



CONTRA COSTA
MENTAL HEALTH
COMMISSION

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**Mental Health Commission
Justice Systems Committee Meeting
Tuesday, April 27, 2021, 1:30-3:00 PM
Via: Zoom Teleconference:**

<https://cchealth.zoom.us/j/6094136195>

Meeting number: 609 413 6195

Join by phone:

1 646 518 9805 US

Access code: 609 413 6195

AGENDA

- I. **Call to order/Introductions**
- II. **Public comments**
- III. **Commissioner comments**
- IV. **Chair comments**
- V. **APPROVE minutes from the March 23, 2021 Justice Systems Committee meeting**
- VI. **RECEIVE Presentation: Detention Health Update, Sonia Sutherland, MD, Interim Medical Director; and David Seidner, Mental Health Program Chief**
- VII. **DISCUSSION regarding the collection of mental health diagnosis of inmates during intake at the detention facilities: Comments from Rajik Pramanik, MD, Chair office of Informatics and Technology, Chief Medical Informatics Office, Contra Costa Health Services**
- VIII. **REVIEW questions asked of David Seidner for the Medical Remedial Plan**

(Agenda Continued on Page Two)



The Contra Costa County Mental Health Commission is appointed by the Board of Supervisors to advise them on all matters related to the county's mental health system, in accordance with mandates set forth in the California State Welfare & Institutions Code, Sections 5604 (a)(1)-5605.5. Any comments or recommendations made by the Mental Health Commission or its individual members do not represent the official position of the county or any of its officers. The Commission is pleased to make special accommodations, if needed, please call ahead at (925) 313-9553 to arrange.

- IX. DISCUSS How to engage Judges Virginia George and Susan Fentstermacher involved in determining Conservatorship cases into coming to our meeting and discussing issues of concern with them.**
- X. Adjourn**

Detention Health Update

Mental Health Commission, April 28th, 2021

Sonia Sutherland, MD
Interim Medical Director

David Seidner
Mental Health Program Chief

Prison Law Office Settlement

- Negotiations began in 2017
- Consent decree approved by the Court February 2021
- Medical and mental health remedial plans are within standards of care, negotiated and agreed upon court ordered provisions.
- Many improvements began in 2017
 - ▶ Value Stream Mapping
 - ▶ Rapid improvement events based on feedback from VSM

Our **mission** is to **care** for and improve the **health** of all people in **Contra Costa** County with special attention to those who are most vulnerable to **health** problems

ONE CARE

Track Levels of Mental Health Care

- Strength Based and Recovery Model
- Ongoing assessment of the individual's mental health needs
 - ▶ Identification of risk factors
 - ▶ Support adjustment to detention environment
- Psychiatrist's order for Track Levels of Mental Health Care
- Coordination and Case Conference with Health and Custody staff

Suicide Prevention Program

- Joint training cofacilitated by health and custody trainers
- Health and Custody collaboration for suicide prevention
- Continued support during suicide precautions and after

Patient Centered Care

- Prioritized Mental Health improvements
- Improved identification of care needs at intake
 - ▶ Standardized screening tools and process
 - ▶ Increased privacy
- Improved identification and treatment of substance use disorders
- Increase staffing to provide consistent care across disciplines including psychiatry, mental health clinicians, physicians, nurse practitioners and nursing staff
- Intentional, strategic improvements to address patient needs

Current State - Updated 4/21/21

- Ongoing improvement efforts within the standards of care, the negotiated and agreed upon court ordered provisions.
- Robust multidisciplinary COVID response
- 0 COVID related hospitalizations or deaths
- Vaccinations underway since January 2021

Questions for David Seidner
RE: Contra Costa County
MEDICAL REMEDIAL PLAN

PAGE #	Section / Sub-section # and QUESTION
6	<p>III Intake Medical Care</p> <p>A. Screening/Health Assessments #26-#29 Highlighted sections</p> <ul style="list-style-type: none"> • Can we see the video? • Define “reasonable efforts” • “a provider determines” is this a different provider from the person who prescribed the medication?
7	<p>#33, Item E: Highlighted section (A Physical exam, if clinically indicated;)</p> <ul style="list-style-type: none"> • Why aren’t all inmates given a physical?
8	<p>#38, Highlighted section (The County shall establish a reliable process for tracking sick call requests)</p> <ul style="list-style-type: none"> • Can we see this process?
9	<p>#40, Highlighted section (RE: 72 hours)</p> <ul style="list-style-type: none"> • Why not 24 hours? <p>B. Chronic Care</p> <p>#45, Highlighted section (RE: Patients with history of Hep C)</p> <ul style="list-style-type: none"> • Are all patients screened for Hep C?
10	<p>C. Specialty Care</p> <p>#52 Highlighted section (RE: 3 business days)</p> <ul style="list-style-type: none"> • Why not 24 hours? <p>#54 Highlighted section (RE: w/in 21 days/ provider will review and act upon diagnostic report w/in 5 days)</p> <ul style="list-style-type: none"> • This is a large span of time between emergent and urgent. Why? <p>D. Dental Care</p> <p>#56 Highlighted section (RE: Dental screening w/in 14 days of admission)</p> <ul style="list-style-type: none"> • Does this include cleaning?
11	<p>#58 Highlighted section (RE: Emergent/Urgent Requests and exams)</p> <ul style="list-style-type: none"> • Why is this emergent and urgent time frame different? Again, does this include cleaning?

**MEDICAL REMEDIAL PLAN
CONTRA COSTA COUNTY
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I. Definitions

For purposes of this plan, references to “medical care,” “medical services,” “medical staff,” and “medical treatment,” includes dental care services, staff, and treatment, as well as pharmacy services and staff. References to the “jail” include the Martinez Detention Facility in Martinez and the West County Detention Center in Richmond, and any future adult jail facilities.

All other terms are defined as follows:

Chronic Disease: Chronic diseases include but are not limited to the following medical conditions:

- Blood diseases (including persons on anticoagulants)
- Cancer
- Cardiac conditions and heart disease
- Cirrhosis / end-stage liver disease/disorders
- Cocci (Valley Fever)
- Diabetes
- Epilepsy / seizure disorders
- Hepatitis C
- HIV/AIDS
- Hypertension
- Neurological disorders (i.e. Parkinson’s, Multiple Sclerosis, myasthenia gravis)
- Renal diseases (including persons on dialysis)
- Respiratory diseases (i.e. COPD, emphysema, Asthma, cystic fibrosis)
- Rheumatology diseases (i.e. lupus, rheumatoid arthritis)
- Sickle cell disease
- Tuberculosis

Diagnostic services: Lab draws and specimen collections, X-rays.

DOT: Direct-observation therapy (watch-swallow medications).

Encounter: interaction between a patient and a Qualified Health Care Professional that involves a clinical assessment with exchange of confidential information.

KOP: Keep-on-person medications.

Detention Health Staff: Includes health staff who provide direct and indirect care to patients including Qualified Health Care Professionals and other allied health professionals.

Provider: medical doctors and advanced practice professionals authorized to write prescriptions (e.g., physician, physician assistant, nurse practitioner, dentists).

Qualified Health Care Professional (QHCP): physicians, physician assistants, nurses, nurse practitioners, dentists, mental health professionals, and others who by virtue of

their education, credentials/license, and experience are permitted by law to evaluate and care for patients.

II. Administration

A. Health Care Leadership, Staffing, and Training

1. The County shall have a leadership team that is responsible for the delivery of health care services in the jail, and the evaluation of the adequacy of the services.
2. The County shall provide and maintain medical staffing in the jail to meet community standard of care and to execute the requirements of this plan.
3. The County shall verify that all health care staff meet the minimum requirements of the job classifications for their position as set forth by the County.
4. The County shall develop a staffing plan that includes the number of positions recommended for medical and dental care needs at the jail. The staffing plan will include a timeframe for its implementation.
5. The County shall ensure that there are a sufficient number of custody staff assigned to clinics and for medical escorts in order to execute the requirements of this plan.
6. All Detention Health Staff shall be trained on the key detention medical care policies upon hiring into detention, and shall be provided updates on any changes to key medical care policies. The County shall document and retain records demonstrating that Detention Health Staff have been trained on the key policies for verification purposes.
7. The County shall provide initial and periodic training for custody staff assigned as escorts on the following subjects: introduction to detention healthcare services, suicide screening, identification and management of drug and alcohol withdrawal symptoms, standards for referrals to Detention Health Staff, and safety training, which includes identification and management of acute and behavioral health emergencies and de-escalation techniques.
8. The County shall ensure that all custody and Detention Health Staff are trained to recognize and respond appropriately to drug and alcohol withdrawal and are trained to provide first responder assistance in emergency situations.

B. Policies and Procedures

9. The County will have policies and procedures to correspond to all provisions in this remedial plan. The policies should be biennially evaluated by Detention Health Staff leadership.
10. The County shall maintain drug/alcohol withdrawal policies and procedures that include specific guidelines as to the frequency and documentation of patient assessment by Detention Health Staff.
11. The County shall have a Medication Assisted Treatment program to address and manage patients who have substance and/or opioid use disorders. Women who are pregnant and report opioid use are provided Medication Assisted Treatment, if clinically indicated, under the supervision of a provider.
12. The County shall provide a draft of the policies and procedures added or revised as a result of this remedial plan to plaintiffs' counsel for review. If there is a conflict, the parties will provide the policies and procedures to the expert for review. The County shall implement the policies and procedures, which are attached hereto.

C. Clinical Space and Medical Placements

13. The County shall provide adequate clinical space in the jail to support clinical operations while also securing appropriate privacy for patients in routine medical encounters. Adequate clinical space includes visual and auditory privacy from other patients and non-health care staff, subject to the provisions of paragraph 14 below, the space needed for Detention Health Staff to reasonably perform clinical functions, and access to health care records.
14. Absent agreement by the patient, routine medical encounters shall occur in a room with auditory privacy from custody staff and inmates unless the QHCP determines that encounter requires the presence of custody staff due a threat to safety and security, based on documented individualized reasons, in which case auditory privacy from other inmates must nonetheless be ensured. In cases where the QHCP determines that custody presence is needed for safety and security reasons, Detention Health Staff will document the reasons in the medical health record as a variance from standard practice.
15. The County shall maintain guidelines for transferring patients to a higher level of care.

D. Medical Records

16. The County shall use templates for what information should be documented in jail medical encounters, including timing for any follow up care.

E. Quality Management/Performance Measurement

17. The County shall conform its quality improvement plan, as stated in the Mental Health Remedial Plan, to the community standard.
18. The quality improvement committee shall meet at least quarterly and will include both Detention Health Staff and custody staff, and will:
 - a. Identify health care performance measures to be monitored and establish thresholds and/or targets for measures;
 - b. Design quality improvement monitoring activities; and
 - c. Analyze monitoring results of improvement projects to identify factors that contribute to less than threshold and/or target performance.
19. Performance Improvement Project recommendations will be published to Detention Health Staff. Project studies with associated aggregated data will be made available to Plaintiffs' counsel and the joint expert during the period of implementation and monitoring.

F. Adverse Event Reviews

20. The County shall implement a policy, which includes interventions and root cause analysis, when indicated, for use within the jail.

21. The County shall develop corrective action plans for systemic, physical or procedural issues uncovered by the adverse event review process. The quality improvement committee shall:
 - a. Design and implement corrective action plans;
 - b. Review all action items until the corrective action plan is complete;
 - c. Monitor the performance of the corrective action plan for sustainability; and
 - d. Review the status of active corrective action plans at least quarterly.
22. The County shall track the outcome of applied interventions.

G. Grievances

23. The County shall maintain a written health care grievance policy, that among other things, designates the Detention Health Staff responsible for reviewing and responding to grievances related to the delivery of health care. The grievance policy shall include timeframes for responses, and categorize the type of grievance (i.e. medical care, mental health care, medication administration, etc.). The policy shall also include guidelines of when a face-to-face interview with the grievant is necessary.

III. Intake Medical Care

A. Screening / Health Assessments

24. Intake health screening shall continue to be performed by QHCP, using an intake screening tool
25. All intake health and initial mental health screenings shall be performed in areas that provide reasonable auditory privacy and confidentiality, unless there is an individualized security or safety risk, which shall be documented.
26. The intake screening will identify and record, as necessary, health and/or disability needs, and document the patient's health history and relevant information.
27. Intake nurses will conduct a reasonable review of available electronic medical records at the time of intake for evidence of current medical conditions and medications.
28. The process for requesting health care will continue to be described in the orientation video that runs during intake and in notices posted on each housing module. The signs will be posted in at least English and Spanish and the video will run in at least English and Spanish. *Can we see the video*
29. The County shall continue to make reasonable efforts to verify prescribed medications claimed by incoming patients at intake, including contacting pharmacies and non-jail providers for prescription information with a signed release of information from the inmate. When current medication prescriptions are verified and a provider determines the medication is medically necessary, bridging medications shall be administered within 24 hours of verification for a minimum of seven days, unless otherwise directed by a provider. *Define reasonable efforts*
is this a different provider from the person who prescribed it.
30. The QHCP shall document persons who have physical disabilities that could impact their housing placement within the jail (i.e. mobility impairment, deaf/hard of hearing, blind/uncorrectable vision impairment), and if appropriate, notify custody staff of the housing limitations. The

County shall ensure that mobility assistive devices (i.e., cane, walker, wheelchair) are available.

31. Women who during intake screening report active opioid use disorder, opioid dependence, or opioid treatment (i.e., methadone or buprenorphine) shall be immediately offered a pregnancy test. If pregnant and clinically indicated, the QHCP shall contact a provider. If clinically indicated, the provider will authorize and oversee Medication Assisted Treatment.
32. If the intake screening identifies clinically significant findings for an inmate booked into the facility, the County shall take the following actions:
 - a. If the findings are deemed emergent, the patient will be seen by Detention Health Staff immediately or as soon as possible;
 - b. If the findings are deemed urgent, the patient will be seen by Detention Health Staff within eight hours;
 - c. If the findings are deemed routine, the patient will be seen by Detention Health Staff within three to five calendar days.
33. Additionally, where the intake screening identifies clinically significant findings, a provider will conduct an initial health assessment within three to five calendar days. The assessment will include:
 - a. Review of the intake screening results;
 - b. Collection of additional data to complete the past medical history, including any follow-up from positive findings obtained during the intake screening;
 - c. Review of all prescriptions, and the prescribing of all medically appropriate medication;
 - d. Review of recording of vital signs, including a finger stick on people with diabetes;
 - e. A physical exam, if clinically indicated; *why aren't all inmates given a physical?*
 - f. Review of laboratory and/or diagnostic tests for communicable diseases and for specific diseases;
 - g. Referral for detoxification treatment and/or Medication Assisted Treatment, if clinically indicated;
 - h. Identifying the need for specialty care referrals.
34. As part of the assessment, the provider shall develop or update the Problem list and/or treatment plan, if clinically indicated. Treatment plans will include any need to request consults with outside specialists.

IV. Delivery of Medical Care and Services

A. Access to Care

35. Patients may submit requests for health care services via telephone, if available, in writing, or electronically once kiosks are available. Blank health service request forms shall be readily available on all housing units, program areas, and libraries and shall be offered regularly to patients in administrative segregation housing.
36. When Detention Health Staff provides confidential medical information to patients by mail, they will do so by using a sealed envelope with the patient's name, number and location on the front and an indication on the front of the envelope that the envelope contains confidential medical information. Custody staff will open the envelopes in the presence of the inmate and will visually inspect for contraband due to safety and security concerns but will not read the document.
37. Confidential locked boxes, or an equivalent electronic mechanism shall be available on every housing unit for routine health service requests and for complaints and/or grievances relating to the provision of health care services. These boxes shall be readily accessible to patients on free time. Detention Health Staff will retrieve and review the contents of the boxes at least once a day. Patients who do not have daily access to a locked box shall be provided the opportunity to give health service requests to Detention Health Staff on a daily basis.
38. The County shall establish a reliable process for tracking sick call requests. *Can we see the process?*
39. The County shall refine its system to review inmate requests for health services, including requests made over the telephone access lines, as follows:
 - a. RNs shall review the submitted inmate requests for medical and/or mental health services once per day.
 - b. The review process shall include an assessment of the level of urgency of the request, whether the patient needs to be seen and, if so, the disposition and time frames for the triaging and subsequent appointments, and a tracking system.
 - c. The following timelines apply for triaging inmate requests for medical services for patients who need to be seen.
 - i. Patients whose requests are deemed to be emergent will be seen by Detention Health Staff immediately or as soon as possible.
 - ii. Patients whose requests are deemed urgent will be seen by Detention Health Staff within eight hours.

- iii. Patients whose requests are deemed routine will be seen by Detention Health Staff within three to five calendar days.
- 40. For requests handled by means other than a face-to-face visit, Detention Health Staff will provide patients with a response to a request for health services within 72 hours. Responses will be documented in the patient's electronic health record. *why not 24 hrs.*
- 41. When patients with limited reading and writing skills make a verbal request for health care services, staff shall ensure that the appropriate health care services are initiated, whether by request slips or alternative means.
- 42. When a patient refuses a provider appointment, Detention Health Staff will follow up within 72 hours to ensure that the patient understands any adverse health consequences and to address individual issues that caused the patient to refuse the appointment.
 - a. Any such refusal will be documented and must include (1) a description of the nature of the service being refused, (2) confirmation by Detention Health Staff that the patient was made aware of and understands any adverse health consequences, (3) the signature of the patient, and (4) the signature of Detention Health Staff witness. In the event that it is not possible to obtain the patient's signature, Detention Health Staff should document the reason(s) why not.

B. Chronic Care

- 43. The County shall maintain and monitor the following chronic disease registries: Diabetes, HIV/AIDS, Hypertension, and Asthma.
- 44. The County shall maintain a chronic disease management policy and clinical practice guidelines and templates to guide providers, consistent with the community standard of care.
- 45. Patients who have a history of Hepatitis C shall be offered immunizations against Hepatitis A and Hepatitis B, if determined to be non-immune and not previously vaccinated. *are all patients screened for Hep C?*
- 46. Treatment plans for chronic diseases will be developed and documented by a provider within 30 days of identification of the disease, if clinically indicated.
- 47. Patients with chronic diseases will have a provider encounter as specified in the patient's treatment plan and no less than every 90 days, unless the provider documents a reason why a longer time frame can be in place.

48. Each patient's medical record will include an up-to-date Problem list. Patients with a chronic disease will be provided education/information about their disease, which will be documented in the medical record.

C. Specialty Care

49. The County shall develop and implement policies regarding the approval of specialty referrals using a clinically-based referral algorithm.
50. Emergent specialty appointments, as determined by the provider, shall occur within 24 hours of the referral. Urgent specialty appointments, as determined by the provider, shall occur within 21 days of the referral. Routine specialty appointments, as determined by the provider, shall occur within 60 days of the referral, unless a longer timeframe is clinically indicated, or the patient is referred to a contracted provider outside of the county health system for care.
51. All patients returning from offsite specialty consults, hospital care, or emergency room visits will be evaluated by a RN within 24 hours. Discharge instructions will be followed or reviewed with the provider upon return to the jail.
52. Specialty consult reports and recommendations will be reviewed by the provider within **three (3) business days of the receipt of the report**. The provider will review this information with the patient where clinically indicated. *why not 24 hrs.*
53. The County shall establish a reliable process for tracking requests for specialty care appointments to determine the length of time it takes for specialty care appointments to be completed.
54. Diagnostic services will be provided within 24 hours if ordered emergent, **within 21 days if urgent**, or within 60 days if routine, unless a longer timeframe is clinically indicated, or the patient is referred to a contracted provider outside of the county health system for care. A provider will **review and act upon the diagnostic report within five (5) business days of receipt of the report**. Within seven (7) business days of receipt of the report, Detention Health Staff will communicate the results of the diagnostic study to the patient either in writing or verbally, i.e., by phone or in a face-to-face encounter. *this is a large span of time between emergent + urgent. why?*
55. The County shall create a note template for follow-up for Detention Health Staff use after outside specialty care appointments.

D. Dental Care

56. A dentist or QHCP trained with a training protocol approved by the dentist will **perform a dental screening within 14 days of admission to the jail, unless the patient received a dental screening within the last six months.**

Does this include cleaning?

57. Dental care must not be limited to extractions. Consultation through referral to oral health care specialists is available as needed.
58. The County shall follow the below timelines for nursing response and referral for dental services according to the acuity of the request.

- a. Emergent requests shall be seen by a dentist or emergency room physician within 24 hours.
- b. Urgent requests shall be seen by a nurse within 48 hours and if the request is determined to be urgent, the patient will be examined by a dentist within seven (7) business days of receipt of the request.
- c. Routine requests shall be seen within 90 days of the request.
- d. After a patient has been incarcerated for one year, the patient may request a routine dental examination (and may request one each year thereafter), which examination will be performed within 90 days of the request.

Why is this emergent + urgent time different?

Again, Does this include cleaning.

V. Medication Administration

59. The County shall develop and implement policies and procedures to ensure that all medications are appropriately prescribed, dispensed, and administered.
60. The County shall ensure that there is a pharmacist on-site or on-call seven days a week.
61. Hand/mouth checks will be performed if clinically indicated as determined by a member of the treatment team.
62. The County will provide pill call at least twice a day in each housing unit and at regular times that are consistent from day to day unless no patient on that unit requires medication. For any patient who requires administration of medications at times outside the regular pill call, the provider will document this information in the electronic medical record and the patient will be provided that medication at the times determined by the provider with exceptions described in paragraph 63 below.
63. Patients will be provided medications at therapeutically appropriate times when out to court, in transit to or from any outside appointment, or being transferred between facilities, to the extent feasible. If administration time occurs when a patient is in court, in transit or at an outside appointment, medication will be administered as close as possible to the regular administration time.

64. The County shall explore the expansion of its KOP medication program to inhalers, nitroglycerin, creams, and medications that are available over-the-counter in the community.
65. The County shall implement a system that allows patients who are prescribed chronic care medications in the jail to discharge from custody with at least a 14-day supply of medications or a prescription, when clinically indicated. Providing medications is the preference when Health Services is provided at least four business days' notice of the release, but the reality of detention is that there is often no advance notice of a patient's release. Patients leaving the facility will be provided with one of the following for their chronic care medications, in the order of preference, subject to sufficient notice:
 - a. A 14-day supply of medications;
 - b. A prescription for the medication; or
 - c. A prescription sent to the patient's preferred pharmacy, or, if none, a pharmacy close to the patient's last known address.

VI. Special Health Care Considerations

A. Infectious / Communicable Disease Management

66. The County shall develop and implement infection control policies and procedures that address contact, blood borne, and airborne hazards.
67. The County shall develop an ectoparasite (parasites such as pediculosis and scabies) control policy and procedure to treat infected people and to disinfect bedding and clothing.
68. The County shall establish a regular Infection Prevention and Control meeting that covers detention and occurs no less than quarterly.
69. People who are being treated for Hepatitis C upon entering the jail shall be continued on their treatment medications after entering custody, if clinically indicated.
70. Patients with complicated or large skin and soft tissue infections requiring incision and drainage shall be tested for the presence of Methicillin Resistant Staphylococcus Aureus (MRSA).
71. The County shall follow current Centers for Disease Control guidelines for management of people with tuberculosis infection, including the provision of medication. People who exhibit signs or symptoms consistent with TB should be isolated from others and housed in an appropriate specialized

respiratory isolation room (“negative pressure”), until active infectious tuberculosis can be ruled out.

B. Reproductive / Pregnancy Related Care

72. The County shall ensure that pregnant patients receive timely and appropriate prenatal care, specialized obstetrical services when indicated, and postpartum care (including mental health services when clinically indicated). Pregnant women shall be provided prenatal vitamins and diet as prescribed by the provider.
73. The County shall provide pregnant patients counseling and assistance in accordance with their expressed desires regarding their pregnancies, whether they elect to give birth to the baby, use adoptive services, or have an abortion.
74. The County shall provide non-directive counseling about contraception to female prisoners, shall allow female prisoners to continue an appropriate method of birth control while incarcerated (with consideration given to the patient’s preference and/or current method of birth control), and shall provide access to emergency contraception at intake when appropriate.
75. In accordance with state law, (California Penal Code § 3407), and NCCHC Standard J-F-05, the use of restraints on pregnant women or in recovery after delivery is restricted as follows:
 - a. No handcuffing behind the back, or use of leg or waist chains on any pregnant woman or woman in recovery after delivery under any circumstances;
 - b. No four-point restraints shall be used on pregnant women during delivery or during recovery;
 - c. Pregnant women shall not be placed in a facedown position;
 - d. No restraints during transport to the hospital in the third trimester, labor, delivery, and post-delivery recovery, except when necessary due to serious threat of harm to patient, staff or others; and
 - e. Custody staff must defer to a medical professional responsible for the care of a pregnant inmate during a medical emergency, labor, delivery, or postpartum who determines that removal is medically necessary.
76. All female patients who return to the jail after delivery shall be seen by a medical provider and screened for postpartum depression within three business days of return from the hospital. Post-partum patients shall be provided an adequate number and supply of feminine hygiene products at no expense, as indicated by the degree and amount of bleeding.

C. Transgender Care

77. The County shall provide transgender and intersex patients with care based upon an individualized assessment of the patient's medical needs, in accordance with accepted community standard of care. The County shall provide transgender and intersex patients uninterrupted access to medically necessary hormone therapy.