



San Diego County Sheriff's Department

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Rec'd
06-13-18
PP

William D. Gore, Sheriff

June 13, 2018

Sandra I. Arkin, Chair
Citizens' Law Enforcement Review Board
555 West Beech Street
San Diego, CA 92101-3819

Dear Chair Arkin:

CLERB CASE NO. 16-019 / Aurelio Perez

We received your letter dated January 15, 2018, regarding the Board's recommendation to modify SDSD Patrol Procedures Manual, Policy 23, entitled, "Psychiatric Emergency Response Team (PERT)" and SDSD Policy and Procedures Section 9.3 entitled, "Crisis Negotiations". Specifically, the Board requested the following:

- It is recommended that the San Diego Sheriff's Department (SDSD) revise its Patrol Procedures Manual, Policy 23, entitled, "Psychiatric Emergency Response Team (PERT)," to mandate a request for PERT Team whenever there is a belief that a person is a danger to himself, a danger to other, or gravely incapacitated.
- It is recommended that the SDSD revise its Patrol Procedures Manual, Policy 23, entitled, "Psychiatric Emergency Response Team (PERT)," to mandate a request for PERT-trained deputy assistance when a PERT Team is unavailable whenever there is a belief that a person is a danger to himself, a danger to others, or gravely incapacitated.
- It is recommended that the SDSD revise its Policies and Procedures Section 9.3 entitled, "Crisis Negotiations," to mandate the consideration of Crisis Negotiations Team assistance any time an individual threatens physical harm to himself or others and to document said consideration and final decision in the Crime/Incident Report or the Computer Aided Dispatch entry, if no report is created.

These policy recommendations were reviewed and evaluated by the Sheriff's Department and supervisory staff from PERT.

SDSD Patrol Procedures Manual, Policy 23, currently states when a PERT Team may be utilized. A PERT Team consists of a Deputy Sheriff and a civilian licensed clinician. The safety of the licensed clinician needs to be considered when deciding what type of situations would be appropriate to utilize a PERT Team.

Deputies do consider requesting a PERT team as a resource when dealing with mentally disturbed individuals in the field. There are situations involving mentally disturbed individuals that would be unsafe

Chair Sandra I. Arkin
June 13, 2018
Page 2

to bring a civilian into (i.e. An armed suspect, a barricaded suspect, etc.) The Board recommendation to make it mandatory that a PERT Team be requested whenever there is a belief that a person is a danger to himself, a danger to others, or gravely incapacitated would not be appropriate.

The Sheriff's Department agrees that PERT is a valuable resource. The Department requires all patrol deputies to attend at least an eight hour PERT Training Course. Many deputies actually attend a three day, twenty four hour PERT Training Course instead of the eight hour course. Additionally, the PERT discussion is maintained by different training bulletins and updates at periodic intervals. Please see attached copies of various Department PERT training materials and the California Peace Officer Standards Training Learning Domain #37 (LD 37) that provides an outline of topics for training and testing in the basic academy. LD 37 includes initial training for peace officers relating to working with the mentally ill.

The Department believes that based on the mandatory PERT training for all patrol deputies, ongoing in-service training efforts, and collaboration with the PERT agency, the Board's recommendation to make it mandatory to call for a PERT-trained deputy when a PERT Team is not available is not necessary at this time.

The Board recommended to revise SDSA Policy and Procedure Section 9.3 to include language that makes it mandatory for a Deputy to "consider" calling the Crisis Negotiations Team for assistance any time an individual threatens physical harm to himself or others and to document said consideration and final decision in the Crime/Incident Report or the Computer Aided Dispatch entry, if no report is created.

Experience has shown that deputies do "consider", and often call, the Crisis Negotiations Team in these types of situations. There are many situations when an individual threatens physical harm to himself or others when it would not be necessary to call the Crisis Negotiations Team. In the majority of these calls the person is cooperative and the call can be resolved by the responding deputies and/or a responding PERT Team.

Making the changes requested by the Board would mandate a permissive action: "Mandate the consideration." For the above reasons the SDSA does not believe it is necessary to make changes to Policy and Procedures Section 9.3.

The SDSA appreciates the time and effort the Board provides in policy discussions as it contributes to the best service possible to our community.

Sincerely,

WILLIAM D. GORE, SHERIFF



David Gilmore, Lieutenant
Office of the Sheriff
Division of Inspectional Services

DG:js
Attachments

POLICY 23. PSYCHIATRIC EMERGENCY RESPONSE TEAM (PERT)**A. OVERVIEW**

2. **Mentally disordered individuals are gravely disabled persons or someone currently experiencing psychiatric symptoms or a mental health crisis, who as the result of a mental disorder, are a danger to others, to themselves, or gravely incapacitated.**
3. **The Sheriff's Department recognizes four types of mentally disordered individuals:**
 - a. **Voluntary Cases - In voluntary cases, individuals are psychiatrically disturbed, but cooperative and willing to accept evaluation and treatment. If such an individual has no means of accessing resources for evaluation and treatment, the PERT Unit will assist the individual to do so and transport as necessary.**
 - b. **Uncooperative Non-Emergency Cases - In uncooperative non-emergency cases, Deputies may inform concerned relatives/citizens of their option of filing, through the Public Conservators Office, for a petition for court-ordered mental health evaluation.**
 - c. **Uncooperative Emergency Cases - Mentally disordered individuals, although not necessarily criminal, on occasion may require handling/custody. Once it has been determined that a criminal justice intervention is not feasible/desirable, and issues of officer/clinician safety have been resolved, the PERT Unit will arrange for involuntary psychiatric assessment/treatment at whatever Laterman-Petris-Short designated facility is most readily available. Placement depends on the subject's medical insurance coverage, or lack of it. Within constraints imposed by safety issues, the PERT Unit will transport the subject to the identified assessment/treatment site.**

If the PERT Unit was not the primary responder to the call, whatever unit(s) was (were) primary responder(s) will be released to return to their patrol duties as soon as safety issues have been resolved.

**POLICY 23. PSYCHIATRIC EMERGENCY RESPONSE
TEAM (PERT) *(continued)***

- d. **Public Conservator - Occasionally law enforcement support will be requested by a public conservator to assist in controlling a legally designated public conservator. In such a case, PERT involvement may not be necessary, since the public conservator has the authority to order the conservator into a hospital for psychiatric evaluation/treatment. Therefore, any Deputy responding to such a request will simply fulfill it and provide the conservator with transportation to the facility designated by the conservator. However, if the PERT Unit is available, it will be the unit of choice for handling these conservator-originated calls.**

B. PERT TEAM FUNCTIONS

1. **PERT Units combine the resources of a uniformed Deputy and a licensed clinician in responding to the needs of the mentally ill. The PERT Unit advises patrol Deputies on psychiatric issues that arise in the course of their law enforcement duties, and assists in transportation and processing of individuals deemed to need inpatient psychiatric treatment. The Department's PERT Units are primarily responsible for coverage in their assigned commands. The PERT Teams may be dispatched to assist in other Department commands or other police departments that have agreed to participate in the regional sharing of PERT resources.**
2. **Anyone in the community may request the services of the PERT Team. These requests are coordinated through the Communications Center.**
3. **The PERT Teams may be used under the following circumstances:**
 - a. **To respond to calls/requests for assistance from Sheriff's or other police agencies' patrol units regarding individuals who may be in need of mental health assessment or crisis intervention.**
 - b. **To provide necessary follow-up calls and contacts regarding new or previous PERT cases.**
 - c. **To respond to requests for service from the Special Enforcement Detail (SED) and/or the Sheriff's Emergency Negotiation Unit.**

**POLICY 23. PSYCHIATRIC EMERGENCY RESPONSE
TEAM (PERT) *(continued)***

- d. To provide collaboration and consultation for appropriate Community Oriented Policing and Problem Solving (COPPS) projects.
- e. To refer appropriate individuals to monthly PERT round table meetings.
- f. The PERT Team neither functions as, nor does it take the place of Hostage Negotiation Team.

C. PERT TEAM PROCEDURES

1. When the Communications Center receives a call involving a mentally disordered individual, the radio dispatcher will dispatch uniformed Deputies as necessary to handle the situation safely. Also if sufficient information was received to suggest a PERT Team's response, the dispatcher will advise the on-scene Deputies of the PERT Team's availability
2. The responding Deputies after their initial assessment may request through dispatch the assistance of an available PERT Team. Should the PERT Team not be available for response and the situation is not considered critical, the Deputy may submit a referral form for PERT follow-up.
3. The PERT Team will respond as promptly as feasible and determine the most appropriate type of intervention necessary.
4. The responding Deputies shall not be relieved of their responsibilities for the call or the safety of all those involved until advised by the PERT Deputy that the PERT Team will assume primary responsibility for the call. The PERT Deputy will advise the Communications dispatcher of their status of the call and will allow the initial units to return to service.
5. When the PERT Team becomes the primary responder, the PERT team members shall assume responsibility for completing all necessary reports regarding the intervention, including the 5150/72 Hour Detention Form, and any crime or arrest reports. The latter are the responsibility of the PERT Deputy.
6. All PERT Mental Health reports are confidential and will be utilized as necessary by PERT personnel only; they are not to be accessed by law enforcement Deputies other than those designated as PERT Deputies or Sergeants.

**POLICY 23. PSYCHIATRIC EMERGENCY RESPONSE
TEAM (PERT) (continued)**

7. When a PERT Team is not available to respond to a call for assistance, for any reason, the Deputy will complete a PERT referral form and leave it in their mail box. The PERT Team will prioritize follow ups on referrals as time allows.
8. When an involuntary mental health detention is started, and before transportation to a facility for the psychiatric evaluation, the person being detained must be advised as follows:

"My name is _____, I am a Deputy Sheriff with the San Diego Sheriff's Department. You are not under criminal arrest. I am taking you to a psychiatric health facility for an examination by mental health professionals. You will be told of your rights by the mental health staff."

9. If the subject is taken into custody while at his/her residence, the subject will also be informed as follows:

"You may bring a few personal items with you which I will have to approve. You can make a phone call and/or leave a note to tell your friends and/or family where you have been taken."

10. If advisement is incomplete, a "good cause" reason must be specified on the application for emergency detention.
11. Deputies shall refer candidates for PERT follow-up who do not need immediate involuntary psychiatric evaluation/treatment:
 - a. Deputies may refer a subject to the PERT Team, who did not meet the criteria for a 72 hour evaluation, but who the Deputies feel would benefit from an appropriate referral.
 - b. Deputies may refer a subject to the PERT Team, who has a prior history of hospitalizations in a psychiatric facility, to enlist their assistance in developing strategies to prevent subsequent calls for service resulting in future hospitalization.
 - c. Deputies may refer a subject for possible PERT contact, who requested information on psychiatric services that the PERT Team provides.

Reference: Department P&P Section 6.113 - Psychiatric Emergency Response Team



San Diego County Sheriff

Training Bulletin

William D. Gore, Sheriff

May 2018



New Updated 5150 W&I Form

In April of 2018, Psychiatric Emergency Response Team (PERT) Law Enforcement Liaison Marla Kincaid advised The State of California Department of Health Care Services updated the 5150 W&I form (Form # DHCS 1801).

The updated form includes more space for documenting evidence of probable cause and documentation of third party information. Below is the link to the updated form.

<https://ssp.sdsheriff.com/DepartmentResources/Forms/Forms/Patrol/DHCS-1801%20Application%20for%2072-Hour%20Detention.pdf>

Effectively immediately, please use this updated form and destroy all previous revisions.

This Training Bulletin has been assigned in LMS to all Sworn Law Enforcement and must be completed by May 16, 2018. If you have questions regarding PERT or this update, please contact Lieutenant Chris May ([REDACTED]) or Lieutenant Dave Schaller at ([REDACTED]).

This training bulletin was prepared with the assistance of Lieutenant Chris May with assistance from Marla Kingkade of PERT, Inc. This was edited for distribution by the In Service Training Unit. If you have any information or expertise in a specific area and would like to write a training bulletin, please contact Corporal Michael Cruz at In Service Training, ([REDACTED]), or email ([REDACTED]).

REFERRAL

PERT, Inc

CONFIDENTIAL

SUBJECT INFORMATION

CAD/Incident # _____

Last Name: _____ First: _____ Middle: _____

Address: _____ City: _____ Zip: _____

Home Phone (____) _____ Primary Language: _____

Sex: _____ Race: _____ DOB: _____ Age: _____ SS#: _____

CDL#: _____

Medications currently taking: _____

Description of Contact, including: (1 - Description of Problem; 2 - Pertinent History, Violence): _____

Referring Officer(s) / Deputy(s): _____ Division/Station: _____

Phone Number: _____ Shift (if applicable): _____

Date of Referral: _____

SUBJECT FOLLOW UP

Date Follow-Up Completed: _____ Time: _____

PERT Counselor: _____ Incident #: _____

Follow-Up:

Phone Contact

Field Contact

Referrals Given

Follow-Up Attempts:		
Date & Time	Comments:	Clinician:
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Additional Follow-Up Needed

Copy to Referring Officer / Deputy/Individual: Y N Date: _____



San Diego County Sheriff

Training Bulletin

William D. Gore, Sheriff

February 2018



PERT Response and Tips

What happens once a PERT team responds to a call?

The deputy will assess the situation in regards to officer safety for himself and the PERT Clinician. The PERT Deputy will provide safety on scene at all times. The deputy will evaluate the subject(s) for any criminal behavior.

The PERT Clinician assists the deputy by completing a mental health assessment, obtaining relevant psychiatric and substance abuse history, speaks to family members, health professionals and if necessary and appropriate recommends the best course of action for that individual.

The deputy and PERT Clinician will "assist" the individual to the appropriate setting (either voluntarily or involuntarily) or offer referrals or other assistance as the situation warrants. PERT is able to avoid hospitalization and incarceration in many of the cases in which there is intervention.

What are the benefits of a PERT team?

- Utilizing the PERT teams and the training provided by PERT improves our ability to respond to potentially violent encounters.
- More efficient and effective care for individuals with mental illness who come into contact with law enforcement and thus a decreased recidivism rate.
- Allows deputies to return to the field quickly while the PERT team facilitates the treatment by coordinating with various hospitals and emergency rooms from the field and these individuals can be transported to the appropriate facility by the PERT team.
- Decreases the number of individuals taken to the emergency hospital rooms and CMH (County Mental Health) 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, thus decreasing the number of calls for service.

The information in this Training Bulletin was provided by PERT Clinician Christine Davies and edited for distribution by the In Service Training Unit. If you have expertise in a particular subject and would like to write a training bulletin, please contact Corporal Michael Cruz at In Service Training, ema

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 a 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 assigned at your station please request for one at a nearby station. If none are available within the Sheriff's department or proximity is an issue one can be requested from a nearby police agency who also has PERT. If one is not available please take the time to submit a PERT Referral Form for later follow-up.
- PERT *does not* perform emergency crisis negotiations – (They are not Crisis Negotiators or Hostage Negotiators). Their knowledge of the mental health history on an individual may be utilized to assist CNT in a crisis situation if needed or warranted.

Tips for deputies on when to call PERT:

- The person appears to be experiencing a mental health crisis
- Family disturbances where one of the members has a mental health history
- Welfare checks on individuals where the RP believes the person maybe despondent; depressed; very upset because of recent loss.
- Recent losses that are red flags are: death of a loved one, loss of job, divorce, loss of children, and substance abuse.
- Welfare check on the elderly where deputies have had frequent contacts with the individual, there are concerns for the individual's ability to take care of their basic needs such as having access to food but not eating etc.
- Individual wanting help with accessing mental health resources
- Individuals who voice being depressed, feeling suicidal, hearing voices, paranoia, off medication, not making sense when asking questions and disorientation

The information in this Training Bulletin was provided by PERT Clinician Christine Davies and edited for distribution by the In Service Training Unit. If you have expertise in a particular subject and would like to write a training bulletin, please contact Corporal Michael Cruz at In Service Training, email michael.cruz@sheriff.ca



San Diego County Sheriff

Training Bulletin

William D. Gore, Sheriff

January 2014



Considerations when dealing with armed or unarmed Suicidal Subjects

Imagine you are working a uniformed patrol position, in a marked patrol vehicle when you hear a radio call of a potential suicidal subject looking over the railing at the Bradley Avenue bridge in the unincorporated area of El Cajon. Dispatch updates the units en route to the call that the Communication Center has received several radio calls about the subject. He is now pacing up and down the sidewalk of the Bradley Avenue Bridge over state route 67 and keeps looking over the railing.

The above scenario is a typical radio call a deputy may encounter at one point in their career. Ask yourself: What would you do? What do you need to consider? And, what additional resources will you need? The likelihood of a deputy having to interact with a suicidal subject is growing. Deputies can find themselves having to intervene with a suicidal subject in many ways. The suicidal subject may have a plan to end their life, deputies may have to help the subject find help, place the subject on a 72 hour hold for mental evaluation, or act as a counselor for the subject because they need someone to talk to.

While making contact with a suicidal subject, there are several things you should consider prior to making contact:

- If you have a Psychiatric Emergency Response Team (PERT) unit on call, consider using them as a resource. A PERT clinician can let you know whether or not they have a history with the subject and whether they have visited a facility for a 5150 W&I evaluation.
- Have dispatch attach any related CAD calls referencing your subject to your call.
- Officer safety is always your priority. Do not put yourself or your partners in an unsafe position. Approach the person who is the focus of your contact safely.
- A suicidal person can become homicidal at any moment. Remain vigilant, and don't treat the radio call as a typical suicidal call you have responded to in the past. Remember, each radio call presents its own unique challenges and circumstances, and every call is different.
- Listen to what the suicidal subject is telling you and watch their movements.

- Assess the suicidal risk the subject poses.
- Time is on your side. Do not rush your contact with a suicidal subject. Obtain as much information as you can – not only from the subject, but also from bystanders, friends, family and professionals who may have good intelligence to share with you.
- Practice due diligence. For example, if you are called to a residence for a potential suicidal subject and the property is large and the subject may have access to numerous areas within the property, take the time and effort to look for the person. Remember, residents know their homes better than we do. As a result, they can find clever ways to hide from law enforcement if they do not want to talk to us.
- Develop a rapport with the subject. Notify your partners if you anticipate being on the radio call for a long period of time. It is easier to work with someone when you have a rapport and they trust you.

Now imagine you are working a uniformed patrol position, in a marked patrol vehicle, when you hear a radio call of a potential suicidal subject inside his residence. The subject had a prior conversation with a neighbor (who calls the Communication Center) stating he did not want to live. His bills were piling up and to resolve his issues, he was going to shoot himself in the head. You contact the neighbor and confirm the suicidal subject has a firearm. The neighbor tells you he knows this because he has gone shooting with his neighbor who told him he does not want to live. You arrive at the residence of the person in question and knock on the door. A subject yells through the door and verbally confirms who he is. He states that he has a firearm and he wants to kill himself. He thanks you for coming to his house to check on him and tells you to leave.

While making contact with the suicidal subject in the above example, there are several things you should consider.

- Contact dispatch and update them with any pertinent information you obtained. Ask dispatch to notify the Crisis Negotiation Team (CNT). CNT will let dispatch know whether or not they would respond based on the information they receive. CNT has additional resources and specialized training in negotiations. Would they be able to assist you in dealing with the suicidal subject, if they responded to a call out?
- Think about the legal reasons you can enter a residence. Does this satisfy one of the reasons:
 - Probation /Parole
 - 4th Waiver
 - Warrant
 - Exigency
- Risk vs. Reward?
- What are the legal/safety ramifications you will encounter if you enter the residence?

This Training Bulletin was written by the L.E. In-Service Training Unit. If you have any information or expertise in a specific area and would like to write a training bulletin, please contact Corporal Aloha Bona at the L.E. In-Service Training Unit via e-mail at



San Diego County Sheriff

TRAINING BULLETIN

William D. Gore, Sheriff

August 2010



PERT – Psychiatric Emergency Response Team

Introduction & History of PERT

Who is PERT?

- PERT, Inc. is a private, non-profit agency consisting of the Community Research Foundation and the National Alliance of the Mentally Ill (NAMI) and who works in collaboration with San Diego County Law Enforcement Agencies. PERT 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 many times first responders or assist in mental health related emergencies.

Why have PERT?

- In the early 1990's there were several officer involved shootings and critical incidents involving individuals with mental illness. At that time, there was a gap between law enforcement and mental health. The community, family members of individuals with mental illness, media and law enforcement agencies became aware that officers/deputies needed to have more awareness, recognition and training in mental health issues. The PERT program is the result of professionals, law enforcement, patient advocates, family members and mental health agencies collaborating to bridge this gap to provide the best service for individuals with mental illness in our communities.

What is the goal of the PERT Program?

- The goal of the PERT program is to provide effective and compassionate treatment to individuals with mental illness in the community who come into contact with law enforcement officers/deputies. The goal is to attempt to keep the

member of the community in their place of residence and offer the least restrictive level of care for them thus avoiding unnecessary hospitalizations and incarcerations. Today PERT is recognized globally as a "best practice" model for law enforcement and PERT clinicians to work together with the common goal of providing the best options for individuals with mental illness in our communities.

What is the staffing of the PERT program?

- There are currently 23 mental health clinicians who are teamed with law enforcement officers/deputies throughout San Diego County law enforcement jurisdictions. Several agencies include, but are not limited, to the following: Oceanside Police Department, National City Police Department, Chula Vista Police Department, Coronado Police Department, La Mesa Police Department, El Cajon Police Department, Escondido Police Department, San Diego Police Department as well as the San Diego Sheriff's Department.

How do you call for a PERT team?

- All calls that are referred to a PERT team should be placed either by 9-1-1, in cases of emergencies, or to the communication center non-emergency phone number (858) 565-5200. Other services will be initiated by referrals to law enforcement/PERT directly. Last year PERT had over 4000 contacts with community members who suffered from mental illness.

What happens once a PERT team responds to a call?

- The deputy will assess the situation in regards to officer safety for himself and the PERT Clinician. He will basically provide safety on scene at all times. The deputy will evaluate the subject(s) for any criminal behavior.
- The PERT Clinician assists the deputy by completing a mental health assessment, obtaining relevant psychiatric and substance abuse history, speaks to family members, health professionals and if necessary and appropriate recommends the best course of action for that individual.
- The deputy and PERT Clinician will "assist" the individual to the appropriate setting (either voluntarily or involuntarily) or offer referrals or other assistance as the situation warrants. PERT is able to avoid hospitalization and incarceration in the majority of cases in which there is intervention.

What kind of training is provided?

- 30-hour POST certified PERT Academy for deputies and clinicians.
- 10-hour quarterly training for deputies and clinicians
- Training provided at the Regional Law Enforcement Academy
- Agency requested training – Line up training and briefings when requested
- Community events and presentations provided throughout the county for deputies and clinicians

What are the benefits of a PERT team?

- A decrease in the number and frequency of violent encounters 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 and thus a decreased recidivism rate.
- Allows deputies to return to the field quickly while the PERT team facilitates the treatment by coordinating with various hospitals and emergency rooms from the field and these individuals can be transported to the appropriate facility by the PERT team.
- Decreases the number of individuals taken to the emergency hospital rooms and CMH (County Mental Health) 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, thus decreasing the number of calls for service.

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 a 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 assigned at your station please request for one at a nearby station. If none are available within the Sheriff's department or proximity is an issue one can be requested from a nearby police agency who also has PERT. If one is not available please take the time to submit a PERT Referral Form for later follow-up. Click the following link for a copy of the PERT Referral Form:

<http://ssp.sdsheriff.com/HumanResources/Training/InService/Training%20Bulletins/LE%20PERT%20Referral.doc>

- PERT does not perform emergency crisis negotiations – (They are not Crisis Negotiators or Hostage Negotiators). Their knowledge of the mental health history on an individual may be utilized to assist CNT in a crisis situation if needed or warranted.

**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. (Repositioning/parking okay.)
- Act as a cover partner in traffic stops/alarm calls.
- Foot pursuits with the deputy.
- Assist with handcuffing or "taking a suspect into custody".

Examples of what PERT 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.

Tips on successful PERT teams:

- Communication and pre-planning is vital in all PERT Clinician/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 Deputy.
- Trust each other based on experience and knowledge of each other's profession.

This training bulletin was prepared by Lt. Gigi McCalla of the Alpine Station with assistance from Marla Kingkade of PERT, Inc. This was edited for distribution by the In Service Training Unit. If you have any information or expertise in a specific area and would like to write a training bulletin, please contact Corporal Ken Montoya at the In-Service Training Unit.

**TRAINING AND TESTING
SPECIFICATIONS FOR LEARNING DOMAIN #37
PEOPLE WITH DISABILITIES**

February 15, 2017

RBC	Other Basic Courses					Requal
	832	III	II	I	SIBC	
X				X	X	X
X				X	X	X
X				X	X	X
X				X	X	X
X				X	X	X

I.

LEARNING NEED

Peace officers must understand the laws affecting, and the peace officers responsibility to protect, the rights of people with disabilities.

LEARNING OBJECTIVES

- A. State the intent of the Americans with Disabilities Act of 1990
- B. Recognize the role of peace officers when interacting with a person with a disability
 - 1. Applying culturally responsive community policing principles
 - 2. Reducing stigma
 - 3. Increasing and maintaining peace officer and public safety

II.

LEARNING NEED

In order to make appropriate decisions regarding intervention strategies, peace officers must be able to recognize, based on behavioral cues and other indicators, people with intellectual/developmental disabilities.

- A. State the intent of the Lanterman Developmental Disabilities Service Act (*Welfare and Institutions Code Sections 4500 et seq*)
- B. Define the term developmental disability
- C. Recognize general behavioral indicators associated with all developmental disabilities

RBC	Other Basic Courses				Requal
	832	III	II	I	

IX.

REVISION DATE

January 1, 2002
 January 1, 2004
 August 15, 2004
 September 15, 2004

January 1, 2006
 July 1, 2008
 January 1, 2013
 August 1, 2015

August 1, 2016
 February 15, 2017