Involuntary Detention Training

Required for individuals who are authorized to initiate involuntary holds/5150s by the Director of Behavioral Health Services

2026

Equity Statement

Per San Francisco Department of Public Health, Behavioral Health Services (BHS) policy #3.07-02 revised 4/27/2023:

The San Francisco Department of Public Health, Behavioral Health Services (BHS) is committed to leading with race and prioritizing Intersectionality, including sex, gender identity, sexual orientation, age, class, nationality, language, and ability. BHS strives to move forward on the continuum of becoming an anti-racist institution through dismantling racism, building solidarity among racial groups, and working towards becoming a Trauma-Informed/Trauma Healing Organization in partnership with staff, clients, communities, and our contractors. We are committed to ensuring that every policy or procedure, developed and implemented, lead with an equity and anti-racist lens. Our policies will provide the highest quality of care for our diverse clients. We are dedicated to ensuring that our providers are equipped to provide services that are responsive to our clients' needs and lived experiences.

Land Acknowledgment

We acknowledge that we are on the unceded ancestral homeland of the Ramaytush Ohlone who are the original inhabitants of the San Francisco Peninsula. As the Indigenous stewards of this land, and in accordance with their traditions, the Ramaytush Ohlone had never ceded, lost, nor forgotten their responsibilities as the caretakers of this place, as well as for all peoples who reside in their traditional territory. As guests, we recognize that we benefit from living and working on their traditional homeland. We wish to pay our respects by acknowledging the Ancestors, Elders, and Relatives of the Ramaytush Ohlone community and by affirming their sovereign rights as First Peoples.

Why Involuntary Detention Training?

The purpose of this training is to provide a basic orientation to the current laws and protocols regarding involuntary detention for individuals with serious behavioral health needs. It is mandatory for individuals seeking certification for 5150 authorization.

In this training, we will review:

- Who can write 5150 Hold
- Relevant laws, regulations & policy
- Individuals' rights
- Civil commitment laws and procedures
- Crisis management
- 5150 criteria
- How to assess and make a determination for Danger to Self and Others and Grave Disability
- 5150 Advisement and how to complete the application for 72-hour detention
- 5150 procedural steps
- Mandated reporting including Tarasoff(Duty to protect)
- Practice scenarios

NOTE: This training is for 5150 only. Please contact DPH-5150training@sfdph.org if you need to be certified to write 5585 holds for minors.

Post-Test

After this training you will complete a post-test within 24 hours of the training.

- Please complete the top portion of the post-test where it requests information about you (e.g., name, program, licensure, date).
- Answer all the questions.
- You must achieve a passing score of 80%; you will know immediately at the end of the quiz if you passed.
- If you don't pass, you will have another opportunity to re-take the post-test.
- If you pass, the facility certification list will be updated, and a copy provided to your program's Director or lead contact person.
- 5150 card will be issued.

NOTE: While the post-test link will be open for 24 hours following the end of the webinar, participants are urged to take the test immediately following the training.

Definition of Terms

- *Mental health disorder* is not defined by law. The person placing a hold is not required to make a psychiatric diagnosis of mental disorder; however, the person must be able to articulate the behavioral symptoms of a mental health disorder.
- *Probable cause* is the legal standard used to determine whether the individual meets criteria for a hold: a state of facts must be known to the person placing the hold 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 self or others or is gravely disabled (defined in case law People vs. Triplett).

Definition of Terms

- *Designated facility* means a facility that is licensed or certified as a mental health treatment facility or hospital to evaluate and treat involuntary psychiatric patients as defined in the Health & Safety Code and is approved by the County Board of Supervisors.

LPS designated facilities in San Francisco for adults includes:

- ✓ZSFG's psychiatric inpatient and Psychiatric Emergency Services (a crisis stabilization unit up to 23 hours)
- ✓Langley Porter Psychiatric Hospital
- ✓California Pacific Medical Center
- ✓UCSF Health Saint Francis Hospital
- ✓San Francisco VA Medical Center
- ✓San Francisco Campus for Jewish Living (geriatric) - Formerly known as the "Jewish Home")
- ✓UCSF Health St. Mary's Hospital
- ✓Edgewood Center for Children and Families

Though WIC 5170 allows for the involuntary detention of inebriates, there are no LPS designated facilities in San Francisco certified by the State Department of Alcohol and Drug Abuse and therefore cannot detain a person for intoxication or chronic drug use only.

Who Is Authorized

Photographer: David Vives

Who Can Be Authorized to Write 5150 Holds?

The Welfare & Institutions Code, Section 5150 (WIC 5150) states:

"…a peace officer, professional person in charge of a facility designated by the county for evaluation and treatment, member of the attending staff…of a facility designated by the county for evaluation and treatment, designated members of a mobile crisis team, or professional person designated by the county…"

Who Is Authorized to Write 5150 Holds in San Francisco County?

- Individual Peace Officers as defined by Sections 830-832.17 of the California Penal Code

and

- Individuals designated by the Behavioral Health Director of San Francisco County (see CBHS policy 3.07-02)

Who Is Designated by San Francisco County to Write 5150 Holds?

Individuals who have had direct or delegated training, passed the post-test, and who have the licensures below may be certified for up to 3 years:

- Licensed mental health professionals and other related licensed professionals who work in an LPS designated facility (e.g., Psychiatric Emergency Services).
- Licensed physicians who work in a hospital medical emergency department, other designated hospital setting, or approved entities.
- Licensed mental health professionals or related professionals who work in authorized mental health facilities or community health settings.
- Board registered mental health professionals in authorized facilities or community health settings.
- Registered psychiatric residents and registered psychologists.

Who Is Designated by San Francisco County to Write 5150 Holds?

- License waivered or non-licensed professionals who work in authorized mental health facilities.
- Specially trained paramedics who work with the SFFD Community Paramedic Programs.
- Agencies from outside of the CCSF or organization (may require a Memorandum of Understanding).
- Other mental health professionals at the discretion of the Director of Behavioral Health or designee.

Please note that student interns, non-clinical staff, peer support staff, and private practitioners are not eligible for certification.

Legal Context of Behavioral Health Law

Photographer: Grant Ritchie

Legal Context of Behavioral Health Law

The United States Constitution and the California Constitution serve as the foundation for protecting patients' rights. The recognition of legal rights for individuals institutionalized for mental illness is based on fundamental American principles such as self-determination, privacy, and due process. Mental health law limits and defines the power of the State to detain and treat.

What is the Foundation for Protecting Patients' Rights?

United States Constitution

- 4th Amendment
- 5th Amendment
- 14th Amendment

California Constitution

- Welfare and Institutions Code (WIC)
- Lanterman-Petris-Short Act (LPS)

Foundation for Protecting Patients' Rights

4th Amendment US Constitution

- The right of the people to be secure in their persons…against unreasonable searches and seizures, shall not be violated, and no warrants shall issue, but upon probable cause, supported by Oath or affirmation…

5th Amendment US Constitution

- No person shall…be deprived of life, liberty, or property, without due process of law…

Foundation for Protecting Patients' Rights

14th Amendment US Constitution

- No State shall make or enforce any law which shall abridge the privileges or immunities of citizens of the United States; nor…deprive any person of life, liberty, or property, without due process of law; nor deny to any person within its jurisdiction the equal protection of the laws…

California Constitution

- All people are by nature free and independent and have inalienable rights. Among these are enjoying and defending life and liberty, acquiring, possessing, and protecting property, and pursuing and obtaining safety, happiness, and privacy.

Lanterman-Petris-Short Act (LPS Act)

- Individuals with mental health disorders have the same legal rights and responsibilities guaranteed to all by the Federal Constitution and laws of the State of California, unless specifically limited by federal or state law or regulations.

- The procedures for involuntary commitment are governed by the Lanterman-Petris-Short (LPS) Act of 1967 (Welfare & Institutions Code, Section 5000 et seq.)

Legislative Intent of the LPS Act

- End inappropriate, indefinite and involuntary commitment.
- Safeguard individual rights through judicial review.
- Provide prompt evaluation and treatment.
- Provide individualized treatment, supervision, and placement services by a conservatorship program for persons who are gravely disabled.
- Protect individuals with mental health disorders and developmental disabilities from criminal acts.
- Encourage full use of existing resources to prevent duplication of services and unnecessary costs.
- Guarantee and protect public safety.
- Provide consistent standards for protection of personal rights.
- Provide services in the least restrictive setting.

The LPS Act Delineates the Commitment Process

- Specifying rights and protections including civil commitment procedures.
- Outlining who is authorized to initiate involuntary detention.
- Specifying criteria under which persons with mental health disorders may be committed.
- Establishing mandatory time frames for each escalating period of involuntary detention.
- Providing opportunity to challenge each stage of commitment by providing access to administrative and judicial review.

Revisions to the LPS Act

Senate Bill 364 represented the first significant modernization of the involuntary detention procedures since LPS was enacted in 1967. The changes took effect on January 1, 2014.

Highlights of these changes include:

- Eliminated outdated staffing requirements for designated facilities.
- Expanded the types of designated facilities such as 23-hour crisis stabilization units and psychiatric health facilities.
- Required all designated facilities be mental health treatment facilities licensed by the state.
- Provided procedures for assessment & evaluation of detained persons not taken directly to a designated facility (e.g., discharging individuals from custody who no longer need involuntary treatment without first being transported to a designated facility, 72-hour detention period begins at the time of being taken into custody).

Revisions to the LPS Act

- Emphasized that services be provided on a voluntary basis if appropriate.
- Removed obsolete and stigmatizing language (e.g., changes *mental disorder* to *mental health disorder*).
- Strengthened the protection of rights of people subject to detention.
- Required a completed application stating *probable cause* be required by all admitting facilities.
- Added language to the detainment advisement (e.g., *turning off appliances and water* , providing a written advisement if the individual cannot understand the oral advisement).
- Added language to the admitting facility advisement (e.g., informing individuals of their treatment options, their right to contact a patients' rights advocate, to receive the admission advisement in a language or modality that they can understand).

Revisions to the LPS Act

Assembly Bill 1194 was signed into law and went into effect on January 1, 2016.

Highlights of these changes include:

- The individual determining if probable cause exists pursuant to Section 5150 shall <u>not</u> be limited to consideration of the danger of imminent harm.
- The determination shall include relevant information about the historical course of the person's mental health disorder if the information has a reasonable bearing on the determination of probable cause and, if so, to be recorded as such on the 5150/5585 application.

Revisions to the LPS Act

The following two amendments to the LPS Act became effective on January 1, 2019:

- **Assembly Bill 2099** clarified that a completed and signed copy of the WIC 5150/5585 application must be honored as an original.
- **Assembly Bill 2983** established that a general acute care hospital or an acute psychiatric hospital cannot insist that a patient voluntarily seeking mental health care be first placed on a WIC 5150/5585 involuntary hold as a condition of admission.

Assembly Bill 1968 went into effect January 1, 2020 and established a lifetime prohibition on gun ownership for those persons involuntarily admitted on a 72-hour hold for danger to self or others more than once during a 12-month period.

Revisions to the LPS Act

Senate Bill 929 went into effect September 8, 2022. It requires counties to collect and report data quarterly. This includes:

- Quantitative, deidentified information relating to, among other things, the number of persons in designated and approved facilities admitted or detained for 72-hour evaluation and treatment;
- Clinical outcomes and services for certain individuals;
- Waiting periods prior to receiving an evaluation or treatment services in a designated and approved facility;
- Demographic data of those receiving care;
- The number of all county-contracted beds; and
- An assessment of the disproportionate use of detentions and conservatorships on various groups.

Revisions to the LPS Act

Assembly Bill 2275 went into effect January 1, 2023, and states:

- The 72-hour period of detention begins at the time when the person is first detained [WIC 5150(a)].
- Adds "due process" - If 72 hours has elapsed and patient is still detained, but not yet admitted to an inpatient designated-LPS facility, then:
  - The **Patients' Rights Advocate** must be notified by the facility where patient is currently detained (WIC 5150 (k));

  AND
  - Right to a certification review hearing within 7 days from the date the patient was first detained if not yet admitted into an inpatient designated LPS facility. (WIC 5256 (b))

Revisions to the LPS Act

Assembly Bill 2242 went into effect July 1, 2023. It requires that:

- A care coordination plan be developed and provided to an individual before being discharged from a hold, with a particular focus on supporting meaningful linkages to care.
- This care coordination plan is developed by, at a minimum, the individual, the facility, the county behavioral health department, the health care payer, if different from the county, and any other individuals designated by the individual as appropriate.
- The care coordination plan shall include a first follow up appointment with an appropriate behavioral health professional. The appointment information shall be provided to the individual before their release.

Revisions to the LPS Act

Definition applies to WIC 5150/5250/5270 holds and LPS Conservatorships; does not apply to 5585 holds for minors.

Senate Bill 43 went into effect January 1, 2024, and expands the definition of Grave Disability:

- A condition in which a person; as a result of a mental health disorder, ***a severe substance use disorder***, or a co-occurring mental health disorder and substance use disorder; is unable to provide for their basic personal needs for food, clothing, shelter, ***personal safety***, or ***necessary medical care***. (New language is indicated in ***green italics***.)

Definitions:

- "Severe" substance use disorder: a presence of at least six symptoms, out of at least eleven possible symptoms, pursuant to the DSM.
- Personal safety: the ability of one to survive safely in the community without involuntary detention or treatment.
- Necessary medical care: care needed to prevent serious deterioration of an existing physical medical condition, which if left untreated, is likely to result in serious bodily injury.
- Serious bodily injury: an injury involving extreme physical pain, substantial risk of death, or protracted loss or impairment of function of a bodily member, organ, or of mental faculty, or requiring medical intervention, including, but not limited to, hospitalization, surgery, or physical rehabilitation.

Sections of LPS Law: The W&I Codes that address involuntary holds in mental health facilities

W&I Code	Conditions under which a person may be involuntarily held for evaluation	Time of Hold	To be provided to/options available to the person
§5150	If, as a result of a mental health disorder, is determined to be a danger to self and/or other; and/or if as a result of a mental health, severe substance use, or co-occurring mental health and substance use disorders, is determined to be gravely disabled.	Up to 72 hours	The option of voluntary services
§5250	Facility can petition the court for additional hold time if the person continues to meet criteria and refuses voluntary admission.	Up to 14 days after initial 72-hour eval	Oral advisement; a copy of the court's certification; entitled to a probable cause hearing within 4 days of the petition date; may request writ of habeas corpus

Sections of LPS Law: The W&I Codes that address involuntary holds in mental health facilities

W&I Code	Conditions under which a person may be involuntarily held in a mental health facility	Time of Hold	To be provided to/options available to the person
§5260	If, during the 72-hour or 14-day period of evaluation and treatment, the person threatened, attempted, or continues to present an imminent threat of taking their own life.	Not to exceed 14 days.	Entitled to a judicial review by habeas corpus.
§5270	Facility can certify the person for an additional period upon completion of a 14-day evaluation period IF the person remains gravely disabled as a result of a mental health disorder and is unwilling and unable to accept voluntary treatment.	Not to exceed 30 days.	Entitled to a probable cause hearing; may request writ of habeas corpus

Sections of LPS Law: The W&I Codes that address involuntary holds

W&I Code	Conditions under which a person may be involuntarily held in a mental health facility	Time of Hold	To be provided to/options available to the person
§5300	Person may be confined for further treatment upon completion of a 14-day evaluation period IF the person threatened, attempted, or inflicted substantial physical harm to others while in custody for evaluation and treatment.	Not to exceed 180 days.	Entitled to a court hearing or jury trial for release.
T-Con	May be initiated at any time while a person is on an involuntary hold for grave disability. Or, as any point by a licensed psychologist or psychiatrist.	Maximum of 30 days, pending conservatorship hearing	May request a writ of habeas corpus.

T-Con = LPS Temporary Conservatorship

Patients' Rights and Due Process Protections

Photographer: Richard Lee

Patients’ Rights

WIC 5325 and 5325.1 state that persons involuntarily detained retain all rights under the LPS Act. With the exception of those rights which can be denied for *good cause*, patients’ rights include, but are not limited to, the right to:

- Dignity, privacy, and humane care.
- Be free from discrimination.
- Religious freedom and practice.
- Be free from harm, including unnecessary or excessive physical restraint, isolation, medication, abuse, or neglect.
- Prompt medical care and treatment.
- Treatment services which promote independent functioning and are the least restrictive of personal liberty.
- Free from hazardous procedures.
- Refuse medications except in emergency situations where danger to life is present or by court order where the patient is found to lack the capacity to give or refuse informed consent via a Riese Capacity Hearing or Conservatorship.
- Physical exercise and recreational and social opportunities.
- Have visitors including a patients’ rights advocate.
- Access to personal items, as appropriate

Determining "Good Cause"

Denying any of the patient's rights requires *good cause. Good cause* is determined by the facility which determines that the patient exercising a specific right would cause:

- A danger to self or others; or
- A serious infringement on the rights of others; or
- Serious damage to the facility; and
- There is no less restrictive measure that would protect against these occurrences.

Denial based on *good cause* must be documented in the medical record and explained to the patient. The denial must be reviewed regularly and lifted once *good cause* no longer exists (CCR, Title 9, §865.2 - 865.3).

Rights that Cannot Be Denied

- The right to be presumed competent to make treatment and other decisions (WIC 5331).
- The right to access competent legal representation to challenge involuntary hospitalization or conditions of confinement.
- The right to receive information in a language or modality accessible to the individual and the right to competent care that is ameliorating the condition.
- The right to refuse or stop electro-convulsive treatment and to refuse psycho-surgery unless adjudicated by the court.
- The right to independent and confidential services of a Mental Health Patients' Rights Advocate (WIC 5510).

Riese Capacity Hearings

- Medication may not be given involuntarily unless there is a judicial determination of incapacity to make the decision. The legal standard is "clear and convincing evidence."
- Persons on a 72-hour or 14-day hold have a statutory right to exercise informed consent to antipsychotic medication in a non-emergency situation.
  - An emergency is defined in State statute (WIC 5008(m))as a situation in which *action to impose treatment over the persons objection is immediately necessary for the preservation of life or the prevention of serious bodily harm to the patient or others, and it is impracticable to first gain consent.*
- The physicians may petition the court for a Riese Capacity Hearing during this time if, in their opinion, the patient appears to lack the capacity to understand the medication information and the risks and benefits and refuses the medication.

Patients’ Rights Advocates

The duties of county patients’ rights advocates include, but are not limited to, the following (WIC 5520):

- To receive and investigate complaints from or concerning recipients of mental health services regarding abuse, unreasonable denial or withholding of rights guaranteed them.
- To monitor mental health facilities, services, and programs for compliance with statutory and regulatory patients’ rights provisions.
- To provide training and education about mental health law and patients’ rights to mental health providers.
- To ensure that recipients of mental health services are notified of their rights.
- To exchange information and cooperate with the Patients’ Rights Office.

Common Complaints Regarding Patient Rights

Major complaints from clients to the San Francisco Mental Health Clients' Rights Advocates include:

- Failure to treat clients with dignity and respect.
- Access to least restrictive services.
- Access to property.
- Medication issues and informed consent.
- Access to mental health services.
- Failure to provide a discharge plan.
- Placement of choice.
- Eviction.
- Legal status information.

Civil Commitment Laws, Legal Standards and Procedures: Voluntary and Involuntary

Photographer: Leo_Visions

Legal Standard for Voluntary Patient Status

All civil committed involuntary individuals **must** be advised of the ability to receive mental health treatment on a voluntary basis. (WIC 5250(c))

The legal standard for voluntary treatment of an individual is that the Individual is "**willing or able to accept treatment on a voluntary basis**."

Legal Rights of Voluntary Individuals

- The right to discharge themselves from a facility at anytime.
- The right to refuse anti-psychotic medication.
- The right not to be placed in seclusion and/or restraint in a non-emergency situation.

Legal Standard for Involuntary Individuals

- The LPS Act requires that treatment, rehabilitation and recovery services be provided in the least restrictive manner possible.
- An Involuntary hold and hospitalization is only permitted for individuals with mental health and severe substance use disorders for whom confinement is necessary and appropriate.
- The following sections will review how to assess an individual for an involuntary hold.

Photographer: Tommaso Teloni

Assessing for 5150

Primary Goals

Face-to-Face Requirement

Documentation

Assessing for 5150

The primary goals of the assessment are to determine if:

- *The person is at risk of danger to self and/or to others and/or is gravely disabled; <u>and</u>*
- *The danger to self and/or others (resulting from a mental health disorder) and/or grave disability (resulting from a mental health disorder, severe substance use disorder, or co-occurring mental health disorder and substance use disorder) is temporary or prolonged; <u>and</u>*
- *The person is unable or unwilling to voluntarily receive psychiatric treatment, or otherwise commit to a safety plan.*

Assess for These Three Factors:

If one of these conditions exists (with examples of symptoms)

AND the symptoms of the disorder have the effect of:

AND the individual is unable or unwilling to receive voluntary treatment or otherwise commit to a safety plan

Condition		Effect
Mental Health Disorder (MHD): suicidal thoughts/ideas; lost in their thoughts with no regards to personal safety.	→	**Danger to Self**
MHD: hearing voices telling them to do things; belief that others are trying to harm them; making threats based on the above	→	**Danger to Others**
MHD, SSUD: lack of self care and/or putting oneself at risk due to irrational beliefs, uncontrolled substance use, withdrawal.	→	**Grave Disability** (inability to provide food, shelter, clothing, personal safety, and necessary medical care)

Candidate for a 5150

Assessing for 5150: Face-to-Face

Must Haves:

- Conduct face-to-face, which includes telehealth, in a location that is as safe and conducive to an evaluation as possible.
- For telehealth: the individual must be physically located in SF during the assessment; you may be outside of San Francisco.
- You coordinate the plan for safe transport to the ED, PES, or designated facility.

Considerations:

- The safety of yourself and others
- Do they need a medical evaluation?
- Do you need back-up?
- Request police presence if safety or flight risk is an issue.

Assessing for 5150: The Details

Additional Information sources:

- Your assessment can include:
  - Statements or actions observed by other staff or significant others, including family members and support persons
  - Historical information about the course of the person's disorder. Note: per the recent revision to the WIC, relevant information about the historical course of the person's disorder shall be considered if it has reasonable bearing on the determination to place a hold.

! If you hear concerning information during the course of an evaluation, understand that you may <u>also</u> be required by law to file a mandated report.

Danger to Self or Others

Assessment

Determination of Risk

Duty to Protect

Documentation and Planning

Photographer: Wayne Zheng

5150: Assessing for Danger to Self

DANGER TO SELF

The danger must be present, substantial, physical, and demonstrable AND be due to a mental health disorder.

This criteria may be either:

- A deliberate intention to injure oneself (e.g., overdose with intent to die; intentional acts of self harm); OR

- Disregard of personal safety to the point where injury is likely (e.g., wandering about in heavy traffic).

Note: per the recent revision to the WIC, the evaluator shall not be limited to consideration of the danger of imminent harm.

5150: Assessing for Danger to Others

DANGER TO OTHERS

- Danger to others should be based on *words* or *actions* that indicate the person in question either intends to cause harm to others or intends to *engage in dangerous acts* with *gross disregard* for the safety of others.
- Threats against public locations may also be cause for assessment and possible detainment.

In addition to assessing for probable cause, you may be required by law to report threats of violence to the police and other threatened people as a duty to warn and protect.

Mandated Reporting

Photographer: Kimberly Sterling

If Determining Danger to Others, Remember: Duty to Protect

The Duty to Protect (formerly referenced as *Tarasoff Decision*) is a *mandatory reporting* process that requires all "psychotherapists" within Behavioral Health Services and other mandated reporters to protect a reasonably identifiable victim(s) by promptly warning the victim(s) and notifying law enforcement of the patient's threat of physical violence. Client confidentiality is overshadowed by the obligation to take reasonable steps to warn an intended victim <u>and</u> to notify law enforcement.

If you have any doubt, consult with your supervisor.

Please refer to BHS policy 3.06-09 available on the DPH public website.

Duty to Protect: Your Responsibility (You = mandated reporter as defined in Evidence Code Section 1010)

Patient or Credible Family Member communicates to you:

- Serious threat made
- Physical Violence
- Intended victim is identifiable

You notify Law Enforcement

- Share the threat, intended victim, and client's name

You notify the intended victim if reasonably able to locate

- Share the threat and who it came from

Duty to Report

Reporting is an ethical part of our responsibility. If you become aware of concerning information include a 5150 evaluation, understand that you may also be required by law to file a mandated report. These include:

- Reporting a child who you know, or reasonably suspect is a victim of child abuse or neglect.
  - Phoned in reports must be made as soon as possible; written reports submitted within 36 hours.
- Reporting reasonable suspicion of abuse or an elder (60 yo and older) or dependent adult.
  - Phoned in reports must be made immediately; written reports submitted within 24 hours.
  - Abuse could include physical abuse, neglect, abandonment, treatment resulting in physical harm or mental suffering; deprivation of goods and services from a care custodian that are necessary to prevent harm and suffering; financial abuse.

Online Information:

SF CPS: https://www.sfhsa.org/services/protection-safety/child-protective-services (800)856-5553 or (628) 652-5791

SF APS: https://www.sfhsa.org/services/protection-safety/adult-protective-services (415) 557-5777

Determining Risk of Danger to Self or Others

What are some possible warning signs associated with Danger to Self and/or Others?

What about risk factors?

Determining Risk of Danger to Self or Others

Risk factors include:

- Previous threats or attempts at harming self or others.
- Mental health disorders particularly mood disorders, schizophrenia, anxiety disorders, and certain personality disorders.
- Alcohol and other substance use disorders.
- Impulsive or aggressive tendencies.
- History of trauma or abuse including prostitution and sexual exploitation.
- Physical illnesses or injury.
- Major loss (real or anticipated) such as financial, academic, relational, home, or death.
- Losing a friend or family member to suicide.
- Access to lethal means.
- Ongoing exposure to bulling behavior
- Significant stressors such as unexpected pregnancy, family conflict, legal problems, relocation, failing school, sexual or gender identity conflicts, gang/peer pressures, subjected to bullying.
- Lack of social supports and isolation from activities and others that were once pleasurable, cultural isolation.
- Barriers to accessing care, or changes in care such as discharge from a psychiatric hospital, or treatment unresponsiveness.
- Exposure to the media, community, or others who have died by suicide or committed violence.

Determining Risk of Danger to Self or Others

Possible **warning signs** may include:

- Words or actions threatening suicide or homicide or expressing a strong wish to die or harm others including threats against public locations.
- Words or actions indicating gross disregard for personal safety or the safety of others.
- Signs of mood disturbance including low mood, anxiety, guilt, purposelessness, hopelessness, helplessness, worthlessness, rage or anger, agitation, sleep or appetite changes, withdrawal and isolation, impulsivity or behaving recklessly.
- Words or actions indicating a specific plan such as giving away possessions or obtaining means of harming self or others such as purchasing a weapon, rope, poisons, or medications.
- Increased use of alcohol or drugs.

Determining Risk of Danger to Self or Others

A ***protective factor*** is something you observe in your evaluation that might help reduce the risk of the person committing harm to self or to others.

What are some examples of these protective factors?

Determining Risk of Danger to Self or Others, *continued…*

Consider the presence of ***protective factors*** in your overall assessment of risk as these can help mitigate the level of risk.

Protective factors include, but are not limited to, the following examples:

- Restricted access to lethal means.
- Effective clinical care.
- Easy access to supports.
- Strong family and community supports.
- Support through on-going health care relationships.
- Interpersonal skill in problem solving and conflict resolution.
- Ability to cope with stress.
- Adequate frustration tolerance.
- Cultural and religious beliefs that discourage self-harm and violence.

Determining Risk of Danger to Self or Others

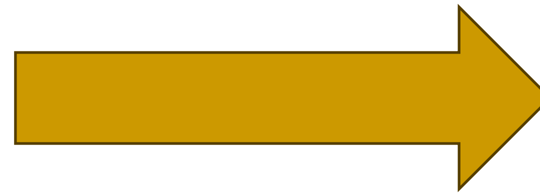
When evaluating for risk of danger to self or others ask about:

- Ideation – does the person have thoughts about harming self and/or others (i.e., frequency, intensity, and duration of thoughts)?
- Intent – does the person intend to harm or kill self and/or others (i.e., extent to which the person expects to carry out the plan and believes the plan to be lethal vs. injurious)?
- Lethality – how lethal is the means for harming self and/or others?
- Plan – does the person have a plan for harming self and/or others (i.e., timing, location, specificity, lethality, availability, preparatory acts)?
- Means – does the person have the means and opportunity to carry out the plan to harm self and/or others (e.g., stockpiled medications, possession of a gun, ability to get to bridge)?

Documenting Risk Assessment

It is critical that you document in the individual's medical record risk factors and how you assessed and addressed these risks. Documentation should include:

- All the evaluation elements we just discussed.



- Ideation
- Expressed Intent
- Means
- A Plan

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- Reports by others that they are concerned about the client.
- Collateral contacts with providers and family members if available.
- Any safety measures taken including a safety plan and follow up with the client.

Safety Plan

A safety plan is developed with the client and the involvement of others as needed to reduce risk, stabilize the crisis, and coordinate care. The components of a safety plan generally include:

- Provision for emergency contact and intensification of services.
- Anticipation of destabilizing events and plans to deal with them.
- Containment and added support as required.
- Continuous monitoring of risk factors.

NOTE: A safety plan is not the same as a "suicide contract."

Safety Plan Example

Sample Safety Plan developed with an individual and their partner:
The partner/parents/guardian will lock up all knives, guns, pills, and sharp objects.
The individual cannot be left alone at any time.
The individual and partner/parent/guardian will go to an appointment with psychiatrist Dr. Strong at 11am on Tuesday (specific date).
The individual will take medication as prescribed by Dr. Strong, and the partner/parent/guardian agrees to watch and ensure they take their medicine.
The individual agrees not to cut himself, destroy any property, or run away.
The individual agrees to talk to (specify person) in the event that she starts to feel out of control or have thoughts about hurting herself.
If the individual escalates and cannot be controlled, partner/parent/guardian agrees to call 911.

What is the benefit of having a safety plan?

Safety Plan

The benefit of having a safety plan

- Reduces risks for danger to self and others
- Empowers clients and others who are involved
- Reminding coping skills
- Having resources to reach out
- Opportunity to build rapport

O Other benefits of safety plan you can share?

Resources

Comprehensive Crisis Services: 628.217.7000

The Comprehensive Mobile Crisis Unit provides 24/7 emergency mental health services for both adults and children

Suicide Prevention: 415.781.0500

24-hour crisis line

SF Peer Warm Line: 855.845.7415

Confidential 24/7 non-crisis emotional support and chat line

Grave Disability

Assessment

Determination of Risk

Documentation and Planning

Photographer: Deborah L Carlson

Assessing for Grave Disability for 5150

GRAVE DISABILITY

Grave disability is a condition in which a person, as a result of a mental health disorder, ***a severe substance use disorder,*** or a co-occurring mental health disorder and substance use disorder; is unable to provide for his or her basic personal needs for food, clothing, shelter, ***personal safety, or necessary medical care.*** [WIC 5008(h)].

NOTE: additions as of January 1, 2024 are noted in ***green italics.***

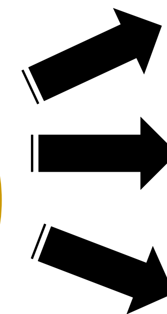
Identifying 5150 Grave Disability for Involuntary Holds and LPS Conservatorship

CAUSE: what you are seeing MUST be due to a mental health disorder, a severe substance use disorder, or both.

EFFECT: the things you are seeing in the field that show the individual is unable to provide for their basic needs (food, clothing, shelter, personal safety OR necessary medical care); these are the "facts" you will gather to show probable cause for make a GD determination.

To show Grave Disability, specific facts must show that the symptoms of the cause/diagnosis are **causing** the inability to provide for basic needs.

Mental Health Disorder, Severe Substance Use Disorder or both



Extreme malnourishment

Constant nudity

Running into traffic

Determining Grave Disability - Existing Assessment Criteria

Assessing for grave disability requires that you determine if a person is unable to provide for their basic needs even if provided for by others.

Areas to assess should include (note that these need to be extreme examples of deterioration):

- Signs of malnourishment (loss of weight) or dehydration.
- Unwillingness to eat when food is provided.
- Irrational beliefs about food that is available (e.g., it is poisoned).
- Inability to articulate a plan for getting food.
- Unwillingness to clothe oneself when clothing is provided.
- Unable to utilize shelter when provided or to formulate a reasonable plan for shelter.
- Inability to engage in personal hygiene.
- Inability to utilize medical care when needed and available.

Determining Grave Disability –
With the Addition of "Severe Substance Use Disorder"

Severe Substance Use Disorder:

- A presence of at least six symptoms, out of at least eleven possible symptoms, as per the DSM

Implications:

- Previously, Grave Disability was defined as a condition resulting from a mental health disorder or a co-occurring mental health disorder and a substance use disorder. Now, Grave Disability can also result from severe Substance Use Disorder (SUD) alone.

What are some of the symptoms you would expect to see for someone with a severe substance use disorder?

Severe Substance Use Disorder Criteria

NOTE: For a 5150, this can be a description of symptoms rather than a formal diagnosis.

- Use in larger amounts or for longer periods of time than intended.
- Unsuccessful efforts to cut down or quit.
- Excessive time spent getting, using, and recovering from effects.
- Craving or intense desire or urge to use substance.
- Recurring use results in failure to fulfill major obligations.
- Continued use despite it causing significant social/interpersonal problems.
- Social, recreational and/or occupational activities reduced or given up.
- Recurrent use in unsafe places.
- Persistent use despite knowing it may cause or deepen physical or psychological problems.
- Tolerance: high doses needed to achieve the desired effect, or usual dose has reduced effect.
- Withdrawal: exhibits symptoms of withdrawal and/or seeks substance to relieve withdrawal symptoms.

Determining Grave Disability -

New 5150 Assessment Criteria: Necessary Medical Care

When assessing for "**necessary medical care**" you will determine if a licensed healthcare practitioner, operating within the scope of their practice, determines the treatment 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.

Hypotheticals:

- Wound care and infection issues that is likely to lead to loss of limb or life if not treated.
- Untreated comorbidities such as HIV, Diabetes, Cancer, liver/kidney disease that is life-threatening.
- Extreme physical pain.

Determining Grave Disability -
New 5150 Assessment Criteria: Personal Safety

Assessing for "**personal safety**" requires that you determine if a person has the ability to survive safely in the community without involuntary detention or treatment.

Hypotheticals:

- Running in and out of traffic.
- Being assaulted, abused, exploited, or victim of crime.
- Unhygienic/uninhabitable conditions at home or other home safety issues such as arson.
- Inability to care for hygiene, cleanliness, needles, which leads to illness (especially if doesn't rise to level of serious bodily injury).
- Failure to thrive (may be a crossover with medical care).
- Multiple near-fatal overdoses.

Personal Safety and Necessary Medical Care

Can you share a time when you have seen an example of an individual not providing for their personal safety or necessary medical care?

Determining 5150/5585 Grave Disability

When is a person NOT gravely disabled?

- A person is not gravely disabled if they can survive safely with the help of responsible family members, friends or others who are willing and able to provide for the person's basic needs.
- Note: the evaluation must also include a determination that the client is able to accept the help of responsible family/other.

Keep in Mind:

- The client's refusal to consent to psychotropic medications or a non-emergency medical procedure does not in itself constitute grounds for initiating involuntary commitment.
- Although consideration of past events may be necessary, evaluation must be based on the individual's current condition.

REVIEW:
To Hold or Not to Hold

Photographer: Eva Piermario

Assess for These Three Factors for 5150:

If one of these conditions exists (with examples of symptoms)

AND the symptoms of the disorder have the effect of:

AND the individual is unable or unwilling to receive voluntary treatment or otherwise commit to a safety plan

Mental Health Disorder (MHD): suicidal thoughts/ideas; lost in their thoughts with no regards to personal safety. → **Danger to Self**

MHD: hearing voices telling them to do things; belief that others are trying to harm them; making threats based on the above → **Danger to Others**

MHD, SSUD: lack of self care and/or putting oneself at risk due to irrational beliefs, uncontrolled substance use, withdrawal. → **Grave Disability** (inability to provide food, shelter, clothing, personal safety, and necessary medical care)

Candidate for a 5150

The 5150 Application

How to Complete
Tips for the Narrative
Detainment Advisement

Photographer: Sukanya Basu

5150/5585 Application

Once the person has been evaluated and it is determined that the criteria are met, the ***Application for up to 72-Hour Crisis Assessment, Evaluation, and Intervention or Placement for Evaluation and Treatment*** *(DHCS 1801- Revised 06/2024)* needs to be thoroughly and accurately completed. A copy of this document must be provided to the receiving facility upon admission. Note: per recent revision to WIC, a copy must be honored as an original.

Information you MUST include in the application:

- How the person came to your attention.
- Detailed information to support ***probable cause*** that the person is, as a result of mental health disorder and/or severe substance use disorder, a danger to others, a danger to him or herself, and/or gravely disabled.
- That the notice of advisement was/was not complete and to include a *good cause* or reason if it was not possible to provide an advisement.
- Include the time and date of initiating the hold.

NOTE

- The 5150 application is a legal document; used in court proceedings.
- The 5150 application has not yet been updated for Senate Bill 43’s expanded definition of Grave Disability, but these provisions of Senate Bill 43 went into effect January 1, 2024 and should be incorporated into any 5150 applications. BHS will notify those with 5150 certification when the new form is available.
- If you don’t have enough space on the 5150 application form, you can attach an addendum, which MUST BE submitted WITH the 5150 application.
- Additional Tips:
  - Be sure to identify sources when possible.
  - Do not write confidential and/or sensitive medical information: instead of "The individual has AIDS" write: "Individual has untreated communicable disease."

5150 Application Narrative

- There are certain "narrative" sections of the application, which call for descriptions.
- The key is showing how the **symptoms** of the disorder are causing the behaviors/impairment of the individual:
  - Write down specific facts and observable behaviors that meet the legal criteria for Danger to Self/Others and/or Grave Disability.
  - Describe these behaviors.
  - Include historical information that is relevant.

Providing the Detainment Advisement

When a hold occurs, the detained person shall be provided the *detainment advisement* information orally (and in writing if the person cannot understand the oral advisement). This information is located on the application form and generally includes:

- Your name, role, and agency.
- Why he/she is being detained.
- Assurances that this is not a criminal arrest.
- Being taken for an examination by mental health professionals.
- Name of receiving facility.
- Assurances that the receiving facility will inform of rights.
- If the evaluation is at the residence: that he/she can bring necessary personal items, that he/she can leave word for friends and/or family, and that he/she can request assistance in turning off any appliance or water.

Providing the Detainment Advisement

Be sure to document on the application:

- "Complete Advisement" or "Incomplete Advisement."
- If the advisement is not completed, document why ("good cause") where indicated. "Not having enough time" or "forgetting" is **not** a reason for "good cause."
- Indicate the name and position of who provided or attempted the advisement and note the date. Include the language or modality used to convey the advisement.

If the person cannot understand the oral advisement, you are required to provide this advisement in writing.

- The BHS handout of the detainment advisement in all of our threshold languages was developed for this purpose.
- Note: the BHS approved translations of the advisement are in the San Francisco DPH 5150 Involuntary Detention Manual. Languages include: English, Chinese, Russian, Spanish, Tagalog, and Vietnamese.

5150 Application: Detainment Advisement

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
Date of Advisement/Attempt: ____________

Good Cause for Incomplete Advisement:

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:

Completing the 5150 Application

- In the **"To"** section (1), document the name of the designated facility where the person will be transported. This is the entity the application is being made to. Include the address and telephone number if known. Be as specific as possible in order to inform those who are transporting the person of the location of the receiving facility.
- When indicating the name of the person in the **"Application is hereby made for"** section, use the person's complete name (2) and date of birth (3) as this will increase the likelihood that the receiving facility can correctly identify the individual. It is critical to complete the **"residing at"** section (4). The address should be complete with zip code and phone number if possible. As the receiving facility may have only the 5150/5585 application form as identifying information, it is important that the personal data be as complete as possible.

To (name of 5150 designated facility): 1. ______________________
Application is hereby made for the assessment and evaluation of 2 ______________________,
date of birth 3 __________, and residing at 4 ______________________,
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:** 5 __________ **Detainment Start Time:** 6 __________
(The 72-hour period begins at the time when the person is first detained.)

Completing the Application

- The section below "residing at" requires that you check the responsible party (**7**) if the person is a minor or conserved and authorization for voluntary treatment is not available. It also requires you to check whether the minor is a dependent or ward if under the jurisdiction of juvenile court.

7

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)

Completing the Application: Narrative

In **“the detained person’s condition was called to my attention”** section, document how the person came to your attention. If applicable, it should include who initially contacted you, a short description of why the caller wanted assistance, or what the person was doing to require an emergency assessment.

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

What are different ways you’ve come across people who needed to be placed on a hold?

Documenting individual's behavior in the Application

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

Instead of clinical…	Use factual, behavioral descriptions
Neighbor reported that the individual was anxious, paranoid.	
It was reported that an individual was having auditory hallucinations.	
911 activated for an individual not accounting for personal safety.	
Requested by SFPD for Illicit drugs endangering personal safety.	

Can you reframe in behavioral descriptions?

Documenting individual's behavior in the Application *continued…*

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

Instead of clinical…	Use factual, behavioral descriptions
Neighbor reported that the individual was anxious, paranoid.	Neighbor reported that the individual was pacing and worrying that he was being followed.
It was reported that an individual was having auditory hallucinations.	Accompanied by a friend who reported the individual said he was hearing an angel telling him to hurt himself.
911 activated for an individual not accounting for personal safety.	Local business owner reported individual was confused and hearing voices, which resulted in their running naked in the street.
Requested by SFPD for Illicit drugs endangering personal safety.	Called by SFPD to assess an individual reported to have overdosed on a public corner and was falling into traffic.

Completing the Application: Narrative

In the "**Specific facts**" section, document behavioral descriptions of the person that lead you to believe this individual can be detained based on the criteria for danger to self, danger to others, and/or grave disability.

Behavioral descriptions refer to what the person DOES and SAYS and do not rely on clinical terms.

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.

Completing the Application: Narrative

"Specific Facts that I have considered that lead me to believe that this person is, as a result of a mental health (and/or severe substance use) disorder, a danger to others, danger to self, or gravely disabled.

Instead of clinical...	Use factual, behavioral descriptions
Patient has suicidal ideation and intent after failed affair.	
Experiencing thought insertion.	
Has command hallucinations.	
Is suffering from severe substance use disorder.	

Can you reframe in behavioral descriptions?

Completing the Application: Narrative

"Specific Facts that I have considered….'

Instead of clinical...	Use factual, behavioral descriptions
Patient has suicidal ideation and intent after failed affair.	The patient says she is going to kill herself by overdose because her boyfriend left her.
Experiencing thought insertion.	Patient tells me the TV speaks to him about things.
Has command hallucinations.	Patient reports that voices tell her to hang herself.
Is suffering from severe substance use disorder.	Individual had stopped going to work in order to consistently use drugs, lost housing as a result, no longer eating or taking care of himself, and has had multiple near fatal overdoses.

Completing the Application: Narrative

- Check one of the boxes applicable. Consider the available information about the historical course of the person's disorder: does it impact your determination of probable cause?

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:

What are examples of the kinds of details you might include in this section?

Completing the Application: Narrative

If the information is provided by an individual other than you or the person being evaluated, it is optional to include their contact information and relation to the patient in the small table on page 2 of the application.

Optional Information			
History Provided by (Name)	Address	Phone Number	Relation

Completing the Application

In the **“based upon the above information”** section:

- Check a box of “based upon..” and check the box(es) that correctly define the criteria for the detainment or hold. **(8**)
- Complete (**9**) to (**22**) accurately.

*Do not use unsubstantiated information with the intention of making sure the person is hospitalized. **This is a legal document**.*

There are strong legal protections for individuals who have the authority to detain others and there is no legal liability unless an individual willfully and knowingly detains a person in violation of the law (e.g., making false statements on the application)

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

8

- ☐ 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.
- ☐ Gravely disabled adult due to severe substance use disorder.
- ☐ Gravely disabled adult due to 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: 9				
Address: 10	City: 11		State: 12	Zip Code: 13
Name: 14	Title: 15	Badge Number: 16	Phone: 17	
Signature: 18		Date: 19	Time: 20	

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: 21 **Date of Birth:** 22

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

DHCS 1801 (Revised 03/2026) Page **2** of **2**

Completing the Application

Summary of Documentation Tips:

- Write or print legibly.
- Write only with ink.
- Be specific and descriptive:
  - -I observed…
  - -As evidenced by…
- Avoid vague terminology or abbreviations.
- Use quotes.
- Name sources.
- Cite interview location.
- Specify criteria for involuntary detainment.
- Proofread: ensure all mandatory sections are accurate and complete.
- Sign, include the date & time.

A Final Step – Once Application is Complete

Once you’ve completed the 5150 application and secured transport for the individual, PLEASE call the facility the individual is headed to and share what you know about the person while the information is fresh in your mind:

- **“I just placed a hold on this person; here’s what I know about them.”**

A Final Step – If you decide NOT to place a hold

- You must have a good clinical rationale to NOT place a hold

Can you share some reasons why you might choose NOT to place a hold?

5150 Procedural Steps

Photographer: Hari Nandakumar

On Site Management

- At the time of the 5150 hold, the person must be given information orally and in a language or modality accessible to them, and if necessary, in writing.
- A staff person should stay with the client at all times throughout the evaluation and monitor while waiting for transport.
- Continue to assess for safety until transport arrives.
- Evaluate the need for police backup and call 911 if there is an immediate risk of harm.
- Introduce yourself to EMT/police (provide 5150 card or Facility Certification List as needed) and explain the risk and reason for the hold.
- Give the completed 5150/5585 application to the EMT/police to provide to the receiving facility.
- Contact the receiving facility to provide pertinent information about the client.
- Consider the needs of staff following a 5150 incident (e.g., provide support, debriefing, and/or case review as indicated).

Note: SFPD is not obligated to transport individuals on an involuntary hold if public safety is not an issue.

Involuntary Detention Process

Reminder: A 5150 is a 72-hour hold to conduct an assessment; most individuals do not need acute inpatient hospitalization.

- Most clients arriving at ZSFG Psychiatric Emergency Services (PES) do not get admitted to inpatient psychiatric units.
- Clients will not be detained for the full 72 hours if the criteria are not met or can be properly served on a voluntary basis.
- Clients may return to baseline rapidly and the hold discontinued.
- Providers of ongoing care for the client are encouraged to be assertive about calling Psychiatric Emergency Services (PES) or the inpatient psychiatric unit for clinical updates and discharge planning.
- The 72 hours begins at the time the hold is placed.

Emergency Room – 24 Hour Detention

- Provided specific conditions are met as defined in California Health and Safety Code §1799.111, non-LPS designated medical emergency rooms are provided immunity for detaining individuals who present as a danger to self or others or are gravely disabled due to a mental health disorder for **up to 24 hours** while emergency room staff find a psychiatric bed for the individual.
- A person detained under this section shall be credited for the time detained, up to 24 hours, toward the 72-hour period pursuant to WIC 5150.
- Involuntary detentions under LPS may not be used to authorize non- psychiatric medical treatment.
- Emergency rooms are encouraged to address the Emergency Medical Treatment and Labor Act(EMTALA) compliance for persons with behavioral health emergencies and to educate staff on the basic elements of medical screening examination, emergency medical condition, stabilization, and recipient hospital obligations.

Recap: Procedural Requirements When Placing a 5150 Hold

- An offer of voluntary services – early and often
- Documentation: provide the detailed information that supports your findings (probable cause)
- Advisement
  - Provide the notice of advisement; if that was not possible, include a *good cause* or reason why it was not possible to provide an advisement.
- Duty to Protect – if Danger to Others is established

After the Hold Is Placed

Photographer: Ivan Aleksic

Transport to a Designated Facility

- Designated facility = licensed or certified as a mental health treatment facility or hospital (including a medical emergency department).
- If the individual can be properly served without being detained, they must be provided evaluation, crisis intervention or other services on a voluntary basis.
- If they cannot be served on a voluntary basis; they will be evaluated for treatment.
- If admitted to the facility, the individual must be given an advisement orally and in writing. This is the "Admission Advisement", distinct from the "Detainment Advisement" on the 5150 form.

Admission Advisement

- If a patient is admitted, the facility must administer an advisement and complete and submit the related form.
- The designated facility shall keep, for each patient evaluated, a record of the advisement given pursuant to subdivision (g) which shall include all of the following:
- The name of the person detained for evaluation.
- The name and position of the peace officer or mental health professional taking the person into custody.
- The date the advisement was completed.
- Whether the advisement was completed.
- The language or modality used to give the advisement.
- If the advisement was not completed, a statement of good cause, as defined by regulations of the State Department of Health Care Services.
- The information shall be given orally and in writing and in a language or modality accessible to the person. The written information shall be available to the person in English and in the language that is the person's primary means of communication. Accommodations for other disabilities that may affect communication shall also be provided.

State of California
Health and Human Services Agency

Department of Health Care Services

INVOLUNTARY PATIENT ADVISEMENT (TO BE READ AND GIVEN TO THE PATIENT AT TIME OF ADMISSION)

Confidential Patient Information

Name of Facility:

Patient's Name:	**Admission Date:**

Section 5150(i) 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 into 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***) / (☐ ***does not***) include weekends or holidays. Your 72-hour period begins at: ______________ on: ______________
(Time) (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).

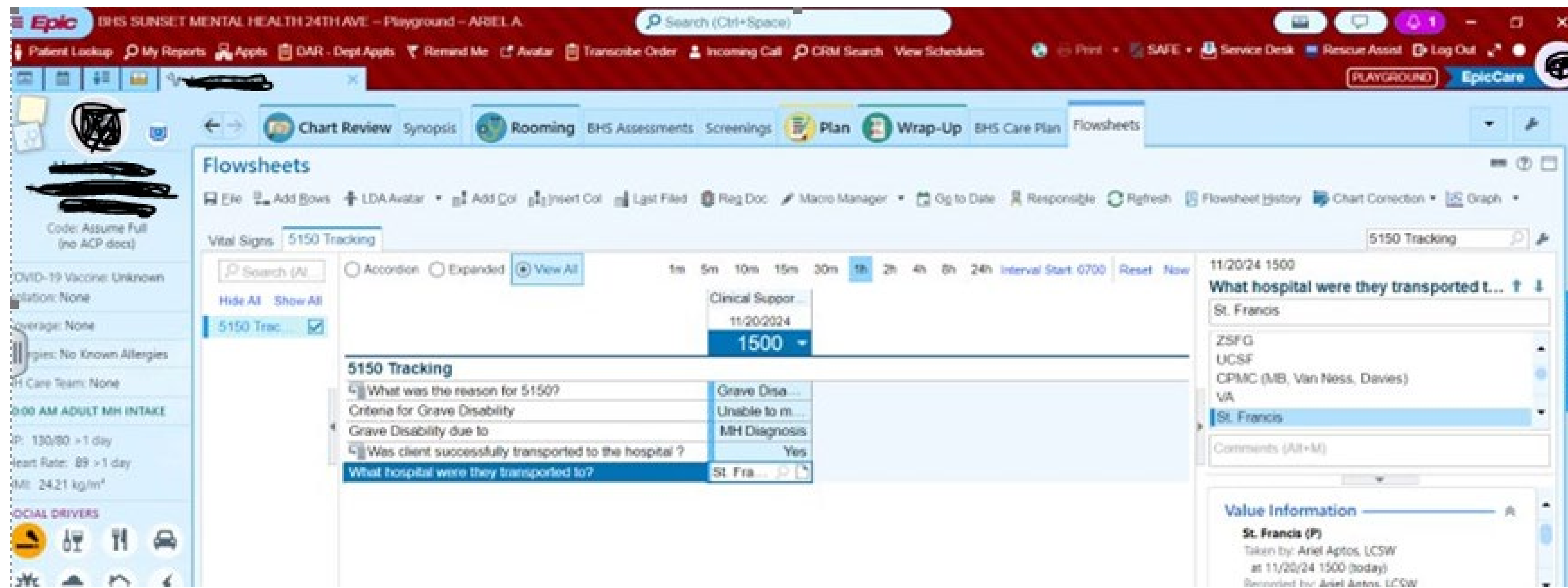
Advisement Completed or Attempted by:	Position:	Language or Modality Used:
Good Cause for Incomplete Advisement:		Date of Advisement:

DHCS 1802 (Revised 12/2019) cc: Original to the Patient/Copy to the Patient's Record

5150 Tracking in Epic
The Women's Building (354 18th St #8

5150 Tracking in EPIC

- All DPH staff who document in Epic should be using the 5150 Tracking Flowsheet to document the holds they write.
- The 5150 Tracking Flowsheet is located in the Flowsheets tab in Epic and should be completed for ALL 5150 holds.
- Appendix C of the BHS Operational Guide has a 5150 Tracking Flowsheet Guide: Epic Operational Guide for Providers v3.0



500 AÑOS DE RESISTENCIA INDIA
500 YEARS OF NATIVE SURVIVAL
1492~1992
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Implicit Bias & Stigma
Photographer: Hari Nandakumar

What is Implicit Bias? Stigma?

Definitions

Implicit Bias: Attitudes or Stereotypes that affect our understanding, actions, and decisions in an unconscious manner.

Stigma: A quality or behavior that is socially discrediting

The Layers of Stigma

Have you ever seen stigma at play in crisis scenarios?

1. **Individual Stigma**: Occurs when individuals/the public develop and sustains negative stereotypes and assumptions about individuals; can be verbal or physical.

2. **Institutional & Structural Stigma**: Occurs when assumptions and stereotypes are translated into public policy, practice, and funding decisions.

3. **Self or Internalized Stigma**: Occurs when individuals believe and adopt negative stereotypes and assumptions about themselves.

4. **Stigma by Association**: Occurs when assumptions and stereotypes are made based on association with stigmatized individuals/groups.

Why Biases and Stigma Matter in Crisis Work

They impact our clients:

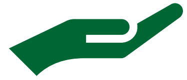
- Internalized stigma can lead to harmful behaviors

They impact US and the quality of our work:

- Implicit bias and stigmatizing beliefs by providers or crisis responders can lead to harmful impacts in care, even among the most well intended of us.

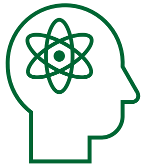
What can we do about this? How can we approach crisis scenarios differently?

We Can…



Support people - Treat everyone with dignity and respect; offer support and encouragement.

Know the facts - Educate yourself about stigmatized issues: mental health issues, substance use, and homelessness etc.



Be aware of your attitudes and behavior - Examine your own judgmental thinking, reinforced by upbringing and society.

Choose your words carefully - The way we speak can affect the attitudes of others and further harm our clients.

Educate others - Pass on facts and positive attitudes; challenge myths and stereotypes.

Practice Scenarios

Photographer: Raul Cacho Oses

Practice Scenarios

In the following scenarios, determine if criteria for a hold are met by considering:

- Warning signs
- Risk factors
- Probable cause for danger to self or others, or grave disability
- Unwilling or unable to seek voluntary treatment or otherwise engage in a safety plan

Also consider:

- Additional responsibilities

5150 Scenario #1

911 was initiated by the client's social worker who reports the client was making suicidal statements to her during a phone conversation. Client was engaged, alert and oriented. Client appears intoxicated and smells of alcohol. Client has notable alcohol containers at her bedside and admits to alcohol consumption. Client initially agitated with our presence but agrees to talk with SCRT team. Client denies any medical complaint and denies any pain or discomfort including chest pain or shortness of breath. Client has no visible signs of trauma or injury noted. Social worker reports the client contacted her approx. 30 minutes prior to our arrival and expressed suicidal ideation. Client reported to her that she wanted to kill herself and that she would hang herself from the exposed wires left in her room.
Client has been noted to have a recent change in behavior and extreme mood changes since she was forced by the building manager to move apartments. Client was witnessed by other residents walking down the hallway banging on other residences doors and yelling incomprehensible words. SCRT asks client directly if she had any intent to hurt herself or plans to kill herself and client replied, " I am not going to answer that."

5150 Scenario #1

Does this client meet 5150 LPS hold criteria?

- If so, what criteria and why?
- If not, what are the reasons for not meeting criteria?
- Does this client have mental health or severe substance use or co-occurring disorder?

Additional Considerations

- Do you have other responsibilities outside of placing the hold?
- If so, what actions should you take?

Scenario #1

This client meets criteria for a 5150 Hold for Danger to Self

- Client expressed suicidal ideations with a plan
- Client has means (exposed wire left in her room)
- Client states "I am not going to answer that" in further safety assessment
- Unable / unwilling to engage in safety planning

5150 Scenario #2

The patient's family located the patient who has been missing and is seeking assistance in getting the patient help. The patient is A&Ox4 but has severe leg issues that need immediate medical attention. The patient has extreme bilateral leg swelling with bilateral skin damage. EPIC notes states that the patient has lower extremity lymphedema with overlying skin and soft tissue infection. The patient had strings tied around his leg which had eroded into his skin; flies/maggots were on his wounds in the recent past. Today, his legs show weeping and has strong odor from the skin. The patient is clutching onto a drug pipe the entire assessment. The patient continued to fall asleep/"nod off." He was advised immediate medical care. He disagreed. The patient states that he would rather stay out on the streets, unsheltered, than to receive medical care.

5150 Scenario #2

Assessment

- What are the findings?

Determination

- Would this be a hold? If so, on what basis?

5150 Scenario #2

This client meets criteria for a 5150 Hold for Grave Disability

- Patient meets criteria for **grave disability for necessary medical care** according to recent addition from SB 43 (severe substance use)
- Patient has medical needs that will result in severe bodily injury if not addressed
- Patient refused urgent medical attention

Scenario #3

Patient’s neighbor called 911 for patient who is 61 years old male. At patient’s residence, the floors were coated in feces and urine. Weeks’ worth of human waste were observed. This extended into the kitchen. Rotten food was observed in the refrigerator. The patient was thin and unable to provide when the last time he ate. The patient was unable to get out of his bed and into his wheelchair on his own. Several empty vodka bottles were at the bedside. The patient was unable to provide a reasonable plan for how he would get this cleaned up. The odor of waste could be noted from the elevator door which was down a hallway and around the corner.

Scenario #3

Assessment

- What are the findings?

Determination

- Would this be a hold? If so, on what basis?

Additional Considerations

- Do you have other responsibilities outside of placing the hold?
- If so, what actions should you take?

Scenario #3

This client meets criteria for a 5150 Hold for Grave Disability

As a result of severe substance use disorder,

The detained person's condition was called to my attention under the following circumstances:
Patinet's neighbor called 911

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:
Patinet is a thin 61 yo male whose residence floors were coated in feces and urine. There are weeks' worth of human waste in patient's residence. There was rotten food in the refrigerator. Patient is unable to provide when the last time he ate and to get out of the bed and into his wheelechair on his own. There were several empty vodka bottles at the bedside. The odor of waste was noticable from down the hallway. Patient was unable to state a plan to clean up his room.

Additional Considerations

- Report to APS for self-neglect

Scenario #4

911 call for an individual having a manic episode with suicidal ideations. Upon arrival, patient standing upright at the door yelling, SFPD on scene. Patient is alert & oriented, conversing in full sentences, no grimace, no guarding. Patient reports having a bipolar manic episode due to her downstair neighbors talking about her. Multiple de-escalation attempts made are unsuccessful. Patient reports that she cannot take it anymore. Patient states "I will kill them"! (patient later states "I will cut their throats". Patient states "I will kill myself by taking all of my pills or drown in the ocean". Patient remains in full mania. Per EPIC, patient has a history of Bipolar I dx and a long history of alcohol use dx. Patient is currently not taking psychotropic medications.

Scenario #4

Does this client meet 5150 LPS hold criteria?

- If so, what criteria and why?
- If not, what are the reasons for not meeting criteria?

Additional Considerations

- Do you have other responsibilities outside of placing the hold?
- If so, what actions should you take?

5150 Scenario #4

This client meets criteria for a 5150 Hold for Danger to Self and Others

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

911 call for an individual having a manic episode with suicidal ideations

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:

At the scene with SFPD, patient was yelling as standing at the door, AxO, conversing in full sentenses, and no grimaces. Patient stated is having a "Bipolar manic episode" due to patient's downstair neighbors were talking about patient. After multiple unsuccessful de-escalation attepts, client stated she cannot take it anymore, "I will kill them" and later stated "I will cut their throats." Patient stated "I will kill myself by taking all of my pills or drown in the ocean." Patient appeared to be having a manic eppisode.

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

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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:

Per EPIC, patient has a history of Bipolar I dx and a long history of alcohol use dx. dications.
Patient is currently not taking psychotropic medications.

☐ No reasonable bearing on the determination ☐ No information because:

Additional Considerations

- **Duty to Protect – inform downstair neighbors and law enforcement (SFPD was at the scene)**

Scenario #5

A woman who kept an image of the bridge near her house as the wallpaper on her phone. She saved it so whenever she was feeling suicidal, she knew where she could kill herself. It was almost calming to her to know she had an "out". After a thorough assessment and conversation, she was not suicidal then and was able to safety plan. She was a bit resistant to changing her phone screensaver but ultimately decided it was best to change it and changed it to a picture of her family. She reflected on her many protective factors including her service dog and family. She was connected with her psychiatrist and was regularly meeting with her therapist with additional high-risk calls.

Scenario #5

Does this client meet 5150 LPS hold criteria?

- If so, what criteria and why?
- If not, what are the reasons for not meeting criteria?

Additional Considerations

- Do you have other responsibilities outside of placing the hold?
- If so, what actions should you take?

5150 Scenario #5

This client does NOT meet criteria for a 5150 Hold

- Patient denied present suicidal ideation
- Patient open to safety planning and shared multiple protective factors
- Patient planning to meet with therapist that week and adding in additional check in calls

Crisis Management

Photographer: Paola Galimberti

Crisis Management

Goal: Prioritizing safety, offering immediate support, and understanding the individual's perception of the situation to facilitate effective intervention.

1. Safety First.

- Prioritizing immediate safety: Individual (from harm to themselves or others), family, other staff and you. Request law enforcement be present if the individual is violent and presenting a public safety.
- Assess Risk: the level of suicidal or homicidal ideations, potential for violence, and urgent medical needs.
- De-escalation techniques: Use calm and non-confrontational communication.
- Avoid overreacting

Crisis Management

2. Understanding the individual’s perspective/worldview

- Active listening: Pay close attention to the individual’s narrative and feelings
- Express support and concern: Acknowledge their emotions and experiences without judgement
- Ask how you can help
- Be patient
- Avoid touching the person unless you ask permission

Crisis Management

3. Providing immediate support

- Offer emotional support: create a safe and supportive environment, give them space
- Assess for the individual’s ability to cope
- Develop safety plan: work collaboratively to create a plan to endure the individual's safety and well-being
- Connect to resources: gently announce action before initiating them
- Other practical assistance: assist immediate needs such as medical care, finding a shelter, food, and clothing

Tips for Conducting Assessments Under High Stress Conditions

The individual's safety and well-being matters.

- Allow for breaks.
- Support any coping skills you see.
- Avoid discussing triggers until it feels safe to do so.
- Validate the individual's emotions even when you cannot validate their behavior.

Observation of Individual in Crisis

- Observe verbal and non-verbal communication
- Posture
- Tone and volume of voice
- Rate of speech
- Facial expressions
- Note shifts in body language (posture, eye contact, facing you or away)

Back to You and Your Team

Following a WIC 5150 incident, take the time to check in.

Completion of 5150 Certification Training

Photographer: Rafael AS Martins

Next Steps

- Take the post-test!
- The post-test link will be open for 24 hours. However, we encourage you to take the test now!
- Once you successfully complete the post test you are certified to write 5150 Holds. DPH will send physical cards with your name and certification number to the agency indicated when taking your post test.

Appendix

Photographer: Tobias Fisher

BHS Client Statistics on Suicide (January 2012-2023)

98 clients of SF Behavioral Health Services died by suicide.

- **Gender**: Male – 70; Female – 25; Trans Female - 3
- **Age**: 71 suicides within the 40-69 years old age range
- **Ethnicity**: Caucasian - 52; Chinese - 14; Latinx - 11; Black - 6; Vietnamese - 5; Filipino - 4; Russian - 3; Native American - 2; Korean - 1
- **History of past or current suicidal ideation**: 83
- **History of attempts**: 55
- **Diagnosis**: Dually diagnosed - 59; Major Depression/Mood - 51; Psychotic spectrum - 35; Personality (cluster B) - 10
- **Means**: Jumping - 34; Hanging - 32; OD - 17; Drowning - 6; Asphyxia - 4; Stabbing - 3; Gun - 2