

STEP THREE: COUNTY JAIL INFORMATION

- Record his/her booking number. Note this information for future reference.
- TIP: Inmates are able to receive money for commissary. For more information about how to put money on your family member's books, call 661-868-6850.
- You can send a maximum of two books mailed directly from the publisher to your family member while in jail. Internet sites such as Amazon.com, BN.com, Library.com, etc., can take your order and deliver it to the jail. Retail book stores are not able to offer this service to your family member.
- TIP: When visiting Lerdo or CRF (Downtown Jail), bring your identification. A photo ID is required.

STEP FOUR: SEND A FAX

If the attached information form is not available,

- Immediately prepare a fax requesting that your relative be screened for treatment and possible 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 Correctional Mental Health 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.

- If your relative has not previously done so, ask that he/she be asked to sign a release of information form for you while in jail. The Correctional Mental Health 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.
- As soon as you are notified that your family member is in jail, 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 Mental Health Service Fax Numbers:

CRF (Downtown Jail) FAX: 661-868-5312

Call 661-868-6895 to confirm receipt of the fax you send.

Lerdo Correctional Mental Health FAX: 661-391-7997

Call 661-391-7948 to confirm receipt of the fax you send.

Jail Infirmary Fax Number:

SHERIFF'S MEDICAL SERVICES FAX: 661-391-7386

Call 661-391-7914 to confirm receipt of the fax you send.

Please note that the Jail Mental Health Services and the Sheriff's Medical Services are separate departments. Important medical information should also be faxed to the Sheriff's Medical Services.

- **REMEMBER:** If you are sending mental health information only, please fax to the CRF or Lerdo Correctional Mental Health fax numbers. If you are sending both mental health and medical information, you must fax the information to the Jail Mental Health Service number **and** the Sheriff's Medical Services number.

STEP FIVE: FAMILY ADVOCATE

- If you have any difficulty with this process, call the Department of Mental Health Family Advocate at 661-868-6109 during regular business hours.
- Don't forget to provide your family member's name, location, and booking number.

STEP SIX: DECIDING ON LEGAL REPRESENTATION

- Your family member may want to retain a private attorney or use the Public Defenders Office. A public defender will be assigned at arraignment if your relative does not have or cannot afford a private attorney. Do not be afraid to use a public defender. Public defenders often have knowledge of the system as it pertains to those who need mental health services.
- If your family member decides to retain a private attorney, be sure to select one that is well versed in helping people with mental illness and understands how to access the treatment facilities and mental health services that are available.

STEP SEVEN: IMPORTANT CONSIDERATIONS

- **Bail:** Think carefully about posting bail for your family member. No one wants a loved one to remain incarcerated for any length of time. It is an unpleasant experience for them as well as the family. However, you must ask yourself the following question. Will your family member be able to comply with the terms of the bail and appear in court when required? Also, as hard as it may seem, jail may be a safer place for a person with severe mental illness who is in crisis rather than having your loved one wander the streets with no help at all. At least in jail they will be fed, will have shelter, and be given access to medication treatments.
- **Working with an attorney:** Public defenders are extremely busy and do not have much time for phone calls. They will appreciate written or faxed correspondence. Remember, it is the inmate, not you, who is his client. A private attorney will grant you more time, but remember you are paying for that access. Provide the attorney with an extensive medical/psychiatric/social/educational history of your family member in writing. This information will be very useful in pursuing the best outcome for your loved one.

STEP EIGHT: TREATMENT AFTER RELEASE FROM JAIL

- **MEDICATIONS**

Individuals released from Lerdo Jail who are on Psych meds may obtain a BRIEF supply to continue their medications on an interim basis by calling 661-868-6790 during normal work hours. Individuals must call within 4 days of release. Encourage your loved one to seek treatment and medication immediately. Discourage your loved one from waiting a month or two until they are in crisis before seeking help.
- **PSYCHIATRIC ALTERNATIVE RESOURCES (the PAR Program)**
 - Individuals in Metro Bakersfield who are new to the Mental Health System of Care and meet authorization standards for treatment may obtain treatment from Psychiatric Alternative Resources (The PAR Program). Phone 661-631-1483 for information.
- **GEOGRAPHIC PROVIDERS**
 - The Mental Health System of Care has teams in outlying areas of the county, including Delano, Wasco, Taft, Frazier Park, Lamont, Tehachapi, Rosamond, California City, Ridgecrest and Lake Isabella. For information on these teams, call the Access Unit at 661-868-8111.
- **COURT ORDERED TREATMENT**
 - Forensic Services Team treats individuals with assault or sex offenses. Individuals are ordered into treatment as a condition of their probation. When they report to their probation officer, these conditions are reviewed, and they are told where to report.

- The Mental Health Court Program offers mental health and substance abuse treatment to mentally ill defendants. When individuals are convicted of (or plead guilty to) a felony, the Probation Department does a review of the case called a ‘sentencing investigation’. If they believe that an individual is seriously mentally ill, they can request that the judge order an evaluation. Sometimes they ask the individual to sign a release of information. The Mental Health Court Team will evaluate the individual and indicate whether they qualify for the program. If they do qualify, the judge may include an order to participate in the program in the person’s Probation Orders. For information, call the Mental Health Court Program of the Kern County Dept Mental Health at 661-868-6115 during regular business hours.
- Parole Outpatient Clinic.
Mental Health treatment for individuals who are on State Parole is provided by the Parole Outpatient Clinic located at 3400 N. Sillect Avenue 661-634-9620.

DEFINITIONS

Arraignment- *Usually the first court appearance by the defendant, where he/she will be formally charged and plead (respond to the charge or charges) by answering, “guilty, not guilty, or no contest”. The appointment of counsel and the setting of bail, as well as, conditions of release (if any) also take place at the arraignment. If a suspect has remained in custody, and arraignment will usually be held within 48 hours of the arrest – excluding weekends and holidays.*

Arrest- *The detention of a person (usually by a police officer) in a manner that makes clear that the person is not free to leave and the continued holding of that person for the purpose of bringing criminal charges against them.*

Arrest Report- *The report prepared by the arresting police officer, which summarizes the circumstances leading to the arrest. This report (and other relevant documentation) is filed with the District Attorney’s office, which acts as the prosecutor.*

Bail- *Money paid to the court to help ensure that an arrested person makes all required court appearances. The amount of bail will depend on the crime charged as well as other factors, which the court deems relevant. Failure to make court appearances will (usually) result in the forfeiture of bail.*

Bench Warrant- *A warrant issued by the court itself for the arrest of an individual, usually because the individual has been found to be in contempt because he or she has failed to appear in court as required*

Booking- *The procedure which creates an official arrest record, usually conducted in jail, following and arrest. The procedure usually includes: recording the suspect’s name and the crime for which they were arrested, taking a “mug shot”, taking the suspect’s clothing and personal property into police custody, taking the suspect’s fingerprints, conducting a body search of the suspect, checking for warrants and conducting a health screening of the suspect.*

Hearing- (Generally) a court proceeding where issues of law or fact may be heard and decided, usually much shorter than a trial. A hearing may be an arraignment, a preliminary hearing or a hearing on a motion (brought by either side).

Supporting and coping with a loved one who suffers from a brain disorder can be extremely challenging and stressful. Knowledge, as well as your love and fortitude, will be essential in helping you to become a strong and effective support system for your family member. For information about support groups and educational programs provided free of charge in your area, contact NAMI-the Nation's Voice on Mental Illness at 661-868-7176 or on the internet at www.namicalifornia.org.

This informational guide was written by NAMI volunteers based on their own personal experience to help families navigate the system. We are not attorneys, and this is not intended to be a substitute for professional legal advice. Please assist your family member in obtaining proper legal representation.

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Kern County NAMI Criminal Justice Committee

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INMATE MEDICATION INFORMATION FORM FOLLOWS BELOW

INMATE MEDICATION INFORMATION FORM

Date: _____

Booking Number: _____

INMATE INFORMATION

FULL LEGAL NAME OF INMATE: _____ DOB: _____

STREET ADDRESS: _____ CITY: _____ STATE: _____ ZIP CODE: _____

FAMILY CONTACT INFORMATION

FAMILY CONTACT NAME: _____ RELATIONSHIP _____

STREET ADDRESS: _____ CITY: _____ STATE: _____ ZIP CODE: _____

DAYTIME PHONE: _____ EVENING PHONE: _____

PSYCHIATRIST/TREATMENT FACILITY INFORMATION

PSYCHIATRIST (Current or Last Seen) _____ DATE LAST TREATED: _____

STREET ADDRESS: _____ CITY: _____ STATE: _____ ZIP CODE: _____

PHONE: _____ FAX: _____

MEDICAL INFORMATION

DIAGNOSIS: _____

DAYTIME MEDICATIONS: _____

NIGHTTIME MEDICATIONS: _____

PAST PROBLEM MEDICATION EFFECTS (i.e. side effects, allergies, medication that did not work): _____

HOW LONG HAS IT BEEN SINCE MEDICATIONS WERE TAKEN? _____

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 MENTAL HEALTH SERVICE FAX NUMBERS

DOWNTOWN JAIL (RECEIVING FACILITY) FAX: 661-868-5312

LERDO FACILITY FAX: 661-391-7997 OR 661-391-7978

SHERIFF'S MEDICAL SERVICES BUREAU FAX- 661-391-7386

***FAX TO Mental Health AND SHERIFF'S MEDICAL WHEN OTHER MEDICAL CONDITIONS APPLY**