

**SAN DIEGO POLICE DEPARTMENT
PROCEDURE**

DATE: JUNE 06, 2017

NUMBER: 6.28 – PATROL

SUBJECT: PSYCHIATRIC EMERGENCY RESPONSE TEAM
(PERT)

RELATED POLICY: N/A

ORIGINATING DIVISION: CHIEF’S OFFICE

NEW PROCEDURE:

PROCEDURAL CHANGE: **EXTENSIVE CHANGES**

SUPERSEDES: DP 6.28 - 11/22/2013

I. PURPOSE

This Department procedure establishes guidelines related to the San Diego Police Department’s Psychiatric Emergency Response Team (PERT).

II. SCOPE

This procedure applies to all sworn members of the Department and all PERT employees.

III. DEFINITIONS

Lanterman-Petris-Short (LPS) Act of 1967 - a statutory scheme (W&I 5000 et seq.) aimed at ending inappropriate, indefinite, and involuntary commitment of mentally disordered persons, providing evaluation and treatment, and protecting mentally disordered persons.

LPS Facility - a hospital designated by the State of California to accept psychiatric patients.

PERT Clinicians - licensed mental health clinicians who have the legal authority to place subjects on a 5150 W&I hold. Clinicians are employees of PERT, Inc.

PERT Incorporated - a private non-profit organization funded by the County of San Diego. PERT provides mental health services in collaboration with the San Diego Police Department. The objective of these two specialties working together is to provide a more efficient delivery of both police and community mental health services, and to provide for a safer and more efficient outcome to individuals experiencing a mental health crisis.

NEW

PERT Officers (PT1) - SDPD Officers who have completed the minimum requirement of a one-day (eight hour) PERT Training class. Officers who have completed the eight hour class are able to ride with clinicians in the event there are no PT2 officers available. These officers will have a PT1 skill code on the daily schedule to identify them.

PERT Officers (PT2) - San Diego Police Officers who have completed the 24-hour POST-approved PERT Academy. These PERT trained officers, when not riding with a clinician, are expected to utilize the resources and knowledge developed within the PERT program. These officers will be identified on the daily schedule with a PT2 skill code.

PERT Referral Form - a form used by officers to refer citizens to the PERT clinicians. The form should be used when an officer becomes aware of a situation or an individual who will benefit from working with a PERT clinician. The PERT clinician will conduct follow-up on all referrals. The original submitting officer will be advised of this follow-up within the guidelines of confidentiality laws.

PERT Supervisors - Department supervisors who have completed the PERT Academy, the one-day training class, or have been designated by their commanding officer. These supervisors monitor the program at the divisional level. They are responsible for supervising their division's PERT officers and clinicians. This includes monitoring productivity and staffing within their division. These supervisors also act as liaisons with the PERT Lieutenant, other PERT supervisors, officers, and clinicians assigned throughout the San Diego Region. These supervisors must attend announced PERT Supervisor meetings.

PERT Lieutenant - individual responsible for monitoring the PERT program for the Department. The lieutenant will act as liaison with the PERT Executive Director and the PERT Police Liaison to ensure all programs are being fulfilled. The PERT Lieutenant will supervise the PERT Sergeants and coordinate all supervisor meetings. The PERT Lieutenant will keep all PERT Sergeants informed of current legal and ethical issues related to mental illness and law enforcement. The PERT Lieutenant is responsible for keeping command staff informed on the PERT program.

SDCPH – an acronym for the San Diego County Psychiatric Hospital (located at 3851 Rosecrans Street).

IV. BACKGROUND

- A. The PERT program combines the resources of a uniformed police officer with a licensed mental health clinician in responding to incidents involving persons experiencing a mental health crisis. PERT clinicians advise patrol officers on psychiatric issues and assist in the transportation and processing of individuals in need of psychiatric treatment.
- B. PERT is intended to provide humane and beneficial outcomes for persons with mental illness who have come to the attention of law enforcement. PERT provides rapid response to sworn officer and community requests for assistance with persons in apparent mental health crisis.
- C. The PERT program is designed to return uniformed officers to patrol duties as quickly as possible while providing improved service with greater access to community mental health resources.
- D. PERT will complete an initial evaluation and assessment of persons experiencing a mental health crisis, and as appropriate, make a referral and/or transport to a community-based resource or treatment facility.
- E. PERT operations are implemented under a proactive philosophy throughout the San Diego Region. To provide City-wide coverage, the San Diego Police Department has PERT teams in all divisions. PERT units may, upon request, cross divisional and City lines to assist patrol officers on incidents involving the mentally ill.
- F. PERT Clinicians have a duty to warn of any Tarasoff related threats, and to have that threat documented.

NEW

In 1976, the California Supreme Court ruled that Psychotherapists had a duty to warn potential victims of serious threats of violence by one of their patients. *Tarasoff v. Regents of the University of California*, 17 Cal. 3d 425 (1976). The Court believed that a Psychotherapist incurred an obligation to take reasonable care to prevent any physical harm to another person. In most cases, the appropriate “reasonable care” would be to warn the intended victim and/or advise the police. In 2004, two cases decided by the California Court of Appeal extended the Tarasoff rule to include threats disclosed by family members. *Ewing v. Goldstein*, 120 Cal. App. 4th 807 (2004), and *Ewing v. Northridge Hospital Medical Center*, 120 Cal. App. 4th 1289 (2004). The court saw no difference between threats conveyed directly by the patient and those related by an immediate family member of the patient.

In 2008, the *Tarasoff* rule was codified in California law (Cal. Civil Code § 56.10(c)(19)). The statute allows for patient information to be disclosed when a

Psychotherapist, in good faith, believes that such disclosure is necessary to prevent or lessen a serious and imminent threat to the health or safety of a reasonably foreseeable victim or victims, and the disclosure is made to a person or persons reasonably able to prevent or lessen the threat, including the target of the threat.

V. PROCEDURES

- A. The criteria related to emergency detentions for PERT units are identical to those outlined in Department Procedure 6.20, Mental Health Procedures, Section IV.B, Emergency Detentions. However, PERT units have additional resources available, which may assist in determining the proper medical care for the subject.
- B. Safety Issues Related to PERT Field Contacts
1. PERT units should be aware of the possibility of unpredictable behavior by individuals experiencing a mental health crisis. Consequently, the team will handle all situations with tact and professionalism.
 2. PERT officers shall make the initial client contact. Clinicians will remain a safe distance from the scene. Once the officer determines the contact is safe and contained, the officer will allow the clinician to approach the individual for evaluation.
 3. Safety of the team is of primary concern. At all times, the officer should remain on scene as a cover officer with the clinician. The clinician should avoid physical confrontation with individuals during field contacts. If restraint is necessary, officers shall use proper Department-approved police holds and/or equipment.
 4. In addition to remaining on scene with the PERT clinician, for the reason of safety, the officers are expected to be involved with the final disposition of the contact.
- C. PERT units may be used under the following circumstances:
1. To provide assistance to field units on calls or contacts dealing with people in need of mental health assessment or intervention.
 - a. Under some circumstances, PERT may be called to assist other county jurisdictions. In these cases, a field supervisor and Communications shall be advised of the request from the other agency.

NEW

b. Field supervisors shall use good judgment when evaluating such requests while considering the PERT objectives to improve service to those in crisis, and allow for non-PERT units to return to service. When practical, the field supervisor should approve these requests.

2. To provide appropriate follow-up for previous PERT contacts and/or officer referrals;
3. To allow non-PERT officers to remain in service by providing transport, when necessary, to the appropriate agency/facility;
4. Officers may request PERT assistance and use their resources without PERT clinicians being on-site. In addition to PERT units answering these patrol requests, it is expected that PT 1 and PT 2 officers utilize their additional training to assist fellow officers. For instance, any officer may telephone a PERT clinician or PERT trained officer (PT2) asking for assistance with appropriate client disposition;
5. To work in collaboration with the Department's Special Weapons and Tactics Team (SWAT) or Emergency Negotiations Team (ENT) as directed in Department Procedure 8.14, Instances Involving Hostages/Emergency Negotiations; and,
6. To provide collaboration for appropriate Problem Oriented Policing (POP) projects.

NEW

D. The following are responsibilities of PERT (PT1 and 2) Officers:

1. To provide safety for the community, subject, and clinician;
2. To be responsible for all prisoner control/safety issues;
3. To provide the necessary transportation of individuals;
4. To evaluate the scene for criminal behavior;
5. To remain informed of current legal and ethical issues related to mental illness and law enforcement;
6. PT2 trained officers may be dispatched to or become involved with incidents/radio calls related to mental health when a PERT team is not available. These officers are expected to utilize the same resources which would be available if they were riding with a clinician. For example, PT2 officers should utilize their training and expertise to divert mental health clients to any appropriate facility.

7. To ensure the Department's requirements for detention and transportation pursuant to 5150 W&I are met. This includes completion of all appropriate reports.
8. To perform the typical duties of a patrol officer when not performing PERT- related duties;
9. To participate in various PERT training sessions and meetings as staffing permits (i.e. monthly PERT, Inc. sponsored training);
10. To present the PERT program in a positive professional manner and provide additional mental health training and expertise to other patrol officers;
11. The officer is responsible for the clinician's safety and shall not utilize the clinician for non-PERT related activities.

E. The following are responsibilities of PERT clinicians:

1. To conduct mental health evaluations and assessments of individuals;
2. To assist in determining the appropriate disposition supporting individuals needs and safety;
3. To consult with PERT officers regarding disposition of individuals and law enforcement issues;
4. To maintain knowledge of the criteria for psychiatric disorders according to the Diagnostic Statistic Manual of Mental Disorders IV;
5. To maintain knowledge of current legal and ethical issues as they relate to mental illness;
6. To maintain requirements related to the licensing of PERT clinicians;
7. To ensure requirements for detention and transportation pursuant to 5150 W&I are met;
8. To provide documentation to the PERT officer supporting the decision to detain and transport the subject pursuant to 5150 W&I;
9. To maintain law enforcement security clearance;

10. To present the PERT program in a positive professional manner and provide additional mental health training and expertise to other patrol officers (i.e. line-up training); and,
11. The clinician generally should not engage in non-PERT related law enforcement activities.
12. To maintain appropriate work attire as described in the PERT Operations Manual.

NEW

F. If a PERT clinician receives information during a mental health evaluation that would warrant warning a threatened individual in compliance with the Tarasoff decision, the following procedure will apply:

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1. The PERT clinician will notify the patrol officer he or she is working with of the threat, and advise the officer of the obligation to report under the Tarasoff decision.

NEW

2. The PERT clinician will make every reasonable effort to notify the threatened party of the threat(s) made against him or her.

NEW

3. The officer will obtain all the necessary information and complete a Tarasoff report. The Tarasoff report has been added to AFR, and can be submitted to records electronically like any other report. The officer will use the 981153ZZ code to obtain a case number for the Tarasoff report.

NEW

4. The officer will email the Tarasoff report to the Missing Persons Unit in the Homicide Unit office before the end of their shift.

NEW

5. The officer will add comments to the CAD incident to include all possible victim and suspect information to include the suspect's last known address so a Prior Activity Code (PAC) File can be made. Once the notes are added to the case, the officer will notify the lead dispatcher of the Tarasoff incident and the added comments so Communications Division can add the PAC file in a timely manner.

G. Admittance to LPS Facilities

1. Adult and Juvenile Admittance procedures remain the same as outlined in Department Procedure 6.20, Mental Health Procedures, Section V.E, Admittance of Patient to SDCPH.
2. PERT clinicians or PERT officers (PT2) will make the necessary notifications to the facility prior to subject transportation.

3. If a PERT unit transports the subject, the police officer will be responsible for completing the appropriate law enforcement paperwork. This paperwork will be submitted by the end of shift.

G. PERT Follow-up Contacts

1. As part of the proactive philosophy of the PERT program, police officers may request follow-up on certain individuals who require additional help and resources. PERT referral forms will usually be completed to initiate clinician follow-ups. These circumstances may include, but are not limited to:
 - a. An individual who does not meet the criteria for a 72-hour evaluation but officers believe that the individual would benefit from contact with a clinician;
 - b. An individual has been hospitalized in a psychiatric facility a number of times without PERT, and patrol officers familiar with the person believe PERT may be a viable, proactive option to stop future incidents of unnecessary hospitalization; and,
 - c. An individual who has requested non-emergency information on psychiatric issues that PERT may be able to provide.
2. Prior to a follow-up, the PERT clinician and PERT officer should complete thorough background checks of the individual to identify safety concerns. This check should include ARJIS and County/SUN searches. The PERT unit will request additional resources if needed before contacting the subject.
3. Communications will be advised of the follow-up via an "out-of-service" request.
4. Patrol supervisors should be aware of the importance of maintaining the proactive philosophy of PERT and be knowledgeable of PERT units' responsibility to these follow-up contacts.

H. Referral Forms

1. Officers should complete a "PERT Referral Form" to request a PERT follow-up. The information on this form is confidential and will only be disseminated to team members and those specifically assigned to the incident. The forms are available at all area stations. Upon completion, the referral form should be placed in the PERT bin at each area command.

2. Once the PERT unit completes the follow-up, the activity will be documented on the referral form and, whenever possible, the referring party will be informed that the follow-up has taken place, within the confines of confidentiality laws.

I. Confidentiality

1. PERT clinicians are responsible for maintaining clinical records. Accordingly, all information and records created in the course of providing services, to either voluntary or involuntary recipients of services, shall be kept confidential in accordance with 5328 W&I.
2. Independent observations of the subject made by the PERT officer are not included in clinical files and are not confidential. As a general rule, information on a detention report or on a Mental Health Supplemental is also not considered confidential.
3. Observations by the PERT officer and clinician, specific to the decision to take the subject into protective custody and transport to a mental health facility, which are specific and limited to the requirements of 5150 W&I, are not confidential and may be included with the officer's detention reports.

J. Transportation

1. In most cases, PERT units will transport detained mental health individuals. The officer will be responsible for all safety issues (as outlined in Department Procedure 6.20, Mental Health Procedures, Section V.C, and the clinician will maintain observation of the detained individual.
2. Officers and clinicians are responsible for the medical needs of detained individuals. Any signs of medical distress should be considered in the decision to require medical transport. In the event individuals are transported by medical personal, the PERT unit will follow the medical transport and ensure appropriate placement.
3. The following safety precautions are necessary for the protection of the subject, officer, and clinician:
 - a. Clinicians are not responsible for searching anyone. Officers must always search for weapons, drugs, and other contraband prior to placing detained individuals into a police vehicle.

- b. Patients shall be transported with a second officer or PERT Clinician in the vehicle. The patient should be placed on the left side of the back seat, directly behind the driver, so the second officer or clinician can monitor the patient.
- c. When a civilian Department employee, Police Cadet, PERT clinician or Ride-Along is riding with the transport officer, a second officer shall follow the transporting officer.
- d. In this instance, the subject should be placed on the right side of the back seat, directly behind the front passenger seat, so the transporting officer can monitor the patient.
- e. Officers will transport persons in mental health crisis to the most appropriate LPS facility.