



COUNTY OF YOLO

HEALTH AND HUMAN SERVICES AGENCY

POLICIES AND PROCEDURES

SECTION 5, CHAPTER 1, POLICY 001

5150 INVOLUNTARY 72-HOUR HOLD

- A. PURPOSE:** To describe the process for 5150 certifications, designation, and evaluation for Yolo County Health and Human Services Agency (HHSA). HHSA will provide services to clients who are evaluated at the behavioral health clinic, urgent care clinic, or local emergency room(s) and who might need inpatient psychiatric services for safety and stabilization. HHSA will provide trainings and certifications to designated staff and providers for writing 5150 holds.
- B. FORMS REQUIRED/ATTACHMENTS:**
- a. Attachment A – Yolo County 5150 Designee Application
 - b. Attachment B – Yolo County 5150 Designation Attestation
- C. DEFINITIONS:** N/A
- D. POLICY:** HHSA crisis and clinical licensed or licensed-eligible/waivered staff, who are 5150 designees, shall conduct 5150 evaluations in the County behavioral health clinics, urgent care, and local emergency room(s), if needed. Upon evaluation, if the client meets criteria for a 5150 (involuntary 72-hour) hold, arrangements will be made for hospitalization and law enforcement, non-emergency transport, or ambulance, if applicable, will be contacted to transport the client to the nearest hospital for medical clearance. The hospital will provide subsequent re-evaluation and coordinate placement at a designated psychiatric facility, if appropriate. The Crisis Clinician may provide assistance to the hospital in facilitating admission, if the County desires the client be placed at a particular inpatient psychiatric facility. If the client does not meet criteria for a 5150 hold, then staff will still complete a crisis assessment, including a mental status exam, stating that the client was seen, evaluated, and does not meet 5150 criteria. Otherwise, staff shall document the outcome of a client's assessment and being placed on a 5150 hold. Staff shall record the date and time, sign the assessment, and file in the client's chart.
- E. PROCEDURE**
1. **5150 Application, Certification, and Designation**
 - a. California law (WIC 5150) allows specified professionals to take a person into custody if they have probable cause to believe the person, as the result of a mental health disorder, meets criteria for danger to self, danger to others, and/or gravely disabled.
 - b. Authority for designation to write 5150 holds in Yolo County is granted by the HHSA Behavioral Health Director.

- c. **Yolo County Certification Eligibility:**
 - i. Professional person with a clinical license, or professional person who is licensed-eligible/waivered and authorized by the Behavioral Health Director
 - ii. Completion of 5150 training and certification course with HHSA
 - iii. Passing 5150 exam score (minimum score of 80%)
- d. Those requesting to be 5150 certified in Yolo County shall submit an application (Attachment A) to the HHSA Crisis and Access Team for review and authorization to become designated.
- e. Certification is granted for two (2) years.
- f. All designees must re-certify by refresher course and passing an exam every two years.
- g. Certification is site-specific and within Yolo County.
- h. Designation can be revoked by the Behavioral Health Director if the privilege to write 5150 holds is abused, or in the event of negligence.
- i. 5150 training and certification/re-certification courses will be provided by the HHSA Crisis and Access Team on an as-needed basis.
- j. Designees are responsible for maintaining current 5150 statuses and notifying their supervisor and HHSA of any changes.
- k. HHSA will maintain a list of certified individuals for tracking purposes.

2. Designation of Trainers and Requirements

- a. HHSA contracted provider Program and/or Clinical Managers may request authorization from the Quality Management Manager, Crisis and Access Team Manager, or Behavioral Health Director to be trained as a 5150 trainer, in order to appropriately train their own staff or new hires.
- b. Authorized providers will be trained to HHSA standards by Crisis and Access Team staff.
- c. Prior to providers training and authorizing their employees as 5150 designees, applications shall be submitted to HHSA Crisis and Access Team staff for review to ensure each person "applying" meets HHSA certification eligibility criteria. Crisis and Access Team staff will approve or deny applications, and proceed with training those who are approved.
- d. Providers who are 5150 trainers are still required to attend a refresher course and pass the 5150 exam every two years in order to maintain current status.
- e. Providers will notify the Crisis and Access Team of staff trained at their facilities and submit copies of the following paperwork:
 - i. 5150 exams with true/false questions and vignettes
 - ii. Signed 5150 Attestation
 - iii. Applicant licensure information

- f. If a client presents to the clinic in crisis, the client will be evaluated by the Crisis Clinician for 5150 criteria. If a client meets criteria, the Crisis Clinician shall initiate detaining the client on a 5150 hold and assisting with arrangements for the client to be transferred to a hospital for further behavioral health evaluation and treatment.
- g. If a client is in an appointment and the practitioner finds the client is meeting 5150 criteria, the client will be placed on a 5150 hold by that practitioner, if certified, or referred to the Crisis Clinician for evaluation and placing a 5150 hold.
- h. 5150 Risk Assessment should include, but is not limited, to:
 - i. Biopsychosocial stressors
 - ii. Current and/or history of treatment
 - iii. Prominent symptoms: sleep, appetite, mood, thought disturbance, etc.
 - iv. Alcohol and/or drug use
 - v. Suicidal ideation/intent/plan/means
 - vi. Homicidal ideation/intent/plan/means
 - vii. Safety or violence indicators
 - viii. Level of support
- i. Using the Risk Assessment, the client shall be evaluated for meeting any one or more of the following 5150 criteria:
 - i. **Danger to Self**
Deliberate plan to inflict serious and severe harm to self, possibly life-threatening, with the means and intention to use those means; other life-threatening behaviors where impending severe injury or death is imminent.
 - ii. **Danger to Others**
Behaviors and verbalizations indicating the person either intends to cause severe harm to a particular individual, or intends to engage in potentially life-threatening acts against others, or intends to act with gross disregard for the health and safety of others.

TARASOFF: If someone threatens to harm an identified person(s) in the designee's presence, the designee must notify the person(s) threatened, and must call law enforcement agency to report the threat. Known as the "Duty to Warn", the Tarasoff procedure (refer to Policy 'Tarasoff – Duty to Warn') is applicable when there is an identifiable victim(s), imminent threat of danger, and clear threat of serious harm.
 - iii. **Gravely Disabled Adult**
A condition in which a person, as a result of a mental health disorder, is unable to provide for his/her basic needs of food, clothing, or shelter; there must be a causal link between the person's mental health disorder and inability to provide for needs, and failure to meet those needs results in physical danger or harm.

iv. **Gravely Disabled Minor**

As a result of a mental health disorder, a minor (under age 18) is unable to utilize the elements of life, which are essential to health, safety, and development, including food, clothing, or shelter, even though provided to the minor by others; the same causal link, as for adults, must exist.

3. Completing the 5150 Form

- a. Write in ink and write legibly.
- b. If an error is made, single-line out the error and initial next to it.
- c. If client is able to reasonably comprehend the advisement, read the detainment advisement and check the "Advisement Complete" box. If client is incoherent, confused, or an immediate threat to health and/or safety of self/others or is violent, check "Advisement Incomplete" and document reason for "Good Cause".
- d. Indicate to where the 5150 application is being written; "Any designated psychiatric facility" is acceptable.
- e. Write the client's name with date of birth (DOB) in parenthesis and his/her address. If homeless, write "homeless" or "undomiciled" and indicate in which city or county.
- f. For minors, circle "minor" under the address section and include name(s), address, and phone number(s) of the parent or guardian.
- g. Briefly explain how the client came to your attention.
- h. Provide probable cause leading clinician to believe client meets 5150 criteria, and supporting evidence, which may include observable behaviors, client quotes, and subjective reports. Avoid psychiatric jargon and diagnosing.
- i. Check all appropriate criteria boxes that apply to the present situation.
- j. Sign name with title, agency name and address, date and time of hold, and work or agency phone number.

4. Distribution of Paperwork

a. **Accepting Facility**

The 5150 form designated as "Original" shall accompany the client to the facility (provide to the person transporting the client to the facility, not the client). If admitted, the inpatient psychiatric unit will provide a copy of the 5150 and written advisement to the client.

b. **HHSA**

Retain a copy of the 5150 form, designated as "Copy", in the client's chart.

F. REFERENCES:

California Welfare and Institutions Code (WIC), Sections 5150-5155 and 5585-5587.

Approved by:



Karen Larsen, Director
Yolo County Health and Human Services Agency

2/27/18
Date



COUNTY OF YOLO

HEALTH AND HUMAN SERVICES AGENCY

POLICIES AND PROCEDURES

SECTION 5, CHAPTER 1, POLICY 001-A

ATTACHMENT A – YOLO COUNTY 5150 DESIGNEE APPLICATION

Agency: _____ Date: _____

Name of Person Requesting Certification: _____

Work Email: _____ Work Phone: _____

I, _____, attest that I meet the following Yolo County certification eligibility criteria required for designation to initiate and write 5150 holds within Yolo County at my work site:

I am employed with Yolo County HHS or with an affiliated provider/agency/hospital

I am a professional person working in behavioral health or psychiatry within Yolo County

I have a clinical license or I am licensed-eligible/waivered

License Type: _____ License #: _____ License Expiration: _____

For licensed-eligible, estimated date of completion: _____

I have a clinical supervisor or I am a clinical supervisor/manager

I agree to comply with all training, certification/re-certification requirements, and understand that if I abuse my privilege to write 5150 holds, or in the event of negligence, my designation may be revoked.

I do not meet all of the above criteria, but I am requesting consideration for 5150 designee status in Yolo County for the following reason(s):

Applicant Signature: _____ Date: _____

Applicant Supervisor: _____
Signature Print Name Date

HHS Crisis & Access Staff: Approved Not Approved; Explain: _____

Printed Name & Signature: _____ Date: _____

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Prepared By: Quality Management

Effective: 06/13/2003 [ADMH PP 904]

Last Revision: 10/23/2008; 02/22/2018

HHS PP 5-1-001-A



COUNTY OF YOLO

HEALTH AND HUMAN SERVICES AGENCY

POLICIES AND PROCEDURES

SECTION 5, CHAPTER 1, POLICY 001-B

ATTACHMENT B – YOLO COUNTY 5150 DESIGNATION ATTESTATION

I, _____ (print name), attest that all statements made in my application are true and correct. I acknowledge that any false or incomplete statements given here, or an omission of material fact will result in my disqualification. I acknowledge that I have completed the Yolo County Health and Human Services Agency 5150 Training and passed the final exam. I have read and understand the California Welfare and Institutions Code (WIC), Sections 5150-5155 and 5585-5587, and will uphold all applicable, legal, ethical, regulatory, and reporting principles contained therein and in the standards of my professional license(s).

Further, I will uphold basic ethical standards essential to the fulfillment of my responsibilities carried out in the application of my authority for involuntary detention, including but not limited to the following:

- Avoidance of circumstances where work based action may effect or appear to effect private financial interest or personal gain, financial or non-financial
- Avoidance of any participation in a personal arrangement or business transaction which would generate potential or perceived conflict of interest or compromise my ability to provide treatment fairly and objectively
- Avoidance of any circumstances that would hinder my ability to provide or refer to service that is of highest quality and effectiveness
- Recognition and avoidance of any personal situation, habits or behaviors that might impair ability to provide competent care
- Respect and protection of client confidential information, in accordance with applicable legal and regulatory standards
- Performance of all duties in a manner that demonstrates an understanding of each client's personal dignity
- Demonstration of highest standards of personal integrity in all work related activities carried out in the application of my authority for involuntary detention

I acknowledge that, if I am given authority for involuntary detention, my failure to comply with the above principles and all laws, policies, bylaws or regulations related to involuntary detention, shall result in the termination of my involuntary detention authority. I acknowledge that involuntary detention authority may also be withdrawn without cause at any time by the Yolo County Behavioral Health Director.

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HHS A PP 5-1-001-B

Signature of Applicant: _____ Date: _____

License #/Exp. Date: _____ Supervisor's Name: _____

Work Site: _____
Agency Name Address Work Phone Work Email