

SAN MATEO COUNTY
MENTAL HEALTH SERVICES DIVISION

Date: May 21, 1992

MENTAL HEALTH POLICY: 92-02

SUBJECT: Admission Policy for Clients with Criminal Justice Involvement

AUTHORITY: Divisional

SUPERSEDES: Policy of November 22, 1988

PURPOSE: To establish a pre-admission procedure for review and approval of clients with current involvement in the criminal justice system who are referred to Cordilleras Center/Telecare.

Cordilleras Center/Telecare is staffed at a skilled nursing level and is sometimes not appropriate for certain clients involved in the criminal justice system who may require special security.

Accordingly, screening of such as patients who can be OR'd will be reviewed and approved using the following procedure:

1. The client must be approved for admission to an IMD by applicable San Mateo County Mental Health staff.
2. The supervisor of Forensic Services of the Mental Health Services Division (or his designee) must approve admission after review of the client's criminal records.
3. Prior to acceptance and placement, the approval of the Cordilleras Center/Telecare Medical Director and Administrator is required.
4. A Cordilleras Criminal Justice Admission Form (attached) must be completed and properly initialed for each client.
5. A copy of the completed form must be sent by Cordilleras to the Mental Health Director, the Chief of Forensic Services and The Cordilleras Monitor.
6. The admissions Coordinator for cordilleras will obtain the proper approvals and insure that all of the above steps are followed.

Approved: _____

Gale Bataille, Director
Mental Health Services Division

Attachment: ADMISSION FORM, Patients with Criminal Justice Involvement

Reviewed and Reformatted: September 21, 2005

ADMISSION FORM
Patients with Criminal Justice Involvement

Directions: Admissions Coordinator will complete and attach to intake form for all referrals with criminal justice system involvement.

Client Name _____ Referral Date _____

Referred by _____ By _____
(Name) (Facility)

CRIMINAL JUSTICE

Criminal status (include itemization of all charges):

RESTRICTIONS: _____

Is the client approved for admission?

Conservator (if applicable): Yes _____ No _____ Initial: _____

Cordilleras Medical Director: Yes _____ No _____ Initial: _____

Cordilleras Administrator: Yes _____ No _____ Initial: _____

Chief of Forensic Services for County: Yes _____ No _____ Initial: _____

Comments: _____

Name of the County staff person assigned as liaison between criminal justice system and

Cordilleras: _____

| | Date Sent |
|----------------------------|-----------|
| cc: Mental Health Director | _____ |
| Chief of Forensic Services | _____ |
| Cordilleras Monitor | _____ |