

POLICY 23. PSYCHIATRIC EMERGENCY RESPONSE TEAM (PERT)

A. Overview: This is the Department's procedure as it relates to our Psychiatric Emergency Response Team partnership.

1. The Sheriff's Department recognizes four types of detentions of individuals experiencing a mental health issue and/or emergency:
 - a. Voluntary Cases - In voluntary cases, individuals are experiencing a mental health issue, but do not meet criteria for a 5150 detention for further evaluation at a LPS facility. The individual is willing to accept an evaluation and treatment. If such an individual has no means of accessing resources for evaluation and treatment, the PERT Unit will assist the individual to do so and transport as necessary.
 - b. Uncooperative Non-Emergency Cases - In this case, the individual does not meet criteria for a 5150 detention and is unwilling to accept voluntary services. In uncooperative non-emergency cases, deputies may inform concerned relatives/citizens of their option of filing, through the Public Conservators Office, for a petition for court-ordered mental health evaluation.
 - c. Emergency Cases: When a person, as a result of a mental health disorder, is a danger to others, or to themselves, or gravely disabled, a peace officer or professional clinician designated by the County may, upon probable cause, detain the person in order to transport to an LPS facility for further evaluation and treatment.
 1. Once it has been determined that a criminal justice intervention is not necessary, and issues of officer/PERT Clinician safety have been resolved, the PERT Unit will evaluate and if 5150 criteria is met, will transport to a Laterman-Petris-Short (LPS) designated facility. Placement depends on many factors, including but not limited to: safety including physical health, medical concern, medical insurance coverage, continuity of care and patient request.
 2. If the PERT Unit was not the primary responder to the call, the primary responder(s) will be released to return to patrol duties as soon as safety issues have been resolved.
 - d. Public Conservator – Occasionally, law enforcement support will be requested by a Public Conservator to assist in controlling a legally designated at-risk individual. In such a case, PERT involvement may not be necessary, since the Public Conservator has the authority to

order the at-risk individual into a hospital for psychiatric evaluation/treatment. Therefore, any deputy responding to such a request by a Public Conservator will fulfill it and provide the at-risk individual with a safe and orderly transport to the facility designated by the Public Conservator; however, if the PERT Unit is available, it will be the unit of choice for handling these Public Conservator-originated calls as the PERT Clinician can add expertise to the initial screening and recommendation to the Public Conservator about best practices referral options for the at-risk individual.

B. PERT Team functions

1. PERT Units combine the resources of a uniformed deputy and a licensed clinician (PERT Clinician) in responding to the needs of persons in mental health crisis. The PERT Clinician advises patrol deputies on mental health concerns and issues that arise in the course of their law enforcement duties, provide assessment of resources to individuals in a mental health crisis and have come to the attention of the Sheriff's Department, and assists in transportation of individuals deemed to require further mental health evaluation. The Department's PERT Units are primarily responsible for coverage in their assigned commands. The PERT Teams may be dispatched to assist in other Department commands or other police department jurisdictions that have agreed to participate in the regional sharing of PERT resources, per the PERT Coordinating Council Partnership Agreement.
2. Anyone in the community may request the services of the PERT Team. These requests are coordinated through the Communications Center.
3. The PERT Teams may be used under the following circumstances:
 - a. To respond to calls/requests for assistance from Sheriff's or other police agencies' patrol units regarding individuals who may be in need of mental health assessment or crisis intervention.
 - b. When appropriate, provide necessary follow-up calls and contacts regarding new or previous PERT cases.
 - c. To respond to requests for service from the Special Enforcement Detail (SED) and/or the Sheriff's Emergency Negotiation Unit. The PERT Clinicians are not negotiators.
 1. PERT's role in Special Enforcement Detail (SED) and Emergency Negotiation Team (ENT) type calls is to provide support to the incident command staff handling the incident. PERT Clinicians may be utilized by the incident command to obtain relevant mental health history on the subject for the purpose of trying to provide information that may assist the incident command and negotiators

in ending the situation peacefully. PERT clinicians do not actively engage in crisis negotiations with the subject. These are tactical situations handled by law enforcement negotiators. The PERT Team neither functions as, nor does it take the place of Hostage Negotiation Team.

- d. To provide collaboration and consultation for appropriate Community Oriented Policing and Problem Solving (COPPS) projects.
- e. To refer appropriate individuals to monthly PERT Round Table Meetings.

C. PERT Unit procedures

1. When the Communications Center receives a call involving a person in mental health crisis, the radio dispatcher may seek to dispatch PERT directly if the person in crisis indicates a desire to cause self-harm or harm to others and if a PERT team is available. Otherwise, the radio dispatcher will dispatch uniformed deputies as necessary to handle the situation safely. Also, if sufficient information was received to suggest a PERT Unit response, the dispatcher will advise the on-scene deputies of the PERT Unit's availability.
2. The responding deputies after their initial assessment may request through the Sheriff's Communications Center the assistance of an available PERT Team. Should the PERT Team not be available for response and the situation is not considered critical, the deputy may submit a referral form for PERT follow-up.
3. The PERT Team will respond as promptly as feasible and determine the most appropriate type of intervention necessary.
4. The responding deputies shall not be relieved of their responsibilities for the call or the safety of all those involved until advised by the PERT deputy that the PERT Team will assume primary responsibility for the call. The PERT deputy will advise the Sheriff's Communications Center of the status of the call and will allow the initial units to return to service.
5. When the PERT Team becomes the primary responder, the PERT team members shall assume responsibility for completing all necessary reports regarding the intervention, including the 5150/72 Hour Detention Form, and any crime or arrest reports. The latter are the responsibility of the PERT deputy.
6. All PERT Mental Health reports are confidential and will be utilized as necessary by PERT personnel only; they are not to be accessed by law enforcement deputies other than those designated as PERT deputies or sergeants.

7. When a PERT Team is not available to respond to a call for assistance, for any reason, the deputy will complete a PERT referral form and leave it in their mail box. The PERT Team will prioritize follow ups on referrals as time allows.
8. The following detainment advisement must be provided by the deputy documenting the 5150 (as noted on DHCS Form 1801: "Application for Assessment, Evaluation, and Crisis Intervention or Placement for Evaluation and Treatment") when an individual is detained on the 5150, and before transportation to a facility for the psychiatric evaluation: "My name is _____. I am a Deputy Sheriff with the San Diego Sheriff's Department. You are not under criminal arrest. I am taking you to a psychiatric health facility for an examination by mental health professionals. You will be told of your rights by the mental health staff."
9. If the subject is taken into custody while at his/her residence, the subject will also be informed as follows:

"You may bring a few personal items with you which I will have to approve. You can make a phone call and/or leave a note to tell your friends and/or family where you have been taken."
10. If advisement is incomplete, a "good cause" reason must be specified on the application for emergency detention.
11. Deputies shall refer individuals for PERT follow-up who do not need immediate involuntary detention for psychiatric evaluation/treatment by completing a PERT Referral Form:
 - a. Deputies may refer a subject to the PERT Clinician, who did not meet the criteria for a 5150 detention, but who the deputies conclude would benefit from an appropriate referral.
 - b. Deputies may refer a subject to the PERT Clinician, who has a prior history of hospitalization in a psychiatric facility, to enlist their assistance in developing strategies to prevent subsequent calls for service resulting in future hospitalization.
 - c. Deputies may refer a subject for possible PERT contact, who requested information on mental health services that a PERT Clinician provides.

Reference: Department P&P Section 6.113 - Psychiatric Emergency Response Team