

### **Interrupting a 5150 Hold Process:**

- Anyone authorized to write a hold can interrupt one. Therefore, the original writer is not required to interrupt the hold.
- A hold can only be interrupted before the patient/client arrives at designated facility. Once at a designated facility, only a psychiatrist can assess and discharge the person from the hold.

### **If in your professional judgment the person no longer meets hold criteria, you must:**

- Conduct a face-to-face interview with the person.
- Complete a current mental status exam.
- Develop a safety plan with the person. When appropriate and available, include collateral support (family/friends) in the process.
- Most importantly, you must consult! Consultation is required before interrupting a hold—which is done with your supervisor.

### **All interrupted 5150 holds must include a progress note that includes:**

- Results of face-to-face clinical assessment with current mental status exam.
- The outcome of the consultation with a supervisor.
- Clearly document why the patient/client no longer meets criteria and provide a detailed safety plan, including any relevant collateral information.

### **The interrupted hold, along with supporting progress note, must be submitted to LPS within three (3) business days of the interruption.**

- You may send them via fax or email:
  - Fax: 951-351-8027 or Email: [5150@ruhealth.org](mailto:5150@ruhealth.org)
  - Please include [SECURE] in the subject line or follow your agency's confidentiality protocol.

**APPLICATION FOR ASSESSMENT, EVALUATION, AND CRISIS  
INTERVENTION OR PLACEMENT FOR EVALUATION AND TREATMENT**

Pursuant to W&amp;I Code 5150, 5585, Penal Code 4011.6 &amp; Senate Bill 43 (SB43)

**Confidential Client/Patient Information**

See California Welfare and Institutions Code (W &amp; I) Code, Section 5328 &amp; HIPAA Privacy Rule 45 C.F.R. § 164.508

**Welfare and Institutions Code (W&I Code), Section 5150(g),** requires that each person, when first detained for psychiatric evaluation, be given certain specific information orally and a record be kept of the advisement by the evaluating facility.

 **Advisement Complete** **Advisement Incomplete**

Good Cause For Incomplete Advisement

Advisement Completed By/Attempted By

Position

**DETAINMENT ADVISEMENT**

My name is \_\_\_\_\_. I am a (mental health professional/peace officer, etc.) 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 his or her 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 can make a phone call and leave a note to tell your friends or family where you have been taken.

Language or Modality Used

Date of Advisement

**FACILITY INFORMATION**

Do not leave blank or write "Any LPS Designated Facility." You may line through and initial if facility name changes.

To (Name of 5150 Designated Facility)

The 72-hour period begins at the time when the person is first detained.

Detainment Start Date: \_\_\_\_\_ Detainment Start Time: \_\_\_\_\_ Military hours or  AM  PM

City where this current evaluation for 5150 is taking place: \_\_\_\_\_

If medical clearance is needed, check below and please transport to the NEAREST Emergency Department near City listed above.

 Medical Clearance Necessary – Name of Medical Facility Transferred to: \_\_\_\_\_

Application is hereby made for the assessment and evaluation of (name of person) \_\_\_\_\_

If homeless, check here  and indicate city of residence below.

Date of Birth \_\_\_\_\_. 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), Section 5585 et seq. (minor), of the W&I Code and Penal Code 4011.6 (person in custody). If a minor, authorization for voluntary treatment is not available and to the best of my knowledge, the legally responsible party appears to be/is: (Check one, if applicable)  Parent;  Legal Guardian;  Juvenile Court under W&I Code 300;  Juvenile Court under W&I Code 601/602;  Conservator. If known, provide name(s), address and telephone number: \_\_\_\_\_

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

I have probable cause to believe that the person, as a result of a mental health disorder, is a danger to self, and/or a danger to others, and/or is gravely disabled as a result of a mental health disorder and/or severe substance use disorder. State the specific facts, including any historical course of the person's mental health disorder and/or severe substance use disorder, that has a bearing on this probable cause determination.

 I have considered the historical course of the person's mental disorder.  Historical Course has no reasonable bearing on determination. No Info Available on historical course because: \_\_\_\_\_

Voluntary treatment is not available/not a viable option due to: \_\_\_\_\_

**APPLICATION FOR ASSESSMENT, EVALUATION, AND CRISIS  
INTERVENTION OR PLACEMENT FOR EVALUATION AND TREATMENT**

Name of Detained Person: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

**HOLD CRITERIA**

Based upon the specific facts provided in narrative, there is probable cause to believe that detained person is a (check all that apply):

- Danger to Self, as a result of a mental health disorder.**
- Danger to Others, as a result of a mental health disorder.**
- Gravely disabled minor, as a result of a mental health disorder.**
- Gravely disabled adult, as a result of: (check all that apply)**  **mental health disorder**  **severe substance use disorder.**

**AUTHORIZED PERSON INFO**

Signature, title, and badge number of peace officer, professional person in charge or 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.

Signature: <i>Alicia McClaod</i>	Date:	Phone:
Print Name:	Name of Law Enforcement Agency/ Evaluation Facility/Person:	
Position Title:	Badge/ Employee #:	Address:

Procedure: send a copy of this 5150 hold within (3) business days to LPS 5150 Department at 5150@ruhelath.org or fax 951-351-8027.

**NOTIFICATIONS TO BE PROVIDED TO LAW ENFORCEMENT AGENCY**

Notify the following peace officer if the detained person will be released:

Officer Name (Print name):	Unit:	Phone:
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**NOTIFICATION OF PERSON'S RELEASE IS REQUESTED BY THE REFERRING PEACE OFFICER BECAUSE:**

- The person has been referred to the facility under circumstances which, based upon an allegation of facts regarding actions witnessed by the officer or another person, would support the filing of a criminal complaint.
- Weapon was confiscated pursuant to Section 8102 W&I Code. Upon release, facility is required to provide notice to the person regarding the procedure to obtain return of any confiscated firearm pursuant to Section 8102 W&I Code.

**Note: The section below is only for documenting the interruption of a 5150 hold, if later applicable.**

**INTERRUPTION OF 5150 HOLD**

Anyone authorized to write a 5150 may end the hold before transfer to a LPS designated facility, with supervisor consultation, if they determine the person no longer meets 5150 criteria or is willing and able to accept voluntary treatment.

**If 5150 hold was interrupted prior to transport to a LPS designated facility, check here:**  **5150 Hold Interrupted**

Interrupted by (Print name):	Date of Interruption:
Signature: <i>Tiffany Ross, MD</i>	Time of Interruption: _____ Military hours or <input type="checkbox"/> AM <input type="checkbox"/> PM

Procedure: complete section above then put a line through both pages of 5150 hold, crossing it out, and send with supporting documentation to LPS 5150 Department at 5150@ruhelath.org or fax 951-351-8027.

**REFERENCES**

**Referenced Form:** DHCS 1801 Form (rev 6/2024)

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

**Senate Bill 43:** SB43 expands California's LPS 5150 criteria for involuntary detention for grave disability to a condition in which a person, as result of a mental health disorder, and/or severe substance use disorder, is unable to provide for their basic needs of food, clothing, shelter, personal safety or necessary medical care.

**California Penal Code 4011.6:** A person in custody at a jail or juvenile detention facility, who has a mental health disorder, may be taken to a facility for 72-hour treatment and evaluation pursuant to Section 5150 of the Welfare and Institutions Code.

LOCAL COMMUNITY HOSPITAL  
INTERDISCIPLINARY PROGRESS NOTE

CLIENT NAME: John Doe     DOB: 05/05/76

CLIENT ID: 123456789

DATE: 10/8/2025

Tele-psychiatric Risk Assessment

**Presenting Problem/Chief Complaint:**

This writer was called to reassess Mr. Doe regarding continued need for involuntary hold. Mr. Doe was brought to Emergency Department for medical clearance yesterday on a 5150 hold (written by Alicia McCleod, RUHS BH staff at Indio Clinic), as he was intoxicated, experiencing depressed mood and SI, stating that he was going to overdose on a bottle of Trazodone along with alcohol. Received call from Jim Grisham, RN stating that Mr. Doe is denying SI currently, stating that he was "just drunk and upset". He has been medically cleared and is willing to use voluntary mental health services.

**Reassessment:**

Completed interview via telepsychiatry with Mr. Doe to reassess risk. Mr. Doe stated that he has struggled with depression for the past few years and has had successful treatment with RUHS BH where he was attending group therapy and taking 30mg Lexapro daily. He stated that he stopped taking his medication when he started dating his girlfriend, as it had sexual side effects and he could not drink when he took the medication. His depression had become more severe and his drinking had increased to 3-4 days a week. He shared he had an argument with his girlfriend prompting his SI. He stated that his girlfriend has Trazodone that he was going to take with alcohol, but he really did not want to die, which is why he went to the clinic.

Spoke with Alicia McCleod, LMFT who had initiated the hold yesterday. She spoke with Mr. Doe by phone and agreed to seek a lower level of care. She called two hours later and stated she was able to assist Mr. Doe in obtaining treatment at the Crisis Residential Treatment Center, which is a 24-hour/day unlocked psychiatric facility where he could stay for up to 2 weeks to restart his medications and receive intensive services.

**Outcome/Plan:**

Consulted with Dr. Grotzky and Jim Grisham, RN regarding safety plan. Fully reviewed safety plan with Mr. Doe and he was able to repeat the plan back to this writer and agreed to follow through with services, stating "I've learned my lesson, I will make sure to talk to my doctor about any concerns I have with my medication and I feel better now that I don't have to try to hide my depression from my girlfriend and that she will support me." Staff arrived from RUHS BH to transport Mr. Doe to the CRT and 5150 was interrupted. Documentation was completed and faxed to LPS 5150 Certification & Oversight.

*Dr. Tiffany Ross, MD*

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