

Mental Health Response Advisory Committee

City of Cleveland | January 31, 2022

MHRAC Annual Report 2021



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MEMBERSHIP 28

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

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INTRODUCTION

Mental Health Response Advisory Committee History

The Mental Health Response Advisory Committee (MHRAC) was developed as part of the Settlement Agreement in September 2015 to provide feedback, technical assistance, and support to the Cleveland Division of Police (CDP) as it relates to the coordination of crisis intervention activities in Cleveland. 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 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.

As required by the MOU between the City of Cleveland and the ADAMHS Board of Cuyahoga County, the MHRAC has developed this 2021 Annual Report.

Sub-committee ACCOMPLISHMENTS

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

Training

Diversion

Community Engagement

Quality Improvement

In 2021, there were also three ad-hoc sub-committees: By-laws, Policy and Juvenile Diversion.

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





Training Sub-committee

Co-Chairs:

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

Captain Jim McPike, CIT Coordinator, Cleveland Division of Police

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

In 2021:

- 1,407 Cleveland Division of Police (CDP) officers were trained on the Autism Spectrum Disorder during annual three-hour In-Service Training.
- 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.
- Provided over 1,000 officers with a CIT refresher training on CIT Stat Sheet data collection forms, which are mandatory forms officers complete after a CIT encounter.
- Reviewed the CIT response refresher training, suggested simplifying the emergency commitment (“pink slip”) portion and providing more detail on hospitalization procedures and limitations.
- Scheduled three 40-hour CIT classes for 2022, in April, September, and December.
- Began developing a homelessness curriculum for 2022’s annual In-Service Training.



Community Engagement Sub-committee

Co-Chairs:

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

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

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

In 2021:

- Revised and redistributed MHRAC Community Resource Cards. These cards identify behavioral health resources for 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 Crisis Intervention Team (CIT) training and Co-responder team initiative 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, 2021, with 56 attendees.
- Planned community outreach at district community meetings, which had to be postponed due to COVID-19.



Quality Improvement Sub-committee

Co-Chairs:

**Rania Issa, Ph.D., Data Collection and Analysis Coordinator,
Cleveland Division of Police**

Captain Jim McPike, CIT Coordinator, Cleveland Division of Police

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

The Quality Improvement (QI) Sub-committee and full MHRAC note major improvements in data collection systems during this reporting period. Also, the Cleveland Division of Police (CDP) has devoted additional knowledgeable data staff to this work. In 2021:

- Reached a major milestone, with 2021 representing the first full year of CIT incident data collected electronically. In February 2020, CDP launched a new electronic database, enabling officers to complete the CIT Stat Sheet online. This also increased the capture of CIT data.
- The CDP Data Team conducted deeper analyses into CIT data, focusing on a variety of areas including but not limited to individual demographics, call type, etc. This ongoing effort is largely shaped by the feedback provided during MHRAC meetings.
- CDP continued to use data to develop training, create content, and focus on relevant issues.
- Worked with Training Sub-committee to develop a CIT Stat Sheet Refresher Training to combat common errors. Over 1,000 officers completed this training through the online Learning Management System (LMS).
- Created an Ad Hoc committee to review three CIT policies (General Police Orders). Updates on two of three policies were completed.
- Created an Ad Hoc committee to create rules (by-laws or guidelines) for MHRAC. The group met once and plans to reconvene in 2022.



Diversion Sub-committee

Co-Chairs:

Larry Heller, Outreach Lead, Northern Ohio Recovery Association (NORA)

Captain Jim McPike, CIT Coordinator, Cleveland Division of Police

Charge of this sub-committee: Works 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.

The MHRAC Diversion Sub-committee was on hiatus until August 2021. Since reconvening under new co-chairs, this sub-committee has met monthly to discuss and provide updates on community activities related to diversion, including the:

- Cuyahoga County Diversion Center, which opened May 3, 2021;
- Cuyahoga County Diversion Board, first convened in July 2021, that has the primary duty of acting as a resource for information and advice for the Diversion Center;
- Co-Responder initiative; and
- Crisis Stabilization Unit.

In November 2021, it was determined that the MHRAC Diversion Sub-committee achieved its goals under the Consent Decree, fulfilling its purpose. However, members are motivated to address several larger goals beyond the scope of the MHRAC or of the Consent Decree. It was therefore recommended to conclude the MHRAC Diversion Sub-committee. A new Diversion Community Input Committee was created by the ADAMHS Board of Cuyahoga County as a request from the Cuyahoga County Diversion Board. At the final sub-committee meeting on December 6, 2021, participants discussed structure and recommendations for the Diversion Community Input Committee, which will meet beginning in 2022.

In 2021:

- 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:
 - 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.
- Identified juvenile and youth diversion as a critically important topic, and created a new MHRAC Juvenile Justice Sub-committee. The sub-committee is chaired by Bridget Gibbons, Director of Programming at Cuyahoga County Juvenile Court, and has presented a set of general findings and recommendations for consideration of the full MHRAC for improving the crisis response in incidents involving children and youth.





Achievements of the MHRAC Diversion Sub-committee 2015 to 2021

The MHRAC Diversion Sub-committee began in 2015 by conducting an informal mapping following the Sequential Intercept Model to identify all potential diversion points for an individual in behavioral health crisis. The Consent Decree focuses on interventions after initial contact with law enforcement; consequently, the group focused its efforts there.

Over the years, the group discussed or advocated for various diversion options like a crisis or diversion center, co-responder programs, and increased community education on diversion.

The Diversion Sub-committee has been supportive of the following efforts achieved since its first convening. While the sub-committee was not the lead on these community-based efforts, the sub-committee members have provided ongoing input and education to foster their development:

Diversion Center: In May 2021, Cuyahoga County opened the first Diversion Center of its kind in Ohio after years of advocacy by this and other groups. The Diversion Sub-committee has been a valuable voice for the Diversion Center's development, usage and expansion.

This sub-committee drafted a letter of recommendations to the City of Cleveland to encourage adoption of pro-diversion practices after the center's opening. The letter was approved and sent by the full MHRAC.

Mental Health Co-Responder Team: Originally implemented 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, this initiative continues to grow. The Team pairs CIT Officers with Mental Health/Social Workers to respond to behavioral health calls. Leaders in developing the Co-Responder Team would provide periodic updates to the sub-committee.

**The full MHRAC thanks those who have served on the
Diversion Sub-committee during its tenure.**

Summary of 2021 Crisis Intervention Team Data

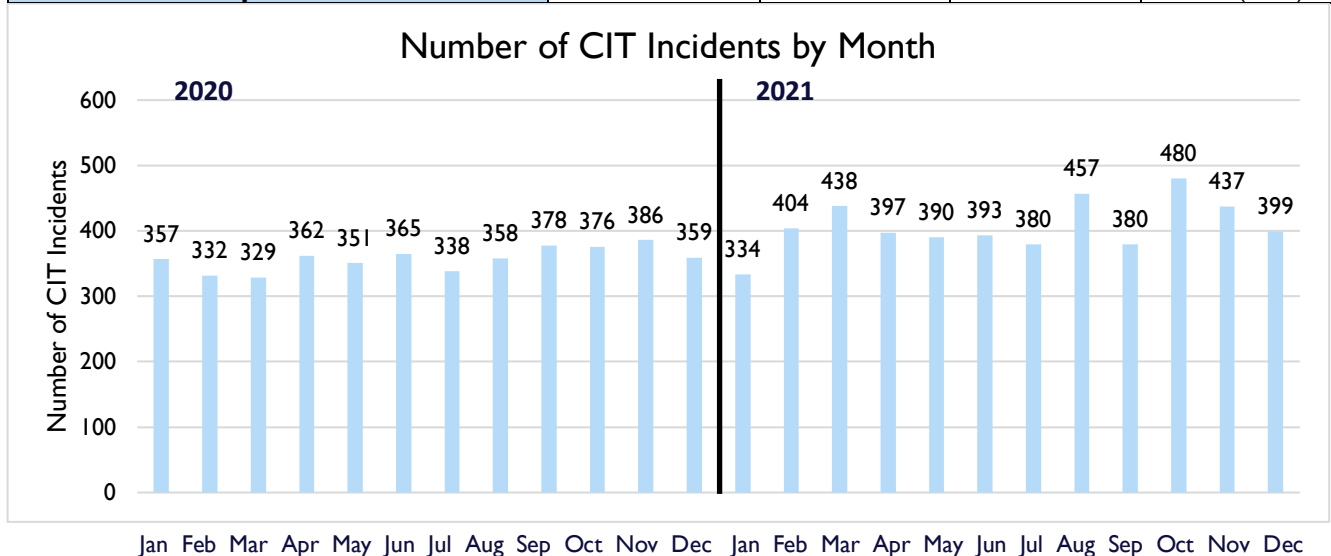
The following charts summarize the data collected and shared by the Cleveland Division of Police (CDP) with the ADAMHS Board of Cuyahoga County for Crisis Intervention Team activities from January 2021 through December 2021. Beginning in February 2020, CIT data was collected by CDP officers using an electronic data collection software system, instead of hand-writing or manually entering data into public safety records management systems. Prior to February 2020, CIT data collection was primarily completed by paper and submitted to the ADAMHS Board. Implementation of the new data platform allowed CDP to eliminate paper CIT Stat Sheets, providing more information in 2020 and 2021 on encounters with and outcomes for people in crisis.

2021 CIT Incident Data Collection

In 2021, there were 4,889 CIT incidents (Table I). This represents an increase of 598 incidents (+14%) compared to 2020. The average number of CIT incidents reported per month for 2021 was 407, which represents an average monthly increase of 50 CIT incidents per month from 2020. These increases may be partially attributable to the use of the electronic data collection platform as well as officer trainings about how to use the new data collection system.

Table I. CIT Incident Data Received: 2019-2021

	2019 CIT Stat Sheets	2020 Electronic Forms ¹	2021 Electronic Forms	Difference between 2020 & 2021
CIT Incident Count	2,433	4,291	4,889	+598 (14%)
Average CIT Incident Count per Month	203	357	407	+50 (14%)
Number of Unique CIT Individuals²	NA	3,012	3,263	+251 (+8%)



¹ The electronic data system was launched in February of 2020. There were 3,934 CIT incidents and monthly average number of 357 CIT incidents for those 11 months. In order to be able to compare 12 months of 2020 CIT data with 12 months of 2021 CIT data, for Table I, January 2020 CIT incident totals were estimated using the 2020 11-month average of 357 CIT incidents/month.

² A unique individual is a count of each person involved in a CIT incident one or more times in each year.

Frequent Client Encounter Locations Counts in 2021

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

Table 2. Most Frequent CIT Client Encounter Locations: 2021

Number of Encounters	Facility Name
68	Norma Herr Women's Center
53	Lutheran Metropolitan Ministries Men's Shelter
36	CATS: Community Assessment and Treatment Services
30	Buckeye Therapeutic Community (Murtis Taylor)
29	Cooley Lighthouse Adult Care Facility
26	Front Steps Housing and Services
22	Bradley Manor (Northcoast Behavioral Healthcare Community Support Network)
22	Tower City
18	Cityview Nursing and Rehab Center
18	Private multi-family home
18	Commons at West Village (EDEN)
17	Raven House
17	FrontLine Service
16	The H.O.P.E Network Facility West Adult Care Facility
16	Madison Ave LLC Adult Care Facility
16	Old Brooklyn Recovery Resources
15	Apartment building
15	Private single-family home
14	Saint Vincent Charity Medical Center
14	Private multi-family home
14	Crisis Stabilization Unit (FrontLine)
13	Private single-family home
13	Private single-family home
13	Apartment building
13	Apartment building
13	Apartment building
12	Higbee Building
12	Private multi-family home
12	Laura's Home Women's Crisis Center
12	Private single-family home
12	Applewood Centers, Inc.
11	Apartment building
10	Private multi-family home
10	Private single-family home
10	Private single-family home
10	Cleveland Greyhound Bus Station
10	Cleveland Division of Police - First District
10	Cleveland Division of Police - Second District
10	Cleveland Division of Police - Fourth District
10	Cleveland Division of Police - Fifth District

Individual Characteristics at CIT Incidents: 2020 & 2021

(Gender, age, race, Hispanic ethnicity)

Table 3. Individual Gender and Age Characteristics Among CIT Incidents: 2020 & 2021

	2020 Count/Percent	2021 Count/Percent
Gender		
Male	2,356 (60%)	2,806 (57%)
Female	1,575 (40%)	2,081 (43%)
Missing	3 (0%)	2 (0%)
Age		
0-17	401 (10%)	526 (11%)
18-25	692 (18%)	769 (16%)
26-40	1,455 (37%)	1,789 (37%)
41-64	1,213 (31%)	1,542 (32%)
>64	131 (3%)	213 (4%)
Missing	42 (1%)	50 (<1%)
TOTAL	3,934 (100%)	4,889 (100%)

- As shown in Table 3 above, gender and age percentages were similar for CIT involved individuals in 2020 and 2021.

Table 4. Individual Race Characteristics Among CIT Incidents: 2020 & 2021

Individual Race	2020 Count/Percent	2021 Count/Percent
African American	2,257 57%	2,876 59%
American Indian/Alaska Native	14 0.4%	6 0.2%
Asian	10 0.3%	14 0.3%
Caucasian	1,574 40%	1,845 37%
Native Hawaiian or other Pacific Islander	4 0.1%	3 0.1%
None (Missing data)	2 0.1%	2 0.1%
Unknown (Not ascertained by officer)	73 2%	143 3%
TOTAL	3,934	4,889

- The racial breakdown of individuals involved with CIT incidents was similar in 2020 and 2021 (Table 4).

Table 5. Individual Hispanic Ethnicity at CIT Incidents: 2020 & 2021

	2020 Percent	2021 Percent
Hispanic	253 6%	256 5%
Non-Hispanic	3,681 94%	4,633 95%
TOTAL	3,934	4,889

- Table 5 shows that the majority of individuals involved in CIT incidents (95%) in 2021 were for non-Hispanic individuals. However, it is possible that the ethnicity of CIT-involved individuals was sometimes under-identified by officers and/or not self-reported by individuals.

CIT Individual Characteristic Analyses: 2020 & 2021

(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 2020 and 2021. Characteristics include mental health issues, alcohol/drug use, development disabilities, physical disabilities, homelessness, and veteran status. The total reflects the number of CIT incidents, and includes individuals who have more than one CIT incident. The total is not a count of unique individuals.

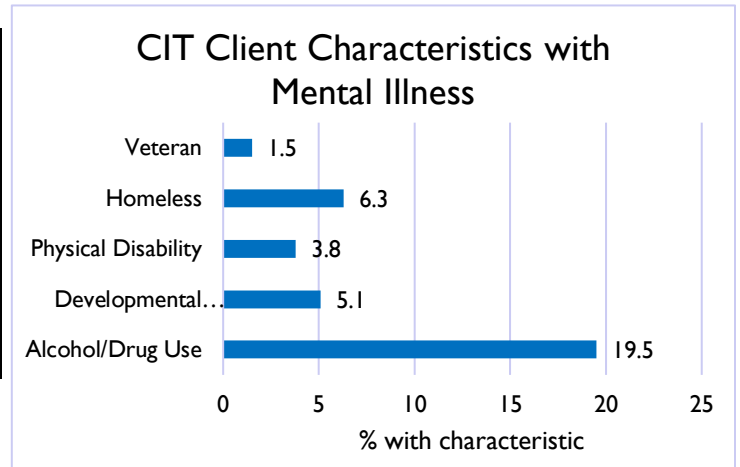
- Individual mental health issues were present in 89% of CIT incidents in 2021, the exact same percentage as CIT incidents in 2020 (Table 6). *However, the total number of CIT incidents involving a mental health issue increased 24% from 2020 to 2021.* It is unknown if this increase is partially attributable to a true increase in mental health crises or the continued improvement in officer reporting of CIT incidents with the new electronic data system.

Table 6. Number of Individuals with Mental Illness at CIT Incidents: 2020 & 2021

Mental Illness	2020 Count/Percent	2021 Count/Percent
Yes	3,514 89%	4,367 89%
No	420 11%	522 11%
TOTAL	3,934	4,889

Table 7. Characteristics of Individuals with Mental Illness at CIT Incidents: 2021

Co-Occurring with Mental Health Illness	Incident Count	Percent
Alcohol/Drug Use	852	19.5%
Developmental Disability	222	5.1%
Physical Disability	123	3.8%
Homeless	277	6.3%
Veteran	64	1.5%



- Table 7 shows officers reported that 852 CIT incidents involving individuals with mental health issues in 2021 also included alcohol/drug use (19.5%).
- Of the 4,367 individuals at CIT incidents with mental health issues in 2021, 277 (6.3%) were reported to be homeless (Table 7).

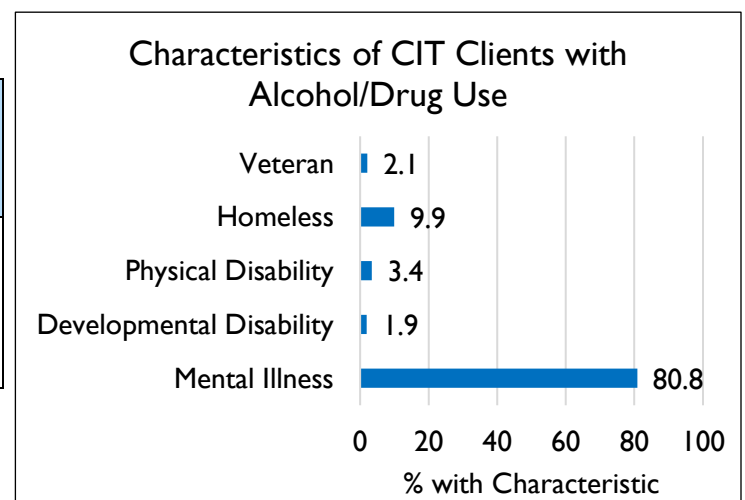
Table 8. Number of Individuals with Alcohol/Drug Use at CIT Incidents: 2020 & 2021

Alcohol/Drug Use	2020 Count/Percent	2021 Count/Percent
Yes	808 21%	1,054 22%
No	3,126 79%	3,835 78%
TOTAL	3,934	4,889

- Table 8 shows that while the percentage of CIT incidents that included alcohol/drug use were similar for 2020 and 2021 (21% and 22%, respectively), the overall number of reported CIT incidents involving alcohol/drug use increased from 808 to 1,054, a 30% increase.

Table 9. Characteristics of Individuals with Alcohol/Substance Use at CIT Incidents: 2021

Co-Occurring with Alcohol/Drug Use	Incident Count	Percent
Mental Health Issue	852	80.8%
Developmental Disability	20	1.9%
Physical Disability	36	3.4%
Homeless	104	9.9%
Veteran	22	2.1%



- As seen in Table 9, of the 1,054 CIT individuals with alcohol/drug use at the time of a CIT incident, 852 (80.8%) were reported to have mental health problems; 104 (9.9%) were reported to be homeless and 22 (2.1%) were veterans.

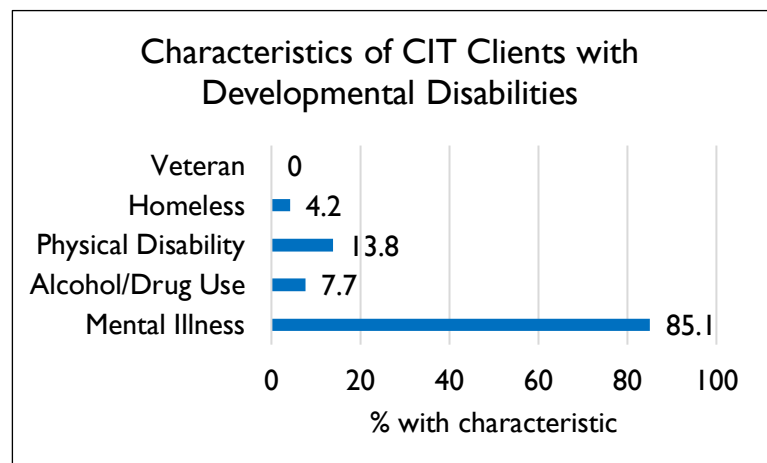
Table 10. Number of Individuals with a Developmental Disability at CIT Incidents: 2020 & 2021

Developmental Disability	2020 Count/Percent	2021 Count/Percent
Yes	200 5%	261 5%
No	3,734 95%	4,628 95%
TOTAL	3,934	4,889

- As shown in Table 10, five percent of 2021 CIT incidents included an individual with a developmental disability, the same percentage in 2020.

Table 11. Characteristics of Individuals with Developmental Disabilities at CIT Incidents: 2021

Co-Occurring with Dev. Disability	Incident Count	Percent
Mental Illness	222	85.1%
Alcohol/Drug Use	20	7.7%
Physical Disability	36	13.8%
Homeless	11	4.2%
Veteran	0	0



- Table 11 shows that for 2021, 85% of incidents with a developmental disability also included a mental health issue (222 of the 261 incidents).

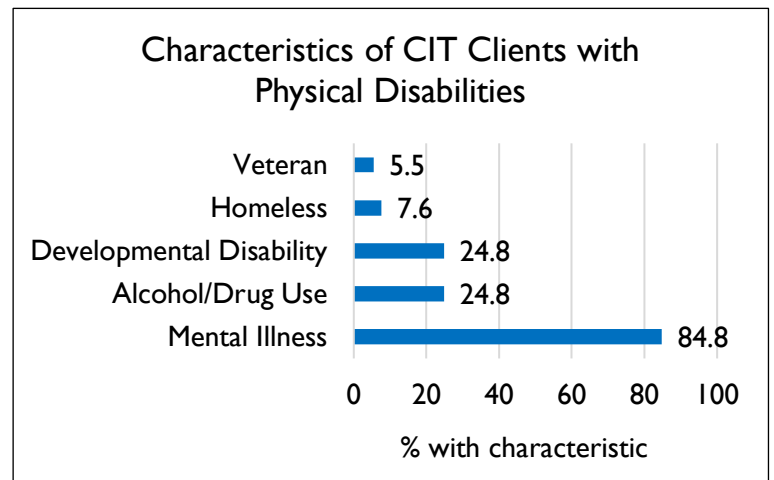
Table 12. Number of Individuals with a Physical Disability at CIT Incidents: 2020 & 2021

Physical Disability	2020 Count/Percent	2021 Count/Percent
Yes	89 2%	145 3%
No	3,845 98%	4,744 97%
TOTAL	3,934	4,889

- For 2021, three percent of incidents (a total of 145) included an individual with a physical disability (Table 12).

Table 13. Characteristics of Individuals with a Physical Disability at CIT Incidents: 2021

Co-Occurring with Physical Disability	Incident Count	Percent
Mental Health Issue	123	84.8%
Alcohol/Drug Use	36	24.8%
Dev. Disability	36	24.8%
Homeless	11	7.6%
Veteran	8	5.5%



- Of these 145 incidents, 85% included mental health issues, 25% included alcohol/drug use, 25% included a developmental disability, and eight percent included homelessness (Table 13).

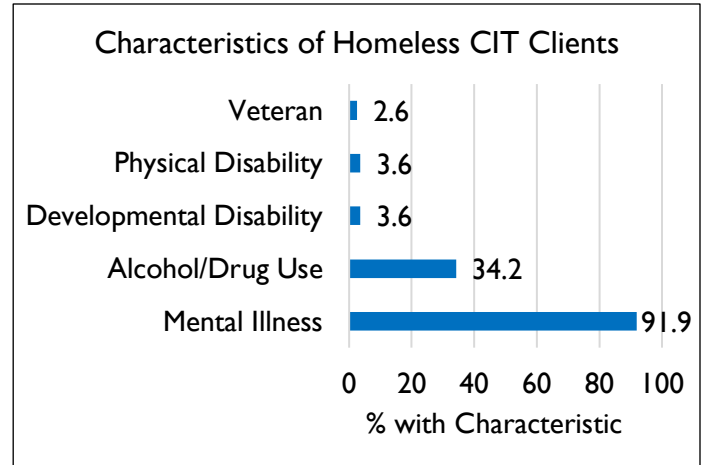
Table 14. Number of Homeless Individuals at CIT Incidents: 2020 & 2021

Homeless	2020 Count/Percent	2021 Count/Percent
Yes	226 6%	304 6%
No	3,708 94%	4,585 94%
TOTAL	3,934	4,889

- CIT incidents in 2021 included 304 individuals (6%) who were reported to be homeless (Table 14).
- The total number of CIT incidents involving homeless individuals increased 34% from 2020 to 2021. It is not known if any of this increase is attributable to continued improvements in officer reporting of CIT incidents or if it represents a true increase in the number of homeless individuals at CIT incidents. 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 15. Characteristics of Homeless Individuals at CIT Incidents: 2021

Co-Occurring with Homelessness	Incident Count	Percent
Mental Health Issue	277	91.9%
Alcohol/Drug Use	104	34.2%
Developmental Disability	11	3.6%
Physical Disability	11	3.6%
Veteran	8	2.6%



- The majority of these 304 individuals were reported to have a mental health issue (92%) and alcohol/drug use (34%) (Table 15).

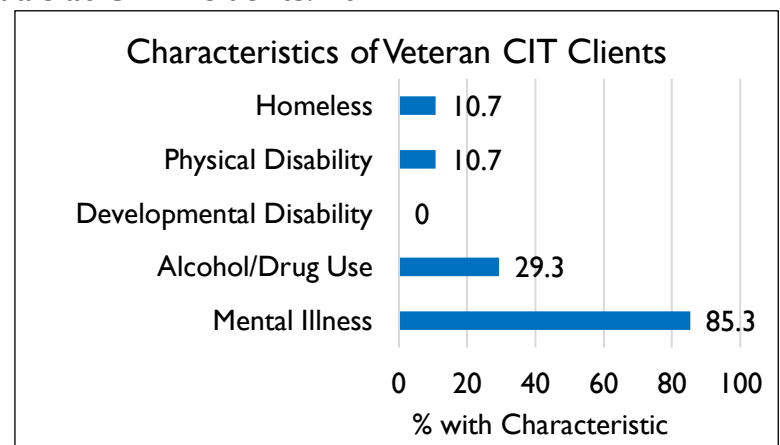
Table 16. Number of Veteran Individuals at CIT Incidents: 2020 & 2021

Veteran	2020 Count/Percent	2021 Count/Percent
Yes	45 1%	75 2%
No	3,889 99%	4,814 98%
TOTAL	3,934	4,889

- Veteran individuals comprised two percent of CIT incidents in 2021 (Table 16).

Table 17. Characteristics of Veteran Individuals at CIT Incidents: 2021

Co-Occurring with Veteran Status	Incident Count	Percent
Mental Health Issue	64	85.3%
Alcohol/Drug Use	22	29.3%
Dev. Disability	0	0
Physical Disability	8	10.7%
Homeless	8	10.7%



- For the 75 CIT incidents with veteran individuals, 64 included mental health (85%), 22 included alcohol/drug use (29%), eight included a physical disability and eight homeless (11%) (Table 17).



SPOTLIGHT ON

Youth and CIT Incidents: 2021

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

This section presents findings regarding characteristics of youth (less than 18 years old) encountered during CIT incidents in 2021. Characteristics include mental health issues, alcohol/drug use, development disabilities, physical disabilities, and homelessness.

- There were 526 CIT incidents in 2021 (11%) involving an individual less than 18 years of age.
 - **416 youth comprised the 526 youth incidents in 2021**
 - **Age range of 6 to 17 years old (Average age = 13.8 years old)**
 - **73% African American, 22% White**
 - **9% Hispanic**

Table A. Number of CIT Incidents Youth Compared to Adults: 2021

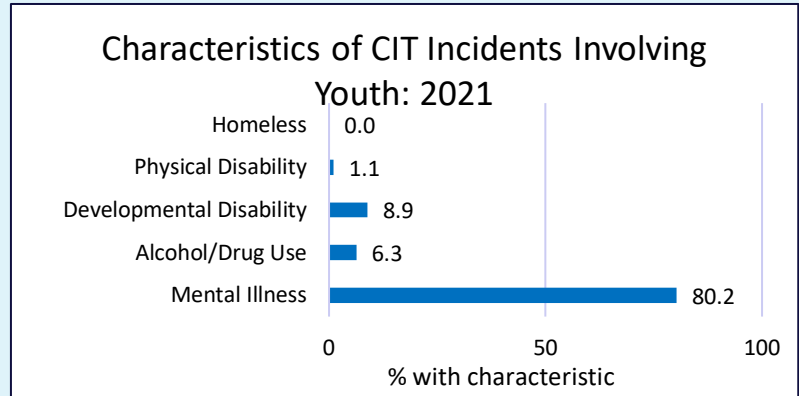
	2021 Count/Percent
Youth (Less than 18 years old)	526 11%
Adult	4,313 88%
Missing Information	50 1%
TOTAL	4,889

Photo: Adobe stock image

SPOTLIGHT section

Table B. Characteristics of CIT Incidents Involving Youth: 2021

	Incident Count	Percent
Mental Illness	422	80.2
Alcohol/Drug Use (13-17)	25	6.3
Developmental Disability	47	8.9
Physical Disability	6	1.1
Homeless	0	0



- Table B shows that in 2021 officers reported that 422 of the 526 CIT youth incidents involved mental health issues (80.2%).
- Of the 400 incidents involving youth 13 to 17 years old, 25 (6%) involved alcohol or drug use.
- Developmental disabilities were present at nine percent of youth-involved CIT incidents and physical disabilities present at one percent.
- No homeless youth were reported; however, this population may not disclose complete housing status.

CIT Youth Call Types

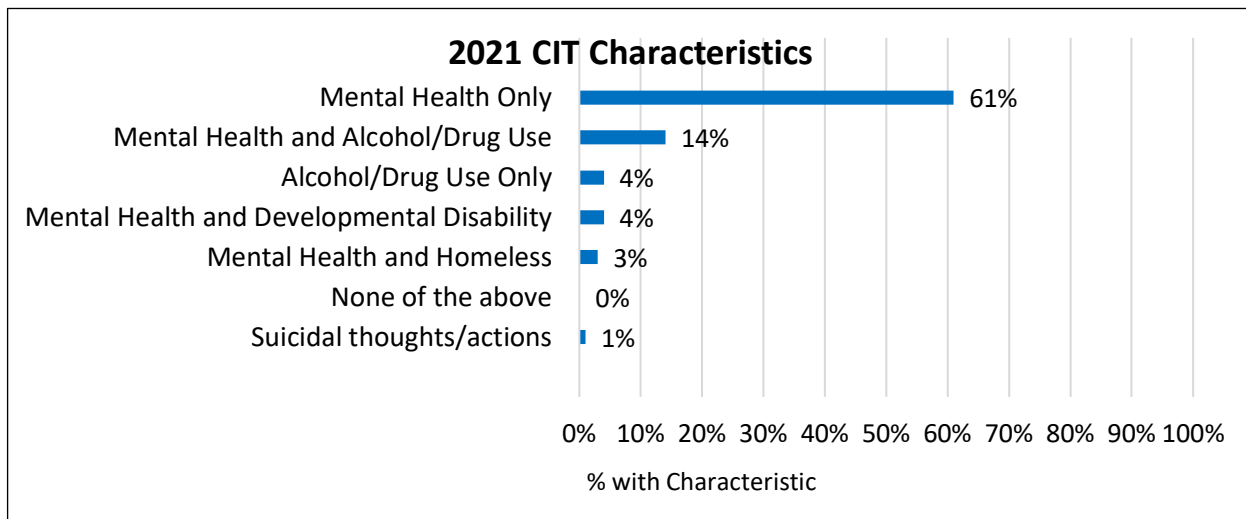
- 31% of CIT calls involving youth were for suicide threats or suicide in progress (164 CIT calls)
- 26% involved domestic violence (137 CIT calls)

Police Response

- 12% resistance from youth
- 68% de-escalation used
- 12% handcuffs used
- 0 use of force used
- 41% conveyed to Rainbow Babies and Children’s Hospital; 27% conveyed to Fairview Hospital

Table 18. Frequency Rank of CIT Individual Characteristics at CIT Incidents: 2020-2021

Individual Characteristics (Single and Co-Occurring)	2020 Incident Count	2020 Percent	2021 Incident Count	2021 Percent
Mental Health Only	2,596	66%	2,987	61%
Mental Health and Alcohol/Drug Use	535	14%	701	14%
Alcohol/Drug Use Only	154	4%	176	4%
Mental Health and Developmental Disability	137	3%	172	4%
Mental Health and Homeless	132	3%	159	3%
Suicidal thoughts/actions	30	1%	34	1%
None of the above <i>(description listed as "NULL")</i>	116	3%	3	0.1%
All other combinations	234	6%	657	13%
TOTAL	3,934	100%	4,889	100%



- Table 18 shows individual characteristic combinations at 2021 CIT incidents.
- Sixty-one percent of all CIT incidents in 2021 included an individual with a mental health issue and no other individual characteristic; 14% included mental health and alcohol/drug issues.
- Although three percent appears to be a small percentage, it represents 159 CIT incidents where an individual was reported to be homeless and experiencing a mental health crisis.
- Similarly, one percent of CIT incidents in 2021 represents 34 CIT individuals experiencing suicidal thoughts or actions.

CIT Incident Characteristics: 2020 and 2021

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

Table 19. CIT Incident Source: 2020 & 2021

Incident Source	2020 Count/Percent	2021 Count/Percent
Family	1,158 29%	1,358 28%
EMS	317 8%	373 8%
Fire	9 0.2%	20 0.4%
Self	1,000 25%	1,365 28%
Case Worker	312 8%	358 7%
Other Sources*	1,021 26%	1,272 26%
Officer Initiated	84 2%	100 2%
District walk-in	27 0.7%	43 0.9%
Not Recorded	6 0.2%	0 0%
TOTAL	3,934	4,889

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

Table 20. Subject Armed-Weapon: 2020 & 2021

	2020 Count/ Percent	2021 Count/ Percent
Yes	144 4%	184 4%
No	3782 96%	4,702 96%
Not Recorded	8 0%	3 0%
TOTAL	3,934	4,889

Table 21. Type of Weapon: 2020 & 2021

	2020 Count/Percent	2021 Count/Percent
None	3,790 96%	4,705 96%
Belt	0 0%	1 0%
Blunt Object	20 0.5%	25 0.5%
Drugs, Narcotics, Sleeping Pills (exposure or ingestion)	0 0%	2 0%
Fork	0 0%	1 0%
Gas	2 0%	4 0%
Glass	1 0%	0 0%
Gun	32 0.8%	34 0.7%
Hands	2 0%	0 0%
Incendiary device	0 0%	2 0%
Ink Pen/Pencil	2 0%	2 0%
Knife	97 2%	119 2%
Scissors	1 0%	0 0%
Spear	1 0%	0 0%
TOTAL	3,934	4,889

Table 22. Resistance Levels at CIT Incidents: 2020 & 2021

Resistance Level	2020 Count/Percent	2021 Count/Percent
No Resistance	3,492 88.8%	4,367 89.3%
Passive Resistance	313 8.0%	381 7.8%
Active Resistance	95 2.4%	107 2.2%
Aggressive Physical Resistance	25 0.6%	31 0.6%
Not Recorded	9 0.2%	3 0.1%
TOTAL	3,934	4,889

- Table 22 shows that 89% of 2021 CIT incidents did not include individual resistance. Active and aggressive physical resistance were present in 2.2% and 0.6%, respectively. These resistance level percentages were similar for 2020 incidents.

Table 23. Frequency Rank of De-Escalation Techniques used at CIT Incidents: 2020 & 2021

De-Escalation Technique	2020 Count ³ /Percent	2021 Count/Percent
Verbal De-Escalation Techniques	2,280 60%	2,730 55.8%
Allow Time and Opportunity to Comply	1,784 45.3%	2,524 51.6%
Listening and Interacting in Conversation	1,507 38.3%	2,086 42.7%
Strategic Communications/Voice Command	1,065 27.1%	1,642 33.6%
Use of Distance/Cover/Concealment	1,129 28.7%	1,518 31%
Increased Officer Presence	646 16.4%	887 18.1%
Requested CIT Specialist	172 4.3%	421 8.6%
Requested Supervisor	281 7.1%	387 7.9%
N/A	1,212 30.8%	1,494 30.5%
TOTAL	3,934	4,889

- Table 23 shows that verbal de-escalation was the most frequently utilized technique at 2021 CIT incidents (56%), followed by allowing time for compliance (52%), listening and interacting (43%), and strategic communications (34%). The percentage of CIT incidents where a CIT officer was requested increased from 4.3% in 2020 to 8.6% in 2021.
- A de-escalation technique was not used or not applicable (N/A) in 31% of 2021 CIT incidents.

³ Total number of CIT incidents equals 3,934 for 2020 and 4,889 for 2021, but multiple de-escalation techniques can be used at each CIT incident.

Table 24. Use of Force during CIT Incidents: 2021

Use of force used	Count	Percent
NO TOTAL	4,864	99.5%
Yes (Level 1)	9	0.18%
Yes (Level 2)	10	0.2%
Yes (Level 3)	3	0.06%
YES TOTAL	22	0.4%
Not Recorded	3	0.06%
TOTAL	4,889	100%

- Table 24 shows use of force utilized during 2021 CIT incidents (see below for Use of Force level definitions). A total of 22 CIT incidents in 2021 involved a police use of force, accounting for 0.4% of all 4,889 CIT incidents, a similar percentage to 2020 CIT data.

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. Unholstering a firearm and pointing it at a subject is reportable as a Level 1 use of force.
- **Level 2 Use of Force:** Force that causes an injury, could reasonably be expected to cause an injury, or results in a complaint of an injury, but does not rise to the level of a Level 3 use of force. Level 2 includes the use of a Conducted Electrical Weapon (CEW), including where a CEW is fired at a subject but misses; Oleoresin Capsicum (OC) or “pepper” spray application; weaponless defense techniques (e.g., elbow or closed-fist strikes, kicks, leg sweeps, and takedowns); use of an impact weapon, except for a strike to the head, neck or face with an impact weapon; and any canine apprehension that involves contact.
- **Level 3 Use of Force:** Force that includes uses of deadly force; uses of force resulting in death or serious physical harm; uses of force resulting in hospital admission due to a use of force injury; all neck holds; uses of force resulting in a loss of consciousness; canine bite; more than three applications of a CEW on an individual during a single interaction, regardless of the mode or duration of the application, and regardless of whether the applications are by the same or different officers; a CEW application for longer than 15 seconds, whether continuous or consecutive; and any Level 2 use of force against a handcuffed subject.

Table 25. Injury during CIT Incidents: 2020 & 2021

Injured	2020 Count/Percent	2021 Count/Percent
Subject Injured	98 2.5%	135 2.8%
Officer Injured	6 0.2%	20 0.4%
Third Party Injured	42 1.1%	41 0.8%
TOTAL	3,934	4,889

- CIT individual injuries occurred in 2.8% of all CIT incidents in 2021 (Table 25). Police officers and third-party individuals were injured in 0.4% and 0.8% of incidents, respectively.

Table 26. Disposition Characteristics of CIT Incidents: 2021

Incident Characteristic	Incident Count	Percent
Individual left voluntarily	3,994	81.7%
Probate warrant served	174	3.6%
Emergency admission form	247	5.1%
Individual referred additional support	576	11.8%
Subject conveyed/transported	4,427	90.6%
Individual arrested	114	2.3%

- Table 26 shows that CIT individuals left voluntarily in 82% of 2021 CIT incidents. Individuals were referred for additional support in 12% (576 incidents) of incidents and an emergency admission form was completed in five percent (247) of incidents.
- Individuals involved in CIT incidents were conveyed/transported for assistance 91% of the time and arrested in two percent of CIT incidents.
- Each characteristic is tracked separately.

Table 27. Transport Destinations for Individuals at CIT Incidents: 2021

Transport Destination	2021 Count/Percent
Cleveland Clinic	172 3.5%
Crisis Stabilization Unit	24 0.5%
Euclid Hospital	107 2.2%
Fairview Hospital	505 10.3%
Homeless Shelter	3 0.1%
Jail	4 0.1%
Lutheran Hospital	558 11.4%
Marymount Hospital	154 3.1%
MetroHealth Medical Center	816 16.7%
Rainbow Babies and Children’s Hospital	222 4.5%
Saint Vincent Charity Hospital	981 20.1%
South Pointe Hospital	42 0.9%
University Hospital	672 13.7%
VA	54 1.1%
Other	112 2.3%
Missing/NULL	463 9.5%
TOTAL	4,889

Note: The Cuyahoga County Diversion Center opened in May 2021, but was not recorded in the Cleveland Division of Police electronic reporting system as a separate location. For this, officers select “Other” and then type “Diversion Center.” However, as of the fourth quarter of 2021, officers are recording Diversion Center-specific transports in another way. According to Diversion Center data, the CDP conveyed 26 individuals (21 pre-arrest and five non-criminal referrals) to the center in 2021.

Table 28. Number of Individuals with Multiple CIT Incidents: 2021

CIT Utilization Frequency	Number of Individuals	Percent	TOTAL Number of CIT Incidents	Percent
53	1	0	53	1.1%
20	2	0.1%	40	0.8%
18	1	0	18	0.4%
17	2	0.1%	34	0.7%
14	2	0.1%	28	0.6%
13	2	0.1%	26	0.5%
12	5	0.2%	60	1.2%
11	3	0.1%	33	0.7%
10	5	0.2%	50	1%
9	5	0.2%	45	0.9%
8	4	0.1%	32	0.7%
7	11	0.3%	77	1.6%
6	24	0.7%	144	2.9%
5	51	1.6%	255	5.2%
4	64	2%	256	5.2%
3	133	4.1%	399	8.2%
2	391	12%	782	16%
1	2,557	78.4%	2,557	52.3%
TOTAL	3,263	100%	4,889	100%

- A total of 3,263 individuals were involved in 4,889 CIT incidents in 2021 (Table 28).
- As shown in Table 28 above, 78.4% of CIT individuals in 2021 were involved in one incident and 21.6% were involved in two or more CIT incidents. The number of CIT incidents in 2021 for an individual ranged from one incident to 53 incidents.
- Of the 3,263 unique CIT individuals in 2021, 21.6% had two or more CIT incidents but accounted for 47.7% of the total CIT incidents that year. Individuals with only one CIT incident accounted for the remaining 52.3% of all CIT incidents in 2021.
- High-utilizing individuals (i.e., four or more CIT incidents in 2021) accounted for 5.8% of the 3,263 unique CIT individuals in 2021 but 23.5% of all CIT incidents.

MEMBERSHIP

Mental Health Response Advisory Committee (MHRAC) Membership

The MHRAC has many community participants. This list reflects official membership as of December 31, 2021, as reported to the Monitoring Team. Additional details are available at adamhsc.org/mhrac.

Tri-chairs:		
Scott S. Osiecki Chief Executive Officer ADAMHS Board of Cuyahoga County	Captain James McPike CIT Coordinator Cleveland Division of Police	Nicole Carlton Commissioner of Cleveland Emergency Medical Services
Members:		
Hassan Aden City of Cleveland Monitoring Team	Yolanda Gordon Probation Officer Cleveland Municipal Court	Megan Rockford Program Director NAMI Greater Cleveland
Carole Ballard Director of Education and Training ADAMHS Board of Cuyahoga County	Madison Greenspan External Affairs Officer ADAMHS Board of Cuyahoga County	Clare Rosser Chief of Strategic Initiatives ADAMHS Board of Cuyahoga County
Gabriella Celeste Policy Director Schubert Center for Child Studies Case Western Reserve University	Bill Hebble Clients Rights Officer II ADAMHS Board of Cuyahoga County	Charles See City of Cleveland Monitoring Team
Richard Cirillo, Ph.D. Chief Clinical Officer Cuyahoga County Board of Developmental Disabilities	Larry Heller Outreach Lead Northeast Ohio Recovery Association (N.O.R.A.)	Ruth Simera Executive Director Ohio Criminal Justice Coordinating Center of Excellence, NEOMED
Sgt. Brigitte Dorr-Guiser Crisis Intervention Training Sergeant Cleveland Division of Police	Samantha Holmes Professional Black Christian Therapist Network	Carolyn Szweda Executive Vice President Beech Brook
Ronnie Dunn, Ph.D. City of Cleveland Monitoring Team	Rania Issa, Ph.D. Data Collection/Analysis Coordinator Cleveland Division of Police	Megan Testa, Ph.D. Cleveland Community Police Commission
Randolph Dupont, Ph.D. City of Cleveland Monitoring Team	Shannon Jerse, Esq. General Counsel, Government Affairs Saint Vincent Charity Medical Center	Rodney Thomas Begun Center for Violence Prevention Case Western Reserve University
Joan Englund Executive Director Mental Health & Addiction Advocacy Coalition (MHAC)	Christina Kalnicki Behavioral Health Initiative Lead- Criminal Justice-Ohio Medicaid Care Source	Donna Weinberger Criminal Justice Project Coordinator Greater Cleveland Congregations
Mike Evanovich US Attorney's Office (contractor) US Department of Justice	Rick Oliver Director of Crisis Services FrontLine Service	Thomas Williams Data Research Specialist ADAMHS Board of Cuyahoga County
Jonas Geissler US Department of Justice	Rosie Palfy Community Advocate, Homeless Congress & Military Women's Coalition (MWC)	Beth Zietlow-DeJesus Director of External Affairs ADAMHS Board of Cuyahoga County