

City of Cleveland

Mental Health Response Advisory Committee

2015 Report

January 29, 2016

**UNITED STATES DISTRICT COURT
NORTHERN DISTRICT OF OHIO
EASTERN DIVISION**

UNITED STATES OF AMERICA,)	CASE NO.:
)	
Plaintiff,)	JUDGE:
)	
v.)	
)	
CITY OF CLEVELAND,)	
)	
Defendant.)	

SETTLEMENT AGREEMENT

I. INTRODUCTION

The United States of America and the City of Cleveland (collectively "Parties") are committed to ensuring that police services in Cleveland are delivered in a manner that is constitutional, effective, and consistent with community values, while preserving officer and public safety. To further these goals, the Cleveland Division of Police ("CDP") and the Cleveland community must have a strong relationship that is built on mutual trust and respect. The provisions of this Agreement are designed to bolster this relationship and ensure that it endures. The Constitution requires the City to prevent excessive force, to ensure that search and seizures are reasonable, and to ensure that police services are delivered free from bias. These precepts also are fundamental to a strong community-police relationship. To further these goals, the City has agreed to provide clear guidance to officers; provide officers with needed training, and equipment; and increase transparency. The Parties acknowledge that the Agreement alters the fact that the City of Cleveland is a governmental entity under the laws of Ohio and governed in accordance with its Municipal Charter ("Charter"). The Agreement does not alter the Cleveland Charter provisions regarding control over the police force. The Mayor of Cleveland and Director of Public Safety over CDP and the Chief of CDP retains authority to oversee the operation of the police force. For these reasons, and noting the general principle that settlements between government entities, the Parties agree to settle this matter under the following terms and conditions.

II. BACKGROUND

- On March 14, 2013, at the request of the Mayor, the United States Department of Justice ("DOJ") announced an investigation into CDP's policies and practices to determine whether the use of excessive force in violation of the Constitution and the Violent Crime Control and Law Enforcement Act of 1994, 18 U.S.C. § 14141 ("Section 14141").
- As part of its investigation, DOJ, in

VII. CRISIS INTERVENTION

131. CDP will build upon and improve its Crisis Intervention Program with the goal of: (a) assisting individuals in crisis; (b) improving the safety of officers, consumers, family members, and others within the community; (c) providing the foundation necessary to promote community and statewide solutions to assist individuals with mental illness; and (d) reducing the need for individuals with mental illness to have further involvement with the criminal justice system. The Crisis Intervention Program will provide a forum for effective problem solving regarding the interaction between the criminal justice and mental health care system and create a context for sustainable change.

A. Mental Health Response Advisory Committee

132. Within 180 days of the Effective Date, CDP and the City will ensure that a Mental Health Response Advisory Committee ("Advisory Committee") is developed to foster relationships and build support between the police, the community, and mental health providers and to help identify problems and develop solutions designed to improve outcomes for individuals in crisis.

133. The Advisory Committee will include the Crisis Intervention Coordinator and representation from specialized CIT officers. CDP also will seek representation from the Cleveland Municipal Court's Mental Health Docket, the Ohio Criminal Justice Coordinating Center of Excellence, Cuyahoga County's Alcohol, Drug Addiction, and Mental Health Services Board ("ADAMHS Board"), FrontLine Services, and any other relevant Cuyahoga County mental health organizations, such as advocacy organizations, homeless service providers, area hospitals, and interested community members.

134. The Advisory Committee will meet regularly and provide guidance to assist CDP in improving, expanding, and sustaining its Crisis Intervention Program.

135. On an annual basis, the Advisory Committee will conduct an analysis of crisis intervention incidents to determine whether CDP has enough specialized CIT officers, whether it is deploying those officers effectively, and whether specialized CIT officers, call-takers, and dispatchers are appropriately responding to people in crisis, and will



January 29, 2016

The Mental Health Response Advisory Committee is pleased to provide this first annual report to the City of Cleveland; the Alcohol, Drug Addiction and Mental Health Services Board of Cuyahoga; the Cleveland Division of Police and the community-at-large. The entire committee believes that the challenges our city faces as described in the U.S. Department of Justice Investigation of the Cleveland Division of Police are opportunities to make Cleveland a city where everyone – including people living with mental illness and addiction - is treated safely with dignity and respect.

The work of this committee also supports opportunities to improve the mental health and addiction services continuum of care and address gaps and make improvements to our behavioral health system to ensure that the Cleveland Division of Police – and the citizens of Cleveland - have the resources available to assist people in crisis, as well as to services that maintain recovery from mental illness and/or addictions.

William M. Denihan
MHRAC Chair
Chief Executive Officer
ADAMHS Board of Cuyahoga County

Ed Eckart, Jr.
MHRAC Vice-Chair
Assistant Director of the Cleveland
Department of Public Safety

Mr. Denihan and Mr. Eckart are submitting this report on behalf of the entire Mental Health Response Advisory Committee and thank all members, especially the sub-committee Chairs and Co-chairs, for their hard work and dedication. A Mental Health Response Advisory Committee membership roster is attached to this document.

The Mental Health Response Advisory Committee also thanks the Settlement Agreement monitors Matthew Barge, Vice President & 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.

Mental Health Task Force:

A Mental Health Task Force was convened in January 2015 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 (CPD) that was released in December of 2014. Task Force 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 recommendations that were submitted to the City of Cleveland and the Department of Justice on March 5, 2015. The recommendations provide elements of training, continued practice and oversight to ensure 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 the recommendations. Therefore, whenever “mental illness” is used it also includes alcohol, drug and other addictions, as well as developmental disabilities. You can read the Mental Health Task Force Recommendations online at www.adamhsc.org.

Settlement Agreement & Mental Health Response Advisory Committee:

A Settlement Agreement between the City of Cleveland and the Department of Justice, which was developed to address concerns about the CPD use-of-force policies and practices, was signed on June 12, 2015. The Decree contains a mental health component that required the development of a Mental Health Response Advisory Committee (MHRAC) by the City of Cleveland and the CPD no later than December 9, 2015.

The mental health component of the Decree also calls for:

- **Mandatory Crisis Intervention Training** to be provided to all CPD Officers within 365 days of the agreement’s effective date, with annual in-service trainings of at least 8 hours, and at least 16 hours for recruits. Call-takers, dispatchers and supervisors will receive crisis intervention

telecommunicators training to identify, respond and dispatch crisis calls.

- **At least 40-hours of Specialized Crisis Intervention Team (CIT) training:**

- Voluntary with assessment that includes:
 - ◇ Written application.
 - ◇ Supervisory recommendation.
 - ◇ Disciplinary file review.
 - ◇ In-person interview.
- All Field Training Officers will receive specialized CIT training, but not considered a CIT Officer unless volunteered and has been selected.
- CPD will select an officer at the rank of captain or above as the **Crisis Intervention Coordinator** (Captain James Purcell was selected) within 180 days of the decree’s effective date to:
 - ◇ Facilitate communication between CPD and mental health community.
 - ◇ Develop and maintain partnerships.
 - ◇ Serve as point person for advocates, individuals, families, caregivers, professionals.
 - ◇ Coordinate implementation of changes made by the Advisory Committee.
 - ◇ Select candidates for CIT officers.
 - ◇ Recognize and honor CIT officers, call-takers and dispatchers.
 - ◇ Develop a Specialized Crisis Intervention Plan within 365 days to ensure a specialized CIT officer is available to respond to all crisis calls within the constraints of the Collective Bargaining Agreement.
- **Crisis Intervention Policies & Procedures:**
 - Ohio Criminal Justice Coordinating Center of Excellence conducted a peer review of Cuyahoga County’s CIT program. This review was complete in April 2015.
 - Policies and procedures will be revised:
 - ◇ Crisis intervention may be necessary even with a law violation.

*(See Continued **Crisis Intervention Policies & Procedures** on page 3)*

- ◇ CIT officers have discretion to divert individuals to the health care system rather than the judicial system when appropriate.
- ◇ CIT officers must be dispatched to all crisis calls, when available.
- ◇ CPD will track calls/incidents involving crisis:
 - * Date, time, location.
 - * Name, age, gender, race, ethnicity and address.
 - * If armed and type of weapon.
 - * Veteran.
 - * Name and address of person calling for service.
 - * Reason for call.
 - * Names and badge numbers of officers.
 - * If supervisor responded to call.
 - * Techniques/equipment officers used.
 - * Injuries to subject, officers, or others
 - * Disposition of call: defuse, arrest, citation, referral.
 - * Brief narrative of event.
- **Outcome data** will be reported publicly in aggregate annually and to the Advisory Committee.
- **Data** will be used to:
 - Identify training needs and case studies for teaching purposes.
 - Identify safety issues and trends.
 - Highlight successful officer performance.
 - Develop strategies for repeat calls.
 - Identify and correct systematic issues.

Memorandum of Understanding

The City of Cleveland selected the Alcohol, Drug Addiction and Mental Health Services (ADAMHS) Board of Cuyahoga County to assist with establishing and implementing the MHRAC to assist with the Police Crisis Intervention Program. A Memorandum of Understanding (MOU) between the City of Cleveland Department of Public Safety, the Chief of Police and the ADAMHS Board of Cuyahoga County was developed and signed on September 10, 2015 – well before the deadline in the Decree. The first meeting of the MHRAC was held on September 17, 2015.

William M. Denihan, Chief Executive Officer of the Alcohol, Drug Addiction and Mental Health Services (ADAMHS) Board of Cuyahoga County, serves as Chair, and Ed Eckart Jr., Assistant Director of the Cleveland Department of Public Safety, serves as Vice-chair of this committee that has the following charge that was outlined in the Settlement Agreement:

- **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 CPD Crisis Intervention Program.
- **Conducting a yearly analysis** of incidents to determine if the CPD has enough specialized CIT officers, if they are deployed effectively and responding appropriately, and recommending changes to policies and procedures regarding training.

The MHRAC serves in an advisory capacity to make recommendations to the City and the CPD. *A copy of the MOU is attached to this document.*

Mental Health Response Advisory Committee Structure

To ensure success of the MHRAC and utilize the experiences and talents of its members, a structure consisting of six sub-committees:

- **Executive Committee:** Smaller group of key stakeholders to work closely together, reach consensus on decision points and ensure the progress of the Mental Health Advisory Committee.
- **Community Involvement/Engagement Committee:** Foster relationships between the Cleveland Police Department and the community by engaging the mental health and drug addiction community, police, and the general public in meaningful dialogue that builds knowledge, sensitivity, and understanding in order to inform and improve interactions and relationships through development of a plan to connect the general public, the police, and mental health and addiction specialists in each police district to build trust.
- **Data Committee:** Analyze data collected on CIT calls for monthly updates to Mental Health Advisory committee and annual report to City through creation of a mechanism to report measurable changes in the handling of calls involving individuals experiencing a behavioral health crisis to recommend improvements in the manner the calls are addressed and increase the rate of diversions from arrest where possible.
- **Diversion Committee:** Work with the Cleveland Division of Police to offer alternatives to the justice system for people with mental illness and addictions, such as diversion to hospitalization or treatment.
- **Policy Review Committee:** Police policy review and recommendation working group of the MHRAC as part of the Settlement Agreement implementation process, which involves reviewing the existing CDP policies as they relate to handling people living with mental illness, vulnerable and/or citizens in crisis in order to make recommendations for revising policies consistent with best practices.
- **Training Committee:** Review and make recommendations for 8-hour Mental Health /AoD training for all Cleveland Police officers and personnel, as well as the 40-hour CIT training for officers who volunteer for the training.

The MHRAC held its first meeting on September 17, 2015 and set a schedule to meet on the second Monday of every month. **All of the MHRAC and its sub-committee meetings are open to the public and listed on the Settlement Agreement tab of the ADAMHS Board Website: www.adamhsc.org.** A press release was issued listing the dates of the meetings including the Website address where the public could find more information. MHRAC meeting summaries are also posted on the Website. Two Executive Committee meetings were held prior to the MHRAC to discuss formation of the committee.

Approving Recommendations: Each sub-committee meets on a regular basis to fulfill its charge and makes recommendations to the MHRAC, which will vet the recommendations, work with the Settlement Agreement Monitors and submit final recommendations to the City and CPD.

Open to the Public: There are over 50 members of the MHRAC representing the Cleveland Division of Police, City of Cleveland, Cleveland Municipal Court, Cuyahoga County Court of Common Pleas, Ohio Criminal Justice Coordinating Center of Excellence, ADAMHS Board, Cuyahoga County mental health providers for both adults and children, hospitals, advocacy organizations, other County Departments, clients of mental health and addiction services and interested community members. **Others may join the MHRAC at any time.** *(A roster of the MHRAC membership is attached to this document)*

Progress Made from September 2015 through January 29, 2016

The Police Assessment Resource Center, selected by the City of Cleveland to monitor the progress of the Settlement Agreement, has stated that they are pleased with the progress being made by the MHRAC. William M. Denihan and Ed Eckart, Jr., credit the outstanding work and dedication of the sub-committees for the outstanding work product completed to date.

Community Involvement/Engagement

The **Community Involvement/Engagement Committee** has submitted the following five recommendations to the MHRC:

1. Develop and Maintain Resource “Pocket” Guides for CDP Officers that identifies important behavioral health resources and agencies in each police district, as well as for the General Public about the rules of interacting with police officers during questioning in different circumstances; as well as tips on road safety, child safety and personal safety.
2. Build and Nurture Community Connections between CDP officers, behavioral health providers, and the community by organizing events and connecting through community meetings.
3. Use of Social Media to connect the CPD with each district’s Community-Police Relations Committee, and local mental health and addiction agencies to stay informed of what is happening in each other’s worlds.
4. Creation and Airing of Public Service Announcements to inform the public about the work that is being done in relation to the Settlement Agreement, CIT training, how CIT improves public safety, and how to make it clear to 911 dispatchers when a mental health or drug addiction crisis is involved in an emergency situation.
5. Streamline and Increase Cross-Communication among Settlement Agreement and Community Committees to identify ways to reduce redundancies, increase the value of work, and strengthen the network of parties interested in the Settlement Agreement’s success.

Policy Review

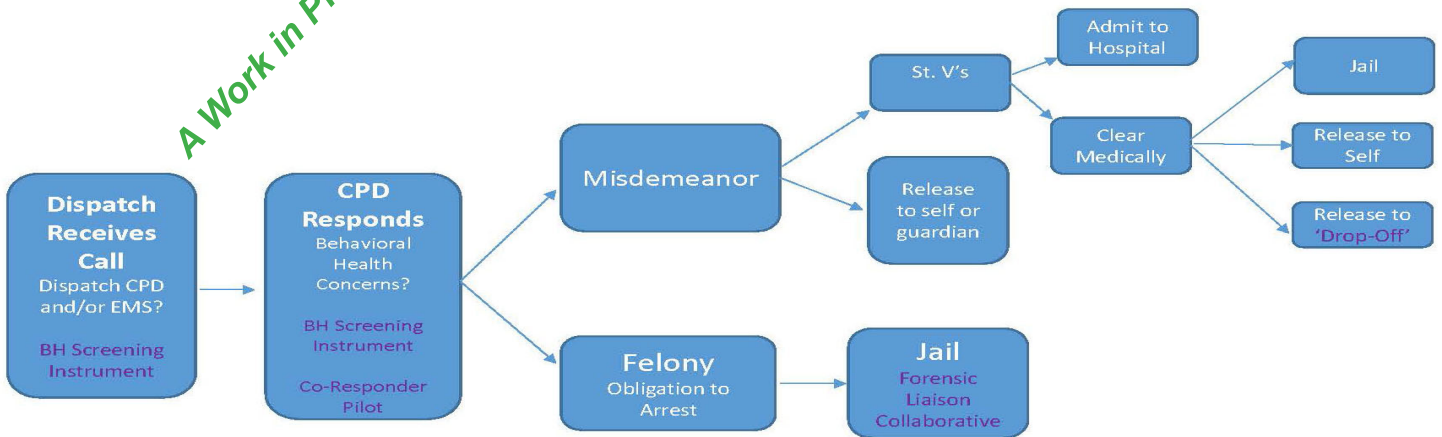
The **Policy Review Committee** has been conducting a comprehensive review of CPD and other cities’ policies (general police orders) and procedures pertaining to responding to people with mental illness, substance abuse and/or developmental disabilities. Members are identifying best practices and coordinating with sub-committees to recommend changes to existing policies and development of new policies. The review is being made under the guiding principles of:

- **Advancing** respect, dignity and safety in all interactions between CDP and citizens.
- **Safely** diverting people with mental illness, the vulnerable and/or those citizens in crisis from the criminal justice system where possible to appropriate mental health and substance abuse treatment.
- **Reducing** unnecessary use of force and injury and advance best practice tactics (i.e. effective de-escalation, communication, etc.)
- **Managing** the stigma associated with mental illness and addiction in police-citizen encounters.
- **Increasing** CDP’s knowledge and understanding of trauma, mental health and substance abuse issues and available community resources.
- **Improving** police-community trust and interactions.

Diversion Opportunities

Diversion Sub-Committee, Mental Health Advisory Committee

A Work in Progress



Purple text indicates potential diversion activity/instrument identified by Sub-Committee for individuals with behavioral health challenges

Diversion

The **Diversion Committee** has been process mapping – a diagram that depicts the flow of events and/or choices (*above*) – of what happens when dispatch receives a call for a person with behavioral health issue and suggested diversion points to assist the person receive treatment rather than jail.

The Diversion Committee is also discussing:

- **Screening** criteria that is and could be used to determine whether an individual is in need of behavioral health services.
- **Expanding** the Forensic Liaison role to collaborate between behavioral health agencies and the CPD to create a more consistent/coordinated response.
- **Developing** a Triage Team consisting of clinicians and family representatives to assist the CPD.
- **Implementation** of the Co-responder Pilot Project consisting of the development of a Mental Health Response Team in the 2nd Police District that would allow civilian mental health professionals to be on the scene in case the police need special assistance with diffusing a mental health situation. After an analysis of calls received, this program would operate from 2:00 p.m. to midnight.
- **Developing** Drop-off sites for police to utilize for individuals who are struggling with a behavioral health challenge, as well as offer information and service referrals for the community.

Training

The **Training Committee** has reviewed the CIT training program and has submitted the following recommendations to the MHRAC:

- **Ensuring** the CIT class size has a maximum of 30 participants with a special focus on officers that volunteer and officers that work patrols. Limiting the class size would allow for more intensive role playing and promote more question and answer sessions.
- **Offering** 13 hours of training with theory/education opportunities at the beginning of the week provided by a combination of providers/experts in the field and experienced CIT officers.
- **Increasing** training in de-escalation tactics with role playing to 13 hours.
- **Increasing** in-person site visits to 8 hours and include homeless services, Veterans' Affairs Center and a considerable amount of time at St. Vincent Charity Medical Center Psychiatric Emergency Department.
- **Adding** the "Pink Slipping" process to the legal education component.
- **Ensuring** Mental Health Education includes:
 - Mental Health 101.
 - Adult and children mental health concerns.
 - Elder care – including hoarding.
 - Developmental Disabilities and Autism.
 - Psychopharmacology.
 - Individuals and families of individuals in recovery from serious mental illness.
 - Cultural competency.



William M. Denihan, CEO of the ADAMHS Board, sits with 32 Cleveland Police Officers who graduated from the ADAMHS Board CIT Training on October 9, 2015. This was the first time that the Board has taught CIT to a full graduating class of the Cleveland Police Academy.

Proposed Crisis Intervention Team Training Schedule

Training location: ADAMHS Board

Period/Time	Monday	Tuesday	Wednesday	Thursday	Friday	
8:00am	Introduction / opening remarks	Welcome / Mental Health education / Opiates	Welcome / overview of previous day's site visits	De-escalation training and tactics + role play	Welcome / Questions about services, de-escalation, role playing	
9:00am	Mental Health education / legal - including pink slipping		De-escalation training and tactics + role play		Mental Health education refresher	
10:00am						Presentations by providers / MH services
11:00am						
12:00 noon	Lunch	Lunch (at a site?)	Lunch (at a site?)	Lunch	Lunch	
1:00pm	VA Services	Site Visits	Site Visits	De-escalation training and tactics + role play	Communication and de-escalation + role play	
2:00pm	Mental Health education / overview of AOD services					
3:00pm					The role of the CIT officer	
4:00pm	Homeless Services / Wrap up				Graduation	
5:00pm						

DATA

The **Data Committee** has been working on developing a baseline of Crisis CIT data to track improvements in handling calls involving individuals experiencing a behavioral health crisis. The first step for the committee was taking an inventory of data sources. The ADAMHS Board of Cuyahoga County receives CIT statistics sheets from the CDP on a monthly basis. The CIT Stat sheets are completed by the officers who respond to what is identified as a Mental Health Crisis Call. The ADAMHS Board conducted a preliminary review of the 2014-2015 data to provide a baseline of the encounters. (It should be noted that this data tracks encounters, and does not provide unduplicated data regarding individuals).

The ADAMHS Board also has both enrollment and service claims data, where clients have been seen by agencies funded by the Board. Information regarding clients involved in CIT calls is used by the Board to determine whether particular clients might have become disengaged from the mental health treatment system and ensure they are re-engaged.

The Data Committee received guidance from the Settlement Agreement Monitors regarding suggestions for revising the CIT reporting form (CIT Stat Sheet) to best comply with the Agreement. The committee made suggestions for potential revisions to data collection by the CDP. The CDP has data from all crisis calls in the form of both Crisis Intervention Reports and CIT Stat Sheets.

- **Moving forward**, CDP will consolidate information collected on both the Crisis Intervention Report and the CIT Stat Sheet.
- **Another key recommendation** from the Data Committee is that officers be given an option to note the final disposition of a call, since frequently a call identified as Crisis Intervention at the outset turns out not to involve a behavioral health crisis.

Once the Crisis Intervention Report format draft is finalized, all MHRAC sub-committees will be given a chance to review. The intent is to have the final version available early in 2016.

The keys to success in using the new format will be in ensuring that:

- **Each element of data** on the form is precisely defined to eliminate confusing or inaccurate information;
- **All officers** will be thoroughly trained on completing the form;
- **All officers** will complete the form for all Crisis Intervention situations;
- **All forms** will be reviewed for completeness and accuracy; and,
- **CIT Stat Sheets** will be reconciled with Mental Health Calls in the CDP CAD system.

Additionally, the CDP intends to hire a Data Analyst in early 2016. Working together with CIT staff from the ADAMHS Board, data analysis by the Department over time will help reveal patterns of calls and responses and demonstrate the difference in the outcome in Crisis Intervention situations in which CIT trained officers are involved.

Summary of CIT Baseline Data: Analysis and Recommendations

A total of 1,048 forms were completed January 1, 2014 through September 30, 2015. This reflects approximately 10% of the total possible mental health calls identified in the CAD Dispatch system.

The number one priority will be to increase the number of completed CIT sheets in order to get a more comprehensive picture.

- **Of the 939 forms indicating call source:**
 - 324 (31%) originated from family.
 - 119 (11%) from EMS.
 - 371 (35%) came from other sources.
 - 255 (24%) involved mental illness.
 - 144 (14%) involved threats.
 - 89 (9%) involved suicide.
 - 36 (3%) involved addiction/overdose.

This suggests that increased education of the public and outreach to families is critical.

■ **Verbal De-escalation and Use of Force:**

- Verbal De-escalation was achieved in 809 (77%) of the cases.
- Excluding handcuffs, use of force was reported in 9 (less than 1%) of the cases.
- None/Unknown Subject injuries were reported for 865 (83%).
- None/Unknown Officer Injuries were reported for 889 (85%), and Not Recorded for 146 (14%).

This suggests that based on the completed sheets we have received so far, CIT Officers are successful in the majority of their encounters with citizens with mental illness.

Once again the goal is to have a CIT sheet completed for 100% of the mental health calls received in the future.

■ **Disposition of Calls:**

- Only 12 (1%) of the calls resulted in arrest.
- Use of non-deadly force was employed in only 14 (1%) of the cases.
- 262 (25%) were voluntary taken to Saint Vincent Charity Hospital Psychiatric Emergency Room.
- 423 (40%) were voluntary taken to private hospitals.
- 198 (19%) were marked other.
- EMS handled 159 (15%) of the calls.
- Mental Health Service Referrals were made for 178 (17%) of the cases.
- Addiction Service Referrals account for 36 (3%) of the cases.

As noted above, this suggests that based on the completed sheets received so far, CIT Officers are successful in the majority of their encounters with citizens with mental illness.

■ **CDP Transportation:**

- 113 (23%) cases were transported to Saint Vincent Charity Hospital.
- 44 each (10%) to both Lutheran Hospital and MetroHealth Medical Center.
- 30 (6%) to Fairview Hospital.
- 20 (4%) to University Hospital.

■ **Profile of Citizens:**

- 972 (93%) were residents of Cleveland.
- 616 (59%) were Male and 429 (41%) Female.
- 668 (64%) were between the ages of 26 to 64.
- 228 (22%) were between the ages 18 to 25.
- 116 (12%) were between the ages of 0 to 17.

This suggests that special attention should to be given as to whether working with youth should be further developed in CIT.

- **Social Security numbers** were obtained for 914 (87%) of the cases. This rate should be increased to allow for accurate follow-up with mental health services.
- **Race** is not recorded on current sheets. Although detailed physical descriptions are included, accurately assigning race by this is not possible. Race will be included on the sheets moving forward.
- **Officer time at hospital** averaged between one-quarter and one-half hour in 40% of the cases.
 - The majority of the officer's rated their experience at the hospital from good to excellent. However, approximately 25% of officers spent 45 minutes to an hour at the hospital.

It would be useful to explore how to reduce officer wait time at the hospitals.

- **Officer badge number and name** or at least badge number were recorded on 96% of the cases. This rate will be increased to 100%.

Crisis Intervention Baseline Data

Call Source	Count	Percentage
EMS	119	11.35
Family	324	30.91
Case Worker	72	6.87
Zone Car	53	5.06
Other	371	35.4
Total Recorded	939	89.6
Not Recorded	109	10.4

Nature of Call	Count	Percent
... Mental...	255	24.33
...threat...	144	13.74
...suicide...	89	8.49
... juv...	47	4.48
...DV..., ...domestic..., or ...violence...	41	3.91
...OD... or ...overdose...	36	3.44
...psych...	32	3.05
...crisis...	24	2.29
...family...	13	1.24
...cut...	11	1.05

Officers may have recorded more than one of these terms to describe the nature of a call so the possible responses are not mutually exclusive.

Officer Response	Count	Percent
Verbal De-escalation	809	77.19
Handcuffs	166	15.84
OC Pepper Spray	2	0.19
Taser Stun	5	0.48
Display Light only	6	0.57
Drive Stun	0	0.00
Fired	2	0.19
Other	40	3.82
No Response Reported	186	17.75

Officers may have recorded more than one response so the possible responses are not mutually exclusive.

Subject Injuries	Count	Percent
Prior to Police Arrival	113	10.78
During Police involvement	8	0.76
None/Unknown	865	82.54
Not Recorded	62	5.92

Officer Injuries	Count	Percent
Injuries Slight	11	1.05
Injuries Severe	2	0.19
None/Unknown	889	84.83
Not Recorded	146	13.93

Subject Disposition	Count	Percent
Arrested	12	1.15
Pink Slipped to SVCH	84	8.02
Pink Slipped to Private Hospital ER	62	5.92
Voluntary to SVCH	262	25.00
Voluntary to Private Hospital ER	423	40.36
Referred to Outpatient Mental Health Treatment	19	1.81
Complaint Unfounded Requiring No Police Action	4	0.38
Subject Stabilized	14	1.34
Other	198	18.89
EMS Handled	159	15.17
Use of Non-Deadly Force Report Made	14	1.34

Officers may have recorded more than one disposition so the possible responses are not mutually exclusive.

Transport	Count	Percent
Transported by CPD Unit	484	46.18
EMS Transport	295	28.15
Private Ambulance/Car Transport	14	1.34

Crisis Intervention Baseline Data *(continued)*

Mental Health Service Referral	Count	Percent
Transported by CPD to		
Cleveland Clinic	2	0.41
CPU/District	7	1.45
Euclid Hospital	8	1.65
Fairview Hospital	30	6.20
Jail	1	0.21
Edna Jane Hunter	1	0.21
Lakewood Hospital	7	1.45
Lutheran Hospital	44	9.09
Marymount Hospital	8	1.65
MetroHealth Medical Center	44	9.09
Rainbow	15	3.10
Richmond Heights	1	0.21
South Pointe Hospital	4	0.83
Saint Vincent Charity Hospital	113	23.35
University Hospital	20	4.13
Veterans Administration Hospital	4	0.83
Blank	174	35.95
No Transport Indicated	564	

Client Information	Count	Percent
City of Residence		
Cleveland	972	92.7
Other Cuyahoga City	25	2.38
Other Ohio	12	1.15
Out of State	7	0.67
Blank of unknown	32	3.05
Client Gender		
Female	429	40.94
Male	616	58.78
Unknown	3	0.29

Client Age	Count	Percent
0 – 17 years	116	11.07
18 – 25 years	228	21.76
26 – 64 years	668	63.74
65 + years	33	3.15
Unknown	3	0.29

Client SSN Collected	Count	Percent
Yes	914	87.21
No	134	12.79

Time Officers Spent at Hospital	Frequency	Percent	Valid Percent
Quarter Hour	88	8.4	20.8
Half Hour	203	19.4	48.0
Three Quarter Hour	63	6.0	14.9
Hour	44	4.2	10.4
Over an Hour	25	2.4	5.9
Total	423	40.4	100.0
Missing System	625	59.6	
Total	1048	100.0	

Officer Experience with Hospital	Frequency	Percent
Not Recorded	607	57.9
Excellent	237	22.6
Fair	27	2.6
Good	173	16.5
Poor	4	.4
Total	1048	100.0

First Responding Officer Badge & Name Recorded	Number	Percent
Badge and Name Recorded	668	63.74
Badge Number Only Recorded	333	31.77
Neither Badge nor Name Recorded	47	4.48

Second Responding Officer Badge Number & Name Recorded	Number	Percent
Badge and Name Recorded	297	28.34
Badge Number Only Recorded	245	23.38
Neither Badge nor Name Recorded	506	48.28

Note: The CIT Stat Sheet has changed multiple times in the past two years, which could have impacted the data collected.

Report Conclusion

The last four months, as well as the previous year, have proven that the behavioral health community has taken its charge seriously to work with the City of Cleveland, CPD and the Settlement Agreement Monitor to meet the obligations of the MHRAC as outlined in the Settlement Agreement. The ADAMHS Board of Cuyahoga County and the MHRAC members are considering the MOU with the City as equally as important as the Decree and is using both as a roadmap to guide its activities.

The MHRAC reviewed the First-Year Monitoring Plan developed by the Settlement Agreement Monitor and is appreciative of the support of the Monitor and the flexibility for the MHRAC to elaborate on the plan and offer new/ updated timelines. The MHRAC submitted its suggested revisions to the Crisis Intervention portion of the First-year Monitoring Plan to the Settlement Agreement Monitor on January 28, 2016.

The MHRAC will continue to be collaborative, transparent and active with the CPD and the community to achieve the following goals in the coming year:

- **Collecting** the concerns, experiences, values and issues related to people’s experiences with the CPD through a Crisis Intervention Needs Assessment and report to the community, as well as a separate needs assessment to collect the same information from the CPD officers.
- **Assisting** with the development of a Crisis Intervention Work Plan – utilizing the results of the Needs Assessments in conjunction with the recommendations of the sub-committees - to guide the CPD in meeting the requirements of the Settlement Agreement and improving relationships with the community.
- **Assisting** with the revision of CPD policies and procedures related to responding to individuals experiencing a behavioral health crisis.
- **Collaborating** with the CPD and the ADAMHS Board of Cuyahoga County on the development of an improved 40-hour CIT Training curriculum and other behavioral health training as required in the Settlement Agreement.
- **Analyzing** the CPD crisis intervention data to determine if CPD has a sufficient number of specialized CIT Officer, whether the officers are deployed effectively and whether officers and dispatchers are responding appropriately to people in crisis, and making recommendations for improvement.

For more information on the Mental Health Task Force that was created as part of the Settlement Agreement between the City of Cleveland and the United States Department of Justice, please visit www.adamhsc.org.

Mental Health Response Advisory Committee Membership Roster

DOJ/CPD Mental Health Response Advisory Committee Membership as of 12/15/15

William M. Denihan, Chair**

Chief Executive Officer
ADAMHS Board of Cuyahoga County
216-241-3400, 816
denihan@adamhsc.org

Ed Eckart, Vice-chair**

Assistant Director
City of Cleveland
Department of Public Safety
216-664-2560 (office)
eeckart@city.cleveland.oh.us

Carole Ballard

Crisis intervention Team (CIT)
Program Officer
ADAMHS Board of Cuyahoga County

Michael Baskin**

Executive Director
NAMI Greater Cleveland

Mary Bazie

Executive Director
Hitchcock Center for Women

Doreen Berts

CEO
Informing Our Children, Inc.

Reginald C. Blue, Ph.D.

ADAMHS Board Member

Jennifer Blumhagen

Chief Operating Officer
Applewood Centers, Inc.

Eugenia Cash**

ADAMHS Board Chair
EDUCATOR: Manager
Humanware/SEL Administrator
External Supports
Cleveland Public School District

Dave Carroll

Acting Commissioner
House of Corrections

Gabriella Celeste**

Director, Child Policy
Co-Director, Childhood Studies Minor
Schubert Center for Child Studies
Case Western Reserve University

Richard Cirillo, Ph.D.

Chief Clinical Officer
Cuyahoga County Board of
Developmental Disabilities

Sergeant Melissa Dawson

Employee Assistance Unit
Department of Public Safety

Judge Hollie L. Gallagher

Cuyahoga County
Court of Common Pleas

John Garrity, Ph.D., Chair

Chief Quality Officer
ADAMHS Board of Cuyahoga County

Ruth Gillett

Manager
Cuyahoga County
Office of Homeless Services

Rev. Benjamin F. Gohlstin, Sr. **

ADAMHS Board 2nd Vice-Chair
United Pastors in Mission

Orlando Grant**

Executive Director
Life Exchange Center

Valeria Harper

Vice President of Operations
ADAMHS Board of Cuyahoga County

Larry Heller

Greater Cleveland Congregations

Joan Hinkelman

Cleveland Catholic Charities

Vincent Holand

Advocate

Leslie Koblentz, MD, JD**

Chairperson,
Department of Behavioral Health and
Psychiatry University Hospitals
St. Vincent Charity Hospital
Director of Emergency Psychiatric
Services
Cuyahoga County Jail

Lori Locke

Director of Psychiatry Services
University Hospitals

Kyle Miller

Director, Government Affairs/Public Policy
Sisters of Charity Health System

Thomas Minshull

United Way
Behavioral Health Specialist

Marsha Mitchell-Blanks

Program Director
NAMI Greater Cleveland

Janet Montoya

Manager Community Health
Advocacy Project
MetroHealth System

Derek Moore

Coordinator
Cleveland Municipal Court
Probation Department
Veterans Treatment Specialized
Docket

Judge Lauren C. Moore

Cleveland Municipal Court

Mark Munetz, MD**

The Margaret Clark Morgan
Foundation
Endowed Chair in Psychiatry
Northeast Ohio Medical University
Ohio Criminal Justice Coordinating
Center of Excellence

Maria Nemeč

Chief Probation Officer
Cuyahoga County
Common Pleas Court
Adult Probation Department

Susan Neth

Executive Director
FrontLine Service,

Deputy Chief Joellen O'Neill**

Cleveland Division of Police

Scott Osiecki

Chief of External Affairs
ADAMHS Board of Cuyahoga County

Rosie Palfy

Community Homeless Advocate
Cuyahoga County Office of Homeless
Services Advisory Board

Mental Health Response Advisory Committee Membership Roster *(continued)*

Judy Peters**

Executive Vice President
The Centers

Yvonne Pointer

Project Director
City Of Cleveland

Stephania Pryor

Cuyahoga County
Deputy Chief Probation Officer

Captain James Purcell

CIT Coordinator
Cleveland Division of Police

Leo Puzuelo, MD

Psychiatrist
Cleveland Clinic

Ellen Riehm

Community Education Coordinator
NAMI Greater Cleveland

Erica Robinson

Volunteer Education Services

Robert Ronis, MD

Chairman, Department of Psychiatry,
UH Case Medical Center

Tyrone Shabazz**

Cleveland Rise

Charles See**

Executive Director
Lutheran Metropolitan Ministry
Community Re-entry

Tej Singh

Community Business Owner

Edward L. Stockhausen

Director, Northeast Ohio Hub
Mental Health & Addiction Advocacy
Coalition (MHAC)

Kathleen Stoll

Advocate

Judge Joan Synenberg**

Cuyahoga County
Court of Common Pleas

Thomas A Tallman DO, FACEP, CHEP

Medical Director
MetroHealth Correctional Health
Program
Cuyahoga County Sheriff's Dept.

Alethea Thomas

Volunteer Education Services

Heather Tonsing Volosin

Assistant United States Attorney

Robert Triozzi**

Cuyahoga County Law Director

Luis Vazquez**

Program Director
Cuyahoga County Office of Reentry

Judge Ed Wade

Cleveland Municipal Court

Michael Woody**

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

**** Indicates**

Executive Committee Member

Police Advisory Committee Liaison:

Kathleen Clegg, MD

Associate Professor of Psychiatry
University Hospitals
Case Medical Center

Mental Health Response Advisory Committee Sub-committee Chairs & Co-chairs

DOJ/CPD Mental Health Response Advisory Committee Sub-committee Chair & Co-chair Roster

Community Involvement/Engagement:

Edward L. Stockhausen, Chair
Director, Northeast Ohio Hub
Mental Health & Addiction Advocacy Coalition (MHAC)

Erica Robinson, Co-chair
Volunteer Education Services

Data:

John Garrity, Ph.D., Chair
Chief Quality Officer
ADAMHS Board of Cuyahoga County

Deputy Chief Joellen O'Neill, Co-chair
Cleveland Division of Police

Diversion:

Susan Neth, Chair
Executive Director
FrontLine Service,

Maria Nemec, Co-chair
Chief Probation Officer
Cuyahoga County Common Pleas Court
Adult Probation Department

Policy Review:

Gabriella Celeste, Chair
Director, Child Policy
Co-Director, Childhood Studies Minor
Schubert Center for Child Studies
Case Western Reserve University

Judge Hollie L. Gallagher, Co-chair
Cuyahoga County
Court of Common Pleas

Training:

Kyle Miller, Chair
Director, Government Affairs/Public Policy
Sisters of Charity Health System

Sargent Melissa Dawson, Co-chair
Officer-in Charge Employee Assistance Unit
Cleveland Division of Police

Memorandum of Understanding (MOU)

MEMORANDUM OF UNDERSTANDING

-between-

**THE CITY OF CLEVELAND
DEPARTMENT OF PUBLIC SAFETY**

-and-

**THE ALCOHOL, DRUG ADDICTION AND MENTAL HEALTH SERVICES BOARD
OF CUYAHOGA COUNTY**

**For Collaboration and Support in Establishing and Implementing a Mental
Health Response Advisory Committee to
Assist With the Cleveland Division of Police Crisis Intervention Program**

This Memorandum of Understanding ("MOU") is made this 10th day of September, 2015, ("effective date"), between the City of Cleveland ("City"), through its Director of the Department of Public Safety and Chief of its Division of Police, and the Alcohol, Drug Addiction and Mental Health Services Board of Cuyahoga County ("ADAMHS Board" or "the Board"), through its Chief Executive Officer.

WHEREAS, the City of Cleveland and the United States through its Department of Justice ("DOJ") entered into a settlement agreement on May 26, 2015, and as part of the settlement the parties agreed that the City's Division of Police will build upon and improve its Crisis Intervention Program to assist officers responding to calls related to those in mental-health crisis.

WHEREAS, the ADAMHS Board, a part of Cuyahoga County government, is responsible for the provision of mental health and addiction treatment services for the County and shares an interest in assisting with and supporting the Cleveland Division of Police in building upon and improving its interactions with persons experiencing mental health crisis.

WHEREAS, Cleveland and the ADAMHS Board desire to work collaboratively to effectuate their shared interest.

NOW, THEREFORE, the Parties' understanding in this regard is as follows:

SECTION I. COLLABORATIVE RELATIONSHIP

The City and the ADAMHS Board agree to work collaboratively and diligently to build upon and improve the Cleveland Division of Police's Crisis Intervention Program consistent with the settlement agreement between the City and the DOJ entered into on May 26, 2015, and as may be amended or supplemented from time-to-time hereafter by the City and the DOJ by written amendment or supplement signed by the City and the DOJ or by court order. The settlement agreement is incorporated herein as if fully rewritten.

The parties agree that this collaboration benefits both party's in effectuating their shared interests of improving CDP's interactions with individuals in crisis.

SECTION II. MENTAL HEALTH RESPONSE ADVISORY COMMITTEE

A. Creation of Committee

No later than 180 days of the date the City's settlement agreement with the DOJ is approved and entered as an order of the U.S. District Court for the Northern District of Ohio ("the Court"), the City and the Board will collaboratively establish a Mental Health Response Advisory Committee ("Advisory Committee") that will assist the Cleveland Division of Police ("CDP") in fostering relationships and building support between the CDP, the community, and mental health providers, and help identify problems and develop solutions designed to improve outcomes for individuals in crisis.

1. Advisory Committee members shall include the City's Crisis Intervention Coordinator, representatives of the City's specialized Crisis Intervention Trained ("CIT") police officers, a City representative from its Department of Public Safety, and such other appropriate City employees as the City may select.

2. The Board will select the other members of the Advisory Committee and shall seek representation from, but not limited to, the following: Cleveland Municipal Court's Mental Health Docket, the Ohio Criminal Justice Coordinating Center of Excellence, the ADAMHS Board, Frontline Services, and other relevant Cuyahoga County mental health organizations such as advocacy organizations, homeless service providers, area hospitals, and interested community members.

3. The Board shall have primary responsibility to oversee and support the formation and functioning of the Advisory Committee consistent with this MOU, the approved settlement agreement between the City and the DOJ, recommendations, reports, or requests, if any, from the CDP's Crisis Intervention Coordinator, the Monitor selected to monitor and report on the implementation of the settlement agreement, and/or the federal court providing oversight.

4. The Advisory Committee shall act strictly in an advisory capacity to the City and shall have no power or authority to impose any mandates, requirements, expenses, or costs on the City or the ADAMHS Board.

5. Members on the Advisory Committee shall receive no compensation or expense reimbursement for any attendance at meetings or activities of the Advisory Committee.

6. Advisory Committee meetings shall be open to the General Public pursuant to Ohio Revised Code Section Chapter 121.

B. Implementation of the Advisory Committee

1. The ADAMHS Board shall convene the first meeting of the Advisory Committee no later than 180 days after the City's settlement agreement with the DOJ is approved and entered as an order of the Court. Thereafter the Advisory Committee will meet regularly, but no less than once per month, and when otherwise a special meeting is called by the ADAMHS Board or the City, and will provide guidance to assist CDP in

Memorandum of Understanding (MOU) (continued)

improving, expanding, and sustaining its CIT Program, consistent with the settlement agreement between the City and the DOJ and CIT Program needs.

a) The Board shall provide the location and support for the initial meeting and provide prior notice of the time and location of each subsequent meeting.

b) A Board representative shall act as chair of the meetings and a City representative will act as vice-chair.

c) The Advisory Committee may establish sub-committees as necessary to assist CDP with its CIT Program.

d) The Advisory Committee shall work collaboratively with the CDP's Crisis Intervention Coordinator.

2. Advisory Committee tasks shall include, but not be limited to, the following:

a) On an annual basis, the Advisory Committee will conduct an analysis of crisis intervention incidents to determine whether CDP has enough specialized CIT officers, whether it is deploying those officers effectively, and whether specialized CIT officers, call-takers, and dispatchers are appropriately responding to people in crisis. The Advisory Committee shall also recommend appropriate changes to CDP policies, procedures, and training regarding CDP contact with individuals in crisis.

(i) The CDP will provide such City public records and outcome data the Advisory Committee may request consistent with Ohio Public Records laws.

(ii) The first report, for year-2015, shall be submitted by the Committee no later than January 31, 2016. Thereafter, the Advisory Committee shall provide its yearly report and recommendations to the City and the Board no later than January 31st of the year following the year reported on.

(iii) The Advisory Committee and the City shall respond within a reasonable time to the other's questions or concerns raised at the regularly scheduled meetings or any special meeting called pursuant to this MOU.

b) The Advisory Committee shall timely provide recommendations to CDP on applicable CDP crisis intervention policies and procedures.

SECTION III. CRISIS INTERVENTION TRAINING

Within 365-days after the City's settlement agreement with the DOJ is approved and entered as an order of the Court, and annually thereafter:

1. The ADAMHS Board shall work collaboratively with the City to provide crisis intervention training for all CDP officers and recruits, and specialized crisis intervention training for certain CDP officers designated by the CDP Chief.

2. The ADAMHS Board will work collaboratively with the City to provide crisis intervention telecommunicators training for CDP call-takers, dispatchers and their supervisors to enable them to adequately identify, dispatch, and appropriately respond to calls for service that involve individuals in crisis.

SECTION IV. EXPENSES, COSTS, RESPONSIBILITY

1. The Parties acknowledge that under no circumstances shall either Party have any authority under this MOU to impose or attribute any cost, or expense to the other Party without the express prior written approval of the authorized representative of the Party and only if properly authorized under applicable resolution, ordinance, or statute.

2. Each Party shall be solely responsible for the acts of its own employees, agent and contractors while collaborating under this MOU.

SECTION V. TERM

This MOU shall be in effect as of the above effective date and remain in effect until either Party withdraws by giving the other Party at least forty-five (45) days prior written notice of withdrawal.

AGREED TO AND ACCEPTED BY:

CITY OF CLEVELAND

ADAMHS BOARD OF CUYAHOGA COUNTY

By: Michael McGrath
Michael McGrath, Director
Department of Public Safety

By: William M. Denihan
William M. Denihan, Chief Executive Officer

Date: 9-10-15

Date: 9-18-15

By: Calvin Williams
Calvin Williams, Chief
Division of Police

Date: 9-15-15

The legal form and correctness of this Agreement is hereby approved.

BARBARA LANGHENRY, DIRECTOR OF LAW
CITY OF CLEVELAND

By: Barbara Langhenry
Assistant Director of Law

Date: 9/10/15

DAVID LAMBERT, DIRECTOR OF LEGAL AFFAIRS
ADAMHS BOARD

By: David Lambert

Date: 9-18-15

***City of Cleveland
Mental Health Response Advisory Committee
2015 Report
January 29, 2016***

*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 .*