

**Mental Health Response Advisory Committee Meeting**  
**May 9, 2016**  
**Free Clinic of Cleveland, Ohio**

**Present:**      **Chair:**      **William M. Denihan**  
                  **Co-Chair:**     **Ed Eckart**

**Committee Members:** **Captain James Purcell**, Cleveland Division of Police; **Deputy Chief Joellen ONeill**, Cleveland Division of Police; **Judge Greg White**, Cleveland Division of Police; **Gabriella Celeste**, Case Western Reserve University; **Judge Hollie Gallagher**, Cuyahoga County Common Pleas Court; **Derek Moore**, Cleveland Municipal Court; **Tej Singh**, Concerned Citizen; **Larry Heller**, Cleveland State University; **Dr. Randolph Dupont**, Monitoring Team; **Dr. Mark Munetz**, NEOMED; **Thomas Minshall**, United Way Services; **Duane Deskins**, Cuyahoga County Prosecutor's Office; **Sgt. Melissa Dawson**, Cleveland Division of Police; **Judge Joan Syneberg**, Cuyahoga County Common Pleas Court; **Myrum Stoll**, Community Advocate; **Kathleen Stoll**, Community Advocate; **Marsha Blanks**, NAMI of Greater Cleveland; **Susan Neth**, FrontLine Services; **Yolanda Gordon**, Cleveland Municipal Court; **Heather Tonsing Volosin**, US Department of Justice; **Charles See**, Monitoring Team; **Rosemary Creeden**, FrontLine Services; **Kyle Miller**, Sisters of Charity Heather System; **Carole Ballard**, ADAMHS Board and **Scott Osiecki**, ADAMHS Board.

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

**Community Members:** **Yolanda Gordon**, Cleveland Municipal Court; **Carolyn Swede**, Louis Stokes VA; **Bobby Klinko**, DBWA; **Laura Vanni**, DBWA

- Mr. Denihan opened the meeting at 9:02 a.m. and thanked everyone for attending and the Free Clinic for hosting the meeting.
- Danny R, Williams, Executive Director from the Free Clinic spoke to MHRAC Members about upcoming events with the Free Clinic.
- The Committee approved the April 11, 2016 meeting summary as written.

**Crisis Intervention First Draft Policy Discussion:**

- Mr. Denihan was pleased to see that the policy reflects the community.
- Discussion regarding use of CIT Officer and Specialized CIT Officer:
  - Draft policy does not distinguish between the two.
  - CPD indicated that the policy will change over time. The policy refers to the current CIT Officers, then will refer to the Specialized Officers once training is established in 2017.
  - The group was reminded that Specialized CIT officers will take the lead in interacting with mental health calls.

**Decision:** A definition of CIT Officer will be added to the policy.

- Discussion regarding the language related to the Pink Slip i.e. the Emergency Medical Certificate:
  - Police officers are allowed to complete the Pink Slip however the policy does not specifically instruct the officers to do this and under what circumstances.
  - Policy indicates that officers are to complete the Referral Form, which is a document specific to the Psychiatric Emergency Department at St. Vincent Charity Medical Center. This is not a “pink slip.” IT is used for internal tracking purposes.
  - Suggestion: ADAMHS Board should meet with areas hospitals to come up with standard referral form among all health systems – maybe some additional information that hospitals need in addition to the pink slip

**Decision:** More discussion and detail is needed regarding the “Pink Slip” issue and will be added to the policy.

- Discussion regarding transporting individuals with mental health issues. Mental health professionals will often request that police transport someone to the hospital. Mental health professionals are reluctant to transport if the officer refuses to transport, then liability could occur. They are requesting transport due to issues related to potential violence. Revisions are needed regarding the officer’s level of discretion in these issues. CDP said police rarely refuse to transport. City of Cleveland Law Department will review the language in this section.

**Policy Decision:** Committee approved to submit First Draft of Crisis Intervention Policy forward pending the CDP addition of CIT Officer definition and revision of “Pink Slip/Medical Certificate” issues.

#### **Training Section:**

- Discussion regarding the recommended 8-Hour Responding to Individuals in Crisis Training for all CDP officer:
  - Utilizes some the areas in the OPOTA curriculum to shape the 8-hour In-Service Training.
  - The 8- Hour In Service Course is viewed as a Refresher Course. Course options may change over time.
  - In Service will be taught by a mental health professional and CDP representative. Class size could be 25 to 50 officers at a time.

#### **Suggestions:**

- Send course materials to officers prior to the training in order manage the time more efficiently.
- Incorporate discussion regarding the Role of Emergency Medical Certificate i.e. the Pink Slip.

- Include the new Crisis Intervention Policy/GPO

**Training Decision:** Committee approved to submit the 8-Hour Training to the Monitoring Team.

**Discussion & Decisions on Other Draft Policies:**

- Good Samaritan Law related to intervention with drug overdose issues was briefly discussed. This draft policy discussion was put on hold pending resolution of state legal issues.
- Administration of Narcan policy was briefly discussed. CDP indicated that this issue requires further review and discussion at a later date.

**Monitoring Team Update:**

- Dr. Dupont commended the work of the MHRAC .
- He updated that the Crisis Intervention Work Plan will be submitted to Federal Judge Oliver for approval.

**Officer Survey Results:**

- Capt. Purcell provided an overview of the survey results.
  - All CPD officers were sent the survey through Survey Monkey. There are about 1,520 officers in the Districts with 920 assigned to Basic patrol. Received 166 respondents.
  - More than half of the respondents received CIT training. About 25% of the respondents had 15 years or more of experience.
  - Up to 40% of respondents were assigned to Basic Patrol.
  - About 40% indicated that they utilize their CIT training.
  - About 46% indicated that they agree that working with the mental health population is part of their work.
  - 35% agreed that mental health calls could be dangerous.
  - Majority of officers strongly agree that they get no recognition for their work.
  - Up to 54% indicated that there is an expectation to rush a CIT call.
  - Most respondents agreed that the hospitals and agencies are cooperative.
  - Majority of respondents indicated that they make use of legal remedies rather than arrest. Next

**Next meeting is Monday, June 13<sup>th</sup> at the ADAMHS Board.**