

My Family Member Has Been Arrested - What Do I Do?

A step-by-step guide to help families cope with the criminal justice system in **Fresno County** when a family member who suffers from a brain disorder (mental illness) is arrested.

STEP ONE: SUPPORT YOUR RELATIVE

If your family member/friend calls you and says that he/she has been arrested, help him/her stay calm and offer your help and support.

If your relative is being held in jail remind them that they right to have an attorney present if being questioned by police officers or detectives.

If he/she is already at the Fresno County Jail, he/she will be screened for mental illness, as well as other health concerns, upon arrival. It is very important that they be direct and honest to benefit as much as possible from this screening process. Assure your family member that it is OK to discuss his/her physical and mental condition, diagnosis, medications, etc., with the staff conducting the screening, which includes Jail Medical Services staff and Jail Psychiatric Services staff. It is important your family member feels safe to speak openly with the medical and mental health screeners.

STEP TWO: CONTACT THE LOCAL JAIL

Call the County Jail Medical Services staff at **(559) 488-3076** and inform them that your family member suffers from a mental illness and describe the diagnosis and any other concerns you might have. Inquire as to your relative's status and estimated length of stay at this facility. Ask if he/she is expected to be released directly from the jail. If he/she is going to be released directly from the jail (this sometimes occurs for minor offenses), ask for the time and place so you can be there to pick them up. This information is also available from officers at Inmate Information 559-488-3031, or you may request to speak to a Watch Commander.

If your relative is severely ill, ask if the city police could take him/her to a psychiatric hospital for a "5150" involuntary three-day hold for treatment and evaluation. Be ready to give specific facts that will legally enable them to articulate this. Is the person a danger to themselves or others, or are they unable to care for themselves and why?

Be sure to get the following information: The court arraignment date and address.

Medication needs will be evaluated during the booking process. Medical staff will verify your relative's doctor and prescriptions being taken. Once verification is made, your relative will receive the appropriate medication while in jail. Ask if your relative has been able to provide the doctors' name and list of medications to jail staff. You will assist your relative to receive medications in a timely manner by providing this information to Jail Medical Services staff.

STEP THREE: COUNTY JAIL INFORMATION

Inmate information is readily available on the internet at <http://www.fresnosheriff.org/InmateInfoCenter/main.asp>. Enter his/her complete legal name to bring up the booking number. Note this information for future reference.

TIP: Inmates are sometimes booked in with/without middle name. If you are unable to locate him/her, try any names your relative has used.

Use the links on the Inmate Information Center web page to access visiting hours, mailing address, and frequently asked questions.

TIP: When visiting the jail, always bring a few quarters for a locker to store your personal belongings while you visit your family member. Photo ID is also required.

STEP FOUR: SEND A FAX

Click on the [Inmate Medication Information Form](#) link on this web page. Print, complete, and fax as instructed below.

If this form is not available:

Immediately prepare a fax requesting that your relative be screened for placement in the mental health unit. Begin this fax with your relative's:

- Full legal name
- Date of birth
- Booking number
- Location

In the body of the fax include:

- His/her diagnosis
- His/her psychiatrist's name, phone number, and address
- The medications that are prescribed for your family member by name, dosage, and time of day to be administered
- Whether a particular medication has proven to be ineffective or has dangerous and/or uncomfortable side effects
- Any history of suicide attempts/threats or other violent intentions in the recent past. Briefly describe the events and when they occurred.
- Any other urgent medical conditions that might require immediate attention, such as diabetes, high blood pressure, seizures, heart problems, etc., and medications currently prescribed for those conditions. Include his/her medical doctor's name, address, and phone number for verification purposes. The medical information you provide is tremendously valuable in making an assessment and will help the mental health staff select the best treatment for your relative. There is a clear preference for maintaining effective current treatment. However, the Jail Psychiatric Services staff must conduct its own assessment of your relative's condition and may not necessarily prescribe exactly the same medications.

IMPORTANT: Do NOT address any impending charges against your family member in this fax. Medical information only!

Keep a copy of this fax for future reference. If your family member is transferred to a different facility, you will need to fax this information again.

On the cover page, indicate whether your relative has provided you with a written confidentiality waiver. If your relative has not previously done so, ask that he/she be asked to sign one while in jail. The Jail Psychiatric Services staff is prohibited by law from giving anyone information about a client's status unless they have the client's consent, but the staff can receive information from relatives or friends without the client's consent.

Once your relative has been booked, fax the document described in Step Four to the appropriate numbers below. Faxes can be sent 24 hours a day, seven days a week.

Jail Medical Services FAX Number is **(559) 442-5277**, the phone number is **(559) 488-3076**

Please note that the Jail Medical Service and the Jail Psychiatric Services are combined under Jail Medical Services.

Inmate Medication Information Form

<u>INMATE INFORMATION</u>			
Full Legal Name:			
Street Address:	City:	State:	Zip Code:
DOB:	Booking #:	Jail ID # (JID):	
<u>FAMILY CONTACT INFORMATION</u>			
Family Contact Name:		Relationship:	
Street Address:	City:	State:	Zip Code:
Daytime Phone:	Evening Phone:		
Contact Signature:			
<u>PSYCHIATRIST/TREATMENT FACILITY INFORMATION</u>			
Psychiatrist/Last Treatment Facility:		Date Last Treated:	
Street Address:	City:	State:	Zip Code:
Phone #:	FAX #:		
<u>MEDICAL INFORMATION</u>			
Diagnosis:			
Daytime Medications:			
Nighttime Medications:			
Prior Adverse Medication Effects (i.e. side effects, allergies, poor efficacy):			
Is Suicide A Concern? NO YES If Yes, Why?			
Other Medical Concerns:			
Medical Doctor's Name		Office Phone:	
Street Address:	City:	State:	Zip Code:
Jail Medical Services FAX Number:			