

COUNTY OF LOS ANGELES - DEPARTMENT OF MENTAL HEALTH

OFFICE OF THE MEDICAL DIRECTOR

**4.2 PARAMETERS FOR DMH OUTPATIENT PROGRAMS WITH STAFF
AUTHORIZED TO INITIATE INVOLUNTARY DETENTION**

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I. INTRODUCTION

- A. The purpose of these parameters is to provide a foundation and benchmark for quality management relating to the DMH programs with components that require employment of staff authorized to initiate involuntary detention. They do not supersede specific DMH policies and procedures.
- B. These parameters apply to directly operated and contracted outpatient programs, but do not pertain to inpatient programs that are a component of 5150-designated facilities.
- C. All outpatient programs that have components requiring staff with individual 5150 authorization must have specific documented arrangements with one or more designated facilities to accept for inpatient evaluation all individuals taken into 5150 custody by that agency.

II. GENERAL CONSIDERATIONS

- A. Directly operated DMH outpatient program staff with individual 5150 authorization from DMH may exercise 5150 authority only in the course of duties specifically assigned through DMH.
- B. Contracted DMH outpatient program staff with individual 5150 authorization from DMH may exercise 5150 authority only in the course of duties specifically assigned by that contracted agency.
- C. Outpatient programs that may have components requiring staff with individual 5150 authorization include: outpatient clinics, Assertive Community Treatment (ACT) programs, and Psychiatric Mobile Response Team (PMRT) programs.

- D. Contracted outpatient programs may include components requiring staff with individual 5150 authorization when specifically approved by DMH for this purpose.
- E. Approval is based upon recommendation by DMH staff responsible for coordination of services within a given geographic area. The same DMH staff have responsibility for monitoring the 5150-related activities of these agencies.

III. OUTPATIENT CLINICS (Directly-Operated and Contracted)

- A. Outpatient clinic sites with 5150-related components must maintain the capacity to perform this function at all times during hours of operation.
- B. The 5150-related component must be open to all consumers at that site based solely upon consumer need, and not upon whether the consumer is previously known to the agency or upon funding streams or insurance status.
- C. Outpatient program staff exercising 5150 authority in connection with their clinic assignment may not take individuals into custody beyond the clinic site.

IV. ASSERTIVE COMMUNITY TREATMENT (ACT) PROGRAMS:

- A. ACT programs that may have 5150 components are Partners programs, ATCMS programs, AB 2034 programs, and CROMIO.
- B. ACT program staff exercising 5150 authority in connection with their ACT assignment may take individuals into custody only when those individuals are consumers assigned to that ACT program. The consumer may be taken into 5150 custody anywhere in Los Angeles County.

V. PSYCHIATRIC MOBILE RESPONSE TEAMS (PMRT)

- A. PMRT programs that may have 5150 components are Service Area PMRTs, MET/SMART teams, and Children's Crisis Teams.
- B. PMRT program staff exercising 5150 authority in connection with their PMRT assignment may take individuals into custody who meet 5150 criteria. The individual may be taken into 5150 custody anywhere in Los Angeles County.