



- Ms. Harper thank Scott Osiecki and Carole Ballard for working on and revising the plan and asked Mr. Osiecki to go over the plan with the group. Mr. Osiecki presented the edits that were made from the last version and answered questions from the group.
- A member asked why the 8-hour training was not included in the plan. It was explained that the 8-hour training was included in last year’s plan and that it is being implemented and will be concluded by November. Captain Purcell and Dr. Dupont highlighted the training schedule and congratulated all of the volunteer trainers and the training committee for all of their hard work. The group was also offered to sit-in on the 8-hour training and to contact Captain Purcell if interested.
- A member asked why substance abuse disorders were not covered in the 8-hour training. Dr. Rick Cirillo, Training Sub-committee Chair, explained the background on the development of the 8-hour training curriculum and that there was not enough time in the training to adequately cover substance abuse disorders and that the officers already receive two hours of specific training on substance abuse disorders. He also indicated that it will be covered in the 40-hour CIT Training and future Cleveland Division of Police (CDP) trainings.
- A member asked if compassion fatigue should be included in our training goals in the third year plan. It was explained that it compassion fatigue is being addressed by the CDP.
- Ms. Harper called for the vote to approve the MHRAC Second Year Work Plan. The group voted unanimously to approve the plan for submission to the Monitoring Team and parties – with the correction of changing the “Veteran’s Affairs Administration” to the “Veterans Health Administration” in the Diversion section and the revising of the timeline in the Community Engagement section.

#### **Sub-committee Reports:**

- **Training:** Dr. Cirillo, sub-committee co-chair, stated that the committee is working on the 40-hour Specialized CIT Officer Training and will be using a similar format to the 8-hour training. The committee has submitted sample sessions to the Monitoring Team for informal review and feedback and is waiting to hear back from the Monitors before creating the entire training.
- **Community Engagement:** Judy Peters, sub-committee co-chair, stated that the committee is working on the development of a speaker’s bureau and the types of presentations that would be provided by the speaker, such as CIT, MHRAC and other related topics. The group was meeting right after the MHRAC meeting. A member asked about the resource cards that the committee developed. Captain Purcell updated the group that the cards will not be given to officers until all officers have completed the 8-hour training. The CDP wanted all officers to have the initial training before the cards were distributed.
- **Diversion:** Ms. Harper updated the group that she and William M. Denihan, former CEO of the ADAMHS Board, Captain Purcell and Carole Ballard participated in a meeting of the Detroit-Shoreway Development Association in response to a letter from the group raising concerns of utilizing the current Crisis Stabilization Unit on Detroit Ave. for a diversion/drop-off site. They were able to explain the target population that would be using the facility is not that much different from its current use, the individuals would not be under the influence of drugs or be involved with a sexually or violence related offense. Frontline Service, the current operator of the Crisis Stabilization Unit is willing to pilot a diversion/drop-off program at the facility, however final details have to be worked out. The pilot could start on October 1. A member asked how many beds are available at the site. Ms. Harper answered that there are 15 beds available and that no capacity issues are anticipated since there are usually four beds unoccupied on any given day. Another member asked where police would take individuals with substance abuse. Captain Purcell replied that they are taken to the emergency room. A member mentioned

that we should also support a location for individuals with substance abuse issues since hospitals are now filling that gap. A member added that research has proven that a diversion center can save millions of dollars because of decreased hospitalization and incarceration.

- **Quality Improvement Subcommittee:** Dr. Garrity, sub-committee co-chair, discussed the purpose of the Quality Improvement Subcommittee and the membership that would be needed to address its goals of reviewing CIT data, individual CIT cases, effectiveness and implementation of CIT policies and plans and discuss issues identified by police officers, providers, stakeholders and the sub-committee, as well as gaps in services to develop possible solutions and recommendations for crisis and ongoing services provided by the community mental health and addiction treatment and recovery services system. The group currently has 14 members from the previous data and policy committees. The group agreed that the membership should also have client, clinical and crisis representation. The committee will meet on August 24.

**Open Discussion:**

A member asked why the MHRAC was not told when the Monitoring Team files a motion that contains CIT data with the Federal Court, as she found the information on the Monitoring Team website. Dr. Dupont responded that he will share the information with Mr. Osiecki to share with the group.

A member commented about crisis services for the homeless.

A member mentioned that Dan Ball was no longer with the City of Cleveland.

**Meeting adjourned at 10:26 a.m.**