BHS Policies and Procedures

City and County of San Francisco
Department of Public Health
San Francisco Health Network
BEHAVIORAL HEALTH SERVICES

1380 Howard Street, 5th Floor
San Francisco, CA 94103
415.255-3400
FAX 415.255-3567

POLICY/PROCEDURE REGARDING: Involuntary Psychiatric Detention and Coordination of Care for Minors

Issued By: Jo Robinson, MFT
Director of Behavioral Health Services

Date: February 10, 2015

Manual Number: 3.03-1

References: California Welfare and Institutions Code, Sections 5150-5155, 5585-5585.25, 5585.50-5585.59, 6000-6008, and 6550-6552.

Substantive revision. Replaces Policy 3.03-1 of January 3, 2012

Purpose: The intention of this policy is to define the processes regarding the involuntary psychiatric detention, inpatient admission and discharge, and coordination of care for San Francisco minors.

Scope: This policy is issued by Behavioral Health Services (BHS) and applies to designated facilities and individuals with the City and County of San Francisco who have authorization to initiate and sign applications for 72 hour evaluation and treatment pursuant to Section 5150, et seq., or Section 5585, et seq. of the Welfare and Institutions Code.

Policy: The children’s unit within Comprehensive Crisis Services (CCS) is a 24/7 mobile crisis unit that provides acute psychiatric crisis intervention and evaluation for all minors of San Francisco regardless of insurance status. CCS has primary responsibility for the evaluation and sole responsibility for the authorization of all publicly funded inpatient psychiatric admissions of minors (San Francisco Medi-Cal, San Francisco Healthy Kids, uninsured), and all requests for admissions must first go through this service. A minor is defined as anyone who is 17 years old and younger and is not emancipated by a court of law, is not married, or is not in the armed forces. Minors who are emancipated are legally considered adults.

Psychiatric hospitalization can occur as follows:

- Involuntary, as a psychiatric emergency when the minor is determined to be a danger to self or others, or is gravely disabled, as a result of a mental health disorder and authorization for voluntary treatment is not available (W&I Code, Sections 5150 & 5585.50). A crisis which requires an evaluation by CCS includes acute mental health symptoms or behaviors such as homicidal, assaultive, suicidal, agitated, out-of-control, psychotic, severe depressive symptoms or grave disability. In CCS evaluations of minors necessitating involvement of
SFPD, the SFPD remains with the minor until the legal guardian arrives or until a completed disposition is made by CCS; or

- Voluntary, through procedures defined in the Welfare and Institutions Code commencing with Sections 6000 and 6552 for minors meeting specific criteria (e.g., admission of a minor within the jurisdiction of the juvenile court, admission to private hospitals).

I. Procedures for Minors Referred for Crisis Services by Programs within the Child, Youth & Family System of Care (CYF SOC):

a. A request for a face-to-face crisis assessment of any minor can be made to CCS by calling CCS at 415-970-3800, 24 hours, 7 days a week. Upon receiving the call, CCS staff will obtain relevant information, complete the Alert form, and consult with the Officer of the Day (OD).

b. The caller will be asked to provide the following information:
   - brief clinical history
   - current status
   - financial information, such as name of insurance carrier, policy and/or ID number

c. Minors who present with immediate medical issues (e.g., overdose, physical injury) will be sent to the nearest hospital ER for medical clearance first.

d. If no medical issues are present, or upon medical clearance, CCS will conduct a face-to-face crisis assessment to determine whether or not an involuntary hold is warranted. CCS is a mobile unit and, where possible, responds to the location where the minor is present, including schools, emergency rooms, Psychiatric Emergency Services (PES), police stations, outpatient clinics, Juvenile Justice Center (JJC), Child Protective Center (CPC) of Human Services Agency (HSA), residential facilities, CCS office, Crisis Stabilization Unit, group homes, and foster homes. The location of the evaluation depends on safety considerations and the clinical presentation of the minor.

e. If the minor meets criteria for an involuntary hold, CCS will call the appropriate hospital to arrange for inpatient admission and ambulance service for transportation to the hospital. CCS does not arrange for hospital beds or ambulance service if the minor is evaluated in a private ER setting. CCS will also notify parents or legal guardian(s), and current providers in the CYF SOC network of pending admissions. For privately insured minors, CCS will contact the insurance carrier and request prior authorization if needed.

f. CCS will complete all the necessary forms for involuntary admissions.

II. Coordination of Care of the Minor Between CYF SOC Programs and the Inpatient Hospital Discharge Planner During Hospitalization and Discharge

a. During the period of admission of a minor, an Inpatient Hospital Discharge Planner will be assigned from CCS to follow the minor if publicly funded by San Francisco or uninsured. The Inpatient Discharge Planner works closely with the inpatient staff and
CYF SOC treatment providers, if the minor is in our system of care, to assist in
developing a comprehensive discharge plan, and to ensure that needed services and
supports are not only in place upon discharge, but also that these services and supports are
being utilized.

b. All pertinent clinical information of the minor will be forwarded to the inpatient staff.
Treatment interventions, medication regimen, and relevant clinical information will be
relayed to the outpatient treatment providers who will continue treatment with the minor
upon discharge. In addition, the Inpatient Discharge Planner conducts regular post-
hospital follow-up contacts for up to 30 days to facilitate linkage to services, ensure
continued stabilization, and to prevent re-hospitalization.

c. It is important that the minor’s CYF SOC providers be available within the initial 24
working hours for phone contacts and within the initial 72 working hours of admission for
hospital and/or telephone conferences to coordinate acute treatment and develop discharge
planning recommendations.

d. For a new referral to a CYF SOC outpatient program, the Inpatient Discharge Planner will
contact the program as soon as the minor is admitted to an inpatient unit so that the
treatment plan and discharge follow-up can be developed early on. Minors and their
families referred by the Inpatient Discharge Planner to outpatient programs may need to
be seen more intensively during the initial two months of contact by the outpatient
program.

e. A face-to-face intake appointment (or a follow up appointment in the case of continuous
treatment) should be available by the outpatient provider to the minor and family within
72 working hours after discharge.

f. If the minor is served by a HSA Child Welfare Worker, Probation Officer and/or the San
Francisco Unified School District (SFUSD), the Inpatient Discharge Planner will contact
all of these system partners within 72 hours of admission with the tentative inpatient
evaluation, course of treatment, recommendations for discharge, and needed
communication with family members.

g. All SF BHS providers are encouraged to call and alert CCS 24 hours, 7 days a week about
acute mental health symptoms or behaviors of any minor. Every alert is reviewed by the
OD for a clinically appropriate disposition.

III. Procedures for Minors Referred for Crisis Services by Other Children Serving Systems

CCS has current memorandums of understanding (MOU) with various systems serving
children and youths to provide a face-to-face evaluation where the minor is located.
Typically, the procedures are the same for all these systems as it is for the CYF SOC (Section
I, a-f). Additional protocols have been developed pertaining to the target population served
by different systems.
A. Protocol for Human Services Agency (HSA)

   a. For any crisis evaluation conducted during regular HSA business hours (Monday-Friday: 7am – 5pm), procedures listed under Section I apply.

   b. For after hours, CCS and HSA have a standing protocol in which CCS on-call staff and HSA/CPS on-call hotline worker will respond together to the group home or foster home where the minor resides. CCS will provide a face-to-face crisis assessment in the group home or foster home, and coordinate clinically appropriate client care with CPS staff.

   c. For SF HSA dependent children or youths placed out-of-county, CCS will coordinate with HSA to transport the minor to the HSA office, CCS office, or Child Protective Center (CPC) for a face-to-face evaluation ONLY if it is safe to do so. If appropriate, a dependent minor who is placed out-of-county and needs a crisis assessment can be taken to the crisis center in that county.

   d. CCS and HSA have an MOU to provide Intensive Support Services (ISS) to all HSA dependent children and youths up to 30 days in order to stabilize the current crisis. ISS is a collaborative effort between CCS and Seneca to provide one-to-one short term intensive support and non-traditional mental health services for HSA dependent minors who are engaging in high risk behaviors and/or discharged from a psychiatric inpatient unit.

B. Protocol for Minors in the Juvenile Justice Center (JJC)

   a. For any crisis evaluation request of a child or youth detained in JJC, staff from Special Program for Youths (SPY) may call the SPY Behavioral Health Medical Director or designee, or may call CCS 24 hours, 7 days a week. The involvement of the SPY Behavioral Health Medical Director or designee in such situations will be in coordination with CCS.

   b. If the minor needs to be transferred to a hospital emergency room for medical treatment first, a correctional officer will accompany the minor and CCS will be notified. Following medical clearance, CCS will respond to the emergency room to conduct a crisis assessment.

   c. When a minor needs to be evaluated by CCS at JJC, SPY staff will meet CCS at the front security entrance. If possible, a correctional officer will escort the youth to the Medical Office and remain with the youth throughout the entire course of evaluation.

   d. If the minor meets criteria for an involuntary hold, the SPY Behavioral Health Medical Director or designee, or CCS staff will complete all necessary documents for involuntary admission. SPY and CCS will coordinate arrangement of a hospital bed and transportation for the youth.
e. A safety plan will be developed if the minor does not meet criteria for an involuntary hold. The SPY Behavioral Health OD/Charge Nurse will ensure a follow-up with the youth within 24 hours.

f. Once hospitalized, the CCS Hospital Discharge Planner will follow the youth and coordinate discharge plans with SPY if the youth is publicly funded by San Francisco.

g. CCS works closely with SPY during the entire course of crisis assessment, inpatient admission, hospital discharge planning, and coordinates client care with SPY staff and medical team.

C. Protocol for San Francisco General Hospital (SFGH Pediatric Outpatient, Psychiatric Emergency Services, and Pediatric Inpatient)

C-1. SFGH Pediatric Outpatient Unit
   a. For any crisis evaluation request of a minor in the SFGH pediatric outpatient unit, procedures under Section I apply.

C-2. SFGH Psychiatric Emergency Services (PES)
   a. For any crisis evaluation request of a minor from PES, procedures under Section I apply.
   
   b. For admitting children and youths to PES, CCS must consult with PES before any minor is transported to PES to ensure that PES is able to accommodate a minor’s evaluation by CCS in the unit.
   
   c. PES should not accept any minor onto the unit who has not been triaged by CCS.
   
   d. Minors brought to PES by SFPD should remain in the custody of SFPD until a legal guardian arrives. Without the presence of a legal guardian, SFPD must remain with the minor until CCS completes the evaluation and determines an appropriate disposition.

C-3. SFGH Pediatric Inpatient Unit
   a. Any request for a crisis evaluation of a publicly-funded minor in the SFGH pediatric inpatient unit, procedures under Section I apply if the minor is already medically cleared and ready for discharge from the inpatient unit.
   
   b. For publicly-funded minors who are not medically cleared and are hospitalized at SFGH, CCS will provide the crisis evaluation and place a hold on the minor if he or she meets the criteria for an involuntary hold. From this point forward, SFGH psychiatric consult will assume responsibility for ongoing evaluation and treatment.
D. Medical Inpatient Units of Private Hospitals

CCS does not provide crisis evaluations of minors that are in a private hospital on a medical inpatient unit. This service is provided by the hospital’s psychiatric consultation service.

E. Procedure for Out-of-County Requests for Crisis Evaluation or Inpatient Admission of Minors with SF Medi-Cal

E-1. SF Medi-Cal Minors Placed Out-of-County and On A Hold
If a minor with SF Medi-Cal is already assessed and detained on a hold at an out-of-county facility, all relevant documentation, including the psychiatric assessment and the Application for Assessment, Evaluation, and Crisis Intervention or Placement for Evaluation and Treatment, shall be faxed to CCS for review and approval. CCS then follows phone approval instructions to complete a crisis consultation form and to ensure that medical necessity criteria are met.

E-2. SF Medi-Cal Children and Youths Placed Out-of-County Needing A Crisis Evaluation
If the minor with SF Medi-Cal is an HSA dependent placed out-of-county needing a crisis evaluation, CCS will coordinate with HSA to transport the minor to the HSA office, CCS office, or CPC for a face-to-face evaluation ONLY if it is safe to transport the minor (See Section III-A: Protocol for HSA).

F. Procedure for Minors with Mental Health Network (MHN) Private Insurance

CCS has a contract agreement with MHN to provide crisis intervention and assessment services to all MHN minors. CCS assessment on MHN minors can be conducted at any location including all hospital emergency rooms.

a. Follow procedures under Section I for all MHN minors who need a crisis evaluation.

b. For MHN minors evaluated in private hospital emergency rooms, the medical staff or medical social worker of the hospital shall arrange for hospital bed and ambulance transport to the designated inpatient facility.

G. Procedure for All Other Private Insurances

CCS provides crisis intervention and crisis evaluation services to all privately-insured minors of San Francisco upon request.

a. Follow procedures under Section I for all privately insured minors who need a crisis evaluation.

b. For all privately or publicly insured minors evaluated in a hospital emergency room other than SFGH, the medical staff or social worker of the hospital shall arrange for hospital bed and ambulance transport to the hospital.
c. Minors with Kaiser insurance are typically referred to the Kaiser ED for crisis evaluations. Kaiser clients can be evaluated by CCS at other locations if requested.

d. Minors with Kaiser Medi-Cal insurance can also be evaluated by Kaiser ED and, in these instances, CCS will follow the review and approval protocol delineated above in E-1.

H. Crisis Stabilization Unit (CSU) at Edgewood Center for Children & Families

a. CCS can refer minors who do not meet criteria for an involuntary hold to CSU for crisis stabilization for a period up to 23 hours, 59 minutes.

b. In conjunction with CCS, designated staff at CSU can place a hold on a minor if the criteria are met for an involuntary psychiatric hold. In these situations, CSU is responsible for completing the paperwork and arranging for a hospital bed and transport to the designated inpatient facility.

Contact Person: Comprehensive Crisis Services: Children’s Unit (415) 970-3800

Attachment: Application for Assessment, Evaluation, and Crisis Intervention or Placement for Evaluation and Treatment (form DHCS-04/2014)

Distribution: BHS Policies and Procedures are distributed by the Health Information Management Department under the DPH Compliance Office

Administrative Manual Holders
BHS Programs
SOC Program Managers
BOCC Program Managers
CDTA Program Managers
APPLICATION FOR ASSESSMENT, EVALUATION, AND CRISIS INTERVENTION OR PLACEMENT FOR EVALUATION AND TREATMENT

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

Welfare and Institutions Code (W&I Code), Section 5160(f) and (g), require that each person, when first detained for psychiatric evaluation, be given certain specific information orally and a record be kept of the advice given by the evaluating facility.

☐ Advisement Complete  ☐ Advisement Incomplete

Good Cause for Incomplete Advisement

Advised By: __________________________ Position: __________________________

Language or Modality Used: __________________________ Date of Advisement: __________________________

To (name of 5150 designated facility):

Application is hereby made for the assessment and evaluation of __________________________

Residing at __________________________, California, for up to 72- hour assessment, evaluation and crisis intervention or placement for evaluation and treatment at a designated facility pursuant to Section 5150, et seq. (adult) or Section 5585 et seq. (minor), of the W&I Code. If a minor, authorization for voluntary treatment is not available and to the best of my knowledge, the legally responsible party appears to be is: (Circle one) Parent; Legal Guardian; Juvenile Court under W&I Code 300; Juvenile Court under W&I Code 601/602; Conservator. If known, provide names, address and telephone number:

________________________________________________________________________

The above person’s condition was called to my attention under the following circumstances:

________________________________________________________________________

________________________________________________________________________

I have probable cause to believe that the person is, as a result of a mental health disorder, a danger to others, or to himself/herself, or gravely disabled because: (state specific facts)

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

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


Signature, title and badge number of peace officer, professional person in charge of the facility designated by the county for evaluation and treatment, member of the attending staff, designated members of a mobile crisis team, or professional person designated by the county:

Date: __________________________  Phone: __________________________

Time: __________________________

Name of Law Enforcement Agency or Evaluation Facility/Person: __________________________

Address of Law Enforcement Agency or Evaluation Facility/Person: __________________________

NOTIFICATIONS TO BE PROVIDED TO LAW ENFORCEMENT AGENCY

Notify (officer/unit & telephone #)

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

☐ The person has been referred to the facility under circumstances which, based upon an allegation of facts regarding actions witnessed by the officer or another person, would support the filing of a criminal complaint.

☐ Weapon was confiscated pursuant to Section 8102 W&I Code. Upon release, facility is required to provide notice to the person regarding the procedure to obtain return of any confiscated firearm pursuant to Section 8102 W&I Code.

SEE REVERSE SIDE REFERENCES AND DEFINITIONS
REFERENCES AND DEFINITIONS

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

“Gravely Disabled Minor” means a minor who, as a result of a mental disorder, is unable to use the elements of life which are essential to health, safety, and development, including food, clothing, and shelter, even though provided to the minor by others. Intellectual disability, epilepsy, or other developmental disabilities, alcoholism, other drug abuse, or repeated antisocial behavior do not, by themselves, constitute a mental disorder. SECTION 5585.25 W&I Code

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

Section 5152.1 W&I Code

The professional person in charge of the facility providing 72-hour evaluation and treatment, or his or her designee, shall notify the county mental health director or the director’s designee and the peace officer who makes the written application pursuant to Section 5160 or a person who is designated by the law enforcement agency that employs the peace officer, when the person has been released after 72-hour detention, when the person is not detained, or when the person is released before the full period of allowable 72-hour detention if all of the conditions apply:

(a) The peace officer requests such notification at the time he or she makes the application and the peace officer certifies at that time in writing that the person has been referred to the facility under circumstances which, based upon an allegation of facts regarding actions witnessed by the officer or another person, would support the filing of a criminal complaint.

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

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

Section 5152.2 W&I Code

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

Section 5585.50 W&I Code

The facility shall make every effort to notify the minor’s parent or legal guardian as soon as possible after the minor is detained. Section 5585.50 W&I Code.

A minor under the jurisdiction of the Juvenile Court under Section 300 W&I Code is due to abuse, neglect, or exploitation.

A minor under the jurisdiction of the Juvenile Court under Section 601 W&I Code is due to being adjudged a ward of the court as a result of being out of parental control.

A minor under the jurisdiction of the Juvenile Court under Section 602 W&I Code is due to being adjudged a ward of the court because of crimes committed.

Section 8102 W&I Code (EXCERPTS FROM)

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

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

(b)(1) Upon confiscation of any firearm or other deadly weapon from a person who has been detained or apprehended for examination of his or her mental condition, the peace officer or law enforcement agency shall issue a receipt describing the deadly weapon or any firearm and listing any serial number or other identification on the firearm and shall notify the person of the procedure for the return, sale, transfer, or destruction of any firearm or other deadly weapon which has been confiscated. A peace officer or law enforcement agency that provides the receipt and notification described in Section 33800 of the Penal Code satisfies the receipt and notice requirements.

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

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

DHCS 1801 (04/2014)