

March 5, 2015

The Honorable Frank G. Jackson  
Mayor of the City of Cleveland  
Cleveland City Hall  
601 Lakeside Avenue  
Cleveland, Ohio 44114

The Honorable Steven M. Dettelbach  
U.S. District Attorney for the City of Cleveland  
Office of the United States Attorney  
801 West Superior Avenue, Suite 400  
Cleveland, OH 44113-1852

Dear Mayor Jackson and Mr. Dettelbach:

Please find enclosed recommendations that were developed by members of the Mental Health Task Force, convened by the ADAMHS Board of Cuyahoga County, in response to issues pertaining to mental health that were identified through the U.S. Department of Justice Investigation of the Cleveland Division of Police.

The members, representing over 50 organizations, met for a total of five times on January 8, 15, 23, and February 5 and 11, 2015, spending many hours in workgroups and discussions to formulate these recommendations.

It is the Mental Health Task Force's hope that these recommendations provide elements of training, continued practice and oversight that will insure all Clevelanders with mental illness - and all citizens - are treated safely with dignity and respect.

If you have any questions, feel free to contact me at 216-241-3400, ext. ext. 818, or at [denihan@adamhsc.org](mailto:denihan@adamhsc.org).

Sincerely,



William M. Denihan  
Chief Executive Officer  
Mental Health Task Force Chair

*Encl.*  
WMD/sso

**Mental Health Task Force Recommendations**

**For the Consent Decree**

**Between the**

**U.S. Department of Justice and the City of Cleveland Division of Police**

**Submitted to:**

**Mayor Frank Jackson, City of Cleveland**

**Steven M. Dettelbach, U.S. Department of Justice**

**March 5, 2015**



## Mental Health Task Force Recommendations Executive Summary

- The attached recommendations were developed by members of the Mental Health Task Force, convened by the ADAMHS Board of Cuyahoga County, in response to issues pertaining to mental health that were identified through the U.S. Department of Justice Investigation of the Cleveland Division of Police.
- It is the Mental Health Task Force's hope that these recommendations provide elements of training, continued practice and oversight that will insure all Clevelanders with mental illness – and all citizens – are treated safely with dignity and respect.
- The Mental Health Task Force felt it was important to encompass all behavioral health issues when crafting these recommendations. Therefore, whenever “mental illness” is used throughout this document it also includes alcohol, drug and other addictions, as well as developmental disabilities.
- The Mental Health Task Force accomplished its work through three workgroups and the recommendations are organized by each workgroup:
  1. Community Involvement/Engagement:
    - *This recommendation establishes a Citizen Police Relationship Committee to foster relationships, review effectiveness of the CIT program, provide general oversight of the consent decree to ensure its implementation and suggest further improvements.*
  2. CIT (Crisis Intervention Team):
    - *Recommendations refer to all aspects of CIT Training for Cleveland police officers and dispatchers.*
  3. Internal Collaboration:
    - *Recommendations address the internal working relationships between police officers, dispatch, and the court and behavioral health systems.*
- A list of the Mental Health Task Force Membership is attached. The members, representing over 50 organizations, met for a total of five times on January 8, 15, 23, and February 5 and 11, 2015, spending many hours in workgroups and discussions to formulate these recommendations.
- The Mental Health Task Force realizes that these recommendations will be further developed with specific details during the implementation phase of the Consent Decree. It is our hope that members of the Mental Health Task Force will be utilized and able to participate in as many areas as possible.
- We submit these recommendations to help Cleveland ensure that all citizens are safe and treated with respect and dignity while the city continues to grow as a safe and productive community. We look forward to working with Mayor Frank Jackson, Steven Dettelbach, the Cleveland Division of Police, and the citizens of Cleveland.
- William M. Denihan, Chief Executive Officer of the ADAMHS Board of Cuyahoga County, chaired the Mental Health Task Force meetings. Inquiries may be referred to Mr. Denihan at 216-241-3400, ext. 818, or at denihan@adamhscc.org.

## Community Involvement/Engagement Workgroup Recommendation

### Oversight:

Establish a **Citizen Police Relationship Committee**, (aka CPR Committee), with **three subcommittees**. The overall **mission** of the CPR Committee is to **foster relationships and build support** between the police, the community and behavioral health providers and **provide oversight through review of dispatcher and police calls and reports to ensure proper treatment and recommend further improvement**.

**CPR Committee Suggested Membership:** This list *is not all inclusive*, but the following areas of our community should be represented:

- Police.
- Parents and regular people in the neighborhoods.
- Professionals from the Mental Health, Alcohol and other Drug, Developmentally Disabled and Child and Adolescent Development communities.
- Citizens receiving mental health, AoD and developmental disabilities.
- Citizens representing the culturally diverse make-up of our neighborhoods, such as, African American, Latino, Asian, Russian, LGBT, etc.
- Local businesses.
- Faith-Based groups.
- NAMI and other family groups.
- Community Development Corporations and Mycom.
- Representatives from the schools, including parents.
- Youth.
- Informal and formal community leaders.

1. **Oversight Subcommittee:** Charged with **reviewing the consent decree and providing citizen oversight with the authority to direct action with its implementation** and **ensuring that citizens and cultural competency are integrated in CIT Training, and to review data from CIT stops to integrate community support**.

### Collaborative Integration:

2. **Positive Interaction Subcommittee:** Charged with **bridging the gaps between the community and police** that would provide **formal introductions of uniformed Police Officers** on duty in the neighborhoods and **informal activities that integrate police into the life of the community**, including visits to Community Drop-in Centers, Treatment Centers, Community Development Corporations, Neighborhood Centers, coffee shops, as well as the **establishment of neighborhood police/community hubs staffed with counselors**.

### Education:

3. **Education Subcommittee:** Charged with **education beyond CIT for both the Community & Police**, including **public service announcements** informing the community **about the availability of CIT officers**; the **promotion of a database where individuals/families in each neighborhood can voluntarily identify** as having a mental health, alcohol or other drug and/or developmental disabilities issues; the **rights and expectation of both the police and citizens**, and a creative way to let the community know about **resources that can be utilized before calling for the police** to handle a mental health, alcohol or other drug, or a developmentally disabled situation.

## CIT (Crisis Intervention Team) Training Workgroup Recommendations

### Police Officers Training:

- **Voluntary CIT Training for Police Officers:**
  - **CIT requires a specialized mind-set** to effectively implement the techniques taught through the program. Success depends on the **willingness of the officers to participate** in the intensive training program and put the techniques into practice.
  - Although success of the CIT program often leads to the idea of mandatory training, **not all officers are suited to deal with individuals with mental illness.**
  - **Mandatory CIT training is not beneficial** to a community or the officer, since CIT only works well when the officers have a genuine interest in learning how to help and interact with people living with mental illness.
- **New cadets should only be assigned to Field Training Officers who are CIT certified:**
  - **Cadets can learn and understand the benefits** of CIT training.
  - **Field Training Officers can promote CIT and identify potential junior officers** to voluntarily participate in the program.
- **Train all officers and command staff in Mental Health 101** that includes **Mental Health First Aid** and **De-escalation** techniques for all police officers, since many may encounter a person with mental illness throughout their daily interactions.
  - All non-CIT trained officers, after initial Mental Health 101, should receive **annual education** on issues of mental health, addiction and developmental disabilities.
- Class size should be kept to **25 officers to promote optimal learning** where officers and presenters can build a rapport of trust.
- **Infuse additional Cultural Competency** Into the **CIT Curriculum and all training for police officers, command staff and dispatchers:**
  - Infuse in the curriculum how **others view/interact** with police.
  - Curriculum not only addresses **race**, but also **other “cultural” groups** (Homeless, Mental Health, Vets, LGBT, etc.).
  - Focus on how police can become **integrated/involved** in the **community.**
  - Training to address how to **engage** with the community and special population groups and address language barriers.
  - Officers need to know the **key issues** in the community /neighborhood.
- Require a **Refresher Course for officers** that previously attended CIT every two to three years.
- Create specialized **City of Cleveland CIT curriculum:**
  - Get **input from officers** regarding course content.
  - Include more **juvenile and suicide prevention based focus.**
- **Ensure that all officers know how to diffuse or de-escalate a situation, and all the options available to them,** other than jail, when dealing with individuals with mental illness.
- **Provide Mental Health/AOD 101 training, Suicide Prevention, Cultural Competency and Sensitivity Training** which addresses approach, compassion, respect, tone, use of words, appropriate communication and common courtesy.

### Dispatchers Training:

- **A specialized version of CIT training should be developed exclusively for all dispatchers:**
  - Special training would be focused on **listening, verbal de-escalation and triage**, to determine the need to dispatch CIT officers. Actual 911 calls involving mental health clients can be incorporated into the training to discuss how to respond and for further evaluation.
  - **Dispatcher Supervisors** should also attend the **full CIT Training**.
  - **Dispatchers** should receive a **refresher course on the training and/or annual education** on issues of mental health, addiction and developmental disabilities.
  - **Dispatchers** should **receive exact location/assignments of all certified CIT officers - daily by shift - for assignment of calls involving mental illness**.
  - Need for City of Cleveland to **loosen restriction** on only allowing **2 dispatchers per training session**.

### Police Department Coordination:

- Identify a **CIT Program Champion** at a **high level in the command** of the Cleveland Division of Police to insure that CIT Training is essential to all aspects of daily police operations and strategic planning.
- Establish a **Coordinator Position** within the **Police Department:**
  - Coordinator should have a **demonstrated working knowledge of behavioral health signs and symptoms**.
  - Coordinator should be a member of **executive management** within Cleveland Division of Police to ensure that recommendations are forwarded to decision makers in a timely manner.
  - Coordinator would **screen and determine the appropriate CIT trainees**.
  - Important to have a **selection process** to get the **most appropriate CIT trainees**.
  - Coordinator responsible for **assessing the skills of officers' potential** to be a specialized CIT Police Officer.
  - Coordinator Ensure **Adequate Coverage** – CIT Trainees need to be **dispersed among all communities** and assigned when a call involves a person believed to be mentally ill.
  - Coordinate the **trained "Team" of Officers** available for **all shifts** in the identified **"priority" precincts, and share this information with dispatchers**.
  - Coordinator provides **ongoing "mini trainings" and updates** regarding mental health during roll-call.
  - Coordinator gathers **feedback from officers**.
  - Coordinate all **mental health related trainings** through **continuing education program, including how to serve youth**.
  - **Coordinate statistics sheet and communicate regularly with the ADAMHS Board of Cuyahoga County** for follow-up and work with the community for strategic planning.

### Oversight:

- **Crisis Intervention Team Training's Center of Excellence** to conduct a no-cost **Peer Review** of the CIT Training and Program.

## Internal Collaboration Workgroup Recommendations

### Coordination:

- **Regular and consistent information sharing, data collection and internal collaboration between the Cleveland Division of Police, the court systems and the ADAMHS Board of Cuyahoga County to identify** individuals with frequent criminal justice and behavioral health system involvement and **ensure** that the best services are provided.
  - Data critical to follow-up by ADAMHS Board of Cuyahoga County from every stop:
    - **Name, Race, Age, Gender.**
    - **Disposition:**
      - **Diffusion.**
      - **Refer to Treatment.**
      - **Book/Jail.**
    - **Review daily report forms from CIT officers** to identify clients that require behavioral health follow-up.

### Continuum of Care:

- **ADAMHS Board of Cuyahoga County and Cleveland Division of Police should implement a “Buddy System”** (peer to peer) to individuals with mental illness **upon discharge from jail** to help navigate the systems and maintain recovery.
- **ADAMHS Board of Cuyahoga County should make a social worker available to the Cleveland Division of Police** for mental health consultation on active cases and to follow-up with the mental health, alcohol and other drug and developmentally disabled systems.

### Opportunities:

- **Every police car should be equipped with a Project DAWN Kit (Deaths Avoided with Naloxone).** Naloxone, an opiate blocker, reverses the effects of an overdose caused by heroin or other opiate. House Bill 170 authorizes police and emergency personnel to carry and administer Naloxone in case of an emergency.
- **ADAMHS Board of Cuyahoga County to create a Drop-off Center on the West Side for police to transport people with a mental illness** to reduce travel time and volume at St. Vincent Charity Psychiatric Emergency Room.
- **If a person with mental illness is arrested and held in jail, the Cleveland Division of Police will provide information to the ADAMHS Board of Cuyahoga County to ensure referral to jail liaisons for internal and external follow-up and discharge planning.**
- **Create Jail Diversion Program for low Risk non-violent offenders with a mental illness.**
- **ADAMHS Board of Cuyahoga County and Cleveland Division of Police to create a Special Co-Responder Team on the East and West Sides of Cleveland** that includes a **social worker, mental health expert and seasoned police officer** that could be called to **handle extreme mental health crisis situations and follow-up upon individuals released from treatment.**

**Mental Health Task Force for DOJ/Cleveland Division of Police Consent Decree  
 Convened by: William M. Denihan, Chief Executive Officer  
 Alcohol, Drug Addiction and Mental Health Services Board of Cuyahoga County  
 Membership Roster**

<b>Organization</b>	<b>First Name</b>	<b>Last Name</b>
ADAMHS		
Mental Health Task Force Chair	William	Denihan
	Frank	Brickner
	Carole	Ballard
	Tami	Fischer
	John	Garrity
	Valeria	Harper
	Scott	Osiecki
	Dr. Farid	Sabet
ADAMHS Board of Directors	Mary	Step
ADAMHS Board of Directors/Community Member	Mary	Warr
ADAMHS Board of Directors/Cleveland Schools	Eugenia	Cash
Advocate	Kathy	Stoll
Beechbrook	Mark	Groner
	Ron	Robinson
Benjamin Rose	Bert	Rahl
Board of Developmental Disabilities	Richard	Cirillo
	Robert	O'Callahan
Case Shubert Center	Gabriella	Celeste
Calfee, Halter & Griswold LLP	Robert	Triozi
Catholic Charities	Emily	Currie Manning
CATS	John	Scalish
CCJ	Dr. Tom	Tallman
CCJ/St. Vincent's	Dr. Leslie	Koblentz
CJCCOE	Mike	Woody
CJCCOE/NEOMED	Ruth	Simera
Cleveland Clinic	Dr. Leo	Pozuelo
Cleveland Treatment Center	Leonard	Collins
	Ashley	Martell
	Jeff	Rawlings



Organization	First Name	Last Name
Cleveland Municipal Court	Judge Emanuella	Graves
Community Assessment	Robert	Newman
Community Care Network	Jim	McCafferty
Connections	Esther	Pla
Consumer Protection Agency	Solomon	Harge
Corrections Planning Board	Marty	Murphy
Court of Common Pleas	Lawrence	Acton
	Greg	Popovich
	Judge Joan	Synenberg
DOJ	Jack	Morse
	Craig	Tame
	Michael	Tobin
	Heather	Tonsing Volosin
FrontLine	Rosemary	Creeden
	Susan	Neth
	Rick	Oliver
Greater Cleveland Congregation	Larry	Heller
Hispanic UMADAOP	Nelson	Ramirez
Hitchcock Center for Women	Mary	Bazie
Jewish Family Service Association	Mary Beth	Castillo
Juvenile Court	Bridget	Gibbons
Life Exchange Center	Orlando	Grant
Magnolia	Lori	D'Angelo
	Charles	Huth
MetroHealth	Dr. Ewald	Horwath
	Edward	Munoz
Mental Health/Addiction Advocacy Coalition	Edward	Stockhausen
Murtis Taylor	Lovell	Custard

Organization	First Name	Last Name
NAMI Cleveland	Michael	Baskin
	Marsha	Mitchell-Blanks
	Ellen	Riehm
NAMI Ohio	Jodie	Ross
NORA	Don	See
NorthCoast Hospital	Doug	Kern
ORCA House	Greg	Uhland
Positive Education Program	Ken	Siemen
Recovery Resources	Ron	Manning
	Steve	Morse
Salvation Army	Beau	Hill
Shaker Hts Youth Center	John	Lisy
St. Vincent Charity	Shannon	Jerse
The Centers	Pat	Milloy
	Judy	Peters
	David	Reines
UH Psychiatry Service Line	Lori	Locke
UMADAOP	Jessica	Horn
University Settlement	Derick	Fulton
Veterans Treatment Docket	Derek	Moore
VNA	Thom	Huggins
	Kasha	Januszewski
	Jeanne	McMahon
Volunteer Education Services	Erica	Robinson
	Lethea	Thomas