

Morgan Hill PERT

Policies & Procedures

GENERAL INFORMATION

A. Background:

1. The Morgan Hill Police Department has experienced an increase in calls-for-service related to individuals living with mental illness. Often, these individuals experience homelessness due to their mental health. Due to these and other types of mental health illnesses, individuals are often difficult to engage with and may become very ill due to their inability to understand the need for treatment. The severity of an individual's symptoms can be difficult to evaluate during a brief encounter with officers. A more thorough on-scene evaluation by a Mental Health Professional may decrease emergency hospitalizations, reducing recidivism rates of mentally ill offenders, and preventing tragic outcomes.

UTILIZATION

A. P.E.R.T. may be called upon to respond to a location where contact is made with a subject reasonably deemed to be suffering from a behavioral episode or mental health crisis or where there is a reasonable expectation of self-inflicted harm to the subject, a reasonable expectation of harm to another person, or where the subject is exhibiting signs of psychosis. In evaluating the incident, on-scene officers will evaluate the circumstances of the call and determine if a P.E.R.T. response would help resolve the incident in the most responsible manner. If the decision is ultimately made to contact P.E.R.T. Officers should take into consideration all relevant information to ensure a complete evaluation of the circumstances is known prior to calling P.E.R.T.

Things to consider when requesting P.E.R.T. assistance include but are not limited to:

1. Potential for Violence against P.E.R.T. Team Members
2. Nuisance issues or quality of life concerns vs. Crimes Committed
3. Injuries sustained by Subject
4. Law Enforcement History with Subject
5. Actions/Statements made by the Subject
6. Age of Subject
7. Location of Subject
8. Force used by officers

B. P.E.R.T. response is not limited to active crisis episodes. P.E.R.T. may be called upon to assist in any mental health incident, including non-5150 W&I hold situations. The goal of P.E.R.T. is to coordinate services and provide resources before the mental health situation decompensates or requires hospitalization.

C. Should, the circumstances of the incident, require the assistance of the Crisis Negotiation Team (CNT), P.E.R.T. shall provide CNT negotiators with a summary of the incident and remain on scene as needed for support. P.E.R.T. team members are not negotiators.

1. P.E.R.T.'s role in incidents where CNT or any other specialized team is needed shall be to provide support to the incident command staff managing the incident. P.E.R.T. Clinicians may be utilized by the incident command to obtain relevant mental health history on the subject for the purpose of providing information that may assist the incident command and negotiators in ending the situation peacefully. P.E.R.T. Clinicians and officers should not actively engage in crisis negotiations handled by trained CNT negotiators. The P.E.R.T. team neither functions as nor does it take the place of CNT.

P.E.R.T. ARRIVAL

A. Officers will not relinquish the scene to P.E.R.T. and shall remain on scene until an assessment of the individual is completed by P.E.R.T. If it is determined officers shall remain on scene for safety, the on scene officer will remain on scene until the incident has been resolved.

B. Officers will provide P.E.R.T. team members with a detailed summary of the circumstances.

C. To the extent possible, officers will ensure no weapons, or items that may be used as weapons, are located within the area in which P.E.R.T. will be communicating with the subject.

D. Officers will always remain with the P.E.R.T. team as needed.

E. Officers shall communicate with the P.E.R.T. team to ensure safety strategies are known and established should an unexpected aggressive act occur.

F. If the subject is deemed non-violent and meets the criteria under W&I 5150, the P.E.R.T. team will coordinate physical transportation of the subject to a mental health facility.

G. Under circumstances where a misdemeanor crime, not involving violence or threats of violence, has been committed by the subject, officers will balance the need for a physical arrest with providing the subject mental health services as recommended by P.E.R.T. If appropriate, the officer may cite and release the subject.

P.E.R.T. OFFICER RESPONSIBILITIES

1. To provide safety for the community, clinician, clients, and potential clients.

2. To provide or coordinate necessary transportation of individuals to designated mental health facilities when a 72-hour evaluation is determined to be necessary and the individual is cooperative. For uncooperative individuals, the P.E.R.T. Officer & Clinician, or Supervisor on scene will determine the most appropriate method for transportation.

3. To provide or assist in the coordination of transportation to mental health service centers or facilities when determined by P.E.R.T. that such support and services, regardless of whether a 72-hour evaluation hold is issued, are beneficial and there is cooperation from the individual.

4. To be responsible for control/safety within the Team.

5. To evaluate the scene for criminal behavior.

6. Remain informed of current legal and ethical issues related to mental illness and law enforcement.

7. To ensure the department's requirements for detention and transportation pursuant to 5150 W&I are met.

8. To participate in P.E.R.T. training sessions and meetings with staff.

9. Present the P.E.R.T. program in a positive professional manner.

10. Conduct presentations to educate others about the mission and focus of P.E.R.T.

11. Provide additional mental health training and expertise to patrol officers.

12. To the extent possible, assist clinicians in safeguarding confidential mental health reports and privileged information obtained during the performance of their duties.

P.E.R.T. CLINICIANS

A. P.E.R.T. Clinicians are licensed mental health clinicians who have the legal authority to place subjects on a 5150 W&I hold. The following are the responsibilities of a P.E.R.T. clinician:

1. To help conduct mental health evaluations and assessments of individuals.

2. Assist in determining the appropriate disposition supporting individuals' needs and safety.

3. Consult with P.E.R.T. officer regarding the disposition of individuals and law enforcement issues.

4. Maintain knowledge of the criteria for psychiatric disorders according to the Diagnostic Statistics Manual of Mental Disorders V (DSM5-TR).

5. Maintain knowledge of current legal and ethical issues related to mental illness.

6. Maintain required licensing.

7. To ensure requirements for detention and transportation pursuant to 5150 W&I are met.

8. Provide documentation (5150 W&I Application or Report) to the P.E.R.T. officer supporting the decision to detain and transport an individual pursuant to 5150 W&I (A decision to place a 5150 W&I hold on an individual may be determined by the clinician or P.E.R.T officer, both retain the lawful authority to issue a hold.
9. To Provide or assist in the coordination of transportation to mental health service centers or facilities when determined by P.E.R.T. that such support and services, regardless of whether a 72-hour evaluation hold is issued, are beneficial and there is cooperation from the individual.
10. To maintain law enforcement security clearance.
11. To present the P.E.R.T. program in a positive professional manner and provide additional mental health training and expertise to patrol officers.
12. To conduct presentations to educate others about the mission and focus of P.E.R.T.
13. Maintain the confidentiality of sensitive law enforcement information to include but not limited to reports, bulletins, training, notifications, and two-way radio communication.

B. Clinicians shall not engage in non-P.E.R.T. related law enforcement activities.

1. The role and responsibility of the assigned clinician is to provide mental health services to clients. The clinician should not engage in law enforcement function(s) as those actions should be performed by trained law enforcement officers. Nothing in this procedure prevents P.E.R.T. officer's from carrying out law enforcement duties deemed necessary to protect life and property. However, P.E.R.T. officers should carefully balance the need to perform enforcement actions with the need to ensure the safety of the clinician(s).

C. Tarasoff Warnings and Tarasoff Reporting Procedures.

1. If a P.E.R.T. 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:

2. The P.E.R.T. clinician will notify the P.E.R.T. officer of the threat, as required. The P.E.R.T. clinician will advise the deputy of the obligation to report under Tarasoff.

3. The P.E.R.T. clinician or an officer will make every reasonable effort to notify the threatened individual or location of the threat(s) as required.

4. The P.E.R.T. officer will complete a Tarasoff report. If the person threatened resides outside of Santa Clara County, the P.E.R.T. officer will notify the law enforcement agency having jurisdiction of the location where the victim lives or is located.

5. The P.E.R.T. officer shall notify the on-duty supervisor of the threat and evaluate the need to investigate the circumstances further.

DOCUMENTATION

A. In all instances where P.E.R.T. officer establish probable cause to detain and transport a subject to a mental health facility pursuant to W&I 5150, Officers shall document the circumstances, including the fact that P.E.R.T. was contacted for assistance on an Incident Report.

B. When a subject is detained or apprehended for examination of their 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 their possession or under control, any firearm, or any other deadly weapon, the item(s) shall be confiscated by deputies pursuant to W&I 8102. Officers shall not confiscate firearms or any deadly weapon(s) unless the items are in plain view, 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 an Incident Report.

1. Officers shall consider the need for Gun Violence Restraining Order (GVRO) and request one if needed.

C. Incidents involving reportable levels of force shall be documented in a Blue Team entry as soon as practical, in addition to the Incident Report.

P.E.R.T. REFERRALS

A. As part of the proactive philosophy of the P.E.R.T. program, officers may request follow-up on certain individuals who require additional assistance or resources. These circumstances may include but are not limited to:

1. An individual who does not meet the criteria for a 72-hour evaluation but whom officers believe would benefit from the expertise of a P.E.R.T. clinician.

2. An individual who has requested non-emergency information on psychiatric issues that P.E.R.T. may be able to provide.

3. Individuals who have experienced homelessness may require resources outside of housing.

B. Referrals to P.E.R.T. that do not require an immediate response should be made by completing the P.E.R.T. Referral form and placing it in the P.E.R.T. in-box or emailing the referral to P.E.R.T email. Officers are encouraged to complete the referral as thoroughly as possible to give the P.E.R.T. team enough information for a proper assessment. Officers are encouraged to complete the referral as thoroughly as possible to give the P.E.R.T. team enough information for a proper assessment. The P.E.R.T. team will log the request and perform the necessary follow-up as soon as possible.

CONFIDENTIALITY

A. P.E.R.T. clinicians are responsible for maintaining clinical records. Accordingly, all information and records created while providing services shall be kept confidential in accordance with 5328 W&I.

B. Independent observations of a subject made by the P.E.R.T. officer might not be included in the clinical files and might not be confidential. Information on a detention report or Mental Health Supplemental may also not be considered confidential.

C. Observations made by the P.E.R.T. clinician, specific to the decision to take a subject into protective custody and transport to a mental health facility, which are specific requirements for 5150 W&I, are not confidential and may be included in the officer's Incident Report and other reports.

TRANSPORTATION

The following will be utilized if the individual has private insurance and requirements for a 5150 W&I hold are met individual will be transported through dependent on ability/ time of response to call:

- WestMed- SCCBHD EMS
- Silicon Valley Transport- MHPD EMS

B. For an individual with No insurance or Medi-Cal insurance and meets requirements for a 5150 W&I involuntary hold, depending on circumstances, the P.E.R.T. officer & P.E.R.T. clinician to determine the most appropriate transportation based on the individual's disposition.

- WestMed- EMS
- MHPD- Multiservice officer
- MHPD Patrol Officer
- P.E.R.T. Officer & Clinician

C. The following will be utilized if an individual does not qualify for a 5150 hold but is receptive to as part of a safety plan connect with crisis services such as Momentum Crisis stabilization, Mission Street Sobering Center, MHUC, Blackbird Peer Respite, Bill Wilson Drop-in Center (for 13-25year)

- Family or Friend to provide transport to location determine
- MSO – Multiservice Officer
- Patrol officer- if available
- P.E.R.T. officer & clinician- if possible
- Taxi Voucher- Yellow cab

Above protocol is subject to change based on MHPD & SCCBHD director approval of procedures

D. The following safety precautions are necessary for the protection of the Officer, clinician, and E.P.S. staff:

1. Clinicians are not responsible for searching individuals. Officers must search for weapons, controlled substances, or other contraband prior to placing a detained individual into a vehicle.

2. P.E.R.T. can transport persons in a mental health crisis to the most appropriate psychiatric facility when a 72-hour hold is determined to be necessary and the individual is cooperative:

(1) Emergency Psychiatric Services (EPS), 871 Enborg Ct. San Jose, CA 95128;

(2) Good Samaritan Hospital, 2425 Samaritan Dr. San Jose, CA 95124

(3) Veterans Affairs Hospital, 3801 Miranda Ave. Palo Alto, CA 94304 or

(4) A designated facility by Uplift Family Services (to be determined for the minor & space is available) *Uplift is the primary resource for all juvenile mental health services.

E. The following will be utilized if the determination is made that the situation is or may be a medical emergency or when medical clearance is needed before 5150 W&C is enforced due to the situation the PERT Officer & Clinician will:

- Utilize MHPD Rural Metro EMS