

	MARICOPA COUNTY SHERIFF'S OFFICE POLICY AND PROCEDURES	
	Subject INMATE ACCESS TO HEALTHCARE AND MENTAL HEALTH SERVICES	Policy Number DQ-1 Effective Date 03-12-24
Related Information ARS 31-161 <i>Informational Handbook for Inmates</i> DA-5, <i>Inmate Suicide Prevention</i> DH-1, <i>Office Jail Access</i> DO-1, <i>Intake Process</i> DQ-2, <i>Medical Isolation</i> DQ-3, <i>Involuntary Psychotropic Medications</i> GJ-11, <i>Serious Diagnosed Illness, Serious Physical Injury or Death of a Prisoner or Inmate</i>	Supersedes DQ-1 (04-22-15)	

PURPOSE

The purpose of this Office Policy is to establish guidelines and procedures for detention personnel to facilitate access to healthcare and mental health services for inmates housed in Office jail facilities and the Intake Transfer and Release (ITR) facility.

POLICY

It is the policy of the Office to facilitate inmate access to medically necessary healthcare and mental health services in line with community healthcare standards.

DEFINITIONS

Cardio-Pulmonary Resuscitation (CPR): An emergency procedure consisting of external cardiac compressions and respiration. CPR is the first treatment for a person who has collapsed, is unresponsive, has no pulse, and has stopped normal breathing.

Danger to Others: The judgment of a person who has a mental disorder is so impaired that they are unable to understand their need for treatment, and as a result of their mental disorder, their continued behavior can reasonably be expected, on the basis of a competent medical opinion, to result in serious physical harm to others.

Danger to Self: Behavior that, as a result of a mental disorder, constitutes a danger of inflicting serious physical harm upon oneself, including attempted suicide or the serious threat thereof, if the threat exists, when considered in the light of its context and in the light of the individual's previous acts, that the threat will be carried out.

Emergency Medical Treatment: A situation in which, in the judgment of a licensed medical or psychiatric provider, action to impose treatment over the inmate's objection is immediately necessary for the preservation of life or the prevention of serious bodily harm to the inmate or others, or extreme deterioration of functioning secondary to psychiatric illness, and it is impracticable to first gain consent or the inmate will not or cannot provide voluntary consent.

Inmate: A person who has been accepted for confinement into an Office jail facility.

Jail Security Matter: A subject or concern that may pose a serious threat to the safety or security of any person, place, or thing. Such matters include, but are not limited to, escape attempts, inmate disturbances, bomb threats, major disasters, threats to other persons, assaults, promotion of contraband, and fraudulent schemes.

Medical Isolation: Removal of an inmate from general population for medical conditions as determined by Correctional Health Services (CHS) personnel.

Medical Restrictive Housing: This housing is provided for temporary removal of an inmate from general population housing for refusal of a medical examination or testing to rule out a communicable disease.

Medication: Any chemical substance intended for use in the medical diagnosis, cure, treatment, or prevention of disease.

Prisoner: An individual deprived of their liberty and kept under involuntary restraint, confinement, or custody prior to being accepted into an Office jail facility.

Serious Injury/Illness: A life-threatening medical condition as diagnosed by Correctional Health Services (CHS) personnel or other licensed healthcare professionals.

Sheriff's Inmate Electronic Data (SHIELD): An Office jail management system containing information about individuals who are, or have been, incarcerated or booked into an MCSO jail facility. Information is entered in this database when an individual is booked and updated throughout the term of incarceration. This includes, but is not limited to: inmate's charges; holds; court dispositions; bond and fine amounts; inmate listed booked in personal property; locker assignments; housing locations; restrictions; emergency medical information; scheduled inmate appointments; and the day to day operations of jail facility housing unit shift logs.

Work Release: A court ordered sentence which specifies particular dates or times that an inmate is to be confined in a jail facility and released into the community.

Involuntary Psychotropic Medication: A psychotropic medication given without the consent of the inmate, the inmate's guardian, or the inmate's health care decision maker.

PROCEDURES

1. **Provisions for Inmate Healthcare and Mental Health Services:** Healthcare and mental health services for inmates are provided by Correctional Health Services (CHS). Decisions regarding the appropriate level and urgency of care for inmates are the responsibility of CHS personnel. Jail security matter decisions, to include the security of the inmates, CHS personnel, Office personnel, and Office jail facilities in the delivery of healthcare and mental health services, are the responsibility of the Office.
2. **Receiving Screening:** Receiving screenings of prisoners shall be conducted by CHS personnel upon arrival at the Intake Transfer and Release (ITR) facility for pre-booking to ensure emergent health and mental health needs are identified.
 - A. A CHS triage nurse shall visually check each prisoner, inquire into the status of their health, and complete a questionnaire in the Electronic Health Record (EHR) application, as specified in Office Policy DO-1, *Intake Process*.
 - B. Signs are posted in the ITR facility pre-booking area which contain information regarding the procedures for obtaining healthcare services, and are also specified in the *Informational Handbook for Inmates*.

3. **Initial Health Assessment:** Initial health assessments of inmates shall be conducted by CHS personnel, usually within 14 calendar days after acceptance into custody.
 - A. CHS personnel will collect additional data to complete the medical, dental, and mental health histories, including any follow-up from abnormal findings obtained during the receiving screening of inmates in custody.
 - B. An inmate who refuses an initial health assessment shall be housed in Medical Restrictive Housing, as specified in Office Policy DQ-2, *Medical Isolation*.
4. **Emergency Medical Services:** Emergency medical treatment, such as medical, dental, and mental healthcare, are available to inmates housed in jail facilities on a 24-hour basis. Inmates may request emergency medical treatment at any time by notifying detention or CHS personnel. The processes for providing emergency medical services to inmates are as follows:
 - A. When detention personnel are notified, or believe a potentially life-threatening condition exists, they shall immediately notify CHS personnel. Within the scope of their Office-provided training, Office personnel shall promptly administer emergency medical care as needed such as, but not limited to, Cardio-Pulmonary Resuscitation (CPR) or first aid.
 - B. The responding CHS personnel shall be responsible for directing the level of care. If life-sustaining equipment is necessary, CHS personnel shall be responsible for requesting an ambulance. In the event a potentially life-threatening condition is determined, a detention supervisor is authorized to make the request for an ambulance and then notify CHS personnel. All ambulance requests for emergency medical treatment shall be requested through the jail facility's security control who shall relay the request to the Communications Division. Emergency responders shall have access to the jail facility, as specified in Office Policy DH-1, *Office Jail Access*.
 - C. Employees shall respond to the serious injury, illness, or death of a prisoner or inmate in accordance with the procedures specified in Office Policy GJ-11, *Serious Diagnosed Illness, Serious Physical Injury or Death of a Prisoner or Inmate*. Response to an attempted suicide by an inmate shall be completed, as specified in Office Policy DA-5, *Inmate Suicide Prevention*.
5. **Non-Emergency Medical Services:** Inmates may request non-emergency medical treatment, such as medical, dental, or mental healthcare by submitting a Non-Emergency Health Needs Request Form either by paper copy, distributed by detention personnel, or electronically through the inmate tablet. Non-Emergency Health Need Requests shall be answered by CHS personnel.
 - A. Inmates may be charged a copayment for each self-initiated healthcare service that is provided by CHS personnel and a copayment for each written prescription, as specified in ARS 31-161.
 - B. Inmates shall not be refused healthcare services for financial reasons. Inmates shall receive healthcare services in line with community healthcare standards, regardless of their ability to pay.
6. **Mental Health Care and Evaluation:** Inmates may request or be referred by a detention supervisor to CHS for a mental health evaluation CHS may be contacted in person or by phone. Detention referrals should include the observed behaviors of the inmate requiring notification and action. Detention personnel shall document any referral to CHS in the Sheriff's Inmate Electronic Data (SHIELD).
 - A. The following are observed behaviors which require notification to CHS:
 1. Upon initial assessment, an inmate presents a history of psychiatric or mental disorders;

2. During the course of incarceration, the inmate exhibits erratic or unusual behaviors; or
 3. The inmate exhibits behaviors which are considered a danger to self or a danger to others.
- B. When detention personnel deem it necessary to refer an inmate for mental health care and/or evaluation, they shall contact their supervisor immediately. The supervisor shall be responsible for assessing the inmate's behavior and contacting CHS personnel.
- C. When members of the public contact the Office with an inmates' mental health concern, the information shall be immediately provided to a shift supervisor for action to include contacting CHS as necessary. Detention personnel shall document the mental health referral in SHIELD.
- D. Additional procedures for inmate's indicative of any possible psychological issues such as erratic or unusual behaviors are specified in Office Policy DA-5, *Inmate Suicide Prevention*.
7. **Mental Health Housing:** Inmate placement into mental health housing shall be determined following a screening and evaluation by CHS mental health personnel.
- A. **Mental Health Unit (MHU) Housing:** Inmates with possible or probable mental health disorders shall not be placed into mental health housing until they have been evaluated and authorized by CHS mental health personnel.
1. Inmates in the MHU shall be under continuous care by the CHS mental health team to include psychiatrists, nurses, and counselors. Adjustments in medication, therapy, and appropriate housing shall be made by a CHS psychiatrist, as the inmate's mental health condition requires.
 2. Inmates housed in the MHU shall be afforded the same privileges as inmates in general population housing, with the exception of those privileges which must be restricted for safety or security reasons. Placement in the MHU shall not be used as a form of disciplinary action.
- B. While in the MHU, detention personnel may need to implement additional security measures, such as placing an inmate in more secure housing or utilizing additional restraints due to safety concerns. The MHU shift commander or designee may direct additional security measures be taken under the following conditions or circumstances:
1. If detention personnel disagree with the CHS admitting nurse's or psychiatrist's decision regarding an inmate's initial housing, or additional restraints and/or security measures in the MHU, the MHU shift commander or designee and the CHS admitting nurse shall consult with a CHS psychiatrist. If no psychiatrist is available, the CHS unit manager or designee shall be consulted.
 2. If detention personnel then disagree with CHS' decision regarding the inmate's initial housing assignment or additional restraints or security measures, the MHU shift commander or designee may order that the inmate be placed into more secure housing or may initiate additional restraint and/or security measures.
 3. In the event action is taken contrary to the CHS decision, the MHU shift commander or designee shall complete an entry into SHIELD. The entry shall indicate the housing assignment, and/or additional restraints or security measures that were reasonably

necessary to preserve the order and security of the jail facility; and to prevent injury or escape of the inmate.

8. **Prescription Medications:** Administering and dispensing prescription medications to inmates shall only be conducted by CHS personnel.
 - A. Detention personnel shall ensure that inmates present their identification to CHS personnel in order to receive medication.
 - B. Inmates shall not be allowed access to drug carts or areas containing medication.
 - C. Dispensing involuntary psychotropic medication shall be completed, as specified in Office Policy DQ-3, *Involuntary Psychotropic Medications*.
9. **Inmate Refusal of Medical Care:** Inmates who refuse medical care must refuse to CHS personnel and/or emergency response personnel, as applicable.
 - A. Inmates who refuse medical care shall be instructed by CHS personnel to complete and sign a *Specific Informed Consent* form to ensure an informed refusal is obtained.
 1. If the inmate refuses to sign, CHS personnel shall indicate in the inmate signature block, "Inmate refuses to sign."
 2. Detention personnel shall be responsible for signing in the witness block when requested by CHS. The *Specific Informed Consent* form shall be retained in the inmate's medical file by CHS personnel.
 - B. Should an inmate refuse medical care from a housing unit, and it is required that the inmate be seen in the clinic by CHS personnel, detention personnel shall not use force to bring the inmate to the clinic. Detention personnel shall notify CHS personnel and request they respond to the housing unit to ensure a *Specific Informed Consent* refusal is obtained.
10. **Work Release Medical Care:** Work Release inmates are responsible for their own healthcare. They may be temporarily released to seek emergency and non-emergency medical treatment. Detention personnel responding to medical emergencies outside of the jail facility may request an emergency response through the jail facility's security control who shall relay the request to the Communications Division when necessary. CHS personnel shall respond to a medical emergency to stabilize the inmate until outside medical responders arrive.
11. **Documentation:** When a serious injury, illness, or death of a prisoner or inmate occurs, an *Incident Report (IR)* shall be completed by detention personnel, as specified in Office Policy GJ-11, *Serious Diagnosed Illness, Serious Physical Injury or Death of a Prisoner or Inmate*.
12. **Abortion Transportation:** Transportation procedures for the purpose of inmates obtaining an abortion are specified in Rules and Regulations for Inmates.