

# 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 Los Angeles 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 family member/friend is being held in a city jail, remind him/her of the right to have an attorney present if being questioned by police officers or detectives.
- If he/she is already at the Inmate Reception Center (IRC) adjacent to the Men's Central Jail (MCJ) or Century Regional Detention Facility (CRDF), 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 Sheriff's nursing staff and Jail Mental Health Service staff. It is important your family member feels safe to speak openly with the mental health screeners.

## STEP TWO: CONTACT THE LOCAL JAIL

- Call the local city jail (not the County Jail) that is holding your family member and ask for the Watch Commander. Inform him 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 city jail. If he/she is going to be released directly from the city jail (this sometimes occurs for minor offenses), ask for the time and place so you can be there to pick them up. 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.
- If your relative is not going to be released directly from the city jail, ask that he/she be transferred as quickly as possible to the Los Angeles County Jail IRC.
- Be sure to get the following information:
  1. the expected date and time of departure to the IRC;
  2. the court arraignment date and address.

Medication will probably not be accessible until your relative arrives at the IRC, but you might inquire if the holding facility can obtain needed medication

## STEP THREE: COUNTY JAIL INFORMATION

- Upon arrival at the MCJ, Twin Towers, or CRDF call the IRC at 213-473-6080 or 213-473-6100. Inquire as to your family member's location (tower, floor and pod number) and, most importantly, his/her booking number. Female inmates are detained at the CRDF in Lynwood.
- NOTE: This information is also readily available on the internet at [www.lasd.org](http://www.lasd.org). Click on "LASD Services", then "Inmate Information". 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 Twin Towers or CRDF, always bring a few quarters for a locker to store your personal belongings while you visit your family member. Photo ID is also required. Please review the [General Public Visiting Guidelines](#)

#### STEP FOUR: SEND A FAX

- Click on the **Inmate Medication Information Form**, [English Version](#) or [Spanish Version](#) 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 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.
- 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 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.
- 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.
  - **Mental Health Services:**
    - Men's Fax: 213-972-4002
    - Women's Fax: 323-568-4650
  - **Medical Services**

- Men's Fax: 213-830-0681
  - Women's Fax: 323-357-5679
- 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 Bureau number.

#### **STEP FIVE: MENTAL HEALTH COURT PROGRAM**

- The Mental Health Court Program assists mentally ill defendants in the criminal justice system.
- Call the Mental Health Court Program of the Los Angeles County Department of Mental Health at 626-403-4370 during regular business hours. The program's caseworker may assist the defense attorney, prosecutor, and the judge in implementing an alternative sentence to a mental health treatment facility rather than incarceration in a jail or prison. This program is available free of charge.
- Advise the staff of your family member's arrest and where he/she is being held.
- Inquire if there is a Mental Health Court caseworker assigned to the applicable courthouse where your relative has been or will be arraigned.
  - Get the caseworker's name and phone number.
- If your relative has a private attorney, contact him/her with this information.
- If your relative does not have an attorney, a public defender will be assigned at the arraignment, and you can provide this information at that time. Then call the caseworker yourself. Provide the caseworker with:
  - The attorney's name and telephone number
  - A brief statement detailing the current circumstances, diagnosis, and relevant history of your family member. Be concise and to the point.

#### **STEP SIX: FAMILY ADVOCATE**

- If you have any difficulty with this process, call the Department of Mental Health Family Advocate at 213-637-2311 during regular business hours and ask for John Griffin. For the Spanish speaking advocate, call Julio Celada at 213-251-6520.
- Don't forget to provide your family member's name, location, and booking number.

#### **STEP SEVEN: 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.

#### **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:** Call the Public Defender's office at the court where the case is being heard and ask for the name and phone number of the attorney who will be handling the case. It is more likely the attorney will be at his or her desk in the morning between 8:00 - 8:30 a.m. before court begins or later in the afternoon after 3:30 p.m. If you do not reach the attorney, be sure to leave a message requesting a return call with your name, phone number, your family member's name and, if possible, the case number and court date. Due to the attorney-client confidentiality requirement, there will be information the attorney may not be able to share with you. Remember, it is your family member, not you, who is the attorney's client.

Inform the attorney of your family member's condition and any information that may be beneficial to the case. Provide the attorney with an extensive medical/psychiatric/social/educational history of your family member in writing. Include hospitalization, diagnosis information, medication treatment, and the contact information of those doctors/clinicians and of facilities that have treated your family member in the past. This information will be very useful in pursuing the best outcome for your loved one. Attorneys are extremely busy and many will appreciate written or faxed correspondence.

For general information regarding criminal cases involving mental health issues, call the Public Defender's Mental Health Branch at (323) 226 – 8167.

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 National Alliance on Mental Illness, at 213-632-0782 or on the internet at [www.namicalifornia.org](http://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.*

*Updated April 16, 2008*

NAMI Los Angeles Criminal Justice Committee

**INMATE MEDICATION INFORMATION FORM**

**INMATE INFORMATION**

FULL LEGAL NAME OF INMATE: \_\_\_\_\_  
STREET ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_  
DOB: \_\_\_\_\_ BOOKING #: \_\_\_\_\_  
JAIL LOCATION: TOWER: \_\_\_\_\_ FLOOR: \_\_\_\_\_ POD#: \_\_\_\_\_

**FAMILY CONTACT INFORMATION**

FAMILY CONTACT NAME: \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_  
STREET ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_  
DAYTIME PHONE: \_\_\_\_\_ EVENING PHONE: \_\_\_\_\_  
CONTACT SIGNATURE: x \_\_\_\_\_

**PSYCHIATRIST/TREATMENT FACILITY INFORMATION**

PSYCHIATRIST/LAST TREATMENT FACILITY: \_\_\_\_\_ DATE LAST TREATED: \_\_\_\_\_  
STREET ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_  
PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

**MEDICAL INFORMATION**

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 MENTAL HEALTH SERVICE FAX NUMBERS**

MEN'S FAX: 213-972-4002      WOMEN'S FAX: 323-568-4650

**SHERIFF'S MEDICAL SERVICES BUREAU – MEN'S FAX: 213-830-0681 WOMEN'S FAX: 323-357-5679**

**FAX TO BOTH NUMBERS WHEN OTHER MEDICAL CONDITIONS APPLY**