

Mental Health Response Advisory Committee Meeting Highlights
Monday, January 9, 2017
ADAMHS Board of Cuyahoga County

Present: Co-Chairs: William M. Denihan & Captain James Purcell

Committee Members: **Yolanda Armstrong**, Big Brothers/Big Sisters; **Carole Ballard**, ADAMHS Board; **Marsha Blanks**, NAMI; **Richard Cirillo, PhD**, Cuyahoga County Board of Developmental Disabilities; **Gabriella Celeste**, Case Western Reserve University; **Mike Evanovich**, Department of Justice; **Tara Foxworth**, Hitchcock House; **Vincent Holland**, Advocate; **Judge Hollie Gallagher**, Cuyahoga County Common Pleas Court; **John Garrity**, ADAMHS Board; **Yolanda Gordon**, Cleveland Municipal Court; **Larry Heller**, Cleveland State University; **Shannon Jerse**, St. Vincent Charity Hospital; **Pythias D. Jones, M.D.**, ADAMHS Board of Director; **Deputy Chief Joellen O’Neill**, Cleveland Division of Police; **Derek Moore**, Cleveland Municipal Court; **Susan Neth**, Frontline Services; **Scott Osiecki**, ADAMHS Board; **Rosie Palfy**, Advocate; **Jade Pas-Jensen**, Concerned Citizen & Greater Cleveland Congregations; **Tej Singh**, Concerned Citizen & Business Owner; **Judge Joan Synenberg**, Cuyahoga County Common Pleas Court; **Carolyn Szweda**, Cleveland VA Center; **Heather Tonsing Volosin**, Department of Justice; **Judge Greg White**, City of Cleveland; **Mike Woody**, CIT International.

Community Police Commission Liaison: **Kathleen Clegg, MD**, University Hospitals

Cleveland Monitoring Team: **Charles See**, Lutheran Ministries

MHRAC Members on the Telephone: **Randy Dupont, Ph.D.**, Monitor
Kathleen Stoll, Community Advocate
Leslie Koblenz, M.D., Cuyahoga County Corrections Center

Guests: **Rico Dancy**, Community Advocate
Rev. Pamela Pickney-Butts, Community Advocate

Guests on the Telephone: **Samantha Reid**, Community Advocate

Mr. Denihan opened the meeting at 9:11 a.m. The December 12, 2016 meeting summary was reviewed. Corrections were noted i.e. misspelling of Rosie Palfy’s name; inclusion of Yolanda Armstrong on the meeting attendance; inclusion of training summary. MHRAC approved the minutes with the corrections.

Discussion and Consensus: Final Draft CIT Program and Response Policies: (Purcell/Celeste/Gallagher)

A brief overview of the December 13, 2016 public forums was provided. Review of the updates that were incorporated based upon feedback from the public forum into the revised CIT Program and Response Policies. Updates that were incorporated includes the following: insertion of dignity in the language; understanding of the neighborhood and culture; enhanced identification of CIT officers using a badge and or marker; transportation options based upon officer discretion and greater understanding the possibility of medical as a reason for the behavior. A question was asked regarding how the community would know that their feedback was incorporated into the CIT Program and Response Policies. Suggestion was made to post the comments from the public forum and then the actual CIT Program and Response Policies.

A guest raised issues regarding how the deaf population is being addressed in the CIT Program and Response Policies. ADA laws were cited indicating that family members and others could not serve as “interpreters” due to the risk of inaccurate information. It was pointed out that the revised CIT policy provides language for officers to determine if there is a “hearing, medical, etc.” issue and act accordingly. Police departments do have some resources to deploy but it depends on the individual situation. Committee members indicated that the CIT Program and Response Policies represents a broad brush but not a customized response for each and every special situation.

A member asked if CDP has a general policy regarding interactions with individuals with physical disabilities. Capt. Purcell said they do not and that contact him about my concerns.

A guest raised several issues, including the Anderson case; people with mental illness are not criminals; don't want police to act out of fear in dealing with the mentally ill population; racial profiling and how these issues were being addressed; domestic abuse in the form of mental abuse are not properly addressed; some callers are labelled by police departments as "mentally ill" which is a form of profiling people-how will these issues be addressed. Members of the MHRAC indicated that many of these concerns will be addressed through training.

CIT Data Report: Dr. John Garrity and Carole Ballard, ADAMHS Board

Review and discussion of second draft of the data that will be included in the MHRAC 2016 Annual Report. Discussion regarding the need to update the nature of the call if not identified as mental health. Currently, the CAD system is not able to upgrade the call to mental health. These calls could be perceived as lost data because of how the call is handled and recorded. Potential future software issue within CDP was identified. Discussion followed regarding obtaining outcome data from hospitals. If the person is taken to the hospital but not admitted, what is the outcome? Who follows this and what can we learn? It was suggested that the Data committee could begin to look at these issues in the future.

Training Sub-committee:

Training Sub-committee is continued its work on the 8-Hour training. A question was asked if the MHRAC is going to address issues identified in the peer review that was done on the CIT program in 2015. There was also a question as to why the 8-hour training did not include a section on addiction and DD. The training committee and the CDP indicated that the 8 hour training is for all officers and only addresses mental health issues as described in the settlement agreement and that there is not enough time in an 8-hour training to address addiction and DD issues. These and other topics will be covered in future trainings.

Diversion Sub-Committee:

Diversion sub-committee continues to look for ways to divert clients, will continue to follow outcomes of the Co-responder Team and assess utilization of the Crisis Stabilization Unit.

2016 CIT Work Plan & 2017 Work Plan:

It was reported that nearly 99% of the goals outlined in the CIT Work Plan were met in 2016. The 2017 Work Plan will be developed once the Monitoring Team released its 2nd Year Monitoring Plan.

Meeting adjourned at 10:35 a.m.