Responding to Persons Experiencing a Mental Health Crisis	**Related Policies:** Use of Force and Collaborative Partnerships
This policy is for internal use only and does not enlarge an employee's civil liability in any way. The policy should not be construed as creating a higher duty of care, in an evidentiary sense, with respect to third party civil claims against employees. A violation of this policy, if proven, can only form the basis of a complaint by this department for non-judicial administrative action in accordance with the laws governing employee discipline.	
Applicable Vermont Statutes: 18 V.S.A. § 7505 (2010) 18 V.S.A. § 7511 (2010)	
Date Adopted: March 8, 2021	Review Date:

I. Purpose: To provide Law Enforcement Officers with the trauma-informed strategies and de-escalation practices necessary to effectively intervene with persons experiencing a mental health crisis in a manner that provides assistance to persons in need, protects the individual(s), family, and community, and safeguards the officers involved in the encounter.

II. Policy:

The Bennington Police Department (BPD) shall:

A. Strive to maintain the safety and dignity of the individual(s) in crisis, the family member(s), the officer(s), and others responding, as well as the community at large.

B. Ensure that BPD officers receive regular and comprehensive training in responding to persons experiencing a mental health crisis, and trainings should be taught by or include members of agencies providing Community Resources.

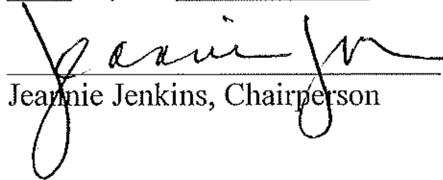
C. Collaborate and meet with appropriate community partners regularly to strengthen the community response and resources available to persons and family members in crisis. The goal of the collaboration is to more effectively respond to mental health crises regardless of time or location by utilizing community resources including, but not limited to United Counseling Service (UCS), Turning Point Recovery Center, Bennington Project Independence (BPI), and the Southwest Vermont Health Care (SVHC).

III. Definitions:

A. Mental Health Crisis: An event or experience in which an individual's normal coping mechanisms are overwhelmed, causing them to have an extreme emotional, physical, mental, and/or behavioral response. Symptoms may include, but are not limited to, emotional reactions such as fear, anger, grief, or excessive giddiness, suicidal behaviors; psychological impairments such as inability to focus, confusion, or nightmares, and potentially even psychosis; physical reactions like vomiting/stomach issues, headaches, dizziness, excessive tiredness, or insomnia; and/or behavioral reactions including the trigger of a "freeze, fight, or flight" response. Any individual can experience a crisis reaction regardless of previous mental health history.

B. Community Resources: Resources available to the police and/or members of the community including without limitation mental health professionals, emergency medical facilities, and detoxification centers (e.g. United Counseling Service (UCS), Project Against Violent Encounters (PAVE), Southwestern Vermont Health Care (SVHC) and Turning Point Center).

This Policy is adopted by the Select Board of the Town of Bennington, Vermont, this 12 day of October, 2021 and is effective until amended or repealed.



Jeannie Jenkins, Chairperson

IV. Procedures

A. Recognizing atypical behavior

Only a trained mental health professional can diagnose mental illness, and even they may sometimes find it difficult to make a diagnosis. BPD officers are not expected to diagnose mental or emotional conditions, but rather to recognize behaviors that are potentially indicative of a person in crisis, with special emphasis on those that suggest potential violence and/or dangerous situations. The following are generalized signs and symptoms of behavior that may suggest an individual is experiencing a mental health crisis, but each should be evaluated within the context of the entire situation. However, officers should not rule out other potential causes, such as effects of alcohol or psychoactive drugs, temporary emotional disturbances that are situational, or medical conditions.

1. Strong and unrelenting fear of persons, places, or things.

2. Extremely inappropriate behavior for a given context.

3. Frustration in new or unforeseen circumstances; inappropriate or aggressive behavior in dealing with the situation.

4. Memory loss related to such common facts as name or home address, although these may be signs of other physical ailments such as injury, dementia, or Alzheimer's disease.

5. Delusions, defined as the belief in thoughts or ideas that are false.

6. Hallucinations of any of the five senses (e.g., hearing voices, feeling one's skin crawl, smelling strange odors, seeing things others cannot see).

7. The belief that one suffers from extraordinary physical ailments that are not possible, such as persons who are convinced that their heart has stopped beating for extended periods of time.

8. Obsession with recurrent and uncontrolled thoughts, ideas, and images.

9. Extreme confusion, fright, paranoia, or depression.

10. Feelings of invincibility

B. Assessing Risk

1. Most persons in crisis are not violent and some may present dangerous behavior only under certain circumstances or conditions. BPD officers may use several indicators to assess whether a person in crisis represents potential danger to themselves, the officer, or others. These include the following:

    a. The availability of weapons.

    b. Threats of harm to self or others or statements by the person that suggest that they are prepared to commit a violent or dangerous act. Such comments may range from subtle innuendo to direct threats that, when taken in conjunction with other information, present a more complete picture of the potential risk for violence.

    c. A personal history that reflects prior violence under similar or related circumstances. The person's history may already be known to the officer, or family, friends, or neighbors might provide such information.

    d. The amount of self-control that the person exhibits, particularly the amount of physical control, over emotions such as rage, anger, fright, or agitation. Signs of a lack of self-control include extreme agitation, inability to sit still or communicate effectively, wide eyes, and rambling thoughts and speech. Clutching oneself or other objects to maintain control, begging to be left alone, or offering frantic assurances that one is all right may also suggest that the individual is close to losing control.

    e. Indications of substance use, as these may alter the individual's self-control and negatively influence an officer's capacity to effectively use de-escalation strategies.

f. The volatility of the environment. Agitators that may affect the person or create a particularly combustible environment or incite violence should be taken into account and mitigated. For example, the mere presence of a law enforcement vehicle, an officer in uniform, and/or a weapon may be seen as a threat to a person in crisis and has the potential to escalate a situation. Standard law enforcement tactics may need to be modified to accommodate the situation when responding to a person in crisis.

g. Aggressive behaviors such as advancing on or toward an officer, refusal to follow directions or commands combined with physical posturing, and verbal or nonverbal threats.

2. Failure to exhibit violent or dangerous behavior prior to the arrival of the officer does not guarantee that there is no danger.

3. A person in crisis may rapidly change their presentation from calm and command-responsive to physically active. This change in behavior may come from an external trigger or from internal stimuli. A variation in the person's physical presentation does not necessarily mean they will become violent or threatening, but BPD officers should be prepared at all times for a rapid change in behavior.

4. Context is crucial in the accurate assessment of behavior. BPD officers should take into account the totality of circumstances requiring their presence and overall need for intervention. BPD dispatchers should gather as much information as possible and relay the information to responding officers.

C. Response to a person in crisis

If the officer determines that an individual is experiencing a mental health crisis and is a potential threat to themselves, the officer, or others, law enforcement intervention may be required. All necessary measures to deescalate the person in crisis should be employed to resolve any conflict safely using the appropriate intervention to resolve the issue. The following responses should be considered:

1. May require more than one BPD officer to respond, especially in cases where the individual person in crisis will be taken into custody.

2. Request assistance from individuals with specialized training in dealing with mental illness or mental crisis events.

3. Take steps to calm the situation. If possible, eliminate emergency lights and sirens, disperse crowds, lower radio volume, and assume a quiet nonthreatening manner when approaching or conversing with the individual. Where violence or destructive acts have not occurred, avoid physical contact, and take time to assess the situation. BPD officers should operate with the understanding that time is an ally and there is no need to rush or force the situation.

4. Create increased distance, if possible, in order to provide the BPD officer with additional time to assess the need for force options.

5. Utilize environmental controls, such as cover, concealment, and barriers to help manage the volatility of situations.

6. Move slowly and do not excite the individual. Provide reassurance that BPD officers are there to help and that the individual will be provided with appropriate care.

7. Ask the individual's name or by what name they would prefer to be addressed and use that name when talking with the individual.

8. Communicate with the individual in an attempt to determine what is bothering them. If possible, speak slowly and use a low tone of voice. Relate concern for the individual's feelings and allow the individual to express feelings without judgment. Officer should limit the use of jargon, euphemisms, or abbreviations and speaking using simple direct vocabulary and concrete directives.

9. Where possible, gather information on the individual from acquaintances or family members and/or request professional assistance, if available and appropriate, to assist in communicating with and calming the individual.

10. Do not threaten the individual with arrest, or make other similar threats or demands, as this may create additional fright, stress, and potential aggression.

11. Avoid topics that may agitate the individual and guide the conversation toward subjects that help bring the situation to a successful conclusion.

12. Attempt to be truthful with the individual. If the individual becomes aware of a deception, they may withdraw from the contact in distrust and may become hypersensitive or retaliate in anger. In the event an individual is experiencing delusions and/or hallucinations and asks the officer to validate these, statements such as "I am not seeing what you are seeing, but I believe that you are seeing" are recommended. Validating and/or participating in the individual's delusion and/or hallucination is not advised.

D. Taking Custody or Making Referrals to Mental Health Professionals

1. Based upon the overall circumstances of the situation, applicable Vermont law, and BPD policies and procedures, a BPD officer may take one of several courses of action when responding to a person in crisis.

    a. Offer mental health referral information to the individual and/or family members.

    b. Assist in accommodating a voluntary admission for the individual.

    c. Take the individual into custody and provide transportation to Southwestern Vermont Health Care for a mental health evaluation.

d. Make an arrest if a crime has been committed, and the crime is a threat to the public or an individual's health and safety.

2. When circumstances indicate an individual meets the legal requirements for involuntary mental health crisis evaluation, the person in crisis should be taken into custody and transported to Southwestern Vermont Health Care.

3. BPD officers should be aware that the application or use of restraints may aggravate any aggression being displayed by a person in crisis. When possible, BPD officers will request assistance from the Bennington Rescue Squad for transport.

4. In all situations involving a person in crisis, BPD officers should:

   a. Continue to use de-escalation techniques and communication skills to avoid escalating the situation.

   b. Remove any weapons from the area.

E. Collaboration and Training

1. The BPD and the Town of Bennington will work with legal counsel in an effort to develop Memorandums of Understanding (MOU) with appropriate community resources to include United Counseling Service (UCS), Turning Point, Southwestern Vermont Heath Care (SVHC), Bennington Project Independence (BPI), and Vermont Center for Independent Living (VCIL) that define collaborative relationships and responsibilities.

2. The BPD will attempt to work with collaborative community resources for the purpose of assessing training needs and delivery of training to the BPD and in jointly taking part in appropriate trainings.

F. Documentation

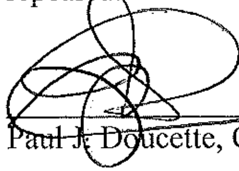
BPD Officers shall:

5. Document the incident, regardless of whether or not the individual is taken into custody. Where the individual is taken into custody or referred to other agencies, officers should detail the reasons why.

6. Ensure that the report is as specific and explicit as possible concerning the circumstances of the incident and the type of behavior that was observed. Terms such as "out of control" or "mentally disturbed" should be replaced with descriptions of the specific behaviors, statements, and actions exhibited by the person.

7. In circumstances when an individual is transported to a Southwestern Vermont Health Care for a mental health crisis evaluation, and agency policy permits, provide information to the triage/intake manager detailing the circumstances and behavior leading to the transport.

The policies and procedures outlined above are hereby adopted by the Chief of Police of the Town of Bennington, Vermont this 12 day of OCTOBER, 2021 and is effective as of this date until amended or repealed.



Paul J. Doucette, Chief of Police