



SHAKER HEIGHTS

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

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Mental Health Crisis Response Pilot Program

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

- 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

- 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)

- 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)

- 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

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)

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)

Model #3 – Intervention by First Responders.

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

Program Models (cont'd)

- 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

- 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

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.