Introduction to the Palo Alto Police Department Psychiatric Emergency Response Team (PERT)
WHAT IS PERT?

❖ PERT employs a joint-response model, comprised of a BHSD clinician and PAPD officer paired up full-time.

❖ PERT responds to real-time, crisis situations, utilizing the joint response model.

❖ The purpose is to divert individuals to community-based treatment and reduce hospitalization/incarceration, as appropriate, and to prevent future encounters with law enforcement.

❖ Another goal of PERT is to improve law enforcement’s knowledge, attitudes, and behaviors in response to mental health issues.
## Joint Response Team

### Clinician
- Embedded with patrol, real-time response with police radio
- Access to County EHRs – field laptops
- Conducts Mental Health Evaluations
- Assist in determining appropriate call disposition
- Write 5150/5585 applications/related coordination of care
- Consult with officers regarding de-escalation strategies/tactics
- Provide referral/resource linkage

### Officer
- Patrol officer, dressed down in modified uniform
- Access to criminal history/prior LE calls
- Provide safety for clinician, clients, and community
- Provide/coordinate transportation to identified level of care
- Consult with on-scene officers/clinician regarding de-escalation strategies/tactics
- Responsible for control/safety within PERT
- Evaluate scene for criminal behavior
SERVICES PROVIDED

- Rapid Crisis Response for the most imminent emergencies;
- Mental health evaluations and assessments of individuals and families;
- Crisis intervention, de-escalation, safety planning;
- Threat mitigation, crisis/hostage negotiation support;
- Referral, resource linkage, coordination of care;
- Provide or coordinate transportation of individuals to most appropriate level of care;
- Post-crisis follow-up
POPULATIONS SERVED

❖ PERT primarily serves all adults over the age of 18.

❖ No individual will be turned away by PERT based on age. If a youth is in imminent crisis and at risk, PERT can and will respond.

WHAT TO EXPECT

❖ PAPD PERT consists of one officer and one clinician.

❖ PAPD PERT operates an unmarked vehicle.

❖ The PAPD PERT Officer wears a modified uniform, generally consisting of a polo t-shirt and black or grey pants.
ACTIVATION AND REFERRAL SOURCES

❖ PERT calls are generated through PAPD’s 24-hour dispatch center — either via the emergency line or the non-emergency line. PERT will then self-dispatch to calls-for-service, where appropriate.

❖ Law Enforcement may request or consult PERT.

❖ Law Enforcement may submit a PERT referral for follow-up services.
CRITERIA FOR A PERT RESPONSE

❖ PERT responds to acute psychiatric emergencies that require a law enforcement response (i.e. imminent danger to self/others or presence of weapons/other elements of danger).

❖ PAPD PERT also responds to non-emergency welfare checks on a case-by-case basis, where there may be an underlying mental health component.

❖ PAPD PERT serves as the Police Department’s main point of contact for unhoused related concerns.
There is not one, uniform PERT model.

The success of PERT hinges on an agency’s ability to tailor its offerings to the needs of its respective community.

Unique to PAPD PERT, we have an added layer of duties:

- We frequently arrive first on the scene, where the crisis may still be unstable.
- We maintain frequent contact with the unhoused population, as homelessness is sometimes intertwined with mental illness.
REFLECTIONS

POSITIVE HIGHLIGHTS

• Teamwork makes the dream work.
  • Synthesizing the expertise from law enforcement and mental health
• PAPD personnel has been receptive to PERT’s work and mission.
• We feel immense gratification from helping others.

CHALLENGES

• Client refusal of services
• Managing expectations
  • Families