

My Family Member Has Been Arrested in Yolo County. What Do I Do?

This document is a step-by-step guide to help families cope with the criminal justice system in Yolo County when a family member who suffers from a mental illness is arrested. This informational guide was written by NAMI volunteers based on their own personal experience in consultation with Yolo County Alcohol, Drug, and Mental Health Department staff and staff from California Forensic Medical Group (CFMG) and the Sheriff's Department to help families navigate the forensic 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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Step 1: 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 by the authorities in custody and being interrogated by investigators, remind him/her of the right to have an attorney. When being questioned by intake officers at the jail, it is not necessary to have an attorney present as the questions being asked will pertain solely to the arrestee's current and past medical condition and to determine proper housing classification.
- If he/she is already at the [Monroe Detention Center](#), 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. The process includes a survey with questions regarding whether he/she has a mental illness and is taking any medications.
- 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 [California Forensics Medical Group](#) (CFMG) health services staff and/or psychiatric services staff.
- It is important your family member feels safe to speak openly with the health/mental health screeners.
- All belongings a person comes in with are held at the jail and cannot be made available to your family member.
- Try to visit your loved one at least once a week. Note,
 - You must be able to clear a metal detector.
 - There is a specific dress code for visitors.
 - Photo ID is required.

Jail can be a very scary experience for someone with a mental disorder and it helps to have someone familiar and empathetic to talk with.

Step 2: CONTACT THE [MONROE CENTER](#) (Yolo County Jail)

The Monroe Detention Center is located at 2420 Gibson Road in Woodland. [MAP](#)

Call 530-668-5245 to determine:

- your relative's status.
- expected release date and time.
- court arraignment date, address and court department number.
- where your family member is housed.
(**note:** *inmates are often moved around, so check before each visit*)
- his/her booking number.

Use the link to the jail's web page www.yolocountysheriff.com to access mailing instructions, visiting hours, commissary information, inmate funds, etc

- [Detention / Jail - Records](#)
 - Records
 - [Frequently Asked Questions](#)
 - [charges, bail amount, court date](#)
 - [how to put money into your relative's account](#)
 - commissary
 - [directions to the center](#)
 - [and much more . . .](#)
 - Detention
 - [Visitation Hours](#)
 - [Visitation Rules](#)
 - [Link to canteen](#)

If you are unable to locate your relative, try any names he/she has used.

In case of a serious family emergency call and ask to speak with the **shift Sergeant**.

Step 3: [COMMUNICATE WITH CALIFORNIA FORENSICS MEDICAL GROUP \(CFMG\) PSYCHIATRIC SERVICES](#)

CFMG appreciates receiving information from family members about individuals' medications, treatment histories, etc. and attempts to verify and re-start any psychiatric medications as soon as possible.

Note: *medication may not be administered until your relative is screened/processed, and the psychiatric staff can verify the medication order.*

You can provide information by phone or in writing. Written information can be mailed to:

Monroe Detention Center
Attention: CFMG
2420 Gibson Road
Woodland, CA 95776 [MAP](#)

or dropped off at the jail.

By phone, call 530-668-5245 - you will get a phone tree.

- press 1 or 2 for language
- press 1 for list of options
- press 7 for medical

On Monday thru Friday, 8:00 - 4:00, a clerk is available to answer the phone in the medical unit. At other times there may not be a staff person in the office as they are out with patients. Request to speak with a member of the CFMG psychiatric services staff or leave a detailed voice message if staff are not available.

See the [Information sheet](#) to help organize medical and psychiatric information. Include:

- your relative's full legal name and date of birth
- mental illness diagnosis
 - psychiatrist's name, phone number, and address
 - current medications - name, dosage, and time of day to be administered
 - name and location of the pharmacy that dispensed these medications
 - history of negative experiences with medications
 - history of alcohol or other substance abuse
 - history of suicide attempts/threats or other violent intentions in the recent past, briefly describing the events and when they occurred
 - history of (or potential for) victimization by other inmates.
- other medical conditions that might require immediate attention, (e.g. diabetes, high blood pressure, seizures. . . .) and medications currently prescribed for those conditions.
- medical doctor's name, address, and phone

Do **NOT** address any impending charges against your family member in this communication. Medical information only! Keep a copy of this information for future use.

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 CFMG psychiatric services staff will conduct an assessment of your relative's current condition and may not necessarily prescribe exactly the same medications.

Step 4: [ALTERNATIVES TO SENTENCING](#)

The Alternatives to Incarceration (AIM) and the Mentally Ill Offender Crime Reduction (MIOCR) grants awarded to Yolo County have been designed to provide alternatives to incarceration for non-violent mentally ill offenders. Offenders receive intervention treatment from a team of providers. To be eligible for these programs an individual age 18 or older must be a Yolo County resident arrested and booked in Yolo County after June 30, 2006.

Generally referrals come from the Court, county jail, the [Yolo County Department of Alcohol, Drug and Mental Health](#), Public Defender, District Attorney, and Probation. However referrals will be taken from any source. To make a referral, contact the Adult Forensics Coordinator, at 530-666-8347. Note, these programs are grant funded and subject to change.

Yolo County Proposition 36 is the county's version of the Substance Abuse and Crime Prevention Act of 2000. The program is collaboration between the [Yolo County Department of Alcohol, Drug and Mental Health](#) and the Probation Department and is designed to assist non-violent drug offenders to overcome addiction. The program offers the participant appropriate drug and alcohol treatment, as well as, formal probation supervision. Consumers will be assigned to participate in the programs at [Beamer Street](#), [Communi-Care](#), [Walter's House](#), [Cache Creek](#) or [River City Recovery](#). The goal is to treat drug addiction, rather than incarcerate. Referrals cannot be made directly to this program; the Court orders individuals to this program. If you feel that your loved one may be eligible and interested in

participating, work with your loved one's attorney. Note that the participant is required to share in the cost. The fee scale is based on the Federal Poverty Level for 2006.

Step 5: 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 hesitate to use a public defender. Public defenders are more familiar with the court processes, the judges and district attorney's, often have frequent first hand experience with defendants who have a mental illness than most private attorneys, and will therefore be very likely to know what legal and treatment options are available to them. 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?

WORKING WITH AN ATTORNEY: Public Defenders (PDs) are extremely busy and do not have much time to take or return phone calls. Often PDs will not know that they have been assigned to a particular individual's case until very shortly before a first court appearance. Do not assume that the initial court file has any reference to your family member's mental illness in it.

If a public defender (PD) has not been assigned or you can't obtain that information, it is still important to share the written medical history information that you also have provided to CFMG. The only reliable way to do this is to plan to attend the first court hearing if you are able and to deliver your written document to the PD. Arrive early. Bailiffs (Sheriff's Deputies assigned to a particular court room) can assist you in passing along written information to PDs, and even having a brief word immediately before hearings.

PDs 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.

Public Defender:

Phone: (530) 666-8165;

FAX: (530) 666-8405

ADDITIONAL CONTACTS AND INFORMATION

Supporting and coping with a loved one who suffers from a mental illness 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-Yolo:

Phone: 530-756-8181

Email: friends@namiyolo.org

Website: www.namiyolo.org

This document was last updated November 30, 2007. If any of this information is inaccurate or in need of updates, please send your feedback to friends@namiyolo.org

Psychiatric and Medical Information Provided by Family / Friend

Date:

Submitted by:

Relationship:

Phone:

Please note that this information was submitted by a family member or friend of the inmate for informational purposes only. This information is to remain confidential and not to be shared with the inmate

Name (Last, First, M.I.):

Date of Birth

Marital status: Single Partnered Married Separated Divorced Widowed

PSYCHIATRIC / MEDICAL HEALTH HISTORY

Psychiatric Diagnosis: Please check all diagnosis that apply

- | | | | |
|--|--|---|---|
| <input type="checkbox"/> Anxiety Disorder | <input type="checkbox"/> Depression | <input type="checkbox"/> Obsessive Compulsive Disorder | <input type="checkbox"/> Schizoaffective Disorder |
| <input type="checkbox"/> Bipolar Disorder | <input type="checkbox"/> Dual Diagnosis | <input type="checkbox"/> Panic Disorder | <input type="checkbox"/> Schizophrenia |
| <input type="checkbox"/> Borderline Personality Disorder | <input type="checkbox"/> Eating Disorder | <input type="checkbox"/> Post-Traumatic Stress Disorder | <input type="checkbox"/> Other (describe below) |

Comments

Other Issues (dates; briefly describe)

Suicide attempts

Violence

Alcohol Abuse

Drug Abuse (List drugs)

History of (or Potential for) Victimization by Other Inmates

History of Sexual Abuse or Trauma.

Other / Comments

List Other Medical Problems (E.G. Diabetes, High Blood Pressure, Heart Problems, Seizures Etc.)

Please turn to next page

Hospitalizations		
Year	Reason	Hospital

List Prescribed Drugs				
Name the Drug	Dosage	Frequency Taken	Time of Day to be Administered	Prescribing Pharmacy (Name and Location)

Allergies / Negative Reactions to Medications	
Name the Drug	Describe Reaction

Psychiatrist
Name:
Address:
Phone:

Physician
Name:
Address:
Phone:

Previous / Present Capabilities and Interests

Other Relevant Information