

**REVISED MEMORANDUM OF UNDERSTANDING
BETWEEN SAN MATEO COUNTY BEHAVIORAL HEALTH AND RECOVERY
SERVICES DIVISION AND SAN MATEO COUNTY SHERIFF'S OFFICE**

The purpose of this Memorandum of Understanding (MOU) is to describe and make explicit the agreement between the San Mateo County Behavioral Health and Recovery Services Division and San Mateo County Sheriff's Office regarding the designation of an Acute Stabilization Unit at the Maguire Correctional Facility.

1. Exhibits and Attachments

The following exhibit and attachment are attached and incorporated into this MOU by this reference:

Attachment 1: DHCS_1008_Quarterly Report on Service Provided to Persons Detained in Jail Facilities Form

2. Background Information

Through this Agreement, San Mateo County Behavioral Health and Recovery Services Division (BHRS) designates the Maguire Correctional Facility as an Acute Stabilization Unit (ASU), also referred to as a Jail Inpatient Unit (JIU) facility. The designation allows the Maguire Correctional Facility, through their treatment provider, to place inmates on a 5150 hold that meet admissions criteria and are in need of treatment at a crisis stabilization unit. The designation authorizes the Maguire Correctional Facility, through their treatment provider, to provide psychiatric evaluation and treatment of persons on a 5150 hold that can be served by the program and meet the admissions criteria as determined by the treatment provider. This designation conforms to the requirements of BHRS Policy 90-09: 5150 Designated Facilities, and California Welfare & Institutions Code Section 5150, which are incorporated into this Agreement by reference herein.

3. Term and Termination

3.1 Term

Subject to compliance with all terms and conditions, the initial term of this Agreement shall be from November 13, 2018 through November 12, 2019. This Agreement will continue to automatically renew annually for a one year term upon review by the BHRS Designated Facility Review Team.

3.2 Amendment/Modification Process

All subsequent modifications or amendments shall be in writing and signed by the parties.

3.3 Termination

This Agreement may be terminated by either party at any time without a requirement of good cause upon thirty (30) days' written notice to the other party.

4. Applicability of Designation

The designation is only valid if the Maguire Correctional Facility Acute Stabilization Unit meets State requirements, approved by the County of San Mateo, satisfies any and all conditions set forth within, and satisfactorily completes an annual review conducted by the BHRS Designated Facility Review Team.

4.1 Annual Review

The annual review will include at a minimum review of the treatment milieu of the facility, discharge procedures and plans, patients' rights procedures, medication monitoring, and quality of care issues. The annual review may result in the formulation of plans for improving any situation which needs attention and the Maguire Correctional Facility treatment provider will participate in the plan development and comply with any requirements of the plan.

5. Regulations Compliance

The Maguire Correctional Facility, through their treatment provider, shall comply with all applicable Federal and State regulations, and BHRS Policies & Procedures, including, but not limited to:

- a. File quarterly report (DHCS 1008_Quarterly Report on Service Provided to Persons Detained in Jail Facilities Form (Attachment 1)) for disclosing involuntary detentions.
- b. Maintain appropriate activities that afford patient due process, such as access to the Patients' Right Advocate, a process and location for hearings and other applicable activities required as part of the patient's protection rights.
- c. Acquire and maintain staff certification for writing 5150 holds.

6. Conditions of Designation

The Acute Stabilization Unit designation for the Maguire Correctional Facility includes the following conditions that must be met during the period in which the designation is valid.

6.1 Quarterly Meeting

To facilitate ongoing communication between BHRS and the Maguire Correctional Facility Acute Stabilization Unit a condition of this designation is for the two parties to meet no less than quarterly to discuss at a minimum, designation issues, inpatient issues, client flow, claims, compliance matters, and other issues that may arise from time to time.

Meetings will be held at the correctional facility. Minimum meeting attendees include the Medical Director and/or Deputy/Assistant Medical Director for BHRS and the Unit, Program Director for the Unit, Correctional Health Services Director, BHRS Assistant Director, and BHRS Quality Manager.

6.2 Admission Criteria

Psychiatric holds may only be placed on inmates if the patient meets admission criteria. The Maguire Correctional Facility, through their treatment provider, shall provide upon receipt of this designation the admission criteria for the Acute Stabilization Unit to BHRS and upon any changes to the criteria and within 30 days of the criteria change.

Discharges from the Unit that are coordinated with release from detention to the public population shall coordinate placement to lower levels of care with the BHRS Hospital Liaison and as described Section 6.3.

6.3 Discharge Planning

When patients are discharged to the public population that are residents of the County of San Mateo and known to BHRS, staff at the Acute Stabilization Unit will contact the BHRS ACCESS Call Center prior to discharge in order to coordinate care across the levels of care. When discharging a patient with medications, staff shall provide for a doctor to doctor consult. Doctor to doctor consults can be scheduled through the ACCESS Call Center or the Therapist on Duty at a County Regional Clinic, if the client is known to the clinic.

6.4 Training and Certification

The Maguire Correctional Facility, through their treatment provider, shall assure that staff working the Acute Stabilization Unit have been trained and certified to write 5150 Holds in sufficient numbers so that no work shift is without properly trained and certified staff. The Maguire Correctional Facility shall work with BHRS to maintain an adequate number of trained and certified staff ongoing.

6.5 Specialty Acute Stabilization Unit

BHRS recognizes that the Maguire Correctional Facility operates a specialty acute stabilization/jail inpatient unit designed to treat incarcerated persons admitted into this facility that meet the admissions criteria. Maguire Correctional Facility recognizes that as a designated facility, the specialty acute stabilization/jail inpatient unit operates within a greater network of inpatient facilities in the County of San Mateo.

San Mateo Medical Center, Seton Medical Center, and Mills Peninsula Hospital bring services to this network for older adults. Mills Peninsula Hospital brings services to this network for children and youth. The San Mateo Medical Center operates as the hub of this network of inpatient

care and as the safety net for those who may not otherwise afford care. This creates an expectation that the Maguire Correctional Facility Acute Stabilization Unit coordinate with this network as may be necessary to assure that County residents receive coordinated care in the most appropriate facility if available at the time of placement. This creates an expectation that the Maguire Correctional Facility Acute Stabilization Unit actively participate in the local network to help plan and coordinate inpatient services generally.

6.6 Compliance and Conditions

The County of San Mateo shall monitor compliance with the conditions set forth in this document through the BHRS Compliance Officer. Results of the ongoing monitoring shall be reported and discussed at the regular quarterly meetings. Such issues may result in a plan of correction, which if necessary, will be developed by the Maguire Correctional Facility, through their treatment provider, and submitted to the BHRS Compliance Officer for review and approval.

7. **Contact Information**

The following is contact information of the persons responsible from each party/entity for the completion and maintenance of this MOU:

7.1 San Mateo County Behavioral Health and Recovery Services

Name: Scott Gilman, Director
Address: 2000 Alameda de las Pulgas, Suite 235
San Mateo, CA 944003
Telephone: (650) 573-2748
Facsimile: (650) 574-2481
Email: sgilman@smcgov.org

7.2 Maguire Correctional Facility Acute Stabilization Unit

Name: Carlos Morales, Director
Correctional Health Services
Address: 300 Bradford Street
Redwood City, CA 94063
Telephone: (650) 573-2037
Facsimile: (650) 599-1082
Email: cmorales@smcgov.org

Effective Date and Signatures:

This Agreement shall be effective upon the signature of BHRS and Maguire Correctional Facility authorized officials.

For Health:

For Board of Supervisors:

Louise F. Rogers Digitally signed by Louise F. Rogers
Date: 2020.12.22 13:01:19 -08'00'

*Louise F. Rogers
Chief, SMC Health*

Date

*David J. Canepa, President
San Mateo County Board of Supervisors*

Date

Scott M Gilman Digitally signed by Scott
M Gilman
Date: 2020.11.25
14:17:54 -08'00'

*Scott Gilman, MSA
Director, Behavioral Health & Recovery Services*

Date

For Maguire Correctional Facility:

Vanessa de la Cruz Digitally signed by
Vanessa de la Cruz
Date: 2020.12.23
14:12:56 -08'00'

*Vanessa de la Cruz, MD
Medical Director, Behavioral Health & Recovery Services*

Date

Carlos G. Bolanos Digitally signed by Carlos
G. Bolanos
Date: 2021.01.04
15:05:32 -08'00'

*Carlos G. Bolanos, Sheriff
County of San Mateo Sheriff's Office*

Date

Carlos Morales Digitally signed by Carlos
Morales
Date: 2020.12.23
16:50:59 -08'00'

*Carlos Morales, LCSW
Director, Correctional Health Services*

Date

**QUARTERLY REPORT ON SERVICES PROVIDED TO PERSONS
DETAINED IN JAIL FACILITIES**

County Name:	Quarter 1 <input type="checkbox"/>	July 1 to Sept. 30	Year _____
County Code:	Quarter 2 <input type="checkbox"/>	Oct. 1 to Dec. 31	_____
	Quarter 3 <input type="checkbox"/>	Jan. 1 to March 31	_____
	Quarter 4 <input type="checkbox"/>	April 1 to June 30	_____

	INVOLUNTARY	VOLUNTARY
1. Number of <i>admissions</i> to local inpatient services pursuant to PC 4011.6 or PC 4011.8 evaluated and/or treated in a local mental health facility.		
2. Number of admissions to an <i>LPS approved</i> inpatient treatment program within a jail facility.		

ALL FACILITIES MUST BE LPS APPROVED AND MEET INPATIENT SERVICE REQUIREMENTS AS DEFINED IN CALIFORNIA ADMINISTRATIVE CODE, TITLE 9, ARTICLE 3, SECTION 820 & 821, AND ARTICLE 10, SECTION 660-663.

3. Unduplicated count of persons receiving outpatient services as defined in the Cost Reporting Manual (see Reporting Instructions on the next page or reverse side) provided within a jail facility.	
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The above information is required by the California Welfare and Institutions Code (WIC) Section 5402(a).

The information provided in this quarterly report will be incorporated into an annual report as required by WIC Section 5402(d).

Please see the next page for Reporting Instructions.

This quarterly report should be submitted by the 30th of the month following the end of each quarter via email, fax, or US Mail

If you need assistance preparing this report, please send an email to one of the persons below.

Fax Number: (916) 440-7621

Email Address: MHSDATA@dhcs.ca.gov

Mailing address: DEPARTMENT OF HEALTH CARE SERVICES
Mental Health Analytics Section, MS2704
P.O. Box 997413
SACRAMENTO, CA 95899-7413

DATE	CONTACT PERSON	PHONE NUMBER

REPORTING INSTRUCTIONS:

QUARTERLY REPORT ON PERSONS DETAINED IN JAIL FACILITIES (MH 3823)

Persons served in jail programs would be reported by the county in which the jail is located. Do not count persons from your county who are referred to another county for services. Do not leave any boxes blank. If there are no jail facilities within your county that provide the services listed in items 1-3 below, you must still submit this report on a quarterly basis with zero counts in each of the boxes provided.

- Enter your county name in the box provided.
 - Enter your county code in the box provided.
 - Enter the quarter and corresponding year in the boxes provided.
 - Please use one form to report each quarter.
1. **Admissions:** Enter the number of *admissions* to inpatient services pursuant to PC 4011.6 or PC 4011.8 for evaluation and/or treatment in a local mental health facility (hospital setting) or a community residential treatment center. This should include admissions referred from a court as well as from a county jail, city jail, or juvenile detention facility. All facilities must be *LPS approved* and meet inpatient service requirements as defined in California Administrative Code, TITLE 9, ARTICLE 3, SECTION 820 & 821, and ARTICLE 10, SECTION 660-663.
 2. **LPS Approved:** Enter the total count of persons who were *evaluated and/or treated* in inpatient services within a jail facility. All facilities must be *LPS approved* and meet inpatient service requirements as defined in California Administrative Code, TITLE 9, ARTICLE 3, SECTION 820 & 821, and ARTICLE 10, SECTION 660-663.
 3. **Unduplicated Count of Persons:** Enter the *unduplicated count of persons* receiving outpatient treatment services in jail facilities. Cost Reporting Outpatient treatment service functions are:

Assessment	Individual Therapy
Medication	Group Therapy
Collateral Services	Crisis Intervention
- Date and sign the quarterly report in the space provided. Please include a telephone number of the county contact for data verification purposes.
 - Fax, Email or Mail this quarterly report
- Fax Number:** (916) 440-7621
- Email Address:** MHSDATA@dhcs.ca.gov
- Mailing Address:** DEPARTMENT OF HEALTH CARE SERVICES
Mental Health Analytics Section, MS2704
P.O. Box 997413
SACRAMENTO, CA 95899-7413