

# Monterey County Behavioral Health Quality Improvement

## Monterey County Behavioral Health Quality Improvement

### Memo

**DATE:** August 6, 2018

**SUBJECT:** Involuntary Treatment for Individuals with Mental Health Disorders- “5150 Application” Form Update


#### Topic

The Application for Assessment, Evaluation, and Crisis Intervention or Placement for Evaluation and Treatment (DHCS form 1801 (06/18)) form has been updated. The following are new elements of the “5150 Application.” The “5150 Application” form is now 2-pages long with an additional 2-pages with information on definitions and references. Page 3 contains reference information on the new element, “information about the historical course of the person’s mental disorder,” on the “5150 Application.” For your reference, we have included the W&I Code in this document.

### New Elements of the 5150 Application: Notation of “legally responsible party”

In addition to identifying the individual and his/her address of residence here...

For minors and conservatees the “legally responsible party” must be checked and their names, addresses and telephone numbers must be included.



To (name of 5150 designated facility): \_\_\_\_\_

Application is hereby made for the assessment and evaluation of \_\_\_\_\_ 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 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):  Parent;  Legal Guardian;  Conservator;  Juvenile Court under W&I Code 300;  Juvenile Court under W&I Code 601/602.

If known, provide names, address and telephone numbers in area provided below:  
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 others, or to himself/ herself, or gravely disabled because: (state specific facts):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(CONTINUED ON NEXT PAGE)

DHCS 1801 (06/18)

Page 1 of 4

## New Elements of the 5150 Application: Historical course of the person's mental disorder

Found at the top of page 2,  
The writer must include known  
information regarding the  
historical course of the person's  
mental disorder, *what the  
information is, whether it has a  
reasonable bearing on your  
determination, and who  
provided the history.*



State of California  
Health and Human Services Agency
Department of Health Care Services

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**APPLICATION FOR 72 HOUR DETENTION FOR EVALUATION AND TREATMENT  
(CONTINUED)**

Historical course of the person's mental disorder:

I have considered the historical course of the person's mental disorder

\_\_\_\_\_

\_\_\_\_\_

No reasonable bearing on determination

No information available because: \_\_\_\_\_

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:

A danger to himself / herself.       Gravely disabled adult.

A danger to others.                       Gravely disabled minor.

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.

<b>X</b> _____	Date: _____	Phone: _____
	Time: _____	

Name of Law Enforcement Agency or Evaluation Facility/Person: _____	Address of Law Enforcement Agency or Evaluation Facility/Person: _____
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**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.

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## Procedure

- Effective immediately, Monterey County Behavioral Health (MCBH) staff and all others designated to complete “5150 Application” shall utilize the “5150 Application” form provided by Department of Health Care Services, DCHS, 1801 (06/2018) form <http://www.dhcs.ca.gov/services/MH/Documents/DHCS-1801-0618.pdf>
- Staff shall accept prior version of DCHS 1801 (07/2014) forms completed by individuals who are designated to initiate a “5150 Application” outside of Monterey County Behavioral Health staff or other designees (individuals not named above).
- Discard any prior version of “5150 Application”
- Please refer to MCBH Policy 333- Involuntary Treatment Policy for additional information <http://qi.mtyhd.org/index.php/policies-and-procedures-2/>
- The link has been added to the QI website>Clinical Documents>Printable Documents> “other printable documents” <http://qi.mtyhd.org/index.php/home/printable-documents/>