
# Behavioral Health Emergency Partnership Participant Guide

Michigan Commission on Law Enforcement Standards

# SELF-PACED COURSE REVIEW

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## CRISIS DEFINED

- 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.

## INDIVIDUAL ACTIVITY

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?

## VIDEO SCENARIO: PERSON IN CRISIS

What observable behaviors indicate that this person is likely in crisis?

What indicators did you observe that indicate that this person may have a mental illness?

## MENTAL ILLNESS AND VIOLENCE

- 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.
- Most people with a mental illness are statically no more violent than the general population.
- People with mental illness are 10x more likely to be the victim of a violent crime than the general population.
- Similar to persons with no mental illness, co-occurring substance use is a major risk factor for violence.
- History of serious trauma exposure in childhood can contribute to aggression and violence.
- Previous contacts with the individual should be considered.

## TACTICAL FREEZE EXERCISE

NOTES & OBSERVATIONS

## A PERSON IN CRISIS…

- 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.

***What happens to the body when it is under a great amount of stress?***

## CRISIS DE-ESCALATION

- 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 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.

## PRINCIPLES OF DE-ESCALATION

- Avoid overreacting, indicate a willingness to help and understand
- Speak simply (but not simplistically) and move slowly
- Be patient, accepting, and encouraging, but also remain professional
- Announce actions before initiating them
- Avoid touching (except for safety or necessary treatment)
- Request additional resources, back-up units, or assistance, as needed
- Consider using mental health practitioners, interdisciplinary responders or other community partners to assist
- 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.

## TRAUMA INFORMED RESPONSE

- 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

## TRAUMA INFORMED RESPONSE STRATEGIES

- Avoid power and control techniques whenever possible.
- Provide dignified choices
- Demonstrate mutual respect
- Seek input whenever possible
- What impact are you having on others? What changes can you make to better de-escalate the situation?

## DISRESPECT?

***Think about a time when someone treated you with disrespect.***

***How did it make you feel and how did it impact the overall communication?***

## VERBAL DE-ESCALATION STRATEGIES

- 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.

- 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.

- 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!”

- 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.

- 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.

## INSTRUCTOR LED ROLEPLAY 1

NOTES & OBSERVATIONS

## DE-ESCALATION CONSIDERATIONS

- Slow the situation down.

- Ask direct questions and offer simple choices.

- 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.

- 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

- You the resources at your disposal for additional information, such as friends, family, previous contacts, etc.

## INSTRUCTOR LED ROLEPLAY 2

NOTES & OBSERVATIONS

## VERBAL DE-ESCALATION ROLEPLAY SCENARIO

NOTES & OBSERVATIONS

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?

What behavioral indicators did you observe that indicate that the person likely has a mental illness?

## SEQUENTIAL INTERCEPT MODEL (SIM)

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.

## SIM: INTERCEPT POINTS

### 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 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.

## INTERDISCIPLINARY PARTNERSHIP & COLLABORATION

***What are the benefits of having effective partnerships and collaboration with mental health professionals?***

## SMALL GROUP ACTIVITY: PARTNERS & STAKEHOLDERS

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.

## SMALL GROUP ACTIVITY: STRATEGIES TO COLLABORATE

STAKEHOLDER GROUP(S):

STRATEGIES TO COLLABORATE:

## MICHIGAN MENTAL HEALTH CODE

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 when Law Enforcement takes 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."

## MENTAL HEALTH PETITIONS: STRATEGIES

- State the reason for the petition and any relevant information that may assist the clinical personnel

- State behavior and symptoms you or others have observed (include names, witnesses, facts)

- Specify evidence of mental illness requiring petition

- Consult with the receiving facility or CMH

- Share any and all pertinent information

- 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.

- 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.

## VIDEO SCENARIO: MENTAL HEALTH PETITION

NOTES & OBSERVATIONS

## MENTAL HEALTH DIVERSION

- 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.

## OPPORTUNITIES FOR DIVERSION

- Responders should consider alternatives to involuntary custody, in the absence of a serious offense, outstanding warrant, or person requiring treatment. Alternatives include:
  - voluntary hospitalization
  - voluntary 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.

# SMALL GROUP ACTIVITY: MENTAL HEALTH DIVERSION

SCENARIO #____

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?

## SELF CARE

- 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

***What are some stressors and traumatic events that are commonly experienced by responders?***

***What is the impact of all this stress if we do not take the time to care for ourselves?***

## INDIVIDUAL ACTIVITY: FAST FIVE

Make a list of five healthy activities that you can do easily to reduce your levels of stress.

## SELF-CARE ADDITIONAL SUPPORT

### National Suicide Prevention Lifeline

Hours: Available 24 hours. Languages: English, Spanish.

# 800-273-8255

### NAMI.ORG

Visit the NAMI website for services, resources, and peer support. Responder specific resources can be located on the Public Safety Professionals Page.

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