



## SHAKER HEIGHTS

### City Council Agenda Via Zoom Due to COVID-19 Public Health Emergency

**Monday, February 8, 2021 at 7:00 pm**

For the safety of staff and residents, in-person attendance is not permitted. Join the Zoom meeting as a viewer or listener from a PC, Mac, iPad, iPhone or Android device at

<https://zoom.us/j/95847693458?>

[pwd=OHdCN1RmNGtSTzMydW0wVkR2NnhoQT09](https://zoom.us/j/95847693458?pwd=OHdCN1RmNGtSTzMydW0wVkR2NnhoQT09), Password:

33553400; Description: Council Meeting; or join by phone at 833-548-0282 (toll free); Webinar ID: 958 4769 3458; Password: 33553400. International numbers available at <https://zoom.us/u/adgwiXW3sq>. The audio of the meeting will be available the following day on the City's [website](#).

#### **WORK SESSION**

1. Recommendation for a Shaker Heights Crisis Response Pilot Program.
  - Mayor David E. Weiss
  - Chief Administrative Officer Jeri E. Chaikin
  - Police Chief Jeffrey DeMuth
  - Fire Chief Patrick Sweeney

Documents:

[CRISIS RESPONSE PILOT PROGRAM.PDF](#)  
[EMERGENCY RESPONSE PILOT PROGRAM.PDF](#)

*To request an accommodation for a person with a disability, call the City's ADA Coordinator at 216-491-1440, or Ohio Relay Service at 711 for TTY users.*



SHAKER HEIGHTS

Recommendation for a  
Shaker Heights Mental Health  
Crisis Response Pilot Program  
Council Work Session  
February 8, 2021

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Mayor David E. Weiss  
Chief Administrative Officer Jeri E. Chaikin  
Chief of Police Jeffrey DeMuth  
Fire Chief Patrick Sweeney

# Mental Health Crisis Response Pilot Program

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## Presentation Outline

- Background to research and recommendation.
- Analysis of SHPD/SHFD Calls for Service; definition of a mental health call; program goals; review of program models; and factors influencing recommendation.
- Recommended pilot program model.
- Next steps.

# Background

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- Events of 2020:
  - COVID-19.
  - Social justice.
  - Police reform.
- City Actions:
  - Community Conversations.
  - Review and update of police policies.
  - Administration's research into non-emergency 911 calls and mental health crisis calls.
  - Engagement with residents on mental health response program.

# Analysis

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- Definition of “mental health call”
  - A crisis caused primarily by a mental health condition, substance abuse, or lack of housing, e.g., diagnosed mental condition, suicide, homelessness; or a behavioral health crisis, e.g., someone with a diagnosed developmental disability; disturbance; disorderly conduct.
  - A call that comes to 911 that could otherwise be a non-emergency call, i.e., neighbor dispute; welfare check; family dispute; noise complaint; suspicious person/activity.

# Analysis (cont'd)

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- 2019 Calls for Service (CFS) to SHPD/SHFD
  - 15% (470) mental-health-type calls or about 1.2/day.
  - These CFS may or may not be emergency calls for which a law enforcement or paramedic response is required because the specific safety circumstances are not known when the CFS initially is answered at dispatch.

# Analysis (cont'd)

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- Program Goals
  - To more effectively address crisis-related calls for service as they come in, as well as
  - reduce/prevent calls based on preventative social service or mental health services or intervention by:
    - Improving outcomes for individuals in crisis or who need social services,
    - Provide more effective SHPD/SHFD response to mental health calls, and
    - Diverting individuals in crisis away from the emergency response or justice system and into services to proactively address their needs prior to an actual crisis.

# Program Models

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Model #1 – Community based outreach, prevention and early intervention to connect vulnerable individuals to treatment and prevent future crisis.

- A. Specialized Outreach
- B. Paired Outreach
- C. Team-based Outreach
- D. Voluntary Walk-in

# Program Models (cont'd)

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Model #2 – Emergency Response – Intervention at 911 Call Center.

- A. Specialized Dispatch
- B. Embedded Dispatch
- C. Transfer to a Crisis Center at Dispatch

# Program Models (cont'd)

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## Model #3 – Intervention by First Responders.

- A. Specialized Response
- B. Embedded Co-response
- C. Mobile/Virtual Co-response

# Program Models (cont'd)

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- Factors considered
  - Small percent of CFS that fit into definition of a mental health call.
  - Overwhelming need for services County-wide which limits Shaker's access to programs available in Cuyahoga County.
  - HHCC not currently in a position to be an "Intervention at 911Center."
  - No 24/7 community-based hotline available for all calls.
  - \$100,000 funding limit.

# Recommendation: Hybrid Pilot Program

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- Enhanced CIT training for SHPD police officers and SHFD paramedics.
- Model #1B – Community based outreach, prevention and early intervention to connect individuals to treatment and prevent future crisis.
  - Paired outreach: General and targeted outreach by CIT trained police and paramedics, and contracted social workers.
- Model #3C – Intervention by first responders.
  - Virtual Co-response: CIT – trained law enforcement and EMS respond with clinicians or social workers accessed virtually or in person if available.
  - Virtual access to clinicians where crisis stabilization is needed.

# Next Steps

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1. Council discussion of analysis and recommendation.
2. Identification of and agreements with partners for social work outreach and for virtual clinician/social work on-scene response.
3. CIT training for as many SHFD paramedics and SHPD officers as possible.
4. Agreement on metrics to be used to evaluate success of a pilot program.
5. Regular, scheduled reviews of pilot program goals and objectives.
6. Continued discussions with HHCC partner communities to leverage model.



## Memorandum

To: Members of City Council

From: Mayor David E. Weiss  
Chief Administrative Officer Jeri E. Chaikin  
Police Chief Jeffrey DeMuth  
Fire Chief Patrick Sweeney

Date: February 4, 2021

Re: Recommendation for a Shaker Heights Crisis Response Pilot Program

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### BACKGROUND

In 2020, the arrival of a global COVID-19 pandemic in the United States and the issues of social justice and police reforms caused a greater focus by the City on police policy and City provided services. In response, the City undertook a series of Community Conversations focused on race, diversity, equity and inclusion as they intersected with the work of the City, and the Police Department updated a number of its policies, including Duty to Intervene, Bias Free Policing, and Response to Threats (such as Use of Reasonable Force, Use of Deadly Force) among others. In addition, the Administration and Police and Fire Departments had already begun to research and discuss the best way to address the growing trend of increases in the number of non-emergency calls to 911 that would be better served by referrals to social and/or mental health services. Furthermore, Council suggested the creation of a non-law enforcement response to certain crisis-related calls to keep our community safe while avoiding circumstances that might lead to unnecessary escalation and/or use of force as experienced in other communities across the country. The Administration, several Council members, and an active group of residents as part of a mental health task force initiated research into various program models locally and nationally, and the recommendation contained in this Memorandum is based on that research, which included:

- Discussions with the Cuyahoga County Alcohol, Drug Addiction and Mental Health Services (ADAMHS) Board, including Carole Ballard, Director of Education and Training.
- Review of other programs in Cuyahoga County (see Attachment A).
- Numerous publications, such as *A Guidebook to Reimagining America's Crisis Response Systems, A Decision-Making Framework for Responding to Vulnerable Populations*, September 2020, and the Alexandria, Kentucky Police Department Police Social Work Toolkit.
- Discussions with University Hospitals' medical professionals about behavioral crisis response programs, and the Shaker Heights Youth Center about social work services in Shaker Heights.
- Analysis of the types and frequency of Calls for Service (CFS) to the Shaker Heights Police and Fire Departments.

- Preliminary discussions with the Heights Hillcrest Communications Center (HHCC, the City’s joint dispatch center) partner cities concerning interest in a collaborative approach to addressing non-emergency and/or mental health crisis-related calls to 911.

## ANALYSIS

Based on both the Administration’s and Council members’ interest in diverting certain law enforcement responses to 911 calls, we identified several types of calls described as “mental health calls.”

- A crisis caused primarily by a mental health condition, substance abuse, or lack of housing, e.g., diagnosed mental condition, suicide, homelessness; or a behavioral health crisis, e.g., someone with a diagnosed developmental disability; disturbance; disorderly conduct.
- A call that comes to 911 that could otherwise be a non-emergency call, i.e., neighbor dispute; welfare check; family dispute; noise complaint; suspicious person/activity.

We analyzed the 2019 Calls for Service (CFS) to the HHCC for Shaker police and fire response to calls that were within these categories. Because police and fire/EMS jointly respond to a number of calls in these categories we used the Police CFS for our analysis. We reviewed all calls in CFS title categories where mental health-type calls are typically assigned. We estimated that mental health calls amount to approximately 15% or 470 for 2019, averaging approximately 1.2/day. These categories in our HHCC dispatch reporting include crisis-related calls caused by mental health issues, homelessness, addiction, suicide threats, or substance abuse and calls that come into 911 that could otherwise be a non-emergency call, such as disturbances, family dispute, neighbor dispute, noise complaints, suspicious person, trespassing, or welfare check. It is important to note that these may or may not be emergency calls for which a law enforcement response is ultimately determined to be required, but for many of these calls, a law enforcement response is appropriate or is needed because the specific safety circumstances are not known when the call initially comes into HHCC.

Based on the numbers and types of 911 calls for service that we believe fit into the two definitions of a Mental Health Call, our recommended program goals are: (1) to more effectively address crisis-related calls for service as they come in, as well as (2) reduce/prevent calls based on preventative social service or mental health services or intervention by:

- Improving outcomes for individuals in crisis or who need social services,
- Provide more effective SHPD/SHFD response to mental health calls, and
- Diverting individuals in crisis away from the emergency response or justice system and into services to proactively address their needs prior to an actual crisis.

We evaluated various mental health response models outlined in *A Guidebook to Reimagining America’s Crisis Response Systems*, as well as local models presented to us by Carole Ballard of the ADAHMS Board. These models can be categorized as follows:

**Model # 1 Community based outreach, prevention and early intervention to connect vulnerable individuals to treatment and prevent future crisis.**

- A. Specialized Outreach
  - Trained law enforcement first responders conduct needs assessments and refer to services/treatment; general outreach.
- B. Paired Outreach
  - Trained law enforcement first responders and social workers; general outreach or targeted to frequent utilizers. On-site and real time brief intervention and referral (Alexandria, Kentucky Model).
- C. Team-based Outreach
  - Trained law enforcement first responders, EMS and social workers; general outreach or targeted; on-site and real time brief intervention and referral.
- D. Voluntary Walk-in
  - Trained law enforcement first responders and EMS.

**Model # 2 Emergency Response – Intervention at 911 Call Center.**

- A. Specialized Dispatch
  - CIT-trained dispatchers assess calls; de-escalates situation and makes referral or initiates de-escalation and dispatches a first responder.
- B. Embedded Dispatch
  - Dispatcher transfers calls to a mental health staff in the call center who de-escalates and refers to treatment or dispatches a first responder.
- C. Transfer to a Crisis Center at Dispatch
  - Instead of training dispatchers or adding mental health staff at the call center, the call is transferred to a community-based hotline for de-escalation, assessment and referral.

**Model # 3 Intervention by First Responders.**

- A. Specialized Response
  - CIT-trained first responders (law enforcement and EMS) de-escalate, assess and refer.
- B. Embedded Co-response
  - Law enforcement and EMS respond with social worker; social worker de-escalates, refers; case management and follow up.
- C. Mobile/Virtual Co-response
  - Clinicians/social workers arrive on scene separately (CAHOOTS Model); law enforcement and/or EMS may respond if called by mobile response.
  - Law enforcement and EMS responds and accesses clinicians virtually.

Our evaluation of these models considered a number of factors including, among others:

- 1.2 calls per day fit into 1 of the 2 categories of 911 mental health calls in Shaker Heights.
- Other programs are available or will soon be available in Cuyahoga County but they do not have enough capacity to address all referrals from Shaker Heights.
- HHCC, our joint dispatch center, is not currently in a position to be an “intervention at 911 center” to assess calls and de-escalate situations because they have no CIT trained dispatchers nor any mental health staff in the dispatch center.

- There is no community-based hotline with the capability to always be available for de-escalation, assessment and referral of all mental health calls.
- The City's limited funding (\$100,000) allocated to a pilot program.

## RECOMMENDATION

Taking all of the above into account, we recommend a hybrid pilot program based on (a) enhanced CIT training for our first responders and (b) adopting these two models:

- **Enhanced Training** – Our first responders currently receive some training in addressing mental health calls as part of their overall annual routine training. We recommend that our EMS staff and at least two police officers on each shift would receive more specialized 40-hour Crisis Intervention Team (CIT) training. Currently, this more in-depth CIT training is being offered at no cost by the ADAMHS Board.
- **Model #1B – Community based outreach, prevention and early intervention to connect individuals to treatment and prevent future crisis.**
  - **Paired outreach:** CIT-Trained first responders (police and paramedics) and social workers; general outreach or targeted to frequent utilizers. Social worker called if needed and if available for on-site and real time brief intervention and referral (Alexandria, Kentucky model).
  - The City would partner with a local non-profit agency to provide a social worker dedicated to the City of Shaker Heights to be available 40 hours per week. Many of these hours would be spent reaching out to residents/families referred by the SHPD and/or SHFD, especially frequent callers, to assess their needs and connect them with services and treatment, and ultimately reduce their Calls for Service to 9-1-1. A CIT-trained police officer and/or SHFD paramedics may join the social worker in this outreach activity. The social worker may be on duty during some shifts and be available to respond on site for certain Calls for Service.
- **Model #3C – Intervention by first responders.**
  - **Virtual co-response:** CIT-Trained law enforcement and EMS respond with clinicians or social workers accessed virtually or in person if available.
  - In addition to proactive outreach and prevention, CIT-trained police officers and paramedics with virtual access to clinicians will respond to de-escalate a Call for Service where crisis stabilization is needed. The City would partner with a medical facility (hospital) to provide a sheltered location to virtually access a clinician (inside a SHFD rescue squad) and provide immediate de-escalation, assessment and referral, and hopefully reduce the number of transports to hospital emergency departments where the patient would only be quickly released with no referral to follow up treatment and services.

## NEXT STEPS

1. Council discussion of analysis and recommendation.
2. Identification of and agreements with partners for social work outreach and for virtual clinician/social work on-scene response (see Attachment B for potential partners).

3. CIT training for as many SHFD paramedics and SHPD officers as possible. NOTE: awaiting response from ADAMHS Board about availability of free CIT training for SHFD EMS responders.
4. Agreement on metrics to be used to evaluate success of a pilot program, such as:
  - Number of partnerships established for referral to services/treatment.
  - Number and percent of those contacted via outreach who receive assessment.
  - Number and percent of those assessed who are referred to treatment/services.
  - Reduction of frequent utilizers of 911.
  - Reduction of CFS for mental health calls.
  - Number and percent of SHPD officers and SHFD paramedics who are CIT-trained.
  - Number and percent of calls diverted from transports to hospital emergency room.
  - Number of individuals who receive case management services.
  - Reduced use of first responders' time and resources.
  - Improved perception of SHPD and improved law enforcement/resident relations.
5. Regular, scheduled reviews of pilot program goals and objectives.
6. Continued discussions with HHCC partner communities to leverage model.

## ATTACHMENT A

### Other Mental Health Response Programs in Cuyahoga County

#### A. Cuyahoga County Diversion Center Opening April 2021

- Provides diversion to treatment from jail for those with mental illness and/or substance abuse disorders who commit low-level offenses.
- Short-term temporary housing for 50 individuals with on-site counseling and nurse services.
- Crisis intervention training (CIT) and CIT refresher training offered to any and all police officers in Cuyahoga County (40-hour training).
- Frontline Services' 24-hour hotline available to police officers to determine if individual is a good candidate for the center.
- Funded by County and ADAMHS Board.
- Will be available to Shaker Heights.

#### B. City of Cleveland Police Department (CPD) Co-Responder Team (Model #3B) [??]

- 5 teams of CPD CIT-trained officers and Murtis Taylor Human Services System Crisis specialists.
- 2<sup>nd</sup> shift; unmarked cars.
- CPD Districts 4 and 5.
- Designated units not assigned to any other calls.
- Funded by Federal grant and ADAMHS Board.
- Provides assessment on-site; referral, follow up.

#### C. Cleveland Peacemakers Alliance Violence Interruption Program with University Hospitals and MetroHealth Medical Center

- Boys and Girls Clubs of Cleveland manages the Peacemakers Alliance whose outreach workers offer mediation, gang interaction, violence prevention, conflict resolution, case management, family services and hospital-based intervention following violent crimes.
- University Hospitals (UH) and MetroHealth Hospital each house a Violence Interruption program to counsel gunshot victims in order to deter retaliatory violence.
- So far, UH is interested in working with Shaker Heights to reduce psychiatric patients in the emergency room.

#### D. Frontline Services

- 17 homeless assistance programs include outreach, emergency shelter, residential services, and case management.
- 24/7 suicide prevention hotline.
- Mobile crisis team with 24/7 crisis stabilization unit.
- Trauma loss response team.
- Funded by ADAMHS Board.
- Available to Shaker Heights and all other Cuyahoga County communities.

E. Domestic Violence Child Advocacy Center (DVCAC)

- Justice System Advocacy Program works in Shaker Municipal Court.
- Advocates for domestic violence victims; provides safety planning assistance and court escorts.
- Shaker contributes \$5,000 annually.

F. MetroHealth Cleveland Heights Medical Center Behavioral Health and Addiction Services Unit Opening 2022

- 110 treatment beds.
- Specialized units for high-acuity adolescents, older adults, dual-diagnosis, mood disorders, thought disorders and addiction.
- Psychiatric urgent care center.

## ATTACHMENT B

### Potential Partners

- A. University Hospitals
- B. MetroHealth Hospital
- C. Shaker Heights Youth Center
- D. Murtis Taylor (non-profit mental health services provider) located in Cleveland
- E. Signature Health (non-profit mental health, addiction recovery and primary care service provider located in Beachwood)