



SAN JOSE POLICE DEPARTMENT

TRAINING BULLETIN

TO: ALL DEPARTMENT PERSONNEL

FROM: Anthony Mata
Chief of Police

SUBJECT: SEE BELOW

DATE: February 8, 2022

Bulletin# 2022-001

SUBJECT: UPDATE TO THE APPLICATION FOR UP TO 72-HOUR ASSESSMENT, EVALUATION, AND CRISIS INTERVENTION OR PLACEMENT FOR EVALUATION AND TREATMENT (FORM DHCS 1801)

In December 2019, the California Department of Health Care Services (DHCS) updated the *Application for Up to 72-Hour Assessment, Evaluation, and Crisis Intervention or Placement for Evaluation and Treatment* (Form DHCS 1801) ([link](#)), commonly referred to as the “5150 Form.”

To ensure proper completion of the form, please pay attention to the following areas, referenced by letter on the attachment.

- A. The Date of Advisement was added to comply with 5150(h)(3) WI ([link](#)) which states, in part, the designated facility shall keep the date the advisement was completed.
- B. The Date of Birth was added to the identifying information.
- C. The “Detained Person’s Condition...” section should contain a brief description of relevant facts describing how the individual was brought to your attention (e.g., on-viewed behavior, call for service with a reporting party providing details, etc.).
- D. The “Specific Facts...” section should include the following information:
 - a. Description of the individual (i.e., age, appearance, health and welfare)
 - b. Observable behaviors and/or statements (include quotes when available)
 - c. Whether or not the individual is willing to accept voluntary treatment
 - d. Description of the situation observed or reported
 - e. Relevant historical factors (e.g., prior hospitalization or destructive behaviors)
- E. Historical information may be provided by personal knowledge, prior calls for service, healthcare providers, family members, associates, or other third parties. Check only one box in this section.
- F. A copy of the DHCS 1801 may be treated as an original. Therefore, after completing the form, you may leave the original or a copy with the psychiatric facility.

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- G. If you use a third party to provide historical information (Item E above), document their information so they may be contacted at a later time, if necessary. Providing this information is optional. If the third party refuses to provide their contact information, note that in your documentation, but continue to include the historical information they provided.
- H. Per 5152.1 WI ([link](#)), you may request to be notified if the subject is being released. Only complete this section if you would like the notification. You must select one or both options in Item I below if you would like the notification.
- I. You may only be notified of the release of a subject if they are placed in the facility and there is a criminal charge pending and/or if a deadly weapon, such as a firearm, was confiscated pursuant to 8102 WI ([link](#)).

When documenting “Grave Disability,” describe the subject’s inability to provide for their personal needs for food, clothing, and shelter. Describe, in the case of a minor, their inability 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. The grave disability must be a result of a mental health disorder. You must differentiate between a mental health disorder, physical disability, lifestyle choice, or personal preference.

Please note, all Department members should discard prior versions of the DHCS 1801 form. “Revised 12/2019” is the correct version of the form.



Anthony Mata
Chief of Police

AM:SD:CA:DM

Attachment 1: Application for Up to 72-Hour Assessment, Evaluation, and Crisis Intervention or Placement for Evaluation and Treatment (DHCS 1801)

Attachment 1: Application for Up to 72-Hour Assessment, Evaluation, and Crisis Intervention or Placement for Evaluation and Treatment (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 <i>Confidential Client/Patient Information</i> 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 A. 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): _____	
B. 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)	
C. The detained person's condition was called to my attention under the following circumstances: _____ _____	
D. 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: _____ _____	
E. ☐ 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
G.			

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)
H. 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:**

- I. ☐ 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: X		Time:	

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