



**City of Cleveland
Mental Health Response Advisory Committee
2019 Annual Report
January 31, 2020**



Introduction:

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 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.

For most of Calendar Year 2019, Scott Osiecki, Chief Executive Officer of the ADAMHS Board of Cuyahoga County; Ed Eckart Jr., Assistant Director of the Cleveland Department of Public Safety, and Captain James Purcell, Crisis Intervention Team (CIT) Coordinator, Cleveland Division of Police (CDP), were the Tri-chairs of the MHRAC.

During the last quarter of 2019, there were several changes to the Tri-chair leadership. Ed Eckart, Cleveland's Assistant Chief of Public Safety, after many years of public service, decided to accept a new job as the Vice President of the Downtown Cleveland Alliance. Nicole Carlton of Cleveland's Emergency Medical Services replaced Mr. Eckart as one of the Tri-chairs.

Commissioner Hassan Aden, former Police Chief of Greenville, N.C., was appointed in July, 2019, as the Federal Monitor for the Cleveland Consent Decree, replacing Matthew Barge from Police Assessment Resource Center. Chief Adan has been an active member of the Monitoring Team serving as Deputy Monitor since 2017.

Captain James Purcell unfortunately went on medical leave in the fall of 2019. Deputy Chief Joellen O'Neill replaced Captain Purcell as the Tri-chair representing the CDP. Sergeant Bridgette Dorr-Guiser assumed Captain Purcell's duties of CIT Liaison. Sadly, Captain Purcell passed away on January 19, 2020.

The charge of the MHRAC is:

- Fostering better relationships and support between the police, community, and mental health providers.
- Identifying problems and developing solutions to improve crisis outcomes.
- Providing guidance to improving, expanding and sustaining the CDP Crisis Intervention Program.
- Conducting a yearly analysis of incidents to determine if the CDP has enough specialized CIT officers, if they are deployed effectively and responding appropriately, and recommending changes to policies and procedures regarding training. *Note: This analysis was not completed as the Quality Improvement Subcommittee was in the process of being revamped and met only once in 2019.*

MHRAC was scheduled to meet every other month. All of the meetings were held at the ADAMHS Board and were open to the public. The committee met from 9:00 a.m. – 10:30 a.m. in January, March, May, July, and November. Due to scheduling conflicts, the MHRAC did not meet in September.

As required by the MOU between the City of Cleveland and the ADAMHS Board of Cuyahoga County, the MHRAC has developed this 2019 Annual Report.

MHRAC Sub-committees & Accomplishments:

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

1. Training Sub-committee: Shannon Jerse, Chair

- The 40-Hour Specialized CIT Training was approved by the Department of Justice (DOJ) in August 2019. The 2020 CIT training schedule is being developed in collaboration between the CDP and the ADAMHS Board of Cuyahoga County.
- The CDP In-service Training: *Recognizing and Responding Effectively to Traumatized Youth* was approved by the DOJ in July 2019. As of December 2, 2019, 1,400 CDP officers have participated in the training.
- The 8-hour Dispatch Training has been submitted and is awaiting approval from the DOJ. Once approved, the training will be implemented in 2020.
- *Autism: Support for Families in the Community* was selected as the topic for the 2020 CDP In-service Training.

2. Diversion Sub-committee: Christina Kalnicki, Chair

- Cuyahoga County's diversion challenges and opportunities continued to be a topic of review and discussion.
- Evidence-based models of diversion across the country, such as Co-responder Teams, Cahoots (Crisis Assistance Helping Out On the Street) Program and other models were reviewed and discussed.
- ADAMHS Board of Cuyahoga County SAMSHA Grant for Jail Diversion was reviewed. The project began in March 2019, with the goals to coordinate referrals, linkages and follow-up for individuals in crisis. The Board's Crisis Stabilization Unit, operated by Frontline Service, is being utilized as the diversion point.
- The City of Cleveland received a Department of Justice Grant for a *CIT Co-responder Project*. The project is set to begin in April 2020 and will focus on the coordination of interventions with individuals in crisis in the community. Mental health workers will be paired with CIT officers from all five CDP districts.

3. Community Involvement/Engagement Sub-committee: Karen Kearney, Co-chair Beth Zietlow-DeJesus, Co-chair

- Completed training workshop *When to Call 911 in a Mental Health Crisis*, which is now available through the ADAMHS Board of Cuyahoga County Training Institute.
- Content regarding CIT/Mental Health Crisis was developed to be shared through ADAMHS Board social media and created a schedule for sharing the content throughout the year.
- Revised Community Resource Cards for CDP districts and shared revised cards with CDP to be distributed to officers via electronic system.
- Created and submitted a series of recommendations to the MHRAC Tri-Chairs:
 - Presentations/participation in community meetings.
 - Dissemination of training opportunities.
 - Promotion of CIT/mental health crisis response through social media.
 - Opportunities for awareness building through national awareness days/weeks/months.
 - Engagement with various forms of media regarding crisis response, specifically radio.
 - Regular revision of community resource cards for police districts.

**4. Quality Improvement Sub-committee: Deputy Chief Joellen O’Neill, Co-chair
Rania Issa, Ph.D., Co-chair**

- The Quality Improvement Sub-committee regrouped during the latter part of 2019 to focus on developing goals and objectives for the committee.
- It was decided that the Quality Improvement Sub-committee will focus on reviewing:
 - CIT Policies and Procedures
 - CIT Data Collection and Analysis
 - CIT Data Trends and Patterns
 - CIT Case Examples

Other MHRAC Notables:

- As required by the MOU, MHRAC developed, published and submitted its 2018 Annual Report to the City of Cleveland and the ADAMHS Board of Cuyahoga County. The report was shared with the Department of Justice, the Monitoring Team and the community in January 2019. All MHRAC annual reports can be viewed at www.adamhsc.org.
- Carole Ballard, Director of Education and Training for the ADAMHS Board and Captain James Purcell, CIT Coordinator for the CDP, provided a workshop entitled, *MHRAC: Where are we now?* during the Cuyahoga County Social Work Conference at Case Western Reserve University on March 8, 2019.
- MHRAC Tri-chairs Scott Osiecki, CEO of the ADAMHS Board of Cuyahoga County; Ed Eckart, Assistant Director of the Cleveland Department of Public Safety, and Captain James Purcell, CIT Coordinator for the CDP, provided a presentation to the community about the MHRAC during the Cleveland Police Commission Meeting on June 25, 2019, at the Harvard Community Center.



This report is dedicated to the memory of Captain James Purcell, age 56, who passed away on January 18, 2020, after a courageous battle with cancer.

Captain Purcell was the CIT Coordinator for the Cleveland Division of Police and served as one of the MHRAC Tri-Chairs. His work and dedication to the behavioral health community will be greatly missed.

This report is submitted on behalf of the entire MHRAC.

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

A MHRAC membership roster as of December 31, 2019 is included in this report.

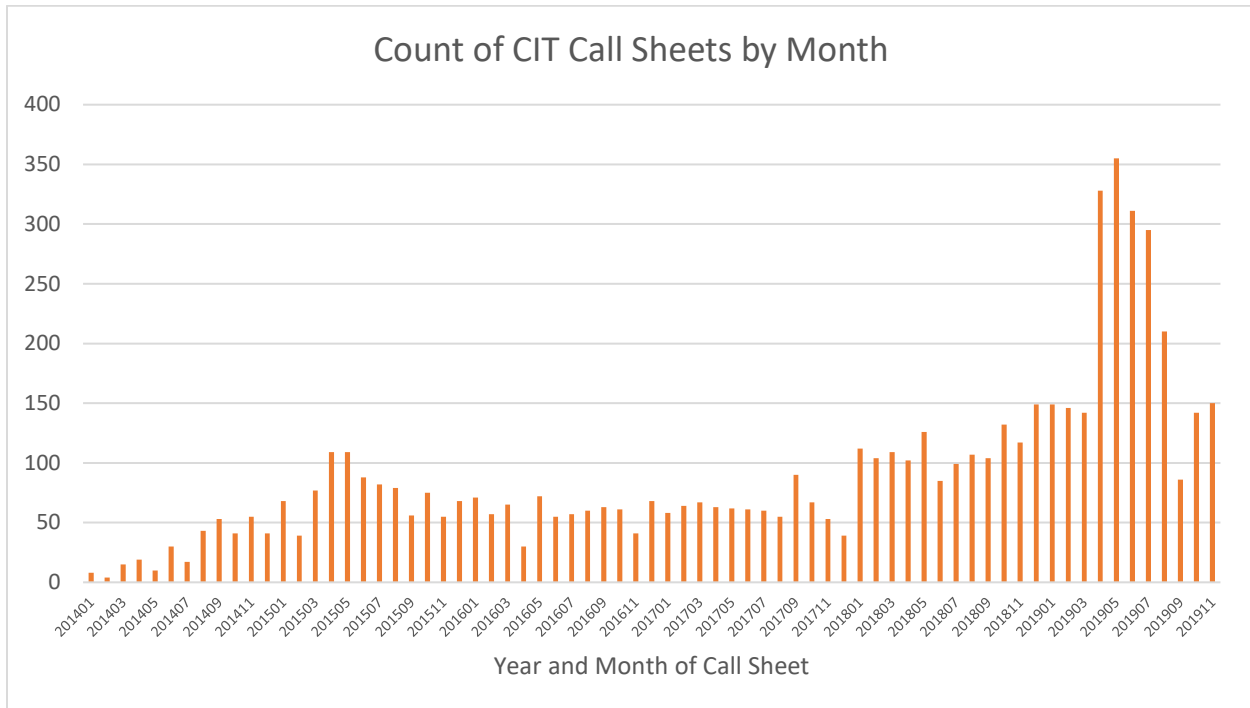
The MHRAC also thanks the Settlement Agreement Monitors for their collaboration, technical assistance and consultation.

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

SUMMARY OF CRISIS INTERVENTION TEAM (CIT) DATA: 2014 - 2019

The following charts summarize the data shared by The Cleveland Division of Police (CDP) with the ADAMHS Board of Cuyahoga County for Crisis Intervention activities from January 2014 through December 2019. CDP has been working diligently on developing an in-car reporting system so that officers could complete the CIT stat sheets electronically. There have been ongoing discussions along with consultation within CDP and others in order to launch this model in 2020. This should eliminate paper CIT stat sheets, provide more accurate information regarding the encounters with people in crisis along with outcomes. The ADAMHS Board will continue to be in dialogue with the CDP on the continued developments on the model.

Encounters by Month via Crisis Intervention Team Stat Sheets collected by CDP



CIT Stat Sheets Received and Summarized by Calendar Year

Encounter Year	2014	2015	2016	2017	2018	2019
Encounter Count	336	905	700	739	1,346	2,433
Average Encounters per Month	28	75	58	62	112	205

For 2019 the total is **2,433** which represents an increase of **1,087** encounters recorded over 2018.

The average number of CIT stat sheets collected per month for 2019 is **205** which represents an increase of **93** over 2018.

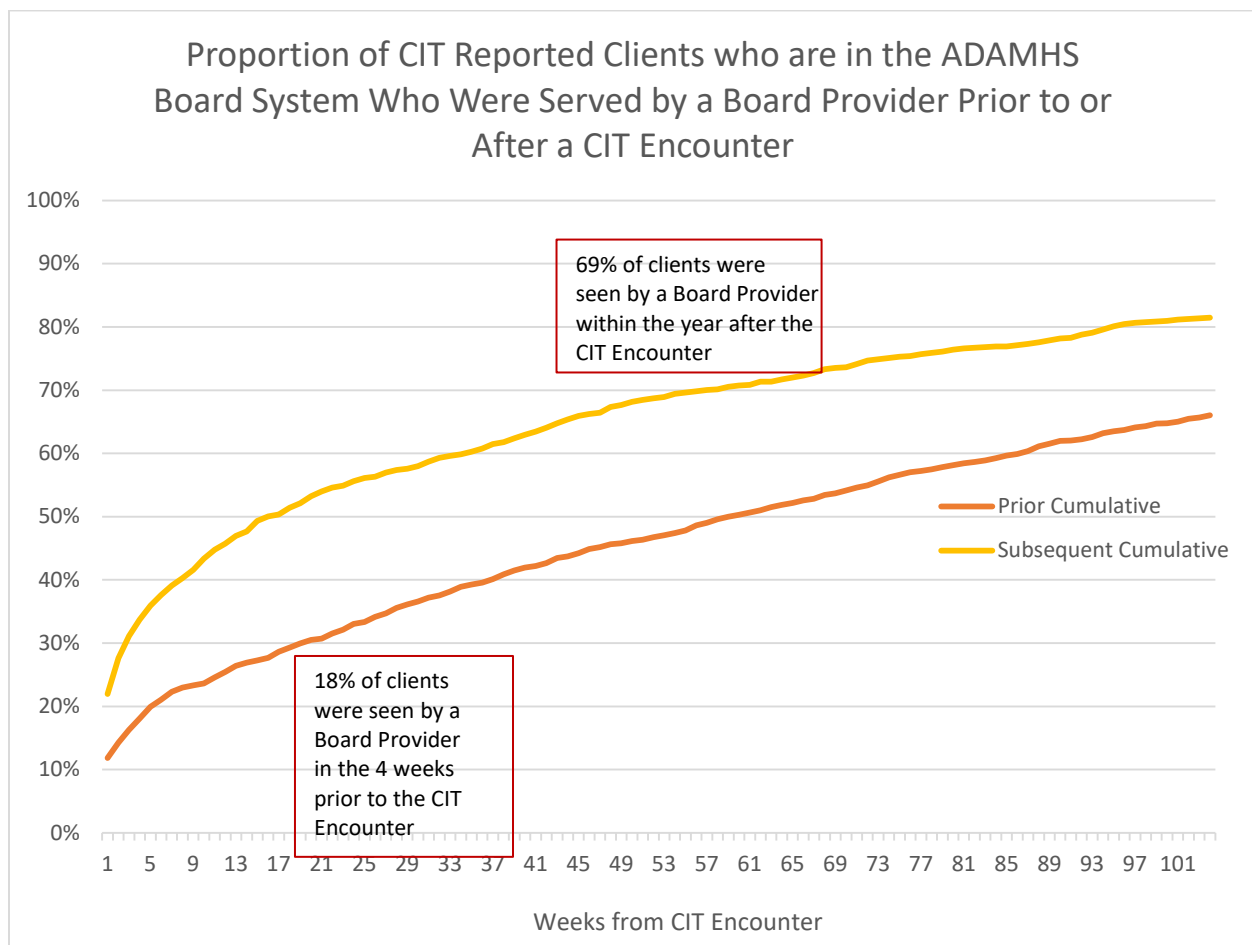
Issues and challenges related to the summarization of this data:

- Two different CIT Stat Sheets have been used over the course of the six years summarized. Data fields have been added and dropped.
- Handwriting of the individuals who completed the sheets may be difficult to read.
- Incomplete data.

CDP Interventions and ADAMHS Board Client Overlap

Persons identified on CIT Stat Sheets were compared with Clients in the ADAMHS Board Claims Data to determine what overlap there is between the two systems.

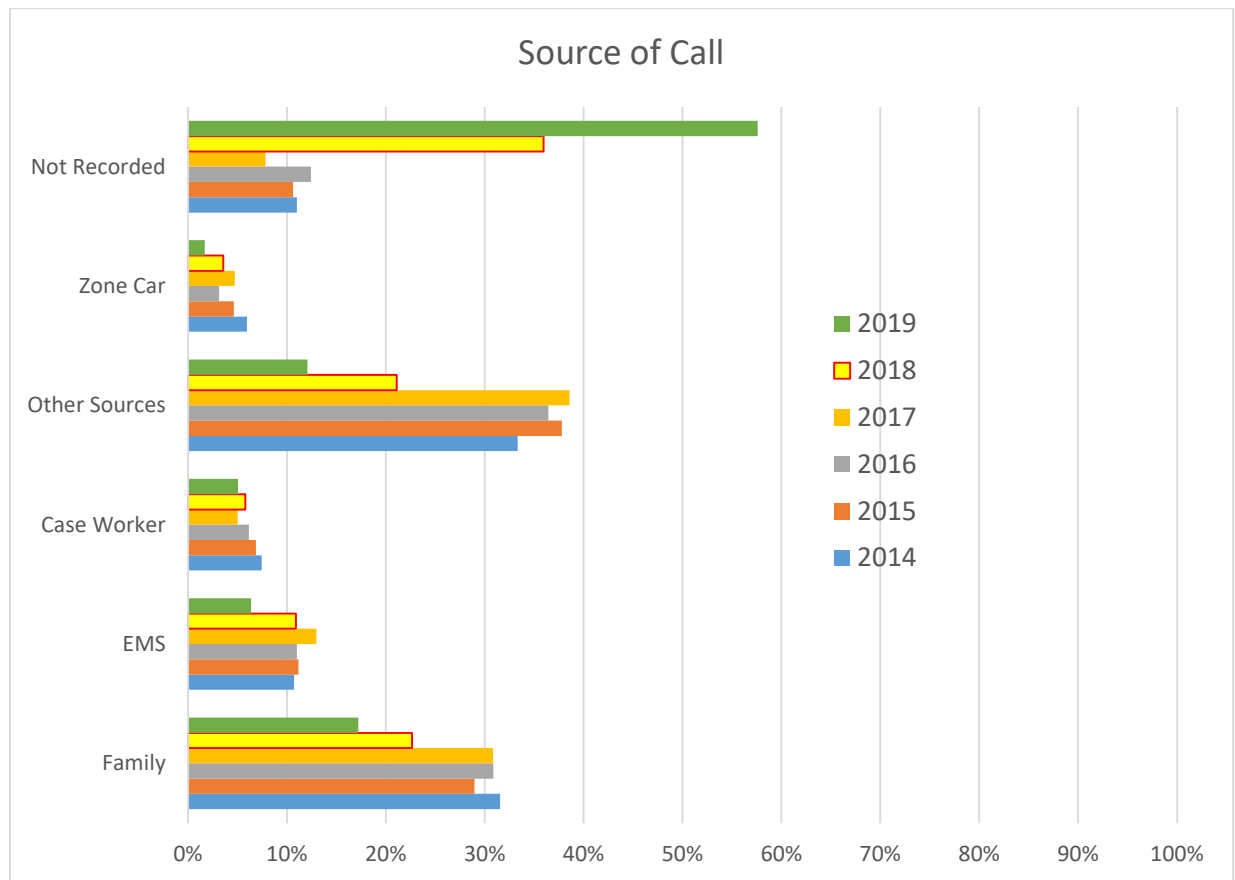
- Using data from the forms and from the ADAMHS Board claims data records were matched using client name, social security number, street address and date of birth.
- Of the 6,449 clients seen since January 2014, 3,702 or 57% had some service paid for by the ADAMHS Board.
- For those clients who do match and had claims, 34% of clients were served at a Board provider within four weeks after the CIT encounter (see chart below).
- For those clients who do match, 69% of clients were served at a Board provider within a year (52 weeks) after the CIT encounter.
- 18% of people who had both a CIT Stat Sheet and are in the Board Claims systems were served by a Board provider within the week prior to the CIT encounter. Some clients were served on the same day as the CIT encounter.



Source of Encounter

- Due to changes of the CIT stat sheets we expect that the percentages will change over the years. The form changed which impacted how the officers completed this part of the questions. Areas identified not recorded indicates that the source of the call was via dispatch-that is what the officers were checking. Officers identified source of encounter as CCS and/or Radio. This means that is how they got the call. They did not record any other source when identifying Radio. This is due to the change in forms and the broad variety of officers completing the CIT Stat Sheets.

Counts	Encounter Year					
	2014	2015	2016	2017	2018	2019
Family	106 32%	262 29%	216 31%	228 31%	305 23%	419 17%
EMS	36 11%	101 11%	77 11%	96 13%	147 11%	155 6%
Case Worker	25 7%	62 7%	43 6%	37 5%	78 6%	123 5%
Other Sources	112 33%	342 38%	255 36%	285 39%	284 21%	294 12%
Zone Car	20 6%	42 5%	22 3%	35 5%	48 4%	41 2%
Not Recorded	37 11%	96 11%	87 12%	58 8%	484 36%	1401 58%
Total	336	905	700	739	1346	2433



Source of Call and Source of Encounter is similar data. Officers indicated that Radio is the source of the call and did not elaborate. This is due to the change in the CIT Stat Sheet and the variety of officers completing the form.

Nature of Encounters

- The Nature of Encounters are defined by the CIT officer. There were 300 different terms used by officers to describe the nature of the encounters received. A review of the long list resulted in the creation of a shorter list of categories for summarizing the nature of encounters. Officers generally wrote on the form "Crisis Intervention." They did not elaborate on the Nature of Encounters. This is due to the change in the form over the years and the broad variety of officers completing the form.

Encounters for Adults

- Encounter Counts and Percentages by Categories for Adults by Year. Encounter categories with percentage values less than 3% of encounters are not included.

Nature of Encounter Categories	2014	2015	2016	2017	2018	2019	Grand Total
Crisis Intervention	4 1%	22 3%	19 3%	22 3%	226 19%	882 42%	1175 21%
Involved MH Drug Use/Overdose	16 5%	50 6%	25 4%	18 3%	44 4%	25 1%	178 3%
Involved Mental Illness	115 38%	317 39%	180 30%	166 26%	250 21%	276 13%	1304 23%
Involved Suicide Threats	97 32%	246 31%	197 33%	228 35%	358 29%	448 21%	1574 28%
Involved Threats to Others	1 0%	7 1%	22 4%	30 5%	39 3%	46 2%	145 3%
Involved violence, Domestic	29 10%	68 8%	53 9%	43 7%	65 5%	49 2%	307 5%
Other	19 6%	53 7%	53 9%	73 11%	141 12%	266 13%	605 11%
Grand Total	300	803	596	648	1,219	2,094	5,660

- Note that there have been changes across the years. **The change reflects the utilization of two CIT Stat Sheets with a different question not incidents.**
- Use of the category **Crisis Intervention** jumped to 19% in 2018 to 42% in 2019 from near 3% in 2017.
- Use of the category **Involved Mental Illness** has declined.
- Data presented is collapsed into broad categories based upon the nature of encounters the officers responded to throughout the year.

Encounters for Juveniles (<18 years old)

- Encounter Counts and Percentages for Youth by Year. Encounter categories with percentage values less than 3% of encounters are not included.
- The actual number of encounters with juveniles nearly doubled between 2018 to 2019 – in 2018 was 129 and in 2019 it was 241.

Nature of Encounter Categories	2014	2015	2016	2017	2018	2019	Grand Total
Crisis Intervention	0 0%	7 7%	4 4%	1 1%	28 22%	109 45%	149 21%
Domestic	0 0%	0 0%	6 6%	7 8%	7 5%	13 5%	33 5%
Involved Mental Illness	3 8%	9 9%	13 13%	7 8%	15 12%	19 8%	66 9%
Involved Suicide Threats	4 11%	25 25%	32 31%	34 37%	38 29%	48 20%	181 26%
Involved violence, Domestic	2 6%	13 13%	24 23%	18 20%	11 9%	16 7%	84 12%
Other	27 75%	44 43%	11 11%	8 9%	19 15%	23 10%	132 19%
Grand Total	36	102	104	91	129	241	703

Note that there have been changes across the years. **This information reflects the change in forms.**

- Decrease in encounters related to **Suicide Threats** from 31% in 2016 to 20% in 2019
- While percentage of suicide is down since 2016, actual numbers are higher - 32 in 2016 and 48 in 2019.
- There has been an increase in the proportion of **Crisis Intervention** to 45% in 2019.
- Use of the **Other** category has declined to near 10% for the past three and a half years.
- Officers generally wrote on the form “Crisis Intervention.” They did not elaborate on the Nature of Encounters. This is due to the change in the form over the years and the broad variety of officers completing the form. For juveniles this number went from 4% (4) in 2016 to 45% (109) in 2019.

Client Characteristics

- Six new data fields were added to the latest version (2018) of the CIT Stat Sheet completed by CDP officers.

Person Race/Ethnicity

	2018 Count/Percent	2019 Count/ Percent
African American	376 28%	952 39%
Arabic	0 0%	6 0%
Asian	2 0%	5 0%
Biracial	1 0%	2 0%
Caucasian	216 16%	691 28%
Hispanic	21 2%	98 4%
Indian	0 0%	1 0%
None	2 0%	37 2%
Other	1 0%	0 0%
Unknown	729 54%	641 26%
Total	1348	2433

Race and ethnicity were not included on the old CIT Stat Sheet. Some officers continued to use an older form.

The categories identified below were not included in the old CIT Stat Sheets. The information reflected below does not identify how the officers identified the information. When using the New CIT Stat Sheet, officers could indicate that a client may be dual disordered and check “mental health and alcohol/drug abuse,” etc. The numbers reflected below in the next several charts do not reflect that.

Mental Illness

	2018 Count/Percent	2019 Count/ Percent
Yes	548 41%	1528 63%
No	800 59%	905 37%

Note remarkable increase in the percentage of clients identified as having Mental Illness.

Alcohol/Drug

	2018 Count/Percent	2019 Count/ Percent
Yes	163 12%	393 16%
No	1185 88%	2040 84%

Developmental Disability

	2018 Count/Percent	2019 Count/ Percent
Yes	17 1%	67 3%
No	1331 99%	2366 97%

Homeless

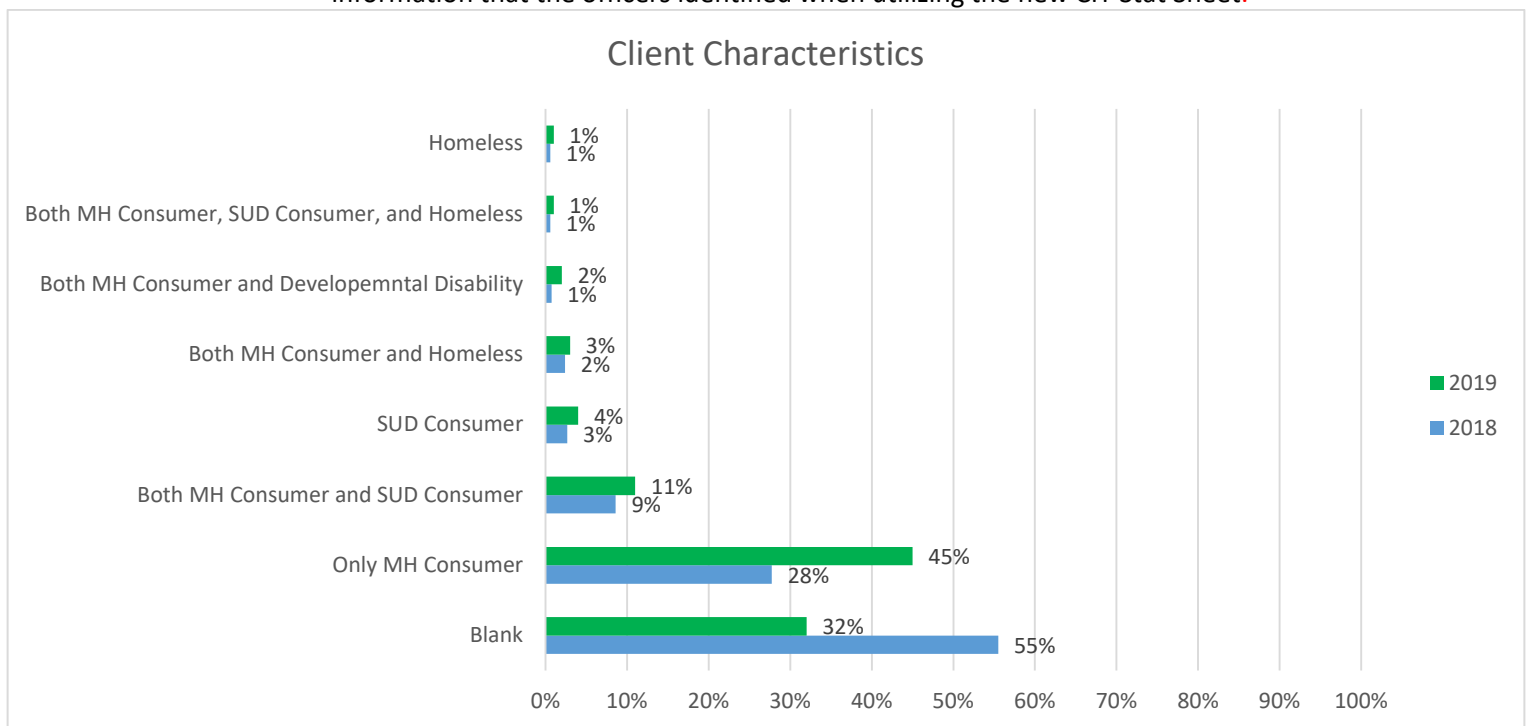
	2018 Count/Percent	2019 Count/ Percent
Yes	48 4%	114 5%
No	1300 96%	2319 95%

Veteran

	2018 Count/Percent	2019 Count/ Percent
Yes	9 1%	20 1%
No	1339 99%	2413 99%

Combinations of Client Characteristics

Note that there are several individuals included in multiple classifications. This chart represents an attempt to reflect the information that the officers identified when utilizing the new CIT Stat Sheet.



Subject Armed

Discrepancy based upon how the officer completed the form. The new and old CIT Stat Sheets were used when completing the form. Also, officers generally did not check-yes or no but merely identified the type of weapon.

	2018 Count/Percent	2019 Count/ Percent
Yes	5 0%	65 3%
No	6 0%	4 0%
Not Recorded	1,337 99%	2,364 97%

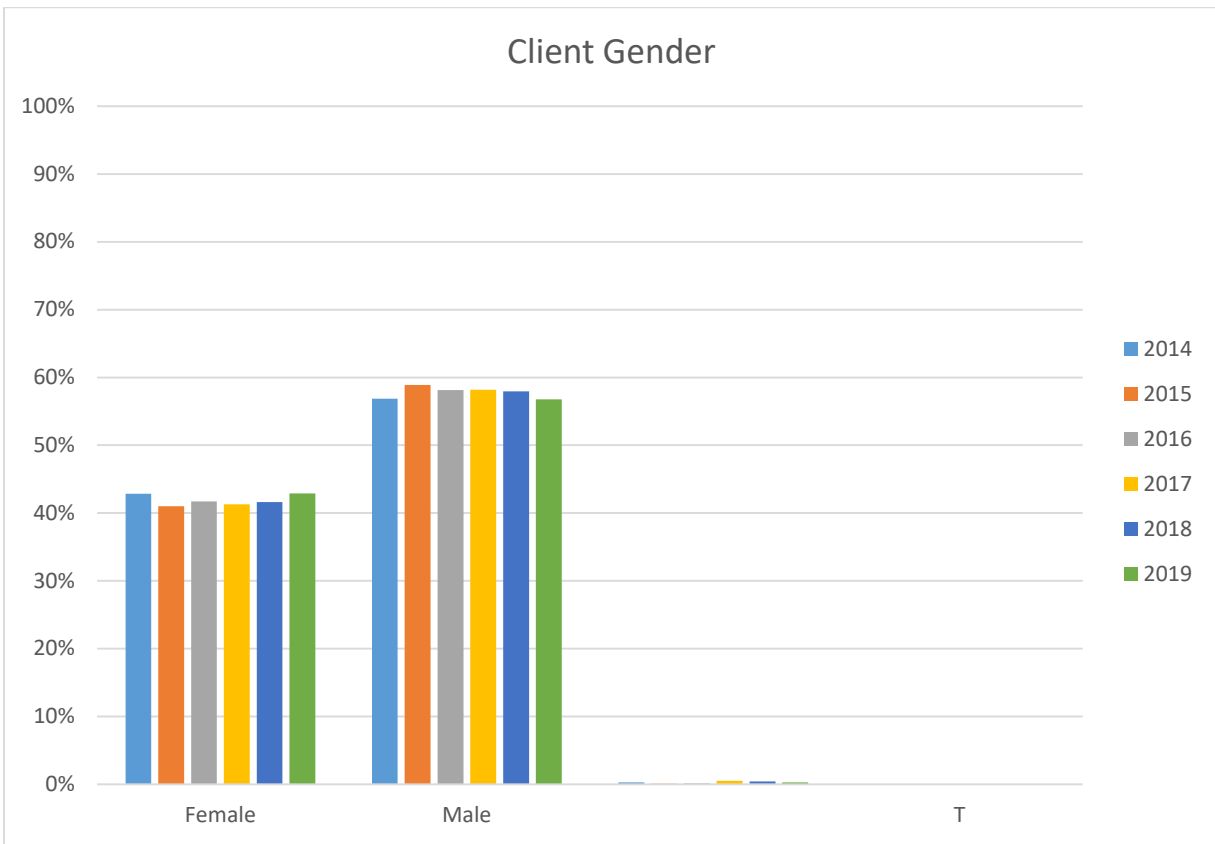
Type of Weapon

Total number of weapons identified by the officers. This would include use of a gun therefore the information is mixed.

Total is 41 times in which officers indicated that the subject had a weapon.

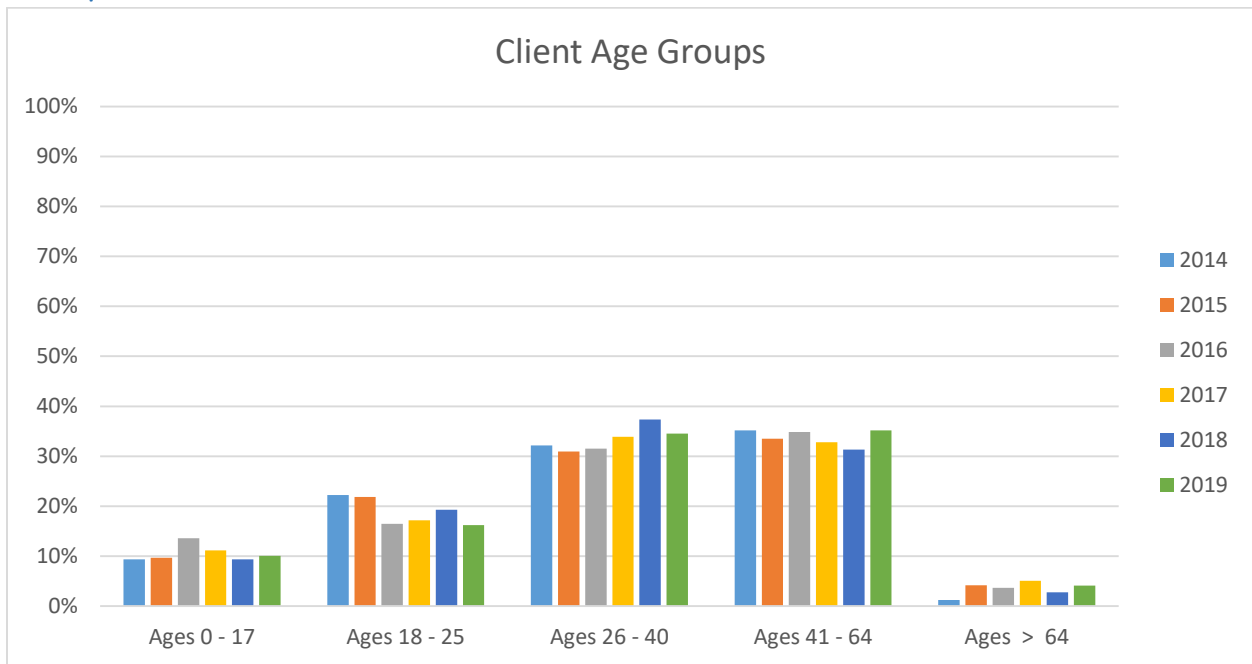
	2018 Count/Percent	2019 Count/ Percent
None	1295 96%	2342 96%
Not Recorded	10 1%	4 0%
Chair	2 0%	0 0%
Glass	1 0%	6 0%
Golf Club	1 0%	0 0%
Gun	4 0%	17 1%
Hands	1 0%	1 0%
Knife(s)	26 2%	41 2%
Large Stick	1 0%	1 0%
Razor	2 0%	7 0%
Rope	1 0%	0 0%
Scissors	1 0%	2 0%
Train	1 0%	0 0%
Thumb Tack	0 0%	1 0%

Client Gender



The data indicates that in 2019, the majority of people that officers responded to were males which is consistent with previous years.

Client Age Groups



This data indicates that the average age of people the officers responded to were between 26 to 64 years old. This data is consistent across years.

Client Encounter Counts

The table below shows that there are a few clients for whom there have been more than one call for CIT support. Approximately 8% of calls in 2019 were for the second or more calls per client.

Number of Encounters per Client per Year	2014	2015	2016	2017	2018	2019	Grand Total
24	0%	0%	0%	0%	0%	0%	0%
13	0%	0%	0%	0%	0%	0%	0%
12	0%	0%	0%	0%	0%	0%	0%
10	0%	0%	0%	0%	0%	0%	0%
9	0%	0%	0%	0%	0%	0%	0%
7	0%	0%	0%	0%	0%	0%	0%
6	0%	0%	0%	0%	0%	0%	0%
5	0%	0%	0%	0%	0%	0%	0%
4	0%	0%	0%	0%	0%	1%	0%
3	0%	1%	1%	1%	1%	2%	1%
2	6%	6%	5%	3%	5%	7%	6%
1	94%	92%	94%	97%	93%	90%	92%

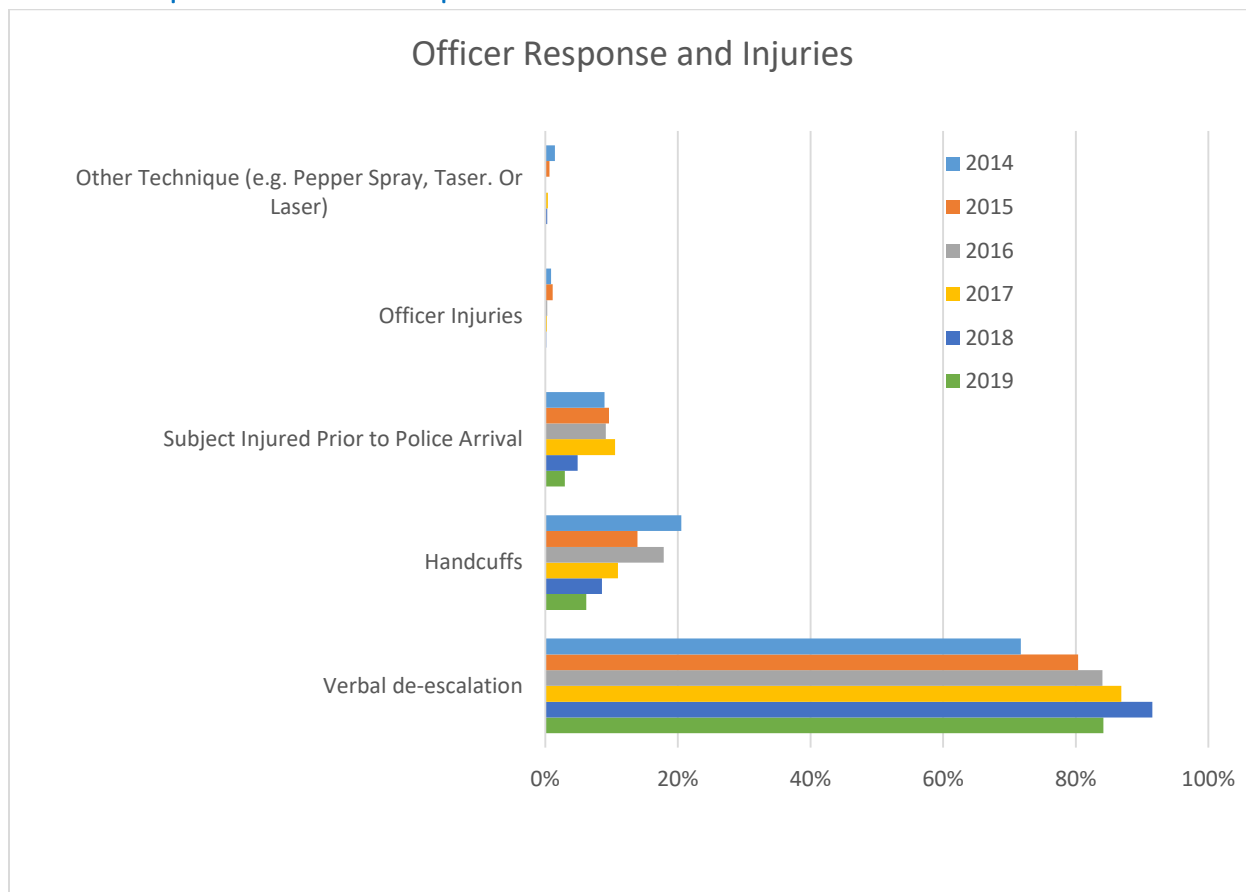
Frequent Client Encounter Locations Counts in 2019

Note the frequency of CIT encounters at some common locations. For client privacy, addresses for private residences are labeled AA, AB, AC and so forth. Multiple encounters at a single location do not necessarily refer to the same client.

Number of Encounters	Facility Name
60	Norma Herr Women's Shelter
34	Lutheran Metropolitan Men's Homeless Shelter
31	Bradley Manor Therapeutic Community
17	Strickland Crisis Stabilization Unit
13	Community Assessment & Treatment Services
13	Cleveland Greyhound Bus Station
13	The Center For Families & Children
11	LOC'S I Adult Care Facility
11	FrontLine Service Main Office
10	Private Residence AI
9	Heart N Home Adult Care Facility
9	Madison Commons Group Home
9	Private Residence AF

Number of Encounters	Facility Name
9	Terminal Tower, Higbee Building
8	City Mission of Cleveland
8	Bishop William M Cosgrove Center
8	Terminal Tower
8	The Centers for Families & Children-Rocky River
7	Cityview Nursing & Rehab Center
7	Private Residence BE
7	Private Residence BK
7	Private Residence GK
7	Recovery Resources
7	Winton Manor
6	Algart Health Care
6	Private Residence AW
6	Private Residence BX
6	Private Residence GH
6	Private Residence GW
5	Murtis Taylor. Human Services System
5	Private Residence BI
5	Private Residence BP
5	Private Residence BR
4	Care Alliance Health Center
4	Cleveland Police Department
4	Liberty Adult Care Facility
4	Lorain Carnegie Bridge
4	Private Residence AG

De-escalation Techniques and Officer Responses



This data indicates that over 80% of the time in 2019, officers utilized verbal de-escalation which is consistent with previous years.

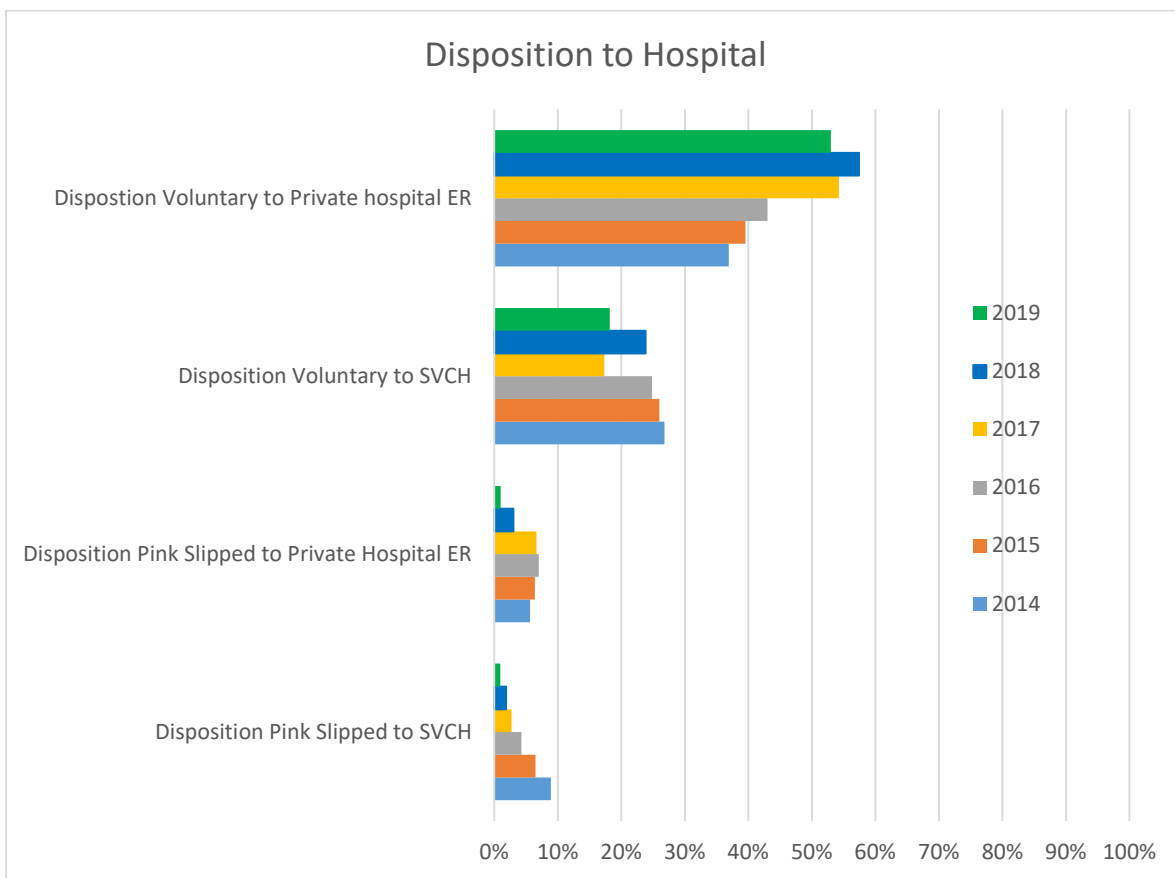
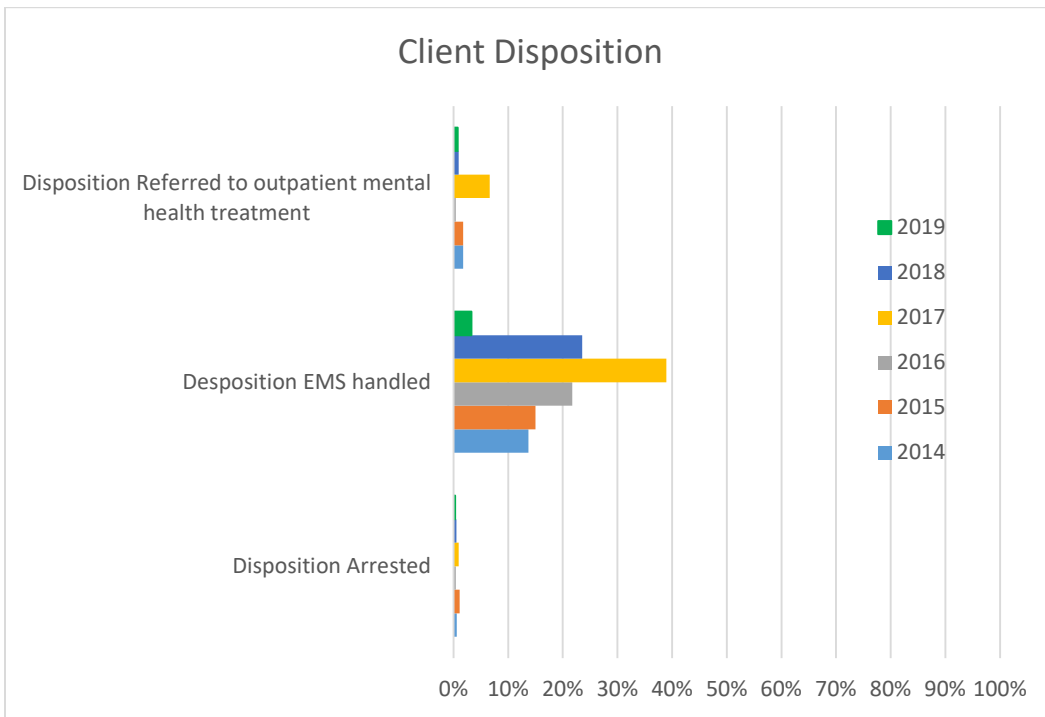
In 2019, the use of handcuffs, subject injuries and officer injuries continued to be reduced from previous years.

Disposition

Disposition of Encounters	2014	2015	2016	2017	2018	2019	Grand Total
Disposition Arrested	2 1%	10 1%	3 0%	7 1%	7 1%	8 0%	37 1%
Disposition EMS handled	46 14%	136 15%	52 22%	288 39%	317 24%	81 3%	1020 16%
Disposition Referred to outpatient mental health treatment	6 2%	16 2%	3 0%	49 7%	13 1%	19 1%	106 2%
Disposition Pink Slipped to SVCH	30 9%	59 7%	30 4%	20 3%	25 2%	24 1%	188 3%
Disposition Pink Slipped to Private Hospital ER	19 6%	58 6%	49 7%	49 7%	41 3%	25 1%	241 4%
Disposition Voluntary to SVCH	90 27%	235 26%	174 25%	128 17%	321 24%	446 18%	1394 22%
Disposition Voluntary to Private hospital ER	124 37%	358 40%	301 43%	401 54%	772 57%	1301 53%	3258 50%

Note the remarkable decline in Disposition EMS handled from 2017 to 2019.

The chart below indicates that over 90% of the time, the disposition was for transport by police to the local emergency rooms in Cuyahoga County.



There has been a remarkable decline in Disposition Pink Slipped to St. Vincent Charity Hospital from 2014 to 2019 (9% to 1%).

Transports

The table below shows the top ten destinations for transports.

Transport to	2014	2015	2016	2017	2018	2019	Grand Total
Cleveland Clinic	0 0%	13 1%	18 3%	27 4%	55 4%	73 3%	112 3%
Euclid Hospital	4 1%	24 3%	26 4%	43 6%	32 2%	39 2%	127 3%
Fairview Hospital	3 1%	33 4%	47 7%	49 7%	55 4%	176 7%	183 6%
FVGH	1 0%	21 2%	31 4%	29 4%	11 1%	19 1%	93 2%
Lutheran Hospital	11 3%	44 5%	63 9%	96 13%	150 13%	198 8%	350 9%
Marymount Hospital	2 1%	21 2%	33 5%	24 3%	48 3%	74 3%	124 3%
MetroHealth Medical Center	13 4%	47 5%	62 9%	96 13%	142 13%	313 13%	349 10%
Rainbow Babies and Children's Hospital	5 1%	10 1%	30 4%	27 4%	41 3%	54 2%	112 3%
Saint Vincent Charity Hospital	1 0%	60 7%	191 27%	152 21%	204 15%	62 3%	607 10%
University Hospital	3 1%	40 4%	78 11%	92 12%	163 12%	191 8%	367 9%
VA	1 0%	6 1%	10 1%	8 1%	10 1%	19 1%	33 1%
Blank	289 86%	562 62%	91 13%	83 11%	390 29%	1053 43%	2468 38%

There is some variability across years for where clients are transported. The percentage dropped in 2019 for St. Vincent Charity Hospital from 15% in 2018 to 3% in 2019 (see yellow highlight).

Youth under the age of 18 were generally transported to either Fairview Hospital and/or Rainbow Babies Children Hospital.

Mental Health Response Advisory (MHRAC) Membership as of 12/31/19

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

Joellen O'Neill, *Tri-chair*
Deputy Chief
Cleveland Division of Police
Quality Improvement Sub-committee
Co-chair

Nicole Carlton, *Tri-chair*
Cleveland
Emergency Medical Services (EMS)
Commissioner

Ed Eckart, *Tri-chair*
(January – November)
Assistant Director of Public Safety
City of Cleveland

Captain James Purcell, *Tri-Chair*
(January – September) (deceased)
CIT Coordinator
Cleveland Division of Police

Carole Ballard
Director of Education & Training
ADAMHS Board of Cuyahoga County
Training Sub-committee Co-chair

Gabriella Celeste
Policy Director
Co-Director, Childhood Studies
Schubert Center for Child Studies
Case Western Reserve University

Richard Cirillo, Ph.D.
Chief Clinical Officer
Cuyahoga County Board of
Developmental Disabilities

Kathleen Clegg, MD
Cleveland Community Police
Commission Liaison
Associate Professor of Psychiatry
University Hospitals
Case Medical Center

Curtis Couch
Chief Technology & Data Analytics Officer
ADAMHS Board of Cuyahoga County

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

Sergeant Bridgette Dorr-Guise
CIT Liaison
Cleveland Division of Police

Randolph Dupont, PhD
City of Cleveland Monitoring Team
Professor and Clinical Psychologist
Department of Criminology and
Criminal Justice
School of Urban Affairs & Public Policy
University of Memphis

Mike Evanovich
Civil Rights Investigator
US Attorney's Office (contractor)
US Department of Justice

Rev. Benjamin F. Gohlstin, Sr.
ADAMHS Board Chair
United Pastors in Mission

Yolanda Gordon
Probation Officer
Cleveland Municipal Court
Mental Health unit

Larry Heller
Northeast Ohio Recovery Association

Vincent Holland, Ph.D.
Professor of Sociology
Cuyahoga County Community College

Rania Issa, Ph.D.
Data Collection & Analysis
Cleveland Division of Police
Quality Improvement Sub-committee
Co-chair

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

Christina Kalnicki
Behavioral Health Initiative Lead-
Criminal Justice-Ohio Medicaid
CareSource
Diversion Sub-committee Chair

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

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