

AMENDED IN ASSEMBLY MAY 20, 2015

AMENDED IN ASSEMBLY APRIL 30, 2015

AMENDED IN ASSEMBLY APRIL 23, 2015

AMENDED IN ASSEMBLY APRIL 13, 2015

CALIFORNIA LEGISLATURE—2015–16 REGULAR SESSION

ASSEMBLY BILL

No. 1300

Introduced by Assembly Member Ridley-Thomas

February 27, 2015

An act to amend Sections 5001, 5008, 5013, 5150, 5150.05, 5150.1, 5150.2, 5151, 5152.1, 5153, and 5270.50 of, to add Sections 5001.5, ~~5022~~, 5023, 5024, 5025, 5026, 5150.2.5, 5150.3, 5151.1, and 5151.2 to, to add the heading of Article 1.3 (commencing with Section 5151) to, to add Article 1.1 (commencing with Section 5150.10) to, to add Article 1.2 (commencing with Section 5150.30) to, Chapter 2 of Part 1 of Division 5 of, to repeal Section 5150.4 of, and to repeal and add Section 5152.2 of, the Welfare and Institutions Code, relating to mental health.

LEGISLATIVE COUNSEL'S DIGEST

AB 1300, as amended, Ridley-Thomas. Mental health: involuntary commitment.

Under existing law, when a person, as a result of mental disorder, is a danger to others, or to himself or herself, or gravely disabled, he or she may, upon probable cause, be taken into custody by a peace officer, member of the attending staff of an evaluation facility, designated members of a mobile crisis team, or other designated professional person, and placed in a facility designated by the county and approved

by the State Department of Health Care Services as a facility for 72-hour treatment and evaluation.

This bill would authorize counties to designate one or more persons to act as a local or regional liaison to assist a person who is a patient in an emergency department of a defined nondesignated hospital and who has been detained, or who may require detention, for evaluation and treatment, as specified. The bill would reorganize and make changes to the provisions relating to the detention for evaluation and treatment of a person who may be subject to the above provisions, including specifying procedures for delivery of those individuals to various facilities; evaluation of the person for probable cause for detention for evaluation and treatment; terms and length of detention, where appropriate, in various types of facilities; and criteria for release from defined designated facilities and nondesignated hospitals. The bill would authorize a provider of ambulance services to transfer a person who is voluntarily transferring to a designated facility for evaluation and treatment. The bill would also make changes to the methods by which law enforcement is notified of the release of a person detained for evaluation and treatment.

Vote: majority. Appropriation: no. Fiscal committee: yes. State-mandated local program: no.

The people of the State of California do enact as follows:

- 1 SECTION 1. Section 5001 of the Welfare and Institutions Code
- 2 is amended to read:
- 3 5001. The provisions of this part and Part 1.5 (commencing
- 4 with Section 5585) shall be construed to promote the legislative
- 5 intent as follows:
- 6 (a) To end the inappropriate, indefinite, and involuntary
- 7 commitment of persons with mental health disorders,
- 8 developmental disabilities, and chronic alcoholism, and to eliminate
- 9 legal disabilities.
- 10 (b) To provide prompt evaluation and treatment of persons with
- 11 mental health disorders or impaired by chronic alcoholism.
- 12 (c) To guarantee and protect public safety.
- 13 (d) To safeguard individual rights through judicial review.
- 14 (e) To provide individualized treatment, supervision, and
- 15 placement services by a conservatorship program for persons who
- 16 are gravely disabled.

1 (f) To encourage the full use of all existing agencies,
2 professional personnel, and public funds to accomplish these
3 objectives and to prevent duplication of services and unnecessary
4 expenditures.

5 (g) To protect persons with mental health disorders and
6 developmental disabilities from criminal acts.

7 (h) To provide consistent standards for protection of the personal
8 rights of persons receiving services under this part and under Part
9 1.5 (commencing with Section 5585).

10 (i) To provide services in the least restrictive setting appropriate
11 to the needs of each person receiving services under this part and
12 under Part 1.5 (commencing with Section 5585).

13 (j) To ensure that persons receive services from facilities and
14 providers that are qualified and best suited to provide the services,
15 and that persons are not detained in settings that are not therapeutic
16 or not designed to meet their needs.

17 (k) To affirm that no person may be presumed to be incompetent
18 because he or she has been evaluated or treated for a mental health
19 disorder or chronic alcoholism, regardless of whether that
20 evaluation or treatment was voluntarily or involuntarily received.

21 SEC. 2. Section 5001.5 is added to the Welfare and Institutions
22 Code, to read:

23 5001.5. It is the intent of the Legislature that each county shall
24 have the responsibility to ensure that all persons with mental health
25 disorders who are subject to detention under this part or under Part
26 1.5 (commencing with Section 5585) receive prompt evaluation
27 and treatment in accordance with this part and Part 1.5
28 (commencing with Section 5585), including prompt assessment
29 of the need for evaluation and treatment. It is the intent of the
30 Legislature that each county establish and maintain a mental health
31 service system that has sufficient capacity to ensure the provision
32 of services under this part and Part 1.5 (commencing with Section
33 5585), including, at a minimum, the services required under
34 paragraph (2) of subdivision (a) of Section 5651.

35 SEC. 3. Section 5008 of the Welfare and Institutions Code is
36 amended to read:

37 5008. Unless the context otherwise requires, the following
38 definitions shall govern the construction of this part:

- 1 (a) “Antipsychotic medication” means medication customarily
2 prescribed for the treatment of symptoms of psychoses and other
3 severe mental and emotional disorders.
- 4 (b) “Application for detention for evaluation and treatment”
5 means the written application set forth in Section 5150.3.
- 6 (c) (1) “Assessment” means the determination, as described in
7 subdivision (b) of Section 5150 and Section 5151, of the following:
8 (A) Whether the person meets the criteria for detention for
9 evaluation and treatment.
10 (B) Whether the person is in need of evaluation and treatment
11 and, if so, what services are needed for the person.
12 (C) Whether the person can be properly served without being
13 detained, in which case the services shall be provided on a
14 voluntary basis.
- 15 (2) “Assessment” includes, but is not limited to, mental status
16 determination, analysis of clinical and social history, analysis of
17 relevant cultural issues and history, diagnosis, and the use of testing
18 procedures.
- 19 (d) “Authorized professional” means any of the following:
20 (1) A mental health professional or category of mental health
21 professionals, excluding peace officers, who are authorized in
22 writing by a county to provide services described in this
23 subdivision. An authorized professional shall have appropriate
24 training in mental health disorders and determination of probable
25 cause, and shall have relevant experience in providing services to
26 persons with mental health disorders.
27 (2) An authorized professional as described in paragraph (1)
28 who is a member of the staff of a designated facility and who is
29 authorized by the facility to provide services described in this
30 subdivision.
31 (3) A member of a mobile crisis team who is authorized in
32 writing by a county to provide services described in this
33 subdivision.
- 34 (e) “Conservatorship investigation” means an investigation, by
35 an agency appointed or designated by the governing body, of cases
36 in which conservatorship is recommended pursuant to Chapter 3
37 (commencing with Section 5350).
- 38 (f) “Court,” unless otherwise specified, means a court of record.
- 39 (g) “Court-ordered evaluation” means an evaluation ordered by
40 a superior court pursuant to Article 2 (commencing with Section

1 5200) or by a superior court pursuant to Article 3 (commencing
2 with Section 5225) of Chapter 2.

3 (h) “Crisis intervention” consists of an interview or series of
4 interviews within a brief period of time, conducted by qualified
5 professionals, and designed to alleviate personal or family
6 situations which present a serious and imminent threat to the health
7 or stability of the person or the family. The interview or interviews
8 may be conducted in the home of the person or family, or on an
9 inpatient or outpatient basis with such therapy, or other services,
10 as may be appropriate. The interview or interviews may include
11 family members, significant support persons, providers, or other
12 entities or individuals, as appropriate and as authorized by law.
13 Crisis intervention may, as appropriate, include suicide prevention,
14 psychiatric, welfare, psychological, legal, or other social services.

15 (i) “Crisis stabilization service or unit” means an ambulatory
16 service that provides probable cause determinations and
17 assessments, collateral services, and therapy within the scope of
18 its designation under this part.

19 (j) “Department” means the State Department of Health Care
20 Services.

21 (k) (1) “Designated facility” means a facility or a specific unit
22 or part of a facility that is licensed or certified as a mental health
23 evaluation facility, a mental health treatment facility, or a mental
24 health evaluation and treatment facility. A designated facility may
25 be an inpatient facility or an ambulatory facility.

26 (2) “Inpatient facility” means a health facility, or an inpatient
27 unit of a health facility, as defined in Chapter 2 (commencing with
28 Section 1250) of Division 2 of the Health and Safety Code, that
29 is licensed by the State of California, has the capability to admit
30 and treat persons on an inpatient basis subject to the requirements
31 of this part, and is designated by a county pursuant to Section 5023.
32 Inpatient facility also includes a hospital or the inpatient unit of a
33 hospital operated by the United States government that has the
34 capability to admit and treat persons on an inpatient basis, subject
35 to the requirements of this part, and that is designated by the county
36 pursuant to Section 5023. A designated inpatient facility includes
37 any of the following:

38 (A) A general acute care hospital, as defined in subdivision (a)
39 of Section 1250 of the Health and Safety Code.

1 (B) An acute psychiatric hospital, as defined in subdivision (b)
2 of Section 1250 of the Health and Safety Code.

3 (C) A psychiatric health facility, as defined in Section 1250.2
4 of the Health and Safety Code.

5 (D) A correctional treatment center, as defined in Section 1250
6 of the Health and Safety Code, operated by a county, city, or city
7 and county law enforcement agency. The department may approve
8 an unlicensed correctional treatment center that is in existence as
9 of January 1, 2016, if the correctional treatment center meets all
10 of the licensing requirements except those that are structurally
11 impracticable.

12 (3) “Ambulatory facility” means a facility designated by a
13 county under Section 5023 that provides psychiatric services lasting
14 less than 24 hours in accordance with applicable law and within
15 the scope of the designation. An ambulatory facility may include
16 an outpatient hospital department, clinic, crisis stabilization facility
17 or unit, facility of a medical group, facility of a provider
18 organization other than a medical group, or other facility that meets
19 the requirements established by the department in accordance with
20 Section 5023.

21 (l) “Detained for evaluation and treatment” and “detention for
22 evaluation and treatment” mean the taking into custody and
23 detention of a person in accordance with Section 5150.

24 (m) “Emergency” means a sudden marked change in the
25 person’s condition such that action to impose treatment over the
26 person’s objection is immediately necessary for the preservation
27 of life or the prevention of serious bodily harm to the patient or
28 others, and it is impracticable to first gain consent. It is not
29 necessary for harm to take place or become unavoidable prior to
30 treatment.

31 (n) “Emergency transport provider” means a provider of
32 ambulance services licensed by the Department of the California
33 Highway Patrol or operated by a public safety agency and includes
34 the authorized personnel of an emergency transport provider who
35 are certified or licensed under Sections 1797.56, 1797.80, 1797.82,
36 and 1797.84 of the Health and Safety Code.

37 (o) “Evaluation” means a multidisciplinary professional analyses
38 of a person’s medical, psychological, educational, social, financial,
39 and legal conditions as may appear to constitute a problem. Persons
40 providing evaluation services shall be properly qualified

1 professionals and may be full-time employees, part-time
2 employees, or independent contractors of a county, designated
3 facility, or other agency providing face-to-face evaluation services.
4 Face-to-face evaluation services includes face-to-face evaluation
5 by means of telehealth.

6 (p) (1) For purposes of Article 1 (commencing with Section
7 5150), Article 2 (commencing with Section 5200), and Article 4
8 (commencing with Section 5250) of Chapter 2, and for the purposes
9 of Chapter 3 (commencing with Section 5350), “gravely disabled”
10 means either of the following:

11 (A) A condition in which a person, as a result of a mental health
12 disorder, is unable to provide for his or her basic personal needs
13 for food, clothing, or shelter.

14 (B) A condition in which a person, has been found mentally
15 incompetent under Section 1370 of the Penal Code and all of the
16 following facts exist:

17 (i) The indictment or information pending against the person at
18 the time of commitment charges a felony involving death, great
19 bodily harm, or a serious threat to the physical well-being of
20 another person.

21 (ii) The indictment or information has not been dismissed.

22 (iii) As a result of a mental health disorder, the person is unable
23 to understand the nature and purpose of the proceedings taken
24 against him or her and to assist counsel in the conduct of his or
25 her defense in a rational manner.

26 (2) For purposes of Article 3 (commencing with Section 5225)
27 and Article 4 (commencing with Section 5250), of Chapter 2, and
28 for the purposes of Chapter 3 (commencing with Section 5350),
29 “gravely disabled” means a condition in which a person, as a result
30 of impairment by chronic alcoholism, is unable to provide for his
31 or her basic personal needs for food, clothing, or shelter.

32 (3) The term “gravely disabled” does not include persons with
33 intellectual disabilities by reason of that disability alone.

34 (q) “Intensive treatment” consists of hospital and other services
35 as may be indicated. Intensive treatment shall be provided by
36 properly qualified professionals and carried out in facilities
37 qualifying for reimbursement under the California Medical
38 Assistance Program (Medi-Cal) set forth in Chapter 7 (commencing
39 with Section 14000) of Part 3 of Division 9, or under Title XVIII
40 of the federal Social Security Act and regulations thereunder.

1 Intensive treatment may be provided in hospitals of the United
2 States government by properly qualified professionals. Nothing
3 in this part shall be construed to prohibit an intensive treatment
4 facility from also providing 72-hour evaluation and treatment.

5 (r) “Local or regional liaison” means a person or persons
6 authorized by a county, or by two or more counties acting jointly,
7 under Section 5024.

8 (s) “Mobile crisis team” means a team comprised of one or more
9 professionals, and which may also include peer counselors, who
10 are authorized by a county to provide probable cause
11 determinations and other services under this part.

12 (t) “Peace officer” means a duly sworn peace officer as that
13 term is defined in Chapter 4.5 (commencing with Section 830) of
14 Title 3 of Part 2 of the Penal Code who has completed the basic
15 training course established by the Commission on Peace Officer
16 Standards and Training, or any parole officer or probation officer
17 specified in Section 830.5 of the Penal Code when acting in relation
18 to cases for which he or she has a legally mandated responsibility.

19 (u) “Postcertification treatment” means an additional period of
20 treatment pursuant to Article 6 (commencing with Section 5300)
21 of Chapter 2.

22 (v) “Prepetition screening” is a screening of all petitions for
23 court-ordered evaluation as provided in Article 2 (commencing
24 with Section 5200) of Chapter 2, consisting of a professional
25 review of the petition; an interview with the petitioner and,
26 whenever possible, the person alleged, as a result of a mental health
27 disorder, to be a danger to others, or to himself or herself, or to be
28 gravely disabled, to assess the problem and explain the petition;
29 and when indicated, efforts to persuade the person to receive, on
30 a voluntary basis, comprehensive evaluation, crisis intervention,
31 referral, and other services specified in this part.

32 (w) “Probable cause determination” means a determination
33 whether there is probable cause for the detention of a person for
34 evaluation and treatment. A probable cause determination shall be
35 based solely on the criteria for detaining a person for evaluation
36 and treatment pursuant to Section 5150. The probable cause
37 determination shall not consider the availability of beds or services
38 at designated facilities within or outside of the county.

1 (x) “Professional person in charge of a facility” means the
2 licensed person authorized by a designated facility who is
3 responsible for the clinical direction of the designated facility.

4 (y) “Professional staff” means the medical staff or other
5 organized professional staff of an inpatient facility.

6 (z) “Referral” means referral of persons by each facility,
7 provider, or other organization providing assessment, evaluation,
8 crisis intervention, or treatment services to other facilities,
9 providers, or agencies in accordance with Section 5013 and Part
10 1.5 (commencing with Section 5585).

11 (aa) “Telehealth” means the telehealth services, as defined in
12 paragraph (6) of subdivision (a) of Section 2290.5 of the Business
13 and Professions Code, for the purpose of providing services under
14 this part, including a probable cause determination, the release of
15 a person from detention for evaluation and treatment under Section
16 5150.15, assessment or evaluation, and treatment. For purposes
17 of this part, telehealth services may be used by any licensed
18 professional, including a psychologist, clinical social worker, and
19 other mental health professional, acting within the scope of his or
20 her profession for providing evaluation, treatment, consultation,
21 or other mental health services under this part.

22 SEC. 4. Section 5013 of the Welfare and Institutions Code is
23 amended to read:

24 5013. (a) The purpose of a referral shall be to provide for
25 continuity of care and services. A referral may include, but need
26 not be limited to, informing the person of available services,
27 making appointments on the person’s behalf, communication with
28 the agency or individual to which the person has been referred,
29 appraising the outcome of referrals, and arranging for escort,
30 transportation, or both, when necessary. All persons shall be
31 advised of available precare services that prevent initial recourse
32 to hospital treatment or aftercare services that support adjustment
33 to community living following hospital treatment. These services
34 may be provided through county or city mental health departments,
35 state hospitals under the jurisdiction of the State Department of
36 State Hospitals, regional centers under contract with the State
37 Department of Developmental Services, or other public or private
38 entities.

39 (b) It is the intent of the Legislature that referrals between
40 facilities, providers, and other organizations shall be facilitated by

1 the sharing of information and records in accordance with Section
 2 5328 and applicable federal and state laws.

3 (c) Each city or county behavioral health department is
 4 encouraged to include on its Internet Web site a current list of
 5 ambulatory behavioral health services and other resources for
 6 persons with behavioral health disorders and substance use
 7 disorders in the city or county that may be accessed by providers
 8 and consumers of behavioral health services. The list of services
 9 on the Internet Web site should be updated at least annually by the
 10 city or county behavioral health department.

11 ~~SEC. 5. Section 5022 is added to the Welfare and Institutions~~
 12 ~~Code, to read:~~

13 ~~5022. The department shall promote the consistent statewide~~
 14 ~~application of this part in order to ensure protection of the personal~~
 15 ~~rights of all persons who are subject to this part and Part 1.5~~
 16 ~~(commencing with Section 5585). The department shall provide~~
 17 ~~oversight of the statewide application of this part and facilitate~~
 18 ~~discussion among the organizations listed in subdivision (a) of~~
 19 ~~Section 5400, law enforcement agencies, hospitals, mental health~~
 20 ~~professionals, county patients' rights advocates, the California~~
 21 ~~Office of Patients' Rights, and other stakeholders as may be~~
 22 ~~necessary or desirable to achieve the legislative intent of consistent~~
 23 ~~statewide application. These discussions shall include situations~~
 24 ~~where persons are certified for additional intensive treatment in a~~
 25 ~~county authorizing that treatment under Article 4.7 (commencing~~
 26 ~~with Section 5270.10) of Chapter 2 who are then transferred to a~~
 27 ~~facility during the course of additional intensive treatment in a~~
 28 ~~county that has not authorized additional intensive treatment.~~

29 ~~SEC. 6.~~

30 ~~SEC. 5. Section 5023 is added to the Welfare and Institutions~~
 31 ~~Code, to read:~~

32 5023. (a) Each county may designate inpatient and ambulatory
 33 facilities within the county, with the approval of the department,
 34 that meet the applicable requirements established by the department
 35 by regulation. An outpatient or emergency department of a
 36 nondesignated inpatient facility may be designated as an
 37 ambulatory facility if it meets all the requirements for certification
 38 as an ambulatory facility.

39 (b) (1) Each county may designate ambulatory facilities within
 40 the county that meet the behavioral health needs of persons within

1 the requirements of applicable law and the scope of their
2 designation. The department shall encourage counties to use
3 appropriate ambulatory facilities for the evaluation and treatment
4 of persons pursuant to this part.

5 (2) Counties, mental health professionals, providers, and other
6 organizations, with the support of the department, are encouraged
7 to establish crisis stabilization services and other ambulatory
8 facilities that are designated by a county to provide probable cause
9 determinations and assessments, and, as applicable, evaluation and
10 treatment services and crisis stabilization services, in settings that
11 are appropriate to the needs of persons with severe mental illness
12 and less restrictive than inpatient health facilities.

13 (3) Nothing in this subdivision shall preclude the designation
14 of an ambulatory facility that is an outpatient clinic of a licensed
15 health facility.

16 (4) An ambulatory facility shall provide services within the
17 scope of its designation to all persons regardless of their place of
18 residence.

19 (c) Regulations adopted pursuant to this part establishing staffing
20 standards for designated facilities shall be consistent with
21 applicable licensing regulations for the type of facility. If there are
22 no licensing regulations for the type of designated facility, or for
23 certain categories of professional personnel providing services in
24 a type of designated facility, the regulations adopted pursuant to
25 this part for staffing standards may differentiate between the types
26 of designated facilities, including ambulatory facilities.

27 (d) A county shall not charge or assess a fee for the designation
28 of a facility or an authorized professional.

29 (e) Each designated facility shall accept, within its clinical
30 capability and capacity, all categories of persons for whom it is
31 designated, without regard to insurance or financial status. If a
32 person presents to a designated facility with a psychiatric
33 emergency medical condition, as defined in subdivision (f) of
34 Section 5150.10, that is beyond its capability, the facility shall
35 assist the person in obtaining emergency services and care at an
36 appropriate facility.

37 (f) In order to provide access by members of the public to
38 information about designated facilities, each county department
39 responsible for mental health services shall maintain on its Internet
40 Web site the locations of all designated facilities within the county,

1 including address, the types of services available at each designated
2 facility, and the hours of operation for ambulatory facilities. The
3 Internet Web site shall be updated if there are changes to the
4 information.

5 (g) Each county shall report to the department, on at least an
6 annual basis, a current list of designated facilities within the county,
7 including the name and address of each facility and its facility
8 type. The department shall maintain a list of designated facilities,
9 by county and facility licensure type, on its Internet Web site, and
10 update the list not less than annually. The department Internet Web
11 site shall also contain links to each county Internet Web site
12 required by subdivision (f).

13 (h) Counties are encouraged to share information with adjacent
14 and other counties with respect to its roster of authorized
15 professionals. An authorized professional shall not be required to
16 obtain approval from another county to be an authorized
17 professional in that county in order to take action under this part.

18 ~~SEC. 7.~~

19 SEC. 6. Section 5024 is added to the Welfare and Institutions
20 Code, to read:

21 5024. (a) Each county may authorize one or more qualified
22 persons to act as a local or regional liaison to assist nondesignated
23 hospitals in the county in accordance with this section and Article
24 1.1 (commencing with Section 5150.10) of Chapter 2. Two or
25 more counties may enter into an intercounty arrangement under
26 which the participating counties agree to authorize one or more
27 persons to act as a local or regional liaison to assist nondesignated
28 hospitals in the participating counties in accordance with this
29 section and Article 1.1 (commencing with Section 5150.10) of
30 Chapter 2.

31 (b) The role of the local or regional liaison is to assist a person
32 who is a patient in an emergency department of a nondesignated
33 hospital and who has been detained, or may require detention, for
34 evaluation and treatment. The assistance may include any of the
35 following:

36 (1) Arranging for an authorized professional to provide a prompt
37 probable cause determination under Section 5150.13.

38 (2) Arranging for an authorized professional to determine
39 whether the detention for evaluation and treatment of a person
40 shall be released under Section 5150.15.

1 (3) Arranging for the placement of a person detained for
2 evaluation and treatment who has been medically stabilized for
3 transfer or discharge to a designated facility.

4 (c) A local or regional liaison may be employed by, or may
5 contract with, a county or counties and may include personnel of
6 one or more designated facilities within the county or counties.
7 The role of the local or regional liaison may be rotated among the
8 categories of persons described in this subdivision.

9 (d) A local or regional liaison shall be available 24 hours a day,
10 including weekends and holidays, to provide assistance under this
11 section.

12 (e) Each county, or counties acting jointly under this section,
13 shall provide the nondesignated hospitals in the county or counties
14 with the contact information for a local or regional liaison. The
15 means of contact may be a designated telephone number, email,
16 text-messaging or other electronic means, or any combination of
17 the foregoing, so long as the local or regional liaison has immediate
18 access to the means of contact. The contact information provided
19 to nondesignated hospitals shall be updated as necessary.

20 (f) This section shall not apply to a county that has not
21 authorized a local or regional liaison.

22 ~~SEC. 8.~~

23 *SEC. 7.* Section 5025 is added to the Welfare and Institutions
24 Code, to read:

25 5025. (a) A designated facility or nondesignated hospital, as
26 defined in subdivision (e) of Section 5150.10, or a physician or
27 other professional staff person who has received training in
28 managing persons who have been detained for evaluation and
29 treatment and is acting within the scope of his or her official duties
30 or employment for the designated facility or nondesignated hospital
31 shall not be liable for any injury resulting from determining any
32 of the following:

33 (1) Whether to detain a person for a mental health disorder,
34 inebriation, chronic alcoholism, or the use of narcotics or a
35 restricted dangerous drug in accordance with this part.

36 (2) The terms, conditions, and enforcement of detention for a
37 person with a mental health disorder, inebriation, chronic
38 alcoholism, or the use of narcotics or a restricted dangerous drug
39 in accordance with this part.

1 (3) Whether to release a person detained for a mental disorder,
2 inebriation, chronic alcoholism, or the use of narcotics or a
3 restricted dangerous drug in accordance with this part.

4 (b) A physician or other professional staff person who has
5 received training in managing persons who have been detained for
6 evaluation and treatment and is acting within the scope of his or
7 her official duties or employment for a designated facility or
8 nondesignated hospital shall not be liable for carrying out a
9 determination described in subdivision (a) so long as he or she
10 uses due care.

11 (c) Nothing in this section shall exonerate a person described
12 in this section from liability if that person acted with gross
13 negligence or willful or wanton misconduct.

14 ~~SEC. 9.~~

15 *SEC. 8.* Section 5026 is added to the Welfare and Institutions
16 Code, to read:

17 5026. (a) A designated facility or nondesignated hospital, as
18 defined in subdivision (e) of Section 5150.10, or a physician or
19 other professional staff person who has received training in
20 managing persons who have been detained for evaluation and
21 treatment and is acting within the scope of his or her official duties
22 or employment for the designated facility or nondesignated hospital
23 shall not be liable for any of the following:

24 (1) An injury caused by an eloping or eloped person who has
25 been detained for a mental health disorder or addiction.

26 (2) An injury to, or the wrongful death of, an eloping or eloped
27 person who has been detained for a mental health disorder or
28 addiction.

29 (b) Nothing in this section shall exonerate a person described
30 in this section from liability if that person acted with gross
31 negligence or willful or wanton misconduct.

32 ~~SEC. 10.~~

33 *SEC. 9.* Section 5150 of the Welfare and Institutions Code is
34 amended to read:

35 5150. (a) When a person, as a result of a mental health
36 disorder, is a danger to others, or to himself or herself, or gravely
37 disabled, a peace officer or an authorized professional acting within
38 the scope of his or her authorization may, upon probable cause,
39 take, or cause to be taken, the person into custody for a period of
40 up to 72 hours for assessment, evaluation, and crisis intervention,

1 or placement for evaluation and treatment in a facility designated
2 by the county for evaluation and treatment and approved by the
3 department. At a minimum, assessment, as defined in subdivision
4 (c) of Section 5008, and evaluation, as defined in subdivision (n)
5 of Section 5008, shall be conducted and provided on an ongoing
6 basis. Crisis intervention, as defined in subdivision (g) of Section
7 5008, may be provided concurrently with assessment, evaluation,
8 or any other service. The period of 72-hour detention for evaluation
9 and treatment shall begin at the time that the person is initially
10 detained pursuant to this section.

11 (b) (1) When an individual detained pursuant to subdivision
12 (a) is taken to a designated facility for evaluation and treatment,
13 the professional person in charge, a member of the attending staff
14 of the designated facility, or an authorized professional acting
15 within the scope of his or her authorization by the county, shall
16 assess the person to determine whether he or she can be properly
17 served without being detained. The assessment shall be performed
18 based on the clinical condition and needs of a person detained for
19 evaluation and treatment. This section shall not be construed to
20 prevent an authorized professional from providing consultation or
21 other professional assistance by telehealth. If in the judgment of
22 the authorized professional, the person can be properly served
23 without being detained, he or she shall be provided evaluation,
24 crisis intervention, or other inpatient or outpatient services on a
25 voluntary basis.

26 (2) If the person detained for evaluation and treatment is taken
27 to a designated ambulatory facility that is authorized by the county
28 to conduct an assessment, the assessment shall be conducted by
29 the professional person in charge of the designated ambulatory
30 facility or his or her designee acting within the scope of his or her
31 licensed profession. The assessment in a designated ambulatory
32 facility may be performed by or in consultation with an authorized
33 member of the professional staff of a designated inpatient facility
34 using telehealth if the designated inpatient facility has agreed to
35 admit the person in accordance with subdivision (a) upon a
36 determination that an involuntary admission is appropriate.

37 (3) This section shall not be construed to prevent a peace officer,
38 or an authorized professional employee of an emergency transport
39 provider acting at the direction of the peace officer, from delivering
40 individuals to a designated facility for an assessment under this

1 section. Furthermore, the assessment requirement of this section
2 shall not be construed to require peace officers or authorized
3 professional employees of emergency transport providers acting
4 at the direction of the peace officer to perform any additional duties
5 other than those specified in Sections 5150.1 and 5150.2.

6 (4) If an individual detained under subdivision (a) is first taken
7 to an emergency department of a nondesignated hospital, as defined
8 in subdivision (e) of Section 5150.10, the provisions of Article 1.1
9 (commencing with Section 5150.10) shall apply to the individual
10 during his or her stay in the emergency department of a
11 nondesignated hospital. This section does not require the peace
12 officer or authorized professional who detained the individual
13 pursuant to subdivision (a) to take or cause the individual to be
14 taken to an emergency department of a nondesignated hospital.

15 (5) Notwithstanding paragraph (2) of subdivision (j) of Section
16 5008, or any regulation, if a person detained for evaluation and
17 treatment presents or is transferred to a designated ambulatory
18 facility, and following a new determination of probable cause, the
19 professional person in charge of the designated ambulatory facility
20 or his or her designee determines that the person continues to meet
21 the criteria for detention under Section 5150 and should be admitted
22 to a designated inpatient facility for further evaluation and
23 treatment, the designated ambulatory facility shall make and
24 document good faith efforts to arrange placement for the person
25 in a designated inpatient facility. Subject to the requirements of
26 subdivision (a), if the designated ambulatory facility has been
27 unable to arrange placement for the person in a designated inpatient
28 facility within 24 hours, the designated ambulatory facility shall
29 continue to provide evaluation and treatment for the person beyond
30 24 hours in order to arrange for placement and transfer of the
31 person to a designated inpatient facility, provided the designated
32 ambulatory facility, prior to the expiration of the 24 hours, notifies
33 the county in which it is located and the mental health patients'
34 rights advocate for the county that it is continuing to detain the
35 person beyond 24 hours. The designated ambulatory facility shall
36 not transfer or send a person to an emergency department of a
37 nondesignated hospital unless the person requires examination or
38 treatment for a medical condition that is beyond the capability of
39 the designated ambulatory facility.

1 (c) Whenever a person is evaluated by an authorized professional
 2 and is found to be in need of mental health services, but is not
 3 admitted to the facility, all available alternative services provided
 4 pursuant to subdivision (b) shall be offered as determined by the
 5 county mental health director.

6 (d) If, in the judgment of the authorized professional, the person
 7 cannot be properly served without being detained, the admitting
 8 facility shall require an application in writing pursuant to Section
 9 5150.3.

10 (e) At the time a person is taken into custody for evaluation, or
 11 within a reasonable time thereafter, unless a responsible relative
 12 or the guardian or conservator of the person is in possession of the
 13 person’s personal property, the person taking him or her into
 14 custody shall take reasonable precautions to preserve and safeguard
 15 the personal property in the possession of or on the premises
 16 occupied by the person. The person taking him or her into custody
 17 shall then furnish to the court a report generally describing the
 18 person’s property so preserved and safeguarded and its disposition,
 19 in substantially the form set forth in Section 5211, except that if
 20 a responsible relative or the guardian or conservator of the person
 21 is in possession of the person’s property, the report shall include
 22 only the name of the relative or guardian or conservator and the
 23 location of the property, whereupon responsibility of the person
 24 taking him or her into custody for that property shall terminate.
 25 As used in this section, “responsible relative” includes the spouse,
 26 parent, adult child, domestic partner, grandparent, grandchild, or
 27 adult brother or sister of the person.

28 (f) (1) Each person, at the time he or she is first taken into
 29 custody under this section, shall be provided, by the person who
 30 takes him or her into custody, the following information orally in
 31 a language or modality accessible to the person. If the person
 32 cannot understand an oral advisement, the information shall be
 33 provided in writing. The information shall be in substantially the
 34 following form:

35
 36 My name is _____ .
 37 I am a _____ .
 38 (peace officer/mental health professional)
 39 with _____ .
 40 (name of agency)

1 You are not under criminal arrest, but I am taking you for an examination by
2 mental health professionals at _____ .

3 _____
4 (name of facility)

5 You will be told your rights by the mental health staff.

6
7 (2) If taken into custody at his or her own residence, the person
8 shall also be provided the following information:

9
10 You may bring a few personal items with you, which I will have
11 to approve. Please inform me if you need assistance turning off
12 any appliance or water. You may make a phone call and leave a
13 note to tell your friends or family where you have been taken.

14
15 (g) The designated facility shall keep, for each patient evaluated,
16 a record of the advisement given pursuant to subdivision (f) which
17 shall include all of the following:

- 18 (1) The name of the person detained for evaluation.
- 19 (2) The name and position of the peace officer or mental health
20 professional taking the person into custody.
- 21 (3) The date the advisement was completed.
- 22 (4) Whether the advisement was completed.
- 23 (5) The language or modality used to give the advisement.
- 24 (6) If the advisement was not completed, a statement of good
25 cause, as defined by regulations of the State Department of Health
26 Care Services.

27 (h) Each person admitted to a facility designated by the county
28 for evaluation and treatment shall be given the following
29 information by admission staff of the facility. The information
30 shall be given orally and in writing and in a language or modality
31 accessible to the person. The written information shall be available
32 to the person in English and in the language that is the person's
33 primary means of communication. Accommodations for other
34 disabilities that may affect communication shall also be provided.
35 The information shall be in substantially the following form:

36
37 My name is _____ .
38 My position here is _____ .

1 You are being placed into this psychiatric facility because it is our
2 professional opinion that, as a result of a mental health disorder, you are likely
3 to (check applicable):

- 4 Harm yourself.
- 5 Harm someone else.
- 6 Be unable to take care of your own food, clothing, and housing needs.

7 We believe this is true because

8 _____
9 (list of the facts upon which the allegation of dangerous
10 or gravely disabled due to mental health disorder is based, including pertinent
11 facts arising from the admission interview).

12 You will be held for a period up to 72 hours. During the 72 hours you may
13 also be transferred to another facility. You may request to be evaluated or
14 treated at a facility of your choice. You may request to be evaluated or treated
15 by a mental health professional of your choice. We cannot guarantee the facility
16 or mental health professional you choose will be available, but we will honor
17 your choice if we can.

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

25 If you have questions about your legal rights, you may contact the county
26 Patients' Rights Advocate at _____
27 (phone number for the county Patients' Rights

28 _____ .
29 Advocacy office)

30 Your 72-hour period began _____ .
31 (date/time)

32
33 (i) For each patient admitted for evaluation and treatment, the
34 facility shall keep with the patient's medical record a record of the
35 advisement given pursuant to subdivision (h), which shall include
36 all of the following:

- 37 (1) The name of the person performing the advisement.
- 38 (2) The date of the advisement.
- 39 (3) Whether the advisement was completed.

1 (4) The language or modality used to communicate the
2 advisement.

3 (5) If the advisement was not completed, a statement of good
4 cause.

5 ~~SEC. 11.~~

6 *SEC. 10.* Section 5150.05 of the Welfare and Institutions Code
7 is amended to read:

8 5150.05. (a) When determining if probable cause exists to
9 take a person into custody, or cause a person to be taken into
10 custody, pursuant to Section 5150, a person who is authorized to
11 take that person, or cause that person to be taken, into custody
12 pursuant to that section shall consider available relevant
13 information about the historical course of the person's mental
14 disorder if the authorized person determines that the information
15 has a reasonable bearing on the determination as to whether the
16 person is a danger to others, or to himself or herself, or is gravely
17 disabled as a result of the mental disorder.

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

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

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

33 ~~SEC. 12.~~

34 *SEC. 11.* Section 5150.1 of the Welfare and Institutions Code
35 is amended to read:

36 5150.1. (a) A peace officer or authorized professional
37 employee of an emergency transport provider acting at the direction
38 of a peace officer, seeking to transport, or having transported, a
39 person to a designated facility for assessment pursuant to
40 subdivision (a) of Section 5150 or Section 5151, shall not be

1 instructed by mental health personnel to take the person to, or keep
2 the person at, a jail solely because of the unavailability of an acute
3 bed. The peace officer or the authorized professional employee of
4 an emergency transport provider acting at the direction of the peace
5 officer, shall not be forbidden to transport the person directly to
6 the designated facility. No mental health employee from any
7 county, state, city, or any private agency providing psychiatric
8 emergency services shall interfere with a peace officer or an
9 authorized professional employee of an emergency transport
10 provider acting at the direction of a peace officer performing duties
11 under Section 5150 by preventing the peace officer from detaining
12 a person for evaluation and treatment or preventing the peace
13 officer or an authorized professional employee of an emergency
14 transport provider acting at the direction of a peace officer from
15 entering a designated facility with the person for an assessment.
16 An employee of a facility shall not require the peace officer or an
17 authorized professional employee of an emergency transport
18 provider acting at the direction of a peace officer to remove the
19 person without an assessment as a condition of allowing the peace
20 officer or an authorized professional employee of an emergency
21 transport provider acting at the direction of a peace officer to
22 depart.

23 (b) An emergency transport provider or any certified or licensed
24 personnel of an emergency transport provider who have received
25 training in managing persons who have been detained for
26 evaluation and treatment shall not be civilly or criminally liable
27 for any of the following that may be applicable to the transport of
28 a person who has been detained for evaluation and treatment:

29 (1) The continuation of the detention for evaluation and
30 treatment in accordance with this part and other applicable law
31 while transporting the person to a designated facility or an
32 emergency department of a nondesignated hospital at the direction
33 of a peace officer or authorized professional who detained the
34 person for evaluation and treatment.

35 (2) The continuation of the detention for evaluation and
36 treatment in accordance with this part and other applicable law
37 while transporting the person detained for evaluation and treatment
38 to a designated facility or an emergency department of a
39 nondesignated hospital at the direction of the treating emergency

1 professional in an emergency department of a nondesignated
2 hospital for an assessment or other service under Section 5151.

3 (c) For purposes of this section, “peace officer” means a peace
4 officer as defined in Chapter 4.5 (commencing with Section 830)
5 of Title 3 of Part 2 of the Penal Code and also includes a jailer
6 seeking to transport or transporting a person in custody to a
7 designated facility for an assessment consistent with Section 4011.6
8 or 4011.8 of the Penal Code and Section 5150.

9 (d) Nothing in this section shall exonerate a person described
10 in this section from liability if that person acted with gross
11 negligence or willful or wanton misconduct.

12 ~~SEC. 13.~~

13 *SEC. 12.* Section 5150.2 of the Welfare and Institutions Code
14 is amended to read:

15 5150.2. In each county, whenever a peace officer or the
16 authorized professional employee of an emergency transport
17 provider acting at the direction of the peace officer has transported
18 a person to a designated facility for an assessment, the officer or
19 professional employee of an emergency transporter shall be
20 detained no longer than the time necessary to complete
21 documentation of the factual basis of the detention for evaluation
22 and treatment and effectuate a prompt, safe, and orderly transfer
23 of physical custody of the person.

24 ~~SEC. 14.~~

25 *SEC. 13.* Section 5150.2.5 is added to the Welfare and
26 Institutions Code, to read:

27 ~~5150.25.~~

28 5150.2.5. Nothing in this chapter supersedes or abrogates the
29 provisions governing medical control set forth in Chapter 5
30 (commencing with Section 1798) of Division 2.5 of the Health
31 and Safety Code.

32 ~~SEC. 15.~~

33 *SEC. 14.* Section 5150.3 is added to the Welfare and Institutions
34 Code, to read:

35 5150.3. (a) (1) The peace officer or an authorized professional
36 who takes a person into custody or otherwise initially detains a
37 person pursuant to Section 5150 shall complete and sign an
38 application for detention for evaluation and treatment, in the form
39 prescribed by subdivision (g), stating the circumstances under
40 which the person’s condition was called to the attention of the

1 peace officer or authorized professional, and stating that the peace
2 officer or authorized professional has probable cause to believe
3 that the person is, as a result of a mental health disorder, a danger
4 to others, or to himself or herself, or gravely disabled.

5 (2) The documentation shall include detailed information
6 regarding the factual circumstances and observations constituting
7 probable cause for the peace officer or authorized professional to
8 believe that the person should be detained for evaluation and
9 treatment in accordance with Section 5150. If the probable cause
10 is based on the statement of a person other than the peace officer
11 or authorized professional, the person shall be liable in a civil
12 action for intentionally giving a statement that he or she knows is
13 false.

14 ~~(3) A designated facility or nondesignated hospital shall require~~
15 ~~presentation of the application as a condition of continuation of~~
16 ~~the detention for evaluation and treatment. If the application is not~~
17 ~~presented to the designated facility or nondesignated hospital, as~~
18 ~~applicable, the person shall be immediately released from detention~~
19 ~~for evaluation and treatment.~~

20 (4)

21 (3) An application for detention for evaluation and treatment
22 shall be valid in all counties to which the person may be taken to
23 a designated facility.

24 (b) (1) If the person detained by a peace officer or authorized
25 professional is in a location other than a designated facility or
26 nondesignated hospital, the original or copy of the application for
27 detention for evaluation and treatment shall be presented to the
28 designated facility under paragraph (2) or the nondesignated
29 hospital under paragraph (3).

30 (2) If after detention under Section 5150, the person is first taken
31 to a designated facility, the original or a copy of the signed
32 application for detention for evaluation and treatment shall be
33 presented to the designated facility.

34 (3) If after detention under Section 5150, the person is first taken
35 to a nondesignated hospital, the original or a copy of the signed
36 application for detention for evaluation and treatment shall be
37 presented to the nondesignated hospital. If the person is
38 subsequently transferred to a designated facility, the nondesignated
39 hospital shall deliver the original or a copy of the signed application
40 for detention for evaluation and treatment to the designated facility.

1 If the person is discharged from the nondesignated hospital under
2 Section 5150.15 or 5150.16, without a transfer to a designated
3 facility, the nondesignated hospital shall maintain the original or
4 a copy of the original signed application for detention for
5 evaluation and treatment.

6 (c) If a person detained for evaluation and treatment is
7 subsequently released from detention for evaluation and treatment
8 pursuant to Section 5150.15 or 5151, the application for detention
9 for evaluation and treatment in the possession of a designated
10 facility or nondesignated hospital shall be retained for the period
11 of time required by the medical records retention policy of the
12 designated facility or nondesignated hospital.

13 (d) The determination of a peace officer or authorized
14 professional to detain a person under Section 5150 and complete
15 and sign an application for detention for evaluation and treatment,
16 shall be based solely on whether the person meets the criteria for
17 detention for evaluation and treatment as set forth in Section 5150.
18 The determination shall not be delayed, denied, or refused based
19 on the availability of beds or services at designated facilities to
20 which a person may be taken under this article.

21 (e) If a person detained for evaluation and treatment under
22 Section 5150 is transported by a professional employee of an
23 emergency transport provider to a designated facility or
24 nondesignated hospital at the request of a peace officer or an
25 authorized professional, the peace officer or authorized professional
26 shall give the application for detention for evaluation and treatment
27 to the professional employee of the emergency transport provider
28 if the peace officer or authorized professional does not accompany
29 the person to the designated facility or nondesignated hospital.

30 (f) A copy of the application for detention for evaluation and
31 treatment shall be given to an emergency transport provider if the
32 person detained for evaluation and treatment is transported from
33 a nondesignated hospital to a designated facility or from a
34 designated facility to another designated facility.

35 (g) Not later than July 1, 2016, the department shall adopt and
36 make available a standardized form of the application for detention
37 for evaluation and treatment that shall be used by peace officers
38 and authorized professionals to apply for detention of a person for
39 evaluation and treatment under Section 5150 and by authorized
40 professionals to release a person from detention for evaluation and

1 treatment pursuant to Section 5150.15 or 5151. In developing the
2 form, the department shall request comments from stakeholders
3 including the organizations described in subdivision (b) of Section
4 5400. The form of the application for detention for evaluation and
5 treatment shall, at a minimum, provide all of the following:

6 (1) A description of the person's behavior and other relevant
7 facts that provide the basis for probable cause under Sections 5150
8 and 5150.05 of the person's detainment for evaluation and
9 treatment.

10 (2) For persons detained for evaluation and treatment who are
11 first taken to an emergency department of a nondesignated hospital,
12 documentation of the facts and conclusions that provide the basis
13 for the determination of medical clearance, excluding a psychiatric
14 emergency medical condition, by the emergency professional
15 treating the person in the emergency department to transfer the
16 person to a designated facility.

17 (3) Documentation of the facts and conclusions that provide the
18 basis for the determination by an authorized professional authorized
19 to perform an assessment that the person should be admitted for
20 involuntary evaluation and treatment under Section 5152.

21 (4) Determination of the facts and conclusions that support the
22 determination by an authorized professional authorized to release
23 a person from detention in accordance with Section 5150.14 or
24 5151.

25 (5) Request by a peace officer under Section 5152.1 for
26 notification of the person's release or discharge by a designated
27 facility or nondesignated hospital.

28 (6) All of the information required by subdivision (f) of Section
29 5150.

30 ~~SEC. 16.~~

31 *SEC. 15.* Section 5150.4 of the Welfare and Institutions Code
32 is repealed.

33 ~~SEC. 17.~~

34 *SEC. 16.* Article 1.1 (commencing with Section 5150.10) is
35 added to Chapter 2 of Part 1 of Division 5 of the Welfare and
36 Institutions Code, to read:

1 Article 1.1. Persons Detained in Nondesignated Hospitals

2
3 5150.10. Unless the context otherwise requires, the following
4 definitions shall govern the construction of this article:

5 (a) “Emergency department of a nondesignated hospital” means
6 a basic, comprehensive, or standby emergency medical service
7 that is approved by the State Department of Public Health as a
8 special or supplemental service of a nondesignated hospital. For
9 purposes of this part, an emergency department of a nondesignated
10 hospital shall include an observation or similar unit of the hospital
11 that meets both of the following criteria:

12 (1) The unit is operated under the direction and policies of the
13 emergency department.

14 (2) The unit provides continuing emergency services and care
15 to patients prior to an inpatient admission, transfer, or discharge.

16 (b) “Emergency professional” means either of the following:

17 (1) A physician and surgeon who is board certified or pursuing
18 board certification in emergency medicine, or a qualified licensed
19 person, as defined in subdivision (g), during any scheduled period
20 that he or she is on duty to provide medical screening and treatment
21 of patients in an emergency department of a nondesignated hospital.

22 (2) A physician and surgeon, or a qualified licensed person, as
23 defined in subdivision (g), during any scheduled period that he or
24 she is on duty to provide medical screening and treatment of
25 patients in the emergency department of a nondesignated hospital
26 that is a critical access hospital within the meaning of Section
27 1250.7 of the Health and Safety Code. A physician and surgeon
28 on duty under this paragraph shall include a physician and surgeon
29 on call for a standby emergency medical service who is responsible
30 to provide professional coverage for the emergency department.
31 A physician and surgeon on duty under this paragraph does not
32 include a physician and surgeon who is providing on-call specialty
33 coverage services to the emergency department of a nondesignated
34 hospital, unless the physician and surgeon is an emergency
35 professional under paragraph (1).

36 (c) “Emergency services and care” has the same meaning as in
37 subdivision (a) of Section 1317.1 of the Health and Safety Code.

38 (d) “EMTALA” means the Emergency Medical Treatment and
39 Labor Act, and regulations adopted pursuant thereto, as defined
40 in Section 1395dd of Title 42 of the United States Code.

1 (e) “Nondesignated hospital” means a general acute care
2 hospital, as defined in subdivision (a) of Section 1250 of the Health
3 and Safety Code or an acute psychiatric hospital, as defined in
4 subdivision (b) of Section 1250 of the Health and Safety Code,
5 that is not a designated facility.

6 (f) “Psychiatric emergency medical condition” has the same
7 meaning as in subdivision (k) of Section 1317.1 of the Health and
8 Safety Code.

9 (g) “Psychiatric professional” means a physician and surgeon
10 who is board certified or pursuing board certification in psychiatry
11 and who is providing specialty services to the emergency
12 department of a nondesignated hospital.

13 (h) “Qualified licensed person” means a licensed person
14 designated by the medical staff and governing body of a
15 nondesignated hospital to provide emergency services and care,
16 to the extent permitted by applicable law, in an emergency
17 department of the nondesignated hospital under the supervision
18 of a physician and surgeon.

19 (i) “Stabilized” has the same meaning as in subdivision (j) of
20 Section 1317.1 of the Health and Safety Code.

21 5150.11. (a) The Legislature finds and declares all of the
22 following:

23 (1) A person who has been detained for evaluation and treatment
24 pursuant to Section 5150 should be taken to a designated facility
25 rather than an emergency department of a nondesignated hospital.

26 (2) A person who has been detained for evaluation and treatment
27 pursuant to Section 5150 should be detained in an emergency
28 department of a nondesignated hospital only for the time necessary
29 to provide required emergency services and care and obtain medical
30 clearance, unless the person requires an admission for inpatient
31 services.

32 (3) A person who has been detained for evaluation and treatment
33 pursuant to Section 5150 has the right to receive a prompt
34 assessment to determine the appropriateness of the detention and
35 the need for evaluation and treatment at a designated facility.

36 (b) It is also the intent of the Legislature that nothing in this
37 chapter shall be construed to require a peace officer or any other
38 authorized professional to take a person detained for evaluation
39 and treatment to an emergency department of a nondesignated
40 hospital instead of taking the person to a designated facility, unless

1 the peace officer or authorized professional reasonably determines
2 that the person is in need of emergency care and services that
3 should be provided at an emergency department of a nondesignated
4 hospital before the person is transported to a designated facility.

5 5150.12. (a) This section shall apply to a person who has been
6 detained for evaluation and treatment by a peace officer or an
7 authorized professional and is taken to an emergency department
8 of a nondesignated hospital for emergency services and care.

9 (b) While the person is in the emergency department of the
10 nondesignated hospital, the detention of the person for evaluation
11 and treatment shall continue, unless the person is released from
12 detention pursuant to Section 5150.15 or 5150.16.

13 5150.13. (a) This section shall apply if, during a person's
14 examination or treatment in an emergency department, there is a
15 need for a determination of probable cause for the detention of the
16 person for evaluation and treatment.

17 (b) If a person who has not been detained for evaluation and
18 treatment has signs or symptoms, in the judgment of the treating
19 emergency professional, that indicate probable cause for detention
20 for evaluation and treatment, the person shall have the right to a
21 prompt probable cause determination in accordance with any of
22 the following:

23 (1) The hospital may contact the county to arrange for a probable
24 cause determination by an authorized professional, including, but
25 not limited to, a member of a mobile crisis team.

26 (2) (A) If the county in which the nondesignated hospital is
27 located has a local or regional liaison, the hospital may contact the
28 local or regional liaison to arrange for an authorized professional
29 to provide a prompt probable cause determination of the person.

30 (B) The local or regional liaison shall advise the nondesignated
31 hospital within 30 minutes of the time of the initial contact whether
32 an authorized professional can perform the probable cause
33 determination within two hours from the time of the initial contact
34 with the local or regional liaison.

35 (C) The probable cause determination shall be based solely on
36 the criteria for detaining a person for evaluation and treatment.
37 The probable cause determination shall not consider the availability
38 of beds or services at designated facilities within or outside of the
39 county.

1 (D) The probable cause determination may be conducted by an
2 authorized professional utilizing telehealth.

3 (3) The treating emergency professional may conduct a probable
4 cause determination and, upon a finding of probable cause, detain
5 the person for evaluation and treatment in accordance with Sections
6 5150 and 5150.3.

7 (c) If the person is detained for evaluation and treatment
8 pursuant to this section, the detention shall continue during his or
9 her stay in the emergency department of a nondesignated hospital,
10 unless the person is released from detention pursuant to Section
11 5150.15 or 5150.16 or the detention ends by reason of the
12 expiration of 72 hours pursuant to subdivision (a) of Section 5150.

13 5150.14. (a) This section shall apply to a person who is first
14 detained pursuant to Section 5150 for evaluation and treatment in
15 a nondesignated hospital emergency department or has been
16 detained pursuant to Section 5150 for evaluation and treatment
17 and first taken to an emergency department of a nondesignated
18 hospital.

19 (b) (1) Except as provided in subdivision (e), the nondesignated
20 hospital shall notify the county in which the nondesignated hospital
21 is located of the person's detention.

22 (2) If the person was detained for evaluation and treatment and
23 taken to the emergency department of the nondesignated hospital
24 pursuant to Section 5150.12, the notification shall occur after the
25 hospital has performed an initial medical screening of the person
26 in accordance with paragraphs (1) and (2) of subdivision (a) of
27 Section 1317.1 of the Health and Safety Code.

28 (3) If the person is first detained for evaluation and treatment
29 in the emergency department of the nondesignated hospital
30 pursuant to Section 5150.13, the notification shall occur when the
31 probable cause determination has been completed.

32 (c) The notification to the county shall be made using the
33 24-hour toll-free telephone number established by the county's
34 mental health program for psychiatric emergency services and
35 crisis stabilization if the county's mental health program has a
36 24-hour toll-free telephone number in operation on January 1,
37 2016, for this purpose. The notification shall be documented in
38 the patient's medical record.

39 (d) The nondesignated hospital shall advise the county of all of
40 the following:

1 (1) The time when the 72-hour detention period for evaluation
2 and treatment expires.

3 (2) An estimate of the time when the person will be medically
4 stable for transfer to a designated facility.

5 (3) The county in which the person resides, if known.

6 (e) The notification to the county under this section shall not
7 be required if the treating emergency professional determines that
8 the person will be admitted, pursuant to Section 5150.16, to an
9 acute care bed of a nondesignated hospital for the primary purpose
10 of receiving acute inpatient services for a medical condition that
11 is in addition to the person's psychiatric condition.

12 5150.15. (a) This section shall establish a process for releasing
13 from detention a person who has been detained for evaluation and
14 treatment during the time that the person is detained in the
15 emergency department of a nondesignated hospital.

16 (b) If the treating emergency professional determines that there
17 is no longer probable cause to continue the detention for evaluation
18 and treatment, the treating emergency professional may initiate a
19 followup probable cause determination to determine whether the
20 person may be released from detention for evaluation and
21 treatment. The followup probable cause determination shall be
22 made in accordance with either of the following:

23 (1) The hospital may contact the county, or a local or regional
24 liaison if authorized by the county, to arrange for an authorized
25 professional to perform a followup probable cause determination
26 to determine whether the person may be released from detention
27 for evaluation and treatment. If a county or a local or regional
28 liaison cannot arrange for an authorized professional to make the
29 determination within two hours of the initial call to the county or
30 the local or regional liaison and there is no probable cause for
31 detention, the treating emergency professional may perform a
32 followup probable cause determination to determine whether the
33 person may be released from detention for evaluation and
34 treatment.

35 (2) The treating emergency professional, without first contacting
36 the county or a local or regional liaison, may perform a followup
37 probable cause determination to determine whether the person
38 may be released from detention for evaluation and treatment.

39 (c) The determination under this section to release a person from
40 detention for evaluation and treatment shall be based solely on

1 whether there is probable cause to continue the detention for
2 evaluation and treatment. The determination to continue the
3 detention or to release the person from detention shall not be based
4 on the availability of beds or services at designated facilities within
5 or outside of the county, or on anything other than whether there
6 is probable cause for detention.

7 (d) The followup probable cause determination under this section
8 may be conducted by an authorized professional utilizing
9 telehealth.

10 (e) The followup probable cause determination under this section
11 may be conducted by a psychiatric professional.

12 5150.16. (a) This section shall apply to a person detained for
13 evaluation and treatment who is admitted to a nonpsychiatric unit
14 of a general acute care hospital for acute medical services. This
15 section shall apply to all general acute care hospitals, including
16 general acute care hospitals that are designated facilities.

17 (b) If the person detained for evaluation and treatment is
18 admitted to a nonpsychiatric unit of a general acute care hospital
19 for the primary purpose of receiving acute inpatient services for a
20 medical condition that is in addition to the person's psychiatric
21 condition, the effect on the detention for evaluation and treatment
22 while receiving acute medical services shall be as follows:

23 (1) If the hospital offers to provide assessment, evaluation, and
24 crisis intervention services and the person consents to the services
25 on a voluntary basis in addition to acute medical services, the
26 person shall be released from detention.

27 (2) If the hospital offers to provide assessment, evaluation, and
28 crisis intervention services and the person refuses or is unable to
29 consent to the services on a voluntary basis in addition to acute
30 medical services, the detention for evaluation and treatment shall
31 continue in effect during the acute hospital stay, for so long as
32 there continues to be probable cause for the detention.

33 (3) If the hospital does not have the capability to provide
34 assessment, evaluation, and crisis intervention services, the person
35 shall be released from detention for evaluation and treatment.

36 (c) The release of the person from detention for evaluation and
37 treatment shall be communicated to the person and documented
38 in the person's medical record.

39 (d) This section shall not apply to a person detained for
40 evaluation and treatment who meets both of the following:

1 (1) The person does not require acute inpatient services for a
2 medical condition.

3 (2) The person is awaiting a transfer to a designated facility and
4 is placed in an acute bed of the nondesignated hospital for the
5 purpose of securing the protection of the person or other persons,
6 or both, in the nondesignated hospital pending the transfer of the
7 person to a designated facility.

8 (e) In all cases described in subdivision (b), if the discharge
9 plan for the patient provides for followup evaluation and treatment
10 at a psychiatric facility, the patient shall be advised of the
11 recommended need for the followup evaluation and treatment.

12 (f) If the person is not able or willing to accept treatment on a
13 voluntary basis, or to accept the referral or transfer to a psychiatric
14 facility, the hospital shall obtain a new probable cause
15 determination for detention for evaluation and treatment pursuant
16 to Section 5150 in order to take or cause the person to be taken to
17 a designated facility. Upon request by the hospital, a county shall
18 arrange for an authorized professional to conduct a probable cause
19 determination in a timely manner, which may be performed by the
20 authorized professional utilizing telehealth.

21 5150.17. (a) This section, together with Sections 5150.18 and
22 5150.19, shall apply to the placement in a designated facility of a
23 person in a nondesignated hospital emergency department who
24 has been detained for evaluation and treatment.

25 (b) The person may be placed in any designated facility that has
26 the capability to meet the needs of the person, including a
27 designated ambulatory facility.

28 (c) Prior to placement in a designated ambulatory facility,
29 personnel at the designated ambulatory facility shall confirm
30 whether the facility can meet the needs of the person within the
31 scope of its designation and capability.

32 5150.18. (a) This section shall apply to the placement in a
33 designated facility for a person described in Section 5150.17 if the
34 person has a psychiatric emergency medical condition.

35 (b) If a person, in the judgment of the treating emergency
36 professional, has a psychiatric emergency medical condition, the
37 placement in a designated facility shall be made as follows:

38 (1) The placement may be in any designated facility that has
39 the capability and capacity to provide evaluation and treatment for

1 the person, whether that designated facility is located within or
2 outside of the county of the hospital.

3 (2) The treating emergency professional shall determine the
4 mode of transportation, including personnel and equipment, that
5 are appropriate for the transport of the person to the designated
6 facility.

7 (3) In the event of a disagreement as to whether the person under
8 this section has a psychiatric emergency medical condition, the
9 judgment of the treating emergency professional shall prevail.

10 (4) The placement of a person described in this subdivision shall
11 take precedence over provider networks.

12 (c) If the person, in the judgment of the treating emergency
13 professional, does not have a psychiatric emergency medical
14 condition, the placement of the person in a designated facility for
15 evaluation and treatment shall be deemed to be made for a medical
16 reason within the meaning of Section 1317.2 of the Health and
17 Safety Code.

18 (d) This section shall also apply to a person who has been
19 medically stabilized, but is being held in an inpatient unit of the
20 nondesignated hospital for the purposes of ensuring the safety and
21 security of the person or other persons, pending placement of the
22 person in a designated facility for evaluation and treatment.

23 (e) If a person detained for evaluation and treatment is in the
24 emergency department of a nondesignated hospital, or in a bed not
25 licensed for psychiatric care, the nondesignated hospital shall make
26 good faith efforts to arrange placement for the person in a
27 designated facility and, pending placement, shall provide further
28 screening, treatment, and monitoring consistent with the needs of
29 the patient and within the capacity of the hospital.

30 5150.19. (a) This section describes assistance that may be
31 available to an emergency department of a nondesignated hospital
32 for the placement in a designated facility of a person described in
33 Section 5150.17.

34 (b) If a person has been taken to or detained by a
35 county-authorized professional in the emergency department of
36 the nondesignated hospital, the authorized professional shall assist
37 the nondesignated hospital in arranging for the placement of the
38 person with an appropriate designated facility.

39 (c) If a person is detained for evaluation and treatment by a
40 peace officer or a treating emergency professional in the emergency

1 department of the nondesignated hospital, the hospital may contact
2 the local or regional liaison, if authorized for the county in which
3 the nondesignated hospital is located, to assist the hospital in
4 arranging for the placement of the person in a designated facility,
5 as follows:

6 (1) Contact with the local or regional liaison may be initiated
7 when the treating emergency professional has medically stabilized
8 the person for placement in a designated facility.

9 (2) The hospital shall inform the county or the local or regional
10 liaison whether the person has a psychiatric emergency medical
11 condition that requires a transport of the person in accordance with
12 the EMTALA obligations for making an appropriate transfer.

13 (d) A nondesignated hospital shall make efforts to obtain
14 placement of the person in a designated facility without first
15 contacting the county or the local or regional liaison under this
16 section or in addition to requesting assistance that may be provided
17 by the county or the local or regional liaison.

18 5150.20. (a) The determination of probable cause to detain a
19 person for evaluation and treatment shall be independent of a
20 determination as to whether the person has a psychiatric emergency
21 medical condition for the provision of emergency services and
22 care.

23 (b) A determination of probable cause to detain a person for
24 evaluation and treatment, whether by a peace officer or an
25 authorized professional, shall not be deemed to constitute a
26 psychiatric emergency medical condition unless a treating
27 emergency professional or psychiatric professional has determined
28 that the person has a psychiatric emergency medical condition.

29 (c) A determination by a treating emergency professional or a
30 psychiatric professional that a person has a psychiatric emergency
31 medical condition shall not be deemed to constitute probable cause
32 under Section 5150 that the person may be detained for evaluation
33 and treatment.

34 (d) A determination by a treating emergency professional or a
35 psychiatric professional that a person detained for evaluation and
36 treatment does not have a psychiatric emergency medical condition,
37 or that the person’s psychiatric emergency medical condition is
38 stabilized, shall not be deemed to constitute a release of the person
39 from detention for evaluation and treatment.

1 5150.21. (a) A nondesignated hospital and the professional
2 staff of the nondesignated hospital shall not be civilly or criminally
3 liable for the transfer of a person detained for evaluation and
4 treatment to a designated facility in accordance with this article.

5 (b) The peace officer or authorized professional responsible for
6 the detention of the person for evaluation and treatment who
7 transfers the custody of the person to an emergency professional
8 of a nondesignated hospital, shall not be civilly or criminally liable
9 for any of the following:

10 (1) The continuation and enforcement of the detention for
11 evaluation and treatment during the person's stay in the emergency
12 department of the nondesignated hospital prior to the discharge of
13 the person from the hospital in accordance with this article.

14 (2) The release of the person from detention for evaluation and
15 treatment in accordance with this article.

16 (3) The transfer of the person detained for evaluation and
17 treatment to a designated facility in accordance with this article.

18 (c) Nothing in this section shall exonerate a person described
19 in this section from liability if that person acted with gross
20 negligence or willful or wanton misconduct.

21 ~~SEC. 18.~~

22 *SEC. 17.* Article 1.2 (commencing with Section 5150.30) is
23 added to Chapter 2 of Part 1 of Division 5 of the Welfare and
24 Institutions Code, to read:

25

26 Article 1.2. Voluntary Patients

27

28 5150.30. (a) A provider of ambulance services licensed by the
29 Department of the California Highway Patrol or operated by a
30 public safety agency, and the employees of those providers who
31 are certified or licensed under Section 1797.56 of the Health and
32 Safety Code, shall be authorized to transport a person who is in a
33 hospital or facility on a voluntary basis to a designated facility for
34 psychiatric treatment. This section shall apply to transfers from
35 any type of facility, including nondesignated hospitals and other
36 facilities.

37 (b) A person shall not be detained for evaluation and treatment
38 solely for the purpose of transporting the person, or transferring
39 the person by a provider of ambulance services, to a designated
40 facility or an emergency department of a nondesignated hospital.

1 (c) Not later than July 1, 2016, the department shall adopt and
 2 make available a standardized form that will enable voluntary
 3 patients to consent to transfer between facilities by a provider of
 4 ambulance services. The form shall be provided to voluntary
 5 patients to sign before the transfer of the patient. The form shall
 6 be kept in the patient’s medical record. Copies of the form shall
 7 be given to the patient and the provider of ambulance services.

8 (d) This section shall apply to all patients who are on voluntary
 9 status, regardless of whether the person was previously detained
 10 for evaluation and treatment at any point during the course of
 11 treatment at a nondesignated hospital or designated facility prior
 12 to the transfer.

13 (e) No person shall require a person to be subject to detention
 14 for evaluation and treatment for the purpose of authorizing or
 15 providing evaluation, treatment, or admission to a facility, or as a
 16 condition for providing or paying for medical services, care, or
 17 treatment, including emergency services and care, unless there is
 18 probable cause under Section 5150 to detain the person for
 19 evaluation and treatment and the person cannot be properly served
 20 on a voluntary basis. Nothing in this part shall be construed as
 21 preventing a person subject to detention for evaluation and
 22 treatment from receiving evaluation or treatment on a voluntary
 23 basis unless there has been an adjudication under this part that the
 24 person lacks the capacity to do so.

25 ~~SEC. 19.~~

26 *SEC. 18.* The heading of Article 1.3 (commencing with Section
 27 5151) is added to Chapter 2 of Part 1 of Division 5 of the Welfare
 28 and Institutions Code, to read:

29

30 Article 1.3. Admission to a Designated Facility

31

32 ~~SEC. 20.~~

33 *SEC. 19.* Section 5151 of the Welfare and Institutions Code is
 34 amended to read:

35 5151. (a) If a designated facility for evaluation and treatment
 36 admits the person, it may detain him or her for evaluation and
 37 treatment for a period not to exceed 72 hours from the time that
 38 the person was initially detained pursuant to subdivision (a) of
 39 Section 5150.

1 (b) Prior to admitting a person to the facility for evaluation and
2 treatment, the professional person in charge of the facility or his
3 or her designee shall conduct an assessment of the individual in
4 person to determine the appropriateness of the involuntary
5 detention.

6 ~~SEC. 21.~~

7 *SEC. 20.* Section 5151.1 is added to the Welfare and Institutions
8 Code, to read:

9 5151.1. If the assessment results in a determination that the
10 person is in need of mental health services, but he or she is not
11 admitted to the facility, the designated facility shall provide the
12 person with appropriate referrals and a list of alternative services
13 and other resources that are appropriate to the needs of the person.
14 The alternative services and other resources shall include both of
15 the following, as applicable:

16 (a) The services described in subdivision (b) of Section 5150.

17 (b) The services for persons with severe mental illness and
18 substance use disorders posted by a county on its Internet Web
19 site pursuant to Section 5013.

20 ~~SEC. 22.~~

21 *SEC. 21.* Section 5151.2 is added to the Welfare and Institutions
22 Code, to read:

23 5151.2. (a) Each county shall establish disposition procedures
24 and guidelines with local law enforcement agencies for the safe
25 and orderly transfer of persons detained for evaluation and
26 treatment by a peace officer, who has requested notification under
27 Section 5152.1 of the person's release from detention for evaluation
28 and treatment in accordance with Section 5150.15, 5150.16, or
29 5151. The disposition procedures and guidelines shall include
30 persons who are not admitted for evaluation and treatment and
31 who decline alternative mental health services and persons who
32 have a criminal detention pending.

33 (b) The disposition procedures and guidelines should include
34 interagency communication between law enforcement agencies
35 located within the county, as well as law enforcement agencies
36 located in other counties, that take or arrange to take persons
37 detained for evaluation and treatment under Section 5150 to health
38 facilities within the county. The disposition procedures and
39 guidelines, including updates, shall be disseminated to designated
40 facilities and nondesignated hospitals.

1 ~~SEC. 23.~~

2 *SEC. 22.* Section 5152.1 of the Welfare and Institutions Code
3 is amended to read:

4 5152.1. (a) A designated facility or nondesignated hospital
5 shall notify the county mental health director, or the director's
6 designee, and the law enforcement agency that employs the peace
7 officer who makes the application for detention for 72-hour
8 evaluation and treatment pursuant to Section 5150, if the person
9 admitted pursuant to Section 5152 will be discharged after a
10 72-hour inpatient admission, when the person is not admitted by
11 the designated facility, when the person discharged before the
12 expiration of the 72-hour inpatient admission, when the person
13 discharged from detention for evaluation and treatment is released
14 under Section 5150.15, 5150.16, or 5151, or if the person elopes
15 from a designated facility or nondesignated hospital, if both of the
16 following conditions apply:

17 (1) The peace officer who made the application for detention
18 for evaluation and treatment requests notification of the person's
19 release or discharge at the time he or she makes the application
20 for detention for evaluation and treatment and the peace officer
21 certified at that time in writing that the person has been detained
22 for evaluation and treatment under circumstances which, based
23 upon an allegation of facts regarding actions witnessed by the
24 officer or another person, would support the filing of a criminal
25 complaint. The application for detention for evaluation and
26 treatment shall include one or more methods of contacting a person
27 at the law enforcement agency who may receive the notification.

28 (2) The notice is limited to the person's name, address, date of
29 admission or initial service, and date of release.

30 (b) If a police officer, law enforcement agency, or designee of
31 the law enforcement agency, possesses any record of information
32 obtained pursuant to the notification requirements of this section,
33 the officer, agency, or designee shall destroy that record two years
34 after receipt of notification.

35 (c) The notice required by this section shall be made prior to
36 the release or discharge of the person, if possible. The designated
37 facility or nondesignated hospital shall consider the distance from
38 the law enforcement agency to the location of the designated
39 facility or nondesignated hospital in giving the notice. The peace
40 officer or other representative of the law enforcement agency

1 receiving the notice shall promptly advise the designated facility
2 or nondesignated hospital whether the peace officer or other law
3 enforcement agency representative shall take custody of the person
4 upon his or her release or discharge from the designated facility
5 or nondesignated hospital and, if so, the time at which the peace
6 officer or other law enforcement agency representative will be
7 present at the designated facility or nondesignated hospital.

8 (d) Nothing in this section shall be construed to require the
9 designated facility or nondesignated hospital to delay the discharge
10 of a person for purposes of awaiting the arrival of the peace officer
11 or another representative of the law enforcement agency.

12 ~~SEC. 24.~~

13 *SEC. 23.* Section 5152.2 of the Welfare and Institutions Code
14 is repealed.

15 ~~SEC. 25.~~

16 *SEC. 24.* Section 5152.2 is added to the Welfare and Institutions
17 Code, to read:

18 5152.2. In addition to the request for notification set forth in
19 the application for detention for evaluation and treatment, each
20 law enforcement agency shall arrange with the county mental
21 health director for a method for designated facilities and
22 nondesignated hospitals to give prompt notification to peace
23 officers under Section 5152.1. The methods for notification for
24 each county shall be disseminated by the county to the designated
25 facilities and nondesignated hospitals located within the county.

26 ~~SEC. 26.~~

27 *SEC. 25.* Section 5153 of the Welfare and Institutions Code is
28 amended to read:

29 5153. Whenever possible, officers charged with apprehension
30 of persons pursuant to this chapter shall dress in plain clothes and
31 travel in unmarked vehicles.

32 ~~SEC. 27.~~

33 *SEC. 26.* Section 5270.50 of the Welfare and Institutions Code
34 is amended to read:

35 5270.50. (a) Notwithstanding Section 5113, if the provisions
36 of Section 5270.35 have been met, the professional person in
37 charge of the facility providing intensive treatment, his or her
38 designee, the medical director of the facility or his or her designee
39 described in Section 5270.53, the psychiatrist directly responsible
40 for the person's treatment, or the psychologist shall not be held

1 civilly or criminally liable for any action by a person released
2 before the end of 30 days pursuant to this article.

3 (b) The professional person in charge of the facility providing
4 intensive treatment or his or her designee, the medical director of
5 the facility or his or her designee described in Section 5270.35,
6 the psychiatrist directly responsible for the person's treatment, or
7 the psychologist shall not be held civilly or criminally liable for
8 any action by a person released at the end of the 30 days pursuant
9 to this article.

10 (c) The attorney or advocate representing the person, the
11 court-appointed commissioner or referee, the certification review
12 hearing officer conducting the certification review hearing, and
13 the peace officer responsible for detaining the person shall not be
14 civilly or criminally liable for any action by a person released at
15 or before the end of 30 days pursuant to this article.