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Data & Growth Subcommittee

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

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Summary

- The MHRAC Data and Growth subcommittee held its initial meeting, with Co-Chair Angela Cecys talking about the origin of the subcommittee and potential objectives.
- The subcommittee discussed an officer survey around crisis intervention team (CIT) training, the development of quality improvement (QI) tools, the percentage of CIT-trained officers responding to behavioral health calls, and the number of CIT-trained officers in the Cleveland Division of Police. No decisions were made, and these items will be discussed further at the next meeting on May 7.

Follow-Up Questions

- At several points in the meeting, I noticed a silence among participants when Cecys would ask for input and feedback. Working in quality assurance (QA) and improvement positions for a couple of behavioral health agencies for most of my career, I've heard that silence in meetings also. Is it because: 1) nobody truly knows what to say next, or 2) a desire to avoid talking about the elephant in the room, or 3) a desire to avoid accountability through setting measurable targets and goals? Or something else?
- At one point during the meeting, a committee member mentioned cross-referencing Brazos forms with other CIT data in order to look at trends over time. Further discussion ensued about how police officers enter data in multiple systems (and the QA processes need to keep data consistent), along with a comment from Cid Standifer in the Teams chat about how she was unable to match Brazos data with "use of force" data. Shortly after, a committee member brought up how [the open data portal from the Urban AI Department will open soon](#), with real-time data being available to the committee. How reliable will the data in the portal be given the data integrity issues mentioned above? How does the promise of free and open data fit with the messiness of data entry into multiple systems?

Does anybody know?

- I felt an incongruity between the group's desire to look closely at process and the small number of front-line officers in the subcommittee. How would this varied subcommittee (comprising public health, behavioral health, lawyers/judges, police, etc., and run out of the city Office on Public Health) be able to know the nitty-gritty of police procedure (especially regarding what actually happens as opposed to formal policies/procedures)? Who is ultimately responsible for implementing QI process changes that may come from this committee? Who has the authority to make changes? I'm thinking about the exchange between Lt. Mullin and Dupont, where Mullin referred to the increase in CIT-trained officer response rates as "dramatic" (I think that was his word) before Dupont mentioned much higher rates in Seattle. What is the job of the police on the committee? How can this sort of committee work?

Notes

The meeting started shortly after 9 a.m. on Microsoft Teams. Co-Chairs Angela Cecys (senior strategist for public health and safety for the Cleveland Department of Public Health) and Lt. John Mullin of the Cleveland Division of Police (CDP) were present, with Cecys leading the meeting.

Other individuals present were:

- Kevin Goehring (Northeast Hub director of the Mental Health & Addiction Advocacy Coalition)
- Jay Youngless (research associate at the Begun Center for Violence Prevention Research and Education at Case Western Reserve University)
- Rania Issa (data collection and analysis coordinator with CDP)
- Carole Ballard (director of Education and Training for the ADAMHS Board)
- Ruth Simera (executive director of the Criminal Justice Coordinating Center of Excellence)
- Leigh Anderson (executive director of the Police Accountability Team)
- Jenni Bartholomew (Partnership for a Safer Cleveland)
- Shandra Benito (director of Diversity and Inclusion for the Nord Center and a commissioner with the Cleveland Community Police Commission)
- Randolph Dupont (member of the Cleveland Police Monitoring Team)
- Brian Siggers (probation supervisor with the Cleveland Municipal Court's Mental Health Docket)
- Courtney Caruso (senior associate at the law firm Hogan Lovells and member of the Cleveland Police Monitoring Team)

- Meg Testa (Cuyahoga County Diversion Center)
- Cid Standifer (journalist)

Introduction and main themes emerging from meeting

This was the first meeting of the Mental Health Response Advisory Committee (MHRAC) Data and Growth Subcommittee, and Cecys began the meeting with having members introduce themselves and by talking about how this subcommittee emerged from a recent MHRAC planning session (“general discussion of visioning”). Cecys said that she had been looking at old annual reports and work plans in preparation. She said that she would be attending all other subcommittee meetings and was part of a small group within the main MHRAC Committee.

During the meeting, I noticed the following two themes emerging from the group discussion:

1) Need for the committee to stay focused and grounded – Ballard said at the beginning of the meeting that the predecessor to this committee had problems staying grounded with following one or two goals through a quality improvement (QI) process. Ballard said that in the past committee members didn’t understand the overlap with other MHRAC committees and would view committee work through their own specific lens (public health, behavioral health, criminal justice, etc.). During the discussion about officer crisis intervention team (CIT) training, Ballard returned to this theme in her comments that this was outside the committee’s “bailiwick” and that the previous committee “kept going into other spaces.”

2) Need to focus on process and qualitative data – At the beginning of the meeting Simera said that the previous group got “bogged down in data” and didn’t look at program-specific processes or process outcomes. This theme emerged during the discussion about officer surveys with the suggestion of initially forming an officer focus group to develop survey items (Bartholomew said that she was “really interested in hearing what story officers were seeing”). This emphasis on process and qualitative data also came up with the discussion about Brazos data forms (unfortunately I didn’t record specifics here) and a comment at the end of the meeting about examining how incoming calls are routed by the dispatcher.

Agenda items covered during meeting:

Objective #1: Officer CIT survey and QI tools – Cecys introduced the idea of creating a

“pointed, targeted” survey for officers to complete after CIT training. Ballard expressed concern about confusion of this new survey with existing surveys, which led to discussion about creating a focus group for survey development (see above).

Cecys mentioned that an individual with Case Western (I think) would be developing QI tools to provide data to the subcommittee (“important to develop”), and that these tools would be brought to the next meeting. Simera said the CIT policy guide that was released recently could be used to guide the development of QI tools (along with the completion of a peer review process, which was last conducted in 2015).

Objective #2: Brazos data and officer response rates – Mullin informed the group that the officer response rate (the percentage of behavioral health police calls responded to by a CIT-trained police officer) has increased over the past several years to 38.98% in 2023 and 42.08% in 2024 year-to-date. Dupont informed the group that in Seattle 90% of eligible calls had a response from a CIT-trained officer (though this statistic was from before the pandemic, which impacted availability of CIT training). A discussion ensued between Mullin and Dupont about reasons for Seattle’s success (greater early success in getting officers trained played a role) and whether cities such as Baltimore might be more comparable to Cleveland than Seattle.

Objective #3: CIT officer training – Mullin informed the committee that 116 current officers had received CIT training as of Feb. 27. Mullin said there were three CIT trainings planned for this year, with a goal of 20 officers per class. As mentioned above, Ballard questioned whether CIT training was under the auspices of this subcommittee, but it was unclear whether other committee members agreed or disagreed.

Items for next meeting – The next meeting is scheduled for 9 a.m. on May 7. Cecys said items to be discussed include: 1) development of new QI tools, 2) strategies to increase the response rate for CIT-trained officers, and 3) incorporating CIT core elements (from the policy guide? I’m unsure about this) into the committee work around QI/process improvement. Cecys also said that she would conduct research into CIT response rates for other cities under consent decrees.

The meeting adjourned shortly before 10 a.m.

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