

## BHS Policies and Procedures



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

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Policy & Procedure Title: **Follow Up Guidelines for Existing BHS Members Post-Involuntary Psychiatric Hold**

Issued By:

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References: WIC § 5150, Epic  
Operational Guide

### New Policy

**Equity Statement:** Behavioral Health Services (BHS) is committed to prioritizing intersectionality, including race, gender identity, sexual orientation, age, class, nationality, language, and ability. BHS strives to become an anti-racist and trauma informed organization. We are committed to ensuring that every policy and procedure leads with an equity lens. We are dedicated to ensuring that our providers are equipped to respond to our members' diverse needs and lived experiences.

**Purpose:** The purpose of this policy and procedure is to establish clear and consistent guidelines for follow-up care and support for members who are receiving services with an outpatient specialty mental health BHS program and who have been placed on an involuntary psychiatric hold (WIC § 5150). This policy aims to ensure that members receive timely and comprehensive follow-up services from their BHS provider. This policy is designed to be implemented across all departments and facilities within our organization to ensure a standardized approach to post-involuntary psychiatric hold member care.

**Scope:** This P&P applies to all BHS System of Care (SOC) staff members involved in the care and support of members who have an open episode with specialty mental health and have been discharged from the emergency department (ED)/hospital following an involuntary psychiatric hold. It encompasses the procedures and responsibilities of clinical and administrative personnel in ensuring effective follow-up care.

### Policy:

**Coordination of Care Responsibilities:** Providers/Programs for existing BHS members across all systems of care are responsible for coordination of care during the member's involuntary psychiatric hold. Providers from all systems of care must collaborate with hospital staff to ensure appropriate sharing of collateral information relevant to the care of the member while being treated at the hospital. BHS Providers must actively engage with hospital staff or

discharge planners on discharge planning to ensure appropriate care for the member.

**Follow Up Care:** Providers/Programs for existing BHS members are responsible for timely follow up after the member's WIC § 5150 hold within 3 calendar days of discharge date, for ensuring appropriate and timely follow-up for medication management, and for documenting follow up appointments and outreach/engagement efforts. It is best practice that providers follow these guidelines for follow up after any crisis visit (including voluntary crisis stabilization or hospital visits).

**Procedure:**

1. All specialty mental health outpatient providers must assign themselves to their member's Care Team in Epic when an episode is opened. The Epic Operational Guide details the Clinician Visit Workflow that includes this step.
2. **Transitional Age Youth (TAY)/Adult and Older Adult (AOA) Systems of Care (Patients age 18 and older)**
  - a. Providing historical/collateral information
    - i. AOA/TAY providers should provide immediate response to ED/Hospital with historical information
    - ii. Providers may utilize the **DPH Standard Work Template: 5150 Information Sharing with ED** to provide historical/collateral information to ED/Hospital
  - b. Care Coordination with ED/Hospital
    - i. Outpatient Programs
      1. Contact with member: Providers should make every effort to engage the member while at the hospital with a best practice of an in-person visit prior to discharge
    - ii. ICM/FSP/Stabilization Programs
      1. Contact with member: Providers should make every effort to engage the member while at the hospital with a best practice of an in person visit prior to discharge
      2. 24-hour Contact Number: all programs should have a 24-hour contact number where someone is always available to answer to engage a member prior to discharge from the hospital
  - c. Standard Contact Numbers and Designated Drop-in Times
    - i. Outpatient Programs
      1. Front Desk/OD Phone Number: all programs should have a contact number where someone is available to answer during business hours
      2. Designated Drop-In Times: all programs should have standard drop-in times available for existing members every week. Drop-in times will be provided if a member is discharged overnight/on weekends, but it is still the program's responsibility to actively follow up and engage with the member via telehealth and in person outreach.

ii. ICM/FSP/Stabilization/ACT/FACT Programs

1. 24-hour Contact Number: all programs should have a 24-hour contact number where someone is always available to answer
2. Designated Drop-In Times: all programs should accept drop ins from existing members during business hours. If a member is discharged overnight/on weekends, it is still the program's responsibility to follow up and engage with the member.

iii. Follow Up Contact/Appointment

1. The member will be provided with a follow up contact/appointment or the date/time of outreach that is within **3 calendar days of discharge date**
2. The treatment team will ensure appropriate follow up for medication management
3. The member will be provided with program drop-in times to use as needed
4. Treatment team will actively outreach and engage member to support follow up within 3 calendar days
5. Providers will document follow up appointments and outreach/engagement efforts

**3. Children, Youth, and Families System of Care (CYF)**

Guidelines for care coordination and follow up are in the BHS Policy “Involuntary Psychiatric Hospitalization & Coordination of Care for Minors”.

**Definitions:**

- *California Code, Welfare and Institutions Code - WIC § 5150*: When a person, as a result of a mental health disorder, is a danger to others, or to themselves, or gravely disabled, a peace officer, professional person in charge of a facility designated by the county for evaluation and treatment, member of the attending staff, as defined by regulation, of a facility designated by the county for evaluation and treatment, designated members of a mobile crisis team, or professional person designated by the county may, upon probable cause, take, or cause to be taken, the person into custody for a period of up to 72 hours for assessment, evaluation, and crisis intervention, or placement for evaluation and treatment in a facility designated by the county for evaluation and treatment and approved by the State Department of Health Care Services. The 72-hour period begins at the time when the person is first detained.

**Authority:**

**Contact Person:** BHS Director of Office of Coordinated Care, ZSFG Chief Integrative Officer, BHS Adult/Older Adult System of Care Practice Improvement and Staff Development Coordinator.

**Attachment(s):**

- DPH Standard Work Template: 5150 Information Sharing with ED

**Distribution:**

BHS Policies and Procedures are distributed by BHS Quality Management and Regulatory Affairs.

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BHS Programs

SOC Program Managers

BOCC Program Managers

CDTA Program Managers