Michigan Commission on Law Enforcement Standards

LAW ENFORCEMENT / MENTAL HEALTH SERVICES: A COMMUNITY BASED RESPONSE

INSTRUCTOR MANUAL

2015

Acknowledgement

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Introduction

The purpose of this training is to improve the initial response to those with mental disorders, structured on community based approaches, strategies and partnerships. A community coordinated response involves not only law enforcement and mental health services, but other community stakeholder organizations and individuals as well, such as jails, probation/parole, schools, emergency first responses, public health, and family or peer structures. Often, a consumer's initial involvement with the system begins with a call to a local law enforcement agency for a response to a specific situation.

The training is intended to: a) enhance the safety of law enforcement officers, consumers (individuals in need of services), and bystanders at the scene, b) provide resolutions that best serve the needs of those with mental disorders, and c) reduce the stigma that is so often associated with mental disorders. We recognize that the situation does not end when the scene itself becomes safe. Other stakeholders in the system are equal partners with law enforcement and all must provide appropriate services to the consumer.

This instructor manual contains four major sections. Section One contains the training specifications (objectives) for this course. Note that the objectives are written in terms of behavioral outcomes, where performance is the demonstration of competency. In a practical sense, behavior on the job will be affected by a variety of factors, including organizational or departmental policies and procedures, as well as local best practices. Both fundamental knowledge and decision making must come together in the classroom to form the desired behavioral competencies.

Section Two includes a discussion of training methods for instructors. Instructors are undoubtedly familiar with the lecture format when teaching basic knowledge. Instructors also

understand the importance of teaching decision making and problem solving as part of an overall effective approach to learning. However, many may be uncertain how to proceed in the classroom when teaching these skills. Therefore, the learning exercises recommended in this section are designed to provide the instructor with practical approaches based on adult learning strategies.

Section Three is a facilitator guide for instructors. This section is essentially a sample lesson plan for the delivery of the training objectives and is based on the student-centered principles of adult learning theory and problem-based learning (PBL). PBL is a teaching method defined as knowledge acquisition through the resolution of real world problems. The approach calls for the instructors to generate facilitated discussions and conversations in the classroom, all within the context of experiential learning.

Section Four contains resource materials for both the instructor and participants and is intended to be used as a reference for the classroom instruction and student participation. Instructors are urged to provide additional resource material depending on the needs of the participants.

A Note on Terminology

The generic term "mental disorders" is used throughout this manual, which refers to a rather broad range of mental illnesses and developmental disabilities. As used in the text, the term includes mental and brain disorders, developmental disabilities, severe mental illness, neurological disorders, neurological impairments, psychiatric conditions, and severe emotional disorders. The intent is to move away from strict categorizations or definitions of mental illnesses and developmental disabilities and to focus more on the observation and interpretation of behaviors.

Mental disorders also include such mental health conditions as depressive disorders, mania, post traumatic stress disorders, major depression, bipolar disorder, schizophrenia, delusional disorders, dual diagnosis disorders, Alzheimer's disease, Autism Spectrum Disorder, Tourette's syndrome, deafness, blindness, cerebral palsy, epilepsy, and other similar cognitive disorders.

The term "consumer" refers to an individual with a mental disorder who comes in contact with the system. The instructor manual purposely avoids using terms such as "victim", "perpetrator", "mental", "complainant", or other such terms that may unfairly categorize those requiring services. The intent is to avoid derogatory references, intentional or unintentional, regarding those with mental disorders.

The distinction between mental illness and developmental disabilities is also important, although providing unique definitions can be problematic and complex. Mental illness generally refers to a group of distinct disabilities characterized by disturbances in thinking, feeling, and relating. The onset of mental illness may occur at anytime during life. Developmental disabilities refer to life long disabilities based on mental or physical impairments, generally manifested early in life.

Training Delivery

MCOLES designed this training to be administered by instructors with expertise in the law enforcement response to those with mental disorders and to be taught in partnership with mental health service professionals (or clinicians) and consumers. A team-teaching approach can result in subject content that is both meaningful and contextual if provided by more than one discipline. Other disciplines may be involved in the teaching as well, for example, those

representing corrections, jails, mental facilities, intake, the legal sector, and private consultants. The expectation is that instructors will be creative and contribute relevant detail.

Each training objective contains a section entitled, "Notes to Instructor." These notes are intended to provide guidance when delivering the objectives in the classroom and to establish a conceptual foundation upon which the training can be structured. There are no time frames associated with these training objectives. Therefore, instructors are urged to determine the appropriate detail for each objective based on the needs of their audience.

Although the mental health training material references law enforcement officers as the primary first responders, the training is intended for a wide range of disciplines, including corrections, jailers, dispatch, probation/parole, mental health practitioners, consumers, and service providers. Unquestionably, consumers will enter the system at various points, not just through a call to the local law enforcement agency. MCOLES prefers a multi-disciplinary audience where community partners can interact and discuss issues from their individual perspectives.

SECTION ONE

TRAINING OBJECTIVES

Law Enforcement / Mental Health Services: A Community Based Response

Training Objectives

Performance Objectives:

Upon completion of this module, the participant will be able to:

- Participate in a classroom facilitated discussion of a situation involving mental disorders.
- Define mental illness and developmental disability.
- Identify behaviors associated with mental illness and developmental disability.
- Appropriately respond to situations involving those with mental disorders.
- Demonstrate an understanding of the legal authority to act.
- Demonstrate an understanding of appropriate interventions and services at the scene.
- Comply with organizational policies in situations involving mental disorders.
- Demonstrate an understanding of the community coordinated response to those with mental disorders.

The training objectives begin on the following page.

I. Participate in a Classroom Facilitated Discussion of a Situation Involving Mental Disorders.

a. Using a table-top scenario or a video clip that depicts an initial response to a situation involving a mental disorder, actively participates in a facilitated discussion by evaluating:
   (1) the nature of the problem;
   (2) the skills needed to handle the situation;
   (3) appropriate responses; and
   (4) the issues, concerns, or problems associated with the situation.

b. Explains the goals of mental health awareness training for law enforcement and mental health services, including:
   (1) ensuring the safety of the first responders, consumer, and bystanders;
   (2) improving the ability of first responders to act appropriately;
   (3) identifying appropriate options for those with mental disorders; and
   (4) reducing the stigma associated with those with mental disorders.

Notes to Instructor

The purpose of this objective is to provide the participants an opportunity to evaluate a real life incident using critical thinking skills. Placing this exercise as the first training objective in the curriculum is intentional as it sets up future learning. Perhaps most will not have had specialized training or experience in this topic, but as active duty law enforcement officers or mental health service providers they will be able to make valuable contributions to the discussions.

II. Define Mental Illness and Developmental Disability.

a. Defines *mental illness* as a substantial disorder of thought, perception or mood, that:
   (1) significantly impairs judgment or the capacity to recognize reality;
   (2) impairs the ability to cope with the ordinary demands of life;
   (3) causes great distress to the individual affected;
   (4) covers a range of conditions; and
   (5) includes symptoms and behaviors such as:
      (a) social withdrawal;
      (b) depression (a syndrome of sadness or hopelessness);
      (c) delusions (false beliefs not based in reality);
      (d) inappropriate expression of feelings;
      (e) hallucinations (hearing, seeing, or feeling imaginary things) that may be associated with several different illnesses; and
      (f) hyperactivity or inactivity.
   (6) is defined in Michigan law (MCL 330.1400).

b. Identifies certain types of mental illnesses, including:
   (1) schizophrenia, which significantly affects thinking and judgment;
   (2) major depression, including suicidal thoughts;
   (3) bipolar disorder, characterized as a long term mood disorder;
   (4) post traumatic stress disorder (PTSD), which may occur following a traumatic event or life-threatening event;
   (5) dual diagnosis disorders, where mental illness and substance abuse co-occur; and
   (6) other disorders as defined in the Diagnostic and Statistical Manual of Mental Disorders (DSM)--categorizations based on thought, mood, and behavior.

c. Defines *developmental disability* as a condition that manifests itself in childhood and is characterized by:
   (1) sub-average intellectual development and functioning;
   (2) substantial physical or mental impairment (or a combination); and
   (3) substantial functional limitation in three or more of the following areas:
      (a) self-care;
      (b) receptive and expressive language;
      (c) learning;
      (d) mobility;
      (e) self-direction;
      (f) independent living; and
      (g) economic self sufficiency.

II. Define Mental Illness and Developmental Disability. (continued)

d. Identifies certain types of developmental disabilities, including:
   (1) autism, characterized by impaired social connections;
   (2) mental retardation (MCL 330.1100b), characterized by limited mental development;
   (3) Tourette's syndrome, often accompanied by repetitive multiple movements;
   (4) epilepsy (seizure disorders);
   (5) Alzheimer's disease; and
   (6) deafness and hard of hearing.

e. Recognizes that mental disorders may be accompanied by substance abuse, known as dual diagnosis or co-occurring disorders, which may mask the true underlying condition, causing difficulty in knowing which response is most appropriate.

f. Distinguishes mental disorders from other crisis behaviors, where individuals may be anxious, afraid, or panic stricken based on a severe emotional crisis resulting from a situation that brought them in contact with law enforcement, but yet remain in touch with reality.

Notes to Instructor

The term "mental disorder" is difficult to define precisely and, although behaviors seldom fit into neat categories, the categorizations themselves are not always mutually exclusive. Consider that consumers may have more than one disorder or may also have a drug dependency, making it difficult to determine which behaviors result from which underlying problems. Sometimes a person with a developmental disability may also have a mental illness.

We do not intend for officers or first responders to diagnose mental disorders. Practitioners at the scene are not to become diagnosticians or clinicians since inaccurate classifications of disorders may lead to inappropriate resolutions. However, a fundamental understanding of the distinction between mental illness and developmental disability is clearly important and should be emphasized from a non-professional perspective when teaching this objective.

III. Identify Behaviors Associated with Mental Illness and Developmental Disability.

a. Recognizes behaviors or appearances associated with *mental illness*, including :
   (1) behavioral cues, such as:
      (a) sitting and doing nothing;
      (b) having endless energy or grandiose plans;
      (c) hearing voices;
      (d) experiencing profound confusion;
      (e) wearing clothes inappropriate to the weather; or
      (f) displaying abnormal fear, panic, apathy, or aggression; or
   (2) verbal cues, such as:
      (a) a rapid flow of unrelated thoughts;
      (b) disorganized thinking (expressing loose associations);
      (c) talking about delusions or hallucinations; or
      (d) speaking extremely slowly or repeating words.

b. Describes behaviors or indicators associated with *development disabilities*, including:
   (1) behavioral cues, such as:
      (a) inattention or inactivity (or both);
      (b) social withdrawal;
      (c) unexpected behavioral outbursts, such as screaming or laughing;
      (d) trying to appear more competent then they are;
      (e) anxiety or worry out of proportion to the feared event; or
   (2) verbal cues, such as:
      (a) slurred speech
      (b) invented speech;
      (c) inability to express thoughts clearly;
      (d) expressing an extreme desire to please those in authority; or
      (e) inappropriate laughing or giggling.

c. Observes that some behaviors may be the result of either a mental illness or a developmental disability and that some may exhibit behavioral cues that reflect both.

d. Recognizes that certain medications, although not a cure, can be used to manage or control the symptoms of mental illnesses, including:
   (1) selective serotonin reuptake inhibitors (SSRIs), such as Zoloft and Prozac;
   (2) antipsychotics, such as Mellaril, Haldol, Stelazine, or Thorazine;
   (3) antianxiety drugs, such as Valium, Xanax, or Ativan; or
   (4) tricyclic antidepressants (TCAs), such as Lithium and Elavil.

III. Identify Behaviors Associated with Mental Illness and Developmental Disability. (continued)

e. Considers that individuals may stop taking their medications for a variety of reasons, due to:
   (1) real or imagined serious side effects;
   (2) an inability to obtain prescriptions or medications; or
   (3) the belief that the medications are harmful.

f. Recognizes that only a very few individuals with mental disorder are actually dangerous or violent and that interpreting behavioral cues out of context may complicate the situation and lead to an inappropriate response or incomplete investigation.

Instructor Notes:

First responders must never diagnose a mental disorder, but it is important to be able to identify the predominant symptoms based on observed behavioral cues, which may indicate an underlying mental health issue. The better a first responder is able to appropriately interpret the behaviors he or she observes at the scene or at intake, the better the response will be to meet the needs of the consumer. This understanding may lead to alternative and more appropriate methods of intervention or referral not only at the scene but as the consumer interacts with other components of the system as well.

The professional research, including research from the American Psychiatric Association, demonstrates that, in general, "violent and criminal acts directly attributable to mental illness account for a very small proportion of all such acts in the United States. Most persons with mental disorders are not criminals, and of those who are, most are not violent" (Marzuk, *Archives of General Psychiatry,* 1996). Although first responder safety is of the utmost importance such encounters are often more violent for the consumer than for the responding officers.

IV. Appropriately Respond to Situations Involving Those with Mental Disorders.

a. Responds immediately to the scene.

b. Assesses the situation cautiously and safely by:
   (1) determining its nature before deciding which response will be the most effective (e.g., criminal, mental disorder, alcohol, co-occurring, etc.);
   (2) obtaining relevant information from dispatchers (e.g., whether the situation involves violence, if weapons are involved, if there is a physical injury, etc.);
   (3) recognizing dangerous behaviors or potentially dangerous behaviors;
   (4) obtaining relevant information:
      (a) phone numbers;
      (b) hearing aids;
      (c) medications; or
      (d) medic alert bracelets;
   (5) determining if alcohol or substance abuse is involved;
   (6) determining if medical assistance is needed for physical injuries; and
   (7) recognizing behaviors that may escalate to aggression.

c. Approaches the scene by:
   (1) maintaining safety through proper positioning and tactical approach;
   (2) maintaining a calm demeanor and not overreacting;
   (3) looking for weapons;
   (4) asking relevant questions in a respectful manner;
   (5) maintaining personal space:
   (6) understanding the importance of conducting a thorough investigation; and
   (7) listening carefully and evaluating relevant information, including anything that may require an explanation.

d. Stabilizes the scene by stopping any dangerous activity.

IV. Appropriately Respond to Situations Involving Those with Mental Disorders. (continued)

e. Communicates appropriately and effectively, by
   (1) maintaining honesty, patience, and understanding;
   (2) not arguing, but asking questions more than once;
   (3) treating the consumer with respect and dignity;
   (4) spending extra time to open the lines of communication;
   (5) asking about medications or prior hospitalizations;
   (6) maintaining a calm tone, low voice and speaking briefly;
   (7) asking direct questions and offering simple choices, but officers should:
      (a) *avoid* making continuous direct eye contact;
      (b) *not* touch the consumer (unless officer safety requires it);
      (c) *not* challenge hallucinatory or delusional statements; or
      (d) *not* move suddenly or give rapid orders; and
   (8) asking direct questions of family members or friends, such as, "has the person…
      (a) threatened suicide;
      (b) taken any medication or drugs;
      (c) had a history of mental disorder; or
      (d) had any history of treatment or hospitalization.

f. Determines that those with mental disorders may ignore the officer's commands or requests and that such behavior is not a challenge to the officer's authority, but rather might be a symptom of the underlying disability or instability.

g. Recognizes that fear and apprehension may be the predominate emotions of those on the scene and that consumers may be confused, may not hear what the officer is saying, or may misinterpret what the officer is saying.

Notes to Instructor:

The stigma of mental disorder can be a label that follows an individual throughout his or her life, which may intensify social isolation. Such stigma can manifest itself as shame, guilt, or low self-esteem. Law enforcement officers and mental health practitioners can help reduce this stigma by learning about the nature of mental disorders and recognizing which partners in the community can help.

First responder safety is an essential component of any training and is addressed in this objective. What may be missing from most tactical training, however, is the concept that proper safety techniques can effectively *slow* a rapidly evolving situation so it unfolds one step at time. This allows for improved decision making at the scene since the officer will have time to analyze the situation and call upon his or her past experiences. The idea is to emphasize what a responder can do to gain and maintain a reasonable advantage *before* and *during* such encounters.

Inviting a consumer to become part of the instructional cadre is an excellent way to prepare practitioners for an improved response. Consumers can provide personal insight as to what is happening from their individual perspective. Also, this give the officers a chance to interact with a consumer and see them as individuals rather than someone to "handle" on the street.

V. Demonstrate an Understanding of the Legal Authority to Act.

a. Defines the relevant provisions of the Michigan Mental Health Code, including:
   (1) a "person requiring treatment" (PRT) (MCL 330.1401) as a person who is mentally ill and who:
      (a) can reasonably be expected to intentionally or unintentionally seriously physically injure himself or others and has engaged in acts or made threats to support the expectation;
      (b) is unable to attend to basic physical needs;
      (c) 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; or
      (d) has judgment so impaired that he or she is unlikely to voluntarily participate in treatment that has been determined necessary;
   (2) the authority to take a person with mental disorders into custody or protective custody provided:
      (a) the person has committed a criminal offense;
      (b) the individual reasonably appears to be a person requiring treatment (MCL 330.1427); or
      (c) the person is in non-compliance with a court order (MCL 330.1475).
   (3) the requirement to use that kind and level of force that would be lawful if the officer were affecting an arrest for a misdemeanor without a warrant (MCL 330.1427a).

b. Describes the relevant provisions of the Americans with Disability Act (ADA), 42 USC 12010, et. seq., including the provisions that:
   (1) no qualified individual will be denied benefits of:
      (a) services;
      (b) programs; or
      (c) activities of a public entity;
   (2) public entity means any state or local government, including law enforcement; and
   (3) no qualified person shall be subjected to discrimination by the public entity because of the disability.

c. Considers the relevant provisions of:
   (1) Federal statute 42 USC 1983, which provides redress for civil rights violations;
   (2) Michigan's Persons with Disabilities Act, MCL 37.1101, et. seq., which prohibits discriminatory practices, policies, and customs in the exercise of rights; and
   (3) Michigan Attorney General Opinion, No. 7127 (2003), which addresses signing applications for hospitalization of certain persons with mental disorders.

d. Recognizes that protective custody is civil in nature and is not considered an arrest, but officers may take reasonable steps for self-protection, including a pat-down for weapons, based on reasonable suspicion (MCL 330.1427a).

Instructor Notes:

Responding to calls involving individuals with mental disorders can be complex and problematic for officers calling on their ability to make appropriate decisions and to properly solve problems at the scene. A thorough knowledge of the legal authority surrounding such incidents is essential and is addressed in this objective. Individuals with mental disorders deserve to be treated with dignity and officers must not act outside the bounds of their legal authority.

Participants should be provided with the text of the statutes listed in this objective. In real life situations, officers should make unbiased decisions based upon a fundamental understanding of mental disorder issues. An understanding of the elements of the law forms the foundation upon which the proper handling of such calls can be structured. Michigan's mental health statutes offer law enforcement officers additional options in making appropriate decisions and referrals at the scene.

VI. Demonstrate an Understanding of Appropriate Interventions and Services At the Scene.

a. Decides on appropriate intervention strategies by properly and accurately evaluating:
   (1) the nature and seriousness of the situation, including physical injury;
   (2) whether the officer's decision is justified, based on:
      (a) totality of circumstances;
      (b) legal authority, including the 4th amendment; or
      (c) an objective reasonableness;
   (3) the consumer's behavioral cues;
   (4) the environment; and
   (5) officer safety, consumer safety, and the safety of others.

b. Determines custody and transport, based on:
   (1) a serious violation of the criminal statutes;
   (2) a reasonable belief that the person is a person requiring treatment;
   (3) a violation of a court order; or
   (4) the presence of an outstanding warrant.

c. Identifies alternatives to incarceration, in the absence of a serious offense or PRT, including:
   (1) voluntary hospitalization;
   (2) outpatient treatment; or
   (3) counsel and release.

d. Considers appropriate referrals, where available, including referrals to:
   (1) local community-based mental health facilities;
   (2) local mental health practitioners, clinicians, or service providers;
   (3) community social workers;
   (4) family members or peer support groups; or
   (5) a safe residence or stable housing.

e. Describes programs and services in the community, which may exist, that are designed to divert persons with serious mental disorders from potential incarceration, including:
   (1) mental health courts, for the purpose of diverting preliminarily qualified offenders to special courts (currently only one exists in Michigan);
   (2) crisis intervention teams (CIT), which employ specially trained uniformed officers for response;
   (3) comprehensive advanced response, which includes advanced training for all patrol officers in mental health issues;
   (4) co-responders, which includes responding to the scene with mental health professionals or practitioners;
   (5) jail diversion programs, where those charged with less serious, non-violent crimes can be diverted to community-based mental health treatment services; and
   (6) other community services or programs.

VI. Demonstrate an Understanding of Appropriate Interventions and Services At the Scene. (continued).

f. Recognizes that appropriate interventions are intended to lessen the need for the use of force, but that existing legal standards apply, including:
   (1) the legal authority for the use of deadly force:
      (a) in defense of self;
      (b) in defense of another; or
      (c) in pursuit of certain fleeing felons (*Tennessee v. Garner*, 471 US 1 (1985));
   (2) the criteria for the use of non-deadly force, based on:
      (a) a reasonable standard (*Graham v. Connor*, 490 US 386 (1989)); and
      (b) the totality of circumstances.

Instructor Notes:

In a behavioral context, decision making involves a responder's choice to intervene in a situation and then decide what actions to take thereafter. Such decision making can take the form of task-oriented decision making, where the responder has time to systematically work through an issue, or it can take the form of an immediate intuitive or implicit choice during a high stress encounter. Analytical decision making may come into play as well, where the responder may be able to work out a meaningful long term solution to an issue in partnership with other community members, particularly mental health professionals, clinicians or specially trained law enforcement personnel (CIT, e.g.).

This objective addresses the options law enforcement officers have when responding to situations involving individuals with mental disorders. Arrest and custody are options, but officers must discuss and explore other viable resolutions, ones that best address the needs of the consumer.

When talking about the use of force or the use of deadly force make sure the participants understand the importance of less-lethal devices (chemical aerosol sprays, electrical devices, beanbag shotguns, etc.) as viable alternatives. Less lethal devices have varying risks of injury associated with them and their use should be based on the consumer's actions, the totality of circumstances, and be consistent with the objectively reasonable standard that governs the application of force by law enforcement officers.

VII. Comply With Organizational Policies in Situations Involving Mental Disorders.

a. Using a table-top scenario, actively participates in a discussion of the organization's policies and procedures regarding the response to those with mental disorders and how such policies may influence decision making.

b. Considers that decision-making may be influenced by the:
(1) nature and extent of training;
(2) individual judgment, based on experience;
(3) totality of circumstances surrounding the incident;
(4) underlying attitudes and beliefs (emotional intelligence);
(5) community expectations; and
(6) legalities, particularly organizational policies and procedures.

c. Recognizes that a departmental post-incident review may consist of:
(1) departmental debriefings;
(2) policy reviews; or
(3) a review of the responder's written incident report.

d. Articulates, or documents, in an incident report the relevant facts of an encounter involving a person with a mental disorder based on behaviors, actions or speech, including:
(1) legal authority to investigate or detain;
(2) a rationale for the actions taken at the scene; and
(3) the observable facts and circumstances surrounding the incident.

f. Recognizes that responders should document observable behaviors or behaviors that are based on the responder's personal observations and that responders should not make diagnoses or prognoses regarding a perceived disorder.

Instructor Notes:

Law enforcement officers and mental health professionals should periodically review their organization's policy and procedures regarding the response to individuals with mental disorders. This objective gives law enforcement officers and mental health professionals an opportunity to review the meaning of their policies and to discuss their implications. The use of a sample reality-based scenario is an excellent way to administer this objective. Refer to the MCOLES *Facilitator Guide* (section three of this manual) for example scenarios.

Or, perhaps use an authentic situation handled by a local participant agency in order to bring additional context to the discussion. The focus of the discussion in paragraph "a" should highlight how the organization's policy affects decision-making during encounters with those with mental disorders.

Some officers and mental health professionals may not have an organizational policy. If not, a model policy from which to work (PERF, IACP, other agency, e.g.) can be used.

When teaching problem solving and critical thinking it is often useful to identify the factors that influence decision making in a given situation, whether at the scene or during subsequent mental health services. See paragraph "b" above. The professional literature suggests that decision making is to a large extent influenced by several interrelated factors, as outlined in this sub-objective.

Paragraph "d" above may be particularly important. For an individual officer or mental health professional, articulation and documentation helps structure thinking and permanently records the incident from their perspective. However, such documentation should occur only when it is relevant to the underlying encounter. Law enforcement agencies should avoid collecting data on those with mental disorders in their communities.

Although other influencing factors may be involved to a lesser extent often an intricate yet subtle combination of the above factors clearly affects the choices of a practitioner in a given situation. For example, consider community expectations. Perhaps local business owners want law enforcement officers to remove sleeping individuals from park benches or remove an individual pacing in front of their stores. In some situations a more fundamental reason may even be involved, for example, not "bothering" with a referral or intervention merely because a shift is about to end. Instructors are urged to consider these factors carefully and then identify ways to address them in the training environment.

VIII. Demonstrate an Understanding of a Community Coordinated Response to Those With Mental Disorders.

a. Considers a community coordinated approach to situations that involve those with mental disorders, by
   (1) building on existing working partnerships in the community;
   (2) getting to know the families and their concerns or issues;
   (3) obtaining information regarding community resources and services;
   (4) identifying community stakeholders;
   (5) consulting with healthy consumers as active partners; and
   (6) being aware of viable treatment options.

b. Identifies stakeholder institutions, organizations, and individuals in the community who may help, such as:
   (1) public and private inpatient and outpatient mental health facilities;
   (2) residential facilities serving individuals with mental disorders;
   (3) general hospitals, counselors, and therapists;
   (4) services for the homeless;
   (5) advocacy organizations;
   (6) church-based organizations or emergency shelters;
   (7) services for those with substance abuse problems; and
   (8) other services for those with mental disorders in the community.

c. Determines that the appropriate response depends on the nature and extent of local partnerships in the community and the extent to which needed services can be identified and are available.

d. Recognizes that mental disorders are not limited to any race, sexual orientation, age, socioeconomic class, educational level, or occupation.

Instructor Notes

For additional information, please refer to the US Department of Justice publication entitled, *People with Mental Illness,* by Gary Cordner and *The Police Response to Those with Mental Illness,* by the Police Executive Research Forum.

Each local community will be unique, depending on population demographics, the availability of services for individuals with mental disorders, and local protocols. Officers and mental health professionals will therefore be working in a variety of environments and with a variety of individuals.

The response to those with mental disorders will work the best if all have the ability to work in partnership, but such partnerships may not be available in all jurisdictions. It should be noted that community partnerships may have the greatest impact on the law enforcement response to those with mental disorders than any other component in the system.

MICHIGAN COMMISSION ON LAW ENFORCEMENT STANDARDS

INTERACTIVE LEARNING

A GUIDE FOR INSTRUCTORS

July 2017

CREATING AN INTERACTIVE LEARNING ENVIRONMENT

Introduction

The information in this chapter is based on the latest findings in the cognitive sciences on decision making and judgment. It is the perspective instructors should have when preparing lesson plans or training materials for classroom instruction. Basic policing skills must continue to be reinforced so they become ingrained, particularly officer safety tactics, but instructors should be familiar with the evidence-based methods outlined here, and create an interactive classroom, so training matches the way officers actually make decisions on the job. All of us make choices in much the same way and the latest findings in the psychological sciences have important implications for law enforcement training, learning, and performance. This chapter is about how to teach officers to make better decisions.

Patrol officers make important choices every day. Police-citizen encounters require an ability to use judgment in rapidly changing environments and an officer's approach in any given situation is most often based on an intuitive feel for what is right or wrong. And, over time, an officer will acquire an operational demeanor and worldview that are shaped by prior work experiences and underlying beliefs. Yet contemporary law enforcement training seems to focus on basic knowledge and skills rather than reasoning, intuition, and what can be learned from the past.

Although the basic skills are essential for competency, the ultimate goal of training should be to improve the day-to-day decisions officers make on the job, which in turn can lead to positive behavioral change. To accomplish this goal, training must be interactive, outcome-based, and address the intuitive nature of decision making. In most situations officers need to react quickly because there simply is not enough time to consider a list of workable options to

resolve a situation. Moreover, some street encounters can escalate quickly, forcing officers to react on impulse and intuition alone. Training must also prepare officers for the rapid decisions that take place in life-threatening situations. There is little room for error.

Over time a veteran officer will acquire a "working personality" or operational style as perfected through trial and error. What an officer learns through past work experiences can create a range of practical options as new situations present themselves. In the classroom instructors should discuss, evaluate, and reinforce time-tested tactics and provide immediate feedback so prior work experiences have meaning and value. What an officer does today is based almost entirely on what he or she did before. Training must address this reality.

Traditional law enforcement training usually includes lecture, PowerPoint, and note taking. But such methods target basic knowledge, memorization, and short-term recall rather than intuition and reasoning. Instructors should not discard lectures entirely, but the idea is to integrate information and reasoning into an interactive learning experience. Instructors should use the methods outlined here. The techniques are intended to enhance a student's ability to move information from short-term memory into long-term memory for later recognition and recall on the job.

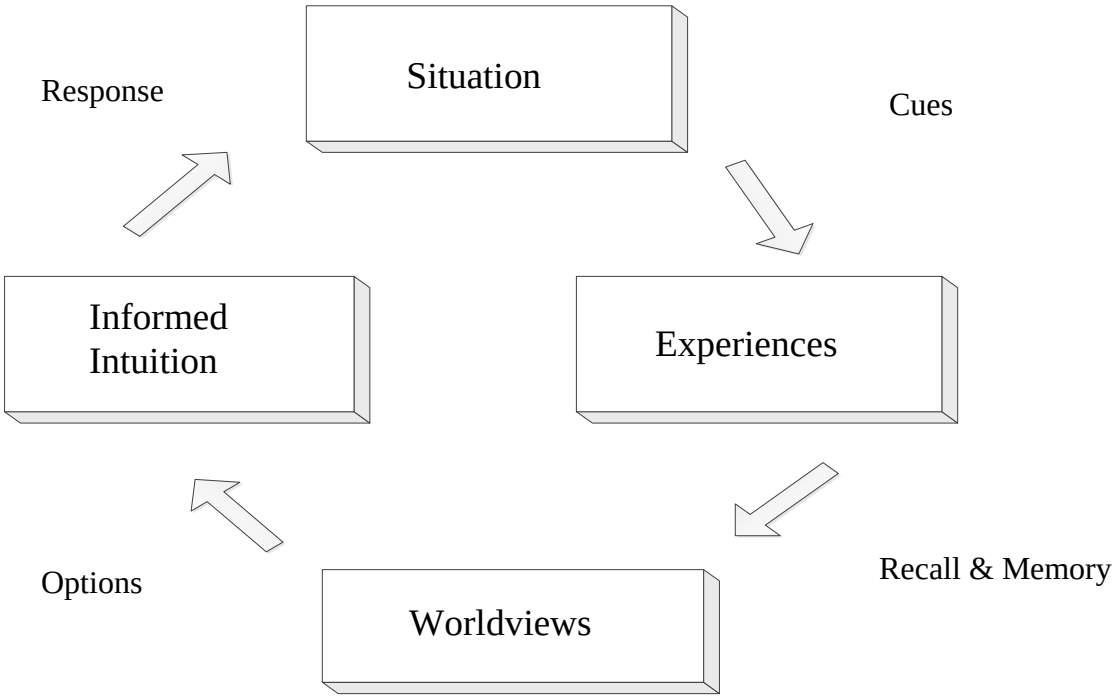
Evidence-Based Training

The latest findings in the cognitive sciences show that all of us have an intuitive part of our brain (System 1) and an analytical part of our brain (System 2) that work together when we make decisions. The intuitive system is unconscious and its job is to constantly monitor the environment and make quick, implicit choices with little mental effort. We encounter millions of pieces of information every day and System 1 filters and categorizes incoming data from the world around us, which is necessary for our existence as human beings.

System 2 is slow, lazy, and takes effort to engage, but is analytical and logical and is needed for complex decisions. For example, reading this sentence takes little effort and is the work of System 1, but multiplying two large numbers together requires a wake-up call to System 2. The two systems work together and it would be impossible to function without this complex mental interplay. But intuitive thinking usually comes first and all of us are prone to jump to conclusions. We do not engage System 2 as often as we should. Or, more specifically, System 1 usually filters incoming information so System 2 often acts on incomplete data. As an experiment, explore a popular computerized version of how the unconscious mind takes the lead in making rapid decisions. Go to www.implicit.harvard.edu and perform one or two of the sample demos. The results may be surprising.

Step-by-step analyses are fine for learning information in the classroom, but on the job officers usually do not select the *best* option when making a decision to act. Instead, they typically choose something workable and practical based on past experiences because there is little time to do otherwise. Prior work experiences need to be interpreted correctly so meaningful feedback through interactive learning should be an important component of training. The three-step decision making model displayed on the following page is adapted from *Sources of Power* by Gary Klein and *Peak: Secrets from the New Science of Expertise* by Anders Ericsson and Robert Pool. Their findings are based on decades of field research and represent the way professionals and first responders such as nurses, firefighters, and military strategists, make decisions in dynamic situations. In other words, they took the science out of the lab and explored decision making in authentic settings. They discovered that decision making on the job is much more fluid than previously thought. See Figure 1.

Figure 1
A Decision Making Model



Scientists know more now about the way the unconscious works than ever before. Experiments show that most of our choices are usually implicit and that reasoning is less engaged than originally believed. Some say that reasoning actually confirms our gut feelings rather than informs us about new information so the idea in training is to improve judgment by overcoming the unconscious biases we all have.

When teaching, instructors should address how underlying belief systems (worldviews) can impact an officer's judgment. These belief systems, or worldviews, are the conscious and unconscious ways we all frame the environment, interpret events, and assign meaning to new information. On the job, poor decisions generally emerge from narrow worldviews, yet wider worldviews enable an officer to consider a greater range of workable options. How an individual mentally frames a situation is formed through a lifetime of experiences, events, and

influences so worldviews are very difficult to change in the classroom or during training. Patrol officers make decisions like the rest of us—quickly and intuitively—so training must match this reality. The idea is for officers to acquire *informed intuition* based on their training and past work experiences. Veteran officers will have experiences to call upon but recruits will need reality-based scenarios, as guided by the instructors, to start them along.

Instructors should make sure the students recognize how implicit thinking shapes, or frames, situations and events. For example, if an officer does not know how trauma can influence memory and recall the statements of a sexual assault or domestic violence victim may not make sense at the scene. Officers should not second guess themselves all the time but snap decisions can lead to biased policing practices.

Instructors should have conversations with the students that address their subconscious attitudes and beliefs. Understanding that we all have biases is the first step in overcoming those biases. Sometimes intuitive thinking can lead an officer astray so it is best to use reasoning whenever possible. Instructors should encourage the students to consider other worldviews and make them challenge their entrenched beliefs. We all have a strong tendency to only consider information that supports what we already believe, but learning occurs through interaction with ideas that are contrary to existing worldviews.

The MCOLES Basic Training Curriculum

Instructors should be creative in the classroom and bring major training objectives and sub-objectives to life through interactive teaching methods. Instructors are directed to the MCOLES website at www.michigan.gov/mcoles to locate the current basic training curriculum. Specific training objectives can be found using the bookmarks or using word-search.

The basic training curriculum is divided into six major functional areas, as displayed in Table 1. Also, see the training objective template on the following page. Two sample objectives were selected at random to display the general structure of the training objectives. Each major objective is accompanied by a set of sub-objectives that determine how the outcome can be achieved. The major objective is a behavioral outcome and the sub-objectives are the pathways to the objective. In training, instructors should address all the major objectives in a module. Notes and commentaries are provided to help along the way.

Table 1
Curriculum Functional Areas

Functional Area	Min. Hours	Percent
Administrative Time	31	5.2
Investigations (Legal Matters)	115	19.3
Patrol Procedures	65	11.0
Detention and Prosecution	15	2.6
Police Skills (Firearms, EVO, etc.)	265	44.6
Traffic	70	11.8
Special Operations	33	5.5
Total	594	100

The MCOLES website also contains instructor guides for the advisory in-service standards for veteran officers. The active duty firearms standard is a mandate. The instructor guides are useful when teaching experienced officers in topics such as Officer Safety, Emergency Vehicle Operations (EVO), Legal Update, The Response to Persons with Mental Disorders, Firearms, and Subject Control. The guides were all approved by the full Commission and are made available to trainers and administrators across the state.

Sample Training Objectives

At the conclusion of this module, the officer shall be able to…

I.D.1.6. Track a Person From a Scene.

Core Task from the JTA written as an observable outcome.

a. Tracks a person from scene by:

Worker requirements or competencies (*Use action verbs here*)

(1) locating the prints (e.g., footprints, snowmobile tracks);
(2) determining the person's direction of travel;
(3) following the prints while preserving them for identification; and
(4) looking for additional evidence (e.g., an object the person may have dropped).

Communicates all relevant information including the:
(1) location of suspect's tracks (e.g., by providing a description of landmarks);
(2) number of suspects (e.g., based on nature of prints); and
(3) size and nature of footprints (e.g., size, other characteristics, etc.).

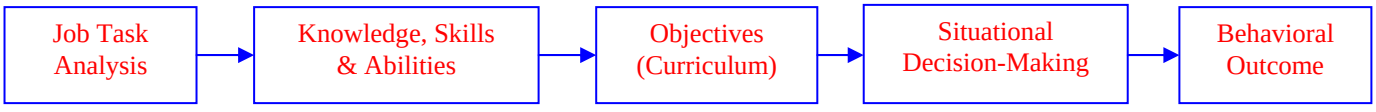
Knowledge, skills, abilities, and competencies to perform core task

At the conclusion of this module, the officer shall be able to…

I.D.1.7. Search For Persons Using Proper Techniques.

a. Describes person being sought to other officers, including information such as:
(1) name, sex, age, and height;
(2) weight, hair color, eye color;
(3) distinguishing features (e.g., marks, scars, limp);
(4) clothing description from head to foot;
(5) unusual behavioral characteristics (e.g., possible mental disorder);
(6) reason person is wanted (including reasons for using additional caution);
(7) direction of travel or area last seen; and
(8) vehicle description.

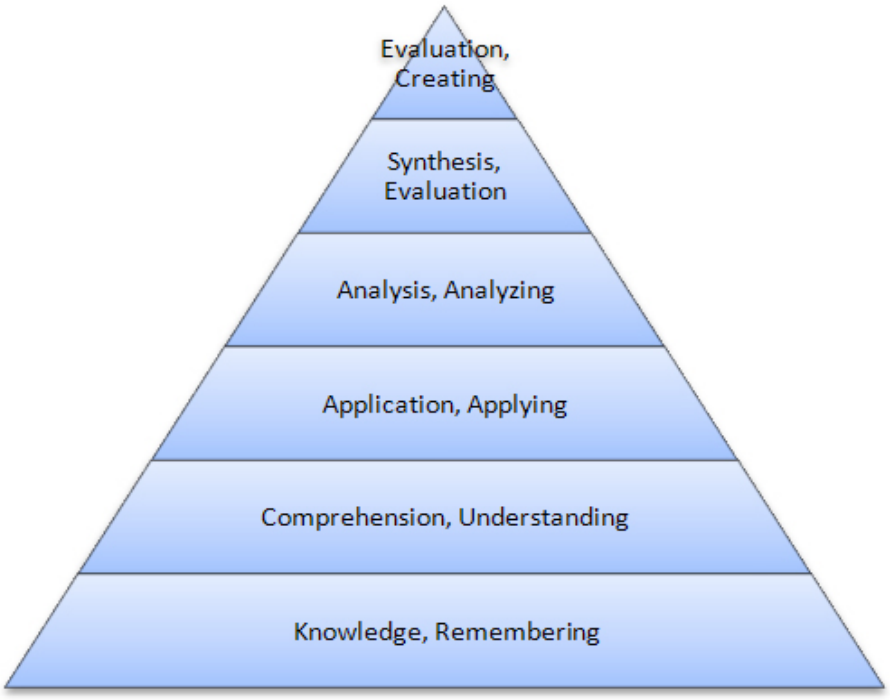
Students must understand how their underlying beliefs, critical thinking, and intuition affect decision making on the job. Impartial policing practices can be acquired through interactive learning methods.



Principles of Interactive Learning

MCOLES believes the best way to improve judgment is to use interactive learning methods in the classroom. Bloom (*Taxonomy of Educational Objectives*) defines this higher level thinking as: a) analysis, b) synthesis (organizing) and c) evaluation (assessment). See Figure 2.

Figure 2
Bloom's Taxonomy—Cognitive Domain



Source: Bloom's Taxonomy of Cognitive Learning, Center for Teaching Excellence, University of Maryland

Instructors may be uncertain how to proceed when first using interactive teaching methods. Therefore, a set of guiding principles is provided below to help instructors motivate the students and use creativity moving forward. Judgment and reasoning are abstract and conceptual, yet training for officers must be concrete and practical, which challenges instructors to experiment with a wide range of teaching and learning approaches in order to make content stick. Instructors start slowly with a few interactive teaching techniques and

then build expertise over time, using a step-by-step approach. The ultimate goal is to improve decision making on the job by widening underlying belief systems (worldviews) and creating informed intuition.

> The interactive learning principles listed below are adapted from the Facilitator Training Course Student Handbook, created by the Jefferson County Police Department, Louisville, Kentucky. Also, see *The Righteous Mind* by Jonathan Haidt, *Subliminal* by Leonard Mlodinow, and *Thinking, Fast and Slow* by Daniel Kahneman.

1. **Students must be partners in the learning experience.**
   The students can influence the direction of the training. Stay on-point with the objectives, but create buy-in and relevance.

2. **Students are capable of taking responsibility for their own learning.**
   Insert self-directed learning activities into your lesson plans and training methods.

3. **Students benefit from dialog so have a conversation with the class.**
   Reduce lecture time and have class discussions. Learning improves and lasts longer if new information is linked with existing information and past experiences.

4. **Students learn best when the content is useful to them.**
   Connect the training content with real job responsibilities and provide context. Make the training personal and create informed intuition.

5. **A student's attention span is a function of their interest in the experience.** Allow time to "process" the learning activities. Take breaks and pace your teaching.

6. **Students learn through conscious reflection.**
   Connect new information with existing information so real learning takes place. Have the students reflect on their past experiences and worldviews.

7. **Reasoning and intuition come together to form judgment.**
   Reasoning takes effort so force the students to analyze. Intuition is effortless but sometimes gut feelings can lead a person astray. Reasoning and intuition are not always in sync and don't work together as they should.

8. **Students will only consider information that supports what they already think.**
   Information is always filtered through the unconscious before reasoning kicks-in. Better decisions emerge from wider worldviews whereas narrow worldviews can lead to biases and prejudices so force the students to consider alternative viewpoints.

9. **Reasoning can improve through interaction with other students.**
Assign roles and develop openness during discussions even though students may resist such activities. Make sure entrenched beliefs are challenged by others.

10. **The rate of forgetting starts immediately after learning.**
Students usually forget what they learn within a short time so repeat ideas to overcome "rapid forgetting." Present information at intervals so the main ideas are covered.

11. **Learning is aided by active practice rather than passive reception.**
Performance is the demonstration of competency. Practice and feedback lead to expertise. Deliberate practice sharpens mechanical skills and procedural practice through reality-based scenarios improves decision making.

12. **Decisions are based almost entirely on past experiences.**
Immediate and meaningful feedback is necessary so students interpret their experiences accurately. Lay the groundwork so the students learn from their experiences on the job. Immediate feedback is essential.

Problem-Based Learning

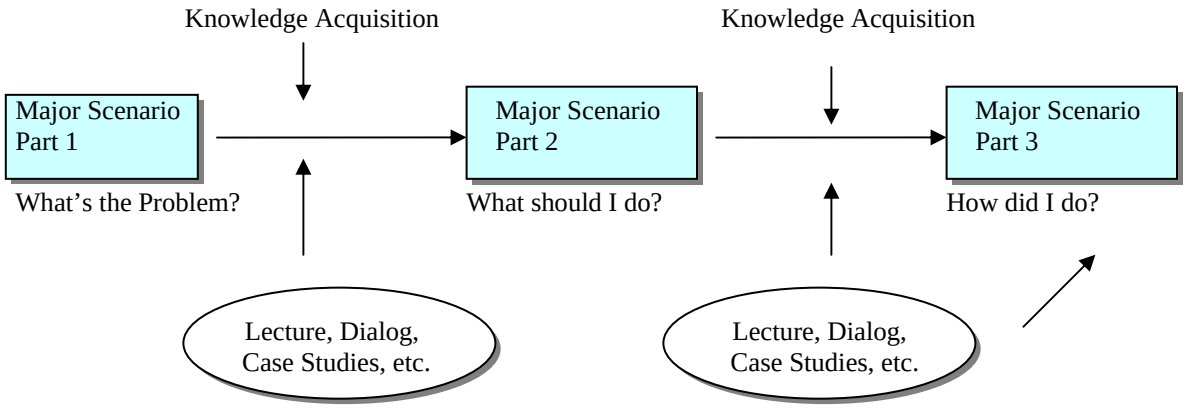
Problem-based learning (PBL) is an interactive learning approach intended to improve decision making by guiding the participants through real world situations in order to acquire knowledge. MCOLES encourages instructors to adapt PBL into their lesson plans. In that way, students can learn new things *and* improve decision making at the same time.

Instructors should think of PBL as an expanded version of the case-study, which creates curiosity by closing the gap between what the students know and what they need to know. In basic training, the recruits can begin to acquire experience by solving real problems and participating in reality-based scenarios. For veteran officers, trainers need to focus on entrenched belief systems so they can be widened if necessary.

Figure 3 displays a PBL model. It is taken from the Royal Canadian Mounted Police (RCMP). This is one approach to interactive learning that gets at the heart of decision making. The idea is to divide a single scenario or case study into three main parts and then

insert learning activities between each part. The model calls for each part of the scenario to be presented to the class in sequence and the exercise can unfold over several days of training.

Figure 3:
The Canadian PBL Model (RCMP)



Learning activities provide a variety of ways to acquire knowledge and can include conventional lectures, PowerPoint presentations, writing assignments, articulation exercises, research assignments, group activities, class discussions, role-plays, and so on. In a traditional training environment a reality-based scenario is presented after learning new information but in the PBL world the scenario introduces the training content and provides the necessary context and buy-in. Instructors should use the MCOLES curriculum and training objectives as a guide when designing the scenarios. At the end of the day, the students must be taught the objectives and sub-objectives in the module.

Instructors should create scenarios that are authentic, open-ended, and contain unknowns yet lead to several acceptable resolutions. Using a scenario that has one, and only one, solution should be avoided because it will oversimplify procedures and may produce a

reliance on scripted responses. Real life examples help the participants focus on meaning, so be sure to select fact patterns that reflect contemporary policing issues.

Professor John Medina, author of *Brain Rules,* believes that long term memory works best when the training is connected to emotions, so instructors should "personalize" the training by making it in the students' self-interest to learn. Situations should be based on actual encounters on the job and training should tap into the intuitive nature of decision making. PBL requires the students to resolve problems and then reflect on their learning and understanding. Instructors should ensure the students analyze and evaluate situations and identify practical solutions moving forward. In class, instructors should speak to both System 1 and System 2 and emphasize the intuitive nature of choice once on the job.

To keep the discussions free flowing, and the case studies meaningful, instructors should consider the list of sample questions below. The items can be used as a guide during case studies, situational debriefs, table-top exercises, reality-based scenarios, and so on. The prompts are intended to keep the students on-task and the dialog moving.

Sample Prompts For Critical Thinking Exercises:

- Knowing best practices explain what you would do in this situation and why.
- Based on your real life experiences, what do you think the right and reasonable thing to do in this situation? Provide a rationale.
- Identify the two or three most important issues that are involved in the scenario.
- Why did you select a particular resolution to this situation?
- Write a descriptive memo that analyzes the situation.
- Select one word that describes this situation—then, explain why you chose that word.
- What basic principles would you use to solve this problem?
- To what extent does this situation match what you have done in the past?
- What does your intuition tell you to do? Why?

Sample Prompts For Problem Identification Exercises**:**

- Who is involved and who are the stakeholders?
- What seems to be the problem?
- What skills and knowledge that you previously learned or experienced would help now?

- What new skills and knowledge do you need?
- What does this situation make you think about?
- How does this problem make you feel?
- Identify the issues and make a list.
- Identify needed sources of information.
- Identify potential partners in the community who can help.
- Does the problem have several components? How would you break them out?
- How would you frame this problem?

Sample Prompts For Problem Solving Exercises:

- What additional skills and abilities are needed to handle the situation?
- What immediate information is needed?
- Who can help with the immediate solution?
- What do your experiences tell you about what will work here?
- What steps have you taken in the past?
- Do you have the legal authority to act?
- Shape a specific response to a specific issue in the scenario.
- What skills and knowledge would assist the subsequent investigation?
- What pieces of evidence would be useful in court?
- Should an arrest be made?
- What pieces of information help determine probable cause?
- Is the individual in the scenario committing a criminal offense?
- How can the officers provide service?
- What resource materials can help?
- What is required by agency policies or state statutes?

Decision Making Under Stress

It is important for the students to *demonstrate* acquired skills under stress. Instructors should design reality-based training exercises that require the students to use technical skills over and over in a stressful environment so certain tactics become habitual. Students should be provided with a variety of situations and be de-briefed thoroughly afterward. Some refer to this type of training as "stress inoculation" which is based on practice, rehearsal, and immediate feedback. Too much stress can be counterproductive so just the right balance must be maintained.

Further, instructors should think for a moment about the role *time* plays in making decisions. Field practitioners and researchers believe that decision making can be improved by essentially slowing down the perception of time. In that way the situation itself seems to unfold at a slower pace, giving an officer the ability to think more clearly and weigh workable alternatives. In other words, through training officers have the potential to switch a situation from reflexive decision making to reflective decision making so incidents do not spiral out of control. Using tactics to change a situation from a split-second time frame to a more reasonable time frame allows the officer to get a proper "read" of behavioral cues so better decisions can be made moving forward. One cannot really slow time down, of course, but instructors can change an officer's perception of time by teaching him or her to use sound tactical approaches, particularly as the encounter begins to unfold, which leads to improved performance.

Situations do not need to reach the level of "quick decision making" if officers perform as trained. James Fyfe, former head of training at the New York Police Department, is quoted in *Blink* by Malcolm Gladwell. Fyfe says, "If you have to rely on your reflexes, someone is going to get hurt—and get hurt unnecessarily. If you take advantage of intelligence and cover, you will almost never have to make an instinctive decision." Although officers cannot eliminate high risk encounters entirely they can perhaps avoid them by using sound safety tactics. What an officer does before an encounter is as important as what he or she does during and after the encounter. From a training perspective, rehearsal, practice, and preparation are the keys to success.

A Quick Reference Guide for Interactive Learning

Examine the chart on the following page. It summarizes a variety of classroom teaching methods that can help create an interactive learning environment. Ultimately, MCOLES will rely on the individual creativity of the instructors to determine what will work best depending on the learning environment and audience. What works also depends on the nature and extent of the interaction with the students. Instructors should have a conversation with students and use the instructor notes and commentaries for guidance and direction.

Training for veteran officers should look different than recruit training because the instructor has an opportunity to bring meaning to past experiences. Some mechanical skills deteriorate over time and will need practice but at the end of the day trainers need to assist officers to derive real meaning from their past experiences. For recruit officers, their experiences will consist of performance in reality-based scenarios but the guidance you can provide will start them along their professional paths to success. In the end law enforcement training, regardless if it takes place at the recruit level or the active duty level, must be evidence-based, remain contemporary, and accurately reflect the profession as it exists today.

METHOD	THE PARTICIPANT SHALL…..
Table-Top Scenarios	Identify a problem, determine resolutions, evaluate outcomes
Focus Statements	Generate statements or ideas that describe a single issue or problem
Concept Mapping	Identify the relationships among concepts or ideas of a single issue
Writing	Complete an offense report or write a brief position paper
Articulating	Present thoughts or articulate ideas to the full class or to small groups
Walk and Talk	Identify a partner and walk while discussing an issue
Case De-Briefing	Evaluate the merits of a court decision or the actions of responders
Case Study	Identify solutions to new problems by examining or adapting old solutions
Policy & Procedure	Create or evaluate an agency P&P based on a situation or incident
Pro and Con Exercise	Recognize competing or alternative sides of an issue
Categorizing Grid	Find out "what goes with what" conceptually
Analytic Memos	Write about an issue or situation and evaluate outcomes
One-Sentence Summaries	Summarize an issue with a single, informative, grammatical sentence
Journaling	Identify one word to describe and issue and write a rationale for the choice
Three-Part Scenarios	Identify the problem, decide on resolutions, and evaluate actions
Vignettes	Identify problems and solutions based on short fact patterns
Panel Discussions	Listen to content experts discuss a case or situation from their perspectives
Video Tape De-Briefs	Study videotaped scenarios, 9-11 calls, offenders talking, victims talking, etc.
Reality-Based Scenarios	Perform in a scenario with role players
Moot Court Exercise	Testify on the witness stand regarding the facts or actions taken
Role Reversal	Assume another discipline and evaluate a situation from that perspective
Skills Demonstration	Demonstrate a skill by performing it (driving, firearms, etc)
Expert portrayals	Discuss the actions of experienced practitioners to learn alternative solutions
Ethical Dilemmas	Evaluate ethical issues embedded in a situation or fact pattern
Performance De-Briefs	Discuss "emotional intelligence" after performance in a role-play scenario
What-If…	Determine alternative resolutions to constantly changing fact patterns
WIIFM	Consider "What's In It For Me" to create a buy-in and relevance.

SECTION THREE

FACILITATOR GUIDE

Introduction

The training objectives entitled, *Law Enforcement / Mental Health Services: A Community Based Response* (section one of this manual) are divided into eight major behavioral objectives that are intended to be administered in a classroom setting. This *Facilitator Guide* is intended to assist the instructor in teaching the objectives in an interactive manner. It outlines the material for the presentation of the community based response to those with mental disorders for active duty law enforcement officers, mental health service providers, first responders, and other partners in the community.

This *Guide* is divided into eight (8) modules that match the eight major training objectives. Each module is divided into learning activities, or participant exercises, accompanied by discussion points and commentary. Most modules are introduced through the presentation of a reality-based scenario, intended to stimulate discussions as facilitated by the instructor. We encourage the use of facilitated learning in the classroom. It is best to actively engage the participants in the learning experience. Moreover, the participants must be aware of the context in which they will be using their competencies when they return to the job. The overall purpose of this *Guide* is to help instructors become facilitators and to enhance the learning experience of the participants through guided instruction.

This *Facilitator Guide* is an example of how the training objectives can be delivered in an interactive manner in the classroom. The intent is not to stifle creativity on the part of the instructor nor restrict individual training methods from emerging. Instead, the idea is for instructors to use their own tested classroom techniques in conjunction with this model.

The scenarios in this *Guide* should be used as samples only. Instructors are encouraged to insert case studies of their own for the learning exercises, particularly those that have special relevance for a particular department or geographic region.

Michigan Commission on Law Enforcement Standards
Law Enforcement / Mental Health Services:
A Community Based Response

Model Facilitator Guide

Module I

- Objective I: Participate in a Classroom Facilitated Discussion of a Situation Involving Mental Disorders.

- Distribute Handout #1 (the participant handouts appear at the end of the *Facilitator Guide*)

- Have the participants read the scenario and discussion questions. Allow them a few minutes to think about their responses to the questions. Then, conduct an interactive session with the full group. Record their responses on a white board or flip chart.

Case Study:

You receive a call of a disturbance in the local mall in your assigned area. You receive additional information from dispatch that a young white male is sitting on the floor near the main entrance to the mall, possibly drunk, causing a disturbance. You arrive on scene and locate this individual, still sitting on the floor near the entrance to the mall. As you attempt to contact him, he avoids direct eye contact with you, seems confused, and does not respond to your questions. Although you do not detect the odor of an alcoholic beverage, you can hear him talking to himself in a low voice. The individual appears nervous and uncomfortable.

Critically evaluate this incident by answering the following questions:

1. What do you know about mental disorders? What emotions or attitudes come to mind when you think about responding to an individual with a mental disorder?
2. What behaviors in the scenario would indicate that the young man may have a mental disorder?
3. What constitutional principles or legal standards apply here? Does the law affect how you respond to an individual with a mental disorder?
4. What interventions or other non-enforcement services are available to you?
5. Does your department/organization policy address responding to these types of calls?
6. Are you alone in your response? What community resources are available to assist you in handling these types of calls?

Anticipated Responses:

1. An individual with a mental disorder. An intoxicated individual. They are dangerous, officer safety risks. Would rather deal with criminals. Not comfortable. Not very knowledgeable about mental illness. These calls lead to long complicated arrest. Might commit for an involuntary observation. Might not know what to do with this individual (other than arrest). Individual might not belong in jail or the criminal justice system, but not aware of alternatives, etc.

2. Strange or bizarre behavior, naked subject, not making sense, talking to oneself, out of touch with reality, etc.

3. ADA, MCL, 72 hour involuntary incarceration, psychological services, etc.

4. Involuntary incarceration, referral, hospital, psychological services, family, etc.

5. Yes/no, shall/shall not arrest, verbal skills, de-escalation techniques, request back-up, request supervisor on scene, Taser/no Taser policy, etc.

6. Have or have not in place, referral, hospital, psychological services, mental health providers, probation, etc.

- Briefly discuss the brainstormed ideas. Point out similarities and commonalities. Identify thoughts that may be clearly incorrect. Identify knowledge needed to respond appropriately in these types of situation. Put subsequent training in context.

Discussion Points:

During this discussion, the relevance of this training, often referred to as "officer buy-in," should surface and be highlighted. In other words, not only will this training give them a better "tool kit" to do their job in a professional and humane way, a conversation should cause the officers to realize that this training is directly related to safety and expertise.

Commentary:

There are several purposes for an exercise such as this. First, a reality-based situation provides context for the response, context in which subsequent learning can take place during the remainder of the training session. Basic knowledge becomes visible through subsequent action and performance at the scene, where behavior is seen as the demonstration of acquired competency. From this perspective, learning occurs when practitioners resolve real problems that simulate work related situations. Such calls are never handled in isolation and they must be considered in their full context.

Second, this exercise is intended to promote analytical thinking. In the end, the goal is for practitioners to solve problems and make appropriate decisions in situations involving individuals with mental disorders. Although basic knowledge acquisition is an important component of any training, the overall intent is to conceptually move from "knowledge" to "knowing." The focus should be on experiential (contextual) learning.

Third, individual attitudes, beliefs, and even misconceptions often influence the decisions that are made in real life. An interactive, facilitated discussion will often cause those beliefs to surface so they can be addressed and explored by the facilitators during training. Facilitators can be better equipped, then, to identify gaps in training so the individual needs of the group can be addressed. Use "what-if" or "why" questions to sharpen the focus of the discussions.

In summary, this objective sets the foundation for the remainder of the training. A law enforcement officer with relevant expertise should facilitate this session. The *discussion questions* are directly linked to the remaining objectives. Many participants may not have had specialized training in this topic area, but as veteran law enforcement officers and mental health service providers, they will be able to make valuable contributions to the discussion based upon their previous professional and personal experiences.

Module II

- Objective II: Define Mental Illness and Developmental Disability.
- Distribute Handout #2.
- Break the class up into small groups. Have each group read the scenario and discussion questions. Allow them a few minutes to discuss their responses to the questions amongst their group. Then, have the smalls groups report out to the large group and record their responses on a white board or flip chart.

Case Study:

You are on patrol at 2:00 a.m. when you see a woman in her 70's walking down the middle of the street in her nightgown. When you contact the woman to check on her welfare, she states "I'm on my way to visit my mother." When you ask her where her mother lives, she states, "In the cemetery." Although this woman can give you some basic information (her name and address), she is mostly incoherent.

Discussion Questions:

1. What might be the underlying issue in this scenario? More specifically, what is "mental illness" or a "mental disorder?" Make a list of mental illnesses with which you are familiar.

2. What is a "developmental disability?" Make a list of developmental disabilities with which you are familiar.

Anticipated Responses:

1. The woman in the scenario might have Alzheimer's. Anyone who has mental or psychological problems, diagnosed with mental condition, etc. Common types: Dementia, Alzheimer's, bipolar, schizophrenia, major depression, PTSD, substance abuse related.

2. Mental capacity related versus emotional disorder or illness (e.g. mentally challenged versus Alzheimer's), or can't function in society based on thought/behavior related issues.

Commentary:

By the end of this objective, the facilitator will have created a list of mental illnesses and developmental disabilities. This list will form the foundation for the training in the next module.

A mental health service provider with relevant expertise should facilitate this session. After the small group work, the facilitator should deliver the relevant material listed in the objective, possibly using a traditional lecture or PowerPoint presentation. Referring back to the responses from the group, the facilitator can reinforce the appropriate responses and correct any misconceptions that may have surfaced during the exercise. Although the participants might have provided some false or stereotypical information during this exercise, the true learning will take place when the facilitator builds on the information the participants brought with them to the training. The facilitator is attempting to connect the accurate information the participants already know to new information they are learning, as well as dispel any common myths and misconceptions.

Mental illness can be defined as a substantial disorder of thought, perception, or mood that places the individual outside the realm of reality. Mental illness may develop at any point during an individual's lifetime and may sometimes be temporary and reversible. Mental illness is not connected to an individual's level of intellectual functioning and may not necessarily impair social adaptation.

A *developmental disability* is a condition that may occur from birth or early childhood, which prevents the individual from being fully independent. Law enforcement officers will undoubtedly come in contact with those with developmental disabilities more and more as the future unfolds. For example, Dennis Debbaudt (researcher and consultant) and Darla Rothman (Maryland Police and Correctional Training Commission) indicate that people with developmental disabilities, particularly those with autism spectrum disorder (ASD), are seven times more likely to come in contact with law enforcement than others (*Contact With Individuals With Autism: Effective Resolutions,* by Dennis Debbaudt and Darla Rothman, Ph.D., FBI Law Enforcement Bulletin, 2001). Moreover, the word "development" should not be confused with the word "growth." Growth refers to an increase in physical size whereas development has multiple connotations, where its rate varies from individual to individual.

The combination of mental disorder and substance abuse is common. Substance abuse can complicate the mental disorder, but may not be the primary cause of the condition. Some with mental disorder may turn to drugs to self-medicate and in severe instances substances may be used to temper psychotic symptoms. Psychotic episodes may occur during and after detoxification. Drugs and alcohol often mimic the symptoms of those with mental disorders.

Module III:

- Objective III: Identify Behaviors Associated with Mental Illness and Developmental Disability.

- Distribute Handout #3

- Using a small group exercise, distribute handout # 3 and have the participants work through the following statement. Allow the groups a few minutes to discuss the common symptoms and behaviors for each disorder. Then, have the smalls groups report out to the large group and record their responses on a white board or flip chart.

Consider the list of mental disorders and developmental disabilities that were discussed during the previous learning module. Then, list the symptoms and/or behaviors that are associated with each mental disorder or developmental disability.

Anticipated Response:

Mental disorders: endless energy, grandiose plans, hearing voices, confusion, inappropriate clothing, abnormal fear, panic or apathy, unrelated thoughts, disorganized thinking, delusions, hallucinations, repeating words, depressive disorders, mania, post traumatic stress disorders, bipolar disorder, schizophrenia, delusional disorders, dual diagnosis disorders, Alzheimer's disease, autism spectrum disorder, Tourette's syndrome, and other similar disorders.

Developmental disabilities: inattention, social withdrawal, unexpected screaming or laughing, excessive worrying or anxiety, slurred speech, inability to express thoughts clearly, inappropriate laughing or giggling.

Discussion Points:

A mental health service provider with relevant expertise should facilitate this session. After the small group work, the facilitator should deliver the relevant material listed in this objective. Referring back to the responses from the group, the facilitator can reinforce the appropriate responses and correct any misconceptions that may have surfaced during the exercise.

Although the participants might have provided misconceptions regarding behavior during this exercise, the true learning will take place when the facilitator builds on the information the participants brought with them to the training. This delivery method may be more effective

then a pure lecture because the facilitator is connecting existing information to new information. The facilitator should also appropriately dispel any myths and misconceptions that might surface.

If practicable, show actual behaviors associated with the various mental disorders and developmental disabilities described in Module II. In line with adult learning theory and cognitive recall, the participants will be able to recognize these behaviors in the future more easily if they can experience them first in a training environment.

This can be accomplished through viewing video clips, acting out with role plays, and so on. This might also be an appropriate time for the participants to interact with a healthy consumer to reinforce the "why" behind some of the behaviors.

It's important to note that law enforcement officers should not attempt to diagnose a mental disorder or developmental disability. The goal of this training module is to enhance the officers' ability to recognize symptoms and behaviors that may suggest an individual has a mental disorder. Recognizing behaviors and interpreting them correctly will positively affect the quality of the subsequent investigation.

Module IV

- Objective IV: Appropriately Respond to Situations Involving Those with Mental Disorders.

- Distribute the following scenarios one at a time (Handouts 4, 5, and 6). After the full group has time to read the scenario, facilitate a group discussion, one scenario at a time, based on the listed questions. Repeat this same exercise with each scenario.

Scenario #1:

Officers respond to a family disturbance call. A family member called the police and advised that her brother was "off his medication and having a meltdown." The caller indicated that she was afraid for his safety because he was running through traffic. The officers immediately respond to the location and observe a man, still running down the middle of the street, literally kicking at cars that are driving by. The officers block traffic with their patrol car and quickly approach the man on foot. As the officers approach, the man slowly backs up and then attempts to run away. The officers quickly grab the man, force him to the ground, and handcuff him.

Evaluate this incident critically by answering the following questions.

Discussion Questions:

1. What type of call is this?

2. Did the officers act properly in this situation? Why or why not?

3. Does the information regarding medication change the nature of this call and/or how you would respond? Why or why not?

Anticipated Responses:

1. Handling a PRT; handling a person with a mental disorder; substance abuse incident; family domestic violence call.

2. Yes, they had to take quick action to stop the dangerous behaviors. **or** No, they needed to slow down and talk to this individual in an attempt to deescalate the situation.

3. Yes, it puts officers on notice that they are dealing with a person with a mental disorder, which might heighten the caution when contacting the individual, possible focusing on

verbal de-escalation skills. **or** No, the dangerous behavior needed to be stopped immediately, whether the individual needed their medication or not.

Scenario #2:

A citizen calls the local police department and advises that she is going to kill herself. Officers respond and find a woman sitting on the front steps of the location holding a steak knife. When the woman sees the officers approaching, she raises the steak knife with her right hand, holds it against her left wrist, and yells, "stop right there or I will do it!"

Evaluate this incident critically by answering the following questions:

Discussion Questions:

1. What type of call is this?

2. Assume the role of the officer. What would you do in this situation?

3. Does the information regarding suicide change the nature of this call and/or how you would respond? Why or why not?

Anticipated Responses:

1. Handling a suicidal person, possible "suicide by cop".

2. Attempt to talk her down, possibly use a Taser or an impact projectile system (bean-bag shotgun, Arwen, etc.).

3. Yes, it puts officers on notice that they are dealing with a suicidal person, possibly with a mental disorder, which might heighten the caution when contacting the individual, possible focusing on verbal de-escalation skills, or the quick use for force to neutralize the threat. **or** No, the dangerous behavior needs to be stopped immediately, whether the individual was "suicidal" because of a mental disorder or not.

Scenario #3:

Officers respond to fight call in a bar parking lot. Upon arrival, they see a man walking back and forth in the parking lot of the location with his shirt off. He seems very agitated and is yelling profanity in every direction. Since the location is a bar parking lot, dispatch sends two patrol units, with two officers in each unit. As the four officers approach the man on foot, he charges them, tackling one officer to the ground. The four officers wrestle with this man for a few minutes before getting him face down on the ground and handcuffed. Once handcuffed, the man suddenly stops struggling and becomes unresponsive.

Evaluate this incident critically by answering the following questions:

Discussion Questions:

1. What type of call is this?

2. Did the officers act properly in this situation? Why or why not?

3. Does the information regarding the subject's behavior after the struggle change the nature of this call and/or what you would do next? Why or why not?

Anticipated Responses:

1. Bar fight or incident, drunk and disorderly, substance abuse incident; a person with excited delirium.

2. Yes, they had to take quick action to stop the dangerous behaviors. **or** No, they needed to slow down and talk to this individual in an attempt to deescalate the situation.

3. Yes, it puts officers on notice that they are possibly dealing with a person experiencing excited delirium and that they need to get emergency medical care ASAP, maybe initial observations should have heightened awareness/caution when contacting the individual, possible focusing on verbal de-escalation skills, or the quick use for force to neutralize the threat. **or** No, the dangerous behavior needs to be stopped immediately, and you will never know until it happens whether the individual will have a negative response to the struggle, he should not have fought with the officers.

Discussion Points:

Instructors frequently emphasize officer safety or first responder safety in their training sessions, as they should. What may be missing from safety training, however, is the idea that making proper safety decisions can also slow a rapidly evolving situation into a time frame that allows for improved decision making and reflective thinking. For instance, appropriate positioning on a felony traffic stop not only provides a level of officer safety, it also slows the situation itself to a manageable level and causes things to happen one step at a time.

In the same manner, recognizing the behaviors that might suggest the individual has a mental disorder might cause the officer to slow down, allowing the officer greater flexibility to weigh alternative choices, communication strategies, and identify resolutions based on prior experiences. By recognizing these behaviors and slowing the perception of time the officer can get a better "read" or assessment of the subject, his or her behaviors, and the overall situation.

Module V

- Objective V: Demonstrate an Understanding of the Legal Authority to Act.

- Distribute copies of the relevant state and federal laws (Michigan Mental Health Code, American with Disability Act, and Michigan Compiled Laws)

- Use a small group activity and have the participants work through the following exercise:

> Review the relevant laws and make a short list of the key provisions that affect law enforcement officers and mental health service providers, particularly in regard to coming into contact with individuals with mental disorders in the performance of their duty. What legal issues do you think may arise? What authority do you as a law enforcement officer or mental health service provider have to take action?

Discussion Points:

An instructor with relevant legal expertise should facilitate this session.

After a few minutes of small group work, engage the full group in an interactive discussion of the laws and key provisions the groups came up with. The discussion should reveal the specific provisions that affect officers and service providers when dealing with those with a mental disorder, including:

- a "person requiring treatment" (PRT);
- the authority to take a person with a mental disorder into (protective) custody;
- non-compliance with court orders;
- the use of force; and
- other relevant statutes.

Commentary:

Handling calls involving persons with mental disorders can be complex and problematic for responding officers, calling on their ability to make appropriate decisions and to properly solve problems at the scene. A thorough knowledge of the legal authority surrounding such incidents is essential and is addressed in Objective V. Those with mental disorders deserve to be treated with dignity and officers must not act outside the bounds of their legal authority.

In real life situations, officers will be called upon to make decisions based upon a fundamental understanding of mental disorder issues. Understanding the elements of the law forms the foundation upon which the proper handling of such calls can be structured. Emphasize that Michigan's mental health statutes offer law enforcement officers additional options in making appropriate mental health decisions and referrals at the scene.

Module VI

- Objective VI: Demonstrate an Understanding of Appropriate Interventions and Services at the Scene.

- Handout # 7

- Distribute Handout #7 to the class and give them enough time to answer each question individually. Point out that all participants are assuming the role of the law enforcement officer on scene. Have them write out their answers on the handout sheet.

1. You are the first officer on scene of a disturbance that involves a person with a mental disorder. As you arrive at the scene, what factors or circumstances do you consider when evaluating whether to arrest and incarcerate this individual or to take an alternative action. Make a list.

2. Based on the circumstances, you decide not to make an arrest and to take an alternative action. List all of the options currently available to you.

3. List as many programs or services in your community, that you are aware of, that are designed to divert persons with serious mental disorders from potential incarceration.

Anticipated Responses:

1. Legal authority, PRT, seriousness of crime, injuries, totality of circumstances, consumer's behavior, environment, safety, history of mental illness, officer knowledge of individual, medication, etc.

2. Voluntary hospitalization, treatment, and counseling, referral to: community based mental health facilities, practitioners, clinicians, service providers, social workers, support groups, housing, etc.

3. Mental health courts, crisis intervention teams, comprehensive advanced response, co-responders, jail diversion programs, other community services programs, etc.

Discussion Points:

Other than family members and mental health providers, law enforcement officers are the most likely person to come into contact with persons with a mental disorder. The first law enforcement officers on scene usually determine whether the individual with a mental disorder enters the criminal justice system or the mental health system. Consequently, officers need to know what mental health resources are available to them, and equally important, how to access these resources. This exercise will get the participants thinking up front about the alternatives to an arrest. With law enforcement officers and mental health providers in the audience, a varied response to these questions is expected and should be encouraged.

Module VII

- Objective VII: Comply with Organizational Policies in Situations Involving Mental Disorder.

- Distribute Handout #8

- Allow the participants a few minutes to think about the answers to the questions. Then, conduct a brainstorming session with the full group and record their responses on a white board of flip chart.

> You have been promoted to the training position at your agency. Your first assignment is to develop a new chapter in the Policy & Procedures Manual (P&P) regarding the handling of those with mental disorders. You are to ensure that all employees comply with current law and best practices and want to reflect that in the Manual.
>
> Using the information learned today and your past experiences as a law enforcement officer or mental health service provider, draft an outline of this new P&P chapter. Include all of the main areas or components this chapter should address (headings) and then list the criteria or sub-components that explain each main component in more detail (sub-headings).
>
> For example, "Protective Custody" or "Taking an individual into protective custody" might be one of the main headings or components of this policy, and the various circumstances that would cause taking someone into protective custody and the desired protocols might be the sub-components.

Anticipated Responses:

Main headings: Partnerships with community mental health programs, definitions, contact with PRTs, protective custody, arrests, transportation, involving family members, hospital admissions, use of force, notifications, supervisor's role, documentation, reports, escapes, missing persons, investigations, applications for admissions, etc.

Discussion Points:

After discussing the draft outlines with the full group, lead a facilitated discussion comparing the drafts with actual examples of departmental policy (MSP, Oakland County SO, etc.).

Instructor Notes:

In preparing for this session, review actual policy samples from various agencies.

Module VIII

- Objective VIII: Demonstrate an Understanding of a Coordinated Community Response to Those with Mental Disorders.

- Distribute Handout #9.

- Allow the participants a few minutes to think about the answers to the focus statement. Then, conduct a brainstorming session with the full group and record their responses on a white board or flip chart.

> Identify the individuals, organizations, or groups of individuals who are directly or indirectly affected by a quality first-responder response to people with mental disorders. Who are the stakeholders? Make a short list.

- Distribute the community analysis handout. Conduct this exercise with the full group of students. Obtain input from the group in order to identify key people, or key groups of individuals, who are connected with their community.

- Capture the thoughts of the students and record them on a flip chart. Discuss the brainstormed statements and focus their thinking. Clear up any misunderstandings.

Anticipated responses:

Mental health advocacy
Law enforcement
Prosecutors
Legal aide
Religious organizations
Community mental health
Jails
Probation/parole
Mental health courts
Nurses
Media
Consumers
Homeless shelters
ER assistance
Schools
Pastors
Homeless shelters
Child protective services
Civil and criminal advocates
Judges
Health care practitioners
Educational institutions
Treatment programs
Private sector (employers)
Corrections
General public
Physicians
Educators
Legislators
Family members or friends
Social activities
Psychiatrists
Non-profits
Magistrates
Substance abuse service providers

- Next, discuss the integrated model used by Public Health practitioners. See the commentary below. Then, in small groups, instruct the participants to fill-in the nine cells with one sentence summaries of the activities of each stakeholder at each level of care. Ensure that the students are thinking outside their own particular box or area of expertise.

The purposes of the integrated model exercise are to:

(1) provide a holistic framework from which to view the response to those with mental disorders; this exercise forces the participants to look beyond their individual responsibilities and areas of expertise;

(2) allow the participants to view the "big picture" and to conceptually organize theory and practice;

(3) reveal macro-patterns where improvements to the system may occur in individual communities;

(4) increase the options for an effective, proactive response to those with mental disorders;

(5) provide a roadmap for improved communication amongst stakeholders;

(6) provide context in which the response to those with mental disorders occurs; and

(7) guide the development of departmental policies.

- At the conclusion of the exercise, record a sample of the responses for each cell of the matrix on a flip chart. The responses must be discussed by the team of instructors with the class and any misconceptions addressed. Share the purposes of the model with the class.

Commentary:

Over the decades, many disciplines have given serious thought to proactive responses to issues and problems. To control malaria for example, the public health sector considers eradicating mosquitoes in certain areas as a preventative measure. In solving economic problems, thought is given to examining macro-level economics. In traffic safety, consideration is given to pre-crash, crash, and post-crash events, all within a specific environment or context. The crime prevention integrated model includes mechanical, corrective, and punitive approaches to crime reduction. In any discipline, such integrated approaches offer practical and effective frameworks to guide the conduct of in-depth case investigations. Here, the community coordinated response to those with mental disorders is similarly conceptualized and structured.

First, consider the public health model for disease control. It is based on primary, secondary, and tertiary levels in the fight against diseases.

The primary level of care targets the general population for education and addresses the general underlying conditions in the environment. It is a proactive approach. Examples of primary care include public service announcements, polio vaccines, fluoride in drinking water, smoking prevention campaigns, sewage treatment processes, and drunk driving public service announcements.

The secondary level of care targets those individuals or groups who may be at high risk for a disease or for those who may have the early stages of the disease. At this level, interventions are specifically designed to prevent or reduce the risk of the disease. Examples of secondary care include low carbohydrate diets for those with diabetes, health information for pregnant women, needle exchange programs for substance abusers, and chest x-rays for those who smoke.

The tertiary level of care targets specific individuals with advanced cases of the disease and includes one-on-one clinical diagnoses by public health practitioners. Tertiary care is what most people think of when acquiring diseases and includes visits to the doctor for specialized care. Examples of tertiary care include surgery, chemotherapy, Braille training, and prosthetic limbs.

Next, consider an integrated approach to people with mental disorders. The approach can be categorized similar to the public health model, but also among stakeholders in the law enforcement, legal, and service sectors. Service providers include, for example, mental health practitioners, intake clinicians, educators, those in the media, social workers, jail diversion workers, counselors, treatment practitioners, and emergency room workers. The legal sector includes the courts, judges, magistrates, legislators, federal and state statutes, correctional rehabilitation programs, incarceration, sentencing, and mental health courts.

- Distribute Handout #10. Ask the participants to fill-in the cells.

This class exercise uses a matrix that cross-references the three levels of public health with the three categories of the stakeholders who are involved with mental disorders into one 3X3 integrated model that contains nine cells.

Consider the anticipated responses on the following page:

	LAW ENFORCEMENT	LEGAL SECTOR	SERVICE SECTOR
PRIMARY (General Public)	1 Departmental policies and procedures Community meetings Neighborhood Watch programs Proactive programs Community policing strategies/activities Town Hall meetings Public announcements	2 Mental health legislation Case precedent AG opinions Rule of evidence Substance abuse legislation Laws regarding human rights and values Medicare/Medicaid Ethical, legal, and policy issues	3 Public awareness campaigns Sensitivity programs Educational campaigns Informational brochures Assistance from non-profits Social work assistance Public mental health education Culturally sensitive services Social policy initiatives
SECONDARY (Targeted Groups)	4 Mental health services information Policies regarding response to calls Legal interventions (generally) Training programs Follow-up investigations Conflict resolution Mental health policies and procedures Meetings with business leaders re: mental health issues Policy reviews	5 Victim advocacy and assistance Pre-trial services Civil advocacy Legal advocacy Mental health courts Civil proceedings Conditional release on bond Facility regulations ADA Mental health privacy legislation Enabling legislation Financing mental health programs	6 Mental health intervention programs Counseling School-based services and programs Community social work Practice guidelines Psychosocial rehabilitation programs Assistance for the homeless Substance abuse programs Advocacy programs Emergency shelters
TERTIARY (Individual)	7 Jail diversion programs Arrests for criminal violations Referrals to family members Referrals to mental health professionals Crisis intervention teams Co-response with mental health professionals Referrals to peer support groups Counsel and release Refer to outpatient services Protective custody Individual attitudes and beliefs	8 Sentencing for criminal offenses Rehabilitation programs Restitution Institutional treatment programs Court mandated treatment Probation Parole Incarceration Commitments Correctional mental health care	9 Emergency room assistance Specific therapies for those with chronic illnesses Substance abuse interventions Psychoanalyses Residential facilities Co-occurring interventions Medications Family counseling Voluntary hospitalizations Safe residences or safe housing Outpatient treatment Tailored diagnoses Tailored treatment

PARTICIPANT HANDOUTS

Participant Handout #1

Case Study:

You receive a call of a disturbance in the local mall in your assigned area. You receive additional information via your car radio that a male white teenager is sitting on the floor near the main entrance to the mall, possibly drunk, causing a disturbance. You arrive on scene and locate this individual, still sitting on the floor near the entrance to the mall. As you attempt to contact him, he avoids direct eye contact with you, seems confused, and does not respond to your questions. Although you do not detect the odor of an alcoholic beverage, you can hear him talking to himself in a low voice, and this individual appears uncomfortable.

Critically evaluate this incident by answering the following questions:

1. What do you know about mental disorders? What emotions or attitudes come to mind when you think about responding to an individual with a mental disorder?
2. What behaviors in the scenario would indicate that the young man may have a mental disorder?
3. What constitutional principles or legal standards apply here? Does the law affect how you respond to an individual with a mental disorder?
4. What interventions or other non-enforcement services are available to you?
5. Does your department/organization policy address responding to these types of calls?
6. Are you alone in your response? What community resources are available to assist you in handling these types of calls?

Participant Handout #2

Case Study:

You are on patrol at 2:00 AM when you see a woman in her 70's walking down the middle of the street in her nightgown. When you contact the woman to check on her welfare, she states "I'm on my way to visit my mother." When you ask her where her mother lives, she states "In the cemetery." Although this woman can give you some basic information (her name and address), she is mostly incoherent.

Discussion Questions:

1. What might be the underlying issue in this scenario? More specifically, what is "mental illness" or a "mental disorder?" Make a list of mental illnesses with which you are familiar.

2. What is a "developmental disability?" Make a list of developmental disabilities with which you are familiar.

Participant Handout #3

Consider the list of mental disorders and developmental disabilities that was discussed during the previous learning module. Then, list the symptoms and/or behaviors that are associated with each mental disorder or developmental disability.

Participant Handout #4

Scenario:

Officers respond to a family disturbance call. A family member called the police and advised that her brother was "off his medication and having a meltdown." The caller indicated that she was afraid for his safety because he was running through traffic. The officers immediately respond to the location and observe a man, still running down the middle of the street, literally kicking at cars that are driving by. The officers block traffic with their patrol car and quickly approach the man on foot. As the officers approach, the man slowly backs up and then attempts to run away. The officers quickly grab the man, force him to the ground, and handcuff him.

Evaluate this incident critically by answering the following questions.

Discussion Questions:

- What type of call is this?
- Did the officers act properly in this situation? Why or why not?
- Does the information regarding medication change the nature of this call and/or how you would respond? Why or why not?

Participant Handout #5

Scenario:

A citizen calls the local police department and advises that she is going to kill herself. Officers respond and find a woman sitting on the front steps of the location, holding a steak knife. When the woman sees the officers approaching, she raises the steak knife with her right hand, holds it against her left wrist, and yells, "stop right there or I will do it!"

Evaluate this incident critically by answering the following questions.

Discussion Questions:

- What type of call is this?
- Assume the role of the officer. What would you do in this situation?
- Does the information regarding suicide change the nature of this call and/or how you would respond? Why or why not?

Participant Handout #6

Scenario:

Officers respond to fight call in a bar parking lot. Upon arrival, they see a man walking back and forth in the parking lot of the location with his shirt off. He seems very agitated and is yelling profanity in every direction. Since the location is a bar parking lot, dispatch sends two patrol units, with two officers in each unit. As the four officers approach the man on foot, he charges them, tackling one officer to the ground. The four officers wrestle with this man for a few minutes before getting him face down on the ground and handcuffed. Once handcuffed, the man suddenly stops struggling and becomes unresponsive.

Evaluate this incident critically by answering the following questions:

Discussion Questions:

- What type of call is this?
- Did the officers act properly in this situation? Why or why not?
- Does the information regarding the subject's behavior after the struggle change the nature of this call and/or what you would do next? Why or why not?

Participant Handout #7

- You are the first officer on scene of a disturbance that involves a person with a mental disorder. As you arrive at the scene, what factors or circumstances do you consider when evaluating whether to arrest and incarcerate this individual or to take an alternative action. Make a list.

- Based on the circumstances, you decide not to make an arrest and to take an alternative action. List all of the options currently available to you.

- List as many programs or services in your community, that you are aware of, that are designed to divert persons with serious mental disorders from potential incarceration.

Participant Handout #8

You have been promoted to the training position at your agency. Your first assignment is to develop a new chapter in the Policy & Procedures Manual (P&P) regarding the handling of those with mental disorders. You are to ensure that all employees comply with current law and best practices and want to reflect that in the Manual.

Using the information learned today and your past experiences as a law enforcement officer or mental health service provider, draft an outline of this new P&P chapter. Include all of the main areas or components this chapter should address (headings) and then list the criteria or sub-components that explain each main component in more detail (sub-headings).

For example, "Protective custody" or "Taking an individual into protective custody" might be one of the main headings or components of this policy, and the various circumstances that would cause taking someone into protective custody and the desired protocols might be the sub-components.

Participant Handout #9

Stakeholders/Clients:

Defined as key people or individuals, or key groups of individuals, who are directly or indirectly connected to an appropriate response to those with a mental illness or developmental disability. Those who may be affected, impacted, or involved, either positively or negatively, by such incidents in their community.

Focus Statement:

Identify the individuals, organizations, or groups of individuals who are directly or indirectly affected by a quality first-responder response to people with mental disorders. Who are the stakeholders? Make a short list.

Participant Handout #10

	LAW ENFORCEMENT	LEGAL SECTOR	SERVICE SECTOR
PRIMARY (General Public)	1 Departmental policies and procedures, e.g.	2 Mental health legislation , e.g.	3 Public awareness campaigns, e.g.
SECONDARY (Targeted Groups)	4 Community policing initiatives, e.g.	5 Victim advocacy and assistance, e.g.	6 Intake programs, e.g.
TERTIARY (Individual)	7 Jail diversions programs, e.g.	8 Institutional treatment programs, e.g.	9 Co-occurring interventions, e.g.

SECTION FOUR

RESOURCE MATERIALS

MCOLES Information & Tracking Network (MITN)
Entering In-Service (Active Duty) Training—Quick Reference Guide

If you have not already done so, obtain a username and password from MCOLES to enter in-service (active duty) training records into MITN. Go to www.michigan.gov/mcoles and click on "Online Services." Then, click on "Forms and Addendums" and "Network Operator Agreement" to get started. No training session is required if you are only entering in-service training into the system.

1. **Log On**
   - Log on from the MCOLES public web page at www.michigan.gov/mcoles.
   - After you log on, you will see a column of blue buttons on the left side of every page.
   - Use these buttons and links to navigate the page--DO NOT USE THE BACK BUTTON.

2. **Register Your Course**
   - Click on the blue button entitled "Training List" and then the gray bar entitled "Add New Training" to **register your course** in the MITN system.
   - For course title, enter the name of your training; for course description, enter a brief description of your training.
   - You do not need to enter a course ID number or enter anything into the registered date or expiration date boxes, unless your agency is also tracking the training.
   - Instructional hours will be the scheduled duration of your training.
   - The objectives / goals and outline can be populated by cutting and pasting the bulleted information from other documents. Enter outcomes specific to your training.
   - For completion requirements enter "Attendance" and/or "Testing."
   - For audience enter "Law Enforcement Officers."

3. **Record Instructors, Dates and Locations**
   - Enter instructor name(s)—click "Add Another" after each entry.
   - Enter Dates and Locations next—click "Add Another" after each entry.
   - Dates and Locations can be updated by clicking on the "Update" button.
   - For assistance, contact Mr. Patrick Hutting via e-mail (huttinp@michigan.gov) or by phone at 517-636-7868.
   - Don't forget to click "Save and Submit to MCOLES" at the bottom of the page when you have finished your entries. It will take a day or so for your training to be accepted into the MITN system.

4. **Record Attendance**
   - Once your training has been completed, **return** to the course detail Dates and Locations and click on the "Roster" button to record attendance.
   - Enter **MCOLES numbers**. Participants will then be designated as having completed the training in MITN.
   - It is important that participants provide valid MCOLES numbers to you prior to or during the training session.

Note: Please use the words "MCOLES Registered", **and not** "MCOLES Certified" or "MCOLES Approved" on your brochures and announcements.

Training Site_____

Course Title_____

Please evaluate this training. Your comments will be used to enhance future training sessions.

Topic_____Instructors_____

1. Which portions of the training did you find most useful?

2. Which portions of the training were least useful to you?

3. What improvements to the training would you suggest?

4. Did you encounter any issues, concerns, or problems during the course of the training?

5. Were you satisfied with the competency of the instructors? Were they professional?

MICHIGAN COMMISSION ON
LAW ENFORCEMENT STANDARDS

THE LAW ENFORCEMENT RESPONSE TO PERSONS WITH MENTAL DISORDERS

A Policy Writing Guide

2017

OVERVIEW

The purpose of this policy writing Guide is to provide assistance to those writing departmental policies and procedures (P&P) in the law enforcement response to persons with mental illnesses or developmental disabilities. We believe that organizational policies and procedures represent the standard of care expected of line officers, particularly for situations calling for reflective thinking and problem solving capabilities. Patrol officers must be provided with guiding principles in order to respond appropriately to those with mental disorders. Officers must recognize behaviors at the scene so they can better assess and de-escalate the situation. In one instance, an arrest may be appropriate, while in another, diversion to mental health services may be the best resolution.

In a fundamental sense, departmental regulations define an organization's values. Law enforcement administrators attempt to direct officer decision making and discretion by seeking ways to reduce the ambiguities of a situation through official regulations. Such regulations contain the procedures or behaviors expected of responding patrol officers in certain situations. But all too often, policies are written in terms of what officers may *not* do rather than what they *should* do. We recognize that written directives can be difficult to create and may address only part of the total decision making process. Most officers will, of course, conform to agency requirements and administrators must address poor decisions immediately. However, many decisions are made outside the view of supervisors and guidance through written protocols and best practices becomes even more crucial.

Mental disorders are not limited by race, age, socioeconomic class, or occupation. An individual with a mental disorder may be a victim of a crime or accident, may call for law enforcement assistance, or be the subject of a police emergency response. Therefore, it is imperative that those involved in the criminal justice system work in partnership with others in the community to find the most sensible and effective measures to meet the needs of the consumer. The system should respond as it would respond to any other stakeholder or victim in need of assistance. At the scene, officers must pursue remedies appropriate to the situation.

Writing policies requires research and study—a P&P cannot be created overnight—and we hope that this document can provide some assistance in this endeavor. We also recognize that each individual jurisdiction is unique. The essential elements of the Guide can be easily adapted to local needs and best practices. Agency policies should be written within the context of local protocols, organizational culture, and available community resources.

As used in this policy, the term "consumer" refers to an individual with a mental disorder who comes in contact with the system. In this document we purposely avoid using terms such as "victim", "perpetrator", "mental", "complainant", or other such terms that may unfairly categorize persons requiring services. The intent is to avoid derogatory references, intentional or unintentional, regarding individuals with mental disorders.

1. Every police agency should acknowledge the existence of the broad range of administrative and operational discretion that is exercised by all police agencies and individual officers. That acknowledgment should take the form of comprehensive policy statements that publicly establish the limits of discretion, that provide guidelines for its exercise within those limits, and that eliminate discriminatory enforcement of the law.

2. Every police chief executive should establish policy that guides the exercise of discretion by police personnel in using arrest alternatives.

3. Every police chief executive should establish policy that limits the exercise of discretion by police personnel in conducting investigations, and that provides guidelines for the exercise of discretion within those limits.

4. Every police chief executive should establish policy that governs the exercise of discretion by police personnel in providing routine peacekeeping and other police services that, because of their frequent recurrence, lend themselves to the development of a uniform agency response.

Source: National Advisory Commission on Criminal Justice Standards and Goals, Police (Washington D.C., US Government Printing Office, 1973, pp. 21-22.

In February, 2004, Governor Granholm convened a special Mental Health Commission, which consisted of participants from various mental health backgrounds across Michigan. In October of that year, the commissioners presented the Governor with a report that contained 71 recommendations for improvements to the system. The recommendations specifically addressed mental disorder and its connection to the criminal justice system.

In 2008, Senator Liz Brater (D-Ann Arbor) and Senator Alan Cropsey (R-Ionia) allocated funding for MCOLES to create training for law enforcement officers and other first responders in the response to those with mental disorders. The overall goal is to improve the system's ability to meet the needs of the consumer. The Senators recognize that too many persons with mental disorders are in jails and prison and would be better served in the mental health system. We thank Senators Brater and Cropsey for their concern regarding this issue.

Note: This Guide offers sample language for those writing departmental policies and procedures. The Guide is written primarily for law enforcement agencies, but those in the mental health profession may find it useful as well. In this Guide, most major headings are accompanied by a **commentary**, which is intended to help clarify the intent of each section and to provide further guidance during the writing process.

POLICY WRITING GUIDE

THE LAW ENFORCEMENT RESPONSE TO PERSONS WITH MENTAL DISORDERS

I PURPOSE

This policy defines the agency's commitment and the officer's responsibility in responding to situations involving individuals with mental illnesses or developmental disabilities. The overall purpose of this policy and procedure is to offer guidance to law enforcement officers in their response to individuals with mental disorders. This agency is an essential component of area local services, which provide support and assistance to those with mental disorders, family members, and the community at large. Officers must determine the most fair and humane response within the context of each situation. The establishment of this policy is intended to help mitigate indecision and ambiguity in the minds of responding officers and to engender confidence when exercising judgment in the performance of their duties.

Goals

The overall goals of the agency's mental disorder response policy are to:

1. Reduce injuries to responding officers by using proper de-escalation techniques;

2. Increase the safety of consumers by using appropriate communication strategies;

3. Identify a community-based approach as a response to those with mental disorders;

4. Identify appropriate resolutions available to responding officers at the scene; and

5. Reduce the stigma associated with mental disorders.

II POLICY

Department members shall afford individuals with mental disorders all legal rights and access to governmental services that are provided to all citizens. The core objectives of this policy are to ensure the safety of first responders and other individuals at the scene by improving the ability to act appropriately and to identify the proper resolution for each situation. Officers are responsible for responding to many kinds of non-criminal incidents. Officers should respond safely to the scene, interpret verbal and behavioral cues accurately, understand the legal authority to act, and work with partners in the community to best meet the needs of the consumer. Incarceration may not always be the best resolution. An arrest should be used only in situations where there is probable cause that a crime has been committed. Officers must consider a variety of options at the scene, including long-term resolutions, and initiate appropriate action depending on the context of the situation.

Commentary:

The term "mental disorder" is difficult to define precisely. Behaviors seldom fit into neat categories and the categorizations themselves are not always mutually exclusive. Consumers may have more than one disorder or may also have a drug dependency, making it difficult to determine which actions or behaviors result from which underlying problems. Sometimes a person with a developmental disability may also have a mental illness.

Mental illness is defined as a substantial disorder of thought, perception, or mood that places an individual outside the realm of reality. Mental illness may develop at any point during an individual's lifetime and may sometimes be temporary and reversible. Mental illness is not connected to an individual's level of intellectual functioning and may not necessarily impair social adaptation.

A *developmental disability* is a condition that may occur from birth or early childhood, which prevents the individual from being fully independent. Developmental disabilities are characterized by the inability to live independently, an inability to communicate, care for oneself, or hold a job.

The American with Disabilities Act (ADA) entitles individuals with mental illness or developmental disabilities to the identical services and protections that law enforcement agencies provide to any citizen. The ADA calls for law enforcement agencies and agency members to make reasonable decisions in their dealings with those with mental disorders, within the context of the ADA.

III PROCEDURES

I. The Initial Response

A. When responding to a situation involving an individual with a mental disorder, officers shall carefully and safely assess the situation by determining the nature of the call and its context before deciding which resolution will be most appropriate. Responding officers shall obtain information from dispatch to determine if the situation involves potential violence, the presence of weapons, or physical injuries.

B. At the scene, officers must first evaluate dangerous or potentially dangerous behavior. This may include the involvement of alcohol or controlled substances, erratic behavior that may escalate to aggression toward the officer or others, or the immediate need for medical assistance.

C. Responding officers shall approach the scene by maintaining safety through proper positioning, maintaining personal space, using a tactical approach, looking for weapons, and anticipating the potential for violent aggression.

D. Officers shall stabilize the scene using appropriate de-escalation techniques. In general, officers should approach the scene strategically and interact in a calm, non-threatening manner. The following de-escalation strategies can be used to calm a person who is experiencing an emotional crisis:

a. avoid overreacting and indicate a willingness to help and understand;
b. speak simply (but not simplistically) and move slowly;
c. be patient, accepting, and encouraging, but also remain professional;
d. announce actions before initiating them;
e. avoid touching (except for safety);
f. request additional resources, back-up units, or assistance, as needed; and
g. consider using mental health practitioners or other community partners.

E. Once the scene is stabilized, officers shall ask questions in a respectful manner and listen carefully to what the consumer and others are saying. Officers shall consider all relevant information and recognize the need for a thorough investigation.

Commentary:

The professional research, including research from the American Psychiatric Association, demonstrates that, in general, "violent and criminal acts directly attributable to mental illness account for a very small proportion of all such acts in the United States. Most persons with mental disorders are not criminals, and of those who are, most are not violent" (Marzuk, Archives of General Psychiatry, 1996). Unquestionably, first responder safety must be of primary concern, but many encounters are often more violent for the consumer than for the responding officers.

II. Behavioral Reactions

A. Law enforcement officers may encounter a multitude of behaviors when responding to a call involving individuals with mental disorders. Officers must strive to accurately recognize and interpret behaviors at the scene in order to make the most informed decisions to resolve the immediate situation.

B. Behaviors associated with mental illness may include:
   a. sitting, doing nothing, or being non-responsive;
   b. wearing clothes inappropriate to the weather;
   c. hearing voices;
   d. demonstrating profound confusion;
   e. displaying abnormal fear, panic, apathy; or
   f. having endless energy or having grandiose plans.

C. Behaviors associated with developmental disability may include:
   a) inattention or inactivity (or a combination of both);
   b) social withdrawal;
   c) unexpected behavioral outbursts such as screaming or laughing; or
   d) worry out of proportion to the feared event.

III. Verbal Responses

A. Verbal cues associated with mental illness may include a rapid flow of unrelated thoughts, disorganized thinking (including loose associations), talking about delusions or hallucinations, or speaking very slowly or repeating words.

B. A person with a developmental disability may exhibit:
   a) slurred speech or invented speech;
   b) an inability to express thoughts clearly;
   c) an intense desire to please those in authority, and
   d) inappropriate laughing.

C. At the scene, officers may observe some behaviors that may be the result of either a mental illness or a developmental disability or a combination of both.

IV. Interaction at the Scene

A. Officers shall communicate appropriately and effectively with consumers at the scene by:
   a. treating the consumer with dignity and respect;
   b. not arguing, but asking questions more than once for clarification;
   c. maintaining honesty, patience, and understanding;
   d. spending extra time to open the lines of communication; and
   e. asking about medications or prior hospitalizations.

B. If practical, officers shall question family member and/or friends to learn about:
   a. past suicide attempts or threatened suicide;
   b. medications or drugs;
   c. a history of mental disorders; or
   d. a history of treatment or prior hospitalizations.

C. Law enforcement officers may observe medications at the scene used by the consumer to manage or control their symptoms. Common medications include:
   a) Zoloft and Prozac;
   b) anti-psychotics such as Mellaril, Haldol, or Thorazine; or
   c) anti-anxiety medications such as Valium, Xanax or Ativan.

D. Officers must recognize that consumers may stop taking their medications for a variety of reasons, including:
   a) real or imagined serious side effects;
   b) an inability to obtain prescriptions; or
   c) a sincere belief that the prescribed medications are harmful.

E. Officers shall not *diagnose* mental disorders and the intent of this policy is not to make officers diagnosticians or clinicians at the scene. Inaccurate classifications of disorders may lead to inappropriate resolutions. But a fundamental understanding of the distinction between mental illness and developmental disability is clearly important for an appropriate response.

Commentary:

It is important for first responders to recognize behaviors that may reveal an underlying mental health issue. The better a first responder is able to appropriately interpret the behaviors he or she observes at the scene or at intake, the better the response will be to assess the situation and meet the needs of the consumer. This understanding may lead to alternative, and perhaps more appropriate, methods of intervention or referral, not only at the scene, but as the consumer interacts with other components of the criminal justice system.

Officers should understand that they may not be able to have a rational conversation with the consumer. But, the conversation should be concrete and redirected when needed. Officers should also acknowledge that delusional statements are very real to the consumer. Officers should recognize that uniforms, radios, flashing lights, etc., may frighten the consumer and may produce a “fight or flight” reaction.

Officers should not express anger, impatience, contempt, or irritation.

V. Interventions

A. Law enforcement officers shall make informed decisions regarding intervention strategies at the scene. Officers shall evaluate the nature and seriousness of the situation by considering any physical injury, behavioral cues, current environment, and safety. The officers' decisions to resolve the situation must be based on the totality of circumstances and the legal authority to act.

B. The determination to take the individual into involuntary custody shall be based on a violation of the criminal statutes or a reasonable belief that the person requires treatment (PRT)—see section VI. Officers shall also check for violations of court orders or outstanding warrants.

C. Officers shall consider alternatives to involuntary custody, in the absence of a serious offense, outstanding warrant, or PRT. Alternatives include:
   a. voluntary hospitalization;
   b. outpatient treatment;
   c. counsel-and-release;
   d. referral to a local community based mental health facility;
   e. referral to local mental health practitioners, clinicians, or service providers; or
   f. release to family members or peer support groups.

D. 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.

Commentary:

Some agencies may use crisis intervention teams (CIT), which employ specially trained uniformed officers for response. Other communities may offer comprehensive advanced response, which includes advanced training for all patrol officers in mental health issues. Still other agencies may respond to the scene with mental health professionals or practitioners.

Consumers end up in jail and prison in large numbers, but neither place is a good setting for mental health treatment. Consumers may even get worse when incarcerated. A successful jail diversion program is a cooperative effort and is dependent on working relationships with mental health practitioners and clinicians in the community. Simply incarcerating a consumer is only a short term solution, but long term costs can be considerable. Pre-book jail diversion occurs when an officer encounters a consumer—before admission to jail or before formal charges have been initiated. Diversion from the criminal justice system may occur based on the decision of the responding officer at the scene. Post-book jail diversion occurs after the consumer is admitted to jail. It is crucial for the jail to use the appropriate screening tools to identify those in need of mental health services.

VI. Person Requiring Treatment (PRT) (MCL 330.1401)

A. MCL 330.1401 defines PRT as a person who suffers from a mental disorder who can reasonably be expected to:
   a) intentionally or unintentionally seriously physically injure him/herself or others;
   b) is unable to attend to basic physical needs;
   c) 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; or
   d) has judgment so impaired that he or she is unlikely to voluntarily participate in treatment that has been determined necessary.

B. Officers must recognize that a PRT may have 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. A PRT may also have weakened mental processes because of age, epilepsy, and alcohol or drug dependence.

C. Officers' decisions to take persons with mental disorders into custody, or protective custody, shall be based on whether the person has committed a criminal offense or whether the person reasonably appears to require treatment (MCL 330.1427). In addition, the person may be subject to a court order or the person may be in non-compliance with a court order (MCL 330.1475).

D. Law enforcement officers may use the kind and level of force that would be lawful if the officers were making an arrest for a misdemeanor without a warrant (MCL 330.1427a). In any circumstance, officers' actions must be objectively reasonable.

Commentary:

Handling calls involving individuals with mental disorders can be complex and problematic for responding officers, calling on their ability to make appropriate decisions and to properly solve problems at the scene. Knowledge of legal authority is essential.

Consumers deserve to be treated with dignity and officers must treat them with respect. Referral, treatment, and civil commitment should be preferred over arrest and incarceration.

The stigma of mental disorder can manifest itself as shame, guilt, or low self esteem. Officers must recognize the dignity of consumers and the importance of respect and justice.

VI. The Coordinated Community Response

A. Officers shall use community programs and other services established to divert persons with serious mental disorders from potential incarceration.

B. Officers 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.

C. Officers 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:
   a. public and private inpatient and outpatient mental health facilities;
   b. residential facilities serving individuals with mental disorders;
   c. general hospitals;
   d. counselors; or
   e. therapists.

D. Further efforts may be pursued by identifying services for the homeless, advocacy organizations, as well as church-based organizations or emergency shelters.

E. Additional resources may include services for those with substance abuse problems and other services for those with mental disorders in the community.

F. 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.

Commentary:

Each local community will be unique, depending on population demographics, the availability of services, and local protocols. Officers and mental health professionals will therefore be working in a variety of environments and with a variety of individuals.

Some jurisdictions may have mental health courts, intended for the purpose of diverting preliminarily qualified offenders away from prison or jail.

The response to those with mental disorders will work the best if practitioners have the ability to work in partnership, but such partnerships may not be available in all jurisdictions. Community partnerships may have the greatest impact on the law enforcement response to those with mental disorders than any other component in the system.

STATE OF MICHIGAN PROBATE COURT COUNTY CIRCUIT COURT - FAMILY DIVISION	PETITION/APPLICATION FOR HOSPITALIZATION	FILE NO.

In the matter of _____ XXX-XX- _____
Last four digits of SSN

Court ORI	Date of birth	Race	Sex

1. I, _____ (Name (type or print)), an adult _____ (specify whether a relative, neighbor, peace officer, etc.) petition because I believe the individual named above needs treatment.

2. The individual was born _____ (Date), has a permanent residence in _____
County at _____ (Street address, City, State, Zip)
and can presently be found at _____ (Address).

☐ This petition is for a person who was found not guilty by reason of insanity in this county.

3. I believe the individual has mental illness and

☐ a. as a result of this mental illness, the individual can be reasonably expected within the near future to intentionally or unintentionally seriously physically injure self or others, and has engaged in an act or acts or made significant threats that are substantially supportive of this expectation.

☐ b. the individual is unable to attend to those basic physical needs that must be attended to in order to avoid serious harm in the near future, and has demonstrated that inability by failing to attend to those basic physical needs.

☐ c. the individual's judgment is so impaired s/he is unable to understand the need for treatment. Continued behavior as the result of this mental illness can be reasonably expected, on the basis of competent clinical opinion, to result in significant physical harm to self or others. (If this is the only item checked, you must file this petition with the court before the person can be hospitalized.)

4. The conclusions stated above are based on
a. my personal observation of the person doing the following acts and saying the following things:

_____

_____

_____

_____

_____

_____

(PLEASE SEE OTHER SIDE)

Do not write below this line - For court use only

b. the following conduct and statements that others have seen or heard and have told me about:

by: _____
Witness name Complete address Telephone no.

by: _____
Witness name Complete address Telephone no.

5. The persons interested in these proceedings are:

NAME	RELATIONSHIP	ADDRESS	TELEPHONE
	Spouse		
	Guardian*		

*(Specify the county where the guardianship was established and the case number.) _____

6. The individual ☐ is ☐ is not a veteran.

7. **I request** the court to determine the individual to be a person requiring treatment and that s/he be hospitalized until the hearing.

I declare under the penalties of perjury that this petition/application has been examined by me and that its contents are true to the best of my information, knowledge, and belief.

Signature of attorney

Name (type or print) Bar no.

Address

City, state, zip Telephone no.

Date

Signature of petitioner

Address

City, state, zip

Home telephone no. Work telephone no.

Attached is a
☐ clinical certificate by physician or licensed psychologist taken within the last 72 hours.
☐ clinical certificate by psychiatrist taken within the last 72 hours.
☐ petition/affidavit for examination (PCM 209 or PCM 209a) because examination could not be secured.

This Application for Hospitalization was filed with the hospital on _____ at _____ m.

FOR HOSPITAL USE ONLY

Signature of hospital representative