

2026

Fresno County 5150 Recertification Training



THE COUNTY OF FRESNO
Department of
Behavioral Health

As a result of this training, participants should be able to:

- Complete an accurate 5150 application and detention advisement.
- Understand the impact of the Lanterman-Petris-Short Act on the rights of the mentally ill.
- Understand the fundamental law and criteria involving involuntary detention for adults and minor children.



How to become certified in Fresno County?

- 1) Completion of the 5150 Involuntary Detention Training
- 2) A passing score of 80% on the LPS 5150 Certification Post-test

Annual re-certification:

- Email reminder will be sent to your site coordinator 90 days before your certification expires. Ultimately, the responsibility of timely renewal is for you and your site coordinator.
- If your program is a Relias User: You will automatically be enrolled for renewal and the training will be uploaded to your Relias Account.
- If your program is NOT a Relias User: Training PowerPoint and completion of 5150 post-test may be completed via self-study from Fresno County website:
 - <https://www.fresnocountyca.gov/Departments/Behavioral-Health/Providers/Plan-Administration/5150-Recertification>



Who is eligible to be certified

Department in-house programs and select/DBH-approved designated sites, authorized California registered/licensed professionals, including:

- 1) Licensed Mental Health Clinicians – includes LMFT, LCSW, LPCC, and licensed psychologists with the CA BBS;
- 2) Unlicensed Mental Health Clinicians (Associates) – includes registered AMFTs, ASWs, APCCs, and waived/registered psychologists;
- 3) Registered Nurses (RN)
- 4) Licensed Psychiatric Technicians (LPT);
- 5) Licensed Psychiatrists and medical residents registered with the CA Medical Board

***** (Does not include “trainees”/students in professional programs not yet possessing masters/Ph.D. or not yet registered with a CA professional licensing board)**



Where can you write a 5150 application?



- Designated/trained individuals can place holds **only within the County of Fresno**
- Specifically, at your agency/facility only, **unless part of mobile crisis psychiatric response team** or if you are a peace officer
- You may only initiate 5150 holds when you are at your place of employment where you were certified. **Certification is not transferrable to other programs.**
- *Not at home! Per LPS, you may not initiate a hold on a family member or persons you have had a past personal relationship*



Lanterman-Petris Short Act

Introduction & Overview of LPS in California



History of Mental Health Treatment

Prior to 1950's No effective forms of treatment were available

- Etiology of psychosis, depression, mania was unknown
- Often committed by family members with no protocol for review or release

Without patient or family consent, extreme measures occurred such as:

- Warehousing in asylums and state hospitals
- Seclusion and restraints
- Transorbital lobotomies were standard treatment



Deinstitutionalization

The answer to the question, “How will we pay for deinstitutionalization?” leads to a story of mental health legislation in California

Short-Doyle Act 1957 Started to move money to the counties to enable development of outpatient services.

Lanterman-Petris-Short Act 1967

- Goals - End inappropriate lifetime commitment of people with mental illness and balance treatment needs, individual rights, and public safety.
- This Act begins with Welfare & Institutions Code 5000 and covers a wide range of topics including voluntary and involuntary treatment, patient’s rights, confidentiality, and conservatorship.
- The heart of the LPS Act are the rules that govern involuntary treatment.

Note: A 5150 hold is not a criminal offense; not part of the CA Penal Code; not a misdemeanor or felony



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Contents of Lanterman-Petris-Short Act

Topics covered in the LPS Act

- Voluntary and involuntary treatment
- Patient's rights
- Confidentiality
- Conservatorship

Omissions in the LPS Act

Does not define “mental illness”

Does not define “danger”



Involuntary Detention Process & Definitions



Involuntary Treatment Process

*Right to a hearing throughout the process. A Hold may be disrupted (lifted) early
- No 5150 needed if client is a conservatee*

Multiple Levels to Maintain the Rights of Persons Detained

W & I 5150 = up to 72-hour hold for the purpose of evaluation and treatment

W&I 5250 = up to additional 14-day hold for treatment (DTS/DTO/GD)

W&I 5260 = Second 14-day hold for treatment (DTS only)

W&I 5270 = 30-day certification (GD only)

W&I 5300 = 180-day hold for treatment (DTO only)

W&I 5352 = Temporary conservatorship (GD only)

W&I 5358 = One-year conservatorship (GD only)



Emergency Rooms & 1799 Hold

Health and Safety Code 1799.111



- Ordered by licensed professional staff (physicians) who provide emergency medical services in a licensed general acute care hospital (once an individual is otherwise medically cleared)
- Allows detention for psychiatric evaluation within the emergency room when, in the opinion of the treating physician, the person, because of a mental health disorder, is a danger to self, others, or gravely disabled
- Allows detention for up to 24 hours
- Provides time for medical social worker/licensed mental health clinician to assess



Emergency Rooms & 1799

A person detained under this section 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 pursuant to Section 5150 of the Welfare and Institutions Code.

ention, or placement for evaluation q. (adult) or Section 5585 et seq. Detainment Start Time: 0828 (1799 ed.) credited	Badge Number [REDACTED]
1799 credit 12/31@1727	Date: 01/01/2025
The detained person's condition was called to my attention under the following circumstances: Patient placed on 1799 on 01/02/25 @2229 for DTS & GD	

As there is currently no area on the DHCS 1801 form (5150 hold) for 1799 information, 1799 shall be documented anywhere on the 5150 form or in the hospital ED records and a copy can be sent along with 5150 hold to any subsequent receiving facility. Some hospitals use Cal Hospital Association Form 12-12 to record 1799's

INVOLUNTARY PSYCHIATRIC DETENTION CRITERIA

To meet criteria for an initial involuntary detention:

One of these must be present:

- Danger to Self
- Danger to Others
- Gravely Disabled

And

- *Behaviors must be directly attributed to a mental health disorder for any of the 3 above. For a severe substance use disorder only or co-occurring mental health disorder and severe substance use disorder, only Grave disability applies. **And***
- *Individual refuses to seek voluntary treatment **or** it is believed that person will unlikely seek treatment **voluntarily***
- WIC 5150.05 allows for taking into consideration opinions and statements made by family members and/or treating professionals



Defining and Recognizing Danger

- The LPS law **does not define “danger”**
- The danger to self or others does not have to be an **“active” danger**; the person doesn’t need to be actively suicidal or making threats, threatening or physically injuring another party.
- Danger can come in many forms, **including “passive” danger**, in which due to impaired insight and judgment, the person poses a risk of inadvertent danger to self or others. (e.g., person is psychotic and wandering into traffic without intent to harm self)
- The governing rule becomes whether this **“passive” danger is the result of a mental health disorder.**



Danger To Self (DTS)

Danger to Self may be satisfied by either a deliberate intention to injure oneself (e.g., overdose) or a gross disregard of personal safety to the point where injury is imminent.

(e.g., walking on the train tracks, sitting on an overpass)



Warning Signs of Danger to Self

- ✓ Threatening to hurt or kill oneself
- ✓ Seeking access to means
- ✓ Talking or writing about death, dying, or suicide
- ✓ Feeling hopeless, worthless or a lack of purpose
- ✓ Acting recklessly or engaging in risky activities
- ✓ Feeling trapped- no options, saying / texting goodbye
- ✓ Increasing alcohol or drug use
- ✓ Withdrawing from family, friends, or society
- ✓ Demonstrating rage and anger or seeking revenge
- ✓ Appearing agitated
- ✓ Having a dramatic change in mood



Warning Signs of Danger to Self

Things to look for:

- *Words or actions* indicating hopelessness
- *Words or actions* indicating gross disregard for personal safety
- *Words or actions* showing intent to die by suicide
- *Words or actions* indicating a specific plan for suicide



Danger to Self: *Questions to Ask*

Ask the person directly whether he or she is suicidal:

“Are you having thoughts of suicide?”

“Are you thinking about killing yourself?”

Ask the person whether he or she has a plan:

“Have you decided how you are going to kill yourself?”

“Have you decided when you would do it?”

“Have you collected the things you need to carry out your plan?”

Check For few Other Risks

Has the person been using alcohol or other drugs?

Has he or she made a suicide attempt in the past?

Is there any history of suicide in the family?



Danger to Others (DTO)

Danger to others may be inferred (*clinical judgement*) from words or actions that indicate the person in question either intends to cause harm to a particular individual or intends to engage in dangerous acts with gross disregard for the safety of others.



Warning Signs of Danger to Others (DTO)

- Threats** against individuals, groups of individuals
- Attempts to harm** certain individuals, groups of individuals
- Are the **means available** to carry out threats or repeat attempts? (e.g., firearms, other weapons)
- Expressed **intention or attempts to act** while exhibiting behavior which, under the circumstances, reasonably suggests a mental health disorder to the point where the person's actions would endanger others



Danger to Others (DTO)

Things to look for:

- Assess for **delusional thinking** towards others, groups, including religious/government concerns
- Inquire about **Command AH/VH** – is internal stimuli driving the danger?
- Does the person served appear to be secretive about **plans/intentions**?
- Would a reasonable person believe the **behavior is dangerous** towards others?



California's Tarasoff Duty in Case of DTO

In 1985 in the California legislature codified the Tarasoff rule

- ❑ California law provides that a mental health professional has a duty to protect and/or warn a third party only if the practitioner believes that the patient poses a serious risk of inflicting serious bodily injury upon a reasonably identifiable victim or victims.
- ❑ If the criteria for a Tarasoff are met, the practitioner has a duty to warn and protect any reasonable identifiable victim (s) and can be found negligent if they do not take steps to do so.
- ❑ The Duty to Protect may include notifying law enforcement of the threat.



Gravely Disabled (GD) Adults

Does not apply to
minors

Grave disability is a condition in which a person, presently, as a result of a mental health disorder, a severe substance use disorder or a co-occurring MH and severe SUD disorder, is unable to provide for his or her basic personal needs for food, clothing, shelter, **necessary medical care or personal safety** to the extent that failure to do so results in danger or harm to the person

AND...

The person is unwilling and/or unable to accept voluntary treatment

AND...

If a family member or other person is providing these basic needs, the person served may not be gravely disabled unless; **they can't make use of the resources due to their mental health disorder and/or severe substance use disorder.** (Unable to safely survive in the care of others.)



Gravely Disabled (continued)

“Severe substance use disorder” means a diagnosed SUD that meets the diagnostic criteria of “severe” as defined in the most current version of the DSM.

“Personal safety” means the ability of one to survive safely in the community without involuntary detention or treatment pursuant to [the LPS Act].

“Necessary medical care” means care that a licensed health care practitioner, while operating within the scope of their practice, determines to be necessary to prevent serious deterioration of an existing physical medical condition which, if left untreated, is likely to result in serious bodily injury as defined in W&I Code § 15610.67

DSM-5 Criteria for SUD

1. Use in larger amounts or for longer periods of time than intended.
2. Unsuccessful efforts to cut down or quit.
3. Excessive time spent getting, using, intoxicated, and recovering from effects.
4. Craving or Intense desire/urge to use substance.
5. Failure to fulfill major obligations.
6. Continued use despite social/interpersonal problems.
7. Activities/hobbies reduced or given up.
8. Recurrent use in physically hazardous situations.
9. Recurrent use despite physical or psychological problems caused by or worsened by use.
10. Tolerance.
11. Withdrawal.

Mild SUD: 2-3 symptoms

Moderate SUD: 4-5 symptoms

Severe SUD: 6+ symptoms

** NOTE: Intoxication is not a symptom criterion for SUD and one warning sign/symptom is not enough to initiate a hold; we should always review the totality of a situation*



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Warning Signs of Grave Disability

- Signs of malnourishment or dehydration
- Unwillingness to eat food even when it is provided
- Unwilling to engage in self-care even when means are available
- Irrational beliefs about food that is available (e.g., it's poisoned)
- Destruction or giving away of clothing to the point where the person cannot clothe him/herself
- Unable to utilize shelter when shelter is provided
- Unsteady gait/slurred speech/unable to walk or stand by oneself/fumbles simple tasks
- Scratching, picking or clawing at skin (e.g. noticeable sores on face, hands or arms)
- Unintelligible speech: loud, yelling, slurring words
- Inability to engage in personal hygiene.
- Inability to utilize necessary medical care when needed and available.

** NOTE: Intoxication is not a symptom criterion for SUD and one warning sign/symptom is not enough to initiate a hold; we should always review the totality of a situation*



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Grave Disability Scenario #1

Joanne is a 30-year-old female who has been placed on numerous DTS and GD involuntary holds while under the influence of methamphetamine. She is unhoused, appears very thin and frail (likely malnourished), and is observed to have an open wound on her left leg that is foul smelling with noticeable redness and swelling surrounding the wound. She shared she last used meth a few days ago and declines all assistance with medical care, food, or housing and cannot provide a rational reason for refusing needed services. She stated she has used meth intermittently with some periods of abstinence for the past 5 years and that her goal for the day is to buy meth.



Grave Disability Scenario #2

A father calls law enforcement after his son, John, appears to present with psychotic symptoms (talking to himself, making accusations that some unknown person wants to kill them). The father reports that John has not been eating for the last few days, believing the food is poisoned and leaves the house at night to wander aimlessly in the neighborhood. John appears under the influence of a substance. The father reports that John has recently been in residential SUD treatment programs for Heroin after he lost his job due to his addiction and at father's insistence, but each time has left the program before completing it. Father also reports that he has recently found drug paraphernalia in John's room. Father is unsure if he can allow John to return home as he has health issues himself and does not know how else to help him.



Grave Disability and Minors

A minor is considered *gravely disabled* if he or she is *presently unable* as a result of a mental health disorder, 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.





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We now have a new form!

ATTENTION

Completing the Application for an Initial 72-Hour Involuntary Detention



THE COUNTY OF FRESNO
Department of
Behavioral Health

LATEST DHCS 1801(Revised 06/2024) : Application For Up To 72-Hour Assessment, Evaluation, and Crisis Intervention or Placement for Evaluation and Treatment (a.k.a. “5150 form”)

State of California – Health and Human Services Agency Department of Health Care Services

Application for up to 72-Hour Assessment, Evaluation, and Crisis Intervention or Placement for Evaluation and Treatment **Confidential Client/Patient Information**

Welfare and Institutions Code (W&I Code), section 5150(g)(1), requires that each person, at the time they are first taken into custody under this section, shall be provided, by the person who takes them into custody, the following information orally in a language or modality accessible to the person. If the person cannot understand an oral advisement, the information shall be provided in writing.

Complete Advisement Incomplete Advisement Good Cause for Incomplete Advisement:
Date of Advisement/Attempt: _____

Detainment Advisement
My name is _____, I am a (peace officer/behavioral health professional) with (name of agency). You are not under criminal arrest, but I am taking you for examination by behavioral health professionals at (name of facility).
You will be told your rights by the behavioral health staff.
If taken into custody at their residence, the person shall also be told the following:
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 or family where you have been taken.

Advisement Completed/Attempted By: _____ Position: _____ Language or Modality Used: _____

To (name of 5150 designated facility): _____
Application is hereby made for the assessment and evaluation of _____, date of birth _____, and 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. **Detainment Start Date:** _____ **Detainment Start Time:** _____
(The 72-hour period begins at the time when the person is first detained.)

If the authorization for voluntary treatment is not available for a minor/conservatee, indicate to the best of your knowledge who has legal authority to make medical decisions on behalf of the minor/conservatee: (name & contact information, if available)
(Check one): Parent(s) Legal Guardian(s) Conservator Other: _____
Indicate to the best of your knowledge whether the minor is under the jurisdiction of the juvenile court:
(Check one): W&I Code 300 (dependent) W&I Code 601, 602 (ward)

The detained person's condition was called to my attention under the following circumstances:

Specific facts that I have considered that lead me to believe that this person is a danger to self or others as a result of a mental health disorder or gravely disabled as a result of a mental health disorder, a severe substance use disorder, or a co-occurring mental health disorder and a severe substance use disorder:

Please Note: A copy of this application shall be treated as the original.

DHCS 1801 (Revised 06/2024) Page 1 of 2

State of California – Health and Human Services Agency Department of Health Care Services

I have considered the historical course of the person's mental health disorder, severe substance use disorder, or co-occurring mental health disorder and a severe substance use disorder, as follows:

No reasonable bearing on the determination No information because: _____

Optional Information

History Provided by (Name)	Address	Phone Number	Relation

Based upon the above information, there is probable cause to believe that said person is a:
 Danger to Self (DTS) as a result of a mental health disorder.
 Danger to Others (DTO) as a result of a mental health disorder.
 Gravely disabled adult as a result of a mental health disorder, severe substance use disorder, or co-occurring mental health disorder and severe substance use disorder (as defined in W&I Code section 5008(h)).
 Gravely disabled minor as a result of a mental health disorder (as defined in W&I Code section 5585.25).

Notifications to be Provided Pursuant to Section 5152.1 and/or 8102 of the W&I Code
Notify behavioral health director/designee: _____ (Name) _____ (Phone) of _____ (Name) _____ (Phone) and peace officer/designee: _____ (Name) _____ (Phone) of _____ (Name) _____ (Phone)

Person's release or end of detention if either of the boxes below are checked.

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 W&I Code Section 8102.

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.
Name of Law Enforcement Agency or Evaluation Facility/Person: _____
Address: _____ City: _____ State: _____ Zip Code: _____
Name: _____ Title: _____ Badge Number: _____ Phone: _____
Signature: _____ Date: _____ Time: _____

References

Welfare and Institutions Code
Sections: 300, 601, 602, 5008, 5122, 5150, 5150.05, 5152.1, 5328, 5350, 5354, 5585.25, 5585.50, 8102
Individual Detained: _____ **Date of Birth:** _____

Please Note: A copy of this application shall be treated as the original.

DHCS 1801 (Revised 06/2024) Page 2 of 2

Released by DHCS in June 2024

Use of this Form is Required in Fresno County

May be typed/build into EMR – signature required



THE COUNTY OF FRESNO
Department of Behavioral Health

Newest Revision of the DHCS 1801 Form, June 2024

Application for Up To 72-Hour Assessment, Evaluation, and Crisis Intervention or Placement for Evaluation and Treatment

New form must be used to complete an involuntary hold

- New form contains key changes that past versions of the form don't have. These will be discussed in the next few slides
- Recent changes to the LPS act clarified that the hold start date and time begins right at detention. The form must be completed accurately.
- Changes to the LPS Act also added rights including due process for individuals detained for more than 72 hours. This includes the PRA (Patients Rights Advocate) being notified at 72 hours and a hearing held before the end of day seven.

The image shows two overlapping copies of the DHCS 1801 form. The top-left copy is the front side, titled 'Application for up to 72-Hour Assessment, Evaluation, and Crisis Intervention or Placement for Evaluation and Treatment'. It includes sections for 'Welfare and Institutions Code (W&I) Code, section 5150(g)(1)', 'Detainment Advice', and 'Detainment Start Date'. The bottom-right copy is the back side, featuring a table for 'History Provided by (Name)', 'Optional Information', and 'Notifications to be Provided Pursuant to Section 5152.1 and/or 8102 of the W&I Code'. It also includes contact information for the 'Welfare and Institutions Code Sections' and a 'References' section. Both forms are dated 'DHCS 1801 (Revised 06/2024)' and include a 'Please Note: A copy of this application shall be treated as the original.' at the bottom.



DHCS 1801 Application Form: Page 2

Historical info regarding person's MH condition, severe SUD or co-occurring disorder or treatment. If none, must indicate why.

Select appropriate determination(s): DTS, DTO, GD

Notifications for when the person is released. A peace officer can only make this request. Please skip this Notifications section if you are NOT a Peace Officer

Name of Facility, Program or Agency and Your Name

MUST BE SIGNED
DATE and TIME: This applies to the completion of the form and does not have to match Detention time; TIME can be military or standard

State of California – Health and Human Services Agency Department of Health Care Services

I have considered the historical course of the person's mental health disorder, severe substance use disorder, or co-occurring mental health disorder and a severe substance use disorder, as follows:

No reasonable bearing on the determination No information because: _____

Optional Information

History Provided by (Name)	Address	Phone Number	Relation

Based upon the above information, there is probable cause to believe that said person is a:

Danger to Self (DTS) as a result of a mental health disorder.
 Danger to Others (DTO) as a result of a mental health disorder.
 Gravely disabled adult as a result of a mental health disorder, severe substance use disorder, or co-occurring mental health disorder and severe substance use disorder (as defined in W&I Code section 5008(h)).
 Gravely disabled minor as a result of a mental health disorder (as defined in W&I Code section 5585.25).

Notifications to be Provided Pursuant to Section 5152.1 and/or 8102 of the W&I Code
 Notify behavioral health director/designee: _____ (Name) _____ (Phone)
 and peace officer/designee: _____ (Name) _____ (Phone) of _____

Person's release or end of detention if either of the boxes below are checked.

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 W&I Code Section 8102.

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.

Name of Law Enforcement Agency or Evaluation Facility/Person: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Name: _____ Title: _____ Badge Number: _____ Phone: _____

Signature: _____ Date: _____ Time: _____

References

Welfare and Institutions Code
 Sections: 300, 601, 602, 5008, 5122, 5150, 5150.05, 5152.1, 5328, 5350, 5354, 5585.25, 5585.50, 8102

Individual Detained: _____ Date of Birth: _____

Please Note: A copy of this application shall be treated as the original.

DHCS 1801 (Revised 06/2024) Page 2 of 2

Identify source of any collateral info given (spouse's name, therapist, any reporting party, etc. or indicate if none)

GD due to SUD only or co-occurring MH and SUD ONLY for Adults

GD due to MH only for Minors

ADDRESS, NAME, and TITLE:
Address of Facility/Agency, Your Name, and Title (Clinician, Nurse etc.) and License Number (if applicable)
BADGE NUMBER and PHONE:
Leave Badge Number blank. Add your Work Phone Number.

Name & DOB of detained person

5150 Application Corrections: *What if I make a mistake !?!*

We all make mistakes, why should this be any different!

“Defective” 5150s vs. “Invalid” 5150s

Defective Involuntary Hold – a 5150 application requiring an “amendment” due to an error (i.e., wrong date), or omission (i.e., missing signature on advisement or application, missing date/time, not indicating AM or PM, etc.) and therefore needs the writer to make a correction.

Invalid Hold - 5150 hold that does not provide reasonable cause to hold an individual due to a defect (i.e., the writer was not certified to write holds). A “defective” involuntary hold could become an “invalid” 5150 if corrections needed (errors, omissions, etc.) are not completed within a reasonable time.

The Writer

- Responsibilities
- How to make a correction -single line through error and initial change; Write “Amended for...”

Receiving agency

- Make reasonable efforts to contact writer/writer’s agency, and document these efforts
- Allowable changes by someone other than the writer is dependent on County policy and receiving facility’s policies and procedures



Can we perform a crisis assessment and **not place a hold?**

YES!

When a person is being assessed for a 72-hour hold, and it is decided to not involuntarily detain the individual, then **alternative voluntary services shall be offered** per WIC 5150.3.

Always important to remember that placing a 5150 hold should be the last resort to keep a person safe if in your clinical judgement the person is unwilling and/or unable to accept voluntary treatment



Must the original application accompany the person?

Effective September 5, 2018:

WIC 5150 (e) reads: *A copy of the application shall be treated as the original for transfer or placement.*

REMEMBER – A COPY OF THE 5150 ADVISEMENT/APPLICATION MUST STILL GO ALONG WITH THE PERSON FOR TRANSPORT OR IN THE EVENT THEY ARE TRANSFERRED TO ANOTHER FACILITY!

Please Note: A copy of this application shall be treated as the original.



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Processes Following Initiation of an Involuntary Hold



County EMS Transfer Protocols

- The Fresno County Department of Community Health sets forth the “Patient Destination” policy regarding the appropriate EMS transport of patients on a 5150 hold (Policy No. 547).
- If the individual has a life-threatening situation, he/she will be transported to the closest emergency department “equipped, staffed, and prepared to administer care appropriate to the needs of the patient.”
- **Individuals under EMS transport may elect their destination facility when reasonable.**



Who can release a person from 5150?

aka “lifting” or “disrupting” a hold

Emergency Room Setting

Any licensed or waived mental health professional (e.g., physicians, psychiatrists, registered nurses, MFT and LCSW including registered interns, psych technicians) authorized as a Fresno County 5150 designee.

They must have a current certification through the established 5150 training overseen by the DBH Crisis Care Continuum Division in Fresno County.

Inpatient setting

(e.g., CBHC or PHF)

Only the psychiatrist or psychologist working directly with the person served California Code.

Welfare and Institutions Code - WIC § 5152



W&I 5325.2

"The Right to Refuse Treatment..."

- Any person who is subject to detention pursuant to Section 5150, 5250, 5260, or 5270.15 shall have the right to refuse treatment with antipsychotic medication subject to provisions.
- The Riese or Capacity hearing provides that the patient who is to be involuntarily medicated must be proven to lack capacity by "clear and convincing evidence."
- In order to meet this standard, the physician needs to present a compelling case establishing the existence of a mental health disorder, a lack of capacity to reason about medications, and a link between these two elements.



State Mental Health Firearms Prohibition Database

- An individual who is placed on a 72-hour hold as a **danger to self** or **others** and **admitted to a facility for treatment**, is prohibited from purchasing or possessing firearms for 5 years from the date of admission to the facility.
- Per California Code, WIC 8103:
 - If a person is admitted on DTS or DTO and is taken into custody and admitted 1 or more times within a year it is a lifetime ban.
 - The person has a right to request a hearing to appeal the 5-year ban and lifetime ban
 - Inpatient psychiatric facilities are required in each instance of admission for DTS or DTO to notify the state Department of Justice. The **DOJ** then adds the individual's name to the state mental health firearms prohibition database.
 - <http://caag.state.ca.us/firearms/forms/pdf/pfecapp.pdf>



Telehealth & Crisis Evaluations

- **WIC 5150.5:** An examination or assessment pursuant to Section 5150 or 5151 may be conducted using telehealth.
 - WIC 5150.5 (b): ...“telehealth” means the mode of delivering health care services and public health via information and communication technologies, as defined in BPC 2290.5
- **Initial crisis evaluation/assessment for a 5150 and the assessment conducted by facility staff after arrival to facility for treatment and evaluation to determine the appropriateness of the involuntary detention (WIC 5151) must be face-to-face either in person or by synchronous interaction through a mode of telehealth that utilizes both audio and visual components.**
- Before above policy, we could only do all holds in person

In practice, conducting a crisis evaluation/5150 assessment via telehealth can be logistically difficult due to a copy of the 5150 form being required to accompany the person for transport by EMT. As a result, practitioners can always request a welfare check by calling 911. Mobile crisis intervention can be contacted through 559-600-6000 as deemed clinically appropriate and/or consult your supervisor for your program/facility’s protocol and practice guidelines.



Congratulations!

The training portion of your 5150 recertification is complete.

To be fully authorized you must complete and pass the post-test. Please send completed post-test to DBH5150training@fresnocountyca.gov

If you need further assistance, please contact:

DBH5150training@fresnocountyca.gov



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