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Acknowledgment

This manual is substantially derived from the Los Angeles County Department of Mental Health LPS Manual, redesigned and rewritten by Kathleen Piché, LACDMH. We are very grateful to Ms. Piché for her permission to make use of these materials.
# Table of Contents

Introduction .................................................................................................................................. 5  

1. Historical Framework of the Lanterman-Petris-Short Act ...................................................... 6  
   1.1 History .......................................................................................................................... 6  
   1.2 Legislative Intent .......................................................................................................... 6  
   1.2.1 SB 364 Changes to the Lanterman-Petris-Short Act .............................................. 6  

2. Definition of a W & I Code section 5150 and section 5585 .................................................. 7  
   2.1 What is a W & I Code section 5150 Hold or a 72-Hour Hold? ...................................... 7  
   2.2 Who May Write a 5150 Hold? ...................................................................................... 8  
   2.3 Why Write a 72-Hour Hold? ........................................................................................ 9  
      2.3.1 Grounds for Detention ....................................................................................... 9  
   2.4 Advisement to Person Being Taken Into Custody ......................................................... 9  
   2.5 Utilization of Historical Information When Doing a 72-Hour Hold ............................. 10  
   2.6 Preservation of Personal Property .............................................................................. 11  
   2.7 Regarding Searches ................................................................................................... 11  
   2.8 Emergency Room 24-Hour Rule .............................................................................. 11  
   2.9 Duties of Mandated Reporters .................................................................................. 13  

3 Completing Forms .................................................................................................................. 14  
   3.1 How to Complete a Valid 5150/5585 ........................................................................... 14  
   3.2 What Designated Facilities Are 72-Hour Holds Written To? ..................................... 15  
   3.3 Condition of Person Being Held ............................................................................... 16  
   3.4 Probable Cause ......................................................................................................... 18  
   3.5 Criteria, Signatures and Timing ............................................................................... 19  
   3.6 Notification to be Provided to Law Enforcement Agency ........................................... 20  
   3.7 Application Reviews of 5150 .................................................................................... 21  

4. Minors .................................................................................................................................. 22  
   4.1 Minors Issues and Involuntary Detention ................................................................... 22  

5. Liability Associated with a 72-Hour Involuntary Hold .......................................................... 24  
   5.1 Liability for the Acts of a Released Person .................................................................. 24  

6. Immunity for Detainment in a Hospital Emergency Room .................................................. 25  

7. Discontinuing a 5150 ............................................................................................................. 26  
   7.1 Who May Discontinue a 5150 Involuntary Hold? ...................................................... 26
Introduction

Welcome to the Department of Health & Human Services - Mental Health's 5150 Manual. The purpose of this manual is to describe the processes and procedures used for placing a person who is a danger to themselves, is a danger to others or is gravely disabled due to a mental disorder on a legal hold (Welf & Inst. Code section 5150). This manual includes the details of who can write a 5150, the criteria for writing a 5150, and conditions under which a 5150 may be discontinued and other items essential to this statute.

This document will be reviewed, and updated each time there is a change in the law, a change in practice or there is a need for clarification.
1. Historical Framework of the Lanterman-Petris-Short Act

1.1 History

In 1967, the California Legislature instituted a groundbreaking bill to change how persons with mental disabilities were to be treated in California. The law was hailed as the most progressive and humane piece of legislation at that time. It was mandated that a mentally disabled person be treated in the least restrictive setting and given the right, just as any person has, to be heard in court when detained involuntarily.

Prior to the Lanterman-Petris-Short Act (LPS Act), there were insufficient standards for who could be placed involuntarily into the hospital or for how long. For example:

2. Involuntary patients had no legal way to appeal their hospital stay.
3. Criminals had more due process rights than mental health patients.
4. Many abuses toward patients occurred.
5. Patients had no rights once they were hospitalized. All civil and constitutional rights were denied.

1.2 Legislative Intent

The California Mental Health Act, also known as the Lanterman-Petris-Short Act (LPS Act)\(^1\), begins by promoting the legislative intent:

> It was mandated that a mentally disabled person be treated in the least restrictive setting and given the right, just as any person has, to be heard in court when detained involuntarily.

1.2.1 SB 364 Changes to the Lanterman-Petris-Short Act

SB 364 took effect on January 1, 2014 and modernizes the language of LPS – all quotations in this manual include the modernized language from SB 364.\(^2\)

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\(^1\) W&I Code division 5 part 1 chapter 1 section 5000 and part 1.5 section 5585
2. Definition of a W & I Code section 5150 and section 5585

2.1 What is a W & I Code section 5150 Hold or a 72-Hour Hold?

A 5150\(^3\), or 72-hour hold, is a means by which someone who is in need of serious mental health treatment can be transported to a designated facility for evaluation and treatment for up to 72-hours against their will. The person must meet the criteria of being a danger to self, a danger to others or is gravely disabled due to a mental illness. If the designated facility feels that further treatment is indicated, the person can be held involuntarily for additional lengths of time providing he or she meets the legal criteria and is unwilling or unable to remain there voluntarily.

A 5585\(^4\) is the code for a minor on a 72-hour hold. For more information refer to section 5 on Minors (within this document).

A 72-hour hold is an application for involuntary admission, not a direct admission form. It gets the individual to the door, where “the professional person in charge of the facility or his or her designee shall assess the individual in person to determine the appropriateness of the involuntary detention” (face to face assessment or via telehealth)\(^5\).

If, in the professional’s judgment, the person can be properly served\(^6\) without being detained; then he or she shall be provided evaluation, crisis intervention, or other inpatient or outpatient services on a voluntary basis.

If the patient is being held on the basis of danger to others, the application should document the specific threats or attempts at bodily harm the person in question has made, along with the dates, if known. This information is not only needed for the 72-hour hold, but may be essential for the establishment of a subsequent 180-day detention.

It is important that the form be legibly completed (in ink) since even the best information is worthless if unreadable. Moreover, the signer’s name must be decipherable. If the signatory’s handwriting is not recognizable, then the name should be printed along with the signature.

\(^3\) W&I Code section 5150  
\(^4\) W&I Code section 5585  
\(^5\) W&I Code section 5151  
\(^6\) W&I Code section 5008 (a)
2.2 Who May Write a 5150 Hold?

The following on-duty staff members of the Humboldt County - Department of Health & Human Services - Mental Health or on-duty contractors credentialed by the Humboldt County Department of Health & Human Services – Mental Health Medical Staff:

- Licensed physicians;
- Licensed psychologists;
- Licensed clinical social workers;
- Licensed marriage, family and child counselors;
- Licensed physician’s assistants;
- Licensed nurse practitioners;
- Registered Nurses;
- Licensed psychiatric technicians; and
- Licensed vocational nurses;
- On-duty emergency room physicians at any of the hospitals offering emergency room services in Humboldt County (in coordination with Sempervirens staff).
- Licensed physicians offering emergency services at K’ima:w Medical Center
- Community psychiatrists in Humboldt County who are certified by the American Board of Psychiatry.
- Peace Officers exercising jurisdiction within either County of Humboldt or any incorporated city within the County

When completing a 72-hour hold application, one should be mindful that it is a legal, rather than a clinical document. Statements made on the form need to be anchored in observable, describable behavior that substantiate a finding of probable cause to believe the person is a danger to self, a danger to others, or is gravely disabled because of a mental disorder. In other words, what the person said and did to indicate that he or she met the detention criteria. Direct quotes and behavioral descriptions will always be the most effective.

The ability to place a person on an involuntary hold in the community is the only situation outside of law enforcement where an individual may take away another individual’s civil right to freedom and detain him or her against his or her will. This is a serious responsibility and the decision should never be made lightly.
2.3 Why Write a 72-Hour Hold?

The legislative intent of the LPS Act included providing for prompt evaluation and treatment of persons with serious mental disorders. Assessment for a 5150 is the first step towards obtaining evaluation and treatment for the individual. If it is determined that a person meets the criteria (imminent danger to self, others, or grave disability due to a mental health disorder) he or she may then be placed on a 5150. The 5150 allows for legal authority to detain a person involuntarily so the person may be brought to the facility, where an evaluation in-person or via telehealth must be completed before they can be admitted to the hospital.

It is important to note that when a person is being assessed for a 72-hour hold, and it is decided to not involuntarily detain the individual, then all available alternative services will be provided, including evaluation, crisis intervention, or other inpatient or outpatient services on a voluntary basis:

2.3.1 Grounds for Detention

When a person, as a result of a mental health disorder, is a danger to others, or to himself or herself, or gravely disabled, only upon probable cause, may they be taken, into custody for a period of up to 72 hours for assessment, evaluation, and crisis intervention, or placement for evaluation and treatment in a facility designated by the county for evaluation and treatment.

2.4 Advisement to Person Being Taken Into Custody

When persons are taken into custody on a 72-hour hold, they must be told the following:

(a) The name, position, and agency of the person initiating the custody;
(b) The name of the facility where they will be evaluated;
(c) That they are not under criminal arrest, but are being detained for evaluation by mental health professionals; and
(d) That they will be told their rights by the staff at the facility.

If taken into custody at their residence, they must also be advised that:

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7 W&I Code section 5008
8 W&I Code section 5150 (b)
9 W&I Code section 5150
10 W&I Code section 5150 (f)(1)
(a) They may bring a few approved personal items with them;
(b) They may be assisted with turning off appliances or water;
(c) They may make a phone call and/or leave a note to tell friends or family where they have been taken.\textsuperscript{11}

An inability to complete the (verbal) advisement is allowed for \textbf{good cause only}, and the reasons for failing to advise the client must be entered by the designated person on the 72-hour Detention Application Form.

If a person is placed on a 5150 and taken to an LPS designated facility, someone from that facility must do an assessment to determine whether that person will be admitted into the hospital (as described above).\textsuperscript{12} If the person is admitted, the hospital will receive the original written advisement. The patient \textbf{does not} get a copy of the 5150; it becomes part of the person’s medical record.

\textbf{2.5 Utilization of Historical Information When Doing a 72-Hour Hold}

The historical course may include, but not be limited to, evidence presented by persons who have provided, or are providing, mental health or related support services to the patient, or evidence presented by family members, or any other persons designated by the patient.

Historical information must be considered when it has direct bearing on what is currently happening with the person being assessed:

(a) When determining if probable cause exists to take a person into custody, or cause a person to be taken into custody, any person who is authorized to take that person, or cause that person to be taken, into custody \textbf{shall} consider available relevant information about the historical course of the person’s mental disorder if the authorized person determines that the information has a reasonable bearing on the determination as to whether the person is a danger to others, or to himself or herself, or is gravely disabled as a result of the mental disorder.

(b) For purposes of this section, "information about the historical course of the person’s mental disorder" includes evidence presented by the person who has provided or is providing mental health or related support services to the person subject to a determination described in subdivision (a), evidence presented by

\textsuperscript{11} W&I Code section 5151(f)(2)
\textsuperscript{12} W&I Code section 5008
one or more members of the family of that person, and evidence presented by
the person subject to a determination described in subdivision (a) or anyone
designated by that person.

(c) If the probable cause in subdivision (a) is based on the statement of a person
other than the one authorized to take the person into custody, a member of the
attending staff, or a professional person, the person making the statement shall
be liable in a civil action for intentionally giving any statement that he or she
knows to be false.\textsuperscript{13}

\textbf{2.6 Preservation of Personal Property}

The initiator of an application for a 72-hour hold has a duty to safeguard the property
belonging to the subject of the application. Generally speaking, the designee has a duty
to safeguard the client’s possessions on the premises occupied by the person. This
means that if a client who is being assessed has pets, the evaluator will let them make
arrangements for care, or make arrangements for the pet’s care themselves. If the
individual being assessed is on the street with a wheelchair or bicycle, it is the
evaluator’s responsibility to take it to the facility, or find a safe place to store it. The
evaluator must ensure that the resident area is secured; windows and doors should be
locked.\textsuperscript{14}

\textbf{2.7 Regarding Searches}

A person involuntarily detained for evaluation or treatment has the right to keep and use
his or her own personal possessions. The belongings a person, on a hold, brings with
them to the hospital may be searched (People v. Triplett)\textsuperscript{15}

\textbf{2.8 Emergency Room 24-Hour Rule}

Since 1997 emergency room staff have been immune for detaining individuals
involuntarily for up to eight hours while seeking a psychiatric bed. Effective January 1,
2008\textsuperscript{16} medical emergency rooms are immune from civil and criminal liability for

\begin{itemize}
  \item[13] W&I Code section 5150.05
  \item[14] W&I Code section 5156
  \item[15] W&I Code section 5325
  \item[16] Passed October 5, 2007 – SB 916
\end{itemize}
detaining a person who presents as a danger to self or others or are gravely disabled due to having a mental health disorder for up to 24 hours while seeking a psychiatric bed for the individual\textsuperscript{17}.

The immunity for detention up to 24 hours only exists if the following conditions are met:

1) The person cannot be safely released from the hospital because, in the opinion of the treating physician and surgeon, or a clinical psychologist with medical staff privileges, clinical privileges, or professional responsibilities, the person, as a result of a mental health disorder, presents a danger to himself or herself, or others, or is gravely disabled.

2) The hospital staff, treating physician and surgeon, or appropriate licensed mental health professional, have made, and documented, repeated unsuccessful efforts to find appropriate mental health treatment for the person.

3) The person is not detained beyond 24 hours.

4) There is probable cause for the detention.

5) If the person is detained beyond eight hours, but less than 24 hours, the following additional conditions shall be met:

   (a) A transfer for appropriate mental health treatment for the person has been delayed because of the need for continuous and ongoing care, observation, or treatment that the hospital is providing.

   (b) If in the opinion of the treating physician and surgeon, or a clinical psychologist with medical staff privileges or professional responsibilities, the person, as a result of a mental disorder, is still a danger to himself or herself, or others, or is gravely disabled.

\textsuperscript{17} Health and Safety Code section 1799.111
2.9 Duties of Mandated Reporters

As a mandated reporter, the LPS designated individual must report any suspected abuse to the appropriate agency--Child Welfare Services or Adult Protective Services. Reports must be made within 24 hours.

If someone threatens to harm an identified person in the designated individual’s presence, the designated person must notify the person threatened (Terasoff), and must call the police department to report the threat. Consult your facility’s policy and procedure for specific Terasoff related guidelines.

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18 W&I Code section 5328 (r)
3 Completing Forms

3.1 How to Complete a Valid 5150/5585

APPLICATION FOR ASSESSMENT, EVALUATION, AND CRISIS INTERVENTION OR PLACEMENT FOR EVALUATION AND TREATMENT

Confidential Client/Patient Information
See California W&I Code Section 5328 and HIPAA Privacy Rule 45 C.F.R. §164.508

Welfare and Institutions Code (W&I Code), Section 5150(f) and (g), require that each person, when first detained for psychiatric evaluation, be given certain specific information orally and a record be kept of the advisement by the evaluating facility.

☐ Advisement Complete ☐ Advisement Incomplete

Good Cause of Incomplete Advisement

Advisement Completed By Position

DETAINMENT ADVISEMENT

My name is ____________________.
I am a (peace officer/other mental health professional) with (name of agency). 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.

You may bring a few personal items with you, which I will have to approve. Please inform me if you need assistance turning off any appliance or water. You may make a phone call and leave a note to tell your friends and family where you have been taken.

Language or Modality Used Date of Advisement

• The person writing the hold prints his or her name on the line (in the box located in the upper right hand corner of the form)
• To the left of the box there are two statements either “Advisement Complete” or “Advisement Incomplete” –
  o If the person completing the hold is able to completely read through the Detainment Advisement (written on the form) then the “Advisement Complete” box should be checked – NOTE: The Detainment Advisement consists of the text on the form, a patient told “We’re going to help you talk to some people” has not been given adequate advisement.
  o If the person being detained is too ill to comprehend the verbal advisement, then do not read the Advisement and check the box next to “Advisement Incomplete”
    ▪ If the person cannot be told the information in the advisement “Good Cause” must be documented:
      • “In a Hurry” is not a justifiable reason to not provide advisement
      • “Person nonresponsive” requires more explanation
      • “Person not available to advise” is not allowed
• When the Advisement is completely provided to the client, the person writing the hold prints his or her name under “Advisement Completed By”
• “Position” the person writing the hold prints the position (job title) being held that allows them to write a hold
• “Language or Modality Used” enter if the Advisement was given in English, Spanish, sign language or possibly written.
• “Date of Advisement” requires the date the advisement was given.
3.2 What Designated Facilities Are 72-Hour Holds Written To?

In Humboldt County, the designated facilities are Crisis Stabilization Unit (CSU) and Sempervirens Psychiatric Health Facility. While a person might go to an emergency room en route to the CSU, or be sent to an out of area hospital from the CSU, the hold must be written to the Crisis Stabilization Unit.

*Special Note: The law provides for involuntary detention of inebriates (chronic alcoholics) however there are no LPS designated hospitals in Humboldt County for inebriation. Therefore, you cannot detain a person involuntarily in Humboldt County for intoxication or chronic drug use only.

To (name of 5150 designated facility) ______________________________________________________________

Application is hereby made for the assessment and evaluation of ________________________________________________

Residing at ___________________________________________________________________, California for up to

72-hour assessment, evaluation and crisis intervention or placement for evaluation and treatment at a designated facility pursuant to Section 5150, et seq. (adult) or Section 5585 et seq. (minor), of the W&I Code. If a minor, authorization for voluntary treatment is not available and to the best of my knowledge, the legally responsible party appears to be / is:

(Circle one) Parent; Legal Guardian; Juvenile Court under W&I Code 300; Juvenile Court under W&I Code 601/602; Conservator. If known, provide names, address and telephone number.

- The name, address and phone number of the hospital where the client will be transported is documented on this line. This ensures that if a different person transports the patient than who wrote the hold, the driver knows the destination.

"Sempervirens Psychiatric Health Facility. 720 Wood St., Eureka, CA 95501. 707- 445-7715."

- "Application is hereby made for the assessment and evaluation of" – use the patient’s complete name. If the patient is known to have a different name he or she prefers to be called, provide that name as well.

  - Mr. John Joseph Jones, AKA “Rocky”

- “Residing at” section should include the patient’s complete address.
- Under “Residing at” there are the Section numbers of “5150, et seq (adult) or Section 5585 et seq. (minor)” circle either 5150 for Adults or 5585 for Minors.

  - If 5585 is circled – further in the information the form requires identification of the legally responsible party and the writer of the form will need to circle one “Parent; Legal Guardian; Juvenile Court under W&I Code section 300; Juvenile Court Under W&I Code section 601/602; Conservator” - If identified please add the name, address and phone number.

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19 Humboldt County Board of Supervisors 12/17/13- Resolution 13-94 Welfare & Institutions Code Resolution
20 W&I Code section 5170
3.3 Condition of Person Being Held

The above person’s condition was called to my attention under the following circumstances: ____________________________________________________________

_________________________________________________________________________________________________________________________

_________________________________________________________________________________________________________________________

_________________________________________________________________________________________________________________________

_________________________________________________________________________________________________________________________

• “The above person’s condition was called to my attention under the following circumstances:” identifies how the client came to the attention of the person writing the hold. Use this space to describe the context of the hold. Describe what the client’s inciting behavior is, how it was brought to the writer’s attention and where the assessment of that behavior took place.
  o If the client's assessment took place in an emergency room, provide the reason the client came to the emergency room, and describe the reported/observed behavior.
  o If the client was assessed during a police contact, describe how the officers were alerted to the situation and what was observed.
  o If the client's behavior occurred in a clinic or office, describe the nature of the visit and what happened out of the ordinary.
  o If the behavior took place in the field, describe where and how it occurred and why it was brought to the writer's attention.

• This information should be as complete as possible; it should include adequate descriptions of the relevant persons, places and behavior involved with the hold.

• **Do not** just indicate that the patient is called to attention in an emergency room or at a medical or counseling office.

• **Do** describe why the patient is at that location. Was this a scheduled visit or an emergency? Is the complaint that brought the person into contact the same behavior resulting in the hold?

• All descriptions are to be behavioral and **not** diagnostic. People do not get involuntary treatment because of a diagnosis, they get held because of dangerous behavior.
  o Some examples of good behavioral descriptions are:
    - “Called by person's brother to assess a client that was running naked in the street,”
    - “Call from patient’s mother saying son was suicidal, isolating, and hasn't slept in 3 days”
    - “Called by school principal to assess student who stated she is cutting herself and said she didn't care if she died to her school counselor,”
    - “Called by roommate because client threatened him to stop projecting his thoughts into client's mind,”
    - “Told by therapist at County mental health clinic that well-known client just called saying 'it was all over, and people were going to be sorry.'”
    - "Patient came to E.D. with complaint that unknown government agents were after her."
    - "Person came to E.D, dropped off by spouse, who reported that he has stopped taking all his medications."
- "Patient was seeing his MHS counselor and hid under the desk and wouldn't come out."
- "Person was found by neighbor without food in her house. Client will not speak or respond to questions."
  - In this section, do not put diagnostic labels like
    - "Patient diagnosed with bipolar disorder";
    - "Patient suffering from major depression"; or
    - "Patient is schizophrenic."

• The hold should document probable cause to believe that the person has a mental disorder, not merely provide his or her diagnosis or symptom picture.

• Do describe statements made by patient:
  - "Patient said she was walking in traffic as proof that she is the Messiah;"
  - "Client stated that he gave away his dogs and left his keys and wallet in his truck when he walked to the Samoa bridge"
  - "Individual was heard to be yelling at 'Satan' while walking down the street pushing people out of his way."

• Do describe the behavior that brings the person on the hold to the attention of the writer of the hold:
  - "Patient BIB paramedics after she took approx. 60 ct. ibuprofen, 30 Benadryl and said she hoped to have organ failure"
  - "Client contacted therapist and said that she heard a voice telling her to eat broken glass"
  - "Responding officer went to apartment where individual wrapped phone cord around his neck and went into the closet to hang himself after fighting with his girlfriend"
  - "Minor client BIB parents who stated she said she was going to run into traffic today and last week she jumped out of a moving car."

• Do not put psychiatric labels or a symptom list, such as:
  - "Patient hallucinating and delusional,"
  - "Patient having ideas of reference,"
  - "Patient in manic state," or,
  - "Consumer psychotic."

• A person cannot be involuntarily held because he or she is psychotic, hallucinating, manic, depressed, obsessive, having ideas of reference or even because of "suicidal ideation." Involuntary detention is only legal to assess and treat dangerous behavior.

The circumstances in which a person's behavior is called to the attention of the person writing the hold also helps to justify the requirement that the person's behavior is a result of a mental disorder. If a person does not stop being at risk for self-harm by the time he or she is talking to a doctor or police officer about it, involuntary treatment for that person is probably justifiable.
3.4 Probable Cause

I have probable cause to believe that the person is, as a result of a mental health disorder, a danger to others, or to himself / herself, or gravely disabled because: (state specific facts) ______________________________________
________________________________________
________________________________________
________________________________________
________________________________________

The information related in this section should sufficiently document probable cause so that a “reasonable person” would agree that the person on the hold has a mental health disorder, and is in fact a danger to self or others.

- A 5150 hold is not a clinical document. The information on it should be comprehensible to non-specialists. During the course of treatment, the 5150 hold will likely be consulted by numerous parties, including psychiatrists, social workers, therapists, nurses, mental health workers, court and hearing officers, advocates for patients' rights and even private attorneys.

- Behavioral descriptions means writing what the patient **does** and **says**, not what clinical term encompasses that behavior. A "reasonable person" should be able to read the account provided on the hold, and agree that the person held required involuntary treatment.

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<th>Examples of comparisons of behavioral versus clinical terms are:</th>
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<td>Behavioral description</td>
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<td>“Patient continually pacing about the room yelling”</td>
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<tr>
<td>“Consumer tells me that the TV is telling him to hurt himself,”</td>
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<tr>
<td>“Patient seeing CIA agents about to attack him,”</td>
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<tr>
<td>“Patient reports hearing voices that say….”</td>
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<tr>
<td>“Patient feels he is married to Jennifer Lopez”</td>
</tr>
<tr>
<td>“Patient says that he is sure someone is watching him from the vents in his apartment”</td>
</tr>
<tr>
<td>“Patient says she is going to kill herself by overdose because her boyfriend left her”</td>
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Quotes from the patient are highly desirable. **Do not** say "Patient has suicidal ideation." **Do** quote "I am going to take all my pills," “I can’t live with this pain anymore,” “I’m angry that I’m still alive,” etc. The client’s own words are best.

• Behavioral descriptions from collateral, reliable sources are often very helpful. Be sure to identify the source. It is not necessary to document the name of someone who wishes to remain anonymous who is concerned about retaliation (neighbor’s full name, etc.)
• Write enough to justify your decision to “hold” the patient. Remember this legal document will "follow" the patient for the duration of the hold--for as long as 180 days. If the patient is transported to another psychiatric hospital, the admitting staff will still depend on the initial hold for admission.
• Do not write confidential and/or sensitive medical information in the narrative, such as “Patient depressed because he has AIDS.” The following is better: “patient states he feels overwhelmed by terminal/life threatening illness.”
• Do not list medications in the body of the 5150. If you must report medications, list them on an attached sheet.
• Do not diagnose the patient. The hold is a legal document, not a clinical one.
• Do not predict future actions, just describe what the client does and says. It is appropriate to note relevant past behavior, for example, "Last time client was off her meds, she set fire to her apartment,” or, “Last time client threatened suicide she took overdose of her medications.”

**3.5 Criteria, Signatures and Timing**

Based upon the above information, there is probable cause to believe that said person is, as a result of mental health disorder:


Signature, title and badge number of police officer, professional person in charge of the facility designated by the County for evaluation and treatment, member of the attending staff, designated members of a mobile crisis team, or professional person designated by the county.

Date Phone

Time

Name of Law Enforcement Agency or Evaluation Facility/Person

Address of Law Enforcement Agency or Evaluation Facility/Person

This information refers to the final parts of the 5150/5585:

• “Based upon the above information, there is probable cause to believe…”
  o Check the box that correctly defines the criteria for the hold. It is okay to check more than one box if multiple criteria are met.
    ▪ “A danger to himself/herself
    ▪ “A danger to others
    ▪ “Gravely disabled adult”
    ▪ “Gravely disabled minor”

• Complete identifying and contact information for the person writing the hold.
  o Sign the hold and include your degree (LCSW, MD, Ph.D., LPT, MFT)
Date and time of the hold (very important). This protects the patient’s rights and notifies the hospital when the patient should be evaluated for release. (When you see a patient in a medical emergency room, you need to indicate the date and time the patient asked to leave the facility (if you know this information). If the patient did not ask to leave or there is no verification of patient’s desire to leave, do not fill in this data. A LPS hold automatically begins when a client is told that he or she is not free to leave. Otherwise, the time the hold begins is when the LPS designated staff person advises the patient about the hold.)

Write the name of your agency with the correct phone number and address

3.6 Notification to be Provided to Law Enforcement Agency

NOTIFICATIONS TO BE PROVIDED TO LAW ENFORCEMENT AGENCY

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<thead>
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<th>Notify (officer/unit &amp; telephone #)</th>
</tr>
</thead>
<tbody>
<tr>
<td>NOTIFICATION OF PERSON’S RELEASE IS REQUESTED BY THE REFERRING PEACE OFFICER BECAUSE:</td>
</tr>
<tr>
<td>☐ The person has been referred to the facility under circumstances which, based upon an allegation of facts regarding actions witnessed by the officer or another person, would support the filing of a criminal complaint.</td>
</tr>
<tr>
<td>Weapon was confiscated pursuant to Section 8102 W&amp;I Code. Upon release, facility is required to provide notice to the person regarding the procedure to obtain return of any confiscated firearm pursuant to Section 8102 W&amp;I Code.</td>
</tr>
</tbody>
</table>

SEE REVERSE SIDE REFERENCES AND DEFINITIONS

- Notify (Officer/unit & telephone #) – should be completed when it is being requested that the facility notify the requesting peace officer
- The facility must notify a requesting peace officer or designee when a patient brought in for 72-hour detention is released any time before or at the expiration of an involuntary detention only if all of the following conditions are met:
  - The peace officer has initiated the 72-hour hold by completing the application;
  - The peace officer requests such notification at the time the application is made (checks the appropriate box);
  - The peace officer certifies in writing at the time the 72-hour application is made that the person has been referred to the facility under circumstances which would support the filing of a criminal complaint;
  - The peace officer certifies in writing at the time the 72-hour application is made that there were weapons confiscated at the time of the hold.\(^{21}\)
  - The notice given to the peace officer is limited to the person’s name, address, date of admission for 72-hour evaluation and date of release.\(^{22}\)
3.7 Application Reviews of 5150

- 5150 Applications will be reviewed by Humboldt County Mental Health staff prior to someone being accepted for admittance to either the CSU or Sempervirens.
- If the application does not have enough details explaining why someone is a danger to self or others; and/or show that they are gravely disabled, they cannot be admitted. Details have to be included.
- A 5150 application may be needed in court and therefore it needs to include enough information to justify an actual hold.
- The law\(^{23}\) provides for involuntary detention of inebriates (chronic alcoholics) however there are no LPS designated hospitals in Humboldt County for inebriation. Therefore, you cannot detain a person involuntarily in Humboldt County for intoxication or chronic drug use only.

\(^{23}\) W&I Code 5170
4. Minors

4.1 Minors Issues and Involuntary Detention

- Minors have the same legal rights as adults with respect to involuntary holds, and must also meet the same criteria. However, for minors, the definition of gravely disabled has been somewhat modified and the law dictates one additional criterion:
  - When a minor as a result of a mental health disorder, is unable to use the elements of life that are essential to health, safety, and development, including food, clothing, and shelter, even though provided to the minor by others. Intellectual disability, epilepsy, or other developmental disabilities, alcoholism, other drug abuse, or repeated antisocial behavior do not, by themselves, constitute a mental disorder.\(^ {24}\)

- For purposes of LPS, a *minor* is anyone under the age of 18 who is not married, or a member of the armed forces, or declared emancipated by a court of law.

- Minors should only be admitted for treatment on an involuntary hold when parental authorization for treatment is not available. However, if the minor meets one or more detention criteria, and if evaluation and treatment are indicated, he or she may be treated against the wishes of the child’s parents, guardian or conservator.\(^ {25}\)

- Because they are minors, minors may only be taken into custody when authorization for voluntary treatment is not available. In this situation, the basis for coming to this conclusion must be indicated on the Application and the applicable box must be checked.\(^ {26}\)

Examples include situations when:

a) The parent, guardian or other person authorized to provide consent for inpatient treatment is not available; or

b) The parent, guardian or other person authorized to provide consent for inpatient treatment refuses to authorize voluntary treatment; or

c) The parent, guardian or other person authorized to provide consent for inpatient treatment agrees to authorize voluntary treatment but factors suggest that he or she will not obtain the necessary voluntary treatment.

- Anyone who is empowered to authorize treatment for the minor (e.g., parent/legal guardian) and who is present at the location where the minor is taken into detention (e.g. a family home) should be notified that he or she may authorize any inpatient admission at the LPS designated facility to which the minor will be transported. That

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\(^{24}\) W&I Code 5585.50  
\(^{25}\) W&I Code 5585.50  
\(^{26}\) W&I Code 5585
authorization takes place if the professional in charge of the LPS designated facility or his/her designee determines that inpatient admission is necessary after he/she completes an evaluation for this purpose.

- During the assessment, the evaluator should take into consideration his/her interactions with or observations of the parent/legal guardian regarding the dangerousness or grave disability of the child that may lead him/her to believe that the criteria for 5585 detention do not exist.

**Example A:**
An 8 y/o girl has told her teacher that she wants to run into traffic. The child’s mother appears very concerned and is eager to transport the child to a local hospital for evaluation as soon as you complete your evaluation. After having interacted with the mother, you believe that the child is not a danger to herself as long as her mother is with her, and that the mother will take the child to the hospital which you have contacted to provide an evaluation. Therefore, you do not write a 5585.

**Example B:**
You were called to evaluate a 16 y/o male who has threatened to kill himself. Although the father said that he would see that his son gets “help,” he is vague as to what that help is and does not appear concerned. You, as the evaluator, believe that the minor remains a danger to himself and you write a 5585.

- Minors 14 or over admitted by their parents to private facilities may request a hearing, known as a clinical review, within ten days of their admission. Unlike the hearings afforded to minors in state or county hospitals, (Roger S) which are presided over by court appointed hearing officers, clinical reviews take place before a psychiatrist appointed by the hospital.
5. Liability Associated with a 72-Hour Involuntary Hold

- Anyone who knowingly and willfully is responsible for detaining a person in violation of the commitment statutes is liable in a civil code action by the detained party.27
- If the individual assessed meets detention criteria, and probable cause is supported due to accounts of someone other than the designated person (e.g., a friend or family member), the person giving the information may be civilly liable for giving an intentionally false statement.28

5.1 Liability for the Acts of a Released Person

- The writer of a 5150 shall not be held civilly or criminally liable for any action by a person released before the end of the 72-hours.29

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27 W&I Code 5259.1
28 W&I Code 5150.05
29 W&I Code 5154 (c)
6. Immunity for Detainment in a Hospital Emergency Room

In addition a licensed acute psychiatric hospital, licensed professional staff of those hospitals, or any physician and surgeon, providing emergency medical services in any department of those hospitals shall not be civilly or criminally liable for the actions of a person; after that person’s release from the detention at the hospital, if all of the following conditions exist during the detention:

1. The person has not been admitted to a licensed general acute care hospital or a licensed acute psychiatric hospital for evaluation and treatment.

2. The release from the licensed general acute care hospital or the licensed acute psychiatric hospital is authorized by a physician and surgeon or a clinical psychologist with medical staff privileges or professional responsibilities who determines, based on an examination of the person detained, that the person does not present a danger to himself, herself or others and is not gravely disabled. In order for this paragraph to apply to a clinical psychologist, the clinical psychologist shall have a collaborative treatment relationship with the physician and surgeon. The clinical psychologist may authorize the release of the person from the detention, but only after he or she has consulted with the physician and surgeon. In the event of a clinical or professional disagreement regarding the release of a person subject to the detention, the detention shall be maintained unless the hospital's medical director overrules the decision of the physician and surgeon opposing the release. Both the physician and surgeon and the clinical psychologist shall enter their findings, concerns, or objections in the person’s medical record.

3. This shall not affect the responsibility of a general acute care hospital or an acute psychiatric hospital to comply with all state laws and regulations pertaining to the use of seclusion and restraint and psychiatric medications for psychiatric patients. Persons detained under this section shall retain their legal rights regarding consent for medical treatment.

4. A person detained in an Emergency room shall be credited for the time detained, up to 24 hours, in the event he or she is placed on a subsequent 72-hour hold.30

There are no forms or formal applications for this rule. This rule applies only to persons who are detained; voluntary patients are not held against their will, so we do not record any time of detainment.

30 W&l Code section 5154 (c)
7. Discontinuing a 5150

7.1 Who May Discontinue a 5150 Involuntary Hold?

The following professionals are eligible to discontinue a W&I Code section 5150 hold, if the person can be properly served without being detained:

- Certain on-duty licensed employees of the Depart of Health & Human Services (DHHS) – Mental Health; and
- On-duty emergency room physicians at any of the hospitals offering emergency room services in Humboldt County; and
- On-duty psychiatrists including those providing services through telepsychiatry at any of the acute care hospitals in Humboldt County; and
- On-duty physicians offering emergency services at the K’ima:w Medical Center.

7.2 Under Which Conditions Will a 5150 Hold Be Discontinued?

W&I Code section 5150(b) allows for eligible professionals as designated by the County Board of Supervisors, to assess whether a person can be properly served without being detained and discontinue the W&I Code section 5150 hold.

Upon assessment, if in the judgment of the designated professional the person can be properly served without being detained, then the W&I Code section 5150 hold can be discontinued and the person provided evaluation, crisis intervention, or other inpatient or outpatient services on a voluntary basis. Referrals can be made for follow up appointment with ongoing provider of the client’s choice, primary care provider, or mental health professionals.

7.3 What To Do With a Discontinued 5150 Application

- Discontinued 5150’s must contain a notation on the form indicating time, date and reason for the discontinuance.

- To allow ongoing monitoring and training, all discontinued 5150 applications must be faxed to Mental Health Administration at 707-476-4049.

31 Humboldt County Board of Supervisors Resolution - Pending
8. Training

5150 Training will be provided by Humboldt County Department of Health & Human Services – Mental Health every six months.

- Training will be focused on writing a 5150 and discontinuing a 5150.
- Training will be provided in varying formats (other than in person) for the use of community designated physicians.
- Any questions regarding 5150 Training may be directed to Humboldt County Department of Health & Human Services Mental Health at 707-268-2990.
Appendix A: Glossary of Words and Acronyms

Danger to Others:
This term is not defined by statute or regulation, but can be manifested by words or actions indicating a serious intent to cause bodily harm to another person due to a mental disorder. If the dangerous to others finding is based on the person’s threats rather than acts, the evaluator must believe it is likely that the person will carry out the threats.

Danger to Self:
This term is not defined by statute or regulation, but can be manifested by threats or actions indicating the intent to commit suicide or inflict serious bodily harm on oneself, or actions which place the person in serious physical jeopardy, if these actions are due to a mental disorder.

Gravely Disabled-Adult:
A condition in which a person, as a result of a mental health disorder is unable to provide for his or her basic needs for food, clothing or shelter. A condition in which a person has been found mentally incompetent under Section 1370 of the Penal Code and all of the following facts exist: The indictment or information has not been dismissed. As a result of a mental health disorder, the person is unable to understand the nature and purpose of the proceedings taken against him or her and to assist counsel in the conduct of his or her defense in a rational manner. “Grave disability” by definition entails a finding of dangerousness, where the threat is a result of neglect or inability to care for oneself. A gravely disabled person should be expected to perish or suffer serious physical consequences if not involuntarily hospitalized. Courts have ruled that if a person can survive safely in freedom with the help of willing and responsible family members, friends or third parties, then he or she is not considered gravely disabled. This sets a standard for grave disability that is fairly high: If a person is able to access food and shelter, either independently or with the help of supporting others, that person should not be considered gravely disabled, even if that person chooses not to access shelter (e.g., is homeless) or chooses food others might not consider palatable (e.g., eating from bins behind a restaurant.)

Gravely disabled-Minor:
A minor who, as a result of a mental disorder, is unable to use the elements of life that are essential to health, safety, and development, including food, clothing, and shelter, even though provided to the minor by others. Intellectual disability, epilepsy, or other

32 W&l Code section 5008 (h)(1)(A)
developmental disabilities, alcoholism, other drug abuse, or repeated antisocial behavior do not, by themselves, constitute a mental disorder.33

**Probable Cause:**
The legal standard we use to determine whether or not a person meets the criteria for a hold due to a mental health disorder. When enacted in 1967, W&I Code section 5150 of the LPS Act required only “reasonable cause “for detention. This section was amended in 1975 to require “probable cause” for detention. In order to constitute probable cause to detain a person pursuant to section 5150, a state of facts must be known (to the police officer, or authorized person) that would lead a person of ordinary care and prudence to believe or entertain a strong suspicion that the person detained is mentally disordered and is a danger to himself or to others or is gravely disabled. Determining probable cause is a lay decision, not a clinical one, and does not require a diagnosis.

**Medical Treatment:**
Involuntary detentions under LPS may not be used to authorize non-psychiatric medical treatment. In certain cases involving conservatees, specific authorization may be obtained from the court. If the person’s condition will become life threatening or pose a serious threat to his or her health, and the person is unable to give an informed consent, the court may be petitioned for medical authorization.34

**Mental Health Disorder:**
The criteria must be linked to a mental health disorder. Mental health disorder is not defined by law, and the initiator is not required to make a medical diagnosis of mental disorder. The initiator must be able to articulate behavioral symptoms of mental disorder either temporary or prolonged. Mental retardation, epilepsy, or other developmental disabilities, alcoholism or other drug abuse, or repeated antisocial behavior do not, by themselves, constitute a mental health disorder 35

**Peace Officer:**
A duly sworn peace officer as that term is defined in Chapter 4.5 . . . of the Penal Code who has completed the basic training course established by the Commission on Peace Officer Standards and Training, or any parole officer or probation officer specified in section 830.5 of the Penal Code when acting in relation to cases for which her or she has a legally mandated responsibility.36

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33 W&I Code section 5585.25
34 Probate Code 3200-3211
35 W&I Code section 5585.25
36 W&I Code section 5008
<table>
<thead>
<tr>
<th>Acronym</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>AOD</td>
<td>Alcohol and Other Drugs</td>
</tr>
<tr>
<td>DHHS</td>
<td>Department of Health &amp; Human Services</td>
</tr>
<tr>
<td>LPS Act</td>
<td>Lanterman-Petris Short Act</td>
</tr>
<tr>
<td>MH</td>
<td>Mental Health</td>
</tr>
<tr>
<td>WIC</td>
<td>Welfare &amp; Institutions Code</td>
</tr>
</tbody>
</table>
## Appendix B: Reference Documents

The following documents were referenced or used in the creation of this manual.

<table>
<thead>
<tr>
<th>Title</th>
<th>Date</th>
<th>Publisher</th>
</tr>
</thead>
<tbody>
<tr>
<td>Disability Rights California SB 364 – Changes to the Lanterman-Petris-Short (LPS) Act February 2014, Pub. #5546.01 (<a href="http://www.disabilityrightsca.org/pubs/554601.pdf">http://www.disabilityrightsca.org/pubs/554601.pdf</a>)</td>
<td>2/14</td>
<td>Disability Rights California</td>
</tr>
<tr>
<td>Resolution 13-94 Humboldt County Board of Supervisors Welfare &amp; Institutions Code Resolution</td>
<td>12/17/13</td>
<td>DHHS</td>
</tr>
<tr>
<td>Resolution XX-XX Humboldt County Board of Supervisors Welfare &amp; Institutions Code Resolution</td>
<td>TBD</td>
<td>DHHS</td>
</tr>
</tbody>
</table>
Appendix C: Websites

The following websites are available for all to access and to find additional relevant information and resources:

- **California Code of Regulations** -
  [https://govt.westlaw.com/calregs/Index?transitionType=Default&contextData=(sc.Default)](https://govt.westlaw.com/calregs/Index?transitionType=Default&contextData=(sc.Default))

- **California Department of Health Care Services (DHCS)** -
  [http://www.dhcs.ca.gov/Pages/default.aspx](http://www.dhcs.ca.gov/Pages/default.aspx)

- **California Institute of Mental Health (CiMH)** -

- **California Penal Code** -
  [http://www.leginfo.ca.gov/cgi-bin/calawquery?codesection=pen](http://www.leginfo.ca.gov/cgi-bin/calawquery?codesection=pen)

- **Humboldt County Homepage** -

- **Title 9. Rehabilitative and Developmental Services (CCR)** -
  [https://govt.westlaw.com/calregs/Browse/Home/California/CaliforniaCodeofRegulations?guid=I948674A0D45211DEB97CF67CD0B99467&originationContext=documenttoc&transitionType=Default&contextData=(sc.Default)&bhcp=1](https://govt.westlaw.com/calregs/Browse/Home/California/CaliforniaCodeofRegulations?guid=I948674A0D45211DEB97CF67CD0B99467&originationContext=documenttoc&transitionType=Default&contextData=(sc.Default)&bhcp=1)

- **W & I Codes** -
  [http://www.leginfo.ca.gov/cgi-bin/calawquery?codesection=wic](http://www.leginfo.ca.gov/cgi-bin/calawquery?codesection=wic)
Appendix D: Lanterman-Petris-Short Holds Chart
<table>
<thead>
<tr>
<th>RE-APPOINTMENT OF &quot;PERMANENT&quot; CONSERVATORSHIP</th>
<th>CONSERVATORSHIP 1 YEAR RENEWABLE</th>
</tr>
</thead>
<tbody>
<tr>
<td>&quot;PERMANENT&quot; CONSERVATORSHIP</td>
<td>&quot;TEMPORARY&quot; CONSERVATORSHIP 30 DAYS - 6 MONTHS</td>
</tr>
<tr>
<td>180-DAY WIC $5270</td>
<td></td>
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<tr>
<td>30-DAY WIC $5200</td>
<td></td>
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<tr>
<td>ADDITIONAL 14-Day WIC $2250</td>
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<tr>
<td>14-DAY WIC $5750</td>
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<tr>
<td>72-HOUR WIC $5150</td>
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</table>

**CRITERIA**

<table>
<thead>
<tr>
<th>Gravely Disabled</th>
<th>Danger to Self</th>
<th>Danger to Others</th>
</tr>
</thead>
<tbody>
<tr>
<td>LS Holds</td>
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</tbody>
</table>

**Court Proceedings**

1. Requires re-hearing by the court, and determination of whether patient requests a resumption of treatment.
2. Patient may request a new hearing re-hearing at any time during 30-day period.
3. New hearing may be requested at any time during 14-day period.

**NOTE:** Each hold requires a new Reise hearing.
Appendix E: DHCS 1801 – Application for Assessment, Evaluation, and Crisis Intervention or Placement for Evaluation and Treatment
APPLICATION FOR ASSESSMENT, EVALUATION, AND CRISIS INTERVENTION OR PLACEMENT FOR EVALUATION AND TREATMENT

Confidential Client/Patient Information
See California W&I Code Section 5328 and HIPAA Privacy Rule 45 C.F.R. § 164.508

Welfare and Institutions Code (W&I Code), Section 5150(f) and (g), require that each person, when first detained for psychiatric evaluation, be given certain specific information orally and a record be kept of the advisement by the evaluating facility.

☐ Advisement Complete  ☐ Advisement Incomplete

Good Cause for Incomplete Advisement

To (name of 5150 designated facility)________________________________________________________________________________________

Application is hereby made for the assessment and evaluation of____________________________________________________________

Residing at ___________________________________________________________________________________________, California, for up to 72- hour assessment, evaluation and crisis intervention or placement for evaluation and treatment at a designated facility pursuant to Section 5150, et seq. (adult) or Section 5585 et seq. (minor), of the W&I Code. If a minor, authorization for voluntary treatment is not available and to the best of my knowledge, the legally responsible party appears to be / is: (Circle one) Parent; Legal Guardian; Juvenile Court under W&I Code 300; Juvenile Court under W&I Code 601/602; Conservator. If known, provide names, address and telephone number:

The above person’s condition was called to my attention under the following circumstances:

________________________________________________________________________________________________________________________________________

I have probable cause to believe that the person is, as a result of a mental health disorder, a danger to others, or to himself/ herself, or gravely disabled because: (state specific facts)

________________________________________________________________________________________________________________________________________

Based upon the above information, there is probable cause to believe that said person is, as a result of mental health disorder:


Signature, title and badge number of peace officer, professional person in charge of the facility designated by the county for evaluation and treatment, member of the attending staff, designated members of a mobile crisis team, or professional person designated by the county.

Date  Phone

Time

Name of Law Enforcement Agency or Evaluation Facility/Person  Address of Law Enforcement Agency or Evaluation Facility/Person

NOTIFICATIONS TO BE PROVIDED TO LAW ENFORCEMENT AGENCY

Notify (officer/unit & telephone #) __________________________________________________________________________________________

NOTIFICATION OF PERSON’S RELEASE IS REQUESTED BY THE REFERRING PEACE OFFICER BECAUSE:

☐ The person has been referred to the facility under circumstances which, based upon an allegation of facts regarding actions witnessed by the officer or another person, would support the filing of a criminal complaint.

☐ Weapon was confiscated pursuant to Section 8102 W&I Code. Upon release, facility is required to provide notice to the person regarding the procedure to obtain return of any confiscated firearm pursuant to Section 8102 W&I Code.

SEE REVERSE SIDE REFERENCES AND DEFINITIONS
APPLICATION FOR ASSESSMENT, EVALUATION, AND CRISIS INTERVENTION OR PLACEMENT FOR EVALUATION AND TREATMENT

REFERENCES AND DEFINITIONS

“Gravely Disabled” means a condition in which a person, as a result of a mental disorder, is unable to provide for his or her basic personal needs for food, clothing and shelter. SECTION 5008(h) W&I Code.

“Gravely Disabled Minor” means a minor who, as a result of a mental disorder, is unable to use the elements of life which are essential to health, safety, and development, including food, clothing, and shelter, even though provided to the minor by others. Intellectual disability, epilepsy, or other developmental disabilities, alcoholism, other drug abuse, or repeated antisocial behavior do not, by themselves, constitute a mental disorder. SECTION 5585.25 W&I Code.

“Peace officer” means a duly sworn peace officer as that term is defined in Chapter 4.5 (commencing with Section 830) of Title 3 of Part 2 of the Penal Code who has completed the basic training course established by the Commission on Peace Officer Standards and Training, or any parole officer or probation officer specified in Section 830.5 of the Penal Code when acting in relation to cases for which he or she has a legally mandated responsibility. SECTION 5008(i) W&I Code.

Section 5152.1 W&I Code

The professional person in charge of the facility providing 72-hour evaluation and treatment, or his or her designee, shall notify the county mental health director or the director's designee and the peace officer who makes the written application pursuant to Section 5150 or a person who is designated by the law enforcement agency that employs the peace officer, when the person has been released after 72-hour detention, when the person is not detained, or when the person is released before the full period of allowable 72-hour detention if all of the conditions apply:

(a) The peace officer requests such notification at the time he or she makes the application and the peace officer certifies at that time in writing that the person has been referred to the facility under circumstances which, based upon an allegation of facts regarding actions witnessed by the officer or another person, would support the filing of a criminal complaint.

(b) The notice is limited to the person's name, address, date of admission for 72-hour evaluation and treatment, and date of release.

If a police officer, law enforcement agency, or designee of the law enforcement agency, possesses any record of information obtained pursuant to the notification requirements of this section, the officer, agency, or designee shall destroy that record two years after receipt of notification.

Section 5152.2 W&I Code

Each law enforcement agency within a county shall arrange with the county mental health director a method for giving prompt notification to peace officer pursuant to Section 5152.1 W&I Code.

Section 5585.50 W&I Code

The facility shall make every effort to notify the minor's parent or legal guardian as soon as possible after the minor is detained. Section 5585.50 W&I Code.

A minor under the jurisdiction of the Juvenile Court under Section 300 W&I Code is due to abuse, neglect, or exploitation.

A minor under the jurisdiction of the Juvenile Court under Section 601 W&I Code is due to being adjudged a ward of the court as a result of being out of parental control.

A minor under the jurisdiction of the Juvenile Court under Section 602 W&I Code is due to being adjudged a ward of the court because of crimes committed.

Section 8102 W&I Code (EXCERPTS FROM)

(a) Whenever a person who has been detained or apprehended for examination of his or her mental condition or who is a person described in Section 8100 or 8103, is found to own, have in his or her possession or under his or her control, any firearm whatsoever, or any other deadly weapon, the firearm or other deadly weapon shall be confiscated by any law enforcement agency or peace officer, who shall retain custody of the firearm or other deadly weapon.

“Deadly weapon,” as used in this section, has the meaning prescribed by Section 8100.

(b)(1) Upon confiscation of any firearm or other deadly weapon from a person who has been detained or apprehended for examination of his or her mental condition, the peace officer or law enforcement agency shall issue a receipt describing the deadly weapon or any firearm and listing any serial number or other identification on the firearm and shall notify the person of the procedure for the return, sale, transfer, or destruction of any firearm or other deadly weapon which has been confiscated. A peace officer or law enforcement agency that provides the receipt and notification described in Section 33800 of the Penal Code satisfies the receipt and notice requirements.

(2) If the person is released, the professional person in charge of the facility, or his or her designee, shall notify the person of the procedure for the return of any firearm or other deadly weapon which may have been confiscated.

(3) Health facility personnel shall notify the confiscating law enforcement agency upon release of the detained person, and shall make a notation to the effect that the facility provided the required notice to the person regarding the procedure to obtain return of any confiscated firearm.
Appendix F: DHCS 1802 – Involuntary Patient Advisement
IN VOLUNTARY PATIENT ADVISEMENT
(TO BE READ AND GIVEN TO THE
PATIENT AT TIME OF ADMISSION)

Name of Facility

<table>
<thead>
<tr>
<th>Patient’s Name</th>
<th>Admission Date</th>
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</table>

Section 5150(h) of the Welfare and Institutions Code requires that each person admitted to a facility designated by the county for evaluation and treatment be given specific information orally and in writing, and in a language or modality accessible to the person and a record of the advisement be kept in the person’s medical record.

My name is ___________________________ My position here is ___________________________

You are being placed in this psychiatric facility because it is our professional opinion, that as a result of a mental health disorder, you are likely to: (check applicable)

☐ Harm yourself ☐ Harm someone else ☐ Be unable to take care of your own food clothing or shelter

(List specific facts upon which the allegation of dangerous or gravely disabled due to mental health disorder is based, including pertinent facts arising from the admission interview):

We believe this is true because ____________________________________________

__________________________________________

You will be held for a period of up to 72 hours. This (does not) (does) include weekends or holidays.

Your 72-hour period begins: ____________________________ (Time and Date)

Your 72-hour evaluation and treatment period will end at: ____________________________ (Time and Date)

You will be held for a period up to 72 hours. During the 72 hours you may also be transferred to another facility. You may request to be evaluated or treated at a facility of your choice. You may request to be evaluated or treated by a mental health professional of your choice. We cannot guarantee the facility or mental health professional you choose will be available, but we will honor your choice if we can.

During these 72 hours you will be evaluated by the facility staff, and you may be given treatment, including medications. It is possible for you to be released before the end of the 72 hours. But if the staff decides that you need continued treatment you can be held for a longer period of time. If you are held longer than 72 hours, you have the right to a lawyer and a qualified interpreter and a hearing before a judge. If you are unable to pay for the lawyer, then one will be provided to you free of charge.

If you have questions about your legal rights, you may contact the county Patients’ Rights Advocate at ____________________________ (phone number of county Patients’ Rights Advocacy Office).

Good cause for Incomplete Advisement

<table>
<thead>
<tr>
<th>Advisement Completed by</th>
<th>Position</th>
<th>Language or Modality Used</th>
<th>Date</th>
</tr>
</thead>
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</table>

CC: Original to the Patient
Carbon to the Patient’s Record
Appendix G: DHCS 1802SP – Involuntary Patient Advisement (Spanish)
AVISO AL PACIENTE INVOLUNTARIO  
(PARA LEERSE Y DARSE AL PACIENTE  
CUANDO SE LE ADMITA) 
MH 303 E/S (1/05))

Nombre del Establecimiento

Nombre del Paciente  
Fecha de Admisión

La Sección 5157 (c) y (d) del Código de Bienestar e Instituciones (W & I) requiere que cada persona admitida para una evaluación de 72 horas reciba información específica oralmente y por escrito, y que se conserve un registro del aviso en el registro médico del paciente.

Me llamo _________________________________  
Mi puesto aquí es __________________________

Se le está colocando a usted en este establecimiento psiquiátrico porque es la opinión del personal profesional, que como resultado de un desorden mental, usted es: (marque en el lugar apropiado)

- Un peligro a sí mismo  
- Un peligro a otras  
- Una persona gravemente deshabilitada (no puede proveer su propio alimento, ropa, o alberque)

(Escribíase la evidencia específica verificando la razón por/a cual se le ha detenido):

Creemos esto porque __________________________________________________________________  
____________________________________________________________________________________  
____________________________________________________________________________________

Usted será detenido por un período de hasta 72 horas. Esto (no) incluye fines de semana y días de fiesta. Su período de 72 horas comenzará: _____________________________  
(hora y fecha)

Su período de 72 horas de evaluación y tratamiento terminará a las: _____________________________  
(hora y fecha)

Durante estas 72 horas el personal del hospital lo evaluará, y el tratamiento que reciba puede incluir medicamentos. Es posible que se le deje salir antes del final de las 72 horas. Pero si el personal profesional decide que usted necesita que se continúe el tratamiento, se le puede detener por un período más largo, si se le detiene más de 72 horas, usted tiene el derecho a un abogado y a un intérprete calificado y a una audiencia ante un juez. Si usted no puede pagarle al abogado, entonces se le proporcionará uno gratis.

La ley del Estado supone que usted está competente, a pesar de que usted fue evaluado o tratado por un desorden mental como paciente voluntario o involuntario.

Causa Adecuada para un Aviso Incompleto  
Fecha

Aviso completado Por  
Puesto  
Fecha

CC:  
Original al Paciente  
Copia al registro del Paciente