



City of Cleveland
Justin M. Bibb, Mayor

Department of Public Health
75 Erieview Plaza
Cleveland, Ohio 44114-1839
www.clevelandhealth.org

Report from MHRAC Planning Meeting

March 8th 2024:

Surveys:

Pre Meeting Survey: (9 responses)

1. Do you feel like MHRAC has direction?
 - ☐ Yes- 2
 - ☐ **Somewhat- 5**
 - ☐ Not really- 2
 - ☐ Maybe? -0
 - ☐ No-0
2. Do you have a good understanding of the history of MHRAC and what MHRAC has accomplished in the past?
 - ☐ **Yes -5**
 - ☐ Somewhat- 2
 - ☐ Not really-2
 - ☐ Maybe?-0
 - ☐ No-0
3. Do you feel invested in this work?
 - ☐ **Yes - 8**
 - ☐ Somewhat- 1
 - ☐ not really
 - ☐ Maybe?
 - ☐ No

Post Planning Meeting Survey: (11 responses)

1. Do you feel like MHRAC has direction after this meeting?
 - ☐ **Yes- 8**
 - ☐ Somewhat- 3
 - ☐ Not really-0
 - ☐ Maybe?-0
 - ☐ No-0



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2. Do you have a good understanding of the history of MHRAC and what MHRAC has accomplished in the past after this meeting?
 - ☐ **Yes - 5**
 - ☐ **Somewhat- 5**
 - ☐ Not really- 1(first meeting ever)
 - ☐ Maybe?-0
 - ☐ No-0
3. Do you feel invested in this work after this meeting?
 - ☐ **Yes-11**
 - ☐ somewhat
 - ☐ not really
 - ☐ Maybe?
 - ☐ No
4. What is 1 thing that would help you be a more successful member of this Committee/group?
 - More deep dive into folder materials
 - More in person meetings/better than zoom
 - More discussion time
 - accountability measures to stay on task
 - joining more than 1 subcommittee
 - input and engagement
 - more collaboration between subcommittees
 - Break out groups during full meetings

From Ruth Simera's Learning Table on the CIT Peer Review Process that happened in 2015:

- Many people stated: 'Need for case review teams to discuss people who are frequent utilizers of police or other crisis services. Define/agree upon how we're defining frequent users and then analyze the information around those people to problem solve'



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Poster Engagement Process Results:

Training:

- People wanted more information on the 4 hour yearly SCIT extra training session
- More information on the evaluations from past SCIT trainings to review results and officer feedback
- People liked the idea of training the BH system in certain areas instead of just police – some wanted to talk this out more and get more info on what this could look like
- People wanted more discussion on how we can train our BH system to take on our own clients instead of diverting them towards police.

Community Engagement:

- Those in attendance agreed we should be attending events to talk about MHRAC and the successes of CIT.
 - Community relations board events
 - NAMI walk next year
 - Attendance at The homeless standdown
- People wanted to partner with others doing similar work – CPC, Community Relations board
- People are interested in discussing what events MHRAC can host:
 - For police
 - For community
 - For both
- There was general consensus about presenting more at conferences around what Cleveland is doing around CIT
- Tasks/initiatives MHRAC can take on:
 - Someone was semi interested in updating resource cards- and someone said yes we should
 - No one made marks on social media presence and marketing to community (maybe not a priority)



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- People liked the suggestion of conflict mediation between EMS/Police/Hosp ED staff and resiliency building
- People wanted to revisit Diversion Center and how we can encourage more LEO's to utilize.
- People liked and supported 'Working with court system to see if there is an alternative path to NCBH admission rather than a jail stay.'

Youth:

- People were interested in many more discussions and information on how police interact with youth services – (this meant are youth facing services accessible to police?... in order to make sure youth in crisis are connected to long term services in order to prevent future police involvement.)
- People overwhelming wanted to discuss spaces for youth to go once in crisis and prior to crisis so police do not even have to engage with them. Also making sure police are aware of these so when dealing with youth they can disengage and refer to appropriate options rather than just the hospital.
- Overwhelming support for 'Are there opportunities within the youth service system where we can remove police from crisis equation earlier? Where are other points of diversion? Or gap fillers to help police reach solutions quicker.'
- People liked the idea of youth voice and a youth focus group, advisory committee or survey
- 4 people did not like getting parents involved in this subcommittee. 3 yellow meaning people wanted to discuss this more and might be interested. 2 wanted more info and discussion on what this could look like
- 1 person was interested in if there was crossover with CPC or if they were doing anything around youth.
- 4 people did not like the suggestion of police engagement at rec centers or using the rec centers as spaces where CPOP can happen
- Someone wrote in/mentioned Bind overs (We can discuss this but I just wanted to remind everyone we focus on Intercept 0 and 1. I know there are many other groups and people looking at bind overs in the county. This is also something not related to CIT and the consent decree.)



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Data & Growth:

- People wanted to discuss how to get more officer feedback- it was discussed that there's always a low percentage of completed surveys
- People liked the idea of developing a mechanism to review and analyze data but a specific way was not decided on or thought of
- People were interested but some wanted a little more clarity on transport issues between EMS and police- process/policy issue
- People were interested in discussion how we can convince older trained CIT officer to get the new updated SCIT training
- People were interested in more information and discussion on SCIT officer response to CIT calls and the SCIP plan.
- A number of people were interested in researching how other cities met their consent decree goals, what are other cities target %, What could be feasible for MHRAC to make recommendations to help CDP meet the CIT portion of consent decree with regards to SCIT officers responding to a higher number/percentage of CIT calls.

Website:

- Two people supported using the website for member engagement – 2 wanted more discussion
- More clarity on what 'CIT email address' means
- People didn't support doing bios for MHRAC appointed members- will table this
- Overwhelming support for Data dashboard
- More discussion on what we can post on the MHRAC website.
- People supported more discussion on feedback forms on the website.
- Overwhelming support for feedback forms from community members who recently engaged with police in BH CIT calls.

CIT Coordinator Support and Interaction:

- People wanted CIT Coordinator to report out on types of calls , if CRT is involved, and dispositions and gaps in support, if a follow up to a person in crisis was completed
- More conversation was suggested on how the CIT coordinator can make themselves available to community/stakeholders
- More conversation was requested on how CDPH can provide support to CIT Coordinator
- Suggestions for recognition and honor:
 - People liked the yearly awards ceremony and award that's currently happening
 - 1 person supported CIT commanders coin for CIT officers
 - Social media posts to show officer successes on CIT calls (3 people were semi interested)



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People Wrote In: (General Poster) (More discussion on these will be had at the next full body meeting)

- Brazos form addition/changes (many supported this)
 - Esp. around gender identity
- Police/ CRT meet with back end providers(?) monthly to evaluate data, success, failures, coordinate –
 - (a couple people interested and agree)
- Care Response Steering Committee to remove from this table and establish another.
- Need Diversion center subcommittee (There were over 10 greens tickers... not sure if someone put multiple of their own up...)
 - Police are not diverting people from entering jail (how do we know this? Where is the data or proof?)
 - Not diverting people into treatment (how do we know this?)
- Dispatch call type volume, response outcome evaluation (4 people said yellow sticker-maybe)
- Non-CDP police forces operating in Cleveland (CMHA, RTA, Hospitals, Universities) –
 - People wanted more discussion on this