

THE CLEVELAND DIVISION OF POLICE MENTAL HEALTH RESPONSE ADVISORY COMMITTEE

ANNUAL REPORT

2023



Prepared By:

CITY of **CLEVELAND**

MAYOR JUSTIN M. BIBB

PUBLIC HEALTH

Check out our website to view MHRAC Bylaws, Meeting Schedules with links to join, and past Annual Reports for more in-depth information :

www.clevelandhealth.org/MHRAC



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This report was created by the Cleveland Division of Police's Mental Health Response Advisory Committee

MHRAC would like to give a special thanks to the researchers who developed the data component of this report:

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Our Purpose

The Mental Health Response Advisory Committee (MHRAC) was developed as part of the Consent Decree 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 Consent Decree between the City of Cleveland and the Department of Justice required that a Mental Health Response Advisory Committee be developed by the City and the Cleveland Division of Police (CDP).

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.

The MHRAC serves in an advisory capacity to make recommendations to the City and the Cleveland Division of Police.



A Look Back

This 2023 MHRAC Annual Report is a tribute to all the success and accomplishments from the past eight years. With The City of Cleveland Department of Public Health taking over the charge of MHRAC we wanted to acknowledge and lift up what's happened previously and discuss how we will carry the work of MHRAC forward.

At the end of 2014, the Department of Justice, after a thorough and extensive investigation into practices, policies, documents, facilities, and personnel, had reasonable cause to believe that CDP engaged in excessive uses of force.

Two groups, The Mental health Task Force and the Criminal Justice Coordinating Center of Excellence (CJCCOE) who provided a review of CDP, weighed in on approaches the DOJ, Monitoring Team and Cleveland Division of Police could collaborate on to better serve Cleveland residents. The suggestions involve accomplishing goals related to reforms around Crisis Intervention and the Response to Mental Health, Alcohol and Drug, and Intellectual and Development Disability calls for service in the City of Cleveland.

The Ohio Criminal Justice Coordinating Center of Excellence at NEOMED was contracted to conduct a Review of Cleveland Division of Police.

A Mental Health Task Force was convened in January 2015 by the Alcohol, Drug Addiction and Mental Health Services (ADAMHS) Board of Cuyahoga County in response to issues pertaining to mental health that were identified through the U.S. Department of Justice Investigation of the Cleveland Division of Police that was released in December of 2014.

Task Force members, representing over 50 organizations, met for a total of five times on January 8, 15, 23, and February 5 and 11, 2015, spending many hours in workgroups and discussions to formulate recommendations that were submitted to the City of Cleveland and the Department of Justice on March 5, 2015. The recommendations provide elements of training, continued practice and oversight to ensure all Clevelanders with mental illness – and all citizens – are treated safely with dignity and respect.

Most of the recommendations presented by the CJCCOE Peer Review and Mental Health Task Force were included within the paragraphs of the CIT portion of the consent decree.

The City of Cleveland selected the ADAMHS Board of Cuyahoga County to assist with establishing and implementing the MHRAC to assist with the Police Crisis Intervention Program. A Memorandum of Understanding (MOU) between the City of Cleveland Department of Public Safety, the Chief of Police and the ADAMHS Board of Cuyahoga County was developed and signed on September 10, 2015. The first meeting of the MHRAC was held on September 17, 2015.

Consent Decree Objectives for Crisis Intervention

CDP will build upon its Crisis Intervention Program with the Objectives of:

1. Assist individuals in crisis
2. Improve the safety of officers, consumers, family members, and others within the community
3. Provide the foundation necessary to promote community and statewide solutions to assist individuals with mental illness
4. Reduce the need for individuals with mental illness to have further involvement with the criminal justice system

Goals:

1. Form MHRAC

- a. Meet regularly to provide guidance to assist CDP in improving, expanding, and sustaining its crisis Intervention Program
- b. On annual basis – conduct analysis of crisis intervention incidents to determine:
 - i. whether CDP has enough specialized CIT officers
 - ii. whether it is deploying those officers effectively
 - iii. and whether SCIT officers, call takers, and dispatchers are appropriately responding to people in crisis
- c. Will recommend appropriate changes to
 - i. policies
 - ii. procedures
 - iii. and training
 - ...regarding police contact with individuals in crisis

2. Designate a Crisis Intervention Coordinator

- a. Better facilitate communication between CDP and members of the mental health community and to increase the effectiveness of CDP's Crisis Intervention Program
- b. Develop and maintain partnerships with program stakeholders and serve as a point of contact for advocates, individuals, families, caregivers, professionals, and others associated with the mental health community
- c. Participate in MHRAC and on a regular basis solicit feedback from the mental health community and SCIT officers, call –takers, and dispatchers regarding efficacy of CDP's Crisis Intervention Program
- d. Responsible for Coordinating implementation of the changes and recommendations made by MHRAC
- e. Responsible for the selection of appropriate candidates for designation as SCIT officers
- f. Required to ensure that officers, call-takers, and dispatchers are appropriately responding to CIT-related calls
- g. Create ways to recognize and honor specialized CIT officers, call-takers, dispatchers

3. Crisis Intervention Training

- a. CDP has set training requirements, quality, quantity, type, and scope, for all of its officers on responding to individuals in crisis
 - i. Yearly 4-hour in-service training
 - ii. Academy 16 hours of Crisis/MH training to cadets
 - iii. Dispatchers/call takers- 4-hour yearly in-service training

4. Specialized CIT Officers

- a. Enhanced 40-hour Specialized CIT Training curriculum to select officers
- b. CDP will continually review and revise (the SCIP) as barriers to full coverage are identified and addressed

5. Crisis Intervention Policies and Procedures

- a. Ohio Criminal Justice Coordinating Center of Excellence conducted a peer review of the crisis intervention program
- b. With MHRAC support- revise CIT policies to support new crisis intervention response programming:
 - i. To make clear that a crisis intervention response may be necessary even in situations where there has been an apparent law violation
 - ii. Ensure that SCIT officers have appropriate discretion to direct individuals with mental health and substance abuse issues to the health care system, rather than the justice system
 - iii. SCIT officers when available, MUST be dispatched to all calls of incidents that appear to involve an individual in crisis
 - iv. Will track incidents in which a SCIT officer was not dispatched to such calls
 - v. CDP will identify any barriers to ensuring SCIT officers were dispatched to these calls and will include steps to overcome these barriers CDP will track CIT calls and gather specific information (See stat sheets/now Brazos forms)
 - vi. CDP/MHRAC will publicly report this outcome data annually (MHRAC Annual Report)
 - vii. Utilize outcome data to:
 - 1. Identify training needs
 - 2. Develop case studies and teaching scenarios for CIT training
 - 3. Make changes to the crisis training curriculum
 - 4. Identify safety issues and trends
 - 5. Recognize and highlight successful individual officer performance
 - 6. Develop new response strategies for repeat calls for services
 - 7. Identify system issues that impede CDP's ability to provide an appropriate response to an incident and individual in crisis

Past MHRAC Subcommittees 2015 – 2022

1

Executive Subcommittee

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

4

Diversion Subcommittee 2015–2022

Worked 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.

7

Quality Improvement Subcommittee 2017–2022

Reviewed and discussed the data submitted from the Crisis Intervention Team (CIT) Stat Sheets and other data sources, and made 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.

2

Training Subcommittee

Reviewed and made 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 were approved for the training.

5

Community Involvement/Engagement Subcommittee

Fostered relationships between the Cleveland Police Department and the mental health and drug addiction community, police, and the general public in meaningful dialogue that built knowledge, sensitivity, and understanding in order to inform and improve interactions and relationships through development of a plan to connect the general public, the police, and mental health and addiction specialists in each police district to build trust.

3

Policy Review Subcommittee 2015–2016


Reviewed and made recommendations as part of the Settlement Agreement implementation process, which involved reviewing the existing CDP policies as they relate to handling people living with mental illness, vulnerable and/or citizens in crisis, for the purpose of revising policies consistent with best practices

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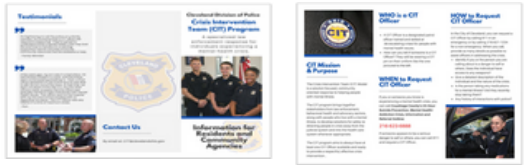
Data Subcommittee: 2015–2016

Analyzed data collected on CIT calls for monthly updates to Mental Health Advisory Committee and annual report to City through creation of a mechanism to report measurable changes in the handling of calls involving individuals experiencing a behavioral health crisis to recommend improvements in the manner the calls are addressed and increase the rate of diversions from arrest where possible.

Past Subcommittee Milestones

Community Engagement Subcommittee		
YEAR	Activity /Outcome	
2015	Developed Resource 'Pocket' Guide for CDP officers that includes important BH resources and agencies by police district. This subcommittee continued every year to review, update and redistribute to Cleveland police patrol officers.	Officers have a better understanding of current resources to connect community members to when they arrive on scene to assist. 
2015	Ongoing social media presence to educate the public and local stakeholders on the Consent decree, CIT training, the community on how to report to dispatch when a MH or addiction need arises in a crisis.	Ongoing marketing to community about CIT and Crisis Program options
2016	Facilitated three community meetings/focus groups and developed an online survey published in both English and Spanish to gain feedback from the community in the form of a Needs Assessment. This assessment sought input from the public on "crisis situations" that was used to help develop draft police CIT policies: Crisis Intervention Team Program Policy, Crisis Intervention Team Response Policy and Crisis Intervention Team Definitions. MHRAC collected approximately 200 responses and three public forums were held to elicit public comment. The CDP also elicited feedback from its officers pertaining to handling individuals in crisis. Two public forums were conducted - one on the East Side and one on the West Side - so that the community could provide input on the drafts of the CIT Program, CIT Response and CIT Definition policies.	A review and analysis of these policies aided the sub-committee in identifying key elements that it considered best practices when dealing with individuals in crisis, ie. situations where an individual's safety and health are threatened by behavioral health challenges -- including mental illness, developmental Disabilities, substance use or overwhelming stressors. The Monitors approved the final drafts and submitted the policies on January 19, 2017 to the federal court in Cleveland. Federal Court Judge Solomon Oliver, Jr., approved the CDP CIT Program Policy, CIT Response Policy and the CIT Definitions Policy on March 6, 2017.
2017/2018	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 Community is introduced to: 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.
2018	Determined to make the community aware of CIT, and MHRAC accomplishments.	A number of MHRAC members presented at various conferences to share on the successes of this body and CDP CIT.
2018	A questionnaire to CDP officers on the utilization of the Community Resource Cards was completed and a follow-up note outlining the feedback was sent to officers.	Survey results indicated: <ul style="list-style-type: none"> • 62% of officers rated the resource cards' helpfulness as a 7 or better on a scale of 1-10 with 10 being Extremely Helpful • 22% of officers have used the card more than five times • 62% of officers have used the card at least once • 10 officers made suggestions for ways to improve the cards <p>The committee will work to incorporate the ideas in 2019.</p>

Community Engagement Subcommittee Cont.

YEAR	Activity / Outcome	
2019	<p>Created and submitted a series of recommendations to the MHRAC Tri-Chairs:</p> <ul style="list-style-type: none"> • Presentations/participation in community meetings. • Dissemination of training opportunities. • Promotion of CIT/mental health crisis response through social media. • Opportunities for awareness building through national awareness days/weeks/months. • Engagement with various forms of media regarding crisis response, specifically radio. Regular revision of community resource cards for police districts. 	<p>Came up with a solid plan for the years to come.</p>
2020	<p>Developed a new CIT Program Brochure to distribute to the community.</p>	
2020	<p>Identify community events where CIT officers and public can interact with each other.</p>	<p>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.</p> <p>The event took place on October 5, 2020 and 43 people participated.</p>
2021	<p>Subcommittee continued to support previous years projects.</p>	<p>Updating and reviewing resource cards continued social media and marketing messaging about CIT programming and crisis resources 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.</p> <p>The event took place on October 5, 2021, with 56 attendees.</p>
2022	<p>Continued marketing CIT Programming.</p>	<p>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, WOVI Radio, and Cleveland 19 News.</p> <p>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.</p>

Training Subcommittee

YEAR	Activity /Outcome	
2015/2016	Began to discuss and determine training topics for new 40 hour SCIT Officer Training.	<p>October 14, 2016, a first-draft version of the 40-Hour Specialized Crisis Intervention Training curriculum was sent to the monitors. Committee finalized the outline for the 40-hour Specialized CIT training for CDP Officers.</p> <p>This outline was approved with feedback by the Monitors on January 3, 2018. Each year the committee reviewed topics and presenters and developed lessons plans, to make sure this training stayed up to date and successful based on officer feedback.</p>
2016/2017	A draft of the 8-Hour Crisis Intervention Training for Call-Takers, Dispatchers and Supervisors was submitted to the Monitoring Team on September 23, 2016. The 4-Hour Crisis Intervention Team Training curriculum for CDP officers, was developed and submitted to the Monitoring Team in October 2016.	<p>The 8 hour Crisis Intervention in-service training for CDP officers began in May 2017. Over 1,400 CDP Officers completed the 8-hour CIT Training through December 2017.</p> <p>Each year the Training Subcommittee reviewed, determined new training topics for CDP In service and continued to monitor these trainings.</p>
2020	Created the 'Understanding and Responding to Autism Spectrum Disorders'.	<p>(Due to COVID-19, this training was moved to 2021). Created an officer survey for the Autism training.</p> <p>1,407 Cleveland Division of Police (CDP) officers were trained on the Autism Spectrum Disorder during annual three-hour In-Service Training in 2021.</p>
2021	Reviewed and recommended updates to the CIT Training section of General Police Order 5.11.02, Crisis Intervention Team Program.	<p>Decided to create an online training for CDP Officers on the Emergency Certificate process (To start in 2021).</p> <p>33 CDP dispatchers were trained on Crisis Intervention Team (CIT) approach. 56 CDP officers were trained on the new 40-hour CIT course. The CDP now has 71 Specialized CIT (S-CIT) Officers. Began developing a homelessness curriculum for 2022's annual In-Service Training.</p>
2022	The Training Subcommittee continued to support CDP training and update those trainings as necessary.	<p>1,059 Cleveland Division of Police (CDP) officers were trained on "Engaging the Homeless in Cleveland" in the annual three-hour In-Service Training.</p> <p>45 CDP officers and 10 dispatchers were trained on the 40-hour Specialized CIT course.</p> <p>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.</p> <p>45 CDP officers and 10 dispatchers were trained on the 40-hour Specialized CIT course.</p>

Diversion Subcommittee		
YEAR	Activity /Outcome	
2015/2016	The Diversion Subcommittee focused on learning what needs and opportunities there might be to offer diversion options to CDP and the community members they serve.	Completed a process called Sequential intercept mapping: mapping a diagram that depicts the flow of events and/or choices of what happens when dispatch receives a call for a person with behavioral health issue and suggested diversion points to assist the person receive treatment rather than jail.
Side note:	In June 2016, 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.	<p>The goals of this pilot program are:</p> <ol style="list-style-type: none"> 1. Increase in 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. Reduction in the number of repeat calls by or on behalf of repeat clients by linking clients with community services. 3. Reduction in the incidence of use of force by officers during mental health related calls. 4. Improving the rate and accuracy of data collection related to mental health calls to police.
2016/2017	This subcommittee continued monitoring the CIT Co-responder Team Pilot Program in Cleveland's second district, with expansion to the first district.	Committee was provided brief updates on the activities from the CIT Co-Responder Pilot Project that ended in September 2018.
2017	Researched successful diversion option happening across the country Included stakeholders from community on these discussions.	The Diversion Subcommittee continued discussing a Diversion Point Pilot Project with the ADAMHS Board and CDP. The discussion focused on the possibility of utilizing the community's existing Crisis Stabilization Unit.
2018	Worked with Stakeholders on identifying diversion point for adolescents.	The subcommittee presented its recommendations to MHRAC and the county.
2020	The Subcommittee continued to discuss Diversion options in the county including the new Diversion Center, new funding for a diversion option at the Crisis Stabilization Unit, and the formation of the new Cleveland Co Responder Team.	Continued to oversee and advise city and county stakeholders on options for diversion in our community.
2021	November 2021 this subcommittee was determined to have achieved its goals under the consent decree, and was disbanded.	<p>Drafted a letter of recommendations to the City of Cleveland, which was approved and sent by the full MHRAC Committee in September 2021, with three recommendations:</p> <ul style="list-style-type: none"> • Recommendation 1: Cleveland Division of Police (CDP) to expedite development and distribution of protocols for the use of the Cuyahoga County Diversion Center (CCDC) to all CDP officers. • Recommendation 2: City of Cleveland to remove the requirement for Prosecutor approval as part of the referral process to the Cuyahoga County Diversion Center. • Recommendation 3: CDP to prioritize diversion in lieu of jail or detention where a precipitating factor may involve mental health or substance use disorder.

Data/Policy/Quality Improvement Subcommittee		
YEAR	Activity /Outcome	
2016	The Data Committee developed a baseline of Crisis CIT data to track improvements in handling calls involving individuals experiencing a behavioral health crisis.	Quality Data analysis can begin.
2016	The Data Sub-committee redesigned the CIT Officer Incident Report Form (Stat Sheet) that was submitted to the DOJ Monitoring Team for approval. At this point, The ADAMHS Board of Cuyahoga County received the current CIT Stat Sheets from the CDP on a monthly basis. The ADAMHS Board conducted a preliminary review of the 2014-2015 data to provide a baseline of the encounters. It should be noted that this data tracks encounters and does not provide unduplicated data regarding individuals.	There has not been significant changes between the 2015 and 2016 data. It should be noted that these sheets only represent approximately 10% of all calls so we must be careful in drawing conclusions. The number one priority of the Data sub-committee in 2017 is to increase the number of completed CIT sheets in order to get a more comprehensive picture.
2017	The Policy and Data Subcommittees Merged to create the Quality Improvement Subcommittee.	<ul style="list-style-type: none"> • 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. • Reviewed 2nd district CRT pilot program.
2017	This subcommittee worked with the CIT coordinator to create, complete, and submit CDP CIT Specialized Officer Selection Process and the CIT Officer Deployment Plan (SCIP).	The Federal Judge approved the CDP CIT Specialized Officer Selection process and the CIT Officer Deployment Plan- SCIP.
Side Note:	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.	Technological updates to the way officers collect information on calls for service will enhance the divisions ability to analyze call data more effectively.
2018	CIT stat sheet review, to measure effectiveness and implementation of CIT policies and plan.	The Committee made recommendations on ways to improve the quality and quantity of data collected in the CIT stat sheets.

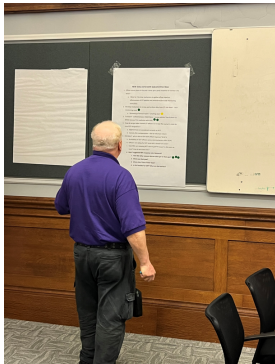
Data/Policy/Quality Improvement Subcommittee Cont.

YEAR	Activity /Outcome	
2018	Discussed issues identified by police officers, providers, stakeholders and clients to make improvements or recognize success.	The committee reviewed and discussed the report from the Cuyahoga County Crisis Response Needs Assessment that was commissioned by the ADAMHS Board of Cuyahoga County and completed by The Begun Center (2018).
2020	Survey officers about effectiveness of CIT policies and recommended changes.	Created the 2020 CIT survey to ascertain officer experiences, successes and barriers to CIT implementation - was taken by 1,005 officers.
2020	Continued to focus on reviewing CIT policies and procedures, data collection and analysis findings, data trends and patterns, and case examples.	Reviewed and made suggestions for improvements of CIT policies including the Crisis Intervention Team Program General Police Order.
2021	Continued efforts to improve data collection practices in order to better analyze such data for trends, policies, and training needs.	Reached a major milestone, with 2021 representing the first full year of CIT incident data collected electronically. This also increased the capture of CIT data. Created an Ad Hoc committee to review three CIT policies (General Police Orders). Updates on two of three policies were completed.
2022	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. 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.

2023 REVIEW

When the Cleveland Department of Public Health took over in January of 2023, it became a year of transition and reflection to discover how to oversee the MHRAC. CDPH thanks everyone for their grace and support as we grew to learn how we would operate the MHRAC.

Here are some of the Subcommittee accomplishments from 2023.



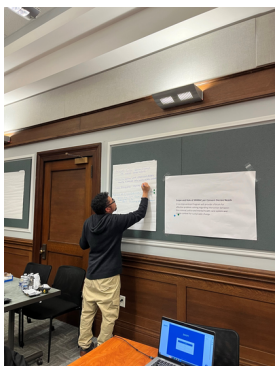
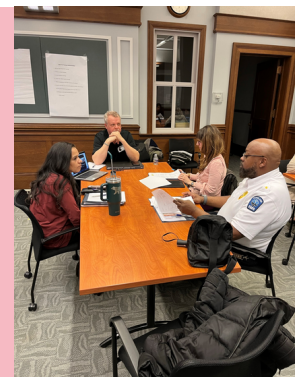
Training Subcommittee

- Completed CDP Dispatch Training for 2024. Submitted materials for review by DOJ/Monitoring team in 2023.
- Completed CDP Trauma Informed Care for 2024. Materials have been reviewed by MHRAC Training Committee and MHRAC Committee by December 2023.
- Completed CDP Personality Disorders outline for SCIT for 2024.
- Identified the SCIT Training dates for 2024.
- Completed four (4) SCIT Trainings in 2023. One SCIT Training was for members from the Office of Professional Services.

Youth Subcommittee

2023 was a building year for this new subcommittee:

- Chairs were recognized.
- They worked throughout 2023 to build their members, both appointed and from the community.
- The hot topic of discussion surrounded historical data and policy.
- They also decided this subcommittee couldn't function without the voice of youth and parents and spent time planning on what this looks like.



Community Engagement Subcommittee

This was a growing and transitional year for this subcommittee as well:

- This subcommittee grew its membership base by reaching out to new members from our community to engage them in this work.
- Members of this subcommittee discussed hosting a community event to educate the public on protocols and practices related to Involuntary Commitment. While no events took place in 2023, the growth and development of this subcommittee will transfer into 2024.

Our 2024 Strategy

On March 8th, 2024, MHRAC hosted an in-person planning session. Members learned about the history of MHRAC, discussed future projects and planned for 2024. The session was open to the public.

The planning session consisted of:

- Participants receiving a folder with historical information, data documentation, and educational materials to help the committee continue its success.
- 6 different 'Learning Tables' where participants could learn about what's been done in the past.
- Brainstorming time for committee members to express their thoughts about subcommittee agendas, MHRAC website development, and future directions for MHRAC.
- Subcommittee 'Deep Dive and Planning' where participants broke up into their respective subcommittee groups to plan for 2024.

The work done at this planning session will guide how we move forward within each subcommittee and has helped determine what projects and goals we would like to accomplish. There will be ongoing discussion in each subcommittee to strengthen and finalize what was started here.

One common theme recognized was the need to expand our thinking to advise the broader Behavioral Health System to complement the work the Cleveland Division of Police has accomplished since 2015.

PROJECTS	DETAILS	OBJECTIVES
Start a Data & Growth Subcommittee	Back by popular demand we will host a subcommittee that focuses on data analysis and officer success	<ul style="list-style-type: none"> • Develop mechanism to gather officer input on effectiveness of CIT policies and procedures • Focus on data to help determine gaps and suggestions for higher officer response rate to CIT calls • Troubleshoot gaps in CIT success and larger crisis system to coordinate effective practices
Youth Subcommittee	This Subcommittee is coming in strong this year with their objectives	<ul style="list-style-type: none"> • Incorporate youth voice • Include parent engagement in this subcommittee • Advise on how CDP can include youth focus in policies and processes
Community Engagement Subcommittee	This Subcommittee will focus on Behavioral Health community collaboration with SCIT officers.	<ul style="list-style-type: none"> • Attend events and present at conferences • Get feedback from behavioral health community & hospitals
Training Subcommittee	The training subcommittee is a well-oiled machine and will continue to provide excellent training topics and oversight over SCIT officer training in partnership with the CPC	<ul style="list-style-type: none"> • Continue to provide support and advise on the SCIT 40 hour training • Continue to advise on dispatcher training needs • Work on specialized topics for CDP In-Service Training for Officers and the extra 4hour specialized training for SCIT officers

Looking Forward

Focus on 'CIT Core Elements'

Moving Forward we would like to take a more holistic approach to CIT in Cleveland. To do this we will be highlighting the newly constructed 'Ohio CIT Core Elements' revised in 2023 by the Ohio Criminal Justice Coordinating Center of Excellence (CJ CCOE).

The Ohio CIT Core Elements include:

1. Law Enforcement

- Policies and Procedures
- Patrol Coverage
- Officer Selection
- CIT Officer Identification
- Law Enforcement Coordinator
- Information Sharing and Data Collection
- Receiving Centers: Emergency Services

2. Mental Health Boards and Service Providers

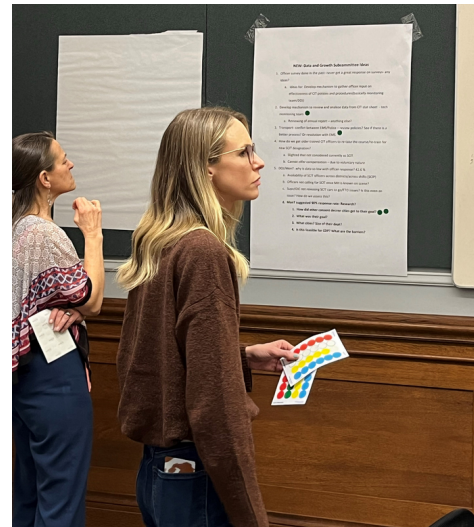
- Policies and Procedures
- Service Linkage and Outreach -When a law enforcement agency informs a mental health board or service provider of contact with a person in crisis, the provider must have policies and procedures to prioritize linking the person to appropriate services and providing follow-up as needed. CIT partners should identify frequent users of law enforcement services and implement a mechanism to engage those users. This linkage and follow-up should reduce the need for subsequent law enforcement responses
- Mental Health Coordinator
- Program Monitoring and Data Collection - Receiving centers must gather detailed data relevant to their interactions with a person in crisis either transferred or referred to them from a law enforcement agency. Mental health boards and service providers must use the analyzed data to assign priority to and improve their services, responses, training, and other aspects of their roles and responsibilities within their CIT programs
- Receiving Centers: Emergency Services -The transition should be structured to not dissuade officers from utilizing the emergency hospitalization process. Receiving centers must proactively engage law enforcement agencies about interactions with those centers and problem-solve issues as they arise

3. Training

- CIT Training Courses
- Advanced and Refresher Training
- CIT Patrol Officer Training Course is for Experienced Law Enforcement Officers
- Training Must be Delivered at Minimal Cost to Law Enforcement Agencies
- Training Must be Locally Focused on the Participants' Criminal Justice and Crisis Response Systems
- Training Must Focus on Practical Knowledge and Skills to Respond to a Person in Crisis
- Training Must be Grounded in Adult Learning Principles
- Training must be Provided by those Prepared to Instruct Law Enforcement and other Public Safety Personnel -Non-public safety instructors must learn about law enforcement/policing and other public safety-oriented cultures to be effective at content instruction.
- Evaluations of CIT Training Courses - Evaluations of CIT training courses are necessary to ensure that those being trained within their respective CIT roles get the best training possible.

4. Coordination:

- Agency Coordinator
- Program Coordinators
- CIT Steering Committee
- Prioritizing Law Enforcement Ownership
- Maintaining Partnerships and Sustaining CIT Programs
- Ensuring Advocacy Participation
- Advancing Diversity, Equity, and Inclusion
- CIT Program Awareness
- Recognition and Honors
- Community Expansion and Statewide Contribution



Summary of 2023 Crisis Intervention Team Data

This report summarizes data collected and shared by the Cleveland Division of Police (CDP) with the Cleveland Department of Public Health (CDPH) for Crisis Intervention Team activities for the period of January 2023 through December 2023. Beginning in February 2020, CIT data was collected by CDP officers using an electronic data collection software system, instead of 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.

2023 CIT Incident Data Collection

In 2023, there were 5,003 CIT incidents (Table 1), an increase of 29 incidents ($+<1\%$) compared to 2022. The average number of CIT incidents reported per month for 2023 was 417, an average increase of two CIT incidents per month compared 2022.

Table 1. CIT Incident Data Received (2019-2023)

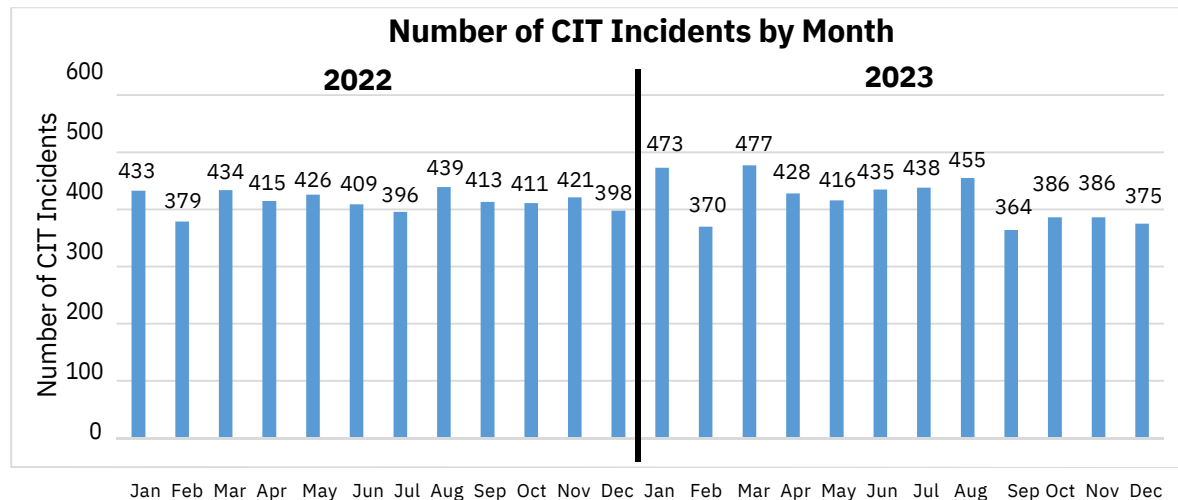
	2019 CIT Stat Sheets	2020 Electronic Forms ¹	2021 Electronic Forms	2022 Electronic Forms	2023 Electronic Forms	Difference between 2022 & 2023
CIT Incident Count	2,433	4,291	4,889	4,974	5,003	+29 ($+<1\%$)
Average CIT Incident Count per Month	203	357	407	415	417	+2 ($+<1\%$)
Number of Unique CIT Individuals ²	NA	3,012	3,263	3,335	3,400	+65 ($+2\%$)

¹The 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 1, January 2020 CIT incident totals were estimated using the 2020 11-month average of 357 CIT incidents/month.

²

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

Figure 1. CIT Incidents by Month (2022-2023)



Frequent Encounter Location Counts in 2023

Table 2 provides a list of locations with 10 or more CIT encounters occurring in 2023. 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 individual.

Table 2. Most Frequent CIT Client Encounter Locations (2023)³

Number of Encounters	Facility Name
109	2227 Payne Ave. (Norma Herr Women's Center)
73	2100 Lakeside Ave. (Lutheran Metropolitan Ministry Men's Shelter)
38	Single-Family Private Residence
27	Single-Family Private Residence
27	11401 Lorain Ave. (Cleveland Christian Home)
26	Single-Family Private Residence
23	50 Public Sq. (Terminal Tower Residences)
21	4313 E. 116th St. (Ultra Care Home Health Services)
21	5300 Riverside Dr. (Airport)
21	8411 Broadway Ave. (CATS)

³ Data presented in this section are not final and may be subject to further data cleaning, which may impact totals and calculations.

17	7515 Euclid Ave. (Greenbridge Commons)
17	1744 Payne Ave. (FrontLine Service)
17	Single-Family Private Residence
17	1804 E. 55th St. (Diversion Center)
17	Private Apartment Complex
16	Single-Family Private Residence
15	8301 Detroit Ave. (The Commons)
15	Single-Family Private Residence
15	6629 Sebert Ave. (Helping Hands and Loving Hearts) 17322
15	Euclid Ave. (Eastbrook Healthcare Center)
14	3481 Fulton Rd. (2nd District Precinct)
14	Multi-Family Private Residence
13	2186 Ambleside Dr. (University Manor Healthcare Center)
13	11410 Buckeye Rd. (Murtis Taylor)
12	1465 Chester Ave. (Greyhound Bus Station)
12	5209 Detroit Ave. (The Centers – Gordon Square)
12	8902 Detroit Ave. (Algart Health Care)
12	9333 Kinsman Rd. (4th District Precinct)
12	11420 Lorain Ave. (Morgal Manor)
12	1012 Prospect Ave. (Apartment Complex – Winton Manor)
12	4501 Chester Ave (3rd District Precinct)
11	11510 Madison Ave. (Madison Adult TLC)
11	Single-Family Private Residence
11	3234 West Blvd. (Bradley Manor)
11	Private Apartment Complex
10	17608 Euclid Ave. (Alliant Treatment Center)
10	5225 Superior Ave. (St. Andrews Apartments)
10	1334 Ansel Rd. (Tender Love & Care)

Individual Characteristics at CIT Incidents (2022-2023)

(Gender, age, race, and Hispanic ethnicity)

Overall gender and age percentages were similar for CIT involved individuals in 2022 and 2023. However, there was a 36% increase in calls for service for youth under age 18 in 2023 (Table 3).

Table 3. Individual Gender and Age Characteristics at CIT Incidents (2022-2023)

	2022 Count/Percent	2023 Count/Percent
Gender		
Male	2,651 (53%)	2,702 (54%)
Female	2,322 (47%)	2,299 (46%)
Missing	1 (0%)	2 (0%)
Age		
0-17	587 (12%)	797 (16%)
18-25	755 (15%)	782 (16%)
26-40	1,810 (37%)	1,759 (35%)
41-64	1,544 (31%)	1,385 (28%)
>64	221 (4%)	243 (5%)
Missing	57 (<1%)	37 (<1%)
TOTAL	4,974 (100%)	5,003 (100%)

The racial breakdown of individuals involved with CIT incidents was similar in 2023 compared to 2022 (Table 4).

Table 4. Individual Race Characteristics at CIT Incidents (2022-2023)

Individual Race	2022 Count/Percent	2023 Count/Percent
African American	2,859 58%	2,944 59%
American Indian/Alaska Native	17 <1%	8 <1%
Asian	8 <1%	13 <1%
Caucasian	1,883 38%	1,861 37%
Native Hawaiian or other Pacific Islander	3 <1%	4 <1%
None (Missing data)	2 <1%	2 <1%
Unknown (Not ascertained by officer)	202 4%	171 3%
TOTAL	4,974	5,003

The majority of individuals involved with CIT incidents (94%) in 2023 were non-Hispanic individuals (Table 5). However, it is possible that the ethnicity of CIT-involved individuals was sometimes under-identified by officers and/or not self-reported by individuals.

Table 5. Individual Hispanic Ethnicity at CIT Incidents (2022-2023)

	2022 Count/Percent	2023 Count/Percent
Hispanic	275 6%	291 6%
Non-Hispanic	4,699 94%	4,712 94%
TOTAL	4,974	5,003

CIT Individual Characteristic Analyses (2022-2023)

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

Characteristics of individuals encountered during CIT incidents include mental illness, alcohol/drug use, development disabilities, physical disabilities, homelessness, and veteran status. The total reported for 2022 and 2023 reflects the number of CIT incidents, and includes individuals who have more than one CIT incident.

Individuals were identified by officers as having a mental illness in 89% of CIT incidents in 2023, the exact same percentage as CIT incidents in 2022 (Table 6). The total is not a count of unique individuals.

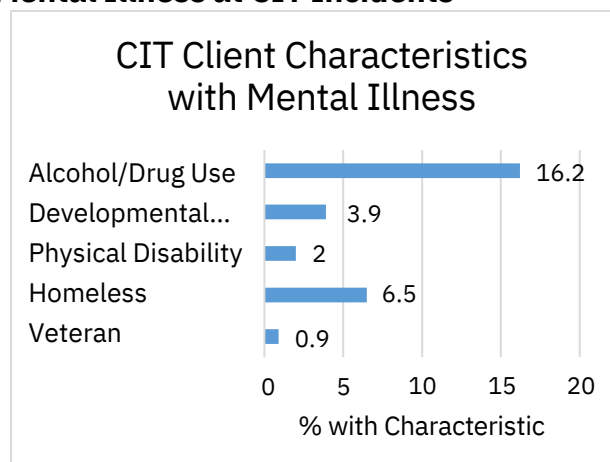
Table 6. Number of Individuals with Mental Illness at CIT Incidents (2022-2023)

Mental Illness	2022 Count/Percent	2023 Count/Percent
Yes	4,443 89%	4,474 89%
No	531 11%	529 11%
TOTAL	4,974	5,003

Officers reported 727 CIT incidents involving individuals with mental illness which also included alcohol/drug use (16.2%). Of the 4,475 individuals at CIT incidents identified with mental illness in 2023, 293 (6.5%) were reported to be homeless (Table 7).

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

Co-Occurring with Mental Illness	Incident Count	Percent
Alcohol/Drug Use	727	16.2%
Developmental Disability	174	3.9%
Physical Disability	90	2.0%
Homeless	293	6.5%
Veteran	41	0.9%



Many of the CIT incidents in 2023 involved alcohol/drug use, a similar percentage to 2022 (Table 8).

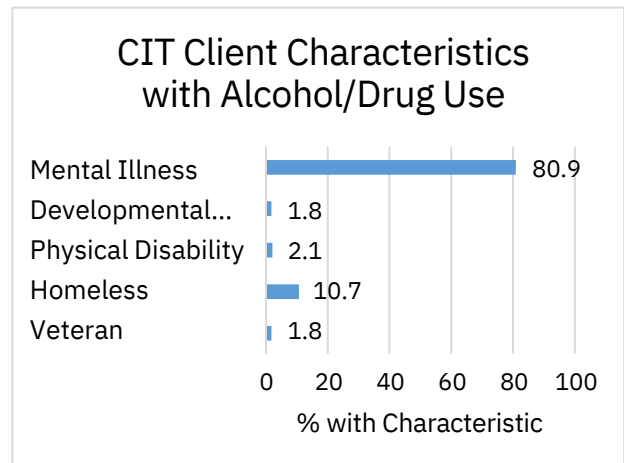
Table 8. Number of Individuals with Alcohol/Drug Use at CIT Incidents (2022-2023)

Alcohol/Drug Use	2022 Count/Percent	2023 Count/Percent
Yes	1,028 21%	899 18%
No	3,946 79%	4,104 82%
TOTAL	4,974	5,003

Of the 899 CIT incidents with individuals reported as having alcohol/drug use, 727 (80.9%) were reported to have a co-occurring mental illness, 96 (10.7%) were reported to be homeless, and 16 (1.8%) were veterans (Table 9).

Table 9. Characteristics of Individuals with Alcohol/Substance Use at CIT Incidents (2023)

Co-Occurring with Drug Use	Incident Count	Percent
Mental Illness	727	80.9%
Developmental Disability	16	1.8%
Physical Disability	19	2.1%
Homeless	96	10.7%
Veteran	16	1.8%



Five percent of 2023 CIT incidents involved an individual with a developmental disability, the same percentage as 2022 (Table 10).

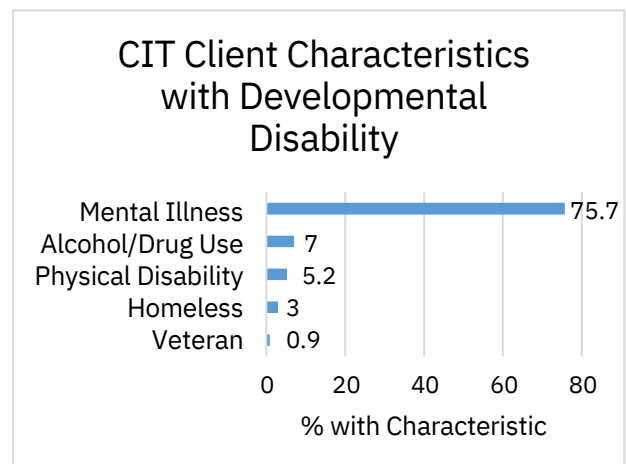
Table 10. Number of Individuals with a Developmental Disability at CIT Incidents (2022-2023)

Developmental Disability	2022 Count/Percent	2023 Count/Percent
Yes	239 5%	230 5%
No	4,735 95%	4,773 95%
TOTAL	4,974	5,003

Of the 230 CIT incidents involving an individual identified as having a developmental disability, 174 (76%) were identified as having a co-occurring mental illness (Table 11).

Table 11. Characteristics of Individuals with a Developmental Disability at CIT Incidents (2023)

Co-Occurring with Developmental Disability	Incident Count	Percent
Mental Illness	174	75.7%
Alcohol/Drug Use	16	7.0%
Physical Disability	12	5.2%
Homeless	7	3.0%
Veteran	2	0.9%



Two percent of CIT incidents in 2023 involved an individual identified as having a physical disability (Table 12).

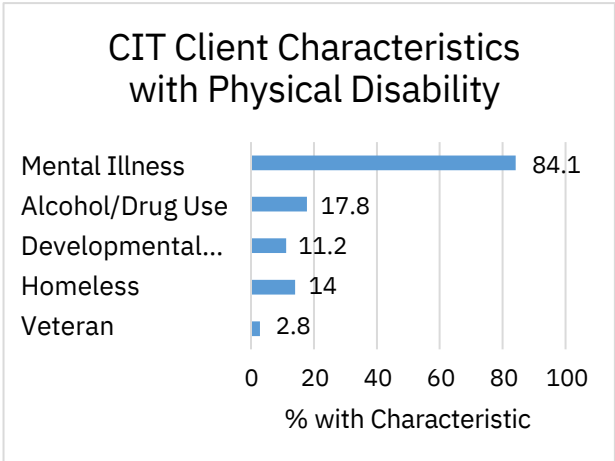
Table 12. Number of Individuals with a Physical Disability at CIT Incidents (2022-2023)

Physical Disability	2022 Count/Percent	2023 Count/Percent
Yes	122 3%	107 2%
No	4,852 97%	4,896 98%
TOTAL	4,974	5,003

Of the 107 CIT incidents involving individuals identified as having a physical disability, 84% had a co-occurring mental illness, 18% also involved alcohol/drug use, and 14% were identified as homeless (Table 13).

Table 13. Characteristics of Individuals with a Physical Disability at CIT Incidents (2023)

Co-Occurring with Physical Disability	Incident Count	Percent
Mental Illness	90	84.1%
Alcohol/Drug Use	19	17.8%
Developmental Disability	12	11.2%
Homeless	15	14.0%
Veteran	3	2.8%



In 2023, 320 CIT incidents (6%) involved an individual identified as being homeless (Table 14).

The total number of CIT incidents involving homeless individuals decreased 16% from 2022 to 2023. It is possible that this is due to underreporting of this field by officers reporting CIT incidents rather than a true decrease in the number of CIT incidents involving homeless individuals. It is possible that the housing status of CIT-involved individuals was sometimes not identified and thus undercounted by officers. Individuals may not always self-identify as homeless.

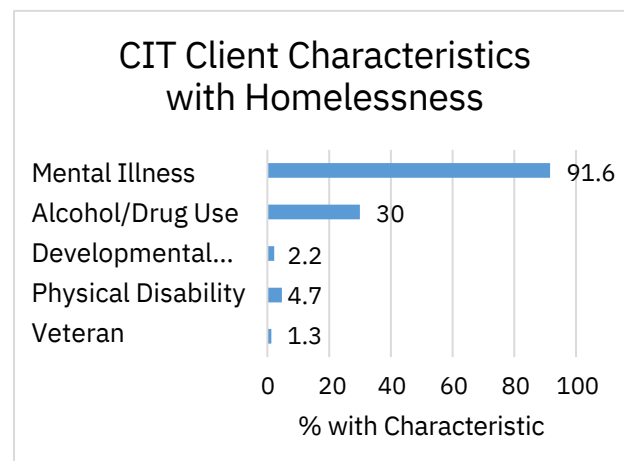
Table 14. Number of Homeless Individuals at CIT Incidents (2022-2023)

Homeless	2022 Count/Percent	2023 Count/Percent
Yes	381 8%	320 6%
No	4,593 92%	4,683 94%
TOTAL	4,974	5,003

Of the 320 CIT incidents in 2023 that involved an individual identified as being homeless, 92% of individuals were identified as having a mental illness and 30% with alcohol/drug use (Table 15).

Table 15. Characteristics of Homeless Individuals at CIT Incidents (2023)

Co-Occurring with Homelessness	Incident Count	Percent
Mental Illness	293	91.6%
Alcohol/Drug Use	96	30.0%
Developmental Disability	7	2.2%
Physical Disability	15	4.7%
Veteran	4	1.3%



Veteran individuals comprised one percent of CIT incidents in 2023 (Table 16).

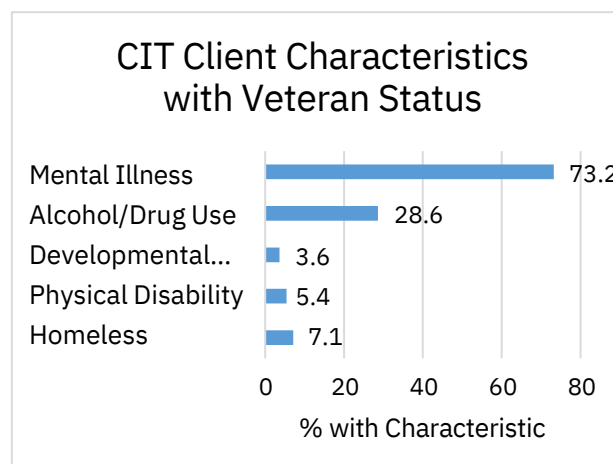
Table 16. Number of Veteran Individuals at CIT Incidents (2022-2023)

Veteran	2022 Count/Percent	2023 Count/Percent
Yes	68 1%	56 1%
No	4,906 99%	4,947 99%
TOTAL	4,974	5,003

Of the 56 CIT incidents in 2023 involving veterans, 73% were identified with a co-occurring mental illness and 29% with co-occurring alcohol/drug use (Table 17). Seven percent of veterans at CIT incidents were also identified as homeless.

Table 17. Characteristics of Veteran Individuals at CIT Incidents (2023)

Co-Occurring with Veteran Status	Incident Count	Percent
Mental Illness	41	73.2%
Alcohol/Drug Use	16	28.6%
Developmental Disability	2	3.6%
Physical Disability	3	5.4%
Homeless	4	7.1%



Sixty-five percent of all CIT incidents included an individual identified with mental illness and *no other individual characteristic* (Table 18). Twelve percent of all CIT incidents involved an individual with a co-occurring mental illness and alcohol/drug use *only*.

Table 18. Frequency Rank of CIT Individual Characteristics at CIT Incidents (2022-2023)

Individual Characteristics (Single and Co-Occurring)	2022 Incident Count	2022 Percent	2023 Incident Count	2023 Percent
Mental Health Only	3,074	62%	3,252	65%
Mental Health and Alcohol/Drug Use Only	688	14%	598	12%
Alcohol/Drug Use Only	172	4%	151	3%
Mental Health and Developmental Disability Only	161	3%	152	3%
Mental Health and Homeless Only	215	4%	180	4%
None of the above (<i>description listed as "NULL"</i>)	0	0	1	<1%
All other combinations	664	13%	669	13%
TOTAL	4,974	100%	5,003	100%

CIT Incident Characteristics (2022-2023)

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

Family and self-referrals made up the top two incident source types in 2023 (Table 19).

Table 19. CIT Incident Source (2022-2023)

Incident Source	2022 Count/Percent	2023 Count/Percent
Family	1,413 28%	1,534 31%
EMS	369 7%	333 7%
Fire	17 0.3%	14 0.3%
Self	1,425 29%	1,426 29%
Case Worker	338 7%	319 6%
Other Sources*	1,272 26%	1,201 24%
Officer Initiated	92 2%	136 3%
District walk-in	48 1%	40 0.8%
Not Recorded	0 0%	0 0%
TOTAL	4,974	5,003

- “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, and various other third parties.

Table 20. Subject Armed – Weapon (2022-2023)

	2022 Count/ Percent	2023 Count/Percent
Yes	175 4%	186 4%
No	4,799 96%	4,816 96%
Not Recorded	0 0%	1 0%
TOTAL	4,974	5,003

While a majority of CIT incidents in 2023 did not involve a subject armed with a weapon (96%)(Table 20), among those CIT incidents where a subject was armed the individual was most often armed with a knife (2.2% of all CIT calls for service) (Table 21).

Table 21. Type of Weapon (2022-2023)

	2022 Count/Percent	2023 Count/Percent
None	4,799 96%	4,817 96%
Bat	1 <0.1%	0 0%
BB Gun	1 <0.1%	6 0.1%
Blunt Object	17 0.3%	16 0.3%
Drugs, Narcotics, Sleeping Pills (exposure or ingestion)	1 <0.1%	1 <0.1%
Fork	1 <0.1%	0 0%
Gas	0 0%	0 0%
Glass	2 <0.1%	1 <0.1%
Gun	37 0.7%	40 0.8%
Hammer	2 <0.1%	1 <0.1%
Imitation Firearm	1 <0.1%	1 <0.1%
Incendiary device	1 <0.1%	1 <0.1%

Ink Pen/Pencil	1 <0.1%	0 0%
Knife	109 2%	111 2.2%
Pepper Spray	2 <0.1%	1 <0.1%
Scissors	1 <0.1%	2 <0.1%
Screwdriver	2 <0.1%	2 <0.1%
Other	3 <0.1%	23 <0.1%
TOTAL	4,974	5,003

- Note: subjects may have more than one weapon identified

Ninety percent of 2023 CIT incidents did not include individual resistance (Table 22). Active and aggressive physical resistance was present in 2.3% and 0.8% of incidents, respectively. These resistance percentages were similar for 2022 incidents.

Table 22. Resistance Levels at CIT Incidents (2022-2023)

Resistance Level	2022 Count/Percent	2023 Count/Percent
No Resistance	4,475 90.0%	4,511 90.1%
Passive Resistance	355 7.1%	334 6.7%
Active Resistance	108 2.2%	115 2.3%
Aggressive Physical Resistance	35 0.7%	41 0.8%
Not Recorded	1 <0.1%	2 <0.1%
TOTAL	4,974	5,003

Allowing time and opportunity to comply were the most frequently utilized de-escalation techniques at CIT incidents in 2023 (48%), followed by verbal de-escalation techniques (47%), listening and interacting in conversation (41%), and strategic communications/voice command (28%)(Table 23). The percentage of CIT incidents where a CIT specialist was requested increased from 9.8% in 2022 to 10.4% in 2023.

A de-escalation technique was not used or not applicable in 33% of 2023 CIT incidents. Overall, de-escalation techniques were used at a slightly higher percentage of CIT incidents in 2023 (66.6%) compared to 2022 (65.8%).

Table 23. Frequency Rank of De-Escalation Techniques Used at CIT Incidents (2022-2023)

De-Escalation Technique	2022 Count/Percent	2023 Count/Percent
Allow Time and Opportunity to Comply	2,304 46.3%	2,397 47.9%
Verbal De-Escalation Techniques	2,419 48.6%	2,325 46.5%
Listening and Interacting in Conversation	2,021 40.6%	2,061 41.2%
Strategic Communications/Voice Command	1,464 29.4%	1,393 27.8%
Use of Distance/Cover/Concealment	1,260 25.3%	1,304 26.1%
Increased Officer Presence	784 15.8%	709 14.2%
Requested CIT Specialist	489 9.8%	521 10.4%
Requested Supervisor	314 6.3%	326 6.5%
N/A	1,700 34.2%	1,672 33.4%
TOTAL	4,974	5,003

A total of 21 CIT incidents in 2023 involved a police use of force, accounting for 0.4% of all 5,003 CIT incidents, a similar percentage to 2022 CIT data (Table 24).⁴

Table 24. Use of Force during CIT Incidents (2023)

Force Used	Count	Percent
NO TOTAL	4,981	99.6%
Yes (Level 1)	5	<0.1%
Yes (Level 2)	14	0.2%
Yes (Level 3)	2	<0.1%
YES TOTAL	21	0.4%
Not Recorded	1	0%
TOTAL	5,003	100%

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.

⁴ The Data Team is working with the Office of Information and Technology on establishing a record of source since the same information is tracked in multiple data collection systems. 'A match criteria of several data points across multiple data collection systems will be conducted to verify the total number of CIT incidents involving use of force across force level.' This mapping exercise is still in progress.

In 82% of CIT incidents involving police use of force, the individual engaged in either active resistance or aggressive physical resistance (Table 25).

Table 25. Resistance Levels at Use of Force CIT Incidents (2023)

Resistance Level	2023 Count/Percent
No Resistance	2 9.5%
Passive Resistance	2 9.5%
Active Resistance	8 38.1%
Aggressive Physical Resistance	9 42.9%
Not Recorded	0 0%
TOTAL	21

De-escalation techniques were used at all CIT incidents involving police use of force (Table 26). Verbal de-escalation techniques were used most often (95%).

Table 26. De-Escalation Techniques Used at Use of Force CIT Incidents (2023)

De-Escalation Technique	2023 Count/Percent
Allow Time and Opportunity to Comply	12 57.1%
Verbal De-Escalation Techniques	20 95.2%
Listening and Interacting in Conversation	11 52.4%
Strategic Communications/Voice Command	14 66.7%
Use of Distance/Cover/Concealment	11 52.4%
Increased Officer Presence	12 57.1%
Requested CIT Specialist	8 38.1%

Requested Supervisor	8 38.1%
N/A	0 0%
TOTAL	21

In 2023, 2.2% of CIT incidents involved an injured individual in crisis, 0.3% resulted in an officer injury, and 0.5% involved an injured third party (Table 27).

Three subjects (3%) were injured during a *use of force incident*. One officer was injured during a *use of force incident*.

Table 27. Injury during CIT Incidents (2022-2023)

Injured	2022 Count/Percent	2023 Count/Percent
Subject Injured	110 2.2%	108 2.2%
Officer Injured	14 0.3%	13 0.3%
Third Party Injured	42 0.8%	25 0.5%
TOTAL	4,974	5,003

Individuals left voluntarily in 79% of 2023 CIT incidents (Table 28). Individuals were referred for additional support in 9% of incidents. Probate warrants were served in 5% of incidents and an emergency admission form (“pink slip”) was completed in 8% of incidents. Individuals were conveyed in a majority of CIT incidents (90%). 2% of 2023 CIT incidents resulted in an arrest (105 incidents).

Table 28. Disposition Characteristics of CIT Incidents (2023)

Incident Characteristic	Incident Count	Percent
Individual left voluntarily	3,927	78.5%
Probate warrant served	247	4.9%
Emergency admission form (“pink slip”)	406	8.1%
Individual referred additional support	441	8.8%
Subject conveyed/transported	4,493	89.8%
Individual arrested	105	2.1%

• Note: subjects may have more than one disposition noted.

Individuals were conveyed most often to MetroHealth Medical Center and University Hospital (Table 29).

Conveyances to the Crisis Stabilization Unit (CSU) decreased 50%, and conveyances to the Diversion Center decreased 43% in 2023 compared to 2022.

Table 29. Conveyance Destinations for Individuals at CIT Incidents (2022-2023)

Conveyance Destination	2022 Count/Percent	2023 Count/Percent
Cleveland Clinic	204 4.1%	251 5.0%
Crisis Stabilization Unit	28 0.6%	14 0.3%
Diversion Center	63 1.3%	36 0.7%
Euclid Hospital	101 2.0%	95 1.9%
Fairview Hospital	464 9.3%	491 9.8%
Homeless Shelter	2 <0.1%	1 <0.1%
Jail	3 0.1%	9 0.2%
Lutheran Hospital	510 10.3%	466 9.3%
Marymount Hospital	175 3.5%	220 4.4%
MetroHealth Medical Center	918 18.5%	1,232 24.6%
Rainbow Babies and Children's Hospital	227 4.6%	286 5.7%
Saint Vincent Charity Hospital	832 16.7%	399 8.0%
South Pointe Hospital	66 1.3%	57 1.1%
University Hospital	760 15.3%	808 16.2%
VA	37 0.7%	45 0.9%
Other	108 2.2%	83 1.7%
Missing/NULL or Not Conveyed	476 9.6%	510 10.2%
TOTAL	4,974	5,003

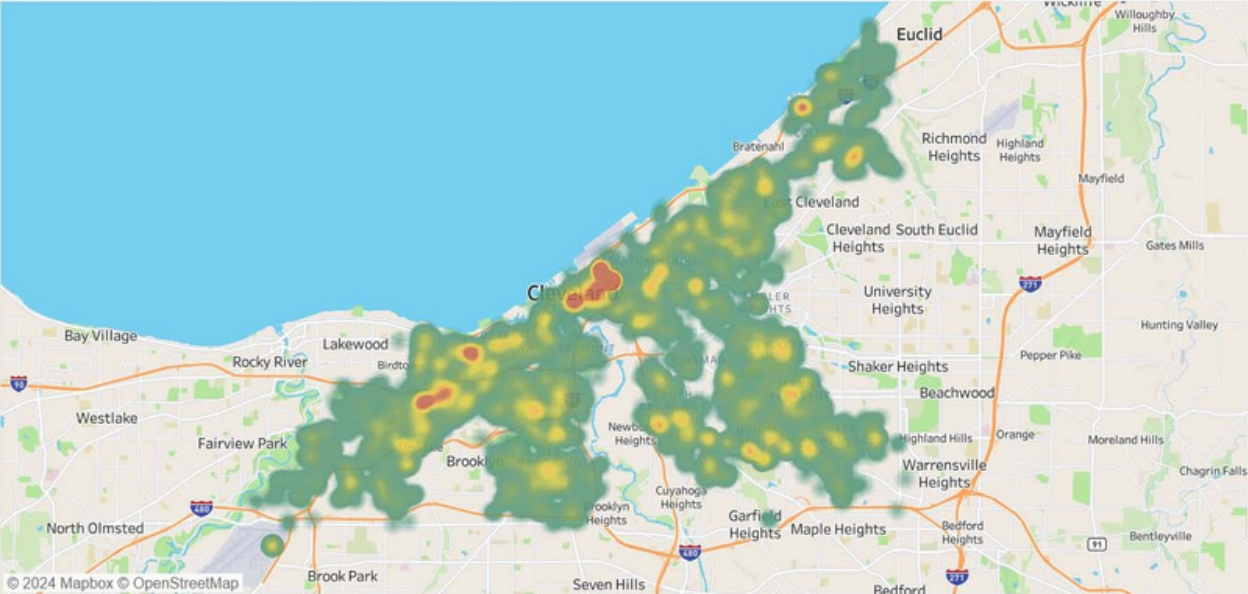
CIT Incidents by Police District (2023)

(Geolocations and maps, frequent encounter locations, frequent call types)

The highest frequency of CIT calls for service in 2023 originated in the 4th District (22.6%)(Table 30). The lowest frequency of CIT calls for service in 2023 originated in the 5th district (15.7%).

Figure 2. Map of CIT Incidents (2023)

2023 CIT Incidents - City of Cleveland



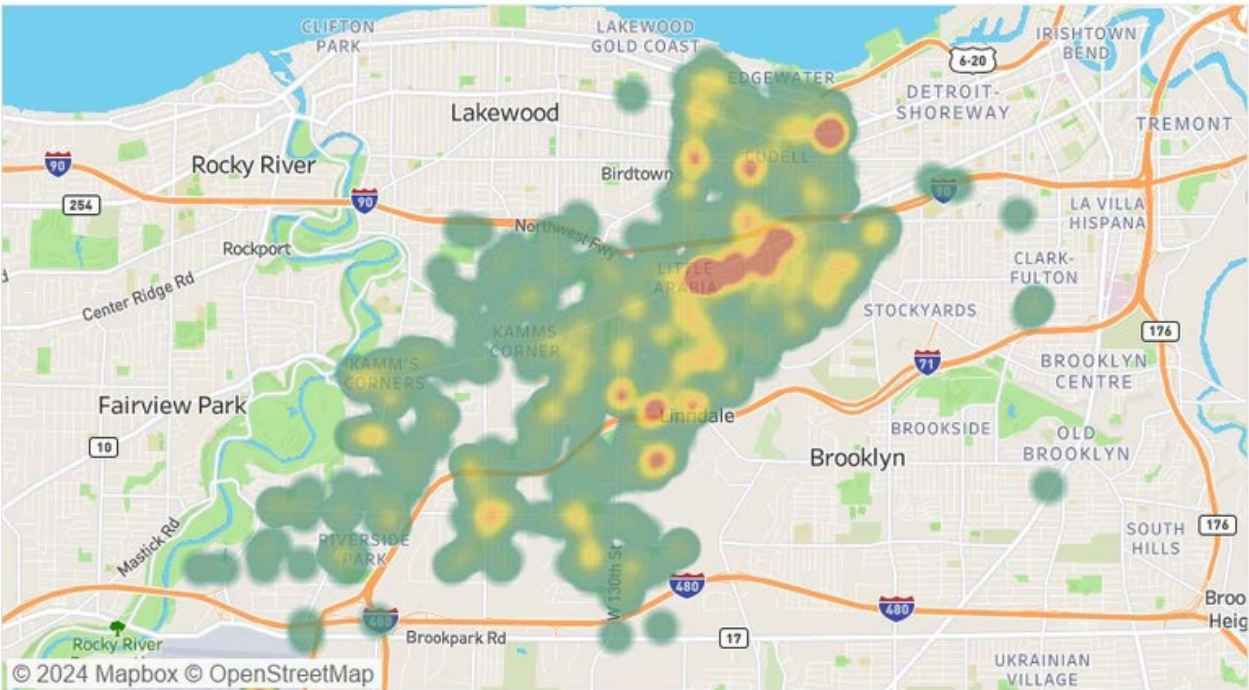
Map based on average of Longitude and average of Latitude. Details are shown for Brazos Incident Number.

Table 30. CIT Incidents by Police District (2023)

Incident Characteristic	Incident Count	Percent
1st District	1,032	20.6%
2nd District	1,038	20.7%
3rd District	1,015	20.3%
4th District	1,130	22.6%
5th District	784	15.7%

Figure 3. Map of CIT Incidents – 1st District (2023)

2023 CIT Incidents - 1st District



The highest volume of CIT calls for service from a single location in 1st District came from the Cleveland Christian Home (Table 31). The second highest volume of CIT calls for service from a single location in 1st District came from the Cleveland Hopkins Airport.

Table 31. Top 3 Most Frequent CIT Client Encounter Locations – 1st District (2023)

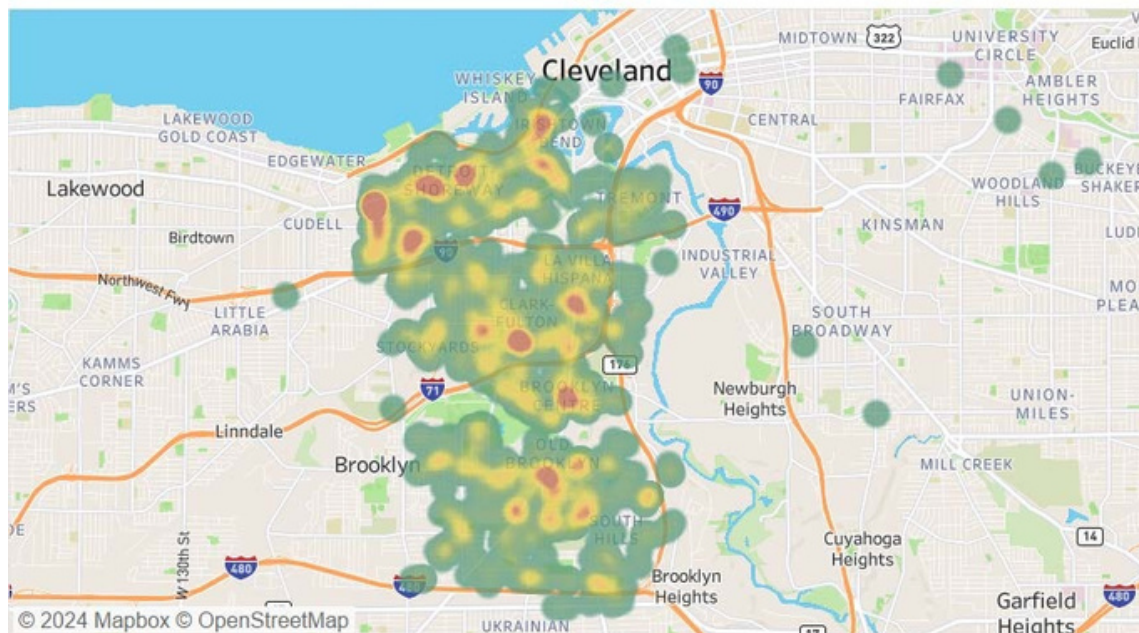
Number of Encounters	Facility Name
27	11401 Lorain Ave. (Cleveland Christian Home)
21	5300 Riverside Dr. (Airport)
15	Single-Family Private Residence

Table 32. Top 5 Call Types CIT Calls for Service – 1st District (2023)

Call Type	2023 Count/Percent
Suicide Threats	213 (21%)
Domestic Violence	97 (9%)
Suicide in Progress	97 (9%)
Crisis Intervention – Violent	85 (8%)
Crisis Intervention – Non-Violent	52 (5%)

Figure 4. Map of CIT Incidents – 2nd District (2023)

2023 CIT Incidents - 2nd District



Map based on average of Longitude and average of Latitude. Details are shown for Brazos Incident Number. The view is filtered on Brazos Incident Number, which excludes 2023-00112263, 2023-00303697 and 2023-00372443.

The highest volume of CIT calls for service from a single location in 2nd district came from the Commons at West Village (Table 33).

Table 33. Top 3 Most Frequent CIT Client Encounter Locations – 2nd District (2023)

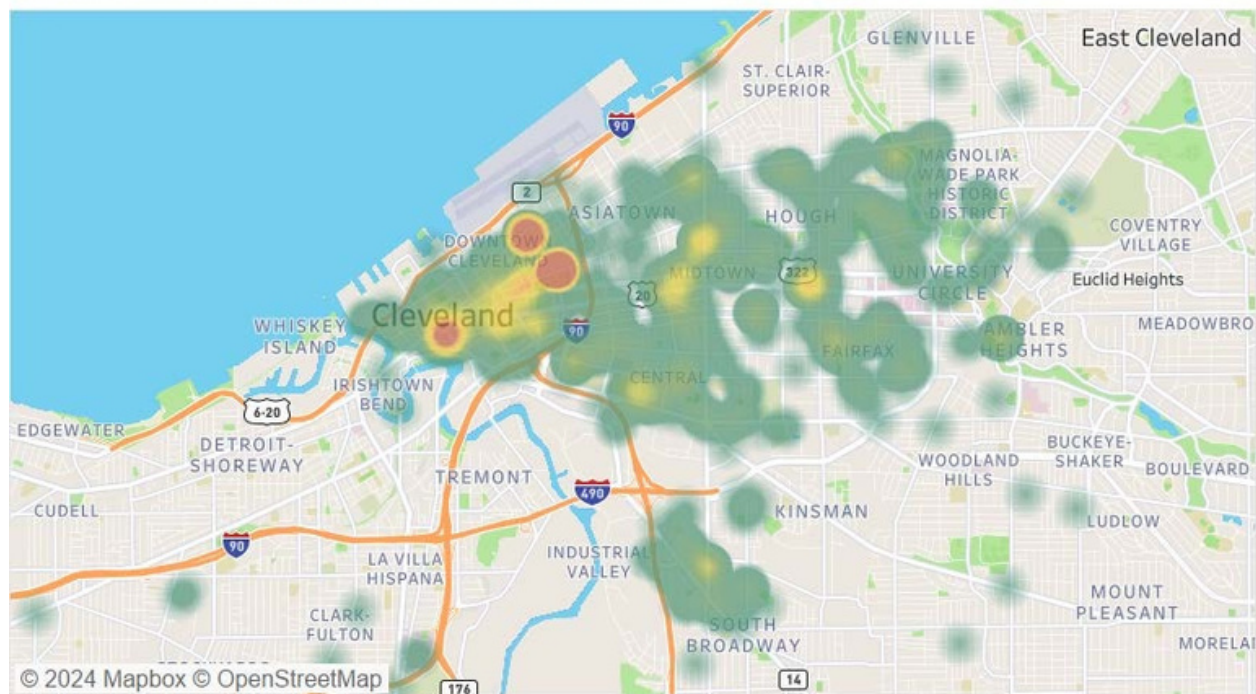
Number of Encounters	Facility Name
15	8301 Detroit Ave. (The Commons at West Village)
13	3481 Fulton Rd. (2nd District Precinct)
12	5209 Detroit Ave. (The Centers for Families and Children – Gordon Square Campus)

Table 34. Top 5 Call Types CIT Calls for Service – 2nd District (2023)

Call type	2023 Count/Percent
Suicide Threats	224 (22%)
Suicide in Progress	105 (10%)
Domestic Violence	95 (9%)
Mental Health Crisis - Non-Violent Disturbance	69 (7%)
Mental Health Crisis – Violent	64 (6%)

Figure 5. Map of CIT Incidents – 3rd District (2023)

2023 CIT Incidents - 3rd District



Map based on average of Longitude and average of Latitude. Details are shown for Brazos Incident Number. The view is filtered on Brazos Incident Number, which excludes 2023-00337239.

3rd District CIT calls for service originated most often from the shelters – Norma Herr Women’s Center and the Lutheran Metropolitan Ministry Men’s Shelter (Table 35).

Table 35. Top 3 Most Frequent CIT Client Encounter Locations – 3rd District (2023)

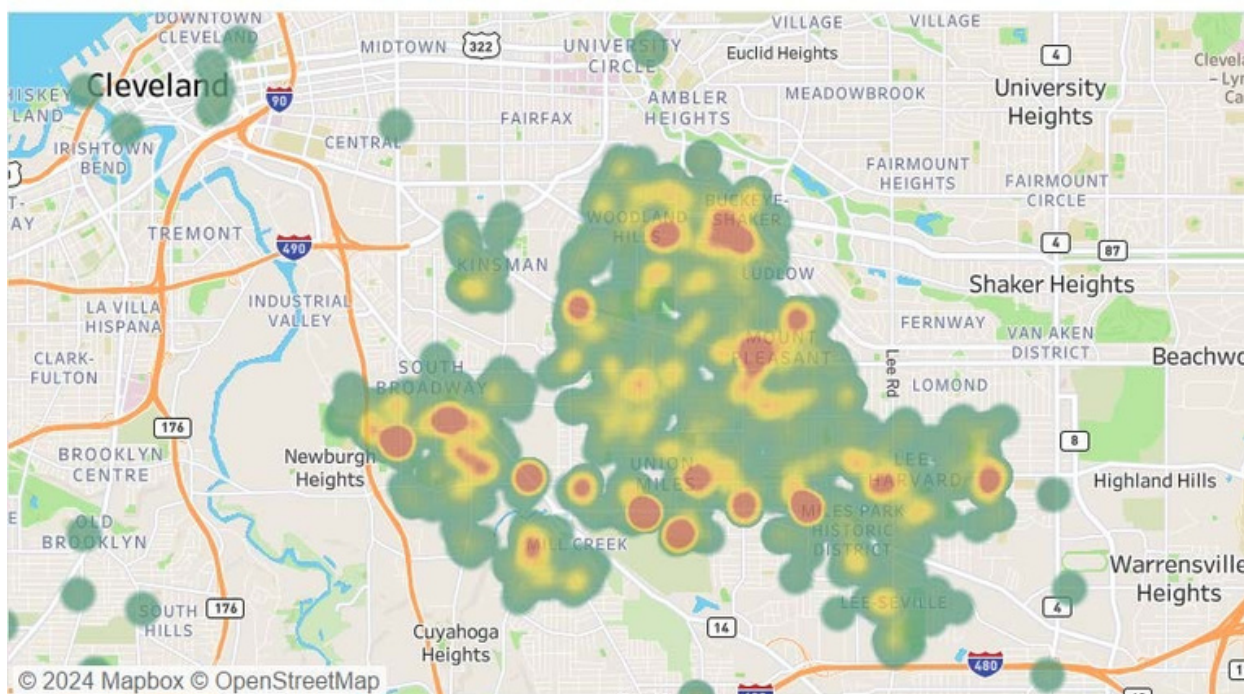
Number of Encounters	Facility Name
109	2227 Payne Ave. (Norma Herr Women’s Center)
73	2100 Lakeside Ave. (Lutheran Metropolitan Ministry Men’s Shelter)
23	50 Public Sq. (Terminal Tower Residences)

Table 36. Top 5 Call Types CIT Calls for Service – 3rd District (2023)

Call Type	2023 Count/Percent
Suicide Threats	277 (27%)
Suicide in Progress	84 (8%)
Crisis Intervention – Non-Violent	79 (8%)
Crisis Intervention – Violent	64 (6%)
Mental Health Crisis – Non-Violent Disturbance	63 (6%)

Figure 6. Map of CIT Incidents – 4th District (2023)

2023 CIT Incidents - 4th District



Map based on average of Longitude and average of Latitude. Details are shown for Brazos Incident Number. The view is filtered on Brazos Incident Number, which excludes 2023-00349729.

The two locations with the highest volume of CIT calls for service in the 4th district were single-family private residences (Table 37).

Table 37. Top 4 Most Frequent CIT Client Encounter Locations – 4th District (2023)

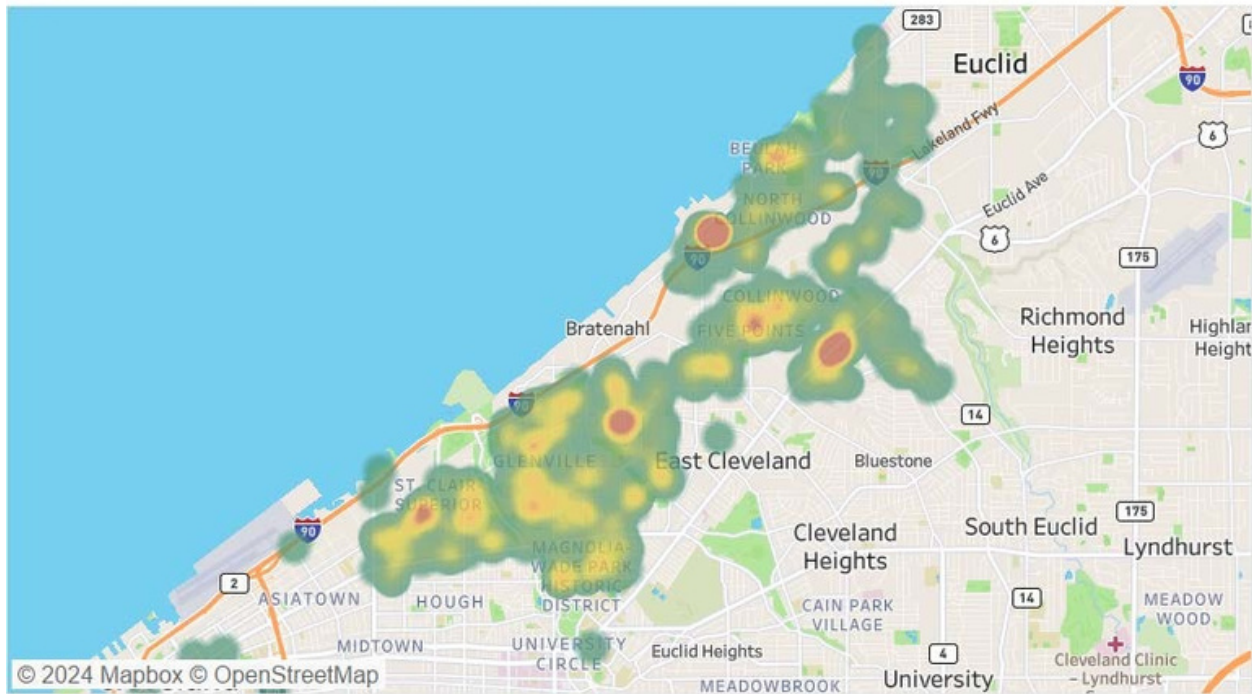
Number of Encounters	Facility Name
27	Single-Family Private Residence
26	Single-Family Private Residence
21	4313 E. 116th St. (Ultra Care Home Health Services)
21	8411 Broadway Ave. (CATS)

Table 38. Top 5 Call Types CIT Calls for Service – 4th District (2023)

Call Type	2023 Count/Percent
Suicide Threats	192 (17%)
Domestic Violence	134 (12%)
Suicide in Progress	119 (11%)
Crisis Intervention – Violent	111 (10%)
Mental Health Crisis – Violent	81 (7%)

Figure 7. Map of CIT Incidents – 5th District (2023)

2023 CIT Incidents - 5th District



Map based on average of Longitude and average of Latitude. Details are shown for Brazos Incident Number. The view is filtered on Brazos Incident Number, which excludes 2023-00308587.

The two locations with the highest volume of CIT calls for service in the 5th district were single-family private residences (Table 39).

Table 39. Top 3 Most Frequent CIT Client Encounter Locations – 5th District (2023)

Number of Encounters	Facility Name
38	Single-Family Private Residence
16	Single-Family Private Residence
15	17322 Euclid Ave. (Eastbrook Healthcare Center)

Table 40. Top 5 Call Types CIT Calls for Service – 5th District (2023)

Call Type	2023 Count/Percent
Suicide Threats	139 (18%)
Domestic Violence	90 (12%)
Suicide in Progress	83 (11%)
Crisis Intervention – Violent	64 (8%)
Mental Health Crisis – Non-Violent Disturbance	54 (7%)

Spotlight 2023: Repeat Utilizers of Crisis Response Services

(Repeat utilizer table, individual level characteristics, incident level characteristics)

Repeat utilizers are defined as individuals who have had two or more CIT calls for service in a single year. In 2023, repeat utilizers of crisis response services (those with two or more CIT calls for service) made up 20.2% of all unique individuals but 45.7% of all CIT calls for service (Table 41).

Table 41. Repeat Utilizers of Crisis Response Services (2023)

CIT Utilization Frequency	Number of Individuals	Percent	TOTAL Number of CIT Incidents	Percent
37	1	<0.1%	37	0.7%
32	1	<0.1%	32	0.6%
31	1	<0.1%	31	0.6%
27	2	<0.1%	54	1.1%
19	2	<0.1%	38	0.8%
18	3	<0.1%	54	1.1%
16	3	<0.1%	48	1.0%
13	3	<0.1%	39	0.8%
12	5	0.1%	60	1.2%
10	3	<0.1%	30	0.6%
9	4	<0.1%	36	0.7%
8	5	0.1%	40	0.8%
7	11	0.3%	77	1.5%
6	21	0.6%	126	2.5%
5	29	0.9%	145	2.9%
4	57	1.7%	228	4.6%
3	138	4.1%	414	8.3%
2	402	11.8%	804	16.1%
1	2,710	79.7%	2,710	54.1%
TOTAL	3,400	100%	5,003	100%

Youth repeat utilizers of crisis response services *increased 59%* from 2022 to 2023 while repeat utilizers aged 18-25 decreased 27% (Table 42).

Table 42. Repeat Utilizer Gender and Age Characteristics at CIT Incidents (2022-2023)

	2022 Count/Percent	2023 Count/Percent
Gender		
Male	373 (54%)	380 (55%)
Female	319 (46%)	311 (45%)
Missing	0 (0%)	0 (0%)
Age		
0-17	70 (10%)	111 (16%)
18-25	104 (15%)	76 (11%)
26-40	259 (37%)	251 (36%)
41-64	235 (34%)	221 (32%)
>64	24 (3%)	32 (5%)
Missing	0 (0%)	0 (0%)
TOTAL	692 (100%)	691 (100%)

Note: these figures are based on individual characteristics of repeat utilizers, not on demographic characteristics at CIT incidents.

Race characteristics of repeat utilizers of crisis response services were similar in 2023 compared to 2022 (Table 43).

Table 43. Repeat Utilizer Race Characteristics at CIT Incidents (2022-2023)

Individual Race	2022 Count/Percent	2023 Count/Percent
African American	397 57%	403 58%
American Indian/Alaska Native	4 0.6%	1 0.1%
Asian	0 0%	3 0.4%
Caucasian	266 38%	271 39%
Native Hawaiian or other Pacific Islander	0 0%	1 0.1%
None (Missing data)	0 0%	0 0%
Unknown (Not ascertained by officer)	25 4%	12 2%
TOTAL	692	691

Note: these figures are based on individual characteristics of repeat utilizers, not on demographic characteristics at CIT incidents.

Suicide threats (19%) and crisis intervention (10%) calls for service were the top two call types for repeat utilizers of crisis response services (Table 44).

Table 44. Top 5 Call Types for Repeat Utilizer CIT Calls for Service (2023)

Call Type	2023 Count/Percent
Suicide Threats	440 (19%)
Crisis Intervention - Violent	228 (10%)
Domestic Violence	206 (9%)
Mental Health Crisis - Non-Violent Disturbance	173 (8%)
Suicide in Progress	173 (8%)

The two most frequent locations for CIT calls for service for repeat utilizers were Norma Herr Women’s Center and the Lutheran Metropolitan Ministry Men’s Shelter (Table 45).

Table 45. Top 5 Most Frequent CIT Client Encounter Locations for Repeat Utilizers (2023)

Number of Encounters	Facility Name
70	2227 Payne Ave. (Norma Herr Women’s Center)
41	2100 Lakeside Ave. (Lutheran Metropolitan Ministry Men’s Shelter)
38	Single-Family Private Residence
25	Single-Family Private Residence
24	11401 Lorain Ave. (Cleveland Christian Home)

A majority of repeat utilizers were identified as having a mental illness (Table 46). Sixteen percent of repeat utilizers were identified with alcohol/drug use. Eight percent of repeat utilizers were identified as being homeless.

Table 46. Individual Characteristics of Repeat Utilizers (2023)

Individual Characteristic	Incident Count	Percent
Mental Illness	652	94.4%
Alcohol/Drug Use	113	16.4%
Developmental Disability	38	5.5%
Physical Disability	19	2.7%
Homeless	56	8.1%
Veteran	11	1.6%

Note: these figures are based on individual characteristics of repeat utilizers, not on demographic characteristics at CIT incidents.

A majority of repeat utilizers demonstrated no resistance (90%) at CIT calls for service in 2023 (Table 47).

Table 47. Resistance Levels for Repeat Utilizers at CIT Incidents (2023)

Resistance Level	2023 Count/Percent
No Resistance	2,072 90.4%
Passive Resistance	142 6.2%
Active Resistance	57 2.5%
Aggressive Physical Resistance	22 1.0%
Not Recorded	0 0%
TOTAL	2,293

Eight percent of CIT calls for service involving repeat utilizers had an emergency admission form (“pink slip”) completed (Table 48). Five percent of CIT calls for service involving repeat utilizers had a probate warrant served. Twenty-eight CIT calls for service (1%) resulted in the arrest of the repeat utilizer.

Table 48. Disposition Characteristics of Repeat Utilizers at CIT Incidents (2023)

Incident Characteristic	Incident Count	Percent
Individual left voluntarily	1,841	80.3%
Probate warrant served	124	5.4%
Emergency admission form (“pink slip”)	184	8.0%
Individual referred additional support	190	8.3%
Subject conveyed/transported	2,081	90.8%
Individual arrested	28	1.2%

Repeat utilizers were conveyed most often to MetroHealth Medical Center or University Hospital (Table 49).

Table 49. Conveyance Destinations for Repeat Utilizers at CIT Incidents (2023)

Conveyance Destination	2023 Count/Percent
Cleveland Clinic	137 6.0%
Crisis Stabilization Unit	10 0.4%
Diversion Center	22 1.0%
Euclid Hospital	42 1.8%
Fairview Hospital	201 8.8%
Homeless Shelter	1 <0.1%
Jail	4 0.2%
Lutheran Hospital	209 9.1%
Marymount Hospital	111 4.8%
MetroHealth Medical Center	540 23.5%
Rainbow Babies and Children's Hospital	136 5.9%
Saint Vincent Charity Hospital	201 8.8%
South Pointe Hospital	25 1.1%
University Hospital	397 17.3%
VA	15 0.7%
Other	30 1.3%
Missing/NULL or Not Conveyed	212 9.2%
TOTAL	2,293

Spotlight 2023: Youth

(Gender, race, incident level characteristics, and youth handcuffing incidents)

A novel trend seen in 2023 was a *36% increase* in crisis intervention calls for service for individuals under age 18 compared to 2022. Improved CIT training for officers may have resulted in better officer identification of youth experiencing a mental health crisis. Thus, officers could be increasing their reporting of youth police engagement as a crisis intervention.

However, this trend occurred in tandem to a larger overall trend occurring in the city of Cleveland which has seen an *18% increase in overall police calls for service for youth under age 18* from 2022 to 2023. In 2022, calls to police regarding youth made up 3.9% of all police calls for service. That percentage increased to 4.8% of all police calls for service in 2023.

Youth at CIT calls for service are also more likely to be female and more likely to be Black/African American (Table 50).

Table 50. Individual Gender and Race Characteristics at Youth CIT Incidents (2022-2023)

	2022 Count/Percent	2023 Count/Percent
Gender		
Male	246 (42%)	316 (40%)
Female	341 (58%)	481 (60%)
Missing	0 (0%)	0 (0%)
Race		
African American	408 (70%)	560 (70%)
American Indian/Alaska Native	2 (<1%)	0 (0%)
Asian	3 (<1%)	0 (0%)
Caucasian	142 (24%)	185 (23%)
Native Hawaiian/Pacific Islander	0 (0%)	1 (<1%)
Unknown (not ascertained)	31 (5%)	51 (6%)
Missing	1 (<1%)	0 (0%)
TOTAL	587 (100%)	797 (100%)

The top three call types for youth experiencing a mental health crisis in 2023 were for domestic violence, suicide in progress, and suicide threats (Table 51). There was a 23% increase in domestic violence CIT youth calls for service in 2023 compared to 2022. There was also a 31% increase in suicide-related CIT youth calls for service in 2023 compared to 2022.

Table 51. Top 5 Call Types for Youth CIT Calls for Service (2023)

Call Type	2023 Count/Percent
Domestic Violence	199 (25%)
Suicide in Progress	119 (15%)
Suicide Threats	103 (13%)
Missing Person	51 (6%)
Crisis Intervention	49 (6%)

The highest number of youth CIT calls for service originated from Cleveland Christian Home (Table 52).

Table 52. Top 5 Most Frequent CIT Client Encounter Locations for Youth (2023)

Number of Encounters	Facility Name
27	11401 Lorain Ave. (Cleveland Christian Home)
20	4313 E. 116th St. (Ultra Care Home Health Services)
9	Single-Family Private Residence
8	Single-Family Private Residence
7	Single-Family Private Residence

A majority of youth (86%) at CIT calls for service in 2023 were identified as having a mental illness (Table 53). Three percent of youth at CIT calls for service were identified as having alcohol/drug use involved. Less than 1% of youth at CIT calls for service in 2023 were identified as homeless.

Table 53. Individual Characteristics of Youth at CIT Calls (2023)

Individual Characteristic	Incident Count	Percent
Mental Illness	683	85.7%
Alcohol/Drug Use	23	2.9%
Developmental Disability	71	8.9%
Physical Disability	5	0.6%
Homeless	6	0.8%
Veteran	0	0%

A majority of youth at CIT calls for service (90%) in 2023 demonstrated no resistance (Table 54).

Table 54. Resistance Levels for Youth at CIT Incidents (2023)

Resistance Level	2023 Count/Percent
No Resistance	714 89.6%
Passive Resistance	51 6.4%
Active Resistance	24 3.0%
Aggressive Physical Resistance	8 1.0%
Not Recorded	0 0%
TOTAL	797

There were 97 CIT incidents (12% of youth calls) in which handcuffing was utilized during youth crisis intervention (Table 55). Forty-three handcuffing incidents (44%) involved Black/African American female youth.

Table 55. Handcuffing at Youth CIT Incidents (2023)

	2023 Count/Percent
Gender	
Male	45 (46%)
Female	52 (54%)
Missing	0 (0%)
Race	
African American	77 (79%)
American Indian/Alaska Native	0 (0%)
Asian	0 (0%)
Caucasian	12 (12%)
Native Hawaiian/Pacific Islander	0 (0%)
Unknown (not ascertained)	8 (8%)
Missing	0 (0%)
TOTAL	97 (100%)

Some level of resistance was noted in a majority of youth CIT calls for service in which handcuffing was used (53.6%) (Table 56).

Table 56. Resistance Levels for Handcuffed Youth at CIT Incidents (2023)

Resistance Level	2023 Count/Percent
No Resistance	45 46.4%
Passive Resistance	22 22.7%
Active Resistance	22 22.7%
Aggressive Physical Resistance	8 8.2%
Not Recorded	0 0%
TOTAL	97

A majority of youth CIT calls for service (91.1%) resulted in a conveyance (Table 57). 3 youth CIT calls for service resulted in arrest.

Table 57. Disposition Characteristics of Youth at CIT Incidents (2023)

Incident Characteristic	Incident Count	Percent
Individual left voluntarily	640	80.3%
Probate warrant served	4	0.5%
Emergency admission form (“pink slip”)	16	2.0%
Individual referred additional support	76	9.5%
Subject conveyed/transported	726	91.1%
Individual arrested	3	0.4%

The primary conveyance locations for youth at CIT incidents are Rainbow Babies and Children’s Hospital (35%) and Fairview Hospital (34%) (Table 58).

Table 58. Conveyance Destinations for Youth at CIT Incidents (2023)

Conveyance Destination	2023 Count/Percent
Cleveland Clinic	17 2.1%
Crisis Stabilization Unit	0 0%
Diversion Center	0 0%
Euclid Hospital	1 0.1%
Fairview Hospital	269 33.8%
Homeless Shelter	0 0%
Jail	0 0%
Lutheran Hospital	5 0.6%
Marymount Hospital	4 0.5%
MetroHealth Medical Center	78 9.8%
Rainbow Babies and Children’s Hospital	279 35.0%
Saint Vincent Charity Hospital	0 0%
South Pointe Hospital	4 0.5%
University Hospital	58 7.3%
VA	0 0%
Other	11 1.4%
Missing/NULL or Not Conveyed	71 8.9%
TOTAL	797

Official MHRAC Members between 2015 and 2022

~THANK YOU~

William M Denihan,

Chair 2015**, 2016**, 2017** (Retired)

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2015**&*, 2016**&*, 2017, 2019 (Tri-chair)

Scott Osiecki

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2021 (Tri-chair), 2022 (Tri-chair),

Nicole Carlton

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Ayesha Bell Hardaway 2022

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Judge Lauren C. Moore 2015

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Maria Nemec 2015*, 2016*, 2017*

Susan Neth 2015*, 2016**&*, 2017*, 2018, 2019

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Rosie Palfy 2015, 2016, 2017, 2018, 2019, 2020, 2021, 2022

Jade Pas-Jensen, LISW 2016

Judy Peters 2015**, 2016*, 2017*

Yvonne Pointer 2015, 2016**

Stephanie Pryor 2015, 2016, 2017

Leo Puzuelo, MD 2015

Samantha Reid, LPCC, LCDCIII, EAS-C 2018, 2019

Ellen Riehm 2015, 2016, 2017, 2018, 2019

Erica Robinson 2015*, 2016*

Megan Rochford 2020, 2021

Robert Ronis, MD 2015

Clare Rosser 2021, 2022

Charles See 2015**, 2016, 2017, 2018, 2019, 2020, 2021, 2022

Tyrone Shabazz 2015**

Ruth Simera 2019, 2020, 2021, 2022

Tej Singh 2015, 2016, 2017

Edward L Stockhausen 2015*

Kathleen Stoll 2015, 2016, 2017, 2018, 2019

Carolyn Szweda, MBA, MSW, LISW-S 2017, 2018, 2019, 2020, 2021, 2022

Judge Joan Synenberg 2015**, 2016**, 2017

Thomas A Tallman DO, FACEP, CHEP 2015, 2016

Megan Testa, MD 2020, 2021, 2022

Alethea Thomas 2015, 2016

Rodney Thomas 2020, 2021, 2022

Heather Tonsing Volosin 2015, 2016, 2017, 2018, 2019, 2020

Robert Triozzi 2015**

Luis Vazquez 2015**

Judge Ed Wade 2015

Jocelyn Weems 2019, 2020

Donna Weinberger 2021, 2022

Judge Greg White 2016**, 2017

Thomas Williams 2020, 2021, 2022

Michael Woody 2015**, 2016**, 2017, 2018, 2019

Beth Zietlow-DeJesus 2018*, 2019*, 2020*, 2021*, 2022*

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Cleveland Community Police Commission Contributors: Jason

Goodrich 2017, Bethany Studenic LSW, MSSA 2017

Indicates:

****Executive committee Member for 2015 and 2016**

***Chair of subcommittee**

2023 MHRAC Membership

- 1) Crisis Intervention Coordinator: **Lieutenant John Mullin**
- 2) Representation from specialized CIT officers: **Sergeant Maggie Crespo**
- 3) Cleveland Municipal Court's Mental Health Docket: **Brian Siggers**, Probation Supervisor;
Judge Suzan M. Sweeney, Cleveland Municipal Court
- 4) Ohio Criminal Justice Coordinating Center of Excellence: **Ruth Simera**, Executive Director
- 5) Cuyahoga County's ADAMHS Board: **Carole Ballard, MSSA, LISW**, Director of Education and Training, ADAMHS Board
- 6) Frontline Services: **Rick Oliver LPCC-S**, Director of Crisis Services
- 7) Relevant Cuyahoga County Mental Health Organizations: **Martin Williams, MSSA, LISW-S** Chief Program Officer of Behavioral Health Services, The Centers; **Habeebah Grimes, LSPSY** Chief Executive Officer, Positive Education Program; **Commissioner Orlando Wheeler**, Cleveland EMS
- 8) Advocacy Organizations: **Kevin Goehring**, Northeast Hub Director, Mental Health and Addiction Advocacy Center; **Josiah Quarles**, REACH; **Cori Elaine Schleiffer**, REACH; **Joan Englund**, Executive Director, Mental Health & Addiction Advocacy Coalition
- 9) Homeless Service Providers: **Liam Haggerty**, Director of Street Outreach, Northeast Ohio Coalition for the Homeless (NEOCH)
- 10) Area Hospitals: **Dr. Meg Testa**, Medical Director of the Diversion Center
- 11) Interested Community Members: **Taneisha Fair**, Center for Community Solutions; Larry Heller, Northern Ohio Recovery Association; **Loh**, Homeless Congress; **Cyan Blackwell**, Children's Law Center
- 12) Cleveland Department of Public Health: **Dr. Dave Margolius**, Director of Public Health; **Angela Cecys, MSSA, LISW-S** Senior Strategist for Public Safety and Health

*Cleveland Community Police Commission Liaison: Shandra Benito, LSW

We thank you for your ongoing support of our Committee

Acknowledgements

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A Special THANK YOU to the Data Team who works tirelessly to clean data, work on our data requests, and evaluate the CIT program.

Cleveland Division of Police:

Rania Issa, Ph.D. Data Collection & Analysis Coordinator

Jay Youngless, MLIS Research Associate

Case Western Reserve University's Begun Center for Violence Prevention Research and Education, Jack, Joseph and Morton Mandel School of Applied Social Sciences:

Rodney Thomas, MA Senior Research Associate

Anya Nazarenko Research Assistant

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