



SAN JOSE POLICE DEPARTMENT

TRAINING BULLETIN

TO: ALL DEPARTMENT PERSONNEL

FROM: Anthony Mata
Chief of Police

SUBJECT: 72-HOUR HOLD FORM

DATE: September 25, 2021

BULLETIN #2021-022

Department members routinely encounter individuals in mental health crisis. When a Department member determines the individual has met the criteria for being placed into custody for a period of up to 72-hours pursuant to California Welfare & Institutions Code Section 5150, an *Application for Assessment, Evaluation, and Crisis Intervention or Placement for Evaluation and Treatment* (form DHCS 1801, included as Attachment 1, also known as the "72-Hour Hold Form") is completed.

It has been customary for Department members to put Valley Medical Center (VMC) as the 5150 designated facility.

If, at the scene, it was determined that the individual would be placed in another facility, law enforcement or EMS personnel had, in the past, crossed out VMC and wrote the other facility's name as the 5150 designated facility. Upon arriving at the facility, medical staff have had concerns with crossing out the original 5150 designated facility since the 72-Hour Hold Form is a legal document.

Department Members should leave the 5150 designated facility section blank until consulting with the on-scene EMS paramedics to determine the designated facility.

If the 72-Hour Hold Form was completed prior to consulting with the on-scene EMS paramedics, and a different 5150 designated facility was recommended, the Department Member will complete a new 72-Hour Hold Form with the recommended 5150 designated facility.

A handwritten signature in black ink, appearing to read "A. Mata".

Anthony Mata
Chief of Police

AM:SD:MB

Attachments: 1

Attachment 1: *Application for Assessment, Evaluation, and Crisis Intervention or Placement for Evaluation and Treatment (form DHCS 1801)*

State of California Health and Human Services Agency		Department of Health Care Services
APPLICATION FOR UP TO 72-HOUR ASSESSMENT, EVALUATION, AND CRISIS INTERVENTION OR PLACEMENT FOR EVALUATION AND TREATMENT <u>Confidential Client/Patient Information</u> 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. ☐ Complete Advisement ☐ Incomplete Advisement Date of Advisement/Attempt: _____ Good Cause for Incomplete Advisement: _____ _____ Advisement Completed/Attempted By: _____ Position: _____ Language or Modality Used: _____		DETAINMENT ADVISEMENT 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). You will be told your rights by the mental health staff. If taken into custody at their 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 may make a phone call and leave a note to tell your friends or family where you have been taken.
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.		
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): ☐ Parent(s) ☐ Legal Guardian(s) ☐ Conservator ☐ Other: _____		
Indicate to the best of your knowledge whether the minor is under the jurisdiction of the juvenile court: (Check one): ☐ W&I Code 300 (dependent) ☐ 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 or gravely disabled: _____ _____		
☐ I have considered the historical course of the person's mental disorder as follows: _____ _____		
☐ No reasonable bearing on determination ☐ No information available because: _____		

State of California
 Health and Human Services Agency

Department of Health Care Services

**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:

☐ Danger to Self (DTS) ☐ Danger to others (DTO)

☐ 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 _____ (Name) _____ (Phone)

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:

☐ 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.

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:** _____