

POLICY 23. PSYCHIATRIC EMERGENCY RESPONSE TEAM (PERT)

A. OVERVIEW

1. **Mentally disordered individuals are gravely disabled persons or someone currently experiencing psychiatric symptoms or a mental health crisis, who as the result of a mental disorder, are a danger to others, to themselves, or gravely incapacitated.**
2. **The Sheriff's Department recognizes four types of mentally disordered individuals:**
 - a. **Voluntary Cases - In voluntary cases, individuals are psychiatrically disturbed, but cooperative and willing to accept 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 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. **Uncooperative Emergency Cases - Mentally disordered individuals, although not necessarily criminal, on occasion may require handling/custody. Once it has been determined that a criminal justice intervention is not feasible/desirable, and issues of officer/clinician safety have been resolved, the PERT Unit will arrange for involuntary psychiatric assessment/treatment at whatever Laterman-Petris-Short designated facility is most readily available. Placement depends on the subject's medical insurance coverage, or lack of it. Within constraints imposed by safety issues, the PERT Unit will transport the subject to the identified assessment/treatment site.**

If the PERT Unit was not the primary responder to the call, whatever unit(s) was (were) primary responder(s) will be released to return to their patrol duties as soon as safety issues have been resolved.

**POLICY 23. PSYCHIATRIC EMERGENCY RESPONSE
TEAM (PERT) *(continued)***

- d. **Public Conservator - Occasionally law enforcement support will be requested by a public conservator to assist in controlling a legally designated public conservator. In such a case, PERT involvement may not be necessary, since the public conservator has the authority to order the conservator into a hospital for psychiatric evaluation/treatment. Therefore, any Deputy responding to such a request will simply fulfill it and provide the conservator with transportation to the facility designated by the conservator. However, if the PERT Unit is available, it will be the unit of choice for handling these conservator-originated calls.**

B. PERT TEAM FUNCTIONS

1. **PERT Units combine the resources of a uniformed Deputy and a licensed clinician in responding to the needs of the mentally ill. The PERT Unit advises patrol Deputies on psychiatric issues that arise in the course of their law enforcement duties, and assists in transportation and processing of individuals deemed to need inpatient psychiatric treatment. 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 departments that have agreed to participate in the regional sharing of PERT resources.**
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. **To 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.**

POLICY 23. PSYCHIATRIC EMERGENCY RESPONSE TEAM (PERT) *(continued)*

- 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.
- f. The PERT Team neither functions as, nor does it take the place of Hostage Negotiation Team.

C. PERT TEAM PROCEDURES

1. When the Communications Center receives a call involving a mentally disordered individual, the radio dispatcher will dispatch uniformed Deputies as necessary to handle the situation safely. Also if sufficient information was received to suggest a PERT Team's response, the dispatcher will advise the on-scene Deputies of the PERT Team's availability
2. The responding Deputies after their initial assessment may request through dispatch 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 Communications dispatcher of their 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.

POLICY 23. PSYCHIATRIC EMERGENCY RESPONSE TEAM (PERT) *(continued)*

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. When an involuntary mental health detention is started, and before transportation to a facility for the psychiatric evaluation, the person being detained must be advised as follows:

"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 candidates for PERT follow-up who do not need immediate involuntary psychiatric evaluation/treatment:
 - a. Deputies may refer a subject to the PERT Team, who did not meet the criteria for a 72 hour evaluation, but who the Deputies feel would benefit from an appropriate referral.
 - b. Deputies may refer a subject to the PERT Team, who has a prior history of hospitalizations 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 psychiatric services that the PERT Team provides.

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