

**Mental Health Response Advisory Committee Meeting Summary**  
**Tuesday, October 10, 2017**  
**ADAMHS Board of Cuyahoga County**

**Present: Co-Chair: Captain James Purcell**, Cleveland Division of Police

**Committee Members:** **Carole Ballard**, ADAMHS Board; **Gabriella Celeste**, Case Western Reserve University; **Dr. Rick Cirillo**, Board of Developmental Disabilities; **Mike Evanovich**, Department of Justice; **Dr. John Garrity**, ADAMHS Board; **Rev. Ben Gohlstin**, ADAMHS Board of Directors; **Yolanda Gordon**, Cleveland Municipal Court; **Larry Heller**, Greater Cleveland Congregations; **Christina Kalnicki**, Care Source; **Karen Kearny**, MHAC; **Susan Neth**, Frontline Services; **Scott Osiecki**, ADAMHS Board; **Ellen Riehm**, NAMI Greater Cleveland; **Carolyn Sweda**, Cleveland VA, and **Rosie Palfy**, Advocate

**MHRAC Members on the phone:** **Dr. Randy Dupont**, Monitor  
**Mike Woody**, CIT International

**Cleveland Police Commission:** **Dr. Kathleen Clegg**

**Guest:** **Allosious K. Snodgrass**, Greater Cleveland Congregation

Captain James Purcell opened the meeting with introductions at 9:01 a.m. The MHRAC members reviewed and approved the minutes from September 11, 2017.

**Discussion:**

**City of Cleveland Federal Grant Co-responder Team Site Visit: November 30, 2017:**

Members of the MHRAC will be invited to participate in the Justice and Mental Health Collaboration Grant Technical Assistance Site-visit of the City of Cleveland CIT Co-Responder Team on Thursday, November 30. More information to follow.

It was reported that the Co-responder Team met with officers from the 1<sup>st</sup> and 2<sup>nd</sup> District to talk about the program. The Team received some referrals for follow-up from the officers. Co-responder Team is following-up on high utilizers in order to reduce the number of people going to the hospital and is making referrals to community providers.

**Sub-committee Reports:**

- **Training: 40-hour Training:** Dr. Richard Cirillo, subcommittee chair stated that the committee is continuing to work on the 40-hour outline. The committee received written feedback from Dr. Dupont on the draft outline on October 9<sup>th</sup> and has submitted a revised draft to get a general agreement on the content. The training will provide more direction and expand on the scenario-based exercises. The scenario-based exercises will escalate in complexity throughout the training. Hopefully there will be a draft outline to share with MHRAC during the November meeting.

**Eight hour training:** Captain Purcell and C. Ballard reported that only 200 officers are remaining to be trained and should be complete by the end of November. Captain Purcell stated that the resource cards are out to the districts and that posters are going up in the districts. It was made clear to the group that the resource cards are for the officers' use and not for the public.

**2018 8-hour Training:** Captain Purcell indicated that he would send out a survey to officers for topics to be covered in the 2018 8-hour training. There will be some topics listed on the survey with space for the officers to add topics. He mentioned that he is also open to suggestions from MHRAC members. The training will not be focused on any one subject, but may focus on several topics throughout the 8 hours. G. Celeste mentioned that the data collected from the recent Prevention Resource Center At-risk Youth Survey of youth in our area - indicated that suicide attempts were twice as high in Cleveland vs. other areas in the county and that youth were able to access a gun more quickly. She suggested that this data should be part of the CIT training.

**Training for Office of Professional Standards (OPS):** Carole Ballard and Captain Purcell provided a four hour training to the OPS staff. Purpose of OPS is to take citizen complaints on police behavior. OPS had a concern about the number of mental health clients coming in to make complaints and making threats towards the investigators. Staff is composed of people from different backgrounds and some from police. Staff indicated that they did not know how to handle people living with mental illness and did not feel comfortable with calling police. Captain Purcell recommended to the staff to de-escalate first and handle the complaint last. Training consisted of a brief overview of signs and symptoms, verbal de-escalation and problem solving. The group requested an explanation of the OPS process and it was mentioned that OPS has had a backlog of complaints, but has taken steps to improve the process including hiring four additional staff. It was clarified that the CDP does not have a direct relationship with the OPS.

Dr. Dupont stated that the training with OPS was not directly related to the consent decree and he knew it was greatly appreciated. He explained that OPS heard about the work being done on the 8-hour training and requested a similar training.

- **Community Engagement:** Karen Kearny, sub-committee co-chair, talked about the development and training of the Speakers Bureau. The subcommittee meeting is scheduled for October 13 to discuss the development of a training on when to call 911 and CIT officers. A member stated that Community Engagement Committee needs to engage the faith-based community and Allosious Snodgrass was introduced as a new staff member of the Greater Cleveland Congregations. Rev. Gohlstein stated the ADAMHS Board is in dialogue with the Greater Cleveland Congregations regarding development of two drop-off centers. He added that no funding from the ADAMHS Board budget should be used to build or renovate buildings and/or sites that may be selected for these centers.
- **Diversion:** Sue Neth, subcommittee chair stated that a meeting is scheduled with the ADAMHS Board on Monday, October 16 to follow up of the Pilot Project of using the Crisis Stabilization Unit as a diversion point. Further discussion will follow regarding potential meeting dates for the Diversion subcommittee.
- **Quality Improvement:** Gabriella Celeste, sub-committee co-chair, stated that there is a need for good integrated data. There has been a spike in completed CIT forms since implementing the 8-hour Training; however, we need more data to make decisions and develop conclusions regarding high utilizers and the follow-up process. A key component of this committee is to look at the mental health system and how to improve the process of assisting high utilizers; where are the calls coming from; doing outreach for a reduction in inappropriate calls. The next meeting is set for Thursday, October 26. Hopefully there will be a series of recommendations to present at the November MHRAC meeting, including the final set of data points and how would they be monitored.

**Electronic CIT Stat Sheet:** Captain Purcell updated the group on the transition to all electronic reporting in the CDP – including the incorporation of the CIT Stat Sheet. He indicated that not every zone car is yet equipped with computers and is not sure of the timeline. He did know that training on the entire electronic reporting system is being conducted on a shift by shift basis.

**MHRAC Committee Membership:** Scott Osiecki stated he sent out a message to all MHRAC members regarding continued membership and received a few responses from members who have not attended in a while and wish to remain on the committee, as well as a recommendation for a new member. Those who have not replied or participated in meetings this year will be removed from the MHRAC. If anyone has a recommendation for a new MHRAC member should contact Scott. He also mentioned that we are looking to increase representation on the QI committee, especially with providers and clinicians.

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

# Suggested Messaging for When to Call 911 in a Mental Health Crisis (CIT) November 3, 2017

## Background:

The MHRAC Community Outreach Committee is developing a Speakers Bureau to deliver presentations to groups throughout Cleveland and Cuyahoga County. The presentations will focus on when to call 911 in a mental health crisis and provide information on CIT by making the community aware of the following:

- When to call 911
- What to expect when you call 911
- CIT Program Description, including CIT core elements and MHRAC Committee correlation:
  - Partnership: Law Enforcement, Advocacy, Mental Health
  - Community Ownership: Planning, Implementation & Networking
  - Policies and Procedures
  - CIT: Officer, Dispatcher, Coordinator
  - Curriculum: CIT Training
  - Mental Health Receiving Facility: Emergency Services
  - Evaluation and Research
  - In-Service Training
  - Recognition and Honors
  - Outreach' Developing CIT in Other Communities
- Update on Cleveland's and other cities CIT Programs
- CIT Benefits
- When a CIT Officer should be requested
- How to request a CIT Officer in an emergency
- What to do when a CIT Officer or other Officer arrives at the house or location
- Other resources:
  - How to access Cuyahoga County's CIT website (*after its development*)
  - Police non-emergency calls
  - Cuyahoga County 24-Hour Crisis/Information & Referral: 216-623-6888
  - Crisis Text/Chat
  - Warmline at 440-886-5950
  - NAMI Greater Cleveland at 216-875-7776
  - Client Operated Services/Drop In Centers

## Things needed before presentations:

- CIT Brochure including CIT FAQ section
- CIT specific page on [www.adamhsc.org](http://www.adamhsc.org)
- PowerPoint Presentation
- Talking Points
- Give-a-way items with CIT information
- Presenter recruitment and training
- Marketing the presentations to community groups
- Process for scheduling presentations/presenters

## Suggested Messaging:

- Call 911 to report a crime, request assistance with a problem, request support with an illness and or injury, report smoke and or fire in the area and request assistance with a mental health emergency.
- Crisis Intervention Team (CIT) Officers are skilled at de-escalating crises involving people living with mental illness, while bringing an element of understanding and compassion to difficult situations.
- CIT Officers help increase safety and reduce the incidence of injury to individuals in crisis, family members and officers.
- CIT Officers help to improve interaction between law enforcement and individuals living with mental illness and reduce arrest, restraint, incarceration, and also help to alleviate the stigma associated with mental illness.
- CIT Officers have information to link individuals with appropriate treatment and resources in the community. (*Resource Cards*)
- Increased familiarity with CIT Officer among individuals, family members and the community near an individual living with mental illness due to previous interactions with individuals.
- It's OK to ask for a CIT Officer:
  - CIT is a service to the community, so don't be afraid to use it.
  - If you find yourself in a situation where you need to call emergency services to intervene with a person experiencing a mental health crisis, it is okay to request a CIT officer.
  - In the event of an emergency, please call 911, and inform the dispatcher the emergency involves someone with possible mental illness or you need assistance for someone experiencing a mental health crisis and request a CIT officer respond to the scene.
    - Be sure to provide as much detailed information as possible and include information such as, "no one is hurt; they are hard to control; they are pounding their fist against the wall; a weapon is involved; there have been previous calls about this person/address," etc.
    - Keep in mind that a CIT Officer may not always be available so it is best to provide as much information as possible.
- How you can help the CIT Officer:
  - Keep a current list of medications and doctors'/provider's names and offer it to the CIT officer when he/she arrives.
  - Meet the CIT officer outside if possible to fully explain the crisis and let the officer know what assistance you can offer.
  - Make the CIT officer aware of anything you know that upsets the person in crisis.
  - When the CIT officer arrives, advise them if the person is armed or has access to any type of weapons or anything that could be used as a weapon. Remember, when weapons are involved, police concentrate on the possible threat of violence until it is neutralized.
  - Understand, the CIT officer may ask you to wait in an area away from the person in a crisis.
  - Be prepared to go to the hospital, if needed -- but remember all CIT calls do not necessarily mean a trip to the hospital.

- Let your family member know the police are there to help.
- Consider introducing your family member or friend living with mental illness to the police when not in crisis. Call your local police department (not 911) to ask the best way for you and the person living with mental illness to meet the CIT Officer in your area.
- The ADAMHS Board also operates a 24-Hour Suicide Prevention/Mental Health & Addiction Crisis/Information & Referral Line for Adults & Children, operated by Frontline Service, Inc., at 216-623-6888.
  - You can also text “4HELP” to 741741 for 24-hour Crisis assistance. A live, trained crisis counselor will respond within five minutes. The crisis counselor can help you move from a hot moment to being cool and calm to stay safe and healthy using effective active listening and suggested referrals – all through text message using Crisis Text Line’s secure platform.
  - You can also Crisis Chat from 3:00 p.m. - 9:00 p.m. daily, through the ADAMHS Board website: [www.adamhsc.org](http://www.adamhsc.org). Click the Crisis Chat Icon to access this confidential and anonymous service.
- For more information or questions about CIT in your area please contact Carole Ballard, CIT Program Officer, Alcohol, Drug Addiction and Mental Health Services (ADAMHS) Board of Cuyahoga County, at 216-479-3307, or via e-mail at [ballard@adamhsc.org](mailto:ballard@adamhsc.org).