

**SAN DIEGO POLICE DEPARTMENT  
PROCEDURE**

**DATE:** JUNE 6, 2019

**NUMBER:** 6.28 – PATROL

**SUBJECT:** PSYCHIATRIC EMERGENCY RESPONSE TEAM  
(PERT)

**RELATED POLICY:** N/A

**ORIGINATING DIVISION:** NEIGHBORHOOD POLICING

**NEW PROCEDURE:**

**PROCEDURAL CHANGE:**  **EXTENSIVE CHANGES**

**SUPERSEDES:** DP 6.28 – 06/06/2017

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**I. PURPOSE**

This Department procedure establishes guidelines related to the San Diego Police Department’s Psychiatric Emergency Response Team (PERT) and Tarasoff reporting procedures.

**II. SCOPE**

This procedure applies to all sworn members of the Department and, by agreement, all PERT employees assigned to the Department.

**III. DEFINITIONS**

NEW

Lanterman-Petris-Short (LPS) Act of 1967 - provides guidelines for involuntary civil commitments of individuals to mental health facilities in the State of California. (Cal. W&I Code, § 5000 et seq.) It expanded the evaluative power of psychiatrists and created provisions and criteria for holds.

NEW

LPS Facility - a hospital designated by the County of San Diego and approved by the California Department of Health Care Services, Mental Health Services Division to accept psychiatric patients.

NEW

PERT Clinicians - licensed mental health clinicians who have the legal authority to place subjects on a 5150 W&I hold. Clinicians are employees of the Community Research Foundation, commonly known as PERT.

NEW

PERT (Community Research Foundation) - a private non-profit organization funded by the County of San Diego. PERT provides mental health crisis response in collaboration with the San Diego Police Department. The objective of this partnership is to provide a more efficient delivery of both police and community mental health crisis services, and to provide a safer and more efficient outcome to individuals experiencing a mental health crisis.

PERT Lieutenant – a Department lieutenant responsible for monitoring the PERT program for the Department. The lieutenant will act as liaison with the PERT Executive Director and the PERT Police Liaison to ensure all programs are being fulfilled. The PERT Lieutenant will supervise the PERT Sergeants and coordinate all supervisor meetings. The PERT Lieutenant will keep all PERT Sergeants informed of current legal and ethical issues related to mental illness and law enforcement. The PERT Lieutenant is responsible for keeping command staff informed on the PERT program.

PERT Sergeants- sworn Department supervisors who have completed the PERT Academy and have been designated by their commanding officer. These supervisors monitor the program at the divisional level. They are responsible for supervising their division's PERT officers. This includes monitoring productivity and staffing within their divisions. These supervisors also act as liaisons with the PERT Lieutenant, other PERT supervisors, officers, and clinicians assigned throughout the San Diego Region. These supervisors must attend announced PERT Supervisor meetings.

NEW

PERT Officers (PT1) - SDPD Officers who have completed the minimum requirement of a one-day P.O.S.T. approved (eight hour) PERT training class or P.O.S.T. approved one-day (eight hour) Crisis Response Training (CRT) course. These officers will have a PT1 skill code on the daily schedule to identify them. The one-day PERT training class or Crisis Response Training will also serve as a refresher for officers who have attended the 24-hour PERT Academy but have not been active in the program (see below).

NEW

PERT Officers (PT2) - San Diego Police Officers who have completed the 24-hour P.O.S.T. approved PERT Academy. These PERT trained officers are authorized to ride with PERT clinicians and make up the law enforcement component of the PERT team. When not riding with a clinician, PT2 officers are expected to utilize the resources and knowledge developed within the PERT program. These officers will be identified on the daily schedule with a PT2 skill code. PT2 officers who have not ridden with a PERT clinician at least once during a shift will be considered inactive. PT2 officers who become inactive will be required to attend the one-day PERT training class or Crisis Response Training to be reinstated into the PERT program as a PT2 officer.

NEW

PERT Referral Form - a form used by officers to refer citizens to the PERT clinicians. The form should be used when an officer concludes that a person or situation does not meet the requirements for an immediate response, but based on the assessment, the officer recognizes the situation or an individual could benefit from working with a PERT clinician. The PERT clinician will conduct follow-up on all referrals. The original submitting officer will be advised of this follow-up within the guidelines of confidentiality laws.

#### IV. **BACKGROUND**

- A. The PERT program combines the resources of a uniformed police officer with a licensed mental health clinician in responding to incidents involving persons experiencing a mental health crisis. PERT clinicians advise patrol officers on psychiatric issues and assist in the transportation and processing of individuals in need of psychiatric treatment.
- B. PERT is intended to provide humane and beneficial outcomes for persons with mental illness who have come to the attention of law enforcement. PERT provides rapid response to sworn officer and community requests for assistance with persons in apparent mental health crisis.
- C. The PERT program is designed to return uniformed officers to patrol duties as quickly as possible while providing improved service with greater access to community mental health resources.
- D. PERT will complete an initial evaluation and assessment of persons experiencing a mental health crisis, and as appropriate, make a referral and/or transport to a community-based resource or treatment facility.
- E. PERT operations are implemented under a proactive philosophy throughout the San Diego region. To provide City-wide coverage, the San Diego Police Department has PERT teams in all divisions. PERT units may, upon request, cross divisional and City lines to assist patrol officers on incidents involving the mentally ill.
- F. PERT Clinicians have a duty to warn of and document any Tarasoff-related threats.

In 1976, the California Supreme Court ruled that psychotherapists have a duty to warn potential victims of serious threats of violence by one of their patients. *Tarasoff v. Regents of the University of California*, 17 Cal. 3d 425 (1976). The Court found that a psychotherapist incurred an obligation to take reasonable care to prevent any physical harm to another person. In most cases, the appropriate “reasonable care” would be to warn the intended victim and/or advise the police. In 2004, two cases decided by the California Court of Appeal extended the

Tarasoff rule to include threats disclosed by family members. *Ewing v. Goldstein*, 120 Cal. App. 4th 807 (2004), and *Ewing v. Northridge Hospital Medical Center*, 120 Cal. App. 4th 1289 (2004). The court saw no difference between threats conveyed directly by the patient and those related by an immediate family member of the patient.

In 2008, the Tarasoff rule was codified in California law (Cal. Civil Code § 56.10(c) (19)). The statute allows for patient information to be disclosed when a Psychotherapist, in good faith, believes that such disclosure is necessary to prevent or lessen a serious and imminent threat to the health or safety of a reasonably foreseeable victim or victims, and the disclosure is made to a person or persons reasonably able to prevent or lessen the threat, including the target of the threat.

## V. PROCEDURES

- A. The criteria related to emergency detentions for PERT units are identical to those outlined in Department Procedure 6.20, Mental Health Procedures, Section V.B.2, Emergency Detentions. However, PERT units have additional resources available, which may assist in determining the proper medical care for the subject.
- B. Safety Issues Related to PERT Field Contacts
  1. PERT units should be aware of the possibility of unpredictable behavior by individuals experiencing a mental health crisis. Consequently, the team will handle all situations with tact and professionalism.
  2. PERT officers shall make the initial client contact. Clinicians will remain a safe distance from the scene. Once the officer determines the contact is safe and contained, the officer will allow the clinician to approach the individual for evaluation.
  3. Safety of the team is of primary concern. At all times, the officer should remain on scene as a cover officer with the clinician. The clinician should avoid physical confrontation with individuals during field contacts. If restraint is necessary, officers shall use proper Department-approved police techniques and/or equipment.
  4. In addition to remaining on scene with the PERT clinician, for safety reasons, the officers are expected to be involved with the final disposition of the contact.
- C. PERT units may be used under the following circumstances:

1. To provide assistance to field units on calls or interactions with people in need of mental health assessment or intervention.
  - a. Under some circumstances, PERT may be called to assist other county jurisdictions. In these cases, a field supervisor and Communications shall be advised of the request from the other agency.
  - b. Field supervisors shall use good judgment when evaluating such requests while considering the PERT objectives to improve service to those in crisis and allow for non-PERT units to return to service as soon as possible. When practical, the field supervisor should approve these requests.
2. To provide appropriate follow-up for previous PERT interactions with clients and/or officer referrals;
3. To allow non-PERT officers to remain in service by providing transport, when necessary, to the appropriate agency/facility;
4. Officers may request PERT assistance and use their resources without PERT clinicians being on-site. In addition to PERT units answering these patrol requests, it is expected that PT1 and PT2 officers utilize their additional training to assist fellow officers. For instance, any officer may telephone a PERT clinician or PERT trained officer (PT2) asking for assistance with appropriate client disposition;
5. To work in collaboration with the Department's Special Weapons and Tactics Team (SWAT) or Emergency Negotiations Team (ENT) as directed in Department Procedure 8.14, Instances Involving Hostages/Emergency Negotiations. PERT clinicians shall not be used as negotiators. However, PERT clinicians should be used, when appropriate, as a resource to provide information to law enforcement that may help bring a situation involving someone in a mental health crisis to a peaceful resolution and,
6. To provide collaboration for appropriate problem solving projects.

NEW

D. The following are responsibilities of PERT (PT1 and PT2) Officers:

1. To provide safety for the community, clinician, clients, and potential clients.
2. To provide the necessary transportation of individuals;
3. To be responsible for all prisoner control/safety issues;

4. To evaluate the scene for criminal behavior;
5. To remain informed of current legal and ethical issues related to mental illness and law enforcement;
6. PT2 trained officers may be dispatched to or become involved with incidents/radio calls related to mental health when a PERT team is not available. These officers are expected to utilize the same resources which would be available if they were riding with a clinician. For example, PT2 officers should utilize their training and expertise to divert mental health clients to any appropriate facility.
7. To ensure the Department's requirements for detention and transportation pursuant to 5150 W&I are met. This includes completion of all appropriate reports.
8. To perform the typical duties of a patrol officer when not performing PERT related duties;
9. To participate in various PERT training sessions and meetings as staffing permits (i.e. monthly PERT sponsored training);
10. The officer is responsible for the clinician's safety and shall not utilize the clinician for non-PERT related activities.
11. To present the PERT program in a positive professional manner and provide additional mental health training and expertise to other patrol officers.

E. The following are responsibilities of PERT clinicians:

1. To conduct mental health evaluations and assessments of individuals;
2. To assist in determining the appropriate disposition supporting individuals' needs and safety;
3. To consult with PERT officers regarding disposition of individuals and law enforcement issues;
4. To maintain knowledge of the criteria for psychiatric disorders according to the Diagnostic Statistic Manual of Mental Disorders V;
5. To maintain knowledge of current legal and ethical issues as they relate to mental illness;
6. To maintain required licensing of PERT clinicians;

7. To ensure requirements for detention and transportation pursuant to 5150 W&I are met;
8. To provide documentation to the PERT officer supporting the decision to detain and transport the individual pursuant to 5150 W&I;
9. To maintain law enforcement security clearance;
10. To present the PERT program in a positive professional manner and provide additional mental health training and expertise to other patrol officers (i.e. line-up training); and,
11. The clinician generally should not engage in non-PERT related law enforcement activities.

F. Tarasoff Warnings and Tarasoff Reporting Procedures

1. If a PERT clinician receives information during a mental health evaluation that would warrant warning a threatened individual or location (i.e., school, business) in compliance with the Tarasoff decision, the following procedures will apply:

NEW

- a. The PERT clinician will notify his or her PERT officer of the threat, as required by PERT procedures. The PERT clinician will advise the officer of the obligation to report under the Tarasoff decision. Note: The Tarasoff decision applies to situations when a threat is made toward a specific person or persons and / or potential victims at a specific location such as a school or a place of business.

NEW

- b. The PERT clinician will make every reasonable effort to notify the threatened individual or location of the threat(s) made and the nature of the threat(s), as required by PERT procedures.

- c. The officer who was notified of the threat will obtain all the necessary information from the PERT clinician and complete a Tarasoff report. Although not required by law, the reporting officer will make reasonable attempts to locate the suspect. If the person threatened resides or is located outside the City of San Diego, the reporting officer will make reasonable attempts to notify the law enforcement agency having jurisdiction of the location where the victim lives or is located.

NEW

- d. If the suspect resides or is located outside the City of San Diego, the reporting officer will make reasonable attempts to notify the

law enforcement agency having jurisdiction of the location where the suspect lives or is located.

NEW

- e. The officer will use the Tarasoff report template in the F drive, at [F:\ Patrol Report Templates](#) and select the Tarasoff template, to report the incident. The officer will use the 981153ZZ code to obtain a case number for the Tarasoff report. The Tarasoff report should include all notifications made or attempted to make to the person / location threatened or to the law enforcement agency having jurisdiction where the victim and / or suspect live or are located.

NEW

- f. The officer shall evaluate the need to notify the Criminal Intelligence Unit of the threat.

- g. The officer will submit the Tarasoff report into NetRMS before the end of shift.

NEW

- h. The officer will add comments to the MPS event so a Special Situation (SS) File can be created in the Computer Aided Dispatch (CAD) System. The information for the SS File shall include all available victim(s) and suspect information. A SS File should not be requested if the victim or suspect resides outside of the City of San Diego, if the threatened location is outside the City of San Diego, or if the address for the suspect or victim is unknown, as this information is needed to create the SS File entry. Once the notes are added to the event, the officer will notify the lead dispatcher of the Tarasoff incident and the added comments, so Communications Division can create the SS File in a timely manner. Below is a typical format for an SS File for a Tarasoff warning:

NEW

*\*\*\*START SS\*\*\* "Tom Jones" 052580, WM 5f10 180#, Brn/Brn, made threats to shoot roommate "Jon Thomas" who also resides at this location. There are no known firearms at this residence. Event E18030012345.\*\*\*END SS\*\*\**

(See related Department Procedure 2.15 for further details regarding Special Situation (SS) File entries.)

NEW

- i. The investigative sergeant of the command where the Tarasoff report was generated will receive the report in his or her NetRMS queue. The investigative sergeant will forward the report to the Missing Persons Unit in Homicide for further routing and entry into the appropriate DOJ system. The Missing Persons Unit will complete the required State of California BOF 4074 form



(attachment A) and follow the instructions on the form for submittal. The State of California BOF 4074 form can be found on the F drive in the PERT folder.

G. Admittance to LPS Facilities

1. Adult and Juvenile Admittance procedures remain the same as outlined in Department Procedure 6.20, Mental Health Procedures, Section V.E, Admittance of Patient to County of San Diego LPS Facilities.
2. PERT clinicians or PERT officers (PT2) will make the necessary notifications to the facility prior to transporting the patient.
3. If a PERT unit transports the patient, the police officer will be responsible for completing the appropriate law enforcement paperwork. This paperwork will be submitted by the end of shift.

H. PERT Follow-ups

1. As part of the proactive philosophy of the PERT program, police officers may request follow-up on certain individuals who require additional help and resources. PERT referral forms will usually be completed to initiate clinician follow-ups. These circumstances may include, but are not limited to:
  - a. An individual who does not meet the criteria for a 72-hour evaluation but whom officers believe would benefit from the expertise of a PERT clinician;
  - b. An individual who has been hospitalized in a psychiatric facility multiple times without PERT, whom patrol officers familiar with the person believe may be assisted by PERT to prevent future incidents of unnecessary hospitalization; and,
  - c. An individual who has requested non-emergency information on psychiatric issues that PERT may be able to provide.
2. Prior to a follow-up, the PERT clinician and PERT officer should complete thorough background checks of the individual to identify safety concerns. This check should include ARJIS and County/SUN searches. The PERT unit will request additional resources if needed before contacting the individual.
3. Communications will be advised of the follow-up via an "out-of-service" request.

4. Patrol supervisors should be aware of the importance of maintaining the proactive philosophy of PERT and be knowledgeable of PERT units' responsibility to conduct these follow-ups.

I. Referral Forms

1. Officers should complete a "PERT Referral Form" to request a PERT follow-up. The information on this form is confidential and will only be disseminated to team members and those specifically assigned to the incident. The forms are available at all area stations. Upon completion, the referral form should be placed in the PERT bin at each area command.
2. Once the PERT unit completes the follow-up, the activity will be documented on the referral form and, whenever possible, the referring party will be informed that the follow-up has taken place, within the confines of confidentiality laws.

J. Confidentiality

1. PERT clinicians are responsible for maintaining clinical records. Accordingly, all information and records created in the course of providing services, to either voluntary or involuntary recipients of services, shall be kept confidential in accordance with 5328 W&I.
2. Independent observations of the subject made by the PERT officer are not included in clinical files and are not confidential. As a general rule, information on a detention report or on a Mental Health Supplemental is also not considered confidential.
3. Observations by the PERT officer and clinician, specific to the decision to take the subject into protective custody and transport to a mental health facility, which are specific and limited to the requirements of 5150 W&I, are not confidential and may be included with the officer's detention reports.

K. Transportation

1. In most cases, PERT units will transport detained mental health individuals. The officer will be responsible for all safety issues as outlined in Department Procedure 6.20, Mental Health Procedures, Section V.C, and the clinician will maintain observation of the detained individual.
2. Officers and clinicians should be observant of the apparent medical needs of detained individuals. Any signs of medical distress should be considered in the decision to require medical transport. If a detained

individual requires medical transport, the PERT unit will follow the medical transport and ensure appropriate placement.

3. The following safety precautions are necessary for the protection of the individual, officer, and clinician:
  - a. Clinicians are not responsible for searching anyone. Officers must always search for weapons, drugs, and other contraband prior to placing detained individuals into a police vehicle.
  - b. Patients shall be transported with a second officer in the same patrol vehicle whenever possible. In this case the patient shall be placed on the left side of the back seat, directly behind the driver so the passenger officer can monitor the patient.
  - c. If the officer transporting the patient has a civilian ride-along, civilian Department employee, Police Cadet, or PERT clinician in the vehicle, the patient shall be placed on the right side of the back seat, directly behind the passenger, so the officer can monitor the patient.
  - d. When a civilian Department employee, Police Cadet, PERT clinician or civilian ride-along is riding with the transport officer, a second officer shall follow the transporting officer.
  - e. In this instance, the patient should be placed on the right side of the back seat, directly behind the front passenger seat, so the transporting officer can monitor the patient.
  - f. Officers will transport persons in mental health crisis to the most appropriate LPS facility.

NEW

NEW

Attachment A

STATE OF CALIFORNIA  
BOF 4074 (Rev. 01/2014)

DEPARTMENT OF JUSTICE  
PAGE 1 of 1



CALIFORNIA DEPARTMENT OF JUSTICE  
BUREAU OF FIREARMS  
Law Enforcement Report of Firearm Prohibition



\* Required Information

\*\* Recommended Information

Subject Information					
Last Name:*		First Name:*		Middle Name:	
Alias Last Name (if any):		Alias First Name:		Alias Middle Name:	
Subject's Mailing Address:*			City:*	State:*	Zip Code:*
Date of Birth (mm/dd/yyyy):*	Approx. Age:*	Social Security Number:**		Drivers License/ID Number:**	
Sex:	Race:	Height:	Weight:	Eye Color:	Hair Color:
Law Enforcement Agency Information					
Date Threat Reported to Law Enforcement (mm/dd/yyyy):*			Agency Report Number:*		Agency ORI Number:
Law Enforcement Agency:*				Agency Telephone No.:	
Agency Contact Person and Title:*					Date:*
Instructions					
<p>Pursuant to Welfare and Institutions Code section 8100, subdivision (b)(1), any person who communicates to a licensed psychotherapist, a serious threat of physical violence against a reasonably identifiable victim or victims, is prohibited from possessing, having under custody or control, purchasing, receiving, or attempting to purchase or receive any firearms or other deadly weapon for five years.</p> <p>Pursuant to Welfare and Institutions Code section 8105, subdivision (c), licensed psychotherapists shall, within 24 hours, report the identity of persons subject to this prohibition to local law enforcement. The firearms prohibition begins on the date the licensed psychotherapist reports the identity of the prohibited person to the local law enforcement agency. <b>Upon receipt of the report from the licensed psychotherapist, the local law enforcement agency must, within 24 hours, complete and submit this report to the Department of Justice, Bureau of Firearms.</b></p> <p>The subject's complete name, date of birth or approximate age, sex, race and complete address is required on this report. The date the threat was reported to law enforcement, agency report number, law enforcement agency, agency contact person, agency telephone number, and the current date are also required.</p> <p>The Department of Justice is required to notify the individual of the firearms prohibition by certified mail. <b>This form must include the subject's complete mailing address.</b></p> <p>If you have any questions or would like to request training regarding firearms prohibition reporting requirements please contact the Bureau of Firearms at (916) 227-7527. <b>SUBMIT COMPLETED FORM TO:</b></p> <p style="text-align: center;"><b>Bureau of Firearms - Prohibition Reporting Unit P.O. Box 168048 Sacramento, CA 95816-8048 Fax: (916) 227-1021</b></p>					

PLEASE RETAIN A COPY FOR YOUR RECORDS