The Michigan Mental Health Diversion Council (MMHDC) and the Wayne State University Center for Behavioral Health and Justice (CBHJ) recommend increased training for law enforcement/corrections officers to enhance mental health knowledge and de-escalation skills.

Trainings listed below are suggested examples of MMHDC 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.

CRISIS INTERVENTION TEAM (CIT) TRAINING
The training component of the Crisis Intervention Team (CIT) model has become a gold standard of behavioral health and law enforcement collaboration. CIT was originally developed in Memphis TN as a model to integrate mental health and criminal justice systems. CIT involves training, policy development, and establishment of drop off sites for people in crisis who need evaluation. Several communities nationwide have adapted its 40-hour training curriculum, including Berrien, Calhoun, and Oakland Counties. Peer-reviewed CIT literature has shown increases in officer knowledge of psychiatric treatment, recognition of psychiatric emergencies, de-escalation skills, and self-efficacy, transportations to treatment and mental health crisis centers, and decreased use of force. The literature reviews positive outcomes especially when training for a proportion of the police department who volunteer for training.

MANAGING MENTAL HEALTH CRISIS (MMHC)
Managing Mental Health Crisis (MMHC) training is a two-day training curriculum co-taught by a law enforcement and mental health professional which uses themes of CIT and MHFA and aims to prepare officers in the field to respond safely to crises and gain familiarity with mental health options, thereby promoting diversion and deflection. The curriculum incorporates case-based video scenario reviews, role play, de-escalation strategies, and a hearing voices exercise. MMHC was developed for Michigan law enforcement borrowing from a Massachusetts new recruit curriculum given to thousands of officers to encourage law enforcement and mental health partnerships and improve response to mental health crises. MMHC has to date been delivered as an in-service training for law enforcement and mental health in numerous MI Counties. No peer-reviewed study has measured the effects of MMHC on law enforcement.

MICHIGAN CRISIS INTERVENTION SYSTEM (MI-CIS)
The Michigan Crisis Intervention System (MI-CIS) aims to prepare police officers, EMS, corrections, 911 dispatchers, emergency department and school staff to recognize, respond to, and mitigate behavioral health crises. Roughly eight hours of behavioral health didactics are administered in distance learning modules to accommodate law enforcement patrol schedules. Participants undergo in-person joint scenario-based training to enhance cross-system awareness. Officers from numerous communities across Michigan have been trained in MI-CIS. No peer-reviewed study has measured the effects of MI-CIS on law enforcement.

MENTAL HEALTH FIRST AID (MHFA)
Mental Health First Aid (MHFA) is a national one-day in-person course designed to teach the basics of identifying, understanding, and responding to behavioral health crises. Law enforcement agencies from Calhoun, Washtenaw, and the tri-county Clinton-Eaton-Ingham counties have adopted MHFA for Public Safety (MHFA-PS). Although there have been no published studies measuring the effects of MHFA on law enforcement (neither knowledge or behavioral changes), there is some peer-reviewed literature citing the impact of MHFA on the general public, showing increased supportive behaviors, and decreased negative attitudes. MHFA should be used with these limitations in mind.
The Michigan Mental Health Diversion Council (MMHDC) and Wayne State’s Center for Behavioral Health and Justice (CBHJ) recommend increased training for law enforcement/corrections officers to enhance mental health knowledge and de-escalation skills.

<table>
<thead>
<tr>
<th>Trainings At-A-Glance</th>
<th>CIT</th>
<th>MMHC</th>
<th>MI-CIS</th>
<th>MHFA-PS</th>
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<tbody>
<tr>
<td>In-person training hours</td>
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<tr>
<td>Total training hours</td>
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<td>16</td>
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<tr>
<td>Behavioral health didactics</td>
<td>In person</td>
<td>In person</td>
<td>Online</td>
<td>In person</td>
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<tr>
<td>De-escalation techniques</td>
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<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Scenario-based learning</td>
<td>In person participation in 8 role-play scenarios and discussion of video scenarios</td>
<td>Observation of one role-play scenario and discussion of 6-7 video scenarios</td>
<td>In person participation in 8 role-play scenarios and individual review of video scenarios</td>
<td>Discussion of video scenarios</td>
</tr>
</tbody>
</table>

SUGGESTIONS FOR TRAINING MUNICIPAL OR COUNTY LAW ENFORCEMENT MEMBERS

- All law enforcement personnel should have some training in understanding mental health crisis, particularly de-escalation.
- Law enforcement 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.
- Due to time and cost prohibitions associated with CIT, it is recommended that about 20-25% of a force be trained in CIT. Voluntarily training a subset of officers in CIT and remaining officers and department staff in MMHC, MI-CIS or MHFA specializes some officers while promoting a department-wide culture of responding to mental health crisis.

REFERENCES