

BEHAVIORAL HEALTH CRISIS TRAINING

Behavioral Health Crisis is a behavioral health training initiative to equip emergency responders with the tools they need to effectively recognize, respond, and mitigate a behavioral health crisis incident. The **Behavioral Health Crisis Training** consists of **three linked training segments, (1) Pre-Course Online Training, (2) Classroom Instruction and (3) Scenario Based Training**. The segments are designed utilizing Bloom's Taxonomy, Adult Learning Theory, and the Ultimate Outcomes Approach to intentionally align knowledge and skills with on-the-job behavioral enhancement or change to achieve larger agency/community outcomes. The Behavioral Health Crisis training was developed in collaboration with MCOLES and MDHSS as well as subject matter experts in Mental Health, EMS and Mental Health Advocacy. **The program provider is The Cardinal Group II (TCGII).** www.thecardinalgrou2.com.

This program is designed to enhance the knowledge, skills, and attitudes of emergency responders to effectively intervene for those experiencing behavioral crisis situations. Mental illness is common in our society, with approximately 1 in 4 people experiencing a mental health condition during their lifetime (NAMI.) Following efforts in the 1970s to de-institutionalize treatment more people with mental health conditions live in community settings, so interactions with emergency responders in the community are common. People who do not have a mental illness may also exhibit crisis behaviors as a response to stress. The material in this course is based, in-part, on training material from two previous State-funded trainings, MI-CIS and Managing Mental Health Crisis (MMHC). In addition, Michigan Law, MCOLES standards, academic research, and recognized best practices have been utilized and referenced in this training. Responders that attend this course must be aware of and comply with laws, policies, and procedures in their respective jurisdictions and organizations.

Ultimate Outcomes (Long Term Goals) of the Behavioral Health Crisis training:

- Communities in Michigan will help create a safe and supportive environment where individuals with behavioral health issues receive trauma informed, "Do no harm" services from trained community responders.
- Communities in Michigan will experience an annual increase in the percentage of referrals to the appropriate support service for individuals experiencing behavioral health disorder issues, requiring a community response.
- Communities in Michigan will increase equitable outcomes for all individuals with a behavioral health disorder, regardless of perceived status, by ensuring that community responders interacting with individuals experiencing a behavioral health crisis consistently utilize the same assessment principles and decision-making criteria.
- Community responders, service providers and consumers will work collaboratively to ensure that each component of the system designed to support individuals with behavioral health disorder, operates efficiently and effectively.

Intermediate Outcomes (On-The-Job Behavioral Enhancement or Change)

- Community responders will engage individuals manifesting symptoms consistent with a behavioral health disorder with understanding, empathy, and commitment to resolve the situation with minimal harm.
- Community responders will assess individuals manifesting symptoms consistent with a behavioral health disorder and respond utilizing trauma informed care principles.
- Community responders will employ de-escalation techniques throughout the entire interaction with an individual they believe has a behavioral health disorder.
- Community responders will actively partner with subject matter experts and appropriate service providers during a crisis response.
- Community responders will engage with family and loved ones of a person with a behavioral health disorder to promote an informed response and improve trust and cooperation.
- Community responders will proactively share information with service providers, allowing them to adjust treatment plans prior to a crisis situation.
- Community responders will refer individuals with behavioral health disorder to services and support based on guidance provided by their organization and established community protocol's.
- Community responders will divert/deflect individuals in crisis away from incarceration when it is safe and appropriate to do so.
- Community responders will proactively refer individuals in need of care to the appropriate service provider prior to a crisis situation.
- Community responders will use stigma reduction and implicit bias mitigation strategies when interacting with an individual they believe has a behavioral health disorder.
- Community responders will utilize "person first" language when providing service to individuals with a behavioral health disorder and communicate in a manner which demonstrates dignity and respect.
- Community responders will only consider a "protected class" category when that information is specifically germane to the situation and never as it relates to a referral decision.
- Community responders will report incidents and situations that prevent appropriate referrals to appropriate services.
- Community responders will provide feedback to community stakeholders regarding the effectiveness of operational protocols, policy and training.
- Community responders will advocate for policy, procedure and strategies that support behavioral health disorder recovery.

(1) Pre-Course Self-Paced Training – online delivery (4 hours)

| Course Details | | | |
|---|---|--|-------------------------|
| Course Title Behavioral Health Crisis: Self-Paced Online Pre-Course | | | |
| Training Location Online | | | |
| Maximum Participants Unlimited (online) | Minimum Participants (2/3 of Max) Unlimited (online) | Hours of Training Per Session 4 hours | Number of Sessions 4 |

LEARNING OBJECTIVES - Upon completion of this course, participants will be able to:

1. Recognize the importance of this training for public safety responders including law enforcement, behavioral health and emergency medical personnel and how it fits into other training models.
2. Define mental health, mental illness, substance use disorders, behavioral health and intellectual and or developmental disabilities.
3. Differentiate between myths and facts related to mental illness and behavioral health conditions.
4. Define stigma.
5. Relate how implicit and explicit bias propagates stigma.
6. Identify stigmas associated with mental illness.
7. Relate the impacts of stigma on the quality of life of a person with mental illness, intellectual disability or developmental disabilities.
8. Identify strategies to demonstrate dignity and respect to persons with a mental illness
9. Review portions of the Michigan Mental Health Code that applies to responders.
10. Identify types of psychotic disorders.
11. Connect signs and symptoms related to psychotic disorders.
12. Identify types of mood disorders.
13. Connect signs and symptoms related to mood disorders.
14. Identify types of cognitive disorders.
15. Connect signs and symptoms related to cognitive disorders.
16. Connect signs and symptoms related to trauma and stressor-related disorder.
17. Identify symptoms of posttraumatic stress disorder
18. Identify types of personality disorders.
19. Identify types of anxiety disorders.
20. Connect signs and symptoms related to anxiety disorders.
21. Identify types of panic disorders.
22. Connect signs and symptoms related to delirium hyperactive type
23. Connect signs and symptoms related to substance use disorder.
24. Correlate response considerations related to substance use disorder.
25. Connect signs and features related to intellectual and developmental disabilities.
26. Describe a variety of treatment options used to treat mental illness.
27. Recognize common prescription medications used to treat mental illness.
28. Relate common side effects of prescription medications used to treat mental illness.
29. Conclude that recovery is possible for persons with a mental illness.

(2) Classroom Training – in-person classroom delivery (9 hours w/ a 1 hour lunch):

| Course Details | | | |
|--|--|--|--------------------------------|
| Course Title Behavioral Health Crisis: <i>Classroom Training Segment</i> | | | |
| Training Location Grand Valley State University - TBD | | | |
| Maximum Participants 24 | Minimum Participants (2/3 of Max) 16 | Hours of Training Per Session 9 hours w/ 1hr lunch | Number of Sessions 4 |

LEARNING OBJECTIVES - Upon completion of this course, participants will be able to:

1. Review key concepts from the self-paced training component.
2. Illustrate examples of behavioral health emergencies encountered by responders.
3. Identify precipitating causes of behavioral health emergencies.
4. Relate multiple behavioral indicators that a person is in crisis.
5. Utilize knowledge from this module to evaluate a crisis situation.
6. Articulate goals and limitations of verbal de-escalation.
7. Discover the purpose and value of a trauma informed response.
8. Summarize strategies to verbally de-escalate a crisis.
9. Appraise responder/community safety considerations when de-escalating a crisis.
10. Demonstrate effective verbal de-escalation skills.
11. Classify their role in the sequential intercept model of mental health diversion.
12. Articulate the value of partnership and collaboration with mental health stakeholders.
13. List local mental health stakeholders that can assist in providing effective service to persons in crisis.
14. Design potential strategies to partner and collaborate with local mental health stakeholders.
15. Discuss the Michigan legal considerations for response to a person in crisis.
16. Interpret strategies to effectively complete a mental health petition.
17. Write a mental health petition.
18. Appraise when it is appropriate to divert a person with mental illness away from the criminal justice system.
19. Devise several opportunities to divert a person with mental illness away from the criminal justice system.
20. Judge if diversion is acceptable.
21. Devise plausible diversion strategies.
22. Value the importance of responder self-care.
23. List several resources to manage their personal wellness and mental health needs.
24. List several healthy options to manage stress and well-being.

(3) **Scenario Based Training – in-person reality-based training (9 hours w/ a 1 hour lunch):**

| Course Details | | | |
|---|--|--|--------------------------------|
| Course Title Behavioral Health Crisis: <i>Scenario Based Training Segment</i> | | | |
| Training Location Grand Valley State University - TBD | | | |
| Maximum Participants 24 | Minimum Participants (2/3 of Max) 16 | Hours of Training Per Session 9 hours w/ 1hr lunch | Number of Sessions 4 |

LEARNING OBJECTIVES - Upon completion of this course, participants will be able to:

1. Demonstrate effective communication and collaboration with co-responders and stakeholders
2. Demonstrate effective responder and community safety techniques.
3. Demonstrate communication strategies that promote dignity and respect.
4. Demonstrate effective verbal de-escalation skills.
5. Demonstrate trauma informed strategies.
6. Complete a mental health petition
7. Identify strategies to mitigate hallucinations and delusions in a crisis.
8. Identify medical considerations when responding to a person in crisis.
9. Identify risk factors and mitigation strategies for positional asphyxia