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Training Subcommittee

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Agency: [Mental Health Response Advisory Committee \(MHRAC\)](#)

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Summary

- The committee discussed next steps and feedback for crisis intervention dispatch training.
- A trauma training is being developed, including the implementation of visual and audio materials.
- Specialized crisis intervention training (CIT) for officers is being put together with a focus on three topics: Youth, LGBTQ+ people, and people with personality disorders.

Follow-up Questions

- Subcommittee members discussed dispatch staffing issues. If making recommendations on staffing is out of MHRAC's purview, who does make these recommendations? If dispatch is short-staffed, how much impact will the training have?
- How will specialized CIT officers respond to populations who fit more than one of the topics presented? For example, LGBTQ+ youth who may have personality disorders. Is there specific training in more nuanced cases?
- Sgt. Maggie Crespo said that folks with personality disorders are repeat utilizers. What about this specific population of people leads to repeat CIT utilization?

Notes

In attendance:

- Carole Ballard, Alcohol, Drug Addiction, and Mental Health Services Board (ADAMHS)
- Rick Oliver, FrontLine Service
- Ruth Simera, Northeast Ohio Medical University (NEOMED)
- Sgt. Maggie Crespo, [Cleveland Division of Police \(CDP\)](#)

- Lt. John Mullin, CDP
- Brian Siggers, Cleveland Municipal Court
- Orlando Wheeler, commissioner of the Cleveland Division of Emergency Medical Services
- Cassey Fye, NAMI
- Liam Haggerty, Northeast Ohio Coalition for the Homeless (NEOCH)
- Loh, Homeless Congress (NEOCH), community advocate
- Carmen Gandarilla, ADAMHS
- Sharyse Jones, Cuyahoga Community College
- Dr. Leigh Anderson, [Cleveland Police Accountability Team](#)
- Angela Cecys, City of Cleveland
- Juice McKenna, Cleveland Documenters

The scene

Taken in accordance with the Settlement Agreement between the U.S. Department of Justice (DOJ) and the City of Cleveland, the purpose of the [MHRAC](#) is to foster relationships and build support between the Cleveland Division of Police (“CDP”), the community, and mental health providers and to help identify problems and develop solutions designed to improve outcomes for individuals in crisis.

The MHRAC Training Committee collaborates to help determine and make recommendations to Cleveland Division of Police on what training might be beneficial for Cleveland Division of Police officers to learn about new and emerging behavioral health related topics. They help to guide and make recommendations for CDP’s annual in-service training, help to inform and structure behavioral health related training for Cleveland dispatchers, and support the current 40-hour crisis intervention training that certifies specialized crisis intervention trained (CIT) officers for the division.

Ballard opened the meeting at 1:03 p.m. by summarizing the agenda:

- Next steps on dispatch training
- Training materials review for an in-service training on trauma in 2024
- Specialized CIT policies, procedures and topics

Mullin shared an update on training for specialized CITs at the CDP. He said that other than two exceptions, every CIT officer has completed a four-hour training session on the topic of suicide. He said the next CIT sessions for officers will be in October and December, and each class has 14 officers signed up. He would like to see the numbers get to 20 officers.

Ballard said that the size of the class isn't as important as the interest in taking the training.

First on the agenda: ***Dispatch training***

Ballard said dispatch training recommendations will be submitted at the beginning of the year for review. They would like to create audio, visual and flowcharts to complement the content.

Fye of NAMI shared an audio clip as an example for the committee. A 911 caller shared a story that involved her 7-year-old child, who was having a mental health crisis. In the clip, she described her experience about the dispatch interaction. She felt the dispatcher had a calming presence but said she wished she had received more information about what happens after the call, such as how the police would respond.

Ballard opened the floor to comments about how the clip made the committee members feel.

Oliver said the dispatcher did a good job but could have given more information to the caller. He questioned whether it is difficult for dispatchers to share more because they don't want to mislead callers in case the situation goes differently than what they expected.

Others shared the same concern.

Ballard said the red flag here is that it regards a 7-year-old and what the possible outcomes could have been.

Fye said that more communication from the dispatcher such as affirmation and confirmation that the child was 7 years old could have been helpful for the caller.

Ballard said that assessments need to be done and there is no exact formula.

Loh said if dispatchers don't have enough information, it could be confusing as to who to send to the scene. Loh said collecting more information at the time of the call should be in the training. The dispatchers may not be sure if the situation is violent or more of a mental health issue.

Ballard said that sometimes callers are reluctant to say if the situation is a violent one. The time spent on calls is an issue as well. She said the job of a dispatcher is to triage calls, not make assessments.

The CDP's Crespo said the longer dispatchers are on the phone, the longer it takes for others to call. Scenes will be fluid and dispatchers shouldn't explain what will happen.

Simera said the key to dispatch scenarios is asking the right questions. She suggested dispatchers could ask questions such as, "What is the best possible outcome and how would that occur for you?" and "What is the worst possible outcome and what might prompt that to occur?"

Ballard added: "What are you looking for from the police?" She said that call volume and staffing is an issue. They are working on more videos and audio clips from volunteers with lived experiences.

Next on the agenda: ***Trauma training materials for CIT officers***

Ballard said FrontLine specialists are working on a 3 ½-hour training for this block. The main points will be:

1. Trauma definition and overview
2. The role of trauma and crisis in the community
3. Vicarious trauma (read the definition [here](#))
4. Engagement with people who have trauma—special considerations, language and sharing resources

Oliver said most people who call FrontLine don't start by saying they have trauma. Dispatchers need to be aware of the symptoms of trauma.

Ballard said that it's important to know callers' behaviors and their personal triggers.

Siggers said he would love to sit with a dispatcher for a few hours to see what they experience.

Fye added that [trauma-informed](#) practices are universal and helpful for all people, including those who have not experienced trauma. It prioritizes physical and emotional safety through relationships and agencies, which is helpful for everyone.

Last item on agenda: ***Specialized training for CIT officers***

Ballard said specialized CIT officers will have face-to-face training and refreshers on policies and procedures. There will be a particular focus on youth and LGBTQ+ populations.

The second half of the specialized training will focus on folks with [personality disorders](#). She said this population may not have a mental illness and may be harder to de-escalate during a crisis call.

Crespo added that folks with personality disorders are repeat utilizers.

Cecys said “even people in mental health struggle with these clients.”

Ballard said that they can’t be [pink slipped](#), sent to probate, or hospitalized because they don't have a mental disorder.

Loh said that since dispatchers have staffing issues, couldn’t that be a recommendation the committee makes?

Ballard said MHRAC only makes advisory recommendations and that is out of the committee's purview.

The meeting ended at 2 p.m. The next MHRAC Training Subcommittee meeting will be Thursday, Nov. 9, at 1 p.m. Check Cleveland Documenters [here](#) for more info.

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