

**APPLICATION FOR ASSESSMENT, EVALUATION, AND CRISIS INTERVENTION OR PLACEMENT FOR EVALUATION AND TREATMENT**

*Interrupted by Dr Ross ID: 123456 on 8/19/15 at 5:20 p.m.*

**DETAINMENT ADVISEMENT**

My name is Heather Sylvester, LCSW. 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:*

You may bring a few personal items with you, which I will have to approve. Please inform me if you need assistance turning off any appliance or water. You may make a phone call and leave a note to tell your friends or family where you have been taken.

*Confidential Client/Patient Information*  
See California W&I Code Section 5328 and HIPAA Privacy Rule 45 C.F.R. § 164.508

**Welfare and Institutions Code (W&I Code), Section 5150(f) and (g),** require 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  
n/a

Advisement Completed By <b>Heather Sylvester</b>	Position <b>LCSW</b>	Language or Modality Used <b>English</b>	Date of Advisement <b>08/18/15</b>
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To (name of 5150 designated facility) Telecare CSU

Application is hereby made for the assessment and evaluation of John Doe (DOB 5/5/76)

Residing at homeless-Indio, California, for up to 72- hour assessment, evaluation and crisis intervention or placement for evaluation and treatment at a designated facility pursuant to Section 5150, et seq. (adult) or Section 5585 et seq. (minor), of the W&I Code. If a minor, authorization for voluntary treatment is not available and to the best of my knowledge, the legally responsible party appears to be / is: (Circle one) Parent; Legal Guardian; Juvenile Court under W&I Code 300; Juvenile Court under W&I Code 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: Client presented to Indio Clinic stating that he was experiencing SI after being evicted from his sister's home. He had previously received mental health services for depression from the County, but had missed his last two appointments. He presented as disheveled and smelling of alcohol.

I have probable cause to believe that the person is, as a result of a mental health disorder, a danger to others, or to himself/ herself, or gravely disabled because: (state specific facts) Mr. Doe stated that he has experienced depressed mood and other symptoms of depression for the past few years, but his SI started a week ago, after his sister had evicted him from her home. He stated that he had a bottle of Trazodone and that he had been drinking vodka since last night and was going to take the pills along with more alcohol later today. He was unwilling to engage in safety planning, stating "I only came here so that someone would know what happened to me". Due to sx's of depressed mood, anhedonia & SI, it was determined that Mr. Doe was a Danger to Self due to suicidal plan, intent, means and unwillingness to engage in voluntary services.

Based upon the above information, there is probable cause to believe that said person is, as a result of mental health disorder:  
 **A danger to himself/herself.**     **A danger to others.**     **Gravely disabled adult.**     **Gravely disabled minor.**

Signature, title and badge number of peace officer, professional person in charge of the facility designated by the county for evaluation and treatment, member of the attending staff, designated members of a mobile crisis team, or professional person designated by the county.	Date <u>08/18/15</u>	Phone <u>951-955-1000</u>
	Time <u>8:46 a.m.</u>	

Name of Law Enforcement Agency or Evaluation Facility/Person <u>Heather Sylvester, LCSW</u>	Address of Law Enforcement Agency or Evaluation Facility/Person <u>47-825 Oasis Street Indio, CA 92201</u>
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**NOTIFICATIONS TO BE PROVIDED TO LAW ENFORCEMENT AGENCY**

Notify (officer/unit & telephone #) \_\_\_\_\_

**NOTIFICATION OF PERSON'S RELEASE IS REQUESTED BY THE REFERRING PEACE OFFICER BECAUSE:**

- The person has been referred to the facility under circumstances which, based upon an allegation of facts regarding actions witnessed by the officer or another person, would support the filing of a criminal complaint.
- Weapon was confiscated pursuant to Section 8102 W&I Code. Upon release, facility is required to provide notice to the person regarding the procedure to obtain return of any confiscated firearm pursuant to Section 8102 W&I Code.

**SEE REVERSE SIDE REFERENCES AND DEFINITIONS**

LOCAL COMMUNITY HOSPITAL  
INTERDISCIPLINARY PROGRESS NOTE

CLIENT NAME: John Doe

DOB: 5/5/76

CLIENT ID: 123456789

Date: 08/19/15

Tele-psychiatric Risk Assessment

Presenting Problem/Chief Compliant:

This writer was called to reassess Mr. Doe regarding continued need for involuntary hold. Mr. Doe was brought to Emergency Department for medical clearance yesterday on a 5150 hold (written by Heather Sylvester, RCDMH staff at Indio Clinic), as he was intoxicated, experiencing depressed mood and SI, stating that he was going to overdose on a bottle of Trazodone along with alcohol. Received call from Jim Grisham, RN stating that Mr. Doe is denying SI currently, stating that he was "just drunk and upset". He has been medically cleared and is willing to use voluntary mental health services.

Reassessment:

Completed interview via telepsychiatry with Mr. Doe to reassess risk. Mr. Doe stated that he has struggled with depression for the past few years and has had successful treatment with RCDMH where he was attending group therapy and taking 30mg Lexapro daily. He stated that he stopped taking his medication when he started dating his girlfriend, as it had sexual side effects and he could not drink when he took the medication. His depression had become more severe and his drinking had increased to 3-4 days a week. He shared he had an argument with his girlfriend prompting his SI. He stated that his girlfriend has Trazodone that he was going to take with alcohol, but he really did not want to die, which is why he went to the clinic.

Spoke with Heather Sylvester, LCSW who had initiated the hold yesterday. She spoke with Mr. Doe by phone and agreed to seek a lower level of care. She called two hours later and stated she was able to assist Mr. Doe in obtaining treatment at the Crisis Residential Treatment Center, which is a 24-hour/day unlocked psychiatric facility where he could stay for up to 2 weeks to restart his medications and receive intensive services.

Outcome/Plan:

Consulted with Dr. Grotzky and Jim Grisham, RN regarding safety plan. Fully reviewed safety plan with Mr. Doe and he was able to repeat the plan back to this writer and agreed to follow through with services, stating "I've learned my lesson, I will make sure to talk to my doctor about any concerns I have with my medication and I feel better now that I don't have to try to hide my depression from my girlfriend and that she will support me." Staff arrived from RCDMH to transport Mr. Doe to the CRT and 5150 was interrupted. Documentation was completed and faxed to RCDMH QI.

*Dr. Tiffany Ross, MD*

Tiffany Ross, MD