



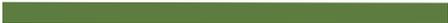
Behavioral Health Crisis Response Process

Agenda

- EDC BH Crisis Response Team
- Crisis Response Process
- Questions



Crisis Response Team



Our Crisis Response team

- Crisis Clinicians on the Western Slope & Eastern Slope, covering 8am-12am, 7days/week
- Psychiatric Emergency Response Team (PERT) on the Western Slope
- South Tahoe Alternative Collaborative Services (STACS) team on the Eastern Slope
- Contracted Provider covering crisis from 12am-8am, 7days/week

Entry Points for Individuals Experiencing Behavioral Health Crisis

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- County Behavioral Health Clinics
 - Marshall Hospital
 - Barton Hospital
 - Law Enforcement
 - School Counselors/Teachers
 - Contracted Providers
 - Crisis Line
 - Community Partners
 - Relatives or loved ones of the individual in crisis
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Crisis Response Process

- Calls to the Crisis Line
- Response in the Community
- Evaluation/Assessment Requests from hospitals

Calls to the crisis line



We receive calls from clients, loved ones, community-based organizations (CBOs) & partner agencies.

Reason for the call varies: crisis support (MH & SUD), resource/information seeking, referrals and coordination of care.

Crisis Clinician receives the call and they

- Determine the need for support
- Identify level of risk & safety concerns
- Provide appropriate intervention/stabilization* or response (ER/LE, sharing resources, referral to treatment)

**De-escalate - Decreasing the emotional, mental, and physical stress levels of an individual or situation using non-verbal and verbal de-escalation techniques.*

Response in the community



Through our partnership with El Dorado County Sheriff's Office (EDSO) and South Lake Tahoe Police Department (SLTPD), Clinicians and Law Enforcement can respond in the community to offer support to people experiencing behavioral health crisis.

- Determine the need for support
- Stabilize people in the community as appropriate
- Identify level of risk & safety issues
- Connect people to community resources & treatment

Crisis Evaluation Request from Marshall & Barton

- Assessment/Evaluation

- Crisis Clinician will meet with the client to assess the crisis and determine appropriate disposition.

- Involuntary Hold (W&I Code 5150)

- Verify involuntary hold (5150) when completed by LE (hold may be dropped by the clinician)

- Write involuntary hold (5150) if the client meets criteria for danger to self (DTS), danger to others (DTO) or gravely disabled (GD)

Crisis Evaluation Request from Marshall & Barton

- Referral to Inpatient Psychiatric Hospital for clients on a 5150 hold
 - A referral packet will be prepared by the crisis clinician to be sent to inpatient psychiatric hospitals for acceptance consideration.
 - Each hospital has their own process for review of referral packets
 - Crisis clinician will follow-up on referrals
- Safety Planning
 - When it is determined that the client does not meet criteria for involuntary hold (5150), the crisis clinician will work with the client/client's loved ones to create a plan for safety.
 - Follow-up from crisis clinician as clinically indicated



California Welf & Inst Code Section 5150

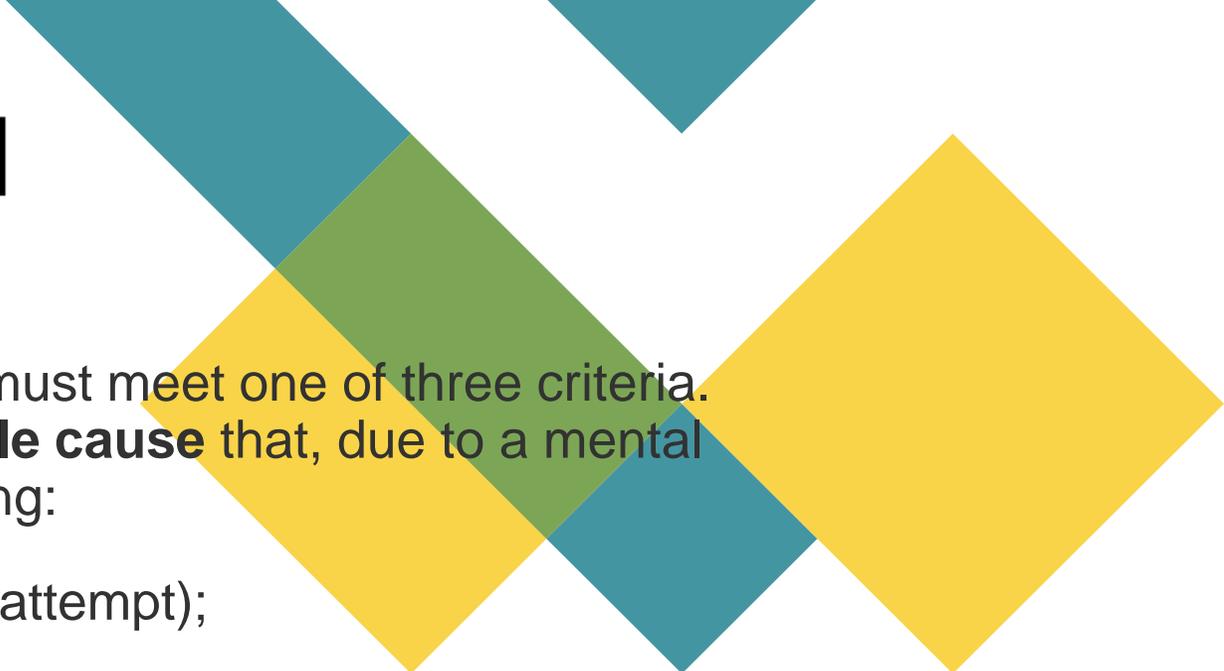
W&C Code 5150 – Involuntary Hold

Under California law, this *Lanterman-Petris-Short Act* allows a qualified officer or clinician to confine someone against their will for 72-hour psychiatric hold commonly referred to as **5150**.

During this time, the person being involuntarily detained will be fully assessed for their mental health status. The idea is to obtain help for the person during the hold, and after they are released.

Designated professionals include police officers, licensed members of a crisis team, or other mental health professionals authorized by the county.

Beginning a 5150 Hold

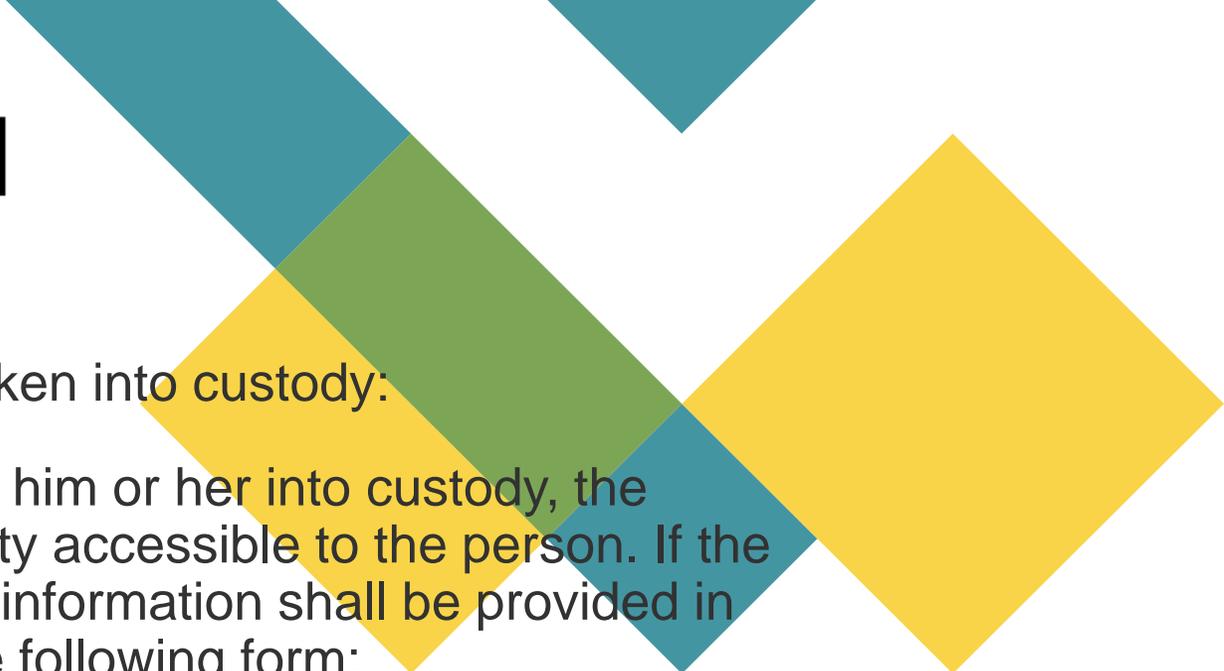


For someone to be placed in a 72-hour hold, they must meet one of three criteria. The professional must believe that there is **probable cause** that, due to a mental disorder, the individual is at least one of the following:

1. A danger to themselves (e.g., following a suicide attempt);
2. A danger to others;
3. Gravely disabled, i.e. unable to care for their basic personal needs for food, clothing, or shelter

The person placed in a 72-hour hold must be advised of their rights. This means the authority taking them into custody must complete paperwork stating the circumstances under which the person's condition was called to the attention of the **designated professional**; the **probable cause** to believe the person meets one or more of the criteria; and **the facts** upon which this probable cause is based. Mere conclusions without supporting facts are not sufficient.

Beginning a 5150 Hold



According to the LPS Act, when someone is first taken into custody:

...[they] shall be provided, by the person who takes him or her into custody, the following information orally in a language or modality accessible to the person. If the person cannot understand an oral advisement, the information shall be provided in writing. The information shall be in substantially the following form:

My name is [name of professional]. I am a [peace officer/mental health professional] with [name of agency]. You are not under criminal arrest, but I am taking you for an examination by mental health professionals at [name of facility]. You will be told your rights by the mental health staff.

APPLICATION FOR UP TO 72-HOUR ASSESSMENT, EVALUATION, AND CRISIS INTERVENTION OR PLACEMENT FOR EVALUATION AND TREATMENT		
<i>Confidential Client/Patient Information</i>		
<p>Welfare and Institutions Code (W&I Code), section 5150 (g)(1), requires that each person, at the time they are first taken into custody under this section, shall be provided, by the person who takes them into custody, the following information orally in a language or modality accessible to the person. If the person cannot understand an oral advisement, the information shall be provided in writing.</p> <p><input type="checkbox"/> Complete Advisemen <input type="checkbox"/> Incomplete Advisement</p> <p>Date of Advisement/Attempt: _____</p> <p>Good Cause for Incomplete Advisement: _____</p>	<p style="text-align: center;">DETAINMENT ADVISEMENT</p> <p>My name is _____ I am a (peace officer/mental health professional) 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).</p> <p>You will be told your rights by the mental health staff.</p> <p>If taken into custody at their residence, the person shall also be told the following information:</p> <p>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 may make a phone call and leave a note to tell your friends or family where you have been taken.</p>	
Advisement Completed/Attempted By: _____	Position: _____	Language or Modality Used: _____
To (name of 5150 designated facility): _____		
Application is hereby made for the assessment and evaluation of _____, date of birth of _____, and 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.		
Detainment Start Date: _____ Detainment Start Time: _____ (The 72-hour period begins at the time when the person is first detained.)		
If authorization for voluntary treatment is not available for a minor/conservatee, indicate to the best of your knowledge who has legal authority to make medical decisions on behalf of the minor/conservatee: (name and contact information, if available)		
(Check one) <input type="checkbox"/> Parent(s) <input type="checkbox"/> Legal Guardian(s) <input type="checkbox"/> Conservator <input type="checkbox"/> Other: _____		
Indicate to the best of your knowledge whether the minor is under the jurisdiction of the juvenile court:		
(Check one) <input type="checkbox"/> W&I Code 300 (dependent) <input type="checkbox"/> W&I Code 601, 602 (ward)		
The detained person's condition was called to my attention under the following circumstances:		

Specific facts that I have considered that lead me to believe that this person is, as a result of a mental health disorder, a danger to others, a danger to self or gravely disabled:		

<input type="checkbox"/> I have considered the historical course of the person's mental disorder as follows:		

<input type="checkbox"/> No reasonable bearing on determination		
<input type="checkbox"/> No information available because:		

APPLICATION FOR UP TO 72-HOUR ASSESSMENT, EVALUATION, AND CRISIS INTERVENTION OR PLACEMENT FOR EVALUATION AND TREATMENT (CONTINUED)			
OPTIONAL INFORMATION			
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:			
<input type="checkbox"/> Danger to Self (DTS) <input type="checkbox"/> Danger to others (DTO)			
<input type="checkbox"/> Gravely disabled (as defined in W&I Code section 5008 or 5585.25)			
NOTIFICATIONS TO BE PROVIDED PURSUANT TO SECTION 5152.1 AND/OR 8102 OF THE WELFARE AND INSTITUTIONS CODE			
Notify behavioral health director/designee: _____ (Name) _____ (Phone)			
and peace officer/designee: _____ (Name) _____ (Phone) of _____			
person's release or end of detention if either of the boxes below are checked.			
NOTIFICATION OF PERSON'S RELEASE IS REQUESTED BY THE REFERRING PEACE OFFICER BECAUSE:			
<input type="checkbox"/> 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.			
<input type="checkbox"/> Weapon was confiscated pursuant to Section 8102 W&I Code.			
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.			
Name:	Title/Badge Number:	Date:	Phone:
Signature:		Time:	
X			
Name of Law Enforcement Agency or Evaluation Facility/Person:		Address:	
REFERENCES			
Welfare and Institutions Code			
Sections: 300, 601, 602, 5008, 5150, 5150.05, 5152.1, 5328, 5585.25, 5585.50, 8102			
Name of Individual Detained: _____		DOB: _____	

What happens during an involuntary 72-hour hold?

- When an individual is detained for up to 72 hours, the emergency facility or hospital is required to do an evaluation of that person, taking into account his/her medical, psychological, educational, social, financial and legal situation. The hospital does not have to hold the patient for the complete 72 hours if the professional person in charge believes that the patient no longer requires evaluation or treatment.
 - By the end of the 72 hours, one of the following things must happen:
 - The person may be released;
 - The person may sign in as a voluntary patient;
 - The person may be put on a 14-day “5250” involuntary hold (a “certification for intensive treatment”). For this extended hold, a court hearing will be automatically held to determine whether there is probable cause
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Questions?



Reference List

Involuntary treatment, conservatorships -. (2024, April 1). https://namisantaclara.org/resources-2/involuntary-treatment/#1it_info

<https://namisonomacounty.org/hospitalization/>. (n.d.).

<https://namisonomacounty.org/hospitalization/>. <https://namisonomacounty.org/hospitalization/>

Important Information

- **911/988**
- **EDC Behavioral Health Crisis Lines**
 - West Slope: (530) 622-3345**
 - Tahoe: (530) 544-2219**
- **24/7 Toll-Free Access**
 - 1-800-929-1955**
- <https://www.edcgov.us/Government/MentalHealth>
- **Patients' Rights Advocate**
 - patientrightsadvocate@edcgov.us
 - Phone: (530) 621-6183

Thank you



Health & Human Services Agency
Behavioral Health Division

West Slope Office

768 Pleasant Valley Rd., Suite 201
Diamond Springs, CA 95619
(530) 621-6290

South Lake Tahoe Office

1900 Lake Tahoe Blvd.
South Lake Tahoe, CA 96150
(530) 573-7970

Substance Use Disorder Services

929 Spring St
Placerville, CA 95667
Phone: 530-621-6290