



**California State University, Los Angeles**  
**Department of Public Safety**

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NUMBER: IV-39 APPROVED: \_\_\_\_\_  
Larry Bohannon, Chief of Police

EFFECTIVE: March 19, 2013

SUPERSEDES: March 21, 2010 Reviewed/Revised: December 16, 2022

SUBJECT: **Responding to Persons with Mental Illness**

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I. PURPOSE:

To provide guidelines for the recognition and dealing with persons suffering from mental illness.

II. POLICY:

Dealing with individuals in enforcement and related contexts who are known or suspected to be mentally ill carries the potential for violence, requires an officer to make difficult judgments about the mental state and intent of the individual, and requires special police skills and abilities to effectively and legally deal with the person so as to avoid unnecessary violence and potential civil litigation. Given the unpredictable and sometimes violent nature of the mentally ill, officers should never compromise or jeopardize their safety or the safety of others when dealing with individuals displaying symptoms of mental illness. In the context of enforcement and related activities, officers shall be guided by this state's law regarding the detention of the mentally ill. Officers shall use this policy to assist them in defining whether a person's behavior is indicative of mental illness and dealing with the mentally ill in a constructive and humane manner.

III. DEFINITIONS:

- A. Mental Illness: Any of various conditions characterized by impairment of an individual's normal cognitive, emotional, or behavioral functioning, and caused by social, psychological, biochemical, genetic, or other factors, such as infection or head trauma.
- B. Application for 72-Hour Detention: An official written request to a medical facility with the ability to evaluate an individual's mental health, which is made by a law enforcement officer by use of an application for 72-hour detention form (Mental Health Form #302-3) (commonly referred to as a 5150 Welfare and Institutions Code (WIC) Form), wherein it is believed that the person is a danger to themselves or others, and the officer has requested an evaluation and treatment of the person (Appendix 2).
- C. Self-committal: A voluntary action or request by a suspected or actual mentally ill person, wherein they believe they are in need of mental health treatment, and desire voluntary placement or commitment into a mental health facility.

#### IV. PROCEDURES:

##### A. Guidelines for recognizing abnormal behavior/persons suffering from mental illness:

Mental illness is often difficult for even the trained professional to define in a given individual. Officers are not expected to make judgments of mental or emotional disturbance but rather to recognize behavior that is potentially destructive and/or dangerous to themselves or others. The following are generalized signs and symptoms of behavior that may suggest mental illness although officers should not rule out other potential causes such as reactions to narcotics or alcohol or temporary emotional disturbances that are situationally motivated. Officers should evaluate the following and related symptomatic behavior in the total context of the situation when making judgments about an individual's mental state and need for intervention absent the commission of a crime.

1. Degree of Reactions. Mentally ill persons may show signs of strong and unrelenting fear of persons, places, or things. The fear of people or crowds, for example, may make the individual extremely reclusive or aggressive without apparent provocation.

2. Appropriateness of Behavior. An individual who demonstrates extremely inappropriate behavior for a given context may be emotionally ill. For example, a motorist who vents his/her frustration in a traffic jam by physically attacking another motorist may be emotionally unstable.

3. Extreme Rigidity or Inflexibility. Emotionally ill persons may be easily frustrated in new or unforeseen circumstances and may demonstrate inappropriate or aggressive behavior in dealing with the situation.

4. In addition to the above, a mentally ill person may exhibit one or more of the following characteristics:

a) Abnormal memory loss related to such common facts as name, home address, (although these may be signs of other physical ailments such as injury or Alzheimer's disease);

b) delusions, the belief in thoughts or ideas that are false, such as delusions of grandeur or paranoid delusions;

c) hallucinations of any of the five senses (e.g. hearing voices commanding the person to act, feeling one's skin crawl, smelling strange odors, etc.); or,

d) the belief that one suffers from extraordinary physical maladies that are not possible, such as persons who are convinced that their heart has stopped beating for extended periods of time, and/or;

5. Extreme fright or depression.

##### B. Determining Danger

Not all mentally ill persons are dangerous, while some may represent danger only under certain circumstances or conditions. Officers may use several indicators to determine whether an apparently mentally ill person represents an immediate or potential danger to him/herself, the officer, or others. These include the following:

1. The availability of any weapons to the suspect.
2. Statements by the person that suggest to the officer that the individual is prepared to commit a violent or dangerous act. Such comments may range from subtle innuendos to direct threats that, when taken in conjunction with other information, paint a more complete picture of the potential for violence.
3. A personal history that reflects prior violence under similar or related circumstances. The person's history may be known to the officer, or family, friends, or neighbors may be able to provide such information.
4. Failure to act prior to arrival of the officers does not guarantee that there is no danger, but it does in itself tend to diminish the potential for danger.
5. The amount of control that the person demonstrates is significant, particularly the amount of physical control over emotion of rage, anger, fright or agitation. Signs of a lack of control include extreme agitation, inability to sit still or communicate effectively, wide eyes, and rambling thoughts and speech. Clutching one's self or other objects to maintain control, begging to be left alone, or offering frantic assurances that one is all right may also suggest that the individual is close to losing control.
6. The volatility of the environment is a particularly relevant factor that officers must evaluate. Agitators that may affect the person or a particularly combustible environment that may incite violence should be taken into account.

C. Taking Custody or making Referrals

Based on the overall circumstances and the officer's judgment of the potential for violence, the officer may provide the individual and family members with referrals on available community mental health resources or take custody of the individual in order to seek an involuntary emergency evaluation. The following procedures for accessing available community mental health resources should be followed:

1. Make mental health referrals when, in the best judgment of the officer, the circumstances do not indicate that the individual must be taken into custody for his/her/hers own protection or the protection of others or for other reasons as specified by state law. These voluntary commitments should be directed to their primary mental health provider, or to one of the mental health facilities listed in appendix (1).

2. Summon Watch Commander prior to taking into custody a potentially dangerous individual who may be mentally ill or an individual who meets other legal requirements for involuntary admission for mental examination. If needed, summon available crisis intervention specialists to assist in the custody and admission procedures.

3. Once a decision has been made to take an individual into custody, do it as soon as possible to avoid prolonging a potentially volatile situation. Remove any dangerous weapons from the immediate area, and restrain the individual. Sometimes it is better to keep talking to an individual than to take immediate action to take a person into custody. Officers should remember to try and never touch a person unless to search or take into custody.

4. Using restraints on mentally ill persons can aggravate their aggression. Officers should be aware of this fact, but should take those measures necessary to protect their safety

5. An Incident Report will be completed whether or not the individual is taken into custody. Ensure that the report is as explicit as possible concerning the circumstances of the incident and the type of behavior that was observed. Terms such as out of control or psychologically disturbed should be replaced with descriptions of the specific behaviors involved. The reasons why the subject was taken into custody or referred to another agency should be reported in detail.

6. All persons placed under a 72 hour detentions will be transported to the County USC Medical Center Psychiatric Ward for evaluation unless otherwise directed by the Watch Commander, or at the request of the mental health staff at County USC.

D. Guidelines for sworn officers to follow in dealing with persons they suspect are mentally ill:

Upon being dispatched to a suspected mentally ill person, the officer will, at minimum, do the following:

1. Request a back up officer.
2. Ascertain as much information as possible while responding to the call.
3. If possible, contact back up officer prior to arrival and arrive together.
4. Upon making scene safe, obtain all available facts and circumstances surround the call.
5. Move person to quiet, calm, and secure location when possible
6. Attempt to calm the person.
7. Conduct pat-down for weapons.

8. Obtain medical/mental history if possible.
9. Determine if crime has occurred.
10. Determine if medical services required.
11. Conduct in-field evaluation of person to determine if 72 hour detention required.
12. If 72 hour detention required, transport as required.
13. Officer should conduct these contacts in accordance with the criteria set forth in IV, E of this order.

E. Contacts with the Mentally Ill in the field, interviews, and interrogations.

Officers should take the appropriate safety measures in the field, as well as during interviews and interrogations, when dealing with potential mentally ill persons. Should the officer determine that an individual may be mentally ill and a potential threat to him/herself, the officer, or others, or may otherwise require law enforcement intervention for humanitarian reasons as prescribed by statute, the following responses may be taken:

1. Request a backup officer, and always do so in cases where the individual will be taken into custody. There should be two officers present when conducting interviews and interrogations of possible mentally ill persons.
2. During street contacts, interviews, and interrogations, take steps to calm the situation. When possible, eliminate emergency lights, and sirens, disperse crowds, and assume a quiet non-threatening manner when approaching or conversing with the individual. Where violence or destructive acts have not occurred, avoid physical contact, and take time to assess the situation. Conduct all interviews and interrogations in a quiet and secure location when possible.
3. Communicate with the individual in an attempt to determine what is bothering him/her. Relate your concern for his/her feelings and allow him/her to ventilate his/her feelings. Where possible, gather information on the subject from acquaintances or family members and/or request professional assistance if available and appropriate to assist in communication with and calming the person.
4. Do not threaten the individual with arrest or in any manner as this/her will create additional fright, stress, and potential aggression.
5. Avoid topics that may agitate the person and guide the conversation towards subjects that help bring the individual back to reality.
6. Always attempt to be truthful with a mentally ill individual. If the subject becomes aware of a deception, he may withdraw from the contact in distrust and may become hypersensitive or retaliate in anger.

7. Alternatives to arrest should be considered to ensure the best treatment options are used, and to keep those with mental illnesses out of the criminal justice system.

8. If in doubt regarding future admissibility of statements made by possible mentally ill persons, officers should consult with the City Attorney or District Attorney prior to/or during such interview/interrogations process.

F. Transporting Mentally Ill patients:

Once the determination is made to transport an individual for 72-hour evaluation, the officer should take the following action:

1. Determine the mode of transportation; Los Angeles Fire Department ambulance or patrol vehicle. Ambulance should only be used when there is need of medical treatment as well as mental health services. If the person is transported by ambulance, one officer will physically ride in the ambulance, and one officer to follow the ambulance.

2. Does the patient have weapons on their person or in their personal effects?

3. Dispatch two (2) officers to transport.

4. Handcuff the person.

5. Search the person for weapons.

6. Transport all personal effects in the trunk, out of the reach of patient.

a). Officers will assist mentally ill self-committed patients in obtaining transportation to a mental health facility if needed. If the need arises, officers may transport self-committal persons to local area mental health facilities on a case by case basis, and only as a last resort. All officer transports to mental health facilities will be approved by the Watch Commander.

b). Officers will follow the guidelines as established IV-28 (Prisoner Transport) when transporting mentally ill persons in Department vehicles.

7. Upon arrival at destination, advise the receiving agency of any pat down results or presence of any devices in personal effect which could be used as a weapon.

8. Provide hospital with the application for 72 hour detention.

G. Medical facility protocol:

The following medical facility protocol will be used:

1. 72 hour detention with no medical issues or criminal charges pending.

- a). These individuals will be taken to the 1<sup>st</sup> floor, room 1234, Psychiatric Ward, of County USC Medical Center for evaluation.
- b). Officers will provide the application for 72 hour detention to the mental health staff, and are not required to remain while evaluation of the person takes place.
- c). If County USC is full and not able to accept a person, they will direct the officer to the closest location that could accept the person.

2. 72 hour detention with medical issues only:

- a). Mental health facilities will not evaluate a person for mental health related issues until such time that the person is medically stable. Persons who require medical attention will be transported by ambulance to the County USC Medical Center Emergency Department. The application for 72 hour detention will be provided to the medical care provider at that time. The medical care provider will be required to have the evaluation completed only after the person has been medically cleared.
- b). Officers are required to stand by at the location while medical treatment is occurring.

3. 72 hour detention with criminal charges pending:

- a). All mentally ill persons with criminal charges pending will be transported to the 13<sup>th</sup> floor of County USC Medical Center. The Sheriff's staff at that location will be provided with the application for 72 hour detention.
- b). The mentally ill person will be provided mental health evaluations by trained mental health personnel upon direction of the doctors and nurses of the 13<sup>th</sup> floor of County USC Medical Center.

H. Handling Intoxicated Complainants:

When an officer comes in contact with a complainant in such an intoxicated condition (mere drinking is not sufficient) that any information from him/her is doubtful or unfounded, and in the total absence of witnesses and/or physical evidence, the officer shall proceed as follows:

- 1. Write an Incident Report, noting the condition of the complainant.
- 2. Advise the complainant that a supplemental report will be taken by the police, if the complainant calls when he is sober.
- 3. If the complainant is arrested, his/her complaint will be noted in the narrative section of the Incident Report.
- 4. Exceptions:
  - a). There is visible, or suspected, injury to the complainant or another.

- b). The offense was witnessed by a sober person.
- c). It is obvious that a crime has occurred.
- d). If there is continued harassment (numerous unfounded calls by the complainant) refer to the California Penal Code to prefer charges and/or have him/her admitted for psychiatric evaluation, depending on the circumstances.
- e). Police action, involving mentally-ill, incompetent, or intoxicated persons/complaints requiring medical assistance, will be handled as follows:
  - 1) These people will be examined by a physician before any other action is taken. The Los Angeles Fire Department can also conduct an evaluation for possible alcohol poisoning if they are requested to respond.
  - 2) Officers may to use only that force necessary for the protection of the public and the officer, and to enforce the removal and protection of the demented/incompetent person.
  - 3) The investigating officer, using an Incident Report form, should describe the complete investigation and any police action.

I. Persons committing criminal acts who are detained for evaluation:

- 1. When a person has committed a felonious criminal act, however, there is severe mental and/or medical needs that must be professionally addressed immediately, those needs will take priority and be attended to first. However, once a patient is mentally/medically stabilized, the criminal case should be pursued when appropriate.
- 2. In these rare instances, these persons will be transported to County USC Medical Center for treatment. Officers will complete the appropriate portion of the application for 72 hour detention reflecting that criminal charges are pending and, law enforcement requires notification prior to the person's release.
- 3. In cases of this nature, the crime report will be immediately forwarded to the investigations bureau for follow-up.

J. Firearms and dangerous weapons seizures:

When firearms or other dangerous weapons as defined in 8100 of the WIC are seized due to a person being detained for a 72 hour evaluation, any and all firearms will be seized. These weapons may be held for a period of not more than 30 days, unless otherwise directed by a judge. When a person is released from a facility, the professional person in charge of the facility, or his or her designee, shall advise these persons of the criteria of 8102 of the WIC, regarding the procedures for release of their weapons, if applicable.

K. Training requirements:

1. Each officer/employee will receive initial department training regarding this matter through their respective orientation program. Employees will also receive periodic training when new techniques for dealing with mentally ill persons are developed.
2. All officers/employees will receive refresher training at a minimum annually.
3. Department order, IV-1, Use of Force, will be discussed during all training regarding handling mentally ill persons, specifically regarding force issues.
4. The above training will be documented via training logs and Computer Aided Dispatch Reports.

L. Non-sworn Personnel:

1. Guidelines for the recognition of persons suffering from mental illness.
  - A. Non-sworn personnel are not expected to make judgments of mental or emotional disturbance but rather to recognize behavior that is potentially destructive and/or dangerous to themselves or others.
  - B. The following symptomatic behavior may be involved in recognizing people suffering from mental illness:
    1. Degree of Reactions. Mentally ill persons may show signs of strong and unrelenting fear of persons, places, or things. The fear of people or crowds, for example, may make the individual extremely reclusive or aggressive without apparent provocation.
    2. Appropriateness of Behavior. An individual who demonstrates extremely inappropriate behavior for a given context may be emotionally ill. For example, a motorist who vents his/her frustration in a traffic jam by physically attacking another motorist may be emotionally unstable.
    3. Extreme Rigidity or Inflexibility. Emotionally ill persons may be easily frustrated in new or unforeseen circumstances and may demonstrate inappropriate or aggressive behavior in dealing with the situation.
    4. In addition to the above, a mentally ill person may exhibit one or more of the following characteristics:
      - a) Abnormal memory loss related to such common facts as name, home address, (although these may be signs of other physical ailments such as injury or Alzheimer's disease);
      - b) delusions, the belief in thoughts or ideas that are false, such as delusions of grandeur or paranoid delusions;

- c) hallucinations of any of the five senses (e.g. hearing voices commanding the person to act, feeling one's skin crawl, smelling strange odors, etc.); or,
- d) the belief that one suffers from extraordinary physical maladies that are not possible, such as persons who are convinced that their heart has stopped beating for extended periods of time, and/or;

5. Extreme fright or depression.

2. Procedures for accessing available community mental resources.

- A. Non-sworn personnel are directed to immediately notify Police Dispatch whenever encountering a person with a potential mental illness.
- B. Personnel who are non-sworn are directed to observe and report only.
- C. Sworn personnel shall be the contact source for providing access to mental health resources.

APPENDIX: (1) Mental Health Facility Locations List

(2) Application for 72 Hour Detention

## **Mental Health Facilities Listings**

### **Appendix (1)**

#### **Los Angeles County and USC Medical Center**

1200 N. State Street, First floor, Room 1234

Los Angeles, CA 90031

323-226-7085

#### **Comments:**

Provides evaluations of suspected mentally ill persons. This location also has a jail ward as well as emergency medical services.

#### **City of Angeles Medical Center, Ingleside Campus**

7500 East Hellman Avenue

Rosemead, CA 91770

626-288-1160

#### **Comments:**

Provides commitment services for voluntary committals. County beds available.

#### **Charter Oaks Hospital**

1161 E. Covina Boulevard

Covina, CA 91724

Comments:

Provides crisis intervention, PET Team Inpatient and outpatient assessment and referrals.  
County beds available.

State of California—Health and Human Services Agency

**APPLICATION FOR 72-HOUR DETENTION  
FOR EVALUATION AND TREATMENT***Confidential Client/Patient Information*  
See California W & I Code Section 5328

MH 302-3 (5/99)

**W & I Code, Section 5157**, requires that each person when first detained for psychiatric evaluation be given certain specific information orally, and a record be kept of the advisement by the evaluating facility.

☐ **Advisement Complete** ☐ **Advisement Incomplete**

Good Cause for Incomplete Advisement

Advisement Completed By

Department of Mental Health

**DETAINMENT ADVISEMENT**

My name is \_\_\_\_\_  
I am a (Peace Officer, etc.) 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 his or her residence, the person shall also be told the following information in substantially the following form:*

You may bring a few personal items with you which I will have to approve. You can make a phone call and/or leave a note to tell your friends and/or family where you have been taken.

Position

Date

To

Application is hereby made for the admission of \_\_\_\_\_  
residing at \_\_\_\_\_, California, for 72-hour treatment and evaluation pursuant to Section 5150, (adult) et seq. or Section 5585 et seq. (minor), of the Welfare and Institutions Code. If a minor, to the best of my knowledge, the legally responsible party appears to be/is: (Circle one) Parent; Legal Guardian; Juvenile Court as a WIC 300; Juvenile Court as a WIC 601/602; Conservator. If known, provide names, address and telephone number: \_\_\_\_\_

\*\*\*\*\*  
The above person's condition was called to my attention under the following circumstances: (See reverse side for definitions)

The following information has been established: (Please give sufficiently detailed information to support the belief that the person for whom evaluation and treatment is sought is in fact a danger to others, a danger to himself/herself and/or gravely disabled.)

Based upon the above information it appears that there is probable cause to believe that said person is, as a result of mental disorder:

☐ **A danger to himself/herself.** ☐ **A danger to others.** ☐ **Gravely disabled adult.** ☐ **Gravely disabled minor.**

Signature title and badge number of peace officer, member of attending staff of evaluation facility or person designated by county.

Date

Phone

Time

Name of Law Enforcement Agency or Evaluation Facility/Person

Address of Law Enforcement Agency or Evaluation Facility/Person

☐ Weapon was confiscated and detained person notified of procedure for return of weapon pursuant to W & I Code Section 8102.  
(officer/unit & phone #) \_\_\_\_\_

**NOTIFICATIONS TO BE PROVIDED TO LAW ENFORCEMENT AGENCY**

NOTIFICATION OF PERSON'S RELEASE FROM AN EVALUATION AND TREATMENT FACILITY IS REQUESTED BY THE REFERRING PEACE OFFICER BECAUSE:

☐ Person has been referred under circumstances in which criminal charges might be filed pursuant to W & I Code Sections 5152.1 and 5152.2.  
Notify (officer/unit & phone #) \_\_\_\_\_

☐ Weapon was confiscated pursuant to W & I Code Section 8102.  
Notify (officer/unit & phone #) \_\_\_\_\_

**SEE REVERSE SIDE FOR INSTRUCTIONS**

Revision to MH 302 (APPLICATION FOR 72-HOUR DETENTION AND EVALUATION AND TREATMENT)

## **DEFINITIONS**

### **GRAVELY DISABLED**

**"Gravely Disabled"** means a condition in which a person, as a result of a mental disorder, is unable to provide for his or her basic personal needs for food, clothing and shelter. SECTION 5008(h) W & I CODE

**"Gravely Disabled Minor"** means a minor who, 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. SECTION 5585.25 W & I CODE

Mental retardation, epilepsy, or other developmental disabilities, alcoholism, other drug abuse, or repeated antisocial behavior do not, by themselves, constitute a mental disorder.

### **PEACE OFFICER**

**"Peace Officer"** means a duly sworn peace officer as that term is defined in Chapter 4.5 (commencing with Section 830) of Title 3 of Part 2 of the Penal Code who has completed the basic training course established by the Commission on Peace Officer Standards and Training, or any parole officer or probation officer specified in Section 830.5 of the Penal Code when acting in relation to cases for which he or she has a legally mandated responsibility. SECTION 5008 (i) W & I CODE

## **INSTRUCTIONS FOR SECTIONS 5152.1, 5152.2, and 5585 WIC**

### **Section 5152.1 WIC**

The professional person in charge of the facility providing 72-hour evaluation and treatment, or his designee, shall notify the county mental health director or his designee and the peace officer who makes the written application pursuant to Section 5150 if both of the following conditions apply:

- (a) The peace officer requests such notification at the time he makes the application and he certifies in writing that the person has been referred to the facility under circumstances in which a criminal charge might be filed.
- (b) The person admitted pursuant to such application is not detained by the facility or is detained for a period less than the full period of allowable detention in the 72-hour facility.

### **Section 5152.2 WIC**

Each law enforcement agency within a county shall arrange with the county mental health director a method for giving prompt notification to peace officers pursuant to Section 5152.1.

### **Section 5585 et seq. WIC**

WIC Section 300 is a minor who is under the jurisdiction of the Juvenile Court because of abuse (physical or sexual), neglect or exploitation.

WIC Section 601 is a minor who is adjudged a ward of the Juvenile Court because of being out of parental control.

WIC Section 602 is a minor who is adjudged a ward of the Juvenile Court because of crimes committed.

### **Section 8102 WIC (EXCERPTS FROM)**

Whenever a person who has been detained or apprehended for examination of his or her mental condition or who is a person described in Section 8100 or 8103, is found to own, have in his or her possession or under his or her control, any firearm whatsoever, or any other deadly weapon, the firearm or other deadly weapon shall be confiscated by any law enforcement agency or peace officer, who shall retain custody of the firearm or other deadly weapon. . . .

Where the person is released without judicial commitment, the professional person in charge of the facility, or his or her designee, shall notify the person of the procedure for the return of any firearm or other deadly weapon which may have been confiscated.

Upon confiscation of any firearm or other deadly weapon from a person who has been detained or apprehended for examination of his or her mental condition, the peace officer or law enforcement agency shall notify the person of the procedure for the return of any firearm or other deadly weapon which has been confiscated.

Health facility personnel shall notify the confiscating law enforcement agency upon release of the detained person, and shall make a notation to the effect that the facility provided the required notice to the person regarding the procedure to obtain return of any confiscated firearm.

CALIFORNIA CODES

**WELFARE AND INSTITUTIONS CODE**

**SECTION 5150-5157**

**5150.** When any person, as a result of mental disorder, is a danger to others, or to himself or herself, or gravely disabled, a peace officer, member of the attending staff, as defined by regulation, of an evaluation facility designated by the county, designated members of a mobile crisis team provided by Section 5651.7, or other professional person designated by the county may, upon probable cause, take, or cause to be taken, the person into custody and place him or her in a facility designated by the county and approved by the State Department of Mental Health as a facility for 72-hour treatment and evaluation.

Such facility shall require an application in writing stating the circumstances under which the person's condition was called to the attention of the officer, member of the attending staff, or professional person, and stating that the officer, member of the attending staff, or professional person has probable cause to believe that the person is, as a result of mental disorder, a danger to others, or to himself or herself, or gravely disabled. If the probable cause is based on the statement of a person other than the officer, member of the attending staff, or professional person, such person shall be liable in a civil action for intentionally giving a statement which he or she knows to be false.

**5150.05.** (a) When determining if probable cause exists to take a person into custody, or cause a person to be taken into custody, pursuant to Section **5150**, any person who is authorized to take that person, or cause that person to be taken, into custody pursuant to that section shall consider available relevant information about the historical course of the person's mental disorder if the authorized person determines that the information has a reasonable bearing on the determination as to whether the person is a danger to others, or to himself or herself, or is gravely disabled as a result of the mental disorder.

(b) For purposes of this section, "information about the historical course of the person's mental disorder" includes evidence presented by the person who has provided or is providing mental health or related support services to the person subject to a determination described in subdivision (a), evidence presented by one or more members of the family of that person, and evidence presented by the person subject to a determination described in subdivision (a) or anyone designated by that person.

(c) If the probable cause in subdivision (a) is based on the statement of a person other than the one authorized to take the person into custody pursuant to Section **5150**, a member of the attending staff, or a professional person, the person making the statement shall be liable in a civil action for intentionally giving any statement that he or she knows to be false.

(d) This section shall not be applied to limit the application of Section 5328.

**5150.1.** No peace officer seeking to transport, or having transported, a person to a designated facility for assessment under Section **5150**, shall be instructed by mental health personnel to take the person to, or keep the person at, a jail solely because of the unavailability of an acute bed, nor shall the peace officer be forbidden to transport the person directly to the designated facility. No mental health employee from any county, state, city, or any private agency providing Short-Doyle

psychiatric emergency services shall interfere with a peace officer performing duties under Section **5150** by preventing the peace officer from entering a designated facility with the person to be assessed, nor shall any employee of such an agency require the peace officer to remove the person without assessment as a condition of allowing the peace officer to depart.

"Peace officer" for the purposes of this section also means a jailer seeking to transport or transporting a person in custody to a designated facility for assessment consistent with Section 4011.6 or 4011.8 of the Penal **Code** and Section **5150**.

**5150.2.** In each county whenever a peace officer has transported a person to a designated facility for assessment under Section **5150**, that officer shall be detained no longer than the time necessary to complete documentation of the factual basis of the detention under Section **5150** and a safe and orderly transfer of physical custody of the person. The documentation shall include detailed information regarding the factual circumstances and observations constituting probable cause for the peace officer to believe that the individual required psychiatric evaluation under the standards of Section 5105.

Each county shall establish disposition procedures and guidelines with local law enforcement agencies as necessary to relate to persons not admitted for evaluation and treatment and who decline alternative mental health services and to relate to the safe and orderly transfer of physical custody of persons under Section **5150**, including those who have a criminal detention pending.

**5150.3.** Whenever any person presented for evaluation at a facility designated under Section **5150** is found to be in need of mental health services, but is not admitted to the facility, all available alternative services provided for pursuant to Section 5151 shall be offered as determined by the county mental health director.

**5150.4.** "Assessment" for the purposes of this article, means the determination of whether a person shall be evaluated and treated pursuant to Section **5150**.

5151. If the facility for 72-hour treatment and evaluation admits the person, it may detain him or her for evaluation and treatment for a period not to exceed 72 hours. Saturdays, Sundays, and holidays may be excluded from the 72-hour period if the Department of Mental Health certifies for each facility that evaluation and treatment services cannot reasonably be made available on those days. The certification by the department is subject to renewal every two years. The department shall adopt regulations defining criteria for determining whether a facility can reasonably be expected to make evaluation and treatment services available on Saturdays, Sundays, and holidays.

Prior to admitting a person to the facility for 72-hour treatment and evaluation pursuant to Section **5150**, the professional person in charge of the facility or his or her designee shall assess the individual in person to determine the appropriateness of the involuntary detention.

If in the judgment of the professional person in charge of the facility providing evaluation and treatment, or his or her designee, the person can be properly served without being detained, he or she shall be provided evaluation, crisis intervention, or other inpatient or outpatient services on a voluntary basis.

Nothing in this section shall be interpreted to prevent a peace officer from delivering individuals to a designated facility for

assessment under Section **5150**. Furthermore, the preadmission assessment requirement of this section shall not be interpreted to require peace officers to perform any additional duties other than those specified in Sections **5150.1** and **5150.2**.

5152. (a) Each person admitted to a facility for 72-hour treatment and evaluation under the provisions of this article shall receive an evaluation as soon as possible after he or she is admitted and shall receive whatever treatment and care his or her condition requires for the full period that he or she is held. The person shall be released before 72 hours have elapsed only if the psychiatrist directly responsible for the person's treatment believes, as a result of the psychiatrist's personal observations, that the person no longer requires evaluation or treatment. However, in those situations in which both a psychiatrist and psychologist have personally evaluated or examined a person who is placed under a 72-hour hold and there is a collaborative treatment relationship between the psychiatrist and psychologist, either the psychiatrist or psychologist may authorize the release of the person from the hold, but only after they have consulted with one another. In the event of a clinical or professional disagreement regarding the early release of a person who has been placed under a 72-hour hold, the hold shall be maintained unless the facility's medical director overrules the decision of the psychiatrist or psychologist opposing the release. Both the psychiatrist and psychologist shall enter their findings, concerns, or objections into the person's medical record. If any other professional person who is authorized to release the person believes the person should be released before 72 hours have elapsed, and the psychiatrist directly responsible for the person's treatment objects, the matter shall be referred to the medical director of the facility for the final decision. However, if the medical director is not a psychiatrist, he or she shall appoint a designee who is a psychiatrist. If the matter is referred, the person shall be released before 72 hours have elapsed only if the psychiatrist making the final decision believes, as a result of the psychiatrist's personal observations, that the person no longer requires evaluation or treatment.

(b) Any person who has been detained for evaluation and treatment shall be released, referred for further care and treatment on a voluntary basis, or certified for intensive treatment, or a conservator or temporary conservator shall be appointed pursuant to this part as required.

(c) A person designated by the mental health facility shall give to any person who has been detained at that facility for evaluation and treatment and who is receiving medication as a result of his or her mental illness, as soon as possible after detention, written and oral information about the probable effects and possible side effects of the medication. The State Department of Mental Health shall develop and promulgate written materials on the effects of medications, for use by county mental health programs as disseminated or as modified by the county mental health program, addressing the probable effects and the possible side effects of the medication. The following information shall be given orally to the patient:

(1) The nature of the mental illness, or behavior, that is the reason the medication is being given or recommended.

(2) The likelihood of improving or not improving without the medication.

(3) Reasonable alternative treatments available.

(4) The name and type, frequency, amount, and method of dispensing the medication, and the probable length of time the medication will be taken.

The fact that the information has or has not been given shall be indicated in the patient's chart. If the information has not been given, the designated person shall document in the patient's chart the justification for not providing the information. A failure to give information about the probable effects and possible side effects of the medication shall not constitute new grounds for release.

(d) The amendments to this section made by Assembly Bill 348 of the 2003-04 Regular Session shall not be construed to revise or expand the scope of practice of psychologists, as defined in Chapter 6.6 (commencing with Section 2900) of Division 2 of the Business and Professions **Code**.

5152.1. The professional person in charge of the facility providing 72-hour evaluation and treatment, or his or her designee, shall notify the county mental health director or the director's designee and the peace officer who makes the written application pursuant to Section **5150** or a person who is designated by the law enforcement agency that employs the peace officer, when the person has been released after 72-hour detention, when the person is not detained, or when the person is released before the full period of allowable 72-hour detention if all of the following conditions apply:

(a) The peace officer requests such notification at the time he or she makes the application and the peace officer certifies at that time in writing that 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.

(b) The notice is limited to the person's name, address, date of admission for 72-hour evaluation and treatment, and date of release.

If a police officer, law enforcement agency, or designee of the law enforcement agency, possesses any record of information obtained pursuant to the notification requirements of this section, the officer, agency, or designee shall destroy that record two years after receipt of notification.

5152.2. Each law enforcement agency within a county shall arrange with the county mental health director a method for giving prompt notification to peace officers pursuant to Section 5152.1.

5153. Whenever possible, officers charged with apprehension of persons pursuant to this article shall dress in plain clothes and travel in unmarked vehicles.

5154. (a) Notwithstanding Section 5113, if the provisions of Section 5152 have been met, the professional person in charge of the facility providing 72-hour treatment and evaluation, his or her designee, the medical director of the facility or his or her designee described in Section 5152, the psychiatrist directly responsible for the person's treatment, or the psychologist shall not be held civilly or criminally liable for any action by a person released before the end of 72 hours pursuant to this article.

(b) The professional person in charge of the facility providing 72-hour treatment and evaluation, his or her designee, the medical director of the facility or his or her designee described in Section 5152, the psychiatrist directly responsible for the person's treatment, or the psychologist shall not be held civilly or criminally liable for any action by a person released at the end of the 72 hours pursuant to this article.

(c) The peace officer responsible for the detainment of the person shall not be civilly or criminally liable for any action by a person released at or before the end of the 72 hours pursuant to this article.

(d) The amendments to this section made by Assembly Bill 348 of the 2003-04 Regular Session shall not be construed to revise or expand the scope of practice of psychologists, as defined in Chapter 6.6 (commencing with Section 2900) of Division 2 of the Business and Professions **Code**.

5155. Nothing in this part shall be construed as granting authority to local entities to issue licenses supplementary to existing state and local licensing laws.

5156. At the time a person is taken into custody for evaluation, or within a reasonable time thereafter, unless a responsible relative or the guardian or conservator of the person is in possession of the person's personal property, the person taking him into custody shall take reasonable precautions to preserve and safeguard the personal property in the possession of or on the premises occupied by the person. The person taking him into custody shall then furnish to the court a report generally describing the person's property so preserved and safeguarded and its disposition, in substantially the form set forth in Section 5211; except that if a responsible relative or the guardian or conservator of the person is in possession of the person's property, the report shall include only the name of the relative or guardian or conservator and the location of the property, whereupon responsibility of the person taking him into custody for such property shall terminate.

As used in this section, "responsible relative" includes the spouse, parent, adult child, or adult brother or sister of the person, except that it does not include the person who applied for the petition under this article.

**5157.** (a) Each person, at the time he or she is first taken into custody under provisions of Section **5150**, shall be provided, by the person who takes such other person into custody, the following information orally. The information shall be in substantially the following form:

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 his or her residence, the person shall also be told the following information in substantially the following form:

You may bring a few personal items with you which I will have to approve. You can make a phone call and/or leave a note to tell your friends and/or family where you have been taken.

(b) The designated facility shall keep, for each patient evaluated, a record of the advisement given pursuant to subdivision (a) which shall include:

(1) Name of person detained for evaluation.

- (2) Name and position of peace officer or mental health professional taking person into custody.
- (3) Date.
- (4) Whether advisement was completed.
- (5) If not given or completed, the mental health professional at the facility shall either provide the information specified in subdivision (a), or include a statement of good cause, as defined by regulations of the State Department of Mental Health, which shall be kept with the patient's medical record.

(c) Each person admitted to a designated facility for 72-hour evaluation and treatment shall be given the following information by admission staff at the evaluation unit. The information shall be given orally and in writing and in a language or modality accessible to the person. The written information shall be available in the person's native language or the language which is the person's principal means of communication. The information shall be in substantially the following form:

My name is \_\_\_\_\_.

My position here is \_\_\_\_\_.

You are being placed into the psychiatric unit because it is our professional opinion that as a result of mental disorder, you are likely to: (check applicable)

harm yourself \_\_\_\_\_

harm someone else \_\_\_\_\_

be unable to take care of your own

food, clothing, and housing needs \_\_\_\_\_

We feel this is true because \_\_\_\_\_.

Herewith a listing of the facts upon which the allegation of dangerous or gravely disabled due to mental disorder is based, including pertinent facts arising from the admission interview.) You will be held on the ward for a period up to 72 hours. This does not include weekends or holidays.

Your 72-hour period will begin \_\_\_\_\_  
(day and time.)

During these 72 hours you will be evaluated by the hospital staff, and you may be given treatment, including medications. It is possible for you to be released before the end of the 72-hours. But if the staff decides that you need continued treatment you can be held for a longer period of time. If you are held longer than 72 hours you have the right to a lawyer and a qualified interpreter and a hearing before a judge. If you are unable to pay for the lawyer, then one will be provided free.

(d) For each patient admitted for 72-hour evaluation and treatment, the facility shall keep with the patient's medical record a record of the advisement given pursuant to subdivision (c) which shall include:

- (1) Name of person performing advisement.
- (2) Date.
- (3) Whether advisement was completed.
- (4) If not completed, a statement of good cause.

If the advisement was not completed at admission, the advisement process shall be continued on the ward until completed. A record of the matters prescribed by subdivisions (a), (b), and (c) shall be kept with the patient's medical record.

CALIFORNIA CODES  
WELFARE AND **INSTITUTIONS CODE**  
SECTION 8100-8108

8100. (a) A person shall not have in his or her possession or under his or her custody or control, or purchase or receive, or attempt to purchase or receive, any firearms whatsoever or any other deadly weapon, if on or after January 1, 1992, he or she has been admitted to a facility and is receiving inpatient treatment and, in the opinion of the attending health professional who is primarily responsible for the patient's treatment of a mental disorder, is a danger to self or others, as specified by Section **5150**, 5250, or 5300, even though the patient has consented to that treatment. A person is not subject to this subdivision once he or she is discharged from the facility.

(b) (1) A person shall not have in his or her possession or under his or her custody or control, or purchase or receive, or attempt to purchase or receive, any firearms whatsoever or any other deadly weapon for a period of six months whenever, on or after January 1, 1992, he or she communicates to a licensed psychotherapist, as defined in subdivisions (a) to (e), inclusive, of Section 1010 of the Evidence **Code**, a serious threat of physical violence against a reasonably identifiable victim or victims. The six-month period shall commence from the date that the licensed psychotherapist reports to the local law enforcement agency the identity of the person making the communication. The prohibition provided for in this subdivision shall not apply unless the licensed psychotherapist notifies a local law enforcement agency of the threat by that person.

The person, however, may own, possess, have custody or control over, or receive or purchase any firearm if a superior court, pursuant to paragraph (3) and upon petition of the person, has found, by a preponderance of the evidence, that the person is likely to use firearms or other deadly weapons in a safe and lawful manner.

(2) Upon receipt of the report from the local law enforcement agency pursuant to subdivision (c) of Section 8105, the Department of Justice shall notify by certified mail, return receipt requested, a person subject to this subdivision of the following:

(A) That he or she is prohibited from possessing, having custody or control over, receiving, or purchasing any firearm or other deadly weapon for a period of six months commencing from the date that the licensed psychotherapist reports to the local law enforcement agency the identity of the person making the communication. The notice shall state the date when the prohibition commences and ends.

(B) That he or she may petition a court, as provided in this subdivision, for an order permitting the person to own, possess, control, receive, or purchase a firearm.

(3) Any person who is subject to paragraph (1) may petition the superior court of his or her county of residence for an order that he or she may own, possess, have custody or control over, receive, or purchase firearms. At the time the petition is filed, the clerk of the court shall set a hearing date and notify the person, the Department of Justice, and the district attorney. The people of the State of California shall be the respondent in the proceeding and shall be represented by the district attorney. Upon motion of the district attorney, or upon its own motion, the superior court may transfer the petition to the county in which the person resided at the time of the statements, or the county in which the person made the statements. Within seven days after receiving notice of the petition, the Department of Justice shall file copies of the reports described in Section 8105 with the superior court. The reports shall be disclosed upon request to

the person and to the district attorney. The district attorney shall be entitled to a continuance of the hearing to a date of not less than 14 days after the district attorney is notified of the hearing date by the clerk of the court. The court, upon motion of the petitioner establishing that confidential information is likely to be discussed during the hearing that would cause harm to the person, shall conduct the hearing in camera with only the relevant parties present, unless the court finds that the public interest would be better served by conducting the hearing in public. Notwithstanding any other provision of law, declarations, police reports, including criminal history information, and any other material and relevant evidence that is not excluded under Section 352 of the Evidence **Code**, shall be admissible at the hearing under this paragraph. If the court finds by a preponderance of the evidence that the person would be likely to use firearms in a safe and lawful manner, the court shall order that the person may have custody or control over, receive, possess, or purchase firearms.

A copy of the order shall be submitted to the Department of Justice. Upon receipt of the order, the department shall delete any reference to the prohibition against firearms from the person's state summary criminal history information.

(c) "Discharge," for the purposes of this section, does not include a leave of absence from a facility.

(d) "Attending health care professional," as used in this section, means the licensed health care professional primarily responsible for the person's treatment who is qualified to make the decision that the person has a mental disorder and has probable cause to believe that the person is a danger to self or others.

(e) "Deadly weapon," as used in this section and in Sections 8101, 8102, and 8103, means any weapon, the possession or concealed carrying of which is prohibited by Section 12020 of the Penal **Code**.

(f) "Danger to self," as used in subdivision (a), means a voluntary person who has made a serious threat of, or attempted, suicide with the use of a firearm or other deadly weapon.

(g) A violation of subdivision (a) of, or paragraph (1) of subdivision b) of, this section shall be a public offense, punishable by imprisonment in the state prison, or in a county jail for not more than one year, by a fine not exceeding one thousand dollars (\$1,000), or by both that imprisonment and fine.

(h) The prohibitions set forth in this section shall be in addition to those set forth in Section 8103.

(i) Any person admitted and receiving treatment prior to January 1, 1992, shall be governed by this section, as amended by Chapter 1090 of the Statutes of 1990, until discharged from the facility.

8102. (a) Whenever a person, who has been detained or apprehended for examination of his or her mental condition or who is a person described in Section 8100 or 8103, is found to own, have in his or her possession or under his or her control, any firearm whatsoever, or any other deadly weapon, the firearm or other deadly weapon shall be confiscated by any law enforcement agency or peace officer, who shall retain custody of the firearm or other deadly weapon.

"Deadly weapon," as used in this section, has the meaning prescribed by Section 8100.

(b) Upon confiscation of any firearm or other deadly weapon from a person who has been detained or apprehended for examination of his or her mental condition, the peace officer or law enforcement agency shall notify the person of the procedure for the return of any firearm or other deadly weapon which has been confiscated.

Where the person is released, the professional person in charge of the facility, or his or her designee, shall notify the person of the procedure for the return of any firearm or other deadly weapon which may have been confiscated.

Health facility personnel shall notify the confiscating law enforcement agency upon release of the detained person, and shall make a notation to the effect that the facility provided the required notice to the person regarding the procedure to obtain return of any confiscated firearm.

(c) Upon the release of a person as described in subdivision (b), the confiscating law enforcement agency shall have 30 days to initiate a petition in the superior court for a hearing to determine whether the return of a firearm or other deadly weapon would be likely to result in endangering the person or others, and to send a notice advising the person of his or her right to a hearing on this issue. The law enforcement agency may make an ex parte application stating good cause for an order extending the time to file a petition. Including any extension of time granted in response to an ex parte request, a petition must be filed within 60 days of the release of the person from a health facility.

(d) If the law enforcement agency does not initiate proceedings within the 30-day period, or the period of time authorized by the court in an ex parte order issued pursuant to subdivision (c), it shall make the weapon available for return.

(e) The law enforcement agency shall inform the person that he or she has 30 days to respond to the court clerk to confirm his or her desire for a hearing, and that the failure to respond will result in a default order forfeiting the confiscated firearm or weapon. For the purpose of this subdivision, the person's last known address shall be the address provided to the law enforcement officer by the person at the time of the person's detention or apprehension.

(f) If the person responds and requests a hearing, the court clerk shall set a hearing, no later than 30 days from receipt of the request. The court clerk shall notify the person and the district attorney of the date, time, and place of the hearing.

(g) If the person does not respond within 30 days of the notice, the law enforcement agency may file a petition for order of default.