

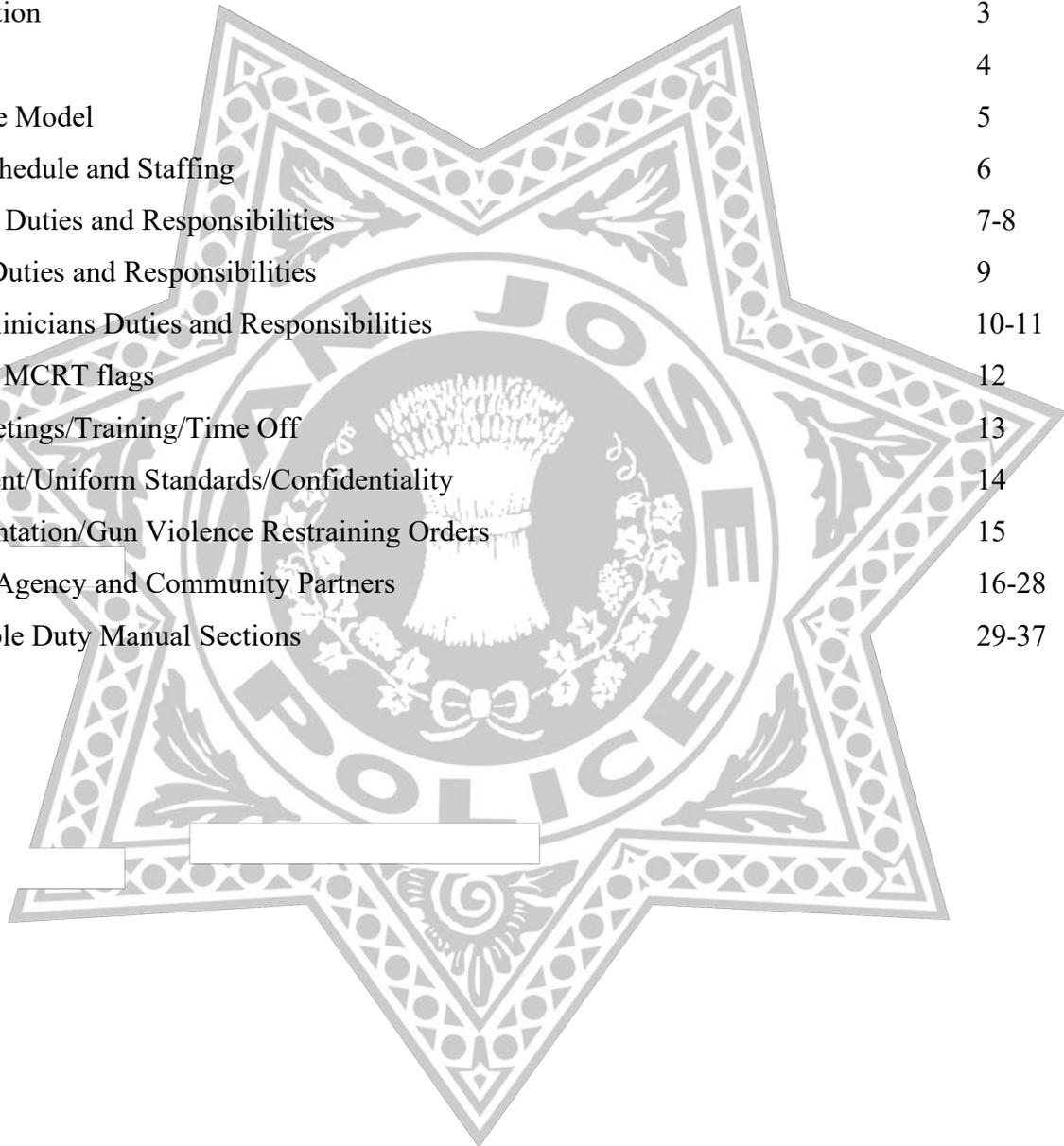
**San José Police Department  
Psychiatric Emergency Response Team**

**Unit Guidelines**

2022

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## Introduction

In 2017 the County of Santa Clara was contacted by the Centers for Disease Control (CDC) because of the unusually high number of teen suicides occurring within its jurisdictions. Recommendations from the study suggested a lack of available mental health resources was contributing to this risk. County Behavioral Health applied for a Mental Health Services Act (MHSA) grant to help develop and fund mobile mental health services for this at-risk population.

The Psychiatric Emergency Response Team (PERT) is a program in partnership with Santa Clara County Behavioral Health Services and the San Jose Police Department. The San Jose Police Department is a progressive and professional organization dedicated to maintaining community partnerships which promote a high quality of life for the City's diverse population. PERT will allow for the Department to collaboratively increase public safety and reduce recidivism among the high-risk people with mental illness and co-occurring mental illness and substance abuse.

PERT collaboration strives to increase public safety and provide rapid intervention and positive outcomes to person(s) in a mental health crisis by de-escalating the situation and helping to stabilize the person using the least restrictive means possible and directing them to the most appropriate care.

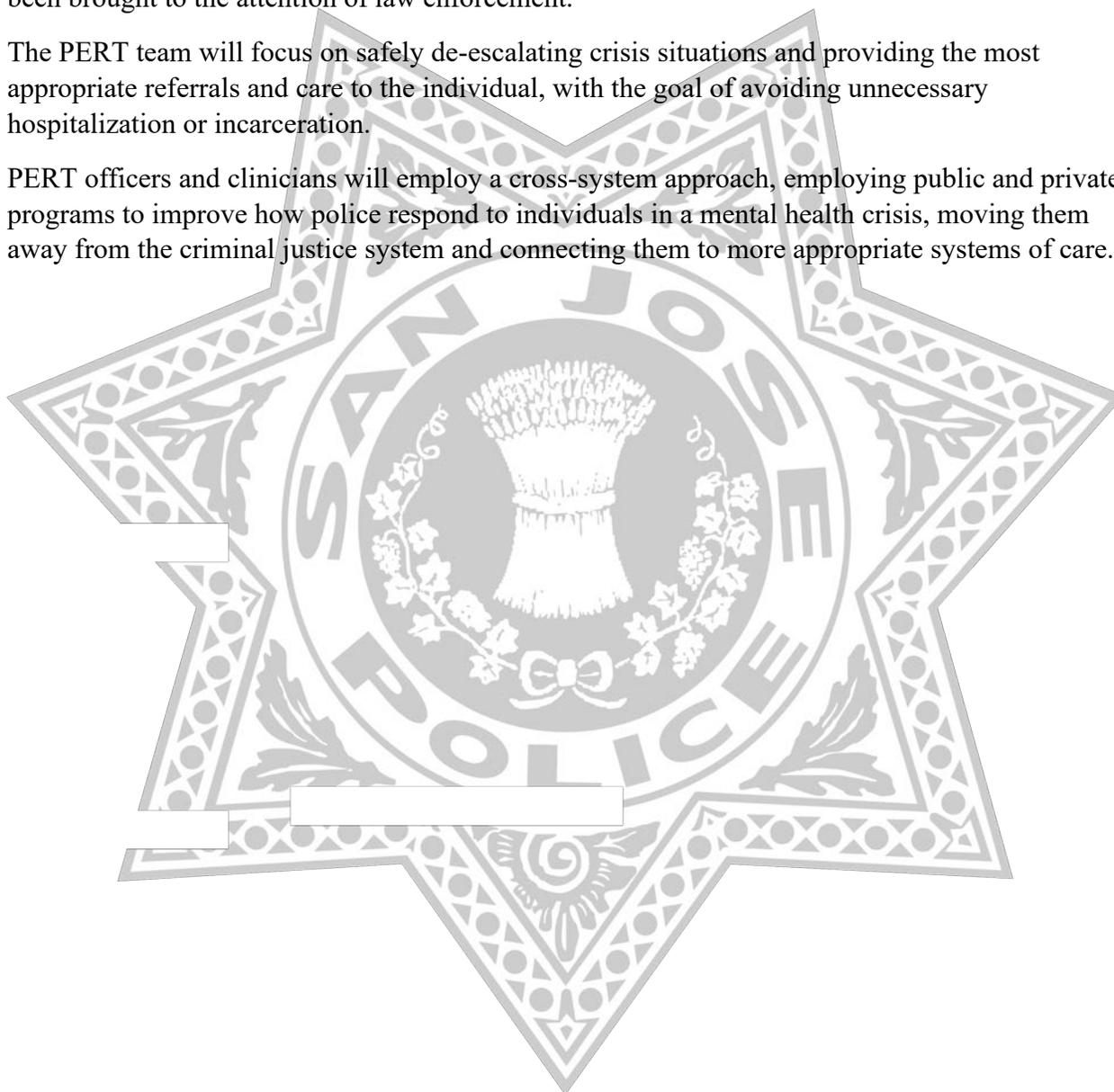


## Mission

The purpose of the Psychiatric Emergency Response Team (PERT) is to provide timely and compassionate assistance to individuals who are experiencing a mental health crisis that have been brought to the attention of law enforcement.

The PERT team will focus on safely de-escalating crisis situations and providing the most appropriate referrals and care to the individual, with the goal of avoiding unnecessary hospitalization or incarceration.

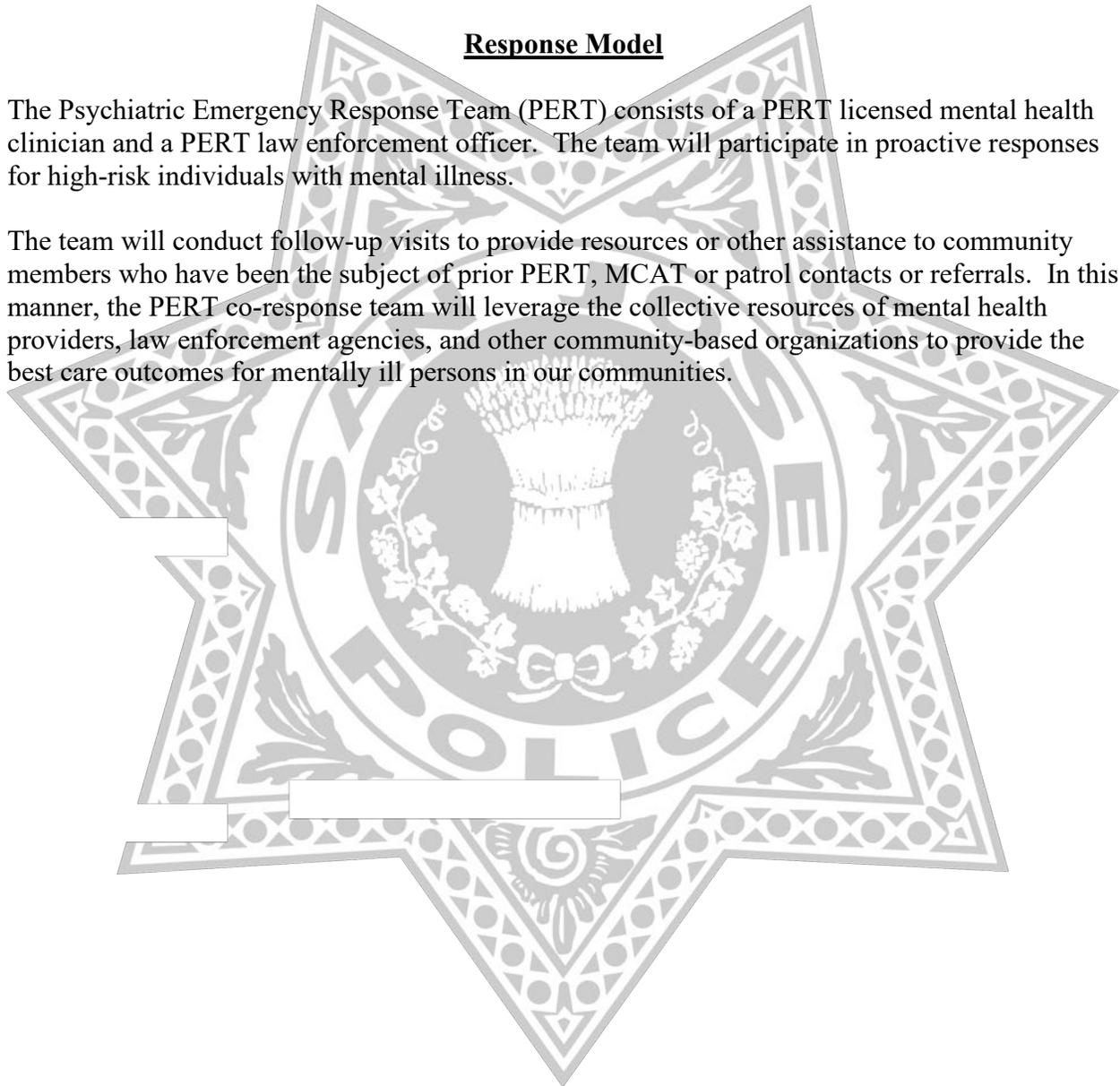
PERT officers and clinicians will employ a cross-system approach, employing public and private programs to improve how police respond to individuals in a mental health crisis, moving them away from the criminal justice system and connecting them to more appropriate systems of care.



### Response Model

The Psychiatric Emergency Response Team (PERT) consists of a PERT licensed mental health clinician and a PERT law enforcement officer. The team will participate in proactive responses for high-risk individuals with mental illness.

The team will conduct follow-up visits to provide resources or other assistance to community members who have been the subject of prior PERT, MCAT or patrol contacts or referrals. In this manner, the PERT co-response team will leverage the collective resources of mental health providers, law enforcement agencies, and other community-based organizations to provide the best care outcomes for mentally ill persons in our communities.



## WORK SCHEDULE AND STAFFING

<b>Supervision</b>	Mobile Crisis Assessment Team Sergeants will supervise PERT personnel
<b>Staffing</b>	One full-time, temporary assigned (TDY) officer and one full time Licensed mental health clinician
<b>Workdays</b>	Wednesday-Saturday
<b>Work Hours</b>	1000-2000 hours
<b>Callsigns</b>	7997

\*Daily schedules may vary providing that the needs of the unit can be met

## **DUTIES AND RESPONSIBILITIES OF THE PERT UNIT SERGEANT**

PERT Sergeants will be responsible for the creation of unit guidelines and Standard Operating Procedures (SOP)'s that are consistent with the Department's Duty Manual and will reflect best practices and standards of operation.

- PERT sergeants will be responsible for compiling data from each shift for analysis and reports. Data tracking is subject to expansion, but existing data collection includes the following:
  - PERT patrol assists
  - Transports by PERT
  - 5150 WI calls for service where PERT was present, and a 72-hour hold was authored
  - Use of force by PERT
  - Arrests by PERT
  - Disposition of PERT referrals
  - PERT referrals turned over to another agency or entity

PERT Sergeants will be liaisons for the San Jose Police Department to all involved community-based programs, court systems, Law Enforcement agencies, and any other stakeholders connected to community mental health.

- PERT sergeants will be responsible for daily and weekly summary reports submitted to San Jose Police Department command staff.
- PERT sergeants will be responsible for the completion of program monthly reports (PMR).
- PERT sergeants will be responsible for the management of PERT Referral reports.
- PERT sergeants will provide ongoing training and education opportunities involving mental health, trauma informed care, de-escalation, crisis intervention, and tactical conduct to unit members.
- PERT sergeants will provide training bulletins regarding mental health trends to department members.
- PERT sergeants will attend meetings to foster positive and collaborative relationships with both private and public stakeholders in mental health.
- PERT sergeants will collaborate with BHSD clinicians to draft and submit a Monthly Program Narrative report to the County no later than (7) days after the end of each month. The Monthly Program Narrative Report shall include a summary of the PERT program's performance goals, milestones achieved, and any issues/concerns encountered during the reporting period.

- PERT sergeants will provide monthly review on overall effectiveness on BHSD PERT clinician deployments to the Resource Development Association (RDA).
- PERT sergeants will provide information to BHSD PERT clinician regarding individuals who are involved in a crisis incident, when such information provides critical value to the safe resolution of those incidents.



## **DUTIES AND RESPONSIBILITIES OF THE PERT UNIT OFFICER**

PERT officers will be responsible for the following duties:

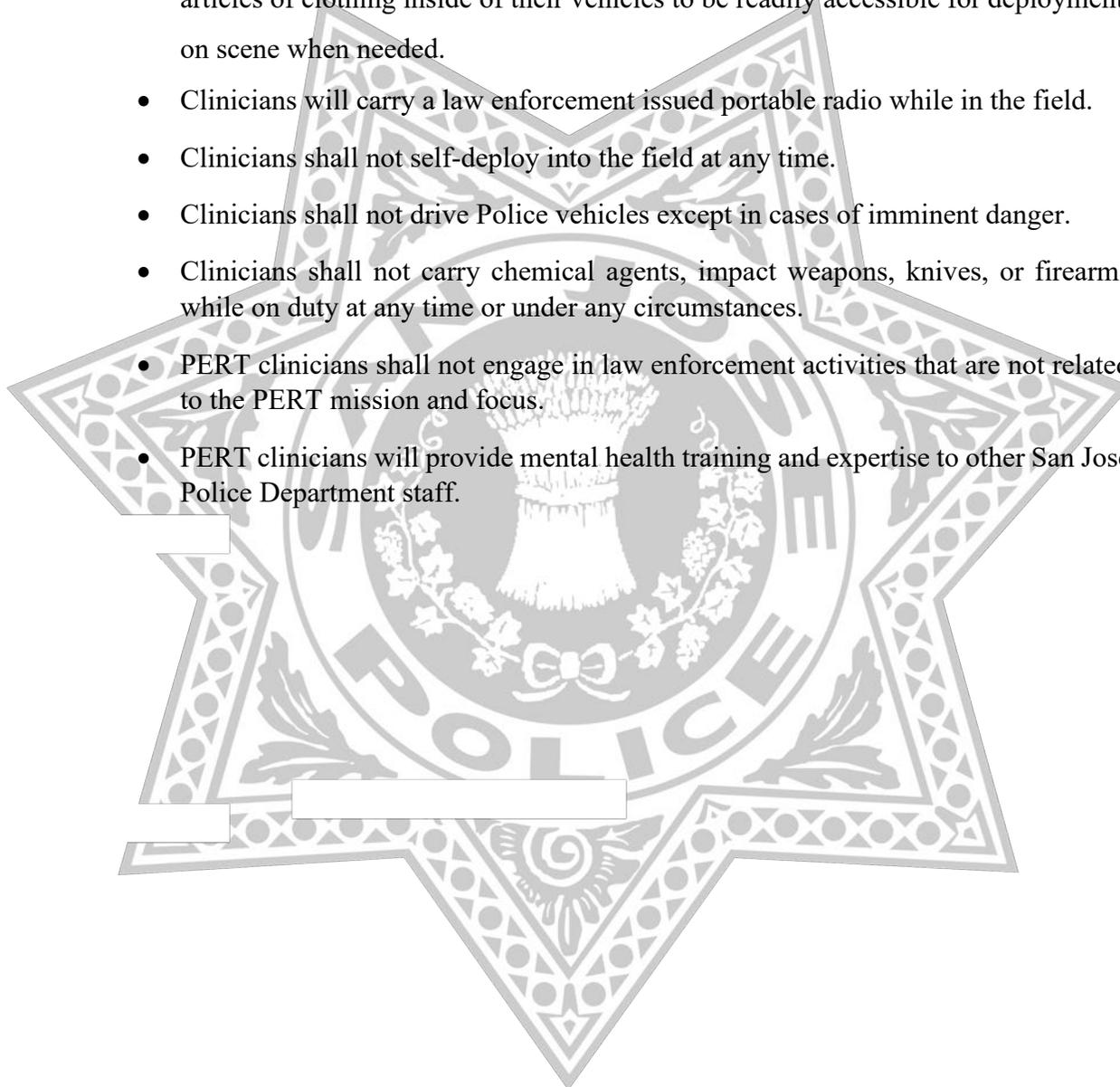
- Provide training with the PERT clinician to aid law enforcement in identifying and responding to individuals with mental illness.
- Work and ride with County PERT clinician each shift.
- Assume role of primary responder when engaged with PERT clinician.
- Determine whether phone consultation or on-site consultation is needed from PERT clinician.
- Coordinate and participate in cross-training exercises and meetings with PERT clinician to ensure proper collaboration and understanding of roles and responsibilities during crisis situations.
- Facilitate transportation for clients to the appropriate receiving facility when a 5150 has been placed by the PERT clinician in response to a law enforcement call for service.
- Assessing the situation in regard to safety for the officer, BHSD PERT clinician, the consumer, and bystanders. The officer will provide safety on scene. The officer will evaluate the subject for any criminal behavior, as appropriate.
- Contact a patrol unit to assist prior to engaging the client during in-field follow-up.
- The officer 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 voluntary or involuntary).
- Conduct Police related records checks prior to arrival at scenes.
- Have knowledge of current legal and ethical issues regarding mental illness and law enforcement.
- Complete non-PERT related reports.
- Consult with PERT clinician regarding dispositions of clients assessed.
- PERT officers will have accessible ballistic vests and jackets with PERT marked on the front and back. PERT officers will always place the marked articles of clothing inside of their vehicles to be readily accessible for deployment on scene when needed.

## **DUTIES AND RESPONSIBILITIES OF THE PERT UNIT CLINICIAN**

PERT clinicians will be responsible for the following duties:

- Participating in proactive responses for high-risk individuals with mental illness in conjunction with SJPD PERT officer.
- Conducting mental health evaluations and assessments of individuals, including crisis screening, for persons with serious mental illnesses including clients who are frequent users of emergency psychiatrist services, dual diagnosed clients and clients who are mentally ill.
- Assist in determining the appropriate disposition supporting individuals' needs and safety.
- Consult with PERT Officer partner regarding dispositions and law enforcement issues.
- Maintaining knowledge of criteria for psychiatric disorders according to the current Diagnostic and Statistical Manual of Mental Disorders.
- Maintaining knowledge of current legal and ethical issues as they relate to mental illness.
- Maintaining licensing as required.
- Ensuring requirements for detention and transportation pursuant to Welfare and Institutions Code (WIC) Section 5150 are met.
- Provide documentation to the PERT officer supporting the decision to detain and transport a subject pursuant to WIC Section 5150.
- Assist in coordination of transportation to mental health service centers or facilities when such support and services would be beneficial (regardless of whether a 72-hour evaluation hold is issued), and there is cooperation from the subject.
- Maintain a law enforcement security clearance.
- Conducting comprehensive mental health assessments of the clients.
- Formulate appropriate dispositions supporting clients' needs and safety requirements.
- If applicable, complete "application for 72-hour mental health evaluation".

- PERT clinicians will wear appropriate clothing, black pants or jeans, collared shirts, and closed toe shoes.
- PERT clinicians will have accessible ballistic vests and jackets with PERT marked on the front and back. PERT clinicians will always place the marked articles of clothing inside of their vehicles to be readily accessible for deployment on scene when needed.
- Clinicians will carry a law enforcement issued portable radio while in the field.
- Clinicians shall not self-deploy into the field at any time.
- Clinicians shall not drive Police vehicles except in cases of imminent danger.
- Clinicians shall not carry chemical agents, impact weapons, knives, or firearms while on duty at any time or under any circumstances.
- PERT clinicians shall not engage in law enforcement activities that are not related to the PERT mission and focus.
- PERT clinicians will provide mental health training and expertise to other San Jose Police Department staff.



## CREATION OF FLAGS

There are instances where PERT team members are notified of a subject that is in need of a mental health evaluation. If PERT members are unable to contact the subject upon initial response, the PERT officer will request a “Flag” be placed on the subject through the San Jose PD dispatch center. The flag will indicate the following:

- Subject’s name
- Date of birth
- Reason for mental health flag
- PERT phone number

Once a subject has been contacted it will be the responsibility of the PERT team member responsible for the flag, to contact communications and remove it.

## TARASOFF WARNINGS AND TARASOFF REPORTING PROCEDURES

In the event a PERT clinician receives information during a mental health evaluation that would warrant warning a threatened individual or location in compliance with the Tarasoff decision, the following procedures will apply:

- The PERT clinician will notify the PERT officer of the threat and the obligation to report under Tarasoff.
- The PERT clinician or officer will make every effort to notify the threatened individual or location of the threat as required.
- The PERT officer will complete a Tarasoff report. If the person threatened resides outside of San Jose, the PERT officer will notify the law enforcement agency having jurisdiction of the area where the victim is located.
- The PERT officer shall notify the on-duty supervisor of the threat and evaluate the need for further investigation.

## **UNIT MEETINGS**

Unit meetings will be conducted every Wednesday. Attendance is mandatory unless otherwise approved by the unit supervisor.

## **TRAINING**

All personnel assigned to PERT shall complete the 40-hour Crisis Intervention Team (CIT) training, attend advanced cross-system training, and complete an additional two-hour de-escalation training.

In addition, all personal will receive regular updates in the following:

- Use of force / Force Options Simulator
- Tactical Conduct /Legal updates
- Trauma Informed Care
- Mental health and homelessness advocacy
- De-escalation
- Defensive Tactics
- Continued Professional Training

PERT members will also identify additional trainings that law enforcement can participate in to help officers identify and respond to individuals with mental illness. The PERT members will identify trainings that they may provide to officers as perishable skills trainings to assist in responses to incidents involving individuals with mental illness and substance abuse. Any identified training courses must be certified by POST to ensure a consistent level of quality.

## **TIME OFF**

Scheduled time off will need to be approved by one of the sergeants in the unit. Once approved it will be written on the unit calendar.

## **EQUIPMENT**

- The PERT officer is responsible for maintenance of cameras and camera batteries.
- PERT officers are responsible for the maintenance of vehicles assigned to the unit.
- Keys of all vehicles will be kept in the PERT office.
- PERT inventory will be completed every January.
- PERT officers will be responsible for having professional business cards with the officer's name, badge, e-mail, unit name, and phone number.
- Vehicles will be equipped with emergency lights/sirens, radios, and computers.

## **UNIFORM STANDARDS**

- PERT officers will wear plain clothes (Ex: clean and non-torn jeans and shirt) and will follow Department guidelines involving grooming.
- PERT officers will wear a department approved firearm, department badge and a body worn camera.
- PERT officers and clinicians will carry a department-issued radio.
- In addition, PERT officers and clinicians will have accessible ballistic vests and jackets with PERT marked on the front and back. PERT officers and clinicians will always place the marked articles of clothing inside of their vehicles to be readily accessible for deployment on scene when needed.

## **CONFIDENTIALITY**

It is the policy of PERT to maintain client records in a confidential, secure and organized manner. Client confidentiality is a priority for PERT and client records shall be treated accordingly.

## **DOCUMENTATION**

In all instances where the PERT unit establishes probable cause to detain and transport a subject to a mental health facility pursuant to 5150 W&I, the PERT officer shall document the circumstances in a police report. Either the PERT clinician or the PERT officer can complete the Application for 72-Hour Hold form.

### **GUN VIOLENCE RESTRAINING ORDERS**

When a subject who has been detained or apprehended for examination of his/her mental condition or who is a person described in Welfare and Institution Code (W&I) Section 8100 or 8103, is found to own, or have in his/her possession or under control, any firearm, or any other deadly weapon, the items(s) shall be confiscated by the PERT officer pursuant to the provisions of 8102 W&I. Officers shall not confiscate firearms or any deadly weapon(s) unless the items are in plain view, they have received consent to search and retrieve the item(s), or pursuant to a search warrant. Circumstances surrounding the confiscation of firearms(s) or weapon(s) shall be documented in a police report.

The PERT officer shall consider the need for a Gun Violence Restraining Order (GVRO) and request one if appropriate for the circumstances.

**PERT collaborates with the following outside agencies and community partners:**

- **Mental Health Urgent Care**

Mental Health Urgent Care (MHUC) is a walk-in outpatient clinic for Santa Clara County residents who are experiencing behavioral health crisis and need help.

Mental Health Urgent Care provides screening, assessment, crisis intervention, referral and short-term treatment for adolescents and adults.

As a consumer-focused program, Mental Health Urgent Care's goals are to provide immediate relief to people in distress and to help them maintain stability in their lives. The program is designed to avoid involuntary hospitalization, psychiatric emergency room visits, and incarceration.

**Services include the following:**

- Provides psychiatric evaluation, diagnosis, and treatment
- Phone consultation with licensed clinical staff
- A safe environment for people in distress
- Brief Medication Management services up to fifty-nine (59) days
- Appropriate referral to other community resources
- Walk-in care for individuals who are experiencing a behavioral health crisis and need help
  - *Mental Health Urgent Care is not a hospital and provides voluntary services. People having a medical emergency must go to the Emergency Room.*

• **In-Home Outreach Team (IHOT)- (Homeless Outreach)**

The In-Home Outreach Team (IHOT) is designed to assist adult clients who are high utilizers of multiple systems (HUMS) who have been previously unwilling or unable to connect to treatment services. The program is short term (< 120 days) and will be facilitated by Bill Wilson Center, Starlight Services, and a county team with the goal of connecting these clients to a long-term treatment provider.

In order to refer a client to the IHOT program the following criteria must be met:

- 3+ EPS visits in the last 12 months AND were referred by the call center to a provider and failed to attend intake.

**OR**

- 1-2 EPS visits with multiple contacts with other systems (Jail, ED, MCRT, Homeless services).

**OR**

- If they have no EPS history, but they have 1+ MCRT severe contact (based on severity/high risk of hospitalization).

Clients are **NOT** eligible for referral to IHOT when:

- The client is open to a provider.

**OR**

- The client calls the call center asking for a referral to treatment.

Complete the referral form and identify why you believe your client meets criteria. County IHOT staff will confirm eligibility and assign to a team.

Questions about this program? Want to make a referral?

Contact : 

- **National Alliance on Mental Health (NAMI)**

Our Vision

NAMI envisions a world where all people affected by mental illness live healthy, fulfilling lives supported by a community that cares.

Our Mission

NAMI provides advocacy, education, support and public awareness so that all individuals and families affected by mental illness can build better lives.

Our Values

- **Hope:** We believe in the possibility of recovery, wellness and the potential in all of us.
- **Inclusion:** We embrace diverse backgrounds, cultures and perspectives.
- **Empowerment:** We promote confidence, self-efficacy and service to our mission.
- **Compassion:** We practice respect, kindness and empathy.
- **Fairness:** We fight for equity and justice.

What We Do

**We educate.** Offered in thousands of communities across the United States through NAMI State Organizations and NAMI Affiliates, our education programs ensure hundreds of thousands of families, individuals and educators get the support and information they need.

**We advocate.** NAMI shapes national public policy for people with mental illness and their families and provides volunteer leaders with the tools, resources and skills necessary to save mental health in all states.

**We listen.** Our toll-free 1-800-950-NAMI (6264) Helpline allows us to respond personally to hundreds of thousands of requests each year, providing free information and support—a much-needed lifeline for many.

**We lead.** Public awareness events and activities, including Mental Illness Awareness Week and NAMI Walks, successfully fight stigma and encourage understanding. NAMI works with reporters on a daily basis to make sure our country understands how important mental health is.

NAMI relies on gifts and contributions to support our important work.

- **Morgan Autism Center**

Was founded by Louise Emerson and three other volunteer teachers. These teachers started Morgan Autism Center in one classroom serving just four students.

At the time much was still unknown about autism, but Emerson believed her students could benefit from a highly structured, one-on-one teaching model that focused on enhancing their ability to learn and communicate. Out of this belief, a model was developed that capitalized on students' strengths and unique learning styles. Over time, other educational institutions embraced Morgan Autism Center's philosophy and program design.

Their model is now recognized internationally as a best practices demonstration of how to serve students and clients who are significantly impacted by autism and other neurological challenges.

Today, Morgan Autism Center serves more than 118 clients each day, with 68 students enrolled in school programs and 50 clients in Adult Programs.

**Morgan Autism Center**  
950 St. Elizabeth Drive  
San Jose, CA 95126-3900

Phone: (408) 241-8161

Email: [info@morgancenter.org](mailto:info@morgancenter.org)

Website: <https://www.morgancenter.org>

- **Uplift Family Services**

Uplift Family Services is one of the largest, most comprehensive behavioral health treatment providers in California. Each year, we do whatever it takes to help more than 35,000 children and family members manage and recover from challenges stemming from prior trauma—such as severe neglect and abuse—and learn the essential life skills they need to be successful at home, at school, and in their community.

**Mission**

We do whatever it takes to strengthen and advocate for children, families, adults and communities to realize their hopes for behavioral health and well-being.

**Vision**

To be trusted leaders in behavioral health and social services by providing innovative, research-based care.

**Headquarters**

251 Llewellyn Avenue  
Campbell, CA 95008



**Los Gatos**

499 Loma Alta Avenue  
Los Gatos, CA 95030

**San Jose – Gish**

232 East Gish Road  
San Jose, CA 95112

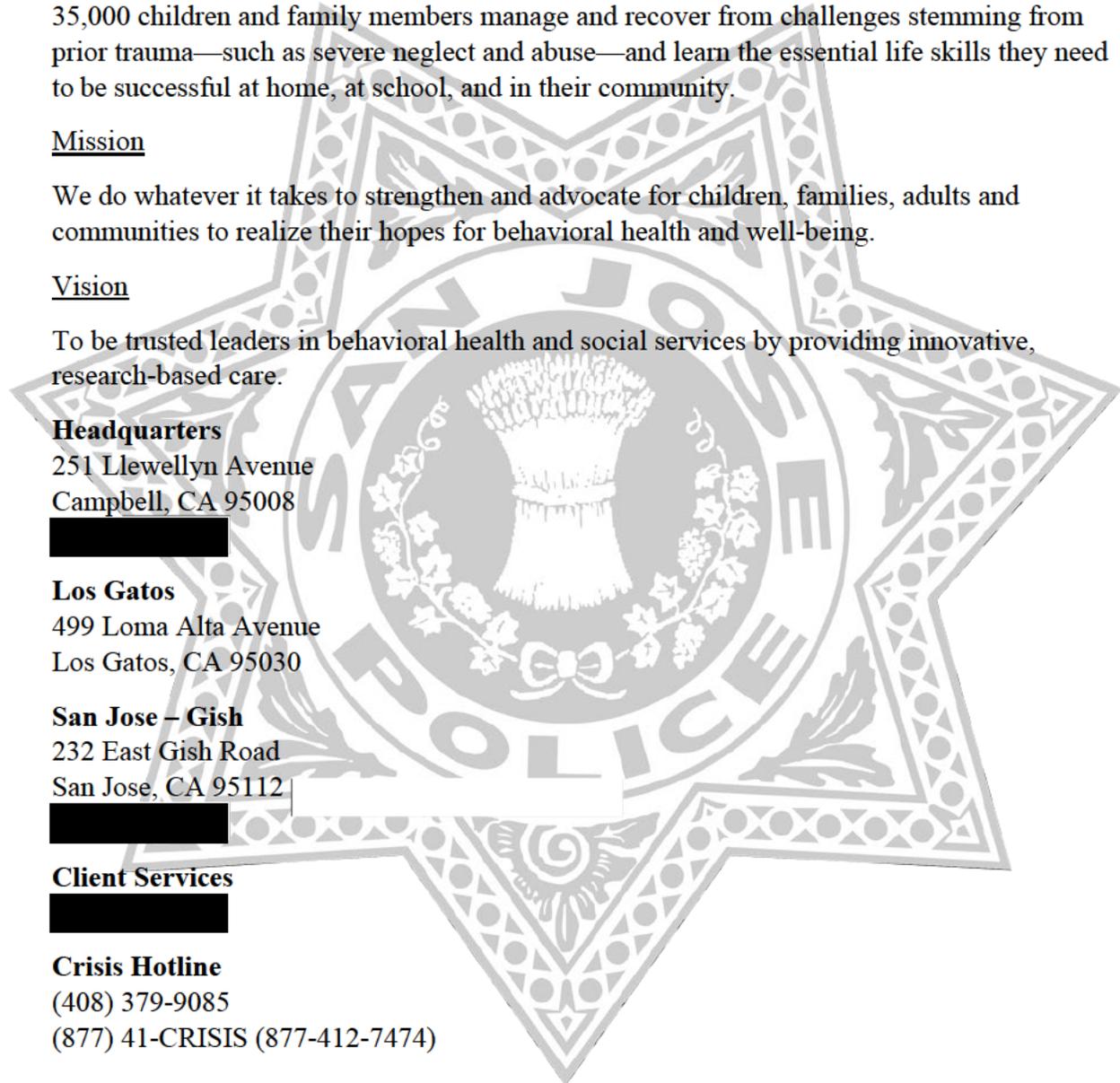


**Client Services**



**Crisis Hotline**

(408) 379-9085  
(877) 41-CRISIS (877-412-7474)



- **San Andreas Regional Center**

San Andreas Regional Center is a community-based, private nonprofit corporation funded by the State of California to serve people with developmental disabilities as required by the Lanterman Developmental Disabilities Act. The Lanterman Act is part of California law that sets out the rights and responsibilities of persons with developmental disabilities. San Andreas is one of 21 regional centers throughout California serving individuals and their families who reside within Monterey, San Benito, Santa Clara, and Santa Cruz Counties.

San Andreas provides diagnostic and prevention services to help ameliorate developmental disabilities. Examples of such service includes amniocentesis, chorionic villus screening or genetic screening for pregnant woman. Chromosomal studies, and genetic counseling, are available to family members to determine hereditary conditions that may increase the risk for birthing a developmentally disabled infant or to determine the cause of a disabling condition. These prevention services are available upon referral from a physician.

Any person, residing in the four county areas, regardless of age, cultural background, or income, believed to have a developmental disability, may receive **diagnostic services** to assess eligibility. To be considered eligible, the disability must have originated before the age of eighteen, be likely to continue indefinitely, and constitute a substantial handicap.

The eligible conditions are: Intellectual Disability, Cerebral Palsy, Epilepsy, Autism, and other conditions closely related to intellectual disability.

To **apply** for San Andreas Regional **Center services call**, write or visit the Regional Center office in your area. After the initial contact with the Regional Center, an intake interview appointment will be scheduled. A meeting will be scheduled to provide assessment, and to determine eligibility.

There is no charge for diagnosis and assessment. Once eligibility is established, Regional Center staff, working together with the consumer, his/ her **family**, and other involved persons; to develop an Individual Program Plan (IPP) or Individual Family Service Plan (IFSP) which define the individual needs, services and supports.

Santa Clara And San Benito County  
6203 San Ignacio Avenue, Suite 200  
Tel -(408) 374 – 9960 Fax -(408) 281 – 6960

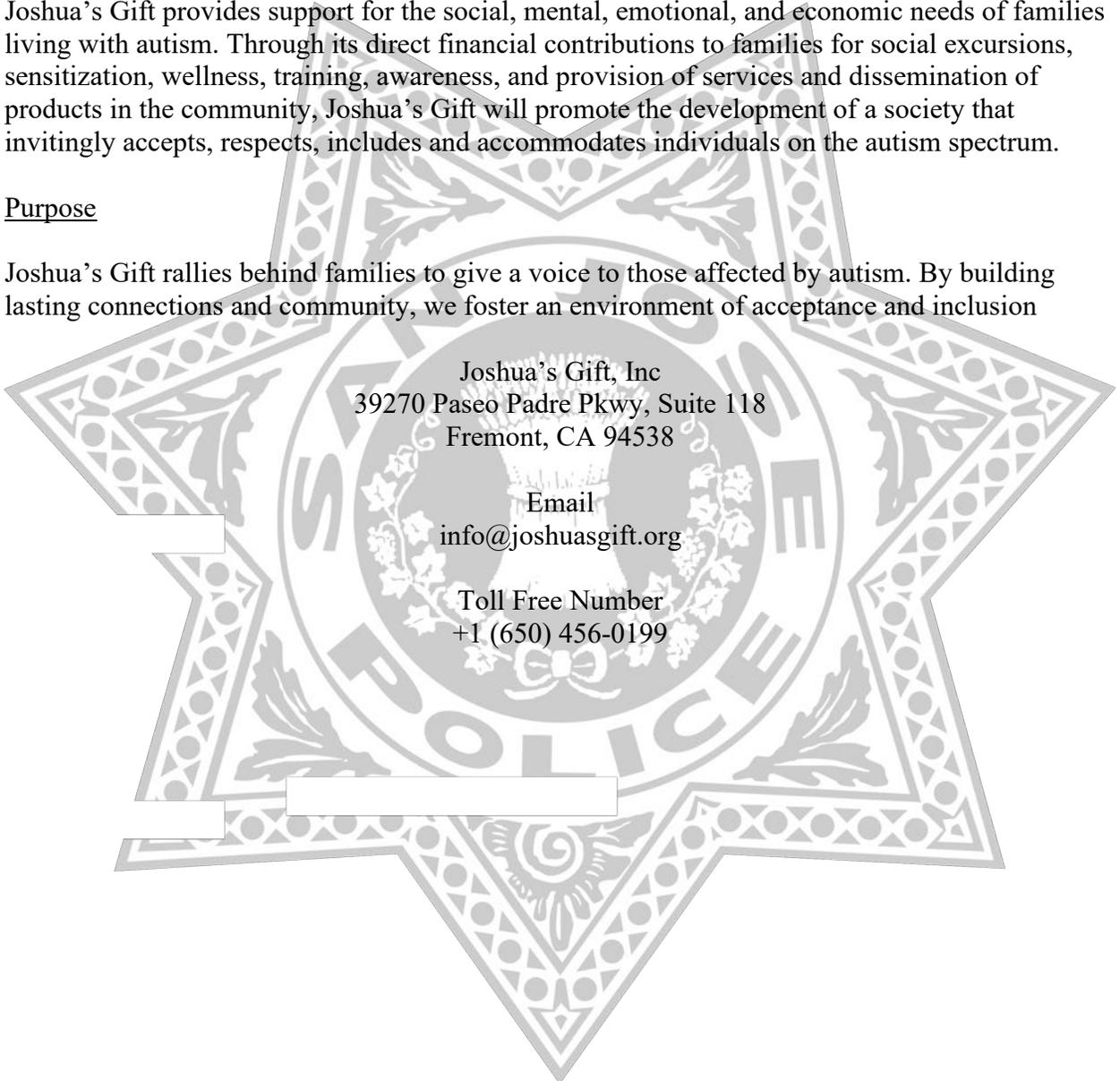
- **Joshua's Gift**

Mission

Joshua's Gift provides support for the social, mental, emotional, and economic needs of families living with autism. Through its direct financial contributions to families for social excursions, sensitization, wellness, training, awareness, and provision of services and dissemination of products in the community, Joshua's Gift will promote the development of a society that invitingly accepts, respects, includes and accommodates individuals on the autism spectrum.

Purpose

Joshua's Gift rallies behind families to give a voice to those affected by autism. By building lasting connections and community, we foster an environment of acceptance and inclusion



Joshua's Gift, Inc  
39270 Paseo Padre Pkwy, Suite 118  
Fremont, CA 94538

Email  
[info@joshuasgift.org](mailto:info@joshuasgift.org)

Toll Free Number  
+1 (650) 456-0199

- **National Center for PTSD**

Mission

The mission of the National Center for PTSD is to advance the clinical care and social welfare of America's Veterans and others who have experienced trauma, or who suffer from PTSD, through research, education, and training in the science, diagnosis, and treatment of PTSD and stress-related disorders.

Vision

The National Center has emerged as the world's leading research and educational center of excellence on PTSD. Its vision is to be the foremost leader in information on PTSD and trauma; information generated internally through its extensive research program, and information synthesized from published scientific research and collective clinical experience that is efficiently disseminated to the field.

The Center is organized to facilitate rapid translation of science into practice, ensuring that the latest research findings inform clinical care; and translation of practice into science, and ensuring that questions raised by clinical challenges are addressed using rigorous experimental protocols. By drawing on the specific expertise vested at each separate division (behavioral, neuroscientific, etc.), the National Center provides a unique infrastructure within which to implement multidisciplinary initiatives regarding the etiology, pathophysiology, diagnosis, and treatment of PTSD.

Veterans Crisis Line  
Dial 988 press option 1

- **Ability Path**

- **Vision**

- A world where people of all abilities are fully accepted, respected, and included.

- **Mission**

- Empower people with special needs to achieve their full potential through innovative, inclusive programs and community partnerships.

- **Values**

- **People First**

- Everything we do is centered on the people we serve.

- **Collaboration**

- Our impact is strengthened by teamwork, trust, and community partnerships.

- **Inclusion**

- We champion and promote universal inclusion.

- **Dedication**

- We are passionately committed to those we serve.

- **Innovation**

- We innovate and adapt to deliver the highest quality services.

- **Community**

- We create communities of support for individuals with special needs and their families.

Ability Path (formerly Gatepath and Abilities United)  
Sobrato Center for Nonprofits – Redwood Shores  
350 Twin Dolphin Drive, Suite 123, Redwood City, CA 94065  
Phone: 650-259-8500 | Fax: 650-697-5010  
Email: [info@abilitypath.org](mailto:info@abilitypath.org)

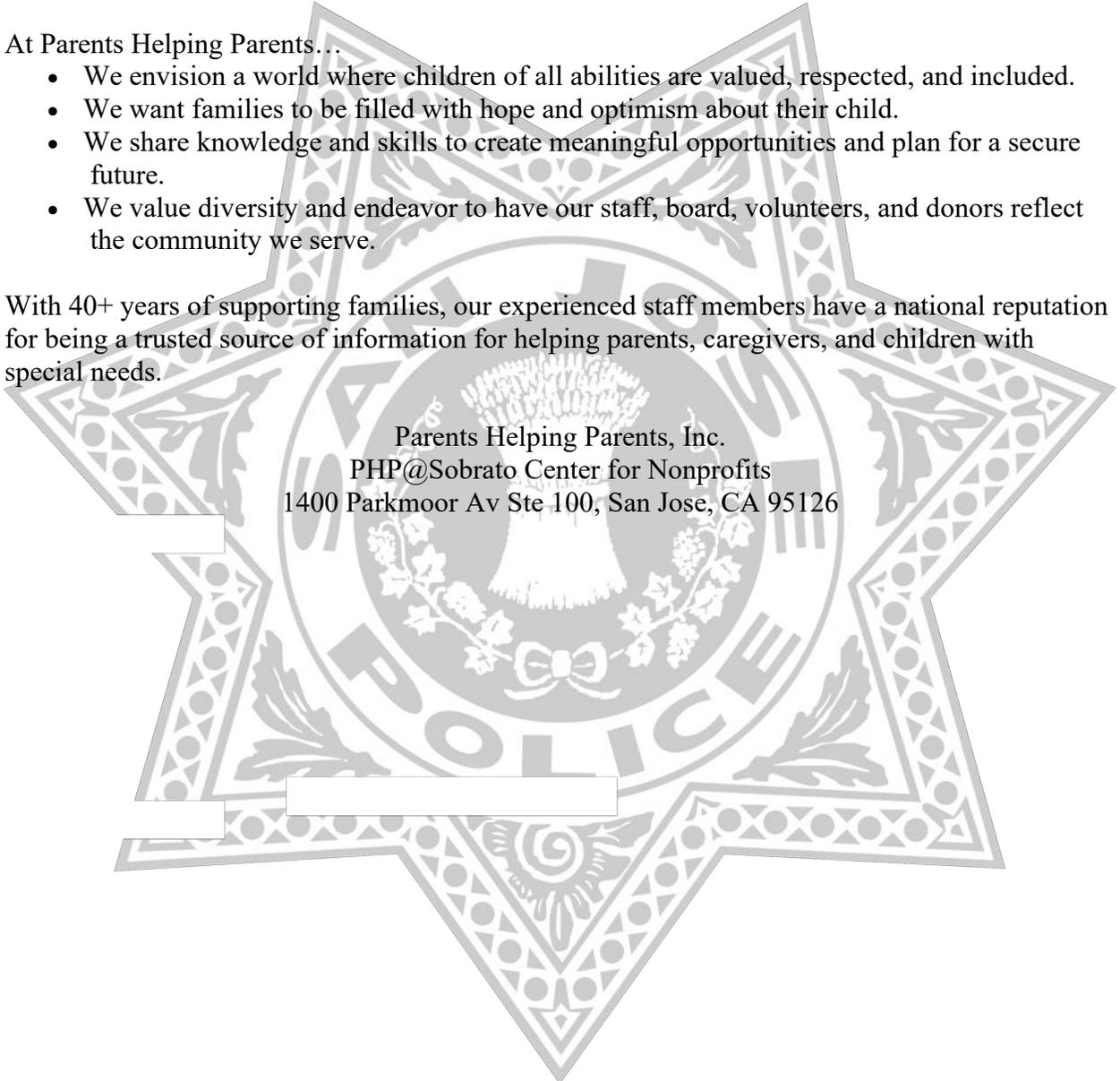
- **Parents Helping Parents**

Parents Helping Parents supports, educates, and inspires families and the community to build bright futures for youth and adults with special needs.

At Parents Helping Parents...

- We envision a world where children of all abilities are valued, respected, and included.
- We want families to be filled with hope and optimism about their child.
- We share knowledge and skills to create meaningful opportunities and plan for a secure future.
- We value diversity and endeavor to have our staff, board, volunteers, and donors reflect the community we serve.

With 40+ years of supporting families, our experienced staff members have a national reputation for being a trusted source of information for helping parents, caregivers, and children with special needs.

The background of the page features a large, faint watermark of the San Jose Police Department seal. The seal is a five-pointed star with a central circular emblem containing a grizzly bear and the words "SAN JOSE POLICE". The star's points are filled with decorative patterns. Overlaid on the seal is the contact information for Parents Helping Parents, Inc.

Parents Helping Parents, Inc.  
PHP@Sobrato Center for Nonprofits  
1400 Parkmoor Av Ste 100, San Jose, CA 95126

- **Crisis Stabilization Unit**

**Hours: Open 24/7**

**Address:** 101 Jose Figueres Avenue, Suite 50, San Jose, 95116 (first door when you're coming in parking lot)

**Ages:** Adults 18 and older (under 18 - call Uplift Mobile Crisis at 408-379-9085)

**Why:** Individuals at risk for needing a 5150 to be initiated but ***do not currently meet the criteria*** to write a hold.

**Overview:** The Crisis Stabilization Unit (CSU) is a voluntary alternative to a locked treatment setting allowing an individual an opportunity to reset their emotional states. An individual can stay within the CSU for up to 23 hours and 59 minutes. The CSU only serves five(5) individuals at a time.

**When to refer:** When you see/come into contact with someone struggling with their mental health issues. They must agree to come to the CSU and have their medications if available.

**How to refer:** Call the CSU and tell us the individual's name, date of birth and social security number (if available). Identify as law enforcement and provide information related to where you came in contact with this individual and the nature of your interaction with them. *Staff will let you know if space is available.*

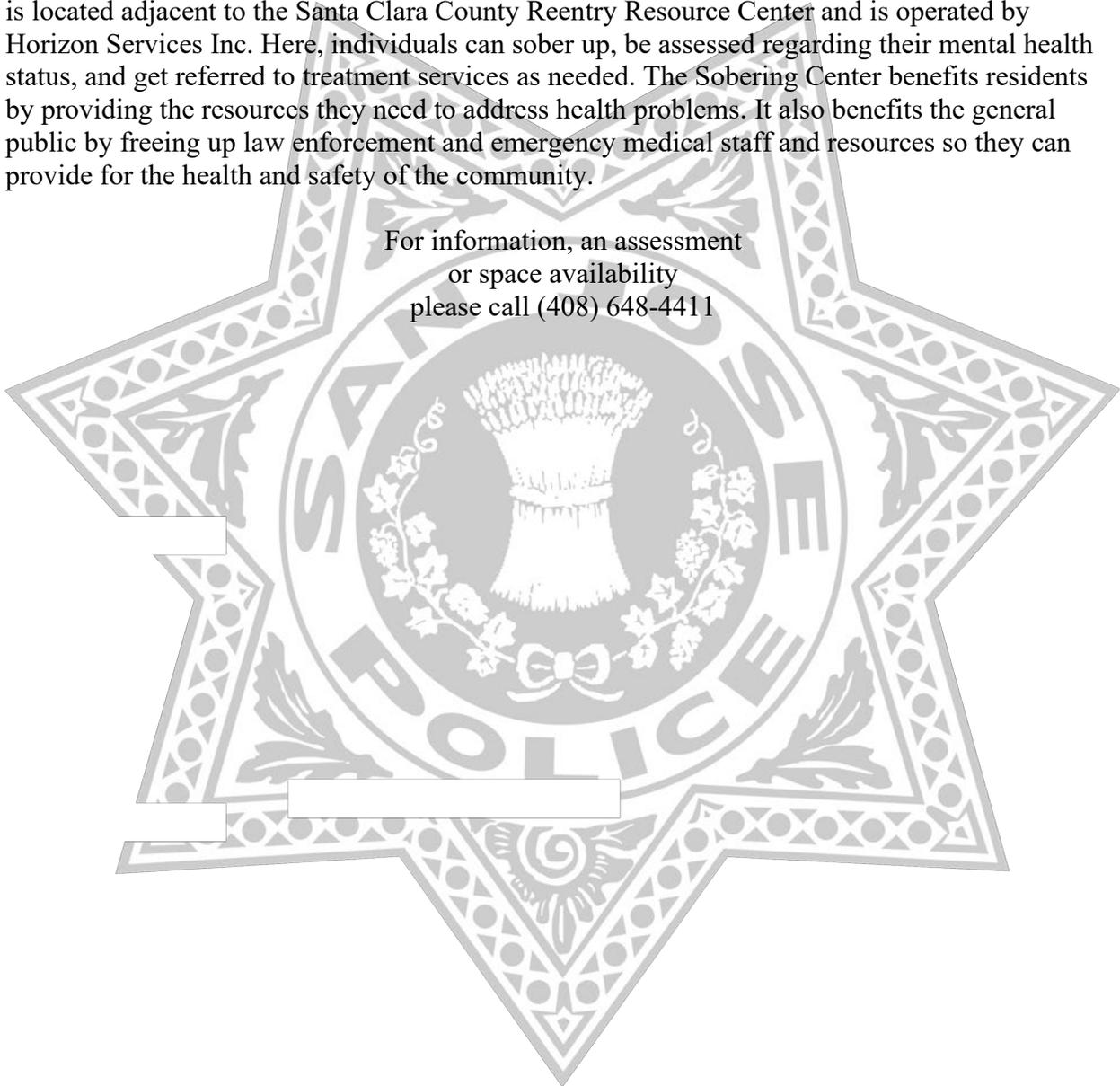
**Next Steps:** When you arrive to the CSU, please stay in the parking lot for 5 – 10 minutes while staff talk to the individual and check in with you. You do not need to come inside the facility.

**Phone:** 408-207-0560 x1

- **Mission Street Recovery Center**

The Mission Street Recovery Center provides an alternative to jailing and prosecuting intoxicated individuals. It's a community facility, not a correctional facility. The Sobering Center is located adjacent to the Santa Clara County Reentry Resource Center and is operated by Horizon Services Inc. Here, individuals can sober up, be assessed regarding their mental health status, and get referred to treatment services as needed. The Sobering Center benefits residents by providing the resources they need to address health problems. It also benefits the general public by freeing up law enforcement and emergency medical staff and resources so they can provide for the health and safety of the community.

For information, an assessment  
or space availability  
please call (408) 648-4411



- **PATH (People Assisting the Homeless)**

The PATH San Jose office opened in 2015. It is an integrated service and residential effort designed to address street homelessness in downtown San Jose, and help local homeless individuals rebuild their lives and move into permanent apartments.

PATH San Jose is currently providing outreach to those who are homeless, connecting them to services and linking them to housing. However, outreach is just the beginning. Villas on the Park opened in November 2019, and more supportive housing is in the pipeline.

PATH San Jose  
Phone: (408) 753-8735  
Email: [path@epath.org](mailto:path@epath.org)

- **Home First (Homeless Outreach)**

Home First™ is a leading provider of services, shelter, and housing opportunities to the homeless and those at risk of homelessness in Santa Clara County. We serve more than 5,000 adults, veterans, families, and youth each year at seven locations including our Boccardo Reception Center, which is the county's largest homeless services center. With 40 years' experience, we've learned that everyone has the potential to get housed and stay housed. We are relentlessly focused on eliminating barriers to housing and creating stability for everyone we serve.

Connect To Services

Homeless Helpline: 408-510-7600

Homelessness Prevention Services: 408-786-8538 or [hpsinfo@homefirstscc.org](mailto:hpsinfo@homefirstscc.org)

## APPLICABLE DUTY MANUAL SECTIONS

### 2602.5 TACTICAL CONDUCT

*Added 08/15/16*

Department members are expected to use tactics that are consistent with San Jose Police Department and California P.O.S.T. Commission training standards. Based on the totality of the circumstances and allowing for the fact that police officers are often forced to make split-second judgments in circumstances that are tense, uncertain, and rapidly evolving about the amount of force that is necessary in a particular situation, Department members shall consider the following relevant tactical considerations in any situation where an officer reasonably believes that the use of physical force is or may become necessary.

**CORE TRANSACTION:** A core transaction is defined as a lawful detention (justified by reasonable suspicion) or a lawful arrest (justified by reasonable cause). If no core transaction exists, no force is reasonable. Department members shall consider whether the suspect is subject to detention or arrest prior to using physical force.

- **LEVEL OF URGENCY:** Department members shall consider whether the suspect presents an immediate and credible threat of physical harm to any person or if there is an immediate need to use physical force. If the circumstances permit, officers shall consider waiting for an additional officer(s) or a supervisor prior to contacting the suspect.

- **THREAT ASSESSMENT:** Department members shall consider using all reasonable methods to obtain relevant information regarding the parties associated to the call or contact in order to assess any threats and to select tactics and tools (i.e. less-than-lethal force options) appropriate to the threat. Relevant information may include any history of a subject's propensity for violence or flight, frequency of police contact, a history of mental illness, known weapons, military training, known motivations or ideologies, or any use of intoxicants or medications. Relevant information may also include a known association to a particular identifiable residence or business. If time permits, Department members shall inquire directly with Communications while en-route if this information is neither obtained nor communicated during the dispatch of a call for service.

- **COVER, CONCEALMENT, DISTANCE, AND TIME:** Department members shall consider tactically advantageous objects and/or positions at their disposal prior to and during a force encounter. The proper use of cover, concealment, distance and the simple passage of time through negotiation and de-escalation are all tactics that may help a Department member avoid and/or minimize the use of physical force. Officers shall consider tactically repositioning themselves if doing so can be accomplished safely and may assist in de-escalating the situation.

- **CRISIS INTERVENTION TEAM:** Department members shall request that a Crisis Intervention Team member respond to calls where there is information suggesting that the suspect is mentally ill.

**L 2921 MENTALLY ILL PERSONS:**

*Revised 08-03-07 (previously L 2918)*

Mentally ill persons not in custody for a criminal offense are transported to an approved County facility for screening. Criminal offenders who are believed to be mentally ill will be booked at County Jail and jail staff will be advised.

**L 9002 CONTACT WITH MENTALLY ILL PERSONS:**

It is the policy of the San Jose Police Department to utilize Crisis Intervention Team (CIT) officers to respond to calls for service involving known or suspected mentally ill individuals, when circumstances are appropriate. The use of CIT officers extends to any circumstance in which an individual is in psychological or emotional crisis and is in need of intervention due to the subject being a danger to self or others.

**L 9003 REPORTING CONTACT WITH MENTALLY ILL PERSONS:**

*Revised 02-08-20*

When an officer contacts a mentally ill person, and upon probable cause, takes the person into custody for a period up to 72 hours for assessment, evaluation, and crisis intervention, or placement for evaluation and treatment, a General Offense Report (Form 200-2-AFR), State of California Application for Assessment, Evaluation, and Crisis Intervention or Placement for Evaluation and Treatment (Form DHCS 1801) and the Department's 72-Hour Hold Application Supplemental (Form 204-29) will be completed if any of the following circumstances exist:

- When person is transported to a facility designated by the County of Santa Clara and approved by the State Department of Health Care Services. Refer to L 9005 TRANSPORTATION OF MENTALLY ILL PATIENTS for a list of facilities.
- When person is booked into the Santa Clara County Jail.
- When person is transported to the hospital for medical treatment

**L 9004 IN-CUSTODY MENTALLY ILL PERSONS:**

*Revised 06-15-20*

An officer who takes custody of a mentally ill person shall comply with the following: 31 San Jose Police Department Psychiatric Emergency Response Team March 2022, CA: tr

• If the mentally ill person is 65 years old or older or is a dependent adult, the officer shall immediately contact and advise Adult Protective Services as required by DM L 7204 – CROSS REPORTING & OUTSIDE AGENCIES

• Each person, at the time he or she is first taken into custody under provisions of Section 5150 W&I, shall be provided by the person who takes such other person into custody the following information orally. The information shall be in substantially the following form: "My name is \_\_\_\_\_ I am a peace officer with the San Jose Police Department. You are not under criminal arrest, but I am taking you for examination by mental health professionals at \_\_\_\_\_ (Name of Facility) You will be told your rights by the mental health staff."

• If taken into custody at his or her residence, the person shall also be told the following information in substantially the following form: "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."

**L 9005 TRANSPORTATION OF MENTALLY ILL PATIENTS:**

*Revised 02-08-20*

The transportation of mentally and/or medically ill patients is best accomplished by ambulance or similar vehicles designed for that purpose. Patients under the care and custody of medical and/or mental institutions are not to be transported by Department members from one such institution to another except in instances which, in the best judgment of the officer, are essential to the interests of justice. Specific facilities designated by the County of Santa Clara and approved by the State Department of Health Care Services to provide 5150 W&I evaluations and treatment:

The transportation of mentally and/or medically ill patients is best accomplished by ambulance or similar vehicles designed for that purpose. Patients under the care and custody of medical and/or mental institutions are not to be transported by department members from one such institution to another except in instances which, in the best judgment of the officer, are essential to the interests of justice.

Specific hospitals within Santa Clara County have been approved by the State Department of Mental Health to provide 5150 W&I evaluations:

- Valley Medical Center (VMC) - 751 S. Bascom Ave., San Jose
- Emergency Psychiatric Services (EPS)- 820 Enborg Ct., San Jose
- El Camino Hospital -2500 Grant Road, Mt. View

- Good Samaritan Hospital - 2425 Samaritan Dr., San Jose
- Palo Alto Veterans Hospital - 3801 Miranda Ave., Palo Alto
- Stanford University Hospital - 300 Pasteur Dr., Stanford

In those instances when an officer encounters an on-view 5150 W&I case, officers should utilize the following procedures:

- 5150 W&I EVALUATION/HOLD - NO INJURIES: Psychiatric patients who do not have an identified medical complaint or traumatic injury should be transported by officers directly to Emergency Psychiatric Services (EPS). If there are extenuating circumstances, an ambulance can be summoned but ETA's are generally extended.
- 5150 W&I EVALUATION/HOLD - MEDICAL COMPLAINT/TRAUMATIC INJURY: If the patient needing a psychiatric evaluation also has a medical complaint and/or traumatic injury, the medical condition takes precedence in determining destination. When requesting an ambulance for transportation, officers should provide all information available regarding the health problem to Communications. Communications members will provide this information to the medical dispatcher, which will affect and determine the response code and type of responding resources. Unless exigent circumstances exist, the patient will be transported to Valley Medical Center.
- 5150 W&I EVALUATION/HOLD - IMMEDIATE LIFE-THREATENING INJURY: Patients with immediate life-threatening conditions should be transported to the nearest hospital emergency room, whether the hospital is listed above or not.

When the State of California Application for Assessment, Evaluation, and Crisis Intervention or Placement for Evaluation and Treatment (Form DHCS 1801) and the Department's 72-Hour Hold Application Supplemental (Form 204-29) forms have been completed and provided to the transporting ambulance personnel, the officer placing the hold does not need to accompany or follow the patient to the hospital unless circumstances dictate otherwise (e.g., combative individual). In most instances, when an individual is admitted to the VMC Emergency Room (ER), the State of California Application for Assessment, Evaluation, and Crisis Intervention or Placement for Evaluation and Treatment (Form DHCS 1801) and the Department's 72-Hour Hold Application Supplemental (Form 204-29) are left with ER staff. VMC security will transport the individual to EPS after clearance in the emergency room.

5150 W&I hold patients with private insurance may request transport to another facility, but the officer makes the final decision as to the appropriate destination of the patient. Officers should consider that hospitals not approved by the State Department of Mental Health do not have the staff necessary to perform 5150 W&I evaluations and may result in the patient being released after medical treatment if the officer does not remain to transport the patient to EPS after medical clearance.

In criminal cases in which the suspect will be booked into County jail, the criminal process takes precedence over the psychiatric evaluation. In addition to completing pre-booking and felony

affidavit forms for criminal charges, the State of California Application for Assessment, Evaluation, and Crisis Intervention or Placement for Evaluation and Treatment (Form DHCS 33 San Jose Police Department Psychiatric Emergency Response Team March 2022, CA: tr 1801) and the Department's 72-Hour Hold Application Supplemental (Form 204-29) forms must be completed to ensure the suspect will receive the appropriate psychiatric evaluation. This is especially important for those suspects who are at high risk of suicide and/or danger to others

In addition to peace officers, anyone authorized by the Santa Clara County Director of Mental Health may place an individual on a 5150 W&I hold. These individuals include some, but not all Public Health Nurses, physicians, social workers and other mental health professionals. If there is a question as to the individual's authority to place a hold, the officer should request to see the person's Mental Health Department identification card, which identifies them as being qualified to place a 5150 W&I hold.

**L 9006 THREATS BY MENTALLY ILL PATIENTS:**

When a psychotherapist reports any threat made against another person by a mentally ill patient, and the psychotherapist is located within the jurisdiction of the San Jose Police Department, a General Offense Report (Form 200-2-AFR) will be completed regardless of the location of the victim. The Department member receiving the report will immediately notify the intended victim of the threat or communicate the nature of the threat by telephone or teletype to the law enforcement agency where the intended victim is located. The Department member will take whatever action is necessary to ensure the immediate safety of the victim. If the intended victim cannot be contacted, the Department member will immediately contact the appropriate investigative unit for direction and follow-up.

When the intended victim is located in another jurisdiction and the Department member makes contact by telephone, the name of the person contacted will be included in the report. When a teletype is sent to the outside jurisdiction, a copy of the teletype will be attached to the crime report. A copy of the crime report will be routed to the outside jurisdiction by the assigned investigative unit as soon as practical.

## **L 5705 BOOKING FIREARMS FOR SAFEKEEPING - MENTAL HEALTH INCIDENTS**

*Revised 5/29/20*

When detaining or apprehending a person at a W&I 5150 incident, the officer shall:

- Have Communications check DOJ Automated Firearms System to determine ownership of firearms
- Ask if there are any firearms on the premises
- Obtained a Gun Violence restraining order if applicable
- If the officer has obtained a Gun Violence Restraining Order, take custody of any firearm/ammunition in plain sight or discovered pursuant to a consensual search or other 34 San Jose Police Department Psychiatric Emergency Response Team March 2022, CA: tr lawful search (i.e. search warrant, emergency or exigent circumstance, incident to arrest, probation, parole, or Post Release Community Supervision)
- If the officer has not obtained a Gun Violence Restraining Order, take custody of any firearms or ammunition in the immediate possession of the person detained under W&I 5150. The officer shall also take custody of any other firearms or ammunition in plain sight or discovered pursuant to a consensual search when doing so is necessary for an emergency or urgent public safety need, such as when the detained person may imminently have access to the firearms/ammunition and may use them to harm himself or herself or others. The officer shall also take custody of any firearms or ammunition incident to arrest or when authorized pursuant to a judicial order (i.e., search warrant or order of probation, parole, or Post Release Community Supervision)
- Check DOJ Supervised Release File and Mental Health Firearms Prohibition system. If weapons are present, subject may be charged.
- Complete the Property Report and Evidence Continuity process through RMS, listing the firearms/ammunition taken from the owner/possessor.
- Give the owner/possessor of the firearms a report receipt (Form 200-45A) • Advise the owner/possessor to obtain a DOJ Firearms Release Form from the DOJ webpage or contact the Firearms Division
- Firearms seized under this section will be booked at Central Supply for safekeeping, unless they are evidence of a crime.

## **L 5806 RELEASING FIREARMS AND AMMUNITION**

*Revised 5/10/13*

The Property and Evidence Unit will release ammunition booked for “safekeeping” to its owner whenever the firearm is released. The Department will not routinely refuse to return ammunition unless such ammunition is illegal in type or has been used in the commission of a crime. All

weapons being held for “safekeeping” by the Department are held per Penal Code 12021.3. The following procedures are followed when releasing any firearm:

- Bureau of Investigations - On assigned cases, individual investigative units are responsible for performing necessary record checks as defined by the Firearm Release Checklist (Form 202-61)
- Court Liaison/Case Management Detail – On assigned cases, is responsible for performing the necessary record checks before disposing of a firearm in those cases defined by the Firearm Release Checklist (Form 202-61). Cases involving a firearm booked as found property or for “safekeeping” that have no associated criminal charges are routed to the Permits Unit for disposition
- Mental Health/5150 Cases – The Homicide Unit is responsible for disposing of firearms associated with a person who was the subject of a mental health investigation. Disposing of the firearm is done by performing necessary record checks as defined by the Firearm Release Checklist (Form 202-61)
- Firearms subject to Relinquishment under Protective Orders - At the expiration of the protective order requiring relinquishment of firearms, the Department shall return possession of any surrendered firearm to the respondent within 5 days after the expiration of the relinquishment order, unless the Department determines that (1) the firearm has been stolen, (2) the respondent is prohibited from possessing a firearm because the respondent is in any prohibited class for the possession of firearms, as defined in Sections 12021 and 12021.1 of the Penal Code and Sections 8100 and 8103 of the Welfare and Institutions Code, or (3) another successive restraining order is used against the respondent. If the Department determines that the respondent is the legal owner of any firearm that was voluntarily relinquished and is prohibited from possessing any firearm, the respondent shall be entitled to sell or transfer the firearm to a licensed dealer as defined in Section 12071 of the Penal Code. If the firearm has been stolen, the firearm shall be restored to the lawful owner upon his or her identification of the firearm and proof of ownership.

To ensure compliance with all requirements related to a firearm release, a Firearm Release Checklist (Form 202-61) shall be completed for each firearm identified for release. A copy of the checklist will be placed in the case folder and the original shall be sent to OSSD. The Property and Evidence Unit will be given a completed “Property and Evidence Facility Firearm Release Form” prior to the owner’s anticipated arrival at the property warehouse. Officers assigned cases involving firearms will continue to make local and state criminal history checks for routine investigative purposes. No firearm will be released without completion of the checklist and an approval through RMS of the assigned investigator.

**L 7204 CROSS REPORTING AND OUTSIDE AGENCIES:**

*Added 11-5-15*

Instances of elder or dependent adult abuse, neglect or endangerment which occur in a private home or hospital require cross-reporting to Santa Clara County Adult Protective Services (APS). If the situation is urgent, APS has social workers who can respond 24-hours a day, 7 days a week. They can be reached at (408) 975-4900 or (800) 414-2002.

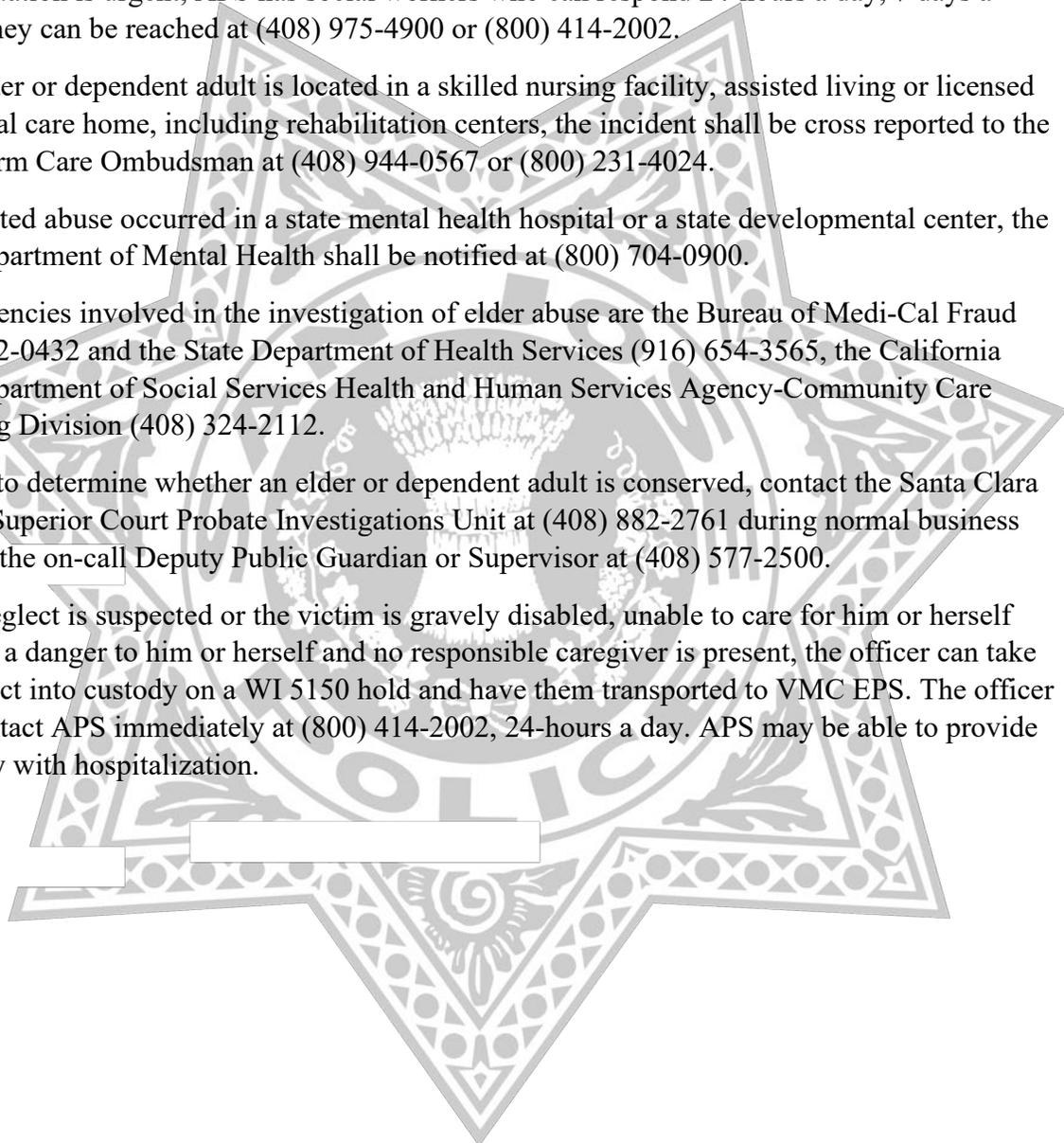
If the elder or dependent adult is located in a skilled nursing facility, assisted living or licensed residential care home, including rehabilitation centers, the incident shall be cross reported to the Long Term Care Ombudsman at (408) 944-0567 or (800) 231-4024.

If suspected abuse occurred in a state mental health hospital or a state developmental center, the State Department of Mental Health shall be notified at (800) 704-0900.

Other agencies involved in the investigation of elder abuse are the Bureau of Medi-Cal Fraud (800) 722-0432 and the State Department of Health Services (916) 654-3565, the California State Department of Social Services Health and Human Services Agency-Community Care Licensing Division (408) 324-2112.

In order to determine whether an elder or dependent adult is conserved, contact the Santa Clara County Superior Court Probate Investigations Unit at (408) 882-2761 during normal business hours or the on-call Deputy Public Guardian or Supervisor at (408) 577-2500.

If self-neglect is suspected or the victim is gravely disabled, unable to care for him or herself and/or is a danger to him or herself and no responsible caregiver is present, the officer can take the subject into custody on a WI 5150 hold and have them transported to VMC EPS. The officer shall contact APS immediately at (800) 414-2002, 24-hours a day. APS may be able to provide advocacy with hospitalization.



**R 1528 W&I CODE SECTION 8102 FORM (FORM 200-58):**

This form will be completed by the officer when a person in violation of W&I 5150 has been booked into a psychiatric facility and the weapons of the person have been seized. The form will be completed by the officer upon commitment of the person at the medical facility and the white copy retained by the officer. The golden rod copy will be given to the person upon his/her release.

