



5150/5585 Form

TRAINING GUIDELINES AND INSTRUCTIONS

PURPOSE

NEW FORM - Effective July 1, 2020

The Application for up to 72-hour Assessment, Evaluation, and Crisis Intervention or Placement for Evaluation and Treatment (DHCS 1801 12/2019) 5150/5585 form was revised by the Department of Health Care Services (DHCS) effective December 2019.

This brief training serves as guidance to assist County programs and contract providers, in training staff to use this new 5150/5585 form.

Overview

5150/5585 FORM PAGE 1 of 2

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 <u>Confidential Client/Patient Information</u>		DETAINMENT ADVISEMENT My name is _____. I am a (peace officer/mental health professional) with (name of agency). You are not under criminal arrest, but I am taking you for examination by mental health professionals at (name of facility). You will be told your rights by the mental health staff. If taken into custody at their residence, the person shall also be told the following information: You may bring a few personal items with you, which I will have to approve. Please inform me if you need assistance turning off any appliance or water. You may make a phone call and leave a note to tell your friends or family where you have been taken.
<input type="checkbox"/> Complete Advisement <input type="checkbox"/> Incomplete Advisement Date of Advisement/Attempt: _____		
Good Cause for Incomplete Advisement: _____		
Advisement Completed/Attempted By: _____	Position: _____	Language or Modality Used: _____
To (name of 5150 designated facility): _____		
Application is hereby made for the assessment and evaluation of _____, date of birth of _____, and residing at _____, California, for up to 72-hour assessment, evaluation, and crisis intervention, or placement for evaluation and treatment at a designated facility pursuant to Section 5150, et seq. (adult) or Section 5585 et seq. (minor), of the W&I Code.		
If authorization for voluntary treatment is not available for a minor/conservatee, indicate to the best of your knowledge who has legal authority to make medical decisions on behalf of the minor/conservatee: (name and contact information, if available) (Check one): <input type="checkbox"/> Parent(s) <input type="checkbox"/> Legal Guardian(s) <input type="checkbox"/> Conservator <input type="checkbox"/> Other: _____		
Indicate to the best of your knowledge whether the minor is under the jurisdiction of the juvenile court: (Check one): <input type="checkbox"/> W&I Code 300 (dependent) <input type="checkbox"/> W&I Code 601, 602 (ward)		
The detained person's condition was called to my attention under the following circumstances: _____ _____		
Specific facts that I have considered that lead me to believe that this person is, as a result of a mental health disorder, a danger to others, a danger to self or gravely disabled: _____ _____ _____		
<input type="checkbox"/> I have considered the historical course of the person's mental health disorder as follows: _____ _____		
<input type="checkbox"/> No reasonable bearing on determination <input type="checkbox"/> No information available because: _____		

DHCS 1801
(Revised 12/2019)

A copy of this application shall be treated as the original. WIC 5150 (e)

Page 1 of 2

DATE OF ADVISEMENT

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:

DHCS 1801 (12/2019) form added the “Date of Advisement/Attempt” to comply with the Welfare Institution Code (WIC) 5150(h)(3) stating that the designated facility shall keep, for each patient evaluated, a record of the advisement given pursuant to subdivision (g) which shall include the date the advisement was completed.



COPY SAME AS ORIGINAL

DHCS 1801 (12/2019) form added a Footer to the application that: “A copy of this application shall be treated as the original.”

A copy of this application shall be treated as the original. WIC 5150 (e)

DATE OF BIRTH

DHCS 1801 (12/2019) form added the “Date of Birth” in the section of the application for assessment and evaluation of the person as additional identifying information.

To (name of 5150 designated facility): ABC HOSPITAL

Application is hereby made for the assessment and evaluation of JOHN DOE,
date of birth of 10/10/1977 and residing at 1234 IRIS AVE., SANTA ANA, CA 92701,
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.

DETAINED PERSON'S CONDITION

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

INDICATE THE INFORMATION BELOW IN THIS PART OF THE FORM:

1. Brief description of how the individual's condition was brought to your attention
2. Provide only relevant facts

SPECIFIC FACTS

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

INDICATE THE INFORMATION BELOW IN THIS PART OF THE FORM:

1. Brief description of the individual (i.e. age, appearance)
2. Observable behaviors or “quotes” of individual’s statements
3. Note if the individual is unable or unwilling to accept voluntary treatment
4. Description of behaviors and/or situation observed or reported
5. Relevant historical factors (i.e. hospitalization, dangerous or destructive behaviors)

EXAMPLE #1

The 48 year old female stated, “You are all infecting my food and home with poison! The voices are telling me to not eat!” The individual reportedly did not eat during the last four days due to paranoia and auditory hallucinations. This person appears disoriented, dehydrated, incoherent and was wandering in and out of the busy intersection, seemingly unaware of the danger and causing cars to swerve around him. She is unable to accept voluntary treatment. She had a recent psychiatric hospitalization a month ago and a history of assaultive behaviors, specific to males.

EXAMPLE #2

The individual is a 33 year old male, observed mumbling incoherently and intermittently laughing and crying to himself in an alley behind a supermarket. This person was observed to be malodorous, shivering with a ripped t-shirt and only wearing underwear (inappropriate for the 50-degree cold weather). The individual was holding rat poison reportedly found in the alley. He stated he planned to ingest the rat poison and stated “that is what my master told me to do and I’m at peace with that decision.” Refuses voluntary treatment. Long history of multiple hospitalizations.

FORMULA:

Symptoms ➤ Behaviors ➤ Impairments

DESCRIBE SPECIFIC SYMPTOMS LEADING TO SPECIFIC BEHAVIORS AND RESULTING IMPAIRMENTS

- ❑ **Symptoms** can effect a person's behavior
- ❑ **Behavior** and a person's presentation are observable
- ❑ Symptoms due to a mental health disorder can cause significant behavioral and cognitive **impairments** in a person.

OBSERVABLE BEHAVIOR

- ✓ Document specific facts and observable behaviors that meet the legal criteria for danger to self, danger to others, and/or gravely disabled due to a mental health disorder.
- ✓ Symptoms alone (paranoia, auditory/visual hallucinations, agitation, irritability, etc.,) are not enough to meet legal criteria for involuntary hold.
- ✓ Use observable behaviors, including impairments and historical course information, to establish legal criteria for danger to self, danger to others and/or gravely disabled.

GRAVE DISABILITY

Justify the specific reasons for “gravely disability”:

- ✓ Describe the inability to provide for their personal needs for food, clothing and shelter
- ✓ Describe, in the case of a minor, their inability to use the elements of life which are essential to health, safety, and development, including food, clothing, and shelter, even though provided to the minor by others.
- ✓ Must be as a result of a mental health disorder
- ✓ Differentiate between a mental health disorder, physical disability, lifestyle choice, or personal preference.
- ✓ Unable/unwilling to accept voluntary psychiatric treatment

Overview

5150/5585 FORM PAGE 2 of 2

State of California		Department of Health Care Services	
Health and Human Services Agency			
APPLICATION FOR UP TO 72-HOUR ASSESSMENT, EVALUATION, AND CRISIS INTERVENTION OR PLACEMENT FOR EVALUATION AND TREATMENT (CONTINUED)			
OPTIONAL INFORMATION			
History Provided by (Name)	Address	Phone Number	Relation
Based upon the above information, there is probable cause to believe that said person is, as a result of mental health disorder: <input type="checkbox"/> Danger to Self (DTS) <input type="checkbox"/> Danger to others (DTO) <input type="checkbox"/> Gravely disabled (as defined in W&I Code section 5008 or 5585.25)			
NOTIFICATIONS TO BE PROVIDED PURSUANT TO SECTION 5152.1 AND/OR 8102 OF THE WELFARE AND INSTITUTIONS CODE			
Notify behavioral health director/designee: _____ (Name) _____ (Phone)			
and peace officer/designee: _____ (Name) _____ (Phone) of _____ (Name) _____ (Phone)			
person's release or end of detention if either of the boxes below are checked.			
NOTIFICATION OF PERSON'S RELEASE IS REQUESTED BY THE REFERRING PEACE OFFICER BECAUSE:			
<input type="checkbox"/> The person has been referred to the facility under circumstances which, based upon an allegation of facts regarding actions witnessed by the officer or another person, would support the filing of a criminal complaint.			
<input type="checkbox"/> Weapon was confiscated pursuant to Section 8102 W&I Code.			
Signature, title and badge number of peace officer, professional person in charge of the facility designated by the county for evaluation and treatment, member of the attending staff, designated members of a mobile crisis team, or professional person designated by the county.			
Name: _____	Title/Badge Number: _____	Date: _____	Phone: _____
Signature: _____	Time: _____		_____
X _____			
Name of Law Enforcement Agency or Evaluation Facility/Person: _____	Address: _____		
REFERENCES			
Welfare and Institutions Code			
Sections: 300, 601, 602, 5008, 5150, 5150.05, 5152.1, 5328, 5585.25, 5585.50, 8102			
Name of Individual Detained: _____ DOB: _____			

HISTORICAL COURSE

The individual's relevant behavioral health/psychiatric history should be documented here. This information can be obtained via collateral information. Note: only check one box.

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

☐ No reasonable bearing on determination

☐ No information available because:



COLLATERAL INFORMATION

The Name and contact information of the person(s) who provided collateral information should be captured here. This section is **OPTIONAL** as the person providing collateral information has a right to decline to provide their name or contact information.

OPTIONAL INFORMATION			
History Provided by (Name)	Address	Phone Number	Relation

NOTIFICATIONS

PURSUANT TO 5152.1 AND/OR 8102 WIC

DHCS 1801 (12/2019) 5150/5585 form now contains an additional field so designated facilities can document that they have notified the behavioral health director/designee when required to do so by law under certain circumstances.

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

Notify behavioral health director/designee:

(Name)

(Phone)

and peace officer/designee:

(Name)

 of

(Phone)

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

IMPORTANT REMINDERS

- ✓ Complete the form in clear writing. It is a legal document and must be legible. Verbally advise patient of being placed on a 5150/5585.
- ✓ Make sure to sign your name, time and date the 5150/5585 form before finalizing it.
- ✓ Document presenting symptoms and observable behaviors and collateral information at time of evaluation.
- ✓ Obtain and document historical course information on the 5150/5585 form if available.
- ✓ Document examples why client cannot formulate a “*self-care plan*” and can’t provide for their own food, clothing, or shelter.
- ✓ Include client’s behaviors and impairments on the 5150/5585 form, not just the client’s symptoms.
- ✓ When using the word “gravely disabled” on the 5150/5585 form always include examples to substantiate that legal criteria has been met.

QUESTIONS

**AUTHORITY & QUALITY IMPROVEMENT SERVICES
QUALITY ASSURANCE & QUALITY IMPROVEMENT DIVISION**

AQIS DESIGNATION SUPPORT TEAM

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