for Call-Takers, Dispatchers and Supervisors was submitted to the Monitoring Team on September 23.
- A request for a 30-day deadline extension on the submission of the 40-Hour Specialized Crisis Intervention Team Training was submitted by the MHRAC and was approved by the Monitoring Team. Therefore, on October 14, 2016, a first-draft version of the 40-Hour Specialized Crisis Intervention Training curriculum was sent to the monitors. We are awaiting feedback and anticipate having additional work to finalize the training.

Mental Health Co-Responder Team

- Through a \$200,000 Federal grant to the City of Cleveland and \$260,000 in funding from the ADAMHS Board of Cuyahoga County, FrontLine Service is partnering with the Cleveland Division of Police in a Co-Responder pilot program that consists of two mental health workers and two CIT police officers.
- This Team was implemented in June 2016 to specifically address individuals experiencing a mental health crisis that come into contact with the 2nd District of the Cleveland Division of Police. The Team responds to calls including, but not limited to calls involving individuals known to have a mental illness who are experiencing a crisis, individuals displaying behavior indicative of mental illness, suicide attempts or threats or calls in which individuals may be experiencing emotional trauma. The goals of this pilot program are:
 1. Increase in the number of times that a mental health professional is able to be on the scene to assist police officers with a mental health client.
 2. Reduction in the number of repeat calls by or on behalf of repeat clients by linking clients with community services.
 3. Reduction in the incidence of use of force by officers during mental health related calls.
 4. Improving the rate and accuracy of data collection related to mental health calls to police.
- Although not part of the Settlement Agreement, the MHRAC decided to include the Co-Responder Team as part of its 2016 Work Plan because of its connection with CIT. The MHRAC has agreed to share outcomes of the pilot program.
- Since June 2016, the team has documented involvement in 385 separate client contacts with CDP officers. Of the 385 contacts, 345 were with distinct individuals. Twenty-five clients have had more than one contact totaling 65 contacts, with 10 individuals having three or more contacts.
- 45% of referrals came from a follow-up to a CIT Stat Sheet, while 41% came directly from dispatch. Forty-six per cent of the contacts involved an individual with suicidal ideations, while 25% involved disruptive behavior.
- When the Co-Responder Team responded to a request, clients were transported to St. Vincent Charity Psychiatric Emergency Department 48.4% of the time, compared to 98.3% of the time when the Co-Responder Team was not involved.
- When Co-Responder Team is on the scene with officers, the client was linked to services 47.8% of the time.

Community Involvement/Engagement Sub-committee

- The Community Involvement/Engagement Sub-committee facilitated three community meetings/focus groups in collaboration with the Policy Review Sub-committee on March 16, 19 & 23, 2016 to gain feedback from the community in the form of a Needs Assessment seeking input from the public on “crisis situations” that was used to help develop draft police CIT policies.
- The sub-committee also developed an online survey for individuals who could not participate in one of the community meetings. The survey was published in both English and Spanish.
- Responding to community and officer suggestions, the sub-committee developed CDP Community Resource Cards tailored to each District so that officers know the resources that are available in their community.
- On December 13, 2016, the committee organized and facilitated two public forums - one on the East Side and one on the West Side - so that the community could provide input on the drafts of the CIT Program, CIT Response and CIT Definition policies. Recommendations from the forums were included in the final draft of the policies that were submitted to the Monitoring Team.

Emergency Behavioral Health Resources

The following resources are available 24/7 for emergency situations that might require the assistance of mental health, addiction, or other non-law enforcement professionals.

Emergency Crisis Services	Rape & Sexual Assault
<p>(216) 623-6888</p> <p>24-Hour Suicide Prevention, Mental Health & Addiction Crisis, Information & Referral Line for Adults & Children</p>	<p>(216) 619-6192</p> <p>Cleveland Rape Crisis Center Crisis Hotline</p>
Domestic Violence	Psychiatric Emergency
<p>(216) 391-4357</p> <p>Domestic Violence & Child Advocacy Center HelpLine</p>	<p>24-hour emergency psychiatric departments</p> <p>(216) 636-2538</p> <p>St. Vincent's Psychiatric Emergency Department 2351 East 22nd Street</p> <p>(216) 791-3800</p> <p>Louis Stokes VA Medical Center's Psychiatric Emergency Department 10701 East Boulevard</p>
United Way's Help Center	
<p>Dial 211</p> <p>One-stop, comprehensive information about social, health, and government resources.</p>	

Homeless Services

EVERYONE on Weekdays from 8:00 AM to 8:00 PM

Everyone: Go to Central Intake at Frontline Service for men, women, & families.

Central Intake @ FrontLine
(216) 674-6700
1736 Superior Ave., 2nd Fl.
Mon. to Fri.: 8AM to 8PM

Men, Women, & Families after 8:00 PM on Weekdays or on Weekends

Men: Go to the *2100 Lakeside Men's Shelter*, located at 2100 Lakeside Avenue, Cleveland 44103.

Women: Go to the *Norma Herr Women's Shelter*, located at 2227 Payne Avenue, Cleveland 44114

Families: Call 211. They will connect you with a place to stay.

Updated 10-11-16.

For more resources, visit www.adamhsc.org.

First District Community Behavioral Health Treatment, Services, & Resources		West Side Veterans Resources
<p>Green... mental health services at this site</p> <p>Blue... addiction services at this site</p>	<p>Purple... mental health and addiction services at this site</p>	<p>CALL LINES</p> <p>Veterans Crisis Hotline T: 1-800-273-8255 x1 Text: 838255</p> <p>Combat Veterans Hotline T: 1-877-927-8387</p> <p>Veteran's WARM Line T: 1-877-838-2832</p> <p>VA Call Center for Homeless Veterans T: 1-877-424-3838</p> <p>VET CENTERS</p> <p>Louis Stokes Cleveland VA Medical Center—Parma Outpatient Clinic T: (216) 739-7000 8787 Brookpark Road Parma 44129 8 AM – 4:30 PM</p> <p>Louis Stokes Cleveland VA Medical Center—McCafferty Outpatient Clinic T: (216) 939-0699 4242 Lorain Avenue CLE 44113 8 AM – 4:30 PM</p> <p>Parma Vet Center T: (440) 845-5023 5700 Pearl Road, Ste. 102 Parma 44129 M, W, F: 8 AM – 4:30 PM T, Th: 8 AM – 7 PM</p> <p>Cuyahoga County Veterans Service Commission T: (216) 698-2600 849 Prospect Avenue CLE 44115 8 AM – 4 PM</p>
<p>Applewood Centers, Inc. Gerson School & Children's Aid Society Campus 10427 Detroit Avenue T: (216) 694-7200 T: (216) 521-6511</p> <p>The Centers for Families & Children West 3929 Rocky River Drive T: (216) 432-7230</p> <p>Emerald Development & Economic Network, Inc. (EDEN) 7812 Madison Avenue T: (216) 961-9690</p> <p>Future Directions 11511 Lorain Road T: (216) 251-8265</p>	<p>Murtis Taylor West Side 9500 Detroit Avenue T: (216) 283-4400</p> <p>Options for Families & Youth 5131 West 140th Street T: (216) 267-7070</p> <p>Positive Education Program Hopewell School 11500 Franklin Boulevard T: (216) 227-2730</p>	
National Alliance for Mental Illness (NAMI)		
<p>Non-crisis Information, Education, & Referrals (216) 875-7776 M – F: 9 AM – 5 PM</p>	<p>Non-Crisis National Line (800) 950-NAMI (6264) M – F: 10 AM – 6 PM</p>	
First District Community-Police Relations Committee		
<p>First Thursday of each month 7 PM to 8 PM St. Ignatius of Antioch Church 10205 Lorain Avenue CLE 44111</p>		

This is a sample of the Community Resource Cards for the officers of the CDP. All cards include contact information for 24-hour emergency behavioral health services throughout Cuyahoga County, as well as resources that are specific to each district.

Diversion Sub-committee

- The Diversion sub-committee met nine times in 2016 and focused on its member-defined mission of exploring ways to maximize diversion from the judicial system for individuals struggling with mental health challenges or experiencing a mental health crisis. During the course of these meetings, the sub-committee completed a process mapping activity to identify diversion activities already in existence and made the following recommendations for further meetings/activities:

- ♦ Closely monitor the Co-Responder Pilot Program, a partnership between the CDP in the 2nd District with licensed clinicians -- when requested by the CDP -- to assist in responding to situations in the community involving individuals who may be experiencing mental health challenges.
- ♦ Utilize the data captured by the CDP through the CIT Stat Sheets and clinicians involved in the pilot project to better understand the characteristics and needs of individuals and families needing involvement from the CDP.
- ♦ Focus on assessment activities to determine the capacity of community behavioral health agencies, resources and programming to respond to the needs of individuals needing to connect/reconnect to mental health and/or addiction services following contact with the CDP.

Data Sub-committee

- The Data Sub-committee redesigned the CIT Officer Incident Report Form (Stat Sheet) that was submitted to the DOJ Monitoring Team for approval. Although the new form has not yet been implemented, the sub-committee has continued to collect baseline Crisis CIT data to track improvements in handling calls involving individuals experiencing a behavioral health crisis.
- The ADAMHS Board of Cuyahoga County received the current CIT Stat Sheets from the CDP on a monthly basis. The CIT Stat Sheets are completed by the officers who respond to what is identified as a Mental Health Crisis Call.
- The ADAMHS Board conducted a preliminary review of the 2014-2015 data to provide a baseline of the encounters. This process has been repeated and the aggregate data is presented on the following pages of this report. *It should be noted that this data*

tracks encounters and does not provide unduplicated data regarding individuals.

- The ADAMHS Board also has both enrollment and service claims data, where clients have been seen by agencies funded by the Board. Information regarding clients involved in CIT calls is used by the Board to determine whether particular clients might have become disengaged from the mental health and addiction treatment and recovery system. This information is used to ensure the individuals are re-engaged in service.
- The Data sub-committee received guidance from the Monitoring Team regarding suggestions for revising the CIT Stat Sheet to best comply with the Agreement. The sub-committee made suggestions for potential revisions to data collection by the CDP. The CDP has data from all crisis calls in the form of both Crisis Intervention Reports and CIT Stat Sheets. Moving forward, the CDP will consolidate information collected on both the Crisis Intervention Reports and the CIT Stat Sheets.
- The Data sub-committee recommends that officers be given an option to note the final disposition of a call, since frequently a call identified as Crisis Intervention at the outset turns out not to involve a behavioral health crisis.
- Once the Crisis Intervention Report format draft is finalized, all MHRAC sub-committees will be given a chance to review. The keys to success in using the new format will be in ensuring that:
 - ♦ Each element of data on the form is precisely defined to eliminate confusing or inaccurate information.
 - ♦ All officers will be thoroughly trained on completing the form.
 - ♦ All officers will complete the form for all Crisis Intervention situations.
 - ♦ All forms will be reviewed for completeness and accuracy.
 - ♦ CIT Stat Sheets will be reconciled with Mental Health Calls in the CDP system.
- The CDP intends to hire a Data Analyst. Working together with the CIT Program Officer from the ADAMHS Board, data analysis over time will help reveal patterns of calls and responses and demonstrate the difference in the outcome in Crisis Intervention situations in which the Specialized CIT Officers are involved.

Summary of CIT 2016 Data: Analysis and Recommendations

- There has not been significant changes between the 2015 and 2016 data. *It should be noted that these sheets only represent approximately 10% of all calls so we must be careful in drawing conclusions.* The number one priority of the Data sub-committee in 2017 is to increase the number of completed CIT sheets in order to get a more comprehensive picture.

Of the 789 forms received from 10/1/2015 – 10/31/2016:

- ♦ 222 (28%) originated from family.
- ♦ 101 (10.5%) from EMS.
- ♦ 298 (35%) came from other sources.
- ♦ 215 (31 %) involved mental illness.
- ♦ 15 (2%) involved threats. (substantial decrease)
- ♦ 208 (30%) involved suicide. (substantial increase)
- ♦ 18 (3%) involved addiction/overdose. *Note: This stat does not include heroin overdoses.*

Recent calls for adults show more calls involving suicide and mental illness. This continues to suggest that increased education of the public and outreach to families is critical.

Calls specifically for juveniles under 18 years of age included 30 involving suicide attempts, 17 involving suicide threats, 17 domestic violence, 5 Crisis Intervention and 9 Mental Illness. This continues to suggest that special attention should to be given to working with youth in CIT.

Verbal De-escalation and Use of Force:

- ♦ Verbal De-escalation was achieved in 587 (74%) of the cases.
- ♦ Excluding handcuffs, use of force was reported in 6 (less than 1%) of the cases.
- ♦ No client injuries were reported in 711 of the cases (90%).
- ♦ No officer injuries were reported in 787 of the cases (99.7%) and not identified in 146 (14%).

This suggests that based on the completed sheets we have received so far, CIT Officers are successful in the majority of their encounters with citizens with mental illness. Once again the goal is to have a CIT sheet completed for 100% of the mental health calls received in the future.

Disposition of Calls:

- ♦ Only 2 of the calls resulted in arrest.
- ♦ Use of non-deadly force was employed in only 1 of the cases.
- ♦ 219 (28%) were voluntarily taken to St. Vincent Charity Hospital Psychiatric Emergency Room.
- ♦ 303 (38%) were voluntarily taken to private hospitals.
- ♦ EMS handled 138 (18%) of the calls.
- ♦ Mental Health Service Referrals were made for 2 of the cases.
- ♦ Addiction Service Referrals account for 3 of the cases.

As noted above, this suggests that based on the completed sheets received so far, CIT Officers are successful in the majority of their encounters with citizens with mental illness.

CDP Transportation:

- ♦ 226 (27%) cases were transported to St. Vincent Charity Hospital.
- ♦ 107 (14%) Not indicated.
- ♦ 83 (11%) to University Hospital.
- ♦ 70 (9%) to Lutheran Hospital.
- ♦ 66 (8%) to MetroHealth Medical Center.
- ♦ 57 (7%) to Fairview Hospital.

Profile of Citizens:

- 756 (96%) were residents of Cleveland.
- 442 (56%) were Male and 342 (43%) Female.
- 511 (65%) were between the ages of 26 to 64.
- 123 (16%) were between the ages 18 to 25.
- 100 (13%) were between the ages of 0 to 17.

Once again, this continues to suggest that special attention should to be given to working with youth in CIT.

Cleveland Division of Police City-Wide CIT Staffing Plan

- As part of the Monitoring Plan, the CDP and the MHRAC are to evaluate if the CDP has a sufficient number of Specialized CIT Officers, if the CIT Specialized Officers are deployed effectively and if the CIT Specialized Officers and Dispatchers are appropriately responding to people in crisis.
- Although the 40-Hour Crisis Training for Specialized Officers will not be complete and implemented until early 2017, per the Monitoring Team, the CDP provided a CIT Staffing Plan that indicates the number of patrol officers and CIT Officers - trained under the previous program - in each district as of the end of 2016.

District	Platoon	Patrol Officers	CIT Officers	% of CIT Officer
1	A	22	8	37%
	B	35	12	35%
	C	32	11	35%
2	A	36	12	34%
	B	49	17	35%
	C	38	13	35%
3	A	29	10	35%
	B	48	16	34%
	C	36	12	34%
4	A	40	14	35%
	B	59	20	34%
	C	41	14	35%
5	A	33	11	34%
	B	41	14	35%
	C	29	10	35%
Totals		568	194	35%

Acknowledgements

Mr. Denihan, Mr. Eckart and Captain Purcell are submitting this report on behalf of the entire Mental Health Response Advisory Committee and thank all members, especially the Sub-committee Chairs and Co-chairs, for their hard work and dedication. A Mental Health Response Advisory Committee membership roster and a list of Sub-committee Chairs and Co-chairs are included in this report.

The Mental Health Response Advisory Committee also thanks the Settlement Agreement Monitors Matthew Barge, Vice President & Deputy Director of the Police Assessment Resource Center, and Randolph Dupont, Ph.D., Professor and Clinical Psychologist at the University of Memphis, for their collaboration, technical assistance and consultation.

The committee also expresses a special thanks to Heather Tonsing Volosin, Assistant United States Attorney.

The Police Assessment Resource Center, selected by the City of Cleveland to monitor the progress of the Settlement Agreement, has stated once again that they are pleased with the progress being made by the MHRAC. William M. Denihan, Edward Eckart, Jr., and Captain James Purcell credit the outstanding work and dedication of the sub-committees for the outstanding work product completed to date.



(Above Photo) Judge Hollie Gallagher, Co-Chair of the Policy Sub-committee (center) spoke about the draft policies during the evening community meeting on December 13, 2016 at Urban Community School. Also on the panel were (l-r) Joellen O'Neill, CDP Deputy Chief; Carole Ballard, ADAMHS Board CIT Program Officer; William M. Denihan, ADAMHS Board CEO and Randy Dupont, Ph.D., from the Monitoring Team. (Photo Left) Gabriella Celeste discussed the draft policies at the community meeting held at Murtis Taylor Center earlier in the day.

Summary and Comparison of the CIT Stat Sheet Data for 2015 and 2016

- Data Timeline: September 2015 to October 31, 2016
- Cleveland Division of Police - Communications Control Section
- Mental Health Related Incident/Call Data: September 1, 2015 to September 30, 2016

All Incoming Calls to Cleveland Division of Police:

Telephone #	911	621-1234
Count	510,098	342,291

911 Calls by District:

Dist 1	Dist 2	Dist 3	Dist 4	Dist 5	Other*	Total
73,986	97,362	92,121	101,196	73,385	11,711	449,761

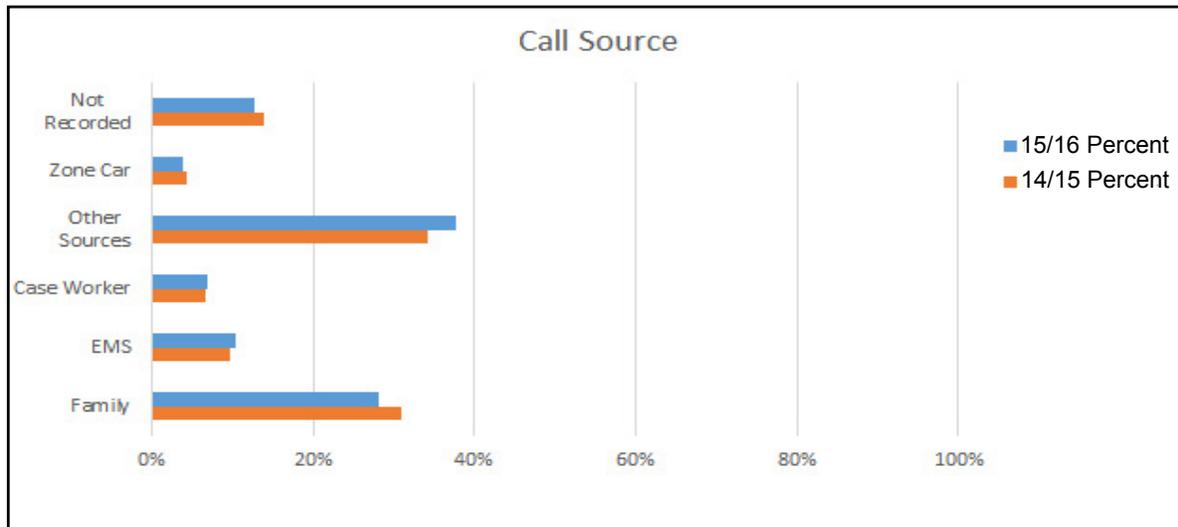
Mental Health Incidents by District:

*Note: Created refers to calls to the 911 operator that were solved without sending a patrol car.
 Dispatched are the calls where a CIT Officer was dispatched to the scene.*

	Dist 1	Dist 2	Dist 3	Dist 4	Dist 5	Other*	Total
Created	1,419	1,828	1,631	1,599	1,091	52	7,620
Dispatched	1,282	1,625	1,428	1,410	1,004	9	6,783

Call Source	1/1/2014 - 9/30/2015		10/1/2015 - 10/31/2016	
	Count	Percent	Count	Percent
Family	322	30.9%	222	28.1%
EMS	101	9.7%	83	10.5%
Case Worker	69	6.6%	54	6.8%
Other Sources*	357	34.2%	298	37.8%
Zone Car	46	4.4%	30	3.8%
Not Recorded	145	13.9%	101	12.8%

* Other sources include neighbors, people observing behaviors, walk-ins to police stations, etc.



There were only minor changes over time regarding the source of the calls. This suggests that increased education of the public and outreach to families continues to be critical.



Members of the community review and offer suggestions on the draft CIT policies on December 13, 2017, at the Murtis Taylor Human Services System.

Summary and Comparison of the CIT Stat Sheet Data for 2015 and 2016

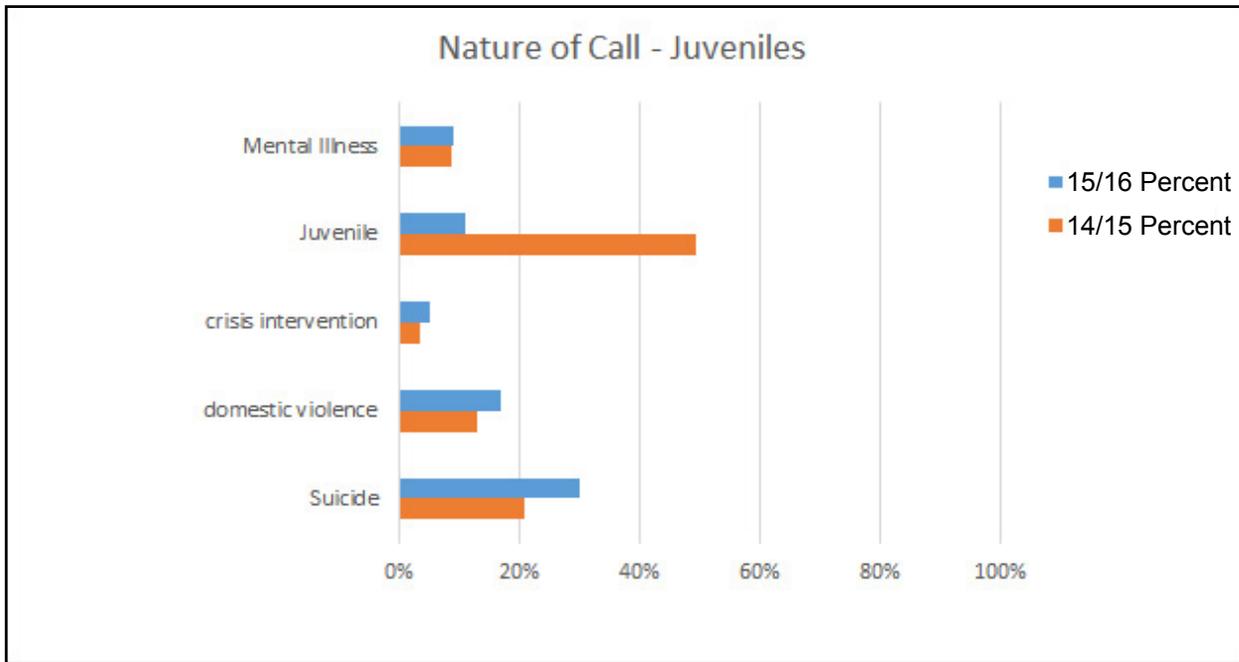
Calls by District:

The counts below are summarized from the CIT Stat Sheets sent to the ADAMHS Board from 1/1/2014 – 9/30/2015, and 10/1/2015 – 10/31/2016 time periods. Some Stat Sheets did not have officer names or badge numbers or were not readable as indicated in the table below.

		District 1	District 2	District 3	District 4	District 5	Missing or Unmatched Badge Number	Total
1/1/2014 - 9/30/2015	Sheet Count	259	111	28	220	151	274	1043
10/1/2015 - 9/31/2016	Sheet Count	167	60	22	100	162	278	789
	Total	426	171	50	320	313	552	1832

		District 1	District 2	District 3	District 4	District 5	Missing or Unmatched Badge Number	Total
1/1/2014 - 9/30/2015	Officer Count	43	26	14	50	47	103	283
10/1/2015 - 9/31/2016	Officer Count	32	15	15	27	37	109	235
	Total	75	41	29	77	84	212	518

Nature of Call - Adults	Count	Percent	Count	Percent
Involved Mental Illness	255	24.4%	215	31.2%
Involved Threats to Others	144	13.8%	15	2.2%
Involved Suicide Threats	89	8.5%	208	30.2%
Involved violence, DV, or domestic	41	3.9%	18	2.6%
Involved Addiction/Overdose	36	3.5%	68	9.9%
Psych	32	3.1%	10	1.5%
Crisis	24	2.3%	18	2.6%
Family	13	1.2%	2	0.3%
Cut	11	1.1%	5	0.7%



Calls for juveniles were centered around suicidal issues and domestic violence.

	1/1/2014 - 9/30/2015		10/1/2015 - 10/31/2016	
Verbal De-escalation and Use of Force	Count	Percent	Count	Percent
Verbal De-escalation	809	77.6%	587	74.4%
Use of force	9	0.9%	6	0.8%

Verbal de-escalation continues to be a priority and use of force remains extremely low for reported calls.

Summary and Comparison of the CIT Stat Sheet Data for 2015 and 2016

	1/1/2014 - 9/30/2015		10/1/2015 - 10/31/2016	
Client Gender	Count	Percent	Count	Percent
Female	429	41.1%	342	43.3%
Male	616	59.1%	442	56.0%
Unknown Gender	3	0.3%	5	0.6%

	1/1/2014 - 9/30/2015		10/1/2015 - 10/31/2016	
Client Age	Count	Percent	Count	Percent
Ages 0 - 17	116	11.1%	100	12.7%
Ages 18 - 25	228	21.9%	123	15.6%
Ages 26 - 64	668	64.0%	511	64.8%
Ages > 64	33	3.2%	24	3.0%
Age Unknown	3	0.3%	31	3.9%

Disposition of Calls	1/1/2014 - 9/30/2015		10/1/2015 - 10/31/2016	
	Count	Percent	Count	Percent
Voluntarily taken to Private Hospital	423	40.6%	303	38.4%
Voluntarily taken to St. Vincent Charity Hospital Psychiatric Emergency Room	262	25.1%	219	27.8%
Other	198	19.0%	0	0.0%
Mental Health Services Referral	178	17.1%	2	0.3%
EMS Handled Call	159	15.2%	138	17.5%
Pink Slipped to St. Vincent	84	8.1%	5	0.6%
Pink Slipped to Private Hospital ER	62	5.9%	7	0.9%
Addiction Services Referral	36	3.5%	0	0.0%
Use of Non-deadly force	14	1.3%	7	0.9%
Arrest	12	1.2%	2	0.3%



With the help from a federal grant to the City of Cleveland and funding from the ADAMHS Board of Cuyahoga County, FrontLine Service is partnering with the Cleveland Division of Police in a Co-Responder pilot program that consists of two mental health workers and two CIT police officers. This Team was implemented in June 2016 and responds to calls in Cleveland's 2nd District involving individuals known to have a mental illness who are experiencing a crisis, individuals displaying behavior indicative of mental illness, suicide attempts or threats. See page 4 for more information.

Report Conclusion

Calendar Year 2016 has proven once again that the behavioral health community has taken its charge seriously to work with the City of Cleveland, the CDP and the Monitoring Team to meet the obligations of the MHRAC as outlined in the Settlement Agreement. The ADAMHS Board of Cuyahoga County and the MHRAC members are considering the MOU with the City as equally as important as the Agreement and is using both documents as a roadmap to guide its activities.

At its meeting on January 9, 2017, MHRAC members reviewed the 2016 Crisis Work Plan and noted that most of its goals were met or significantly underway. The committee is appreciative of the support of the Monitoring Team and the flexibility for the MHRAC to elaborate on the plan and offer new/updated timelines.

The community can rest assured that the MHRAC will continue to be collaborative, transparent and active with the CDP, the Monitoring Team and the community. We look forward to developing our Work Plan for 2017 to meet the goals that will be set in the Second Year Monitoring Plan.



William M. Denihan, CEO, ADAMHS Board of Cuyahoga County (seated, center) and Captain James Purcell, CIT Coordinator, Cleveland Division of Police (standing back row center), with graduates from the ADAMHS Board of Cuyahoga County CIT program.

For more information on the Mental Health Response Advisory Committee that was created as part of the Settlement Agreement between the City of Cleveland and the United States Department of Justice, please visit www.adamhsc.org.

Mental Health Response Advisory Committee Membership Roster as of 12/31/16

William M. Denihan, Chair**

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Carole Ballard**

Forensic Specialist
ADAMHS Board of Cuyahoga County

Michael Baskin**

Executive Director
NAMI Greater Cleveland

Doreen Berts

CEO
Informing Our Children, Inc.

Eugenia Cash**

ADAMHS Board Chair
EDUCATOR: Manager
Humanware/SEL Administrator
External Supports
Cleveland Metropolitan School District

Gabriella Celeste**

Policy Director
Co-Director, Childhood Studies Minor
Schubert Center for Child Studies
Case Western Reserve University

Richard Cirillo, Ph.D. **

Chief Clinical Officer
Cuyahoga County Board of
Developmental Disabilities

Rosemary Creeden

Associate Director
of Trauma Services
Frontline Services

Sergeant Melissa Dawson**

Employee Assistance Unit
Department of Public Safety

Duana Deskins

Assistant Prosecutor
Cuyahoga County Prosecutor's Office

Mike Evanovich

Investigator
US Department of Justice

Judge Hollie L. Gallagher**

Cuyahoga County
Court of Common Pleas

John Garrity, Ph.D. **

Director of QI/Evaluation & Research
ADAMHS Board of Cuyahoga County

Ruth Gillett

Manager
Cuyahoga County
Office of Homeless Services

Rev. Benjamin F. Gohlstin, Sr. **

ADAMHS Board
United Pastors in Mission

Yolanda Gordan

Probation Officer
Cleveland Municipal Court

Valeria Harper**

Vice President of Operations
ADAMHS Board of Cuyahoga County

Larry Heller**

Advocate &
Greater Cleveland Congregations

Vincent Holland

Advocate

Pythias D. Jones, MD

Addiction Psychiatrist
2nd Vice-Chair, ADAMHS Board of
Cuyahoga County

Leslie Koblentz, MD

MetroHealth Correctional Health
Program
Cuyahoga County Sheriff's Dept.

Thomas Minshull

United Way
Behavioral Health Specialist

Marsha Mitchell-Blanks

Program Director
NAMI Greater Cleveland

Derek Moore

Coordinator
Cleveland Municipal Court
Probation Department
Veterans Treatment Specialized
Docket

Mark Munetz, MD**

The Margaret Clark Morgan
Foundation
Endowed Chair in Psychiatry
Northeast Ohio Medical University
Ohio Criminal Justice Coordinating
Center of Excellence

Maria Nemec

Chief Probation Officer
Cuyahoga County
Common Pleas Court
Adult Probation Department

Susan Neth**

Executive Director
FrontLine Service,

Deputy Chief Joellen O'Neill**

Cleveland Division of Police

Scott Osiecki**

Chief of External Affairs
ADAMHS Board of Cuyahoga County

Rosie Palfy

Community Homeless Advocate
Cuyahoga County Office of Homeless
Services Advisory Board

Jade Pas-Jensen, LISW

Greater Cleveland Congregations

**** Indicates
Executive Committee Member**

Judy Peters**

Interim Executive Director
INMotion

Yvonne Pointer**

Project Director
City Of Cleveland

Stephania Pryor

Cuyahoga County
Deputy Chief Probation Officer

Ellen Riehm

Community Education Coordinator
NAMI Greater Cleveland

Erica Robinson

Volunteer Education Services

Charles See**

Executive Director
Lutheran Metropolitan Ministry
Community Re-entry

Tej Singh

Community Business Owner

Kathleen Stoll

Advocate

Judge Joan Synenberg**

Cuyahoga County
Court of Common Pleas

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Cuyahoga County Sheriff's Dept.

Alethea Thomas

Volunteer Education Services

Heather Tonsing Volosin

Assistant United States Attorney

Judge Greg White**

Consent Decree Coordinator
City of Cleveland

Michael Woody**

President
CIT International Inc.
Ohio Criminal Justice Coordinating
Center of Excellence

**** Indicates**

Executive Committee Member

**Cleveland Community Police
Commission Liaison:**

Kathleen Clegg, MD

Associate Professor of Psychiatry
University Hospitals Cleveland
Medical Center
Medical Director, Recovery
Resources

2016 MHRAC Contributors:

Mary Bazie

Jennifer Blumhagen

Reginald C. Blue, Ph.D.

Dave Carroll

Joan Hinkelman

Lori Locke

Janet Montoya

Kyle Miller

Tyrone Shabazz

Edward L. Stockhausen

Mental Health Response Advisory Sub-committee Chairs & Co-Chairs

Executive Committee

William M. Denihan, Chair
Chief Executive Officer
ADAMHS Board of Cuyahoga County

Edward Eckart, Jr. Co-Chair
Assistant Director of the Cleveland
Department of Public Safety

James Purcell, Co-Chair
Captain, CIT Coordinator
Cleveland Division of Police

Community Involvement/Engagement:

Judy Peters, Chair (12/1/16 – present)

Edward L. Stockhausen, Past Chair (1/1/16 – 11/30/16)

Erica Robinson, Co-Chair
Volunteer Education Services

Data:

John Garrity, Ph.D., Chair
Chief Quality Officer
ADAMHS Board of Cuyahoga County

Deputy Chief Joellen O’Neill, Co-Chair
Cleveland Division of Police

Diversion:

Susan Neth, Chair
Executive Director
FrontLine Service

Maria Nemec, Co-Chair
Chief Probation Officer
Cuyahoga County Common Pleas Court Adult Probation Department

Policy Review:

Gabriella Celeste, Co-Chair
Policy Director
Co-Director, Childhood Studies Minor
Schubert Center for Child Studies
Case Western Reserve University

Judge Hollie L. Gallagher, Co-Chair
Cuyahoga County
Court of Common Pleas

Training:

Richard Cirillo, Ph.D., Chair (10/1/16 – present)
Chief Clinical Officer
Cuyahoga County Board of Developmental Disabilities

Kyle Miller, Past Chair (1/1/16 – 9/30/16)

Sargent Melissa Dawson, Co-Chair
Officer-in Charge Employee Assistance Unit
Cleveland Division of Police

City of Cleveland
Mental Health Response Advisory Committee
2016 Report
January 31, 2017

*This report was prepared by the ADAMHS Board of Cuyahoga County
on behalf of the City of Cleveland Mental Health Response Advisory Committee
in accordance with the Memorandum of Understanding .*