SAN MATEO COUNTY HEALTH
BEHAVIORAL HEALTH & RECOVERY SERVICES

Policy Number:	93-07
Policy Name:	**BHRS Lanterman-Petris-Short (LPS) 72 Hour Hold/5150 Policy and Procedures**
Authority:	Divisional; CA Code of Regulations Title 9, Division 1, Chapter 4, Section 823; California Welfare and Institutions Code, Sec. 5001, 5008, 5122, 5150-5173, 5325, 5350, 5354, 5402, 5585.50-5587; Health & Safety Code Section 1799.11
Original Policy Date:	September 7, 1993 Effective Date: 09/07/93
Supersedes:	96-09
Policy Last Revised:	09/19/25
Attachments:	**A.** Application for 72 Hour Assessment, Evaluation, and Crisis Intervention or Placement for Evaluation and Treatment (DHCS 1801 last revised 6/2024) (English) (Spanish) **B.** Involuntary Patient Advisement (DHCS 1802 last revised 6/2024) (English) (Spanish) **C.** BHRS LPS Holds Chart **D.** EMS Policy 505 - Patient Destination Determination

PURPOSE

To provide guidance for clinical management, safety and efficiency when evaluating an individual for involuntary psychiatric evaluation; to describe a process to institute 5150 Involuntary Hold procedures in a safe and effective manner and to provide policy update to LPS law under Senate Bill (SB) 43 (SB43).

In San Mateo County SB43 is effective on January 1, 2026. Youth are detained under a 5585.50, and are included in this policy. Persons conserved under the LPS Act do not require 5150 (seek authorization from conservator) in order to be detained/transported for acute-level mental health treatment.

BACKGROUND

The Lanterman-Petris-Short (LPS) Act was enacted in 1969 and allows for the detention and transportation of a person to a facility for mental health assessment and evaluation. It requires the use of the least restrictive level of care, supports client participation in treatment decisions, and establishes procedures for due process. When placing involuntary holds, providers must consider the safety of the individual and the community, the impact on the client/patient, and the potential risks and benefits of treatment. In order to preserve autonomy and promote recovery, providers should utilize the lowest level of care clinically necessary to safely and effectively address the client/patient's

individual treatment needs.

In October 2024, SB43 was enacted and made substantive changes to LPS and the Health and Safety Code. SB 43 expanded the criteria for involuntary detention and conservatorship by creating a new set of eligibility criteria that are based on a person's mental health disorder, severe substance use disorder, or a co-occurring mental health disorder and severe substance use disorder if that disorder will result in someone being unable to provide for their basic personal needs for food, clothing, shelter, personal safety, or necessary medical care.

The authority to initiate an involuntary hold under Welfare and Institutions Code Sections 5150 and 5585 is a legal designation, not a clinical one. Statements documented on the 5150 application must consist of observable behaviors that substantiate a determination of danger to self, danger to others, or grave disability.

In addition to law enforcement officers, San Mateo County certifies designated professional staff to initiate 72-hour holds. For detailed information regarding the certification process and authorized personnel, refer to Policy 97-05: 72-Hour Holds – Authorization to Write.

DEFINITIONS

Personal Safety: the ability of one to survive safely in the community without involuntary detention or treatment. The absence of housing alone does not meet the threshold for grave disability.

Necessary Medical Care: care that a licensed health care practitioner, while operating within the scope of their practice, determines to be necessary to prevent serious deterioration of an existing physical medical condition that, if left untreated, is likely to result in serious bodily injury or death.

Serious bodily injury (as defined in 15610.67 (2024)): an injury involving extreme physical pain, substantial risk of death, or protracted loss or impairment of functioning of a bodily member, organ, or of mental faculty, or requiring medical intervention, including, but not limited to, hospitalization, surgery, or physical rehabilitation.

A SEVERE substance use disorder: a diagnosed substance-related disorder that meets the diagnostic criteria of "severe" as defined in the most current version of the Diagnostic and Statistical Manual of Mental Disorders (DSM) which requires meeting 6 or more of the 11 following criteria:

1. Use in larger amounts or for longer than intended;
2. Persistent desire or unsuccessful efforts to cut down or quit;
3. Excessive time spent getting, using, and recovering from effects;
4. Intense desire, cravings, urge to use substances;
5. Failure to fulfill major obligations at work, home, or school;
6. Continued use despite social/interpersonal problems caused or exacerbated by the effects;
7. Important social, occupational, or recreational activities given up or reduced;
8. Recurrent use in physically hazardous situations;
9. Recurrent use despite physical or psychological problems caused by or worsened by use;
10. Tolerance;
11. Withdrawal.

POLICY

I. Roles and Responsibilities

A. In San Mateo County, involuntary legal holds may only be initiated by designated Peace Officers and by persons approved by San Mateo County Behavioral Health and Recovery Services. Only staff and contractors who have been certified to perform 5150's in San Mateo County may place involuntary holds.

B. Instructions within this policy pertain only to staff and contractors who have passed the training and have been certified by Behavioral Health and Recovery Services (BHRS) to place 5150 involuntary holds.

1. BHRS has contracted with CalMHSA (California Mental Health Services Authority) to provide our staff and contractors with 5150 training. This is required training for any BHRS staff, contracted clinical or hospital staff requesting 5150 writing privileges.

C. At all times, in a potentially dangerous situation, the first duty of the staff member is to the safety for all who are at risk of harm - this includes staff, other clients, building occupants, the public and the client involved. Psychiatric crisis response teams and law enforcement should be considered partners in the implementation of involuntary holds and included as indicated to maintain the safety of all involved.

II. Criteria for 5150

A. The legislative intent of the LPS Act and SB43 is to provide for the prompt evaluation and treatment of persons who are believed to have a serious mental disorder, a severe substance use disorder, or a co-occurring mental health disorder and severe substance use disorder. The 72-hour hold, also called a 5150, provides legal authority to detain a person involuntarily. Under LPS law, an individual may be detained for a period of up to 72 hours for assessment, evaluation and treatment in the following specific circumstances:

- When a person, as a result of a mental health disorder is a danger to themselves; or
- When a person, as a result of a mental health disorder is a danger to others; or
- When a person 18years old or older is gravely disabled as a result of a mental health disorder, or severe substance use disorder, or a co-occurring mental health disorder and a severe substance use disorder, a condition in which a person is unable to provide for their own basic personal needs for food, clothing, shelter, personal safety, or necessary medical care.
- When a minor person 17years old or younger is gravely disabled as a result of a mental disorder is unable 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 (WIC 5585.25)

B. Substance use alone does not constitute grave disability. Autonomy and individual choice regarding substance use is supported, up until the point that one's fundamental needs cannot be met (grave disability).

PROCEDURE/PROTOCOL

1. All staff should review BHRS Policy 90-08: Management of Threatening and Potentially Violent Behavior, to be prepared for the need to identify a high risk for violence, self-harming behavior, and/ or for crisis walk-in situations.
2. To the extent possible, plan before the scheduled appointment of an individual who may require a 5150 assessment.
    - Collaborate with your supervisor, administrative support staff, security guard, officer of the day, team members, law enforcement and other relevant colleagues.
    - Consider collaboration and prior alert to PES staff about the potential hold, and about any safety and legal issues that involuntary hospitalization may present.
    - In any situation where an individual has the potential for violence, inform the police about the potential hold, including appointment time, and plan with them for their response. In BHRS clinics sharing space with other occupants or teams, be certain to alert all building users as appropriate when a situation with potential risk is anticipated or develops.
3. Voluntary Hospitalization: When the individual does not meet legal criteria for a 72-hour hold, has the capacity to consent to voluntary treatment, and the client and clinician agree about the need for hospitalization:
    - With the individual's consent, provide clinical information to the admitting staff at any hospital to which the client seeks admission.
    - Support appropriate transportation to the hospital. The transportation choice should be respectful of the individual's choice, dignity, and safety.
4. Involuntary Hospitalization: When there is sufficient probable cause to believe that an individual is a danger to self or others, or is gravely disabled due to a mental disorder, or severe substance use disorder, or a co-occurring mental health disorder and a severe substance use disorder and they are unwilling or unable to safely accept treatment voluntarily:
    - Any client/patient who is being assessed for, or has been determined to be appropriate for, involuntary hospitalization must have a clinician with them at all times.
    - Only peace officers and staff and contractors who have been certified to perform 5150's in San Mateo County may place involuntary LPS holds. A 5150 allows up to 72hrs for transportation to an LPS designated facility in San Mateo County and evaluation, assessment, and treatment.
    - Once arrived at the LPS designated facility the providers on site are responsible for assessing and treatment planning including assessment for continuation or discontinuation of the legal hold and due process/patient rights obligations.
    - Complete the 5150 (Application for 72 Hour Assessment, Evaluation, and Crisis Intervention or Placement for Evaluation and Treatment) and the required Involuntary Patient Advisement Form. The original 5150 form must accompany the individual to the hospital

with a copy scanned into the EMR. The original patient advisement is provided to the individual when the advisement is given and a copy of the patient advisement must accompany the individual to the hospital with a copy scanned into the EMR.

- Follow procedures, as necessary, outlined in the BHRS Management Of Threatening and Potentially Violent Behavior, BHRS Duty To Warn Potential Victims Policy, and in other sections of this document.
- In the event a client is known to possess a weapon, refer to BHRS Weapons Management Policy.
- For individuals who are likely to resist attempts to hospitalize, do not complete the verbal advisement until there is sufficient support (police, ambulance, and staff backup). The person placing the hold can request that a Crisis Intervention Trained (CIT) officer be sent in response to the request, although this may not always be available.
- In a seriously violent situation, even while awaiting the police/sheriff, the staff may choose to move staff, other clients, visitors, etc. to a safe location or vacate the office or the building of all occupants if the client is unwilling or unable to move to a location that eliminates risk to others. Staff members should never attempt to stop an adult client from leaving even if there is a concern about the client's level of threat. Observe the client carefully to provide the police with a physical description of the client. If possible, provide the police with the client's age, address, telephone number, the direction the client was headed, clothing and type of car if driving.
- Staff members may not transport a client in a county or private car. An ambulance, with access to physical restraints, is the most appropriate way to transport, especially as individuals' cooperation with the hospitalization process may be unpredictable.
- San Mateo County Mobile Crisis Response Team (MCRT) (650-579-0350) can transport a client on an LPS hold in their designated county MCRT vehicle if deemed clinically appropriate.
- A police car may be an appropriate means of transport in certain clinical situations.
- Back up the ambulance response with police as needed.
- Call 911 for medical emergencies or when immediate response is critical.
- By EMS policy:

    A. Patients assessed as medically unstable, with a current history of overdose on medications, or with a history of ingestion of alcohol or illicit substances and altered mental status or unstable vital signs, will be taken to the closest appropriate emergency department.

    B. Medically stable patients placed on a 5150 by a legally authorized person are transported to SMMC or Mills-Peninsula Medical Center, whichever is closest or the patient's medical home for psychiatric services.

C. Medically stable veterans may be transported to the Palo Alto VA Medical Center.

D. Incarcerated patients who are medically stable should be transported to SMMC.

E. Stable patients who are suspected victims of sexual assault shall be transported to SMMC.

- To arrange transportation a clinician or designated agent will:

A. Call Royal Ambulance Call Center dispatcher at 1-877-995-6161

B. Inform the Royal Ambulance Call Center dispatcher

1. They are calling from San Mateo County Behavioral Health Services
2. They are requesting a ***BLS-Emergent** Mental Health transport
3. Provide the location of the pick-up and facility destination
    a. North County: Mills Peninsula
    b. Central, Half Moon Bay, EPA, Shasta, South: SMMC PES
4. Provide the client/patient information as requested by the dispatcher

    Example: "Hello, my name is Therapist Hope, I am calling from San Mateo County Behavioral Health and Recovery Services I am requesting a mental health transport for client, George Wickam MH# 12345. Mr. Wickam is on a 5150 hold at Central County Outpatient at 1950 Alameda de las Pulgas, San Mateo. I am requesting BLS-Emergent Mental Health transport to SMMC PES."

C. Clinician will contact Psychiatric Emergency Services (PES) at SMMC (650-573-2662) or Mills-Peninsula (650-696-5446) and inform them that a patient on an involuntary hold is enroute to their facility;

D. Clinician will provide the following documents to the responding Royal Ambulance EMT;

1. Completed and valid original 5150 form, copy of the Patient's completed advisement
2. Face Sheet/Dashboard containing demographic information and insurance information
3. Copies of most recent progress notes
4. Current Medication Record
5. Clinician will meet with the responding ambulance personnel and provide client information as needed to support the transport to PES

E. Youth Clinician will also inform Youth Case Management if one of their youth are going to either SMMC PES or Mills Pen PES.

5150 Procedures Initiated in the Community

Home Visit:

- Assess risk factors prior to visit by inquiring specifically about weapons and substance abuse in the home.
- A visit to assess the need to write the hold should never be made by a single staff member; decide when the visit should more safely be made with another team member, by the Mobile Crisis Response Team (650-579-0350), or by staff teamed with police support. The potential danger may be such that you conclude that the police should make the visit without BHRS staff support.
- Before you leave the BHRS site, provide the name, address and telephone number of the location of the home visit, and whether police are accompanying the team.
- Ensure that the residence is secured with windows and doors locked.
- Ensure welfare of pets, dependent adults, and children. Help the person make arrangements for care or contact the appropriate welfare agency (e.g., Child and Family Service, Aging and Disability Services).

Field Visit:

- Assess risk factors prior to visit by inquiring specifically about weapons and substance abuse
- A visit to assess the need to write the hold should never be made by a single staff member; decide when the visit should more safely be made with another team member, by the Mobile Crisis Response Team (650-579-0350), or by staff teamed with police support. The potential danger may be such that you conclude that the police should make the visit without BHRS staff support.
- Before you travel to the community location ensure you notify your supervisor and provide the name, address and telephone number of the facility you are visiting, or the community location with an identified landmark.
- Ensure you are using a county vehicle when travelling to a community location (i.e. Homeless encampment) in which to assess for a 5150.
- If visiting a facility, ensure you check in with the facility staff prior to your visit and work in collaboration with the facility if a 5150 is necessary.
- If in the community, ensure welfare of pets, dependent adults, and children. Help the person make arrangements for care or contact the appropriate welfare agency (e.g., Child and Family Service, Aging and Disability Services).

School or Agency Visit:

- Always collaborate with the school staff and administration about their procedures and suggestions. Determine who will take the lead in the crisis situation. Current practice at the school districts is to have school site personnel notify families after their students have

been transported. If the site believes that the family will transport the student to the hospital for voluntary assessment, the site may reach out to the family BEFORE transport.

- Immediately contact your direct supervisor for additional guidance and support.
- Under no circumstances should BHRS staff members transport a minor to a hospital for evaluation.
- If authorization for voluntary treatment is not available from the parent or legal guardian, staff may initiate a 72-hour hold, if detention criteria exist. (Code WIC 5585.50).
- Police, ambulance, or Mobile Crisis Response Team transport of a youth on a 72-hour hold does not require consent of the legal guardian.
- BHRS staff will make every effort to coordinate with school staff and administration to determine who will contact the parent or legal guardian.
- BHRS staff will also follow up with the minor's parent or legal guardian as soon as possible.
- The facility receiving the minor will make reasonable and timely efforts to notify the minor's parent/guardian as soon as possible after the minor is detained. (Code WIC 5585.50)

5. Dangerousness Assessment
    - Inform all other persons assisting you of your knowledge of the individual's dangerousness.
    - Consider the individual's potential for personal violence: size, strength, skills, use of substances, and impulsivity.
    - Review the individual's known use of or access to weapons: baseball bat, gun, knife, brass knuckles, cane, etc.
    - Consider whether the individual might have a weapon concealed on his/her person. Prompt the police to conduct a search prior to transporting the client to PES. Hidden weapons could endanger ambulance and PES staff and should be removed prior to transport. The search must never be conducted by BHRS staff.
    - Consider whether the individual has made recent threats.
    - Consider whether the individual has a history of violence (a history of past violence is the single most reliable indicator of potential violence).
    - Inform PES and police officers of any known guns or other lethal weapons in the home which should be confiscated by law enforcement prior to the individuals discharge from the hospital.
6. Complete a Critical Incident Report on all high risk 5150s (per the BHRS Policy on Critical Incident Reporting, including Breaches and Security Incidents, for Mental Health and AOD Providers). A routine 5150 does not require a Critical Incident Report. The following are considered a high risk 5150: medical emergency, violent behavior, problems with police or ambulance, injuries, youth client under the age of 12 years old, potential liability for county or contractor.

7. Data Collection Requirements:

   Senate Bill 929 amended WIC section 5402 to require DHCS to collect expanded quarterly data regarding treatment provided pursuant to the LPS Act and was intended to address gaps and deficiencies in data collection regarding involuntary detentions under the LPS Act. Each designated and approved receiving facility and each other entity involved in implementing WIC section 5150 shall report specified data to the county in which it operates. Each county behavioral health director is required to report involuntary treatment data to DHCS quarterly, including demographics, clinical outcomes, services provided or offered, waiting periods, and numbers county-contracted beds.

   Data will be submitted in accordance with the most recent guidance as published by DHCS on the DHCS Behavioral Health Information Notices website (https://www.dhcs.ca.gov/formsandpubs/Pages/Behavioral_Health_Information_Notice.aspx).

   San Mateo Medical Center, Mills-Peninsula Medical Center, Seton Medical Center, and the McGuire Detention Facility Acute Stabilization unit must report to BHRS on a quarterly basis the following data elements:

   A. The number of individuals detained in designated and approved facilities for 72-hour assessment, evaluation, and crisis intervention (W&I Code section 5150) for each of the following conditions:

      i. Danger to self
      ii. Danger to others
      iii. Grave disability due to a mental health disorder
      iv. Grave disability due to a severe substance use disorder
      v. Grave disability due to both a mental health disorder and severe substance use disorder.

   B. The number of individuals admitted to designated and approved facilities for 72-hour evaluation and treatment for the same five conditions listed above.

   C. The number of individuals detained for 72-hour assessment, evaluation, and crisis intervention either once, between two and five times, between six and eight times, and greater than eight times for each type of detention.

   D. Demographic data of those receiving care, including: Age, Sex, Gender Identity, Race, Ethnicity, Sexual Orientation, Veteran Status, Housing Status, and Primary Language.

   E. The services provided or offered to individuals detained in designated and approved facilities for 72-hour assessment, evaluation, and crisis intervention (W&I Code Section 5150). Data pertaining to services shall specify payer information or funding used to pay for services.

   F. The services provided or offered to individuals admitted in designated and approved facilities for 72-hour evaluation and treatment (W&I Code Sections 5150). Data pertaining to services shall specify payer information or funding used to pay for services.

G. The clinical outcomes of individuals detained in designated and approved facilities for 72-hour assessment, evaluation, and crisis intervention.

H. The clinical outcomes of individuals admitted in designated and approved facilities for 72-hour evaluation and treatment.

I. The waiting periods for individuals detained prior to receiving an evaluation or receiving evaluation and treatment services in a designated facility, including the reasons for waiting periods (W&I Code Section 5150). If the source of admission is an emergency department, the date and time of service and release from emergency care.

J. The waiting periods for individuals admitted prior to receiving an evaluation or receiving evaluation and treatment services in a designated facility, including the reasons for waiting periods (W&I Code Section 5150). If the source of admission is an emergency department, the date and time of service and release from emergency care.

SIGNATURES

Approved: _____*Signature on File*_____
Dr. Jei Africa, PsyD, FACHE
BHRS Director

Approved: _____*Signature on File*_____
Tasha Souter, MD
BHRS Medical Director

Approved: _____*Signature on File*_____
Scott Gruendl, MPA, CPCO
BHRS Assistant Director
Compliance Officer

REVISION HISTORY

Date of Revision	Type of Revision	Revision Description
09/19/25	Amend	**Policy:** Renamed to BHRS Lanterman-Petris-Short (LPS) 72 Hour Hold/5150 Policy and Procedures *(Formerly: 72 Hour Hold/5150 Policy and Procedures).* Amendments made to align with SB43 and SB 929. Signature line added for Compliance Officer.
9/19/25	Amend	**Attachments B-D**: Added
06/27/18	Amend	**Policy:** Amended and renamed to 72 Hour Hold/5150 Policy and Procedures (*Formerly:5150 Procedures)*
12/13/17	Tech Edit	**Policy:** Technical Edits
03/10/00	Amend	**Policy:** Amended

COMPLIANCE REVIEW HISTORY

Date of Review	Reviewer Name and Job Title
09/19/25	Scott Gruendl, Compliance Officer