



Mental Health Response Advisory Committee (MHRAC) ANNUAL PLANNING RETREAT

**Monday, April 19, 2021
9:00 a.m. – 11:00 a. m.
ADAMHS Board of Cuyahoga County
Location: Online**

MEETING SUMMARY

Present: **Scott Osiecki**, ADAMHS Board; **Captain James McPike**, Cleveland Division of Police; **Matt Gesicki**, NAMI Greater Cleveland; **Jay Youngles**, Begun Center, CWRU; **Ruth Simera**, Coordinating Centers of Excellence, NEOMED; **Carolyn Szweda**, Beech Brook; **Kyle Jarus**, CDP; **Dr. Rania Issa**, CDP; **Curtis Couch**, ADAMHS Board; **Shannon Jerse**, St. Vincent Charity Medical Center; **Carole Ballard**, ADAMHS Board; **Gabriella Celeste**, CWRU Schubert Center; **Dr. Rick Cirillo**, Board of Developmental Disabilities; **Clare Rosser**, ADAMHS Board; **Beth Zietlow-DeJesus**, ADAMHS Board; **Tom Williams**, ADAMHS Board; **Larry Heller**, N.O.R.A.; **Vincent Holland**, Cuyahoga County Community College; **Sgt. Brigitte Dorr Guiser**, Cleveland Division of Police; **Samantha Holmes**, Recovery Resources; **Rick Oliver**, Frontline Services; **Rodney Thomas**, CWRU; **Rosie Palfy**, Community Advocate; **Megan Rochford**, NAMI Greater Cleveland; **Donna Weinberger**, Greater Cleveland Congregations.

Goals of the MHRAC:

Fostering 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.

Goals of meeting:

Annual review and planning session to discuss priorities for 2021

Introduction/Welcome:

- Captain Jim McPike, Cleveland Division of Police (CDP), opened the meeting with thanks for everyone's involvement, and a review of the goals of the MHRAC, and brief remarks about the meeting's purpose.
- Clare Rosser, ADAMHS Board, reviewed ways to contribute to the meeting, and noted that there would be a follow-up questionnaire.

Look Back – Scott Osiecki, CEO, ADAMHS Board

- MHRAC is at important juncture/transition point.

- Scott congratulated the group on successes and progress.
- Brief history: In 2013, at the request of the Mayor of Cleveland and others, the US Department of Justice began an investigation into the Cleveland Department of Police's policies and practices that resulted in a Settlement Agreement.
 - Settlement Agreement says that the groups involved "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 and the Cleveland community must have a strong relationship that is built on mutual trust and respect. This agreement is meant to bolster this relationship and ensure that it endures."
- The consent decree was for a five-year period. Though we have technically worked through that full five-year period, this is valuable work that once started, becomes integrated into our community.
 - From the ADAMHS Board perspective, we are celebrating those things that the MHRAC has achieved and changed for the better. Our "look back" shows solid progress, and our "look ahead" shows an MHRAC that exists because it should, not because anyone told us we had to do it, and that is more independent and plays more of an advisory role to the City of Cleveland.
- The MHRAC has helped bolster the relationship between police and community, and had much progress over five years, including:
 - Policies
 - Community forums
 - Education and training
 - Various activities and accomplishments noted in annual reports over five-year period
- Department of Justice provided recommendations for what we should look at today, but are not in attendance. They are expecting to scale back their role.

Look Ahead – Captain Jim McPike, Cleveland Division of Police

- CDP is committed to MHRAC; believes that to be most effective, CDP should work alongside community members/partners.
- The consent decree is not over; CDP might be under it for several more years, but the Crisis Intervention section is very successful and that's why the DOJ is pulling back somewhat in this area.
- The work of the MHRAC has positioned the CDP to better respond to current needs and challenges; Captain McPike reiterated his gratitude for the group's work.
- On the CDP schedule:
 - Goal is to have 25-30% of patrol officers trained in CIT; right now only 14 on patrol, but trainings are scheduled and underway

- Field training officers also need CIT training, not necessarily to be CIT respondents themselves, but to be well versed in it for their other duties and training that they provide. Policy language has been updated to reflect this. Will be mandatory starting next year.
- Captain McPike noted that he would like the MHRAC to consider non-police response to people in crisis, and start thinking about what models might work, how to fund it, how to pilot it. Co-responder program that just started is a start down that path.
- Data collection is robust, improving, electronic format helps: what does this mean for MHRAC?
- Selected homelessness as the topic for 2022 in-service training. Want to set curriculum by end of summer.
- Policies are a national model. Juvenile policy is coming out soon.
- Diversion Center is opening, will prompt a review of policies to make sure all is still current.

Progress/Priority Items – Clare Rosser, Scott Osiecki, ADAMHS Board

Review Seminannual report items

- See “Items for consideration from Ninth Semiannual (Monitors) Report;” third column includes thoughts added by meeting participants

Discussion: major advisory items for the MHRAC for 2021

- Clare and Scott asked the group to note their top priority categories for the MHRAC for 2021, and think about what areas we can focus on to be the most helpful in an advisory role to CDP. Based on participant discussion, some priority categories are:
 - Community engagement
 - including a community-wide survey (Rosie Palfy noted that the last survey was done in 2016), and ideas for bringing CDP speakers to existing forums, continuing ideas/work of Community Engagement subcommittee.
 - Carole Ballard noted the usefulness of a website tab for Crisis Intervention; CDP says they are redesigning their site with a tab dedicated to this, and Captain McPike may be soliciting content for it
 - Non-police, or health-first response to behavioral health crisis
 - Training
 - Data

Maximizing Our Time and Talent – Captain McPike, Scott Osiecki

- The chairs led a discussion on MHRAC structure and governance, including:
 - subcommittees
 - core membership/recruitment
 - bylaws
- Scott gave a brief overview of the historic structures put in place when the MHRAC was formalized, and asked the group what changes/updates make sense for now.
- Captain McPike noted the update to structure like agendas, and the progress the group has made on keeping meetings on track and honoring transparency by making “Open

Discussion” a standing, final component of the main meeting agendas.

- He also noted that there are currently four subcommittees: training, diversion, quality improvement (QI), community engagement.
- Suggested that soon, MHRAC should look at subcommittees, define roles and responsibilities:
 - Do any committees need to be combined?
 - Should data be its own committee?
- Discussion regarding subcommittees:
 - Training: Shannon Jerse noted that training committee may not be able to be combined, but likes the definition that has been brought to it by picking topic of focus (like autism, homelessness) and then adding content experts; interested in recruiting more people, maybe more permanent members in the core membership, and more experts in subcommittees.
 - QI: Gabriella Celeste made distinctions about QI and data, says she would be reluctant to separate the ideas of QI and data; Scott noted the new experts we have in data and quality improvement, and this is a chance to revitalize that group; Tom Williams noted the evolution of how data is collected, and how this provides a deeper, more detailed picture of what is happening, suggested letting it continue its current evolution. Rosie noted that in the group’s history, the original data and policy subcommittees were combined into the QI subcommittee.
 - Diversion: Gabriella noted that we may want to have a “big picture” group looking at holistic crisis response and non-police response; Carole noted that the Diversion Committee may be a natural place for this because it has already been a forum for these types of discussions, but that group needs an additional chair; Rick Oliver of FrontLine has been involved in a chairing role but wonders if because his agency is involved in so many of these approaches and if it’s a conflict of interest, would be good to look at the future direction of the Diversion Committee. Ruth Simera asked about other community groups working on crisis response, and Scott and Donna Weinberger noted that Greater Cleveland Congregations has been a lead on this in the community; Donna supported the idea of the Diversion Subcommittee becoming a bigger picture, holistic approach to crisis intervention. Scott noted that the County is creating a Diversion Board to oversee the Diversion Center. Current facility is a 2-year pilot.
- Scott asked for and received agreement from the group that the Diversion subcommittee can take a system-wide, holistic approach to crisis response. As another function, it could provide insight to the County Diversion Board as well. A task can be redefining the role and responsibilities of this subcommittee, selecting co-chairs, and restarting the meeting schedule.
- Captain McPike will send out current list of subcommittees and their roles/missions.
- Dr. Cirillo noted the potential need for a process to look at cultural change within the CDP; how can we do that?
- Rosie Palfy and Mike Thomas noted the 8-week learning cohort that just started called “What Works Cities Sprint: Exploring Innovative Emergency Responses with CAHOOTS.” Several MHRAC members are participating in this “listen and learn” opportunity and will

keep the group informed. Rosie will send the information to Captain McPike to solicit law enforcement/public safety involvement.

- Rosie sent examples of bylaws, and Captain McPike noted that completing bylaws are a priority for him, and will help with MHRAC governance.
- Regarding core membership, Rosie noted that the membership does not meet the consent decree's dictate for who should be members, noted the need for agency representation from homelessness groups and hospitals; and noted that she has been recruiting community members for involvement.

Next meeting:

May 3, 2021, 9 am – PLEASE NOTE THAT THIS IS A NEW DATE FOR MAY.

The meeting originally scheduled for May 10 has been changed to May 3 to avoid conflict with the ADAMHS Board annual meeting and Captain McPike's scheduled time out of office.

**Items for consideration from Ninth Semiannual (Monitors) Report
2021 MHRAC Planning Retreat**

Section VIII. CRISIS INTERVENTION, pg. 76-82

| ITEM | CURRENT STATUS | THOUGHTS FOR 2021→future |
|--|--|---|
| <p>¶ 131. “CDP will build upon and improve its Crisis Intervention Program” in furtherance of four specific, expressly listed goals*, which “will provide a forum for effective problem solving regarding the interaction between the criminal justice system and create a context for sustainable change.”</p> <p>*4 goals:</p> <ul style="list-style-type: none"> • Assisting individuals in crisis • Improving the safety of officers, consumers, family members, and others within the community • Providing the foundation necessary to promote community and statewide solutions to assist individuals with mental illness; and • Reducing the need for individuals with mental illness to have further involvement with the criminal justice system | <p>PER REPORT: PARTIAL COMPLIANCE</p> <ul style="list-style-type: none"> - City and CDP demonstrating progress through the MHRAC - Key components are nearing completion | <p>CIT training – ongoing, being done (build on its success)</p> <p>COVID restrictions</p> <p>Ongoing, Diversion Center</p> <p>De-escalation</p> <p>Specialized CIT officers, adding officers</p> <p>Policies – update these every 2 years</p> <p>Scenario-based activities in trainings</p> <p>How to build momentum?</p> <p>Accountability</p> <p>CAHOOTS – non-police response models</p> <p>Survey for meeting members, community</p> |

| | | |
|--|---|--|
| <p>¶ 135. Advisory Committee will conduct an annual “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” and communications “are appropriately responding to people in crisis,” and will also “recommend appropriate changes.”</p> | <p>PER REPORT: PARTIAL COMPLIANCE</p> <ul style="list-style-type: none"> - Data collection through CDP has improved and become more accurate regarding incidents | <p>Dispatcher training approved (8 hr CIT) Update CIT plan/staffing (25-30%) Dispatch data – software update at dispatch center/worker role updates Reduce hospital admissions/diversion from criminal justice 3-5 criteria for internal, self-assessment about deployment of CIT officers/benchmarks (low use of force, diversion, etc)</p> |
| <p>¶ 141. (also see ¶ 149, which is similar) “Coordinator will be responsible for ensuring the selection of appropriate candidates for designation as specialized CIT officers” and “to ensure that officers, call-takers, and dispatchers are appropriately responding to CIT-related calls.”</p> | <p>PER REPORT: PARTIAL COMPLIANCE</p> <ul style="list-style-type: none"> - underway, with new challenges in recruitment and selection | <p>Process is working Divisional notice solicits volunteers Data coordination 4000 CIT calls per year Worried to volunteer b/c will be involved in more use of force incidents, etc CIT training positive Losing days Myths – CIT trained long ago “Certification” term is confusing Culture of CIT Recruiting strategy to find high level officers who have already gone through CIT Include CIT officers in MHRAC</p> |
| <p>¶ 142. “Coordinator will create ways to recognize and honor specialized CIT officers, call-takers, and dispatchers.”</p> | <p>PER REPORT: EVALUATION DEFERRED</p> | <p>Captain Purcell, ribbon and award This should be a larger priority, 2x a year Consider broader categories of recognition to match the consent decree</p> |
| <p>¶ 145. “CDP will provide enhanced specialization training in responding to</p> | <p>PER REPORT: PARTIAL COMPLIANCE</p> <ul style="list-style-type: none"> - CDP developing an LMS automated training module to reach completion | <p>Advanced training</p> |

| | | |
|---|--|---|
| <p>individuals in crisis to certain officers ('specialized CIT officers')," who will be "called upon to respond to incidents or calls involving individuals in crisis."</p> | | |
| <p>¶ 149. "Supervisors will identify and encourage qualified officers across all shifts and all Districts to serve as specialized officers."</p> | <p>PER REPORT: PARTIAL COMPLIANCE - underway, with new challenges in recruitment and selection</p> | <p>Personal, not formal Possible misinformation, mistrust</p> |
| <p>¶ 151. "Specialized CIT officers who are dispatched to an incident involving an individual in crisis will have primary responsibility for the scene" with supervisors "seek[ing] the input of a specialized CIT officer where it is reasonable for them to do so."</p> | <p>PER REPORT: EVALUATION DEFERRED</p> | <p>Policy shows preference for CIT</p> |
| <p>¶ 152. "The Coordinator will develop an effective specialized crisis intervention plan to ensure that a specialized CIT officer is available to respond to all calls and incidents that appear to involve an individual in crisis" that includes various, specific, expressly identified requirements. The City "will use its best efforts to ensure that a specialized CIT officer responds to all calls and incidents that appear to involve an individual in crisis."</p> | <p>PER REPORT: EVALUATION DEFERRED</p> | <p>How will alternative response models influence this?</p> |