III. MEDICAL/MENTAL HEALTH EVALUATION[[1]](#footnote-1)

# Adult Court and Temporary Holding Facilities

| **ARTICLE/SECTION** | **YES** | **NO** | **N/A** | **COMMENTS** |
| --- | --- | --- | --- | --- |
| **Article 11. MEDICAL/MENTAL Health Services** |
| 1200 Responsibility for Health Care Services(b) In court holding and temporary holding facilities, the facility administrator shall have the responsibility to develop written policies and procedures which ensure provision of emergency health care services to all incarcerated persons. |[ ] [ ] [ ]   |
| 1207 Medical Receiving Screening*(Not applicable to CH)*A screening shall be completed on all incarcerated persons at the time of intake. |[ ] [ ] [ ]   |
| This screening shall be completed in accordance with written procedures and shall include but not be limited to medical and mental health problems, developmental disabilities, and communicable diseases. |[ ] [ ] [ ]   |
| The screening shall be performed by licensed health personnel or trained facility staff, with documentation of staff training regarding site specific forms with appropriate disposition based on responses to questions and observations made at the time of screening. The training depends on the role staff are expected to play in the receiving screening process. |[ ] [ ] [ ]   |
| The facility administrator and responsible physician shall develop a written plan for complying with Penal Code Section 2656 (orthopedic or prosthetic appliance used by incarcerated persons). |[ ] [ ] [ ]   |
| There shall be a written plan to provide care for any incarcerated person who appears at this screening to be in need of or who requests medical, mental health, or developmental disability treatment. |[ ] [ ] [ ]   |
| Written procedures and screening protocol shall be established by the responsible physician in cooperation with the facility administrator. |[ ] [ ] [ ]   |
| **1209** **Mental Health Services and Transfer to a Treatment Facility***(Not applicable to CH)*(a) The health authority, in cooperation with the mental health director and facility administrator, shall establish policies and procedures to provide mental health services. These services shall include but not be limited to: |[ ] [ ] [ ]   |
| 1. Identification and referral of incarcerated persons with mental health needs; |[ ] [ ] [ ]   |
| 2. Mental health treatment programs provided by qualified staff, including the use of telehealth; |[ ] [ ] [ ]   |
| 3. Crisis intervention services; |[ ] [ ] [ ]   |
| 4. Basic mental health services provided to incarcerated persons as clinically indicated; |[ ] [ ] [ ]   |
| 5. Medication support services; and, |[ ] [ ] [ ]   |
| 6. The provision of health services sufficiently coordinated such that care is appropriately integrated, medical and mental health needs are met, and the impact of any of these conditions on each other is adequately addressed. |[ ] [ ] [ ]   |
| (b) Unless the county has elected to implement the provisions of Penal Code Section 1369.1, a mentally disordered incarcerated person who appears to be a danger to themself or others, or to be gravely disabled, shall be transferred for further evaluation to a designated Lanterman Petris Short treatment facility designated by the county and approved by the State Department of Health Care Services for diagnosis and treatment of such apparent mental disorder pursuant to Penal Code section 4011.6 or 4011.8 unless the jail contains a designated Lanterman Petris Short treatment facility. |[ ] [ ] [ ]   |
| Prior to the transfer, the person may be evaluated by licensed health personnel to determine if treatment can be initiated at the correctional facility. Licensed health personnel may perform an onsite assessment to determine if the person meets the criteria for admission to an inpatient facility, or if treatment can be initiated in the correctional facility. |[ ] [ ] [ ]   |
| (c) If the county elects to implement the provisions of Penal Code Section 1369.1, the health authority, in cooperation with the facility administrator, shall establish policies and procedures for involuntary administration of medications. The procedures shall include, but not be limited to: |[ ] [ ] [ ]   |
| 1. Designation of licensed personnel, including psychiatrist and nursing staff, authorized to order and administer involuntary medication; |[ ] [ ] [ ]   |
| 2. Designation of an appropriate setting where the involuntary administration of medication will occur; |[ ] [ ] [ ]   |
| 3. Designation of restraint procedures and devices that may be used to maintain the safety of the incarcerated person and facility staff; |[ ] [ ] [ ]   |
| 4. Development of a written plan to monitor the incarcerated person's medical condition following the initial involuntary administration of a medication, until the person is cleared as a result of an evaluation by, or consultation with, a psychiatrist; |[ ] [ ] [ ]   |
| 5. Development of a written plan to provide a minimum level of ongoing monitoring of the incarcerated person following return to facility housing. This monitoring may be performed by custody staff trained to recognize signs of possible medical problems and alert medical staff when indicated; and |[ ] [ ] [ ]   |
| 6. Documentation of the administration of involuntary medication in the incarcerated person's medical record. |[ ] [ ] [ ]   |
| 1212 Vermin Control*(Not applicable to CH)*The responsible physician shall develop a written plan for the control and treatment of incarcerated persons who are found to be vermin-infested. There shall be written, medical protocols, signed by the responsible physician, for the treatment of persons suspected of being infested or having contact with a vermin-infested incarcerated person. |[ ] [ ] [ ]   |
| 1213 Detoxification Treatment*(Not applicable to CH)*The responsible physician shall develop written medical policies on detoxification which shall include a statement as to whether detoxification will be provided within the facility or require transfer to a licensed medical facility. The facility detoxification protocol shall include procedures and symptoms necessitating immediate transfer to a hospital or other medical facility. |[ ] [ ] [ ]   |
| Facilities without medically licensed personnel in attendance shall not retain incarcerated people undergoing withdrawal reactions judged or defined in policy, by the responsible physician, as not being readily controllable with available medical treatment. Such facilities shall arrange for immediate transfer to an appropriate medical facility. |[ ] [ ] [ ]   |
| **1220** **First Aid Kits**First aid kit(s) shall be available in all facilities. |[ ] [ ] [ ]   |
| The responsible physician shall approve the contents, number, location and procedure for periodic inspection of the kit(s). In Court and Temporary Holding facilities, the facility administrator shall have the above approval authority, pursuant to Section 1200 of these regulations. |[ ] [ ] [ ]   |
| **ARTICLE 4. RECORDS AND PUBLIC INFORMATION** |
| 1046 Death in Custody(a) The facility administrator shall develop written policy and procedures to comply with the in-custody death reporting requirements of Government Code section 12525. The facility administrator shall submit a copy of the report filed pursuant to section 12525 to the BSCC within 10 days of an in-custody death. |[ ] [ ] [ ]   |
| (b) The facility administrator, in cooperation with the health administrator, shall developwritten policy and procedures to conduct an initial review and complete a written report of every in-custody death within 30 days of the death. |[ ] [ ] [ ]   |
| The team that conducts the initial review shall include, at a minimum, the facility administrator or designee, the health administrator, the responsible physician and other health care, and supervision staff who are relevant to the incident. |[ ] [ ] [ ]   |
| Deaths shall be reviewed to determine the appropriateness of clinical care; whether changes to policies, procedures, or practices are warranted; and to identify issues that require further study. |[ ] [ ] [ ]   |
| (c) The facility administrator shall submit a copy of the initial review report of every in-custodydeath to the BSCC within 60 days of the death. The facility administrator shall provide a copy of the initial review report that comports with the disclosure requirements of section 832.10 of the Penal Code. |[ ] [ ] [ ]   |
| The initial review report shall contain the following information:(1) Demographic information(A) Full name of the decedent(B) Date of birth(C) Date of death(D) Time of death(E) Gender(F) Race and ethnicity(G) Relevant medical history(2) Facility Information(A) Name and location of the detention facility(B) Description of the location where the death occurred within the facility(C) Date and time of the incident(D) Detention facility personnel (including names and roles) involved in the reporting of the death or incident(3) Any relevant circumstances leading up to death, including behavioral health or medical issues. |[ ] [ ] [ ]   |
| (d) In any case in which a minor dies while detained in a jail, lockup, or court holding facility the BSCC may inspect and evaluate the jail, lockup, or court holding facility pursuant to the provisions of this subchapter within 30 calendar days of the death. Any inquiry made by the Board shall be limited to the standards and requirements set forth in these regulations. |[ ] [ ] [ ]   |
| **ARTICLE 5. CLASSIFICATION AND SEPARATION** |
| 1051 Communicable DiseasesThe facility administrator, in cooperation with the responsible physician, shall develop written policies and procedures specifying those symptoms that require medical isolation of an incarcerated person until a medical evaluation is completed. |[ ] [ ] [ ]   |
| At the time of intake into the facility, an inquiry shall be made of the person being booked as to whether the person has or has had any communicable diseases, such as tuberculosis or has observable symptoms of tuberculosis or any other communicable diseases, or other special medical problem identified by the health authority.  |[ ] [ ] [ ]   |
| The response shall be noted on the medical screening form. |[ ] [ ] [ ]   |
| 1052 BEHAVIORAL CRISIS IDENTIFICATIONThe facility administrator, in cooperation with the responsible physician, shall develop written policies and procedures to identify and evaluate all incarcerated people who may be in behavioral crisis. Evaluation of behavioral crisis may include telehealth. If an evaluation from medical or mental health staff is not readily available, an incarcerated person shall be considered in behavioral crisis for the purpose of this section if they appear to be a danger to themselves or others or appear gravely disabled. |[ ] [ ] [ ]   |
| An evaluation from medical or mental health staff shall be secured within 24 hours of identification or at the next daily sick call, whichever is earliest. Separation may be used if necessary, to protect the safety of the person in crisis or others. |[ ] [ ] [ ]   |
| 1055 Use of Safety Cell The safety cell described in Title 24, Part 2, Section 1231.2.5, shall be used to hold only those people who display behavior which results in the destruction of property or reveals an intent to cause physical harm to self or others. |[ ] [ ] [ ]   |
| The facility administrator, in cooperation with the responsible physician, shall develop written policies and procedures governing safety cell use and may delegate authority to place an incarcerated person in a safety cell to a physician. Policies and procedures shall include, but not be limited to:  |[ ] [ ] [ ]   |
| (a) In no case shall the safety cell be used for punishment or as a substitute for treatment. |[ ] [ ] [ ]   |
| (b) A person shall be placed in a safety cell only with the approval of the facility manager or designee, or responsible health care staff; continued retention shall be reviewed a minimum of every four hours. |[ ] [ ] [ ]   |
| (c) A medical assessment shall be completed as soon as possible, but not more than 12 hours from the time of placement in the safety cell. The person shall be medically cleared for continued retention, referral to advanced treatment, or removal from the safety cell a minimum of every 24 hours thereafter. |[ ] [ ] [ ]   |
| (d) The facility manager, designee or responsible health care staff shall obtain a mental health opinion/consultation with responsible health care staff on placement and retention, which shall be secured as soon as possible, but not more than 12 hours from placement.  |[ ] [ ] [ ]   |
| (e) Direct visual observation shall be conducted at least twice every 30 minutes, with no more than 15-minute lapse between safety checks. Such observation shall be documented. |[ ] [ ] [ ]   |
| (f) Procedures shall be established to assure administration of necessary nutrition and fluids.  |[ ] [ ] [ ]   |
| (g) People placed in the safety cell shall be allowed to retain sufficient clothing, or be provided with a suitably designed “safety garment,” to provide for their personal privacy unless specific identifiable risks to the person's safety or to the security of the facility are documented. |[ ] [ ] [ ]   |
| 1056 Use of Sobering Cell The sobering cell described in Title 24, Part 2, Section 1231.2.4, shall be used for temporary holding of incarcerated people who are a threat to their own safety or the safety of others due to their state of intoxication. A person shall be removed from the sobering cell as soon as they are able to continue the admission process or are no longer a risk to themselves or others. In no case shall a person remain in a sobering cell over six hours without an evaluation by medical or custody staff to determine whether the person has an urgent medical problem, pursuant to section 1213 of these regulations.  |[ ] [ ] [ ]   |
| At 12 hours from the time of placement, all persons must receive an evaluation by responsible health care staff. Intermittent direct visual observation of people held in the sobering cell shall be conducted no less than every half hour. |[ ] [ ] [ ]   |
| Such observation shall be documented. |[ ] [ ] [ ]   |
| 1057 DEVELOPMENTAL DISABILITIES The facility administrator, in cooperation with the responsible physician, shall develop written policies and procedures for the identification and evaluation, appropriate classification and housing, protection, and nondiscrimination of all incarcerated persons with developmental disabilities. |[ ] [ ] [ ]   |
| The health authority or designee shall contact the regional center for any incarcerated person suspected or confirmed to have a developmental disability for the purposes of diagnosis or treatment within 24 hours of such determination, excluding holidays and weekends. |[ ] [ ] [ ]   |
| **1058** **Use of Restraint Devices**The facility administrator, in cooperation with the responsible physician, shall develop and implement written policies and procedures for the use of restraint devices. Restraint devices include any devices which immobilize extremities or prevent the incarcerated person from being ambulatory. The provisions of this section do not apply to the use of handcuffs, shackles, or other restraint devices when used to restrain incarcerated people for security reasons. The facility manager may delegate authority to place an incarcerated person in restraints to responsible health care staff. |[ ] [ ] [ ]   |
| (a) The policy shall address the following areas:(1) acceptable restraint devices; |[ ] [ ] [ ]   |
| (2) signs or symptoms which should result in immediate medical/mental health referral; availability of cardiopulmonary resuscitation equipment; |[ ] [ ] [ ]   |
| (3) protective housing of restrained persons; |[ ] [ ] [ ]   |
| (4) provision for hydration and sanitation needs; and, |[ ] [ ] [ ]   |
| (5) exercising extremities.  |[ ] [ ] [ ]   |
| (b) Policy shall also include, but not be limited to, the following requirements: |[ ] [ ] [ ]   |
| (1) In no case shall restraints be used for punishment or as a substitute for treatment. |[ ] [ ] [ ]   |
| (2) Restraint devices shall only be used on incarcerated people who display behavior which results in the destruction of property or reveal an intent to cause physical harm to self or others.  |[ ] [ ] [ ]   |
| (3) Restraint devices should be used only when less restrictive alternatives, including verbal de-escalation techniques, have been attempted and are deemed ineffective. |[ ] [ ] [ ]   |
| (4) An incarcerated person shall be placed in restraints only with the approval of the facility manager, the facility watch commander, or responsible health care staff; continued retention shall be reviewed a minimum of every hour. |[ ] [ ] [ ]   |
| (5) Continuous direct visual observation shall be maintained until a medical opinion can be obtained. |[ ] [ ] [ ]   |
| (6) A medical opinion on placement and retention shall be secured within one hour from the time of placement.  |[ ] [ ] [ ]   |
| (7) A medical assessment shall be completed within four hours of placement. |[ ] [ ] [ ]   |
| (8) Continuous direct visual observation shall be conducted at least twice every 30 minutes to ensure that the restrains are properly employed, and to ensure the safety and well-being of the incarcerated person. Such observation shall be documented. While in restraint devices all incarcerated persons shall be housed alone or in a specified housing area which makes provisions to protect the person from abuse. |[ ] [ ] [ ]   |
| (9) If the facility manager, or designee, in consultation with responsible health care staff determines that an incarcerated person cannot be safely removed from restraints after eight hours, the person shall be taken to a medical facility for further evaluation. |[ ] [ ] [ ]   |
| (10) Where applicable. The facility manager shall use the restraint device manufacturer’s recommended maximum time limits for placement. |[ ] [ ] [ ]   |
| (11) All events and information related to the placement in restraints shall be documented and shall be video recorded unless exigent circumstances prevent staff from doing so. The documentation shall include: the reason for placement; person authorizing placement; names of staff involved in the placement; injuries sustained; and the duration of placement. |[ ] [ ] [ ]   |
| **1058.5** **RESTRAINTS AND PREGNANT PERSONS**The facility administrator, in cooperation with the responsible physician, shall develop written policies and procedures for the use of restraint devices on pregnant people. In accordance with Penal Code Section 3407, the policy shall include reference to the following: |[ ] [ ] [ ]   |
| (1) An incarcerated person known to be pregnant or in recovery after delivery or termination of the pregnancy shall not be restrained by the use of leg or waist restraints, or handcuffs behind the body. |[ ] [ ] [ ]   |
| (2) An incarcerated pregnant person in labor, during delivery, or in recovery after delivery or termination of the pregnancy, shall not be restrained by the wrists, ankles, or both, unless deemed necessary for the safety and security of the incarcerated person, the staff, or the public. |[ ] [ ] [ ]   |
| (3) Restraints shall be removed when a professional who is currently responsible for the medical care of an incarcerated pregnant person during a medical emergency, labor, delivery, or recovery after delivery or termination of the pregnancy determines that the removal of restraints is medically necessary. |[ ] [ ] [ ]   |
| (4) Upon confirmation of an incarcerated person’s pregnancy, they shall be advised, orally or in writing, of the standards and policies governing incarcerated pregnant people. |[ ] [ ] [ ]   |

Summary of medical/mental health evaluation:

1. This document is intended for use as a tool during the inspection process; this worksheet may not contain each Title 15 regulation that is required. Additionally, many regulations on this worksheet are SUMMARIES of the regulation; the text on this worksheet may not contain the entire text of the actual regulation. Please refer to the complete California Code of Regulations, Title 15, Minimum Standards for Local Facilities, Division 1, Chapter 1, Subchapter 4 for the complete list and text of regulations. [↑](#footnote-ref-1)