


## BHS Policies and Procedures



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BEHAVIORAL HEALTH SERVICES

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

<p style="text-align: center;"></p> <p>Issued By: Marlo Simmons, MPH Interim Director of Behavioral Health Services</p> <p>Date: April 2, 2020</p>	<p>Manual Number: 3.03-1</p> <p>References: California Welfare and Institutions Code, Sections 5150-5155, 5585-5585.25, 5585.50-5585.59, 6000-6008, and 6550-6552.</p>
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#### **Technical revision. Replaces Policy 3.03-1 of February 10, 2015**

**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, 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 the

- San Francisco Police Department (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 emergency room (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 San Francisco location where the minor is present, including schools, emergency rooms, Psychiatric Emergency Services (PES), police stations, outpatient clinics, Human Services Agency (HSA), Juvenile Justice Center (JJC), 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 treatment 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 within San Francisco. 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 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 an emergency room, 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.
- c. 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 (ER) for medical treatment first, a correctional officer will accompany the minor and CCS will be notified. Following medical clearance, CCS will respond to the ER 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 Zuckerberg San Francisco General Hospital and Trauma Center (ZSFG Pediatric Outpatient, Emergency Room, Psychiatric Emergency Services, and Pediatric Inpatient)
- C-1. ZSFG Pediatric Outpatient Unit
    - a. For any crisis evaluation request of a minor in the ZSFG pediatric outpatient unit, procedures under Section I apply.
  - C-2. ZSFG Emergency Room (ER)
    - a. For any crisis evaluation request of a minor by the ER, the minor must first be medically cleared.
    - b. The ER will call CCS for a psychiatric evaluation if needed.
    - c. If CCS determines that the minor needs to go to psychiatric inpatient for further evaluation and treatment, the minor will remain in the ER until a psychiatric inpatient bed is secured by CCS.
    - d. In the event that the ER is unable to maintain the minor, the minor may be transferred to PES.
  - C-3. ZSFG Psychiatric Emergency Services (PES)
    - a. Minors 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-4. ZSFG Pediatric Inpatient Unit
    - a. Any request for a crisis evaluation of a publicly-funded minor in the ZSFG 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 ZSFG, 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, ZSFG 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 Up to 72-Hour 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 an emergency room, 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 All 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 ZSFG, 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 ER 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 ER and, in these instances, CCS will follow the review and approval protocol delineated above in E-1.

G. 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.

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

**Attachment:** *Application for Up to 72-Hour Assessment, Evaluation, and Crisis Intervention or Placement for Evaluation and Treatment* (form DHCS 1801 - revised 12/2019)

**Distribution:**

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<p><b>APPLICATION FOR UP TO 72-HOUR ASSESSMENT, EVALUATION, AND CRISIS INTERVENTION OR PLACEMENT FOR EVALUATION AND TREATMENT</b></p> <p style="text-align: center;"><i>Confidential Client/Patient Information</i></p> <p><b>Welfare and Institutions Code (W&amp;I Code), section 5150 (g)(1),</b> requires that each person, at the time they are first taken into custody under this section, shall be provided, by the person who takes them into custody, the following information orally in a language or modality accessible to the person. If the person cannot understand an oral advisement, the information shall be provided in writing.</p> <p><input type="checkbox"/> Complete Advisement <input type="checkbox"/> Incomplete Advisement</p> <p><b>Date of Advisement/Attempt:</b> _____</p> <p>Good Cause for Incomplete Advisement: _____</p>	<p style="text-align: center;"><b><u>DETAINMENT ADVISEMENT</u></b></p> <p>My name is _____. I am a (peace officer/mental health professional) with (name of agency). You are not under criminal arrest, but I am taking you for examination by mental health professionals at (name of facility).</p> <p>You will be told your rights by the mental health staff.</p> <p><b>If taken into custody at their residence, the person shall also be told the following information:</b></p> <p>You may bring a few personal items with you, which I will have to approve. Please inform me if you need assistance turning off any appliance or water. You may make a phone call and leave a note to tell your friends or family where you have been taken.</p>	
<p>Advisement Completed/Attempted By: _____</p>	<p>Position: _____</p>	<p>Language or Modality Used: _____</p>
<p>To (name of 5150 designated facility): _____</p>		
<p>Application is hereby made for the assessment and evaluation of _____, date of birth of _____, and 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&amp;I Code.</p>		
<p>If authorization for voluntary treatment is not available for a minor/conservatee, indicate to the best of your knowledge who has legal authority to make medical decisions on behalf of the minor/conservatee: (name and contact information, if available)</p> <p><b>(Check one):</b> <input type="checkbox"/> Parent(s) <input type="checkbox"/> Legal Guardian(s) <input type="checkbox"/> Conservator <input type="checkbox"/> Other: _____</p>		
<p>Indicate to the best of your knowledge whether the minor is under the jurisdiction of the juvenile court: <b>(Check one):</b> <input type="checkbox"/> W&amp;I Code 300 (dependent) <input type="checkbox"/> W&amp;I Code 601, 602 (ward)</p>		
<p>The detained person's condition was called to my attention under the following circumstances:</p> <p>_____</p> <p>_____</p>		
<p>Specific facts that I have considered that lead me to believe that this person is, as a result of a mental health disorder, a danger to others, a danger to self or or gravely disabled:</p> <p>_____</p> <p>_____</p>		
<p><input type="checkbox"/> I have considered the historical course of the person's mental disorder as follows:</p> <p>_____</p> <p>_____</p>		
<p><input type="checkbox"/> No reasonable bearing on determination</p> <p><input type="checkbox"/> No information available because: _____</p>		



**APPLICATION FOR UP TO 72-HOUR ASSESSMENT, EVALUATION, AND CRISIS INTERVENTION  
OR PLACEMENT FOR EVALUATION AND TREATMENT (CONTINUED)**

OPTIONAL INFORMATION			
History Provided by (Name)	Address	Phone Number	Relation

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

- Danger to Self (DTS)                       Danger to others (DTO)  
 Gravely disabled (as defined in W&I Code section 5008 or 5585.25)

**NOTIFICATIONS TO BE PROVIDED PURSUANT TO SECTION 5152.1 AND/OR 8102 OF THE WELFARE AND INSTITUTIONS CODE**

Notify behavioral health director/designee: \_\_\_\_\_ (Name) \_\_\_\_\_ (Phone)  
 and peace officer/designee: \_\_\_\_\_ (Name) \_\_\_\_\_ (Phone) of  
 person's release or end of detention if either of the boxes below are checked.

**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.

*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.*

<b>Name:</b>	<b>Title/Badge Number:</b>	<b>Date:</b>	<b>Phone:</b>
<b>Signature:</b> X		<b>Time:</b>	
Name of Law Enforcement Agency or Evaluation Facility/Person:		Address:	

**REFERENCES**

**Welfare and Institutions Code**

**Sections:** 300, 601, 602, 5008, 5150, 5150.05, 5152.1, 5328, 5585.25, 5585.50, 8102

**Name of Individual Detained:** \_\_\_\_\_ **DOB:** \_\_\_\_\_