



**City of Cleveland  
Mental Health Response Advisory Committee  
2020 Annual Report  
January 31, 2021**



# Introduction

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

The charge of the MHRAC is:

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

As required by the MOU between the City of Cleveland and the ADAMHS Board of Cuyahoga County, the MHRAC has developed this 2020 Annual Report.

## MHRAC Sub-committees & Accomplishments

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

### **1. Training Sub-committee: Shannon Jerse and Capt. Jim McPike, Co-Chairs**

- Completed the 4-hour course of instruction for the 2020 In-Service Training, *Understanding and Responding to Autism Spectrum Disorders* (Due to COVID-19, this training was moved to 2021).
- Created an officer survey for the Autism training.
- DOJ approved the 8-hour Dispatch Training in March 2020 (Due to COVID-19, this training is being moved to 2021).
- Helped create the 2020 CIT survey for CDP Officers, in partnership with the QI sub-committee; was taken by 1,005 officers.
- Reviewed and recommended updates to the CIT Training section of General Police Order 5.11.02, *Crisis Intervention Team Program* (All three updated policies will go to DOJ in 2021).
- Scheduled an April and October 2020 new Specialized CIT 40-hour Training for CDP officers. The April training was canceled due to COVID-19. The October 2020 training was held, and nineteen CDP Officers graduated. The 40-hour CIT Trainings for CDP are scheduled for April, July and October 2021.
- Decided to create an online training for CDP Officers on the Emergency Certificate process (To start in 2021).

## **2. Diversion Sub-committee: Christina Kalnicki, and Rick Oliver, Co-chairs**

- In 2020, the MHRAC Diversion Sub-committee experienced significant growth in the number of regular participants allowing for increased insights from previously underrepresented populations including Juvenile Justice, Community Advocates, and Faith-Based Organizations.
- Incorporated regular progress updates on the Cuyahoga County Diversion Center project into monthly meetings.
- Increased collaborative efforts with the other MHRAC Subcommittees, especially Community Engagement.
- Longstanding committee member Rick Oliver of FrontLine Services assumed the role of Committee Co-chair, offering his extensive experience in crisis care and his intimate knowledge of the Cuyahoga County behavioral healthcare landscape.
- Participated with the development and implementation of the Cleveland Co-Responder Team Project. This project is funded by the City of Cleveland through the Bureau of Justice Assistance grant. The ADAMHS Board provided a match for the grant, which enabled the Co-Responder Team to be available in all five districts within the City of Cleveland. The Co-Responder team is made up of five CIT officers and five Crisis Specialists from Murtis Taylor and Frontline Services. The project began in December 2020.
- Discussed the CIT Plus Program that was funded through a SAMHSA grant. This pilot program diverts individuals from incarceration to treatment at the Crisis Stabilization Unit.

## **3. Community Engagement Sub-committee: Karen Kearney and Beth Zietlow-DeJesus, Co-chairs**

- Revised and redistributed MHRAC Community Resource Cards. These cards organize behavioral health resources for Cleveland Division of Police (CDP) officers to refer to when encountering individuals in need of services. The updated cards were shared via CDP's electronic system and are now available electronically in CDP patrol cars.
- Promoted 40-hour CIT training and co-responder team through media, social media, emails, website and the ADAMHS Board newsletter.
- Authored and posted regular social media content regarding CIT and crisis resources in the Greater Cleveland community.
- Developed CIT brochure educating residents and community agencies about the Cleveland Division of Police's CIT program.
- Organized and hosted a virtual *Coffee with a CIT Officer* event for CDP CIT Officers to share their experiences with behavioral health providers and members of local law enforcement. The event took place on October 5, 2020 and 43 people participated. The committee plans to host these events on a regular basis in 2021, either virtually or in-person.
- Planned community outreach at district community meetings, which had to be postponed due to COVID-19.

## **4. Quality Improvement Sub-committee: Rania Issa, Ph.D. & Capt. Jim McPike, Co-Chairs**

- In 2020, the Quality Improvement Sub-committee continued to focus on reviewing CIT policies and procedures, data collection and analysis findings, data trends and patterns, and case examples.
- Developed and administered a CIT survey to ascertain officer experiences, successes and barriers to CIT implementation.

- Dr. Rania Issa shared monthly CIT data analysis findings from the Law Enforcement Records Management System (LERMS) and Brazos, CDP's new data software collection system. Subcommittee members discussed trends, notable findings, and areas for further analyses.
- Reviewed and made suggestions for improvements of CIT policies including the *Crisis Intervention Team Program* General Police Order.
- Reviewed and provided input on the Autism Survey questions for the 2021 In-service Training.

## Other MHRAC Notables

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- As required by the MOU, MHRAC developed, published and submitted its fifth Annual Report to the City of Cleveland and the ADAMHS Board of Cuyahoga County. The report was shared with the Department of Justice, the Monitoring Team and the community in January 2020. All MHRAC annual reports can be viewed at [www.adamhsc.org](http://www.adamhsc.org).
- Carole Ballard, Director of Education and Training for the ADAMHS Board of Cuyahoga County, was elected to the Crisis Intervention Team International Board in January 2020. She is the chair of Communications/Marketing and is a member of the Policy subcommittee.
- The ADAMHS Board was awarded a two-year contract for the development of the Cuyahoga County Diversion Center from Cuyahoga County government. The purpose of the Diversion Center is to divert individuals with mental health and/or substance use issues, who interact with police in low level offenses, to treatment and support services rather than jail. The ADAMHS Board contracted with Frontline Services to operate the Police Help Line and Oriana House to operate the Diversion Center. The ADAMHS Board will be increasing its training to all Cuyahoga County law enforcement and offering monthly CIT Refresher Courses and CIT Dispatch Courses, in addition to twice monthly 40-hour CIT Trainings. Police Departments will receive stipends to offset personnel costs for completing the trainings. The Diversion Center is scheduled to open on April 1, 2021.
- Capt. James Purcell received the Outstanding Mental Health Advocate Award posthumously from NAMI Greater Cleveland in November 2020.
- Kathleen H. Stoll, an advocate and active member of MHRAC since its inception in 2015, passed away in September 2020. She was a recipient of the 2016 ADAMHS Board Adult Advocate of the Year Award.

This report is submitted on behalf of the entire MHRAC.

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

A MHRAC membership roster is included in this report.

The MHRAC also thanks the Cleveland Division of Police/City of Cleveland Monitoring Team and representatives from the Department of Justice for their collaboration, technical assistance and consultation.

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

# Summary of 2020 Crisis Intervention Team Data

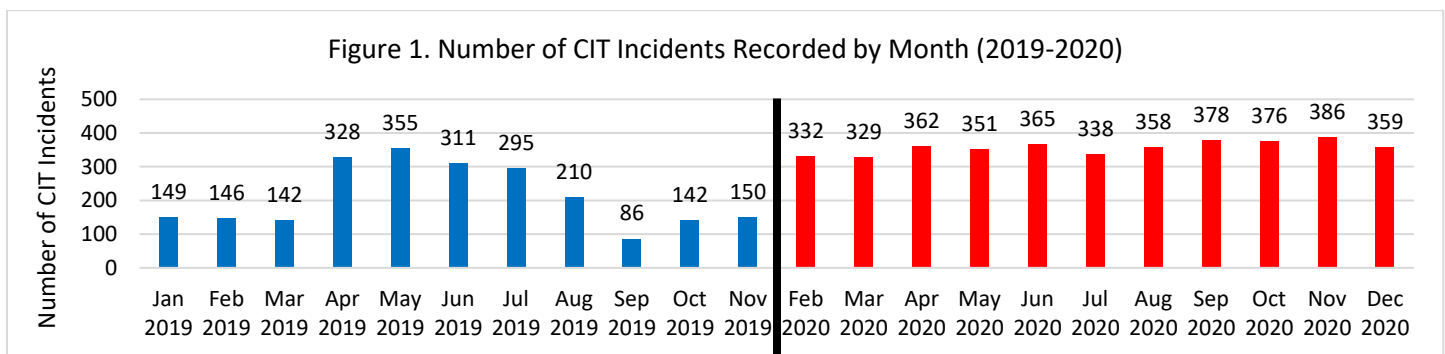
The following charts summarize the data shared by CDP with the ADAMHS Board of Cuyahoga County for Crisis Intervention activities from February 2020 through December 2020. Beginning in February 2020, CIT data was collected by CDP officers using the new Brazos\* system. Prior to February 2020, CIT data collection was primarily completed by paper and submitted to the ADAMHS Board. Implementation of the new Brazos data platform allowed CDP to eliminate paper CIT stat sheets, which provided more information in 2020 regarding the encounters with and outcomes for people in crisis.

## 2020 CIT Incident Data Collection

In 2020, (see Table 1.) there were 3,934 CIT incidents. This represents an increase of 1,501 incidents (+62%) from 2019. The average number of CIT incidents collected per month for 2020 was 328, which represents an average monthly increase of 125 CIT incidents per month from 2019. These increases are likely the result of the implementation of the Brazos data collection platform, as well as officer trainings about how to use the new data collection system.

Table 1. CIT Incident Data Received: 2019 & 2020

	2019 CIT Stat Sheets	2020 Brazos Forms	Difference between 2019 & 2020
<b>CIT Incident Count</b>	2,433	3,934	+1,501 (+62%)
<b>Average CIT Incident Count per Month</b>	203	328	+125/month (+62%)
<b>Number of Unique CIT Individuals<sup>1</sup></b>	NA	2,761	NA



\*Brazos is the CDP's new data software collection system.

<sup>1</sup> A unique individual is a count of each person involved in a CIT incident one or more times in 2020.

## Individual Characteristics at CIT Incidents: 2019 & 2020

(Gender, age, race, ethnicity)

Table 2. Individual Gender and Age at CIT Incidents (2019 & 2020)

	2019 Percent (*N=2,433)	2020 Percent (*N=3,934)
<b>Gender</b>		
Male	57%	60%
Female	43%	40%
Missing	0%	0%
<b>Age</b>		
0-17	10%	10%
18-25	16%	18%
26-40	34%	37%
41-64	35%	31%
>64	4%	3%
Missing	1%	1%

\*N= means a total number

- As shown above gender and age percentages were similar for CIT involved individuals in 2019 and 2020.
- Most incidents involved males (60%) ages 26-64.

Table 3. Individual Race at CIT Incidents (2019 & 2020)

Individual Race	2019 Count/Percent (*N=2,433)	2020 Count/Percent (*N=3,934)
<b>African American</b>	952 39%	2,257 57%
<b>Arabic</b>	6 0%	0
<b>Asian</b>	5 0%	10 0.3%
<b>Biracial</b>	2 0%	0
<b>Caucasian</b>	691 28%	1,574 40%
<b>American Indian/Alaska Native</b>	1 0%	14 0.4%
<b>Native Hawaiian or other Pacific Islander</b>	0	4 0.1%
<b>None</b>	37 2%	2 0.1%
<b>Unknown</b>	739 30%	73 2%

\*N= means a total number

- In 2019 (see Table 3.), 30% of individual race data was categorized as “unknown.” The implementation of the Brazos data system within the CDP in 2020 significantly improved officer data collection and reporting accuracy, which likely resulted in the missing race data percentage decreasing to 2% in 2020.
- There was a large percentage of missing race data in 2019 because of paper reporting, making it difficult to compare the 2019 and 2020 racial composition of CIT individuals. Next year’s MHRAC Annual Report will contain two years of Brazos CIT data, which will allow for a more accurate multi-year comparison of race categories.

Table 4. Individual Ethnicity at CIT Incidents (2019 & 2020)

	<b>2019 Count/Percent (*N=2,433)</b>	<b>2020 Percent (*N=3,934)</b>
<b>Hispanic</b>	98 4%	253 6%
<b>Non-Hispanic</b>	2,335 96%	3,681 94%

*\*N= means a total number*

- Table 4 shows that most calls (94%) were for non-Hispanic individuals.

## CIT Individual Characteristic Analyses: 2019 & 2020

(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 2019 and 2020. Characteristics include mental health issues, alcohol/drug use, development disabilities, physical disabilities, homelessness, and veteran status. This section reports data at the incident level; thus, individual characteristic data includes individuals who have been involved in more than one CIT incident.

- Individual mental health problems were present in 89% of CIT incidents in 2020, compared to 63% of CIT incidents in 2019 (See Table 5). It is possible that a proportion of this significant increase is attributable to implementation of the Brazos data in 2020, which has resulted in a marked improvement in data collection and accuracy.
- Table 6 shows officers reported that 18% of individuals at 2020 CIT incidents had mental health issues and demonstrated alcohol/drug use.
- Of the 3,514 individuals at CIT incidents with mental health problems in 2020, 206 (6%) were reported to be homeless (Table 6).

Table 5. Number of Individuals with Mental Illness at CIT Incidents (2019 & 2020)

Mental Illness	2019 Count/Percent (*N=2,433)	2020 Count/Percent (*N=3,934)
Yes	1,528 63%	3,514 89%
No	905 37%	420 11%

\*N= means a total number

Table 6. Characteristics of Individuals with Mental Illness at CIT Incidents: 2020 (\*n=3,514)

Co-Occurring with CIT Individual Mental Illness	Incident Count	Percent
Alcohol/Drug Use	640	18.2
Developmental Disability	177	5.0
Physical Disability	72	2.0
Homeless	206	5.9
Veteran	37	1.1

\*N= means a total number

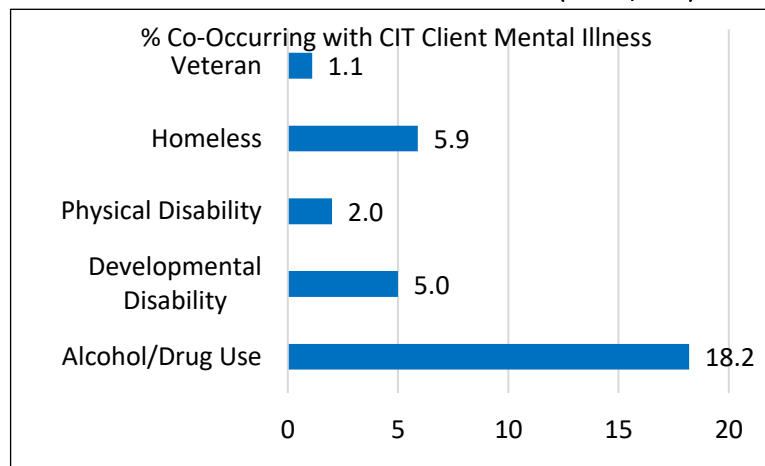




Table 7. Number of Individuals with Alcohol/Drug Use at CIT Incidents (2019 & 2020)

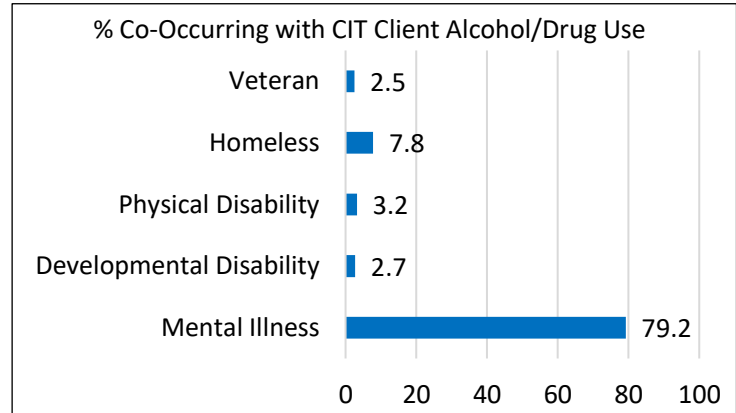
Alcohol/Drug Use	2019 Count/Percent (*N=2,433)	2020 Count/Percent (*N=3,934)
Yes	393 16%	808 21%
No	2,040 84%	3,126 79%

\*N= means a total number

- Table 7 shows that the percentage of CIT incidents that included alcohol/drug use increased by 5 percentage points from 2019 to 2020 (16% and 21%, respectively).

Table 8. Characteristics of Individuals with Alcohol/Substance Use at CIT Incidents: 2020 (Total =808)

Co-Occurring with CIT Individual Alcohol/Drug Use	Incident Count	Percent
Mental Health Issue	640	79.2
Developmental Disability	22	2.7
Physical Disability	26	3.2
Homeless	63	7.8
Veteran	20	2.5



- As seen in Table 8, of the 808 CIT individuals with alcohol/drug use at the time of a CIT incident, 79% (640) were reported to have mental health problems; 8% (63) were reported to be homeless and 3% (20) were veterans.

Table 9. Number of Individuals with a Developmental Disability at CIT Incidents (2019 & 2020)

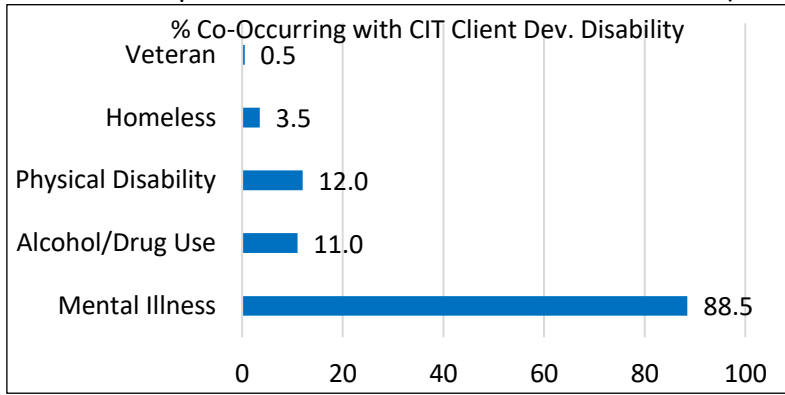
Developmental Disability	2019 Count/Percent (*N=2,433)	2020 Count/Percent (*N=3,934)
Yes	67 3%	200 5%
No	2,366 97%	3,734 95%

\*N= means a total number

- As shown in Table 9, 5% of 2020 CIT incidents included an individual with a developmental disability, compared to 3% in 2019.

Table 10. Characteristics of Individuals with Developmental Disabilities at CIT Incidents: 2020 (\*n=200)

Co-Occurring with CIT Individual Dev Disability		Percent
Mental Illness	177	88.5
Alcohol/Drug Use	22	11.0
Physical Disability	24	12.0
Homeless	7	3.5
Veteran	1	0.5



\*N= means a total number

- Table 10 shows that for 2020, 89% of incidents with a developmental disability also included a mental health problem (177 of the 200 incidents).

Table 11. Number of Individuals with a Physical Disability at CIT Incidents (2019 & 2020)

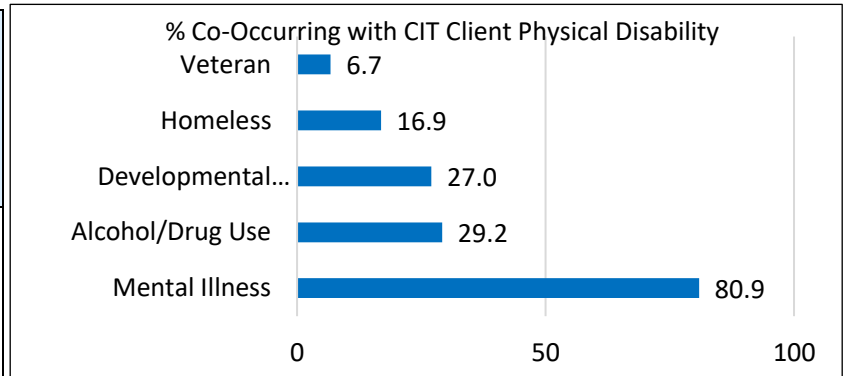
Physical Disability	2019 Count/Percent (*N=2,433)	2020 Count/Percent (*N=3,934)
Yes	N/A	89 2%
No	N/A	3,845 98%

\*N= means a total number

- Table 11 shows that for 2020, 2% of incidents (a total of 89) included an individual with a physical disability.

Table 12. Characteristics of Individuals with a Physical Disability at CIT Incidents: 2020 (\*n=89)

Co-Occurring with CIT Individual Physical Disability	Incident Count	Percent
Mental Health Issue	72	80.9
Alcohol/Drug Use	26	29.2
Developmental Disability	24	27.0
Homeless	15	16.9
Veteran	6	6.7



\*N= means a total number

- Of the 89 incidents shown in Table 11, Table 12 illustrates that 81% included mental health problems, 29% included alcohol/drug use, 27% included a developmental disability, and 17% included homelessness.

**Table 13. Number of Homeless Individuals at CIT Incidents (2019 & 2020)**

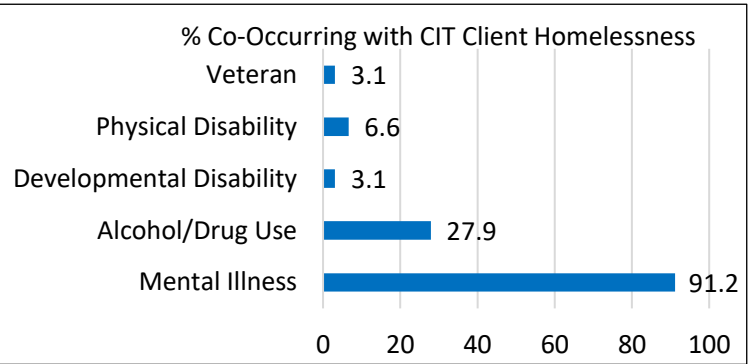
Homeless	2019 Count/Percent (*N=2,433)	2020 Count/Percent (*N=3,934)
Yes	114 5%	226 6%
No	2,319 95%	3,708 94%

\*N= means a total number

- CIT incidents in 2020 included 226 individuals (6%) who were reported to be homeless are shown in Table 13.

**Table 14. Characteristics of Homeless Individuals at CIT Incidents: 2020 (\*n=226)**

Co-Occurring with CIT Individual Homelessness	Incident Count	Percent
Mental Health Issue	206	91.2
Alcohol/Drug Use	63	27.9
Developmental Disability	7	3.1
Physical Disability	15	6.6
Veteran	7	3.1



\*N= means a total number

- Table 14 shows that the majority of the 226 individuals who were reported as homeless were living with a mental health problem (91%), alcohol/drug use issue (28%) and were veterans (7%).

**Table 15. Number of Veteran Individuals at CIT Incidents (2019 & 2020)**

Veteran	2019 Count/Percent (*N=2,433)	2020 Count/Percent (*N=3,934)
Yes	20 1%	45 1%
No	2,413 99%	3,889 99%

\*N= means a total number

- Veteran individuals comprised 1% (a total of 45) of CIT incidents in 2020 (Table 15). For these 45 incidents with veteran individuals, 82% included mental health problems (at total of 37), 44% included alcohol/drug use and 16% included homelessness (a total of 7 – see Table 16).

**Table 16. Characteristics of Veteran Individuals at CIT Incidents: 2020 (A total of 45)**

Co-Occurring with CIT Individual Veteran Status	Incident Count	Percent
Mental Health Issue	37	82.2
Alcohol/Drug Use	20	44.4
Developmental Disability	1	2.2
Physical Disability	6	13.3
Homeless	7	15.6

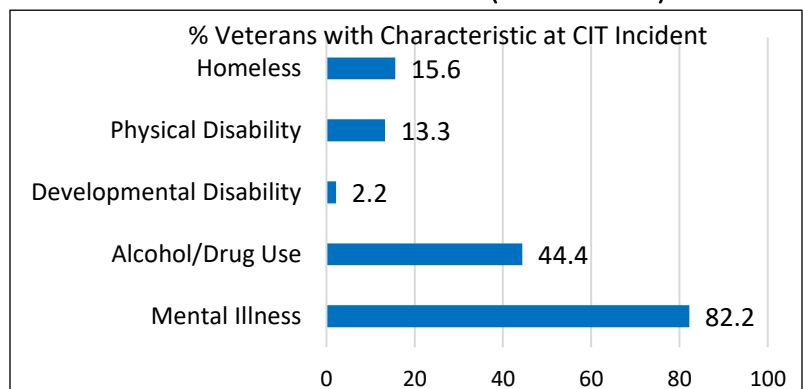
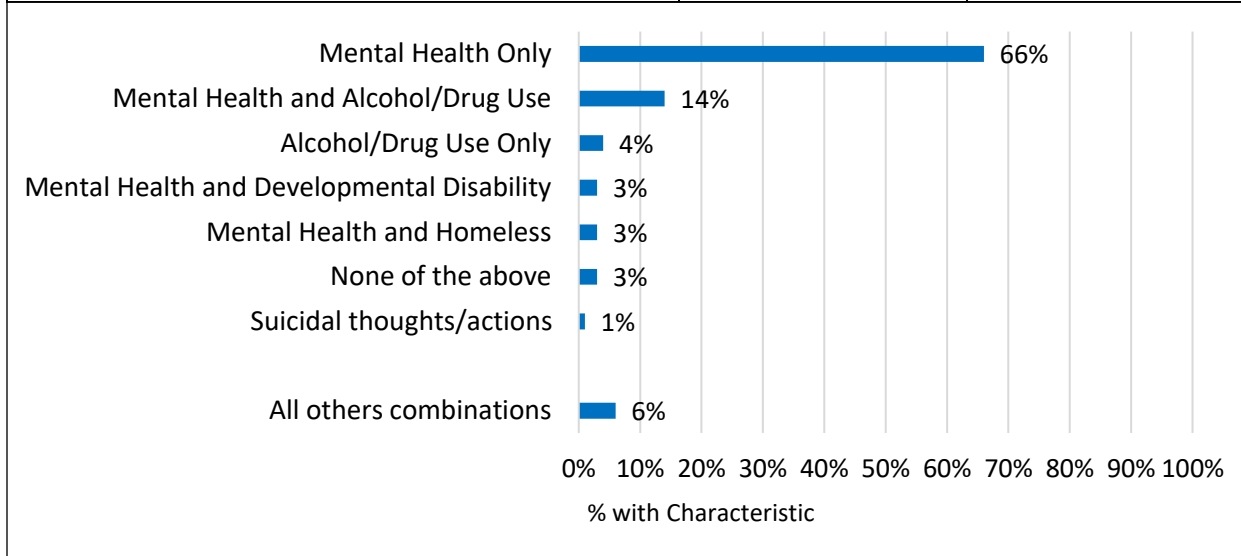


Table 17. Frequency Rank of CIT Individual Characteristics at CIT Incidents: 2020

Individual Characteristics (Single and Co-Occurring)	Incident Count	Percent
Mental Health Only	2,596	66%
Mental Health and Alcohol/Drug Use	535	14%
Alcohol/Drug Use Only	154	4%
Mental Health and Developmental Disability	137	3%
Mental Health and Homeless	132	3%
None of the above ( <i>description listed as "NULL"</i> )	116	3%
Suicidal thoughts/actions	30	1%
All other combinations	234	6%
<b>TOTAL</b>	<b>3,934</b>	<b>100%</b>



- Table 17 shows individual characteristic combinations at 2020 CIT incidents.
- Two-thirds of all CIT incidents in 2020 included an individual with a mental health problem and no other individual characteristic; 14% included mental health and alcohol/drug issues.
- Although 3% appears to be a small percentage, it represents 132 CIT incidents where an individual was reported to be homeless and experiencing a mental health crisis.
- Similarly, 1% of CIT incidents in 2020 represent 30 CIT individuals experiencing suicidal thoughts or actions.

## CIT Incident Characteristics: 2019 and 2020

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

- Table 18 below contains CIT incident source data for 2019 and 2020. It should be noted that improvements in CIT data collection with the implementation of the Brazos data system resulted in more complete CIT incident source data in 2020. For example, in 2019 58% of all CIT incident source data was not recorded, compared to only 0.2% of CIT incident source data in 2020. This fact makes it difficult to compare 2019 and 2020 CIT incident source categories.

Table 18. CIT Incident Source (2019 & 2020)

Incident Source	2019 Count/Percent (*N=2,433)	2020 Count/Percent (*N=3,934)
Family	419 17%	1,158 29%
EMS	155 6%	317 8%
Fire	--	9 0.2
Self	--	1,000 25%
Case Worker	123 5%	312 8%
Other Sources	294 12%	1,021 26%
Zone Car	41 2%	--
Officer Initiated	--	84 2%
District walk-in	--	27 0.7
Not Recorded	1,401 58%	6 0.2

\*N= means a total number

Table 19. Subject Armed-Weapon (2019 & 2020)

	2019 Count/ Percent (*N=2,433)	2020 Count/ Percent (*N=3,934)
Yes	65 3%	144 4%
No	4 0%	3782 96%
Not Recorded	2364 97%	8 0%

\*N= means a total number

Table 20. Type of Weapon (2019 & 2020)

	2019 Count/Percent (N=2,433)	2020 Count/Percent (N=3,934)
None	2,342 96%	3,790 96%
Not Recorded	4 0%	0 0%
Blunt Object	0 0%	20 0.5
Gas	0	2 0%
Glass	6 0%	1 0%
Gun	17 1%	32 0.8%
Hands	1 0%	2 0%
Ink Pen	0	2 0%
Knife	41 2%	97 2%
Large Stick	1 0%	0 0%
Razor	7 0%	0 0%
Rope	0 0%	0 0%
Scissors	2 0%	1 0%
Spear	0	1 0%
Thumb Tack	1 0%	0 0%

Table 21. Resistance Levels at CIT Incidents: 2020 (N=3,934)

Resistance Level	Incident Count	Percent
No Resistance	3,492	88.8
Passive Resistance	313	8.0
Active Resistance	95	2.4
Aggressive Physical Resistance	25	0.6
Not Recorded	9	0.2

- Table 21 shows that 89% of 2020 CIT incidents did not include individual resistance. Active and aggressive physical resistance were only present in 2.4% and 0.6%, respectively.

Table 22. Frequency Rank of De-Escalation Techniques used at CIT Incidents – 2020  
(Total number of incidents: 3,934)

De-Escalation Technique	Count	Percent
Verbal de-escalation techniques	2,280	60.0
Allow Time and Opportunity to Comply	1,784	45.3
Listening and interacting in conversation	1,507	38.3
Use of Distance/Cover/Concealment	1,129	28.7
Strategic Communications/Voice Command	1,065	27.1
Increased Officer Presence	646	16.4
Requested Supervisor	281	7.1
Requested CIT Specialist	172	4.3
De-Escalation Technique Not Recorded	1,212	30.8

- Table 22 shows that verbal de-escalation was the most frequently utilized technique at 2020 CIT incidents (60%), followed by allowing time for compliance (45%), listening and interacting (38%), and use of distance/cover (29%).
- A de-escalation technique was not recorded in 31% of 2020 CIT incidents, although it is unclear if de-escalation was utilized and not recorded, not utilized, or an incident did not require de-escalation.

Table 23. Use of Force during CIT Incidents – 2020 (Total number of incidents: 3,934)

Use of force used?	Count	Percent
No	3,902	99.2%
Yes (Level 1)	14	0.4
Yes (Level 2)	9	0.2
Yes (Level 3)	<u>1</u>	<u>0.0</u>
<b>YES TOTAL</b>	<b>24</b>	<b>0.6</b>
Not Recorded	8	0.2

- Table 23 shows use of force utilized during 2020 CIT incidents. A total of 24 CIT incidents in 2020 resulted in a police officer use of force, accounting for 0.6% of all 3,934 CIT incidents.

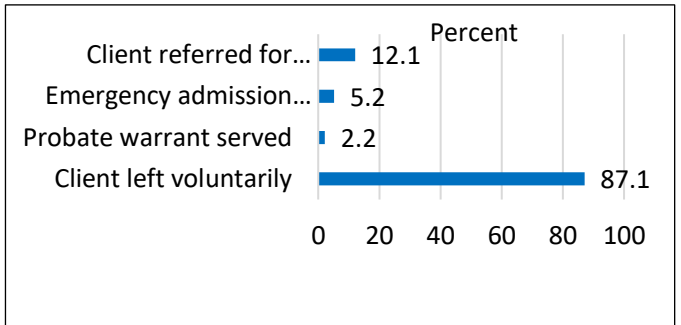
Table 24. Injury during CIT Incidents – 2020 (Total number of incidents: 3,934)

Injured	Count	Percent
Subject Injured	98	2.5
Officer Injured	6	0.2
Third Party Injured	42	1.1

- CIT individual injuries occurred in 2.5% of all CIT incidents in 2020 (Table 24). Police officers and third-party individuals were injured in 0.2% and 1.1% of incidents, respectively.

Table 25. Characteristics of CIT Incidents: 2020 (Total number of incidents: 3,934)

Incident Characteristic	Incident Count	Percent
Individual left voluntarily	3,425	87.1
Probate warrant served	86	2.2
Emergency admission form	205	5.2
Individual referred for additional support	475	12.1



- Table 25 shows that CIT individuals left voluntarily in 87% of 2020 CIT incidents. Individuals were referred for additional support in 12% (475 incidents) of incidents and an emergency admission form was completed in 5% (205) incidents.



Table 26. Transport Destinations for Individuals at CIT Incidents – 2019 & 2020

<b>Transport Destination</b>	<b>2019 (N=2,433)</b>	<b>2020 (N=3,934)</b>
Cleveland Clinic	73 3%	140 6%
Crisis Stabilization Unit	0	17 0.4%
Euclid Hospital	39 2%	103 3%
Fairview Hospital	195 8%	455 12%
Jail	0	2 0.1%
Lutheran Hospital	198 8%	497 13%
Marymount Hospital	74 3%	197 5%
Metro Health Medical Center	313 13%	690 18%
Rainbow Babies and Children’s Hospital	54 2%	142 34%
Saint Vincent Charity Hospital	62 3%	914 23%
South Pointe Hospital	0	59 1.5%
University Hospital	191 8%	508 13%
VA	19 1%	31 0.8%
Other	0	55 1.4%
Missing	1,215 43%	124 3%

Table 27. Number of Individuals with Multiple CIT Incidents – 2020 (n=2,761)

Number of CIT Incidents in 2020	Number of Unique Individuals	%
38	1	0.0
22	1	0.0
15	1	0.0
14	1	0.0
13	3	0.1
12	1	0.0
11	1	0.0
10	4	0.1
9	4	0.1
8	6	0.2
7	12	0.4
6	17	0.6
5	23	0.8
4	58	2.1
3	101	3.7
2	296	10.7
1	2,231	80.8
<b>TOTAL</b>	<b>2,761</b>	<b>100.0</b>

- A total of 2,761 individuals were involved in 3,934 CIT incidents in 2020.
- As shown above 2,441 (80.8%) CIT individuals in 2020 were involved in 1 incident and 19.2% were involved in 2 or more CIT incidents. The number of CIT incidents for an individual ranged from 1 incident to 38 incidents.
- Of the 2,761 unique CIT individuals in 2020, 19.2% had two or more CIT incidents but accounted for 43% of the total CIT incidents that year.
- High-utilizing individuals (i.e., 4 or more CIT incidents in 2020) accounted for 4.8% of the 2,761 unique CIT individuals in 2020 but 21% of all CIT incidents.

## Mental Health Response Advisory (MHRAC) Committee Active Membership and Community Participation as of 12/31/20

**Scott Osiecki, Tri-chair**  
Chief Executive Officer  
ADAMHS Board of Cuyahoga County

**Captain James McPike, Tri-Chair**  
CIT Coordinator  
Cleveland Division of Police  
*Training Sub-committee Co-chair*

**Nicole Carlton, Tri-chair**  
Commissioner of Cleveland  
Emergency Medical Services

**Hassan Aden**  
Monitor, Cleveland Division of  
Police/City of Cleveland Monitoring  
Team

**Carole Ballard**  
Director of Education & Training  
ADAMHS Board of Cuyahoga County

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Policy Director  
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Chief Clinical Officer  
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**Curtis Couch**  
Chief Technology & Data Analytics  
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**Sgt. Brigitte Dorr-Guise**  
Crisis Intervention Training Sergeant  
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**Randolph Dupont, Ph.D.**  
Cleveland Division of Police/City of  
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Professor and Clinical Psychologist  
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Civil Rights Investigator  
US Attorney's Office (contractor)  
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Probation Officer  
Cleveland Municipal Court  
Mental Health Unit

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**Larry Heller**  
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Northeast Ohio Recovery Association

**Samantha Holmes**  
Manager of Care Coordination  
Recovery Resources

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Data Collection & Analysis  
Cleveland Division of Police  
*Quality Improvement Sub-committee  
Co-chair*

**Shannon Jerse, ESQ.**  
General Counsel, Government Affairs  
St. Vincent Charity Medical Center  
*Training Sub-committee Co-chair*

**Christina Kalnicki**  
Behavioral Health Initiative Lead-  
Criminal Justice-Ohio Medicaid  
Care Source  
*Diversion Sub-committee Chair*

**Karen Kearney**  
Northeast Ohio Hub Director  
Mental Health & Addiction Advocacy  
Coalition (MHAC)  
*Community Engagement Sub-  
committee Co-Chair*

**Rick Oliver**  
Director of Crisis Services  
Frontline Services  
*Diversion Sub-committee Co-chair*

**Rosie Palfy**  
Homeless Advocate, Homeless  
Congress, Veterans Advocate, Military  
Women's Coalition (MWC) & Women  
Veteran Social Justice Network  
(WVSJ)

**Megan Rochford**  
Program Director  
NAMI Greater Cleveland

**Ruth Simera**  
Executive Director  
Ohio Criminal Justice Coordinating  
Center of Excellence  
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**Charles See**  
Director of Community Engagement,  
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**Jocelyn Weems**  
Community Outreach and Education  
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**Thomas Williams**  
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ADAMHS Board of Cuyahoga County

**Beth Zietlow-DeJesus**  
Director of External Affairs  
ADAMHS Board of Cuyahoga County  
*Community Engagement  
Sub-committee Co-Chair*

### **Community Partners**

- Magnolia Clubhouse
- RStrategy Group
- Cleveland Community  
Police Commission
- Norma Herr Center/ YWCA
- Ohio Poor People's Campaign
- Cuyahoga County Common Pleas  
Court
- Cuyahoga County Juvenile Court
- Greater Cleveland Congregations
- Murtis Taylor Human Services  
System
- Lutheran Metropolitan Ministries
- Variety of community members  
from all walks of life

## Testimonials



It's frightening to call the police on a family member, but knowing that a CIT officer will respond is reassuring. They're trained to understand what a mental health crisis may look like and how to handle it in a calming, supportive manner and they know the community resources that are available to help.

- Family Member



A few years ago, my son was in a bad place. He had locked himself in a room, and the police were contemplating breaking in. Then, a third officer appeared on the scene and he was able to talk my son out of the room. At that time, we were not aware of the title CIT, but the other officers made us aware that this officer was specially trained to help individuals with mental health issues. This officer went to the hospital with my son and communicated with us regarding his status. The CIT Officer was very helpful in a time of maximum stress.

- Pam



## Contact Us

By email at: [CIT@clevelandohio.gov](mailto:CIT@clevelandohio.gov)

## Cleveland Division of Police Crisis Intervention Team (CIT) Program

A specialized law enforcement response for individuals experiencing a mental health crisis.



## Information for Residents and Community Agencies

MHRAC approved the new CIT Program Brochure for CDP in 2020.



## CIT Mission & Purpose

The Crisis Intervention Team (CIT) Model is a solution-focused, community oriented response to helping people with mental illness.

The CIT program brings together stakeholders from law enforcement, behavioral health and advocacy sectors, along with people who live with a mental illness, to develop solutions for safely redirecting people in crisis away from the judicial system and into the health care system whenever appropriate.

The CIT program aims to always have at least one CIT Officer available and ready to provide a respectful, effective crisis intervention.

## WHO is a CIT Officer

- A CIT Officer is a designated patrol officer trained and skilled at de-escalating crises for people with mental health issues.
- How can you tell if someone is a CIT Officer? They will be wearing a CIT pin on their uniform like the one pictured to the left.

## WHEN to Request CIT Officer

If you or someone you know is experiencing a mental health crisis, you can call **Cuyahoga County's 24-Hour Suicide Prevention, Mental Health/ Addiction Crisis, Information and Referral Hotline:**

**216-623-6888**

If someone appears to be a serious danger to self or others, you can call 911 and request a CIT Officer.

## HOW to Request CIT Officer

In the City of Cleveland, you can request a CIT Officer by calling 911 in an emergency or by calling 216-621-1234 for a non-emergency. When you call, provide as many details as possible to assist officers in addressing the crisis.

- Identify if you or the person you are calling about is a danger to self or others. Does the individual have access to any weapons?
- Give a detailed description of the individual and the nature of the crisis.
- Is the person taking any medications for a mental illness? Did they recently stop taking them?
- Any history of interactions with police?

