

KERN COUNTY SHERIFF'S OFFICE

Detentions Bureau Policies and Procedures

TITLE: INCARCERATED PERSON EMERGENCY PSYCHIATRIC CARE H-1100

EFFECTIVE:	REVIEWED:	REVISED:	UPDATED:
August 25, 2015	07-11-24		07-11-24

APPROVED BY: Detentions Bureau Chief Deputy Cindy Cisneros

REFERENCE: Welfare and Institutions Code 5150 (*et seq.*), DBPPM H-300

POLICY

The purpose of this policy is to establish procedures for obtaining emergency psychiatric care for incarcerated people in custody, or upon release from custody, pursuant to Section 5150 (*et seq.*) of the Welfare and Institutions Code.

DEFINITION(S):

For the purpose of this policy, the following definitions shall apply:

- **5150:** The common name for an emergency psychiatric 72-hour hold, as detailed in the California Welfare and Institutions Code 5150 (*et seq.*) which stipulates that an individual who as a result of mental disorder, is a danger to others, or to themselves, or gravely disabled can be taken into the custody and evaluated at a facility designated by the county and approved by the State Department of Mental Health as a facility for 72-hour treatment and evaluation.
- **CBH:** Correctional Behavioral Health. (391-7948)
- **KM:** Kern Medical Hospital. (326-2000)
- **KM-ER:** Kern Medical Emergency Department (326-2667)
- **KM-IPU:** Kern Medical Inpatient Psychiatric Unit. (326-2715 or 327-2717)
- **DHCS 1801 form:** Form used by CBH staff and jail security staff to place a 5150 hold on an individual. (DBPPM H-1100 Attachment A)
- **PEC:** Psychiatric Evaluation Center (868-8037 or 868-8047)
- **PEC-TRC:** Transfer Resource Coordinator at PEC. (978-2377)

DIRECTIVE #1

Incarcerate persons being placed on a 5150 hold who require emergency medical care or treatment for an acute medical condition as determined by CBH staff, shall be transported to KM for treatment prior to being taken to the PEC. The PEC does not provide emergency medical care, regardless of psychiatric needs.

Incarcerated persons requiring emergency medical care or treatment for an acute medical condition as determined by CBH Staff shall be transported directly to KM ER during the coordination process regardless of bed availability confirmation.

Procedure A: 5150 with Psychiatrist Direct Admission (Doctor-to-Doctor)

When an on-site CBH Psychiatrist has determined that an incarcerated person requires emergency psychiatric services due to being gravely disabled, a danger to self, or a danger to others, CBH staff will coordinate a direct admission to KM-IPU.

CBH staff will:

- Complete a DHCS 1801 form (Attachment 'A')
- Contact the KM-IPU Charge Nurse (326-2715) to ascertain bed availability.
- Provide 5150 justifications for the incarcerated person.
- Upon notification from the KM-IPU charge nurse that a bed is available coordinate the transportation for a direct admission to KM IPU with the shift supervisor.
- Advise the KM ER Charge Nurse that the incarcerated person and Deputies are enroute.

The shift supervisor, or their designee, will:

- Ensure that the incarcerated person has been medically cleared and is free of any medical injuries by the on-duty Psychiatrist or CBH Staff prior to transfer.
- Arrange for transportation of the incarcerated person to the KM-IPU.
- Complete a jail hold form.
- Notify Classification of the transfer.

TITLE: INCARCERATED PERSON EMERGENCY PSYCHIATRIC CARE H-1100

- Ensure that transporting Deputies take the original completed 5150 (DHCS 1801) form and a completed jail hold form.
- Ensure that a JMS incident report is written detailing the incident, including the JMS offense code 4054 (Sheriff Initiated 5150 hold).

In the event that an incarcerated person declares they are on a hunger strike or is known or believed to have been without food or beverage intake for 24 hours (in accordance with DBPPM H-600 Incarcerated Person Hunger Strike), or the incarcerated person is injured, a medical clearance from KM shall be sought at the direction of the on-duty Psychiatrist or CBH Staff.

Upon receiving medical clearance from KM, the incarcerated person shall be admitted directly to IPU, from the emergency room, based on bed availability.

In the event that an IPU bed is not available, the KM ER Doctor will coordinate the transfer of the incarcerated person to the PEC.

Note: Deputies shall remain with the incarcerated person at PEC until such time that the Incarcerated person is approved for transfer to the IPU.

If the 5150 is not upheld, Deputies shall return the incarcerated person to the originating jail facility.

Procedure B: 5150 without a Psychiatrist On-Duty

When CBH staff or a shift supervisor have determined that an incarcerated person requires emergency psychiatric services due to being gravely disabled, a danger to self, or a danger to others, during a time that the on-site Psychiatrist is not available,

The shift supervisor or CBH staff will:

- Contact the KM-IPU Charge Nurse in advance of the transfer to coordinate bed availability.
- Contact PEC-TRC (Psychiatric Evaluation Center - Transfer and Resource Coordinator) to coordinate a plan for the transfer and destination (IPU or PEC) of the incarcerated person.
- Provide 5150 justifications for the incarcerated person.
- Ensure that a DHCS 1801 (5150) form is completed.

The Shift Supervisor will:

- As directed by PEC-TRC staff, make arrangements to either transfer the incarcerated person to KM ER for medical clearance, or to the PEC for evaluation for admission to KM IPU.
- Complete a jail hold form.
- Notify Classification of the transfer.
- Ensure that that the original completed DHCS 1801 (5150) and jail hold forms are routed with the incarcerated person and transporting Deputy or Deputies.

Deputies assigned to transport an incarcerated person to KM ER for medical clearance prior to 5150 will:

- Transport the incarcerated person to KM ER.
- Upon clearance from KM ER staff, either transfer incarcerated person to PEC or take the incarcerated person to IPU.
- Deputies shall remain with the incarcerated person at KM ER and PEC at all times.

If the 5150 is not upheld, Deputies shall return the incarcerated person to the originating jail facility.

Deputies assigned to transport an incarcerated person directly to PEC will:

- Transport the incarcerated person to PEC
- Remain with the incarcerated person during the 5150 PEC evaluation.
- Await direction from PEC and/or KM IPU for admission pending bed availability.

If 5150 upheld, deputies shall:

- Transfer incarcerated person per PEC directive to KM IPU.

If the 5150 is not upheld, Deputies shall return the incarcerated person to the originating jail facility.

Procedure C: 5150 upon Incarcerated Person Release

When an incarcerated person scheduled for release is on suicide watch or an incarcerated person is a danger to others, or is a danger to themselves (including making suicidal statements), or is gravely disabled,

CBH staff or the shift supervisor will:

- Ensure continuity of mental health care for the incarcerated person.
- Complete an DHCS 1801 (5150) hold form for the incarcerated person scheduled for release.
- Coordinate with PEC and/or KM ER (if in need of medical clearance based on Correctional Medicine or PEC directive).

Note: A 5150 hold shall only be placed on an incarcerated person being released from custody in situations where the incarcerated person is on an active psychiatric/suicide watch or is a danger to others, or is a danger to themselves, or is gravely disabled at the time of release.

All 5150 holds placed upon release from custody shall be documented with an incident report.

DIRECTIVE C-1: Released Incarcerated Person that requires medical attention

In cases where the incarcerated person being released requires medical attention,

The shift supervisor, or their designee, will:

- Arrange for transportation of the released subject to KM ER.

Deputies assigned to transport a released incarcerated person to KM ER will:

- Ensure that the released incarcerated person is transported to KM ER with an original and complete DHCS 1801 (5150).
- Check the individual in as a "walk in", provide the completed 5150, and a verbal report about the status and behavior of the individual.
- Coordinate with PEC / TRC (Transfer Resource Coordinator) at 661-978-2377 to transfer the incarcerated to PEC once they have been medically cleared.

TITLE: INCARCERATED PERSON EMERGENCY PSYCHIATRIC CARE H-1100

- Return to originating facility after the individual has successfully been checked in to PEC.

DIRECTIVE C-2: Released incarcerated person that has been medically cleared

In cases where the incarcerated person being released has been medically cleared by Correctional Medicine Staff or PEC directive,

The shift supervisor, or their designee, will:

- Arrange for transportation of the released individual to PEC.

Deputies assigned to transport the released individual to PEC will:

- Ensure that the individual is transported to PEC with an original and complete DHCS 1801 (5150).
- Check the individual in as a “walk in”, provide the completed 5150, and a verbal report about the status and behavior of the individual.
- Return to originating facility after the individual has successfully been checked in to PEC.