

P.E.R.T.

Psychiatric Emergency Response Team

Community Information

Introduction & History of PERT

Who is PERT?

- The Psychiatric Emergency Response Team (PERT), a program of Community Research Foundation (CRF), a not-for-profit organization, in partnership with San Diego County Health and Human Services (HHS), San Diego County Law Enforcement Agencies, and the National Alliance on Mental Illness (NAMI San Diego). The purpose of the PERT program is to contribute to the well-being of individuals living with mental illness by actively and compassionately assisting individuals in crisis who come to the attention of law enforcement to access appropriate services and to optimize outcomes through on-scene assessments and referrals. The PERT program is funded by the County of San Diego HHS and the MHS Act. The PERT program is a law enforcement based mental health crisis intervention team that pairs a licensed mental health professional with a law enforcement officer/deputy. The teams ride together in the field for their entire shift and are first responders who assist in mental health related emergencies that are brought to law enforcement's attention.

Why have PERT?

- In the early 1990's, there were several officer involved shootings and critical incidents involving individuals living with mental illness. At that time, there was a gap between law enforcement and mental health agencies and providers. The community, consumers, family members, San Diego County HHS and law enforcement agencies determined that officers/deputies needed to have more training in recognizing and responding to mental health issues and in addition to the training, needed clinical support from mental health professionals in the field. The PERT program is the result of our community partners collaborating and working together to provide the best possible service for individuals living with mental illness and to also provide training and support to law enforcement agencies throughout our County.

What is the goal of the PERT Program?

- The mission of the PERT program is to provide effective and compassionate crisis intervention to individuals living with mental illness in the community who come into contact with law enforcement officers/deputies. The goal is to safely and effectively de-escalate crisis situations and provide appropriate referrals when necessary and offer the least restrictive level of care, thus avoiding unnecessary hospitalization and incarceration. PERT is recognized globally as a "best practice" model. This model allows law enforcement agencies and PERT clinicians to work together with the common goal of providing the best options for individuals living with mental illness in our communities.

What is the staffing of the PERT program?

- We are authorized to provide fifty-one licensed mental health professionals who are teamed with PERT trained law enforcement officers/deputies throughout San Diego County. PERT partner agencies include the following: Oceanside Police Department, National City Police Department, Carlsbad Police Department, Escondido Police Department, Chula Vista Police Department, Coronado Police Department, La Mesa Police Department, El Cajon Police Department, Escondido Police Department, San Diego Sheriff's Department, and San Diego Police Department. PERT provides assistance to other agencies such as California Highway Patrol, U.S. Customs & Border Protection, Harbor Police, as well as campus and military police when requested and available.

How do you request a PERT team?

- The community may access a PERT team by contacting law enforcement's 9-1-1 system in cases of emergencies or calling their local law enforcement agencies non-emergency phone line. Officers/deputies will then be dispatched evaluate the situation and the first officers on-scene may request a PERT team, if necessary. The communication center may dispatch a PERT team directly if appropriate and/or available. If you are told that a PERT team is not available, please request a PERT trained officer/deputy to respond to your call. These officers have attended the PERT Academy training and have experience responding to calls involving mental health crises.

What happens once a PERT team responds to a call?

- The officer/deputy will assess the situation in regards to safety for the officer, the PERT Clinician, the consumer, and bystanders. The officer/deputy will provide safety on scene at all times. The officer/deputy will evaluate the subject for any criminal behavior, as appropriate.
- The PERT Clinician assists the consumer by completing a mental health screening, obtaining relevant psychiatric and substance abuse history, (may obtain information from family and other professionals providing care to the consumer, if appropriate) and will formulate and recommend a course of action.
- The officer/deputy and PERT Clinician will offer referrals or other assistance as the situation warrants, and if needed will assist the individual to the appropriate setting (either voluntarily or involuntarily). PERT is able to avoid hospitalization and incarceration in the majority of cases in which there is intervention.

What kind of training is provided by PERT?

- 24-hour POST certified PERT Academy for law enforcement.
- 8-hour POST certified PERT Academy for law enforcement
- 10-hour quarterly training for officers/deputies and clinicians
- Training provided at the Regional Law Enforcement Academy
- Agency requested training, including line-up or briefing training
- Community events and presentations provided throughout the County.

What are the benefits of a PERT team?

- A potential decrease in the number and frequency of use of force situations between law enforcement and persons with mental illness.
- More efficient and effective care for persons with mental illness who come into contact with law enforcement.
- Allows non-PERT officers/deputies to return to the field quickly while the PERT team facilitates the coordination of care for persons, which is often a lengthy and time consuming situation.
- A decrease in the number of persons taken to hospital Emergency Departments and to the San Diego County Psychiatric Hospital (CMH-EPU) by providing crisis intervention in the field and making appropriate referrals and connections to community resources.
- Provide follow-up services on a case-by-case basis, to support the decreased number of calls for service and connect consumers to the services they need.

What are some of the limitations of PERT?

- PERT does not provide case management or individual treatment.
- PERT clinicians do not respond to calls for service without an officer/deputy.
- PERT does not prescribe, deliver or administer medications.
- PERT is not available 24-hours a day due to staffing limitations. If a PERT clinician is needed and there is not one currently on duty in that particular department, the on-scene officer/deputy may request a PERT unit from a nearby jurisdiction. If one is not available, the officer/deputy may submit a PERT Referral Form for later follow-up by that department's PERT team when they are available.
- PERT does not perform emergency crisis negotiations – (They are not Emergency/Crisis Negotiators or Hostage Negotiators). These calls are volatile and dangerous and need to be handled by law enforcement until they are safely resolved. PERT may be used to support ENT/CNT teams by accessing and providing mental health history and relevant information to the negotiators.

LPS DESIGNATED FACILITIES IN SAN DIEGO

LPS Designated facilities are specifically authorized to provide both voluntary and involuntary inpatient mental health treatment services. Persons detained subject to Welfare and Institutions code §5150 must be transported to an LPS designated facility unless a non-LPS hospital is medically indicated.

Psychiatric Care with Medical Emergency Department (ED)

- UCSD Medical Center
- Scripps Mercy Hospital
- Sharp Grossmont Hospital
- Palomar Hospital West
- Pomerado Hospital
- Tri-City Medical Center
- Paradise Valley Hospital
- Rady Children's -CAPS* (minors)

Free Standing Psychiatric Hospital only (No ED)-Must call ahead to check bed availability and insurance status

- Alvarado Parkway Institute (API)
- Aurora Behavioral Health* (adults and minors)
- Bayview Behavioral Health
- Sharp Mesa Vista* (older adults, adults, minors)

Military Medical and Psych Care/Medical ED

- Balboa Naval Hospital-(Active Duty and dependents)
- VA Hospital- LaJolla – Service Connected, retired or Veteran's only

Psychiatric Emergency Only- (NO medical issues accepted)

- Emergency Psychiatric Unit (CMH, EPU)- adults only **CMH is for patients without insurance.**
- Emergency Screening Unit* (ESU) -minors only **No insurance and Medi-Cal only.**

Psychiatric Units within County Jail (must be medically stable)-Must be cleared through CMH

- Las Colinas (Women's jail)
- PSU- Downtown-(men)

Any hospital not listed above is NOT LPS designated and 5150's should not be transported there. It is always good practice to call freestanding facilities for bed availability and insurance verification. Unfunded patients should go to CMH/EPU and ESU*, unless they need medical attention. If medical attention is required, access a facility with a medical emergency department. Patients with insurance may go to any LPS designated facility and should not go to CMH.

Patients with Kaiser Insurance may go to Sharp Mesa Vista – call first for bed availability and approval first.

*accept minors

NON-LPS DESIGNATED FACILITIES IN SAN DIEGO

Persons detained subject to Welfare and Institutions code §5150 should not be transported to a Non-LPS designated facility. The exception would be when a medical emergency takes precedent over the psychiatric emergency. Examples of this may include, but are not limited too, confusion in an elderly patient, overdose, chest pain, severe lacerations, acute intoxication, or any significant medical problem needing attention.

Alvarado Hospital
Fallbrook Hospital
Scripps Encinitas
Scripps Green
Scripps Memorial (La Jolla)-
Scripps Chula Vista-
Sharp Chula Vista
Sharp Coronado
Sharp Memorial
Sharp Mary Birch
Kaiser
UCSD Thornton

CA Welfare and Institution Code

5150.05

Credible Third Party Statements

An explanation for Law Enforcement Professionals, Families, and Providers

Law Enforcement has recently seen a dramatic increase in calls-for-service related to individuals living with mental illness. Simply put, mental illnesses are diseases of the brain. Two of the most common serious mental illnesses encountered by law enforcement are schizophrenia and bipolar disorder. A majority of people who live with these disorders have impaired insight, or in some cases, a total lack of awareness of their illnesses due to damage in the brain. As a result, people with poor insight are difficult to engage in treatment and may become very ill due to their inability to understand the need for treatment. Often times, it's a person with mental illnesses family, friends, or treatment providers that recognize the need for emergency treatment and initiates the call for service and request for help on behalf of the person.

The severity of an individual's symptoms can be difficult to evaluate during a brief encounter. A person who is experiencing severe psychiatric symptoms can often times control their behavior for short periods of time. It is not uncommon for a person in a mental health emergency to "appear well" when being evaluated for a 5150 by a law enforcement officer. In these situations, if the person is not transported for further evaluation and treatment, they will likely revert back to the behaviors that they were displaying before officers arrived and in some cases may become agitated, paranoid or angry with whoever called for help and may likely be more of a danger to self or others than before the request for help was placed. Obtaining collateral information from family, friends, and treatment providers can help officers determine how serious the current situation is and if 5150 criteria is met, even though the officer is not witnessing it firsthand.

As science and research has advanced in our understanding of serious mental illnesses, so has the law. Since insight and awareness is compromised in a majority of people living with these disorders, the W&I code 5150 was revised. On January 01, 2002 Assembly Bill (AB) 1424 passed, which added section 5150.05 to the existing code to allow law enforcement and medical personnel to consider reliable and relevant information regarding the person's mental illness and the historical course of their illness when determining if probable cause for a 5150 exists. In fact, 5150.05 states that law enforcement and treatment professionals *shall* consider credible third-party information in determining whether probable causes exists or not.

This addition to the W&I Code (5150.05) allows law enforcement and treatment professionals to use valuable information from people who know the person well and who understand the likely consequences of the person's illness and behavior if it continues without emergency intervention. Many times this credible third-party information will clearly establish the requirements needed for the officer to place someone on a 5150 for being a danger to self, others, or establish grave disability due to a mental disorder. To protect people living with mental illnesses from false statements that may be used to meet probable cause, the law states that any person who knowingly provides a false statement for the purposes of causing someone to be placed on a 5150 shall be civilly liable. In an effort to provide the best care to our community members, communication between families, treatment providers and law enforcement is encouraged both clinically and legally.

Behavioral Health Emergency Response Plan (ERP)

Date Completed: _____

First Name: _____ Middle Initial: _____ Last Name: _____ Gender: _____

Address: _____ City: _____ State: _____

Zip Code: _____ Phone Number: _____ Date of Birth: _____ Primary Language: _____

Special Instructions (such as: housing, contact information or care of minor children, access codes, pet care, cultural/religious considerations, service dog information, dietary needs, WRAP plan and Advance Directive etc.)

Emergency Contact Information *(Consent to release information must be obtained by treatment providers)*

Name: _____ Relationship: _____ Phone #: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Case Manager Name: _____ Phone #: _____

Conservator Name: (LPS-attach copies of documentation) _____ Phone #: _____

Medical Information *(For use by First Responders and emergency medical personnel only)*

Mental Health and/or Substance Use: _____

Medical Conditions: _____

Allergies: _____

Current Medications: List name, dosage & frequency (including herbal and over-the-counter):

Health Insurance Provider: _____ Insurance Phone #: _____

Subscriber's Name: _____ Insurance ID #: _____

Counselor/Therapist: _____ Phone #: _____

Psychiatrist: _____ Phone #: _____

Primary Care: _____ Phone #: _____

Preferred Hospital: _____ Phone #: _____

Preferred Crisis House: _____ Phone #: _____

I, _____, authorize this form to be used and released to First Responders and emergency medical personnel.

Signature: _____ Date: _____

Information Submitted by (print name): _____

Relationship to Consumer (if applicable): _____ Phone #: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Signature: _____ Date Signed: _____

The ERP form is to be shared with First Responders and emergency medical providers and returned to the person presenting the form once the information has been obtained. The ERP should not be placed in the consumer's medical record without his/her consent.

When should I call Police/Emergency Services or 911?

There are many reasons why you might call 911. The following is a partial list of the primary mental health and psychological emergencies that 911, police and EMS handle.

Self-Assessment:

- I am feeling in need of urgent mental health assistance.
- I am feeling suicidal and I am at risk for attempting suicide.
- I feel I am at risk of harming others, or am having difficulty controlling impulses to harm others

When observing others:

- Exhibiting strange, unusual or disorganized behavior. When the behavior may be dangerous, a medical emergency or a mental health related problem.
- Exhibiting violent behavior. When there has been violence or there is evidence of an immediate risk of violence towards self or others.

When calling police for assistance: Things I might be asked.

When calling for yourself:

- What is your name?
- What is your location?
- How old are you?
- What is going on, or occurring now?
- Do you have any weapons?
- Are you or anyone else injured? If so, do you need the paramedics?
- What is your description? (What color is your hair? How tall are you and how much do you weigh?)
- What are you wearing?
- Is there anyone else in the house with you?
- Are there any pets on the property?
- Have you been drinking, or using prescribed or non-prescribed medication or drugs?

When calling for someone else:

- What is the person's name?
- What is going on, or occurring now?
- Does he/she have any weapons now, or immediate access to weapons? (Keep in mind a weapon can be any object, tool or device that can be used to hurt themselves or someone else.)
 - What is the person doing now?
 - Where is the person now? (Be specific. i.e. if the person is in the house tell the dispatcher which part of the house the person last seen.
- How old is the person?
- How tall is the person and how much do you think the person weighs?
- What is the person wearing now? (Be prepared to provide an accurate description.)
- Has the person been drinking (alcohol), using prescribed or non-prescribed medication, or drugs?
- Is the person violent now or does the person have a history of violence?
- Is the person injured, and if so, does the person need paramedics?
- Are there any pets on the property.
- Is there anyone else in the residence?

Things I need to remember when police arrive:

- Remain Calm
- Be patient
- Identify yourself
- Secure any knives, guns or other weapons in a safe place prior to officers arriving.
- Have hands free and visible
- If possible, wait in front of residence
- Ask emergency dispatcher for special instructions
- Have lights turned on if dark or nighttime
- Secure Pets
- Identify a primary contact person to communicate with arriving officers
- Be prepared to answer many of the same questions asked by dispatchers
- Let officers know what kind of help you are requesting