

County of Fresno Department of Behavioral Health

2023-2024

Annual 5150 Re-Certification Training



THE COUNTY OF FRESNO
Department of
Behavioral Health

Purpose & Goals of the Annual 5150 Recertification Training

This training is for those licensed/waivered professional staff at local hospitals, identified DBH-contracted mental health programs, or employees of the Department of Behavioral Health that are deemed eligible by Fresno County to write “5150” applications.

It is expected that all designated persons complete this course annually and pass an accompanying examination to be qualified to write 5150 applications. This presentation is designed for self-study use for those individuals who have previously been certified through your current agency with Fresno County via the County’s in-person initial 5150 certification class.

*Reminder: Once you receive 5150 certification from Fresno County, it is **not transferrable** to any agency you work, as 5150 certification is specific to your program.*



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How to become certified in Fresno County?

- The completion of the 5150 Involuntary Detention Training
 - Including an in-class written 5150 application
- A passing score of 80% on the LPS 5150 Certification Posttest

These are mandatory requirements for certification of a 5150 designee for initial authorization. Annual re-certification may be completed using the County's self-study Training PowerPoint and completion of current 5150 post-test via Relias or administered by your designated 5150 program coordinator.

Authorization for a 5150 designee: 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.*

Anyone in the community can contact 911



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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, APPCs, and waived/registered psychologists; 3) Registered Nurses (RN) and Licensed Vocational Nurses (LVN); 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)*



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Where can you write a 5150 application?



- *For those individuals designated/trained in Fresno County - only within the County of Fresno*
- *At your agency/facility only, **unless part of mobile crisis psychiatric response team or peace officer***
- *Not at home! Per LPS, you may not initiate a hold on a family member or persons you have had a past personal relationship*



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

- ☐ **Complete an accurate 5150 application and oral 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 minors.**



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Lanterman-Petris Short Act

Introduction & Overview of LPS in California



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Lanterman Petris Short Act

The Lanterman Petris Short Act, part of California's Welfare & Institutions Code, govern the involuntary psychiatric hold process and outlines the rights of persons served. There are seven articles of intent cited which is the heart of LPS act:

- ✓ *End the inappropriate, indefinite, and involuntary commitment of persons with mental health disorders, developmental disabilities, and chronic alcoholism, and to eliminate legal disabilities*
- ✓ *Provide prompt evaluation and treatment of persons with mental health disorders or impaired by chronic alcoholism*
- ✓ *Guarantee and protect public safety*
- ✓ *Safeguard individual rights through judicial review*
- ✓ *Provide individualized treatment, supervision, and placement services by a conservatorship program for persons who are gravely disabled*
- ✓ *Encourage the full use of all existing agencies, professional personnel and public funds to accomplish these objectives and to prevent duplication of services and unnecessary expenditures*
- ✓ *Protect persons with mental health disorders and developmental disabilities from criminal acts*



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The purpose of the LPS Act:

- ❑ The heart of the LPS Act are the rules that govern involuntary treatment.
- ❑ 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.
- ❑ **This law does not define “mental disorder” or what constitutes a “danger”.**
Danger can come in many forms, including “passive” danger, in which due to impaired insight and judgement, 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.
- ❑ *It is important to remember that the initial involuntary hold is part of the California Welfare & Institution Code, not a Penal Code, and therefore it will never appear on an individual's “criminal record” as a misdemeanor or felony charge.*



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LPS Concepts: Imminent Danger and Historical Course

Changes to the concept of “**imminent danger**” and “**Historical Course**” of a Mental Health Condition came about in 2016. The writer should use that information if it has a reasonable bearing on the determination of the 5150 hold.

Statutory mandate requires, when determining if a person is a danger to him- or herself or to others, as a result of a mental health disorder, the writer making the determination shall consider any available relevant information about the **historical course** of the person's mental health disorder. The writer should use that information if it has a reasonable bearing on the determination of the 5150 hold.

The historical course considered in the determination of probable cause must be documented on the 5150 application.



LPS Revisions: Copy of Application Shall Be Treated as Original

Implementation of AB 2099 in 2018: *a copy* of an application for 72-hour psychiatric detention to be treated as the original. This bill resolves a technical issue that has been an unnecessary barrier to admission for many individuals we serve, as prior to AB 2099 only the original 5150 application was recognized and accepted for transfer when an individual was referred for involuntary detention for evaluation and treatment.

Effective September 2018, this single revision to the WIC 5150 reads:

5150 (e) If, in the judgment of the professional person in charge of the facility designated by the county for evaluation and treatment, member of the attending staff, or the professional person designated by the county, the person cannot be properly served without being detained, the admitting facility shall require an application in writing
... A copy of the application shall be treated as the original.



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Initiating an Involuntary Psychiatric Hold

Involuntary Detention Process & Definitions



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Requirements for Initiating an Involuntary Psychiatric Hold

In order to place a person on an involuntary psychiatric hold, designated personnel must believe that there is probable cause that the individual meets 1 of 3 criteria, including:

- **Danger to Self**
- **Danger to Others**
- **Gravely Disabled**

Additionally...

- **Behaviors must be directly attributed to mental illness**
- **Individual refuses to seek voluntary treatment or it is believed unlikely that the person served will seek treatment**
- **Historical course of the mental health condition, when available, must be considered**

NOTE: Code 5150.05 allows for taking into consideration opinions and statements made by family members and/or treating professionals. (i.e., if a person is currently denying suicidal thoughts, he/she may still be placed on a hold if family members report that the person made threats to self-harm.)



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Involuntary Treatment process: Levels of Involuntary Psychiatric Holds

Any of these levels of involuntary hold may be disrupted (lifted) prior to the expiration.

An individual currently identified as a Fresno County LPS conservative *does not need to be placed on a 5150 hold* (but it may still be helpful to ensure timely transportation).

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

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

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

W & I 5352 = Temporary conservatorship (GD only)

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

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

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



Emergency Departments and Health & Safety Code 1799.11

In addition to the involuntary psychiatric hold process found in California's Welfare & Institutions Code defining the LPS Act, California's Health & Safety Code allows for brief psychiatric holds in hospital emergency departments, known as HSC 1799.

- ☐ HSC 1799 is an emergency psychiatric hold 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).
- ☐ This Health & Safety Code allows detention for psychiatric evaluation within the emergency room when, in the opinion of the treating physician, the person, as a result of a mental 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 for crisis and subsequent need for a formal 5150 application.
- ☐ 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.



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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.



Effective Jan. 2023, “The 72-hour period begins at the time when the person is first detained” as stated in WIC 5150(a) . This includes the 1799 detainment and must be documented on the subsequent 5150 application under “detainment start date” and “detainment start time” when applicable.



Criteria for Initiating the 72 Hour Detention for Evaluation and Treatment

Involuntary Detention Process & Definitions



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Involuntary Psychiatric Hold Criteria: Danger to Self & Danger to Others

- ☐ The LPS law does not define “danger” and there has been some misinformation and misinterpretation of the term and its use by 5150 writers.
- ☐ 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 such as endangering one’s child or own health and safety through behaviors caused by untreated symptoms of mental illness. Such “passive” danger could include, not taking needed medication for a serious medical condition or exposing oneself to violent elements on the streets.
- ☐ The governing rule becomes whether this “passive” danger is the result of a mental disorder.



5150 Detention Screening: Danger to Self (DTS)

Danger to Self: This criterion may be satisfied by either a deliberate intention to injure oneself (e.g., overdose) or a disregard of personal safety to the point where injury is imminent (e.g., wandering around in heavy traffic.) due to severely impaired insight and judgment.

Things to look for:

- ☐ Words or actions showing intent to commit suicide or bodily harm
- ☐ Words or actions indicating gross disregard for personal safety
- ☐ Words or actions indicating a specific plan for suicide
- ☐ Means available to carry out suicide plan (e.g., pills, firearms present or available)



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5150 Detention Screening: Danger to Others (DTO)

Danger to others: may be inferred 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.

Things to look for:

- ☐ Threats against individuals.
- ☐ Attempts to harm certain individuals.
- ☐ Are the means available to carry out threats or repeat attempts? (e.g., firearms, other weapons)
- ☐ Expressed intention or attempts to drive a car while exhibiting behavior which, under the circumstances, reasonably suggests a mental disorder to the point where the person's driving would endanger other motorists or passengers. (especially minors in the person's care)



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California's Tarasoff Duty in Case of DTO

In 1985 in the California legislature codified the Tarasoff rule

- ❑ California law now provides that a mental health professional has a duty to protect or warn a third party only if the practitioner believed or predicted that the patient posed 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 protect the potential victim and can be found negligent if they do not take steps to do so. While the original Tarasoff decision resulted in a specific duty to warn, the current law in California specifies only a duty to protect.
- ❑ The Duty to Protect may include notifying law enforcement of the threat, which *could* trigger a five-year firearm prohibition.



5150 Detention Screening: Gravely Disabled (GD)

A condition in which a person, at the time of assessment, as a result of a mental disorder, is unable to provide for his or her basic personal needs for food, clothing, or shelter, 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.

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 disorder*. (Unable to safely survive in the care of others.)

The accompanying mental health disorder must be present or be reasonably suspected. *Poverty is neither a crime nor a justification for 5150 detention. Also, a vagabond lifestyle, deliberately chosen, does not qualify a person for 5150 detention.*



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Grave Disability (GD) and Minors

- ❑ The criteria for placing a minor on an involuntary detention for evaluation and treatment are the same for danger to self and danger to others as with an adult, there are different standards for gravely disabled; *however, the same 5150 application can be used for both minors and adults in Fresno County.*
- ❑ A minor is considered gravely disabled if he or she is *presently unable as a result of a mental 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.
- ❑ For minors the “legally responsible party” must be contacted and their names, addresses and telephone numbers must be included in the advisement if available.

Things to look for:

- *Signs of malnourishment or dehydration*
- *No foods available in the house or at hand if not in a house*
- *Irrational beliefs about food that is available (e.g., it's poisoned, inedible, etc.)*
- *Destruction or giving away of clothing to the point where the person cannot clothe himself/herself*
- *Eviction from housing for behavioral problems*



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What if you perform a crisis assessment and *do not* place a hold?

- ☐ *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*
- ☐ It is important to note, “whenever any person presented for evaluation at a facility designated under section 5150 is found to be in need of mental health services, but is not admitted to the facility, all available alternative services provided for pursuant to Section 5151 shall be offered as determined by the county mental health director.”
- ☐ Information regarding access to crisis services via Exodus Recovery Crisis Stabilization Unit, County and private mental health programs in the person’s community, and directions to the nearest emergency room must be offered.



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*APPLICATION FOR UP TO 72-HOUR ASSESSMENT, EVALUATION, AND CRISIS INTERVENTION OR
PLACEMENT FOR EVALUATION AND TREATMENT A.K.A 1801 form*

Completing the Application for an Initial 72-Hour Involuntary Detention



THE COUNTY OF FRESNO
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DHCS 1801: Application for Assessment, Evaluation, and Crisis Intervention or Placement for Evaluation and Treatment

The 5150 Application is a legal document that must contain all required elements;

- ☐ Identifying information of the person being detained
- ☐ How the person's condition was called to the writer's attention
- ☐ Writer's probable cause to believe the person meets criteria for detention (Writer's firsthand statements, observations) to justify DTS, DTO, and/or GD (*When determining criteria, one, two, or three criteria may be marked as appropriate*)
- ☐ *Historical course of the individual's mental disorder information*
- ☐ Writer's original signature
- ☐ *Effective Jan. 2023, "The 72-hour period beings at the time when the person is first detained" as stated in WIC 5150(a)*

DHCS 1801 is utilized for both initiating a WIC 5150 hold for adults, and a WIC 5585 hold for minors.

The newly revised 2-page DHCS 1801/5150 application must be used by Fresno County Designated 5150 Program Sites.



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LATEST (Revised 09/2023) DHCS 1801 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.	
<input type="checkbox"/> Complete Advisement <input type="checkbox"/> Incomplete Advisement	DETAINMENT ADVISEMENT
Date of Advisement/Attempt:	My name is _____ I am a (peace officer/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 their 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 or family where you have been taken.
Good Cause for Incomplete Advisement:	
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 of _____, 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 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 and contact information, if available)	
(Check one): <input type="checkbox"/> Parent(s) <input type="checkbox"/> Legal Guardian(s) <input type="checkbox"/> Conservator <input type="checkbox"/> Other: _____	
Indicate to the best of your knowledge whether the minor is under the jurisdiction of the juvenile court: (Check one): <input type="checkbox"/> W&I Code 300 (dependent) <input type="checkbox"/> 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, as a result of a mental health disorder, a danger to others, a danger to self or gravely disabled:	
<input type="checkbox"/> I have considered the historical course of the person's mental disorder as follows:	
<input type="checkbox"/> No reasonable bearing on determination	
<input type="checkbox"/> No information available because:	

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 (CONTINUED)			
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, as a result of mental health disorder: <input type="checkbox"/> Danger to Self (DTS) <input type="checkbox"/> Danger to others (DTO) <input type="checkbox"/> Gravely disabled (as defined in W&I Code section 5008 or 5585.25)			
NOTIFICATIONS TO BE PROVIDED PURSUANT TO SECTION 5152.1 AND/OR 8102 OF THE WELFARE AND INSTITUTIONS 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:			
<input type="checkbox"/> 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.			
<input type="checkbox"/> Weapon was confiscated pursuant to Section 8102 W&I Code.			
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:	Title/Badge Number:	Date:	Phone:
Signature:		Time:	
X			
Name of Law Enforcement Agency or Evaluation Facility/Person:		Address:	
REFERENCES			
Welfare and Institutions Code			
Sections: 300, 601, 602, 5008, 5150, 5150.05, 5152.1, 5328, 5585.25, 5585.50, 8102			
Name of Individual Detained:		DOB:	

Released with DHCS IN
Oct 2023

New revision is 2 pages!
(References cited only)

May be typed/build into
EMR – signature required



THE COUNTY OF FRESNO
Department of
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Newest Revision of the DHCS 1801 Form, Sep 2023, BHIN 23-051

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

Introduced by DHCS in MHSUDS Information Notice 20-004

- Please note that these forms are for optional use. Providers may instead develop their own forms. Providers may also incorporate these enclosed forms into an electronic health records system. Providers are also not prohibited from modifying or adapting the updated forms.
- The California Department of Health Care Services (DHCS) recommends that providers consult with their legal counsel to ensure compliance with all applicable laws related to involuntary treatment under the LPS Act.

Old forms are still legal if they are used.

The image displays two versions of the DHCS 1801 form, titled "APPLICATION FOR UP TO 72-HOUR ASSESSMENT, EVALUATION, AND CRISIS INTERVENTION OR PLACEMENT FOR EVALUATION AND TREATMENT". The forms are from the State of California, Department of Health Care Services, Health and Human Services Agency. The front side (left) includes sections for "DETAINMENT ADVISEMENT", "Welfare and Institutions Code (W&I) Code, Section 5150 (g)(1)", "Complete Advise/Attempt", "Date of Advise/Attempt", "Advisement Completed/Attempted By", "Position", "To (name of 5150 designated facility)", "Application is hereby made for the assessment and evaluation of", "date of birth of", "and residing at", "California, for up to 72-hour assessment, evaluation, and crisis intervention, or placement for evaluation and treatment of a designated facility pursuant to Section 5150, et seq. (adult) or Section 5265 et seq. (minor), of the W&I Code.", "Detainment Start Date", "The 72-hour period begins at the time when the person is first detained.", "If authorization for voluntary treatment is not available for a minor/conservator, indicate to the best of your knowledge who has legal authority to make medical decisions on behalf of the minor/conservator: (name and contact information, if available)", "(Check one) Parent(s) Legal Guardian(s) Conservator Other", "(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, as a result of a mental health disorder, a danger to others, a danger to self or gravely disabled:", "I have considered the historical course of the person's mental disorder as follows:", "No reasonable bearing on determination", "No information available because:", "Please Note: A copy of this application shall be treated as the original.", "DHCS 1801 (Revised 09/2023)", "Page 1 of 2". The back side (right) includes sections for "History Provided by (Name)", "Address", "Phone Number", "Relation", "Based upon the above information, there is probable cause to believe that said person is, as a result of mental health disorder:", "Danger to Self (DTS)", "Gravely disabled (as defined in W&I Code section 5008 or 5009)", "NOTIFICATIONS TO BE PROVIDED PURSUANT TO SECTION 5152.1 AND/OR 5102 OF THE WELFARE AND INSTITUTIONS CODE", "Notify behavioral health director/designee:", "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", "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.", "Signature, title and badge number of peace officer, professional person in charge of the filing of a criminal complaint, 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:", "Signature:", "Title/Badge Number:", "Date:", "Phone:", "Name of Law Enforcement Agency or Evaluation Facility/Person:", "Address:", "Time:", "Welfare and Institutions Code", "Sections: 300, 601, 602, 5008, 5150, 5150.05, 5152.1, 5328, 5585.25, 5595.50, 8102", "REFERENCES", "Name of individual Detained:", "DOB:", "DHCS 1801 (Revised 09/2023)", "Please Note: A copy of this application shall be treated as the original.", "Page 2 of 2".



THE COUNTY OF FRESNO
Department of
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Components of the DHCS 1801 Application 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.	
<input type="checkbox"/> Complete Advisement <input type="checkbox"/> Incomplete Advisement	DETAINMENT ADVISEMENT
Date of Advisement/Attempt:	My name is _____ I am a (peace officer/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.
Good Cause for Incomplete Advisement:	If taken into custody at their 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 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 of _____, 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 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 and contact information, if available) (Check one): <input type="checkbox"/> Parent(s) <input type="checkbox"/> Legal Guardian(s) <input type="checkbox"/> Conservator <input type="checkbox"/> Other: _____	
Indicate to the best of your knowledge whether the minor is under the jurisdiction of the juvenile court: (Check one): <input type="checkbox"/> W&I Code 300 (dependent) <input type="checkbox"/> 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, as a result of a mental health disorder, a danger to others, a danger to self or gravely disabled: _____ _____ _____	
<input type="checkbox"/> I have considered the historical course of the person's mental disorder as follows: _____ _____ _____	
<input type="checkbox"/> No reasonable bearing on determination <input type="checkbox"/> No information available because: _____	

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

Page 1 of 2

DHCS 1801, page 1 Now Revised

Detainment Advisement

Facilities referred

Person's Information (name, address, phone, guardian info if applicable)

****Detainment Start Date & Detainment Start Time** The 72-hour period begins at the time when the person is first detained.

Person Called to Attention paragraph

Narrative paragraph

Historical course of the person's mental disorder



THE COUNTY OF FRESNO
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Detainment Advisement

(Top of Application)

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 <i>Confidential Client/Patient Information</i>	
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.	
<input type="checkbox"/> Complete Advisement <input type="checkbox"/> Incomplete Advisement Date of Advisement/Attempt: _____	
Good Cause for Incomplete Advisement: _____ _____	
Advisement Completed/Attempted By: _____	Position: _____ Language or Modality Used: _____

DETAINMENT ADVISEMENT
My name is _____.
I am a (peace officer/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 their 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 or family where you have been taken.

Must read every time
you place a hold

↑
Name of person completing
Advisement

↑
Must include the language used
and the modality provided



THE COUNTY OF FRESNO
Department of
Behavioral Health

DHCS 1801: Facility and Person Information

(Page 1, below Detainment Advisement) **Now Revised**

To (name of 5150 designated facility): _____

Application is hereby made for the assessment and evaluation of _____,
date of birth of _____, 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 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 and 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)

Facility line: "Any LPS
designated facility"

Person's legal
name, DOB,
address

Effective Jan.
2023 The
72-hour
period begins
at the time
when the
person is first
detained.
Form revised
09/23



THE COUNTY OF FRESNO
Department of
Behavioral Health

DHCS 1801: Called to Attention, Narrative, and Historical Course Information

(Bottom of page 1)

Brief statement why you are
conducting this evaluation



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, as a result of a mental health disorder, a danger to others, a danger to self or gravely disabled:

☐ I have considered the historical course of the person's mental disorder as follows:

☐ No reasonable bearing on determination

☐ No information available because:

--

DHCS 1801 (Revised 09/2023)

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

Page 1 of 2

Explain
what the
person said,
did, or info
gathered
supporting
detainment



Historical info
regarding
person's
mental health
condition or
treatment. If
none, must
indicate why



THE COUNTY OF FRESNO
Department of
Behavioral Health

Components of the DHCS 1801 Application Form

DHCS 1801, page 2:

Historical Course – Identification of Sources

DTS, DTO, GD Determination

Notification Requests to Behavioral Health and/or Law Enforcement

Writer's Printed Name (full legal name, licensure and professional license number)

Signature

Your full legal name, licensure, license number

Date, Time

Agency, Phone, Address

References

*Name of Individual Detained and DOB

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 (CONTINUED)

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, as a result of mental health disorder:

☐ Danger to Self (DTS)

☐ Danger to others (DTO)

☐ Gravely disabled (as defined in W&I Code section 5008 or 5585.25)

NOTIFICATIONS TO BE PROVIDED PURSUANT TO SECTION 5152.1 AND/OR 8102 OF THE WELFARE AND INSTITUTIONS CODE

Notify behavioral health director/designee: _____ (Name) _____ (Phone)

and peace officer/designee: _____ (Name) _____ (Phone) of _____ (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 Section 8102 W&I Code.

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:	Title/Badge Number:	Date:	Phone:
Signature:		Time:	
X			

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

REFERENCES

Welfare and Institutions Code

Sections: 300, 601, 602, 5008, 5150, 5150.05, 5152.1, 5328, 5585.25, 5585.50, 8102

Name of Individual Detained: _____ DOB: _____

DHCS 1801: Historical Course Source; Involuntary Hold Determination; Notifications

(Page 2, Top Portion of Form)

Identify the source of the historical info (spouse's name; therapist; medical record; person being interviewed)



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 (CONTINUED)

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, as a result of mental health disorder:

☐ Danger to Self (DTS) ☐ Danger to others (DTO)

☐ Gravely disabled (as defined in W&I Code section 5008 or 5585.25)

NOTIFICATIONS TO BE PROVIDED PURSUANT TO SECTION 5152.1 AND/OR 8102 OF THE WELFARE AND INSTITUTIONS 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 Section 8102 W&I Code.

Select appropriate determination(s)

NEW – Now may include notification to MH provider as well as law enforcement



THE COUNTY OF FRESNO
Department of
Behavioral Health

DHCS 1801: Evaluator's Signature, Date & Time, 5150 Designated Program, and Name of Individual Detained

(Page 2, Bottom of form)

NAME: Print full legal name and license;
SIGNATURE: Only the evaluator

<i>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.</i>			
Name:	Title/Badge Number:	Date:	Phone:
Signature: X		Time:	
Name of Law Enforcement Agency or Evaluation Facility/Person:		Address:	
REFERENCES			
Welfare and Institutions Code			
Sections: 300, 601, 602, 5008, 5150, 5150.05, 5152.1, 5328, 5585.25, 5585.50, 8102			
Name of Individual Detained:		DOB:	

DATE: Of 5150 evaluation;
TIME: Either military or standard time
PHONE: Program phone number
ADDRESS: Program address

Your program

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



The Writer

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

Receiving agency

- Make reasonable efforts to contact writer/writer’s agency, and document these efforts
- Changes by someone other than writer and acceptability (County, designated facility)



THE COUNTY OF FRESNO
Department of
Behavioral Health

County Processes Following a Crisis Evaluation, And Important Updates to the Psychiatric Involuntary Hold Process



Who can *release-disrupt-lift-discontinue a person's 5150 hold?*

- ❑ **In Emergency Department (ED) Settings:** Any licensed or waived ED professional (e.g., physicians, psychiatrists, registered and licensed vocational nurses, MFT and LCSW including registered Associates, psych technicians) that obtains and maintains Fresno County 5150 certification as a designated writer may disrupt a WIC 5150 involuntary psychiatric hold.
- ❑ **Once admitted to an Inpatient Acute Psychiatric Facility (e.g., CBHC or PHF, etc.):** *Only the psychiatrist or psychologist working directly with the client may discontinue the involuntary psychiatric hold. California Code, Welfare and Institutions Code - WIC § 5152*
- ❑ *Important Note: A 5150 hold may be lifted before the entire 72 hours have expired if the individual no longer meets criteria for the involuntary psychiatric detention.*



THE COUNTY OF FRESNO
Department of
Behavioral Health

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.
- ❑ Per the LPS Act, the person placed on a 5150 hold has the right to be treated at a facility of his/her choice and/or provider of choice *if available*.

Note:

A copy of the 5150 Advisement/application MUST stay or go along with the person if transferred to another facility



THE COUNTY OF FRESNO
Department of
Behavioral Health

Telehealth & Crisis Evaluations –DHCS Behavioral Health Information Notice 20-009

AB 3242 now allows examinations or assessments under W&I Code sections 5150 and 5151 to be conducted via telehealth. More specifically, required assessments under

W&I Code section 5151 may now be completed face-to-face via a mode of telehealth that uses synchronous audio and visual components.

The examination or assessment shall be consistent with the county's authority to designate facilities for evaluation and treatment, pursuant to sections 5150 and 5404 of the W&I Code.

“Telehealth” means the mode of delivering health care services and public health via information and communication technologies, as defined in Business and Professions Code section 2290.5

(Before above policy, we could do holds only in person)



2023 changes to LPS Act:

AB 2275 (Effective Jan. 2023) & DHCS Revised(9/2023)1801 Form

Summary of AB 2275 Changes; *Applies to both minors and adults*

- Clear definition of when the 72-hour period begins, when previously was ambiguous.
- Effective Jan. 2023: The 72-hour period begins at initial detention.
- Strengthening Due Process.
- Notification to Patients' Rights Advocate.
- Facilities' responsibility if detainment exceeds 72 hours.
- Certification Review Hearing.
- Held within seven days of initial detention.
- Person's right to legal counsel.
- Elimination of 48-hour postponement option, with exception of smaller counties.

New fillable 1801 form is available on DHCS website.



THE COUNTY OF FRESNO
Department of
Behavioral Health

Initiation of 72-hour Detentions & Certification Review Hearings

Summary of Assembly Bill (AB) 2275 (Cont.)

- W&I Code Section 5150:

- 72-hour period now begins upon detention.
- Facilities must notify patients' rights advocate if not released in 72 hours.

- W&I Code Section 5151:

- Clarifies that the 72-hour evaluation and treatment period begins upon detention.

- W&I Code Section 5275:

- Every person detained under the LPS Act now has the right to a hearing by writ of habeas corpus for their release if requested.



Expansion of Certification Review Hearings

Summary of Assembly Bill (AB) 2275 (Cont.)

W&I Code Section 5256:

- ensures prompt Certification Review Hearings.
- eliminates the option to postpone Certification Review Hearing, with exception of 100,000 or less population.
- Seven-day timeline for hearings unless judicial review requested.

W&I Code Section 5350:

- Individuals subject to conservatorship proceedings can demand a court or jury trial within 5 days following a hearing.
- The trial must commence within 10 days of the demand, with the option to extend for an additional 15 days upon request.

W&I Code Section 5354:

- Officer must present all alternatives in conservatorship investigations.



Congratulations! We Are Almost Done...

The training portion of your initial 5150 certification is complete. To be fully authorized the Fresno County recertification process requires staff to complete initial and annual 5150 training posttest scoring 85% or higher. Completion and submission of the 5150-recertification posttest may be done through the Relias training system or via submission by your program's designated 5150 site coordinator.

5150 CERTIFICATIONS ARE PROGRAM-SPECIFIC AND ARE NONTRANSFERRABLE: If an individual has previously been certified with a Fresno County program to write 5150 holds, and is new to your current agency, *this is considered an initial certification and attendance at the Fresno County in-person Initial 5150 Certification Training is required.*



THE COUNTY OF FRESNO
Department of
Behavioral Health

For more information or questions regarding 5150 Applications

For additional information regarding 5150 renewal or the recertification process,
please call the Department of Behavioral Health-
at (559) 600-4645 or
email mcare@fresnocountyca.gov

For questions regarding 5150 regulations
specific to ethical, legal or clinical matters, please contact your immediate
supervisor.



THE COUNTY OF FRESNO
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