

**RIVERSIDE UNIVERSITY HEALTH SYSTEM –
BEHAVIORAL HEALTH**

POLICY: 139

SUBJECT: **5150 INVOLUNTARY HOSPITALIZATION
PROCEDURES**

REFERENCES: Welfare and Institutions Code (WIC) 5150; 5585.50;
California Penal Code 4011.6; Assembly Bill (AB) 1424,
AB 2099; Title 15; Riverside County Sheriff's
Department Policy and Procedure 504.24; Policy #202
"Tarasoff- Duty to Protect"

FORMS: AB1424 - Important Information for Family Members;
Application for 5150 Authorization; LPS 5150 NCR;
Riverside County LPS 5150 Designated List;
Authorization for American Medical Response (AMR)
Transport; Special Housing Form (also known as BH-
Mental Health Acuity Level); Situation, Behaviors,
Assessment, Recommendations (SBAR)

EFFECTIVE DATE: September 16, 2020

POLICY:

Riverside University Health System – Behavioral Health (RUHS – BH) recognizes that there are occasions when individuals may experience crisis situations which prompt a risk assessment to be conducted in order to determine if the individual is a imminent danger to self, danger to others, or gravely disabled. This policy was established to assist authorized RUHS-BH staff understand the department's 5150 involuntary hospitalization procedures.

PROCEDURE:

A. Notification of Crisis Situation

1. When a crisis situation occurs at a county clinic, the RUHS – BH staff person shall contact either the triage staff person, lobby officer of the day, or a clinical therapist and their supervisor as soon as possible to address the crisis situation.

2. When a crisis situation occurs in the field, the RUHS – BH staff person shall contact their supervisor, at minimum, as soon as possible to consult. Others to contact in addition or in lieu of supervisor (if unavailable) include Senior Clinical Therapist, Manager/Administrator and/or Deputy Director.

For Detention Staff Only, RUHS – BH detention staff member shall notify a Senior Clinical Therapist and/or a Behavioral Health Services Supervisor if a crisis occurs during normal weekday business hours. If a senior clinician or supervisor is not available during normal business hours or if the crisis occurs at night or on a weekend, the Detention On-Call Supervisor should be contacted. The staff member may also contact the Administrator for Detention Behavioral Health or the Deputy Director for Forensics Programs 24 hours per day, 7 days per week for consultation.

B. Risk Assessment

1. A risk assessment, at minimum, shall include assessing to determine if the individual is deemed a danger to self, danger to others, and/or gravely disabled. Assessing for dangerousness should include, at a minimum, determination if there is any (a) suicidal or homicidal ideation; (b) specified plan to harm self or others; (c) intent to carry out plan; (d) means, which is the method to harm self or others; and (e) access to the means to carry out specified plan (e.g. has access to knife, gun, or access to run onto freeway, etc.) or (f) unintentional dangerousness of behaviors such as standing in the middle of the street due to mental health symptoms; refusing to take medications causing serious risk of injury due to mental health symptoms; reckless disregard including non-suicidal or non-homicidal behaviors that place self or others at serious risk of injury or death (e.g. driving car on wrong side of road during manic episode; grabbing steering wheel as a passenger because voices commanded to do so, etc.) due to mental health symptoms or mental health disorder.
2. Assessing for grave disability shall include, at minimum, assessing to determine if the individual has an inability to provide or utilize food, shelter, or clothing due to a mental health symptoms or mental health disorder. Grave disability may include, but is not limited to, refusal to eat food or drink fluids due to fears of being poisoned; refusal to utilize shelter provided due to mental health symptoms such as delusional thinking, disorganization, confusion, and/or paranoia; and/or the failure to utilize clothing such as disrobing in public due to mental health symptoms or mental health disorder.

3. *Per AB1424*, risk assessment for involuntary hospitalization shall include consideration of information provided by family members and/or significant others when making a determination as to whether the individual meets the criteria to be involuntarily committed to a mental health facility. This information as well as historical information relating to past relevant history of danger to self, danger to others, grave disability, and/or prior history of psychiatric inpatient hospitalizations shall be considered during assessment for a 5150 involuntary hold. Such information provided by family members and/or significant others may be in verbal or written form. For more information and form, see "AB1424 - Important Information for Family Members" (Attachment A).
4. *Per Welfare and Institutions Code (WIC) 5150*, (a) when a person, as a result of a mental health disorder, is a Danger to Others, or to himself or herself, or Gravely Disabled, a peace officer, professional person in charge of a facility designated by the County for evaluation and treatment, member of the attending staff, as defined by regulation, 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 may, upon probable cause, take, or cause to be taken, the person into custody for a period of up to 72 hours for assessment, evaluation, and crisis intervention, or placement for evaluation and treatment in a facility designated by the County for evaluation and treatment and approved by the State Department of Health Care Services.
5. *Per WIC 5585.50*, (a) when any minor, as a result of mental disorder, is a Danger to Others, or to himself or herself, or Gravely Disabled and authorization for voluntary treatment is not available, a peace officer, member of the attending staff, as defined by regulation, of an evaluation facility designated by the County, or other professional person designated by the County may, upon probable cause, take, or cause to be taken, the minor into custody and place him or her in a facility designated by the County and approved by the State Department of Health Care Services as a facility for 72-hour treatment and evaluation of minors. The facility shall make every effort to notify the minor's parent or legal guardian as soon as possible after the minor is detained.
6. *Per California Penal Code 4011.6*, in any case in which it appears to the person in charge of a county jail, city jail, or juvenile detention facility, or to any judge of a court in the county in which the jail or juvenile detention facility is located, that a person in custody in that jail or juvenile detention facility may be mentally disordered, he or she

may cause the prisoner to be taken to a facility for 72-hour treatment and evaluation pursuant to Section 5150 of the Welfare and Institutions Code and he or she shall inform the facility in writing, which shall be confidential, of the reasons that the person is being taken to the facility. The local mental health director or his or her designee may examine the prisoner prior to transfer to a facility for treatment and evaluation. Upon transfer to a facility, Section 5150 and Section 5250 of the Welfare and Institutions Code shall apply to the prisoner.

7. *Note:* 5150 involuntary holds are for when voluntary treatment is refused or not a viable option if, in the professional's judgment, the person can be properly served without being detained; then he or she shall be provided evaluation, crisis intervention, or other inpatient or outpatient services on a voluntary basis.

C. Tarasoff Situation

1. When a risk assessment is conducted, the RUHS – BH staff person who is assessing shall determine if a Tarasoff situation exist.
2. A Tarasoff situation exists when an individual makes a specific and serious threat of harm toward an identifiable person(s), which is also known as the intended victim. If such situation exists, the RUHS – BH staff person shall immediately consult with their supervisor and Manager/Administrator for next steps.
3. Refer to **Policy 202 “Tarasoff- Duty to Protect”** for more guidance regarding department policy and procedures.

D. 5150 Involuntary Hospitalization Procedures (**Non-Detention Staff**)

1. When it is determined that an individual meets criteria for a 5150 involuntary hold, the staff person should seek out another staff person to be available for support and for safety precautions.
2. The assessing staff person shall notify his/her supervisor and/or clinical lead when initiating a 5150 involuntary hold. If supervisor or clinical lead is unavailable, refer to Notification of Crisis Situation section in this policy above.
3. Be sure to use the most recent version of the LPS 5150 NCR (5150 Form, Attachment B) which can be found on the RUHS-BH department website address at <https://www.rcdmh.org/Doing-Business/LPS-5150-Certification-Oversight> or by going to

- www.rcdmh.org, clicking on “Doing Business”, and clicking on “LPS 5150 Certification & Oversight” to download the most recent version of the LPS 5150 NCR or fillable 5150 form version.
4. If applicable and doable, request that front office staff prepare a mini-packet of relevant documentation, such as, a face sheet providing full name, DOB, SSN, address, insurance information, emergency contact, etc. This mini packet should be sent with the American Medical Response (AMR) staff who are transporting the individual to assist the accepting designated facility with this helpful additional information.
 5. To identify a designated facility to transport the individual, refer to the Riverside County LPS Designated Facilities List (Attachment C). The most recent list of designated facilities can be found on the RUHS-BH department website address at <https://www.rcdmh.org/Doing-Business/LPS-5150-Certification-Oversight> or by going to www.rcdmh.org, clicking on “Doing Business”, and clicking on “LPS 5150 Certification & Oversight”.
 6. Ideally, the determination of which designated facility to select for transfer shall be based on several factors such as proximity, individual’s choice if reasonable, past hospitalization at a specific facility on the approved list for continuity of care, and available bed space.
 - a. Regarding county-operated/county contracted facilities, for Western Region or Mid-County Region, you may contact Emergency Treatment Services at (951) 358-4700. For the Desert Region, you may contact Telecare CSU at (760) 863-8650.
 - b. When contacting a designated facility ask to speak with Intake or the Charge Nurse. Indicate that you have placed the individual on a 5150 hold and provide a brief description of the individual such as full name, DOB, age, insurance information, and summarize the 5150 criteria, as well as provide any information regarding current medication and physical health conditions. You may want to read the 5150 involuntary hold word-for-word if written very concise.
 7. For individuals who need medical assistance (intoxicated, medical condition, etc.), please contact the nearest local emergency department and inform them that an individual who is on a 5150 involuntary hold is on their way to their emergency department for medical clearance. If you are unsure if the individual will need medical clearance, contact the Charge Nurse or Intake Worker and

provide them with a description of the individual and their medical status. They will let you know if medical clearance is needed.

8. Call AMR at (760) 327-1813 for transport. Fill out the Authorization for American Medical Response (AMR) Transport Form (Attachment D) and give appropriate copy to AMR when they arrive. Keep a duplicate copy of this AMR Transport form for records.
9. Consult with your supervisor and/or clinical lead to review the 5150 involuntary form to ensure it is complete and accurate. Also consult to determine if other appropriate clinical actions are necessary such as child or elderly/dependent abuse reporting; follow-up with Tarasoff reporting, etc.
10. If mini packet cannot be sent with AMR during transport, fax the mini-packet, if possible, to the designated facility as soon as possible.
11. Make two (2) copies of the 5150 involuntary form – one (1) for AMR, and one (1) the individual's medical record. Place the 5150 involuntary form in the envelope to give to AMR.
12. For field-based programs or persons that utilize the duplicate version of the 5150 form (NCR), send the white copy with AMR and the yellow copy shall be scanned into the Electronic Health Record. Place the 5150 involuntary form in the envelope to give to AMR.

Note: Per AB2099, a copy of the 5150 application shall be treated as the original. However, the original is often preferred.

13. Fax a copy of the 5150 form to LPS 5150 Certification and Oversight at (951) 351-8027 within three (3) business days of writing the hold. Failure to do so, repeatedly, may result in termination of 5150 authorization.

E. 5150 Involuntary Hospitalization Procedures (**Detention Staff Only**)

The purpose of this section is to establish guidelines for RUHS – BH detention staff to respond to individuals who are placed in the safety cell as a result of (1) destruction of property and/or (2) expressed intent and/or displays of behavior that is deemed a danger to self or danger to others.

POLICY:

RUHS – BH detention staff shall assess all inmates placed in a safety cell and provide the appropriate intervention necessary to secure inmate safety

and restore psychiatric and/or behavioral stabilization. While Riverside County Sheriff's Department staff and Correctional Health Staff may place an inmate in a safety cell who appears to be a danger to self or danger to others, or who reports intent to harm self or others, and/or who is behaving in a physically destructive manner, only a qualified mental health professional (QMHP) may evaluate the inmate and discontinue safety cell placement.

Note: A qualified mental health professional (QMHP) is defined as a waived or licensed clinical therapist or psychiatrist.

PROCEDURE:

According to Title 15 and Riverside County Sheriff's Department Policy and Procedure 504.24, the safety cell, "Shall be used to hold only those inmates who display behavior which results in destruction of property or reveals the intent to cause physical harm to self or others."

Upon notification that an inmate has been placed in a safety cell, a QMHP staff member will assess the inmate as soon as possible within the first two hours of safety cell placement. It is the responsibility of the QMHP to provide the following:

1. An initial Risk Assessment, as defined above in this policy, to determine if the individual meets criteria to be retained in the safety cell.
2. A QMHP will notify the Riverside County Sheriff's Department (RSD) Classification unit of their determination to either:
 - a. Continue retention of the individual in a safety cell because he/she remains a risk for danger to self, danger to others, grave disability, and/or property destruction or;
 - b. Discontinue safety cell placement due to the inmate not meeting the safety cell placement criteria of danger to self, danger to others, grave disability, and/or property destruction.
 - c. A Special Housing Form, also known as BH- Mental Health Acuity Level (Attachment E) must be completed and submitted to RSD Classification to recommend the individual's continued placement in a safety cell or discontinuation of safety cell placement.
3. A follow-up assessment shall be conducted by a QMHP every four (4) hours while the individual is in a safety cell.

4. Upon completing the assessment of the individual in the safety cell, the QMHP must sign the safety cell log located on the door of the safety cell and include the following information:
 - a. Name and title of Behavioral Health detention staff
 - b. Time and date of all interventions including therapeutic interventions
5. BH staff shall write a therapeutic goal related to danger to self, danger to others, gravely disabled and/or destruction of property for individuals who are placed in the safety cell, as well as, monitor water and food intake and the conditions of the safety cell.
6. Should a QMHP (psychiatrist and/or clinical therapist) recommend continued retention of the individual in a safety cell, the QMHP is required to do the following:
 - a. Re-evaluate the individual every four (4) hours to determine need for continued safety cell placement.
 - b. If the individual continues to meet the criteria of the safety cell, they may remain in the safety cell up to (48) forty-eight hours.
7. QMHP shall work with an individual in a safety cell to address issues that resulted in safety cell placement (i.e., depressed mood, suicidal or homicidal ideation, recent stressor, cellmate problems, etc.) and shall help to develop and employ coping strategies. The goal of offering behavioral treatment to the individual in a safety cell is: (1) to decrease the need for involuntary psychiatric hospitalizations, as well as, (2) to immediately begin assisting the individual who was placed in a safety cell to begin developing and utilizing coping skills.
8. If after forty-eight (48) hours, the individual does not continue to meet WIC 5150 criteria, the QMHP shall notify his/her supervisor and/or clinical lead and notify the RSD Classification unit. Note: clearance or discontinuation of a safety cell placement by a waived/pre-licensed QMHP requires consultation with a psychiatrist and/or a behavioral health services supervisor.
9. If the individual continues to meet WIC 5150 criteria, as specified in this policy above, after having spent 48 hours in a safety cell, then a 5150/4011.6 involuntary hold shall be completed.

10. The BH Detention staff person shall notify his/her supervisor and/or clinical lead that he/she is initiating a 5150 involuntary hold. If the supervisor or clinical lead is unavailable and/or crisis occurs outside of regular daytime hours, refer to Notification of Crisis Situation section, "*For Detention Staff Only*," in this policy above.
11. To transfer the individual for inpatient psychiatric services on a 5150/4011.6 involuntary hold, the QMHP will contact the receiving psychiatrist at Emergency Treatment Services (ETS) and/or the Detention Care Unit (DCU). Should a psychiatrist not be available to assist with the admission process, a QMHP or Charge Nurse at the receiving designated facility may also facilitate an admission and transfer of an individual placed on a 5150/4011.6 involuntary hold.
12. If upon the individual returning from ETS or DCU, the individual continues to verbalize or display behavior that is a danger to self or danger to others, grave disability or destruction of property, the individual will again be placed in a safety cell and will be evaluated by a QMHP immediately upon safety cell placement.
13. Individuals placed in the safety cell shall be seen daily (and more frequently if warranted) by a QMHP for at least the first three (3) days following discontinuation of safety cell placement.
14. Individuals shall be seen daily (and more frequently if warranted) upon returning to a detention facility following a 5150/4011.6 involuntary hold.
15. Individuals who meet WIC 5150 criteria for danger to self, danger to others, or grave disability at the time of their release from custody shall be evaluated by a QMHP for the initiation of 5150 involuntary hold. The following shall occur:
 - a. The BH Detention staff person shall notify his/her supervisor and/or clinical lead that he/she is initiating a 5150 involuntary hold. If the supervisor or clinical lead is unavailable and/or crisis occurs outside of regular daytime hours, refer to Notification of Crisis Situation section, "*For Detention Staff Only*," in this policy above.
 - b. To transfer the individual for inpatient psychiatric services on a 5150/involuntary hold, the QMHP will contact the receiving psychiatrist at Emergency Treatment Services (ETS). Should a psychiatrist not be available to assist with the admission process, a QMHP or Charge Nurse at the receiving designated facility may

also facilitate an admission and transfer of an individual placed on a 5150 involuntary hold.

- c. The QMHP shall then coordinate with detention custody staff for the inmate to be transferred to the Riverside County Emergency Treatment Service (ETS) immediately upon release from custody.
- d. The Detention clinical therapist (CT) shall arrange for AMR to transport. The CT shall fax over the "Situation, Behaviors, Assessment, Recommendations (SBAR) form (Attachment F), in addition to the 5150 involuntary hold, as well as, the Electronic Medication Administration Record (EMAR).

F. LPS 5150 Certification & Oversight Department

1. For more information related to Riverside County LPS 5150 Authorization, training, documents and forms or other 5150-related information, please go to the RUHS-BH department website address at <https://www.rcdmh.org/Doing-Business/LPS-5150-Certification-Oversight> or www.rcdmh.org, click on "Doing Business", and click on "LPS 5150 Certification & Oversight".
2. For questions or concerns relating to 5150 authorization and involuntary hospitalizations, you may also contact LPS 5150 Certification & Oversight either by phone at (951) 358-4544 or via email at 5150@ruhealth.org. To apply for Riverside County 5150 authorization, please submit an Application for 5150 Authorization (Attachment G) to 5150@ruhealth.org.

Approved by:  Date: 9/16/20
Behavioral Health Director

Attachments:

AB1424 - Important Information for Family Members, Attachment A
LPS 5150 NCR (5150 Form), Attachment B
Riverside County LPS Designated Facilities List, Attachment C
American Medical Response (AMR) Transport Form, Attachment D
Special Housing Form, also known as BH- Mental Health Acuity Level, Attachment E
Situation, Behaviors, Assessment, Recommendations (SBAR) Form, Attachment F
Application for 5150 Authorization, Attachment G



FAMILY ADVOCATE PROGRAM
2085 RUSTIN AVE
RIVERSIDE, CA 92507
TOLL FREE: (800) 330-4522

IMPORTANT INFORMATION FOR FAMILY MEMBERS

Family Information and Authorization for Verbal Release of Information

On October 4, 2001, Assembly Bill 1424 (Thomson) was signed by the Governor and chaptered into law (Welfare & Institutions Code Section 5150.05) (See reverse). The law became effective January 1, 2002. AB-1424 modifies the LPS (Lanterman-Petris-Short) Act, which governs involuntary treatment for people with mental illness in California.

As per AB-1424, input from family members **shall** be considered in the determination of whether involuntary treatment is appropriate. Family members are often able to provide valuable information to treatment providers. (Family members who knowingly give false information may be liable to their mentally ill family member in a civil action).

Family members should be aware that AB-1424 does **not** affect existing confidentiality statutes which prohibit treatment professionals from providing information **to** family members without the written consent of the mentally ill family member (Form "Notification of Patient's Admission/Release of Verbal Information"). However, it is **never** a violation of confidentiality statutes for treatment providers to receive information **from** family members. (See RUHSBH brochure "Confidentiality Guidelines for Caregivers: Family Members and Significant Others").

To facilitate implementation of AB-1424, Riverside University Health System – Behavioral Health has developed the forms to assist family members in their provision of information to treatment providers. They are:

- "Information Provided by Family Member"
- "Information Provided by Family Member - History of Mentally Ill Person's Crisis Episodes"

It is not **required** that family members use RUHSBH forms when providing information to treatment providers. Written and/or verbal information from family members is **always** acceptable.

Please note: The Family Advocate Program would be interested in hearing from you regarding any suggestions you may have for improving these forms and/or any problems or successes you may have in obtaining care for your relative. Additional copies may be obtained at this facility or by contacting the Family Advocate Program at the address and/or number listed above.

CALIFORNIA AB-1424

On October 4, 2001, Assembly Bill 1424 (Thomson-Yolo D) was signed by the Governor and chaptered into law. The law became effective January 1, 2002. AB-1424 modifies the LPS (Lanterman-Petris-Short) Act, which governs involuntary treatment for people with mental illness in California. Quoting the legislative intent of the bill:

"The Legislature finds and declares all of the following: Many families of persons with serious mental illness find the Lanterman-Petris-Short Act system difficult to access and not supportive of family information regarding history and symptoms. Persons with mental illness are best served in a system of care that supports and acknowledges the role of the family, including parents, children, spouses, significant others, and consumer-identified natural resource systems. It is the intent of the Legislature that the Lanterman-Petris-Short Act system procedures be clarified to ensure that families are a part of the system response, subject to the rules of evidence and court procedures."

More specifically, AB-1424 requires:

- That the historical course of the person's mental illness be considered when it has a direct bearing on the determination of whether the person is a danger to self/others or gravely disabled;
- That relevant evidence in available medical records or presented by family members, treatment providers, or anyone designated by the patient be considered by the court in determining the historical course;
- That facilities make every reasonable effort to make information provided by the family available to the court; and
- That the person (a law enforcement officer or designated mental health professional) authorized to place a person in emergency custody (5150 hold) consider information provided by the family or a treating professional regarding historical course when deciding whether there is a probable cause for hospitalization.

Upon the signing of AB-1424, W&I Code 5150.05 was added to the 5150 code. It reads:

When determining if probable cause exists to take a person into custody, or cause a person to be taken into custody, pursuant to Section 5150, any person who is authorized to take that person, or cause that person to be taken into custody pursuant to that section shall consider available relevant information about the historical course of the person's mental disorder if the authorized person determines that the information has a reasonable bearing on the determination as to whether the person is a danger to others, or to himself or herself, or is gravely disabled as a result of the mental disorder.

RIVERSIDE UNIVERSITY HEALTH SYSTEM – BEHAVIORAL HEALTH

“Information Provided by Family Member”

This **TWO-PAGE** form was developed to provide a means for family members to communicate about their relatives mental health history pursuant to AB-1424, which requires all individuals making decisions about involuntary treatment to consider information supplied by family members. Mental Health staff will place this form in the consumer's mental health chart. Under California and Federal Law, consumers have the right to view their chart.

Name of Family Member receiving services (Consumer) _____

Date of Birth: _____ Primary Language: _____ Religion (Optional): _____

Address: _____ Phone: _____

Medi-Cal: ☐ Yes # _____ ☐ No Medicare: ☐ Yes # _____ ☐ No

Name Of Insured: _____ Name Private Medical Ins: _____

Does he/she have Conservator? ☐Yes ☐No ☐Not Sure Yes? Name: _____

Does consumer receive SSI/SSDI? ☐ Yes ☐ No Name of Payee: _____

☐ Yes ☐ No Please ask my family member to sign an authorization (RUHSBH) Form "Notifications of Patient's Admission/Release of Verbal Information") permitting mental health providers to communicate with me about his/her care.

☐ Yes ☐ No I wish to be contacted as soon as possible in case of an emergency, transfer, or discharge.

☐ Yes ☐ No My relative has an Advanced Directive (If yes, and a copy is available, please attach a copy to this form)

Brief History of Mental Illness (age of onset, previous capabilities and interests, dangerous to self or others, consumer's ability to provide for his/her basic needs such as food, clothing, and shelter). Use back of form for additional information if necessary.

This image shows a single sheet of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. There are approximately 20 lines visible. The paper appears to be a standard notebook page.

Treating professionals are prohibited from providing information about the consumer TO family members without WRITTEN authorization of the consumer. (RUHSBH Form: "Notification of Patient's Admission/Release of Verbal Information"). Nothing prevents treatment providers from receiving information *FROM* family members.

Consumer Diagnosis: _____

Any substance abuse problems? ☐ Yes ☐ No Drug of choice: _____

CURRENT STRENGTHS:

Education: _____ Employment/ Volunteer: _____

Goals: _____ Other: _____

CURRENT MEDICATIONS (Psychiatric and Medical):

Name: _____

Name: _____

Name: _____

Medications consumer responded well to: _____

Medications that **DID NOT** work for consumer: _____

Treating Psychiatrist: _____ Phone: _____

Case Manager: _____ Phone: _____

Significant Medical Conditions: _____

Allergies-Medications, Food, Chemicals, Other: _____

Primary Care Physician: _____ Phone: _____

Current Living Situation: _____

INFORMATION SUBMITTED BY:

Name (print): _____ Relationship to (Consumer) _____

Address: _____ City, State: _____ Zip: _____

Phone: _____ Signature: _____ Date: _____

Please use this space to continue answers to questions or to provide any other information that may be useful.

Staff to File in "Correspondence" Section of Client Chart

(Revised 7/2016)

RIVERSIDE UNIVERSITY HEALTH SYSTEM – BEHAVIORAL HEALTH

**“Information Provided by Family Member -
History Of Mentally Ill Person’s Crisis Episode**

This **TWO-PAGE** form was developed to provide a means for family members to communicate about their relatives mental health history pursuant to AB-1424, which requires all individuals making decisions about involuntary treatment to consider information supplied by family members. Mental Health staff will place this form in the consumer’s mental health chart. Under California and Federal Law, consumers have the right to view their chart.

Name of Family Member receiving services (Consumer): _____

Date of Birth: _____ Primary Language: _____ Religion (Optional): _____

Date	Crisis Behavior/Event (include a description of the crisis and any triggers or precipitants)	Action Taken	Result Of The Action

Treating professionals are prohibited from providing information about the consumer TO family members without WRITTEN authorization of the consumer. (RUHSBH Form: “Notification of Patient’s Admission/Release of Verbal Information”). Nothing prevents treatment providers from receiving information FROM family members.

Your Name (Print): _____ Relationship To Consumer: _____

Address: _____ City/State: _____ Zip: _____

Phone: _____ Signature: _____ Date: _____

Please use this space to continue answers to questions or to provide any other information you feel may be useful.

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

Advisement Completed By

Position

Language or Modality Used

Date of Advisement

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) **Select 5150 Designated Facility**

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

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: (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:

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):

☐ 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):

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: _____

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.

Date:

Phone:

Time:

Military hrs or ☐ AM ☐ PM

Signature:

Position Title:

Print Name:

Agency Name and Address of Law Enforcement Agency/Evaluation Facility/Person:

Badge/Employee #:

Penal Code 4011.6 only
Date and time person no longer in custody:

Date:

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

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

REFERENCES AND DEFINITIONS

"Gravely Disabled" means a condition in which a person, as a result of a mental disorder, is unable to provide for his or her basic personal needs for food, clothing and shelter. SECTION 5008(h) W&I Code

"Gravely Disabled Minor" means a minor who, as a result of a mental disorder, is unable 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. Intellectual disability, epilepsy, or other developmental disabilities, alcoholism, other drug abuse, or repeated antisocial behavior do not, by themselves, constitute a mental disorder. SECTION 5585.25 W&I Code

"Peace Officer" means a duly sworn peace officer as that term is defined in Chapter 4.5 (commencing with Section 830) of Title 3 of Part 2 of the Penal Code who has completed the basic training course established by the Commission on Peace Officer Standards and Training, or any parole officer or probation officer specified in Section 830.5 of the Penal Code when acting in relation to cases for which he or she has a legally mandated responsibility. SECTION 5008 (i) W&I Code

Section 5152.1 W&I Code

The professional person in charge of the facility providing 72-hour evaluation and treatment, or his or her designee, shall notify the county mental health director or the director's designee and the peace officer who makes the written application pursuant to Section 5150 or a person who is designated by the law enforcement agency that employs the peace officer, when the person has been released after 72-hour detention, when the person is not detained, or when the person is released before the full period of allowable 72-hour detention if all of the conditions apply:

(a) The peace officer requests such notification at the time he or she makes the application and the peace officer certifies at that time in writing that 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.

(b) The notice is limited to the person's name, address, date of admission for 72-hour evaluation and treatment, and date of release. If a police officer, law enforcement agency, or designee of the law enforcement agency, possesses any record of information obtained pursuant to the notification requirements of this section, the officer, agency, or designee shall destroy that record two years after the receipt of notification.

Section 5152.2 W&I Code

Each law enforcement agency within a county shall arrange with the county mental health director a method for giving prompt notification to peace officers pursuant to Section 5152.1 W&I Code.

Section 5150.05 W&I Code:

(a) When determining if probable cause exists to take a person into custody, or cause a person to be taken into custody, pursuant to Section 5150, any person who is authorized to take that person, or cause that person to be taken, into custody pursuant to that section shall consider available relevant information about the historical course of the person's mental disorder if the authorized person determines that the information has a reasonable bearing on the determination as to whether the person is a danger to others, or to himself or herself, or is gravely disabled as a result of the mental disorder.

(b) For purposes of this section, "information about the historical course of the person's mental disorder" includes evidence presented by the person who has provided or is providing mental health or related support services to the person subject to a determination described in subdivision (a), evidence presented by one or more members of the family of that person, and evidence presented by the person subject to a determination described in subdivision (a) or anyone designated by that person. (c) If the probable cause in subdivision (a) is based on the statement of a person other than the one authorized to take the person into custody pursuant to Section 5150, a member of the attending staff or a professional person, the person making the statement shall be liable in a civil action for intentionally giving any statement that he or she knows to be false. (d) This section shall not be applied to limit the application of Section 5328.

Section 5585.50 W&I Code

The facility shall make every effort to notify the minor's parent or legal guardian as soon as possible after the minor is detained. Section 5585.50 W&I Code.

A minor under the jurisdiction of the Juvenile Court under Section 300 W&I Code, is due to abuse, neglect or exploitation.

A minor under the jurisdiction of the Juvenile Court under Section 601 W&I Code is due to being adjudged a ward of the court as a result of being out of parental control.

A minor under the jurisdiction of the Juvenile Court under Section 602 W&I Code is due to being adjudged a ward of the court because of crimes committed.

Section 8102 W&I Code (EXCERPTS FROM)

(a) Whenever a person who has been detained or apprehended for examination of his or her mental condition or who is a person described in Section 8100 or 8103, is found to own, have in his or her possession or under his or her control, any firearm whatsoever, or any other deadly weapon, the firearm or other deadly weapon shall be confiscated by any law enforcement agency or peace officer, who shall retain custody of the firearm or other deadly weapon. "Deadly weapon," as used in this section, has the meaning prescribed by Section 8100. (b) (1) Upon confiscation of any firearm or other deadly weapon from a person who has been detained or apprehended for examination of (b) his or her mental condition, the peace officer or law enforcement agency shall issue a receipt describing the deadly weapon or any firearm and listing any serial number or other identification on the firearm and shall notify the person of the procedure for the return, sale, transfer, or destruction of any firearm or other deadly weapon which has been confiscated. A peace officer or law enforcement agency that provides the receipt and notification described in Section 33800 of the Penal Code satisfies the receipt and notice requirements. (2) If the person is released, the professional person in charge of the facility, or his or her designee, shall notify the person of the procedure for the return of any firearm or other deadly weapon which may have been confiscated. (3) Health facility personnel shall notify the confiscating law enforcement agency upon release of the detained person, and shall make a notation to the effect that the facility provided the required notice to the person regarding the procedure to obtain return of any confiscated firearm.

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.

Riverside University Health System – Behavioral Health
LPS 5150 Designated and Indigent Contracted Facilities

Name of Facility	5150 Designated	Serves Adults	Serves Minor	Psych Bed / Capacity	Insurance Accepted	Payor Source	
						Accepts Riverside County Medi-Cal	Accepts Riverside County Indigent
Riverside County- ETS, ITF 9990 County Farm Road, #4 & #2 Riverside, CA 92503 Phone: 951-358-4881/4882/4883	Yes	Yes	Adolescent	Capacity: 101 persons (All locked units) ETS: 24 Units ITF: 77 Units Adult: 65 Adolescent: 12	Accepts: Medical, Medicare, Medi/Medi and Private	Yes	Yes
Telecare CSU/PHF 47-915 Oasis Street Indio, CA 92201 Phone: 760-863-8650 (CSU) 760-863-8632 (PHF)	Yes	Adult Desert Residents Only	No	Capacity: 28 persons CSU: 12 locked Unit PHF: 16 locked	Accepts: Medical, Medicare, Medi/Medi and Private	Yes	Yes
Aurora Charter Oak Hospital 1161 East Covina Blvd. Covina, CA 91724 Phone: 626-859-5275 800-654-2673 Point of Contact: Needs Assessment Unit	Yes	Yes	Adolescent	LPS Beds: 134 total locked units Adult: 120 Adolescent: 14	Accepts: Medicare, Medi/Medi, Private and Medical-Only for ages:13-20; Seniors ages: 65+	Yes	Yes
Corona Regional Medical Center 730 Magnolia Ave. Corona, CA 92879 Phone: 951-736-7230 Point of Contact: Charge RN	Yes	Yes	No	LPS Beds: 37 total locked units	Accepts: Medical, Medicare, Medi/Medi and some Private ins. (Call to verify)	Yes	Yes
Aurora Las Encinas Hospital 2900 East Del Mar Blvd Pasadena, CA 91107 Main Phone: (626) 795-9901 (800) 792-2345 Point of Contact: Main phone, transfer to Intake	Yes	Yes	No	LPS Beds: 67 total locked units	Accepts: Medicare, Medi/Medi, Private Medical-Only for ages:18-20; Seniors ages: 65-70	Yes	Yes

Riverside University Health System – Behavioral Health

All information contained herein is subject to change without notice.

Riverside University Health System – Behavioral Health LPS 5150 Designated List can also be accessed at: <http://www.rcdmh.org/Doing-Business/RUHSBH-Inpatient-Provider-Manual>

LPS 5150 Designated and Indigent Contracted Facilities

Name of Facility	5150 Designated	Serves Adults	Serves Minor	Psych Bed / Capacity	Insurance Accepted	Payor Source	
						Accepts Riverside County Medi-Cal	Accepts Riverside County Indigent
Canyon Ridge Hospital 5353 "G" Street Chino, CA 91710 Phone: 909-590-4001 Point of Contact: Psych. Intake Unit	Yes	Yes	Adolescent	LPS Beds: 106 total locked units Adult: 81 Adolescent: 25	Accepts: Medicare, Medi/Medi, Private and Medical-Only ages: 13-20; Seniors: 55+ depends on program. Call to verify	Yes	No
Loma Linda Behavioral Medical Center 1710 Barton Road Redlands, Ca 92373 Phone: 909-558-9275 Point of Contact: Psych. Intake Unit	Yes	Yes	Adolescents and Children	LPS Beds: 65 total Senior: 12 Adult: 18 Adolescent: 35 Children: 12	Accepts: Medicare, Medi/Medi and some Private ins. (Call to verify)	Yes	No
Redlands Community Hospital 350 Terracina Blvd. Redlands, CA 92373 Phone: 909-335-5500, ext. 5655 Point of Contact: Psych. Intake Unit	Yes	Yes	No	LPS Beds: 15 total locked units	Accepts: Medical, Medicare, Medi/Medi and Private	Yes	No
San Bernardino Community Hospital 1805 Medical Center Drive San Bernardino, CA 92411 Phone: 909-887-6333, press #9, ext. 2306 Point of Contact: Behavioral Health Charge/Intake Nurse	Yes	Yes	No	LPS Beds: 35 total locked units	Accepts: Medical, Medicare, Medi/Medi and Private	Yes	No
Silver Lake Medical Center - 2 Campuses Ingleside Campus 7500 E. Hellman Avenue Rosemead, CA 91770 Main Phone: 626-288-1160 Point of Contact: Both Campuses Intake Department: 888-819-9888 Silver Lake Medical Center Downtown Campus 1711 W. Temple Street Los Angeles, CA 90026 Main Phone: 213-484-3565	Yes	Yes	No	LPS Beds (Ingleside): 103 total locked units LPS Beds (Downtown): 29 total locked units	Accepts: Medical, Medicare, Medi/Medi	Yes	No
Pacific Grove Hospital 5900 Brockton Ave. Riverside, CA 92506 800-992-0901 Toll Free 951-779-7828 Direct 951-275-8402 Fax	Yes	Yes	No	LPS Beds: 22 total locked units	Accepts: Medical, Medicare, Medi/Medi and Private	Yes	Yes

All information contained herein is subject to change without notice.

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Riverside University Health System – Behavioral Health

Authorization for American Medical Response (AMR) Transport

Please Note: All items must be complete to avoid denial or delay in payment to provider
PLEASE PRINT LEGIBLY

Date of Service: _____

Location: _____ # of Patients: _____

Patient Name: _____

DOB: _____ ☐ Homeless

Patient Address: (If homeless, indicate pick-up address)

Street _____

City/Zip _____

Facility or Clinic Initiating Transfer:

- | | |
|--|---|
| ☐ RCRMC – Arlington | ☐ RCRMC – Main Campus |
| ☐ Telecare CSU/PHF (Indio) | ☐ Telecare CSU-Mid County |
| ☐ Recovery Inn. CSU-Riverside | ☐ Recovery Inn. CSU-Desert |
| ☐ Other: (write location) _____ | |

Time Called: _____ AM PM

Time Arrived: _____ AM PM

Third Party Payor Information

Medi-Cal ID: _____

☐ None Known

Health Plan/Insurance: _____

Medicare ID: _____

Insured Name: _____

Group/Plan #: _____

AMR must bill Medi-Cal, Medicare or Insurance (if applicable) for services prior to billing the RUHS-BH (RCDMH). Payment denials must be attached to invoice when requesting reimbursement from RUHS-BH (RCDMH).

Authorized Signature

Name (Print): _____

Title: _____

Signature: _____

Phone #: _____

DISTRIBUTION: WHITE – AMR PINK – RUHS-BH Admin CANARY – Initiating Program/Facility



County of Riverside
4000 Orange St.
Riverside, CA 92501

5/4/2020 3:29:01 PM PDT

BH - MENTAL HEALTH ACUITY LEVEL

- Created on 5/4/2020

Patient: 071019, test #: 2019071019 Lang:
DOB: 7/10/2019 (Age=0) Sex: Female Race:
Housing: Court Date: Type:
Status: ACTIVE

**PICTURE
NOT AVAILABLE**

MH Acuity Level

- ☐ Acute
- ☐ Severe
- ☐ Moderately Severe
- ☐ Moderate Stepdown
- ☐ Moderate
- ☐ Mild
- ☐ Minimal
- ☐ None

Clinical Recommendations

S SITUATION:

Date: ____ / ____ / ____ Time: ____

Person or Physician Calling: _____ Phone #: _____

Referring Hospital or Agency: _____ Location: _____

Patient Name: _____ DOB: _____ Age: _____

M or F _____ Race: _____ Language: _____ Interpreter Needed? Y / N

Address: _____ City / State: _____

County: _____ RCRMC MR#: _____

Legal Status: _____ 5150? _____ Date / Time Initiated: ____ / ____ / ____

Legal Guardian (if other than pt): _____

Conservator: Y / N If yes, probate (patient must also be on an LPS hold or sign voluntary) / LPS _____

Guardian / Conservator Address: _____

Phone #: _____ Significant Other: _____

SO Relationship: _____ SO Phone #: _____

Guardian / SO / Conservator Aware / Notified of Transfer: No, explain _____ / Yes

If yes, by whom: _____ when? _____

B BACKGROUND:

Presenting Problem / Reason for Referral: _____

DTS? N / Y Describe: _____

DTO? N / Y Describe: _____

GD? N / Y Describe: _____

Criminal Charges? N / Y Describe: _____

Other Behaviors / Issues? N / Y Describe: _____

Recent / Current Restraint / Seclusion? N / Y Describe: _____

Recent / Current Substance Abuse? N / Y Describe: _____

Current Intoxication / Withdrawal? N / Y Describe: _____

Axis I and II: _____

Axis III / Issues: _____

Medically Cleared for Admission / Transfer? N / Y If yes, by which physician? _____

Note: If patient is medically cleared by the referring physician, the patient is to be accepted to ETS without delay.

Department of Psychiatry, Arlington Campus
A Division of
Riverside County Regional Medical Center
Moreno Valley, California

CONTACT/REFERRAL/TRANSFER
COMMUNICATION

A ASSESSMENT:

Ambulatory? Y / N Describe Limitation: _____

Assistive Device? N / Y Describe: _____

If from another hospital/facility, Date / Time Admitted: ____ / ____ / ____

Allergies: NKDA / Y Describe: _____

Code Status: Full Code / Limited / DNR _____

Medical Treatment Received: _____

Procedure / Surgery / ICU in past 24 hours? N / Y Describe: _____

Most Recent VS: T: ____ P: ____ RL: ____ BP: ____ / ____ Pain Scale Score: ____ Location: ____

LOC: Awake & Alert? Y / N Describe: _____ O₂ Needed? N / Y _____

Recent Relevant Labs / X-ray findings: _____

Infectious Diseases? TB: Y / N MPSA: Y / N Hepatitis: A / B / C: Y / N Other: _____

Continuing Medical Treatment Needed? N / Y Describe: _____

Medications given past 24 hr: _____

Medications recommended to be continued: _____

Skin Integrity? WNL / N Describe: _____

Dressings / Wound Care Needed? N / Y Describe: _____ IV? N / Y Catheter? N / Y

Any Tubes? N / Y Special Medical Equipment / Supplies Needed? N / Y Describe: _____

NOTE: ETS does not accept any patient who cannot be aroused; is bed ridden; has an IV catheters or tubes; or needs special equipment or supplies that are not available to ETS; or needs extensive medical/surgical nursing care.

R RECOMMENDATIONS:

Nursing Staff Recommendations: Accept? Y / N If no, describe reason: _____

If yes, describe special needs / concerns: _____

I confirm that direct nurse-to-nurse communications has been completed.

RN Name: _____

RN Signature: _____ Date / Time: ____ / ____ / ____

Physician Determination: Accept for admission / transfer to ETS? YES / NO _____

If No, reason: _____ If not accepted,

what needs to be done in order to accept the patient at a later time: _____

I confirm that direct doctor-to-doctor communication has been completed.

Physician Name: _____

Physician Signature: _____ Date / Time: ____ / ____ / ____

Department of Psychiatry, Arlington Campus
 A Division of
 Riverside County Regional Medical Center
 Moreno Valley, California

CONTACT/REFERRAL/TRANSFER
 COMMUNICATION

Application Type: ☐ New ☐ Renewal

Name of Applicant: _____ **Employee ID#:** _____

Discipline & License #: ☐ MFTi ☐ LMFT ☐ ACSW ☐ LCSW ☐ Psy.D ☐ Ph.D ☐ MD ☐ DO
☐ RN ☐ Tribal Ranger ☐ Other, specify _____ **License/Registration#:** _____

Name of work site: _____ Work Number: _____

Date of Hire (Current Position): _____ Email Address: _____

To be authorized as:

- ☐ RUHS BH Employee
☐ Attending staff at RUHS BH designated facility
☐ Employee of RUHS BH contracted provider
☐ Other professional (i.e., emergency department doctor, nurse, social worker, tribal ranger)

REQUIRED: The undersigned certifies that the applicant has _____ years of experience providing services to individuals with mental illness. In addition, the applicant meets the necessary requirements for designation according to RUHS BH Policy #142.

_____ Signature of Applicant	_____ Job Title	_____ Date
_____ **REQUIRED** Signature of Supervisor	_____ Job Title	_____ Date

Name of Supervisor: _____ Supervisor's Work Number: _____

Email of Supervisor: _____

Please send this completed application to LPS 5150 Certification & Oversight at 5150@ruhealth.org

Authorization Outcome: The section below is completed by LPS 5150 Staff Only

☐ **RENEWAL:** Based upon the LPS 5150 Certification & Oversight Department's review of the applicants 5150s written, the applicant is hereby granted a renewal of 5150 authority to initiate detention, upon probable cause, of mentally disordered persons in a facility designated by Riverside County as a facility for 72-hour treatment and evaluation in accordance with the above policies and the Welfare & Institutions Code. This authorization will expire on _____.

☐ **NEW AUTHORIZATION:** Based upon the completion of the training on _____ and passing the 5150 exam, the applicant is hereby granted 5150 authority to initiate detention, upon probable cause, of mentally disordered persons in a facility designated by Riverside County as a facility for 72-hour treatment and evaluation in accordance with the above policies and the Welfare & Institutions Code. This authorization will expire on _____.

☐ **DENIED:** Applicant's request for 5150 authorization is denied for the following reason(s):

Did not pass 5150 exam. Date of exam: _____. Score: _____

Renewal denied. Upon QI Inpt review, applicant has excessive deficiencies in 5150s written.

Signature of Mental Health Director/Designee

Date