

**Mental Health Response Advisory Committee Meeting
February 8, 2016 Highlights
The Centers for Families & Children**

Present: **Chair:** **William M. Denihan**, ADAMHS Board of Cuyahoga County

Committee Members: **Yolanda Armstrong**, Big Brothers Big Sisters; **Carole Ballard**, ADAMHS Board Crisis Intervention Team Program Officer; **Rosemary Creeden**, FrontLine Service; **Eugenie Cash**, Cleveland Schools & ADAMHS Board Chair; **Sgt. Melissa Dawson**; Cleveland Police; **Duane Deskins**, County Prosecutor's Office; **Judge Hollie Gallagher**, Cuyahoga County Court of Common Pleas; **John Garrity, Ph.D.**, ADAMHS Board Director of QI/Evaluation & Research; **Valeria Harper**, ADAMHS Board Vice President of Operations; **Kyle Miller**, Sisters of Charity Health System; **Thomas Minshull**, United Way; **Mark Munetz, MD**, Northeast Ohio Medical University Ohio Criminal Justice Coordinating Center of Excellence; **Deputy Chief Joellen O'Neill**, Cleveland Police; **Scott Osiecki**, ADAMHS Board Chief of External Affairs; **Rosie Palfy**, Cuyahoga County Office of Homeless Services Advisory Board; **Captain Jim Purcell**, Cleveland Police CIT Coordinator; **Ellen Riehm**, NAMI Greater Cleveland; **Tej Singh**; **Edward Stockhausen**, Mental Health & Addiction Advocacy Coalition; **Heather Tonsing Volosin**, Department of Justice; **Mike Woody**, NEOMED-CTCCOE.

Consent Decree Monitor: **Matthew Barge**, Police Assessment Resource Center.

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

- Mr. Denihan opened the meeting with introductions at 9:05 a.m. and thanked everyone for attending and The Centers for Families and Children for hosting the meeting.
- The Committee approved the January 11, 2016 meeting summary with understanding that Heather Tonsing Volosin's name would be added to the list of committee members attending the meeting.
- Mr. Denihan stated that the MHRAC issued its first report on January 29 to the City of Cleveland and the ADAMHS Board of Cuyahoga County as required by the Memorandum of Understanding between the City and Board. He thanked Scott Osiecki for putting the report together, as well as the Chairs and Co-chairs of the sub-committees for their work and reports and recommendations. The report outlines all of the activities of the committees and provides baseline CIT data.
- Dr. John Garrity commented on the data included in the report. CIT stat sheets and CIT police reports were used to gather the baseline data. Going forward, data collection will be improved and each reportable item will be defined and there will be standardized responses He noted that not all of sections may not add up to a total number because not all of the sheets were completed and/or had one or more responses. Mr. Denihan indicated that he was surprised about the number of individuals transported to St. Vincent Charity Psychiatrist Emergency Room. His perception was that all CIT dispositions were always sent to St. Vincent's or booking.

- The group further discussed the data presented in the report.
 - How did dispatchers determine if a call is a mental health call? The type of call is determined by what the caller tells the call taker. All dispatchers have been trained.
 - Why were the numbers of CIT calls related to alcohol and/or other drug relatively low? The calls for alcohol and other addictions were probably low because when an officer would respond, EMS would transfer a victim of overdoses to the nearest hospital, or the call was considered medical and EMS was called.
 - How do we know that CIT Officers completed the forms? CIT Officers are the majority of the officers completing the forms. All forms were counted whether completed by a CIT Officers or a “regular” officer.
 - Does the data represent unduplicated individuals? The data represents all CIT calls, so some individuals may be represented in many calls. We can track social security numbers on the reports to determine repeat CIT incidences and what part of the City they are located so that we can plan for services to be offered in a specific community.
 - Who determines the nature of call on the CIT Stat sheets – what if the dispatcher says it is a mental health call, but it actually is not – who makes the final determination? Most likely the call remains classified as the dispatcher identified, for example even if it turns out that after the individual has been taken to St. Vincent’s for a mental health issue, but end up being a homeless issue. If the CIT Officer is aware of the change in the individual’s status, he or she can make the change on the CIT form. The group decided that there should be a way to update the call that it is accurately reflected on the next data report.
 - What is this data going to be used for? The data is being collected to help police and the community behavioral health system with future contacts of frequent callers, following-up on frequent callers and creating a quality improvement plan for the system.
 - Important to point out that the CIT Stat sheets are not an end to themselves, but part of a quality improvement process.
 - How many of the veterans transported to St. Vincent’s homeless? St. Vincent's says that it gets a lot of veterans, because it may be an inconvenience for police to get the VA hospital. It was suggested that the police need to get veterans to the VA hospital because their entire medical history is available. It was noted that this is also a problem for all area hospitals. Veteran will be a selection of the new updated CIT Stat sheet.
 - It was stated that the number of deaths need to be tracked.
 - It was noted that we are relying on self-reports from the CIT Officers. If something is not disclosed it will not be tracked. It was also noted that no CIT Officers dropped an individual at our providers – the Diversion Sub-committee is looking into developing a plan.
 - It was suggested that the totals be added to each column in future data reports.

- There were some inconsistencies in terminology used when CIT Officers were completing the current CIT Stat sheets, such as the use of “subject” or “client,” that are used in the data charts.
- There was an inquiry if CIT data would be captured by SHARES, the ADAMHS Board new data sharing/billing software. CIT data is not part of SHARES. It was noted that Carole Ballard, CIT Program Officer, will complete a monthly report from information gathered on the CIT State sheet and other databases.
- In response to a question regarding why the Second District was chosen for the Co-responder Team Pilot Project, Carole Ballard indicated that about a third of individuals that police are responding to on a regular basis are clients in our community system; another third are not linked to the community system, and another third are unknown, children or have private insurance. We can identify individuals through dispatch to obtain a baseline analysis of geographic location of the calls – a majority of the calls come from the second district, an area where we have five provider agencies. The time of the most calls in the Second District was the second shift – from about 2:00 p.m. to midnight.
- Matthew Barge indicated that he submitted the First Year Monitoring Plan to the Federal Court and it was approved by the judge on February 5, 2016. He thanked Mr. Denihan, Scott Osiecki and the committee and sub-committee chairs for their work on the suggested revisions. He said he wanted to give the MHRAC the time to interface with the community and CDP as appropriate. The complete plan can be viewed at www.clevelandpoliemonitor.net
- Mr. Barge commented on the creation of the MHRAC work plan and needs assessment. This work plan is to be filed with Federal Court and include action steps and timelines. He mentioned that the MHRAC is the primary driver in the crisis intervention section of the settlement agreement so that group discussions and subcommittee work are important to driving the detailed work plan on how all of the pieces fit together. He stressed that he and Dr. Randy Dupont are at the group’s disposal.
- Mr. Barge was asked what success looks like for this group. He responded:
 - Skilled and specialized CIT Officers to respond to crisis calls.
 - All CDP Officers familiar with identifying the need for a CIT Officer.
 - Dispatchers that are well trained to match CIT Officers with appropriate calls.
 - Calls that end with good outcomes that reduce the number of incidents where force is used against people in crisis.
- Mr. Barge added that other cities under a settlement agreement use portions of meetings like the MHRAC to talk about particular individuals and issues to solve systemic problems. These discussions continue overtime, long after the court is involved and monitoring is done. He hopes the same for the CDP and the City of Cleveland.
- Carole Ballard and Captain Jim Purcell provided an update on progress that has been made regarding CIT in correlation to the MOU and the Settlement Agreement.
- The meeting concluded at 10:40 a.m.