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
    - Please include [SECURE] in the subject line or follow your agency's confidentiality protocol.

Riverside University Health System- Behavioral Health *Only if hold discontinued, Date:* 10/8/25 *Time:* 5:20pm *Signature:* Dr. Ross 1234

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

Pursuant to W&I Code 5150, 5585 & Penal Code 4011.6

Confidential Client/Patient Information
See California Welfare and Institutions Code (W & I) Code, Section 5328 & HIPAA Privacy Rule 45 C.F.R. § 164.508

Welfare and Institutions Code (W&I Code), Section 5150(f) and (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

DETAINMENT ADVISEMENT

My name is Alicia McCleod, LMFT. 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.

Advisement Completed By	Position	Language or Modality Used	Date of Advisement
Alicia McCleod	LMFT	English	10/07/2025

Do not leave blank. Do not write "Any LPS Designated Facility." You are required to specify the facility. You may line through and initial if facility name is changed.

To (name of 5150 designated facility) **Telecare CSU/PHF**

Application is hereby made for the assessment and evaluation of (name of person) **John Doe**
If homeless, indicate city of residence.

Date of Birth 05/05/76. Residing at **Homeless in Indio**, 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: (Circle one) Parent; Legal Guardian; Juvenile Court under W&I Code 300; Juvenile Court under W&I Code 601/602; Conservator. If known, provide names, address and telephone number: _____

The above person's condition was called to my attention under the following circumstances:
Client presented to Indio Clinic stating that he was experiencing suicidal ideation after being evicted from his sister's home. He has previously received mental health services for depression from the county, but had missed his last two appointments. He presented as disheveled and smelling of alcohol.

I have probable cause to believe that the person is, as a result of a mental health disorder, a danger to self, or a danger to others, or gravely disabled because (state specific facts; if historical course of the person's mental disorder was considered, state specific facts how history has a bearing on determination):
Mr. Doe reports depressed mood, anhedonia, and suicidal ideation. Mr. Doe stated his suicidal ideation started a week ago, after his sister had evicted him from her home. He stated that he has a bottle of Trazadone and that he had been drinking vodka since last night and was going to take the pills along with more alcohol in a suicide attempt.

☑ I have considered the historical course of the person's mental disorder. ☐ No reasonable bearing on determination. ☐ No Info Available
(**If applicable,** state the name, address, phone number, and relation of person(s) who provided evidence of historical course. If no information is available, state the reason below):
Gathered information from client's electronic health record.

Do not leave blank. You are required to indicate reason voluntary treatment is not a viable option.
Voluntary treatment is not available/not a viable option due to: Mr. Doe is refusing voluntary treatment.

Based upon the above information, there is probable cause to believe that said person is, as a result of mental health disorder:
☑ **A danger to self.** ☐ **A danger to others.** ☐ **Gravely disabled adult.** ☐ **Gravely disabled minor.**

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: Alicia McCleod Position Title: LMFT

Date: **10/07/2025**
Time: **8:45** Military hrs or ☑ AM ☐ PM

Phone: 951-955-1000

Print Name:	Agency Name and Address of Law Enforcement Agency/Evaluation Facility/Person:	**Penal Code 4011.6 only** Date and time person no longer in custody:
Alicia McCleod	Indio Behavioral Health Clinic 47-825 Oasis St. Indio, CA 92201	Date:
Badge/Employee #: 12345		Time:

NOTIFICATIONS TO BE PROVIDED TO LAW ENFORCEMENT AGENCY

Notify (officer/unit & telephone #) _____

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.

SEE REVERSE SIDE FOR REFERENCES AND DEFINITIONS

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. Grotsky 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. Tifanny Ross, MD
Tiffany Ross, MD