

DEPARTMENT OPERATIONS MANUAL

CHAPTER 9 – HEALTH CARE SERVICES

ARTICLE 9 – INVOLUNTARY PSYCHIATRIC MEDICATIONS

Revised May 6, 2015

91090.1 Policy

The Department may administer involuntary psychiatric medication to an inmate only if the procedures in Penal Code (PC) Section 2602 are followed.

91090.2 Purpose

The purpose of this article is to set forth CDCR's operational procedures and expectations of its employees concerning all aspects of involuntary psychiatric medication, including proper pre-court and post-court documentation, criteria for initiation, criteria for renewal, scheduling, initiation, renewal, non-renewal, interface with the inmate's attorney, interface with the Office of Legal Affairs (OLA), interface with the Office of Administrative Hearings (OAH), inmate post-hearing remedies, and proper use of electronic charting resources to document assessments, both what is observed and court results.

91090.3 General Provisions

Involuntary psychiatric medication should not be used in a psychiatric context:

- To control behavior that is not related to a diagnosable psychiatric disorder.
- When an inmate is capable of giving informed consent and objects to such medication, unless the inmate is a danger to self or others.
- Unless called for in a medical emergency as defined in CCR, Title 15, Section 3351, (a).
- In doses other than that for which the drug is approved by the Food and Drug Administration (FDA) or by community standards of professional practice or by nationally recognized guidelines or by legitimate scientific and medical opinion.
- In doses that diverge widely from appropriate dose recommendations, as defined by CCHCS care guidelines, nationally recognized guidelines, legitimate scientific and medical opinion, and by parameters provided by the FDA. Formulary decisions should conform to the CCHCS statewide formulary.

91090.4 Long-Acting Medication

When filing a non-emergency initial petition, clinical staff may not administer involuntary medication beyond the initial 72-hour emergency period.

When filing an emergency initial petition, clinical staff should administer no medications involuntarily that have substantial, clinically relevant actions due to the fact that they stay in the bloodstream longer than 10 calendar days, including the initial 72-hour emergency period. The medication or medications that cause the least restrictive effects yet accomplishes their purpose should be chosen. After the conclusion of the administrative hearing, if the court order is granted, clinical staff may administer long-acting medication.

91090.5 Medication Supervision and Observation

A physician, psychiatrist, licensed vocational nurse, registered nurse, licensed psychiatric technician, or psychiatric nurse practitioner should be physically present to observe the emergency administration of involuntary medication. That person should create a note in a health record, which should include:

- Personnel administering medication.
- Observation.
- Physical room or setting in institution where medication was administered.
- Resistance.
- Reason for medication.
- Time.
- Date.
- Form of medication (tablet, liquid, injection) and dosage.
- Injury.
- Force.
- Reaction.

If the inmate is not already in an inpatient setting, the inmate should be observed twice per day by a health care staff to monitor for side effects until the inmate is deemed at low risk for side effects by a psychiatric physician, medical physician, or nurse practitioner. Observations will be noted in appropriate health records.

Anytime force is observed or used by health care staff, the procedures and documentation requirements referenced in DOM Chapter 5, Article 2, Section 51020.17.6 must be followed.

91090.6 Documenting Evidentiary Factors

Danger to Self

Clinical and custody staff has an obligation to observe inmates and to note, document, and promptly report to their superiors, behavior that could be classified as a danger to self. Danger to self means the inmate has made a credible threat or has attempted to engage in an act of self-harm and the threat is ongoing; or has threatened, attempted, or inflicted serious physical injury to self, and, as a result of a serious mental disorder, the dangerous behavior is expected to likely reoccur given the limits of what can reasonably be predicted. Demonstrated danger to self may be based on an assessment of the inmate's present mental condition, including consideration of the inmate's historical course of serious mental disorder to determine if the inmate currently presents an elevated chronic risk or an imminent risk to his or her own safety. If these signs or symptoms of dangerousness to self are observed by any employee at any time, an immediate mental health referral should be made and the patient should be observed until a clinician makes an assessment. If a licensed clinician evaluates the inmate and believes there is an emergency, elevated chronic risk, or an imminent risk, psychiatry personnel should be contacted, psychiatric medication should be considered, and if it is thought that medication will help but the patient refuses these medications and is expected to continue to refuse medications, a CDCR MH-7363, Involuntary Medication Notice, or CDCR MH-7368, Renewal of Involuntary Medication Notice, should be started with inputs from any staff member familiar with, or observing, the inmate's behaviors. Referral to the crisis bed should be considered.

Danger to Others

Clinical and custody staff has an obligation to observe inmates and to note, document, and promptly report to their superiors, behavior that could be classified as a danger to others. Danger to others means the inmate has inflicted, attempted to inflict, or made a credible threat of inflicting physical harm upon the person of another, and as a result of a serious mental disorder, the inmate presents a demonstrated danger of inflicting physical harm upon others. Demonstrated danger may be based on an assessment of the inmate's present mental condition, including consideration of the inmate's historical course of serious mental disorder, to determine if the inmate currently presents an elevated chronic risk or an imminent risk of harming another

person. If these signs or symptoms are observed by any employee at any time, an immediate mental health referral should be made. If a licensed clinician evaluates the inmate and believes there is an emergency, elevated chronic risk, or an imminent risk, psychiatry personnel should be contacted, psychiatric medication should be considered, and if it is thought that medication will help but the patient refuses these medications and is expected to continue to refuse medications, a CDCR MH-7363 or CDCR MH-7368 should be started with inputs from any staff member familiar with, or observing, the inmate's behaviors.

Grave Disability

Clinical and custody staff has an obligation to observe inmates and to note, document, and promptly report to their superiors, behavior that could be classified as gravely disabled. Photographs of trash in the cell, organic material on walls or windows, flooding of the cell, or unflushed toilets should be taken, if there is suspicion of grave disability. If a psychiatrist, medical physician, psychologist and/or social worker suspects that a patient is gravely disabled he or she must order relevant recording of information which may include: logs of missed showers, records of weights and weight loss, documentation of catatonic behavior, documentation of the patient being taken advantage of by others, and/or other recording of relevant behavior or speech that corroborates grave disability. If the inmate is being victimized, or subject to being victimized, due to diminished cognitive capacity or due to mental health issues that diminish appropriate responses, being Developmentally Disabled (DD) or due to other diminished mental capacity, the circumstances demonstrating the lack of capacity and the ensuing dangerous victimization should be documented and steps should be taken to prevent victimization. Gravely Disabled means there is a substantial probability, due to a serious mental disorder and incapacity to accept or refuse psychiatric medication, that serious harm to the physical or mental health of the inmate will result. Serious harm means significant psychiatric deterioration, debilitation, or serious illness as a consequence of his or her inability to function in a correctional setting without the supervision or assistance of others, inability to satisfy his or her need for nourishment, and/or inability to attend to needed personal or medical care, seek shelter, and/or attend to self-protection or personal safety. The probability of harm to the physical or mental health of the inmate requires evidence that the inmate is presently suffering adverse effects to his or her physical or mental health, or evidence that the inmate has previously suffered these effects in the historical course of his or her mental disorder and that his or her psychiatric condition is again deteriorating. The fact that an inmate has a diagnosis of a mental disorder does not alone establish probability of serious harm to the physical or mental health of the inmate. If these signs or symptoms are observed by any employee at any time, an immediate mental health referral should be made. If a licensed clinician evaluates the inmate and believes there is an emergency, elevated chronic risk, or an imminent risk, psychiatry personnel should be contacted, psychiatric medication should be considered, and if it is thought that medication will help but the patient refuses these medications and is expected to continue to refuse medications, a CDCR MH-7363 or CDCR MH-7368 should be started with inputs from any staff member familiar with, or observing, the inmate's behaviors. Consideration should be given to referring the patient to a crisis bed.

Elevated Chronic Risk

Elevated chronic risk means the serious and persistent presentation of clinical factors that suggests an inability to adequately navigate within society or inability to effectively navigate within a structured environment such that, based on historical course of mental disorder, there is a reasonably foreseeable elevated risk of self-harm, violence, or grave disability.

Imminent Risk

Imminent risk means the presence of clinical and situational factors that suggest a significant risk of violence toward others, self, or grave disability and requires immediate intervention.

Determination of Capacity or Lack of Capacity

Clinicians must make a good faith attempt to engage the inmate to determine the inmate's capacity to voluntarily consent to medication, which requires capacity, other than in an emergency situation. Capacity should be evaluated by reviewing the inmate's (a) ability to communicate a choice; (b) ability to understand relevant information; (c) ability to appreciate the nature of the situation and its likely consequences; and (d) ability to use the information rationally.

Reporting Serious Mental Illness

Clinical and custody staff has an ethical obligation to observe inmates in all treatment and custody settings and to note, document, and promptly report to their superiors, behavior that aligns with the description of a serious mental disorder, danger to self, danger to others, or grave disability, as defined above.

A serious mental disorder means an illness or disease or condition that substantially impairs the person's thought, perception of reality, emotional process, or judgment; or which grossly impairs behavior; or that demonstrates evidence of an acute brain syndrome for which prompt remission, in the absence of treatment, is unlikely. Qualifying behaviors include, but are not limited to, clinical and custody staff observation of delusional behavior, catatonia, responding to internal stimuli, auditory or visual hallucinations, and paranoia.

When an inmate exhibits the above symptoms, an immediate mental health referral should be made. If a medical emergency, elevated chronic risk, or imminent risk exists, psychiatric medication should be considered if there are no less restrictive alternatives, and if it is thought that medication will help but the patient refuses these medications and is expected to continue to refuse medications a CDCR MH-7363 should be started with inputs from anyone familiar with the inmate's behaviors.

Consent and Refusal

Involuntary psychiatric medication should not be given to an inmate who has the capacity to consent to medication. Clinical staff should document the offer of medication and an inmate's refusal to consent to medication before proceeding to the involuntary medication process under PC 2602, except in the case of a medical and/or psychiatric emergency.

91090.7 Initiation Proceedings

Initiation of involuntary medication is accomplished by completing a CDCR MH-7363 (initial petition) and CDCR MH-7366, Inmate Rights Notice – Involuntary Medication, and serving the inmate, the inmate's attorney, the OLA, and the OAH via electronic transmission.

The OLA will maintain a master calendar of the available inmate calendar for PC 2602 hearings and the attorney rotation for the various high-volume institutions. Institutions that have only an occasional need for hearings should coordinate with the OLA first to arrange for attorney coverage to avoid calendar conflicts.

91090.7.1 Staff Disclosure of Prior Case Activity within Past 60 Days

If an institution is re-filing on a specific inmate who was the subject of a court proceeding in the immediately preceding 60 calendar days (court denial, withdrawal, request for dismissal), either the doctor filling out the CDCR MH-7363 or the OLA shall disclose this in one of the pleadings so that all parties are aware of the history of the case.

91090.7.2 Alert of Ex Parte Request and Medication Order in Health Records

If the institution submits an emergency initial petition asking for authority to administer involuntary medication pending the administrative hearing, the Medication Court Administrator (MCA) must scan the CDCR MH-7363 and Ex Parte Request (included in CDCR MH-7363) into the health records the same day it is filed so that physicians and pharmacists are aware of the pending request.

The MCA must then follow-up within ten calendar days and scan in the resulting order from the OAH either granting, or denying, interim medication authority, so that physicians and pharmacists will know the status of the case.

91090.7.3 Supplemental Petitions

The OLA will prepare a Supplemental Initial Petition for each case submitted by an institution, and may add or drop cases based upon legal review of the health records. This document should be served on the OAH and upon the inmate's attorney no later than three business days prior to the scheduled hearing, but optimally ten business days before the hearing.

91090.7.4 Ending A Case

Every case currently pending or filed in the future should terminate with either (1) a court order signed by an Administrative Law Judge (ALJ), (2) a Withdrawal Notice prepared by the OLA, (3) a Request for Dismissal prepared by the OLA, or (4) a CDCR MH-7370, Notice of Non-Renewal of Involuntary Psychiatric Medication form completed at the institution and submitted to the OLA documenting the reasons the case was not renewed.

Institutions who know an inmate is paroling or moving to Mentally Disordered Offender (MDO) status should complete the necessary forms documenting why a case is not being renewed before the inmate departs.

91090.8 Renewal Proceedings

No later than 90 calendar days before an order authorizing the administration of involuntary medication is due to expire, the clinical staff of the facility where the inmate is currently housed should assign the matter to a psychiatrist to interview the inmate and determine if the filing of a CDCR MH-7368 is warranted. Renewal is appropriate if the inmate, even after administration of psychiatric medication, has documented insufficient insight regarding his/her mental illness, refuses to accept that he or she has a mental illness, states that he or she knows that a court order is required to ensure medication compliance, or if it is clear from documented behaviors or statements over the past twelve months that the inmate, but for the medication, would become a danger to self or others, or gravely disabled and lacking capacity to accept or refuse psychiatric medication.

If a determination is made to renew involuntary medication, a CDCR MH-7368 and CDCR MH-7366 should be prepared and served on the inmate, the attorney for the inmate, the OAH, and the OLA no later than 30 calendar days before the current order expires.

If an individual psychiatrist does not want to renew the involuntary medication order, the institution should convene an Interdisciplinary Treatment Team (IDTT) and pursue the process described in DOM Section 91090.9, below.

91090.8.1 Supplemental Petitions

The OLA will prepare a Supplemental Renewal Petition for each case submitted by an institution, and may add or drop cases based upon legal review of the health records. This document should be served on the OAH and upon the inmate's attorney no later than three business days prior to the scheduled hearing, but optimally ten business days before the hearing.

91090.9 Non-Renewal Process

Every case currently pending needs to either to be renewed or not-renewed. Legitimate reasons not to renew a case include, but are not limited to, that the inmate has gained insight that he or she has a mental illness and is willing to reliably take medication, or that the inmate is transferring to another program that will take over the court order, such as an MDO program.

The starting point for a non-renewal is the treating psychiatrist, if available, who must fill out a CDCR MH-7370 documenting the reasons that non-renewal is being considered. The treating psychiatrist can recommend the non-renewal take effect immediately or upon the natural expiration of the existing court order. If the inmate transfers to a new institution prior to the effective date of the CDCR MH-7370, the receiving institution may independently review the case factors and may elect to rescind it based on the inmate's psychiatric case factors and presentation.

91090.9.1 IDTT Review

If an individual psychiatrist does not believe that renewal of an involuntary medication order is beneficial to the overall health of the patient, he or she should consult with treatment team members.

If there is disagreement amongst treatment team members, additional consultation from mental health statewide leadership can be sought, but ultimately the final decision about renewal or non-renewal lies with the evaluating psychiatrist.

91090.9.2 Health Records

The non-renewal shall be recorded in the electronic health record. This is accomplished using one of two methods A CDCR MH-7370 is considered local to the institution that adopted it. That institution can make the non-renewal effective immediately, in which case the CDCR MH-7370 must be scanned into the health records and central file within 24 hours. Alternately, an institution can make the non-renewal effective at the natural end date of the PC 2602 court date. In such cases, the CDCR MH-7370 shall be filed as of the effective date of the expiration.

91090.9.3 Office of Legal Affairs

If an institution's IDTT approves a CDCR MH-7370, and deems it active and ready to be scanned into the health records and central file, a copy should immediately be sent to the OLA. This form is not to be sent to the OAH.

91090.10 Hearings

Attendance and Timing

Every inmate scheduled for a hearing will be contacted by a sworn correctional officer or sworn MCA on the day of the hearing to determine if the inmate wishes to attend the hearing, refuses to attend, or to meet with their attorney. The inmate's capacity to engage in the conversation should be documented by the custody officer going to the cell on the OLA PC 2602 Refusal form or an institution equivalent refusal form. An inmate's request to meet with his/her attorney on the day of the hearing will be honored by facilitating an attorney client meeting. An attorney's request to force or impose a visit upon an inmate who has already waived the right to a hearing on the day set for the hearing will be evaluated by the ALJ, who will take into account the data pertaining to the inmate's waiver or refusal, as well as institutional security and operation. If the need arises and the ALJ agrees, the hearing may be conducted at cell side.

If an inmate lacks capacity to attend, the hearing should be conducted cell side or continued due to the inmate's medical inability to participate, and the reasons for the continuance should be documented on the record by a doctor or psychiatrist familiar with the inmate's condition.

The attorney for the inmate should meet with the clients in advance of the date set for the hearing so that hearings start at the scheduled time.

Institutions must permit attorneys to meet with clients in advance of the PC 2602 hearing. This is a due process requirement for the inmate and must be accommodated separate and apart from any legal visiting program. Attorney-client meetings should be handled according to local institution operating protocol, generally in a legal visiting room and not at cell side. If an inmate refuses to meet with the attorney, it will be documented and can be reviewed by the ALJ on the day of the hearing. If an inmate appears to be unable to communicate or attend to activities of daily living on the day of the attorney's visit, or on the day of the hearing, the attorney should be informed.

Recording

The attorney from the OLA should bring the necessary equipment into the institution and record each proceeding. Those recordings should be maintained in digital archives by CDCR for a minimum period of five years, provided to the OAH annually, or individually upon request.

Copies of Filings

Legal filings with the OAH are deemed public documents and are not filed under seal.

Transcripts

Paper transcripts of administrative hearings are not prepared. Inmates may purchase paper transcripts from the OAH with funds from their inmate trust account or request alternative accommodation upon proof of indigence. Other parties may obtain copies of transcripts under the policies and pricing structure the OAH prescribes upon request.

Facilities

Each institution should provide a room, or rooms, on the day of the hearing that can accommodate an administrative hearing with seven to ten persons, including correctional officer escorts, with adequate room to maneuver and adequate space to provide security for the judge and attorneys.

Custody Escorts

Each institution should provide at least two correctional officers to bring inmates to and from the hearing room, or to and from the holding cells outside the hearing room. At least one correctional officer should stay in the room with the inmate during the hearing.

Telepsychiatry Declarants and Testimony

If an inmate's psychiatric care has been primarily assigned to a telepsychiatrist for delivery of care, and specifically if a telepsychiatrist is the declarant on a CDCR MH-7363 or CDCR MH-7368, then the Department should coordinate any hearing for the inmate so that said telepsychiatrist is available to present the involuntary medication case. This presentation occurs via remote video or telephone connection into the hearing room on the day set for the hearing. The telepsychiatrist shall be available and prepared for cross-examination. The institution shall make every attempt to schedule on a day when the presenting witness is available. If the assigned telepsychiatrist is not able to appear, the ALJ has the discretion to grant up to one continuance not to exceed 14 calendar days to allow a new clinician at the inmate's institution to review the inmate's central file, health records, meet with the inmate, and prepare to present the case.

Notification of Next-of-Kin

The inmate's next-of-kin will not be notified of the hearing unless the inmate requests to have the specified individuals audit the hearing. The inmate will submit the request in writing and complete a waiver of confidentiality. The inmate will be responsible for supplying an address

where the next-of-kin in the first-degree or second-degree can be contacted. The MCA will send a notice to the identified next-of-kin stating the type of hearing, date and time of hearing. Any questions regarding the upcoming hearing will be referred to the inmate's appointed attorney. Requests by an inmate to have next-of-kin attend the hearing will be contingent upon those individuals completing a gate clearance packet and the subsequent approval of the gate clearance by the Chief Deputy Warden's office. Only the identified next-of-kin in the first or second-degree will be considered for approval. These individuals will be escorted directly to the hearing room by the MCA (or designee) when their relative's case is ready to begin. The next-of-kin will not be allowed to speak during the hearing unless directed by the ALJ to give sworn testimony. The inmate and next-of-kin will not be allowed to exchange any property. If these conditions are breached, the next-of-kin will be removed from the hearing by a custody escort. Upon completion of the hearing, the next-of-kin will be escorted out of the institution.

Appointment of Attorney

For every scheduled hearing, the MCA should assign an inmate attorney from the rotation calendar available from the OLA and the OAH, unless one of the following situations occurs:

If the inmate desires to retain an attorney or has retained an outside attorney, the MCA will verify that the outside attorney is in fact taking the case, and then serve the paperwork accordingly on the outside attorney.

If the inmate desires to appear in propria persona (as their own representation), the MCA should assign an inmate attorney from the rotation calendar available from the OLA and the OAH, and the matter of the inmate's capacity to engage in self-representation will be brought up at the first hearing with the ALJ.

91090.11 Documentation of Legal Paperwork

Pre-Hearing

Institutions should provide supporting documentation to independently verify what is alleged in either the CDCR MH-7363 or CDCR MH-7368. The CDCR MH-7363 and CDCR MH-7368 are not evidence, and must be independently supported by health records, chronos, photographs, or other documentary evidence of the criteria alleged.

Such supporting documentation should be securely uploaded as a PDF to a secure Sharepoint or other secure site within three business days of the filing of either an initial or renewal petition, unless there is a justifiable business reason for not doing so. If the discovery cannot be provided to headquarters staff and to the inmate attorney within three business days of the filing of the CDCR MH-7363 or CDCR MH-7368, the institution should make a workstation available to the inmate's attorney to review the discovery on site, unless other arrangements are made with the inmate attorney for delayed electronic discovery.

Discovery will include six months of CDCR 7230 Interdisciplinary Progress Notes, any recent discharge summaries from the Department of State Hospitals, six months of psychiatrist progress notes, six months of primary clinician progress notes, recent suicide risk assessments, six months of relevant nursing notes documenting observations of behavior that could be classified as danger to self, danger to others or grave disability, any relevant Triage and Treatment Area or Mental Health Crisis Bed admission notes, and any relevant refusals of medication, food, showers, etc. Additionally, as relevant to the case(s) alleged, items from the central file may include a probation officer's report, Rules Violation Reports, CDC 128-G, Classification Chrono, or CDC-114A, and Isolation Log. Photographs will be provided, where relevant.

Institutions may supply discovery to the inmate attorney on CD-R media, or via secure electronic transmission media.

Post-Hearing

All court orders resulting from a hearing before an ALJ should be forwarded to the OLA either electronically as individual PDF files or by overnight mail within 24 hours of the conclusion of the hearing.

All court orders resulting from a hearing before an ALJ should be scanned into both the health records and the central file within 24 hours, with the appropriate alert sheet. This includes the ex-parte interim court ruling from the OAH, as well as continuance orders.

If the court has denied a case, the order for involuntary medication must be discontinued from the electronic record as soon as possible and the order for discontinuation added to all available charting resources and health records within 24 hours.

91090.12 Medication Court Administrator

The MCA is the liaison between the institution and headquarters OLA, the inmate attorney, and the OAH for all matters pertaining to involuntary administration of psychiatric medications to inmates pursuant to PC 2602. Each institution shall maintain a local operating procedure or duty statement setting forth the duties and responsibilities of the Medication Court Administrator to ensure that Penal Code section 2602 matters are timely served and filed pursuant to statutory mandate and in conjunction with the requirements set forth by the OLA and the OAH.

Pre-Hearing

Prior to the day of hearings, the MCA is responsible for completing or monitoring the following:

- Knowing which inmates at the institution need renewal notices started (assign renewal to psychiatrist 90 days before expiration of current order).
- Giving assignments to psychiatrists and tracking progress.
- Helping psychiatrists initiate new proceedings.
- Tracking whether an emergency petition has been submitted within the 72-hour deadline with ex parte request properly filled out.
- Checking that fillable CDCR MH-7363/CDCR MH-7366/CDCR MH-7368 forms are filled out correctly and completely.
- Helping obtain and print declarations created through central dictation as part of the CDCR MH-7363/CDCR MH-7368; service of papers on inmates.
- Determining if an inmate needs assistance responding to CDCR MH-7363 within two business days of being served.
- Determining if Ex Parte Request for Interim Medication Order has been granted or denied within three business days after the inmate's time period has run and promptly notifying pharmacy whether or not emergency medication can be continued.
- Filing all needed paperwork with OAH.
- Selecting inmate counsel based on master calendar sent by headquarters; properly using the statewide list created by OLA.
- Using the Sharepoint site maintained by OLA.
- Supplying timely copies of all petitions to headquarters staff the same day they are sent to OAH and inmate counsel.
- Supplying health records and ERMS information noted in DOM Section 91090.11 (Documentation of Legal Paperwork, Pre-Hearing), to inmate counsel and to headquarters staff, with available copy to testifying psychiatrist.
- Arranging for inmate counsel to meet confidentially with the inmate before the hearing.
- Ensuring, in cases where the inmate has private counsel, that private counsel sees the inmate, receives all discovery, and integrates seamlessly into the PC 2602 process.

- Tracking which CDCR MH-7363 and CDCR MH-7368 were sent to OAH (and the date), and knowing which have been completed by OLA (Supplemental Petition) and which have had Notice Setting Hearing (NSH) issued by OAH.
- Monitoring arrivals and departures from the institution, per the Strategic Offenders Management System (SOMS) Daily Movement Report, for any inmate on PC 2602 order. If an inmate departs, it is the responsibility of the sending institution's MCA to notify the receiving institution of the PC 2602 inmate and forward the most recent CDCR MH-7368 and order.
- Contacting headquarters and arranging to move up the PC 2602 hearing, if an inmate on emergency interim medication is deteriorating and needs to go to a higher level of care, rather than transfer the inmate.
- Placing a "hold" on an inmate, if the inmate is stable and is scheduled to move before a hearing date, unless medical conditions, or *Coleman* considerations, justify moving the inmate elsewhere.
- Notifying an institution of any inmate transfers if an inmate, with a case in process, transfers to another institution, and sending all supporting documentation to the receiving institution.
- Taking the lead and immediately gathering required material if an ALJ orders document production.
- Processing change orders timely when a hearing date or location needs to be changed.
- Monitoring psychiatry assignments to ensure psychiatric consults are completed on time and submitted to OAH/OLA within specified timelines to avoid a procedural default. Contacting, if necessary, the Chief of Psychiatry or a Senior Psychiatrist at the institution.
- Maintaining a current weekly log of all PC 2602 inmates for psychiatric staff, and monitoring as needed, to generate information necessary for *Coleman* reports.
- Responding to headquarter requests for information for copies of a missing order or other documents.
- Assisting with Probate 3200 service of documents and collection of medical documentation on patients as needed.
- Arranging for esoteric hearings, such as cell side hearings or hearings at a local hospital.
- Monitoring inmate's medical and dental appointments to ensure the inmate is present on the date scheduled for a hearing. Consulting with psychiatry and primary care providers to ensure the inmate is not subject to side-effects of other medications.

Day of Hearing

On the day of the administrative hearing, the MCA is responsible for monitoring or completing the following:

- Arranging for proper entry and clearance for the judge and inmate attorney (including requisite number of copies for gate passes).
- Arranging for proper and timely queuing of inmates.
- Checking accuracy of hearing results on the written court order, both on the day of hearing and subsequently on the statewide list, ensuring the results are properly recorded.
- Arranging to have necessary and late-developing documentation present.
- Filling out alert sheets correctly after a hearing and properly placing alert sheets in the electronic medical record health records and electronic ERMS promptly after the hearing.
- Inputting data and the scanning of records as needed.

- Updating the inmate’s Unit Health Record (UHR) immediately and accurately to properly reflect PC 2602 status (i.e. emergency petition filed, non-emergency petition filed/do not medicate/do not extract, hearing date, ex parte order granted, ex parte order denied, etc, ALJ order granted, ALJ order denied).
- Preparing packets for psychiatrists to use for testifying in court.
- Arranging schedules and assignments to ensure psychiatrists are present in court for the hearing at the appointed time.
- Investigating, if an inmate is not attending a hearing, the reason for not attending, via inmate interview, and preparing a statement of reasons for the judge.
- Testifying as a special investigator for all refusals and non-attending inmates with detailed information on the inmate’s medical, verbal, and behavioral responses as to capacity.
- Obtaining physician prescription orders sent to pharmacy/UHR for renewal of psychiatric medications on granted petitions and stop orders for denied hearings from psychiatrists.
- Ensuring Notice Setting Hearing and Proposed Order is printed for ALJ to sign for each case.
- Facilitating patient consent forms on dropped petitions.
- Notifying pharmacy and yard staff on the day of hearings when petitions are dropped or denied to ensure an inmate is not involuntarily medicated when there is no involuntary medication order.
- Scanning all court orders to PDF, filling out alert sheets and emailing to headquarters, and delivering to health records personnel.
- Sending all court orders to headquarters staff within 24 hours as PDF files.

91090.13 Inmate Review and Appeal of PC 2602 Proceedings

Inmates seeking superior court review of a PC 2602 order should be directed to file a petition for habeas corpus or petition for writ of mandate in their local superior court. Inmates seeking to have the same ALJ take another look at the case should be provided a form CDCR MH-7369 Penal Code 2602 Reconsideration form. The inmate is responsible for filling out the form and returning the form to OAH.

91090.14 Revisions

The Division of Correctional Healthcare Services, the Office of Legal Affairs, or designee is responsible for ensuring that the contents of this section are kept current and accurate.

91090.15 References

PC §§ 2600 and 2602

CCR (15) (3) §§ 3364, 3364.1, and 3364.2