EXHIBIT H

Cleveland Division of Police

Lesson Plan

Title of Lesson: Cuyahoga County Psychiatric Emergency Services

Assigned Course Number: TBD

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Approving Authority: Pending

Overview:

Cuyahoga County Emergency Services is a one hour long presentation. The training will cover the following major elements:

1. To learn about Cuyahoga County's psychiatric emergency services continuum of care.
2. To learn appropriate situations in which Law Enforcement can utilize St. Vincent Charity Medical Center's Psychiatric Emergency Department and the process for doing so.
3. To learn about FrontLine's array of Crisis Services and how Law Enforcement can access the Mobile Crisis Team 24/7.
4. To learn how the County's psychiatric emergency service providers and the Cleveland Division of Police can most effectively collaborate to enhance system-wide response to individuals in impending or active mental health crisis.

Course Goal:

The goal of the Emergency Services panel is to provide participants with basic knowledge and awareness of the Cuyahoga County psychiatric emergency service continuum including how the system interacts with and can assist Law Enforcement efforts.

Course Objectives:

Upon completion of the Emergency Services panel, participants will be able to demonstrate knowledge of the following:

1. Role of St Vincent Charity Medical Center Psychiatric Emergency Department (PED).
2. Role and type of specific crisis service delivery FrontLine Service offers.
3. Understand the mutual relationships between SVCMC PED, FrontLine's Mobile Crisis Team and Law Enforcement.
4. Understand the process to access Cuyahoga County's psychiatric emergency services.

Methodology:

Participants will be taught by instructors from the community mental health agency, FrontLine Service, and the Psychiatric Emergency Department of St. Vincent Charity Medical Center. A power point presentation will serve as an instructional aid and will elucidate psychiatric service options, optimal utilization and access information. The instructors will also facilitate class discussion to increase participant interest and involvement.

Target Audience:

All members of the Cleveland Division of Police.

Class Size:

TBD

Evaluation Process:

Participants will complete a post-test which will examine acquisition of key points. Participants will be required to answer at least 70% correct.

Logistical Information:

Site: TBD

Training Equipment:

Computer, projectors, screen and speakers

Power point presentation (electronic)

Power point presentation (handout)

Post-test (handout)

Staffing Requirements:

Instructors: One Law Enforcement

Training Summary:

All assigned participants will arrive at the designated time and go to designated facility. Participants will received an overview of the training, performance and learning objectives, and an introduction to the material.

Training Schedule:

13:00-13:05	Introduction of Cuyahoga County Emergency Services training. Overview of the training. Slide 1-2.
13:05-13:10	Rationale for necessity of Psychiatric Emergency Service options. Slide 3.
13:10-13:20	Overview of St. Vincent Charity Medical Center Psychiatric Emergency Department services (SVCMC PED) and Group Discussion of PED utilization. Slides 4-7.
13:20-13:30	Review access and intended utilization of SVCMC PED including discharge referral process. Slides 8-11.
13:30-13:40	Overview of FrontLine's Crisis Service history, populations and specific services. Slides 12-15.
13:40-13:45	Overview of FrontLine's Suicide Prevention and Mental Health Referral and Information hotline. Slides 16-18.

13:45-13:50 Overview of FrontLine's Adult and Child-specific Mobile Crisis Team services. Slides 19-21.

13:50-13:55 Review of FrontLIne's disposition options post-Crisis Assessment including Crisis Stabilization Unit resource. Slides 22-23.

13:55-14:00 Overview of unique system-interface between SVCMC PED and FrontLine's MCT; between Law Enforcement and FrontLine's MCT; and between Law Enforcement and SVCMC's PED. Emphasize mutual intra- and inter-system collaboration results in improved service response for individuals in crisis. Slides 24-27.

Cleveland Division of Police

Cuyahoga County Psychiatric

Emergency Services

Instructor's Manual

Slide 1 - Title page

Introduce Cuyahoga County Emergency Services – St Vincent Charity Medical Center Psychiatric Emergency Department (hereafter *SVCMC PED*) and FrontLine Service's Mobile Crisis Team (hereafter *MCT*)

Slide 2 - Learning objectives

- Review three training goals: to educate about SVCMC PED, MCT and how CPD can utilize our resources.

Key Points to Make

- Indicate that we will be discussing SVCMC PED and MCT services from the perspective of how CPD can collaborate with these entities to address the needs of individuals in mental health distress.

Slide 3 - Why Do These Services Exist

- Review national and local statistics identifying the percentage of mentally ill who are not connected to mental health treatment.

Slide 4 - Introduction of SVCMC PED Presenter

Slide 5 – SVCMC PED

- Unique/Specialized Service.
- Describe staff composition in PED.

Key Points to Make

- Cuyahoga County is one of only *two* locations in the state with this service.

Slide 6 - SVCMC PED Services

- All PED patients receive a psychiatric evaluation and most have a medical screening.

Key Points to Make

- Identify rationale for PED being used for "second opinions" or holding a patient for 23 hours.

Slide 7 - St Vincent Group Discussion

- Question, "Give examples of when an individual would be transported to the St Vincent Psychiatric Emergency Department."

Responses

- Individuals that are imminent risk to self/others. +Psychotic symptoms. Physically aggressive due to thought disorder/psychosis. Not taking care of themselves.
- It's appropriate for Officer's to present someone to the PED if they suspect the individual may be having a psychiatric episode.

Slide 8 - When to Utilize the SVCMC PED

- Review four reasons to utilize the psychiatric emergency department.

Slide 9 - How to Access the St Vincent Psychiatric Emergency Department

- Review process for bringing an individual into the PED.

Key Points to Make

- There are policies in place to make this an easy transition.

Slide 10 - Reasons SVCMC PED Evaluation Would Not Result in Psychiatric Admission

- Patient's presentation primarily substance-related and they "clear",
- Patient experiencing active substance-related withdrawal (e.g.: ETOH, benzos) necessitating medical admission,
- Patient's presentation related to primary physical health issue (e.g.: urinary tract infection, diabetic episode) and they are treated and "clear" or necessitate admission to a medical unit.
- Determination made that client's mental health issues can be served in a "less restrictive" setting.

Slide 11 – All PED Discharges Receive Referrals

- Review types of Referral information provided.

Slide 12 - Introduction of Mobile Crisis Presenter

Slide 13 - FrontLine Crisis Service History

- Review brief timeline of FLS's crisis programming development.

Key Points to Make

- MCT developed to provide a community-based response to individuals in mental health crisis.

Slide 14 - Whom Does MCT Serve?

- Clarify we serve any individual in Cuyahoga County, regardless of age or ability to pay; services are free.

Key Point to Make

- Priority response is given to individuals in the community (as opposed to hospital requests).

Slide 15 – FrontLine Crisis Services

- Identify FrontLine's discrete crisis services.

Slide 16 – MCT Hotline

- Identify information MCT gathers to determine potential risk and determine appropriate service response

Key Point to Make

- Virtually every FrontLine Crisis services starts with a phone call to our hotline.
- Callers need NOT be in suicidal crisis to benefit from our service.
- Anyone can call us: clients, loved ones, friends, schools, hospitals, jails…
- MCT maintains call summary for all calls received *since 1998* (i.e.: we can provide access to one of the most comprehensive data sets on our County's mental health population).

Slide 17 – MCT Hotline

- Explain that calls are dispositioned based upon the level of assessed risk: Emergency, Crisis or Phone-Only Response.

Key Point to Make

- MCT could NOT do our work without the assistance of Law Enforcement; calling police is always the *last resort* during a hotline but must remain an MCT option when clients are assessed to be in immediate risk.

Slide 18 – How to Access MCT

- Provide MCT number; inform Clinical Supervisor has 24 hour presence.

Slide 19 – Adult Mobile Crisis Team

- Identify target population for an adult MCT outreach intervention.
- Goal is to assess and recommend treatment in the least restrictive setting based on the client's assessed risk &/or ability to care for self.

Slide 20 – Child Response Team

- Identify target population for a Child Response Team outreach intervention.

Key Point to Make

- MCT has a *lower* threshold for intervening with children/adolescents.

Slide 21 – Goal of MCT Model

- Purpose of Community-based outreach for individuals in mental health distress/crisis (i.e.: least restrictive response which ideally facilitates increased opportunity for client engagement in their treatment process).

Slide 22 – FrontLine Crisis Stabilization Unit

- Identify target population for CSU admission

Key Point to Make

- Describe service as *intermediate* level of care for clients who are not so ill they require inpatient admission but would benefit from a more structured environment than the community offers

Slide 23 – Dispo Options Post-MCT Assessment

- Explain MCT recommendations post-assessment from least-to-most restrictive.

Slide 24- MCT-SVCMC PED Interface

- Describe three specific ways MCT and SVCMC PED work together daily.

Slide 25 – MCT-Police Interface

- Provide four examples of how CPD can utilize MCT as a resource when responding to individuals in mental health crisis.

Key Point to Make

- MCT can provide history re: individuals in crisis; we can determine if our services are indicated by phone screening the client while police are on scene; police can call us to follow up with clients they've left at home but whom they have ongoing concerns about; officers can share MCT number with individuals to encourage them to call MCT directly.

Slide 26 – SVCMC PED – Police Interface

- Provide three examples of how CPD can utilize SVCMC PED as a resource when responding to individuals in crisis.

Key Point to Make

- Direct drop-off when CPD observes reported/suspected risk to self/others; when client is so impaired they present a danger to self/others; can also initiate contact with SVCMC PED social worker (M-F, 1rst shift) re: service coordination for high utilizers

Slide 27 –MCT, SVCMC PED, Law Enforcement: Mutual Goals

- SVCMC PED, FrontLine Crisis and CPD **each** seek to respond to this population in a **least restrictive manner**.

Key Point to Make

- None of our services are "stand-alone". We rely on one another in varying degrees to ensure our individual organizations' response to this population is as client-centered and effective as possible.

Slide 28 - Questions/Comments

- Questions, closing comments.

Slide 18 – Appendix: 2017 MCT Statistics

Slide 30 – Appendix: FrontLine Crisis Chat

CIT Psychiatric Emergency Services:

St. Vincent Charity Medical Center Psychiatric Emergency Department

and

FrontLine Service's Mobile Crisis Team

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Today you will learn:

- Appropriate situations to utilize the St. Vincent Charity Psychiatric Emergency Department (PED) and the process to do so;
- Circumstances in which Mobile Crisis Team (MCT) services can be useful and how to access their assistance;
- How the County's psychiatric emergency service providers and the Cleveland Division of Police can effectively collaborate to ensure optimal service response for individuals in crisis.

Why Do These Services Exist?

- Nationally, nearly **60%** of **adults** & **50%** of **youth** (8-15y/o) with a mental illness **did NOT receive mental health services in the previous year.** (SAMHSA, 2016)

- Locally, **11%** of Cuyahoga County residents <65y/o have a disability **yet only 25-50% are linked with mental health treatment.** (Cuyahoga County Census: 2013-17 Estimates)

- **MCT and SVCMC PED provide a safety net** for clients who have *no* current provider, ***&/or*** experience crisis outside "normal business hours" ***&/or*** present with such severe symptoms that crisis/emergency services are indicated.

St. Vincent Charity Medical Center Psychiatric Emergency Department (PED)

Sue Dallies RN-BC

SVCMC PED

- One of *only two* psychiatric emergency departments in the State of Ohio;
- PED unit is locked and secure;
- Staffed by Psychiatrists, Psychiatric Nurse Practitioners, Psychiatric Nurses, Social Worker, Mental Health Technicians *and* Security Officers
- Provides services for nearly 4,000 patients annually

SVCMC PED Services

- Psychiatric Evaluations
- Crisis Intervention and Stabilization
- 23-Hour Observation
- Second Opinions
- Medical Screenings
- Outpatient Referrals

Group Discussion

Give an example of <u>when</u> an individual would be transported to the SVCMC Psychiatric Emergency Department (PED).

When to Utilize the SVCMC PED

- Imminent Risk to Self - Suicidal thoughts / behaviors
- Imminent Risk to Others – Threatening / physically aggressive
- Psychotic symptoms – Delusional, auditory hallucinations, paranoid thoughts, behaviors are putting them at risk
- Unable to care for Self – Poor judgment, no insight

How to Access SVCMC PED

- Transport the individual to St. Vincent Charity Medical Center
- Walk to the St. Vincent Psychiatric ED entrance and ring the bell (and secure weapons)
- Complete the police transport form (the blue form)

Reasons SVCMC PED evaluation would *not* result in psychiatric admission…

All PED Discharges Receive Referrals

- Community Mental Health Centers (often with appointments)
- Chemical Dependency Programs (often with appointments)
- Hotlines and Helplines Phone Numbers
- Financial Aid Services
- Employment and Educational Programs
- Etc.

FrontLine Service
Mobile Crisis Team

Jane Granzier LISW-S

Assoc. Director Crisis Services

FrontLine Crisis Service History

- Funded by the ADAMHS Board in *1995* to facilitate ***community-based crisis response***
- *1995-1997*: Hotline and Adult Crisis Services
- *1997*: Child Mobile Crisis Team (now Child Response Team) and NBHS gatekeeping responsibility added
- *2013*: Adult Crisis Stabilization Unit (oversight) added
- *2014*: Crisis Chat Service added
- *2015-2017* Crisis Text Service / *2015-2018* Police Co-Responder Service

Whom Does MCT Serve?

- **Any** child, adolescent or adult in Cuyahoga County experiencing a mental health challenge, developing mental health crisis, or active mental health crisis.
- We provide crisis response **regardless** of an individual's insurance status* or **ability to pay**. MCT services are FREE.
- **Priority response** is given to individuals in crisis in the **community** (and secondarily to those awaiting an assessment in a hospital).

FrontLine Crisis Services

- Suicide Prevention ***and*** Mental Health Referral and Info Hotline
- Adult Mobile Crisis Team
- Child Response Team
- Adult Crisis Stabilization Unit
- Crisis Chat

MCT Hotline

Phone-based triage includes:

- Listening to the caller's reported concern,
- Reviewing recent/current symptoms,
- Clarifying client's change from baseline functioning,
- Gathering client and family mental health & substance use history,
- Completing a risk assessment to determine potential suicidal or aggressive behavior

Goal: Determine then facilitate service response consistent with client risk.

MCT Hotline

Call Dispositions:

1. **Emergent** (referred to emergency services for "*Active Rescue*"),
2. **Crisis/Urgent** (MCT Crisis face-to-face Assessment)
3. **Phone-based service**: *Hotline* (brief Crisis Counseling) or *Referral and Information* (linkage to Mental Health service provider)

2017 Hotline Stats

- Emergent = **392** (2.4%)
- Crisis/Urgent = **2,960** (18.4%)
- Hotline = **9,761** (60.8%)
- Referral and Information = **2,951** (18.4%)

How to Access MCT

(216) 623-6888

- **24 / 7 / 365**
- **Staff <u>always</u> on site to respond including a 24 hr. Supervisor**

Adult Mobile Crisis Team

Community-based (e.g.: @ client home, hospital ED, jail etc.) **outreach** to adults:

- Experiencing impairing mood or psychotic symptoms;
- At elevated risk for suicide;
- Who pose a potential but not immediate danger to themselves and/or others* because of their diminished judgment and insight.

Goal: to recommend and link the client with the **least-restrictive** treatment option consistent with their assessed degree of insight, judgment and risk.

Child Response Team

Community-based crisis **outreach** (e.g.: @ school, home, hospital ED) with children and adolescents:

- Demonstrating high-risk behaviors;
- At elevated risk for suicide or significant self-harm;
- Either threatening or actively harming others;
- Displaying impairing depressive symptoms or frequent mood dysregulation

Goal: to recommend and link the client with the **least-restrictive** treatment option consistent with their assessed degree of insight, judgment and risk.

Goal of MCT Model

To reduce barriers to accessing service by going ***to*** the client to evaluate their needs ***before*** their symptoms (insight/judgment) become so acute/impaired that police intervention or ED treatment (via emergency commitment/probate) becomes mandatory.

Frontline Crisis Stabilization Unit

- Located at 8315 Detroit Avenue (Strickland Crisis Unit); 13 bed capacity; 24/7 facility
- Ideal clients respond to direction, have some insight they're in MH distress and are willing to take medication
- Intermediate level of care: less restrictive than inpatient hospitalization and more supportive than maintenance in the community
- Access to psychiatrist 3 days/week; psychiatric RNs and social work staff 7 days/week
- Provides individual and group support to help stabilize symptoms and prepare clt to return to community

Dispo Options Post-Assessment

- Relink client with current mental health provider;
- Schedule client with MCT adult or child-adolescent psychiatrist while facilitating linkage to an ongoing mental health provider;
- Facilitate admit to Crisis Stabilization Unit (FLS unit for adults; Bellefaire/Applewood units for children/adolescents)
- Facilitate inpatient admit to Behavioral Health unit (NBHS for uninsured adults; Windsor-Laurelwood or CCF Fairview for uninsured children) or CCF, UH, or Metro etc. for the insured

MCT – SVCMC PED Interface

- Crisis Intervention Specialist (CIS) embedded in the PED is jointly-funded by FLS and SVCMC; CIS spent several years with MCT before moving to the PED and drives continuity of care treatment planning for PED high-utilizers.
- MCT collaborates with PED staff to facilitate transfers from other area EDs when our CIS staff evaluate an adult client and feel a 2nd opinion is indicated.
- MCT also brings clients we've assessed in the community into the PED for evaluation prn.

MCT - Police Interface

- Officers can call MCT to ask about an individual's prior MH **history** if that would helpful while on scene*;
- Officers can call MCT to **phone screen** clients they're on scene with for recommendation on call disposition;
- Officers can call MCT to **make a referral** (i.e.: to phone-screen and/or outreach an individual) who is becoming a frequent 9-1-1 caller;
- Officers are encouraged to share MCT's 24/7 number and ***encourage* individuals to call MCT** *(before/in lieu of police)* when the primary issue is MH-related.

SVCMC PED - Police Interface

- Officers can convey individuals making overt threats to harm themselves or others to the PED for evaluation;
- Officers can convey psychotic or severely mood-altered individuals demonstrating impaired judgment and insight to the PED for evaluation;
- Officers can speak with Melissa Rawlings LSW, PED social worker, re: high-utilizers care coordination plans

MCT, PED, LE: *Mutual Goals*

- MCT's goal to *assess* individuals in the ***least restrictive*** setting possible;
- Police Officers seek to *disposition* calls in the ***least restrictive*** manner appropriate;
- MCT *and* SVCMC PED facilitate ***least restrictive*** *treatment recommendations.*
- ***Ultimately, MCT and SVCMC PED could not achieve our programmatic goals <u>without</u> the support of Law Enforcement. Likewise, Law Enforcement can enhance their efficiency and efficacy in meeting the needs of individuals in mental health crisis <u>when</u> they collaborate with MCT and/or the SVCMC PED.***

Questions/Comments

Appendix: 2017 MCT Statistics

Hotline

Adult MCT Call Total = **14,437**

Child Response Team Call Total = **1,627**

Total MCT Calls = 16,064

Crisis Assessment

Adult Crisis Assessment Total = **1,918**

Child Response Team Assessment Total = **352**

Total MCT Assessments = 2,270

Appendix: FrontLine Crisis Chat

An Online Emotional Support service:

- Available Monday-Friday from 3p-5p (locally) and 5p-8p (nationally)
- Go to the ADAMHS Board or FrontLine Service websites and simply click the **Chat Now** icon
- To access the 24/7 National Suicide Lifeline, go to **https://suicidepreventionlifeline.org** and click the **Chat Now** icon