

SAN MATEO COUNTY  
BEHAVIORAL HEALTH AND RECOVERY SERVICES

DATE: August 2, 1990

BHRS POLICY NO.: 90-01

SUBJECT: Services to 180-Day Post-Certification Clients

AUTHORITY: Welfare and Institutions Code  
Sections 5300, 5305, 5308

SUPERSEDES: October 19, 1987; technical changes January, 2010

Post-certification clients are persons who present a demonstrated danger and must have supervision and mental health treatment that reflects their potential to harm other people. The law provides for involuntary inpatient treatment for these persons in designated health facilities or the State Hospital system.

**Inpatient Treatment**

Inpatient treatment for Section 5300 county clients will be provided at San Mateo County Medical Center and Napa State Hospital. Inpatient treatment may be provided for selected patients at Cordilleras Center as outlined in the policy number BHRS 90-2 (attached).

**Outpatient Treatment on 180-Day Post-Certification Status**

In 1982, the Legislature amended the Code to also allow for outpatient treatment of 180-day post-certification clients before the 180 days are completed (Section 5305). A client may be placed on outpatient status under this code section if the Director of the facility determines that the person will not be a danger to the health and safety of others on outpatient status and will benefit from outpatient status.

The Medical Chief of the region that has responsibility for the patient shall serve as the designee of the County BHRS Director for people in this status. The designee shall fulfill the duties of the outpatient treatment supervisor described in Section 5305.

Upon request from an inpatient facility,

- The designee will evaluate the benefits of outpatient status for a specific client.
- The designee will advise the BHRS Director of an appropriate program of supervision and treatment; the Director will notify the Court.

After notice to all parties, including the involuntarily detained person and counsel, the plan for outpatient treatment becomes effective within five judicial days unless a court hearing is requested by a party. This hearing must be held within five more judicial days.

The designee is responsible for developing and supervising the plan and will submit to the BHRS Director, counsel for the client and other appropriate persons a report on the status and progress of the client. When outpatient status exists for 90 days or longer, the BHRS Director will submit this interim report to the Court. In addition, a final report shall be submitted at the conclusion of the 180-day commitment.

Every person treated in the community will have a treating clinician who will carry the day-to-day clinical responsibility for that client. The treating clinician will be responsible for:

- implementing the treatment plan
- preparing clinical reports in a timely fashion as required
- monitoring the client's status

The treating clinician will immediately contact the designee:

- whenever the client is believed to be dangerous
- the client requires inpatient care
- the client refuses outpatient care

If a legal revocation of outpatient status is required, the treating clinician will immediately send a written report to the designee which contains the information on which the outpatient revocation is to be based. The designee, through the BHRS Director, shall request the Superior Court to calendar a hearing within 15 judicial days.

If immediate hospitalization is required, the treating clinician will contact appropriate police officers to initiate hospitalization pursuant to Section 5308 of the Welfare and Institutions Code The law also permits involuntary rehospitalization pursuant to Sections 5150, 5250 and 5350.

### **Consultation**

The Clinical Services Manager for Correctional Mental Health will provide consultation as requested by the Regional Medical Chief on court matters or treatment planning.

### **Follow-up for Clients when the 180-Day Post-Certifications has Terminated**

If the client is not placed on outpatient status prior to the end of the 180-day post-certification, the inpatient therapist shall arrange a discharge plan with the appropriate Regional Unit Chief prior to discharge from inpatient care. The assigned inpatient therapist and the receiving outpatient therapist are responsible for development and implementation of this plan. If the outpatient service to whom the client is referred fails to connect with the client after discharge from the inpatient service, the assigned outpatient therapist will consult with the Medical Chief. The result of this consultation will be documented in the chart and a notice of this action will be provided to the BHRS Director and Medical Director.

Similarly, if a client who was receiving outpatient therapy on 180-day certification status refuses further treatment when the 180-day post-certification concludes, the assigned outpatient therapist will follow the above described consultation and documentation procedures.

Approved: \_\_\_\_\_  
Louise Rogers, Director  
Behavioral Health and Recovery Services