

PSYCHIATRIC EMERGENCY RESPONSE TEAM and HOMELESS

OUTREACH TEAM:

SAN DIEGO POLICE DEPARTMENT

SUMMARY

SCAN:

Five percent (5%) of the US population has a serious mental illness. In contrast, sixteen percent (16%) of the population in prison or jail has a mental illness according to the U.S. Department of Justice.

ANALYSIS:

In 2001, The San Diego Police Department put together a task force comprised of 71 community members and 66 members of the San Diego Police Department to examine Use of Force. Among its other recommendations, the task force recommended adopting and expanding the “Psychiatric Emergency Response Team” and the “Homeless Outreach Team.”

RESPONSE:

The Psychiatric Emergency Response Team, (PERT, Inc.) is a mobile crisis team specifically designed to meet the needs of un-served, underserved and inappropriately served San Diego county residents, including children, youth in transition, adults, and older adults. As an innovative program, PERT Units pair a San Diego Police Department

Officer who has undergone special training with a mental health clinician, comprised of a registered nurse, a licensed clinical social worker, or a psychologist. By design, the Team integrates law enforcement with mental health workers for the purpose of crises response and alternatives to jail for those with serious mental illness. The Homeless Outreach Team is a mobile outreach team designed to target transient individuals. HOT Units work in teams of a PERT clinician, a San Diego Police Officer, and a San Diego County health and human services worker to collectively provide assistance and offer placement or programming to those without means.

ASSESSMENT:

In the first two years of operation, PERT handled an average of 3,000 cases. One percent of these cases resulted in incarceration. Other individuals were assisted through local mental health facilities, acute residential crisis facilities, and other programs as appropriate. Similarly, HOT increased the number of persons placed in community programs, thereby decreasing the number of transients on the street and decreasing the number of community complaints and patrol officer radio calls.

SCAN:

Five percent (5%) of the US population has a serious mental illness. In contrast, sixteen percent (16%) of the population in prison or jail has a mental illness according to the U.S. Department of Justice.

According to State Department, men with a history of mental illness in New York City are four times more likely to be incarcerated; women with a history of mental illness are six times more likely to be incarcerated.

The Los Angeles County Jail, the Cook County Jail (Chicago) and Riker's Island (New York City) each hold more people with mental illness on any given day than any psychiatric facility in the United States.

According to a 1999 Department of Justice report, at least 16 percent of the total jail and prison population, or nearly 300,000 people, have a serious mental illness – more than four times the number in state mental hospitals.

The costs of such incarceration are enormous. According to the Department of Justice (1996 Source Book: Criminal Justice Statistics), it costs American taxpayers a staggering \$15 billion per year to house individuals with psychiatric disorders in jails and prisons (\$50,000 per person annually; 300,000 incarcerated individuals with mental illness).

Incarcerating individuals with severe psychiatric disorders costs twice as much as assertive community treatment programs – some of the most effective plans to treat the

severely ill. While some jails and prisons provide adequate psychiatric services to ill inmates, many do not. And, many corrections officers receive very little training in the special problems of caring for psychiatrically ill inmates.

In 2005, California estimates that San Diego County has roughly 19,000 individuals eligible for mental health services, which, for some reason, have not been able to get the help that they need. Similarly, it is estimated that there are 1900 severely mentally ill homeless persons in San Diego County. Given these statistics, these individuals are at increased risk of further mental health decompensation as well as arrest and innumerable other costs our community.

ANALYSIS:

A disproportionately high percentage of individuals come to the attention of law enforcement and are suspected of having a mental illness. Statistics like the ones cited above lead to day-to-day events such as officer-involved-shooting, community resentment, officer-stress, and criminalization of the mentally ill.

Training law enforcement in the recognition of mental illness and appropriate use of force with this population has been the subject of numerous task forces assigned to tackle these issues. In 2001, The San Diego Police Department put together a task force comprised of 71 community members and 66 members of the San Diego Police Department to examine Use of Force. The Task Force focused on breaking down several problems which had arisen in the community, among them eliminating the “us vs. them”

syndrome” that so often exists between the officers and the citizens they serve, particularly the mentally ill and homeless.

Among its other recommendations, the Task Force recommended adopting and expanding the “Psychiatric Emergency Response Team” and the “Homeless Outreach Team.”

RESPONSE:

**Program Description: “PSYCHIATRIC EMERGENCY RESPONSE TEAM--
PERT”**

The Psychiatric Emergency Response Team, (PERT, Inc.) is a mobile crisis team specifically designed to meet the needs of un-served, underserved and inappropriately served San Diego county residents, including children, youth in transition, adults, and older adults. As an innovative program, PERT Units pair a San Diego Police Department Officer who has undergone special training with a mental health clinician, comprised of a registered nurse, a licensed clinical social worker, or a psychologist. By design, the Team integrates law enforcement with mental health workers for the purpose of crises response and alternatives to jail for those with serious mental illness. In 2005, California estimates that San Diego County has roughly 19,000 individuals eligible for mental health services, which, for some reason, have not been able to get the help that they need.

PERT, Inc. is established as a separate entity, with its own board. PERT supervises the staff and coordinates billing for its client contacts. Clinician productivity is measured on a monthly basis and billing is entered according to the county-accepted format. In addition, there is Coordinating Council with representation from the Police Department (Captains) and the County Department of Mental Health. Law enforcement Supervisors (Lieutenants and Sergeants) meet with the PERT Executive Director regularly to discuss logistics and operations and an Advisory Board composed of mental health stakeholders and two police coordinators provide insight and accountability.

PERT's Executive Director, a forensic psychiatrist, provides yearly, monthly, and weekly seminars as training to the San Diego Police Department and other law enforcement agencies, upon request. The PERT Academy, currently a yearly event since 1998, runs 20 hours and "certifies" the officer/deputy to become a PERT-designated officer. Topics covered during the PERT Academy include:

- Mental Health Diagnosis, Medication, and Acute Interventions
- Suicide by Cop
- Mental Health Law and Weapons
- Involuntary Hospitalization and Treatment
- Elder Abuse
- "Hearing Distressing Voices" (a workshop which uses audiotapes and tasks to simulate the experience of schizophrenia.)

The PERT Academy is followed by a monthly training day, which is hosted by the Executive Director and focuses on topics pertinent to the clinicians as well as the officers and deputies.

Program Description: “HOMELESS OUTREACH TEAM—HOT”

PERT, Inc. also provides mental health clinicians for collaboration with San Diego Police Department’s Homeless Outreach Teams, which specifically perform outreach services to persons who are homeless or at risk of homelessness. The City of San Diego’s Homeless Outreach Team consists of four San Diego police officers, two County of San Diego social service representatives, and one one and three-quarter (1.75) psychiatric clinicians. The San Diego Police Department also provides a full-time Sergeant to over-see the daily operations of the team and coordinate with the City of San Diego homeless coordinator. HOT provides for the immediate needs of homeless individuals, including acute physical healthcare, food, clothing, showers, and shelter. Through previous grants and donations, it has been able to provide immediate vouchers for clients and has been able to advocate for them in court toward treatment rather than incarceration.

Funding: A county contract and local mental health system grants fund the mental health clinicians, the administrative office and the services furnished to the individuals diverted from arrest. Additional funding is provided by a community foundation and occasional donations.

ASSESSMENT:

Outcomes: In the first two years of operation, PERT handled an average of 3,000 cases. One percent of these cases resulted in incarceration. Other individuals were assisted through local mental health facilities, acute residential crisis facilities, and other programs as appropriate.

In FY 2003-2004, PERT Units made 3,582 contacts. It currently employs six full time clinicians and three administrative staff. Due to budgetary constraints, PERT has been unable to provide 24-hour crisis intervention services in the eight different divisions of the San Diego Police Department and the additional 11 different divisions in which it also has clinician teams. For example, San Diego Police Department Central Division, an area with an estimated homeless and mentally ill population of 1417 has but one clinician, four days per week, from six am to four pm. This schedule leaves San Diego's mentally ill citizens and police officers the busiest hours-- weekends, evenings, and Fridays—without additional and needed expertise, less restrictive treatment options and triage support. As a result, decisions regarding whether someone should be placed on an involuntary hold for psychiatric assessment due to “gray” areas such as grave disability are left to patrol units that little to no mental health training at all.

However, during the hours that the clinician-officer (PERT) unit is available, patrol is able to function more effectively, the mentally ill are assessed, transferred and triaged more efficiently, and communication between the County Mental Health System and law

enforcement is improved. PERT Units are routinely dispatched to calls involving issues where mental health concerns are raised including suicide calls, welfare checks, domestic violence calls, and incidents involving reports of “bizarre behavior.” The teams have been so successful that this year the San Diego Psychiatric Society honored two of the PERT Officers as “Persons of the Year” for their contributions to mental health.

Populations Previously Underserved, Now Better Served by PERT and HOT:

- As stated previously, only 1% of PERT calls resulted in incarceration.
- Eighteen percent (18%) of PERT calls in the past year have been related to dementia or have been specifically placed in reference to older adults needing support.
- Fifteen percent (15%) of the calls were related to child and adolescent or youth-in transition contacts.
- For fiscal year 2004-2005, sixty-three percent (63.3%) of PERT’s clients were uninsured. Thus, PERT was able to provide access to care for a population that previously had no means to care.
- Thirty-seven percent (36.7%) of PERT’s clients had MediCal. (Medicaid)
- San Diego Police Department responded to several calls from children psychiatric outpatient clinical services in the last three months alone. These calls were precipitated by reported concerns that youth-in-transition and their families, unable to afford health insurance, would be forced to pay for paramedic transport for inpatient psychiatric care.

- HOT client demographics for April fiscal year 2004-2005 noted 95 new contacts, ten percent (10%) of which were Hispanic and twenty-four percent (24%) of which were black.
- Twenty-five percent (25%) of the HOT's April 2005 new clients were defined as older adults, ages 55 and above.
- Attached are specific chart indicating the HOT Unit statistics and placements.

The need for police officer teams specially trained to deal with individuals with mental illness clearly exists. Clients report that the teams have “saved their lives.” Communication and collaboration has opened the doors to direct admissions from the PERT Units to private psychiatric hospitals, thus providing additional avenues to provide the clients immediate and appropriate care and return patrol officers to their duties. (Prior to the PERT and HOT units, San Diego Police Department was required to take all suspected mental ill clients to the only local county inpatient psychiatric hospital, thus significantly slowing processing times.)

Required Monitoring AND Areas of Improvement:

Data will need to be collected on an ongoing to basis to confirm that PERT's and HOT's mission, to provide beneficial outcomes for individuals with mental illness that have come to the attention of law enforcement and return uniformed officers or deputies to patrol duties as quickly as possible, is being achieved. Additionally, limited funding of the programs has prohibited their ability to expand to 24-hour coverage, as initially

recommended. Therefore, several areas and divisions of San Diego have seen sub-optimal responses and acceptance of the program due, at least in part, to its limited availability in those areas.

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Homeless Outreach Team FY 2004/2005

	July-Sept. 2004	Oct.-Dec. 2004	Totals
Contacts	377	434	811
Number of People	271	323	551

Contacts by Division

	July-Sept. 2004	Oct.-Dec. 2004	Totals
Central	216	281	497
Northern	108	73	181
Western	32	71	103
Southern	7	2	9
Mid-City	5	3	8
Eastern	4	2	6
N. Eastern	4	1	5
S. Eastern	1	1	2
Totals	377	434	811

Contact Results

	July-Sept. 2004	Oct.-Dec. 2004	Totals
Placements	79	152	231
Arrests	25	47	72
Refused Assistance	149	102	251
Refused Placement	37	38	75
No Program Avail.	24	29	53
Assistance Only	63	62	125

An arrest is a combination of our arrests and/or our assistance with offering placement to people arrested by patrol where the final disposition was jail.

No Program available is when we were unable to successfully place an individual into Treatment or transitional housing due to no beds available.

Assistance only is our follow-up on clients placed into housing where additional case Management was required.