

Mental Health Response Advisory Committee

City of Cleveland | January 31, 2023

MHRAC Annual Report 2022



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This report is issued by the Alcohol, Drug Addiction and Mental Health Services (ADAMHS) Board of Cuyahoga County in partnership with the Cleveland Division of Police.

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INTRODUCTION

Mental Health Response Advisory Committee History

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 (CDP) as it relates to the coordination of crisis intervention activities in Cleveland.

The charge of the MHRAC is:

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

A Memorandum of Understanding (MOU) between the City of Cleveland and the Alcohol, Drug Addiction and Mental Health Services (ADAMHS) Board of Cuyahoga County was developed in 2015 to carry out the duties of the MHRAC.

Seven years ago, the ADAMHS Board volunteered to support the City in this work because of their role as the hub of mental health and addiction care in Cuyahoga County, and a successful decades-long leadership role in providing CIT Training to officers in Cleveland and all Cuyahoga County law enforcement departments. As the City increasingly moves from making progress to sustaining progress on the Settlement Agreement, it is the right time for the City to take the lead on the MHRAC, and for the ADAMHS Board to shift its role from convener and leader to an active participant.

Scott Osiecki, CEO of the ADAMHS Board and Tri-Chair for the MHRAC said, “We are encouraged to see the ongoing dedication to improving police response for individuals with mental illness and/or addiction, and how the current City Administration is working to integrate mental health response into its ongoing law enforcement and health structures. As part of the MHRAC partnership, the ADAMHS Board has donated countless hours of staff time and resources by collecting data, developing and publishing annual reports, facilitating meetings, responding to public inquiries, and providing outreach and education. Of course, the work of the MHRAC to date could not have been done without the

dedication and commitment of partner agencies and community members who have volunteered thousands of hours to help the City of Cleveland reach its goals under the Settlement Agreement.”

As required by the MOU, the City of Cleveland and the ADAMHS Board of Cuyahoga County developed this 2022 MHRAC Annual Report

On November 4, 2022, the ADAMHS Board announced a major goal of the MHRAC would soon be achieved by transitioning the primary leadership and convening role of the MHRAC to the City of Cleveland, thus formally concluding the MOU on December 31, 2022.



Sub-committee ACCOMPLISHMENTS

**Three sub-committees
conduct the work of
the MHRAC:**

- **Training**
- **Community
Engagement**
- **Quality Improvement**

The sub-committee structure mirrored the core elements, process for implementation, and coordination for a successful Crisis Intervention Team (CIT) program for the Cleveland Division of Police.





Training Sub-committee

Chair:

**Shannon Fogarty Jerse, Esq., General Counsel, Government Affairs,
St. Vincent Charity Medical Center**

Charge of this sub-committee: Reviews and makes recommendations for mental health and alcohol or other drug (AOD) training for all Cleveland law enforcement officers and personnel, as well as for the 40-hour Specialized Crisis Intervention Team (CIT) training for officers who volunteer and are approved for the training.

In 2022:

- 1,059 Cleveland Division of Police (CDP) officers were trained on “Engaging the Homeless in Cleveland” in the annual three-hour In-Service Training. For the first time, a recording of the training was created to ensure that officers who were unavailable on the in-person training day could access the information. Trainers included Lutheran Metropolitan Ministries, FrontLine Services, St. Herman’s House of Hospitality, Northeast Ohio Coalition for the Homeless (NEOCH), and Downtown Cleveland Alliance.
- 45 CDP officers and 10 dispatchers were trained on the 40-hour Specialized CIT course.
- Updated training materials were created for CDP Dispatch and for the Advanced CIT training that officers can take after they complete the 40-hour course. The materials were shared with CDP Training Academy for review.
- Planning for 2023 included:
 - scheduling three 40-hour CIT classes for April, September, and December 2023; and
 - a subgroup developing the 2023 CDP In-Service Training on the topic of suicide prevention.



Community Engagement Sub-committee

Co-Chairs:

Joan Englund, Executive Director, Mental Health & Addiction Advocacy Coalition

Beth Zietlow-DeJesus, Director of External Affairs, ADAMHS Board of Cuyahoga County

Charge of this sub-committee: Fosters relationships between the Cleveland Division of Police (CDP) and the community by engaging the behavioral health community, police and the general public in meaningful dialogue that builds knowledge, sensitivity, understanding and trust.

In 2022:

- Speakers and experts from the ADAMHS Board, Cleveland Division of Police, and the City of Cleveland Monitoring Team made multiple media appearances to discuss the MHRAC, including on WCPN's *Sound of Ideas*, WOJU Radio, and Cleveland 19 News.
- Scott Osiecki, CEO of the ADAMHS Board, introduced a panel at The City Club of Cleveland entitled "Answering the Call for Crisis Care Change," featuring Joan Englund, Mental Health and Addiction Advocacy Coalition; Rick Oliver, FrontLine Service; and Josiah Quarles, Northeast Ohio Coalition for the Homeless (NEOCH). The forum was rebroadcast on public radio several times.
- The ADAMHS Board promoted the 40-hour Crisis Intervention Team (CIT) training, co-responder team initiative, and crisis resources through media, social media, emails, online and through the ADAMHS Board newsletter.
- Sub-committee members discussed a potential televised series highlighting "Conversations about Mental Health and Substance Use Crisis Response in Cleveland."



Quality Improvement Sub-committee

Co-Chairs:

Captain James McPike (January to March), **Deputy Chief Joellen O'Neill** (April to September), **Captain Heather Miksch** (October to December), **Cleveland Division of Police (CDP)**

Rania Issa, Ph.D., Data Collection and Analysis Coordinator, CDP

Charge of this sub-committee: Reviews and discusses the data submitted from the Crisis Intervention Team (CIT) Stat Sheets and other data sources, and makes recommendations on improving the quality and quantity of data collected, as well as potential changes to policy and procedures based in part on the data review.

In 2022:

- A second full year of CIT incident data was collected electronically. The data confirmed that the Cleveland Division of Police's electronic data collection software system continues to be a valid mechanism for gathering accurate and reliable crisis intervention incident data.
- Sub-committee members conducted year-to-year comparisons of CIT data and reviewed analyses for individuals with multiple CIT calls to inform efforts to decrease repeat utilization.
- The CDP Data Team began developing protocols for conducting location-based cluster analysis to identify CIT trends at behavioral health agency addresses.
- The CDP Data Team discussed how the MHRAC QI Sub-committee can help inform the development of Settlement Agreement compliance metrics for CIT.
- On November 28, 2022, the Cleveland Division of Police Monitoring Team submitted a memorandum on the "Monitoring Team Review of CIT Cases Involving Handcuffing of Female Juveniles Results" to the Cleveland Division of Police and the Department of Justice. The review was prompted through the work of the MHRAC QI Sub-committee.
- The CDP Data Team responded to ad hoc requests for specialized analysis of CIT trends.

Summary of 2022 Crisis Intervention Team Data

The following charts summarize the data collected and shared by the Cleveland Division of Police (CDP) with the ADAMHS Board of Cuyahoga County for Crisis Intervention Team activities from January 2022 through December 2022. Beginning in February 2020, CIT data was collected by CDP officers using an electronic data collection software system, instead of hand-writing or manually entering data into public safety records management systems. Prior to February 2020, CIT data collection was primarily completed by paper and submitted to the ADAMHS Board. Implementation of the new data platform allowed CDP to eliminate paper CIT Stat Sheets, providing more information since 2020 on encounters with and outcomes for people in crisis.¹

2022 CIT Incident Data Collection

In 2022, there were 4,974 CIT incidents (Table I). This represents an increase of 85 incidents (+2%) compared to 2021. The average number of CIT incidents reported per month for 2022 was 415, which represents an average monthly increase of eight CIT incidents per month from 2021. These slight increases may be partially attributable to the use of the electronic data collection platform as well as officer trainings about how to use the new data collection system.

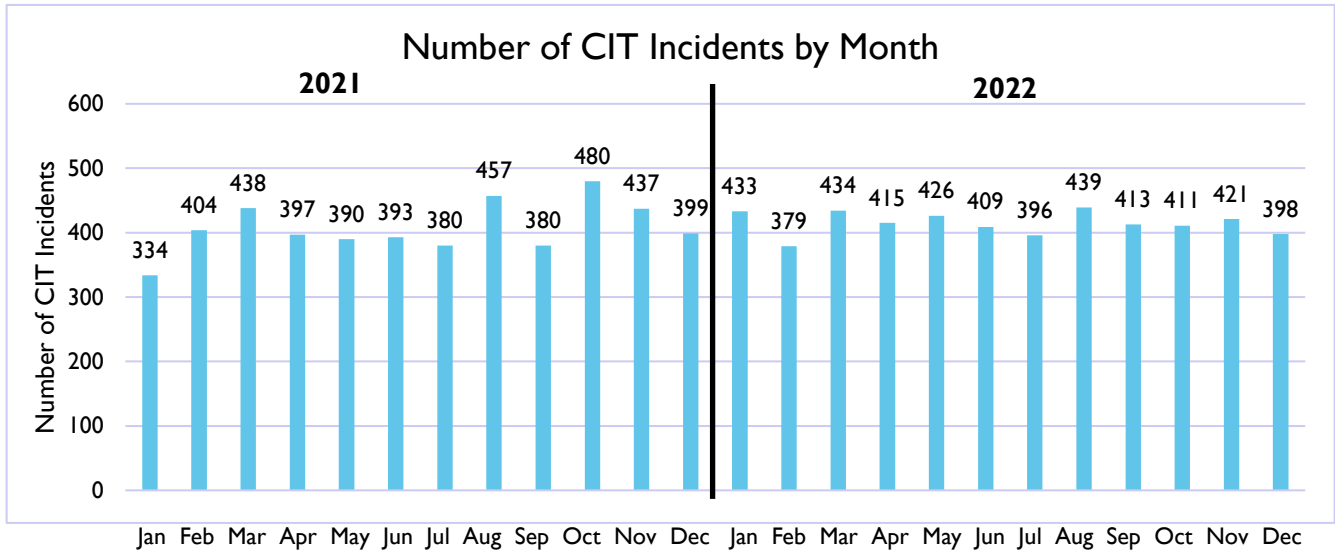
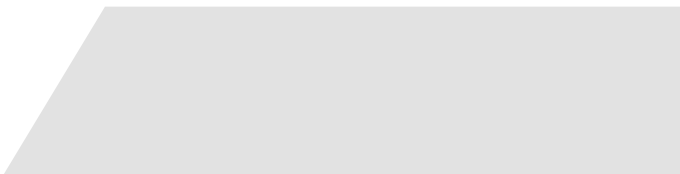
Table I. CIT Incident Data Received: 2019-2022

	2019 CIT Stat Sheets	2020 Electronic Forms ²	2021 Electronic Forms	2022 Electronic Forms	Difference between 2021 & 2022
CIT Incident Count	2,433	4,291	4,889	4,974	+85 (+2%)
Average CIT Incident Count per Month	203	357	407	415	+8 (+2%)
Number of Unique CIT Individuals³	NA	3,012	3,263	3,335	+72 (+2%)

¹ Data presented throughout this report is not final and may be subject to further data cleaning, which may impact totals and calculations.

² The electronic data system was launched in February of 2020. There were 3,934 CIT incidents and monthly average number of 357 CIT incidents for those 11 months. In order to be able to compare 12 months of 2020 CIT data with 12 months of 2021 CIT data, for Table I, January 2020 CIT incident totals were estimated using the 2020 11-month average of 357 CIT incidents/month.

³ A unique individual is a count of each person involved in a CIT incident one or more times in each year.



Frequent Client Encounter Locations Counts in 2022

This data notes common locations with 10 or more CIT encounters (Table 2). Private residences are noted only as single- or multi-family or apartments, to protect privacy. Multiple encounters at a single location do not necessarily refer to the same client.

Table 2. Most Frequent CIT Client Encounter Locations: 2022

Number of Encounters	Facility Name
79	Norma Herr Women's Center
65	Lutheran Metropolitan Ministries Men's Shelter
33	CATS: Community Assessment and Treatment Services
29	Cuyahoga County Diversion Center
26	Braveheart Manor Adult Care Facilities
25	Helping and Caring Hands - Adult Family Home
24	Bradley Manor (Northcoast Behavioral Healthcare Community Support Network)
22	The H.O.P.E Network Facility West Adult Care Facility
22	Private single-family home
21	Airport Sheraton Hotel
20	Private single-family home
19	Crisis Stabilization Unit (FrontLine)
17	Apartment building
16	Apartment building
16	Private single-family home
16	Cleveland Division of Police – 5 th District
15	Cleveland Greyhound Bus Station
15	Terminal Tower
15	Westpark Healthcare Campus
15	Private single-family home
15	Cleveland Division of Police – 4 th District
14	Helping Hands and Loving Hearts - Adult Family Home
14	Eastbrook Healthcare Center
14	Private single-family home
14	Private multi-family home
13	Private single-family home
12	Murtis Taylor – Multi-Service Center
12	FrontLine Service
12	A Helping Hand & A Loving Heart – Adult Family Home
12	Commons at West Village (EDEN)
12	Apartment building
12	Apartment building
12	Apartment building
12	Cleveland Division of Police – 3 rd District
11	Rocky River Healthcare of Westpark
11	Private multi-family residence
11	Apartment building
11	Apartment building
10	Lutheran Hospital
10	The City Mission

Individual Characteristics at CIT Incidents: 2021 & 2022

(Gender, age, race, Hispanic ethnicity)

Table 3. Individual Gender and Age Characteristics Among CIT Incidents: 2021 & 2022

	2021 Count/Percent	2022 Count/Percent
Gender		
Male	2,806 (57%)	2,651 (53%)
Female	2,081 (43%)	2,322 (47%)
Missing Data	2 (0%)	1 (0%)
Age		
0-17	526 (11%)	587 (12%)
18-25	769 (16%)	755 (15%)
26-40	1,789 (37%)	1,810 (37%)
41-64	1,542 (32%)	1,544 (31%)
>64	213 (4%)	221 (4%)
Missing Data	50 (<1%)	57 (1%)
TOTAL	4,889 (100%)	4,974 (100%)

- As shown in Table 3 above, age percentages were similar for CIT-involved individuals both years.
- The proportion of females increased from 43% in 2021 to 47% in 2022.

Table 4. Individual Race Characteristics Among CIT Incidents: 2021 & 2022

Individual Race	2021 Count/Percent	2022 Count/Percent
African American	2,876 59%	2,859 58%
American Indian/Alaska Native	6 0.2%	17 0.3%
Asian	14 0.3%	8 0.2%
Caucasian	1,845 37%	1,883 38%
Native Hawaiian or other Pacific Islander	3 0.1%	3 0.1%
None (Missing data)	2 0.1%	2 <0.1%
Unknown (Not ascertained by officer)	143 3%	202 4%
TOTAL	4,889	4,974

- The racial breakdown of individuals involved with CIT incidents was similar in 2021 and 2022 (Table 4).

Table 5. Individual Hispanic Ethnicity at CIT Incidents: 2021 & 2022

	2021 Count/Percent	2022 Count/Percent
Hispanic	256 5%	275 6%
Non-Hispanic	4,633 95%	4,699 94%
TOTAL	4,889	4,974

- Table 5 shows that the majority of individuals involved in CIT incidents (94%) in 2022 were for non-Hispanic individuals. However, it is possible that the ethnicity of CIT-involved individuals was sometimes under-identified by officers and/or not self-reported by individuals.

CIT Individual Characteristic Analyses: 2021 & 2022

(Mental health, substance use, developmental and physical disabilities, homelessness and veteran status)

This section presents findings regarding characteristics of individuals encountered during CIT incidents in 2021 and 2022. Characteristics include mental health issues, alcohol/drug use, development disabilities, physical disabilities, homelessness, and veteran status. The total reflects the number of CIT incidents, and includes individuals who have more than one CIT incident. The total is not a count of unique individuals.

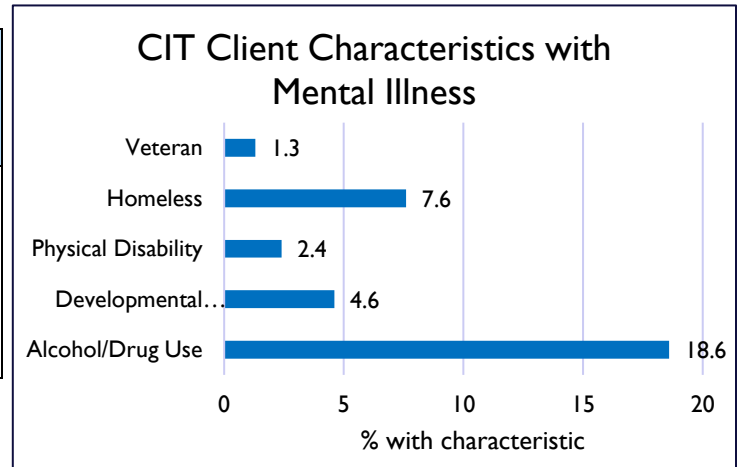
Table 6. Number of Individuals with Mental Health Issues at CIT Incidents: 2021 & 2022

Mental Health Issues	2021 Count/Percent	2022 Count/Percent
Yes	4,367 89%	4,443 89%
No	522 11%	531 11%
TOTAL	4,889	4,974

- Individual mental health issues were present in 89% of CIT incidents in 2022, the exact same percentage as CIT incidents in 2021 (Table 6).

Table 7. Characteristics of Individuals with Mental Illness at CIT Incidents: 2022

Co-Occurring with Mental Health Issue	Incident Count	Percent
Alcohol/Drug Use	825	18.6%
Developmental Disability	204	4.6%
Physical Disability	105	2.4%
Homeless	336	7.6%
Veteran	56	1.3%



- Table 7 shows officers reported that 825 CIT incidents involving individuals with mental health issues in 2022 also included alcohol/drug use (18.6%).
- Of the 4,443 individuals at CIT incidents with mental health issues in 2022, 336 (7.6%) were reported to be homeless (Table 7).

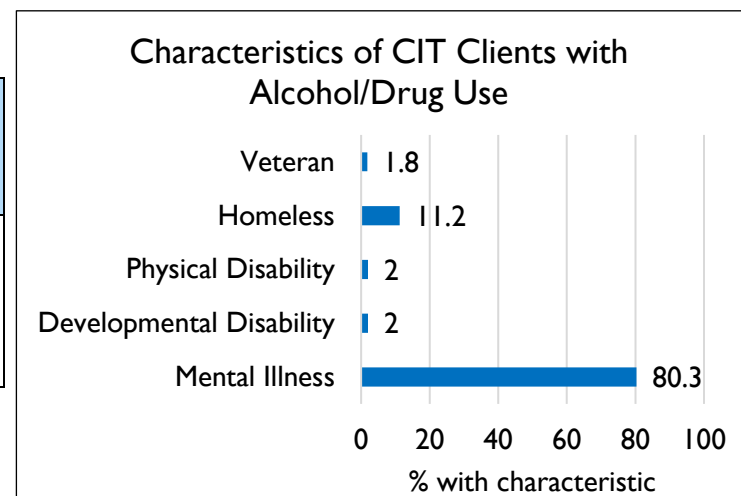
Table 8. Number of Individuals with Alcohol/Drug Use at CIT Incidents: 2021 & 2022

Alcohol/Drug Use	2021 Count/Percent	2022 Count/Percent
Yes	1,054 22%	1,028 21%
No	3,835 78%	3,946 79%
TOTAL	4,889	4,974

- As shown in Table 8, 21% of 2022 CIT incidents included alcohol/drug use, a similar percentage to 2021 (22%).

Table 9. Characteristics of Individuals with Alcohol/Substance Use at CIT Incidents: 2022

Co-Occurring with Alcohol/Drug Use	Incident Count	Percent
Mental Health Issue	825	80.3%
Developmental Disability	21	2.0%
Physical Disability	21	2.0%
Homeless	115	11.2%
Veteran	18	1.8%



- As seen in Table 9, of the 1,028 CIT individuals with alcohol/drug use at the time of a CIT incident, 825 (80.3%) were reported to have mental health issues; 115 (11.2%) were reported to be homeless and 18 (1.8%) were veterans.

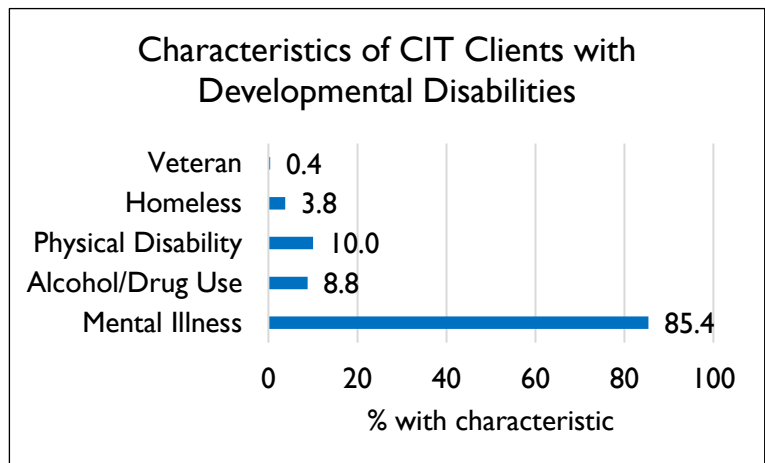
Table 10. Number of Individuals with a Developmental Disability at CIT Incidents: 2021 & 2022

Developmental Disability	2021 Count/Percent	2022 Count/Percent
Yes	261 5%	239 5%
No	4,628 95%	4,735 95%
TOTAL	4,889	4,974

- As shown in Table 10, five percent of 2022 CIT incidents included an individual with a developmental disability, the same percentage in 2021.

Table 11. Characteristics of Individuals with a Developmental Disability at CIT Incidents: 2022

Co-Occurring with Dev. Disability	Incident Count	Percent
Mental Health Issue	204	85.4%
Alcohol/Drug Use	21	8.8%
Physical Disability	24	10.0%
Homeless	9	3.8%
Veteran	1	0.4%



- Table 11 shows that for 2022, 85% of incidents with a developmental disability also included a mental health issue (204 of the 239 incidents).

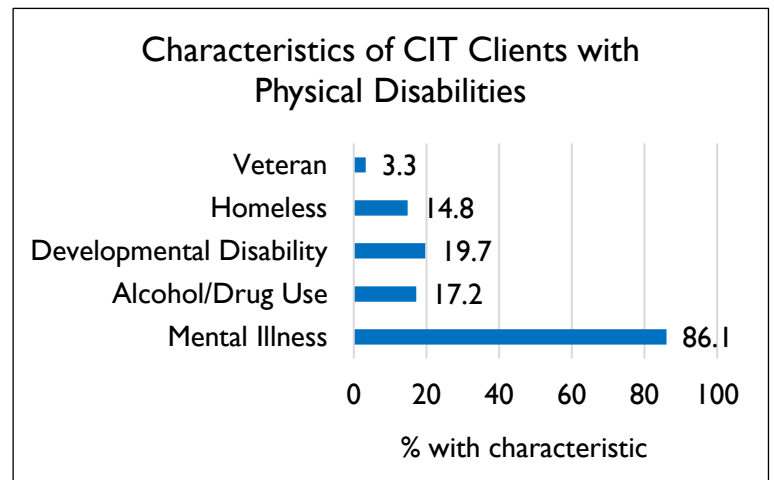
Table 12. Number of Individuals with a Physical Disability at CIT Incidents: 2021 & 2022

Physical Disability	2021 Count/Percent	2022 Count/Percent
Yes	145 3%	122 2%
No	4,744 97%	4,852 98%
TOTAL	4,889	4,974

- For 2022, two percent of incidents (a total of 122) included an individual with a physical disability (Table 12).

Table 13. Characteristics of Individuals with a Physical Disability at CIT Incidents: 2022

Co-Occurring with Physical Disability	Incident Count	Percent
Mental Health Issue	105	86.1%
Alcohol/Drug Use	21	17.2%
Dev. Disability	24	19.7%
Homeless	18	14.8%
Veteran	4	3.3%



- Of these 122 incidents, 86% included mental health issues, 17% included alcohol/drug use, 20% included a developmental disability, and 15% included homelessness (Table 13).

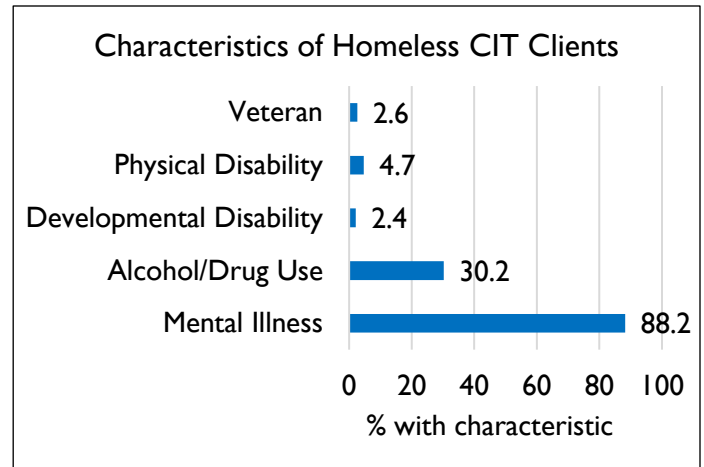
Table 14. Number of Homeless Individuals at CIT Incidents: 2021 & 2022

Homeless	2021 Count/Percent	2022 Count/Percent
Yes	304 6%	381 8%
No	4,585 94%	4,593 92%
TOTAL	4,889	4,974

- Eight percent of all CIT incidents in 2022 included individuals who were reported to be homeless, which represented a slight increase from 6% of all CIT incidents in 2021 (Table 14).
- Overall, while the total number of CIT calls increased two percentage points from 2021 to 2022, the total number of CIT incidents involving homeless individuals increased 25% in that same time period (304 versus 381, respectively). It is not known if this increase is attributable to continued improvements in officer reporting of CIT incidents and homeless status, or if it represents a true increase in the number of homeless individuals at CIT incidents.

Table 15. Characteristics of Homeless Individuals at CIT Incidents: 2022

Co-Occurring with Homelessness	Incident Count	Percent
Mental Health Issue	336	88.2%
Alcohol/Drug Use	115	30.2%
Developmental Disability	9	2.4%
Physical Disability	18	4.7%
Veteran	10	2.6%



- The majority of these 381 individuals were reported to have a mental health issue (88%) and alcohol/drug use (30%) (Table 15).

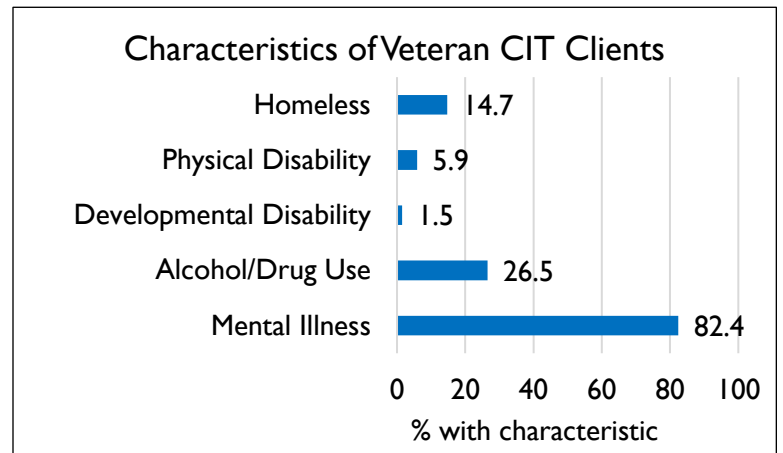
Table 16. Number of Veteran Individuals at CIT Incidents: 2021 & 2022

Veteran	2021 Count/Percent	2022 Count/Percent
Yes	75 2%	68 1%
No	4,814 98%	4,906 99%
TOTAL	4,889	4,974

- Veteran individuals comprised one percent of CIT incidents in 2022 (Table 16).

Table 17. Characteristics of Veteran Individuals at CIT Incidents: 2022

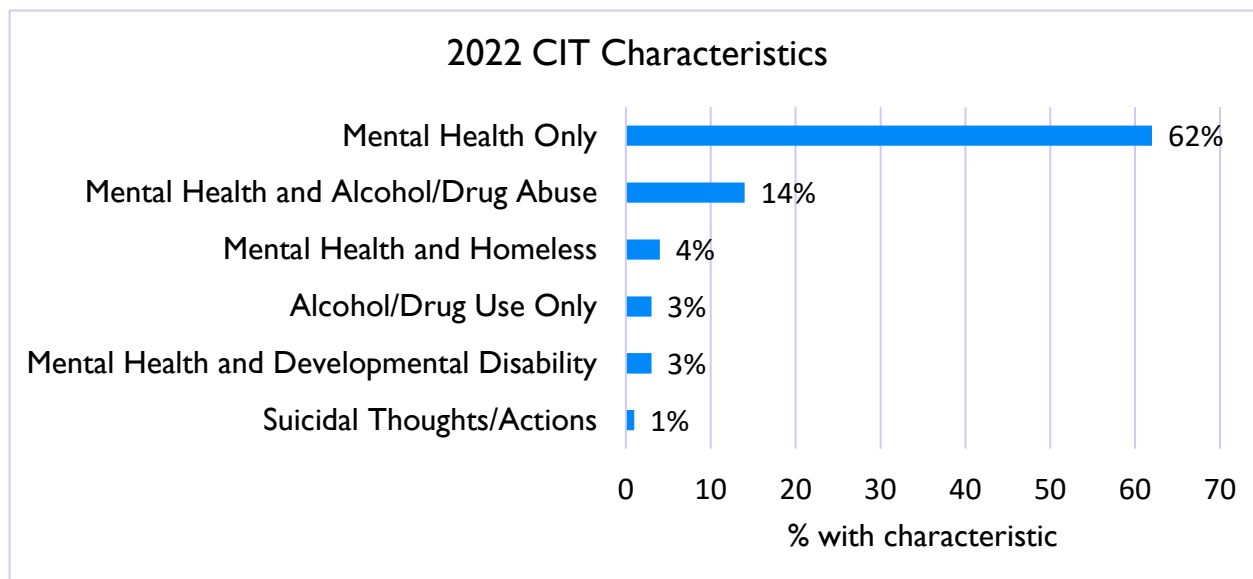
Co-Occurring with Veteran Status	Incident Count	Percent
Mental Health Issue	56	82.4%
Alcohol/Drug Use	18	26.5%
Dev. Disability	1	1.5%
Physical Disability	4	5.9%
Homeless	10	14.7%



- For the 68 CIT incidents with veteran individuals, 56 included mental health (82%), 18 included alcohol/drug use (27%), one included a developmental disability (2%), four included a physical disability (6%), and ten homeless (15%) (Table 17).

Table 18. Frequency Rank of CIT Individual Characteristics at CIT Incidents: 2021 & 2022

Individual Characteristics (Single and Co-Occurring)	2021 Incident Count	2021 Percent	2022 Incident Count	2022 Percent
Mental Health Only	2,987	61%	3,074	62%
Mental Health and Alcohol/Drug Use	701	14%	688	14%
Mental Health and Homeless	159	3%	215	4%
Alcohol/Drug Use Only	176	4%	172	3%
Mental Health and Developmental Disability	172	4%	161	3%
Suicidal thoughts/actions	34	1%	61	1%
None of the above (description listed as "NULL")	3	0.1%	0	0
All other combinations	657	13%	603	12%
TOTAL	4,889	100%	4,974	100%



- Table 18 shows individual characteristic combinations at 2022 CIT incidents.
- Sixty-two percent of all CIT incidents in 2022 included an individual with a mental health issue and no other reported individual characteristic; 14% included mental health and alcohol/drug issues.
- Although four percent appears to be a small percentage, it represents 215 CIT incidents where an individual was reported to be homeless and experiencing a mental health crisis and no other reported individual characteristic.
- Similarly, one percent of CIT incidents in 2022 represents 61 CIT individuals experiencing suicidal thoughts or actions.



SPOTLIGHT ON

Youth and CIT Incidents: 2022

This section presents findings regarding characteristics of youth (less than 18 years old) encountered during CIT incidents in 2022. Characteristics include mental health issues, alcohol/drug use, development disabilities, physical disabilities, and homelessness.

- There were 587 CIT incidents in 2022 (12%) involving an individual less than 18 years of age.
 - **442 youth comprised the 587 youth incidents in 2022**
 - **Age range of 5 to 17 years old (average age = 13.9 years old)**
 - **70% African American, 24% white**
 - **10% Hispanic**

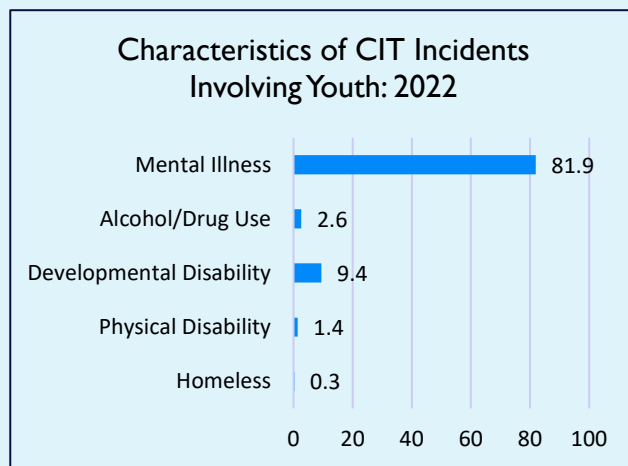
Table A. Number of CIT Incidents Youth Compared to Adults: 2022

	2022 Count/Percent
Youth (less than 18 years old)	587 12%
Adult	4,330 87%
Missing Data	57 1%
TOTAL	4,974

SPOTLIGHT ON YOUTH

Table B. Characteristics of CIT Incidents Involving Youth: 2022

	Incident Count	Percent
Mental Health Issue	481	81.9
Alcohol/Drug Use	15	2.6
Developmental Disability	55	9.4
Physical Disability	8	1.4
Homeless	2	0.3



- Table B shows that in 2022 officers reported that 481 of the 587 CIT youth incidents involved mental health issues (81.9%).
- Fifteen incidents (3%) involved alcohol or drug use, all of which involved youth between 13 and 17 years old.
- Developmental disabilities were present at nine percent of youth-involved CIT incidents and physical disabilities present at one percent.
- Two homeless youth were reported; however, this population may not always disclose housing status.

CIT Youth Call Types

- 29% of CIT calls involving youth were for suicide threats or suicide in progress (169 CIT calls)
- 28% involved domestic violence (162 CIT calls)

Police Response

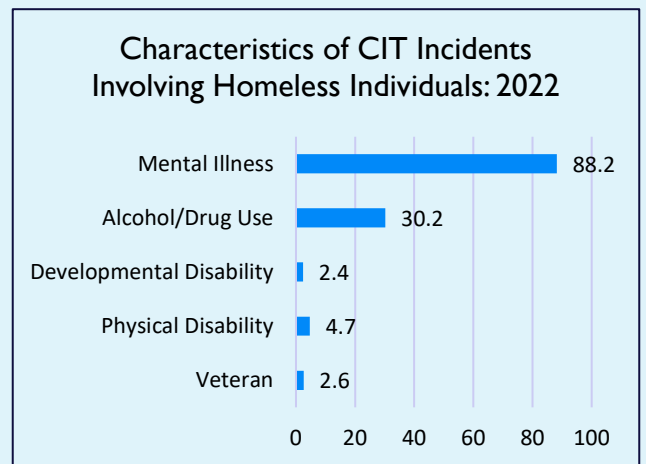
- 12% resistance from youth
- 68% de-escalation used
- 10% handcuffs used
- One use of force incident (Level 2)
- 38% conveyed to Rainbow Babies and Children’s Hospital; 31% conveyed to Fairview Hospital



SPOTLIGHT ON

Homelessness and CIT Incidents: 2022

This section presents findings regarding characteristics of homeless individuals encountered during CIT incidents in 2022. Characteristics include mental health issues, alcohol/drug use, development disabilities, physical disabilities, and veteran status.



There were 381 CIT incidents in 2022 (8%) involving an individual identified as homeless. Compared to the total of 304 homeless-involved CIT incidents in 2021, this number represents a 25% increase in the number of CIT incidents involving homeless individuals. It is not known if this increase is attributable to continued improvements in officer reporting of CIT incidents and homeless status, or if it represents a true increase in the number of homeless individuals at CIT incidents.

- **281 individuals comprised the 381 homeless CIT incidents in 2022**
- **Age range of 11 to 79 years old (average age = 39.4 years old)**
- **53% African American, 43% white**
- **1% Hispanic**

Table C. Number of CIT Incidents for Homeless Individuals: 2022

	2022 Count/Percent
Homeless	381 8%
Not Identified as Homeless	4,593 92%
Missing Data	0 0%
TOTAL	4,974

SPOTLIGHT ON HOMELESSNESS

Table D. Characteristics of CIT Incidents Involving Homeless Individuals: 2022

	Incident Count	Percent
Mental Health Issues	336	88.2
Alcohol/Drug Use	115	30.2
Developmental Disability	9	2.4
Physical Disability	18	4.7
Veteran	10	2.6

- Table D shows that in 2022, officers reported that 336 of the 381 CIT homelessness incidents involved mental health issues (88%).
- Of the 381 incidents involving homeless individuals, 115 (30%) involved alcohol or drug use.
- Developmental disabilities were present at two percent of homeless-involved CIT incidents and physical disabilities present at five percent.
- 10 of the homeless individuals reported that they were veterans.

CIT Homeless Call Types

- 32% of CIT calls involving homeless individuals were for suicide threats or suicide in progress (123 CIT calls)
- 22% involved a call for Mental/Violent or Mental/Non-Violent, which are specific dispatch categories describing a mental health crisis (82 CIT calls)

Police Response

- 10% resistance from homeless individuals
- 73% de-escalation used
- 14% handcuffs used
- One use of force incident (Level 2)
- 95% of homeless individuals were conveyed to a facility or shelter

CIT Incident Characteristics: 2021 and 2022

(Incident source, subject armed and weapon type, de-escalation type, police force used, individual transport)

Table 19. CIT Incident Source: 2021 & 2022

Incident Source	2021 Count/Percent	2022 Count/Percent
Family	1,358 28%	1,413 28%
EMS	373 8%	369 7%
Fire	20 0.4%	17 0.3%
Self	1,365 28%	1,425 29%
Case Worker	358 7%	338 7%
Other Sources*	1,272 26%	1,272 26%
Officer Initiated	100 2%	92 2%
District walk-in	43 0.9%	48 1%
TOTAL	4,889	4,974

- “Incident source” refers to the person or agency that initiated a CIT call or involvement.
- * “Other Sources” can include bystanders, neighbors, friends, roommates, landlords, co-workers, business employees, or various other third parties.

Table 20. Subject Armed-Weapon: 2021 & 2022

	2021 Count/Percent	2022 Count/Percent
Yes	184 4%	175 4%
No	4,702 96%	4,799 96%
Not Recorded	3 0%	0 0%
TOTAL	4,889	4,974

Table 21. Type of Weapon: 2021 & 2022

	2021 Count/Percent	2022 Count/Percent
None	4,705 96%	4,799 96%
Bat	0 0%	1 <0.1%
BB Gun	0 0%	1 <0.1%
Belt	1 <0.1%	0 0%
Blunt Object	25 0.5%	17 0.3%
Drugs, Narcotics, Sleeping Pills (exposure or ingestion)	2 <0.1%	1 <0.1%
Fork	1 <0.1%	1 <0.1%
Gas	4 <0.1%	0 0%
Glass	0 0%	2 <0.1%
Gun	34 0.7%	37 0.7%
Hammer	0 0%	2 <0.1%
Imitation Firearm	0 0%	1 <0.1%
Incendiary device	2 <0.1%	1 <0.1%
Ink Pen/Pencil	2 <0.1%	1 <0.1%
Knife	119 2%	109 2%
Pepper Spray	0 0%	2 <0.1%
Scissors	0 0%	1 <0.1%
Screwdriver	0 0%	2 <0.1%
Other	0	3 <0.1%
TOTAL	4,889	4,974

Note: Subjects may have more than one weapon.

Table 22. Resistance Levels at CIT Incidents: 2021 & 2022

Resistance Level	2021 Count/Percent	2022 Count/Percent
No Resistance	4,367 89.3%	4,475 90%
Passive Resistance	381 7.8%	355 7.1%
Active Resistance	107 2.2%	108 2.2%
Aggressive Physical Resistance	31 0.6%	35 0.7%
Not Recorded	3 0.1%	1 <0.1%
TOTAL	4,889	4,974

- Table 22 shows that 90% of 2022 CIT incidents did not include individual resistance. Active and aggressive physical resistance were present in 2.2% and 0.7% of incidents, respectively. These resistance level percentages were similar for 2021 incidents.

Table 23. Frequency Rank of De-Escalation Techniques Used at CIT Incidents: 2021 & 2022

De-Escalation Technique	2021 Count/Percent	2022 Count/Percent
Verbal De-Escalation	2,730 55.8%	2,419 48.6%
Allow Time and Opportunity to Comply	2,524 51.6%	2,304 46.3%
Listening and Interacting in Conversation	2,086 42.7%	2,021 40.6%
Strategic Communications/Voice Command	1,642 33.6%	1,464 29.4%
Use of Distance/Cover/Concealment	1,518 31%	1,260 25.3%
Increased Officer Presence	887 18.1%	784 15.8%
Requested CIT Specialist	421 8.6%	489 9.8%
Requested Supervisor	387 7.9%	314 6.3%
N/A	1,494 30.5%	1,700 34.2%
TOTAL	4,889	4,974

- Table 23 shows that verbal de-escalation was the most frequently utilized technique at 2022 CIT incidents (49%), followed by allowing time for compliance (46%), listening and interacting (41%), and strategic communications (29%). The percentage of CIT incidents where a CIT officer was requested increased from 8.6% in 2021 to 9.8% in 2022.
- A de-escalation technique was not used or not applicable (N/A) in 34% of 2022 CIT incidents. Overall, de-escalation techniques were used at a slightly lower percentage of CIT incidents in 2022 (65.8%) than in 2021 (69.4%).

Table 24. Use of Force during CIT Incidents: 2022

Use of force utilized	Count	Percent
NO TOTAL	4,956	99.6%
Yes (Level 1)	9	0.2%
Yes (Level 2)	9	0.2%
Yes (Level 3)	0	0%
YES TOTAL	18	0.4%
Not Recorded	0	0%
TOTAL	4,974	100%

- Table 24 shows use of force utilized during 2022 CIT incidents (see below for use of force level definitions). A total of 18 CIT incidents in 2022 involved a police use of force, accounting for 0.4% of all 4,974 CIT incidents.

Definitions of Force Levels

- **Level 1 Use of Force:** Force that is reasonably likely to cause only transient pain and/or disorientation during its application as a means of gaining compliance, including pressure point compliance and joint manipulation techniques, but that is not reasonably expected to cause injury, does not result in an actual injury and does not result in a complaint of injury. It does not include escorting, touching, or handcuffing a subject with no or minimal resistance. Un-holstering a firearm and pointing it at a subject is reportable as a Level 1 use of force.
- **Level 2 Use of Force:** Force that causes an injury, could reasonably be expected to cause an injury, or results in a complaint of an injury, but does not rise to the level of a Level 3 use of force. Level 2 includes the use of a Conducted Electrical Weapon (CEW), including where a CEW is fired at a subject but misses; Oleoresin Capsicum (OC) or “pepper” spray application; weaponless defense techniques (e.g., elbow or closed-fist strikes, kicks, leg sweeps, and takedowns); use of an impact weapon, except for a strike to the head, neck or face with an impact weapon; and any canine apprehension that involves contact.
- **Level 3 Use of Force:** Force that includes uses of deadly force; uses of force resulting in death or serious physical harm; uses of force resulting in hospital admission due to a use of force injury; all neck holds; uses of force resulting in a loss of consciousness; canine bite; more than three applications of a CEW on an individual during a single interaction, regardless of the mode or duration of the application, and regardless of whether the applications are by the same or different officers; a CEW application for longer than 15 seconds, whether continuous or consecutive; and any Level 2 use of force against a handcuffed subject.

Table 25. Injury during CIT Incidents: 2021 & 2022

Injured	2021 Count/Percent	2022 Count/Percent
Subject Injured	135 2.8%	110 2.2%
Officer Injured	20 0.4%	14 0.3%
Third Party Injured	41 0.8%	42 0.8%
TOTAL	4,889	4,974

- CIT individual injuries occurred in 2.2% of all CIT incidents in 2022 (Table 25). Police officers and third-party individuals were injured in 0.3% and 0.8% of incidents, respectively.

Table 26. Disposition Characteristics of CIT Incidents: 2022

Incident Characteristic	Incident Count	Percent
Individual left voluntarily	4,019	80.8%
Probate warrant served	192	3.9%
Emergency admission form	288	5.8%
Individual referred additional support	515	10.4%
Subject conveyed/transported	4,498	90.4%
Individual arrested	88	1.8%

- Table 26 shows that CIT individuals left voluntarily in 81% of 2022 CIT incidents. Individuals were referred for additional support in 10% (515 incidents) of incidents and an emergency admission form was completed in six percent (288) of incidents.
- Individuals involved in CIT incidents were conveyed/transported for assistance 90% of the time and arrested in two percent of CIT incidents.
- Each characteristic is tracked separately.

Table 27. Transport Destinations for Individuals at CIT Incidents: 2022

Transport Destination	Count/Percent
Cleveland Clinic	204 4.1%
Crisis Stabilization Unit	28 0.6%
Cuyahoga County Diversion Center	63 1.3%
Euclid Hospital	101 2.0%
Fairview Hospital	464 9.3%
Homeless Shelter	2 <0.1%
Jail	3 0.1%
Lutheran Hospital	510 10.3%
Marymount Hospital	175 3.5%
MetroHealth Medical Center	918 18.5%
Rainbow Babies and Children’s Hospital	227 4.6%
Saint Vincent Charity Hospital	832 16.7%
South Pointe Hospital	66 1.3%
University Hospital	760 15.3%
Veterans Administration	37 0.7%
Other	108 2.2%
Missing/Null or Not Conveyed	476 9.6%
TOTAL	4,889

Table 28. Number of Individuals with Multiple CIT Incidents: 2022

CIT Utilization Frequency	Number of Individuals	Percent	TOTAL Number of CIT Incidents	Percent
32	1	<0.1%	32	0.6%
28	1	<0.1%	28	0.6%
27	1	<0.1%	27	0.5%
26	1	<0.1%	26	0.5%
23	1	<0.1%	23	0.5%
20	2	<0.1%	40	0.8%
19	1	<0.1%	19	0.4%
16	2	<0.1%	32	0.6%
15	4	0.1%	60	1.2%
14	2	<0.1%	28	0.6%
13	1	<0.1%	13	0.3%
11	3	<0.1%	33	0.7%
10	4	0.1%	40	0.8%
9	7	0.2%	63	1.3%
8	7	0.2%	56	1.1%
7	9	0.3%	63	1.3%
6	19	0.4%	114	2.3%
5	27	0.6%	135	2.7%
4	53	1.6%	212	4.3%
3	157	4.7%	471	9.4%
2	427	12.8%	854	17.1%
1	2,605	78.1%	2,605	52.4%
TOTAL	3,335	100%	4,974	100%

- A total of 3,335 individuals were involved in 4,974 CIT incidents in 2022 (Table 28).
- As shown in Table 28 above, 78.1% of CIT individuals in 2022 were involved in one incident and 21.9% were involved in two or more CIT incidents. The number of CIT incidents in 2022 for an individual ranged from one incident to 32 incidents.
- Of the 3,335 unique CIT individuals in 2022, 21.9% had two or more CIT incidents but accounted for 47.6% of the total CIT incidents that year. Individuals with only one CIT incident accounted for the remaining 52.4% of all CIT incidents in 2022.
- High-utilizing individuals (i.e., four or more CIT incidents in 2022) accounted for 4.4% of the 3,335 unique CIT individuals in 2022 but 21.0% of all CIT incidents.

MEMBERSHIP

Mental Health Response Advisory Committee (MHRAC) Membership

The MHRAC has many community participants. Additional details are available at adamhsc.org/mhrac.

Members:		
<p>Scott S. Osiecki, MHRAC Chair Chief Executive Officer ADAMHS Board of Cuyahoga County</p> <p>Nicole Carlton, Former MHRAC Chair Asst. Director, Emergency Operations City of Cleveland</p> <p>James McPike, Former MHRAC Chair CIT Coordinator Captain City of Cleveland</p>	<p>Jonas Geissler US Department of Justice</p>	<p>Deputy Chief Sammy Morris Cleveland Division of Police</p>
	<p>Yolanda Gordon Probation Officer Cleveland Municipal Court</p>	<p>Rick Oliver Director of Crisis Services FrontLine Service</p>
	<p>Madison Greenspan External Affairs Officer ADAMHS Board of Cuyahoga County</p>	<p>Rosie Palfy Community Advocate, Homeless Congress & Military Women’s Coalition (MWC)</p>
	<p>Ayesha B. Hardaway City of Cleveland Monitoring Team</p>	<p>Clare Rosser Chief of Strategic Initiatives ADAMHS Board of Cuyahoga County</p>
<p>Carole Ballard Director of Education and Training ADAMHS Board of Cuyahoga County</p>	<p>Larry Heller Outreach Lead Northeast Ohio Recovery Association</p>	<p>Charles See City of Cleveland Monitoring Team</p>
<p>Gabriella Celeste Policy Director Schubert Center for Child Studies Case Western Reserve University</p>	<p>Samantha Holmes Mental Health and Addiction Recovery Project Coordinator Cleveland Dept. of Public Health</p>	<p>Ruth Simera Executive Director Ohio Criminal Justice Coordinating Center of Excellence, NEOMED</p>
<p>Richard Cirillo, Ph.D. Chief Clinical Officer Cuyahoga County Board of Developmental Disabilities</p>	<p>Rania Issa, Ph.D. Data Collection/Analysis Coordinator Cleveland Division of Police</p>	<p>Carolyn Szweda Executive Vice President Beech Brook</p>
<p>Sgt. Magdalena Crespo Crisis Intervention Team Sergeant Cleveland Division of Police</p>	<p>Katie Jenkins Executive Director NAMI Greater Cleveland</p>	<p>Megan Testa, Ph.D. Cleveland Community Police Commission</p>
<p>Ronnie Dunn, Ph.D. City of Cleveland Monitoring Team</p>	<p>Shannon Jerse, Esq. General Counsel, Government Affairs Saint Vincent Charity Medical Center</p>	<p>Rodney Thomas Begun Center for Violence Prevention Case Western Reserve University</p>
<p>Randolph Dupont, Ph.D. City of Cleveland Monitoring Team</p>	<p>Christina Kalnicki Director of Population Health OhioRise/Aetna</p>	<p>Donna Weinberger Criminal Justice Project Coordinator Greater Cleveland Congregations</p>
<p>Joan Englund Executive Director Mental Health & Addiction Advocacy Coalition</p>	<p>Captain Heather Miksch Crisis Intervention Team Coordinator Cleveland Division of Police</p>	<p>Thomas Williams Data Research Specialist ADAMHS Board of Cuyahoga County</p>
<p>Mike Evanovich US Attorney’s Office (contractor) US Department of Justice</p>	<p>MHRAC membership during 2022</p>	<p>Beth Zietlow-DeJesus Director of External Affairs ADAMHS Board of Cuyahoga County</p>