

Policy #TBD

Psychological Emergency Response Team (PERT)

xxx.1 PURPOSE AND SCOPE

The Psychological Emergency Response Team (PERT) is a collaborative effort between the Palo Alto Police Department and the Santa Clara County Behavioral Health Services Department. The intent of the PERT program is to combine the unique resources, skills, experience and training of personnel from two different professions (law enforcement and mental health services) to provide the best possible response to situations involving persons with mental illness. The team's primary objective is to provide rapid intervention to a person in mental health crisis by de-escalating the situation and stabilizing it in the least restrictive way possible, and then striving to get that person the help they need.

xxx.2 PERT PROGRAM COMPOSITION

The Psychological Emergency Response Team is a two-person unit comprised of an officer or agent employed by the Palo Alto Police Department, and a licensed mental health clinician employed by the Santa Clara County Behavioral Health Services Department. Using the unique resources available to each profession, the team combines those resources to provide the highest possible level of service to someone in mental health crisis, with the goal to do so, whenever possible, before the mental health situation decompensates or requires hospitalization. The PERT unit strives to provide a more comprehensive and compassionate level of service to community members with mental illness.

xxx.3 UTILIZATION OF THE PERT UNIT

The PERT unit should be dispatched to calls involving a subject who is reasonably believed to be in mental health crisis, or where there is a reasonable expectation that the subject may harm themselves or others as a result of a mental condition. Their response is not limited to active crisis episodes; the unit may be dispatched to assist in any incident that may involve a mental health component.

When not actively responding to in-progress calls, the PERT unit can conduct follow-up visits to provide resources or other assistance to community members with mental illness. The team will also act on non-emergency referrals from other personnel as their time allows.

Because mental illness is prevalent among the homeless population, the PERT unit also serves as the Palo Alto Police Department's main point of contact for long-term or ongoing homeless-related concerns.

It is important to note that the PERT unit does not function as, nor does it take the place of, the Crisis Negotiation Team. The PERT unit members are not negotiators, unless they are separately cross-trained as a member of the Crisis Negotiation Team. Instead, should the incident require the assistance of the Crisis Negotiation Team, the PERT officer and clinician shall provide negotiators with a summary of the incident and remain on scene for support.

- a) The PERT unit's role in any incident where the Crisis Negotiation Team or any other specialized team is needed is to provide support to the incident command staff managing the incident. The PERT clinician may be utilized by the incident command staff to provide relevant mental health history on the subject if that would help end the situation peacefully.

xxx.4 PERT OFFICER – SELECTION AND TRAINING

The Palo Alto Police Department officer or agent assigned to the PERT unit is an experienced law enforcement professional who has an extensive background in successfully and compassionately working with community members who are in mental health crisis.

xxx.4.1 Selection Process

PERT officers will be selected based, in part, upon the following minimum requirements:

- a) Minimum of three years of patrol experience, at least two of which must be with this agency
- b) Willingness to work a 4/10 shift schedule, outside of the traditional 4/11 patrol assignment
- c) Successful completion of POST-certified 24-hour Crisis Intervention Team (CIT) training
- d) Outstanding oral and written communication skills
- e) A proven ability to work closely and successfully with others as part of a team
- f) A proven ability to compassionately work with community members who have mental illness

The PERT unit is a one-year minimum, three-year maximum full-time specialty assignment.

xxx.4.2 Training

The PERT officer will remain current with all ongoing POST in-service training mandates, and should also seek out additional training opportunities that would benefit them in their position. These could include courses on tactical communication, recognizing and identifying signs and symptoms of mental illness, de-escalation strategies, and more.

xxx.5 OPERATIONAL PROCEDURES

What follows are the operational procedures guiding the day-to-day operations of the PERT unit and how it relates to and interacts with other Field Services Division personnel.

xxx.5.1 General Operational Considerations

- a) If other non-PERT personnel arrive at a scene first, they will provide the PERT unit with a detailed summary of the circumstances.
- b) Other non-PERT personnel shall not clear the scene unless and until it is secure from an officer safety standpoint, and the PERT officer on scene gives their approval for the other personnel to clear.
- c) To the extent possible, officers will ensure that no weapons, or items that could be used as weapons, are located within the area in which the PERT unit will be communicating with the subject.
- d) Non-PERT personnel and the PERT officer shall have open lines of communication while on scene to ensure safety strategies are known and established, should the subject make an unexpected aggressive action.
- e) If the subject meets the criteria under 5150 W&I, the PERT officer will coordinate physical transportation of the subject to an approved mental health facility.
- f) If a misdemeanor crime (not involving violence or a threat of violence) has been committed by the subject, the PERT officer will balance the need for a physical arrest with providing the subject mental health services. If appropriate, the PERT officer may cite and release the subject.

xxx.5.2 Uniform

- a) The PERT officer will wear an approved Department polo shirt bearing their name and an embroidered badge, and approved Department 5/11 pants.
- b) The PERT officer will wear all normal duty equipment, to include a body-worn camera.

xxx.5.3 Vehicle

- a) The PERT unit will be assigned a Department-owned unmarked vehicle, to be driven by the PERT officer.
- b) The PERT clinician will not operate the Department-owned unmarked vehicle.

xxx.5.4 Responsibilities of the PERT Officer

- a) To provide safety for the community, clients, and potential clients.
- b) To the extent possible, be responsible for the safety of the PERT clinician.

- c) In all instances where the PERT unit establishes probable cause to detain and transport a subject to a mental health facility pursuant to 5150 W&I, the PERT officer shall document the circumstances in a police report. Either the PERT clinician or the PERT officer can complete the Application for 72-Hour Hold form.
- d) When a subject is detained or apprehended for examination of his/her mental condition or who is a person described in Welfare and Institution Code (W&I) Section 8100 or 8103, is found to own, or have in his/her possession or under control, any firearm, or any other deadly weapon, the item(s) shall be confiscated by the PERT officer pursuant to the provisions of 8102 W&I. Officers shall not confiscate firearms or any deadly weapon(s) unless the items are in plain view, they have received consent to search and retrieve the item(s), or pursuant to a search warrant. Circumstances surrounding the confiscation of firearm(s) or weapon(s) shall be documented in a police report.
- e) The PERT officer shall consider the need for a Gun Violence Restraining Order (GVRO) and request one if appropriate for the circumstances.
- f) To provide or coordinate necessary transportation of individuals to designated mental health facilities when a 72-hour evaluation is placed on a cooperative subject. For uncooperative subjects, the PERT officer will consult the on-duty field supervisor to determine the safest and most appropriate method of transportation.
- g) To provide or assist in coordination of transportation to mental health service centers or facilities when such support and services would be beneficial (regardless of whether a 72-hour evaluation hold is issued), and there is cooperation from the subject.
- h) To remain informed on current legal and ethical issues related to mental illness and law enforcement.
- i) To ensure the Department's requirements for detention and transportation pursuant to 5150 W&I are met. This includes completion of all appropriate reports.
- j) To participate in PERT training sessions and staff meetings.
- k) To present the PERT program to all in a positive, professional manner.
- l) To conduct presentations to educate others about the mission and focus of PERT.
- m) To provide mental health training and expertise to other Department staff.

xxx.5.5 Responsibilities of the PERT Clinician

- a) To help conduct mental health evaluations and assessments of individuals.
- b) To assist in determining the appropriate disposition supporting individuals' needs and safety.
- c) To consult with PERT officer regarding disposition of individuals and law enforcement issues.
- d) To maintain knowledge of the criteria for psychiatric disorders according to the current Diagnostic and Statistical Manual of Mental Disorders.
- e) To maintain knowledge of current legal and ethical issues as they relate to mental illness.
- f) To maintain licensing as required.
- g) To ensure requirements for detention and transportation pursuant to 5150 W&I are met.
- h) Provide documentation to the PERT officer supporting the decision to detain and transport a subject pursuant to 5150 W&I.
- i) To provide or assist in coordination of transportation to mental health service centers or facilities when such support and services would be beneficial (regardless of whether a 72-hour evaluation hold is issued), and there is cooperation from the subject.
- j) To maintain a law enforcement security clearance.
- n) To present the PERT program to all in a positive, professional manner.
- o) To conduct presentations to educate others about the mission and focus of PERT.
- p) To provide mental health training and expertise to other Department staff.
- q) The PERT clinician shall not engage in law enforcement activities that are not related to the PERT mission and focus.

xxx.5.6 *Tarasoff* warnings

If the PERT clinician receives information during a mental health evaluation that would warrant warning a threatened individual or location in compliance with the *Tarasoff* decision, the following procedures will apply:

- a) The PERT clinician will notify the PERT officer of the threat, as required. The PERT clinician will advise the officer of the obligation to report under *Tarasoff*.

- b) The PERT clinician or officer will make every reasonable effort to notify the threatened individual or location of the threat(s) as required.
- c) The PERT officer will complete a crime report. If the person threatened resides outside of Palo Alto, the PERT officer will notify the appropriate law enforcement jurisdiction of the location where the victim lives or is located.
- d) The PERT officer shall notify the on-duty field supervisor of the threat and evaluate the need to investigate the circumstances further.

xxx.5.7 Referrals to PERT

Any staff member of the Palo Alto Police Department may request that the PERT unit conduct non-emergency follow up on certain individuals who may warrant additional mental health assistance or resources. These circumstances may include, but are not limited to, the following:

- a) An individual who does not meet the criteria for a 72-hour evaluation, but whom personnel believe would still benefit from the expertise of the PERT clinician.
- b) An individual who has requested non-emergency information on psychiatric issues that the PERT unit may be able to provide.
- c) Individuals who are experiencing homelessness and may require mental health resources.

Non-emergency referrals to PERT can be made by completing the "PERT Referral Form" and sending it via e-mail to the PERT officer and the PERT clinician. The PERT unit will log the request and perform the necessary follow-up in a reasonable period of time.

xxx.5.8 Confidentiality

The PERT clinician is responsible for maintaining clinical records. Accordingly, all information and records created in the course of providing services shall be kept confidential in accordance with 5328 W&I.

Independent observations of a subject made by the PERT officer might not be included in the clinical files and might not be confidential. Information on a police report may also not be considered confidential.

Observations made by the PERT officer specific to the decision to take a subject into protective custody and transport them to a mental health facility (which are specific requirements for 5150 W&I) are not confidential and may be included in the PERT officer's police report.

xxx.5.9 Transportation

In many cases, the PERT unit will transport subjects detained for mental health considerations themselves. In these circumstances, the PERT officer will be responsible for safety considerations, while the PERT clinician will maintain observation of the detained individual.

The PERT unit personnel should be observant of the medical needs of the detained individual. If the detained individual exhibits any signs of medical distress, the PERT unit personnel should consider requesting an ambulance to transport. If an ambulance transports the individual, the PERT unit will follow the ambulance to the facility to ensure appropriate placement.

The following safety precautions are necessary for the safety of the PERT officer, PERT clinician, and staff at the receiving facility:

- a) The PERT officer must search the detained individual for weapons, controlled substances, or other contraband prior to placing them into a vehicle for transport. The PERT clinician is not responsible for searching the detained individual.
- b) When the individual is cooperative, the PERT unit should transport a cooperative detained individual to the most appropriate psychiatric facility.