



*Excellence
Integrity
Service*

COUNTY OF ORANGE HEALTH CARE AGENCY

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5150 Training August 10th, 2011 405 W. 5th Street, Suite 433 Santa Ana, CA 92701

- 8:00-8:15 Registration
- 8:15-8:45 **Introduction & Overview**
Gail Laporte, LCSW, PMII
Tina Howard, LCSW, CSWII
- Objectives
 - Overview of History
 - What is a 5150?
 - AB 1424
 - Clinician's Role
- 8:45-10:30 **Risk Assessment and Initiating a 5150**
Greg Masters, LCSW, SCII, CAT TEAM
Paul C. Hoang, MSW, CSWI, CAT TEAM
- 10:30-10:45 BREAK
- 10:45-11:30 **Patient's Rights**
Barbara Rocha, LCSW, SCII
- 11:30 **5150 Certification Test**



5150 Training

Quality Review and Training/Recovery Services
405 W. 5th Street, 5th Floor
Santa Ana, CA 92701

(714) 834-2660

Tina Howard, LCSW (714) 834-2660

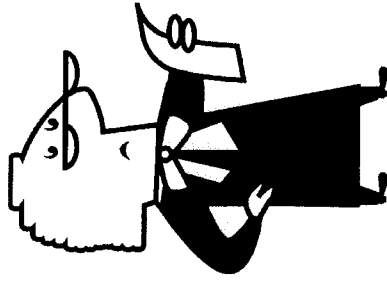
Objectives of this Training

- Understand brief historical information and current relevant legislation
- Learn the criteria to initiate a 5150
- Understand your role in the 5150 process
- Learn how to conduct a risk assessment and initiate a 72-hour detention for psychiatric evaluation and treatment
- Gain an awareness of an individual's rights as they relate to the 5150 process
- Be able to pass certification testing and become “carded” to initiate 5150 holds independently.

Brief Historical Info



- 1968 Lanterman-Petris-Short (LPS) Act
 - Evaluation and involuntary treatment became the responsibility of the local community mental health system.
 - Ended inappropriate, indefinite, involuntary commitment
 - Ensured prompt psychiatric evaluation and treatment
 - Safeguarded individual rights
 - Conservatorship program became available for the gravely disabled



Assembly Bill 1424

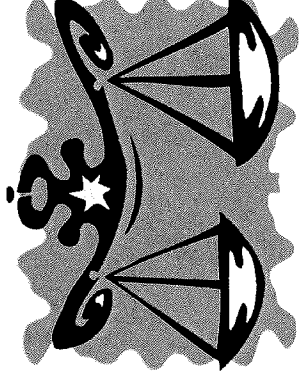
- Modifies the LPS Act and became effective January 1, 2002
- Requires that any person authorized to take a person into custody for involuntary treatment consider available relevant information about the historical course of the person's mental disorder if the information has a reasonable bearing on the determination as to whether the person is a danger to others, or a danger to self, or is gravely disabled as a result of the mental illness.
- "Persons with mental illness are best served in a system of care that supports and acknowledges the role of the family, including parents, children, spouses, significant others, and the consumer-identified resource system."

AB 1424 continued

- *What should be considered in determining historical course?*
 - Evidence presented by persons who have provided or are providing mental health or related support services to patients,
 - The patient’s medical records, including psychiatric records,
 - Evidence voluntarily presented by family members,
 - The patient (the patient may also designate an additional person to provide information).
- *Families may not give false information knowingly without being potentially liable to the patient in a civil action.* If probable cause is based on a statement other than that of someone authorized to take the person into custody for a 72-hour hold...the person making the statement shall be held liable in a civil action for intentionally giving a false statement.

What is a 5150?

- When a person, **as a result of a mental disorder**, is a danger to others, danger to self, or gravely disabled, a person designated by the County, may upon probably cause, initiate a 72-hour detention for a psychiatric evaluation and treatment. This is a *legal* process.



Involuntary Detention Criteria

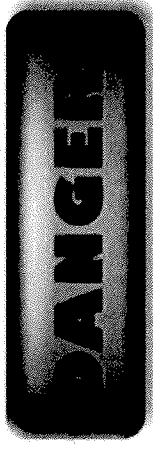
To initiate an involuntary hold, the individual *must meet all three criteria:*

1. mentally ill,
 2. unwilling/unable to accept voluntary services, and
 3. one or more of the following:
 - A danger to self
 - A danger to others
 - Gravely disabled
- There is no law against being psychotic, bizarre, or inappropriate in public

** The LPS Act *cannot* be used to authorize physical health care treatment. All persons, including those receiving mental health treatment, have the right to give and refuse consent for medical diagnostic or treatment procedures UNLESS an emergency exists OR a judicial decision confers that authority.

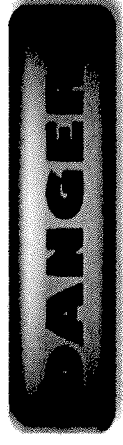
Danger to Self

- Words or actions indicate an intent to commit suicide or inflict harm upon oneself
- Statements or actions indicate a specific plan by which to commit suicide or inflict harm
- Means are available, or within his or her ability to carry out
- Also, the individual refuses to accept, or is unwilling to obtain voluntary psychiatric evaluation and treatment



Danger to Others

- Indicate by words or actions an intent to cause bodily harm to another person or other persons
- Threats or intentions are specific as to the particular person(s) he/she would harm
- Identifies the means by which he/she would do harm to another person, and these means are within the ability of the individual to carry out
- Is engaging in or intends to engage in acts or behaviors of such an irrational, impulsive, or reckless nature as to put others directly in danger of harm
- Refuses to accept, or is unwilling to obtain, voluntary psychiatric evaluation and treatment



Gravely Disabled

- Unable to avail himself/herself of basic personal needs for:
 - Food
 - Clothing
 - Shelter
- For a minor, unable to take advantage of that which is provided for him/her
- Must be as a result of a mental disorder
- Differentiate between disability and lifestyle choice/attitude/personal preference

Clinician's Role

- Risk assessment
- Initiate and complete involuntary hold process
- Medical Escort
- Mandated reporting (APS, CPS, Tarasoff)
 - Notify your supervisor immediately to consult and assist with this process; timeliness of reporting is critical.
 - For most current information, go to Social Services Website on Abuse Reporting (Child/Elder/Dependent Adult)...cut and paste the links below into your browser
 - <http://www.ocgov.com/ocgov/Social%20Services%20Agency/Abuse%20Reporting#child>
 - APS ABUSE REPORT FORM
 - <http://www.dss.cahwnet.gov/Forms/English/SOC341.pdf>
 - CPS ABUSE REPORT FORM
 - https://ssax.ocgov.com/SSA_MRA/Forms/SS8572.doc

Steps to Initiating an Involuntary Hold

- Complete Risk assessment and take necessary steps to secure safety
- Determine criteria for involuntary detention (DTS, DTO, and/or GD)
- Complete Application and Advisement For 72- hr Detention for Evaluation and Treatment
- Contact County Evaluation & Treatment Services (ETS), 714-834-6900) to consult on transfer of consumer

Steps to Initiating an Involuntary Hold *(continued)*

- Secure transportation of client to facility...complete ambulance voucher for transportation to ETS, ER, and/or other psychiatrically designated facilities
- Prior to departure, provide ambulance staff with original copy of 5150 form, transportation voucher, and any available AB 1424 material
- Ensure safeguards are in place for client
- Arrange for and provide Medical Escort services, if needed.



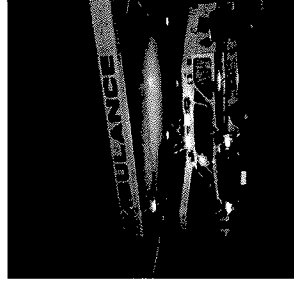
Involuntary Hold continued



- Important points to remember:
 - With designation, comes **great responsibility** to provide timely, accurate assessments that are handled in a way that are sensitive to the client and families involved.
- **Client's being detained have rights!!**
 - ◆ Verbally Informed that they are NOT under arrest.
 - ◆ If taken into custody at their residence, you must let them know that they can take a few personal items and can make a phone call and/or leave a note for family and/or friends where they have been taken. You may need to help them with this.
- This is a legal process.

Medical Escort: your role and responsibility

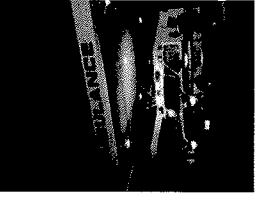
- Once a person has been placed on a 5150, ETS may ask you to provide medical clearance if the client has a history of medical issues or their vitals signs indicate a need.
- ➔ County Policy: Refer to BHS/AMHS P&P 900.02 Referral to ETS
- In most cases, a designated clinician is available to assist with this service. However, the person conducting the 5150 evaluation is the responsible party for making arrangements. If medical escort coverage is not available the responsible party provides this service.



Medical Escort: your role and responsibility

continued

- Steps to assist you:
 - Follow consumer to Emergency Room in your own vehicle to provide supervision as Medical Escort.
 - Emergency Rooms will not accept a consumer without a Medical Escort
 - You may be required to sit in the ER with the client until an ER bed is available
- Remain with consumer at all times until the escort service is complete and the client is “medically cleared”.
- Ensure ETS staff and ER M.D. are discussing the medical clearance
 - You might need to call ETS or remind the Charge Nurse that communication between ETS and ER MDs must occur



Medical Escort: your role and responsibility

continued

- ER M.D./staff will inform you when consumer is medically cleared
 - ER staff are very busy and you may need to check-in with the Charge Nurse periodically to check the status

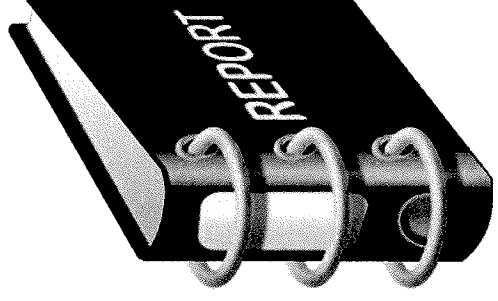
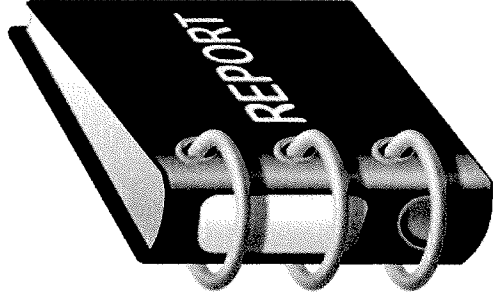
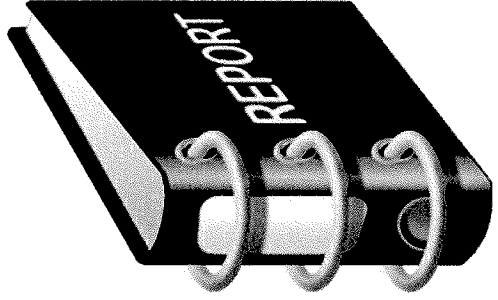
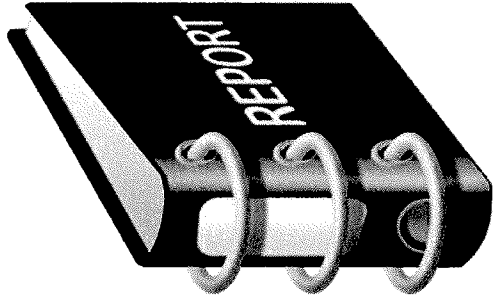
- Once medically cleared, you will need to arrange for additional transportation from ER to ETS/designated facility.
 - Complete another ambulance voucher for transportation from ER (don't forget to include the job codes and insurance information on the voucher).

- You may be asked to stay with consumer until the ambulance departs in route to ETS or the designated facility.



MANDATED REPORTING

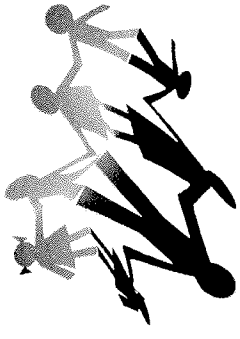
- Child Abuse
- Disabled Adult and Elder Abuse
- Duty to Protect (Tarasoff)
- Special Incident Reporting (SIR)





MANDATED REPORTING

- Abuse Reporting



- By law, a provider of health care services must report known or suspected **child abuse, disabled adult abuse or elder abuse**. In addition to ethical mandates of your professional licensure, as a Health Care Agency employee any person providing mental health services falls within this purview.

- Please consult with your Service Chief, Program Director or immediate supervisor for consultation and assistance with filing the appropriate reports within the required timelines.

- Important #s for you to have:
 - Child Protective Services – Abuse Registry
 - (800) 207-4464 or (714) 940-1000

 - Adult Protective Services – Call Center
 - (800) 451-5155 or (714) 825-3030

Child Abuse

Many of our consumers have families of their own and/or live in situations that children are present. It is important when conducting your risk assessment that you also consider the safety of the children.

Child abuse is legally defined as:

- A physical injury which is inflicted by other than accidental means on a child by another person.
- Sexual Abuse, including both sexual assault and sexual exploitation
- Willful cruelty or unjustifiable punishment of a child
- Cruel or inhuman corporal punishment or injury
- Neglect, including both severe and general neglect

Elder/Disabled Abuse

- **Physical Abuse-** Beating, slapping, pushing, or kicking, restrictions on freedom of movement, such as confining the victim in the bedroom, overmedication , sexual exploitation, withholding food or Water
- **Financial Abuse-** The mismanagement of money or stealing property belonging to the victim. This can include: theft (the act of stealing), extortion (taking money or property through pressure, threats or intimidation), fraud (taking money or property by deception or misrepresentation)
- **Psychological Abuse-** Verbal harassment, threats, or other intimidating behavior that results in fear, agitation, confusion, severe depression, or other forms of serious emotional distress.
- **Neglect-** Failure of a caregiver to provide basic necessities such as adequate food or water, shelter, medical treatment or personal care.

Elder/Disabled Abuse (continued)

- **Abandonment-** The desertion or willful forsaking of an elder or dependent adult by anyone having care or custody of that person under circumstances in which a reasonable person would continue to provide care and custody.
- **Abduction-** The removal from this state and the restraint from returning to this state of any elder or dependent adult who does not have the capacity to consent to this removal.
- **Isolation-** Actions, which prevent an elder or dependent adult from receiving mail or telephone calls. Falsely telling callers or prospective visitors that the elder or dependent adult does not want contact, if the purpose is to prevent contact with family, friends, or concerned persons. False imprisonment. Physical restraints, which prevent an elder or dependent adult from meeting with others.
- **Self-Neglect-** An elder or dependent adult is unable to manage his/her personal needs in the areas of health care, food, shelter of finances, or cannot handle the basic activities of daily living.



Duty to Protect (TARASOFF)



- By law, you are also obligated to take action to protect reasonably identifiable victim(s) or class of victim(s) from potentially dangerous/assaultive clients that threaten to harm them.

- Please consult with your Service Chief, Program Director, or immediate supervisor for consultation and assistance with taking the appropriate steps in determining a Tarasoff obligation and how to warn the victim(s).

- ➔ Contract Staff: Check with your supervisor to review your policy and procedures
- ➔ County Policy: Refer to BHS P&P, 01.06.01, dated 9/18/07

TARASOFF continued...

- Tarasoff notification: When a therapist determines, or pursuant to the standards of his profession should determine, that his patient presents a *serious* danger of violence to another, he incurs an obligation to use reasonable care to protect the intended victim(s) from such danger.
- Care Coordinators are not liable when a threat has not actually been expressed
- The responsibility to “exercise reasonable care” may be fulfilled by:
 - Making reasonable attempts to reach the victim
 - Calling/Reporting the threat to a law enforcement agency, and
 - Possible involuntary commitment of an individual if he/she meets the criteria for 5150
- Ewing vs. Goldstein opinion: A communication of a threat *by a family member* that leads a therapist to believe that a patient poses a risk of grave bodily injury to another person triggers a therapists duty to warn.



Special Incident Report (SIR)

- ✿ As an employee of the Health Care Agency or a County Contract Agency, policy and procedure dictates prompt reporting of any incident or situation that could expose the County to possible liability, including death, serious injury, loss or destruction of property and loss or destruction of patient/client medical records and documents.
- County Policy: Refer to HCA, Administrative P&P IV-1.03
- Contract Staff: Check with your supervisor to review your policy and procedures