

# Let's Talk About Behavioral Health Planning, Conservatorship, & Court Programs

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**“Behavioral health” is a broad term that includes mental health, lifestyle and health behaviors, addictions, substance misuse, stressful and crisis situations, and more. The word “behavioral” is used because this field of health focuses on the way thought patterns and learned emotional responses can affect how people react to daily life.**

**-Healthline, S. Srakocic, 2023**



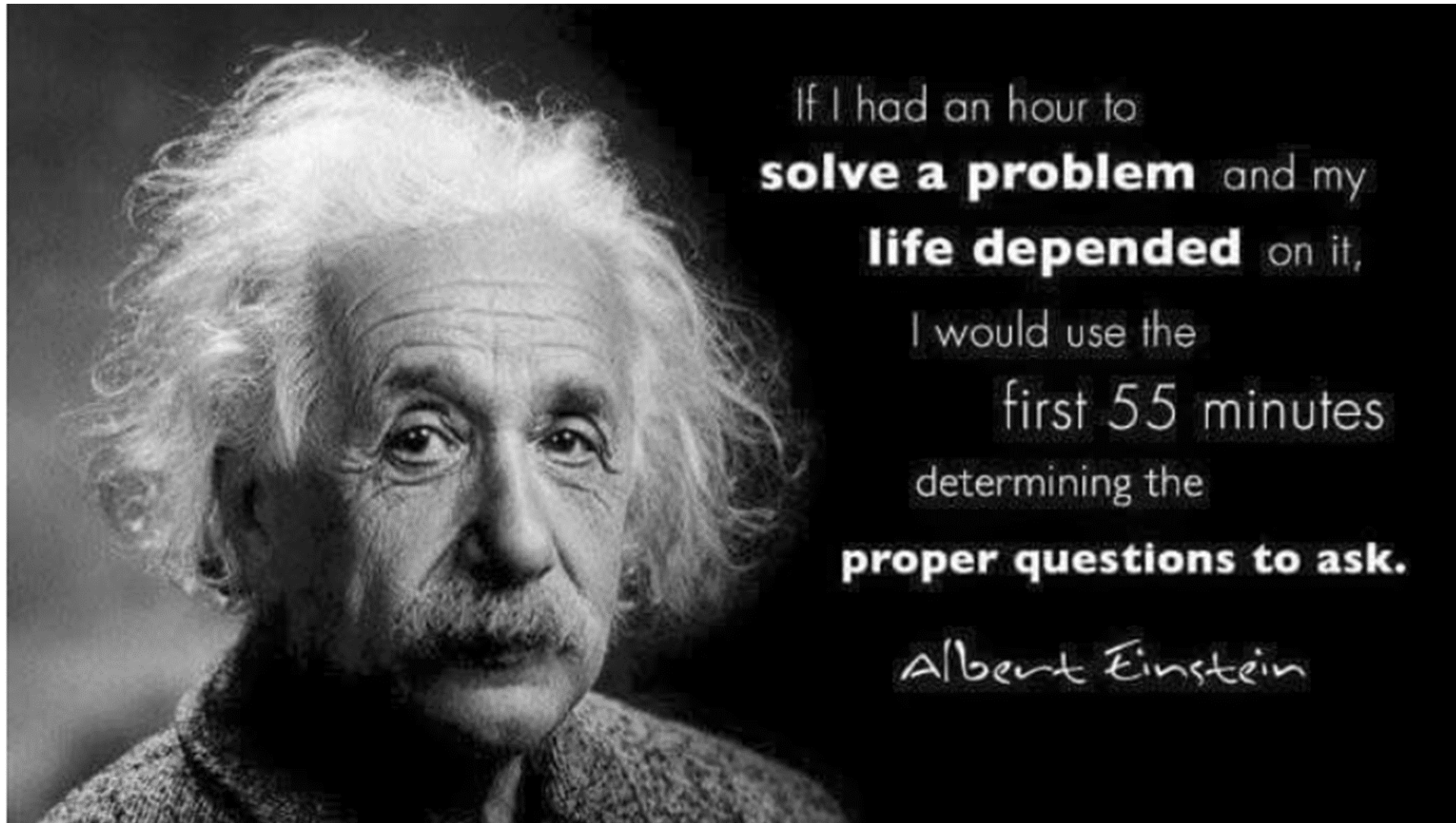
# Disclaimer



- **DISCLAIMER:** Nothing in this presentation should be interpreted as legal advice. This presentation is intended to explain an area of law and to help a person ask the right questions to the attorney of their choice. The information in this presentation cannot substitute for advice following a full factual inquiry by a properly qualified and licensed attorney.
- Please do not ask any questions specific to a person or case. We cannot provide any legal advice during this presentation. Legal advice can only be provided during a mutually agreed upon legal consultation.









**Mike,  
Jenny, Joe & June**





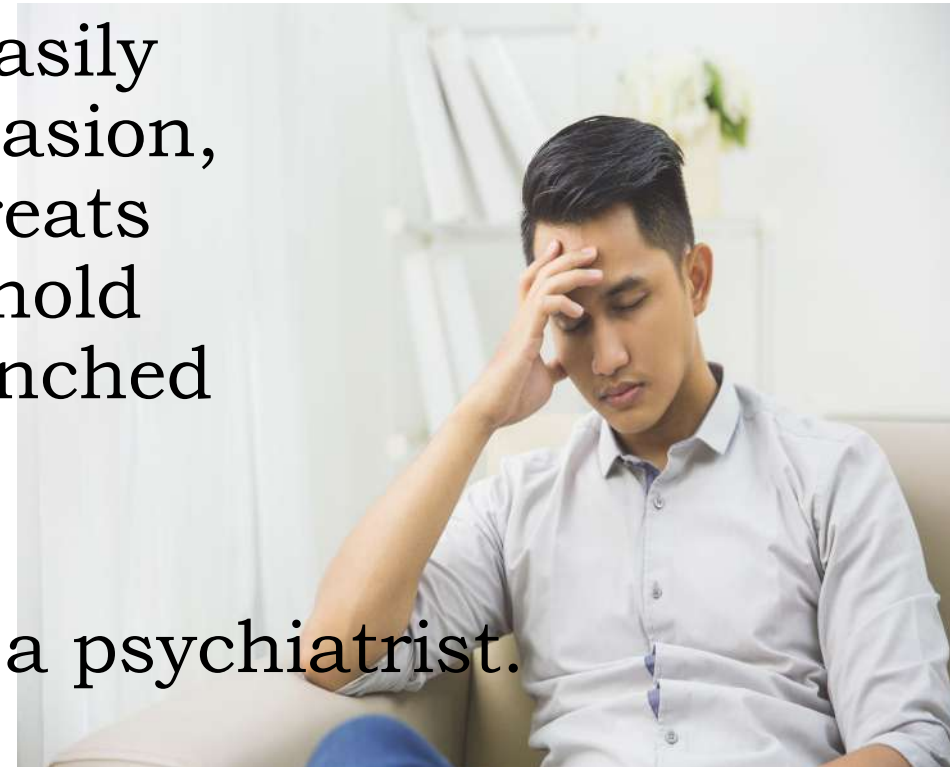
Mike, 22 years old, single. **Mike**

HX: Childhood normal. Anxiety in high school. Saw therapist-GAD. First year of college – roommates called worried; Mike is texting all hours; up all night.

Brought Home “to figure things out”: Living at home; isolating in room; on-line conspiracy blogs.

Current: Mike home 2 years now; gets easily agitated and continues to isolate. On occasion, he has violent outbursts, resulting in threats towards his father and damage to household items. 6 months ago, in a rage, Mike punched his father causing him to get 3 stitches to his right eye.

He refuses to see his former therapist or a psychiatrist.



# Jenny

Jenny, 34 years old, divorced.

HX: Growing up with loving family/home. College and degree in Engineering. Job, married, 1 son (8 yrs old). Late 20s struggling, depression, lost job, husband left with son, divorce. Jenny starts consuming alcohol daily.

Current: Accident with car (suspect DUI), fight with neighbors at apartment complex, delusional thinking, says parents are in satanic cult, abused me, owe me money. Parents are paying for her apartment, car, and all else. Jenny is frail and has lost so much weight, she was recently hospitalized due to possible eating disorder

Police called out many times, CAT, and only one brief 5150 when hospitalized due to weight.

DX. Psychosis NOS, possibly alcohol induced.



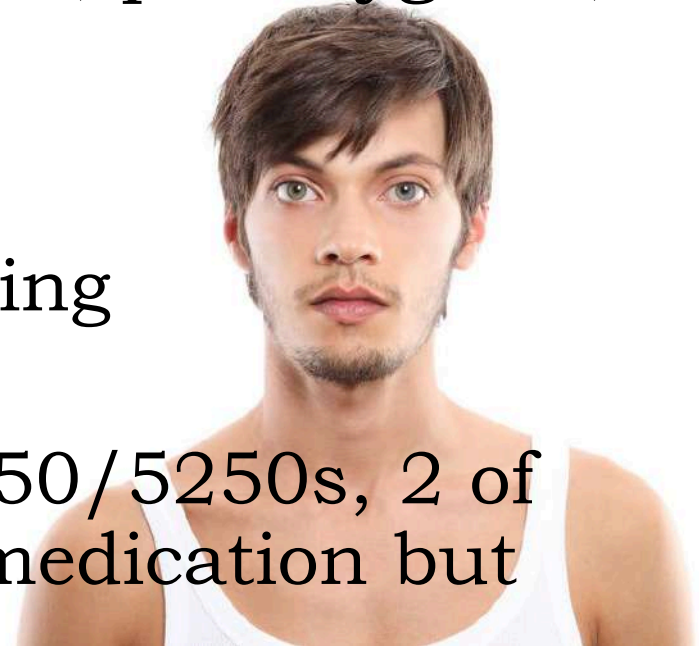
# Joe

Joe, 26 years old, single.

HX: Growing up bitter divorce. Did well in school, played sports (football), amazing computer art, planned for college. At 17, grades dropped, isolated in room, stopped sports, complained he could not concentrate anymore. Parents took to counseling and diagnosed with Schizophrenia and ADHD. Never went to college, moved out of home, stayed with friends, couch surfed.

Current: Living in car or streets, eating from trash, poor hygiene, refuses family's offers of help, claims he is Liam Neeson and fights evil, approaches strangers (even children) and yells at them to repent, responds to internal stimuli (talking to air, laughing then crying, getting angry without cause).

Joe is in and out of jail and MH facilities (8 x 5150/5250s, 2 of which in the last 40 days). He clears quickly on medication but refuses to seek treatment when out.





June, 78-year old, widow.

June

HX: June got married to high school sweetheart, Herb, and raised a family of 4. Herb died nine months ago, and June was devastated, depressed. Then after several months, she packed up all of Herb's possessions and said "I'm done moping." June has at least 5 million dollars in IRAs, and her home is paid off. One adult daughter lives nearby, and one son Bart (who has no other family and is always unemployed) moved in with June "to help her."

Current: Fam. concerns that June is giving away lots of money to a "boyfriend" she met at the park, to Bart, & to charities. She is often irritable and forgetful (leaves stove on), but has a sharp memory, and doesn't "want anyone telling her what do with her money or her life." "I can spend my money on whatever or whomever I choose."





# today's menu

Someone I care about is mentally ill and needs treatment - What can I do?

- Safety
- Preparation & Planning
- Opportunities & Voice - Rights & Law
- Treatment
- Taking time (self care)







## 5 Steps SPOTT

- **S**afety
- **P**reparation  
& Planning
- **O**pportunities
- **T**reatment
- **T**aking time (self care)





**SAFETY  
FIRST!**



## **S**safety Threats & Violence

- 911
- CAT/PERT
- Home vs.  
Homeless/Shelter
- Temporary  
Restraining Order  
(Protective Orders)
- Evictions



# Preparation & planning

Information, Documents & Contacts



Action Plan



ame:

irth:

ddress:

Street

State

Zip Code

umber:

to release health information to:

erson or facility to receive health information

me/title of person to receive health information, if known

ress, City, State, Zip Code

umber

ATION TO BE RELEASED

ge Summary

Statements

gy Reports

s Notes  
ions/Immunizations

☒ Laboratory Reports

☒ Dental Records

☒ Operative Reports

☒ Radiology Reports

☒ Emergency Medicine Reports

☒ History & Physical Exams

☒ Diagnostic Imaging Reports

☒ Consultations

☒ Outpatient Clinic Records

Any and all medical and mental health records, reports, notes and consultations.

THE DATE OR TIME PERIOD FOR INFORMATION SELECTED ABOVE

Authorization for Release  
of Health Information

Summary of Mental Health History under Welfare and Institutions Code section 5008.2 (AB 1424)

NAME

Jane Doe

(DOB)

)

Homeless (currently cannot come home due to safety concerns)

SSN:

Medi-Cal Subscriber ID:

Private Insurance:

**Mental Health Diagnosis:**

xxxxx [examples: Bipolar Disorder, Depression, Anxiety, Schizoaffective, etc.]

**Mental Health Symptoms:**

**Paranoia:** Thinks FBI & police are out to get her.

**Delusional Thinking:** Won't eat food unless in a sealed container for fear of being poisoned.

**Auditory-Sensory Hallucinations:** Smells smoke when not there.

**Unusual Behaviors:** Constantly rearranging furniture, compulsively cleaning out toilets, gathering boxes for no reason.

**Physical Self-Harm:** Threatens to harm self by . . .

**Physical Harm to Others:** Threatens to kill . . .

**Medications Prescribed:** Currently, refuses medications. RX: xxxxx

**Mental Health Hospitalizations & Holds (5150/5250)**

2018 (October) UCI (Invol. Hold, 5250)

2017 (March) College Hospital, Cerritos (Invol. Hold, one week)

**Family Hx:**

**Current Providers & Contacts:**

**Danger to Self**

**Current:** October 2018, Extreme malnourishment: eats little and has lost 20lbs in last two months. Says she wants to put a knife in her eye.

**Danger to Others**

**Current:** October 2018, Physically assaulted her father by hitting him repeatedly, causing injury.

**Gravely Disabled**

**Current:** Fails to take care of personal hygiene, not showering, wears same clothes for days. Not eating food, malnourished and lost 20lbs in past 2 months.

**Drug or Alcohol Use Hx:**

**Summary:** Jane is a 29-year-old single woman, who has recently threatened to kill herself and family members. She was previously involuntarily detained for the same behavior in March and September 2018, and refused to continue agreed upon treatment. Jane refuses to take prescribed psychiatric medications for treatment. When on psychiatric medications and receiving therapy, Jane is a loving daughter and can lead a normal life.

**Contacts:**

XXXXX xxxxxxxx (Jane's father)

Cell: Email:

XXX xxxxxx (Jane's mother)

Cell: Email:

Contacts, Insurance, Documents, Facilities/Programs



# Important Documents



**BEHAVIORAL  
HEALTH SUMMARY**



**HIPAA RELEASE**



**POWER OF  
ATTORNEY**



**HEALTH CARE  
DIRECTIVE**



**PSYCHIATRIC  
ADVANCE  
DIRECTIVE**



## **Behavioral Health Summary – Welf. & Instit. Code § 5008.2 (AB 1424)**

(a) When applying the definition of mental disorder for the purposes of Articles 2 (commencing with Section 5200), 4 (commencing with Section 5250), and 5 (commencing with Section 5275) of Chapter 2 and Chapter 3 (commencing with Section 5350), the historical course of the person's mental disorder, as determined by available relevant information about the course of the person's mental disorder, **shall be considered** when it has a direct bearing on the determination of whether the person is a danger to others, or to himself or herself, or is gravely disabled, as a result of a mental disorder.

The historical course shall include, but is not limited to, evidence presented by persons who have provided, or are providing, mental health or related support services to the patient, the patient's medical records as presented to the court, including psychiatric records, or evidence voluntarily presented by family members, the patient, or any other person designated by the patient. Facilities shall make every reasonable effort to make information provided by the patient's family available to the court. The hearing officer, court, or jury shall exclude from consideration evidence it determines to be irrelevant because of remoteness of time or dissimilarity of circumstances.





# Information Gathering

- Keep a log
- Important Texts
- Voicemails
- Emails
- Med. Records





# WHAT'S YOUR PLAN?



## What If . . .

- What if he's making threats, being violent, harming himself or others
- What if she can't live safely at home anymore, but nowhere to go
- What if he is on streets
- What if she is arrested
- What if she is taken for invol. eval.

**Crisis**

**Non-Crisis**

**Criminal**



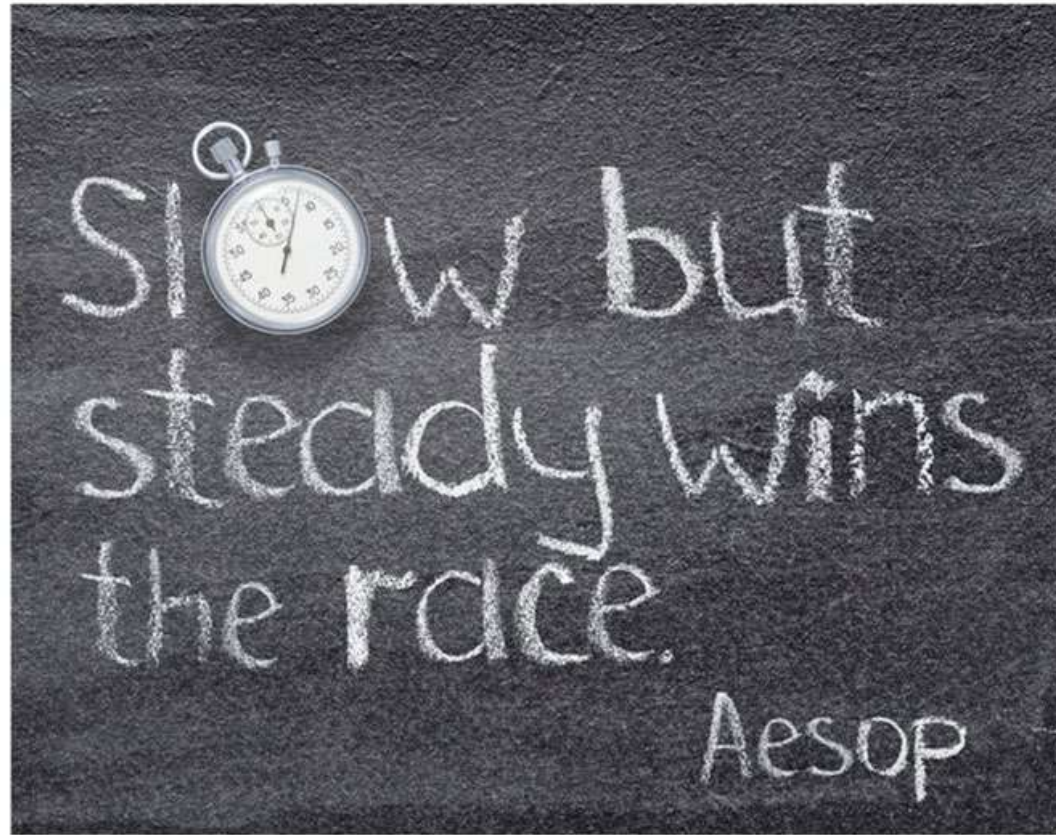


## ○pportunities for Treatment

- Voluntary Behavioral Health Treatment
- Involuntary Behavioral Health Treatment (holds)
- Criminal Justice Treatment









What can we  
do for you

Voice vs Control



LIMITATIONS



# Treatment



Voluntary Treatment

Involuntary Treatment

Criminal Justice Involved Treatment







# Creating the Voluntary Behavioral Health Plan

- **Motivation – Money, Art, Housing . . use what works**
- **Support Systems**
- **Mediation / Intervention**
- **Agreement- Soft & Hard Limits**
- **Medications**
- **Living Options**
- **Moving on – school, work, programs**







# Flexibility



# Voluntary Behavioral Health Treatment



➔ Inpatient

➔ Outpatient

## OUTPATIENT

- **PACT** (Youth 14-21, TAY 18-25, Adult 26-59, OASIS 60+)
- **Telecare Programs**– Such as **TAO** and **STEPS (FSPs)** for serious MI, Risk of becoming unhoused or Institutionalization
- **Be Well** Outpatient and Inpatient treatment
- **IOP & PHP** – Intensive Outpatient Programs
- **AOT** Court
- **CARE** Court
- **Community Court Programs**  
WIT, AI, Recovery, Vet Court, etc.

<https://www.ochealthinfo.com/services/children-families/mental-health-and-recovery-services/adult-18-services/outpatient-0>

# Voluntary Options

## CARE Court

- Only schizophrenia spectrum or other psychotic disorders
- Other voluntary treatment options failed
- In crisis now (not preventative/maintenance)
- Declaration from Doctor OR
- 2 hospitalizations in last 60 days
- 100% voluntary
- [Community Assistance Recovery Empowerment \(CARE\) | Orange County California - Health Care Agency \(ochealthinfo.com\)](#)

## AOT

- A serious and persistent mental illness w/ history non-compliance with treatment
- Clinical determination that either a) unlikely to survive safely in the community without supervision OR b) needed to prevent being GD
- 2 hospitalizations in last 36 months OR
- At least 1 incident of violence or causing harm to self or others in last 48 months
- [Orange County AOT — Telecare \(telecarecorp.com\)](#)
- 855-422-1421





INVOLUNTARY  
TREATMENT?

CRIMINAL  
JUSTICE  
SYSTEM  
TREATMENT?

**VOLUNTARY  
TREATMENT?**

CARE  
COURT

DO NOTHING  
& WAIT?

ASSISTED  
OUTPATIENT  
TREATMENT?

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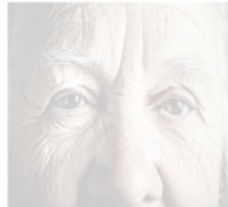


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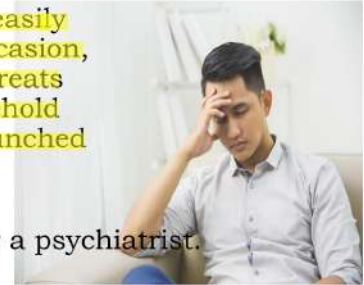
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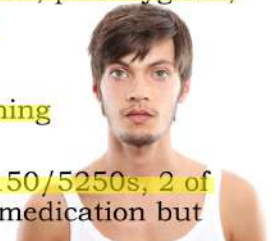
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# Treatment

A photograph showing a woman in a dark jacket supporting a man who is leaning forward with his head down, appearing distressed. They are in front of a large window with a view of a city skyline.

Voluntary Treatment

Involuntary Treatment

Criminal Justice Involved Treatment





# **Involuntary Behavioral Health Treatment**

- **Probate Conservatorship**
- **LPS Conservatorship**
- **Invol Detentions/Holds  
(5150, 5250, etc.)**





# CONSERVATORSHIP

A conservatorship is a court case where a judge appoints a responsible person or organization (called the “conservator”) to care for another adult (called the “conservatee”) who cannot care for himself or herself or manage his or her own finances.

<https://www.courts.ca.gov/selfhelp-conservatorship.htm?rdeLocaleAttr=en>



# How is a Behavioral Health (LPS) conservatorship different from a Probate conservatorship?

**LPS conservatorship** is only for adults who are seriously mentally ill, where they are a danger to themselves or others, or currently “Gravely Disabled” (unable to provide for their own basic needs due to their illness). Most people in need of an LPS conservatorship initially require placement in a locked psychiatric facility and require medications to treat their behavioral health condition.

**Probate Conservatorship** is for adults who are unable to care for themselves or their finances due to cognitive impairment, certain debilitating physical medical conditions, and/or major neurocognitive disorders (such as dementia).

**Limited Probate Conservatorship (LPRO)** is a special type of probate conservatorship for adults who are developmentally disabled, if they are unable to care for certain aspects of their lives and financial affairs.





A wooden signpost with two directional signs. The top sign points right and the bottom sign points left. Both signs are made of weathered wood and have text written on them in white. The background is a blue sky with some white clouds.

**LPS**  
**Conservatorship**

**PROBATE**  
**Conservatorship**



# **LPS Conservatorship**

Lanterman-Petris-Short (LPS) Act  
Est. 1969



# LPS Conservatorship



Private parties can't initiate; only the Public Guardian can.



Expires annually.



Higher burden of proof (BRD); many patients request jury trials; jury must be unanimous; rehearings, placement reviews.



The Public Guardian generally won't accept patients who are Regional Center clients or suffer from dementia.







# Probate Conservatorship



# Probate Conservatorship



Private Parties **or** the Public Guardian can Initiate.



Lifetime conservatorship – Person &/or Estate.



No locked Facility placement or Invol. meds, except Dementia.



Court oversight, reporting requirements and reviews.



VOLUNTARY  
TREATMENT?

**PROBATE  
CONSERVATORSHIP**

CARE  
COURT

DO NOTHING  
& WAIT?

CRIMINAL  
JUSTICE  
SYSTEM  
TREATMENT?

ASSISTED  
OUTPATIENT  
TREATMENT?

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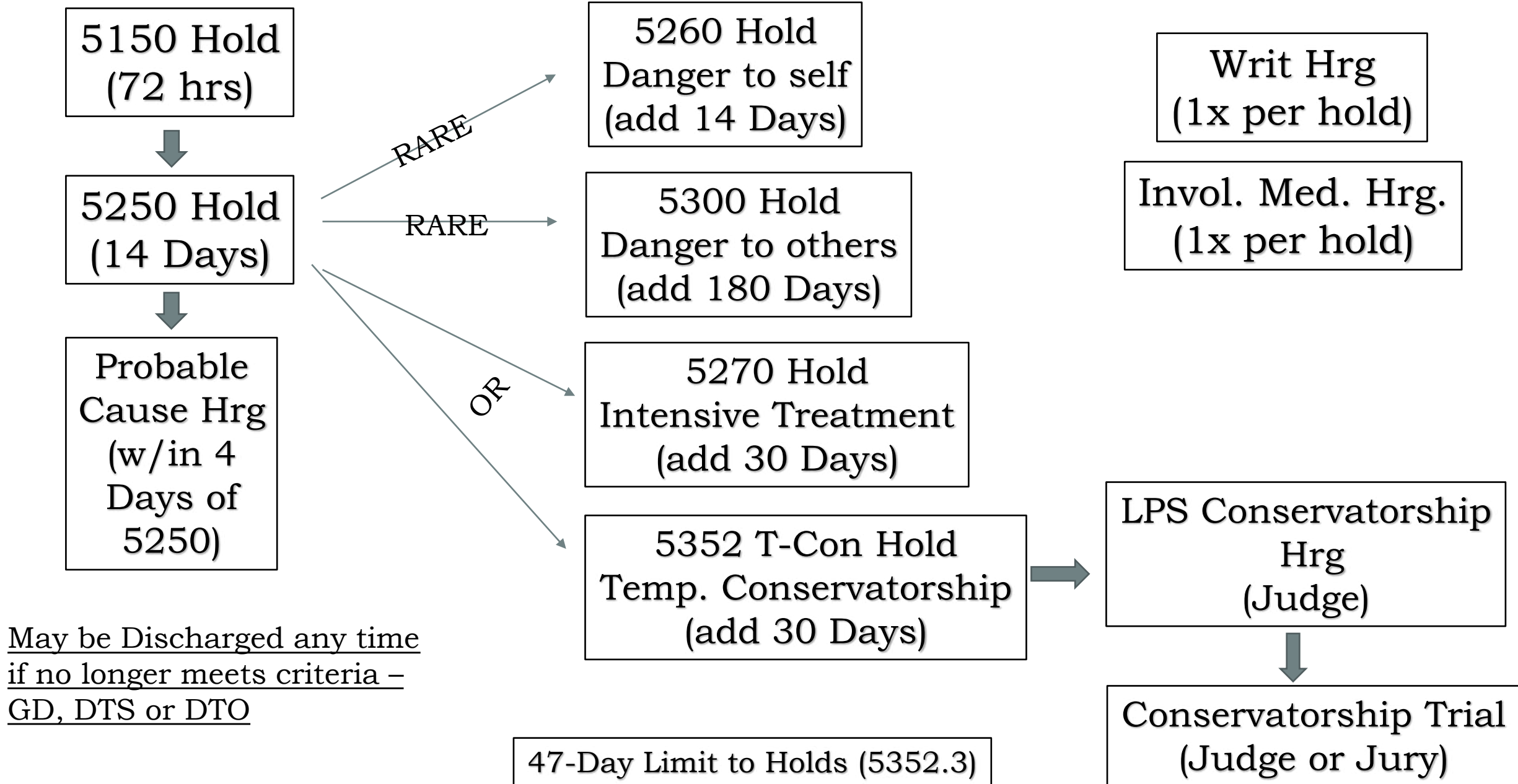
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A silhouette of a person is shown pushing a large, dark, rectangular block up a steep, rocky incline. The person is positioned on the left side of the frame, leaning against the block. The block is being moved towards a bright, glowing light source at the top of the incline, which creates a strong lens flare effect. The background is a warm, orange-hued sky, suggesting a sunrise or sunset. The overall scene conveys a sense of struggle and perseverance.

**Why Is It So Difficult to  
Get An LPS  
Conservatorship?**

# LPS Process – Involuntary Detentions to Conservatorship





# Involuntary Detention

it begins with a hold



# Grounds for Involuntary Holds/Detentions



Peace officers and designated Behavioral Health professionals are given authority in Welfare and Institutions Code Section 5150, upon probable cause, to take or cause to be taken, the person into custody and place him or her in a facility. **This person must be a current danger to himself or herself or others or gravely disabled.** The law provides that admittance of such a patient shall not be in excess of 72 hours unless extended by defined mental health professionals.



# Gravely Disabled Current vs. Future (2026)

- Remember the Standard:

## **Currently**

**Danger to Self, Danger to Others, or**

**Gravely Disabled:** A condition in which a person, as a result of a mental health disorder is unable to provide for his or her basic personal needs for food, clothing, or shelter.

- Remember the Standard:

## **Currently**

**Danger to Self, Danger to Others, or**

**Gravely Disabled:** A condition in which a person, as a result of a mental health disorder, a severe substance use disorder, or a co-occurring mental health disorder and a severe substance abuse disorder, is unable to provide for ~~his or her~~ **their** basic personal needs for food, clothing, ~~or shelter,~~ **shelter, personal safety, or necessary medical care.**

SB 43 went into effect on January 1, 2024, but may be deferred by counties until 2026. It's been reported that all counties, except for San Francisco County and San Luis Obispo County, are delaying implementation of SB 43 by at least one year or more. <https://www.latimes.com/california/story/2023-12-19/i-a-county-delays-implementation-of-new-criteria-for-gravely-disabled>







# Ways to Get There



## The Mobile Crisis Assessment Team (CAT)

Involuntary Detention

# THE MOBILE CRISIS ASSESSMENT TEAM (CAT)

This multi-disciplinary program provides prompt response in the county when an individual is experiencing a behavioral health crisis. Clinicians respond to calls from anyone in the community 24 hours a day, 7 days a week year-round and dispatch to locations throughout Orange County. Clinicians receive specialized training and are designed to conduct evaluations and risk assessment that are geared to the individual's age and developmental level. The evaluations include

<https://www.ocalthinfo.com/about-hca/mental-health-and-recovery-services/crisis-services/crisis-assessment-emergency-0>



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**Crisis Stabilization Services**



**Sobering/Recovery Station**



**Residential Substance Use Treatment Services**



**Withdrawal Management Services**

265 S. Anita Drive,  
Orange, CA 92868  
**Campus Main**  
**Line: 949-749-2500**

**Irvine Campus**  
7800 Marine Way,  
Irvine, CA 92618

<https://bewelloc.org/locations/orange-campus/>

<https://bewelloc.org/irvine-campus/>





## **LPS Process – Involuntary Detentions to Conservatorship**

5150 Hold  
(72 hrs)



5250 Hold  
(14 Days)

May be Discharged any time  
if no longer meets criteria –  
GD, DTS or DTO



# NOT GRAVELY DISABLED IF

1. **Voluntarily Accept Treatment:** The person has been advised of the need for treatment and is willing and able to accept treatment on a voluntary basis. (Welf. & Inst. Code, § 5250(c).)

OR

2. **Third Party Assistance (TPA):** “[A] person is not ‘gravely disabled’ if that person can survive safely without involuntary detention with the help of responsible family, friends, or others who are both willing and able to help provide for the person's basic personal needs for food, clothing, or shelter.”

**Third Party Assistance:** Must be in writing.  
(Welf. & Inst. Code, § 5250(d).)



NOW  
WHAT?

What  
happens  
after  
14 Days?



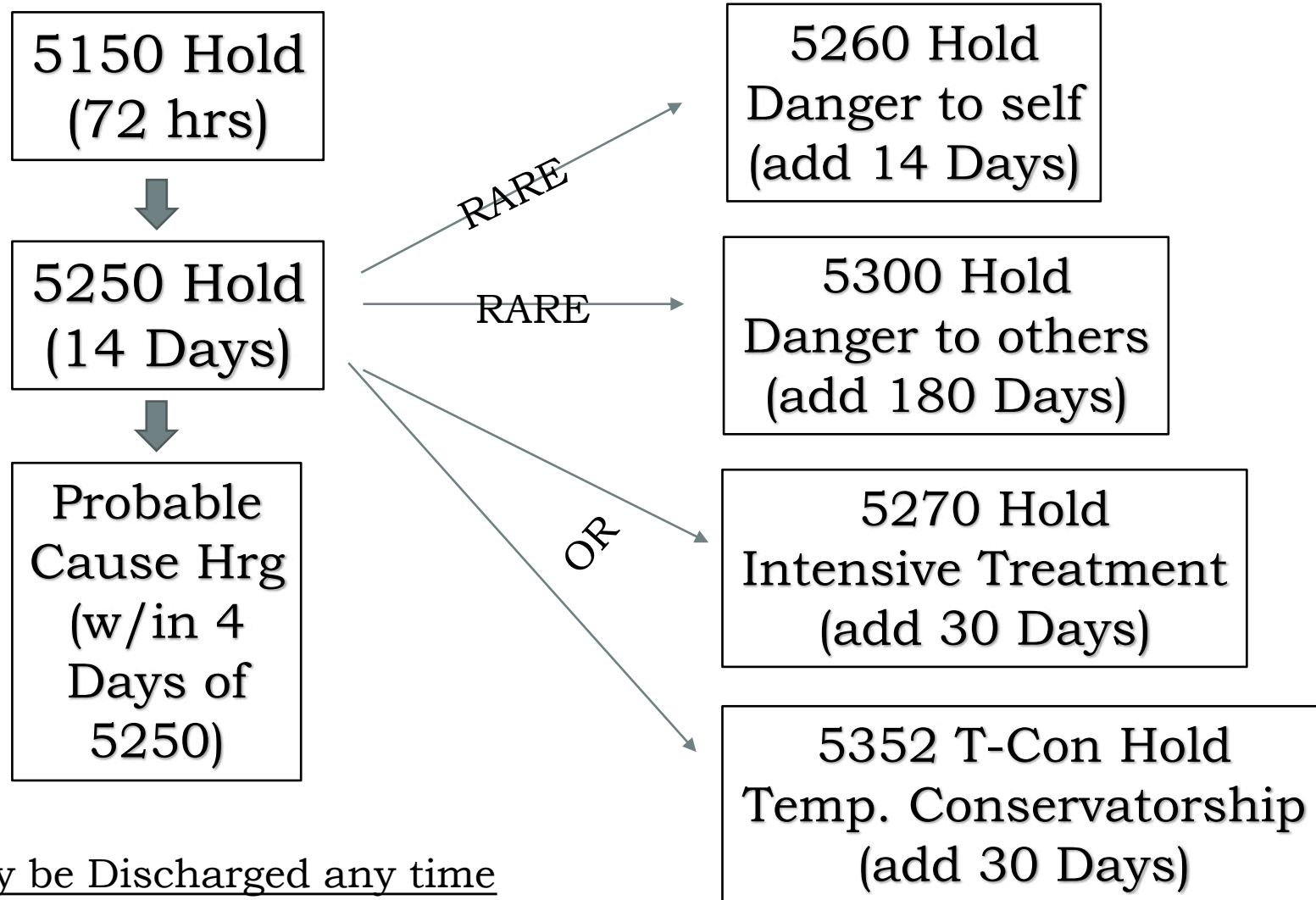


# Probable Cause Hearing (also “Certification Hearing”)



- To be held within four days of the date on which the person is certified (unless postponed up to 48 hours on request of Patient)
- To determine whether or not probable cause exists to detain the person for intensive treatment related to the mental disorder or impairment by chronic alcoholism.
- The person certified shall be informed of his or her rights, including the right to the assistance of another person to prepare for the hearing.

## LPS Process – Involuntary Detentions to Conservatorship

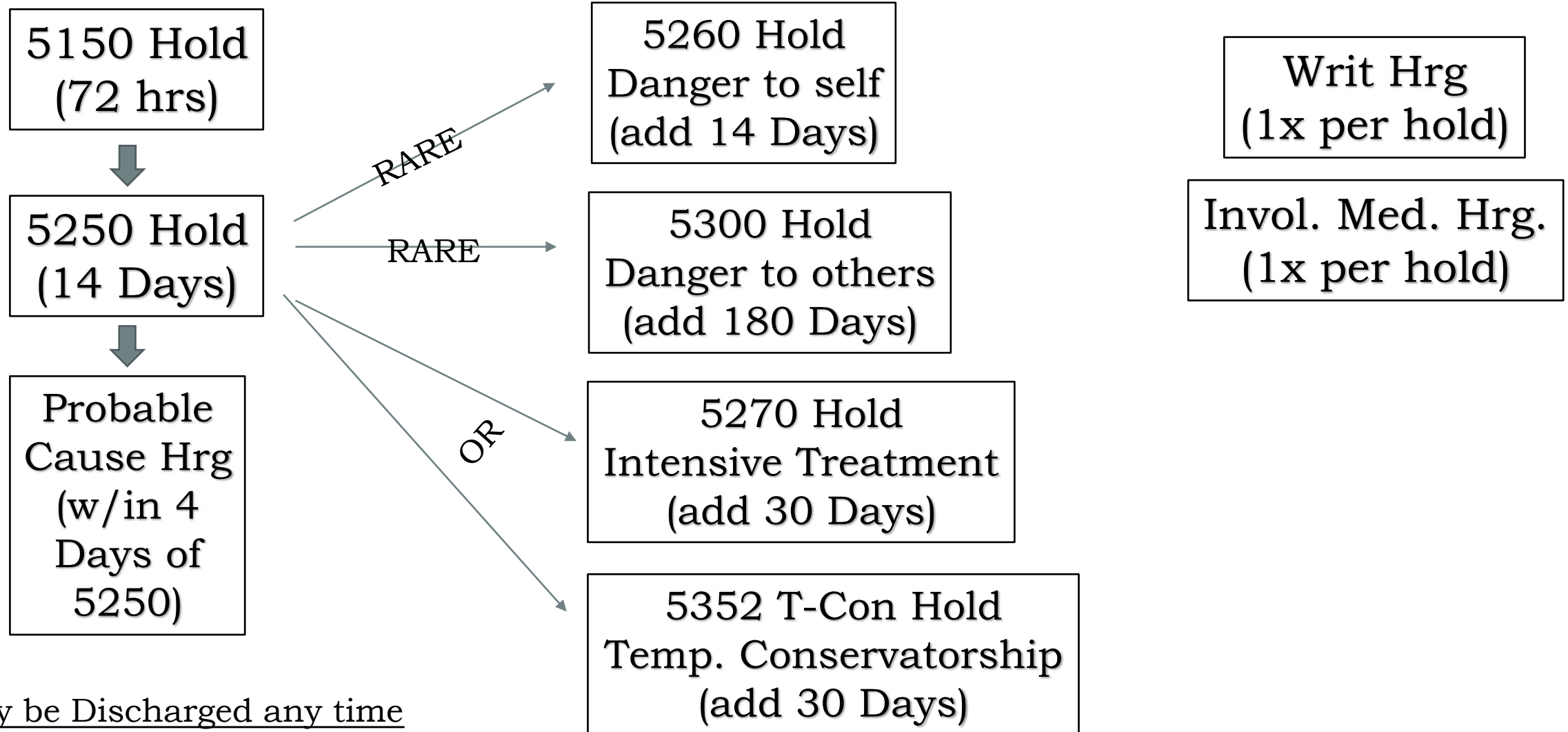


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GD, DTS or DTO

47-Day Limit to Holds (5352.3)



# LPS Process – Involuntary Detentions to Conservatorship



May be Discharged any time  
if no longer meets criteria –  
GD, DTS or DTO

47-Day Limit to Holds (5352.3)





# Writ Petition

HC-002

ATTORNEY OR PARTY WITHOUT ATTORNEY: _____ STATE BAR NUMBER: _____ NAME: _____ FIRM NAME: _____ STREET ADDRESS: _____ CITY: _____ STATE: _____ ZIP CODE: _____ TELEPHONE NO.: _____ FAX NO.: _____ E-MAIL ADDRESS: _____ ATTORNEY FOR (name): _____ SUPERIOR COURT OF CALIFORNIA, COUNTY OF _____ IN THE MATTER OF (NAME) : _____ <div style="text-align: right;">Petitioner</div>	FOR COURT USE ONLY           CASE NUMBER: _____
<b>PETITION FOR WRIT OF HABEAS CORPUS—LPS ACT</b>	

1. Petitioner is being unlawfully restrained of liberty at (specify name of treatment facility): \_\_\_\_\_  
 by (specify name of agency and treating psychiatrist): \_\_\_\_\_
2. Petitioner was admitted to the treatment facility on (date): MM/DD/YYYY and is currently being held pursuant to  

☐ W & I, § 5150 (72-hour hold)

☐ W & I, § 5250 (14-day certification)

☐ W & I, § 5260 (2d 14-day certification)

☐ W & I, § 5270.15 (30-day cert.)

☐ W & I, § 5300 (180-day post certification)

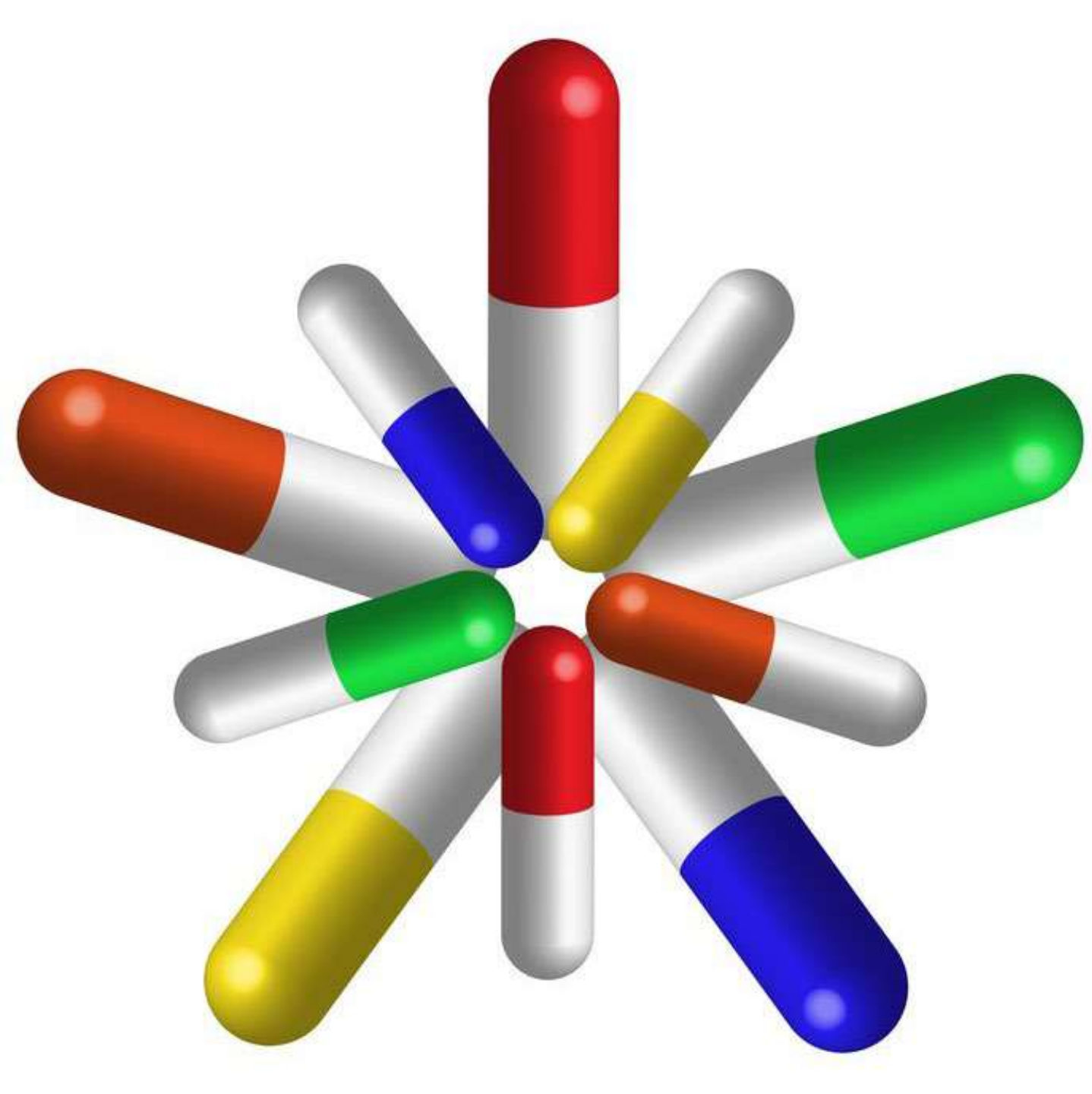
☐ W & I, § 5350 (conservatorship)

☐ W & I, § 5352.1 (temporary conservatorship)

☐ Other (specify): \_\_\_\_\_
3. Check at least one box:  
 a. ☐ Petitioner is illegally confined for the following reason: \_\_\_\_\_

- Writ filed at Patient's request – must be communicated to Public Defender ASAP
- Applies to all Detentions, but impractical for 5150
- Writ petition filed
- Hearing must be within 2 court days after filing
- Facility (rep by County Counsel) must prove by Preponderance of the Evidence that Petitioner, as a result of a mental disorder, is gravely disabled or danger to self or others.
- OC holds in Dept. CM4 at Costa Mesa Justice Complex on Monday, Tuesday and Thursday at 1:30 p.m.





# **A word about medications**







# Antipsychotic Medication Legal Right To Refuse

- “Any person who is subject to detention pursuant to Section 5150, 5250, 5260, or 5270.15 shall have the right to refuse treatment with antipsychotic medication subject to provisions set forth in this chapter.”
- **Welf. & Inst. Code § 5325.2**







# Patient Refuses Treatment

...

## What's Next?

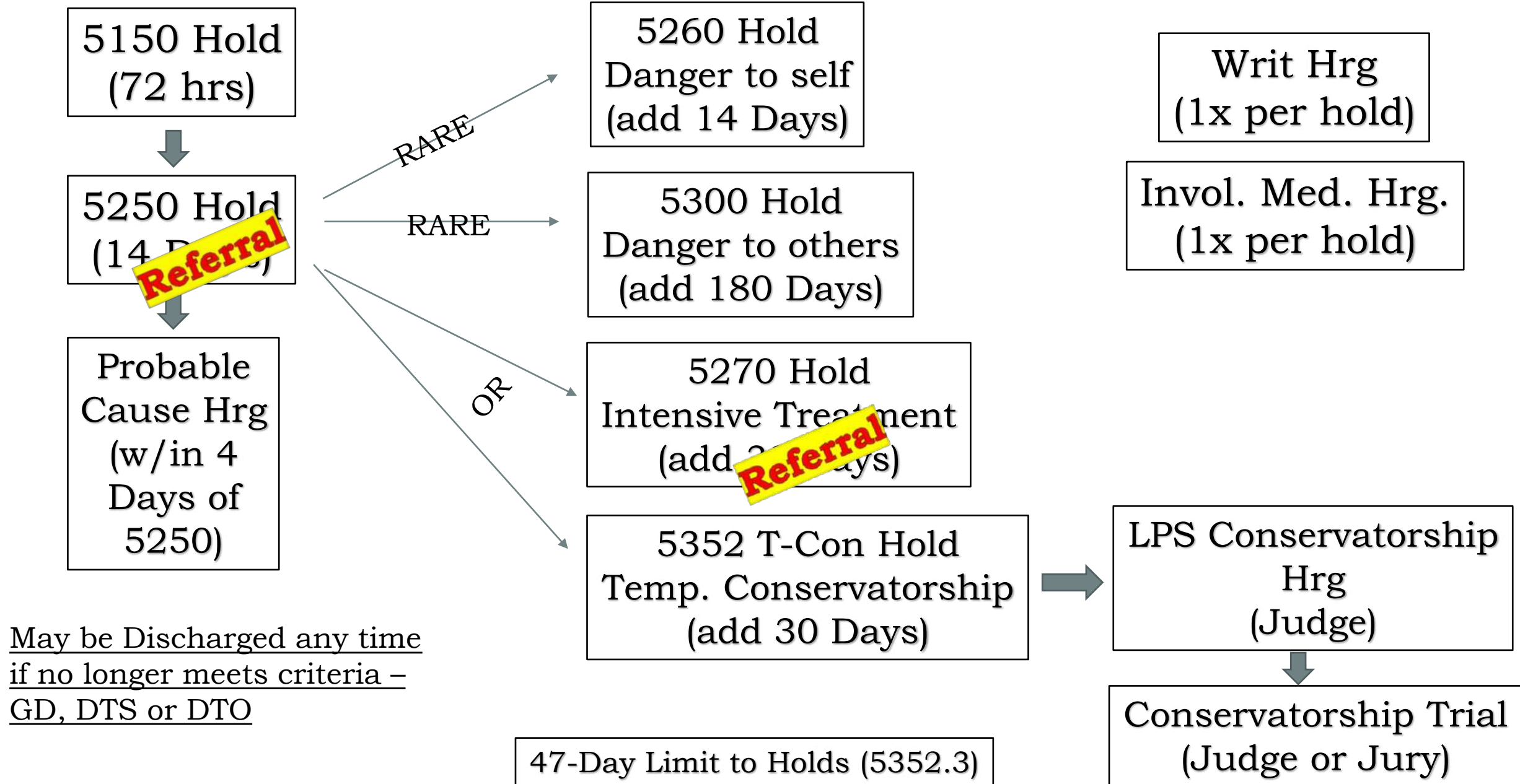


# Judicial Determination

At the Medication Hearing the judicial officer will hear evidence on the Patient's mental capacity, & then make a competency determination. This applies to all involuntary mental health procedures.

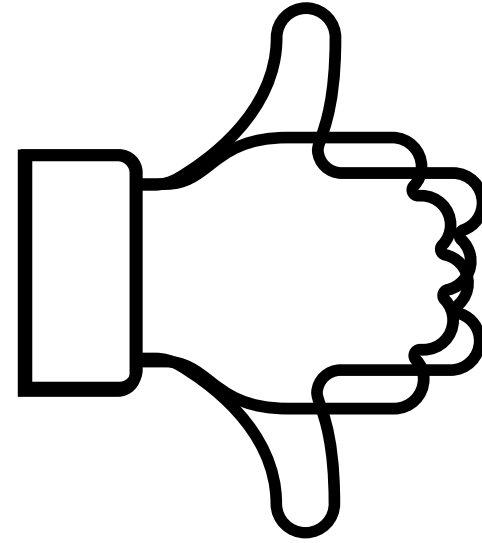


# LPS Process – Involuntary Detentions to Conservatorship





NOW  
WHAT?



**It's time for the  
conservatorship hearing**





**HANDBOOK FOR  
PRIVATE LPS CONSERVATORS  
IN ORANGE COUNTY**

# Should I be the Conservator?

**Orange County Health Care Agency  
Behavioral Health Services  
Public Guardian  
Fourth Edition  
2015**

HCA Behavioral Health Services Handbook for Private LPS  
Conservators in Orange County ([ochealthinfo.com](http://ochealthinfo.com))



A silhouette of a person is shown pushing a large, dark, rectangular block up a steep, rocky incline. The person is positioned on the left side of the frame, leaning against the block. The block is being moved towards a bright, glowing light source at the top of the incline, which creates a strong lens flare effect. The background is a warm, orange-hued sky, suggesting a sunrise or sunset. The overall scene conveys a sense of struggle and perseverance.

**Why Is It So Difficult to  
Get An LPS  
Conservatorship?**





# Behavioral Health Det./Treatment Stats – O.C.

<https://www.dhcs.ca.gov/services/MH/Pages/InvoluntaryDetention-MH.aspx>

INVOLUNTARY DETENTIONS BY CATEGORY AND COUNTY  
FISCAL YEAR 2015-16

	72 Hour	72 Hour	14 Day	Additional	30 Day	180 Day	Temporary	Permanent	Number of Admissions to Local Inpatient Services Pursuant to PC 4011.6 or 4011.8, Evaluated and/or Treated in a Local Mental Health Facility		Number of Admissions to an LPS Approved Inpatient Program Treated Within a Jail Facility		Unduplicated Count of Persons Receiving Outpatient Services Provided Within a Jail Facility			
	Evaluation and Treatment (Children)	Evaluation and Treatment (Adults)		Intensive Treatment		Intensive Treatment (Suicidal)			Intensive Treatment	Conse- rvatorships	Conse- rvatorships					
												Involuntary		Voluntary	Involuntary	Voluntary
STATEWIDE	18,627	136,874	55,870	335	3,514	90	1,955	4,643	608	65	1,936	420	94,133			
01 ALAMEDA <sup>1</sup>	2,766	24,691	8,103	***	0	0	404	256	57	0	0	0	5,662			
02 ALPINE	0	0	0	0	0	0	***	***	0	0	0	0	0			
03 AMADOR <sup>2</sup>	0	0	0	0	0	0	16	28	0	0	0	0	0			
04 BUTTE	0	328	152	22	***	0	59	96	***	***	0	0	0			
05 CALAVERAS <sup>1</sup>	0	0	0	0	0	0	***	***	0	0	0	0	196			
06 COLUSA	0	0	0	0	0	0	***	***	0	0	0	0	101			
07 CONTRA COSTA <sup>1,3</sup>	0	0	0	0	0	0	50	199	***	0	0	0	3,917			
08 DEL NORTE <sup>1,2,3</sup>	0	0	0	0	0	0	0	0	0	0	0	0	0			
09 EL DORADO <sup>1</sup>	0	0	0	0	0	0	24	51	0	0	0	0	***			
10 FRESNO <sup>2,3</sup>	0	1,591	367	***	30	0	0	0	0	0	0	0	0			
11 GLENN <sup>2</sup>	0	0	0	***	0	0	***	***	0	0	0	0	***			
12 HUMBOLDT	0	490	206	***	0	0	16	84	0	0	0	0	1,424			
13 IMPERIAL <sup>1,3</sup>	0	0	0	0	0	0	25	87	0	0	0	0	0			
14 INYO <sup>1,2,3</sup>	0	0	0	0	0	0	0	0	0	0	0	0	0			
15 KERN <sup>2,3</sup>	1,003	3,624	1,055	***	***	***	0	0	0	0	0	0	0			
16 KINGS <sup>1,2,3</sup>	0	0	0	0	0	0	***	17	0	0	0	0	0			
17 LAKE <sup>1,2,3</sup>	0	0	0	0	0	0	0	0	0	0	0	0	0			
18 LASSEN <sup>1,2,3</sup>	0	0	0	0	0	0	0	0	0	0	0	0	0			
19 LOS ANGELES <sup>2,3</sup>	6,775	57,564	24,159	31	2,475	82	0	0	0	0	0	0	0			
20 MADERA <sup>2,3</sup>	0	0	0	0	0	0	0	0	0	0	0	0	0			
21 MARIN <sup>2,3</sup>	***	1,248	241	0	0	0	24	82	33	0	***	0	1,342			
22 MARIPOSA	0	0	0	0	0	0	***	***	0	0	0	0	25			
23 MENDOCINO <sup>1,2,3</sup>	0	0	0	0	0	0	0	0	0	0	0	0	0			
24 MERCED <sup>2,3</sup>	0	371	138	0	19	0	***	15	***	0	0	0	0			
25 MODOC	0	0	0	0	0	0	***	12	0	0	0	0	25			
26 MONO	0	0	0	0	0	0	0	0	0	0	0	0	0			
27 MONTEREY	***	1,171	516	***	0	0	17	66	***	0	0	0	0			
28 NAPA	0	28	0	0	0	0	16	79	***	0	0	0	901			
29 NEVADA <sup>3</sup>	0	0	0	0	0	0	12	***	0	0	0	0	48			
30 ORANGE <sup>1</sup>	860	7,608	3,791	***	290	0	361	804	269	0	***	18	8,911			
31 PLACER <sup>1,3</sup>	0	238	289	***	48	0	11	62	***	0	0	0	0			
32 PLUMAS <sup>1,2,3</sup>	0	0	0	0	0	0	0	0	0	0	0	0	0			
33 RIVERSIDE <sup>1,2,3</sup>	0	0	0	0	0	0	0	0	0	0	0	0	0			
34 SACRAMENTO <sup>1,2,3</sup>	0	515	92	53	101	0	***	108	0	0	139	146	8,102			
35 SAN BERNITO	0	0	0	0	0	0	0	0	0	0	0	0	0			
36 SAN BERNARDINO	2,899	9,777	5,140	***	0	0	32	467	***	0	0	0	10,968			
37 SAN DIEGO <sup>1,2,3</sup>	2,341	10,804	2,225	128	216	***	311	776	0	45	296	11,368				
38 SAN FRANCISCO <sup>1,2,3</sup>	786	3,639	1,695	14	0	0	148	38	180	0	0	0	3,773			
39 SAN JOAQUIN	0	2,069	1,460	23	70	0	50	129	21	0	0	0	5,513			
40 SAN LUIS OBISPO <sup>1,2,3</sup>	0	0	0	0	0	0	***	0	***	0	***	0	1,404			
41 SAN MATEO	504	1,219	899	0	15	0	169	417	***	0	0	0	244			
42 SANTA BARBARA <sup>2,3</sup>	0	253	106	0	24	0	***	73	0	0	0	0	0			
43 SANTA CLARA <sup>2</sup>	0	2,175	641	***	0	***	0	0	0	***	1,736	0	22,451			
44 SANTA CRUZ <sup>1,2</sup>	0	0	0	0	0	0	0	0	0	0	0	0	0			
45 SHASTA <sup>1,3</sup>	0	253	67	0	0	0	15	78	0	0	0	0	75			
46 SIERRA <sup>1,2,3</sup>	0	0	0	0	0	0	0	0	0	0	0	0	0			
47 SISKIYOU <sup>1,2,3</sup>	0	0	0	0	0	0	0	0	0	0	0	0	0			
48 SOLANO <sup>1,2,3</sup>	0	0	0	0	0	0	0	0	0	0	0	0	0			
49 SONOMA <sup>1</sup>	344	1,064	690	23	103	0	48	153	0	0	0	0	6,937			
50 STANISLAUS <sup>1,2,3</sup>	0	3,077	1,659	***	0	0	21	64	***	0	0	0	0			
52 TEHAMA <sup>2,3</sup>	0	0	0	0	0	0	***	28	0	0	0	0	212			
53 TRINITY <sup>3</sup>	0	0	0	0	0	0	***	***	0	0	0	0	29			
54 TULARE <sup>1,3</sup>	0	1,509	1,284	0	64	0	11	129	0	0	0	0	0			
55 TUOLUMNE <sup>1,2,3</sup>	0	0	0	0	0	0	0	0	0	0	0	0	0			
56 VENTURA <sup>1,3</sup>	218	1,330	714	***	0	0	38	125	0	0	0	0	0			
57 YOLO <sup>1,2,3</sup>	0	42	0	0	0	0	0	0	0	0	0	0	0			
63 SUTTER/YUBA	0	206	181	***	37	0	***	72	0	0	0	0	489			

\*\*\* Cells were suppressed for protected health information and personal information in accordance with DHCS's Data De-identification Guidelines

October 2017

# Orange County Adults Behavioral Health Stats. (2015-2016)

72 hour 8166  
14 day 4207  
30 Day 5270 330  
T Con 361  
LPS Con 804 (w/reapp)  
Jail 4011.6 (eval) 269  
Jail MH (inpatient) 18  
Jail Vol (meds) 8,911

[https://www.dhcs.ca.gov/Documents/CSD\\_YV/MHSA/IDR/FY15-16-IDR-Report.pdf](https://www.dhcs.ca.gov/Documents/CSD_YV/MHSA/IDR/FY15-16-IDR-Report.pdf)



INVOLUNTARY DETENTIONS BY CATEGORY AND COUNTY FISCAL  
YEAR 2017/2018

	72-Hour Evaluation and Treatment (Children)	72-Hour Evaluation and Treatment (Adults)	14-Day Intensive Treatment	Additional 14-Day Intensive Treatment (Suicidal)	30-Day Intensive Treatment	180-Day Post Certificatio n Intensive Treatment	Temporary Conserva- torships	Permanent Conserva- torships	Number of Local Inp Pursuant 4011.8, Ev Treated in Heal Involuntar
STATEWIDE	23,343	131,325	59,090	661	4,002	63	2,034	5,601	6
01 ALAMEDA	3,564	17,651	6,473	***	0	0	346	289	
02 ALPINE	0	92	25	***	***	0	0	***	
03 AMADOR	0	0	0	0	0	0	14	41	
04 BUTTE	0	258	95	24	***	0	29	96	
05 CALAVERAS	0	0	0	0	0	0	***	11	
06 COLUSA	0	0	0	0	0	0	***	***	
07 CONTRA COSTA <sup>1,3</sup>	0	0	0	0	0	0	95	129	
08 DEL NORTE <sup>1</sup>	0	0	0	0	0	0	***	29	
09 EL DORADO <sup>1</sup>	0	103	65	0	***	0	32	65	
10 FRESNO <sup>2</sup>	0	1,929	534	***	51	0	102	297	
11 GLENN	0	0	0	0	0	0	***	19	
12 HUMBOLDT <sup>1,2,3</sup>	0	471	256	0	22	0	18	72	
13 IMPERIAL <sup>2</sup>	0	0	0	0	0	0	24	48	
14 INYO <sup>1,2,3</sup>	0	0	0	0	0	0	***	12	
15 KERN <sup>2,3</sup>	2,015	4,498	2,267	12	27	11	0	0	

## Orange County Adults Behavioral Health Stats. (2017-2018)

72 hour 3,884

14 day 2,434

30 Day 5270 150

T Con 322

LPS Con 693 (incl reapp)

Jail 4011.6 (eval) 117

Jail MH (inpatient) 0

Jail Vol (meds) 3,758





INVOLUNTARY DETENTIONS BY CATEGORY AND COUNTY  
FISCAL YEAR 2019/2020

	72-Hour Evaluation and Treatment (Children)	72-Hour Evaluation and Treatment (Adults)	14-Day Intensive Treatment	Additional 14-Day Intensive Treatment (Suicidal)	30-Day Intensive Treatment	180-Day Post Certification Intensive Treatment	Temporary Conservatorships	Perm Conservatships	Ad In Pun or ar Lo Inve
STATEWIDE	6,962	29,117	10,532	300	575	***	1,534	3,847	
01 ALAMEDA	1,480	5,499	3,452	222	0	0	309	334	
02 ALPINE	0	0	0	0	0	0	0	***	
03 AMADOR	0	0	0	0	0	0	0	24	
04 BUTTE	0	50	***	***	***	0	18	29	
05 CALAVERAS	0	0	0	0	0	0	***	22	
06 COLUSA	0	0	0	0	0	0	0	0	
07 CONTRA COSTA 1, 3	0	0	0	0	0	0	42	115	
08 DEL NORTE 1	0	0	0	0	0	0	0	0	
09 EL DORADO 1	0	103	48	0	***	0	***	15	
10 FRESNO 2	600	3,756	623	0	62	0	85	221	
11 GLENN	0	0	0	0	0	0	***	13	
12 HUMBOLDT 1, 2, 3	0	374	203	***	27	0	24	102	
13 IMPERIAL 2	0	0	0	0	0	0	24	13	
14 INYO 1, 2, 3	0	0	0	0	0	0	0	0	
15 KERN 2, 3	430	1,320	265	***	***	***	0	0	
16 KINGS 1, 2, 3	0	0	0	0	0	0	0	0	
17 LAKE 1, 2, 3	0	0	0	0	0	0	0	0	
18 LASSEN 1, 2, 3	0	0	0	0	0	0	0	***	
19 LOS ANGELES 2, 3	0	168	152	***	37	0	0	0	
20 MADERA 3	0	0	0	0	0	0	0	14	
21 MARIN	77	418	59	0	0	0	16	46	
22 MARIPOSA 2, 3	0	0	0	0	0	0	11	***	
23 MENDOCINO 1, 2, 3	0	37	29	0	11	0	0	0	
24 MERCED 1, 2, 3	0	47	26	0	***	0	12	66	
25 MODOC	0	0	0	0	0	0	0	***	
26 MONO	0	0	0	0	0	0	0	0	
27 MONTEREY 2	0	0	0	0	0	0	0	0	
28 NAPA	0	***	0	0	0	0	***	109	
29 NEVADA 1, 2, 3	0	0	0	0	0	0	***	***	
30 ORANGE 3	336	2,290	1,041	0	78	0	322	621	

# Orange County Adults Behavioral Health Stats. (2019-2020)

72 hour 2,290  
14 day 1,041  
30 Day 5270 78  
T Con 322  
LPS Con 621 (w/ reapp)  
Jail 4011.6 (eval) 0  
Jail MH (inpatient) 0

[https://www.dhcs.ca.gov/Documents/CSD\\_YV/MHSA/FY19-20-Involuntary-Detention-Report.pdf](https://www.dhcs.ca.gov/Documents/CSD_YV/MHSA/FY19-20-Involuntary-Detention-Report.pdf)



VOLUNTARY  
TREATMENT?

CRIMINAL  
JUSTICE  
SYSTEM  
TREATMENT?

**LPS  
CONSERVATORSHIP**

CARE  
COURT

DO NOTHING  
& WAIT?

ASSISTED  
OUTPATIENT  
TREATMENT?

**What about Mike,  
Jenny, Joe and  
June?**

Jenny, 34 years old, divorced. **Jenny**

HX: Growing up with loving family/home. College and degree in Engineering. Job, married, 1 son (8 yrs old). Late 20s struggling, depression, lost job, husband left with son, divorce. Jenny starts consuming alcohol daily.

Current: Accident with car (suspect DUI), fight with neighbors at apartment complex, delusional thinking, says parents are in satanic cult, abused me, owe me money. Parents are paying for her apartment, car, and all else. Jenny is frail and has lost so much weight, she was recently hospitalized due to possible eating disorder

Police called out many times, CAT, and only one brief 5150 when hospitalized due to weight.

DX. Psychosis NOS, possibly alcohol induced.

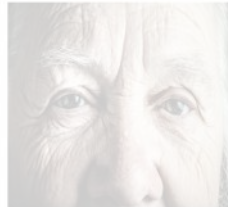


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June, 78-year old, widow.

HX: June got married to high school sweetheart, Herb, and raised a family of 4. Herb died nine months ago, and June was devastated, depressed. Then after several months, she packed up all of Herb's possessions and said "I'm done moping." June has at least 5 million dollars in IRAs, and her home is paid off. Herb always handled the money. One adult daughter lives nearby and one adult son, Bart (who has no other family and is always unemployed) moved in with June after Herb died "to help her."

Current: June is giving away thousands of dollars weekly to a "boyfriend" she met at the park, to Bart, & to charities on TV. She is often irritable and forgetful (leaves stove on), but refuses to go to doctors and says "No one is telling me what do with my own money."



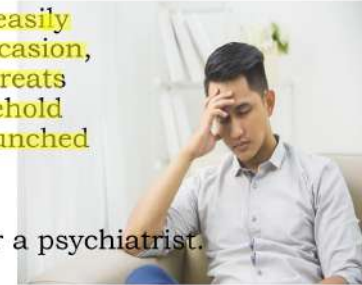
Mike, 22 years old, single. **Mike**

HX: Childhood normal. Anxiety in high school. Saw therapist-GAD. First year of college – roommates called worried; Mike is texting all hours; up all night.

Brought Home "to figure things out": Living at home; isolating in room; on-line conspiracy blogs.

Current: Mike home 2 years now; gets easily agitated and continues to isolate. On occasion, he has violent outbursts, resulting in threats towards his father and damage to household items. 6 months ago, in a rage, Mike punched his father causing him to get 3 stitches to his right eye.

He refuses to see his former therapist or a psychiatrist.



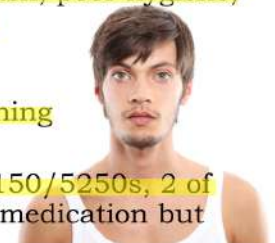
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Joe, 26 years old, single. **Joe**

HX: Growing up bitter divorce. Did well in school, played sports (football), amazing computer art, planned for college. At 17, grades dropped, isolated in room, stopped sports, complained he could not concentrate anymore. Parents took to counseling and diagnosed with Schizophrenia and ADHD. Never went to college, moved out of home, stayed with friends, couch surfed.

Current: Living in car or streets, eating from trash, poor hygiene, refuses family's offers of help, claims he is Liam Neeson and fights evil, approaches strangers (even children) and yells at them to repent, responds to internal stimuli (talking to air, laughing then crying, getting angry without cause).

Joe is in and out of jail and MH facilities (8 x 5150/5250s, 2 of which in the last 40 days). He clears quickly on medication but refuses to seek treatment when out.





# Treatment

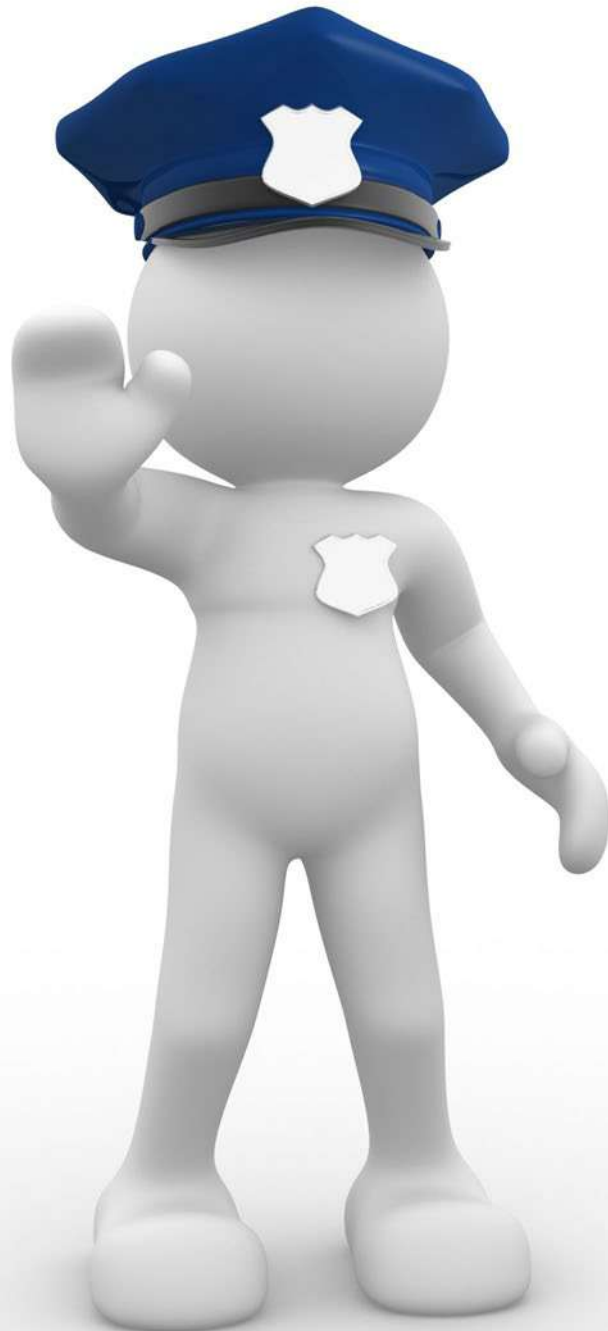
A photograph showing a woman in a dark jacket supporting a man who is leaning forward. They are in a dimly lit room with a large window in the background showing a cityscape. The text 'Voluntary Treatment' is overlaid on the image.

Voluntary Treatment

Involuntary Treatment

Criminal Justice Involved Treatment





# Arrested – What Next?

- Get name and number of LE, if available
- Check online – Inmate Info.  
<http://www.ocsd.org/howdoi/get/>
- Call local jail, or OCJ (if taken directly there)
- Call MH in jail to let them know MH issues
- Send Behavioral Health Summary
- Call Public Defender's Office OR Private Attorney
- To bail or not to bail . . .





# DIVERSION

## for those with Mental Disorders

### Eligibility

- Mental Disorder, previously known as AXIS I
  - Diagnosis w/in last 5 yrs
- Nexus between disorder and the crime
  - DA's burden Clear & Convincing Evidence
  - Motivating, causal, contributing factor

### Suitability

- Symptoms would respond to treatment
- Person consents to diversion and waives time (if they can)
- Person agrees to comply with treatment (if they can)
- Do not pose unreasonable risk of danger to public safety
  - If outpatient treatment
  - Crt can consider past, violence, charges etc.





# **Mental Health Diversion, things to know**

- Judge can request evaluation and Diversion can be granted even if DA disagrees
- Diversion means treatment for 1 year (Misdemeanor) or 2 years (Felony)
- Not for extremely serious cases
- Can still be held accountable financially for damage or loss
- Terminated
  - New cases, poor performance, or if decline to GD, petition for PG to investigate C-ship
- Graduation
  - No effect on employment, benefits, licensing or certification (except future peace officer applications)



# CCB1

- Mental Health Diversion
- WIT Court
- AI Court
- Recovery Court
- Opportunity Court
- Veteran's Court

[Collaborative Courts | Superior Court of California |  
County of Orange \(occourts.org\)](http://occourts.org)



VOLUNTARY  
TREATMENT?

INVOLUNTARY  
TREATMENT?

**CRIMINAL  
JUSTICE  
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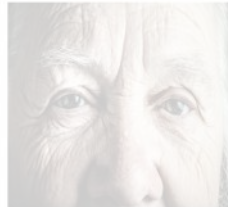
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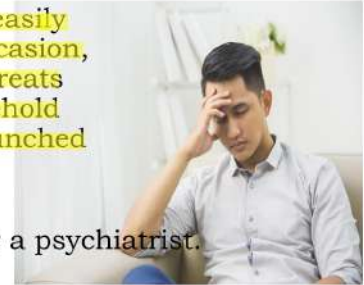
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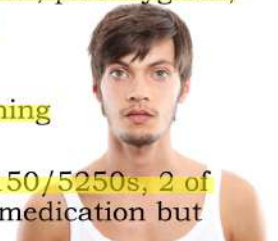


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# Taking time (self care)







**S U P P O R T**

**Family & Friends**

**Support Groups**

**Professionals**

**Agencies**





