

SAN MATEO COUNTY HEALTH SYSTEM
BEHAVIORAL HEALTH AND RECOVERY SERVICES

DATE: September 7, 1993

BHRS Policy: 93-07

SUBJECT: 72 Hour Hold/5150 Policy and Procedures

AUTHORITY: Divisional; CA Code of Regulations Title 9, Division 1, Chapter 4, Section 823; California Welfare and Institutions Code, Sec. 5001, 5008, 5150-5173, 5325, 5585.50-5587

AMENDED: March 10, 2000; December 13, 2017 (Technical edits); June 27, 2018 (Including Name Change)

ATTACHMENT: Application for 72 hour Detention for Evaluation and Treatment (DHCS 1801)

PURPOSE:

To provide guidance for clinical management, safety and efficiency when evaluating an individual for involuntary psychiatric evaluation; to describe a process to institute 5150 Involuntary Hold procedures in a safe and effective manner. (Youth are detained under a 5585.50, and are included in this policy.)

POLICY:

Only staff and contractors who have been certified to perform 5150's in San Mateo County may place involuntary holds and instructions within this policy pertain only to staff and contractors who have passed the training and been certified by Behavioral Health and Recovery Services (BHRS) to place 5150 involuntary holds.

In a potentially dangerous situation, the first duty of the staff member is safety for all who are at risk of harm - this includes staff, other clients, building occupants, the public and the involved client. The Police/Sheriff should be considered partners in the implementation of involuntary holds and, to the greatest extent possible, shall be involved in every instance where the client's condition for the hold is "dangerous to self or others."

The legislative intent of the Lanterman-Petris Short (LPS) Act is to provide for the prompt evaluation and treatment of persons who are believed to have serious mental disorders. The 72-hour hold, also called a 5150, provides legal authority to detain a person involuntarily. Under LPS rules, an individual

who is suspected to have a serious mental disorder may be detained for a period of up to 72 hours for assessment, evaluation and treatment in the following special circumstances:

- When a person, as a result of a mental health disorder, is a danger to others, or to themselves; or
- Is gravely disabled due to a mental disorder - defined as unable to provide for their own basic needs such as food, clothing or shelter.

PROTOCOL:

1. All staff should review BHRS Policy 90-08, Management of Threatening and Potentially Violent Behavior, to be prepared for the need to identify a high risk for violence, self-harming behavior, and/ or for crisis walk-in situations.
2. To the extent possible, PLAN before the scheduled appointment of an individual who may require a 5150 assessment.
 - Collaborate with your supervisor, administrative support staff, security guard, Officer of the Day, team members, law enforcement and other relevant colleagues.
 - Consider collaboration and prior alert to PES staff about the potential hold, and about any safety and legal issues that the involuntary hospitalization may present.
 - In any situation where an individual has the potential for violence, inform the police about the potential hold, including appointment time, and plan with them for their response. In BHRS clinics sharing space with other occupants or teams, be certain to alert all building users as appropriate when a situation with potential risk is anticipated or develops.
3. Voluntary Hospitalization
 - When the individual does not meet legal criteria for a 72-hour hold, and the client and clinician agree about the need for hospitalization:
 - With the individual's consent, provide clinical information to the admitting staff at any hospital to which the client seeks admission.
 - Support appropriate transportation to the hospital. The transportation choice should be respectful of the individual's choice, dignity, and safety.
4. Involuntary Hospitalization
 - When there is sufficient probable cause to believe that an individual is a danger to self or others, or is gravely disabled due to a mental disorder, and they are unwilling or unable to accept treatment voluntarily:
 - Complete the 72 Hour Hold Form and the required verbal advisement. The original form must accompany the individual to the hospital with a copy of it placed into the Restricted Section of the client's chart.
 - Follow procedures, as necessary, outlined in the BHRS Management of Threatening and

Potentially Violent Behavior, and in other sections of this document.

- In the event a client is known to possess a weapon, refer to BHRS Policy 95-05: Weapons Management.
 - For individuals who are likely to resist attempts to hospitalize, do not complete the verbal advisement until there is sufficient support (police, ambulance, and staff backup). The person placing the hold can request that a Crisis Intervention Trained (CIT) officer be sent in response to the request.
 - In a seriously violent situation, even while awaiting the police/sheriff, the staff may choose to move staff, other clients, visitors, etc. to a safe location or vacate the office or the building of all occupants if the client is unwilling or unable to move to a location that eliminates risk to others. Staff members should never attempt to stop an adult client from leaving even if there is a concern about the client's level of threat. Observe the client carefully to provide the police with a physical description of the client. If possible, provide the police with the client's age, address, telephone number, the direction the client was headed, clothing and type of car if driving.
 - Staff members may not transport a client in a county or private car. An ambulance is the most appropriate way to transport, especially for individuals whose cooperation with the hospitalization process is unpredictable.
 - Request the ambulance via PES.
 - Back-up the ambulance response with police as needed.
 - Call 911 for medical emergencies or when immediate response is critical.
 - Police car may be an appropriate means of transport when you have sufficient information to predict that a single police officer can bring the individual to PES without incident.
5. 5150 Procedures Initiated in the Community
- Home Visit
 - Assess risk factors prior to visit by inquiring specifically about weapons and substance abuse in the home.
 - A visit to assess the need to write the hold should never be made by a single staff member; decide when the visit should more safely be made with another team member, with the Mobile Support Team, or by staff teamed with police support. The potential danger may be such that you conclude that the police should make the visit without BHRS staff support.
 - Before you leave the BHRS site, provide the name, address and telephone number of the location of the home visit, and whether or not police are accompanying the team. Staff going out on crisis assessments in the community shall have first priority for use of clinic cell phone.
 - School or Agency Visit
 - Always collaborate with the staff and administration about their procedures and suggestions. Determine who will take the lead in the crisis situation.
 - Under no circumstances should BHRS staff members transport a minor to a hospital for evaluation.

- If authorization for voluntary treatment is not available from the parent or legal guardian, staff may initiate a 72 hour hold, *if detention criteria exist*. (Code WIC 5585.50)
- Police or ambulance transport of a youth for whom a 72 hour hold is written does not require consent of the legal guardian.
- BHRS staff shall make every effort to notify the minor's parent or legal guardian as soon as possible after the minor is detained.

6. Dangerousness Assessment

- Inform all other persons assisting you of your knowledge of the individual's dangerousness
 - Consider the individual's potential for personal violence: size, strength, skills, **use of substances**, and impulsivity.
 - Review the individual's known use of or access to weapons: baseball bat, gun, knife, brass knuckles, cane, etc.
 - Consider whether the individual might have a weapon concealed on his/her person. **Always** ask the police to conduct a search prior to transporting the client to PES. Hidden weapons could endanger ambulance and PES staff, and should be removed by the police officer prior to transport. The search must never be conducted by BHRS staff.
 - Consider whether the individual has made recent threats.
 - Consider whether the individual has a **history of violence** (A history of past violence is the single most reliable indicator of potential violence).
 - Inform PES and police officers of any known guns or other lethal weapons in the home which should be confiscated by law enforcement prior to the individuals discharge from the hospital.

7. Following the incident involving a 72 hour hold the supervisor will facilitate a debriefing of the incident with the staff involved.

8. Complete a Critical Incident Report if it is a high risk 5150. A routine 5150 does not require a Critical Incident report. The following are considered a high risk 5150: medical emergency, violent behavior, problems with police or ambulance, injuries, youth client under the age of 12 years old, potential liability for county or contractor.

Approved: Signature on File
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