

RL 20634 117

FUND REQUEST & RECOMMENDATION FORM

(Revised 9/8/03)

11-27-23

Section I

Department/Division Public Safety/Police Division Project Manager Dawn Heartson Date 10/4/2023

Existing Award Subfund Number: N/A Amount Remaining on Original Award N/A

Award Source: Federal X State Foundation Corporation City Division Other
New Award Type: Grant X Gift Subgrant Continuation Contract

New Award Amt \$549,998 Note: Legislation is required if amount of Award exceeds \$10,000
Are Contracts > \$10K Required for this project (yes / no): Yes

Match Amount: \$283,334 Cash Match Amt \$283,334 In-Kind Amt Other Match Amt
Cash Match Account #: 6397 Budget Year of Cash Match?

Shackles

Anticipated Program Income: No X Yes (Type: Interest Fees Other)
Revenue Account Number:

Granting Agency / Division / Funding Source: DOJ's Bureau of Justice Assistance CFDA No.16.745

Project Name FY23 Connect & Protect Grant

Grant Scope / Purpose Funding for responding to mental health calls for service.

Grant Partners ADAMHS Board, FrontLine Services, Public Health.

Other Comments Requires contracts with ADAMHS Board, FrontLine Services. \$100,000 of the
matching funds will be donated by the Cleveland Foundation

Application Due Date N/A Term of Grant / Project Period (m/d/y): 10/01/2023 - 9/30/2026

Chief Signature Dornat A. Drummond Date 10/4/23

Dept Fiscal Controller Signature Date 10/11/23

Dept Director Signature Date 10/13/23

OBM Budget / Grant Administrator Date:

Section II: AUTHORIZATION

Executive Assistant Signature Date

Chief of Staff Signature Date:

Section III: OBM CASH MATCH REVIEW

Budget Analyst Signature Date: 11/10/23

Budget Administrator: Date:
Approved: Cash Match Available Denied: Cash Match Not Available:



REQUISITION
RQS 6002 RL2023000000117
Pending

CITY OF CLEVELAND
 Division of Purchases & Supplies
 601 Lakeside Avenue
 Room 128
 Cleveland, OH 44114
 Tax ID: 34-6000646

Division: 6002
Requester: Dawn Fritz
 216-623-5126
 dfritz@city.cleveland.oh.us

Line #	Description	Quantity	Unit	Unit Price	Total Amount
		Service From		Service To	
1	RL to apply for/ accept FY23 Connect and Protect Gr - Police	From 20	Service	To 20	\$ 283,334.00

ESTIMATED COST	\$ 283,334.00
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CHART OF ACCOUNTS									
LINE #	BFY	FUND	SUB-FUND	DEPT	UNIT	APPR UNIT	OBJECT	PROGRAM	AMOUNT
1		01	001	6002	00	630	6397		\$ 283,334.00

COMMENTS

Request for Legislation to authorize the Director of Public Safety to apply for and accept the RL to apply for/ accept FY23 Connect and Protect Grant (for the Division of Police).

The grant award amount is \$549,998 and requires a cash match of \$283,334. The funding source for the cash match is Fund 01, Subfund 001, Dept. No. 6002.

Connect and Protect

Abstract

Priority consideration is requested for support for underserved communities, and for promoting effective strategies to identify and reduce harm to individuals with MHDs or co-occurring MHSUDs.

The applicant is the City of Cleveland, with partner applicants including the Cleveland Division of Police (law enforcement), and FrontLine Services (mental health agency).

The target population is callers to Cleveland's 911 who may be experiencing a mental health crisis, or a situation of homelessness, substance abuse, or other crisis situation.

The City of Cleveland is, located in northeastern Ohio, is the largest city in Cuyahoga County, the state's most urbanized and populous county. Cleveland has the second highest poverty rate of all big cities. It is estimated that 60-75% of impoverished citizens in some of Cleveland's neighborhoods are in need of mental health treatment.

The amount of federal funding requested is \$550,000.

The purpose of Cleveland's program is to modernize Cleveland's 911 system in order to better respond to crisis calls for service.

Primary activities include hiring clinician dispatchers, providing mental health training to all dispatchers, and, purchasing data collection software that can be used for information sharing by all partner agencies.

Expected outcomes are ensuring the most appropriate and successful response to mental health and behavioral health crisis calls for service.

The service area is the city of Cleveland, Ohio

Intended beneficiaries are persons experiencing a behavioral or mental health crisis.

FY23 Connect and Protect Grant

Modernizing Dispatch for Mental and Behavioral Health Response

City of Cleveland, Ohio

Program Narrative

A. Description of the Issue

Identify the issue:

“911 what’s your emergency: police, fire, or EMS?” This familiar script begins each of the 350,000+ calls for service placed annually through the City of Cleveland’s 911 interface (calls & texts). While many of these calls for service fall neatly into the identified categories – police, fire, or EMS – Cleveland, like many other large metropolitan areas, is facing a growing number of emergency calls related to mental and behavioral health. Nationally, it is estimated that ~63% of 911 calls relate to non-criminal concerns, with about 32% of those calls (or 20% of the total call volume) focused specifically on mental and behavioral health crises (Vera Institute, 2022) – for Cleveland, this translates to ~220,500 non-criminal and upwards of 70,000 mental and behavioral health calls for crisis services annually.

Mental and behavioral health crises – issues related to un/under-treated mental health disorders, substance abuse/overdoses emergencies, homelessness, or other psycho-social-crises – demand a more nuanced, and often collaborative, emergency response. However, the City of Cleveland’s 911 system lacks the technical sophistication to identify, track, triage these calls appropriately, and share vital information across helping systems to ensure that responders (both first-responders and subsequent care teams) have the information needed to adequately respond. In fact, mental and behavioral health crises can pose a distinct risk to the safety and life of both the individual in crisis and the first-responder if not triaged and responded to appropriately.

The City of Cleveland's Department of Public Safety (within which 911 is managed) and the Division of Police, the city's Department of Public Health, in partnership with Cuyahoga County's Alcohol Drug Addiction and Metal Health Services (ADAMHS) Board, along with local mental and behavioral health providers, FrontLine Services and Recovery Resources, and the advocacy organization, Policy Matters Ohio, have joined together to develop an enhanced model of crisis response for mental and behavioral health emergency calls – (in outline) 911 dispatchers are trained to screen emergency calls for mental and behavioral health emergencies, these calls are forwarded to a team of Clinician-dispatchers who either de-escalate the situation and provide a referral to a partner agency (including 988 resources) and/or dispatch one of Cleveland's existing crisis response teams (currently either CIT or the co-responder program) for immediate assistance and support. This application is requesting funding support in order to modernize the City of Cleveland's current 911 dispatch operations and to enhance this model of mental and behavioral health crisis response.

Describe the nature and scope of the problem

The City of Cleveland, located in northeastern Ohio, is the largest city in Cuyahoga County, the state's most urbanized and populous county. The City of Cleveland is a diverse community, with a "majority-minority" population; 2021 Census figures show: 368,000 total population, with 47.4% Black/African American, 12.2% Hispanic/Latino, 7.1% two or more races, and just 34% White non-Hispanic/Latino. Additionally, Cleveland is the second poorest large city in the U.S. with 29.3% of the population living below poverty (Census, 2021; Center for Community Solutions, 2022). The National Institute of Mental Health estimates that ~20% of adults have a diagnosable mental health disorder (noted as any mental illness or AMI) and ~6% are (or could be) diagnosed with a serious mental illness (SMI) (NIMH, 2021). SMIs are defined

as a “mental, behavioral, or emotional disorder resulting in serious functional impairment, which substantially interferes with or limits one or more major life activities” (NIMH, 2021). The statistics for youth and young adults highlight an even greater crisis – ~34% of youth/young adults ages 18-25 are estimated to have (or could be diagnosed with) an AMI, and ~11% have (or could be diagnosed with) a SMI (NIMH, 2021). Focusing on just individuals with SMIs, these figures indicate that in Cleveland roughly 4,500 young-adults (18-25) and 14,500 adults may carry (or be eligible for) an SMI diagnosis. The U.S. Department of Health and Human Services indicates that ~21% of the population has (would qualify for) a substance abuse disorder diagnosis (2023) – or ~59,000 individuals over the age of 18 in Cleveland.

What is more difficult to capture is the intersection of poverty, mental illness, and substance use disorders. What we know from national statistics, local data, and the experiences of 911 dispatchers and first-responders is that many households in Cleveland live in poverty – specifically generational or persistent poverty – compounded by SMIs (including schizophrenia, bipolar disorder, post-traumatic stress disorder, and major depression) with few resources for timely intervention/prevention, ongoing mental health treatment and crisis response. According to the Cuyahoga County Behavioral Health Needs Assessment (2011), locally 60-75% of people below 200%-poverty were in need of mental health treatment, but outside of treatment systems. Further illustrating the potential for daily interaction between the Cleveland Division of Police and the mentally ill population, approximately 97% of patients admitted to St. Vincent Charity Medical Center’s Psychiatric Emergency Department are brought there by police.

According to a 2008 Bureau of Justice Assistance study, law enforcement officers spend 3-7% of their time responding to calls that involve these individuals. These calls are disproportionately time-consuming; most are not the result of criminal behavior, but of

emotional crisis. The majority of arrests of people with mental illness involve non-violent charges such as crimes against the public order or property offenses; however, they can sometimes result in potentially violent situations. Due to the frequency of arrests of people with mental illness, the three largest prisons in the country each house more inmates with mental illness than any psychiatric hospital, making them the largest de facto mental health institutions in the country (*Mental Health Weekly*, July 2010).

While the statistics may be complex, the simple reality is that our emergency response system fails both individuals with mental and behavioral health disorders and our first-responders. Individuals with mental and behavioral health disorders are not receiving the care they need, endangering the individual and increasing the likelihood of their involvement with the criminal justice system (both first-time involvement and recidivism). First-responders are often dispatched to mental and behavioral health crises without the information they need or the training to successfully manage these situations.

Describe successful efforts to address the needs

The City of Cleveland has 2 collaborative programs to respond to mental and behavioral health crises:

1. ***Crisis Intervention Team (CIT)*** - CIT is a community partnership between law enforcement, mental health, as well as family and patient advocates. The Cuyahoga County ADAMHS Board, in collaboration with behavioral health agencies and partners, has been facilitating CIT training for over 15 years. Officers volunteer and are specially selected to participate in CIT – receiving over 40 hours of intensive training on how to recognize mental illness, engage and deescalate mental illness crises, and to, when appropriate, refer individuals and families to treatment (as an alternative to arrest). Much of the instruction is provided by

mental health professionals who are in active practice throughout the community. Training also includes officers shadowing case managers in the field, visiting mental health facilities, and hearing from families and people in recovery. Currently, Cleveland Division of Police recognizes 126 specially trained CIT officers who respond to an average of 2,400 calls per year.

2. ***Co-Responder Team*** – Cleveland operates co-responder teams out of all five neighborhood police districts. The Teams are made up of a CIT police officer and a mental health Crisis Worker who respond in a collaborative manner to mental health crises. The co-responder teams assess the situation and refer persons to mental health agencies. After the initial crises, members of the co-responder teams follow-up to ensure the person has contacted the referral agency and is receiving assistance. The city’s co-responder program began in June of 2016 in one police district and expanded city-wide in 2020. Internal records indicate that an average of 155 people per month are referred to service through this program. Further, our analysis indicates that our co-responder approach results in fewer people being transported to psychiatric emergency wards, fewer calls from high utilizers, and more people being linked to direct services.

Describe the need for assistance

Although the CIT and Co-Responder Teams have been successful, The City of Cleveland’s Department of Public Safety and its partners have determined that the handoff of mental and behavioral health emergency calls to these (and future) teams, as well as our ability to document response services, referrals, and follow-ups is in need of modernization. The need for a common database to triage and track mental and behavioral health crisis calls and client information starts with our 911 call centers and the need for clinician-dispatchers → which will

then impact our CIT and co-responder teams and the ability to provide effective, safe, and human crisis responses → and eventually filter down to support the work of mental health and substance abuse providers in the community. Right now, partner agencies along this continuum struggle to share information because Cleveland does not have a platform for data that all agencies can access. Additionally, the envisioned database will provide important reporting details and the ability to see trends with community residents and high-utilizers of service with greater details and accuracy than what is traditionally captured within a 911 call system.

In the longer-term, and as innovative crisis mental and behavioral health interventions emerge, Cleveland is committed to complementing the CIT and co-responder teams approach with additional programs where law enforcement is a partner, but not always the first responder.

Introduction to how we will address the problem

Cleveland has already taken the first step to addressing our system of providing crisis care services to individuals with mental and behavioral health disorders. With both the CIT and co-responder teams, Cleveland has begun to transition away from a police-as-first-responder model. Through system-level partnerships, like the collaboration submitting this application, community stakeholders and providers have invested significant time assessing current interventions and planning complementary processes to improve emergency service responses. Cleveland's Department of Public Safety also coordinates emergency service innovations with both Cuyahoga County's 911 operations team, as well as the oversight boards supervising our city's consent decree (Department of Justice) and other policing oversight bodies.

B. Project Design and Implementation

Strategies/Activities/Actions/Methods

The City of Cleveland's Department of Public Safety and the identified partners have reached out to numerous cities (regionally, based on size, and when alerted to new innovations) to share strategies and seek guidance as to improving both short- and long-term outcomes for individuals with mental and behavioral health disorders, especially as these individuals access 911 and other emergency systems. We have determined that the best option to complement the successful CIT and co-Responder teams is to enhance the efficiency with which 911 dispatchers identify, triage, and respond (in collaboration with our CIT and co-responders) to individuals with mental and behavioral health crises, and to increase our collaborative efforts with providers in the community to ensure better transitions to longer-term care options.

This section provides an overview of the process for modernizing dispatch for mental and behavioral health responses. A table detailing the project goals, objectives, performance measures, and deliverables can be found at the conclusion of this section, and additional information regarding specific action steps can be found in the Timeline (both in the narrative and attached).

We believe the first-step to modernizing dispatch for mental and behavioral health responses is to formalize a Collaboration Board tasked with finalizing and implementing the strategies outlined above. The Collaboration Board will first convene with the identified partner – the City of Cleveland's Department of Public Safety and Division of Police, Cuyahoga County's Alcohol Drug Addiction and Metal Health Services (ADAMHS) Board, FrontLine Services, Recovery Resources, and Policy Matters Ohio. Additional partners will be identified based on services used by the target population. The Collaboration Board will be responsible for researching (including consultations with subject matter experts) and purchasing a database system to collect and share data related to mental and behavioral health crisis responses and

individuals accessing services. Concurrently, the Collaboration Board will develop a job description for the clinician-dispatch positions and begin the recruitment, hiring, and onboarding process. The Collaboration Board will be responsible for supervising and evaluating the mental and behavioral health response enhancement project for the duration of the grant.

Through this grant, we anticipate hiring 2 clinician-dispatchers late in year-one or at the start of year-two. Clinician-dispatchers will be fully-qualified and trained 911 dispatchers who will also have a background in mental health, such as social workers. The clinician-dispatchers will assist in finalizing and testing protocols to route mental and behavioral health crisis calls into a separate queue for triage, response, and data-collection. As the clinician-dispatchers pilot this process a timeline for a full roll-out will be developed. As envisioned, the clinician-dispatchers, following a triage and screening process, will be able to diffuse some of these situations over the phone thereby eliminating the need for an in-person response. Clinician-dispatchers will have the ability to refer the caller to any of the partner agencies for follow-up services, including forwarding the call to the 988 national mental health crisis line recently implemented in Cleveland. If necessary, the clinician-dispatchers will dispatch EMS, a CIT or co-responder Team, a CIT-trained officer in a patrol car, or a basic patrol car priority response. Once finalized, the clinician-dispatchers will train all 911 dispatchers on the enhanced response process. Additionally, the clinician-dispatchers, leveraging their backgrounds in mental health, will develop supplemental training for regular 911 dispatchers to increase the overall skill set in responding to mental and behavioral health crises. Any protocols and trainings developed through this grant will be available for distribution and best-practice review to the larger field.

Finally, and occurring throughout the life of the grant, Cleveland proposes to expand our offering of mental and behavioral health non-police responses by folding-in and expanding the

Mobile Crisis Response Team – a program currently offered through FrontLine Service – to the CIT and co-responder team protocols. The Mobile Crisis Response Team currently operates through a separate hot-line number and is a fully non-police mental health crisis intervention. The goal here is to further supplement and streamline (rather than supplant) crisis response services. By approaching the inclusion of community-based programs in a step-wise manner, we believe we can develop protocols for data-sharing, client referrals, and collaborative treatment programs which can then be expanded throughout the community.

Goals	Objectives	Performance Measures	Deliverables
Form a Collaboration Board to develop and implement a strategic plan.	Create a Collaboration Board (CDP, CDPH, and representatives of key community stakeholders).	Number of meetings convened; completion of plan	Strategic Plan for responding to MH calls for service
Hire Clinician-dispatchers to triage and respond to crisis-related 911 calls.	Create a new City worker classification and hire Clinician Dispatchers	Number of Clinician-dispatchers hired	New worker classification approved, employees hired
Update training for all 911 Dispatchers on managing crisis-related calls for service.	Bring in SMEs to conduct a training program geared towards all 911 Dispatchers	Number of 911 Dispatchers trained on the best response to crisis calls for service	All current 911 Dispatchers will receive training
Research and purchase a system to collect and share data among partner agencies	Hire a consultant to review the database systems currently in use by all partner agencies and suggest a new system that all agencies can use	Number of agencies utilizing the new database system	Partner agencies will be able to share data and information on calls for service and outcomes
Expand a non-police Mobile Crisis Response Team operated by a mental health agency	Add an additional non-police Crisis Response Team	Number of additional runs made by a Mobile Crisis Response Team	More residents will receive immediate in-person response by non-police teams
Implement collaborative treatment programs	Provide Clinician Dispatchers and all 911 Dispatchers with information on referral agencies	Number of agencies and types of treatment programs we can refer persons to	Fewer police responses and more persons receiving the emotional or mental health services they need
Evaluate the effectiveness of the program	Develop an evaluation plan that includes process and impact measures; create data collection instruments	Track and monitor responses and follow-up treatment	Process evaluation report; interim outcome report; final evaluation report

Timetable/project plan

Year-One

- Establish regular meeting schedule for the Collaboration Board and co-chairs - finalize strategic plan, goals/objectives
- Expand Collaboration Board to include additional service/government partners
- Work with consultant and subject matter experts to identify new software program to enable enhanced dispatch response and data-sharing with partners || site visits to parallel cities to view operations in real-time
- Work with marketing consultant to assist the Collaboration Board with developing plans to market the new program to residents so they are aware of the options they have for police and non-police responses (ensure a coordinated message with similar language)
- Attend conferences related to mental health responses, such as the annual CIT International Conference and Law & Mental Health Conferences (as well as other learning opportunities)

Year-Two

- Hire 2 Clinician-dispatchers, finalize protocols, train 911 Dispatchers
- Purchase the data software and begin utilizing it
- Implement marketing plan to ensure residents are aware of the program/options for services and support
- Evaluate for quality assurance and make revisions to enhanced protocols and dispatcher training

Year-Three

- Hire 3 additional Clinician-dispatchers (5 total)

- Expand the Mobile Crisis Response Team and fold-in to the enhanced crisis response model allowing more people to receive quick, effective, non-police responses to crisis situations.

Priority areas

Priority consideration is requested for support for underserved communities, and for promoting effective strategies to identify and reduce harm to individuals with mental health disorders (MHDs) or co-occurring mental health and substance use disorders (MHSUDs). Cleveland more than meets the criteria for these priority considerations as more than half of our residents are minorities and, therefore, members of underserved communities (47.4% African American-Black, 12.2% Hispanic/Latino, 7% two or more races). Additionally, 29.3% live below the poverty level. The proposed project will identify and reduce harm to individuals with MHDs or co-occurring MHSUDs by providing these individuals with appropriate referrals and support if they call 911.

Inability to fund

Although community members, partner agencies and the Mayor's Office have strongly supported this type of response to crisis calls for service, we have been unable to add this expense into the General Fund budget. Cleveland has long suffered from a dwindling tax base and significant cuts in annual funding from the State of Ohio. COVID-19 resulted in additional, massive expenses and further reductions in the tax base. Adding these expenses are not possible without federal assistance.

Supplement and not supplant

None of the funding will be used to supplant local funding. The positions we propose to hire are new positions that are not in the City of Cleveland Public Safety and/or Division of

Police budget. The City of Cleveland does not currently, nor has it ever, employed any Clinician-dispatchers. The data tracking software we will research and purchase will be a new system for the City and partner agencies. Finally, the funding used for the Mobile Crisis Response Team will represent an expansion of the current program.

C. Capabilities and Competencies

Capabilities and competencies to manage the award

The City of Cleveland's Division of Police (CDP) will be the lead agency for this program. CPD was established on May 1, 1866 and is the lead law enforcement agency in Northern Ohio's largest city. The highest priority of the Division of Police is to provide public safety. To efficiently and effectively accomplish this, the Division is organized into three operations: Administrative, Field, and Homeland Special Operations. Currently, 1,300 dedicated men and women comprise the second largest police force in the State of Ohio. CPD has successfully managed numerous comprehensive, grant-funded programs, and currently manage 34 grants worth more than \$30 million.

Lt. John Mullin was appointed the Crisis Intervention Team Coordinator for CDP in February 2023. Having started his CDP career in February 2008, Mullin served in the City's 2nd and 4th Districts, the Bureau of Compliance, and the Crisis Intervention Team before being promoted to Lieutenant in October 2022.

Partners and key personnel:

Cleveland Department of Public Health's mission is to promote and protect the health and well-being of residents, communities, and partners in the City of Cleveland. Their vision is to be the most responsive, trusted, and impactful health department in the country. They have five divisions: Administrative, Health, Health Equity and Social Justice, Environmental Health,

and Air Quality. This summer they are adding a Strategist for Public Safety and Health and have been partnering closely with the Cleveland Division of Police to add a public health lens to their work. The new strategist will be an important addition to this team since they will be tasked with providing advice on improving all of Cleveland's various responses to crisis-related calls for service.

FrontLine Service is the primary agency that reaches out to those throughout Cuyahoga County who are homeless, struggling with mental health issues or thoughts of suicide, or whose lives have been devastated by violence in their own home or community. Their programs focus on meeting the needs of marginalized, minority, and underserved populations—including those for whom traditional, office-based services are not effective. FrontLine is the designated provider of Cuyahoga County's 24/7 telephone, online chat, and in-person wellness checks for children and adults experiencing a behavioral health crisis or contemplating suicide, as well as short-term residential crisis stabilization services. Rick Oliver currently holds the position of Director of Crisis and Trauma Services at FrontLine Service and in this capacity oversees several crisis and child trauma programs. He has held this position since 2004.

Recovery Resources helps people triumph over mental illness, alcoholism, drug, and other addictions. They offer a variety of services for their clients including: Employment Services; Recovery Housing; Prevention Services; Gambling Services; Case Management; Individual and Group Therapy; services to those involved in the Criminal Justice System; among other peer support services. Their partnership with Metro Health allows their clients to receive coordinated care for physical health, including primary care and preventative care options. Seona Goerndt joined Recovery Resources as President and CEO in 2021, following an extensive career in hospital and healthcare administration.

Policy Matters Ohio, a nonprofit, nonpartisan policy research institute based in Cleveland and Columbus, Ohio, and focused on research, strategic communications, coalition building and policy advocacy. Piet van Lier is a senior researcher. Since 2021, he has helped build a coalition in Cleveland focused on implementing non-police response for certain types of emergency calls and expanding the crisis care continuum.

The **Alcohol, Drug Addiction and Mental Health Services (ADAMHS) Board of Cuyahoga County** is responsible for the planning, funding and monitoring of public mental health and addiction treatment and recovery services delivered to the residents of Cuyahoga County. Under Ohio law, the ADAMHS Board is one of 50 Boards coordinating the public mental health and addiction treatment and recovery system in Ohio. Carole Ballard, the Director of Training and Education, is a CIT Certified Coordinator through CIT International and has been the coordinator and facilitator for Crisis Intervention Team training for the past 14 years working with law enforcement departments throughout the county. The ADAMHS Board currently provides mental health training for CDP's Dispatchers.

Letters of support

An MOU between the Cleveland Division of Police (law enforcement agency) and FrontLine Service (mental health agency) is attached, as required. Also attached are Letters in Intent and Letters of Support from partner agencies.

Management structure

The Collaboration Board will coordinate the planning and implementation of this program. The lead agencies will be the Cleveland Division of Police and Department of Public Health, ADAMHS Board, FrontLine Services, Cleveland Foundation, Policy Matters Ohio, and Recovery Resources. Additional partners will be identified and added during the planning phase.

Monthly Collaboration Board meetings will be held among these agencies during the planning and implementation phases. All partner agencies will aid in planning and implementation.

The Cleveland Division of Police will hire and manage the Clinician Dispatchers, and coordinate the training of all 911 dispatchers. The ADAMHS Board will update the mental health training they currently provide for all 911 dispatchers and bring in SMEs to assist with the training. The Cleveland Department of Public Health, FrontLine Service, and Recovery Resources will aid in coordinating referrals, and provide referral services such as suicide prevention, substance abuse recovery, assistance for homelessness, mental health referrals, and mediation. Frontline Service will manage the expansion of their Mobile Crisis Team. The Cleveland Foundation will assist in planning, and will provide \$100,000 in matching funds for the grant. Policy Matters Ohio and the Cleveland Department of Public Health will aid in research and data analysis. MetroHealth will assist in determining the best data platform that will allow multiple agencies to share data and information about crisis response and who is being served.

D. Plan for collecting and data

All required data will be compiled by partner agencies and forwarded to the Grants Coordinator for Cleveland Police for reporting in the BJA Performance Measurement Tool (PMT). The list of performance measures has been reviewed and we will be able to provide all required information.

Information gathered will be discussed in Collaboration Board meetings to determine the successes of the program, and to determine if any procedures should be revised.

Budget Summary

Budget Summary											
<i>Note: Any errors detected on this page should be fixed on the corresponding Budget Detail tab.</i>											
Budget Category	Year 1		Year 2 (if needed)		Year 3 (if needed)		Year 4 (if needed)		Year 5 (if needed)		Total(s)
	Federal Request	Non-Federal Request	Federal Request	Non-Federal Request	Federal Request	Non-Federal Request	Federal Request	Non-Federal Request	Federal Request	Non-Federal Request	
A. Personnel	\$0	\$0	\$75,006	\$0	\$255,000	\$0	\$0	\$0	\$0	\$0	\$330,006
B. Fringe Benefits	\$0	\$0	\$23,590	\$0	\$80,198	\$0	\$0	\$0	\$0	\$0	\$103,788
C. Travel	\$27,160	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$27,160
D. Equipment	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
E. Supplies	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
F. Construction	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
G. Subawards (Subgrants)	\$0	\$0	\$0	\$0	\$218,000	\$0	\$0	\$0	\$0	\$0	\$218,000
H. Procurement Contracts	\$68,840	\$0	\$55,404	\$0	\$30,136	\$0	\$0	\$0	\$0	\$0	\$154,380
I. Other	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Total Direct Costs	\$96,000	\$0	\$154,000	\$0	\$583,334	\$0	\$0	\$0	\$0	\$0	\$833,334
J. Indirect Costs	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Total Project Costs	\$96,000	\$0	\$154,000	\$0	\$583,334	\$0	\$0	\$0	\$0	\$0	\$833,334
Does this budget contain conference costs which is defined broadly to include meetings, retreats, seminars, symposia, and training activities? - Y/N											No

Budget Detail - Year 1

Does this budget contain conference costs which is defined broadly to include meetings, retreats, seminars, symposia, and training activities? - Y/N
 (DOJ Financial Guide, Section 3.10)

No

A. Personnel

Name <i>List each name, if known.</i>	Position <i>List each position, if known.</i>	Computation <i>Show annual salary rate & amount of time devoted to the project for each name/position.</i>						
		<i>Salary</i>	<i>Rate</i>	<i>Time Worked</i> <i>(# of hours, days, months, years)</i>	<i>Percentage of Time</i>	<i>Total Cost</i>	<i>Non-Federal Contribution</i>	<i>Federal Request</i>
						\$0		\$0
						\$0		\$0
						\$0		\$0
						\$0		\$0
						\$0		\$0
						\$0		\$0
						\$0		\$0
Total(s)						\$0	\$0	\$0
Narrative								

Purpose Area #4

C. Travel										
Purpose of Travel	Location	Type of Expense	Basis	Computation						
<i>Indicate the purpose of each trip or type of trip (training, advisory group meeting)</i>	<i>Indicate the travel destination.</i>	<i>Lodging, Meals, Etc.</i>	<i>Per day, mile, trip, Etc.</i>	<i>Compute the cost of each type of expense X the number of people traveling.</i>						
				Cost	Quantity	# of Staff	# of Trips	Total Cost	Non-Federal Contribution	Federal Request
Visit to city implementing similar program	TBD	Meals	Day	\$55.00	3	4	2	\$1,320		\$1,320
Visit to city implementing similar program	TBD	Transportation	Round-trip	\$600.00	1	4	2	\$4,800		\$4,800
Visit to city implementing similar program	TBD	Lodging	Night	\$125.00	3	4	2	\$3,000		\$3,000
Police & Mental Health Conference	TBD	Other	N/A	\$700.00	1	4	1	\$2,800		\$2,800
Police & Mental Health Conference	TBD	Meals	Day	\$55.00	6	4	1	\$1,320		\$1,320
Police & Mental Health Conference	TBD	Lodging	Night	\$125.00	5	4	1	\$2,500		\$2,500
Police & Mental Health Conference	TBD	Transportation	Round-trip	\$600.00	1	4	1	\$2,400		\$2,400
CIT International Conference	TBD	Other	N/A	\$700.00	1	4	1	\$2,800		\$2,800
CIT International Conference	TBD	Meals	Day	\$55.00	6	4	1	\$1,320		\$1,320

Purpose Area #4

CIT International Conference	TBD	Lodging	Night	\$125.00	5	4	1	\$2,500		\$2,500
CIT International Conference	TBD	Transportation	Round-trip	\$600.00	1	4	1	\$2,400		\$2,400
<i>Total(s)</i>								\$27,160	\$0	\$27,160
<i>Narrative</i>										
<p>We will send four people to numerous conferences in order to learn more about various responses to crisis calls for service. We will also send four program partners to two coties that are already successfully implementing a similar program so we can see, in-person, how the program operates in real time.</p>										

Purpose Area #4

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H. Procurement Contracts

Description	Purpose	Consultant?			
<i>Provide a description of the products or services to be procured by contract and an estimate of the costs. Applicants are encouraged to promote free and open competition in awarding contracts. A separate justification must be provided for sole source procurements in excess of the Simplified Acquisition Threshold (currently \$150,000).</i>	<i>Describe the purpose of the contract</i>	<i>Is the subaward for a consultant? If yes, use the section below to explain associated travel expenses included in the cost.</i>			
			Total Cost	Non-Federal Contribution	Federal Request
Subject Matter Experts will come to Cleveland to meet with the Collaboration board	To provide assistance in developing out strategic plan	Yes	\$15,000		\$15,000
Researcher to identify software for data collection	Identification of a software program that all partners can use to collect data and information on the outcome of cases	Yes	\$25,960		\$25,960
Marketing planning services	To ensure accurate, coordinated, appropriate marketing (flyers, advertising)	Yes	\$25,000		\$25,000
Total(s)			\$68,840	\$0	\$68,840

Consultant Travel (if necessary)

Purpose of Travel	Location	Type of Expense	Computation
<i>Indicate the purpose of each trip or type of trip (training, advisory group meeting)</i>	<i>Indicate the travel destination.</i>	<i>Hotel, airfare, per diem</i>	<i>Compute the cost of each type of expense X the number of people traveling.</i>

Purpose Area #4

			Cost	Duration or Distance	# of Staff	Total Cost	Non-Federal Contribution	Federal Request
To provide assistance in developing out strategic plan	Cleveland	Transportation	600	1	3	\$1,800		\$1,800
To provide assistance in ueveloping out strategic plan	Cleveland	Meals	55	2	3	\$330		\$330
To provide assistance in developing out strategic plan	Cleveland	Lodging	125	2	3	\$750		\$750
Total						\$2,880	\$0	\$2,880

Narrative

We will bring in SMEs to meet with the Collaboration Board and discuss successful similar programs and assist us in developing our startegic plan.

I. Other Costs

Description <i>List and describe items that will be paid with grants funds (e.g. rent, reproduction, telephone, janitorial, or security services, and investigative or confidential funds).</i>	Computation <i>Show the basis for computation</i>						
	Quantity	Basis	Cost	Length of Time	Total Cost	Non-Federal Contribution	Federal Request
					\$0		\$0
					\$0		\$0
Total(s)					\$0	\$0	\$0

Narrative

Budget Detail - Year 2

Does this budget contain conference costs which is defined broadly to include meetings, retreats, seminars, symposia, and training activities? - Y/N
 (DOJ Financial Guide, Section 3.10)

A. Personnel

Name <i>List each name, if known.</i>	Position <i>List each position, if known.</i>	Computation <i>Show annual salary rate & amount of time devoted to the project for each name/position.</i>						
		Salary	Rate	Time Worked <i>(# of hours, days, months, years)</i>	Percentage of Time	Total Cost	Non-Federal Contribution	Federal Request
Vacant	Clinician Dispatcher	\$24.04	hourly	1,560	100%	\$37,503		\$37,503
Vacant	Clinician Dispatcher	\$24.04	hourly	1,560	100%	\$37,503		\$37,503
Total(s)						\$75,006	\$0	\$75,006

Narrative

In year two, we will hire two clinician dispatchers who will be both trained dispatchers, and have special training (such as having a degree in social work) to handle calls in situations where someone may be experiencing a mental health crisis. We estimate they will be hired in the second quarter of the year

Purpose Area #4

B. Fringe Benefits					
Name	Computation				
<i>List each grant-supported position receiving fringe benefits.</i>	<i>Show the basis for computation.</i>				
	<i>Base</i>	<i>Rate</i>	<i>Total Cost</i>	<i>Non-Federal Contribution</i>	<i>Federal Request</i>
Health/Vision/Dental	\$75,006.00	16.00%	\$12,001		\$12,001
FICA	\$75,006.00	1.45%	\$1,088		\$1,088
Public Employees Retirement System	\$75,006.00	14.00%	\$10,501		\$10,501
		<i>Total(s)</i>	\$23,590	\$0	\$23,590
Narrative					
These are standard benefits for City of Cleveland employees					

Purpose Area #4

G. Subawards (Subgrants)								
Description	Purpose	Consultant?						
<i>Provide a description of the activities to be carried out by subrecipients.</i>	<i>Describe the purpose of the subaward (subgrant)</i>	<i>Is the subaward for a consultant? If yes, use the section below to explain associated travel expenses included in the cost.</i>						
			<i>Total Cost</i>	<i>Non-Federal Contribution</i>	<i>Federal Request</i>			
					\$0			
			<i>Total(s)</i>	\$0	\$0	\$0		
Consultant Travel (if necessary)								
Purpose of Travel	Location	Type of Expense	Computation					
<i>Indicate the purpose of each trip or type of trip (training, advisory group meeting)</i>	<i>Indicate the travel destination.</i>	<i>Hotel, airfare, per diem</i>	<i>Compute the cost of each type of expense X the number of people traveling.</i>					
			Cost	Duration or Distance	# of Staff	Total Cost	Non-Federal Contribution	Federal Request
						\$0		\$0
			<i>Total</i>			\$0	\$0	\$0
Narrative								

H. Procurement Contracts			
Description	Purpose	Consultant?	

Purpose Area #4

Provide a description of the products or services to be procured by contract and an estimate of the costs. Applicants are encouraged to promote free and open competition in awarding contracts. A separate justification must be provided for sole source procurements in excess of the Simplified Acquisition Threshold (currently \$150,000).	Describe the purpose of the contract	Is the subaward for a consultant? If yes, use the section below to explain associated travel expenses included in the cost.						
			Total Cost	Non-Federal Contribution	Federal Request			
The ADAMHS Board will provide training	Training for 911 Dispatchers	Yes	\$10,000		\$10,000			
Software	Data collection software	Yes	\$37,404		\$37,404			
Advertizing services	Marketing of program	Yes	\$8,000		\$8,000			
Total(s)			\$55,404	\$0	\$55,404			
Consultant Travel (if necessary)								
Purpose of Travel <i>Indicate the purpose of each trip or type of trip (training, advisory group meeting)</i>	Location <i>Indicate the travel destination.</i>	Type of Expense <i>Hotel, airfare, per diem</i>	Computation <i>Compute the cost of each type of expense X the number of people traveling.</i>					
			Cost	Duration or Distance	# of Staff	Total Cost	Non-Federal Contribution	Federal Request
						\$0		\$0
Total						\$0	\$0	\$0
Narrative								

Purpose Area #4

The Cuyahoga County ADAMHS Board will provide updated training to all 911 Dispatchers regarding mental health calls for service and how to process them.

We will purchase software licenses for a data collection and information sharing program that can be used by all partner agencies to track data and the outcome of services provided.

We will produce informational literature regarding the program, and advertising. This will assist us in ensuring residents are aware of the new program and their options.

I. Other Costs

Description <i>List and describe items that will be paid with grants funds (e.g. rent, reproduction, telephone, janitorial, or security services, and investigative or confidential funds).</i>	Computation <i>Show the basis for computation</i>						
	<i>Quantity</i>	<i>Basis</i>	<i>Cost</i>	<i>Length of Time</i>	<i>Total Cost</i>	<i>Non-Federal Contribution</i>	<i>Federal Request</i>
				1	\$0		\$0
				1	\$0		\$0
				<i>Total(s)</i>	\$0	\$0	\$0

Narrative

Budget Detail - Year 3

Does this budget contain conference costs which is defined broadly to include meetings, retreats, seminars, symposia, and training activities? - Y/N
 (DOJ Financial Guide, Section 3.10)

A. Personnel

Name <i>List each name, if known.</i>	Position <i>List each position, if known.</i>	Computation <i>Show annual salary rate & amount of time devoted to the project for each name/position.</i>						
		Salary	Rate	Time Worked <i>(# of hours, days, months, years)</i>	Percentage of Time	Total Cost	Non-Federal Contribution	Federal Request
Vacant	Clinician Dispatcher	\$51,000.00	yearly	1	100%	\$51,000		\$51,000
Vacant	Clinician Dispatcher	\$51,000.00	yearly	1	100%	\$51,000		\$51,000
Vacant	Clinician Dispatcher	\$51,000.00	yearly	1	100%	\$51,000		\$51,000
Vacant	Clinician Dispatcher	\$51,000.00	yearly	1	100%	\$51,000		\$51,000
Vacant	Clinician Dispatcher	\$51,000.00	yearly	1	100%	\$51,000		\$51,000
Total(s)						\$255,000	\$0	\$255,000

Narrative

We will continue the employment of the two clinician dispatchers who were hired in year one, and add more so additional shifts can be covered. A 2% cost of living pay increase is anticipated.

Purpose Area #4

B. Fringe Benefits						
Name <i>List each grant-supported position receiving fringe benefits.</i>		Computation <i>Show the basis for computation.</i>				
		<i>Base</i>	<i>Rate</i>	<i>Total Cost</i>	<i>Non-Federal Contribution</i>	<i>Federal Request</i>
Health/Vision/Dental Insurance		\$255,000.00	16.00%	\$40,800		\$40,800
FICA		\$255,000.00	1.45%	\$3,698		\$3,698
Pubic Employes Retirement System		\$255,000.00	14.00%	\$35,700		\$35,700
<i>Total(s)</i>				\$80,198	\$0	\$80,198
Narrative						
These are basic benefits for City of Cleveland Employees						

Purpose Area #4

G. Subawards (Subgrants)										
Description		Purpose			Consultant?					
<i>Provide a description of the activities to be carried out by subrecipients.</i>		<i>Describe the purpose of the subaward (subgrant)</i>			<i>Is the subaward for a consultant? If yes, use the section below to explain associated travel expenses included in the cost.</i>					
							Total Cost	Non-Federal Contribution	Federal Request	
ADAMHS Board - Dispatcher training		Updated mental health training for all 911 dispatchers			No		\$28,000		\$28,000	
FrontlineService - Operation of a mobile crisis team		To respond to non-urgent calls regarding a mental health crisis, substance abuse, homelessness, or other situation where police response is not needed.			No		\$190,000		\$190,000	
Total(s)							\$218,000	\$0	\$218,000	
Consultant Travel (if necessary)										
Purpose of Travel		Location	Type of Expense		Computation					
<i>Indicate the purpose of each trip or type of trip (training, advisory group meeting)</i>		<i>Indicate the travel destination.</i>	<i>Hotel, airfare, per diem</i>		<i>Compute the cost of each type of expense X the number of people traveling.</i>					
					Cost	Duration or Distance	# of Staff	Total Cost	Non-Federal Contribution	Federal Request
								\$0		\$0
Total								\$0	\$0	\$0
Narrative										
<p>Our mental health agency partner, FrontLine Service, will expand their Mobile Crisis Team program by adding an additional team. This will allow them to respond to more calls for assistance where a person may be suffering from a mental health crisis, substance abuse, homelessness or other situation that does not require police presence. The funding will allow them to hire additional employees to staff more Mobile Response Teams. The ADAMHS Board will update and provide mental health training for all 811 Dispatchers.</p>										
H. Procurement Contracts										

Purpose Area #4

Description	Purpose	Consultant?						
<i>Provide a description of the products or services to be procured by contract and an estimate of the costs. Applicants are encouraged to promote free and open competition in awarding contracts. A separate justification must be provided for sole source procurements in excess of the Simplified Acquisition Threshold (currently \$150,000).</i>	<i>Describe the purpose of the contract</i>	<i>Is the subaward for a consultant? If yes, use the section below to explain associated travel expenses included in the cost.</i>						
			<i>Total Cost</i>	<i>Non-Federal Contribution</i>	<i>Federal Request</i>			
Database Software	Licensing of the new database software		\$30,136		\$30,136			
		<i>Total(s)</i>	\$30,136	\$0	\$30,136			
Consultant Travel (if necessary)								
Purpose of Travel	Location	Type of Expense	Computation					
<i>Indicate the purpose of each trip or type of trip (training, advisory group meeting)</i>	<i>Indicate the travel destination.</i>	<i>Hotel, airfare, per diem</i>	<i>Compute the cost of each type of expense X the number of people traveling.</i>					
			<i>Cost</i>	<i>Duration or Distance</i>	<i># of Staff</i>	<i>Total Cost</i>	<i>Non-Federal Contribution</i>	<i>Federal Request</i>
						\$0		\$0
			<i>Total</i>			\$0	\$0	\$0
Narrative								
<p>We will continue paying for software licenses for a data collection and information sharing program that can be used by all partner agencies to tract data and the outcome of services provided. It is anticipated additional partners will begin using the platform.</p>								
I. Other Costs								
Description			Computation					