The Michigan Mental Health Diversion Council and the Center for Behavioral Health and Justice recommend **increased training for law enforcement, EMS and corrections officers to enhance mental health knowledge and de-escalation skills.**

Trainings listed below are MDHC endorsed models. Each of these trainings have been given across various jurisdictions in Michigan and are to be used by law enforcement entities either in sequence or separately. Optimal conditions for all trainings listed includes collaboration with Community Mental Health (CMH) agencies.

Behavioral Health Emergency Partnership

Behavioral Health Emergency Partnership (BHEP) was developed in 2021 in Michigan and is endorsed by the Michigan Commission on Law Enforcement Standards (MCOLES), is funded in partnership with the Mental Health Diversion Council and is recommended for officers and first responders at all levels. It is a 2.5-day combination of online, classroom, and scenario-based training for first responders. While CIT targets specialized volunteers who make up about 20% of a law enforcement agency, BHEP is designed for the remaining 80%. Training content includes de-escalation, diversion, crisis identification and response, and cross-agency collaboration.

Internal evaluation of the pilot trainings showed that despite only 71% of participants expressing prior interest in the training, participants gave overwhelming positive feedback on classroom (90% positive), scenario (97% positive), and overall course training (92% positive). Positive classroom feedback included relevance to current role, content appropriate to skills/experience, and knowledgeable/effective instructors. Positive scenario feedback included realistic scenarios, reinforcement of classroom materials, personal feedback/coaching, and appropriate safety protocols. No peer-reviewed study has measured the effects of BHEP on law enforcement, yet anecdotal reports are promising.

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Crisis Intervention Team

The Crisis Intervention Team (CIT) program, known as the "Memphis Model" is an evidenced-based community partnership of law enforcement, mental health and addiction professionals, individuals living with mental illness and/or addiction disorders, their families, and other advocates. It is an innovative first-responder model of police-based crisis intervention training to help persons with behavioral healthcare disorders access medical treatment rather than place them in the criminal justice system due to illness-related behaviors, in the least intrusive manner. It also promotes officer safety and the safety of the individual in crisis. The CIT Model reduces both stigma and the need for further involvement with the criminal justice system. CIT provides a forum for effective problem solving regarding the interaction between the criminal justice and mental health care system and creates the context for sustainable change. One component of the model is a 40-hour training, which is recognized as a key component for officers that will become part of CIT programs and an excellent additional resource for law enforcement and other stakeholders more broadly and endorsed by the Mental Health Diversion Council as more intensive training curriculum beyond basic behavioral health training.

Peer-reviewed CIT literature has shown increases in officer knowledge of psychiatric treatment; recognition of psychiatric emergencies; de-escalation skills; transportations to treatment and mental health crisis centers; and decreased use of force. The literature shows positive outcomes especially when training for a proportion of the law enforcement agency who volunteer for training.

Recommendations

- All first responders, including law enforcement, EMS, corrections personnel, and mobile first responders should have some training in understanding mental health crisis, particularly de-escalation.
- Agencies should determine the training or combination of trainings that is best suited for them based on factors such as budget and staffing restrictions to optimize the department's capacity to respond to behavioral health crises and collaborate with Community Mental Health (CMH) and community provider agencies.
- A subset of first responders in an organization (20-25%) should be voluntarily trained in CIT and all staff are mandated to participate in training such as BHEP. This specializes some officers while promoting a department-wide culture of responding to mental health crisis.

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