City of Cleveland Mental Health Response Advisory Committee

2017 Annual Report

January 31, 2018

ADAMHS
BOARD OF CUYAHOGA COUNTY
ALCOHOL, DRUG ADDICTION & MENTAL HEALTH SERVICES

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 ADAMHS Board was developed to carry out the duties of the MHRAC.

During Calendar Year 2017, the Chief Executive Officers of the ADAMHS Board - William M. Denihan (retired) and Valeria A. Harper, MA, CDCA, (deceased) - served as the Co-chairs of the MHRAC along with Ed Eckart Jr., Assistant Director of the Cleveland Department of Public Safety, and Captain James Purcell, CIT Coordinator, Cleveland Division of Police. 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 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.

As required by the MOU between the City of Cleveland and the Alcohol, Drug Addiction and Mental Health Services (ADAMHS) Board of Cuyahoga County, the Mental Health Response Advisory Committee (MHRAC) has developed this 2017 Annual Report.

MHRAC Structure:

The MHRAC met on a monthly basis at the ADAMHS Board and all meetings were open to the public. The committee met on every month except December, from 9:00 a.m. – 10:30 p.m. In 2018 the MHRAC will meet every other month in January, March, May, July, September, and November.

There are currently five subcommittees of the MHRAC and its structure mirrors the core elements, process for implementation and the coordination for a successful CIT Program:

1. Quality Improvement Subcommittee: The Quality Improvement (QI) Subcommittee was developed in July 2017 as a result of the merger of the Data and Policy Subcommittees. Since its inception, the QI Subcommittee has met in August, September, October and November 2017. The charge of the QI Subcommittee is to :

- Review CIT data, individual CIT cases, effectiveness and implementation of CIT policies and plans.
- Discuss issues identified by police officers, providers, stakeholders and the sub-committee.
- Discuss gaps in services to develop possible solutions and recommendations for crisis and ongoing services provided by the community mental health and addiction treatment and recovery services system.

2. Executive Committee: Smaller group of key stakeholders to work closely together, reach consensus on decision points and ensure the progress of the MHRAC.

3. Community Involvement/Engagement Sub-Committee: Foster relationships between the CDP and the community by engaging the mental health and drug addiction community, police, and the 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 community, the police and mental health and addiction specialists in each police district to build transparency and respect.

4. Diversion Sub-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.

5. Training Sub-Committee: Reviews and makes recommendations for 8-hour Mental Health /AoD training for all CDP officers and personnel, as well as the 40-hour CIT training for specialized officers.

2017 MHRAC Accomplishments & Highlights

• **2016 Annul Report:** As required by the MOU, the MHRAC developed, published and submitted its second Annual Report to the City of Cleveland and the ADAMHS Board of Cuyahoga County and shared the report with the Department of Justice, the Monitoring Team and the community in January 2017. The complete report can be viewed at www.adamhscc.org.

• **2017 Crisis Intervention Work Plan:** The MHRAC coordinated, developed and submitted its 2017 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 such as:

- Development of Cleveland Division of Police (CDP) Specialized Crisis Intervention Plan and the Crisis Intervention Team (CIT) Officer Selection Process by the CDP CIT Coordinator
- Final approval of the CDP Crisis Intervention Team (CIT) Program Policy, CIT Response Policy and the CIT Definitions
- Development of the Quality Improvement Subcommittee
- Development and implementation of the 8-hour Crisis Training for all CDP Officers
- Process to develop the 40-hour Crisis Intervention Team (CIT) Training for Specialized Officers
- Monitoring and analysis of data from the CIT Stat Sheet

• **CIT Policies:** After all of the collaborative and dedicated work between the CDP and the former Policy Subcommittee, the Federal Court Judge Solomon Oliver, Jr., approved the CDP CIT Program Policy, CIT Response Policy and the CIT Definitions Policy on March 6, 2017.

• **CDP CIT Plans:** The Federal Judge approved the CDP CIT Specialized Officer Selection process and the CIT Officer Deployment Plan.

• **8-hour CIT Training:** The 8-hour CIT Training for all CDP Officers was approved and training began in May 2017. Over 1,400 CDP Officers completed the 8-hour CIT Training through December 2017.

• **40-hour Specialized CIT Training:** An outline for the 40-hour Specialized CIT Training that will be implemented in 2018. This outline was approved with feedback by the Monitors on January 3, 2018.

• **Messaging to the Community:** Development of messages to the public and a presentation regarding CIT Program and Officers -- *When to Call 911 in a Mental Health Crisis* -- were drafted in 2017. The messages and presentation include tips on the proper things to say when calling 911, the value of a CIT officer, what to expect when the officer arrives, as well as ways to connect with the CIT officer in the community.

• **Co-responder Team:** Although not required under the Settlement Agreement, the MHRAC continued monitoring the CIT Co-responder Team Pilot Program in Cleveland's second district, with expansion to the first district. MHRAC members also provided an overview of the MHRAC's interest and relation to the Co-responder Team during a meeting to kick-off the City of Cleveland's Federal Grant Co-responder Team Site Visit on November 30, 2017.

• **Diversion Point:** The Diversion Subcommittee continued discussions with the ADAMHS Board of Cuyahoga County and the CDP regarding a Diversion Point Pilot Project. The discussion focused on the possibility of utilizing the community's existing Crisis Stabilization Unit. The ADAMHS Board met with concerned members of the community about the possible usage of the CSU as a diversion point.

• **Signs and Symptoms Training:** Although not an official responsibility of the MHRAC, a 4-hour training on signs and symptoms of mental illness, interacting with individuals living with mental illness, verbal de-escalation and problem solving techniques was provided to the Cleveland Office of Professional Standards (OPS) in the fall of 2017.

Acknowledgements

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 and a list of Sub-committee Co-chairs are 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 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.

Summary of CIT 2017 Data: Analysis

As part of its Quality Improvement efforts 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. This process has been repeated and the aggregate data is presented below as an executive summary, as well as the full report. *(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 former Data Committee received guidance from the Department of Justice and the Monitors of the Settlement Agreement 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.

Data Collection Moving Forward:

Moving forward in 2018, both Crisis Intervention Reports and CIT Stat Sheets will be integrated with Mental Health Calls in the new CDP Computer-Aided Dispatch (CAD) and other relevant software systems. Officers will also have the option in the new system to note the final disposition of a call, since periodically a call identified as a criminal call at the outset turns out to be a behavioral health crisis, while other calls initially identified as a behavioral health crisis turn out to be something else.

2018 Quality Improvement Goals in this area will include:

- Increasing CIT Stat Sheet completion rate with eventual goal of 100% of the mental health calls received.
- Improve quality of CIT Stat Sheet data collected with “required fields” correctly completed.
- Additionally tracking Homelessness, Veteran, Age, and Ethnicity of all citizens engaged in CIT.
- Tracking the disposition of clients dropped off at Hospital and Continuity of Care including whether admitted, linked to Community Mental Health Agency, and the nature of follow-up provided.

Additionally, the CDP has hired a Data Analyst. Working together with the ADAMHS Board CIT Program Officer, 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 2017 CIT Data:

In general there has not been significant changes between the 2015, 2016 and 2017 data. This is most likely because not all of the various CIT changes and recommendations have been fully implemented since they are required to be vetted and approved through the Settlement Agreement process.

A total of 812 CIT Stat Sheets were completed between November 1, 2016 through November 30, 2017, averaging 62 per month, compared to 50 per month in 2014-15, and 60 per month in 2016.

It should be noted that the CIT Stat Sheets represent less than 10% of all calls and is not a random sample, so care must be taken in drawing broad conclusions. Once all CIT changes and recommendations have been implemented there should be an increase in the number of completed CIT Stat Sheets moving forward -- this will provide a more comprehensive picture.

Of the 812 forms that indicated call source received from 11/1/2065 – 11/30/2017:

- 254 (31%) originated from family.
- 104 (13%) from EMS.
- 307 (38%) came from other sources.
- 189 (28%) involved mental illness.
- 59 (9%) involved threats. (increase from 15 (2%) in 2016)
- 238 (35%) involved suicide. (increase from 29% in 2016)
- 21 (3%) involved addiction/overdose.

Recent calls for **adults** show more calls involving threats and suicide. This continues to suggest that increased education of the public and outreach to families is critical.

There were 108 calls specifically for **juveniles** under 18 years of age including, 40 involving suicide threats, 17 domestic violence, 16 threats to others, two Crisis Intervention and 16 Mental Illness. This continues to suggest that special attention should to be given to working with youth in CIT.

Verbal De-escalation and Use of Force:

- Verbal De-escalation was achieved in 697 (86%) of the cases.
- Excluding handcuffs, other techniques were necessary in only 3 (less than 1%) of the cases.
- No client injuries were reported in 737 of the cases (91%).
- No officer injuries were reported in 812 of the cases (100%) .

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.

Disposition of Calls:

- Only 8 (1%) of the calls resulted in arrest.
- No cases resulted in the use of non-deadly force.
- 140 (17%) were voluntarily taken to St. Vincent Charity Hospital Psychiatric Emergency Room. A decrease from 25% in 2016.
- 436 (54%) were voluntarily taken to private hospitals. An increase from 40% in 2016
- Youth were generally transported to Fairview General Hospital or Rainbow Babies & Children's Hospital.
- 198 (19%) of the calls were marked "other."
- Notably, EMS handled 311 (38%) of the calls. An increase from 17% in 2016.
- Mental Health Service Referrals were made for 49 (6%) of the cases. A significant increase from two cases in 2016.
- Addiction Service Referrals account for zero of the cases down from 3% in 2016.

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:

- 169 (21%) cases were transported to St. Vincent Charity Hospital. A decrease from 29% in 2016.
- 101 (12%) to MetroHealth Medical Center.
- 100 (12%) to University Hospital.
- 96 (12%) to Lutheran Hospital.
- 53 (7%) to Fairview Hospital.

Profile of Citizens:

- 761 (94%) were residents of Cleveland.
- 481 (59%) were male and 327 (40%) female.
- 506 (62%) were between the ages of 26 to 64.
- 134 (17%) were between the ages 18 to 25.
- 108 (13%) were between the ages of 0 to 17.
- 34 (4%) were over age 64.

Race is not recorded on the current CIT Stat Sheet. Although detailed physical descriptions are included, accurately assigning race by the descriptions is not possible. Race is included on the new CIT Stat Sheets that will be used moving forward.

Summary and Comparison of the CIT Stat Sheet Data for 2015, 2016 and 2017

The following report summarizes data shared by CDP with the ADAMHS Board for Crisis Intervention calls for the time period beginning January 2014 through November 2017. The Crisis Intervention Team (CIT) Stat Sheets have been shared with the Board on a monthly basis. Due to the challenges and nature of police work, not all crisis calls are reported using the Stat Sheets. It is hoped that the sample provided is close to representative of the larger number of crisis calls to which CDP officers respond but absent a complete accounting of all calls this sample is the best estimate for what occurred in Crisis Calls.

Stat Sheets Received & Reviewed:

The following chart represents the total number of CIT Stat Sheets received and reviewed by the ADAMHS Board. Challenges related to the summarization of this data include having three different CIT Stat Sheets used over the course of the years, as well as incomplete data with some fields on the sheet being left blank, illegible or missing.

	1/1/2014 - 9/30/2015	10/1/2015 - 10/31/2016	11/1/2016 - 11/30/2017
Total	1043	789	**812**
Average Sheets per Month	50	61	**62**

Good information recorded on sheets by officers provides insights related to challenging clients in the community. It is anticipated that the online software being developed will further improve the ability for the officer to enter his observances. The number of CIT stat sheets completed has been consistent over the years and provides a baseline for future reports when CDP data is electronic.

Source of Calls:

	1/1/2014 – 9/30/2015		10/1/2015 – 10/31/2016		11/1/2016 – 11/30/2017	
Call Source	Count	Percent	Count	Percent	Count	Percent
Family	322	30.9%	222	28.1%	254	31%
EMS	101	9.7%	83	10.5%	104	13%
Case Worker	69	6.6%	54	6.8%	42	5%
Other Sources	357	34.2%	298	37.8%	307	38%
Zone Car	46	4.4%	30	3.8%	35	4%
Not Recorded	148	13.9%	101	12.8%	70	9%
Total	**1043**		**788**		**812**	

Only minor changes have occurred over time regarding the source of call, however, there is a greater collaboration with EMS as the secondary call - up by 13%.

Nature of Calls:

Adults	1/1/2014 – 9/30/2015		10/1/2015 – 10/31/2016		11/1/2016 - 11/30/2017	
Nature of Call	Count	%	Count	%	Count	%
Involved Mental Illness	255	27%	215	30%	189	28%
Involved Threats to Others	144	15%	15	2%	59	9%
Involved Suicide Threats	89	10%	208	29%	238	35%
Involved Addiction/Overdose	36	4%	18	3%	21	3%
Involved violence, Domestic	41	4%	68	9%	31	5%
Psych	32	3%	10	1%	12	2%
Crisis	24	3%	18	3%	22	3%
Family	13	1%	2	0%	6	1%
Cut	11	1%	5	1%	6	1%
Other *	288	31%	158	22%	90	13%
Total	933		717		674	

There has been an increase in calls related to suicide threats, up from 29% in 2016 to 35% of the calls in 2017.

Juveniles (<18 years of age, some categories)	1/1/2014 – 9/30/2015		10/1/2015 – 10/31/2016		11/1/2016 - 11/30/2017	
Nature of Call	**Count**	**%**	**Count**	**%**	**Count**	**%**
Involved Suicide Threats	24	45%	30	49%	40	37%
Involved Violence, Domestic	15	28%	17	28%	17	16%
Involved Threats to Others					16	15%
Crisis	4	8%	5	8%	2	2%
Involved Mental Illness	10	19%	9	15%	16	15%
Other *		0%		0%	17	16%
Total	53		61		108	

Among juveniles, however, there has been a decrease in calls related to suicide threats from 49% in 2016 to 37% in 2017. At the same time there has been an increase in Threats to Others, up from 0% in 2016 to 15% in 2017.

* *Other sources include neighbors, people observing behaviors, walk-ins to police stations, etc.*

Officer Responses & Injuries:

Verbal De-escalation, Other Techniques and Injuries	1/1/2014 – 9/30/2015		10/1/2015 – 10/31/2016		11/1/2016 - 11/30/2017	
	Count	%	Count	%	Count	%
Verbal De-escalation	809	78%	587	74%	697	86%
Other Techniques (e.g. Pepper Spray, Taser, or Laser)	9	1%	6	1%	3	0%
None/Unknown Subject injuries	865	83%	711	90%	737	91%
None/Unknown Officer Injuries	889	85%	787	100%	810	100%

Lack of injuries for officers and clients has remained consistent. The use of “Other Techniques” remains extremely low for these reported calls, while Verbal De-escalation has increased in the most recent time period. Data indicates that officers are consistently utilizing Verbal De-escalation.

Residency:

	1/1/2014 – 9/30/2015		10/1/2015 – 10/31/2016		11/1/2016 - 11/30/2017	
City of Residence	Count	%	Count	%	Count	%
Resident of Cleveland	972	93%	756	96%	761	94%
Other Cuyahoga City	25	2%	18	2%	27	3%
Other Ohio	12	1%	9	1%	10	1%
Out of State	7	1%	1	0%	4	0%
Unknown	32	3%	4	1%	10	1%

Overall the majority of calls reported are for residents from the City of Cleveland and this has remained consistent across years.

Gender:

	1/1/2014 – 9/30/2015		10/1/2015 – 10/31/2016		11/1/2016 - 11/30/2017	
Gender	Count	%	Count	%	Count	%
Female	429	41%	342	43%	327	40%
Male	616	59%	442	56%	481	59%
Unknown Gender	3	0%	5	1%	4	0%

The gender of clients seen remains consistent with past years with more males than females.

Age:

	1/1/2014 – 9/30/2015		10/1/2015 – 10/31/2016		11/1/2016 - 11/30/2017	
Age Group	**Count**	**%**	**Count**	**%**	**Count**	**%**
Ages 0 - 17	116	11%	100	13%	108	13%
Ages 18 - 25	228	22%	123	16%	134	17%
Ages 26 - 64	668	64%	511	65%	506	62%
Ages > 64	33	3%	24	3%	34	4%
Age Unknown	3	0%	31	4%	30	4%

Disposition:

	1/1/2014 – 9/30/2015		10/1/2015 – 10/31/2016		11/1/2016 - 11/30/2017	
Disposition of Calls	**Count**	**%**	**Count**	**%**	**Count**	**%**
Arrest	12	1%	2	0%	8	1%
Pink Slipped to SVCH	84	8%	5	1%	26	3%
Pink Slipped to Private Hospital ER	62	6%	7	1%	50	6%
Use of non-deadly force report made	14	1%	1	0%	0	0%
Voluntary taken to St Vincent Charity Hospital Psychiatric Emergency Room	262	25%	219	28%	140	17%
Voluntary taken to private hospital	423	40%	303	38%	436	54%
Other	198	19%	0	0%	0	0%
EMS Handled Call	159	15%	138	17%	311	38%
Mental Health Services Referral	178	17%	2	0%	49	6%
Addiction Services Referral	36	3%	0	0%	0	0%

Transports:

	1/1/2014 – 9/30/2015		10/1/2015 – 10/31/2016		11/1/2016 - 11/30/2017	
Transported to	Count	%	Count	%	Count	%
Saint Vincent Charity Hospital	113	11%	226	29%	169	21%
Blank on Stat Sheet	174	17%	107	14%	95	12%
University Hospital	20	2%	83	11%	100	12%
Lutheran Hospital	44	4%	70	9%	96	12%
Fairview Hospital	30	3%	57	7%	53	7%
MetroHealth Medical Center	44	4%	66	8%	101	12%
Euclid Hospital	8	1%	32	4%	46	6%
Marymount Hospital	8	1%	35	4%	26	3%
Fairview Hospital (youth)	0	0%	31	4%	37	5%
Rainbow (youth)	15	1%	26	3%	33	4%
Cleveland Clinic	2	0%	16	2%	32	4%
South Pointe Hospital	4	0%	10	1%	7	1%
Veterans Administration Hospital	4	0%	12	2%	10	1%
Lakewood Hospital	7	1%	8	1%	1	0%
No Transport Indicated	564	54%	1	0%		0%
CPU/District	7	1%	1	0%		0%
EMS	0	0%	1	0%	1	0%
Harbor light		0%	1	0%		0%
Parma		0%	1	0%	2	0%
Richmond Heights	1	0%	1	0%		0%
Southwest	0	0%	2	0%	4	0%
Jail	1	0%	0	0%		0%
Edna Jane Hunter	1	0%	0	0%		0%

Calls Per Client:

	1/1/2014 – 9/30/2015		10/1/2015 – 10/31/2016		11/1/2016 - 11/30/2017	
Number of Calls	**Count**	**%**	**Count**	**%**	**Count**	**%**
14	1	0%	0	0%	0	0%
8	1	0%	0	0%	0	0%
6	0	0%	0	0%	3	0%
5	1	0%	3	0%	3	0%
4	4	0%	3	0%	3	0%
3	16	2%	12	2%	11	1%
2	69	7%	44	6%	44	5%
1	819	78%	638	81%	642	79%
Address Not Recorded	0	0%	0	0%	4	0%

The chart above shows the number and percent of calls for individuals who had one or more calls.

- Ten percent of individuals had two or more calls.
- Three percent of individuals had three or more calls.
- Ten percent of individuals did not have a Social Security Numbers therefore unable to match data.

CDP Interventions and ADAMHS Board Client Overlap:

Clients identified on CIT Stat Sheets are matched with ADAMHS Board Claims Data to determine enrollment and or activity within the community mental health system.

- Using data from the Stat Sheets and from the ADAMHS Board data set records were matched on client name, social security number, date of birth and address.
- 366 record matches were identified from the 812 Stat Sheets completed, a matching rate of 45%.
- Clients who receive mental health or substance use treatment services whose services are paid for by Ohio Medicaid, other insurance or self-pay are not included. Only clients whose services are paid for by the ADAMHS Board are included in the matching.
- ADAMHS Board staff are working to actively link clients with community mental health care providers.

Mental Health Co-responder Team

• Through a $200,000 Federal grant to the City of Cleveland and $260,000 in funding from the ADAMHS Board of Cuyahoga County, FrontLine Service is partnering with the Cleveland Division of Police in a Co-Responder pilot program that consists of two mental health workers and two CIT police officers.

• This Team was implemented in June 2016 to specifically address individuals experiencing a mental health crisis that come into contact with the 2nd District of the Cleveland Division of Police. The Team responds to calls including, but not limited to calls involving individuals known to have a mental illness who are experiencing a crisis, individuals displaying behavior indicative of mental illness, suicide attempts or threats or calls in which individuals may be experiencing emotional trauma. The goals of this pilot program are:

1. Increase the number of times that a mental health professional is able to be on the scene to assist police officers with a mental health client.
2. Reduce the number of repeat calls by or on behalf of repeat clients by linking clients with community services.
3. Reduce the incidence of use of force by officers during mental health related calls.
4. Improve the rate and accuracy of data collection related to mental health calls to police.

• Although not part of the Settlement Agreement, the MHRAC decided to include the Co-responder Team as part of its 2017 Work Plan because of its connection with CIT.

• Since July 1, 2016, through June 30, 2017, the team has documented involvement in 1,695 calls from the CDP Dispatch and 757 referrals directly to the Co-responder team.

• Of the 757 referrals directly to the Co-responder Team, 407 came from a follow-up to a CIT Stat Sheet, while 350 were directly called to the scene.

• When the Co-responder Team is on scene and able to influence the outcome with a client, the assessment of the problem may be different than the reason of the call to the police. This is most often true when the reason for the call is suicidal thoughts and behaviors, which account for 55.3% of mental health calls to dispatch.

• The assessment on scene allows the team to determine if a client needs to be taken to the hospital. When the Co-responder Team is on the scene and assesses a client, 49% of the clients are taken to the hospital and admitted. When following-up on a CIT Stat Sheet, 32% of the clients require hospitalization.

Report Conclusion

Calendar Year 2017 has proven once again that the behavioral health community has taken its charge seriously to work with the City of Cleveland, the CDP, the Department of Justice and the Monitoring Team 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 Settlement Agreement and is using both documents as a roadmap to guide its activities.

The MHRAC noted that a majority of the goals in its 2017 Crisis Work Plan were met or significantly underway. The committee is appreciative of the support from the Department of Justice and the Monitoring Team for the flexibility to elaborate on its plan and offer new/updated timelines.

The community can rest assured that the MHRAC will continue to be collaborative, transparent and active with the CDP, the Department of Justice, the Monitoring Team and the community. During its January 8, 2018 meeting, the group reviewed a draft of its 2018 Crisis Work Plan and looks forward to meeting and exceeding its self-directed goals to complement the Third Year of the Settlement Agreement Monitoring Plan.

Mental Health Response Advisory Committee Membership Roster 2017

Valeria A. Harper, MA, CDCA
8/1/17 – 12/31/17
(Deceased)
Co-Chair
Chief Executive Officer
ADAMHS Board of Cuyahoga County

William M. Denihan
1/1/17 – 7/31/17
(Retired)
Co-Chair
Chief Executive Officer
ADAMHS Board of Cuyahoga County

Ed Eckart, Vice-chair
Co-Chair
Assistant Director
City of Cleveland
Department of Public Safety

Captain James Purcell
Co-Chair
CIT Coordinator
Cleveland Division of Police

Yolanda Armstrong
President and CEO
Big Brothers Big Sisters of Greater Cleveland

Carole Ballard
CIT Program Officer
ADAMHS Board of Cuyahoga County

Doreen Berts
CEO
Informing Our Children, Inc.

Marsha Blanks
Program Director
NAMI Greater Cleveland

Reginald C. Blue, Ph.D.
ADAMHS Board Member

Jennifer Blumhagen
Chief Operating Officer
Applewood Centers, Inc.

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

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

Sergeant Melissa Dawson
Employee Assistance Unit
Department of Public Safety

Duane Deskins
Chief of Prevention
City of Cleveland

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

John Garrity, Ph.D., Chair
Director of QI/Evaluation & Research
ADAMHS Board of Cuyahoga County

Ruth Gillett
Manager
Cuyahoga County
Office of Homeless Services

Rev. Benjamin F. Gohlstin, Sr.
ADAMHS Board of Cuyahoga County
United Pastors in Mission

Yolanda Gordon, MCJ
Probation Officer
Cleveland Municipal Court
Mental Health Unit

Larry Heller
CSU Student/
Greater Cleveland Congregations

Vincent Holland, Ph.D.
Professor in the Sociology Department of Tri-C

Shannon Jerse
General Counsel
St. Vincent Charity Medical Center

Pythias D. Jones, M.D.
ADAMHS Board of Cuyahoga County
2nd Vice-chair

Christina Kalnicki
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City of Cleveland
Mental Health Response Advisory Committee
2017 Report
January 31, 2018

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.