



## **7.1.27 5150 INVOLUNTARY DETENTION FOR INDIVIDUALS WITH MENTAL HEALTH DISORDERS**

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Revision History: 06/25/2026, 01/09/2017

- References:
1. Welfare and Institutions Code, Sections 5001; 5008; 5013; 5121; 5150; 5152; 5152.1 et seq.; 5151; 5585 et seq. (minors)
  2. MHSUDS Information Notice 14-004
  3. DHCS BHIN 22-007
  4. DHCS BHIN 24-011
  5. DHCS BHIN 23-055
  6. AB 2275
  7. SB 43

Policy Owner: Behavioral Health, Quality Assessment and Performance Improvement (QAPI),  
Quality Assurance Manager

Director Signature: **Signature on File**

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### **I. Policy Statement**

Involuntary psychiatric holds are used to ensure the safety and well-being of individuals experiencing severe mental health crises who pose a substantial risk of harm to themselves or others, or who are gravely disabled due to mental illness. In accordance with applicable laws and ethical standards, involuntary holds are initiated only when less restrictive alternatives are insufficient. They are subject to regular review, clear documentation, and due process to protect their individual rights while facilitating timely assessment, stabilization, and appropriate treatment.

### **II. Scope**

This policy applies to all Department of Health Services - Behavioral Health Division (DHS-BHD) Covered Persons, including employees (full-time, part-time, extra-help),

unpaid interns, paid interns, temporary agency workers, registered volunteers, and all individual providers contractually designated as Covered Persons. Covered Persons do not include Community Based Organizations (CBOs) staff.

### III. Definitions

- A. **1799 Hold:** Hold: Is a brief, 24-hour psychiatric hold allowing general hospitals to detain patients who are a danger to self/others or gravely disabled, especially when a standard 72-hour (5150) application cannot be processed immediately, serving as a bridge to a full LPS (Lanterman-Petris-Short) hold or release, protecting patient rights while ensuring immediate safety (California Health & Safety Code § 1799.111).
- B. **Adult Grave Disability:** A condition in which a person is unable to provide for their basic needs—such as food, clothing, shelter, personal safety, or necessary medical care—due to a mental health disorder, severe Substance Use Disorder (SUD), or co-occurring mental health and severe SUD.
- C. **Minor Grave Disability:** A condition in which, as a result of a mental health disorder, a minor of age 18 or under is unable to utilize the elements of life, that are essential to health, safety, and development—including food, clothing, or shelter—even though provided to the minor by others.
- D. **Necessary Medical Care:** Care that a licensed health care practitioner, while operating within the scope of their practice, determines to be necessary to prevent serious deterioration of an existing physical medical condition, which if left untreated, is likely to result in serious bodily injury.

Examples include, but are not limited to:

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

9. Wound care and infection issues that are likely to lead to loss of limb or life if not treated.
10. Untreated comorbidities such as HIV, diabetes, cancer, or liver/kidney disease that are life-threatening.
11. Extreme physical pain.

E. **Personal Safety:** The ability to survive safely in the community without involuntary detention or treatment pursuant to the Lanterman-Petris-Short (LPS) Act.

Examples include but are not limited to:

1. Running in and out of traffic.
2. An individual incapable of defending themselves against ongoing victimization.
3. Being assaulted, abused, exploited, or victim of crime.
4. Uninhabitable conditions at home or other home safety issues such as arson.
5. Inability to care for personal hygiene, cleanliness, or safely manage needles, which may lead to illness.
6. Multiple near-fatal overdoses requiring inpatient hospitalization (NARCAN® Nasal Spray reversals alone wouldn't meet the criteria).

F. **Pronoun Usage:** Throughout this policy, the singular "they/their" is used as a gender-neutral pronoun to promote clarity, readability, and inclusivity.

#### IV. **Policy**

DHS-BHD maintains a policy regarding the 72-hour Involuntary Detention for Mental Health Evaluation and Treatment in compliance with Welfare and Institutions Codes, Section 5150 et. seq., and 5585.50 et. seq.

This policy outlines the procedures for involuntary detention, designation of authority, and the assessment and evaluation processes necessary to assure compliance with Welfare and Institutions Code, Division 5. This policy applies to professionals with 5150 privileges as designated by the DHS-BHD Director.

#### V. **Procedures**

A. Detention of Persons with a Mental Health Disorder for Assessment and Evaluation:

1. Individuals who are a danger to themselves, a danger to others, or gravely disabled due to a mental health disorder, severe SUD, or co-occurring mental health and severe SUD, may be taken, or caused to be taken, into custody for up to 72-hours for assessment, evaluation, and crisis intervention, or for placement in a facility designated by the Behavioral Health Division (BHD) for evaluation and treatment.
2. An involuntary detention for a maximum period of 72-hours may be initiated by an authorized individual based on probable cause. 72-hours custodial period includes weekends and holidays. The 72-hour period begins at the time the individual is first detained.
  1. A completed DHCS 1801 Application for up to 72-Hour Assessment,
  2. Evaluation, and Crisis Intervention or Placement for Evaluation and Treatment form is required. This application includes:
    - a. A statement of the circumstances under which the person's condition was called to the attention of the individual initiating the 5150 hold, and documents the probable cause of the adult or minor's condition, as a result of a mental health disorder as:
      - i. A danger to self; and/or;
      - ii. A danger to others; and/or;
      - iii. Gravely disabled adult-(see definitions list);
      - iv. Gravely disabled minor-(see definitions list).
    - b. Statement of consideration of the historical course of the individual's mental health disorder, severe SUD, or co-occurring mental health disorder and a severe SUD.
3. If an individual is admitted to a medical facility, or booked into jail, the 5150 application becomes void. As such, the detained individual must be notified by the person in charge of their care. The responsibility to provide for further assessment, evaluation, and treatment of the person rests with the medical facility or jail. Upon release from the medical facility or jail, a new 5150 application can be initiated by authorized individuals as per Section B.
4. BHD staff members and other non-County designated professionals with 5150 privileges to initiate a 72-hour detention will:
  - a. Arrange for a face-to-face assessment and evaluation to be done in the field, on site, or via telehealth modalities, and/or arrange for the person to be transported to Crisis Stabilization Unit (CSU) where an assessment and evaluation can be done.

- b. Provide the detainment advisement as follows:
    - i. Identify yourself by name, position, specific credentials, and agency.
    - ii. Indicate the person is not under criminal arrest related to detainment.
    - iii. Provide explanation of the person's rights related to detainment.
    - iv. Take reasonable precautions to safeguard the person's personal property unless a responsible relative, domestic partner, guardian, or conservator is in possession of the property. Advise the person of their right to take personal items with them upon approval.
    - v. Advise person of the right to make a phone call and leave a note to inform family or a friend as to their detainment. In addition, ask the person if assistance is needed for turning off any appliance or water.
  - c. Provide the detainment advisement 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.
  - d. Complete DHCS 1801 form - Application for up to 72-Hour Assessment, Evaluation, and Crisis Intervention or Placement for Evaluation and Treatment.
  - e. If medical clearance is necessary, arrange for transportation to a medical facility emergency department.
  - f. Notify the county's patients' rights advocate (1-707-565-4978) if the individual has not been released within 72-hours of being detained.
5. The initiation of the DHCS 1801 Application for up to 72-Hour Assessment, Evaluation, and Crisis Assessment or Placement for Evaluation and Treatment form does not authorize the provision of forced medications or medical treatment without the person's informed consent.
  6. Involuntary detention of minors-CSU staff are to make every effort to notify a minor's parent or legal guardian as soon as possible after the minor is detained. A written explanation of notification efforts is documented in the client record.
- B. Individuals Authorized to Initiate a 5150 Hold and Required Training:
1. Law enforcement personnel for the purpose of transporting to (1) CSU, or (2) a medical facility emergency department.
  2. Designated DHS-BHD staff who are licensed and/ or registered and other DHS-BHD staff designated by the DHS-BHD Director.

3. Other non-County health care professionals as designated by the DHS-BHD Director.
4. Designated staff who are authorized to initiate a 5150 hold will need to complete an online, on-demand course on 5150 involuntary psychiatric holds, sponsored by California Mental Health Services Authority (CalMHSA), for certification. Designated staff will also need to complete Law and Ethics training: *Involuntary Treatment and the 5150 Process* prior to certification. 5150 certification will be valid for (5) years or until it is terminated by the DHS-BHD Director. The DHS-BHD maintains a master list of designated individuals with 5150 privileges.
5. Renewal of 5150 certification: Designated staff with 5150 privileges will be required to retake the training prior to expiration of any previous certification and online on-demand course on 5150 involuntary psychiatric holds, sponsored by CalMHSA for certification for revisions to procedures as required by law.
6. DHS-BHD designated staff and other non-County designated professionals with 5150 privileges shall exercise authority to initiate a hold only during work hours and only when carrying out the function of their DHS-BHD staff role or institutional staff role, as applicable.
7. If the DHS-BHD Director denies or revokes a person's certification, the DHS-BHD Director must notify in writing, both the individual who made the request for designation, and the person who was the subject of the designation

C. Transportation of Persons on a 5150 Hold:

1. The individual initiating the 5150 hold shall determine the appropriate means of transportation to CSU; or a medical emergency room. The following are appropriate means of transportation:
  - a. Non-emergency transportation service, if behavior is manageable for that mode of transportation.
  - b. Ambulance or law enforcement, if behavior cannot be managed (e.g., by restraint on a gurney).

D. Assessment and Evaluation of Persons on a 5150 Hold:

1. All persons brought to CSU on a completed DHCS 1801 Application for up to 72-Hour Assessment, Evaluation, and Crisis Assessment or Placement for Evaluation and Treatment form will be assessed to determine need for continued evaluation and treatment. Assessment, evaluation, and crisis intervention of a person taken into custody must be conducted and provided on an ongoing basis.

2. Evaluation and assessment may be provided face-to-face or via telehealth modalities. Refer to Behavioral Health Policy No. 7.1.8: *Telehealth Services*. Only BHD-approved forms must be used for evaluation and assessment.
3. If, in the judgment of the BHD-designated staff or non-County designated professional responsible for providing assessment and evaluation, the person can be properly served without being detained, and they shall be provided with an evaluation, crisis intervention, or other inpatient or outpatient services on a voluntary basis, and the hold shall be discontinued as per Section F, Discontinuation of a 5150 Hold.

E. Medical Transfer of Persons on a 5150 Hold:

1. If an individual who is on a 5150 hold develops a medical condition and requires transfer to a medical facility for treatment, the involuntary hold will remain active until it naturally expires or until the individual no longer meets the criteria for an involuntary hold.
2. Prior to an individual transfer to a medical facility for treatment, staff will contact receiving facility and engage in care coordination and include discussing any need for reassessment, potential use of a 1799 hold, and applicable discharge planning to ensure clinically appropriate disposition.

F. Discontinuation of a 5150 Hold

1. Only a psychiatrist may discontinue a 5150 hold. This may be done in person or by a telephone consultation. In the case of a telephone consultation, the psychiatrist must give the verbal order to discontinue the 5150 hold to a licensed professional staff with a scope of practice that allows for taking verbal orders. Documentation in the client's medical record must reflect the basis for the determination. All orders to discontinue a 5150 hold must be signed by a psychiatrist.
2. The basis for discontinuing a 5150 hold must be documented in the client's medical record.

G. Law Enforcement Notification:

1. The law enforcement officer who initiated the 5150, or designee within that law enforcement agency, will be notified of a person's impending discharge if:
  - a. The box is checked on form DHCS 1801: *Application for up to 72-Hour Assessment, Evaluation, and Crisis Assessment or Placement for Evaluation and Treatment* in the "Notification of person's release is requested by the referring peace officer because:" section of the form or;

- b. The law enforcement officer, or their designee, phoned the facility to indicate that the person has pending criminal charges, or the officer requested notification at the time they filed the person's application and certified that the detained person's actions would support the filing of criminal charges.
2. Notification of the law enforcement agency is limited to person's name, address, date of admission, and date of release. It will be the responsibility of the requesting law enforcement officer or law enforcement agency to furnish the name and telephone number of the person to be contacted. It will be the responsibility of the designated 5150 facility to serve notification and record in the person's medical record that notification was served prior to person leaving that facility.
3. Reference DHCS 1801 (Attachment #1) for further notification requirements related to Welfare and Institutions Code 5152.1.

## **VI. Forms**

- A. Crisis Assessment (Client) - SmartCare
- B. Nursing Assessment (Client) - SmartCare

## **VII. Attachments**

Attachment #1: DHCS 1801: Application for up to 72-Hour Assessment, Evaluation, and Crisis Intervention or Placement for Evaluation and Treatment