

BULLETIN

NO.: 15-045

DATE: April 2, 2015

TO: All Personnel

FROM: Brian Fennessy, Assistant Fire Chief, Emergency Operations

SUBJECT: Treatment and Transport of Patient's on 5150 Hold or in Custody

With the City of San Diego's ever increasing homeless population, first responders and police officers frequently encounter patient care and transport challenges involving patients who have psychiatric medical conditions. Last year San Diego police officers made contact with over 16,000 people believed to have psychiatric issues, double the number of contacts from previous years. It is critical that first responders understand what their responsibilities are and the protocols that guide treatment and transport of these patients. Knowing our legal obligations and the protocols associated with these patients will ensure that there is no delay in providing the most appropriate treatment and transport.

To better educate our workforce and clear up some of the confusion related to the proper treatment and transport of patients on psychiatric hold or in custody, a detailed training lesson has been created and will be assigned via Target Solutions to all personnel.

If a Psychiatric Emergency Response Team (PERT) Clinician or police officer places a patient on a 5150 hold, the patient must be transported to the proper medical facility for evaluation. The 5150 hold is used for patients suspected to be a danger to themselves or the public. Some of these patients may not have a medical problem or a chief complaint; however it is important to remember that only the emergency room physician or psychiatrist can remove this hold and we are legally obligated to transport them to an appropriate facility.

In most cases, the police officer will transport the patient to the facility in the back of their police vehicle. There are some instances where transportation in a police car is not appropriate. Examples include but are not limited to an elderly and/or frail person, a patient who has overdosed, or an elderly person suffering from dementia that has no one to care for them and have been deemed a danger to themselves by PERT. Appropriate transportation for these patients would be by ambulance.

Staff has worked closely with SDPD and the PERT team to contact FCC directly in an effort to reduce the impact on fire units responding to these types of calls. However, if a first responder is placed on such a call, the company officer has an obligation to ensure the patient is properly assessed and transported to the requested Lanterman-Petris Short (LPS) facility unless the patient meets other priority needs.

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A short addition to the Target Solutions training focuses on SDFD responsibility to patients who are injured or ill and are in involuntary or protective custody. Law enforcement frequently requests our services to “medically clear” a patient in their custody. The EMT or Paramedic cannot legally provide this service since medical clearance can only be provided by a licensed physician. Personnel should provide a complete assessment of the patient and if injured or ill, recommend transport to a hospital for further evaluation and medical clearance. San Diego County policy S-415 states, in part, *“Treatment and transport decisions for emergency patient in involuntary or protective custody are to be made by the authority under which they are being held”* This policy applies to the 5150 patient and the patient in law enforcement custody.

Any questions regarding our legal responsibility for patient care and/or transport should be directed to any member of EMS Staff. Personnel are also encouraged to review County policies S-412 and S-415 which can be found in the → EMS folder on → the S drive → EMS folder County Protocols S-412 and S-415.

P.E.R.T.

Psychiatric Emergency Response Team

Introduction & History of PERT

Law Enforcement Version

Who is PERT?

- The Psychiatric Emergency Response Team (PERT), a program of Community Research Foundation (CRF), a not-for-profit organization, and in partnership with San Diego County Health and Human Services (HHSA), 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 HHSA and the MHSA 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 enforcements 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 HHSA 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 hospitalizations and incarcerations. PERT is now 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?

- There are currently 23 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 CHP, Border Patrol, Harbor Police, 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 be dispatched out on all calls to 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 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, and 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 for the individual.
- 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 – Line up or briefing training when requested
- Community events and presentations provided throughout the County.

What are the benefits of a PERT team?

- A decrease in the number and frequency of use of force situations between law enforcement and individuals with mental illness.
- More efficient and effective care for individuals 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 these individuals, which is often a lengthy and time consuming situation.
- A decrease in the number of individuals 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, when clinically appropriate, on a case by case basis, which helps decrease the number of calls for service and connects 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.

Tips on successful PERT teams:

- Communication and pre-planning is vital in all PERT Clinician/Officer/Deputy relationships.
- Proactively sharing knowledge about subjects including criminal history, violence and any pertinent patient knowledge.
- Proactively answering the radio for any potential mental illness calls including 5150's, suicide threats or attempts as well as any calls which could utilize a PERT Clinician and officer/deputy.
- Trust each other based on experience and knowledge of each other's profession.

Examples of what PERT Clinicians should not do on a "regular" basis:

(Always exceptions such as emergencies in life threatening situations)

- Asked to drive the patrol car in non-emergency situations for a distance.
- Act as a cover partner in traffic stops/alarm calls.
- Foot pursuits with the officer/deputy.
- Assist with handcuffing or "taking a subject into custody".

Examples of what PERT Officers/Deputies should not do while with a PERT Clinician:

- Leave the room or vicinity while a PERT Clinician is assessing an individual.
- Texting or on the cell phone while Clinician is assessing an individual.

PERT is funded by the County of San Diego HHSA and the MHSA Act.

09/2014