

CBHS Policies and Procedures



City and County of San Francisco
Department of Public Health
Community Programs
COMMUNITY BEHAVIORAL HEALTH SERVICES

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POLICY/PROCEDURE REGARDING: **Behavioral Health Progress Notes**

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

A handwritten signature in black ink, appearing to read "Jo Robinson".

Date: October 29, 2012

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References:

New Policy

Purpose:

San Francisco Community Behavioral Health Services (SFCBHS) requires that Progress Notes accurately record all direct, collateral, and case management/brokerage contacts with and on behalf of the client and must be completed in a timely manner. Progress Notes are a description of what was attempted or accomplished at the time the service was delivered. Progress Notes may be used to convey information from collateral resources, consultation and coordination with other agencies and/or clinical supervisors.

Scope:

This policy applies to all SFCBHS providers, both civil service programs and contractors who provide mental health and substance abuse services.

Policy:

I. Progress Notes Timelines

All progress notes must be completed in a timely manner. Progress notes should be completed on the same day a service was provided but will be considered "on time" if completed written within the following guidelines.

- Individual Notes must be finalized within 5 business days from the date of service. (Example: If a service was provided on Tuesday, the note could be finalized no later than Monday of the following week).
- Group Notes must be finalized within 5 business days from the date of service. For group notes billing, staff must make sure that there is a group note and an individual note for each client in the group.
- Progress Notes require co-signature must be finalized within 5 business days from the date of service. If the supervisor is not available, interns/staff must coordinate with the

program director or other designated supervisors for reviewing notes and other clinical documents for co-signature.

- **Late Entry of Progress Notes**
Any progress note that has not been entered after 5 business days from the date of service, it is considered a “LATE ENTRY.” Staff must label the progress note entry as “LATE ENTRY” at the beginning of the note.

II. Progress Notes in “DRAFT”

- **Staff**
Each individual staff is responsible for ensuring that all his/her own “DRAFT” progress notes are finalized within 5 business days from the date of service. To monitor this task, the individual can use Avatar report titled “Progress Notes in Draft Clinician.”
- **Program Director/Designee**
The program director/designee is responsible for monitoring and ensuring that all staff progress notes are finalized within the allotted timeframe.
The report titled “Progress Notes in Draft Clinician” is available for the program director/designee to monitor this task. Similarly, “Draft Progress Notes by Supervisor” is also available for supervisors to monitor progress notes, requiring co-signature.

Prior to the staff leaving the agency, the program director/designee is responsible for making sure that all “Draft” progress notes and documents (i.e. assessment, treatment plan of care, etc.) are finalized.

- **Sanctions from the Board of Behavioral Sciences**
As stated by the Board of Behavioral Sciences, “the failure to keep behavioral health records consistent with sound clinical judgment, the standards of the profession, and the nature of the services being rendered,” the board may deny a license or may suspend or revoke the license of a licensee if he or she has been guilty of unprofessional conduct.

III. Content Elements

1. Progress Notes must be brief, succinct, and to the point. Progress Notes must avoid long narratives and lengthy descriptors.
2. A progress note should indicate the provision of a reimbursable or non-reimbursable service and requires a billing code to reflect the type of service provided.
3. Cultural and linguistic accommodations offered or made on behalf of the client or family/caregiver *must be documented in every note.*
4. Document client’s exact quotes, not paraphrasing regarding significant and sensitive issues.

5. Changes in client's risk status must be noted.
6. A description of the interventions used and progress made toward treatment goals by the client and family (when applicable) must be reflected in the notes.
7. All referrals to community resources and other agencies, when appropriate.
8. Include dates of follow-up appointment(s).
9. Staff member's signature must include the county approved staff designation by professional classification (MHRS, etc.) or license (MD, LCSW, MFT etc.), if applicable.
10. A Co-Signature by a Licensed Professional of the Healing Arts (LPHA) when required for unlicensed staff.
11. Do not use the name of other clients in the progress note.
12. Only CBHS county approved abbreviations should be used in progress notes.
See Attachment 1 - CBHS Standardized Abbreviations.
13. Staff should utilize spell check feature in Avatar to ensure correct spelling of words.

IV. Procedure

Progress Notes must include:

Billing and Reporting Elements:

1. The date service(s) was provided.
2. Start time is a required element for Therapeutic Behavioral Services (TBS) only.
3. The service type provided (i.e., Individual Therapy, Group Therapy, Collateral Service, Medication, Case Management, etc.).
4. The treatment code provided (i.e., Collateral, Group Therapy, Rehab, etc.) or non-billable service codes.
5. The place of service (i.e., Home, Office, Phone, School, etc.).
6. The total face-to-face time and documentation time and/or travel time in minutes. Be precise with calculating the minutes for service and documentation time.

Types of Progress Notes

See SFCBHS Documentation Manual for the description of all types of progress notes (i.e., Assessment, Collateral, Case Management/Brokerage, Crisis Intervention, etc.)

Attachment 1: CBHS Standardized Abbreviations

Contact Person: DPH Compliance Officer, (415)255-3706

Distribution:

CBHS Policies and Procedures are distributed by the Office of Quality Management for Community Programs

Administrative Manual Holders

CBHS Programs

SOC Managers

BOCC Program Managers

CDTA Program Managers

Attachment 1

Community Behavioral Health Services
Standardized Abbreviations

Abbreviation	Definition
24/7	24 Hours A Day/Seven Days A Week
A	
ā	Before
@	At
A/H	Auditory Hallucinations
A/O	Alert & Oriented
AA	Alcoholics Anonymous
ABD	Abdomen
ACT	Assertive Community Treatment Team
AD	Alzheimer's disease
ADA	Americans with Disabilities Act
ADD	Attention Deficit Disorder
ADHD	Attention Deficit Hyperactivity Disorder
ADL	Activities of Daily Living
ADM	Admission
ADP	California State Office of Alcohol and Drug Programs
ADU	Acute Diversion Unit
ADMIN	Administrative
ADOL	Adolescent
ADV DIR	Advance Directive
AIDS	Acquired Immune Deficiency Syndrome
AKA	Also Known As
ALOC	Altered Level Of Consciousness
AM	Morning
AMA	Against Medical Advice or American Medical Association
AMPHET	Amphetamines
AMS	Acute Mental Status (on emergency room records)
AMT.	Amount
ANSA	Adult Needs and Strength Assessment
A/OA	Adult/Older Adult Services
AOD	Alcohol and Other Drugs
A/P	Assessment / Plan
APA	American Psychiatric Association
APP	Aid Paid Pending
APPROP	Appropriate(ly)
APPT	Appointment
APROX	Approximate(ly)
APS	Adult Protective Service

ASA	Aspirin
ASAM	American Society of Addiction Medicine
ASAP	As Soon As Possible
ASI	Addiction Severity Index
ASSESS	Assessment
ASW	Associate of Social Work (registered with Board)
ATOD	Alcohol, Tobacco, and Other Drugs
ATTN	Attention:
AVG	Average
Ax	Auxiliary
AWOL	Absence With Out Leave
B	
BA	Bachelor of Arts
BAC	Blood Alcohol Content
B&B	Bowel & Bladder
B&C	Board & Care
BDI	Beck Depression Inventory
BDZ	Benzodiazepine
BEH	Behavior
BF	Boyfriend
BHAC	Behavioral Health Access Center
BHBIS	Behavioral Health Billing Information Systems
BHVP	Bayview Hunters Point Mental Health
BIB	Brought in By
BIBA	Brought In By Ambulance
bid	Twice a day
Bipolar	Bipolar Affective Disorder
BM	Bowel Movement
BOCC	Business Office Contract Compliance
BP	Blood Pressure
BPD	Borderline Personality Disorder
bro	Brother
b/t	Between
Bup	Buprenorphine
Bup/nx	Buprenorphine/Naloxone (Subonoxe)
BX	Behavior
C	
c̄	with
C/O	Complains of
CA	Cancer
CAADAC	California Association of Alcoholism and Drug Abuse Counselors
CAAP	County Adult Assistance Program
CAADE	California Association of Alcohol and Drug Educators
CAD	Coronary Artery Disease

CADC I / II	Certified Alcohol and Drug Counselor
CADE	Certified Alcohol and Drug Educator
CAFAS	Child and Adolescent Functional Assessment Scale
CAGE	Alcoholism Screening Tool
CalOMS	California Outcome Measurement System
CANS	Children and Adolescent Needs and Strengths Assessment
CAP	Capsule
CAUC	Caucasian
CBC	Complete Blood Count
CBHS	Community Behavioral Health Services
CBO	Community Based Organization
CBT	Cognitive Behavioral Therapy
CBZ	Carbamazepine
CCBADC	California Certification Board of Alcohol and Drug Counselors
CCDC	Chinatown Child Development Center
CCISC	Comprehensive, Continuous, Integrated System of Care
CCS	Comprehensive Crisis Services (umbrella organization for Child Crisis, Crisis Response, and Mobile Crisis)
CCSF	City and County of San Francisco
CD	Chemical Dependency
CDC	Center for Disease Control
CDTA	Contract Development and Technical Assistance
CDTA PM	Contract Development and Technical Assistance Program Manager
CERT	Certification
CHEMO	Chemotherapy
CHF	Congestive Heart Failure
CHP	Community Health Programs
CHN	Community Health Network
CIGS	Cigarettes
CIR	Critical Incident Review
CIWA	Clinical Institute Withdrawal Assessment
CLT	Client
CM	Case management
CMS	Center for Medicare & Medicaid Services
CNS	Central Nervous System
CP	Community Programs
CTF	Community Treatment Facility
CTNB	Chinatown North Beach
COD	Co-Occurring Disorders
COLL	Collateral

COMPASS	Co-Morbidity Program Audit Self-Survey
CONC	Concentrate
CONS	Conserved / Conservatorship
CON REP PROG	Conditional Release Program
cont.	Continuously
COORD	Coordinate
COPD	Chronic Obstructive Pulmonary Disease
COPE	Centralized Opiate Placement Evaluation
CORRESP	Correspondence
CPR	Cardiopulmonary Resuscitation
CPS	Children Protective Services
CPT	Current Procedural Terminology Code (billing)
CQI	Continuous Quality Improvement
CRDC	Cost Report Data Collection
Crisis Res.	Crisis Residential
CRS	Crisis Response Service
CRT	Crisis Resolution Team
CRAFFT	Substance Abuse Screening Tool For Child And Youth
CSA	Client Service Authorization
CSAT	Center for Substance Abuse Treatment
CSI	Computerized Screening Incorporated
CSOC	Children's System of Care
CSU	Crisis Stabilization Unit
CT or CAT	Computerized Tomography
CVA	Cerebrovascular Accident
CWW	Child Welfare Worker
Cx	Crisis
CXR	Chest X-Ray
CYF	Child, Youth, and Family
D	
DA	Dopamine
DAU / DTR	Daughter
DAY TX	Day Treatment
DBT	Dialectic Behavior Therapy
D/C	Discharge
DC	Discontinue
DHCS	Department of Health Care Services
DD	Developmentally Disabled
dec	Decanoate
DEL	Delusions
DETOX	Detoxification
DIFF	Differential
DIR	Director
DISPO	Disposition
DIV	Divorce

DM	Diabetes Mellitus
DME	Durable Medical Equipment
DMC	Drug MediCal
DMH	Department Of Mental Health
DMV	Department of Motor Vehicles
DNR	Do Not Resuscitate
DO	Doctor of Osteopathic Medicine/Physician
d.o.a	Date of Admission
DOB	Date of Birth
d.o.e.	Date of Entry
d.o.s	Date of Service
DPH	Department of Public Health
Dr	Doctor
DSM	Diagnostic & Statistical Manual
DT's	Delirium Tremens
DUI	Driving Under the Influence
DUR	Drug Utilization Review
DV	Domestic Violence
Dx	Diagnosis
Dz	Disease
E	
EAP	Employee Assistance Program
ECG	Echocardiogram
ECT	Electro Convulsive Therapy
ED	Emergency Department
EDUC	Educate / Education
EEG	Electroencephalogram
EENT	Eyes, ears, nose, and throat
e.g.	(L. exempli gratia) for example
HER	Electronic Health Record
EKG & ECG	Electro cardiogram
Elix.	Elixir
EMDR	Eye Movement Desensitization Reintegration
EMT	Emergency Medical Technician
EPS	Extrapyramidal Side Effects
EPSDT	Early Periodic Screenings & Diagnostic Testing
EQRO	External Quality Review Organization
ER	Emergency Room
ESP	Especially
ETA	Estimated Time of Arrival
EtOH	Alcohol
Ext.	Extract
EVAL	Evaluation
E.W.	Eligibility Worker
F	
F/U	Follow Up

fa	Father
FAS	Fetal Alcohol Syndrome
FBS	Fasting Blood Sugar
FCMHP	Foster Care Mental Health Program
Fe	Iron
FG	Fasting Glucose
FL	Fluid
FMP	Family Mosaic Project
FNP	Family Nurse Practitioner
FOI	Flight of Ideas
FQHC	Federally Qualified Health Center
FREQ	Frequent
FSA	Family Service Agency
Fx	Fracture
FY	Fiscal Year
G	
GA	General Assistance
GABA	Gamma Aminobutyric Acid
GAD	General Anxiety Disorder
GAF	Global Assessment of Functioning
GD	Gravely Disabled
GERD	Gastro Esophageal Reflux Disease
Gfa / GF	Grandfather
G/F	Girlfriend
GHB	Gamma Hydroxybutyrate
GI	Gastrointestinal
GLBTQQ	Gay, Lesbian, Bisexual, Transgendered, Queer, Questioning
glu	Glucose
gm	Gram
Gmo / GM	Grandmother
GP	General Practitioner
Gr	Grains
Group Tx	Group Therapy
GRP(s)	Group(s)
GW	Glucose and Water
GSW	Gunshot Wound
gtt.	Drop
GU	Genitourinary
GYN	Gynecology
H	
H	Heroin
HA	Headache
H2O	Water
H&P	History and Physical
Hal / Halluc	Hallucinations

5 HT	Serotonin
5HT2	Serotonin 2 Receptor
h.s.	Hour.of sleep/bedtime
H/I	Homicidal Ideation
HBP	High Blood Pressure
HBV	Hepatitis B
Hct	Hematocrit
HCV	Hepatitis C
HF / HC / HW	Healthy Families/ Healthy Children/ Healthy Workers
HEENT	Head, ears, eyes, nose & throat
Hep	Hepatitis
Hgb	Hemoglobin
HIE	Health Information Exchange
HIM	Health Information Management
HIPAA	Health Insurance Portability & Accountability Act
HIV	Human Immunodeficiency Virus
HMO	Health Maintenance Organization
HOH	Hard of Hearing
Hosp	Hospital / Hospitalized
HPI	History of Present Illness
HPV	Human Papilloma Virus
hr.	Hour
HR	Human Resources
H.R.	Heart Rate
HRSA	Health Resources and Services Administration
HAS	Human Services Agency
ht.	Height
HTN	Hypertension
HUH	Housing Urban Health
HUSB	Husband
HV	Home Visit
Hx / H/O	History / History of
I	
I & O	Intake and Output
IAPC	Interagency Placement Committee
ICD	International Classification Disorder
ICU	Intensive Care Unit
IDDM	Insulin Dependent Diabetes Mellitus
IDDT	Integrated Dual disorder Treatment
IEP	Individual Education Plan
IISC	Interagency Intensive Services Committee
ILSA	Integrated Longitudinal Strength-Base Assessment
IM	intramuscular
IMD	Institute of Mental Disease

Incont.	Incontinent
IN-PT	Inpatient
IPT	Intensive Placement Team
ISC	Integrated Service Center
IT	Information Technology
ITWS	Information Technology and Web Services
IV	Intravenous
IVDU	Intravenous Drug Use
J	
JCAHO	Joint Commission on Accreditation of Health Care Organizations
JC	Junior College
JJC	Juvenile Justice Center
JPS	Jail Psychiatric Services / Juvenile Probation Services
JUV	Juvenile
K	
K+	Potassium
Kcal	Kilo Calorie
Kg.	Kilogram
L	
LAB	Laboratory
LANG	Language
LT	Left
LB or lb.	Pound
LCR	Lifetime Clinical Record
LCSW	Licensed Clinical Social Worker
LD	Learning Disability
LDL	Low Density Lipoprotein
L-Fac	Locked Facility
LFU	Legal Entity File Update
LG	Large
LiCo ₃ /Li	Lithium Carbonate
LLE	Left Lower Extremity
LLQ	Left Lower Quadrant
LMFT	Licensed Marriage and Family Therapist
LMP	Last Menstrual Period
LOA	Leave of Absence
LOC	Loss of Consciousness
LOCUS	Level of Care Utilization System
LOS	Length of Stay
LP	Lumbar Puncture
LPN	Licensed Practical Nurse
LPT	Licensed Psychiatric Technician
LPPI	Langley Porter Psychiatric Institute
LPS	Lanterman-Petris-Short

LSD	Lysergic Acid Diethylamide
L-SNF	Locked Skilled Nursing Facility
LTC	Long Term Care
LUE	Left Upper Extremity
LUQ	Left Upper Quadrant
LVN	Licensed Vocational Nurse
M	
MAOI	Monoamine Oxidase Inhibitors
M	Male
MA	Masters of Arts or Medical Assistant
MAA	MediCal Administrative Activities
Marital Status	D Divorced M Married S Single W Widowed
MAST	Michigan Alcohol Screening Test
MAT	Medication Assisted Treatment
MAX	Maximum
MCAH	Maternal Child Adolescent Health
MCTT	Mobile Crisis Treatment Team
Mcg	Microgram
MCI	McAuley Adolescent Institute or Mild Cognitive Impairment
MD	Medical Doctor/Physician
MDD	Major Depressive Disorder
MDMA	Methylenedioxymethamphetamine (Ecstasy)
MDO	Mentally Disordered Offender
MEDI-MEDI	MediCal and Medicare
mEq	Milliequivalents
MED HX	Medical History
Meds	Medications
MFT	Marriage & Family Therapist
MFTI	Marriage & Family Therapist Intern
mg	Milligram
M GR	Maternal Grandmother
MH	Mental Health
MHA	Mental Health Assistant
MHP	Mental Health Plan
MHRC	Mental Health Rehabilitation Center
MHRS	Mental Health Rehab Specialist
MHSA	Mental Health Services Act or Prop 63
MHSIP	Mental Health Statistics Improvement Program
MHTC	Mental Health Treatment Center
MHW	Mental Health Worker
MI	Myocardial Infarction or Motivational Interviewing

	or Motivational Incentives
MIDAS	Mental Illness Drug and Alcohol Screening
MIN	Minutes
Mission ACT	Mission Assertive Community Treatment
Mission PPN	Mission Private Provider Network Clinic
MJ	Marijuana
ml	Milliliter
MMPI	Minnesota Multiphasic Personality Inventory
MMSE	Mini-Mental State Exam
MMT	Methadone Maintenance Treatment
mo	Mother
MOCD	Mayor's Office of Community Development
MOM	Milk of Magnesia
MOW	Meals On Wheels
MRI	Magnetic Resonance Imaging
MRS	Monitoring Report Summary
MSE	Mental Status Exam
M.S.	Master of Science Degree
MSG	Message
MST	Multisystemic Therapy
MSW	Masters of Social Work (not registered with Board) or Medically Supervised Withdrawal (detox) or Medical Social Worker
MTG	Meeting
MVA	Motor Vehicle Accident
N	
N/A	Not Applicable
NA	Narcotics Anonymous
Na	Sodium
NAC	Neighborhood Alternative Center
NAMI	National Alliance for the Mentally Ill
NARC	Narcotic
NAS	No Added Salt or Neonatal Abstinence Syndrome
NASW	National Association of Social Workers
N/C	No Complaints
NCADA	National Council on Alcoholism and Drug Addiction
NCCA	National Commission for Certifying Agencies
NEG	Negative
NEURO	Neurological
NGP or TPNGP	Northgate Point (Turning Point Northgate Point)
NGRI	Not Guilty by Reason of Insanity
NIAAA	National Institute of Alcoholism and Alcohol Abuse
NIDA	National Institute of Drug Abuse

NIDDM	Non Insulin Dependent Diabetes Mellitus
NIH	National Institute of Health
NIMH	National Institute of Mental Health
NKA	No Known Allergies
NKDA	No Known Drug Allergies
NMS	Neuroleptic Malignant Syndrome
NOA	Notice Of Action
NOC	Night
NOS	Not Otherwise Specified
NPI	National Provider Identifier
NPO	Nothing by Mouth
NPPES	National Plan and Provider Enumeration System
NREPP	National Registry of Evidence-based Programs and Practices
NS	No Show
NSG	Nursing
NSH	Napa State Hospital
NTP	Narcotic Treatment Program
NTE	Not to Exceed
NV	Nausea & Vomiting
O	
O ₂	Oxygen
O	Oral
OB	Obstetrics
OBIC	Outpatient Buophrenorphine Induction Clinic
OBOT	Office-Based Opiate Treatment Services
OBS	Organic Brain Syndrome
OCC	Occasionally
OCD	Obsessive Compulsive Disorder
OD	Overdose
O.D.	Ocular Dexter (Right Eye)
ODD	Oppositional Defiant disorder
OINT	Ointment
OMI	Oceanview, Merced Heights and Ingleside
OOB	Out of Bed
OP	Outpatient
OPG	Office of Problem Gambling
O/R	Own Recognizance
OTC	Over the Counter
Ox4	Oriented times 4
Outpt	Outpatient
Oz	Ounce
P	
p	After

p.c.	After Meals
p.r.n.	As Needed
P/C	Phone Call
P=	Pulse is
PADs	Preventive Aggression Devices
PAP	Papanicolaou Test
PC	Primary Care
P.C.	Penal Code
PCN	Penicillin
PCP	Phencyclidine
PCP/PMD	Primary Care Provider
PD	Plan Development
PDD	Pervasive Developmental Disorder
PDR	Physician's Desk Reference
PE	Psychiatric Exam
PERRL	Pupils Equal, Round, Reactive to Light
Per	By / Through
PES	Psychiatric Emergency Services
PFU	Provider File Update
PG	Public Guardian
PhD	Doctor of Philosophy
Ø barb	Phenobarbital
PHF	Psychiatric Health Facility
PHI	Protected Health Information
PHN	Public Health Nurse
PIN	Provider Identification Number
PM	Program Manager
pm	Afternoon
PMA	Psychomotor Agitation
PMR	Psychomotor Retardation
PN	Psychiatric Nurse
PO	Probation Officer
po	By Mouth
POS	Point of Service
POST OP	After Operation
PPD	Purified Protein Derivative for Tuberculosis Test
PREG	Pregnant
PRE OP	Before Operation
PREP	Preparation
PROB	Problem
PROG	Progress
PSW	Psychiatric Social Worker or Protective Services Worker
PsyD	Doctor of Psychology
pt	Patient
P/T	Part Time

PTSD	Post Traumatic Stress Disorder
P/U	Pick Up
PURQC	Program Utilization Review Quality Committee
PVC's	Premature Ventricular Contractions
Px	Physical
Q	
q	Every
q2h	Every 2 hours
QA	Quality Assurance
qam	Every Morning
qh	Every Hour
QIC	Quality Improvement Coordinator/Committee
qid	Four Times a day
qs	Quantity Sufficient
qt	Quart
R	
R	Respiration
R&R	Re-Assessment & Re-Authorization Plan
R/O	Rule-Out
R=	Respirations Are
RAMS	Richmond Area Multi-Service Inc.
RBC	Red Blood Count
RD	Right Deltoid
REC'D	Received
RE	Regarding
REC	Recommend
REG	Regular
REHAB	Rehabilitation
REL	Relationship
REL Of INFO or ROI	Release of Information
REM	Rapid Eye Movement
RESP	Respiratory
REV	Review
RFP	Request for Proposals
RFQ	Request for Qualifications
R/L	Right/Left
RLE	Right Lower Extremity
RLQ	Right Lower Quadrant
RN	Registered Nurse
RES TX CNTR	Residential Treatment Center
ROM	Range of Motion
ROS	Review of Systems
R or rt	Right
RTC	Return to Clinic

RU#	Reporting Unit Number
RUE	Right Upper Extremity
RUQ	Right Upper Quadrant
Rx	Prescription
Rxn	Reaction
S	
S	Without
SA	Substance Abuse
SACPA	Substance Abused Crime Prevention Act (Prop 36)
SAMHSA	Substance Abuse and Mental Health Services Administration
SCHIZ	Schizophrenia
SCUT	Schizophrenia, Chronic Undifferentiated Type
SDI	State Disability Insurance
SDMC	Short-Doyle MediCal
SE	Side Effects
SECFTC	South East Child & Family Therapy Center
SED	Severely Emotionally Disturb
SLP	Supported Living Program
S&R	Seclusion & Restraint
S/S	Signs and Symptoms
S/A	Suicide Attempt
SBO	School Based Outpatient
SFGH	San Francisco General Hospital
SFMHP	San Francisco Mental Health Plan
SFUSD	San Francisco Unified School District
SGOT	Serum Glutamic-Oxaloacetic Transaminase
SGPT	Serum Glutamic-Pyruvic Transaminase
S/I	Suicide Ideation
SIB	Self Injurious Behavior(s)
sib	Sibling
sis	Sister
SMAST	Short Michigan Alcohol Screening Test
SNF	Skilled Nursing Facility
SOB	Shortness of Breath
SOC	System of Care
SOC Hx	Social History
SOC PM	System of Care Program Manager
SOC-QIC	System of Care Quality Improvement Committee
S/O	Significant Other
S/P	Status Post
SPMD	Serious and Persistent Mental Disorder
SPY	Special Programs for Youth
SRS	Session Rating Scale
SSA	Social Security Administration

SSI	Supplemental Security Income
SSDI	Social Security Disability Insurance
SSRI	Selective Serotonin Reuptake Inhibitor
Staph	Staphylococcus
STAT	Immediately
STD	Sexually Transmitted Disease
Strep	Streptococcus
SUBJ	Subject
SUBQ	Subcutaneously
SUD	Substance Use Disorder
SVP	Sexually Violent Predator
SW	Social Worker
Sx	Symptoms
Sz	Seizures
T	
TAY	Transitional Age Youth
TA	Technical Assistance
TC	Therapeutic Community
T/C	Telephone Call
T/O	Telephone Order
T= or Temp	Temperature is
Tab	Tablet
TAP	Treatment Access Program
TV	Television
TB	Tuberculosis
TBI	Traumatic Brain Injury
TBS	Therapeutic Behavioral Services
Tbsp.	Tablespoon
TCA	Tri-Cyclic Antidepressants
TCM	Targeted Case Management
TCN	Tetracycline
TCON	Temporary Conservatorship
TCPC	Treatment Center Program Coordinator
TD	Tardive Dyskinesia
TEDS	Treatment Episode Data Set
TIA	Transient Ischemic Attack
tid	Three Times A Day
tinct.	Tincture
TIP	Treatment Improvement Protocol
TANF	Temporary Assistance to Needy Families
THC	Tetrahydrocannabinol (active ingredient to MJ)
TPR	Temperature, Pulse, Respirations
TAR	Treatment Authorization Request
TRO	Temporary Restraining Order
TSH	Thyroid-Stimulating Hormone
tsp.	Teaspoon

Tox	Toxicology
Tx	Treatment
TRH	Thyroid releasing hormone
TVS	Therapeutic Visitation Services
TYS	Transitional Youth Services
U	
U/A	Urinalysis
UCI	Unique Client Identifier
UCSF	University of California San Francisco
U.A.	Unauthorized Absence
UCSFMC	University of California San Francisco Medical Center
UOS	Unit of Service
UDS	Urine Drug Screen
ULQ	Upper Left Quadrant
UGI	Upper Gastrointestinal Series
UM	Utilization Management
UMDAP	Uniform Method for Determining Ability to Pay
UNG	Ointment
UNK	Unknown
UR	Utilization Review
URI	Upper Respiratory Infection
URQ	Upper Right Quadrant
UTI	Urinary Tract Infection
Utox	Urine Toxicology Screen
V	
VA	Veterans Administration
VD	Venereal Decease

VDRL	Test for syphilis
V/H	Visual Hallucinations
VM	Voice Mail/ Voice Message
V/O	Verbal Order
V/S	Visions South
VOC REHAB	Vocational Rehabilitation
Vol	Voluntary
VPA	Valproic Acid/Valproate
VS	Vital Signs
VSS	Vital Signs Stable
W	
W	White
W&I	California Welfare and Institutions Code
WIC	Women's, Infants & Children
W/C	Wheelchair
w/o	Without
w/	With
W/D	Withdrawal

WD/WN	Well-Developed, Well-Nourished
WBC	White Blood Cell Count
WK	Week
WNL	Within Normal Limits
Wt.	Weight
X	
X	Multiplied by/times
Y	
YGC	Youth Guidance Center
Y/O	Years Old
YR	Year
Z	
Zn	Zinc
Symbols	
Ψ	Psychiatric/ Psychiatrist/Psychology
≤	Less Than or Equal To
≥	Greater Than or Equal To
↑	Increase
↓	Decrease
♀	Female
♂	Male
1°	Primary
2°	Due to; Secondary to
#	Number
%	Percent
+	Plus, positive, yes
-	Minus, negative, no
1:1	One to one
”	Inches
‘	Feet
?	Unknown
&	And
@	At
=	Equal
5150	WIC 72 hour hold for mental health evaluation
5250	WIC 14 day hold

