



San Diego County Sheriff

Training Bulletin

William D. Gore, Sheriff

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PERT Response and Tips

What happens once a PERT team responds to a call?

The deputy will assess the situation in regards to officer safety for himself and the PERT Clinician. The PERT Deputy will provide safety on scene at all times. The deputy will evaluate the subject(s) for any criminal behavior.

The PERT Clinician assists the deputy by completing a mental health assessment, obtaining relevant psychiatric and substance abuse history, speaks to family members, health professionals and if necessary and appropriate recommends the best course of action for that individual.

The deputy and PERT Clinician will “assist” the individual to the appropriate setting (either voluntarily or involuntarily) or offer referrals or other assistance as the situation warrants. PERT is able to avoid hospitalization and incarceration in many of the cases in which there is intervention.

What are the benefits of a PERT team?

- Utilizing the PERT teams and the training provided by PERT improves our ability to respond to potentially violent encounters.
- More efficient and effective care for individuals with mental illness who come into contact with law enforcement and thus a decreased recidivism rate.
- Allows deputies to return to the field quickly while the PERT team facilitates the treatment by coordinating with various hospitals and emergency rooms from the field and these individuals can be transported to the appropriate facility by the PERT team.
- Decreases the number of individuals taken to the emergency hospital rooms and CMH (County Mental Health) by providing crisis intervention in the field and making appropriate referrals and connections to community resources.
- Provide follow-up services on a case by case basis, thus decreasing the number of calls for service.

The information in this Training Bulletin was provided by PERT Clinician Christine Davies and edited for distribution by the In Service Training Unit. If you have expertise in a particular subject and would like to write a training bulletin, please contact Corporal Michael Cruz at In Service Training, [REDACTED]

What are some of the limitations of PERT?

- PERT does not provide case management or individual treatment.
- PERT clinicians do not respond to calls for service without a deputy.
- PERT does not prescribe, deliver or administer medications.
- PERT is not available 24-hours a day due to staffing limitations. If a PERT clinician is needed and there is not one currently assigned at your station please request for one at a nearby station. If none are available within the Sheriff's department or proximity is an issue one can be requested from a nearby police agency who also has PERT. If one is not available please take the time to submit a PERT Referral Form for later follow-up.
- PERT **does not** perform emergency crisis negotiations – (They are not Crisis Negotiators or Hostage Negotiators). Their knowledge of the mental health history on an individual may be utilized to assist CNT in a crisis situation if needed or warranted.

Tips for deputies on when to call PERT:

- The person appears to be experiencing a mental health crisis
- Family disturbances where one of the members has a mental health history
- Welfare checks on individuals where the RP believes the person maybe despondent; depressed; very upset because of recent loss.
- Recent losses that are red flags are: death of a loved one, loss of job, divorce, loss of children, and substance abuse.
- Welfare check on the elderly where deputies have had frequent contacts with the individual, there are concerns for the individual's ability to take care of their basic needs such as having access to food but not eating etc.
- Individual wanting help with accessing mental health resources
- Individuals who voice being depressed, feeling suicidal, hearing voices, paranoia, off medication, not making sense when asking questions and disorientation

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