Mental Health Response Advisory Committee Meeting  
Monday, June 12, 2017  
ADAMHS Board of Cuyahoga County

Present: Co Chairs: Ed Eckhart, City of Cleveland and Captain James Purcell, Cleveland Division of Police

Committee Members: Carole Ballard, ADAMHS Board; Gabriella Celeste, Case Western Reserve University; Mike Evanovich, Department of Justice; Larry Heller, Greater Cleveland Congregations; John Garrity, ADAMHS Board; Shannon Jerse, Saint Vincent Charity Hospital; Derek Moore, Cleveland Municipal Court; Susan Neth, Frontline Services; Judy Peters, advocate; Carolyn Sweden, Cleveland VA; Rosie Palfy, advocate

Monitor for City of Cleveland: Dr. Randy Dupont

Guests:  Samantha Reed, Community Advocate  
Carry Kleinschmidt, Board of Developmental Disabilities  
Karen Kearney, Mental Health Advisory Coalition

MHRAC Member on the telephone: Dr. Leslie Koblentz, Cuyahoga County Jail

Ed Eckhart opened the meeting at 9:06 a.m. The MHRAC members reviewed and approved the minutes from April 10, 2017.

Second Year Monitoring Plan:

- Discussion regarding the Process for MHRAC approval prior to submission to the Monitors, DOJ and City of Cleveland.
  
  During the MHRAC retreat, Training Committee raised their concern regarding how to get approval from MHRAC members in order to submit to the Monitors and all legal parties in a timely manner. Concern raised that there have been times in which MHRAC members were in agreement on a work product, then another MHRAC member may want to add and or change the document thus necessitating a return of the entire to the whole committee.

  Lengthy discussion regarding how the Eight Hour Training was facilitated, communicated and decisions made. Agreement by others regarding the need to streamline the review process of work products in order to avoid waiting for the monthly MHRAC meetings for full discussion but also allow for MHRAC input into the process.

  After much discussion the Committee reviewed the following motion:
  “An email to be sent to all MHRAC Members identified as Decision Alert with a Red Flag. Any and all feedback on an attached document and or need for decision by MHRAC membership must respond within three (3) business days to the facilitator of the email and or Decision Alert. The facilitator of the email and or Decision Alert will review feedback and make changes accordingly.”

Revised Additional Discussion to the Minutes as per R. Palfy on July 10, 2017:

Palfy raised three issues that she wanted reflected in the minutes
• Issue: The process in which work product-ie the Eight Hour In Service Training was being reviewed and approved by MHRAC.
• Issue: Members are not getting all the materials in a timely matter. Not able to review the edits to determine what pieces have been edited and or changed.
• Issue: Member feedback to documents being sent. Unclear if and how all feedback is incorporated. Poor communication.

Motion was approved by all.

Dr. Dupont indicated that work products developed and approved by MHRAC does not mean approval from the Monitors and all other parties. Monitor and parties will review feedback from the Committee Facilitator prior to submission to the entire MHRAC in order to reduce the back and forth process.

MHRAC reviewed the following areas of the Second Year Work Plan:

• CIT Assessment of Number of CIT Officers: Revise dates in plan to reflect dissemination of documents to Monitors and all parties-Captain Purcell; then send document to MHRAC by June 22nd for review.

• CIT 40 Hour Training: Carole to review with Dr. Cirillo to flesh out the process and then review with Training Committee regarding the timeline and work products.

• CDP Selection of Specialized Officers: Revise dates in plan to reflect dissemination of documents to Monitors and all parties-Captain Purcell; then send documents for MHRAC by June 22nd.

• CIT Annual Crisis Plan: Revise dates as per discussion.

• Quality Assurance Committee: Data and Policy Members to merge as a Committee to review the existing data for the purpose of analysis on next steps. Separate Community Clinical Review Committee to be formed to look at the broader issues related to access, client care, etc. More discussion may be needed on these areas.

• Diversion: No discussion.

• Community Engagement: Committee is meeting after MHRAC today for review of the work products; future work, etc.

Open Discussion: None

Meeting adjourned at 10:35