Suggested Policies for Police Response to Mental Health Emergencies in Vermont

Susan Lemere

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1. A Law Enforcement-Mental Health Response Committee comprised of law enforcement, dispatchers, mental health professionals, advocates, and people with lived experience with mental health crisis should be formed as an oversight committee to pay ongoing attention to the development and review of policies and practices which impact mental health crisis response.

2. Each police department or barracks should have at least one designated mental health professional to assist in crises, make referrals, and follow up on cases. This should be in addition to the regular staffing in community mental health crisis programs.

3. In the event of a mental health crisis call, after an on-scene assessment by law enforcement (ideally with mental health co-response and/or input) determines that emergency level care is not needed (i.e. de-escalation has occurred or issue has been resolved, or the matter can be handled privately by the individual or with community resources), the person(s) should be given contact info for both mental health services and peer support resources.

4. Scenario-based training (as in Team Two and C.I.T.) about responding to mental health calls should be mandatory initially and yearly for law enforcement and dispatch, and should include input from people with lived experience with mental health emergencies.

5. Outcome measures should be used in each department or barracks to collect data about the effectiveness of various types of police mental health approaches, including data about use of force incidents, injury (law enforcement and civilian), and mortality. As part of this process, attempts should be made through outreach and/or focus groups to gather and review input from residents involved in crisis calls about their perspective. This data should be reviewed annually by the above-mentioned Law Enforcement-Mental Health Response Committee and could be used to make revisions to policy as needed.