

Mental Health Response Advisory Committee

Annual Report
2024



CITY OF CLEVELAND
Mayor Justin M. Bibb

Check out the MHRAC website to view 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 Department of Public Health in partnership with the Cleveland Division of Police. 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 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.

15th Semiannual report (September 2024)

Crisis Intervention

Visual Representation of Compliance for: Crisis Intervention



Stakeholders from the community, City government, DOJ, and the Monitoring Team have continued to collaborate through monthly crisis intervention working group meetings led by CDP's Crisis Intervention Coordinator. The compliance assessment in the area of crisis intervention is underway, with thanks to the Police Accountability Team ("PAT") and CDP who promptly provided assessment data to the Monitoring Team upon request. During the reporting period, PAT and the Health Department worked to create a system of review of police training and curricula development. The City and CDP have worked to show the community that progress is being made, and recently, the City developed a well-organized Crisis Intervention Dashboard. CDP has also developed a detailed strategy for maintaining a Crisis Intervention Training ("CIT") program through its Specialized Crisis Intervention Plan, required by ¶ 152 of the Consent Decree. As a result of this work, the Monitoring Team has upgraded compliance with this paragraph from Partial Compliance to Operational Compliance.

Non-Compliance	Partial Compliance	Operational Compliance	General Compliance
	¶ 135, ¶ 141, ¶ 151, ¶ 156,	¶ 131, ¶ 140, ¶ 142, ¶ 145, ¶ 147, ¶ 148, ¶ 149, ¶ 150, ¶ 152 ¶ 157, ¶ 158, ¶ 159	¶ 132, ¶ 133, ¶ 134, ¶ 136, ¶ 137, ¶ 138, ¶ 139, ¶ 143, ¶ 144, ¶ 146, ¶ 153, ¶ 154, ¶ 155

- **Between The Cleveland Police Monitoring Team 12th Semiannual Report (March 2023) and 13th Semiannual Report (Oct 2023):**
 - 145, 149, 150, 159 moved from partial to operational compliance
 - 143, 144, 146, 154, 155 moved from operational to general compliance
- **No changes between 13th and 14th (April 2024)**
- **Between 14th and 15th Semiannual report (Sept. 2024):** para. 152 moved from partial compliance to operational compliance

2024 Subcommittees

Training || This subcommittee coordinates, reviews and makes recommendations for mental health and alcohol or other drug (AOD) training for all City of Cleveland law enforcement officers and personnel, the 40-hour specialized Crisis Intervention Team (SCIT) training for officers who volunteer and are approved for that training, and yearly training for dispatchers and call takers on behavioral health related skills and techniques.

Community Engagement || This subcommittee facilitates connections between CDP, the mental health and drug addiction communities, and the public, acting as a bridge for ideas that can enhance crisis outcomes in our community. The subcommittee promotes education, sensitivity, and understanding to strengthen trust, improve interactions, and foster better relationships between the community and the Cleveland Division of Police.

Youth || This subcommittee was formed due to interested MHRAC members wanting a space to advocate for youth and family voice. This past year, this subcommittee analyzed data from youth calls for service to identify opportunities to incorporate the youth perspective and youth feedback regarding police interactions with youth in crisis.

Data & Growth || This subcommittee reviews data from SCIT calls to improve procedures and policies, aiming to understand current trends while assessing changes in how calls involving individuals in behavioral health crises are managed. The goal is to recommend improvements in call handling and increase diversion from arrest when possible. We focus on identifying issues and developing solutions to enhance crisis outcomes for CDP. Our work is centered on guiding the improvement, expansion, and sustainability of the CDP CIT Program by analyzing key metrics related to CIT responses to 911 calls.

Progress

Prep and Planning

In March, led by the Cleveland Department of Public Health, members of the MHRAC attended an in-person two-hour planning session.

Participants received a folder with historical information, historical data and metrics, and educational materials to help the committee members understand what's already occurred over the last eight years of the Consent Decree. MHRAC hosted six different 'Learning Tables' where participants could learn about what's been done in the past from members who have been involved in this work and are currently involved in this work as experts of the particular topic being discussed. Committee members were given time to express their thoughts about subcommittee agendas, MHRAC website development, and future directions for MHRAC. Lastly, there was time for 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 helped to guide how we moved forward within each subcommittee and has helped determine what projects and goals we would like to accomplish. 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.

Youth

The Youth Subcommittee has identified several key themes and trends related to youth, community engagement, and the impact of media narratives.

One of the primary concerns is the high volume of domestic violence calls involving youth, particularly originating from residences like Cleveland Christian Home. To address this, there is a need for a deeper analysis of open data to distinguish between youth and adult crime trends, as well as the integration of Mobile Response and Stabilization Services (MRSS) data for a comprehensive citywide perspective.

Trust-building and community engagement are central themes of the subcommittee's work. The focus is on utilizing credible messengers to bridge the gap between youth and law enforcement, as well as between the community and organizations that support youth in crisis. The subcommittee also emphasizes the importance of highlighting positive success stories from CIT, MRSS, and youth interactions with law enforcement to build trust. Additionally, research into how other cities engage youth around mental health and policing is needed, with one proposed action being the re-engagement of caregivers in youth-police relations.

Another recurring issue is the role of media in shaping public perception of youth crime, race, and policing. The subcommittee stresses the importance of challenging misinformation, such as false narratives about unsupervised youth, and is interested in working on a plan to counter misleading stories and provide a community-driven perspective. A critical question raised is how to invest in youth upstream, a community-based approach that focuses on preventing negative outcomes for youth by addressing issues at their root causes, to prevent crime, rather than merely reacting to media narratives.

Finally, political and legislative considerations are an important aspect of the subcommittee's work. This includes navigating new political realities and memorializing the subcommittee's efforts through legal and legislative actions, in collaboration with the Police Accountability Team's (PAT) legal counsel.

Community Engagement

The Community Engagement Subcommittee focuses on building relationships with the community and behavioral health providers to gather feedback, raise awareness of CIT, and address community needs. Key discussions include developing a timeline of activities and events to educate the community about CIT, as well as exploring ways to collect feedback from the community and behavioral health providers about their experiences with CIT officers. The subcommittee is also planning a collaboration with the Cleveland Community Police Commission (CPC) in 2025 and working with the Data & Growth subcommittee on surveys for both officers and community members. Additionally, the subcommittee attended the Homeless Stand Down at Public Auditorium to educate attendees about CIT and is exploring the possibility of hosting focus groups with community members, providers, and hospital Emergency Department staff.

Key ideas discussed include identifying subpopulations of people who call the police for behavioral health reasons to tailor outreach efforts and educational sessions, as well as considering a month-long educational campaign involving CIT officers to further educate the community. A key activity involved speaking to attendees at the Homeless Stand Down at Public Auditorium on April 16, 2024, where they provided one-on-one education about SCIT officers, distributed CIT pins, and shared information on how to recognize SCIT officers during behavioral health calls.

Training

The MHRAC training subcommittee members provide their expertise and advocacy when creating and editing training presentations and actively work to build relevant and evidence-based training content. MHRAC collaborates with the Alcohol, Drug Addiction and Mental Health Services (ADAMHS) Board training team and the City of Cleveland Police Training Academy to develop and deliver several key training programs: the Cleveland Division of Police (CDP) annual CIT in-service training for the whole division; an additional four-hour session specifically for all Specialized CIT officers—which focused on ‘Personality Disorders’ this year; and the recurring 40-hour Specialized CIT (SCIT) training. Officers are able to provide feedback and suggestions regarding which training topics are chosen for the annual in-service training and the additional four-hour SCIT training. This is done via internal ADAMHS Board surveys. The responses are analyzed and the topic is chosen. This is how Officer Wellness Training was selected for the CIT In-Service for 2025. For SCIT Officers, the ADAMHS Board and CIT Coordinator gathers their concerns and feedback through the SCIT classes, in addition to addressing questions the CIT Unit receives throughout the year. This process led us to focus on Working with the Elderly as the 2025 SCIT In-Service training topic. Annual In-service trainings in the past have covered homelessness, developmental disabilities, and the 2024 topic was Trauma Informed Care.

In 2024, the CIT Coordinator worked with the ADAMHS Board and the Bureau of Communications Team within CDP to integrate dispatchers and call takers back into the 40-hour SCIT training, as they had in previous years before a short hiatus occurred. In 2024, 11 dispatchers and call takers participated. In collaboration with the CIT Unit and MHRAC, the ADAMHS Board Training Department partners with the Cleveland Department of Public Safety to provide annual behavioral health training to all dispatchers and call takers within the Department of Public Safety’s Bureau of Communications. In 2024, 90 out of 92 dispatchers/call takers were provided a ‘dispatch focused’ behavioral health training. In 2024, through MHRAC, the ADAMHS Board, the City of Cleveland, and the Department of Public Safety incorporated the Cleveland Community Police Commission into the structure of review and oversight related to the above mentioned CIT police trainings.

Data & Growth

The Cleveland Division of Police, the CIT Coordinator specifically, and MHRAC were focused on two metrics in 2024 and will continue to analyze these as we move into 2025:

1. How many officers need to be SCIT-trained for the Cleveland Division of Police to meet the CIT response call need?

2. How often do we have a designated SCIT officer on scene for a CIT call (response rate) and actively in charge of the scene?

The Data & Growth Subcommittee, the CIT Coordinator, CDP's Data Collection Team, and the Police Accountability Team met numerous times throughout 2024 to discuss and plan how to tackle understanding these two metrics as they relate to compliance with the Consent Decree. The Data & Growth Subcommittee and the CIT Coordinator met in May and June to review the Specialized Crisis Intervention Plan (SCIP) to determine opportunities to learn more and discuss how these metrics can be met. After reviewing the SCIP, the Data and Growth Subcommittee were interested in examining the CIT response rates in other large cities that have a CIT program. Subsequent meetings in 2024 focused on looking at response rates in other cities and determining how MHRAC can continue to provide support and advice for CDP. This work will continue into 2025 as no set suggestions had been determined in 2024. After these initial meetings, the internal city team set up a few additional meetings in the fall of 2024. One of these meetings was in conjunction with the Bureau of Communications leadership to determine how changes in dispatch protocol are helping us to work towards compliance with these two metrics, and identify where there might be gaps in understanding or opportunities to implement new processes to improve compliance.

The CIT Coordinator and the Officer in Charge (OIC) of the CIT Unit worked closely with district leadership to ensure that accurate, up-to-date lists of SCIT-designated officers were sent to the Bureau of Communications each shift. This allowed dispatchers to accurately assess SCIT officer availability across districts in real time. Additionally, the CIT Coordinator collaborated with district leadership to reinforce the importance of prioritizing CIT calls, encouraging OICs to deploy SCIT officers whenever possible based on availability. Looking ahead to 2025, efforts will focus on promoting a culture where patrol officers who are not CIT-trained proactively request SCIT officer support upon recognizing a CIT-related call.

In June, the Data & Growth Subcommittee analyzed and reflected on the 2023 MHRAC Annual Report data related to: CIT incidents involving homeless individuals, de-escalation techniques used by officers, reasons for a decrease in conveyances to crisis stabilization centers, and a large increase in crisis intervention calls for individuals under the age of 18. Transport data would continue to be an ongoing topic of conversation throughout 2024 within this subcommittee.

Towards the end of 2024, the subcommittee deliberated between two key areas of focus. One option was to take a closer look at where officers were transporting individuals and conduct a deeper analysis of related metrics. The other was to examine frequent locations for CIT calls, which were primarily drop-in homeless shelters. Ultimately, the subcommittee found that both the 2100 Men's Shelter and the Norma Herr Women's Shelter were among the most common locations for these calls. The CIT Coordinator and the OIC for the CIT Unit set up initial conversations with shelter leadership to begin to discuss this topic. The Data & Growth subcommittee along with the Data Team will continue to look at this topic throughout 2025 and undergo a Continuous Quality Improvement Process (CQIP).

CIT Coordinator Successes

CIT Process Updates:

- In 2024, the Cleveland Division of Police retired outdated terms like "Mental Violent" and "Mental Non Violent", replacing them with "CIT", "CIT Violent", and "CIT Non Violent", which were updated in MCAD by CCS (Radio).

CIT Coordinator Role and Responsibilities:

- The CIT Coordinator oversees selecting officers for the 40-hour SCIT training. This includes reviewing applications, conducting background checks through the Office of Professional Standards and Case Prep, and

performing oral interviews. Afterward, the list is reviewed by the chain of command for any concerns. Supervisors can recommend officers based on their performance in CIT calls, and if they are not SCIT-trained, they receive an invitation to attend the next training class.

- The Coordinator also works closely with the Communications Control Section (CCS) and road supervisors to ensure CIT calls are assigned to SCIT officers when available. Regular interactions with the Communications Unit and district leadership help monitor calls and identify any emerging issues.

Collaborations and Training:

- CityView Meeting:** CIT Coordinator met with City View Executive Director and Co-Responder teams to address an increase in calls, leading to a reduction in calls after offering CIT training to their staff.
- Cuyahoga County Community Needs Assessment Summit:** CIT Coordinator spoke to 175-200 attendees, providing background on the CIT Unit and assisting in asset mapping, prioritization, and program development with behavioral health agencies.
- Probate Court Meeting:** CIT leadership and Co-Responder clinical staff met with Probate Court to clarify issues regarding “Pink Slips” and probates.

Networking and Learning:

- International Co-Responder Alliance Conference:** CIT Coordinator attended a three-day conference in Omaha, NE, networking with Co-Responder teams nationwide and participating in breakout sessions.
- Department of Urban Analytics and Innovation Presentation:** A presentation on “Crisis Intervention- Behind the Numbers” was delivered at Cleveland Public Auditorium by the CIT Unit and other partners.

Co-Responder Team Engagement and Strategy:

- Co-Responder Team Introductions:** Teams began visiting radio dispatch to introduce themselves, fostering better communication with dispatchers.
- Repeat Calls Strategy:** CIT Supervisors and Co-Responder Teams collaborated on repeat calls, working with shelters and other agencies to address high call volumes and provide targeted services to individuals with frequent non-emergency calls.

Recognition and Awards:

- BlueTeam Review and Nominations:** CIT Coordinator reviewed BlueTeam entries for officer awards, including the Captain James “Jimmy” Purcell Crisis Intervention Award and other commendations for exceptional work on CIT calls. A Cleveland officer was recently nominated for the NAMI Officer of the Year Award

HIGHLIGHT: Sgt. Matt Brown

“Since taking over as Officer-In-Charge of the CIT Unit in April 2024, I’ve focused on recruiting top patrol officers for the 40-hour SCIT Certification Training. I started by analyzing the current resources, identifying districts with strong SCIT teams and those with fewer officers. I reached out to district supervisors, introduced myself, and gathered recommendations for standout candidates. I also visited each district, engaging with officers during roll calls to share the SCIT vision and spark interest.

Accessibility was key—I gave out my personal phone number to encourage officers to contact me with questions or for support through the application process. This led to many after-hours conversations where I provided guidance and encouragement.

The Co-Responder Teams (CRT) played a crucial role, joining me at roll calls and offering valuable insights. I worked closely with them to identify potential candidates and followed up to discuss the SCIT opportunity. Once applications came in, I carefully vetted each officer’s performance through CIT reports, WCS video footage, and interviews, ensuring we selected the best candidates for the program.”

Open Data Portal and CIT Data Sharing

Every year, MHRAC uses the data put forth in these annual reports to inform conversations around police reform in the City of Cleveland. Since 2020, when the City went from handwritten CIT stat sheets to a digital form completed within the Cleveland Police Brazos System, we have been able to track and analyze across years and across different levels of metrics to support the office of CIT and inform best practices for crisis intervention and police response to behavioral health crisis.

As of May 2024, CDP in collaboration with the City of Cleveland's Department of Urban Analytics and Innovation has published a dashboard on the City of Cleveland's Website to visually showcase data related to CDP response to CIT calls. 2023 data has been live and accessible.

**In April of 2025 Community Members and Stakeholders can now access 2021 and 2022 data as well.*

To view the Power BI Report, click here:

<https://data.clevelandohio.gov/apps/106d60acfdabc4ba18d13d99d3b8c6c41/explore>

City of Cleveland Open Data Portal Crisis Intervention Team (CIT) Dashboard.

 **CITY OF CLEVELAND**
Mayor Justin M. Bibb
PUBLIC SAFETY
Division of Police

Crisis Intervention Team (CIT)

CIT Data Collection Form Totals (2021-2023)

Definition Pages		Dashboard Pages			
Policy and General Information	CIT Definitions	Call Source and Call Types	Time	Individual Involved Demographic Data	De-escalation and SCIT
Resistance and Force Level	Level of Resistance Definitions	Individual Involved Outcome Data	Resistance and Force Level	Individual Involved and Officer Injury Data	Click to View Dataset

Summary of 2024 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 2024 through December 2024¹. 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 from 2020 on encounters with and outcomes for people in crisis.

2024 CIT Incident Data Collection

In 2024, there were 5,271 CIT incidents (Table 1), an increase of 243 incidents (+5%) compared to 2023. The average number of CIT incidents reported per month for 2024 was 439, an average monthly increase of 20 CIT incidents per month compared to 2023.

Table 1. CIT Incident Data Received (2019-2024)

	2020 Electronic Forms ²	2021 Electronic Forms	2022 Electronic Forms	2023 Electronic Forms	2024 Electronic Forms	Difference between 2023 & 2024
CIT Incident Count	4,291	4,889	4,974	5,028 ³	5,271	+243 (+5%)
Average CIT Incident Count per Month	357	407	415	419	439	+20 (+5%)
Number of Unique CIT Individuals ⁴	3,012	3,263	3,335	3,411	3,454	+43 (+1%)

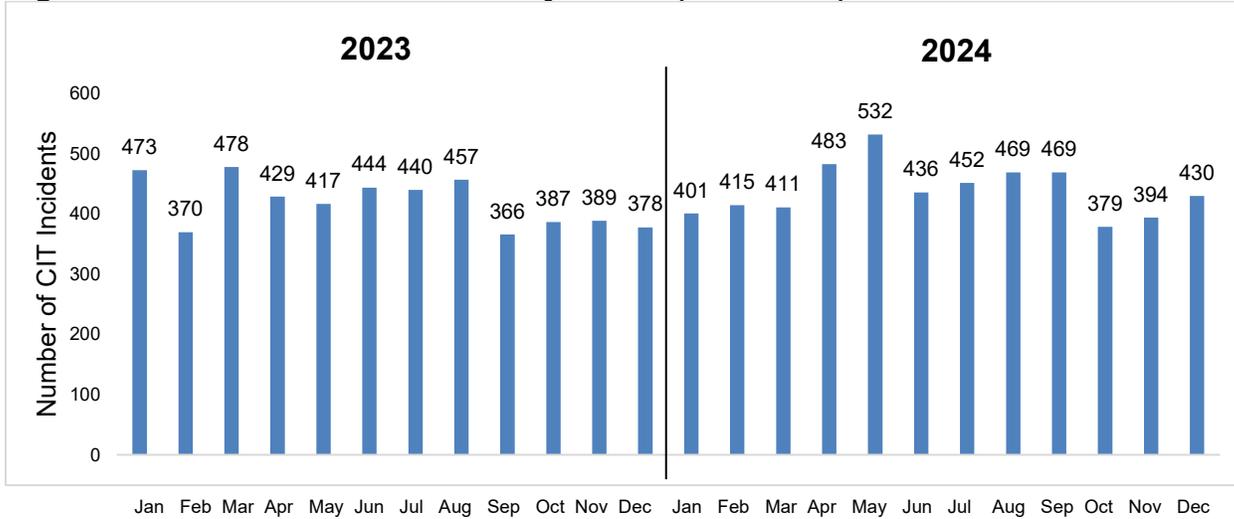
¹ The CIT Dashboard on the Open Data Portal reflects the finalized, cleaned data presented in this report.

² The electronic data system was launched in February of 2020. There were 3,934 CIT incidents and monthly average number of 357 CIT incidents for those 11 months. In order to be able to compare 12 months of 2020 CIT data with 12 months of 2021 CIT data, for Table 1, January 2020 CIT incident totals were estimated using the 2020 11-month average of 357 CIT incidents/month.

³ In 2024, an internal CIT audit identified an additional 25 CIT incidents from 2023 which were missing a CIT Brazos form. The 2023 MHRAC Annual Report reported 5,003 CIT incidents in 2023 – this figure has been revised to include the additional 25 incidents identified during the audit.

⁴ A unique individual is a count of each person involved in a CIT incident one or more times in each year.

Figure 1. Number of CIT Incidents by Month (2023-2024)



Frequent Encounter Location Counts in 2024

Table 2 provides a list of locations with 10 or more CIT encounters occurring in 2024. 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 (2024)

Number of Encounters	Facility Name
85	2227 Payne Ave. (Norma Herr Women’s Center)
53	2100 Lakeside Ave. (Lutheran Metropolitan Ministry Men’s Shelter)
38	1804 E. 55 th St. (Diversion Center)
31	11401 Lorain Ave. (Cleveland Christian Home)
30	3234 West Blvd. (Bradley Manor)
26	Single-Family Private Residence
26	Single-Family Private Residence
24	Single-Family Private Residence
22	50 Public Sq. (Tower City)
22	8301 Detroit Ave. (Bridgeway/The Commons PSH)
20	1744 Payne Ave. (FrontLine Service)
19	8315 Detroit Ave. (Stricklin Crisis Stabilization Unit)
19	8411 Broadway Ave. (CATS)
18	1012 Prospect Ave. E (Winton Manor)
18	125 E. 156 th St. (Euclid Beach Villa Apartments Senior Living)
18	3661 W. 130 th St. (Cooley Lighthouse Assisted Living)
18	4175 E. 131 st St. (Inez Killingsworth Pointe PSH)
15	100 Public Sq. (JACK Casino)

15	3481 Fulton Rd. (2 nd District Precinct)
15	Single-Family Private Residence
14	1465 Chester Ave. (Greyhound Bus Station)
14	6606 Carnegie Ave. (Cityview Nursing and Rehab Center)
14	7515 Euclid Ave. (Greenbridge Commons PSH)
14	Multi-Family Private Residence
14	8902 Detroit Ave. (Algart Healthcare Nursing Home Assisted Living)
13	2121 W. 117 th St. (Ed Keating Center)
13	4269 Pearl Rd. (Recovery Resources)
12	1829 E. 55 th St. (Oriana House)
12	2554 W. 25 th St. (Front Steps Housing and Services)
12	3895 W. 130 th St. (1 st District Precinct)
12	5300 Riverside Dr. (Cleveland Hopkins International Airport)
11	Single-Family Private Residence
11	2500 Metrohealth Dr. (MetroHealth Hospital)
11	3147 Prospect Ave. (Cornerstone Senior Apartments)
11	Single-Family Private Residence
10	10527 Orville Ave. (The Davis Apartments)
10	Single-Family Private Residence
10	4501 Chester Ave. (3 rd District Precinct)
10	5225 Superior Ave. (St. Andrews Towers Senior Living)
10	9333 Kinsman Rd. (4 th District Precinct)

Individual Characteristics at CIT Incidents (2023-2024)

(Gender, age, race, and Hispanic ethnicity)

Overall gender and age percentages were similar for CIT involved individuals in 2023 and 2024.

Table 3. Individual Gender and Age Characteristics at CIT Incidents (2023-2024)

	2023 Count/Percent	2024 Count/Percent
Gender		
Male	2,715 (54%)	2,890 (55%)
Female	2,311 (46%)	2,380 (45%)
Missing	2 (0%)	1 (0%)
Age		
0-17	792 (16%)	748 (14%)
18-25	778 (15%)	886 (17%)
26-40	1,777 (35%)	1,736 (33%)
41-64	1,393 (28%)	1,556 (29%)
>64	246 (5%)	318 (6%)
Missing	42 (<1%)	27 (<1%)
TOTAL	5,028 (100%)	5,271 (100%)

The racial breakdown of individuals involved with CIT incidents was similar in 2024 compared to 2023 (Table 4).

Table 4. Individual Race Characteristics at CIT Incidents (2023-2024)

Individual Race	2023 Count/Percent	2024 Count/Percent
African American	2,950 58.6%	3,169 60.1%
American Indian/Alaska Native	8 0.2%	11 0.2%
Asian	13 0.2%	19 0.4%
Caucasian	1,875 37.3%	1,861 35.3%
Native Hawaiian or other Pacific Islander	4 0.1%	12 0.2%
None (Missing data)	2 <0.1%	1 <0.1%
Unknown (Not ascertained by officer)	176 3.5%	198 3.7%
TOTAL	5,028 (100%)	5,271 (100%)

The majority of individuals involved with CIT incidents (72%) in 2024 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 (2023-2024)

	2023 Count/Percent	2024 Count/Percent
Hispanic	294 5.8%	296 5.6%
Non-Hispanic	3,613 71.9%	3,801 72.1%
Unknown	1,121 22.3%	1,174 22.3%
TOTAL	5,028 (100%)	5,271 (100%)

CIT Individual Characteristic Analyses (2023-2024)

(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 2023 and 2024 reflects the number of CIT incidents, not a count of unique individuals. Individuals may have had more than one CIT incident.

Individuals were identified by officers as having a mental illness in 90% of CIT incidents in 2024, a similar percentage to CIT incidents in 2023 (Table 6).

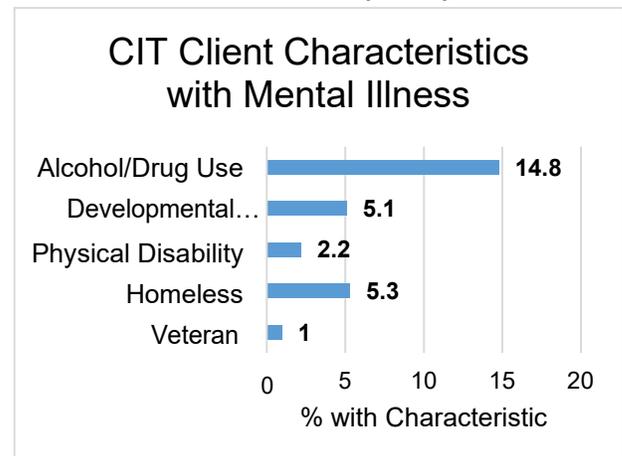
Table 6. Number of Individuals with Mental Illness at CIT Incidents (2023-2024)

Mental Illness	2023 Count/Percent	2024 Count/Percent
Yes	4,498 89%	4,748 90%
No	530 11%	523 10%
TOTAL	5,028 (100%)	5,271 (100%)

Officers reported 705 CIT incidents involving individuals with mental illness which also included alcohol/drug use (14.8%). Of the 4,748 individuals at CIT incidents identified with mental illness in 2024, 250 (5.3%) were reported to be homeless (Table 7).

Table 7. Characteristics of Individuals with Mental Illness at CIT Incidents (2024)

Co-Occurring with Mental Illness	Incident Count	Percent
Alcohol/Drug Use	705	14.8%
Developmental Disability	241	5.1%
Physical Disability	103	2.2%
Homeless	250	5.3%
Veteran	47	1.0%



Many of the CIT incidents in 2024 involved alcohol/drug use, a similar percentage to 2023 (Table 8).

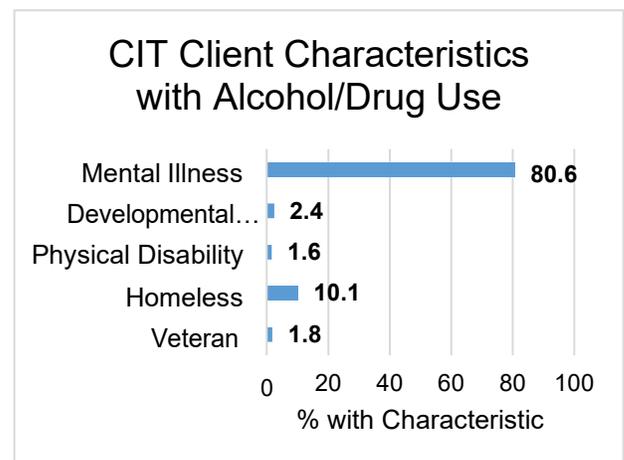
Table 8. Number of Individuals with Alcohol/Drug Use at CIT Incidents (2023-2024)

Alcohol/Drug Use	2023 Count/Percent	2024 Count/Percent
Yes	903 18%	875 17%
No	4,125 82%	4,396 83%
TOTAL	5,028 (100%)	5,271 (100%)

Of the 875 CIT incidents with individuals reported as having alcohol/drug use, 705 (80.6%) were reported to have a co-occurring mental illness, 21 (2.4%) were identified as having a developmental disability, and 88 (10.1%) were reported to be homeless (Table 9).

Table 9. Characteristics of Individuals with Alcohol/Substance Use at CIT Incidents (2024)

Co-Occurring with Alcohol/Drug Use	Incident Count	Percent
Mental Illness	705	80.6%
Developmental Disability	21	2.4%
Physical Disability	14	1.6%
Homeless	88	10.1%
Veteran	16	1.8%



Six percent of 2024 CIT incidents involved an individual with a developmental disability, a similar percentage to CIT incidents in 2023 (Table 10).

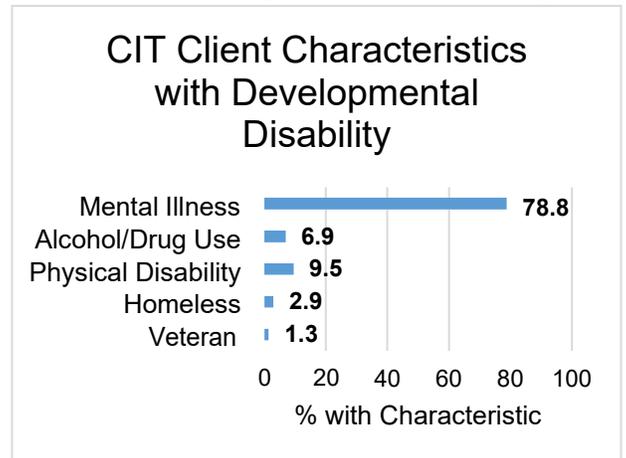
Table 10. Number of Individuals with a Developmental Disability at CIT Incidents (2023-2024)

Developmental Disability	2023 Count/Percent	2024 Count/Percent
Yes	231 5%	306 6%
No	4,797 95%	4,965 94%
TOTAL	5,028 (100%)	5,271 (100%)

Of the 306 CIT incidents involving an individual identified as having a developmental disability, 241 (78.8%) were identified as having a co-occurring mental illness (Table 11).

Table 11. Characteristics of Individuals with a Developmental Disability at CIT Incidents (2024)

Co-Occurring with Developmental Disability	Incident Count	Percent
Mental Illness	241	78.8%
Alcohol/Drug Use	21	6.9%
Physical Disability	29	9.5%
Homeless	9	2.9%
Veteran	4	1.3%



Two percent of CIT incidents in 2024 involved an individual identified as having a physical disability (Table 12).

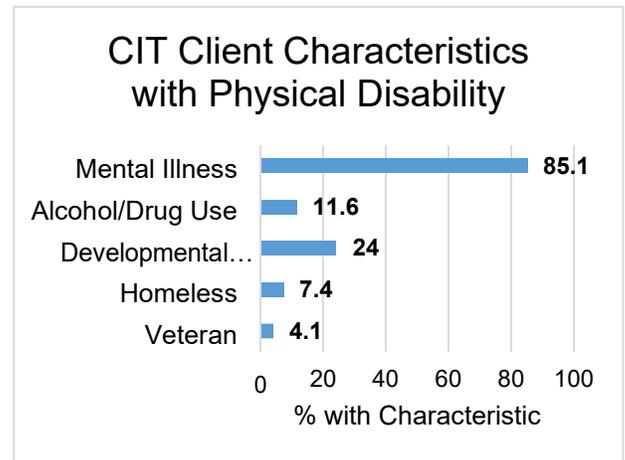
Table 12. Number of Individuals with a Physical Disability at CIT Incidents (2023-2024)

Physical Disability	2023 Count/Percent	2024 Count/Percent
Yes	107 2%	121 2%
No	4,921 98%	5,150 98%
TOTAL	5,028 (100%)	5,271 (100%)

Of the 121 CIT incidents involving individuals identified as having a physical disability, 103 (85.1%) had a co-occurring mental illness, 14 (11.6%) also involved alcohol/drug use, and 9 (7.4%) were identified as homeless (Table 13).

Table 13. Characteristics of Individuals with a Physical Disability at CIT Incidents (2024)

Co-Occurring with Physical Disability	Incident Count	Percent
Mental Illness	103	85.1%
Alcohol/Drug Use	14	11.6%
Developmental Disability	29	24.0%
Homeless	9	7.4%
Veteran	5	4.1%



292 CIT incidents (6%) in 2024 involved an individual identified as being homeless (Table 14).

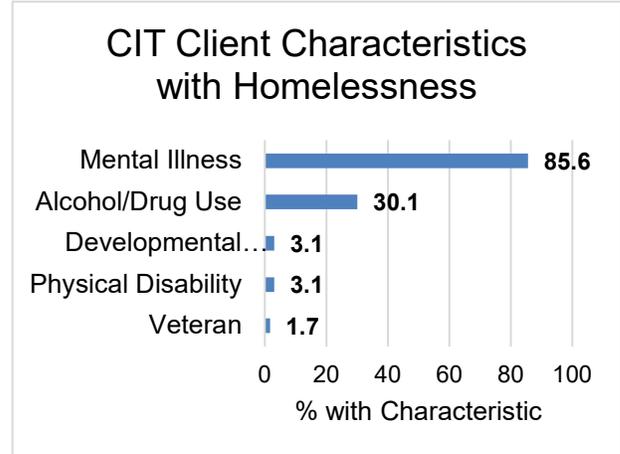
Table 14. Number of Homeless Individuals at CIT Incidents (2023-2024)

Homeless	2023 Count/Percent	2024 Count/Percent
Yes	322 6%	292 6%
No	4,706 94%	4,979 94%
TOTAL	5,028 (100%)	5,271 (100%)

Of the 292 CIT incidents in 2024 that involved an individual identified as being homeless, 86% 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 (2024)

Co-Occurring with Homelessness	Incident Count	Percent
Mental Illness	250	85.6%
Alcohol/Drug Use	88	30.1%
Developmental Disability	9	3.1%
Physical Disability	9	3.1%
Veteran	5	1.7%



Veteran individuals comprised one percent of CIT incidents in 2024 (Table 16).

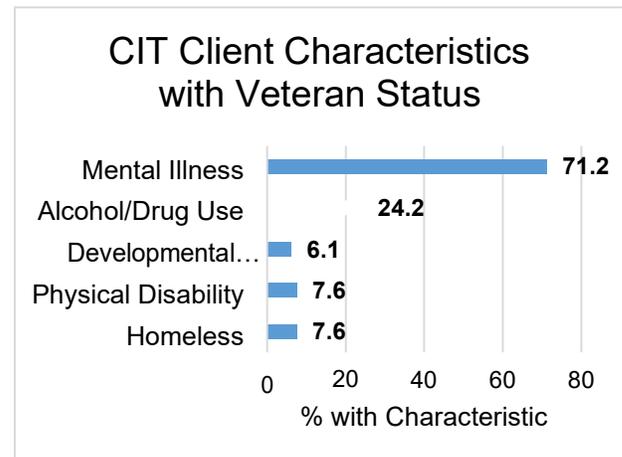
Table 16. Number of Veteran Individuals at CIT Incidents (2023-2024)

Veteran	2023 Count/Percent	2024 Count/Percent
Yes	56 1%	66 1%
No	4,972 99%	5,205 99%
TOTAL	5,028 (100%)	5,271 (100%)

Of the 66 CIT incidents in 2024 involving veterans, 71% were identified with a co-occurring mental illness and 24% with co-occurring alcohol/drug use (Table 17). 8% of veterans at CIT incidents were also identified as homeless.

Table 17. Characteristics of Veteran Individuals at CIT Incidents (2024)

Co-Occurring with Veteran Status	Incident Count	Percent
Mental Illness	47	71.2%
Alcohol/Drug Use	16	24.2%
Developmental Disability	4	6.1%
Physical Disability	5	7.6%
Homeless	5	7.6%



66% of all CIT incidents included an individual identified with mental illness and *no other individual characteristic* (Table 18). 11% involved an individual with a co-occurring mental illness and alcohol/drug use *only*. 155 CIT incidents (3%) involved an individual experiencing homelessness with a mental illness and *no other individual characteristic*.

Table 18. Frequency Rank of CIT Individual Characteristics at CIT Incidents (2023-2024)

Individual Characteristics (Single and Co-Occurring)	2023 Incident Count	2023 Percent	2024 Incident Count	2024 Percent
Mental Health Only	3,274	65%	3,499	66%
Mental Health and Alcohol/Drug Use Only	602	12%	585	11%
Alcohol/Drug Use Only	151	3%	140	3%
Mental Health and Developmental Disability Only	153	3%	192	4%
Mental Health and Homeless Only	182	4%	155	3%
None of the above (<i>description listed as "NULL"</i>)	2	<1%	2	<1%
All other combinations	664	13%	698	13%
TOTAL	5,028	100%	5,271	100%

CIT Incident Characteristics (2023-2024)

(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 2024 (Table 19). “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 19. CIT Incident Source (2023-2024)

Incident Source	2023 Count/Percent	2024 Count/Percent
Family	1,547 30.8%	1,611 30.6%
EMS	334 6.6%	283 5.4%
Fire	14 0.3%	10 0.2%
Self	1,431 28.4%	1,571 29.8%
Case Worker	320 6.4%	365 6.9%
Other Sources	1,206 24.0%	1,206 22.9%
Officer Initiated	136 2.7%	187 3.5%
District walk-in	40 0.8%	37 0.7%
Not Recorded	0 0%	1 0%
TOTAL	5,028 (100%)	5,271 (100%)

Table 20. Subject Armed – Weapon (2023-2024)

	2023 Count/ Percent	2024 Count/Percent
Yes	187 4%	186 4%
No	4,840 96%	5,083 96%
Not Recorded	1 0%	2 0%
TOTAL	5,028 (100%)	5,271 (100%)

While a majority of CIT incidents in 2024 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 (1.9% of all CIT calls for service) (Table 21).

Table 21. Type of Weapon (2023-2024)

	2023 Count/Percent	2024 Count/Percent
None	4,841 96.3%	5,085 96.5%
Asphyxiation Tool	1 <0.1%	0 0%
BB Gun	6 0.1%	3 0.1%
Blunt Object	16 0.3%	22 0.4%
Drugs, Narcotics, Sleeping Pills (exposure or ingestion)	1 <0.1%	1 <0.1%
Gas	0 0%	4 0.1%
Handgun/Gun	40 0.8%	36 0.7%
Imitation Firearm	1 <0.1%	2 <0.1%
Incendiary Device	1 <0.1%	0 0%
Knife	111 2.2%	101 1.9%
Personal Weapon	0 0%	3 0.1%
Shotgun	0 0%	1 <0.1%
Vehicle	0 0%	1 <0.1%
Other Firearm	0 0%	2 <0.1%
Other	20 0.4%	21 0.4%
TOTAL	5,028 (100%)	5,271 (100%)

- Note: subjects may have more than one weapon identified, thus totals do not equal 100%.

90% of 2024 CIT incidents did not include individual resistance (Table 22). Active and aggressive physical resistance was present in 2.9% and 0.8% of incidents, respectively. These resistance percentages were similar to 2023 CIT incidents.

Table 22. Resistance Levels at CIT Incidents (2023-2024)¹

Resistance Level	2023 Count/Percent	2024 Count/Percent
No Resistance	4,533 90.1%	4,761 90.3%
Passive Resistance	336 6.7%	311 5.9%
Active Resistance	115 2.3%	154 2.9%
Aggressive Physical Resistance	42 0.8%	44 0.8%
Not Recorded	2 <0.1%	1 <0.1%
TOTAL	5,028 (100%)	5,271 (100%)

¹Source: *Cleveland Division of Police, General Police Order 2.01.01, Effective Date: January 1, 2018, Subject: Use of Force – Definitions, Levels of Resistance.*

Allowing time and opportunity to comply was the most frequently utilized de-escalation technique at CIT incidents in 2024 (45%), followed by verbal de-escalation techniques (44%), listening and interacting in conversation (40%), and strategic communications/voice command (26%) (Table 23).

A de-escalation technique was not used or not applicable in 35% of 2024 CIT incidents. Overall, de-escalation techniques were used in a slightly lower percentage of CIT incidents in 2024 (65%) compared to 2023 (67%).

Table 23. Frequency Rank of De-Escalation Techniques Used at CIT Incidents (2023-2024)

De-Escalation Technique	2023 Count/Percent	2024 Count/Percent
Allow Time and Opportunity to Comply	2,409 47.9%	2,387 45.3%
Verbal De-Escalation Techniques	2,339 46.5%	2,311 43.8%
Listening and Interacting in Conversation	2,070 41.2%	2,087 39.6%
Strategic Communications/Voice Command	1,401 27.9%	1,346 25.5%
Use of Distance/Cover/Concealment	1,312 26.1%	1,304 24.7%
Increased Officer Presence	712 14.2%	657 12.5%
Requested SCIT Officer	524 10.4%	510 9.7%
Requested Supervisor	328 6.5%	234 4.4%
N/A - No De-escalation Technique Used	1,680 33.4%	1,862 35.4%
TOTAL	5,028 (100%)	5,271 (100%)

- Note: subjects may have more than one de-escalation technique identified, thus totals do not equal 100%.

A total of 28 CIT incidents in 2024 involved police use of force, accounting for 0.5% of all 5,271 CIT incidents, a similar percentage to 2023 CIT data (Table 24).

Table 24. Use of Force during CIT Incidents (2023-2024)

Force Used	2023 Count/Percent	2024 Count/Percent
NO Use of Force	4,981 (99.6%)	5,243 (99.5%)
YES Use of Force	21 (0.4%)	28 (0.5%)
Yes (Level 1)	11 (0.2%)	16 (0.3%)
Yes (Level 2)	8 (0.2%)	11 (0.2%)
Yes (Level 3)	2 (<0.1%)	1 (<0.1%)
Not Recorded	1 (<0.1%)	0 (0%)
TOTAL	5,003 (100%)	5,271 (100%)

Definitions of Force Levels¹

- 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 CEW, including where a CEW is fired at a subject but misses; OC Spray application; weaponless defense techniques (e.g., elbow or closed-fist strikes, kicks, leg sweeps, and takedowns); use of an impact weapon or beanbag shotgun, except for a strike to the head, neck or face with an impact weapon or beanbag shotgun; 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 confinement 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.

¹Source: Cleveland Division of Police, General Police Order 2.01.01, Effective Date: January 1, 2018, Subject: Use of Force – Definitions, Levels of Force.

In 79% 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 (2023-2024)¹

Resistance Level	2023 Count/Percent	2024 Count/Percent
No Resistance	2 9.5%	3 10.7%
Passive Resistance	2 9.5%	3 10.7%
Active Resistance	8 38.1%	13 46.4%
Aggressive Physical Resistance	9 42.9%	9 32.2%
Not Recorded	0 0%	0 0%
TOTAL	21 (100%)	28 (100%)

¹Source: *Cleveland Division of Police, General Police Order 2.01.01, Effective Date: January 1, 2018, Subject: Use of Force – Definitions, Levels of Resistance.*

De-escalation techniques were used in all but three CIT incidents involving police use of force (Table 26). Verbal de-escalation techniques were used most often (86%).

Table 26. De-Escalation Techniques Used at Use of Force CIT Incidents (2023-2024)

De-Escalation Technique	2023 Count/Percent	2024 Count/Percent
Allow Time and Opportunity to Comply	12 57.1%	23 82.1%
Verbal De-Escalation Techniques	20 95.2%	24 85.7%
Listening and Interacting in Conversation	11 52.4%	16 57.1%
Strategic Communications/Voice Command	14 66.7%	19 67.9%
Use of Distance/Cover/Concealment	11 52.4%	13 46.4%
Increased Officer Presence	12 57.1%	19 67.9%
Requested SCIT Officer	8 38.1%	10 35.7%
Requested Supervisor	8 38.1%	14 50.0%
N/A	0 0%	3 10.7%
TOTAL	21 (100%)	28 (100%)

- Note: subjects may have more than one de-escalation technique identified, thus totals do not equal 100%.

In 2024, 1.8% of CIT incidents involved an injured individual in crisis, 0.2% resulted in an officer injury, and 0.5% involved an injured third party (Table 27). 3 officers were injured during a *use of force incident*.

Table 27. Injury during CIT Incidents (2023-2024)

Injured	2023 Count/Percent	2024 Count/Percent
Subject Injured	106 2.1%	97 1.8%
Subject Injured (<i>Force Related</i>)	3 <0.1%	0 0%
Officer Injured	12 0.2%	8 0.2%
Officer Injured (<i>Force Related</i>)	1 <0.1%	3 <0.1%
Third Party Injured	26 0.5%	26 0.5%
Third Party Injured (<i>Force Related</i>)	0 0%	0 0%
TOTAL	5,028 (100%)	5,271 (100%)

Individuals left voluntarily in 73% of 2024 CIT incidents (Table 28). Individuals were referred for additional support in 7% of incidents – referrals made by SCIT officers during follow-up may not be documented in the Brazos forms. Probate warrants were served in 5% of incidents and an emergency admission form (“pink slip”) was completed in 10% of incidents. Individuals were conveyed following most CIT incidents (86%). 3% of 2024 CIT incidents resulted in an arrest (135 incidents).

Table 28. Disposition Characteristics of CIT Incidents (2023-2024)

Incident Characteristic	2023 Count/ Percent	2024 Count/ Percent
Individual left voluntarily	3,927 (78.5%)	3,838 (72.8%)
Probate warrant served	247 (4.9%)	260 (4.9%)
Emergency admission form (“pink slip”)	406 (8.1%)	538 (10.2%)
Individual referred additional support	441 (8.8%)	378 (7.2%)
Subject conveyed/transported	4,493 (89.8%)	4,507 (85.5%)
Individual arrested	105 (2.1%)	135 (2.6%)
TOTAL	5,003 (100%)	5,271 (100%)

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

Individuals were conveyed most often to MetroHealth Medical Center and University Hospital (Table 29). Overall conveyances decreased in 2024 compared to 2023. Conveyances to the Crisis Stabilization Unit (CSU) and to the Diversion Center continued to *decrease* in 2024. 19 individuals (0.4%) were conveyed to the MetroHealth – Cleveland Heights Behavioral Health Center.

Table 29. Conveyance Destinations for Individuals at CIT Incidents (2023-2024)

Conveyance Destination	2023 Count/Percent	2024 Count/Percent
Cleveland Clinic	251 5.0%	264 5.0%
Crisis Stabilization Unit	14 0.3%	12 0.2%
Diversion Center	36 0.7%	25 0.5%
Euclid Hospital	95 1.9%	86 1.6%
Fairview Hospital	494 9.8%	466 8.9%
Homeless Shelter	1 <0.1%	2 <0.1%
Jail	9 0.2%	21 0.4%
Lutheran Hospital	467 9.2%	434 8.2%
Marymount Hospital	220 4.4%	270 5.1%
MetroHealth Medical Center	1,241 24.6%	1,504 28.5%
Rainbow Babies and Children's Hospital	286 5.7%	240 4.6%
Saint Vincent Charity Hospital	400 8.0%	151 2.9%
South Pointe Hospital	57 1.1%	80 1.5%
University Hospital	810 16.1%	755 14.3%
VA	45 0.9%	75 1.4%
Other	84 1.7%	122 2.3%
N/A - Not Conveyed	517 10.3%	763 14.5%
Missing/NULL	1 <0.1%	1 <0.1%
TOTAL	5,028 (100%)	5,271 (100%)

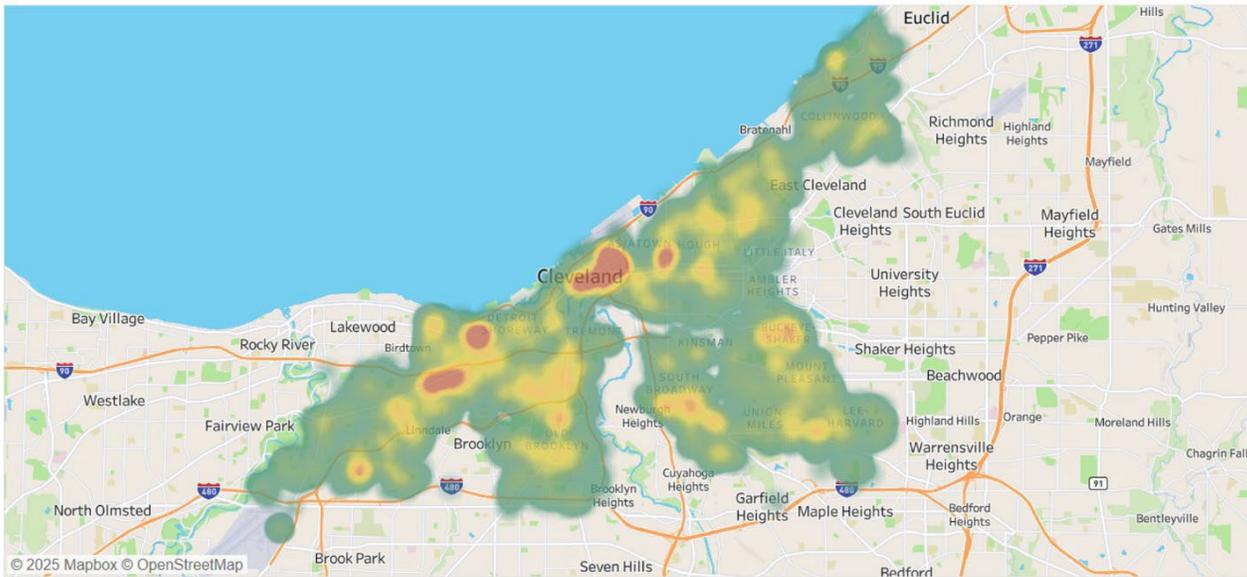
CIT Incidents by Police District (2024)

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

The highest frequency of CIT calls for service in 2024 originated in the 4th District (23.0%) (Table 30). The lowest frequency of CIT calls for service in 2024 originated in the 5th district (15.2%).

Figure 2. Map of CIT Incidents (2024)

2024 CIT Incidents - City of Cleveland



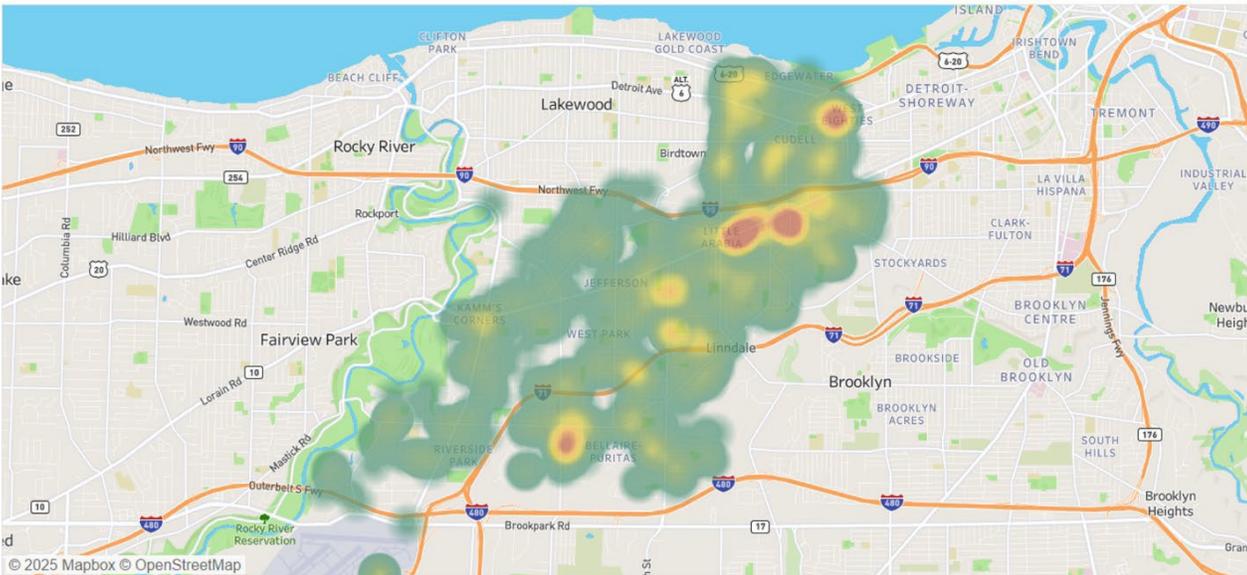
Map based on average of Longitude and average of Latitude. Details are shown for Brazos Form PK.

Table 30. CIT Incidents by Police District (2024)

Police District	Incident Count	Percent
1 st District	1,046	19.8%
2 nd District	1,139	21.6%
3 rd District	1,069	20.3%
4 th District	1,214	23.0%
5 th District	800	15.2%

Figure 3. Map of CIT Incidents – 1st District (2024)

2024 CIT Incidents - 1st District



Map based on average of Longitude and average of Latitude. Details are shown for Brazos Form PK.

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 Bradley Manor (3234 West Blvd).

Table 31. Top 3 Most Frequent CIT Client Encounter Locations – 1st District (2024)

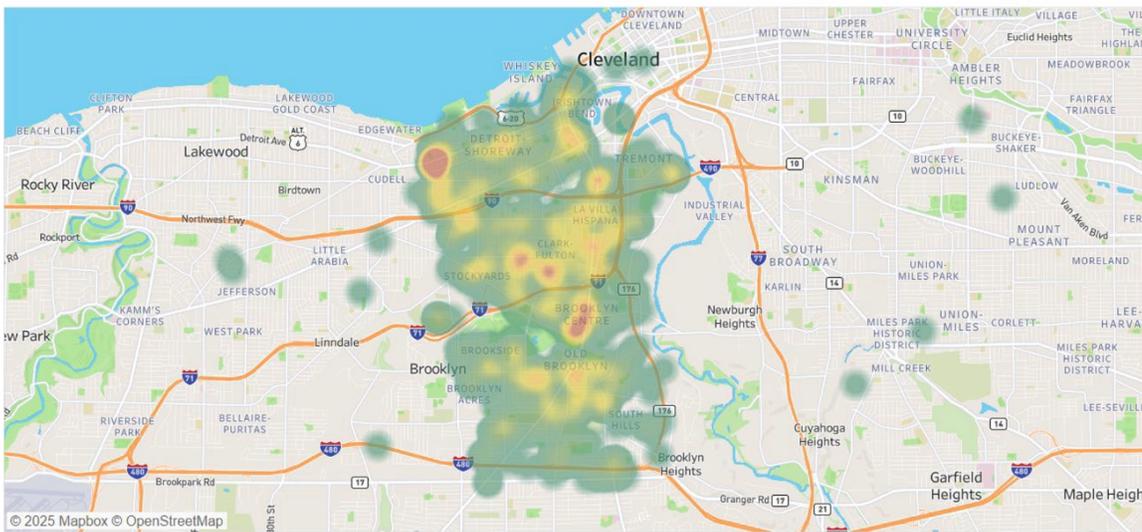
Number of Encounters	Facility Name
31	11401 Lorain Ave. (Cleveland Christian Home)
30	3234 West Blvd. (Bradley Manor)
24	Single-Family Private Residence

Table 32. Top 5 Call Types CIT Calls for Service – 1st District (2024)

Call Type	2024 Count/Percent
Suicide Threats	214 (21%)
Crisis Intervention – Violent	160 (15%)
Crisis Intervention – Non-Violent	142 (14%)
Domestic Violence	97 (9%)
Suicide in Progress	92 (9%)

Figure 4. Map of CIT Incidents – 2nd District (2024)

2024 CIT Incidents - 2nd District



Map based on average of Longitude and average of Latitude. Details are shown for Brazos Form PK.

The highest volume of CIT calls for service from a single location in 2nd District came from a single-family private residence, followed by Bridgeway/The Commons PSH and the Stricklin Crisis Stabilization Unit. (Table 33).

Table 33. Top 3 Most Frequent CIT Client Encounter Locations – 2nd District (2024)

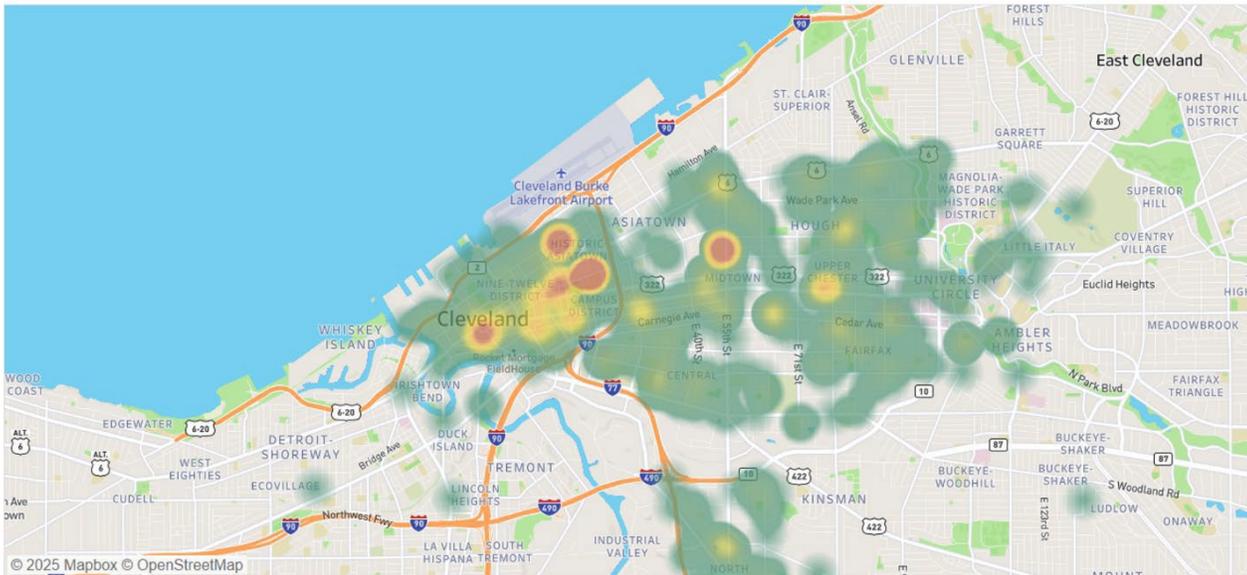
Number of Encounters	Facility Name
26	Single-Family Private Residence
22	8301 Detroit Ave. (Bridgeway/The Commons PSH)
19	8315 Detroit Ave. (Stricklin Crisis Stabilization Unit)

Table 34. Top 5 Call Types CIT Calls for Service – 2nd District (2024)

Call Type	2024 Count/Percent
Suicide Threats	269 (24%)
Crisis Intervention – Violent	158 (14%)
Crisis Intervention – Non-Violent	157 (14%)
Suicide in Progress	98 (9%)
Domestic Violence	64 (6%)

Figure 5. Map of CIT Incidents – 3rd District (2024)

2024 CIT Incidents - 3rd District



Map based on average of Longitude and average of Latitude. Details are shown for Brazos Form PK.

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 (2024)

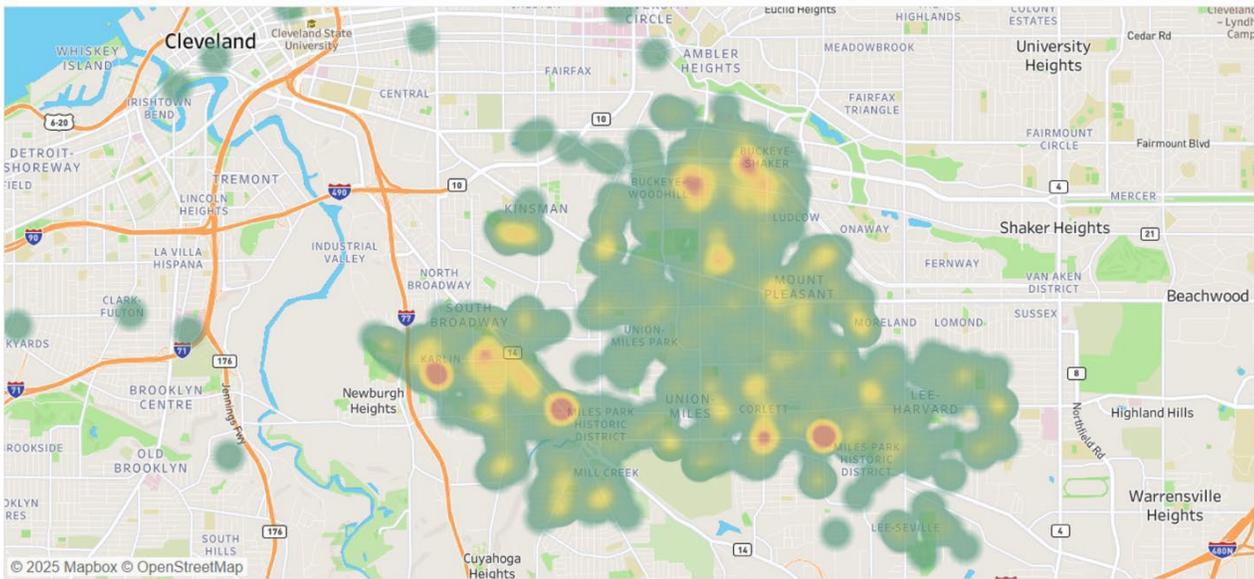
Number of Encounters	Facility Name
85	2227 Payne Ave. (Norma Herr Women’s Center)
53	2100 Lakeside Ave. (Lutheran Metropolitan Ministry Men’s Shelter)
38	1804 E. 55 th St. (Diversion Center)

Table 36. Top 5 Call Types CIT Calls for Service – 3rd District (2024)

Call Type	2024 Count/Percent
Suicide Threats	301 (28%)
Crisis Intervention – Non-Violent	176 (17%)
Crisis Intervention – Violent	126 (12%)
Suicide in Progress	87 (8%)
Domestic Violence	45 (4%)

Figure 6. Map of CIT Incidents – 4th District (2024)

2024 CIT Incidents - 4th District



Map based on average of Longitude and average of Latitude. Details are shown for Brazos Form PK.

The location with the highest volume of CIT calls for service in the 4th District was a single-family private residence, followed by CATS and Inez Killingsworth Pointe PSH (Table 37).

Table 37. Top 3 Most Frequent CIT Client Encounter Locations – 4th District (2024)

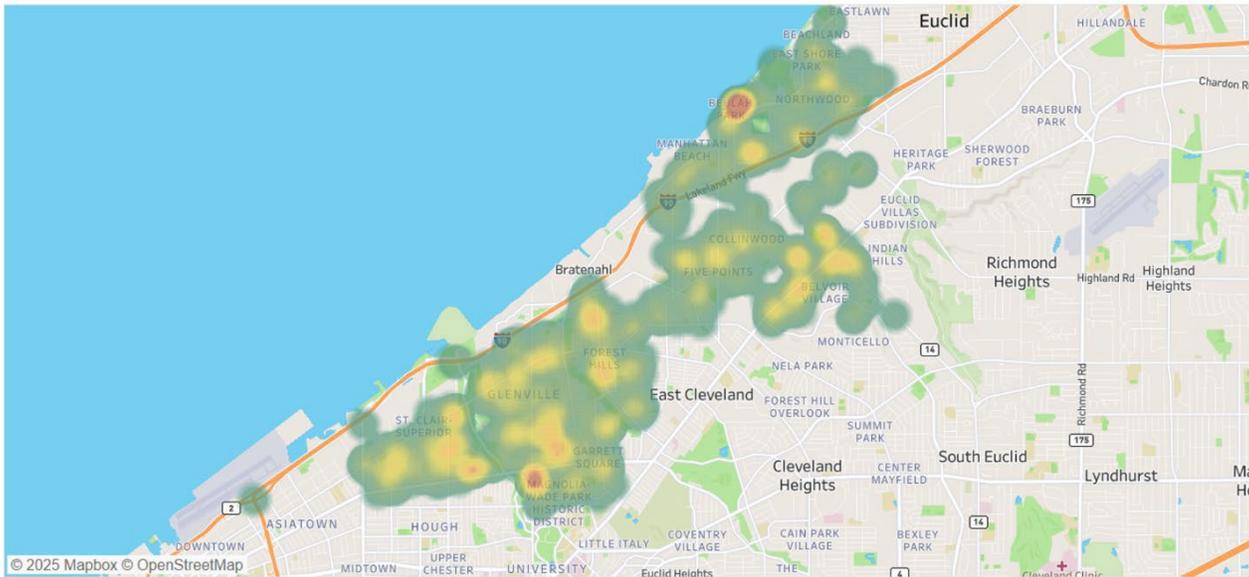
Number of Encounters	Facility Name
26	Single-Family Private Residence
19	8411 Broadway Ave. (CATS)
18	4175 E. 131 st St. (Inez Killingsworth Pointe PSH)

Table 38. Top 5 Call Types CIT Calls for Service – 4th District (2024)

Call Type	2024 Count/Percent
Suicide Threats	222 (18%)
Crisis Intervention – Violent	203 (17%)
Crisis Intervention – Non-Violent	173 (14%)
Domestic Violence	134 (11%)
Suicide in Progress	120 (10%)

Figure 7. Map of CIT Incidents – 5th District (2024)

2024 CIT Incidents - 5th District



Map based on average of Longitude and average of Latitude. Details are shown for Brazos Form PK.

The location with the highest volume of CIT calls for service in the 5th District was Euclid Beach Villa Apartments Senior Living (Table 39).

Table 39. Top 4 Most Frequent CIT Client Encounter Locations – 5th District (2024)

Number of Encounters	Facility Name
18	125 E. 156 th St. (Euclid Beach Villa Apartments Senior Living)
14	Multi-Family Private Residence
10	10527 Orville Ave. (The Davis Apartments)
10	Single-Family Private Residence

Table 40. Top 5 Call Types CIT Calls for Service – 5th District (2024)

Call Type	2024 Count/Percent
Crisis Intervention – Violent	128 (16%)
Suicide Threats	124 (16%)
Crisis Intervention – Non-Violent	112 (14%)
Domestic Violence	98 (12%)
Suicide in Progress	72 (9%)

Spotlight 2024: Repeat Utilizers of Crisis Response Services

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

Repeat utilizers are defined as individuals who have had 2 or more CIT calls for service in a single year. In 2024, repeat utilizers of crisis response services (those with 2 or more CIT calls for service) made up 22.8% of all unique individuals but 49.4% of all CIT calls for service (Table 41)

Table 41. Repeat Utilizers of Crisis Response Services (2024)

CIT Utilization Frequency	Number of Individuals	Percent	TOTAL Number of CIT Incidents	Percent
46	1	<0.1%	46	0.9%
38	1	<0.1%	38	0.7%
33	1	<0.1%	33	0.6%
23	1	<0.1%	23	0.4%
22	1	<0.1%	22	0.4%
20	2	<0.1%	40	0.8%
19	1	<0.1%	19	0.4%
18	1	<0.1%	18	0.3%
17	1	<0.1%	17	0.3%
15	1	<0.1%	15	0.3%
14	2	<0.1%	28	0.5%
13	1	<0.1%	13	0.2%
12	3	<0.1%	36	0.7%
11	4	0.1%	44	0.8%
10	3	<0.1%	30	0.6%
9	10	0.3%	90	1.7%
8	8	0.2%	64	1.2%
7	16	0.5%	112	2.1%
6	24	0.7%	144	2.7%
5	29	0.8%	145	2.8%
4	64	1.9%	256	4.9%
3	145	4.2%	435	8.3%
2	468	13.5%	936	17.8%
1	2,667	77.2%	2,667	50.6%
TOTAL	3,455	100%	5,271	100%

The number of repeat utilizers of crisis response services ages 18-25 *increased 54%* from 2023 to 2024 (Table 42). The number of repeat utilizers of crisis response services over age 64 also *increased 67%* from 2023 to 2024.

Table 42. Repeat Utilizer Gender and Age Characteristics at CIT Incidents (2023- 2024)

	2023 Count/Percent	2024 Count/Percent
Gender		
Male	409 (58%)	446 (57%)
Female	300 (42%)	343 (43%)
Missing	0 (0%)	0 (0%)
Age		
0-17	116 (16%)	117 (15%)
18-25	80 (11%)	123 (16%)
26-40	255 (36%)	249 (31%)
41-64	225 (32%)	245 (31%)
>64	33 (5%)	55 (7%)
Missing	0 (0%)	0 (0%)
TOTAL	709 (100%)	789 (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 2024 compared to 2023 (Table 43).

Table 43. Repeat Utilizer Race Characteristics at CIT Incidents (2023-2024)

Individual Race	2023 Count/Percent	2024 Count/Percent
African American	398 56.1%	491 62.2%
American Indian/Alaska Native	1 0.1%	0 0%
Asian	3 0.4%	1 0.1%
Caucasian	296 41.8%	273 34.6%
Native Hawaiian or other Pacific Islander	0 0%	1 0.1%
None (Missing data)	0 0%	0 0%
Unknown (Not ascertained by officer)	11 1.6%	23 3.0%
TOTAL	709 (100%)	789 (100%)

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

Suicide Threats (20%) and Crisis Intervention - Violent (17%) calls for service were the top two call types for repeat utilizers of crisis response services in 2024 (Table 44).

Table 44. Top 5 Call Types for Repeat Utilizer CIT Calls for Service (2024)

Call Type	2024 Count/Percent
Suicide Threats	515 (20%)
Crisis Intervention - Violent	453 (17%)
Crisis Intervention – Non-Violent	437 (17%)
Domestic Violence	201 (8%)
Suicide in Progress	198 (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 6 Most Frequent CIT Client Encounter Locations for Repeat Utilizers (2024)

Number of Encounters	Facility Name
58	2227 Payne Ave. (Norma Herr Women’s Center)
35	2100 Lakeside Ave. (Lutheran Metropolitan Ministry Men’s Shelter)
28	11401 Lorain Ave. (Cleveland Christian Home)
27	3234 West Blvd. (Bradley Manor)
26	Single-Family Private Residence
26	Single-Family Private Residence

Most repeat utilizers were identified as having a mental illness (Table 46). 16% of repeat utilizers were identified with alcohol/drug use. 8% of repeat utilizers were identified as being homeless.

Table 46. Individual Characteristics of Repeat Utilizers (2024)

Individual Characteristic	Count	Percent
Mental Illness	746	94.6%
Alcohol/Drug Use	122	15.5%
Developmental Disability	49	6.2%
Physical Disability	16	2.0%
Homeless	49	6.2%
Veteran	10	1.3%
Total	789	100%

Note: these figures are based on individual characteristics of repeat utilizers, not on demographic characteristics at CIT incidents. Subjects may have more than one characteristic identified; thus, totals do not equal 100%.

Most repeat utilizers demonstrated no resistance (91%) at CIT calls for service in 2024 (Table 47).

Table 47. Resistance Levels for Repeat Utilizers at CIT Incidents (2024)¹

Resistance Level	2024 Count/Percent
No Resistance	2,363 90.7%
Passive Resistance	142 5.5%
Active Resistance	69 2.6%
Aggressive Physical Resistance	30 1.2%
Not Recorded	0 0%
TOTAL	2,604 (100%)

9% of CIT calls for service involving repeat utilizers had an emergency admission form (“pink slip”) completed, a probate warrant was served at 5% of CIT calls for service involving repeat utilizers, and 40 CIT calls for service (1%) resulted in the arrest of a repeat utilizer of crisis response services (Table 48). Repeat utilizers were referred for additional support in 6.5% of CIT calls for service – referrals made by SCIT officers during follow-up may not be documented in the Brazos forms.

Table 48. Disposition Characteristics of Repeat Utilizers at CIT Incidents (2024)

Incident Characteristic	Incident Count	Percent
Individual left voluntarily	1,904	73.1%
Probate warrant served	120	4.6%
Emergency admission form (“pink slip”)	243	9.3%
Individual referred additional support	169	6.5%
Subject conveyed/transported	2,210	84.9%
Individual arrested	40	1.5%
TOTAL	2,604	100%

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

¹ Source: Cleveland Division of Police, General Police Order 2.01.01, Effective Date: January 1, 2018, Subject: Use of Force – Definitions, Levels of Resistance.

Repeat utilizers were conveyed most often to MetroHealth Medical Center or University Hospital (Table 49). Similar to overall trends, the percentage of conveyances for repeat utilizers decreased in 2024.

Table 49. Conveyance Destinations for Repeat Utilizers at CIT Incidents (2023-2024)

Conveyance Destination	2023 Count/ Percent	2024 Count/ Percent
Cleveland Clinic	137 6.0%	134 5.1%
Crisis Stabilization Unit	10 0.4%	9 0.3%
Diversion Center	22 1.0%	19 0.7%
Euclid Hospital	42 1.8%	41 1.6%
Fairview Hospital	201 8.8%	225 8.6%
Homeless Shelter	1 <0.1%	1 <0.1%
Jail	4 0.2%	5 0.2%
Lutheran Hospital	209 9.1%	231 8.9%
Marymount Hospital	111 4.8%	141 5.4%
MetroHealth Medical Center	540 23.5%	724 27.8%
Rainbow Babies and Children's Hospital	136 5.9%	119 4.6%
Saint Vincent Charity Hospital	201 8.8%	77 3.0%
South Pointe Hospital	25 1.1%	39 1.5%
University Hospital	397 17.3%	363 13.9%
VA	15 0.7%	25 1.0%
Other	30 1.3%	57 2.2%
N/A - Not Conveyed	212 9.2%	394 15.1%
TOTAL	2,293 (100%)	2,604 (100%)

Spotlight 2024: Specialized Crisis Intervention Trained¹ (SCIT) Officer Response to CIT Incidents

(Individual level characteristics, incident level characteristics, and outcomes)

SCIT officer response to CIT incidents has continued to increase each year. In 2024, 47.1% of CIT incidents received a SCIT officer response compared to only 17.7% of CIT incidents in 2021 (Table 50).

Table 50. SCIT vs. Division-Wide CIT-Trained Officer Response at CIT Incidents (2021-2024)

Year	SCIT Officer Response Count/Percent	Division-Wide CIT-Trained Officer Response Count/Percent	Total CIT Incidents Count/Percent
2021	866 (17.7%)	4,023 (82.3%)	4,889 (100%)
2022	1,583 (31.8%)	3,391 (68.2%)	4,974 (100%)
2023	1,960 (39.0%)	3,068 (61.0%)	5,028 (100%)
2024	2,485 (47.1%)	2,786 (52.9%)	5,271 (100%)

Gender and age characteristics of individuals at 2024 CIT incidents were similar for incidents which received a SCIT officer response and those which received a division-wide CIT-trained officer response (Table 51).

Table 51. Gender and Age Characteristics at CIT Incidents by SCIT Officer Response (2024)

	2024 SCIT Officer Response Count/Percent	2024 Division-Wide CIT-Trained Officer Response Count/Percent
Gender		
Male	1,380 (55.5%)	1,510 (54.2%)
Female	1,105 (44.5%)	1,275 (45.8%)
Missing	0 (0%)	1 (<0.1%)
Age		
0-17	332 (13.3%)	416 (14.9%)
18-25	402 (16.2%)	484 (17.4%)
26-40	827 (33.3%)	909 (32.6%)
41-64	742 (29.9%)	814 (29.2%)
>64	169 (6.8%)	149 (5.4%)
Missing	13 (0.5%)	14 (0.5%)
TOTAL	2,485 (100%)	2,786 (100%)

¹SCIT officer response is based on three entry fields in the Brazos form: 1) SCIT status of the primary responding officer, 2) SCIT status of the secondary responding officer, and 3) SCIT status of the supervisor on scene. As such, analysis of Brazos and CAD data indicates that this is an underreported field. SCIT officer response at CIT incidents is higher than what is reported on the Brazos forms.

In 2024, there was a slightly proportionately higher SCIT officer response to White/Caucasian individuals. Division-wide CIT-trained officers responded to a slightly higher proportion of Black/African American individuals in crisis (Table 52).

Table 52. Race Characteristics at CIT Incidents by SCIT Officer Response (2024)

Individual Race	2024 SCIT Officer Response Count/Percent	2024 Division-Wide CIT-Trained Officer Response Count/Percent
African American	1,416 57.0%	1,753 62.9%
American Indian/Alaska Native	7 0.3%	4 0.1%
Asian	11 0.4%	8 0.3%
Caucasian	974 39.2%	887 31.8%
Native Hawaiian or other Pacific Islander	3 0.1%	9 0.3%
None (Missing data)	0 0%	1 <0.1%
Unknown (Not ascertained by officer)	74 3.0%	124 4.5%
TOTAL	2,485 (100%)	2,786 (100%)

Individual characteristics of individuals at 2024 CIT incidents were similar for incidents which received a SCIT officer response and those which received a division-wide CIT-trained officer response (Table 53).

Table 53. Individual Characteristics by SCIT Officer Response (2024)

Individual Characteristic	2024 SCIT Officer Response Count/Percent	2024 Division-Wide CIT-Trained Officer Response Count/Percent
Mental Illness	2,259 (90.9%)	2,489 (89.3%)
Alcohol/Drug Use	425 (17.1%)	450 (16.2%)
Developmental Disability	145 (5.8%)	161 (5.8%)
Physical Disability	67 (2.7%)	54 (1.9%)
Homeless	112 (4.5%)	180 (6.5%)
Veteran	32 (1.3%)	34 (1.2%)
TOTAL	2,485 (100%)	2,786 (100%)

- Note: subjects may have more than one characteristic noted.

SCIT officer response was highest in the 1st and 2nd Districts (Table 54).

Table 54. SCIT Officer Response to CIT Incidents by Police District (2024)

Police District	2024 SCIT Officer Response Count/Percent	2024 Division- Wide CIT-Trained Officer Response Count/Percent	2024 District Total Count/Percent
1 st District	668 (63.9%)	378 (36.1%)	1,046 (100%)
2 nd District	624 (54.8%)	515 (45.2%)	1,139 (100%)
3 rd District	374 (35.0%)	695 (65.0%)	1,069 (100%)
4 th District	419 (34.5%)	795 (65.5%)	1,214 (100%)
5 th District	399 (49.9%)	401 (50.1%)	800 (100%)

Resistance levels of individuals at 2024 CIT incidents which received a SCIT officer response were similar to those which received a division-wide CIT-trained officer response (Table 55).

Table 55. Resistance Levels of Individuals at CIT Incidents by SCIT Officer Response (2024)¹

Resistance Level	2024 SCIT Officer Response Count/Percent	2024 Division-Wide CIT-Trained Officer Response Count/Percent
No Resistance	2,238 90.1%	2,523 90.6%
Passive Resistance	149 6.0%	162 5.8%
Active Resistance	80 3.2%	74 2.7%
Aggressive Physical Resistance	18 0.7%	26 0.9%
Not Recorded	0 0%	1 <0.1%
TOTAL	2,485 (100%)	2,786 (100%)

¹Source: Cleveland Division of Police, General Police Order 2.01.01, Effective Date: January 1, 2018, Subject: Use of Force – Definitions, Levels of Resistance.

De-escalation techniques were employed more often at CIT incidents which received a SCIT officer response compared to those which received a division-wide CIT-trained officer response (Table 56).

Table 56. De-escalation Technique Use by SCIT Officer Response (2024)

	2024 SCIT Officer Response Count/Percent	2024 Division-Wide CIT-Trained Officer Response Count/Percent
Yes	1,735 69.8%	1,672 60.0%
No	749 30.1%	1,113 39.9%
Not Recorded	1 <0.1%	1 <0.1%
TOTAL	2,485 (100%)	2,786 (100%)

There were 16 use of force incidents (0.6%) at CIT incidents which received a SCIT officer response and 12 use of force incidents (0.4%) at CIT incidents which received a division-wide CIT-trained officer response (Table 57).

Table 57. Use of Force at CIT Incidents by SCIT Officer Response (2024)¹

Force Used	2024 SCIT Officer Response Count/ Percent	2024 Division-Wide CIT-Trained Officer Response Count/Percent
NO Use of Force	2,469 (99.4%)	2,774 (99.6%)
YES Use of Force	16 (0.6%)	12 (0.4%)
Yes (Level 1)	8 (0.3%)	8 (0.3%)
Yes (Level 2)	8 (0.3%)	3 (0.1%)
Yes (Level 3)	0 (0%)	1 (<0.1%)
Not Recorded	0 (0%)	0 (0%)
TOTAL	2,485 (100%)	2,786 (100%)

¹Source: Cleveland Division of Police, General Police Order 2.01.01, Effective Date: January 1, 2018, Subject: Use of Force – Definitions, Levels of Force.

Handcuffing was utilized at CIT incidents which received a SCIT officer response at approximately the same frequency as CIT incidents which received a division-wide CIT-trained officer response (Table 58).

Table 58. Handcuffing at CIT Incidents by SCIT Officer Response (2024)

	2024 SCIT Officer Response Count/Percent	2024 Division-Wide CIT-Trained Officer Response Count/Percent
Yes	367 14.8%	373 13.4%
No	2,117 85.1%	2,412 86.5%
Not Recorded	1 <0.1%	1 <0.1%
TOTAL	2,485 (100%)	2,786 (100%)

Probate warrants were served at a higher frequency at CIT incidents which received a SCIT officer response. Emergency admission forms were completed at a higher frequency at CIT incidents which received a SCIT officer response. A higher frequency of individuals was referred for additional support at CIT incidents where a SCIT officer responded. The arrest rates were similar at CIT incidents where a SCIT officer responded compared to CIT incidents where a division-wide CIT-trained officer responded (Table 59).

Table 59. Disposition Characteristics of CIT Incidents by SCIT Officer Response (2024)

Incident Characteristic	2024 SCIT Officer Response Count/Percent	2024 Division-Wide CIT-Trained Officer Response Count/Percent
Individual left voluntarily	1,736 (69.9%)	2,102 (75.4%)
Probate warrant served	167 (6.7%)	93 (3.3%)
Emergency admission form (“pink slip”)	346 (13.9%)	192 (6.9%)
Individual referred additional support	228 (9.2%)	150 (5.4%)
Subject conveyed/transported	2,100 (84.5%)	2,407 (86.4%)
Individual arrested	67 (2.7%)	68 (2.4%)
TOTAL	2,485 (100%)	2,786 (100%)

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

Thank you to our 2024 MHRAC Appointed Members

- Crisis Intervention Coordinator: Lieutenant **John Mullin**
- Representation from specialized CIT officers: Sergeant **Matt Brown**
- Cleveland Municipal Court's Mental Health Docket: **Brian Siggers**, Probation Supervisor; **Judge Suzan M. Sweeney**, Cleveland Municipal Court
- Ohio Criminal Justice Coordinating Center of Excellence: **Ruth Simera**, Executive Director
- Cuyahoga County's ADAMHS Board: **Carole Ballard**, Director of Education and Training, ADAMHS Board
- Frontline Services: **Rick Oliver**, Director of Crisis Services
- Relevant Cuyahoga County Mental Health Organizations: **Habeebah Grimes**, Chief Executive Officer, Positive Education Program; Commissioner **Orlando Wheeler**, Cleveland EMS; **Larry Heller**, Northern Ohio Recovery Association
- Advocacy Organizations: **Kait McNeeley**, Assistant Director, NEOCH; **Madelaine Matej MacQueen**, Northeast Hub Director, Mental Health Addiction Advocacy Coalition; **Josiah Quarles**, REACH; **Jenni Bartholomew**, Partnership for a Safer Cleveland
- Homeless Service Providers: **Carey Gibbons**, Director of LGBTQ+ Navigation Services, NEOCH
- Area Hospitals: Dr. **Meg Testa**, Medical Director of the Diversion Center
- Interested Community Members: **Taneisha Fair**, Local Advocate, Student; **Mike Jones**, Justice Advocate, NEOCH; **Loh**, Homeless Congress; **Bree Easterling**, Social Justice Organizing & Outreach Specialist, Policy Matters Ohio; **Cyan Blackwell**, Children's Law Center
- Cleveland Department of Public Health: **Dave Margolius**, Director of Public Health; **Angela Cecys**, Strategist for Public Safety and Health

And a special THANK YOU to all those from our community who volunteer their time who are not appointed but are just as invested in the work we do to support the Cleveland Division of Police and the Cleveland Community! We could not do this without you!