

# ACCEPTANCE OF AWARD

## San Mateo County Health Services Agency

**FUNDING PERIOD – July 1, 2008 through June 30, 2009**  
**SUPPLEMENTAL AWARD \$187,600**

I hereby accept this award. By accepting this award, I agree to the requirements as described in the Policies and Procedures Manual for FY 2008-2009 and any other conditions stipulated by the California Department of Public Health, Tuberculosis Control Branch.

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Title

**Program Agreement  
Regional Civil Detention of  
Persistently Non-Adherent Tuberculosis Patients at  
Cordilleras Mental Health Rehabilitation Center**

This agreement defines the responsibilities of the California Department of Public Health (CDPH), Tuberculosis Control Branch (TBCB), San Mateo County Health Services Agency, Public Health and Environmental Protection Division, Tuberculosis Control Program (San Mateo County) and local health department (LHD) TB programs, for patient admission to the regional civil detention facility identified in this agreement.

The patients referred to in this agreement are persistently non-adherent tuberculosis (TB) patients who are either under a Health Officer's Order of Detention for Completion of Treatment in accordance with Health and Safety Code § 121365(e) or a court ordered detention for completion of therapy.

**I. Regional Facility**

San Mateo County agrees to provide a regional civil detention site for noninfectious persistently non-adherent tuberculosis (TB) patients at Cordilleras Mental Health Rehabilitation Center (CMHRC, or "the facility"), a licensed mental health rehabilitation center located at 200 Edmonds Road, Redwood City, CA 94062.

**II. Facility Requirements**

- A. San Mateo County agrees to require that the facility will meet the following requirements:
1. Maintain current licensure by the State of California as a mental health rehabilitation center
  2. Provide a system or systems for elopement prevention consisting of one or more of the following:
    - 24-hour security
    - Closed circuit television
    - Electronic monitoring
    - Locks or alarms on all accessible exit doors
    - Key pad electronic entry and exit
  3. Indoor recreation activities
  4. Outdoor recreation area
  5. Reasonable accommodation of persons with disabilities

### III. Patient Admission, Refusal and Discharge

- A. The CDPH TBCB civil detention coordinator must give prior approval for a proposed admission. If the patient has multi-drug resistant TB, additional approval must also be granted by the CDPH TBCB MDR-TB Consultation Service's physician.
- B. The patient must be under a health officer's order of detention pursuant to Health and Safety Code §121365 (e) or court order for civil detention.
- C. CMHRC will review each case prior to admission to ensure the patient meets CMHRC admission criteria.
- D. In accordance with CMHRC's admission policies (Attachment 2), the patient must:
  1. Be clinically non-infectious in accordance with the criteria found in Placement of TB Patients Living in a High Risk Setting, [California Tuberculosis Controllers Association (CTCA)-CDHS Joint Guideline, April 1997]. The criteria are:
    - o Three consecutive negative acid-fast bacteria (AFB) sputum smear results from sputum collected on different days, **AND**
    - o Completion at least two weeks of a standard TB drug regimen that is consistent with CTCA-CDPH Treatment Guidelines, **AND**
    - o Exhibiting favorable response to treatment, **AND**
    - o Continuation of close medical supervision, including the administration of medication by directly observed therapy (DOT)
  2. Have an Axis I diagnosis, using the Diagnostic and Statistical Manual for Mental Disorders, Fourth Edition (DSM IV) criteria, and require care and rehabilitation in a 24-hour setting (CMHRC policies 9.1.2 and 9.1.5., 'Admissions Criteria' and 'Referral Process.')
  3. Be between the ages of 18 and 65 years old
  4. Not be any of the following:
    - a. a sexual predator,
    - b. in an acute phase of a psychiatric disorder and/or suicidal,
    - c. violent, destructive, assaultive, or demonstrating otherwise unmanageable behavior,
    - d. pending conviction of a crime or has an outstanding arrest warrant; or
    - e. otherwise judged by CMHRC staff to be too disruptive for the facility milieu.

#### E. Discharge of a Patient Disruptive to the Facility Milieu

1. CMHRC reserves the right to discharge a patient back to the sending LHD prior to the expiration of the order for detention if the patient:
  - a. becomes violent, destructive, assaultive, or demonstrates otherwise unmanageable behavior, or
  - b. violates facility rules to such an extent that the safety of CMHRC staff and/or other patients is threatened.
2. Should CMHRC make a decision to discharge, CMHRC agrees to immediately notify San Mateo County, the sending LHD, and CDPH TBCB.
3. The sending LHD will be responsible for both the arrangement and cost of transportation for the patient.
4. The sending LHD should ensure that the patient is transferred as soon as possible, but no later than 48 hours after CMHRC has decided to discharge the patient. Should CMHRC determine that an immediate removal is necessary, and the sending LHD is not able to arrange for transportation of the patient, CMHRC should arrange for transportation of the patient.
5. In the event that the patient cannot be immediately removed, the sending LHD will be responsible for any costs incurred by CMHRC to ensure the safety of the TB detention patient and/or other patients and staff at CMHRC.

#### F. Discharge upon Completion of Therapy, an Expired Health Officer Order or an Expired Court Order

1. The sending LHJ is responsible for:
  - a. notifying CMHRC in advance of the expiration of a detention order,
  - b. determining the need for a court review to extend the detention period,
  - c. ensuring the patient is discharged within 24 hours following completion of therapy or expiration of a legal order for detention, and
  - d. arranging for transportation of the patient back to the sending LHD.

For questions regarding the program agreement and admission of a civil detention patient, contact the CDPH TBCB Civil Detention Coordinator, Jan Young, R.N., M.S.N, Chief, Program Development Section at (510) 620-3029 or [jan.young3@cdph.ca.gov](mailto:jan.young3@cdph.ca.gov).

#### G. Notification by CMHRC Regarding Elopement of a Patient

CMHRC agrees to immediately notify the sending LHD, San Mateo County and CDPH TBCB if a detained patient elopes from the facility.

- H. For additional information about the admissions and referral criteria refer to Attachment 2, CMHRC 5/9/05 Admissions Criteria and CMHRC 5/23/05 Referral Process.

#### **IV. Facility Services**

- A. San Mateo County agrees to provide services at its contract facility, Cordilleras Mental Health Rehabilitation Center (CMHRC), located at 200 Edmonds Road, Redwood City, CA 94062. Services include, but are not limited to:
1. Room accommodation that includes access to toileting and bathing; staff to assist with activities of daily living (e.g., transfer, dressing) if needed; meals, housekeeping, and laundry; use of a private telephone if telephone participation in a court review is necessary; reasonable accommodation of persons with disabilities.
  2. Provision of nursing care for the administration of TB medication by directly observed therapy (DOT). CMHRC staff must observe patient's ingestion of every dose of tuberculosis medication. Missed doses or a patient's refusal to take medication shall be reported to the CMHRC Administrator and the sending LHD within one (1) working day.
  3. TB medical management provided by CMHRC in consultation with the sending LHD as follows:
    - a. Monitoring the patient's clinical progress while at CMHRC,
    - b. ordering and performing necessary diagnostic tests,
    - c. adjusting the patient's medication regimen,
    - d. treating co-morbid conditions as necessary, and
    - e. coordinating the discharge of the patient with the sending LHD to ensure continuity of care.
  4. Provision of first line anti-TB medications to include, but not limited to, Isoniazid, Rifampin or Rifapentine, Ethambutol, and Pyrazinamide
  5. Provision of language interpreters if necessary in accordance with Title VI of the Civil Rights Act of 1964
  6. Mental health, substance abuse and spiritual counseling
  7. Recreation
  8. Visiting privileges
  9. Elopement prevention

## **V. Case Management of TB Patients**

- A. The sending LHD has primary responsibility for the case management of the detained TB patient, including:
1. Monitoring the patient's progress and response to TB treatment (at minimum, on a monthly basis)
  2. Monitoring the need for judicial review; ensuring that court reviews occur in a timely manner and in accordance with statutory requirements; obtaining required paperwork.
  3. Determining the earliest time for the appropriate release of the patient from detention
  4. Preparing a discharge plan in cooperation with the CMHRC social worker and coordinating the discharge plan
  5. Arranging for transportation to and from CMHRC, including transportation to and from court reviews as needed
  6. Providing medical orders, in writing, to the CMHRC, and coordinating medical care with the attending physician
  7. Minimizing the workload of, and expense to, San Mateo County

## **VI. Court Review**

Pursuant to Health and Safety Code §121366, a person under order of detention must be allowed a court review within 60 days of the Health Officer's Order for Detention to authorize the detention. Thereafter, a court review is necessary every 90 days to continue the detention.

The sending LHD will determine whether the TB detention patient will be transported back to the sending LHD to attend the court review or if the patient will participate by telephone. The sending LHD is responsible for expenses associated with the patient's participation in the court review.

## **VII. Term and Termination**

This agreement becomes effective on July 1, 2008 and continues until the termination of the contract between San Mateo County and CMHRC. The current contract between San Mateo County and CMHRC is in effect until June 30, 2009 and is renewed annually. This agreement between CDPH TCB and San Mateo County may be cancelled or terminated at any time by either party with at least thirty (30) days written notice.

## VIII. Administration and Fiscal Management

### A. General Conditions

1. CDPH TBCB only authorizes payment for services rendered to TB patients who are under a lawful civil detention order or court order pursuant to Health and Safety Code §121365 (e) and have prior approval for reimbursement by CDHS TBCB. The maximum daily reimbursement rate per patient is \$240.00.
2. CDPH TBCB provides a yearly supplemental subvention award to San Mateo County in the amount of \$87,600 (365 bed days x \$240.00 per day = \$87,600) to maintain 365 bed days for TB regional civil detention at CMHRC for fiscal year (FY) 2008-2009. Allocation of funds is contingent on the enactment of the State budget.
3. Reimbursement beyond 365 bed days may be possible, but is dependent on availability of funds, approval of the patient's admission by CDPH TBCB, and agreement by CMHRC to accept patient(s).
4. In the event that a patient requires services not described in Section IV, CMHRC may seek reimbursement from the sending LHD. The need for these services must be discussed with the sending LHD before services are rendered.

### B. Invoicing

1. San Mateo County agrees to invoice CDPH TBCB quarterly in arrears using the CDPH TBCB Civil Detention invoice template. The invoice must include the following text:  
"Billable to: California Department of Public Health"  
The invoice from CMHRC should be attached.
2. The amount billed per patient bed day cannot exceed \$240.00.
3. All invoices to CDPH TBCB are supported at CMHRC or the sending LHD, by source documentation including, but not limited to, ledgers, books, vouchers, journals, time sheets, invoices, bank statements, canceled checks, receipts, receiving records, and records of services provided. CDPH TBCB may require CMHRC or the sending LHD to submit documentation in support of an invoice.

4. Invoices should be submitted to:

Jan Young, R.N., M.S.N.  
Chief, Program Development Section  
Tuberculosis Control Branch  
Division of Communicable Disease Control  
Center for Infectious Diseases  
California Department of Public Health  
850 Marina Bay Parkway, Building P, 2<sup>nd</sup> Floor  
Richmond, CA 94804

**IX. Additional Conditions**

- A. CDPH TBCB may withhold or delay payment if San Mateo County fails to comply with any provision of this agreement.
- B. Not all individual situations can be covered by this agreement. If other issues arise, they will be discussed between San Mateo County, CMHRC, CDPH TBCB and the sending LHD. Examples include medical management of co-morbid conditions or MDR-TB.
- C. In the event that a civil detention patient requires medical treatment in an acute care or out-patient setting for a condition not related to the diagnosis of tuberculosis, responsibility for reimbursement of such care will become that of the patient, third party insurer, or the sending LHD as required by state or local statute.
- D. CDPH TBCB reserves the right to modify this agreement as needed to carry out the objectives of the CDPH TBCB civil detention program.

**Policy No.: 9.1.2**  
**Application: CMHRC**  
**Date of Policy: 9-1-99**  
**Date of Revision: 5/9/05**  
**Page 1 of 3**

**POLICY TITLE: ADMISSIONS CRITERIA**

**POLICY STATEMENT:**

Cordilleras is a 68-bed Mental Health Rehabilitation Center. The program offers evaluation, treatment and psychosocial rehabilitation. The average length of stay is 9 months, though some clients may stay one year or more. Special emphasis is placed on addressing problems that interfered with clients' ability to live in the community. Cordilleras admits persons who are suffering from persistent and severe mental illness and who have had acute hospitalizations. Some have also had hospitalizations at state hospitals. Clients come from contracting counties and the Veterans' Administration. They are referred from acute inpatient units, state hospitals and other hospitals and facilities.

A. Specific Admissions Criteria

1. Age range is 18-65 years of age.
2. Legal status is either voluntary, temporary conservatorship, full conservatorship, or Civil Detention (D.O.T. clients only).
3. Referred individuals will have an Axis I diagnosis, using DSM IV criteria, and require care and rehabilitation in a 24-hour setting.
4. The decision to admit individuals who are potentially dangerous to others and/or to themselves will be based upon clinical assessment, census and staffing. The capacity of the milieu to tolerate any highly disruptive behavior at the particular time will also be considered. Cordilleras retains the right to refuse individuals or delay admissions based on the above.
5. Individuals with past and/or current criminal justice involvement will be specifically and carefully screened. All admissions of criminal justice system individuals require the approval of the Medical Director, Clinical Director, Administrator, Director of Nursing, and the Deputy Director of Mental Health (or designee).

**Policy No.: 9.1.2**  
**Application: CMHRC**  
**Date of Policy: 9-1-99**  
**Date of Revision: 5/9/05**  
**Page 2 of 3**

**Admissions Criteria (Continued):**

Criminal justice system clients include individuals released on their own recognizance (O.R.); placed on probation or parole with mental health treatment conditions; CONREP clients who need brief inpatient services for stabilization and/or placement who are imminently dangerous. See policies 9.1.3, "Admission Policy for Individuals with Current Criminal Justice Involvement," and policy 9.1.4, "Admission for Individuals on 180-Day Post Certifications."

6. Funding is provided through Medi-Cal and Short-Doyle programs. Medi-Cal should be applied for prior to admission. Private insurance, private pay and other non-governmental third parties may be payment source for a small number of clients.

**B. The following individuals will not be acceptable for admission:**

1. Individuals whose degree of organicity, dementia or development disability impairs their ability to function even with minimal expectations and those who are unable to manipulate the physical environment.
2. Individuals whose primary diagnosis is substance abuse or antisocial personality disorder.
3. Non-ambulatory individuals and those with serious acute medical problems may be denied admission if the care required is beyond Cordilleras' capabilities.
4. Individuals with an infectious disease for whom proper isolation cannot be provided or who cannot cooperate with needed isolation procedures and restrictions.
5. Individuals with a pronounced history of violent, assaultive and/or destructive behavior that is not the result of a psychotic state.
6. Individuals who are currently engaging in pronounced violent, assaultive and destructive behavior.
7. Individuals requiring drug and alcohol detoxification.
8. Individuals who are bedridden or non-ambulatory.
9. Individuals on any life support system.

**Policy No.: 9.1.2**  
**Application: CMHRC**  
**Date of Policy: 9-1-99**  
**Date of Revision: 5/9/05**  
**Page 3 of 3**

**Admissions Criteria (Continued):**

10. Individuals on a W&I Code 5150 or 5250 hold.
  11. Mentally Disordered Sex Offenders (MDSO's) or individuals with a history of child molestation.
- C. Admissions criteria alone may, at times, be insufficient to accurately determine appropriateness for treatment and rehabilitation. Special case-by-case decisions will be made in consultation with the Medical Director, Clinical Director, Director of Nursing, and the Administrator.

Cordilleras admission policies take into account our abilities and limitations as well as the service needs of the counties, and when necessary, Cordilleras will try to provide solutions to placement problems.

- D. Cordilleras maintains a policy of equal access to treatment and rehabilitation for all individuals meeting admission criteria. There is no discrimination on basis of race, ethnicity, religion, ancestry, gender, national origin, sexual orientation, or disability. Admission policies will be in compliance with Title IX, Section 784.26.

The program's admissions practices do not discriminate on the basis of source of payment. No third party guarantees or inappropriate assurance by individuals are sought. The Admission Agreement contains explanations of these practices.

- E. Individuals from San Mateo Medical Center will always be considered a priority referral over all other referral sources. Those on "administrative days" status will be treated as "high priority."
- F. Cordilleras MHRC does not maintain a Waiting List. A referral List is in place and is continually updated by Cordilleras and referring facilities.

**Policy No.: 9.1.5**  
**Application: CMHRC**  
**Date of Policy No.: 9-1-99**  
**Date of Revision: 5/23/05**  
**Page 1 of 4**

**POLICY TITLE:     REFERRAL PROCESS**

**POLICY STATEMENT:**

The Social Services Department of Cordilleras MHRC will screen and evaluate referred individuals from acute care hospitals, state hospitals and other facilities. It is the responsibility of the department to ensure that all admitted clients fall within admission criteria categories and that they are clinically ready for a sub-acute level of care and psychosocial rehabilitation.

**PROCEDURE:**

- A.     San Mateo County Referrals
  - 1.     All referrals get prior authorization from San Mateo County Resource Management. Designated staff at the referring site provide a completed Referral Fact Sheet, a Psychiatric Admission Summary, a History and Physical, Medication Orders, Progress Notes, Consultation Reports (when indicated), and a Current PPD and/or Chest X-ray to Cordilleras. Usually a telephone contact precedes the Referral Fact Sheet. The Admissions Coordinator or designee reviews the Referral Fact Sheet and attachments and checks for comprehensive, descriptive and accurate information.
  - 2.     A referral is considered “official” when Cordilleras has received the completed Referral Packet. The Admissions Coordinator (or designee) reviews the medical record and may assess the individual in person. There may be consultation with the current treatment team and family, if indicated. There may be requests for further medical information or further details of psychiatric or social history. Particular attention is paid to prior and/or current involvement with the criminal justice system. (See P&P 9.1.3). It is imperative to have comprehensive and accurate information.
- B.     Referrals From Other Counties
  - 1.     Procedure is similar to San Mateo County process. Referring facilities will be asked to send referral packets. Cordilleras then may be able to make a decision based on written information. Personal assessments are always highly desirable and recommended; however, at times, distance may make them impractical. Telephone contact with primary therapist, social worker or other treatment staff at the referring facility is used to further consult about clinical readiness for a sub-acute level of care.

**Policy No.: 9.1.5**  
**Application: CMHRC**  
**Date of Policy No.: 9-1-99**  
**Date of Revision: 5/23/05**  
**Page 2 of 4**

**Referral Process (Continued):**

- C. Veterans' Administration Referrals
1. The treating staff at the V.A. hospital obtains consent for referral and transfer from legal guardian, if indicated. The V.A. social worker in charge of discharge planning contacts Cordilleras and provides a completed Referral Fact Sheet and referral packet. After a review of the referral packet, the individual may be assessed in person.
- D. State Hospital Referrals
1. Referrals for individuals currently at a state hospital are handled in a similar fashion.
- E. Voluntary Referrals
1. Referred individuals who have a voluntary legal status may be asked to tour Cordilleras prior to making a decision to admit them. Family members and significant others of any referred person can call the Admissions Coordinator to arrange for a tour of Cordilleras.
- F. Directly Observed Therapy (D.O.T.) Referrals
1. **For Referring Counties:** Please see Protocol for the Detention of Persistently Non-Adherent Tuberculosis Patients at Cordilleras Mental Health Center, 2005. The referring county will complete the DOT Program Referral Form and include any medical, legal, and psychosocial history available. The client must have an Axis I psychiatric diagnosis. The referring county will complete the Assessment of Signs and Symptoms of Tuberculosis form. Based on the data included in the DOT referral paperwork, additional information may be necessary to make final decisions regarding the pending admission. An interview with the potential DOT patient may be scheduled. Once all data is received from the referring facility/agency, Cordilleras will attempt to make a decision regarding the possibility of admission within 2 to 3 working days. **All DOT admissions must be non-infectious.** As determined by the CDHS/CTCA Joint Guidelines for the Treatment of Tuberculosis and Tuberculosis Infection for California, "patients should be considered infectious until they meet all of the following criteria: A. They have received adequate therapy for two (2) weeks. B. They have a favorable clinical response to therapy. C. They have had three (3) consecutive negative sputum smears from sputa collected on different days."

**Policy 9.1.5**  
**Application: CMHRC**  
**Date of Policy No.: 9-1-99**  
**Date of Revision: 5/23/05**  
**Page 3 of 4**

**Referral Process (Continued):**

The county of origin is responsible for providing transportation of the client to and from Cordilleras, including any pertinent court hearings that take place. If it is necessary for the client to spend days away from the facility due to a hearing out of county, the county of origin shall provide lodging.

2. Cordilleras can put the client on a paid bed-hold for that time period. All DOT admissions must be on Civil Detention within the county of origin. A copy of the civil detention order must accompany the client to Cordilleras.

**G. Community Referrals (San Mateo County)**

1. Direct referrals from home or from residential settings will be considered following the approval of San Mateo County Resource Management.
2. Designated staff from the referring outpatient clinic will provide a completed Referral Fact Sheet and referral packet to Cordilleras.
3. The Admissions Coordinator or designee will review the referral form and referral packet, and contact the appropriate referral source for additional information or clarification as needed.
4. The Admissions Coordinator may assess the referred individual in person to determine clinical appropriateness for admission.
5. Cordilleras may require community referrals to be medically cleared at San Mateo Medical Center prior to admission.

**H. Approval and Admission Procedures**

1. The Admissions Coordinator or Designee discusses all referrals with the Clinical Director. Client referrals will be routinely reviewed for any outstanding medical problems by the D.O.N., A.D.O.N., or Medical Director. In particularly complex cases, the treatment teams, the Director of Nursing, the Medical Director and the Administrator all may be involved. All "criminal justice" admissions require the approval of the Administrator (See P&P 9.1.3).
2. When a decision has been reached to accept a person and a bed is available, a transfer date is confirmed with the referring facility. The referral source is asked to ensure that all paperwork is in order. Also, they may be asked to send a certain amount of medications with the prospective client.

**Policy No.: 9.1.5**  
**Application: CMHRC**  
**Date of Policy No.: 9-1-99**  
**Date of Revision: 5/23/05**  
**Page 4 of 4**

**Referral Process (Continued):**

3. The Admissions Coordinator or designee is responsible for informing appropriate staff of the planned admission and communicates this by providing a copy of the Referral Fact Sheet to those individuals. This list includes: Director of Nursing, Assistant Director of Nursing; Floor Registered Unit Managers, Psychiatrist; Internist; Receptionist; Business Office Manager; Transport Worker; and Director of Dietary Services.

All referred individuals are listed in the "Referral Log." When acceptance is contingent on obtaining additional information, further reductions in symptomatology or bed availability, the individual's referral is considered "pending." Individuals who do not fit admission criteria are considered "unacceptable." The referring facility will be responsible for notifying the client. The Referral Log contains information on each person's final status. The monthly report of the Social Services Department contains the summarized information of referrals, admissions and discharges.

## Contacts

### **Cordilleras Mental Health Rehabilitation Center**

200 Edmonds Road  
Redwood City, CA 94062  
Telephone (650) 367-1890  
Fax (650) 369-6465

#### **Administrator**

William Kruse  
[bkruse@telecarecorp.com](mailto:bkruse@telecarecorp.com)

#### **Admissions Coordinator**

Keirsty Goodman O'Keeffe  
[kgoodman@telecarecorp.com](mailto:kgoodman@telecarecorp.com)

#### **Clinical Director**

Carolyn Rapier, MFT  
[crapier@telecarecorp.com](mailto:crapier@telecarecorp.com)

#### **Acting Director of Nursing**

Evelyn Rehfeld, RN  
[erehfeld@telecarecorp.com](mailto:erehfeld@telecarecorp.com)

#### **Physician**

Grace Hassid, M.D.

#### **County of San Mateo**

John Conley  
Deputy Director of Public Health  
225 37th Avenue  
San Mateo, CA 94403  
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#### **California Department of Public Health Center for Infectious Diseases Division of Communicable Disease Control Tuberculosis Control Branch**

Jan Young, R.N., M.S.N.  
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**Guidelines for Local Health Jurisdictions  
Civilly Detaining Persistently  
Non-adherent Tuberculosis Patients at  
Cordilleras Mental Health Rehabilitation Center  
Redwood City, CA**

**July 1, 2008**

The purpose of these Guidelines is to describe the roles and responsibilities of the Health Officer and staff of the sending Local Health Jurisdiction (LHJ) when ordering the detention of persistently non-adherent tuberculosis (TB) patient at Cordilleras Mental Health Rehabilitation Center (CMHRC) in Redwood City, California.

CMHRC is a 68-bed Mental Health Rehabilitation Center. The Center offers evaluation, treatment and psychosocial rehabilitation. The average length of stay is nine months, though some clients may stay one year or more. Special emphasis is placed on addressing problems that interfered with the clients' ability to live in the community.

Current names and telephone numbers of all persons referred to in this document are listed in Attachment 3.

**A. Admission Process**

1. When it becomes apparent that a patient may require detention, the LHJ should:
  - a. Contact the the California Department of Public Health (CDPH) TB Control Branch (TBCB) to discuss the patient's status, non-adherent behavior, and the LHJ's efforts to provide all reasonable and available lesser restrictive alternatives to detention. This intermediate exchange will facilitate the process for approving reimbursement if the final decision to detain is made.
  - b. Contact the Admission Coordinator or Clinical Director at Cordilleras Mental Health Rehabilitation Center and notify him or her that the jurisdiction has a patient for detention.
  - c. Ensure that the LHJ's Civil Detention Plan it is up to date.
  - d. Review the *CDHS-CTCA Joint Guidelines for the Civil Detention of Persistently Non-Adherent Tuberculosis Patients in California* to assure that standards of care are being followed.
  - e. Notify all parties listed in the Civil Detention Plan (e.g., health officer, sheriff, county counsel) whose assistance may be needed to carry out the detention.
2. The LHJ staff should assemble, and, when necessary, complete the following documentation:
  - a. Orders of Detention for Completion of Therapy (Health and Safety Code § 121365 (e)).

- b. *DOT Referral Fact Sheet* provided by CMHRC. Include all medical, psychiatric, and/or social risk factors (known or suspected). Include *Assessment of Signs and Symptoms of Tuberculosis*.
- c. A request in writing to CMHRC for regular detailed quarterly team conference assessments of the patient and of the current status of the patient.
- d. Discharge summary from last hospitalization (when applicable).
- e. Photocopies of recent medical charts (e.g., clinic, hospital, or jail).
- f. Current psychiatric evaluation, when possible, and recent progress notes (generally for the previous two weeks) completed by someone with appropriate psychiatric background and/or training (e.g., psychiatrist, nurse, social worker).

Psychiatric evaluation must include an Axis I Clinical Disorder which includes:

Disorders Usually First Diagnosed in Infancy, Childhood, or Adolescence (excluding Mental Retardation, which is diagnosed on Axis II)

Delirium, Dementia, and Amnesic and Other Cognitive Disorders

Mental Disorders Due to a General Medical Condition

Substance Related Disorders

Schizophrenia and Other Psychotic Disorders

Mood Disorders

Anxiety Disorders

Somatoform Disorders

Factitious Disorders

Dissociative Disorders

Sexual and Gender Identity Disorders

Eating Disorders

Sleep Disorders

Impulse-Control Disorders Not Elsewhere Classified

Adjustment Disorders

Other Conditions That May Be a Focus of Clinical Attention

- g. Last chest x-ray results (preferably within the last 30 days).
- h. Copies of latest AFB sputum smear results [Three (3) negative sputum smear results collected on three different days – within the last 30 days] and any culture results. Documentation that the prerequisites for placement of TB patients in a high risk in-patient setting, described in the *CDHS-CTCA Joint Guidelines - Guidelines for the Placement or Return of Tuberculosis Patients into High Risk Housing, Work, Correctional, or In-Patient Settings*, have been met
- i. *Interjurisdictional TB Notification Form*.
- j. Any other recent laboratory test results (especially liver function tests) if available.

3. When these documents have been gathered, they should be submitted to CMHRC immediately for preliminary processing and to determine whether the patient is eligible for admission to CMHRC. This determination is non-binding. At this time, any missing documentation or information should also be identified.
4. When the final decision to proceed with detention at CMHRC has been made and all outstanding issues have been resolved, the LHJ representative should:
  - a. Notify the Admission Coordinator or Clinical Director at CMHRC by telephone.
  - b. FAX or express mail any additional documentation listed in #2 above to the Admission Coordinator or Clinical Director.
  - c. Notify the Civil Detention Coordinator at CDPH TBCB by telephone.
5. Once all of the documentation has been received from the referring facility/agency, CMHRC staff will decide whether the patient will be admitted (usually within 2 – 3 working days). Additional information may be necessary to make the final decision regarding the pending admission. Therefore it is important that the LHJ:
  - a. Begin gathering documentation early.
  - b. Assure that the documentation is complete. (The CMHRC Admission Coordinator or Clinical Director cannot refer the patient to the Director of Nursing or Clinician for review until all documentation has been received.)
  - c. Make arrangements to detain the patient locally for at least three days prior to transfer to CMHRC.

**Approval by CDPH TBCB for reimbursement of the civil detention must be obtained prior to patient's transport and admission.**

**B. During the Detention Period**

1. The health officer or designee ordering the detention of a TB patient maintains the primary responsibility for the case management of that patient throughout the detention. Staff of the LHJ are responsible for the following:
  - a. Maintaining an ongoing dialogue with the physician and/or Clinical Director at CMHRC.
  - b. Obtaining regular detailed quarterly team conference assessments of the patient and of the current status of the patient from CMHRC.
  - c. Assuring that the Physician (Attachment 3) attending the patient has been made aware of any medical orders pertaining to the patient. All medical orders must be submitted to CMHRC in writing.

- d. Arranging for regular court reviews of the detention. No patient may be detained for more than 60 days without a court order authorizing the detention. Court review of the detention must occur within 90 days after the initial, and each subsequent review.
- e. Arranging for transportation to and from CMHRC when necessary. This includes initial transportation to CMHRC and final return to the LHJ as well as any other transportation needed to carry out court reviews or the orders of the health officer or designee.
- f. Preparing a discharge plan in cooperation with the social worker at CMHRC. (Contact the Admission Coordinator or Clinical Director at CMHRC for the name of the assigned social worker.)

### C. Discharge

1. Patients shall not be detained beyond completion of a prescribed course of therapy.
2. The decision to discharge the patient is the sole responsibility of the health officer or designee ordering detention. Staff of the LHJ should consult with staff at CMHRC, but the final decision remains with the health officer or designee. (NOTE: CMHRC reserves the option of returning the patient to the LHJ ordering detention for the continuation of that detention.)
3. The criteria for early release are described in the *CDHS-CTCA Joint Guidelines for the Civil Detention of Persistently Non-Adherent Tuberculosis Patients in California*.
4. The sending LHJ must transport the patient back to the sending LHJ within 48 hours of discharge. Some discharges may require immediate removal of the TB detention patient. In the event that a TB detention patient can not be immediately remove, the sending LHJ will be responsible for any costs incurred by CMHRC to ensure the safety of the TB detention patient and/or other patients and staff at CMHRC.
5. The health officer or designee may order tests prior to discharge. All tests must be ordered in writing at least three (3) working days prior to discharge.
6. The health officer or designee should complete arrangements for the patient's living situation and for any follow-up medical or psychosocial services prior to discharging the patient. These arrangements should be coordinated with the social worker at CHMRC.

- D. Please review the Program Agreement between CDPH TBCB and San Mateo County for additional regional civil detention information.

Please contact Jan Young, R.N., M.S.N., Chief, Program Development Section, Tuberculosis Control Branch, at (510) 620-3029 if you have questions concerning regional civil detention.