

RIVERSIDE COUNTY

DEPARTMENT OF MENTAL HEALTH

POLICY NO.: 221

SUBJECT: **INTERRUPTING 5150 APPLICATIONS
PRIOR TO ARRIVAL AT A DESIGNATED
FACILITY**

REFERENCES: State Department of Mental Health Staff
Counsel Opinion, dated April 2, 1991

FORMS: None

EFFECTIVE DATE: August 1, 1992

REVISED DATE: September 15, 2015, December 20, 2010
and December 21, 2009

POLICY:

It is the policy of Riverside County Department of Mental Health (RCDMH) that authorized department employees and authorized employees of non-designated facilities may interrupt the 5150 application for a client to the designated 5150 facility when, in the judgment of the authorized employee, the client no longer meets the 5150 criteria for involuntary treatment or has indicated a willingness and a capacity to participate in any necessary treatment on a voluntary basis. The authorized individual may interrupt such 5150 transfers in order to prevent unnecessary psychiatric hospitalizations, and to ensure that clients receive mental health services in the least restrictive setting possible.

PROCEDURES:

A. Riverside County Department of Mental Health 5150 Authorized Staff

RCDMH provides psychiatric emergency assessment and intervention services, including conducting 5150 assessments. 5150 authorized department employees may be asked to reassess a client who has been placed on a 5150 application, and has not yet been transported to the designated 5150 facility for evaluation and possible involuntary admission.

1. If, as a result of the department employee's face-to-face and clinical reassessment, the client is found to no longer meet 5150 criteria for

involuntary evaluation and treatment, the authorized employee may interrupt the transfer of the client and provide other voluntary mental health and crisis intervention services. The authorized employee will either consult with, and/or have the approval of, a Mental Health Services Supervisor (or Program Manager/Administrator) prior to interrupting the 5150 transfer.

2. Following the interruption of a 5150 transfer, it is the responsibility of the authorized employee to develop an alternate plan and facilitate whatever voluntary crisis intervention services may be needed, including, but not limited to:
 - a. Voluntary psychiatric hospitalization
 - b. Admission to a crisis residential or stabilization facility, or lower level of care
 - c. Referral for psychiatric medication evaluation
 - d. Referral to Mentally Ill/Homeless Program for emergency housing and food, or other local resources for homeless/transient individuals
 - e. Referral to relevant community resources, such as Intimate Partner Violence Program, non-profit counseling services, medical services, etc.
 - f. Referral to drug/alcohol counseling and substance abuse residential treatment facilities
 - g. Giving timely appointments for County Mental Health Outpatient Services

Parents or guardians should be a part of this plan in most cases when the client is a minor.

3. It is the responsibility of the authorized employee to adequately document the results of the clinical reassessment; the multiple consultations; the client's current mental status; the specific reasons the client did not meet 5150 criteria; and the alternative crisis intervention that occurred.
4. Employee will follow standard error procedures on the original 5150 document by writing a line through the document and writing the word "Interrupted" underneath, including the date, time, and signature of the authorized professional. A copy of the interrupted document, along with a progress note containing the name(s) of other professionals consulted,

the clinical rationale, and alternative intervention plan must be faxed to QI Inpatient within three (3) business days.

B. Non-Designated 5150 Facility Authorized Staff

1. Any personnel employed by a non-designated facility and authorized by RCDMH to write 5150s, may interrupt a 5150 based on a face-to-face re-evaluation. The rationale for interrupting the 5150 must be clinically defined and clearly documented.
2. Employee will follow standard error procedures on the original 5150 document by writing a line through the document and writing the word "Interrupted" underneath, including the date, time, and signature of the authorized professional. A copy of the interrupted document, along with a progress note containing the name(s) of other professionals consulted, the clinical rationale, and alternative intervention plan must be faxed to QI Inpatient within three (3) business days.

C. Telepsychiatry

1. In addition, non-designated facilities, such as community hospitals, may employ telepsychiatry in the interruption of a pre-admission 5150. In such cases, the psychiatrist must be California-licensed and have completed and passed the RCDMH training on interrupting holds. In addition, the technology must allow for a real time, "face to face" evaluation to determine possible interruption.
2. The telepsychiatrist must complete documentation outlining the outcome of their assessment and detailing their clinical rationale for the interruption of the hold. Community hospital staff will follow standard error procedures on the original 5150 document by writing a line through the document and writing the word "Interrupted" underneath, including the date, time and name of telepsychiatrist, as well as the signature of the community hospital professional staff who facilitated the telepsychiatrist evaluation.
3. A copy of the interrupted document along with a progress note containing the clinical rationale and alternative intervention plan must be faxed to RCDMH QI Inpatient within three (3) business days.

Approved by: _____


Director of Mental Health

Date: _____

9-15-15