EXHIBIT Z

Friday 1015Tamika and the MHRAC CIT Specialz... docx.docx (https://adamhsc... Friday 1015Tamika and the MHRAC CIT Specialz... docx.docx (https://ada... Friday 1015Tamika and the MHRAC CIT Specialz... docx.docx (https://ada... Download Print Open in full screen

ADAMHS CUYAHOGA COUNTY MENTAL HEALTH SERVICES

MHS A...

Scenario #1 – Call Regarding Transport to the Emergency Room

Class Set Up: Officers will observe and respond in a group set up. Officers will review each of the objectives and be prepared to respond how the officer performed. The instructors will assist the class with the feedback.

Overall Goal for Role Plays: Goal is to bring an experiential component in order to engage the officers with the material that was just covered and assess the officers' ability to apply the material in an event which might be encountered while on patrol duty.

Goal:

In the Loss Model profile, we discussed delusions as a characteristic of Loss of Reality. The profile for Loss of Reality include the following: the person may experience delusions, paranoia, hallucinations, have disorganized thinking and exhibit odd behaviors/mannerisms. This person may be frightened, confused, and have difficulty concentrating or communicating.

Objective: The officer should:

1-To calm confusion and disorientation/ground the person in the here and now.

2-To ask simple questions and talk about one thing at a time.

3-To repeat and reassure the person.

4- Validate feelings. Try to make eye contact.

Props and Role Description:

Tamika who suffers from Bi-polar, is observed walking in the streets near the farmer's market. She appears confused and eventually flags down a police car and asks for help. She says she needs to find the hospital, she is off her medication, hungry, and not sure where she is. Tamika agrees to go to the hospital but while pulling into the drive of the SVCH, Tamika changes her mind and refuses to get out of the car. She becomes loud and saying that she has been kidnapped and being hurt. Tamika draws a crowd. Tamika has been in and out of treatment and frequently files complaints with the ADAMHS Board about allegations of abuse by the people and agencies who serve her. She has alienated her family due to the same allegations.

Officer – after being flagged down, the officer offers to take Tamika to the hospital and she agrees to go. While there Tamika refuses to get out of the car and the officers try to convince her to get help.

Dispatch Information:

Officer called in situation prior to getting out of the car.

Observable Characteristics:

Tamika is observed walking in the street and appears to be confused and flags down a police car asking for help and to be taken to the hospital

Page 1 of 2

Notes to the Actor:

Officer is to try to convince the person to go to and stay at the hospital. Officer to acknowledge person's feelings and try to establish trust. Try to cut through any confusion to get person to comply

1 of 1 file

elected
:om/corp/regis
html?
e-link-
page&utm_medium=product&utm_co
page&utm_campaign=file-sharing)

Scenario #2: Call Regarding Traffic Stop

Class Set Up: Officers will observe and respond in a group set up. Officers will review each of the objectives and be prepared to respond how the officer performed. The instructors will assist the class with the feedback.

Overall Goal for Role Plays: Goal is to bring an experiential component in order to engage the officers with the material that was just covered and assess the officers' ability to apply the material in an event which might be encountered while on patrol duty.

Goal:

In the Loss Model profile, we discuss Loss of Hope. The goal is for the officers to bring the person's energy down and try to calm her through empathy and patience; often times using a soft and calm tone. Sheila is fearful, disorganized in her thinking, emotional, angry and depressed. She is not medicated. Officer should instill some hope during the encounter.

Objective: The officer should:

1-Bring the person's energy down so as to talk and address the initial traffic violation

2-Acknowledge the person's emotion and instill hope within the encounter

3-Provide a listening ear to help the person talk instead of the continued emotional outburst

4- Be prepared to talk with Sheila about getting the help that she needs to address the mental health and the domestic violence

Props and Role Description:

People involved: **Sheila** is observed driving erratic on W. 25th street. Weaving around cars, nearly hitting someone. She yells out the window for people to walk faster and get out of her way. She does not appear to adhere to crosswalks and has out of town plates on her car. The officer pulls her over for the traffic violation. Sheila begins crying and sobbing. Says she does not know what to do and she was running from her boyfriend who beat her. She took his car and fled from Alabama. Her boyfriend is a police officer.

Police Officer pulls over erratic driver with out of town plates. Police officer asks for license and insurance for the vehicle. The driver begins crying and sobbing.

Dispatch Information:

Police officer phones in traffic stop prior to getting out of the car.

Observable Characteristics:

Sheila suffers from depression. Victim of domestic violence. Took the car from her boyfriend in Alabama and kept driving and came to Cleveland. Does not know anyone. Is off her medication. Is overwhelmed, hopeless and scared. Did not know where she was going but kept driving. Ran out of money and is fearful of police. Police never supported her story when she said the boyfriend beat her because he is a police officer.

Notes to the Actor:

Sheila shows signs of depression; she is overwhelmed, emotional, crying, in despair, and has disorganized thinking. She yells at the officer at times but other times is very sad and confused. She does not feel that anyone can help her and she is all alone and feeling helpless. She has no supports and is basically homeless. She is also anxious, worried and nervous which can lead to panic. She has family in Columbus but has no contacts in Cleveland and is not sure how she got on W. 25th. She is having car trouble and afraid she will run out of gas.

Anticipated Outcome:

Officer to calm the encounter

Officer to escort Sheila to police station, which could end up being an arrest

Officer to talk with Sheila about external support systems

Officer to talk with Sheila about seeking help

Officer to contact community resource, i.e. domestic violence shelter

Key Points to Consider: This is a group discussion.

- Sheila has concerns about interacting with police both as a victim and someone who lived with a police officer.
- Sheila has no supports in the area and is basically homeless.
- Sheila has been in treatment in the past.
- Resources to support Sheila
- Are there legal issues- Sheila was driving erratic, stolen car?
- What are challenges that Sheila presented?
- Role of others involved, if any, in the role play-Did the presence of the other officer escalate and or deescalate the situation?
- Officer's comfort and ability to relate to the situation-How was the Officer's demeanor? How did he relate to Sheila? Did the officer demonstrate a sense of control and comfort in addressing the situation?
- Are there other questions you would have asked or things you would do differently?

Scenario #3-Call regarding Elderly Man

Class Set Up: Officers will observe and respond in a group set up. Officers will review each of the objectives and be prepared to respond how the officer performed. The instructors will assist the class with the feedback.

Overall Goal for Role Plays: Goal is to bring an experiential component in order to engage the officers with the material that was just covered and assess the officers' ability to apply the material in an event which might be encountered while on patrol duty.

Goal:

In the Loss Model profile, we identified delusions as a characteristic with Loss of Reality profile. The profile for Loss of Reality include the following: the person may experience delusions, paranoia, hallucinations, have disorganized thinking and exhibit odd behaviors/mannerisms. This person may be frightened, confused, and have difficulty concentrating or communicating.

Objective: The officer should:

1-To calm confusion and disorientation/ground the person in the here and now.

2-To ask simple questions and talk about one thing at a time.

3-To repeat and reassure the person.

Props and Role Description:

Three people: Ms. Smith, the Adult Protective Services Worker states that Robert's sister, Gert is not taking care of him properly. He has bed sores, has not been to the doctor, has a growth on his feet and appears delusional. Ms. Smith has accused Gert of taking Robert's check. The sister is financially dependent on Robert's income and is chronically unemployed.

Robert is 90 years old and his sister lives with him. He refuses all treatment and will not go with the sister. She has tried to bring home remedies to Robert. Gert does not want Ms. Smith in the home because she feels that she does not understand what has been going on. Robert and Gert are threatening the worker and do not want her to come into the home.

Dispatch Information:

APS worker calls 911 reporting 90 year-old male is not being cared for properly by his sister. States he has bed sores, has not been seen by a doctor, has a growth on his feet and appears delusional. APS worker feels elderly male is being taken advantage of by his sister.

Observable Characteristics:

Gert appears loud and somewhat threatening. She talks fast and is quite emotional. Robert is suffering from dementia-undiagnosed. Wanders and the sister looks for him. Difficult to manage. Poor eating and sleeping habits. Remote memory but able to manage at times on his own. Sister feels that she cannot work because of his age and health issue. Sister has a drinking problem.

Notes to the Actor:

Gert is an alcoholic and manipulative. Only answers what you ask. Not always forthcoming with information. Has manipulated Robert's check at times. Has told Robert not to talk to Ms. Smith. Robert is forgetful, moody and in some discomfort. Is confused about what is going on. Believes that Ms. Smith is there to take Gert away.

Anticipated Outcome:

Officer to talk with the APS worker to assess situation.

Officer to engage sister and Robert to de escalate situation and build trust.

Officer and APS worker to assess Robert for possible transport to hospital.

Key Points to Consider: This is a group discussion.

- What are the legal and safety issues?
- Are there are any medical concerns?
- What are the challenges in dealing with outside agencies?
- What were the challenges in the de escalation process?

Scenario #5-Call regarding Autistic Man

Class Set Up: Officers will observe and respond in a group set up. Officers will review each of the objectives and be prepared to respond how the officer performed. The instructors will assist the class with the feedback.

Overall Goal for Role Plays: Goal is to bring an experiential component in order to engage the officers with the material that was just covered and assess the officers' ability to apply the material in an event which might be encountered while on patrol duty.

Goal:

In the Loss Model profile, we identified impulsive and self-destructive characteristics associated with Loss of Control profile. The profile for Loss of Control include the following: angry, hostile, and irritable impulsive and self-destructive

Objective: The officer should:

1-Remain professional, do not take what he/she says personal.

2-Be aware of signs of clenched fists, pacing, flushed cheeks.

3-Attempt to calm the person by letting them vent; use active listening skills.

4-Try to identify the source of the person's anger. Acknowledge the emotion and give directive.

Props and Role Description:

Two people: Eldon is 40 years old and lives with his mom. They go to the store every week to by him candy and beer. Eldon and mom are at Rite Aid to buy his candy and beer. Eldon wants his candy and beer now but his mom tells him to wait for the beer when he gets home. Eldon get very upset, becomes loud, demanding and threatening. He starts to trash the store by knocking things down

Mother tries to calm him down by telling him to wait to drink his beer at home. She tells him she will give him the candy now but can't give him the beer in the store. Mother is embarrassed and upset because everyone is watching. She yells at the cashier not to call the police because she doesn't want Eldon to get in trouble.

Dispatch Information:

Rite Aid cashier calls 911 stating mother and son arguing in the store. States they are being disruptive. States man is "out of control", yelling at mom and demanding his beer. States male is very agitated and keeps repeating he wants his beer as he paces back and forth.

Observable Characteristics:

Mom is visibly upset because everyone is watching. Trying to calm Eldon down. Says Eldon has Asperger's Syndrome and has always lived with her. He's a good son but has a temper. Husband left the family years ago because he had confrontations with Eldon and felt that mom was losing control of him. Mom is fearful of police and feels that they do not understand her son.

Eldon is loud, demanding and threatening. Has impulse control issues and is used to getting his own way. Not aware of how his behavior impacts others. Difficult to read social norms and feels like everyone is in his way. Mom uses candy and beer as a reward system. Tired of being treated like a kid.

Notes to the Actor:

Eldon does not respond when the officer comes into the store. Continues to throw things at mom demanding his candy and beer. Eldon becomes fearful of police as they approach and attempt to talk. Does not feel he did anything wrong. Not easy to engage.

Anticipated Outcome:

Officer to talk with the mother to gather more information.

Officer to de escalate Eldon engaging him away from his mother.

Officer to use active listening skills, give Eldon space and allow him to vent.

Officer to identify source of anger and identify how he can help him. Offer Eldon choices.

Key Points to Consider: This is a group discussion.

- What are the legal and safety issues?
- What are the communication barriers?
- What available resources are there to help?

Scenario #5-Call regarding Veteran

Class Set Up: Officers will observe and respond in a group set up. Officers will review each of the objectives and be prepared to respond how the officer performed. The instructors will assist the class with the feedback.

Overall Goal for Role Plays: Goal is to bring an experiential component in order to engage the officers with the material that was just covered and assess the officers' ability to apply the material in an event which might be encountered while on patrol duty.

Goal:

The profile for Loss of Hope include the following: the person may be emotional, very withdrawn, fatigued, feeling overwhelmed, crying, in despair or presenting suicidal talk or gestures. He/she may have strong feelings of being helpless, hopeless, and worthlessness. They may have also experienced a recent loss.

Objective: The officer should:

1-To instill hope through the encounter in order to persuade the person to seek help.

2-To provide a listening ear to help the person talk instead of act on their impulses.

3-To be prepared to talk with the person about past or current thoughts and or attempts of suicide.

Props and Role Description:

One person: Amanda is a veteran from Iraq. She just returned home a few weeks ago. She had been unable to reach her boyfriend Rob at home. Rob sent a Facebook post about breaking up with Amanda. He meant to do it before she got home but she got out early. Amanda's friend sends her the post. Rob has a new girlfriend. Amanda is distraught, hurt and feels betrayed. Amanda is on the Lorain/Carnegie bridge with her phone

Dispatch Information:

Amanda's friend Jill calls 911. She is frantic and screaming on the phone saying that her friend is on the Lorain/Carnegie bridge and is scared she is going to jump. She tells them she is depressed over a recent break-up with her boyfriend and that death is the only answer.

Observable Characteristics:

Amanda is crying and in great despair. She is screaming and yelling at the water below. She feels depressed and betrayed by Rob. She keeps reading the post out loud and trying to text Rob but he doesn't answer. Trying to hold herself on the bridge to complete her suicide not to Rob.

Notes to the Actor:

Show visible signs of distress-sobbing, yelling, anger, etc. Argue with officer about her feelings. Use necklace as dog tag and refer to long deferment. Officer does not know you are a Veteran. Talk about other Vets who have come home with similar new. Talk about the lousy services at the VA-no one can help her but death. Watch for signs of empathy from the officer and eventually give in.

Anticipated Outcome:

Officer to engage Amanda and assess the situation.

Officer to use active listening to demonstrate empathy and build trust.

Officer to learn that Amanda is a Veteran.

Officer to de escalate Amanda by instilling hope through treatment.

Officer to find hook to get Amanda off of the bridge and to the hospital for further assessment.

Key Points to Consider: This is a group discussion.

- What are the legal and safety issues to consider?
- Are there special considerations when dealing with women veterans?
- Is this the first time that Amanda has been suicidal? What is the history?
- What community resource options can the officers consider?
- Does Amanda have other supports?

Scenario #6- Call regarding Family Violence

Class Set Up: Officers will observe and respond in a group set up. Officers will review each of the objectives and be prepared to respond how the officer performed. The instructors will assist the class with the feedback.

Overall Goal for Role Plays: Goal is to bring an experiential component in order to engage the officers with the material that was just covered and assess the officers' ability to apply the material in an event which might be encountered while on patrol duty.

Goal:

In the Loss Model profile, we identified schizophrenia as an associated diagnosis with Loss of Reality profile. The profile for Loss of Reality include the following: the person may experience delusions, paranoia, hallucinations, have disorganized thinking and exhibit odd behaviors/mannerisms. This person may be frightened, confused, and have difficulty concentrating or communicating.

Objective: The officer should:

1-Ground the person in the here and now.

2-Calm confusion and disorientation.

3-Validate how situation must be making them feel. Try to make eye contact and ask simple questions.

Props and Role Description:

Three people: Lakeisha is 30 years old and has been off of her medication for years. There is a family birthday party and she goes downstairs to the party uninvited. She becomes loud, demanding and accusing family members of spying on her. Lakiesha feels like everyone is against her. She knows they stole her money and that they are jealous of her. She begins swearing and yelling at people to leave.

Grandmother tries to intervene and calm Lakeisha down but instead Lakeisha becomes increasingly agitated.

Mother walks in and does nothing to redirect her daughter and instead tries to go upstairs to avoid the drama. Grandmother confronts the daughter and blames the entire situation on her. Everyone in the family is arguing when the officers arrive.

Dispatch Information:

Grandmother calls police. Grandmother states her granddaughter Lakeisha is "out of control" and is unable to calm her down. She states her granddaughter suffers from schizophrenia and has delusions and hallucinations but has not taken medication for years. She states Lakeisha is highly agitated, family members are fighting and is scared someone is going to get hurt. Grandmother pleads for police to come and take her to the hospital.

Observable Characteristics:

Lakeisha is schizophrenic and has been off medication for years. Family usually is able to calm her down but not this time. She suffers from delusions and hallucinations. Mother recently moved back in with grandmother which is aggravating the situation. Lakeisha has become more threatening and difficult to control. Police have been called to the home several times. Other family members believe that Lakeisha should be locked up and don't understand why the police don't do anything.

Notes to the Actor:

Loud, changeable mood, pacing and delusional. Agree at times but becomes easily distracted. Agree to go with the officers to the hospital instead of jail but as she is walking out the door, changes her mind.

Anticipated Outcome:

Officer to talk with the grandmother to gather data on the crisis.

Officer to talk with Lakeisha separately from the family members and all the fighting.

Officer to de escalate Lakiesha by using calm demeanor, eye contact, asking simple questions, and grounding the person in the here and now.

Officer to talk with Lakeisha about the need to be evaluated to help with how she is feeling.

Officer to talk with Lakiesha about transport to the emergency room.

Key Points to Consider: This is a group discussion.

- What are the legal and safety issues?
- How do family members and others challenge the de escalation process?
- What options do the officers have when the person does not agree to the hospital?

Scenario #7: Local Crisis Stabilization Unit

Class Set Up: Officers will observe and respond in a group set up. Officers will review each of the objectives and be prepared to respond how the officer performed. The instructors will assist the class with the feedback.

Overall Goal for Role Plays: Goal is to bring an experiential component in order to engage the officers with the material that was just covered and assess the officers' ability to apply the material in an event which might be encountered while on patrol duty.

Goal:

The Loss Model profile discussed is Loss of Control. In this profile the officer is to focus on appropriate de-escalation efforts to diffuse the out-of-control situation and ensure proper admission to the CSU. The behaviors that may present themselves are: anger, irritability, impulsiveness, argumentative, hostile, destructive or manipulative. The person could present themselves as the victim and not feel listened to.

Objective: The officer should:

1-Remain professional and do not take what the person says personally

2-Be aware of signs such as clenched fists, pacing or which could indicate potential violence

3-Try to establish trust by identifying the source of the anger and reason behind the threatening behavior

4- Assess Susan for appropriate placement – either CSU or Emergency Room

Props and Role Description:

Three people: **Susan** suffers from borderline personality. She has extensive history of hospitalizations (over 20). She is threatening to self-harm. She is a regular at the CSU but is argumentative with the staff upon admission. Susan is defensive after hearing comments made by staff, "back again?" When the officer finishes up the paperwork and starts to leave, Susan threatens to cut again.

Staff at the CSU are very familiar with Susan and appear to not be amenable to her suspected manipulations and admission to the unit. Staff commented to Susan, "back again?" which incited an argument. When Susan threatens to cut again, staff person says, "she is a drama queen and always wants attention".

Officer transports Susan to CSU for admission. Officer completes paperwork for the admission. Officer attempts to diffuse the conflict.

Dispatch Information:

Dispatch received a call from the Group home due to concerns about a resident threatening to cut herself. Provider requested Susan be taken to the Crisis Stabilization Unit. Officer responded to the call and proceeded to the Group home to transport.

Observable Characteristics:

Susan is threatening to harm herself. Upon admission to the Crisis Stabilization Unit (CSU), Susan argues with a staff person. She is angry, crying, demanding, and making more self-harming gestures should the police leave her at the CSU.

Notes to the Actor:

Susan is diagnosed with Borderline Personality Disorder. She has a history of cutting herself when angry. She has been hospitalized over 20 times, has limited contact with family, and is well-known to mental health and neighborhood hospitals. Not currently in active treatment and often feels that the mental health agencies "gang up on her". She is crying, angry, and demanding at times. She has lived in a group home for about three (3) months and wants to leave. Police have had numerous contacts with her due to her behavior and medical issues. Staff is not receptive to Susan coming to the CSU and their demeanor is unprofessional and reactive.

Anticipated Outcome:

Officer is to remain professional and do not take what Susan says personally

Officer to talk with Susan to try to get her to calm down and identify her source of anger, so as to address her issues

Officer to de-escalate Susan by staying calm and engaging, instilling trust

Officer to instill hope regarding current treatment setting

Key Points to Consider: This is a group discussion.

- Challenges in working with borderline personalities – high utilizers of service, source of frustration for staff and resources
- What are the legal and or safety issues?
- Was the CSU the most appropriate setting for Susan?
- Community care plans for high risk clients – is Susan on the list?
- Did the officer use effective de-escalation and active listening?
- What other options did the officer have for resolution of Susan's crisis?
- Are there other questions you would have asked or things you would do differently?

Scenario #8: Call from Mental Health Agency

Class Set Up: Officers will observe and respond in a group set up. Officers will review each of the objectives and be prepared to respond to how the officers performed. The instructors will assist the class with the feedback.

Overall Goal for Role Plays: Goal is to bring an experiential component in order to engage the officers with the material that was just covered and assess the officers' ability to apply the material in an event which might be encountered while on patrol duty.

Goal:

In the Loss Model profile, we discussed the characteristics for Loss of Control. The goal is for the officers to focus on appropriate de-escalation efforts to diffuse the out-of-control situation. The behaviors that may present themselves are: anger, irritability, impulsiveness, argumentative, destructive or manipulation. The person is probably not medicated.

Objective: The officer should:

1-Remain professional and do not take what the person says personally

2-Be aware of signs such as clenched fists, pacing or which could indicate potential violence

3-Try to establish trust by identifying the source of the anger; acknowledge the emotion and give directives

4- Neither deny nor validate any delusions

Props and Role Description:

People Involved: **Ida** is a 55 year old woman who has been a client at the mental health agency for the last 10 years. Ida has a history of not taking her medication and becoming aggressive in her behavior as a way to get what she wants. Ida comes into the agency lobby demanding to see someone and screaming at the receptionist. She is yelling and screaming and swinging around her tote bag. Ida does not have an appointment with the doctor and she missed her last appointment that was scheduled a week ago. Ida never comes to her appointments on time and uses her out of control behavior to bully the staff. Ida lives in a group home and has had multiple placements due to her out of control behavior and not getting along with her roommates. She has had multiple case managers due to high staff turnovers.

Receptionist – Appears agitated with Ida's behavior and very impatient. Receptionist informs Ida that she does not have an appointment and attempts to redirect Ida on several times but is unable to get her to settle down. Receptionist mumbles under her breath, "she does this all the time" and rolls her eyes. Receptionist contacts her supervisor who advises her to call the police and have her removed.

Dispatch Information:

The receptionist of the mental health agency calls the police. She informs them that the client came to the agency for an unscheduled appointment. She was told that she did not have an appointment but missed her last appointment. Client began yelling and screaming causing a scene in the lobby, is out-of-

control and unable to be redirected. We would like to have her removed due to the aggressive behavior.

Observable Characteristics:

Ida is 55 years old and has a history of mental health. She has been in the agency's system for the last 10 years. During this 10 year period, Ida has had several case managers and the relationships have been very inconsistent. Ida is very loud, threatening and demanding. She is pacing and slinging her tote bag which causes concern for the other patients in the lobby. She is unable to be re-directed but escalates more. Ida is suspicious of staff and told the receptionist, "I hear you talking about me. Trying to get me in trouble." She is delusional and is observed talking to herself and hearing voices that are telling her "not to trust her daughter. Ida refuses to let other patients get in front of her and only displays increased agitation.

Notes to the Actor:

Ida may show signs of schizophrenia because of the delusions, paranoia, and auditory hallucinations but her behavior is currently aggressive and out-of-control. The objective is to get her to calm down so as to be redirected and services provided.

Anticipated Outcome:

Officer to talk with Ida and try to get her to calm down so as to address her issues

Officer to de-escalate Ida by staying calm and engaging, instilling trust

Officer to gets a commitment from staff to reschedule the appointment and give appointment to Ida

Officer to talk to Ida about transport back to group home

Officer to talk with group home provider about behavior and give provider next scheduled appointment

Key Points to Consider: This is a group discussion.

- What do we know about Ida's treatment issues if the mental health center says this happens a lot?
- How does the impact of case management turnover contribute to Ida's behavior?
- What are the legal and or safety issues to consider?
- Ida is only interacting with the receptions staff of the agency – what is the role of case manager, supervisor, and or center site management?
- Does Ida's behavior warrant arrest?
- Officer's comfort and ability to relate to the situation-How was the Officer's demeanor? How did he relate to Ida? Did the officer demonstrate a sense of control and comfort in addressing the situation?
- Are there other questions you would have asked or things you would do differently?