Behavioral Health Emergency Partnership Instructor Guide and Lesson Plan

Michigan Commission on Law Enforcement Standards

MCOLES

Behavioral Health Emergency Partnership

Instructor Guide

Version 1.0

FOR TRAINING USE ONLY

This material was designed specifically for training purposes only.

MCOLES

MISSION STATEMENT

The Michigan Commission on Law Enforcement Standards is created by law to serve the people of the State of Michigan by ensuring public safety and supporting the criminal justice community.

We provide leadership through setting professional standards in education, selection, employment, licensing, license revocation, and funding in law enforcement and criminal justice, in both the public and private sectors.

VISION STATEMENT

Through a dedicated fund, MCOLES supports law enforcement agencies to provide safe and secure communities that allow for a prosperous State that is positioned to meet the challenges of the future.

MCOLES conducts business in an environment free from organizational or financial conflicts of interest with independent control over fulfilling its mission.

MCOLES is nationally recognized as a leader in the development of training and ethical standards for law enforcement officers.

OUR VALUES

Respect ~ We value the unique and diverse skills, abilities, and perspectives of individuals.

Ethical Character ~ We are honest, ethical, and fair. Personal integrity and professional ethics guide all our decisions.

Leadership and Professionalism ~ We recognize our role as leaders in advancing the skills, knowledge, ethics, and attitudes necessary for achieving and maintaining professional excellence.

Accountability ~ We accept responsibility for our behaviors, decisions, and actions.

Commitment ~ We understand our mission and our individual roles in its accomplishment. We dedicate our energies and abilities to its fulfillment, and we are willing to make sacrifices in its attainment.

Partnership ~ We recognize that more can be accomplished when individual actions are taken in an atmosphere of trust and cooperation.

Communication, Consultation, and Shared Decision-Making ~ We value clear and open communication. We encourage involvement, information sharing, and collaboration in the decision-making process.

Description

Introduction

This Instructor Guide is intended to help instructors integrate adult learning methodologies with conventional teaching strategies. The Instructor Guide is essentially a lesson plan for the domestic violence response instructor. The Guide is intended to be used in conjunction with the accompanying PowerPoint presentation but can also be used as a stand-alone tool should technology not be available. The instructor commentaries discuss how the objective should be taught and which components of the training content should be highlighted and emphasized. Some sections begin with a reality-based scenario or case study. These activities are intended to provide a conceptual framework for training (context) and to stimulate and direct the class discussions, as guided by the instructor.

This curriculum is intended to be team-taught. Ideally, team teaching incorporates both instructors' expertise and involvement throughout all sections of the training. In other words, there is no "law enforcement only section," or "behavioral health professional only section." In fact, we have found it to be impactful when certain information is presented by someone other than the "expected" person. For example, a law enforcement instructor who is discussing common interactions with a person in crisis may have more impact than a behavioral health trainer providing basic disorder behavioral information. For this reason, it is highly recommended that all instructors remain engaged and present throughout the entire training. While one instructor is teaching, the other should be ready to offer a clarification or an example to add to the content. For those that are training for the first time, or with instructors with whom you have not trained before, it is advisable that you review the slides and determine the "lead instructor" for each slide. This will help ease any confusion as you become familiar with the curriculum.

The educational research demonstrates that competency can best be developed in an interactive (adult) learning environment, particularly if professional practitioners are the intended audience. The research calls for instructors to challenge participants, foster critical thinking skills, and generate relevant decision-making capabilities. Adult learning theory also calls for instructors to become "facilitators," rather than "lecturers," who actively engage the participants in an interactive environment where both learning and critical thinking can take place.

Here, participants are really learning content, but in a manner that reflects real life experiences. When the initial discussions begin, the participants may not have all the answers, so instructors must be sure that each training objective is covered completely by the end of each session.

Prerequisites	Behavioral Health Emergency Partnership Training to include the Behavioral Heath Crisis - Self-paced on-line course
Target Audience	Primary: Law Enforcement Recruits, In-Service Officers, and Mental Health Practitioners Secondary: Dispatchers, EMS, and first responders
Location	MCOLES will manage this course and have the capability to conduct this course as needed to meet operational needs at Michigan locations.
Course Purpose	The Behavioral Health Emergency Partnership course introduces MCOLES students to the MCOLES approved curriculum, which shall be used unmodified when delivered to the audience.
Course Goal	The goal of this course is for the target audience to demonstrate an understanding of the presented materials.
Terminal Performance Objectives	Upon completing this course, learners should be able to: • review key concepts from the self-paced training component. • illustrate examples of behavioral health emergencies encountered by responders. • identify precipitating causes of behavioral health emergencies. • relate multiple behavioral indicators that a person is in crisis. • utilize knowledge from this module to evaluate a crisis situation. • articulate goals and limitations of verbal deescalation. • discover the purpose and value of a trauma informed response. • summarize strategies to verbally de-escalate a crisis. • appraise responder/community safety considerations when de-escalating a crisis. • demonstrate effective verbal de-escalation skills. • classify their role in the sequential intercept model of mental health diversion. • articulate the value of partnership and collaboration with mental health stakeholders. • list local mental health stakeholders that can assist in providing effective service to persons in crisis. • design potential strategies to partner and collaborate with local mental health stakeholders. • discuss the Michigan legal considerations for response to a person in crisis. • interpret strategies to effectively complete a mental health petition. • write a mental health petition. • appraise when it is appropriate to divert a person with mental illness away from the criminal justice system. • devise several opportunities to divert a person with mental illness away from the criminal justice system. • judge if diversion is acceptable. • devise plausible diversion strategies. • value the importance of responder self-care. • list several resources to manage their personal wellness and mental health needs. • list several healthy options to manage stress and well-being.

INSTRUCTOR GUIDE

BEHAVIORAL HEALTH EMERGENCY PARTNERSHIP

COURSE: Behavioral Health Emergency Partnership Training MODULE: Classroom Course

Target Audience: Public Safety Responders & CMH

Time Frame: 9 hours with scheduled breaks and a 1-hour lunch.

Related Component Modules:
Behavioral Health Crisis – Self-Paced Training Module

PERFORMANCE OBJECTIVES:
Upon completion of this course, the responder will be able to:

- review key concepts from the self-paced training component.
- illustrate examples of behavioral health emergencies encountered by responders.
- identify precipitating causes of behavioral health emergencies.
- relate multiple behavioral indicators that a person is in crisis.
- utilize knowledge from this module to evaluate a crisis situation.
- articulate goals and limitations of verbal de-escalation.
- discover the purpose and value of a trauma informed response.

Training Room:

Space: Large classroom with tables arranged for group seating.

Room Set Up: Small group table settings positioned in a manner to view the front of the room.

Trainer table large enough to accommodate handouts and PowerPoint projector (unless on separate unit) located at front of training room.

EVALUATION TECHNIQUE

- Participants must attend the entire session
- Participants must actively participate in all classroom activities and discussions

METHODS

EQUIPMENT/SUPPLIES NEEDED

x	Easel Pads and Stands	X	Computer & Projector		Video/DVD Player
x	Markers		Overhead Projector		Television/Monitor
	Masking Tape	X	Projector Screen		Video Camera

Other:

TRAINER MATERIALS

	Overheads	x	Slide Show	X	Video/DVD's

Other:

TRAINER RESOURCES

PowerPoint presentation
Instructor Guide
BHC Video 1 – Crisis Intervention Video Scenario
Petition Scenario Video
Diversion Scenario Handouts 1-4
Self-Care Resources Handout
Small Foam Ball (Soft/Nerf) or Game Buzzer System
Educational Game PowerPoint
PCM 201 – Petition for Mental Health Treatment form
MC97 - Protected Personal Identifying Information

PARTICIPANT MATERIALS

Participant's Guide

CONTINUATION PAGE

Performance Objectives (Cont.)

- summarize strategies to verbally de-escalate a crisis.
- appraise responder/community safety considerations when de-escalating a crisis.
- demonstrate effective verbal de-escalation skills.
- classify their role in the sequential intercept model of mental health diversion.
- articulate the value of partnership and collaboration with mental health stakeholders.
- list local mental health stakeholders that can assist in providing effective service to persons in crisis.
- design potential strategies to partner and collaborate with local mental health stakeholders.
- discuss the Michigan legal considerations for response to a person in crisis.
- interpret strategies to effectively complete a mental health petition.
- write a mental health petition.
- appraise when it is appropriate to divert a person with mental illness away from the criminal justice system.
- devise several opportunities to divert a person with mental illness away from the criminal justice system.
- judge if diversion is acceptable.
- devise plausible diversion strategies.
- value the importance of responder self-care.
- list several resources to manage their personal wellness and mental health needs.
- list several healthy options to manage stress and well-being.

About This Course

Prerequisite Course: Behavioral Health Crisis – Self-Paced Course

This course is designed to be taught by a trainer team consisting of a licensed mental health professional (referred to in the course as “MH Trainer”) and a Public Safety Responder (Law Enforcement, EMS, etc.) Trainer (referred to in this course as “PSR Trainer”).

To protect the fidelity of this course, no revisions may be made to course content without the expressed permission of the Michigan Commission on Law Enforcement Standards (MCOLES) and the Michigan Department of Health and Human Services (MDHHS)

Acknowledgements

Behavioral Health Emergency Partnership

Course Agenda

START	END	TOPIC
8:00am	8:10am	Introduction
8:10am	9:10am	Knowledge Review
9:10am	9:20am	BREAK
9:20am	9:50am	Crisis Situations
9:50am	10:20am	Crisis Behaviors
10:20am	10:30am	BREAK
10:30am	11:00am	Tactical Freeze Exercise
11:00am	11:15am	Crisis De-Escalation
11:15am	11:20am	Trauma Informed Response
11:20am	11:40m	De-Escalation Strategies
11:40am	12:40pm	LUNCH
12:40pm	1:05pm	De-Escalation Roleplay
1:05pm	1:25pm	Sequential Intercept Model
1:25pm	1:50pm	Interdisciplinary Partnership and Collaboration
1:50pm	2:00pm	BREAK
2:00pm	2:25pm	Partnership Strategies
2:25pm	3:10pm	Mental Health Petitions
3:10pm	3:20pm	BREAK
3:20pm	4:20pm	Mental Health Diversion
4:20pm	4:25pm	BREAK
4:25pm	4:55pm	Self-Care
4:55pm	5:00pm	Course Closure

Course References

All source references for this course, including performance standards, informational outlines and instructional strategy commentary can be located in the Michigan Commission on Law Enforcement Standards (MCOLES) Behavioral Health Crisis In-Service Training Standard document.

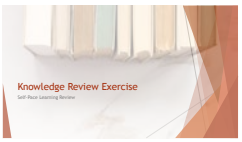
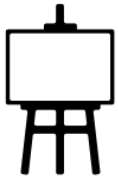
All videos used in this course are public domain bodycam footage released as the result of the Freedom of Information Act.

All images used in the PowerPoint presentation are licensed through Envato Elements & Twenty20 to The Cardinal Group II for use of this training PowerPoint presentation. Licenses are extended to all users of the PowerPoint presentation for the purposes of delivering this course.

Revision Log

07/24/21 – Timing Correction

1/12/22 – Course Name Change, Post Pilot Revisions

Presentation Guide	*Instructor Notes*
I. ANTICIPATORY SET (80 minutes w/ 1 break)	
Trainer Note: Take approximately 10 minutes to welcome the participants to the class, conduct brief introductions and address any classroom logistics related to your training location.	10 minutes **Slides 1 – 2**  
(Large Group Activity) All participants in this course should have successfully completed the MI-Train self-paced 4-hour training which provides foundational knowledge related to the behavioral health conditions covered in this course and the subsequent scenario-based training. This large group activity is designed to provide an opportunity for participants to review previously learned content and seek further clarification of course concepts.	60 minutes • Setup 5 min • Game 50 min • Debrief 5 min **Slide 3** 
Trainer Note: This activity can be accomplished in two ways. Large class debrief activity (as described below) or utilizing the educational game PowerPoint and game buzzer system (described in the alternative instructional strategies section at the end of this lesson plan). This activity must be setup prior to the start of the class. Using easel pad paper or whiteboards, write the following so the topics can be easily read from all positions in the room. • Training Benefits • Myth or Fact? • Stigma • Dignity and Respect • Michigan Mental Health Code • Psychotic Disorders • Mood Disorders • Cognitive Disorders • Post-Traumatic Stress Disorder • Anxiety Disorders • Delirium, Hyperactive Type • Substance Use Disorder • Intellectual and Developmental Disorders • Older Adults • Children and Adolescents • Suicide Ideation	

Presentation Guide	*Instructor Notes*
• Recovery	

PSR Trainer: Tell the class that we will be doing a large group review of the material covered in the self-paced training they completed as a prerequisite for this class. Relate that the content of the self-paced course is the foundation of everything we will do over the next two days of training. Once complete, review the rules of the activity.

Rules:

1. When you are tossed the ball, select one of the categories you see on the (easel pads/whiteboard) at the front of the room.
2. (MH Trainer) will ask you a question related to that topic. Do your best to answer the question. If you get stumped, no problem, someone in the class can help you out.
3. After you answer your question, toss the ball to someone else in the class. (Note: this is not dodgeball, toss the ball…)

MH Trainer: As each participant selects a category, read a question from the question bank and allow them the opportunity to respond. If the participant cannot answer, open the question to the rest of the class. When all questions are answered for a category, ask the PSR Trainer to cross that category off and continue until all categories are crossed off. Keep an eye on time and manage the pace of the review to align with the course agenda.

Trainer Note: The following question bank is for trainer use in the activity

Training Benefits

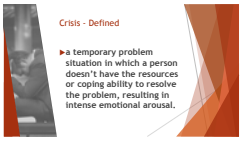
1. What is a benefit of behavioral health training for responders? (Answers may include less liability, improved safety, better responses…)
2. What is a benefit of having strong partnerships with mental health professionals? (Answers may include access to mental health experts to assist with situations, better coordination of services…)
3. What is a benefit of behavioral health training for the communities we serve? (Answers may include better service, better alignment of resources…)

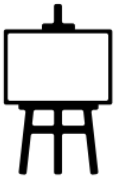
Myth or Fact?

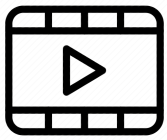
1. People with mental health problems are often violent and unpredictable. (Myth)
2. Jail diversion strategies when used appropriately can lead people to treatment as opposed to incarceration without compromising public safety. (Fact)
3. Many people with mental health and substance use problems do not receive the care they need to achieve recovery. (Fact)

Presentation Guide	*Instructor Notes*
Stigma 1. What is stigma? (An attempt to label a particular group of people as less worthy of respect than others.) 2. What is an example of mental health stigma? (Answers may include prone to violence, mental illness is a choice, incompetence…) 3. Name one quality of life impact attributed to mental health stigma. (Answers may include lower income, fear and mistrust, higher incarceration rates…) **Dignity and Respect** 1. Name one strategy that you can use to demonstrate dignity and respect when responding to a person with a behavioral health condition. (x3) (Answers may include people first language, using their name, build rapport, be patient, understanding…) **Michigan Mental Health Code** 1. True or False. Any individual that is 18 or older can fill out a petition as long as it is done in good faith. (True) 2. True or False. Treatment can be voluntary or court-ordered, with an emphasis that voluntary is preferred. (True) 3. What are the three criteria determining that a person requires treatment on a petition for mental health treatment? (Reasonable expectation of harm to self or others, inability to attend to needs, serious impaired judgement) **Psychotic Disorders** 1. What is an observable sign or symptom that may suggest that a person has a psychotic disorder? (x3) (Answers may include hallucinations, delusions, flat affect…) **Mood Disorders** 1. Name one example of a mood disorder. (Depression, Mania, Bipolar Disorder) 2. What is an observable sign or symptom that may suggest that a person has a mood disorder? (x2) (Answers may include high/low energy, risky behavior, increased/decreased activity, agitated…) **Cognitive Disorders** 1. Name one example of a cognitive disorder. (Dementia, TBI, Delirium) 2. What is an observable sign or symptom that may suggest that a person has a cognitive disorder? (x2) (Answers may include confusion, poor motor coordination, memory deficits…) **Post-Traumatic Stress Disorder**	

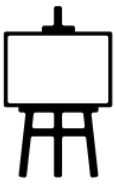
Presentation Guide	*Instructor Notes*
1. What is an observable sign or symptom that may suggest that a person has post-traumatic stress disorder? (x3) (Answers may include flashbacks, avoidance of experiences that remind of the trauma, reactivity, negative thoughts of self…) **Anxiety Disorders** 1. Name one example of an anxiety disorder. (Panic Disorder, Obsessive Compulsive Disorder, Generalized Anxiety Disorder) 2. What is an observable sign or symptom that may suggest that a person has an anxiety disorder? (x2) (Answers may include intense fear of dying, heart attack symptoms, excessive fear or worry…) **Delirium, Hyperactive Type** 1. Although not widely accepted by all medical professionals, what is another term, often used by responders, to describe this? (Excited Delirium) 2. What is an observable sign or symptom that may suggest that a person has delirium, hyperactive type? (x2) (Answers may include extreme paranoia, overheating, pain tolerance, aggressive behaviors…) **Substance Use Disorder** 1. What is a response consideration when responding to a person with a substance use disorder? (x3) (Answers may include slow down the situation, be patient, use naloxone if needed, motivate towards recovery…) **Intellectual and Developmental Disorders** 1. What is an observable sign or symptom that may suggest that a person has an intellectual or developmental disability? (x3) (Answers may include overwhelmed by responder presence, may not easily tolerate change, may have difficulty with abstract concepts) **Older Adults** 1. What is a response concern linked with older adults that have a behavioral health condition? (x3) (Answers may include wandering, driving safety, abuse/neglect…) **Children and Adolescents** 1. Why shouldn't we think of children and adolescents as simply "small adults?" (Answers may include brain development, risk perception, disruptions in normal development…) 2. How might a child or adolescent react to a traumatic experience? (Answers may include fear, irritability, sexualized behavior, self-injury…)	

Presentation Guide	*Instructor Notes*
3. How might a child or adolescent be diverted from the criminal justice system by an officer? (Release to custody of guardian, make agreement to resolve the problem, non-assaultive offenses.) **Suicide Ideation** 1. What is a sign or symptom that a person may be considering suicide? (Answers may include social withdrawal, feeling hopeless, giving away possessions, talking about suicide…) 2. What is a strategy to help someone that is suicidal? (x2) (Answers may include asking if they are thinking about killing themselves, remove access to weapons, move to a safe place, listen, focus on solutions…) **Recovery** 1. What supports might a person require to be in recovery? (x2) (Answers may include access to treatment, medication, housing, therapy, education, employment…) 2. Why do you think that there is a common misconception that mental health recovery is not possible? (Answers may include media portrayals, responders typically see individuals when they are in crisis…) PSR Trainer: Ask the class to share any key takeaways from the self-paced course or the review. Answers will vary. Solicit one or two responses and then move on. MH Trainer: Ask the class if they have any questions regarding anything from the self-paced course or the review. Answers will vary. Take this opportunity to clarify understanding of course concepts. PSR Trainer: In today's class, we will take the knowledge that we acquired in the self-paced course, expand on it, and start to apply it in ways that are relevant to your roles as emergency responders.	
BREAK	10 minutes
II. INSTRUCTIONAL SET (7hrs and 35 min w/ 4 breaks and 1hr lunch)	
MH Trainer: Start the conversation by defining "crisis" as a temporary problem situation in which a person doesn't have the resources or coping ability to resolve the problem, resulting in intense emotional arousal. The goal of crisis intervention is to de-escalate the situation to help manage emotions and regain control of behavior. PSR Trainer: Provide the class with a quick personal example of a crisis situation that you have previously responded. The example should be concise but model the type of response we are seeking in the next two activities. Ensure that your example includes the initial call, the precipitating cause and the commonality of this type of crisis in your community.	30 minutes • Setup 5 min • Ind. Activity 5 min • Group Activity 20 min **Slides 4 – 5** 

Presentation Guide	*Instructor Notes*
Trainer Note: The following individual activity is intended for experienced responders to leverage their own personal experience to meet the training objective. If your classroom has participant(s) that do not have experience responding to crisis situations, ask them to write about a crisis that they observed outside of the job or saw reported in the media. If they are still struggling, they may also create a realistic, hypothetical situation that they may encounter on the job.	
(Individual Activity) Ask the class to take about 5 minutes to answer the following questions in their participant guide. Advise the class to be prepared to share their responses with the larger class. 1. Based on the crisis definition, what is an example of a crisis that you responded? 2. What was the initial call? 3. What was the precipitating cause of the crisis? 4. How common are these type of situations in your community?	Page 2, Part. Guide
Trainer Note: Setup an easel pad or whiteboard in the front of the class to capture a list of crisis situations that the class has encountered in their roles as responders. In a separate column, list the precipitating causes of the crisis. The purpose of this activity is to illustrate that responders often respond to persons in a crisis and emphasize the importance of crisis intervention skills as critical skill of the job.	
(Large Group Activity) In this activity, the PSR Trainer will facilitate the group discussion while the MH Trainer captures the shared information on the easel pad/whiteboard at the front of the class. PSR Trainer: Ask the class for volunteers share the information they wrote in their participant guide. Solicit as many responses as the time will allow. Once complete ask the following debriefing questions: 1. What are the commonalities between the situations that you have all shared? (Answers will vary but should include needs not being met, loss of control at varying levels, don't have the tools to cope, etc.) 2. What are the distinctions between these situations? (Answers will vary but should include precipitating causes, profile of the person in crisis (anyone can find themselves in crisis), etc.) 3. Some types of crisis situations are common for responders while others are relatively infrequent. What can you do to be prepared to respond to crisis situation that you may only respond to once or twice in your career? (Answers will vary but should include ongoing training in crisis intervention skills, review crisis scenarios, etc.)	

Presentation Guide	*Instructor Notes*
PSR Trainer: Ask the class if they have any questions regarding this activity. Questions may be answered by either the PSR Trainer or the MH Trainer depending on which trainer is best suited to answer the question. PSR Trainer: In this last activity, we defined crisis, compiled several examples of crisis situations and identified precipitating causes that can put a person into crisis. Next, let's discuss some of the possible behavioral cues you may witness that are indicators that a person is in crisis.	
(Video Scenario) The purpose of this video scenario is to demonstrate possible behavioral indicators that a person is in crisis. This also creates an opportunity to link behavioral indicators described in the self-paced course to a real-life encounter. MH Trainer: We are going to watch a video scenario from a real-life situation captured by bodycam video. As you watch the video, take note of any observable behaviors you see that indicate that the person is in crisis. Write those down in your participant guide and be prepared to share your observations with the rest of the class. PSR Trainer: I am going to provide you with some brief context for the bodycam footage. These officers are responding to a family trouble/domestic disturbance call where the caller advises that her mother has been drinking, is arguing with her and generally acting disorderly. The mother has since walked down the street to a friend's house (where she has been drinking) and this is where officers first make contact.	30 minutes • Video 10 min • Activity 20 min **Slides 6 – 7**  Page 3, Part. Guide
Trainer Note: Play the "BHC Video 1" body cam video in its entirety. The video is 7 min 8 sec long. When complete ask the class to share their observations. The MH Trainer will facilitate this exercise while the PSR Trainer captures responses on an easel pad or white board at the front of the class.	
MH Trainer: Ask for volunteers to share their behavior observations from the video. Answers will vary. Solicit responses until all behavioral indicators are listed on the easel pad at the front of the class.	
Trainer Note: The following information is a trainer reference for facilitating this activity. **Behavioral Indicators** 1. Inability to cope with the stresses of everyday life 2. Restless, Pacing 3. Irritable, Verbally Abusive	

Presentation Guide	*Instructor Notes*
4. Fear, Worry, Anxiety 5. Rapid speech, uncoordinated thoughts 6. Provocative Behavior 7. Paranoia	
MH Trainer: Review the list of indicators and ask the class to list other possible behavioral indicators that may be present when a person is in crisis but did not show up in this video. (Answers will vary.)	
Trainer Note: The following information is a trainer reference for facilitating this activity. **Other Behavioral Indicators** 1. Suicidal/Homicidal thinking or threats 2. Social Withdrawal 3. Changes in eating and sleeping 4. Hallucinations, Hearing Voices	
MH Trainer: Keep in mind, some crisis behaviors may be the result of either a mental illness or developmental disability, and some individuals may exhibit behavioral cues that reflect both. Not every crisis is a result of mental illness, but response and de-escalation principles are similar. In this case, the person in the video is providing indicators that she is has a mental illness. Think back to the self-paced course and what you observed in the video and tell me what the indicators are that she likely has a mental illness.	
Trainer Note: The following information is a trainer reference for facilitating this activity. **Mood Disorder: Bipolar Disorder** **Obvious Indicators** Person indicated that she has bipolar disorder Person shares that she has been hospitalized in the past Person shares a list of medications that she takes. If the person was not forthcoming with this information it may have been obtained by the daughter (caller), friends in the house, etc. **Behavioral Indicators** 1. Quick shifts in mood 2. Agitated, Jumpy or “Wired” 3. Trouble concentrating 4. Risky/Poor decisions 5. Paranoia – Others are monitoring/seeking/plotting	

Presentation Guide	*Instructor Notes*
PSR Trainer: Think back to the response by the officers. What did they do effectively during this situation? (Answers will vary but the consensus should be that the responders did a good job.) PSR Trainer: Draw attention to the safety tactics used by the responders in the video and the fact that effective crisis intervention does not come at the expense of responder safety. Confirm that responder and citizen safety should always be a consideration during all encounters. This standard applies to all encounters regardless of the presence of a mental illness and strategies should be informed by totality of the circumstances. The fact is that most people with a mental illness are statically no more violent than the general population. In fact, people with mental illness are 10x more likely to be the victim of a violent crime than the general population. With that said, keep the following in mind while you are assessing the totality of the situation: 1. Similar to persons with no mental illness, co-occurring substance use is a major risk factor for violence. 2. History of serious trauma exposure in childhood can contribute to aggression and violence. 3. Previous contacts with the individual should be considered. PSR Trainer: Ask the class if they have any questions. Questions may be answered by either the PSR Trainer or the MH Trainer depending on which trainer is best suited to answer the question. Inform the class that after the break, we will do a large group activity to bring all of our previous concepts together.	
BREAK	10 minutes
(Tactical Freeze Activity) The purpose of this activity is to allow participants to identify signs of a person crisis and signs of a mental illness during a real time exercise. Participants will be challenged to identify observable, objective behaviors based of the material covered in the previous objectives. **Trainer Note:** In this tactical scenario, the MH Trainer will play the role of a person in-crisis using the scenario below. The PSR Trainer will play the role of the responder to the call for service. Set up the roleplay in the classroom that allows participants to watch the roleplay from various vantage points. Participants should be standing and within close proximity to the role players in a circle or semi-circle. For the sake of this scenario, participants are observers only like a "fly on the wall." Role-players will ignore all others in the class unless a participant calls out for a "Tac Freeze." PSR Trainer: We are going to do a Tactical Freeze Exercise to give you an opportunity to practice the concepts that we have covered this morning. The MH Trainer and I will be roleplaying a scenario where a responder has contact with a	30 minutes • Setup 5 min • Scenario 15 min • Debrief 10 min **Slide 8**  

Presentation Guide	*Instructor Notes*
person that may be in crisis. Observe the roleplay and when you see a behavior that indicates that the person may be in crisis or with a behavioral health condition shout out Tac Freeze. We will stop the roleplay briefly to allow you to share what you observed. Everyone stand and take a position in the classroom that allows gives you a good vantage point of the situation.	
Trainer Note: The following is an instructor resource for the facilitation of the exercise: Scenario: The responder is first on scene of a call that a person is acting disorderly outside of a grocery store. The caller is advising that the person is shouting and threatening the store security. At this time there have been no assaults and no weapons have been seen. MH Trainer: You will be portraying a person with symptoms commonly associated with schizophrenia. You are hearing voices that are telling you that the security guard standing in the doorway is there to kill you. You are scared for your well-being and unsure what to do about the situation. You must enter the store, but you are convinced that doing so will result in your injury or death. The added presence of the PSR Trainer has increased your agitation as you are unsure if this responder is there to help the security guard to harm the person. **Key Points for the MH Trainer** 1. Demonstrate behaviors commonly associated with schizophrenia. 2. Demonstrate behaviors aligned with a person in crisis. 3. Demonstrate behaviors that align with your fear of the situation. You may shout and get angry but will not make any aggressive moves that would warrant a force response. 4. You will respond well to proper verbal de-escalation techniques but allow adequate time and opportunity for class participants to identify specific behaviors. 5. Only reference your diagnosis if asked by the responder but deny that your diagnosis has anything to do with the situation at hand. PSR Trainer: You will be portraying a responder that is first on scene for situation. You have no previous contact with this person so you will have to gather information while de-escalating the situation. **Key Points for the PSR Trainer** 1. In this circumstance, it does not matter what responder role you are playing. 2. Maintain space and try to slow the situation down. 3. Model effective verbal de-escalation strategies in alignment with the next section.	

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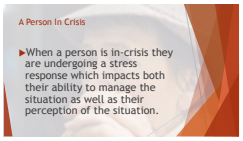
4. No force will be used in this scenario. 5. When it is clear that the MH Trainer is afraid of the security guard, ask the guard to step back into the building away from the MH Trainer. This will help to calm the person. Both Trainers: Each time a participant calls for a TAC Freeze, pause the roleplay and call on the participant to share what they observed. Acknowledge their observation and continue with the roleplay until complete.	
PSR Trainer: Debrief the activity by asking the following questions. 1. What are your thoughts about the responder? What did you see that was effective? (Answers will vary.) 2. What are your thoughts about the situation? Is this the kind of call you may be asked to respond? (Answers will vary.) MH Trainer: Debrief the activity by asking the following questions. 1. You all made some good observations during the scenario. Just to recap, what did you observe that led you to believe that this person is in crisis and likely requires treatment? (Answers will vary.) 2. Thinking back to the self-paced course, what type of mental health issue is likely present here? (Psychotic disorder, schizophrenia) PSR Trainer: Complete the activity debrief with the following question. 1. How will this information help you on the job? (Answers will vary but should include better informed response, enhanced safety, identification of behaviors needed on petitions, identification of behaviors that may require additional resources from other responders.) MH Trainer: Ask the class if they have any questions about the scenario and allow them to return to their seats.	
MH Trainer: When a person is in-crisis they are undergoing a stress response which impacts both their ability to manage the situation as well as their perception of the situation. As responders, it is likely that you have encountered some very stressful events. What happens to the body when it is under a great amount of stress? (Answers will vary but should include: Feelings of fear and/or anger, fight/flight/freeze, increased heart rate, changes in perception, etc.) This stress response can inhibit a person's ability to come out of crisis and lead to further conflict. PSR Trainer: Crisis De-Escalation is a set of tactics and strategies (mostly verbal) to reduce the level of emotion and slow down reactions in a crisis so the person can regain control of his/her emotions and return to normal functioning. The goals of de-escalation are to ensure safety, reduce anxiety and stress, help	15 minutes **Slides 9-11** 

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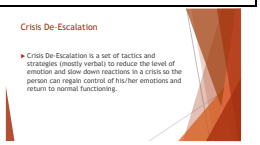
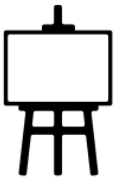
manage emotions, help regain control, avoid use of force and restraint whenever possible, avoid actions that escalate situations and ensure coordinated responses between law enforcement, mental health, and medical stakeholders. MH Trainer: In the video scenario and the last activity, you had the opportunity to watch responders attempt to de-escalate crisis situations. What strategies and tactics did you see that were highly effective? (Answers will vary.)	
Trainer Note: As the participants are listing the strategies and tactics they observed, the PSR Trainer should be capturing their responses on an easel pad or whiteboard at the front of the classroom. Once complete, review the list of de-escalation principles and draw commonalities between them and the identified strategies.	
MH Trainer: Review the following principles of de-escalation. 1. Avoid overreacting, indicate a willingness to help and understand 2. Speak simply (but not simplistically) and move slowly 3. Be patient, accepting, and encouraging, but also remain professional 4. Announce actions before initiating them 5. Avoid touching (except for safety or necessary treatment) 6. Request additional resources, back-up units, or assistance, as needed 7. Consider using mental health practitioners, interdisciplinary responders or other community partners to assist 8. Responders must also remain calm and in control of their emotions – only one person should be in a crisis state. Training and practice of de-escalation helps responders to avoid a crisis response themselves.	
Trainer Note: Once complete, review the list of de-escalation principles and draw commonalities between them and the previously identified strategies.	
PSR Trainer: By a show of hands, how many of you utilize strategies such as these on the job? (Answers will vary.) What has your experience been? Have these strategies been effective for you? (Answers will vary.)	
Trainer Note: This is an opportunity for participants in the class to draw from their personal experience. Many, if not all, have used some of these strategies in the past and are very likely to have had some positive results. If a participant replies that these strategies have not been effective for them, ask additional questions to determine how they might improve moving forward.	
MH Trainer: It is important for responders to understand that past trauma is prevalent among persons with mental health issues and especially for those repeatedly involved in mental health, substance use and criminal legal interventions. These traumatic events can cause significant physical and	5 minutes **Slides 12-13**

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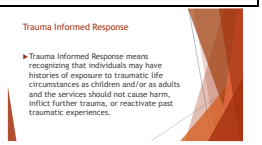
psychological stress reactions that can overwhelm a person's ability to cope. To increase de-escalation effectiveness, responders should utilize a trauma informed response when responding to a person in crisis. Trauma Informed Response means recognizing that individuals may have histories of exposure to traumatic life circumstances as children and/or as adults and the services should not cause harm, inflict further trauma, or reactivate past traumatic experiences PSR Trainer: Understand that reactions to traumatic events are largely individual. Two different people may react very differently to the same traumatic event based on several factors. Trauma Informed Responses are the "universal precautions" of crisis intervention. It is a basic assumption that all persons in crisis have some past trauma and should be engaged using strategies that reduce the chances of retraumatizing the individual. Some trauma informed strategies to consider while de-escalating a situation include: 1. Avoid power and control techniques whenever possible. 2. Provide dignified choices 3. Demonstrate mutual respect 4. Seek input whenever possible 5. What impact are you having on others? What changes can you make to better de-escalate the situation?	 
Trainer Note: Briefly review the strategies to de-escalate a crisis. When appropriate, refer to the previous video and scenario to better illustrate the strategies. Participants will have additional opportunities to identify and practice these strategies later in the course. MH Trainer: Ask the class to think about a time when someone treated them with disrespect. How did it make you feel and how did it impact the overall communication? (Answers will vary but should indicate that communication and relationship suffered as a result of the disrespect) Successful de-escalation strategies are grounded in effective communication and developing rapport with others while demonstrating courtesy and respect. Without these building blocks, effective de-escalation will be difficult if not impossible. Let's briefly review some verbal de-escalation strategies. PSR Trainer: Review the following strategies. 1. Make sure that your body language and tone match your message. Remember, it is not always what you say, it is largely how you say it. **Trainer Note:** Quickly demonstrate this concept by showing body language which is incongruent with your verbal message.	20 minutes • Roleplay 1: 5 min • Roleplay 2: 5 min **Slides 14-15** 

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2. Engage, Assess, Resolve. Engage by building trust and rapport, gather information to achieve resolution, use de-escalation strategies to return the person to a pre-crisis state. 3. Use "I" statements - "I am going to help you" or "I am concerned that you may harm yourself" or "I can see how upset you are", "I hear you speaking loudly and could understand better if you could speak softer." This is less confrontational than pointing fingers and accusing, "you are out of control!" "You need to lower your voice!" 4. Use active listening skills demonstrate understanding and clarify information. Use minimal encouragers, reflect thoughts and ideas, label emotions as you observe them, paraphrase to show that you understand the message. 5. Active listening works well in many de-escalation strategies including the Verbal Loop Technique which consists of listening, validate the person's position at a basic level and find common ground, state what you need the person to do, listen to the response and repeat as often as needed to come to a resolution.	
Trainer Note: With the MH Trainer's assistance conduct a brief roleplay example of these strategies in action. PSR Trainer: Hello my name is… what is your name? MH Trainer: My name is Nancy Smith, what are you doing here? PSR Trainer: Hi Nancy, I got a call that you are standing by the road shouting at cars driving by on the roadway. Could you please take a couple of steps away from the road and talk with me? MH Trainer: This is none of your business! I can do whatever I want in my front yard. If the neighbors don't like it then maybe they can treat me with more respect! PSR Trainer: Nancy, it seems like you are angry and frustrated. What is going on that has you upset? MH Trainer: My neighbors keep driving up and down the street like maniacs and I've had enough! PSR Trainer: To make sure I understand correctly, your neighbors are driving fast and recklessly and that has you upset? MH Trainer: I never said recklessly, they just drive really fast because they know it upsets me. PSR Trainer: My mistake, so they are driving really fast to make you upset. MH Trainer: I'm not crazy! Are you saying that you wouldn't be mad! PSR Trainer: I think that if my neighbor was driving really fast in my neighborhood I would be upset as well. I am going to try to help you with your problem but first I am going to ask you to take a couple steps away from the roadway so we can	

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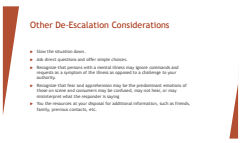
talk safely. If cars are driving fast down this road, I am scared that you could get hurt and I don't want to see you hurt. PSR Trainer: In that roleplay, what did I do that you thought was effective? (Answers will vary but should include patience, respectful, used first names, maintained calm tone, maintained safe distance, etc..) MH Trainer: Some other de-escalation considerations are: 1. Slow the situation down. 2. Ask direct questions and offer simple choices. 3. Recognize that persons with a mental illness may ignore commands and requests as a symptom of the illness as opposed to a challenge to your authority. 4. Recognize that fear and apprehension may be the predominant emotions of those on scene and consumers may be confused, may not hear, or may misinterpret what the responder is saying 5. You the resources at your disposal for additional information, such as friends, family, previous contacts, etc. MH Trainer: Before we break for lunch let's take a look at another roleplay scenario.	
Trainer Note: With the PSR Trainer's assistance conduct a brief roleplay example of ineffective strategies. MH Trainer: Hey, I told you to stop! Don't you listen? PSR Trainer: I am just going home. What do you want? MH Trainer: (Advance quickly on the PSR Trainer.) Don't you try to run from me! I know you stole that pizza! We got a call from the store, what makes you think that you can just steal from the store? PSR Trainer: (Try to keep distance between yourself and the MH Instructor) I am a millionaire and I own all the stores in this town! I can't steal from myself. You should know who you are talking to before you start accusing people! MH Trainer: You are not a millionaire! PSR Trainer: I am, if you keep harassing me, I will have my lawyers sue you and your department! MH Trainer: Look at you, there is no way you are a millionaire! PSR Trainer: I am a millionaire! I own all of the stores in… MH Trainer: In don't have time for this. (Quickly) Set the pizza down, turn around, put your hands behind your back, you are under arrest. PSR Trainer: What? Why? MH Trainer: (Grabs PSR Trainer's arm) PSR Trainer: (Pulls away.)	

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MH Trainer: What strategies did I use that were ineffective in de-escalating the situation? (Answers will vary but should include disrespectful, abandoned space, challenged delusions, gave multiple orders in quickly, sudden movements, touched the person without warning, etc.) PSR Trainer: Enjoy your lunch break, please return in an hour when we will complete our section on crisis de-escalation.	
LUNCH	60 minutes
PSR Trainer: Welcome the class back from lunch and seek a volunteer to practice the verbal de-escalation skills from this module in a role play scenario.	25 minutes • Setup 5 min • Roleplay 10 min • Debrief 10 min
Trainer Note: Once a participant is selected, the PSR Trainer will take that participant out of the room to prepare them for the role play scenario. While this is occurring, the MH Trainer will provide direction to the rest of the class. **Participant Preparation** The PSR Trainer will advise the participant that this is a de-escalation scenario and there will be no need to utilize force. The other role player will not utilize active aggression towards the participant. The PSR Trainer will setup the following scenario: You receive a call of a person walking down the roadway on the shoulder. A concerned passerby stopped to check on the person and advised the person isn't making any sense and may be in some kind of medical distress. The caller provides a description but has no further information to offer. The scenario will begin with the participant locating the person walking down the side of the road. Traffic in the area is moderate. The goals for the participant are: 1. Utilize effective de-escalation skills as described in this course. 2. Attend to the safety of the person (move them away from the roadway) 3. Maintain personal safety 4. Determine what the issue is 5. Get the person to agree to a medical evaluation **Classroom Preparation** The MH Trainer will advise the class to observe the scenario and be prepared to provide constructive feedback for the role players. Ask the class to consider what was done well, what could be improved and if they would try any different strategy to de-escalate the situation. The MH Trainer will setup the following scenario: The responder received a call of a person walking down the roadway on the shoulder. A concerned passerby	**Slide 16**  Page 8, Part. Guide

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stopped to check on the person and advised the person isn't making any sense and may be in some kind of medical distress. The caller provided a description but had no further information to offer. The scenario will begin with the responder arrives on scene, locating the person walking down the side of the road. Traffic in the area is moderate. **During the scenario Trainers will have the following roles:** PSR Trainer will act as the facilitator/safety officer during the scenario and can stop the scenario at any time for safety or training value reasons. The MH Trainer will play the role of the person walking down the road using the following guidelines: 1. You are a 26-year-old, diagnosed with Bipolar disorder and currently in a state of mania. Your behaviors and mannerisms must be consistent with that diagnosis. 2. Your overall demeanor is cheerful, excited and energetic. Your speech is fast and mannerisms are erratic and "jumpy." 3. You currently have a delusion that you have to get to California because you know that you will be discovered and will be a movie star. 4. You can speak to your diagnosis if asked, but you are convinced that your mission to get to California has nothing to do with your diagnosis. If asked, you have not been taking your medication because you hate how it makes you feel and now that you have stopped taking it you feel much better. 5. You are upset that your parents have taken away your credit cards so you cannot purchase a flight to California and have to walk. If the responder gives you a ride to California, you will offer to pay from your first big movie contract. 6. If asked, you snuck out of your house without your parents knowing because they want to stop you from being a star. 7. If the responder asks questions too quickly or asks too many questions begin to show some signs of paranoia or mild distrust. 8. You are generally non-compliant because your focus is to get to California, not as a challenge to the responder's authority. 9. You respond well to effective de-escalation techniques. You will push back slightly when asked to follow commands as they do not entirely make sense to you but if framed well you will give them the benefit of the doubt and comply. Once complete debrief the scenario and solicit feedback from the class.	
PSR Trainer: Ask the class, what strategies did you see that were effective in de-escalating the situation? Is there anything you think the role player could have improved on? What other strategies might you have used? (Answers will vary.)	

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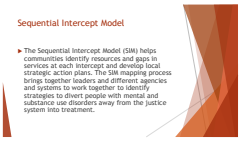
MH Trainer: Ask the class, based on the behaviors you observed in this role play what mental health condition did the person likely have? (Mood Disorder, Bipolar, Mania) What behaviors did you observe that support that? (Answers will vary.) PSR Trainer: Ask the class if they have any questions. Questions may be answered by either the PSR Trainer or the MH Trainer depending on which trainer is best suited to answer the question.	
PSR Trainer: Ask the class, what happens after a crisis is effectively de-escalated? (Answers will vary but should reflect that the person may require treatment, evaluation, services or resources to promote recovery.) Can you as responders supply everything a person needs post crisis? (No.) Although you are often the one's that get called in a crisis, there are many others within your communities that assist and aid you in getting help to those who need it. In this next section, we will explore interdisciplinary partnerships and collaboration opportunities available to you to enhance your response to persons with a behavioral health condition.	5 minutes
MH Trainer: Ask the class, is any here familiar with the Sequential Intercept Model? (Answers will vary.) The Sequential Intercept Model (SIM) helps communities identify resources and gaps in services at each intercept and develop local strategic action plans. The SIM mapping process brings together leaders and different agencies and systems to work together to identify strategies to divert people with mental and substance use disorders away from the justice system into treatment. A SIM mapping allows communities to: • Plot resources and gaps across the SIM. • Identify local behavioral health services to support diversion from the justice system. • Introduce community system leaders and staff to evidence-based practices and emerging best practices related to each intercept. • Enhance relationships across systems and agencies. • Create a customized, local map and action plan to address identified gaps.	5 minutes **Slide 17** 
MH Trainer: Review the Intercepts with the class. Intercept 0: Community Services • Involves opportunities to divert people into local crisis care services. Resources are available without requiring people in crisis to call 911, but	10 minutes **Slide 18**

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sometimes 911 and law enforcement are the only resources available. Connects people with treatment or services instead of arresting or charging them with a crime. Intercept 1: Law Enforcement • Involves diversion performed by law enforcement and other emergency service providers who respond to people with mental and substance use disorders. Allows people to be diverted to treatment instead of being arrested or booked into jail. Intercept 2: Initial Court Hearings/Initial Detention • Involves diversion to community-based treatment by jail mental health practitioners, social workers, or court officials during jail intake, booking, or initial hearing. Intercept 3: Jails/Courts • Involves diversion to community-based services through jail or court processes and programs after a person has been booked into jail. Includes services that prevent the worsening of a person's illness during their stay in jail or prison. Intercept 4: Reentry • Involves supported reentry back into the community after jail or prison to reduce further justice involve of people with mental and substance use disorders. Involves reentry coordinators, peer support staff, or community in-reach to link people with proper mental health and substance use treatment services. Intercept 5: Community Corrections • Involves community-based criminal justice supervision with added supports for people with mental and substance use disorders to prevent violations or offenses that may result in another jail or prison stay. MH Trainer: Ask the class, what are your thoughts about the intercept model? How can this information be beneficial for you as a responder? (Answers will vary but should include that there are several agencies and organizations that can provide assistance and help to divert people with mental illness away from the criminal justice system. Remember, no single entity, organization or profession can manage all of our community's mental health needs. Partnership and collaboration are required to effective serve and protect persons in-crisis.) What intercept number do you fall under? (Answers will vary based on profession.)	

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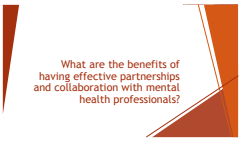
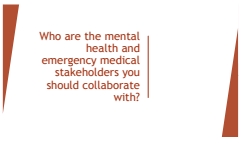
PSR Trainer: Let's expand on this concept of interdisciplinary partnership further. **(Large Group Brainstorming)** What are the benefits of having effective partnerships and collaboration with mental health professionals?	10 minutes **Slide 19**  
Trainer Note: The PSR Trainer will facilitate this conversation while the MH Trainer captures the responses on an easel pad or white board at the front of the classroom. The goal of this exercises is to compile a comprehensive list of benefits. Answers will vary but should include the following: 1. Public Safety, Emergency Response, or Behavioral Health Responders Can't Do It Alone Many communities continue to face pervasive gaps in mental health services, especially crisis services, placing a heavy burden on law enforcement agencies and officers. 2. Without access to appropriate alternatives, officers are often left with a set of poor choices: leave people in potentially harmful situations, bring them to hospital emergency departments, or arrest them. 3. Similarly, many communities are building in "mobile crisis responses" with behavioral health specialists. They may encounter scenarios where law enforcement is needed. Emergency medical personnel may also be called to a scene. All parties need to be part of a community team. 4. Expertise across different responders can be borrowed from each other for a united and collaborative approach to a situation for safer communities. 5. Connect and partner with mental health stakeholders, emergency medical response personnel, and others on the SIM. 6. Align responses and services with the intention of diversion. 7. Take opportunities to train together 8. Utilize shared policies as available to incorporate collaborative responses.	
MH Trainer: Looking at this list there are a lot of benefits to having strong partnerships across multiple disciplines. Let's take this a step forward and identify the mental health and emergency medical response stakeholders that can help you with providing effective service to individuals with behavioral health issues. Remember, collaboration can happen at all levels of your organization.	15 minutes • Setup 5 min • Activity 5 min • Debrief 5 min **Slide 20** 
Trainer Note: Break the class into groups 4-5 participants and assign each group to make a comprehensive list of stakeholders that they currently partner with or should partner with to improve their agency's mental health response. Each group will have approximately 5 minutes to complete their lists on a sheet of easel pad paper. Groups should identify a reporter to represent their group when sharing with the rest of the class.	

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Once complete, the MH Trainer will debrief the activity in a quick fire, round robin style to develop a master list of potential stakeholders. Ask a group to share a stakeholder from their list and place a checkmark next to it, if the other groups have that stakeholder on their list, they should cross it out on their list as it is a duplicate entry. Repeat this process until all stakeholder groups are identified. MH Trainer: Comment on the lists and encourage participants to learn more about the available stakeholders in their communities that can be helpful. Remind them that starting a relationship with these groups and seeking opportunities to collaborate can be greatly beneficial.	
BREAK	10 minutes
PSR Trainer: As we mentioned previously, partnership and collaboration can occur at any level of the organization and produce benefits for everyone involved. In this next activity we would like your group to select one or two of the stakeholder groups from the previous exercise and identify potential strategies to partner and collaborate. Let me provide you with an example of what we are looking for. During a job-sharing activity between Community Mental Health and the regional dispatch center, an employee from CMH mentioned that if they knew that their consumers had law enforcement contact, they would be able to proactively modify treatment plans and resources to reduce the chances that they might end up in crisis. A dispatch supervisor overheard this statement and offered the fax the contact logs every morning to the CMH officer so they could compare it against their current clients. This low effort strategy, low-cost strategy resulted in more proactive engagement by CMH and an overall reduction in law enforcement response to CMH client's homes.	25 minutes • Setup 5 min • Activity 10 min • Debrief 10 min **Slide 21** 
Trainer Note: Break the class into groups 4-5 participants and ask each group to identify strategies to partner and collaborate with their stakeholder group. Each group will have approximately 10 minutes to complete their strategies on a sheet of easel pad paper. Groups should identify a reporter to represent their group when sharing with the rest of the class. Once complete, give each group approximately 3 minutes to share their responses with the class. Ask questions and seek clarification as needed to meet the training objective for this activity. PSR Trainer: Ask the class, why do you think that we have you do this exercise? (Answers will vary but should include, many people believe that collaboration and partnership is not available to them at their level of the organization. This is not the case and effective change can occur as the result of relationship building, job sharing and collaborative strategies at all levels of the organization.)	

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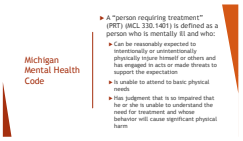
PSR Trainer: In the self-paced training course, we reviewed the Michigan Mental Health Code and other legislation related to behavioral health conditions. In this class we will focus on two areas of the law; Mental Health Petitions and Criminal Justice Diversion.	1 minute
MH Trainer: Responders need to be familiar with and able to apply provisions of mental health laws to situations involving mental health crises in the community. The Michigan Mental Health Code (Act 258 of 1974) has sections pertaining to the admission and discharge procedures for mental illness, emotionally disturbed, and developmentally disabled persons. A "person requiring treatment" (PRT) (MCL 330.1401) is defined as a person who is mentally ill and who: • Can be reasonably expected to intentionally or unintentionally physically injure himself or others and has engaged in acts or made threats to support the expectation • Is unable to attend to basic physical needs • Has judgment that is so impaired that he or she is unable to understand the need for treatment and whose behavior will cause significant physical harm The Mental Health Code further stipulates that when Law enforcement must take a person requiring treatment into protective custody: • that protective custody is civil in nature and is not to be construed as an arrest (MCL 330.1427a) For emergency medical responders, there is similar language in Public Act 368 Sec 20969: • "…if emergency medical services personnel, exercising professional judgement, determine that the individual's condition makes the individual incapable of competently objecting to treatment or transportation, emergency medical services may provide treatment or transportation despite the individual's objections unless the objection is expressly based on religious beliefs." MH Trainer: Ask the class, does anyone have any questions regarding this language? (Answers will vary.)	4 minutes **Slides 22-23**  

Presentation Guide	***Instructor Notes***
PSR Trainer: By a show of hands, how many of you have completed a mental health petition for someone you truly believe needs treatment, only to have the person released almost immediately? (Answers will vary but it is likely most will have their hand raised as this is common shared experience for responders.) In this section of the course, we will discuss the mental health petition and strategies to make out petitions more effective.	10 minutes **Slides 24-25** 
Trainer Note: MH Trainer pass out copies of the MC 97 - Protected Personal Identifying Information and PCM 201 – Petition for Mental Health Treatment forms to the class participants.	
PSR Trainer: Ask the class, what is the primary goal of filling out a mental health petition? (Answers will vary and will likely be reactive to the situation. The goal of a petition is not to get a person off the street. The goal is to provide mental health professionals with complete and objective information that allows them to make informed decisions regarding the person's need for treatment.) If we can meet that goal, then we have done our part to reduce misinformed discharges and better protect the health and wellbeing of the person requiring treatment. Do you agree? (The class consensus should be yes.) Let's talk about some reasons why petition's get denied. First, understand that accepting a petition is essentially suspending a person's freedom. This not something that anyone takes lightly and there is a strong emphasis on getting it right. So, let's play out this scenario, you fill out a petition for a person that is threatening to kill themselves. You fill out the form and, in the comments, you write: "Said was going to kill self. Weapons in the house." You drop off at your local facility and head off to the next call for service. If this is an emergency room drop off, a doctor will review the form and get a small opportunity to evaluate the person. Ask the class, if the person does not demonstrate any signs or symptoms of suicide ideation during the evaluation and denies that they are suicidal, will they likely be treated or released? (Released, there is a lack of information suggesting that treatment is required.) If the commentary was closer to: "The subject called 9-1-1 twice reporting that he wanted to kill himself by shooting himself with a firearm. Upon arrival, the subject was visibly distraught and advised that he had attempted suicide at least twice in the previous month. The subject had a handgun on the kitchen table where he was sitting. The subject	

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stated that he has been depressed for the past month. There are multiple firearms in the house that belong to roommate of the subject." Ask the class, is the person more likely to receive treatment? (Yes.) MH Trainer: Let's discuss some strategies to effectively complete a mental health petition.	
Trainer Note: Briefly review the strategies with the class. Participants will have the opportunity to utilize these strategies in the next class activity.	
1. State the reason for the petition and any relevant information that may assist the clinical personnel 2. State behavior and symptoms you or others have observed (include names, witnesses, facts) 3. Specify evidence of mental illness requiring petition 4. Consult with the receiving facility or CMH 5. Share any and all pertinent information 6. Failure to provide information could lead to a person being discharged from the facility, because their psychological state has either improved slightly and the physician did not witness the person in their crisis, or a person may be able to "pull it together" long enough to be discharged. 7. Police reports are public knowledge, if your department has been called out to the same person 20 times in the last month for psychiatric crises, tell the receiving facility, this is vital information. Ask the class if they have any questions. (Answers will vary.)	
Trainer Note: The purpose of this scenario activity is to create an opportunity for participants to practice writing a mental health petition. In addition, this video scenario demonstrates partnership and collaboration between interdisciplinary stakeholders as discussed in the last section of the course.	30 minutes • Setup 2 min • Video 12 min • Activity 8 min • Debrief 8 min
(Video Scenario) PSR Trainer: We are going to watch a video of real-life encounter captured by bodycam. In this scenario, there is a report of a person lighting a fire in a trash can next to a residence. The caller said that she is familiar with the person, but he does not live there. What we would like you to do is watch the video and make notes as to what behaviors you observe that would be important on a mental health petition. Once that is complete, each of you will fill out your petition and we will ask you to share your comments with the class. Does anyone have any questions? (Answers will vary.)	**Slide 26**  Page 13, Part. Guide

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Trainer Note: Play the Petition Exercise video. This video is 11 minutes and 28 seconds long. When complete, give participants 8 minutes to individually complete a petition.	
MH Trainer: Ok, let's take a few minutes and debrief this activity.	
Trainer Note: Starting with the top of the petition walk the participants through each section of the petition. 1. At the top of the petition including sections 1 and 2, we will simply fill in the appropriate information in the appropriate spaces. You will note that the Date of Birth fields refer you to the MC-97 form. On the MC-97 form, you will fill out available identifying information on the person. This is intended to protect the personal identifying information by making it "non-public." 2. Section 3 determines whether the person is a "person requiring treatment" by statute. Ask the class, for the person in our scenario – which boxes did you check and why? (Answers will vary but a case can be made for checking all three as the person is lighting fires near residences (a), has no place to live and is unclear that he is currently homeless (b) and he has remarked that he does not want to go to the hospital or take medications because of his delusions (c). 3. In section 4, ask the class to share their comments in both a and b. For each person that shares, check that their narrative is objective, factual and complete. Remind the class that this narrative is the opportunity to paint a complete picture of the situation for the medical staff evaluating the person. Also remind the participants that can add additional pages to this petition if the space provided is not big enough. 4. Section 5, is used to list any persons interest in proceeding related to this petition. Ask the class if there was anyone in this scenario that they would add to the petition. (Answer will vary.) 5. Section 6, asks if the individual is a veteran. 6. Sections 7 through 10 are filled out by the court or person completing the evaluation. 7. Sign, date and complete the contact information at the bottom of the form. Ask the class if they have any questions regarding this form. (Answers will vary.)	
MH Trainer: What options do you have if you are having difficulty completing a petition? (Ask for help, leverage your partnerships and collaboration) In this scenario, we saw some great examples of partnerships and collaboration that were leveraged to get this person treatment. What partnerships and	

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collaboration did you see in this scenario? (Homeowner (Acquaintance), Social Worker and Mental Health Co-Response Unit) This agency clearly has some excellent resources, if you were in the same situation who would you contact for assistance with the situation? (Answers will vary.)	
BREAK	10 minutes
PSR Trainer: Ask the class, in that last scenario – what options did the responders have for dealing with the situation? (Answers will vary but should include arrest and hospitalization.) So, in this scenario, the responders exercised their discretion to take the person in for treatment as opposed to jail. Do you agree that this was the right call? (Most should agree yes.) Why? (The person clearly needs treatment, most jails are not staffed to meet his needs, adding a charge to his criminal record will not help the situation, strong chance of further traumatizing him, etc…) This is a good example of diversion away from the criminal justice system for a person that is ill and clearly needs treatment. In this next section, we will discuss diversion opportunities at your disposal and when it is acceptable to divert someone. Before we begin, let's set the foundation for this conversation. We are not advocating in absolutes. We are not advocating that you make discretionary choices absent of the totality of the circumstances and the safety needs of all involved. We are advocating for the use of discretion to bring people to the right door, at the right time. This means treatment, jail and other diversion options are on the table when they appropriate for the situation. Let's start with the foundation of when it is appropriate to divert. Responders should make informed decisions regarding intervention strategies at the scene. • They should evaluate the nature and seriousness of the situation by considering any physical injury, behavioral cues, current environment, and safety. • The responders' decisions to resolve the situation must be based on the totality of circumstances and the legal authority to act. The determination to take the individual into involuntary protective custody shall be based on a violation of the criminal statutes or a reasonable belief that the person requires treatment. Responders should also check for violations of court orders or outstanding warrants.	10 minutes **Slide 27** 
MH Trainer: Let's discuss some diversion opportunities that you have at your disposal.	15 minutes **Slides 28-30**

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• Responders should consider alternatives to involuntary custody, in the absence of a serious offense, outstanding warrant, or person requiring treatment. Alternatives include:
  • voluntary hospitalization
  • involuntary outpatient treatment or court-ordered "assisted outpatient treatment (AOT)"
  • counsel-and-release
  • referral to a local community based mental health facility
  • referral to local mental health practitioners, service providers or
  • release to family members or peer support groups.
• Some jurisdictions administer jail diversion programs, where those charged with less serious, non-violent crimes can be diverted to community based mental health treatment services and other community services or programs.
• Responders should consider community programs and other services established to divert persons with serious mental disorders from potential incarceration.
• Responders should engage in a coordinated community approach to situations that involve those with mental disorders by building on existing working partnerships in their jurisdiction. Officers can become part of a long-term collaborative approach by interacting with other practitioners and using community resources and services. Further support may be achieved by identifying community stakeholders, consulting with healthy consumers as active partners, or exploring viable treatment options.
• Responders must recognize that stakeholder institutions, organizations, and individuals in the community are crucial to supporting a coordinated response to those with mental disorders. For purposes of a long-term response, officers shall work with:
  • public and private inpatient and outpatient mental health facilities
  • residential facilities serving individuals with mental disorders
  • general hospitals
  • counselors or
  • therapists.
• Further efforts may be pursued by identifying services for the homeless, advocacy organizations, as well as church-based organizations or emergency shelters.
• Additional resources may include services for those with substance abuse problems and other services for those with mental disorders in the community.
• Determining the appropriate response is dependent on the nature and extent of the local partnerships in the community and the extent to which needed services can be identified and are available.
	
	 
	 

Presentation Guide	*Instructor Notes*
MH Trainer: Ask the class if they have any questions related to these diversion opportunities. (Answers will vary.)	
(Small Group Activity) The purpose of this activity is to provide participants with common response scenarios that may allow for diversion from the criminal justice system. Groups should weigh their responses and decisions against the material taught in this course. PSR Trainer: Advise the class that they will be doing a small group scenario activity to put our knowledge of diversion options to work.	35 minutes • Setup 5 min • Activity 15 min • Debrief 15 min **Slide 31** 
Trainer Note: Break the class into four groups and provide each group with a different written scenario. Ask the groups to review the scenario and determine if diversion is appropriate for the situation. If it is a reasonable option, what diversion options would your group use? If it is not a reasonable option, why not? What other considerations would your group take into account before deciding to divert or not? Groups will have 15 minutes to discuss and write their responses on a sheet of easel pad paper. Each group should select a reporter to share their responses with the class. **Scenario 1:** You receive a call that a person's flowerbed has been destroyed resulting in approximately $100 of damage to plants that were recently planted. You discover that Ken, a 17-year-old with an intellectual disability has picked all the flowers because he wanted to give them to his mother as a gift. His mother tells you that they often pick wildflowers together and Ken does not realize what he has done is wrong. Is diversion appropriate? If not, why? If diversion is appropriate, why? What diversion options would your group use? What other considerations do you have to consider before making you decision? **Scenario 2:** You receive a complaint of a loud stereo in a local apartment complex. When you arrive, you meet with the resident who tells you that they are diagnosed with schizophrenia and the music helps them to calm down when	

Presentation Guide	*Instructor Notes*
the auditory hallucinations become overwhelming and scary. The person acknowledges that the hallucinations have gotten progressively worse since she moved to this area. During your contact you find that the residence is clean and well cared for. Is diversion appropriate? If not, why? If diversion is appropriate, why? What diversion options would your group use? What other considerations do you have to consider before making you decision? **Scenario 3:** You receive a call from a parent that advised that his 12-year-old son who is diagnosed with Bipolar disorder is refusing to go to school and is becoming increasingly difficult to handle. The parent advises that his son is normally very sweet but when he gets upset, he can become violent and, in this case, started slapping the parent. The parent would like his son petitioned for treatment but does not believe that he can transport his son safely. Is diversion appropriate? If not, why? If diversion is appropriate, why? What diversion options would your group use? What other considerations do you have to consider before making you decision? **Scenario 4:** You receive a call from a local gas station of a person that stole a sandwich from the store and is currently loitering in the parking lot. They would like the individual arrested and trespassed from the property. Upon contact, you find that the individual is homeless and has delusions that government agencies are watching him and trying to get him thrown in jail. When asked about the sandwich he says that the sandwich is a gift from "friends" that know the government is "out to get him." During conversation the person the person	

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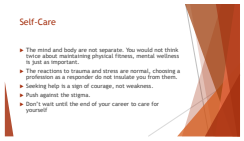
states that he has no desire to hurt himself or anyone else, he just wants to stay off the government's "radar." Is diversion appropriate? If not, why? If diversion is appropriate, why? What diversion options would your group use? What other considerations do you have to consider before making you decision? Once complete, give each group approximately 3 minutes to share their scenario and the responses from the group. When complete, ask the class for feedback on the response. Repeat this process until all groups have reported and received feedback. PSR Trainer: Ask the class, what was difficult about this activity? (Answers will vary.) Does anyone have any questions about diversion strategies? (Answers will vary.)	
Break	5 minutes
MH Training: we are going to close out the training today with a conversation regarding the importance of self-care especially for our first responders that are repeatedly exposed to traumatic events as direct result of their profession. We strongly advocate that each of you take time to care for your mental and physical health. PSR Trainer: This can be a touchy subject for responders because this subject is largely stigmatized in public safety professions as "weakness." Keeping this in mind, we want to frame this conversation by addressing the following: • The mind and body are not separate. You would not think twice about maintaining physical fitness, mental wellness is just as important. • The reactions to trauma and stress are normal, choosing a profession as a responder do not insulate you from them. • Seeking help is a sign of courage, not weakness. • Push against the stigma. • Don't wait until the end of your career to care for yourself	5 minutes **Slide 32** 

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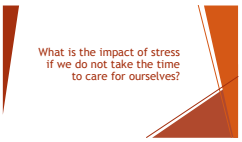
PSR Trainer: Ask the class, what are some stressors and traumatic events that are commonly experienced by responders? (Answers will vary.)	10 minutes **Slides 33-34** 
Trainer Note: Solicit responses and supply any stressors from the following list that were not mentioned by the class: • media scrutiny • community distrust • responding to call after call • seeing people at their worst • where people are exhibiting their worst behavior • victims of someone else's bad behavior • traumatic events (1st and 2nd hand) • hard-wired to focus on the negative – threat assessment mode • all-encompassing, 24/7 career. • stoic in the face of adversity • resist normal physiological responses to tragedies and critical incidents	
PSR Trainer: We all agree that our jobs are stressful, and we encounter more traumatic events that a normal person due to the nature of our jobs. What is the impact of all this stress if we do not take the time to care for ourselves? (Answers will vary.	
Trainer Note: Solicit responses and supply any stressors from the following list that were not mentioned by the class: • Isolation and withdrawal • Being disengaged or unmotivated • Physical exhaustion • Nightmares and flashbacks • Poor hygiene or apathy about one's physical appearance • Loss of empathy or compassion • Relationship issues, including divorce • Substance misuse and abuse • Recurrent sadness or depression • Resistance to feedback • Resistance to change • Reduction in meaningful work product • Reduced job satisfaction • Increase in citizen complaints • PTSD	

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• Suicide Risk • Substance Use • Divorce • Domestic Violence • Health Issues	
MH Trainer: A great way to relieve stress is the engage in healthy activities that can be done easily and with little preparation. This is called a "Fast Five" list. In your participant guides, make a list of five healthy activities that you can do easily to reduce your levels of stress. **Trainer Note:** Allow the participants 5 minutes to draft their lists and then spend the next five minutes sharing examples of healthy and easy activities that they engage in to reduce stress. Remind the class that these lists should serve as a reminder to create time for themselves to manage their personal stress levels.	10 minutes • Ind. Activity 5 min • Debrief 5 min **Slide 35**  Part. Guide, page 17
Trainer Note: PSR Trainer should start handing out the Mental Health Support Services handout to all participants. MH Trainer: Healthy activities are a great way to proactively manage your health and well-being, but we need to acknowledge that there are situations, trauma and life events that require additional help in support. At times, responders do not know where to turn when they require support. In the following handout, we have included a list of support organizations dedicated to public safety responders. Please take a minute to review this list. **Trainer Note:** The following list reflects the information on the course handout. Let the class know that this list is reflective of the support groups located at the NAMI website under the Public Safety Professionals Page. **National Suicide Prevention Lifeline** Hours: Available 24 hours. Languages: English, Spanish. 800-273-8255 Supportive resources for public safety professionals can range broadly in what they offer. It is important to have options, but sometimes professional mental health support is necessary to address what you're going through. There are number of free, confidential and virtual support services available for public safety professionals. You can access these services without concern for your career, and they are staffed with professionals who understand your line of work. Find one that is right for you.	5 minutes **Slide 36** 

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• 911 At Ease International provides access to free trauma-informed counseling for first responders and families, including police, fire, paramedics, emergency medical personnel and other essential agencies. • 1st Help offers quick access to organizations assisting first responders with a range of topics from peer support to mental health care and financial aid. • Responder Strong offers support for all emergency responders and their families including referrals, self-help tools and educational resources. • You Responder Strong is an interactive site that you can personalize with tools and resources for self-care. • Armor Up provides trauma informed prevention, training and education. They are linked with the Safe Call Now hotline (206-459-3020). • Bulletproof lets you use your agency's code to find confidential and anonymous resources that offer law enforcement professionals, and their families, mental health and wellness resources. • VALOR For Blue is an officer safety and wellness program with additional resources, training, videos and podcasts. • The All Clear Foundation is a comprehensive resource database dedicated to improving the life expectancy and well-being of emergency responders and their families. • Next Rung links firefighters and first responders to professional or peer resources. • Firestrong is a 24/7 firefighter and family crisis and support line. • National Fallen Firefighters Foundation provides resources, support and family programs. • First Responder Center offers tailored health and wellness resources. You can also contact the NAMI HelpLine between 10 am and 8 pm ET at 800-950-6264 to access confidential, professional support. For immediate assistance, text "10-18" to 741741 at any time. Not everyone can talk about the topics and issues that first responders encounter. You see and experience things that are unthinkable to most, and that's why peer support is important. Your peers know what it's like, they share your perspective, and they are ready to help their fellow responders stand strong. You are not alone. • American Academy of Experts in Traumatic Stress offers online support groups for emergency responders and health care workers. • Hero First offers a warmline, peer support and other resources for first responders. • 6th Alarm provides peer support and resources for fire, law enforcement, EMS and dispatchers.	

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• Responder Rel8 is a peer support app where you can chat with peers 24/7 for free. • CopLine website and 1-800-267-5463 are a confidential, 24-hour law enforcement peer support hotline. • Center for Firefighter Behavioral Health offers resources and peer support for the occupational stress faced by firefighters. • 911 Operators Peer Support on Facebook is a source to connect with others and find additional resources. PSR Trainer: Ask the class, are there any other resources that you are aware of and would like to add to this list? (Answers will vary but should include employee assistance plans, health insurance services and services through unions.)	
III. GUIDED PRACTICE Application achieved through student activities in presentation.	
IV. INDEPENDENT PRACTICE Application achieved through student activities in presentation.	
V. EVALUATION/CLOSURE (5 minutes)	
Trainer Note: The MH Trainer should provide each participant with a copy of the course evaluation while the PSR Trainer is providing information for the Scenario Training Day. PSR Trainer: On behalf of our instructor team, thank you for your participation in this training course. MH Trainer is passing out course evaluations and we would appreciate you taking the time to fill these out. Tomorrow we will begin our scenario training day where we pull all of this training together and give you the opportunity practice your knowledge and skills in a series of scenarios. **Trainer Note:** Provide the participants with the logistic information related to the scenario training day including location, time, uniform of the day, weapons, etc... PSR Trainer: Ask the class if they have any questions and release them for the day.	5 minutes **Slide 37** 

ALTERNATIVE INSTRUCTIONAL STRATEGIES

Self-Paced Learning Review Activity

Training Aids Required
Educational Game PowerPoint Presentation
Game Buzzer System or Equivalent
Prize for winning team (optional)

Activity Preparation
Trainers should be familiar with the operation of the game buzzer system and PowerPoint presentation **prior to the class**.

1. Review the PowerPoint presentation and answer key
2. Replace batteries in the buzzer system and ensure it is operating appropriately

Prior to the game.

1. Load the PowerPoint presentation.
2. Divide the class into teams (table groups) and ask them to select a name for their team.
3. Create a score sheet at the front of the class on a sheet of easel paper or whiteboard.
    a. Example:

Team Name	**Score**
Team 1	
Team 2	
Team 3	

4. Explain the rules of the game (listed below).
5. Demonstrate use of the buzzer system.

Game Rules
This educational game is a Jeopardy style trivia game. A team will select a category and point value to reveal a question. Once the question is read, all teams have the opportunity to "buzz in." First team that buzzes, attempts to answer the question. If they are correct, they receive the points and select a new category/point value. If they are incorrect, points are deducted from their score and the remaining teams may buzz in to answer the question. Play continues until all questions are answered and a winner is selected.

Trainer Roles and Expectations
1 Trainer acts as the game host by operating the PowerPoint, reading the questions aloud, determining correct/incorrect responses, and expounding on responses.

1 Trainer acts as the score keeper and manages the buzzer system.