

BEHAVIORAL HEALTH AND CRISIS RESPONSE TRAININGS FOR LAW ENFORCEMENT OFFICERS

Policy Brief | March 2020



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 systems¹. 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 treatment², recognition of psychiatric emergencies³, de-escalation skills² and self-efficacy⁴, transportations to treatment⁵ and mental health crisis centers⁶, and decreased use of force⁷. 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)⁸. 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 literature⁹ 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.

CONTACTS:

Crisis Intervention Team (CIT)

Gretchen Carlson*, MA LLP CAADC
Riverwood Center Jail Diversion
Riverwood CMH – Berrien County, MI
gjc@riverwoodcenter.org

Meghan Taft*, LLP CAADC
Community Relations/Outreach
Summit Point CMH – Calhoun County, MI
meg@summitpointe.org

**CIT International contact for Michigan*

Managing Mental Health Crisis (MMHC)

Eric Waddell
Training Manager
Washtenaw County, MI Sheriff's Office
waddellj@ewashtenaw.org

Michigan Crisis Intervention System (MI-CIS)

Robert T. Christensen
Program Manager, Department of
Emergency Medicine
Western Michigan University School of
Medicine
robert.christensen@med.wmich.edu
www.mi-cis.org

Mental Health First Aid (MHFA)

Find a trainer in your area:
www.mentalhealthfirstaid.org/take-a-course/

Mental Health First Aid for Public Safety (MHFA-PS)

Bryan Gibb
Director of Public Education
National Council for Behavioral Health
brayng@thenationalcouncil.org
www.mentalhealthfirstaid.org/i-pledge/



WAYNE STATE UNIVERSITY
School of Social Work
Center for Behavioral Health and Justice

BEHAVIORAL HEALTH AND CRISIS RESPONSE TRAININGS FOR LAW ENFORCEMENT OFFICERS

Policy Brief | March 2020



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.**

Trainings At-A-Glance	CIT	MMHC	MI-CIS	MHFA-PS
In-person training hours	40	16	8	8
Total training hours	40	16	16	8
Behavioral health didactics	In person	In person	Online	In person
De-escalation techniques	X	X	X	X
Scenario-based learning	In person participation in eight role-play scenarios and discussion of video scenarios	Observation of one role-play scenario and discussion of 6-7 video scenarios	In person participation in eight role-play scenarios and individual review of video scenarios	Discussion of video scenarios

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

- 1 Dupont, R., Cochran, S., Pillsbury, S. (2007, September). Crisis Intervention team core elements. Memphis, TN: University of Memphis. Retrieved from <http://cit.memphis.edu/pdf/CoreElements.pdf>
- 2 Kubiak, S.P., Comartin, E., Milanovic, E., Bybee, D., Tillander, E., Rabaut, C., Bisson, H., Dunn, L., Bouchard, M., Hill, T. & Schneider, S. (2018). Countywide implementation of Crisis Intervention Teams: Multiple methods, measures and sustained out-comes. Behavioral Science and the Law, Special Issue on Diversion, 35(5/6), 456-469 (Invited Paper).
- 3 Teller, J., Munetz, M., Gil, K., Ritter, C. (2006). Crisis intervention team training for police officers responding to mental disturbance calls. Psychiatric Services, 57, 232-237.
- 4 Bahora, M., Hanafi, S., Chien, V. H., & Compton, M. T. (2008). Preliminary evidence of effects of crisis intervention team training on self efficacy and social distance. Administration and Policy in Mental Health and Mental Health Services Research, 35, 159-167.
- 5 Watson, A. C., Ottati, V. C., Morabito, M., Draine, J., Kerr, A., Angell, B. (2010). Outcomes of police contacts with persons with mental illness: The impact of CIT. Administration and Policy in Mental Health and Mental Health Services Research, 37, 302-317
- 6 Comartin, E. B., Swanson, L., & Kubiak, S. (2019). Mental Health Crisis Location and Police Transportation Decisions: The Impact of Crisis Intervention Team Training on Crisis Center Utilization. Journal of Contemporary Criminal Justice, 35(2), 241–260.
- 7 Compton, M. T., Demir Neubert, B. N., Broussard, B., McGriff, J. A., Morgan, R., & Oliva, J. R. (2011). Use of force preferences and perceived effectiveness of actions among crisis intervention team (CIT) police officers and non-CIT officers in an escalating psychiatric crisis involving a subject with schizophrenia. Schizophrenia Bulletin, 37, 737–745.
- 8 Gibb B (2014) Mental health first aid for public safety—three case studies. The Police Chief, 81, 56–59
- 9 Hadlaczky, G., Hokby, S., Mkrтчian, A., & Carli, V. (2014). Mental health first aid is an effective public health intervention for improving knowledge, attitudes, and behaviour: A meta-analysis. International Review of Psychiatry, 26(4), 467-475.



WAYNE STATE UNIVERSITY
School of Social Work
Center for Behavioral Health and Justice