COUNTY OF SANTA CLARA
Behavioral Health Services
Supporting Wellness and Recovery

Psychiatric Emergency Response Team (PERT)

Operations Manual

Revised 10/16/2023

Acknowledgements and Dedication

The contents of the Psychiatric Emergency Response Team (PERT) Operations Manual are borrowed heavily from Monterey County, San Bernardino, San Francisco, Alameda County and Marin County's Mobile Crisis Programs. County of Santa Clara (CSC) Behavioral Health Services Department's would like to thank these County's for their collaboration and sharing of their documents to help with the development of our PERT Operations Manual.

A special thanks to PERT Clinicians, Jason Magers and Holly Merrill for their commitment, expertise, and close involvement in the development of this Manual.

Note: This is a living document and will be updated, at a minimum, on a yearly basis, by the PERT team.

Purpose and Objectives

The purpose of the PERT Operations Manual is to provide PERT Clinicians with the necessary guidance to function effectively while responding to and following up on real-time calls in partnership with law enforcement. This document will serve to streamline internal processes, provide a roadmap for day-to-day operation, and ensure compliance with laws and regulations. This document also defines the training that is necessary to work collaboratively and safely with law enforcement. Staff will train and orient to a joint response model with their assigned law enforcement agency and law enforcement partners, CSC Law Enforcement Liaisons, CSC Behavioral Health Services Department, Federal Bureau of Investigations, as well as other local/regional specific community and law enforcement resources. In addition to this document, Each PERT Clinician will follow additional patrol procedures that are specific to their assigned law enforcement agency, refer to attachments I, II, III and IV, and the Community Mobile Response Teams (CMRT) Operations Manual.

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PART I: Introduction

History

CSC Behavioral Health Services Department (BHSD) provides an array of behavioral health services, including, but not limited to, services for crisis, acute inpatient psychiatric care, subacute, residential care, full-service partnerships, and outpatient. Although various behavioral health services are available to the community, there is also a need to expand community-based crisis services and create new diversion programs to reduce utilization of Emergency Psychiatric Services (EPS) and acute psychiatric hospitalization services which are the main clinical and service options available to CSC residents experiencing acute mental health crises.

Psychiatric Emergency Response Team (PERT) is a program that was initially implemented in San Diego County in 1996 utilizing a joint-response crisis intervention team, consisting of a licensed mental health clinician paired with a law enforcement officer. The team is dispatched through 911 phone calls made by community members or in-field law enforcement requests for emergency assistance involving individuals experiencing a psychiatric crisis. San Diego County implemented PERT to reduce the over-reliance on hospitalization and incarceration and improve outcomes in situations where law enforcement encounters individuals experiencing crises in the community. In Fiscal Year 2016-2017, San Diego's PERT program responded to 7,852 crises in the field and diverted approximately 50% from hospitalization or jail. San Diego's PERT program has experienced great success and grown to have approximately seventy joint-response teams in place as of January 2022.

CSC's PERT and Peer Linkage Project was designed by CSC BHSD and community stakeholders as part of their Mental Health Services Act (MHSA) Innovation (INN) Plan. Stakeholders participated in the development of the project through the County's community

planning process. Diverse numbers of individuals including consumers, family members, advocates, local non-profit staff, city law enforcement officials and the Sheriff's Office participated at this meeting and additional planning sessions during the course of project development. BHSD considered the input that was received during the community planning process as the department refined and finalized the PERT concept to include a Peer Linkage component. The County Board of Supervisors unanimously approved and adopted this project on September 26, 2017. By creating a program with both PERT and peer linkage to services, the County hopes to support a better crisis response in the field as well as increased access to services following a crisis.

PERT Overview

CSC's Psychiatric Emergency Response Teams are dedicated two-person units comprised of a deputy or officer employed by the designated law enforcement agency and a licensed mental health clinician employed by CSC BHSD. As of 2022, PERT is comprised of six PERT units across four law enforcement agencies in CSC: Sheriff's Office, Palo Alto Police Department, Morgan Hill Police Department, and San Jose Police Department.

The community may access a PERT team by contacting law enforcement's 911 system for emergencies or calling their local law enforcement agency's non-emergency line. If a PERT team is available, PERT officers/deputies will evaluate the situation and determine if their services are needed on scene. County 911 Communications can dispatch a PERT team directly, if appropriate and/or available. PERT responds to all adult and older adult ages; however, no individual will be turned away by PERT based on age, if a youth provider is not available and the individual is in crisis and/or at risk, PERT will provide them services.

PERT may be dispatched to calls involving an individual who is reasonably believed to be experiencing a mental health crisis, or where there is reasonable suspicion that the individual

may harm themselves or others, or who may be gravely disabled as the result of a mental health condition. PERT's response is not limited to active crisis episodes. PERT may be dispatched to assist in any incident that may involve a mental health component. When not actively responding to in-progress calls, PERT conducts follow-up visits to provide resources or other assistance to the community. PERT also acts on non-emergency post-crisis referrals from law enforcement and provides consultation to law enforcement staff.

Team Composition and Specialty/Training

PERT Clinicians are licensed mental health clinicians who have the legal authority to place individuals on a 5150 hold. They are trained to work with law enforcement, conduct mental health evaluations and assessment of individuals, assist in determining the appropriate disposition supporting individuals needs and safety, and provide or assist in coordination of transportation to mental health service centers or facilities.

PERT Clinicians receive advanced, specialized training as follows:

- CSC BHSD 5150 Certification Training
- Crisis Intervention Training (CIT), 24-hour POST Certified
- FBI Crisis Negotiation/Hostage Negotiation Training, 40-hour POST Certified
- Suicide By Cop: Assessment and De-escalation, 8-hour POST Certified
- Advancing Suicide Prevention/Clinical Management for Diverse Clientele, Safety Planning
- Question, Persuade, and Refer (QPR) Suicide Training
- Officer and Scene Safety
- Scenario Training with Officers
- Interactive Video Simulation Training (IVST) with Law Enforcement Liaisons

- Police Radio Training

All designated PERT Deputies/Officers are CIT trained and attend additional ongoing trainings with their Clinician partners.

The 2020 AB-465 bill requires any program permitting mental health professionals to respond to emergency mental health crisis calls in collaboration with law enforcement to ensure the program is supervised by a licensed mental health professional, including, among others, a licensed clinical social worker, except as specified. The supervisor of the PERT team shall be a licensed mental health professional.

Mission

PERT provides a collaborative team approach for individuals and families experiencing psychiatric crises. PERT combines mental health services with post-crisis resources to reduce future encounters with law enforcement.

Hours of Operation and Jurisdictions

PERT is currently stationed at four law enforcement agencies in CSC:

Sheriff's Office:

7 days a week, 1pm to 11pm

Responds to Cupertino, Saratoga, Los Altos Hills, Unincorporated CSC, and County Facilities

Santa Clara Police Department:

Tues – Fri, 7am to 5:30pm

Responds to the City of Santa Clara

- PERT is not available 24-hours a day due to staffing limitations.
- PERT Clinicians do not respond to calls for service without a deputy/officer.
- Under some circumstances, PERT may be called to assist other jurisdictions outside of their assigned jurisdiction. In these cases, a law enforcement supervisor would have discretion whether to authorize responses outside of an assigned jurisdiction.

PERT Shift Coverage

Each shift is covered by one licensed mental health professional who will have access to an on-call clinical supervisor or designee for administrative support and consultation. If a PERT Clinician is not available for their shift due to illness or planned leave, and a back-up Clinician is not available, the PERT Deputy/Officer for that particular jurisdiction will be available to respond to calls for service or to provide consultation to assist.

Law Enforcement Shift Coverage

If a PERT Deputy/Officer is not available for their shift due to illness or planned leave, the PERT Clinician may be able to respond to calls for service, depending on whether the specific law enforcement agency has a back-up deputy/officer available, and is also available to provide consultation to assist.

PART II: Procedures

Communication

Encrypting Internal BHSD Email Communication

When communicating PHI via email internally across the BHSD system of care, PERT Clinicians must encrypt their emails by writing “SCCSECURE” in the subject line of the email.

Equipment

PERT Clinicians must take due care to safeguard all client information in all forms (paper and electronic) being mindful of HIPAA regulations and confidentiality of medical records by ensuring that all computer equipment is password protected and safely locked up at the end of each shift consistent with all County policies.

Cell Phone/Mi-Fi

Each PERT Clinician will be issued a designated County cell phone and a Mi-Fi device issued to them for use during their assigned work hours. PERT Clinicians can connect to Wi-Fi via the Mi-Fi to access the County server.

Laptop

Each PERT Clinician will be issued a designated County laptop, docking station, and carrying case issued to them for use during their assigned work hours. PERT Clinicians can access the Wi-Fi and County Electronic Health Records (EHR) on their laptops via the hotspot on their Mi-Fi or County-issued cell phone.

Radio Equipment

PERT Clinicians will be responsible for using, maintaining, and securing law enforcement radio communications equipment consistent with the specific law enforcement agency's policies. Each PERT Clinician will be provided training in radio communications etiquette by their law enforcement partners and will follow all guidance and training provided by their law enforcement partners. Radio equipment shall only be utilized while on duty; at no time should a PERT Clinician remove or utilize radio equipment outside of their shift.

Ballistic Vest

Each PERT Clinician will be provided a ballistic vest by their law enforcement agency, will be fitted for a vest, and will be trained in utilizing a ballistic vest by their law enforcement partners. PERT Clinicians will follow all guidance and training provided by their law enforcement partners and will wear a ballistic vest at any time that their law enforcement partner instructs them to do so. Ballistic vests shall only be utilized while on duty; at no time should a PERT Clinician remove or utilize a ballistic vest outside of their shift.

All equipment must be fully charged and ready for use at the beginning of each shift, and PERT Clinicians are responsible for ensuring their equipment is charged throughout each shift. PERT Clinicians are responsible for the care and safety of all assigned equipment. Stolen, lost, or problems with equipment shall be reported immediately to their law enforcement partner, supervisor, and IT department. All County equipment is the property of CSC, and all law enforcement equipment is the property of the respective law enforcement agency. PERT Clinicians are responsible for testing equipment at the beginning of each shift to ensure it is in working condition and are responsible for securing the equipment appropriately at the end of each shift. All equipment should be secured to ensure that unauthorized access/use of the equipment does not occur.

Patrol Vehicle

PERT Clinicians respond to calls for service in a law enforcement patrol vehicle as passengers, and PERT Deputies/Officers will operate the patrol vehicle. At no time should a PERT Clinician operate a patrol vehicle, unless an emergency occurs that would require the clinician to do so. Such instances should be discussed with your law enforcement partner, in conjunction with the specific law enforcement agency's policies. At no time should a PERT Clinician respond to a call for service in their personal vehicle.

Driver Authorization - "All Public Health employees who drive on County business are required to have a valid CSC Driver's Authorization, a valid California driver's license, and maintain insurance consistent with the State minimum financial responsibility requirements", refer to the full policy using this link on the intranet: County Vehicle Driver Policies and Training.

Responding to Calls for Service

1) PERT may be dispatched to calls for service through County communications or may self-dispatch to calls for service after assessing whether the situation could benefit from a PERT response.
    a. If PERT is dispatched by County communications, PERT Deputy/Officer will be notified via their police radio or work cell phone and will attach to the call.
    b. PERT Deputy/Officer will monitor and analyze calls for service through their radio or law enforcement database.
2) PERT Deputy/Officer will attempt to obtain pertinent details of the call for service including but not limited to scene location, situational updates, subject's name and identifying information and history, and safety concerns.

3) Once the client is identified, PERT Clinician will check the County EHR's (Health Link, Avatar, and Unicare) and review any available mental health/substance use history (non-42 CFR Part 2 Information), maintaining privacy and confidentiality of PHI according to HIPAA.
4) PERT Deputy/Officer will confirm with dispatch that PERT is attaching to the call, are on the way, and provide an estimated time of arrival, if feasible.
    a. When PERT arrives on scene, PERT Deputy/Officer will advise dispatch of their arrival.

Reminder: Always use caution when arriving to the scene. Never approach a scene without your law enforcement partner's permission or direction. Always ensure that your law enforcement partner is always aware of your location. Do not hesitate to verbalize your concerns about the safety of a scene to your law enforcement partners.

5) Follow direction from law enforcement about scene control, when it is safe to arrive on scene, and when it is necessary to leave a scene. Law enforcement always makes final decisions about scene safety.
6) When placing an individual on a 5150 hold, PERT Clinicians should work with law enforcement to ensure the safety of all dependent children/adults and pets. It is also important to discuss with the individual whether water or utilities need to be shut off prior to leaving the premises. In the event an ambulance is transporting an individual on a 5150 hold, PERT Clinicians should confirm with the medics which Lanterman–Petris–Short (LPS) designated facility to write the 5150 hold to. Please review attachment V for detailed information of various issues to consider when writing a 5150 hold.

Working with Veterans

I. If it is learned that an individual is a Veteran, the clinician should attempt to inquire on the following, if appropriate and feasible:

- Ascertain from the client if they are currently receiving services through Veteran Affairs (VA), then:
- Assist the client by referring them to the Patient Scheduling Unit to get the Veteran an appointment with their Patient Aligned Care Team (PACT) at (855) 632-8262.

II. If the client is not receiving VA services and is unsure about their eligibility, connect them to Member Services. Member Services can answer questions regarding Veterans COMPACT Act of 2020.

III. If the Veteran is being placed on a 5150 hold, efforts should be made to transport the Veteran to the Veterans Affairs (VA) LPS facility, if determined to be appropriate and feasible.

- VA Palo Alto Health Care System (VAPAHCS) Emergency Room is located at 3801 Miranda Avenue, Palo Alto, CA 94304 and the phone number: (650) 493-5000.

VA Clinics:

Menlo Park Clinic 795 Willow Road, Menlo Park, CA 94025 Phone: 650-614-9997 x22234	San Jose VA Clinic 5855 Silver Creek Valley Place San Jose, CA 95138 Phone: 408-547-9100
Peninsula Vet Center 795 Willow Road Building 324 Wing B Menlo Park, CA 94025 Main number: 650-614-9825	Palo Alto VA (PAVA) 3801 Miranda Avenue, Palo Alto, CA 94304 Phone: (650) 493- 5000 *If client is to be placed on a 5150 hold, transport to PAVA Emergency Department (PAVA does not have outpatient MH)*

To find the nearest VA Clinic: https://www.va.gov/find-locations/

Refer to Community Mobile Response Team (CMRT) Operations Manual for responding to County Employees/LE staff.

Prioritizing PERT Calls for Service

In collaborating with law enforcement, there may be times where multiple calls for service are requested simultaneously and may need to be rated on a priority scale. The following scale is intended to assist PERT in determining what types of situations take priority, and to guide the PERT Clinician in recommending which situations may take priority in collaboration with their law enforcement partner. Based on information gathered by law enforcement and dispatch, as well as information gathered by the clinician, it is ultimately up to the PERT team to determine priority of response, with law enforcement having final discretion.

Level 1 - This is considered the lowest priority level. This level may include providing psychoeducation, referrals, and other social service needs to community members that are not in a crisis and are not in any way a danger to self or a danger to the community. This may include community members that have come in to contact with a law enforcement officer and are interested in receiving resources.

Level 2 - This level is considered of moderate priority. This level may include assisting officers in situations where a mental health issue may be present, but where the situation is not one of imminent threat. This can include providing consultation to law enforcement officers on a scene, psychoeducation to clients and families, defusing clients or families during or after an incident, providing referrals, etc.

Level 3 - This is considered the highest priority level. This level may include assisting officers in de-escalating clients, responding to situations with the presence of a weapon or active threat, and assessing for suicidal ideation, homicidal ideation, and grave disability. This includes writing 5150 holds and assisting with risk assessments.

Since there may be instances where there is more than one call for service simultaneously with the same level, please use the following procedure to respond:

1) PERT should seek to respond first to calls for service of the highest priority level. If PERT is currently working with a client determined to be at a lower level, the team will attempt to first finish with that client before responding to a higher priority call.
2) Based on the information dispatch provides about the call, as well as available mental health history, it is up to PERT to determine which of these calls take priority.
3) Based on PERT's assessment, all current pending calls for service that are of equal priority will be responded to in the order they were originally dispatched.
4) If you finish a call, respond to other calls by following the same procedure if they are still pending a PERT response.

Clinical Assessment

Calls for service may vary based on multiple variables, including but not limited to the reason for the call, involved individuals, and unforeseen circumstances. Crisis intervention includes an assessment of the individual's mental status, acuity of symptoms, and current needs.
Information gathered may include but is not limited to factual components of the case including the individual's self-report, credible collateral information, and relevant EHR history (if applicable/available). PERT Clinicians will use clinical judgement in their assessments.
During their assessment, PERT Clinicians should focus on the following criteria: danger to self, danger to others, and grave disability/gravely disabled minor. Please refer to Attachment V for the 5150 and 5585 criteria.

Crisis Negotiations

Should the circumstances of an incident require the assistance of a Crisis Negotiation Team (CNT), PERT shall provide the CNT negotiators with a summary of the incident and remain on scene as needed for support. PERT Clinicians are trained in Crisis Negotiation and may provide support to the incident command staff managing the incident. PERT Clinicians may be utilized by the Incident Commander to obtain relevant mental health history of the subject for the purpose of providing information that may assist the incident command and negotiators in ending the situation peacefully. Information provided is still subject to HIPAA regulations and must be limited to the information necessary to address the immediate threat to the person served or others. PERT Clinicians shall never serve as a "primary" negotiator. Although PERT Clinicians are trained in Crisis Negotiations, the PERT team neither functions as, nor takes the place of CNT.

PERT Referrals and Follow Ups

PERT receives referrals directly from law enforcement staff and provides follow-up contacts either by phone or in-person.

1) Upon receiving a PERT Referral, the PERT Clinician will check Health Link, Avatar, and Unicare systems and review available mental health/substance use history for the client while maintaining privacy and confidentiality of PHI according to HIPAA.
2) PERT Deputy/Officer will review Mental Health Firearms Prohibition System (MHFPS), Automated Firearms System (AFS), Wanted Person System (WPS), Restraining Order System (ROS) and provide appropriate information to the PERT Clinician.
3) PERT Clinician or team will determine whether to reach out to the client or the client's family member(s), depending on the circumstances of the referral. PERT Clinicians must maintain

privacy and confidentiality according to HIPAA in all communications with persons other than the client.

4) PERT Clinician or team will attempt contact with the client or the client's family member(s), either by phone or in-person, and proceed accordingly (providing psychoeducation, referrals, assessment, etc.).
5) For referrals, PERT will generally not engage in unannounced in-person contacts with a client without first ensuring the client is aware that PERT is coming.
6) During follow-ups, if the PERT Clinician determines that a welfare check is necessary, they will notify the PERT Deputy/Officer and request a welfare check.
7) In the event the referring law enforcement staff requests an update on the status of a referral, the PERT Deputy/Officer should provide the update via email or phone call.

PERT also provides follow-up contacts after calls for service, when feasible or appropriate. PERT may follow-up with a client or a client's family member(s), depending on various circumstances either by phone or in person, within 72-hours of the initial call for service, when feasible. PERT Clinicians must maintain privacy and confidentiality according to HIPAA in all communications with those other than the client. It should be noted that PERT Clinicians do not carry a caseload, and follow-ups are primarily of limited duration to offer resources including but not limited to resources listed in the *Community Mobile Response Team (CMRT) Operations Manual.*

Follow-ups may be done by a PERT Clinician by phone, or as a team with the law enforcement partner by phone or in-person.

Prior to in-person follow-ups, both the clinician and their PERT Deputy/Officer should discuss whether an additional law enforcement presence needs to accompany PERT on the call. For in-

person follow ups, the PERT Deputy/Officer will create an event and notify dispatch where PERT is going and when PERT is done with the call.

Considerations when working with Law Enforcement

Disengagement and Re-engagement

Law Enforcement may decide to disengage from a scene for a variety of reasons. In such instances, PERT may offer individuals safety planning and resources that are aimed towards mitigating a future crisis. PERT may, on a case-by-case basis, develop a plan to re-engage with individuals and families at a time when the crisis is de-escalated and there are potentially more options available to safely engage. It is important for PERT Clinicians to have an attitude of cooperation, teamwork, and understanding related to Law Enforcement's limitations within their policies and the law. PERT may be utilized in re-engagement plans through follow-ups to calls for service or via referrals from law enforcement's encounters with subjects while on patrol. In the event PERT or on-scene Law Enforcement makes the decision to disengage from a scene, the PERT Clinician must notate the following in their documentation as applicable: "On-scene law enforcement or PERT Officer/Deputy made decision to disengage from the scene" and include the reason why, if known.

Documentation and Monthly Data Reporting

PERT Clinicians are responsible to maintain clinical records. All information and records created while providing services shall be kept confidential in accordance with HIPAA, the California Medical Information Act (CMIA) and, California Welfare and Institutions Code (WIC) § 5328.

PERT Clinicians document each encounter in an excel tracking system. Documentation includes demographic data set forth by Mental Health Services Act (MHSA) Prevention and

Early Intervention (PEI). Additionally, PERT Clinicians create a PDF intervention note to document each encounter. The intervention note should contain the elements of a "crisis intervention service", containing the reason for the call, a clear description of the crisis, intervention note, mental status exam, and a description of the final disposition and plan. PERT Clinicians will create a secured password-protected folder for each client, titled with the client's first and last name, and will save the PDF intervention notes in each client's folder, along with soft copies of any related Child Protective Services (CPS)/Adult Protective Services (APS) reports, Yellow 5150 Hold Forms, Tarasoff letters, PERT referrals, Trak Flyers, releases of information, or other related documentation.

PERT Clinicians also document aggregate data of their work on a weekly activity log. At the end of each month, PERT Clinicians will total the aggregate data for that month and submit the aggregate data spreadsheet to the Division Director, along with the totals for the following: Final Dispositions (types and total number of each type), Resources Offered (types and total number of each type), and CPS/APS/Tarasoff reports (total number for each).

Client Records must be retained and stored according SCVHS Record Retention policy.

Safety

Field Safety

Your safety can impact your partner's safety:

I. Communication

   a. Identification – Do not assume the public will know you are a behavioral health worker. Identify yourself as a Clinician with CSC Behavioral Health; keep your badge visible.

b. Always keep cellular phone/police radio on hand

c. Develop a system of communicating concerns with your law enforcement partner; this may be unique to each partnership

II. Dress Code – "Staff shall wear attire that is appropriate for the nature of work done and to convey an image to the public that is consistent with a professional and/or clinical setting", refer to the full policy using this link on the intranet: Dress Code.

a. Wear your County badge; if wearing around the neck, wear a detachable badge lanyard

b. Avoid wearing a lot of jewelry or items that can be easily grabbed by someone

c. Always keep a form of identification on you (i.e. Driver's License)

III. On the field - Home Field Visiting Policy

a. Dwellings

i. Never initiate contact at a dwelling yourself. Allow law enforcement to make first contact.

ii. Be aware of doors, windows, alley ways.

iii. When meeting a client inside a dwelling, attempt to position yourself with space and some form of cover and/or barrier (side of wall, side of building, objects) between yourself and the client.

iv. Avoid sitting down when meeting with a client unless it is safe to do so.

v. It is typically best to meet with the client outside, if possible.

vi. Be aware of anything in the client's vicinity that could be used as a weapon and communicate anything concerning to your law enforcement partner immediately.

vii. Avoid meeting with a client inside a kitchen.

viii. Be aware of anyone else in the dwelling and their location(s).

ix. If you hear a dog, ask the client to secure the dog, even if the dog is non-violent.

b. Mindset: Always Stay alert!

c. Individuals: Always approach with caution. This includes keeping distance between you and the client, positioning yourself behind your law enforcement partner.

d. Law Enforcement: Always follow law enforcement's directions about your positioning.

e. De-escalation: De-escalation can be exercised both verbally and non-verbally during interactions with clients. Remember to de-escalate yourself while de-escalating others.

f. Debriefing: Make sure to debrief with your law enforcement partner about things that went well/things that could be improved.

Transporting Individuals

PERT may transport individuals only if the patrol vehicle is equipped to do so, and only at the discretion of the PERT Deputy/Officer. PERT may defer to other on-scene officers as to their preference for method of transport to the nearest LPS designated facility or other type of destination. In the case of a medical emergency an ambulance should transport the client to the ED for medical stabilization/clearance. In the event an ambulance is transporting an individual on a 5150 hold, PERT Clinicians should confirm with the medics which LPS designated facility to write the 5150 hold to. For detailed information of various issues to consider when writing a 5150 hold, refer to Attachment R in the Community Mobile Response Team (CMRT) Operations Manual.

In coordinating alternative transportation plans for individuals who do not meet 5150 criteria, the PERT Clinicians must determine if the plan is safe and appropriate based off their assessment and clinical judgement.

Westmed Ambulance Service

VMC/BHSD has contracted with Westmed Ambulance Service to provide clients transportation to a LPS facility because they are on a 5150 hold. The contract indicates Westmed has to respond within 60 minutes. Westmed can only be utilized when the clinician is on scene and involved in the 5150 hold.

Westmed Ambulance Communications can be reached 24/7 by calling: 1-888-331-1420.
In the event of any issues, concerns, or transport escalation requests, please contact the following Westmed managers 24/7:

- Erik Mandler, President (949) 981-0299
- Nicky Bahr, Vice President (949) 899-3363
- Andrew Thomas, Communications Manager (510) 695-1112
- James Duringer, NICU Issues (925) 818-6857

In addition, in the unlikely event of a phone system failure, the following phones are set up in the call center and available as backup: (510) 909-1683; (510) 909-1041; (510) 909-1089.

Taxi Vouchers

In the event PERT Clinicians are allocated Taxi Vouchers, all other alternative options for transportation should first be explored and exhausted (patrol assistance, family/friend, PERT vehicle), before considering offering a Taxi Voucher as a last resort. Taxi vouchers should not be utilized for individuals: who have a history of violent behaviors, who are heavily intoxicated,

or who are not cooperative/unwilling/unable due to altered mental status to contract for safety. Taxi vouchers may be appropriate for individuals who are willing to agree to safety planning and are cooperative in the coordination of transportation to facilities that will aid them with resolution of the crisis on a voluntary basis.

If a taxi voucher is provided to an individual, the PERT Clinician will need to verify with the individual that they reached their intended destination by calling the individual/intended destination. If the PERT team determines the individual would not be safe to transport in their patrol vehicle, then a Taxi Voucher should not be considered.

The Right to Refuse Treatment

Clients have the right not to speak with a PERT Clinician and to refuse services. Law enforcement will ultimately determine whether a client is “free to leave”. Follow direction from law enforcement about when it is appropriate to disengage from a scene/client.

Data Collection

Data tracked for BHSD by PERT Clinicians in an excel spreadsheet:

- Law Enforcement Event Number
- Incident Date
- Incident Source
- Incident Location
- Time PERT is Attached to Call
- PERT Team Arrival Time
- Consumer Contact in Field (Yes/No)
- Time PERT Team Encounter Complete
- Age**
- Race**
- Language**

- Ethnicity**
- Gender Assigned at Birth**
- Gender Identity (Current)**
- Sexual Orientation**
- Disability Status**
- Military Status**
- Insurance Type
- Open to BHSD (Yes/No)
- BHSD Program
- Final Disposition
- Resources Offered
- Mandated Reports

***Refer to attachment V for MHSA PEI Outreach for Increasing Recognition of Early Signs Demographic Data.*

Aggregate data tracked for the Law Enforcement Agency by the PERT team on weekly/monthly activity logs in shared folder:

1. Calls for Service
2. Follow-Ups
3. Referrals
4. Resources Offered
5. Consults
6. W&I 5150
7. Arrests
8. Uses of Force
9. Firearms Collected
10. GVRO Requested
11. GVRO Granted
12. Presentations Given
13. Trainings Conducted
14. Meetings Attended
15. Trainings Attended

PART III: Legal Considerations

Welfare and Institution Codes (WIC)

- CA WIC § 5328. Legal and Civil Rights of Persons Involuntarily Detained

Health Insurance Portability and Accountability Act of 1996 (HIPAA)

- 45 CFR Part 160

California Medical Information Act (CMIA)

- CA CIV Code § 56.10

Forms

Forms below are in a shared folder: S:\Psychiatric Emergency Response Team\PERT Forms and Logs

- PERT Referral Form
- Monthly Tracking Sheet
- Weekly Activity Log
- PERT Intervention Note
- Incident Report Form

Attachments

Attachment I: Sheriff's Office PERT Policy and Procedures

Attachment II: Palo Alto PERT Policy and Procedures

Attachment III: Morgan Hill PERT Policy and Procedures

Attachment IV: SJPD PERT Policy and Procedures

Attachment V: MHSA PEI Outreach for Increasing Recognition Program Template