City of Cleveland Mental Health Response Advisory Committee 2018 Annual Report January 31, 2019











Introduction:

The Mental Health Response Advisory Committee (MHRAC) was developed as part of the Settlement Agreement in September 2015 to provide feedback, technical assistance and support to the Cleveland Division of Police as it relates to the coordination of crisis intervention activities in Cleveland. A Memorandum of Understanding (MOU) between the City of Cleveland and the Alcohol, Drug Addiction and Mental Health Services (ADAMHS) Board of Cuyahoga County was developed to carry out the duties of the MHRAC.

During Calendar Year 2018, Scott Osiecki, Chief Executive Officer of the ADAMHS, joined Ed Eckart Jr., Assistant Director of the Cleveland Department of Public Safety, and Captain James Purcell, CIT Coordinator, Cleveland Division of Police (CDP), as one of the Tri-chairs of the MHRAC.

The charge of the MHRAC is:

- Fostering better relationships and support between the police, community, and mental health providers.
- Identifying problems and developing solutions to improve crisis outcomes.
- Providing guidance to improving, expanding and sustaining the CDP Crisis Intervention Program.
- Conducting a yearly analysis of incidents to determine if the CDP has enough specialized CIT
 officers, if they are deployed effectively and responding appropriately, and recommending
 changes to policies and procedures regarding training.

As required by the MOU between the City of Cleveland and the ADAMHS Board of Cuyahoga County, the MHRAC has developed this 2018 Annual Report.

At the end of 2017, members of the MHRAC voted to meet every other month in 2018. All of the meetings were held at the ADAMHS Board and were open to the public. The committee met from 9:00 a.m. – 10:30 p.m. in January, March, May, July, September, and December rather than November due to a scheduling conflict.

MHRAC Sub-committees & Accomplishments:

There are five sub-committees of the MHRAC and its structure continuous to mirror the core elements, process for implementation and the coordination for a successful CIT Program:

1. Training Sub-committee:

- Developed and implemented the Four-hour In-service Training for all officers of the CDP. This training was provided from July 2018 through December 2018.
- Committee finalized the outline for the 40-hour Specialized CIT training for CDP Officers.
- Gathered the lectures, lesson plans, lesson manuals and other related materials from the current Community CIT presenters in collaboration with the ADAMHS Board of Cuyahoga County.

2. Diversion Sub-Committee:

- The committee met every other month throughout 2018 and facilitated discussions regarding current diversion challenges and opportunities for CDP officers.
- Committee was provided brief updates on the activities from the CIT Co-Responder Pilot Project that ended in September 2018.

3. Community Involvement/Engagement Sub-Committee:

- The committee developed a presentation for the community entitled *When to Call 911*, that will be facilitated by the ADAMHS Board Training Unit in 2019.
- A presentation entitled An Update on Improving Interventions with People in Crisis was drafted. The presentation was submitted as a proposal for a workshop at the March 8, 2019 National Association of Social Workers Ohio Chapter Cuyahoga County Conference on Social Welfare held at Case Western Reserve University.
- A questionnaire to CDP officers on the utilization of the Community Resource Cards was completed and a follow-up note outlining the feedback was sent to officers. Survey results indicated:
 - 62% of officers rated the resource cards' helpfulness as a 7 or better on a scale of 1-10 with 10 being Extremely Helpful.
 - 22% of officers have used the card more than five times.
 - 62% of officers have used the card at least once.
 - 10 officers made suggestions for ways to improve the cards and the committee will work to incorporate the ideas in 2019.

4. Quality Improvement Subcommittee:

- The committee met on a quarterly basis to review and discuss the data submitted from the CIT stat sheets.
- The Committee made recommendations on ways to improve the quality and quantity of data collected in the reports.
- The committee also reviewed and discussed the report from the *Cuyahoga County Crisis Response Needs Assessment* that was commissioned by the ADAMHS Board of Cuyahoga County and completed by The Begun Center for Violence Prevention Research and Education at Case Western Reserve University. The report reflected major underlying themes characterizing the responsiveness of the system in meeting the needs of clients and their families. The goal of this effort was to present these themes in ways that would be useful in assessing the effectiveness of the current system and later informing planning efforts for improvement. Interviews and focus groups were held with over 400 people across the county representing clients, family members, behavioral health professionals, law enforcement agencies and members of the MHRAC.

5. Executive Committee:

 The Executive Committee is a smaller group that met on an as needed basis for Committee Chairs and the MHRAC Tri-chairs to work closely together, reach consensus on decision points and ensure the progress of the MHRAC.

Other MHRAC Notables:

- As required by the MOU, MHRAC developed, published and submitted its third Annual Report to the City of Cleveland and the ADAMHS Board of Cuyahoga County. The report was shared with the Department of Justice, the Monitoring Team and the community in January 2018. All MHRAC annual reports can be viewed at www.adamhscc.org.
- The MHRAC coordinated, developed and submitted its 2018 Crisis Intervention Work Plan to the Department of Justice and the Monitoring Team. The Work Plan was approved by the Federal Court and represented the MHRAC's established goals, objectives and timelines.
- Jean L. Frank, MPH, Manager of School Based Surveillance and Evaluation at Case Western Reserve University, presented the findings of the 2017 Cuyahoga County Youth Risk Behavior Survey, during the March 2018 MHRAC meeting.
- Captain James Purcell, CDP, and Carole Ballard, Director of Education & Training for the ADAMHS Board of Cuyahoga County, presented several workshops throughout 2018 about CIT, including at the CIT International Conference, Ohio CIT Advanced Training Conference and the Ohio CIT Coordinator Committee.
- MHRAC members Larry Heller, social worker and community advocate, and Gabriella Celeste, Policy Director, Adjunct Assistant Professor in the Department of Anthropology, and Co-Director of the Childhood Studies Program at the Schubert Center for Child Studies at Case Western Reserve University, joined Captain Purcell and Carole Ballard on a variety of panels with the National Association for Civilian Oversight of Law Enforcement Regional Meeting.
- ADAMHS Board of Cuyahoga County staff provided an overview presentation of the Behavioral Health System of Care to the City of Cleveland Office of Professional Standards.

CIT Co-Responder Pilot Project:

Although not an official project of the MHRAC, the committee was kept up to date on the activities of the CIT Co-Responder Pilot Project. The project was funded through a \$200,000 Federal Bureau of Justice Assistance grant to the City of Cleveland and \$260,000 in funding from the ADAMHS Board of Cuyahoga County. FrontLine Service partnered with the CDP and managed a team that consisted of two mental health workers and two CIT police officers.

- The original grant award was from October 2015 through September 2017. The City of Cleveland applied for and received an extension to operate the program until the end of September 2018. In 2018, the City of Cleveland Applied for an expansion grant to continue the program but the grant was not awarded.
- The program design called for Crisis Workers from FrontLine Service to be paired with Police Officers from the CDP, 2nd District, during 2nd shift Tuesday through Friday. For the first 6 months of the program, the Crisis Workers rode in the back seat of the patrol car. Due to safety concerns for the Crisis Workers, CDP and the workers responded to calls in separate vehicles.
- From June 2016 through September 2018, 1,789 referrals involving 1,339 unique individuals were received that is an average of 66 referrals per month.
- 785 (44%) of the referrals came through dispatch and resulted in the Crisis Workers being on scene with the Officers.

- 1,004 (56%) of the referrals came from CIT forms completed by 2nd District Officers or when an officer notified them of an individual they were concerned about.
- Significant outcomes of the program:
 - When the crisis workers were on scene, a lower percentage of individuals were transported to an emergency department (44%) compared to when they were not on scene (87%). Diverting transports from an emergency department saves law enforcement time and resources. Avoiding transport to an ED also decreases the likelihood of a situation escalating since law enforcement are not having to take an Individual into custody.
 - When the crisis workers were on scene, they were much more successful in following up and assisting the individual with linking to on-going services vs. the CIT form referrals.
 - The Crisis worker also focused much of their work on the *high utilizers*, defined as an individual with three or more contacts with 2nd District officers during a 6 month period. They were able to consistently reduce the number of calls from the individuals in subsequent months.

This report is submitted on behalf of the entire MHRAC.

Thank you to all members, especially the Sub-committee Co-chairs for their hard work and dedication.

A MHRAC membership roster is included in this report.

The MHRAC also thanks the Settlement Agreement Monitors Matthew Barge, Vice President and Deputy Director of the Police Assessment Resource Center, and Randolph Dupont, Ph.D., Professor and Clinical Psychologist at the University of Memphis, for their collaboration, technical assistance and consultation.

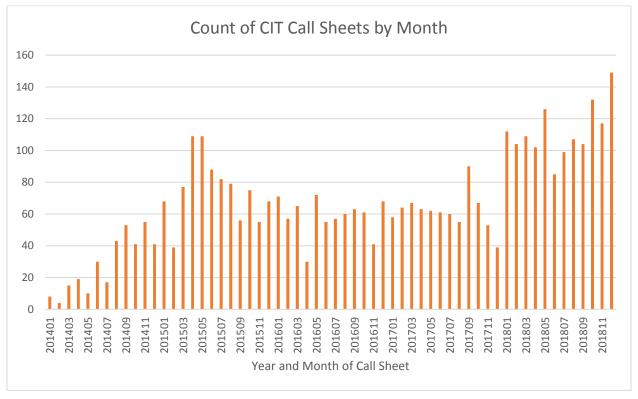
The committee and the Tri-chairs also expresses a special thanks to Heather Tonsing Volosin, Assistant United States Attorney, and Mike Evanovich Civil Rights Investigator, at the US Attorney's Office, and Carole Ballard, Director of Education and Training, and Thomas Williams, Data Research Specialist, at the ADAMHS Board of Cuyahoga County.

This report was prepared by the ADAMHS Board of Cuyahoga County on behalf of the City of Cleveland Mental Health Response Advisory Committee in accordance with the Memorandum of Understanding.

SUMMARY OF CRISIS INTERVENTION TEAM DATA: 2014 - 2018

The following charts summarize the data shared by CDP with the ADAMHS Board of Cuyahoga County for Crisis Intervention activities from January 2014 through December 2018.

ENCOUNTERS BY MONTH VIA CRISIS INTERVENTION TEAM STAT SHEETS COLLECTED BY CDP:



CIT STAT SHEETS RECEIVED AND SUMMARIZED BY CALENDAR YEAR:

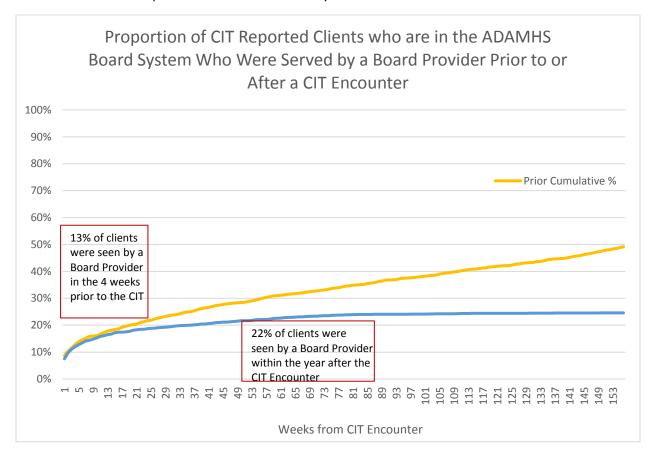
This chart represents the Total Number of CIT Stat Sheets reviewed by the ADAMHS Board.

Encounter Year	2014	2015	2016	2017	2018 Q1	2018 Q2	2018 Q3	2018 Q4
Encounter Count	336	905	700	739	325	313	310	398
Average Encounters per Month	28	75	58	62	108	104	103	133

- Two different CIT Stat Sheets have been used over the course of the years summarized. Data fields have been added and deleted as the data requirements have been refined.
- Handwriting of the individuals who completed the sheets may be difficult to read.
- Stat Sheets may have been incomplete.

CDP Interventions and ADAMHS BOARD CLIENT OVERLAP:

Persons identified on CIT Stat Sheets were compared with Clients in the ADAMHS Board Claims Data System to determine what overlap there is between the two systems.



- For the five-year time period from January 1, 2014 through December 31, 2018 there were 4,026 CIT Stat Sheets completed and entered into the ADAMHS Board data base.
- Using data from the Stat Sheets and the ADAMHS Board claims data, records were matched using client name, social security number, street address and date of birth.
- Using the standard criteria for inexact matches on all data fields, 2,400 record matches were identified. This is a matching rate of 60%. The matches are for individuals enrolled in SHARES or MACSIS.
- Not everyone enrolled has had claims submitted. There are 460 enrolled individuals who do not have claims.
 Many of this enrollees have Medicaid numbers and some may have other insurance. The 460 clients are not included in the service counts.
- For clients who do match and had claims, 15% of clients were served at a Board provider within four weeks after the CIT encounter.
- For clients who do match, 22% of clients were served at a Board provider within a year (52 weeks) after the CIT encounter.
- 13% of individuals who were identified on both a CIT Stat Sheet and are in the Board Claims systems were served by a Board provider within the week prior to the CIT encounter. Some clients were served on the same day as the CIT encounter.

• 49% of individuals who were identified on both a CIT Stat Sheet and are in the Board Claims systems were served by a Board provider within the three years prior to the CIT encounter.

DIAGNOSES FOR CLIENTS MATCHED TO ENCOUNTERS:

The table below shows the distribution of diagnoses which were less than four percent of the clients included in the Other Diagnoses category. The diagnosis comes from the Board contract provider.

		Percent of Matched Clients
Diagnoses for Matched Clients	Count	with Claims
Schizophrenia	596	31%
Major Depressive Disorder	217	11%
Bipolar Disorder	208	11%
Adjustment Disorder	154	8%
Other Diagnosis NEC	129	7%
Other Psychosis	86	5%
Alcohol Dependence	95	4%
Attention Deficit Hyperactivity		
Disorder	75	4%
Other Diagnoses	380	20%
Total	1,940	

COUNTS BY ENCOUNTER LOCATION:

The table below shows the locations where officers responded multiple times in 2017 & 2018. Addresses for public establishments and group homes are shown with the name of the establishment. Addresses for private residences are not shown and are indicated as Private Residence.

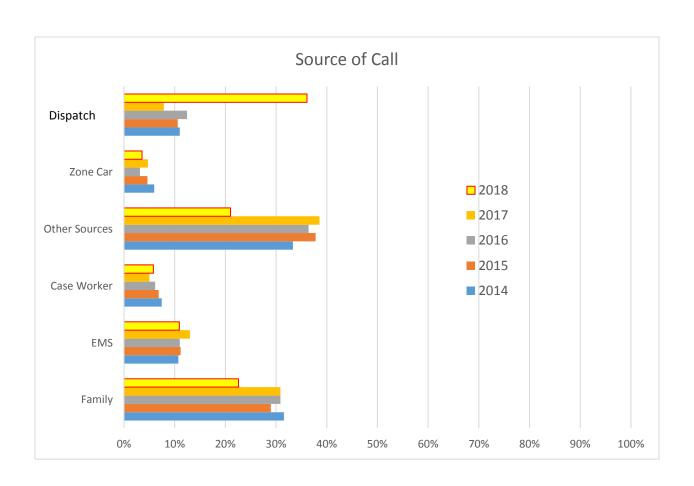
2017	2018		
Encounter Location	Encounter Count	Encounter Location	Encounter Count
8001 Madison, Madison Commons Group Home	6	2100 Lakeside, Lutheran Metropolitan Ministry	20
Private Residence A	5	2227 Payne, The Norma Herr Women's Center	20
Private Residence B	5	Public Square	10
881 E. 152nd, Cleveland Police Department	5	Private Residence	9

13407 Kinsman, Life Exchange Center	4	Private Residence AA	9
8411 Broadway, Community Assessment	4	1744 Payne Ave, Frontline Service	8
13422 Kinsman, Doctor Office	3	Private Residence AB	8
17608 Euclid Ave, New Avenues To		12717 Dove Ave, Helping and Caring	
Independence	3	Hands	6
18810 Harvard, Atrium Health Care Inc	3	4400 Euclid Ave, The Centers for Families and Children	6
2100 Lakeside, Lutheran Metropolitan Ministry	3	5310 Carnegie, The City Mission of Cleveland	6
Private Residence C	3	6606 Carnegie Ave, City View Nursing and Rehabilitation Center	6
3515 E. 142, Open Arms	3	9333 Kinsman, Cleveland Police Department	6
3704 E. 53, Heaven on Earth Adult Care, LLC	3	Private Residence AC	5
		10613 Lamontier, Northern Oh	
3907 Prospect, Help Foundation Inc	3	Recovery Association East	4
		Private Residence AD	4
		Private Residence AE	4
		3427 E. 147 th , Close to Home The Classic	4
		Buckeye Square	3
		Private Residence AF	3
		Private Residence AG	3
		Murtis Taylor Human Services System	3
		Private Residence AH	3
		3234 West Blvd, Bradley Manor	3
		Hopkins Airport	3
		8411 Broadway, Community Assessment and Treatment Services	3

SOURCE OF ENCOUNTER:

The following chart represents the origination of a call that resulted in a CIT encounter.

	Encounter Year					
Encounter Source	2014	2015	2016	2017	2018	
	106	262	216	228	304	
Family	32%	29%	31%	31%	23%	
	36	101	77	96	147	
EMS	11%	11%	11%	13%	11%	
	25	62	43	37	78	
Case Worker	7%	7%	6%	5%	6%	
	112	342	255	285	283	
Other Sources	33%	38%	36%	39%	21%	
	20	42	22	35	48	
Zone Car	6%	5%	3%	5%	4%	
	37	96	87	58	486	
Dispatch	11%	11%	12%	8%	36%	
Total	336	905	700	739	1,346	



NATURE OF ENCOUNTERS:

Nature of Encounters are defined by the CIT officer. There were 300 different terms used by officers to describe the nature of the encounters. A review of the terms resulted in the following categories for summarizing the nature of the encounters.

Encounters for Adults:

Encounters and Percentages by Categories for Adults by Year. Encounter categories with percentage values less than 3% of encounters are not included.

Nature of Encounter Categories	2014	2015	2016	2017	2018	Grand Total
	3	21	18	21	56	119
Crisis Intervention	1%	3%	3%	3%	12%	4%
Involved MH Drug	10	27	14	17	20	88
Use/Overdose	3%	3%	2%	3%	4%	3%
	111	307	173	162	96	849
Involved Mental Illness	38%	39%	30%	26%	21%	31%
	95	230	183	217	141	866
Involved Suicide Threats	32%	29%	32%	35%	31%	32%
	1	2	19	29	19	70
Involved Threats to Others	0%	0%	3%	5%	4%	3%
	24	56	42	42	27	191
Involved violence, Domestic	8%	7%	7%	7%	6%	7%
	11	28	27	66	39	171
Other	4%	4%	5%	11%	9%	6%
Grand Total	294	782	570	622	458	2,726

Because of the change in the CIT Stat Sheets:

- Use of the category Crisis Intervention jumped to 12% in 2018 from near 3% in 2017.
- Use of the category Involved Mental Illness has declined.

Encounters for Juveniles (<18 years old):

Encounters and Percentages for Youth by Year. Encounter categories with percentage values less than 3% of encounters are not included.

Nature of Encounter						Grand
Categories	2014	2015	2016	2017	2018	Total
	0	7	4	1	6	18
Crisis Intervention	0%	7%	4%	1%	15%	5%
	0	0	6	7	3	16
Domestic	0%	0%	6%	8%	8%	4%
	3	9	13	7	3	35
Involved Mental Illness	9%	9%	13%	8%	8%	10%
	4	24	32	34	20	114
Involved Suicide Threats	12%	24%	32%	38%	50%	31%
	2	13	23	18	2	58
Involved violence, Domestic	6%	13%	23%	20%	5%	16%
	25	43	10	8	4	90
Other	74%	43%	10%	9%	10%	25%
Grand Total	34	99	101	90	40	364

Because of the change in the CIT Stat Sheets:

- Increase in encounters related to Suicide Threats from 32% in 2016 to 50% in 2018.
- There has been an increase in the proportion of Crisis Intervention to 15% in 2018.
- Use of the Other category has declined to near 10% for the past two and a half years.

NEWLY ADDED DATA FIELDS:

Six new data fields were added to the latest version (2018) of the CIT Stat Sheet.

Race/Ethnicity:

	2018 Count	2018 Percent
African American	376	28%
Asian	2	0%
Caucasian	216	16%
Hispanic	21	2%
Other	1	0%
Total	1,346	

Mental Illness:

	2018 Count	2018 Percent
Yes	548	41%
No	798	59%

Alcohol/Drug:

	2018 Count	2018 Percent
Yes	163	12%
No	1183	88%

Developmental Disability:

	2018 Count	2018 Percent
Yes	17	1%
No	1329	99%

Homeless:

	2018 Count	2018 Percent
Yes	48	4%
No	1298	96%

Veteran:

	2018 Count	2018 Percent
Yes	9	1%
No	1,337	99%

Subject Armed -Discrepancy based upon how the officer completed the form. Armed usually refers to a gun:

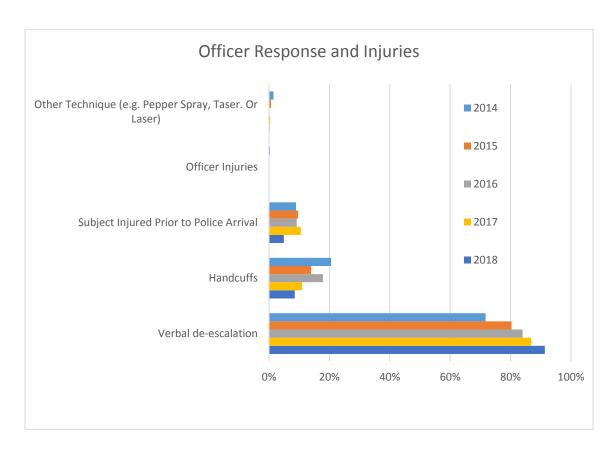
	2018 Count	2018 Percent
Yes	5	0%
No	6	0%
Not Recorded	1,335	99%

Type of Weapon-Weapons identified by the officers:

	2018 Count	2018 Percent
None	1,150	95%
Not Recorded	10	1%
Chair	2	0%
Glass	1	0%
Golf Club	1	0%
Gun	4	0%
Hands	1	0%
Knife(s)	26	2%
Large Stick	1	0%
Razor	2	0%
Rope	1	0%
Scissors	1	0%
Train	1	0%

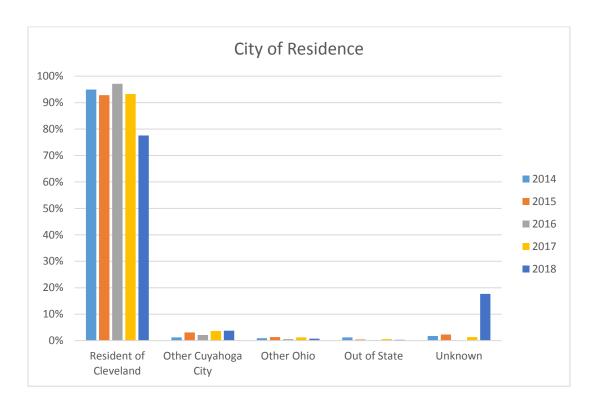
OFFICER RESPONSES AND INJURIES:

						Grand
	2014	2015	2016	2017	2018	Total
	241	727	588	642	1,230	3,428
Verbal de-escalation	72%	80%	84%	87%	91%	85%
	69	126	125	81	115	516
Handcuffs	21%	14%	18%	11%	9%	13%
Subject Injured Prior	30	87	64	78	66	325
to Police Arrival	9%	10%	9%	11%	5%	8%
	1	1	1	1	2	6
Officer Injuries	0%	0%	0%	0%	0%	0%
Other Technique						
(e.g. Pepper Spray,	5	6	0	3	3	17
Taser or Laser)	1%	1%	0%	0%	0%	0%



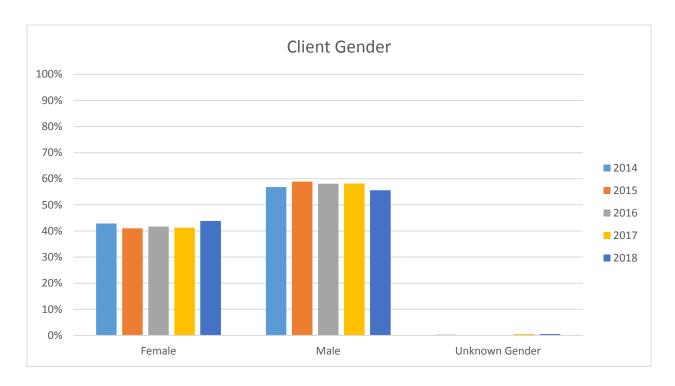
RESIDENCE OF INDIVIDUALS:

						Grand
Residence	2014	2015	2016	2017	2018	Total
Cleveland	319	840	680	689	957	3,453
Cievelaliu	95%	93%	97%	93%	78%	89%
Other Cuyahoga	4	28	16	27	46	118
County City	1%	3%	2%	4%	4%	3%
Other Ohio City	3	12	3	9	9	34
	1%	1%	0%	1%	1%	1%
Out of State	4	4	1	4	4	17
Out of State	1%	0%	0%	1%	0%	0%
Unknown	6	21	0	10	218	255
Unknown	2%	2%	0%	1%	18%	7%
Grand Total	336	905	700	739	1,197	3,877



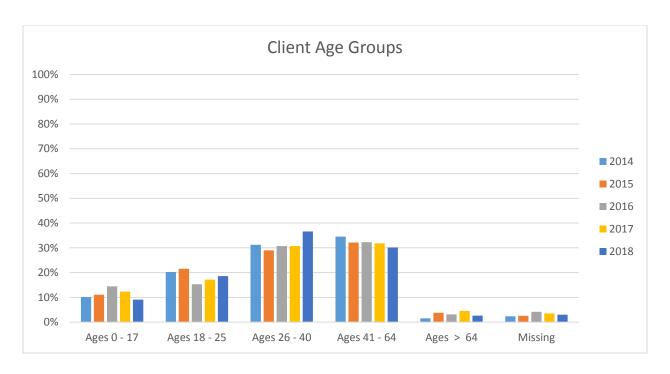
GENDER:

	2014	2015	2016	2017	2018	Grand Total
Female	43%	41%	42%	41%	42%	42%
Male	57%	59%	58%	58%	58%	58%
Unknown	0%	0%	0%	1%	0%	0%



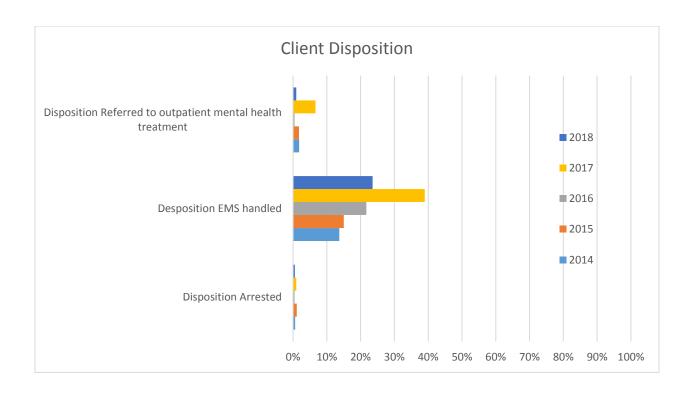
CLIENT AGE GROUPS:

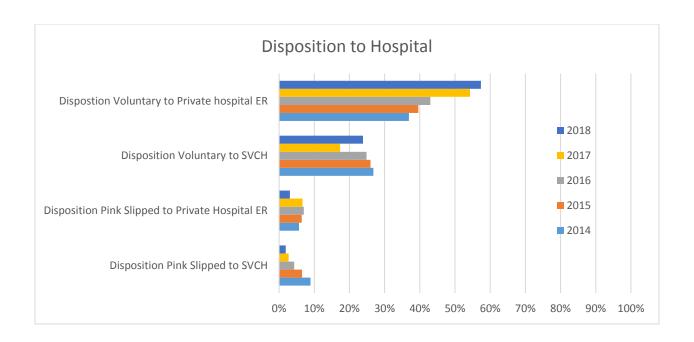
	2014	2015	2016	2017	2018	Grand Total
Ages 0 - 17	10%	11%	14%	12%	9%	11%
Ages 18 - 25	20%	22%	15%	17%	19%	19%
Ages 26 - 40	31%	29%	31%	31%	37%	32%
Ages 41 - 64	35%	32%	32%	32%	30%	32%
Ages > 65	1%	4%	3%	4%	3%	3%
Missing	2%	3%	4%	4%	3%	3%



DISPOSITION OF ENCOUNTERS:

						Grand
	2014	2015	2016	2017	2018	Total
	2	10	3	7	7	29
Arrested	1%	1%	0%	1%	1%	1%
	46	136	`52	288	317	939
EMS	14%	15%	22%	39%	24%	23%
Referred to outpatient	6	16	3	49	13	87
mental health						
treatment	2%	2%	0%	7%	1%	2%
Pink Slipped to St.	30	59	30	20	25	164
Vincent Charity ED	9%	7%	4%	3%	2%	4%
Pink Slipped to Private	19	58	49	49	41	216
Hospital ER	6%	6%	7%	7%	3%	5%
Voluntary to St.	90	235	174	128	321	948
Vincent Charity ED	27%	26%	25%	17%	24%	24%
Voluntary to Private	124	358	301	401	772	1956
Hospital ER	37%	40%	43%	54%	57%	49%





TRANSPORTS:

The table below shows the top ten transport destinations in alphabetical order.

	2014	2015	2016	2017	2018	Grand Total
	0	13	18	27	54	112
Cleveland Clinic	0%	1%	3%	4%	4%	3%
	4	24	26	43	30	127
Euclid Hospital	1%	3%	4%	6%	2%	3%
	4	54	78	78	62	276
Fairview Hospital	1%	6%	11%	11%	5%	7%
	11	44	63	96	136	350
Lutheran Hospital	3%	5%	9%	13%	11%	9%
Marymount	2	21	33	24	44	124
Hospital	1%	2%	5%	3%	4%	3%
MetroHealth	13	47	62	96	131	349
Medical Center	4%	5%	9%	13%	11%	9%
	5	10	30	27	40	112
Rainbow	1%	1%	4%	4%	3%	3%
Saint Vincent	1	60	191	152	203	607
Charity Hospital	0%	7%	27%	21%	17%	16%
University	3	40	78	92	154	367
Hospital	1%	4%	11%	12%	13%	9%
VA	1	6	10	8	8	33
	0%	1%	1%	1%	1%	1%

ENCOUNTERS PER CLIENT BY YEAR:

The table below show by counts and percentage of individuals who had one or more encounters per year. Recording encounters per year requires a match between an individual's name, birth date and SSN - if any of those data fields were missing the person is not included in the counts.

Number of Encounters	2014	2015	2016	2017	2018	Grand Total
12	0	1	0	0	0	1
12	0%	0%	0%	0%	0%	0%
7	0	1	0	0	0	1
,	0%	0%	0%	0%	0%	0%
	0	0	0	0	1	1
6	0%	0%	0%	0%	0%	0%
-	0	2	2	0	1	5
5	0%	0%	0%	0%	0%	0%
1	0	4	2	0	4	10
4	0%	0%	0%	0%	0%	0%
2	1	6	6	4	8	25
3	0%	1%	1%	1%	1%	1%
2	19	51	28	16	51	165
2	6%	6%	4%	2%	5%	5%
1	295	738	605	692	1,038	3,368
1	94%	92%	94%	97%	94%	94%
Totals	315	803	643	712	1,103	3,576

Mental Health Response Advisory Sub-committee (MHRAC) Active Membership as of 12/31/18

Scott Osiecki, Tri-chair

Chief Executive Officer
ADAMHS Board of Cuyahoga County

Ed Eckart, Tri-chair

Assistant Director City of Cleveland Department of Public Safety

Captain James Purcell, Tri-Chair

CIT Coordinator Cleveland Division of Police

Carole Ballard

Director of Education & Training ADAMHS Board of Cuyahoga County Training Sub-committee Co-chair & Diversion Sub-committee Co-chair

Marsha Blanks

Program Director NAMI Greater Cleveland

Reginald C. Blue, Ph.D.

ADAMHS Board Member

Gabriella Celeste

Director, Child Policy
Co-Director, Childhood Studies Minor
Schubert Center for Child Studies
Case Western Reserve University
Quality Improvement Sub-committee
Co-chair

Richard Cirillo, Ph.D.

Chief Clinical Officer Cuyahoga County Board of Developmental Disabilities

Kathleen Clegg, MD

Cleveland Community Police Commission Liaison Associate Professor of Psychiatry University Hospitals Case Medical Center

Rosemary H. Creeden LISW-S

Associate Director, Trauma Services Frontline Service

Curtis Couch

Chief Technology & Data Analytics Officer ADAMHS Board of Cuyahoga County Quality Improvement Sub-committee Co-chair

Beth DeJesus-Zietlow.

Director of External Affairs ADAMHS Board of Cuyahoga County Community Engagement Subcommittee Co-Chair

Randolph Dupont, PhD

Monitoring Team
Professor and Clinical Psychologist
Department of Criminology and
Criminal Justice
School of Urban Affairs & Public Policy
University of Memphis

Mike Evanovich

Civil Rights Investigator
US Attorney's Office (contractor)
US Department of Justice

Judge Hollie L. Gallagher

Cuyahoga County
Court of Common Pleas
Quality Improvement Sub-committee
Co-Chair

Rev. Benjamin F. Gohlstin, Sr.

ADAMHS Board Chair United Pastors in Mission

Yolanda Gordon, MCJ

Probation Officer
Cleveland Municipal Court
Mental Health unit

Larry Heller

Greater Cleveland Congregations & NORA

Vincent Holland, Ph.D.

Professor in the Sociology Department of Tri-C

Rania Issa

Data Analysis & Coordinator Cleveland Division of Police

Shannon Jerse

General Counsel St. Vincent Charity Medical Center Training Sub-committee Co-chair

Christina Kalnicki

Behavioral Health Initiative Lead-Criminal Justice-Ohio Medicaid CareSource

Diversion Sub-committee Co-chair

Karen Kearney

Northeast Ohio Hub Director Mental Health & Addiction Advocacy Coalition (MHAC) Community Engagement Subcommittee Co-Chair

Eugenia Kirkland

ADAMHS Board Vice-Chair

Chris Mignogna, MSW, LSW, CEAP

Executive Director NAMI Greater Cleveland

Derek Moore

Coordinator Cleveland Municipal Court Probation Department Veterans Treatment Specialized Docket

Janet Montoya

Manager Community Health Advocacy Project MetroHealth System

Susan Neth

Executive Director FrontLine Service,

Rosie Palfy

Community Advocate

Samantha Reid, LPCC, LCDCIII, EAS-C

Community Advocate

Ellen Riehm

Community Education Coordinator NAMI Greater Cleveland

Charles See

Monitoring Team

Kathleen Stoll

Community Advocate

Carolyn Szweda, MBA, MSW, LISW-S

Executive Vice President Beech Brook

Heather Tonsing Volosin

Assistant United States Attorney US Department of Justice

Michael Woody

President
CIT International Inc.
Ohio Criminal Justice Coordinating
Center of Excellence