

Texas Commission on Jail Standards



House Bill 1140 Report to the Texas Legislature

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Executive Summary

As mandated by House Bill (HB) 1140, 84th Legislature, this report by the Texas Commission on Jail Standards (Commission) provides an analysis and evaluation of the current policies and procedures regarding the care of pregnant inmates in Texas county jails. HB 1140 required that all sheriffs submit a report to the Commission, and the reporting form served as the basis of this report. The Commission compiled, analyzed, and summarized the information from the sheriffs' responses.

The report consists of five sections and includes an introduction; facility, inmate and birth demographics; compliance and policies; pregnant inmate health care; and supplementary issues regarding pregnant prisoners.

The report finds that sheriffs have a standard procedure regarding the basic care of known pregnant inmates. The basic procedures include pregnancy testing (80%), referral to a medical provider, the offering of prenatal vitamins (81%), lower bunk assignment (90%), and increased caloric intake. Jails are constitutionally required to provide adequate health care to inmates, and under minimum jail standards respond promptly to an inmate request for health care.

As expected, urban jails, such as Travis County, have robust programs aimed at the pregnant inmate population. However, there are rural jails that have programming, such as 12-step programs or Celebrate Recovery programs that are available to the pregnant inmate population.

A weakness identified among some county jails is the heavy reliance on the medical provider, usually contracted, to solely address the needs and concerns of the pregnant inmate or the inmate herself to identify and ask for information or services. Beyond the physician-ordered services and aforementioned standard procedures, some facilities do not offer pregnant inmates more than what is minimally required.

For rural and frontier counties, the resources within the community, both monetary and personnel, are not available to provide beyond basic health care. As outlined in the report, some counties struggle to find an obstetrician in their community that will provide services to inmates. As a result, some jails transfer their pregnant inmates to a county jail that can offer better services.

As demonstrated in the report, 50 jails, including the 18 counties without a jail, must transfer their inmates because their facility is not equipped to handle the needs of pregnant inmates. Some jails do not have the space for any female inmates.

Also, some jails commented of not having a pregnant inmate in their facility for several years. 67 jails reported zero pregnant inmate bookings during FY 2016. This lack of experience in dealing with pregnant inmates may contribute to the lack of additional services, beyond basic care, to pregnant inmates.

Another weakness among some respondents is the lack of robust answers of a prenatal visit schedule and standard prenatal testing. Most, if not all, jails contract with a specialized provider and the provider dictates the appointment and testing schedule. However, sheriffs should

encourage medical or administrative staff to communicate with their provider about general prenatal appointments and when tests are administered to gain a better understanding of pregnant inmate care.

Section I Introduction

The Texas Commission on Jail Standards (Commission) is the state regulatory agency of Texas county jails. The agency promulgates minimum jail standards for the construction and operation of county jails. Among minimum jail standards are the requirements that Texas sheriffs address basic needs of pregnant women incarcerated in their facilities. However, interested stakeholders have concerns that the Commission does not have adequate information to evaluate the care and treatment of pregnant inmates. House Bill (HB) 1140 requires the gathering and analysis of pregnant inmate care in Texas county jails.

Purpose of the Report

The purpose of this report is to identify the strengths and weaknesses of the care and treatment of pregnant county jail inmates.

Methodology

HB 1140 required Texas sheriffs to report certain information outlined in HB 1140. Additional reporting information was added at the request of the bill's author. In July of 2016, a Commission-prescribed reporting form was sent to all sheriffs. Sheriffs were instructed to return the reporting form by the bill's deadline of September 1, 2016. With the exception of some counties without a jail, all sheriffs returned the reporting form. A copy of the reporting form is in Appendix A

Though some counties do not have a jail, the sheriff of these counties still must arrange transfer to a contract facility and authorize the care of any pregnant prisoner that comes into that sheriff's custody. Some of the sheriffs of closed jails were contacted by telephone to ascertain demographic and location of contract jails.

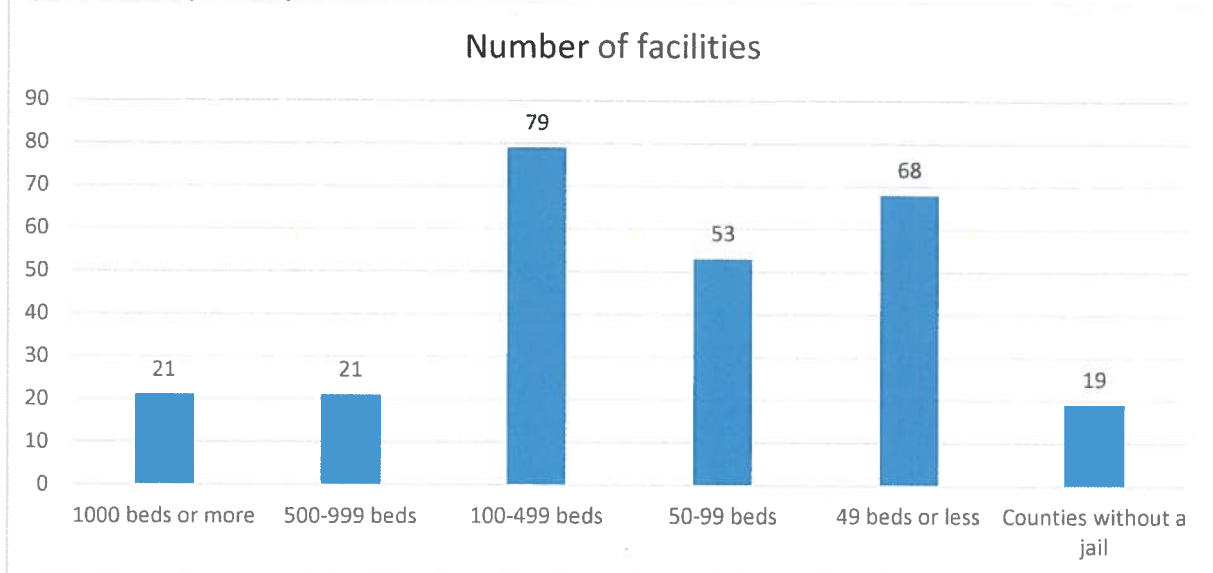
HB 1140 also required the reporting of the number of miscarriages for Fiscal Year 2016. The Commission prescribed a monthly reporting form for the period of September 2015-August 2016.

HB 1140 expires in February 2017.

Section II Demographics

1. County Jails-Currently, the Commission on Jail Standards has purview over 242 correctional facilities. The current makeup includes 235 county jails and 7 privately-operated facilities. 19 counties do not have a county jail. The size of Texas jails range from 3 beds in Real and Roberts Counties to 10,162 beds in Harris County. Figure 1 demonstrates a breakdown of facility size by bed count as of 11/01/2016.

Figure 1 Facility size by bed count¹



1. As part of HB 1140 report, sheriffs were asked to provide basic demographic information about their jail including capacity, average daily population for all inmates and female inmates.

In addition, jails were asked about their ability to routinely house pregnant inmates. The information below includes the 19 counties that do not have jail, as well as jails that are 72-hour lockups. After 72 hours, all inmates must be transferred to a full-service facility. Sheriffs that do not have a jail must authorize the care of a pregnant inmate in a contract facility.

Total capacity of facilities <u>86,275</u>	Average Daily Population in FY 2016 <u>61,738</u>
Average length of stay for all offenders in FY 2016 <u>50.27 days*</u>	
# of female beds <u>12,165</u>	Average Daily Population of females in FY 2016 <u>9,522</u>
Is your facility routinely able to house pregnant inmates? Yes 204 No 52	
*Only 158 jails were able to provide an average length of stay	

¹ TCJS population reports

2. Inmate Population- County jails report a monthly snapshot of total inmate population each month to the Commission. Table 2 is the monthly population figures for December 1st of each year and a percentage breakdown of each major offense level.

Table 2	12/2010	12/2011	12/2012	12/2013	12/2014	12/2015
Total Population²	69,999	64,984	64,302	66,807	64,587	61,995
Pretrial Felons	37.47%	39.10%	39.36%	38.70%	41.71%	44.21%
Convicted Felons	8.75%	9.55%	7.42%	8.88%	8.71%	7.64%
Convicted Felons (Co. jail)	1.82%	1.66%	1.89%	1.70%	1.47%	1.31%
Blue Warrant	3.35%	3.46%	2.57%	3.41%	2.5%	2.48%
Parole Viol. (New charge)	4.21%	4.08%	3.81%	4.28%	3.97%	4.47%
Pretrial Misdemeanants	9.02%	9.40%	9.93%	9.31%	9.70%	9.61%
Convicted Misdemeanants	5.614%	5.51%	5.73%	4.60%	3.74%	3.59%
Bench Warrant	1.55%	1.70%	1.47%	1.74%	1.77%	1.45%
Federal	13.71%	9.87%	10.56%	10.10%	9.10%	7.80%
Pretrial SJF	6.83%	6.97%	8.30%	8.42%	9.14%	9.62%
Convicted SJF (Co. jail)	1.43%	1.10%	1.26%	0.90%	1.09%	0.79%
Convicted SJF (State jail)	2.28%	2.42%	2.20%	2.13%	2.07%	1.97%

3. Pregnant Inmate, Birth, and Miscarriage Demographics-Sheriffs were asked to provide the below demographic information for FY 2016. The information below is based on the HB 1140 reporting form.

Pregnant Inmate/Birth Demographics

Total # of pregnant inmates booked in FY 2016 **3,922** Average length of stay of pregnant inmates† **21.4 days**

of pregnant inmates that gave birth September 1-report date **165** # of live births **151***

of stillbirths **12** # of premature births **16**

of low birth weight (less than 2500 grams) **6**

of very low birth weight (less than 1500 grams) **4***

of miscarriages reported **75**

*The outcome of two births were not provided

† Only 158 jails were able to provide an average length of stay.

*Because of HIPAA, some sheriffs were not able to obtain baby birth information.

² TCJS Monthly Population Reports

Section III
Compliance and Policies

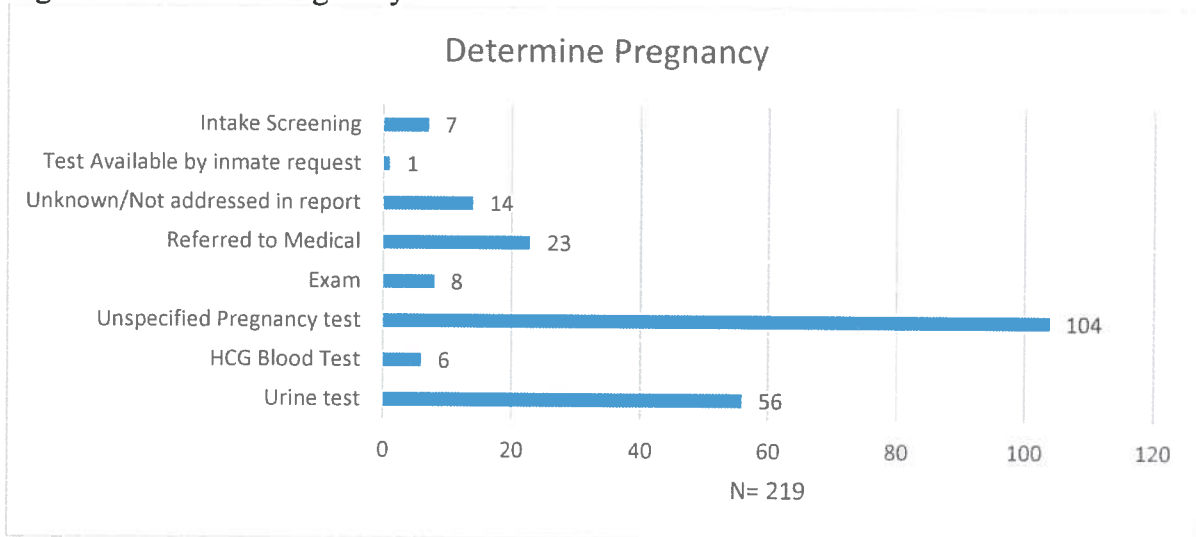
House Bill 1140 requires sheriffs to provide a description of the sheriff's action to comply with the rules and procedures adopted under Section 511.009 (a) (18) of the Texas Government Code. Section 511.009 (a)(18) addresses the following areas:

- (1). Determine if a prisoner is pregnant and;
- (2). Ensure that the jail's health services plan addresses medical and mental health care, including nutritional requirements, and any special housing or work assignment needs for persons who are confined in the jail and are known or determined to be pregnant

A. Determine if a prisoner is pregnant- Minimum Jail Standards requires the completion of an intake screening form for all offenders immediately upon admission into a facility.³ One of the questions on the Commission-prescribed intake form is: If female, pregnant Yes ___ No ___ Unknown ___. [See Appendix B for Screening Form]

About seven sheriffs indicated that the screening form is their only method of determining if a prisoner is pregnant. The remainder sheriffs conduct pregnancy testing or refer to medical personnel to confirm a pregnancy. Figure 2 demonstrates their responses.

Figure 2-Determine Pregnancy



B. Jail's Health Services Plan-House Bill 3654, 81st Legislature, mandated that the Health Services Plan of each county jail address the medical and mental health care, nutritional requirements, and

³ Texas Administrative Code Title 37, Part 9, Chapter 273 Rule 273.5 (b).

any special housing or work assignment of any known pregnant inmate. Upon passage of HB 3654, the Commission modified its administrative rules to reflect the mandate.⁴ In addition, the Commission required all county jails to submit an addendum to their Health Services Plan for review and approval by the Commission. 100 percent of facilities under the Commission's Purview submitted their addendum and have been approved by the Commission.⁵

In response to the question on the HB 1140 reporting form, all sheriffs either indicated that their plan had been reviewed and approved by the Commission, submitted a copy of the addendum, or submitted an addendum summary.

C. Solitary confinement- HB 1140 requires sheriffs to provide any policies adopted by the sheriff regarding the placement of a pregnant prisoner in solitary confinement or administrative segregation.

Government Code 511.009 (10) requires Commission to adopt a classification system to assist sheriffs in the housing of inmates. Minimum Jail Standards requires the use of an objective classification tool to determine inmate housing in the least restrictive housing available without jeopardizing staff, inmates or the public.⁶

Minimum jail standards allows for the use of administrative and disciplinary separation. Administrative separation is for inmates who require protection or those who require separation to protect the safety and security of the facility⁷. Examples of the use of administrative separation include a heinous crime suspect, prominent citizen such as an elected official, peace officer; an assaultive inmate; gang member, or at an inmate's request for protective custody.

Minimum jail standards requires that persons in administrative separation retain access to all services and activities, unless the continuance of the services and activities adversely affects the facility.⁸ Services and activities include but are not limited to mail, visitation, telephone, commissary, and recreation. In addition, administrative rules require that the status of inmates placed in administrative separation be reviewed every 30 days for continuance of status.⁹ The use of administrative separation must be outlined in the jail's classification plan that is reviewed and approved by the Commission.

Minimum jail standards allows for the use of disciplinary separation, not to exceed 30 days, for major infractions, which constitute serious offenses against person and property and pose a serious threat to institutional order and safety.¹⁰ Loss of good conduct credit and loss of privileges may also be imposed. However, a due process hearing must be held or waived by the inmate before sanctions of major infractions may be imposed. Minimum jail standards outlines the due process

⁴ Texas Administrative Code Title 37, Part 9, Chapter 273 Rule 273.2 (5)

⁵ TCJS has one FTE that reviews and approves all county jail operational plans and confirms 100% review and approval of pregnant inmate addendums.

⁶ Texas Administrative Code Title 37 Part 9 Chapter 271 Rule 271.1

⁷ Texas Administrative Code Title 37 Part 9 Chapter 271 Rule 271.1 (11)

⁸ Ibid

⁹ Ibid

¹⁰ Texas Administrative Code Title 37 Part 9 Chapter 283 Rule 283.1(2)

requirements, which includes the right of the inmate to be heard in person and present defensive evidence, among other requirements. The use of disciplinary separation must be outlined in the jail’s disciplinary plan that is reviewed and approved by the Commission.¹¹

In an open-ended question, sheriffs were asked to describe any policies regarding the placement of pregnant inmates in solitary confinement or administrative segregation. Sheriffs provided the below response. Table 3 demonstrates the responses.

Table 3-Administrative Segregation Policy Description

Policy Description	#	%
No policy	62	29%
Reviewed on case by case basis	28	13%
Housed according to classification.	56	27%
No ability to segregate pregnant inmates	9	4%
Housed in Admin Separation or Medical due to high-risk	2	1%
Policy against solitary confinement	4	2%
Dr. Order required for administrative separation	15	7%
One female cell only	3	1%
Keep pregnant inmate separate from General Population.	3	1%
Pregnant inmate placed in Medical Cell	2	1%
If placed in admin. separation, increased supervision rounds	2	1%
Inmate must sign a waiver to house in General Population	1	>1%
Full visual observation of administrative cells	1	>1%
If segregation necessary, inmate would have access to all medical care	1	>1%
Only if medically necessary or a danger to self or others	1	>1%
Did Not answer	21	10%
Total	211	100%

Section IV Pregnant Inmate Health Care

Introduction

Under the Constitution, governments are obligated to provide health care to those individuals that the government incarcerates, as recognized by *Estelle vs. Gamble*, 429 U.S. 97, 97 S. Ct.285 (1976) and subsequent case law. To that end, county jails are required to formulate for review and approval by the Commission a plan that addresses the health care of inmates, including pregnant inmates¹². The Health Services Plan must address scheduled sick call, referral for medical, mental

¹¹ Texas Administrative Code Title 37 Part 9 Chapter 283 Rules 283.1 (3) (A-J)

¹² Texas Administrative Code Title 37 Part 9 Chapter 273 Rule 273.1

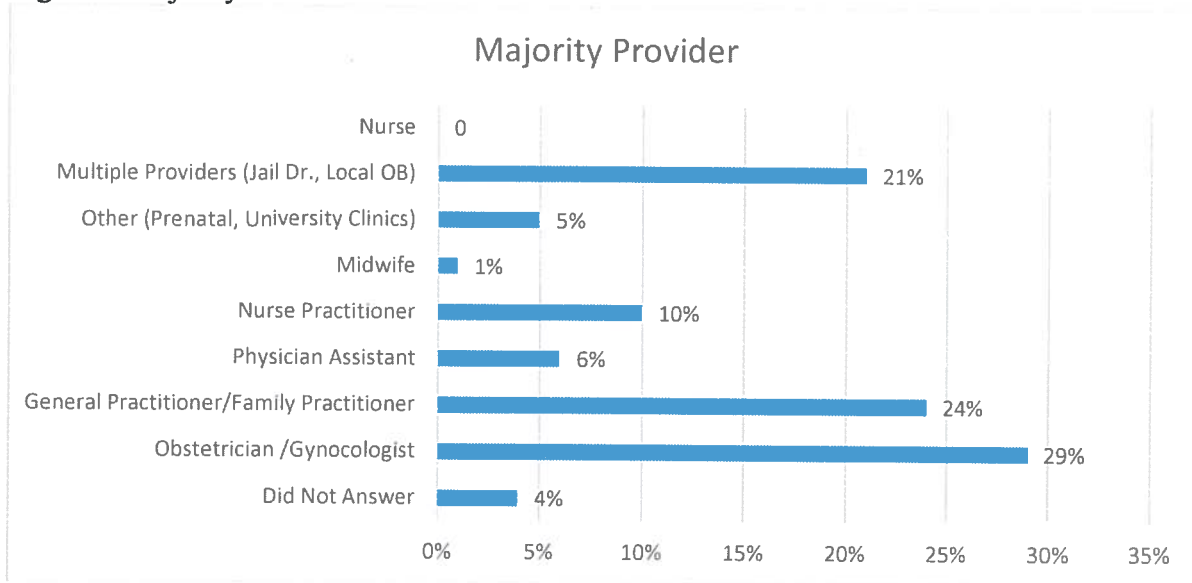
and dental services, procedures for prompt acute and emergency care and other requirements. In addition, the Health Services Plan must address procedures for the right of inmates to refuse health care in accordance with informed consent standards.

In addition, minimum jail standards requires that all medical instructions of designated physicians shall be followed.¹³ The Commission has found jails in non-compliance for failing to follow a physician’s order¹⁴

A. Obstetrical or gynecological care

1. Majority Provider-Sheriffs were asked to indicate the type of provider that supervises the majority of routine health care to a pregnant inmate in their facility. Many sheriffs indicated that jail physicians, physician assistants, and nurses provide as needed and sick call care to pregnant inmates while at the jail, but a local Obstetrician/Gynecologist provides obstetrical care. Other types of providers include midwives at local prenatal and women’s clinics and university clinics. Typically, the local provider designates the scheduling of obstetrical visits and orders any obstetrical procedures and tests. Figure 3 demonstrates the majority provider of pregnant inmates in county jails.

Figure 3-Majority Provider



2. Access to health care provider that specializes in Obstetrics/Gynecology. Sheriffs were asked about regular access to a provider that specializes in obstetrics and gynecology. 84% of sheriffs reported having regular access to OB/GYN. specialist. Figure 4 demonstrates the sheriff’s response.

¹³ Texas Administrative Code Title 37 Part 9 Chapter 273.Rule 273.3

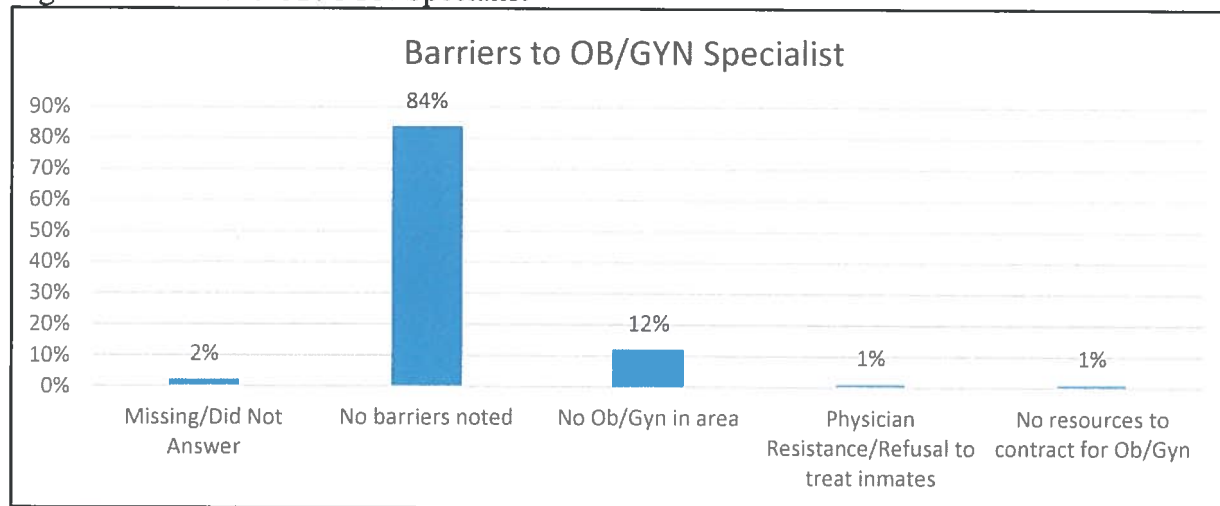
¹⁴ Notices of Non-Compliance are posted on the agency’s website and removed when a jail is placed back into compliance.

Figure 4-Access to OB/GYN Specialist



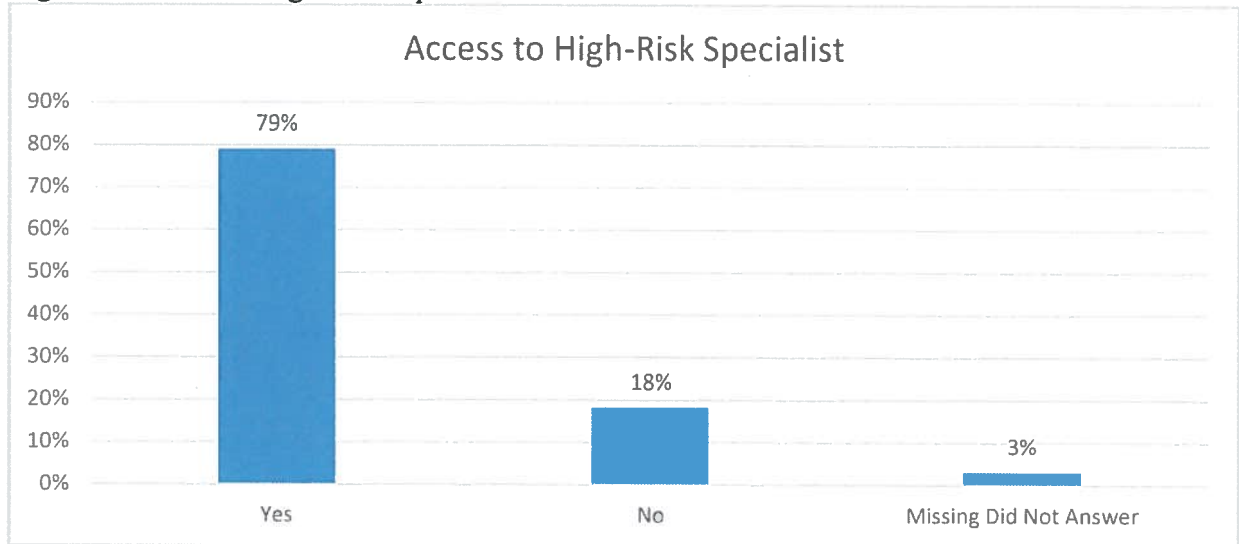
3. Barriers to Access-14% of sheriffs reported a barrier to an OB/GYN specialist with 12% reporting of having to travel a great distance, including up to 100 miles to finding an obstetrician that will treat an inmate. Two sheriffs reported of local physician resistance to treating an inmate in their offices because of the stigma of an inmate. Figure 5 demonstrates the responses.

Figure 5-Barriers to OB/GYN Specialist



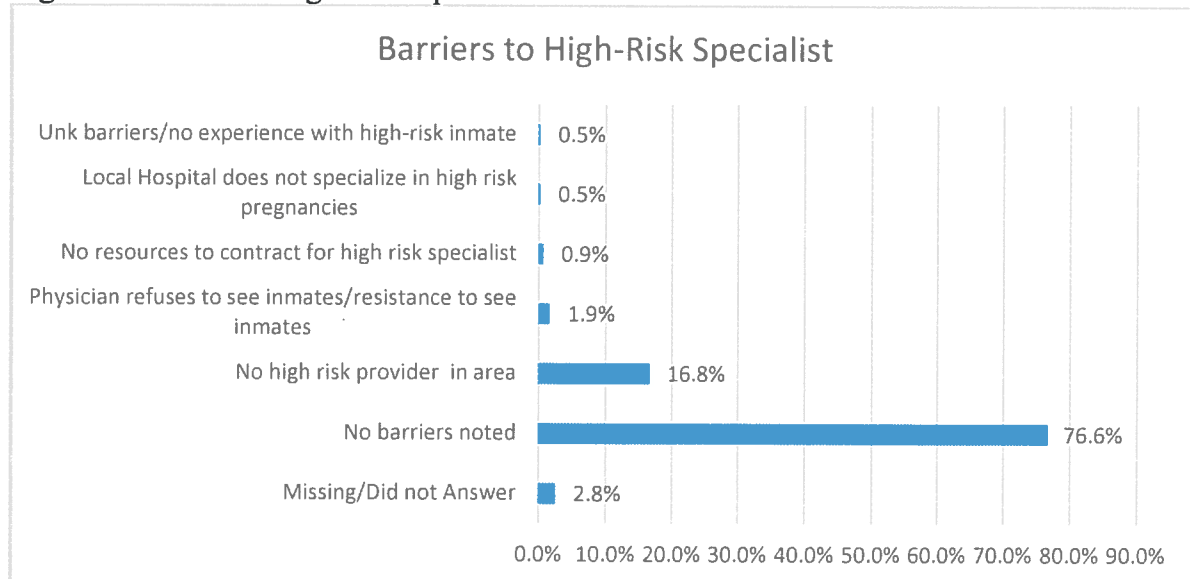
4. Access to health care provider that specializes in high-risk pregnancy. Sheriffs were asked to report about access to a provider of a high-risk pregnancy. 79% of sheriffs reported that they are able to access a high-risk specialist. Figure 6 demonstrates the response.

Figure 6 Access to High-Risk Specialist



5. Barriers to High-risk pregnancy specialist-Sheriffs were asked to report on any barriers to a high-risk specialist. 76% of respondents did not identify any barriers. The remainder reported barriers of no high risk specialist in the immediate area. Sheriffs reported that they would have to travel in one case up to 100 miles to access a high-risk specialist. In addition, some counties reported of resistance by local providers to see an inmate in their offices. Figure 7 demonstrates the barriers.

Figure 7-Barriers to High-Risk Specialist



B. Prenatal health care

1. Counseling/Education Offerings-Sheriffs were requested to indicate if the below counseling/education issues were offered at their facilities. The majority of sheriffs either routinely offered counseling/education or would make it available upon request of the inmate. In addition, some facilities offer their own programs, with some specific to pregnant inmates. Table 4 demonstrates their response.

Table 4-Counseling/Education offered

Counseling/Education issue	Routinely offered	Available upon request	Not provided	Discussed with provider	Did not Answer
Nutrition	48%	30%	14%	4%	4%
Exercise	52%	28%	13%	4%	3%
Labor and Delivery	19%	38%	33%	5%	5%
Stress Reduction	20%	52%	20%	3%	5%
Drug or alcohol use	28%	46%	19%	3%	4%
Domestic Violence	13%	51%	27%	3%	6%
Parenting	13%	45%	33%	4%	5%
Mental Health	39%	48%	7%	3%	3%
Effects of pregnancy	22%	45%	23%	4%	6%
Other Local Programs: Logistics of Birth (Bastrop); Life Skills (Hale); GALS at Delivery-Doula Services (Travis); Breast-feeding program (Travis); Lullaby Program (Travis); faith-based (Dallam)					

2. Prenatal Visits-HB 1140 requested information on prenatal health care visits. Sheriffs were asked to respond to the frequency with a type of provider at each trimester. The providers included nurse, nurse practitioner/physician assistant and physician. There was a lack of robust responses to the frequency and 26-27% of sheriffs reporting that they do not have a specific policy regarding the frequency of prenatal visits with a particular type of provider. Though not specifically asked about the use of off-site local provider, some sheriffs indicated in their responses that they utilize a local provider for obstetrical services as with most specialists and rely on the outside provider to dictate the prenatal visit schedule. Tables 5-7 demonstrates the frequency for each type of provider by trimester.

Nurse

Table 5 –Nurse Prenatal Visits

Frequency	1 st trimester	2 nd trimester	3 rd trimester
Daily	4%	5%	5%
Weekly	2%	2%	4%
Bi-Weekly	0%	1%	0%
Monthly	2%	1%	1%

PRN/Upon Request/Determined by Provider	9%	9%	9%
All other frequencies	3%	2%	2%
Frequency Not Provided	17%	16%	16%
Jail Policy Does not Address Frequency	26%	27%	26%
Not Applicable	1%	1%	1%
Did Not Answer/Left Blank	35%	36%	36%
N=214	100%	100%	100%

Nurse Practitioner/Physician Assistant

Table 6-Nurse Practitioner/Physician Assistant

Frequency	1 st trimester	2 nd trimester	3 rd trimester
Daily	0%	0%	0%
Weekly	1%	1%	3%
Bi-Weekly	0%	1%	4%
Monthly	7%	8%	2%
PRN/Upon Request/Determined by Provider	8%	7%	7%
All other frequencies	4%	3%	2%
Frequency Not Indicated	11%	9%	10%
Jail Policy Does not Address Frequency	26%	27%	26%
Not Applicable	2%	2%	2%
N=214	100%	100%	100%
Did Not Answer/Left Blank	41%	43%	43%

Physician

Table 7-Physician

Frequency	1 st trimester	2 nd trimester	3 rd trimester
Daily	0%	0%	0%
Weekly	3%	3%	13%
Bi-Weekly	1%	5%	4%
Monthly	12%	10%	2%
PRN/Upon Request/Determined by Provider	13%	12%	11%

All other frequencies	5%	5%	4%
Frequency Not Indicated	24%	27%	28%
Jail Policy Does not Address Frequency	26%	27%	26%
Not Applicable	1%	1%	1%
Did Not Answer/Left Blank	15%	12%	11%
N=214	100%	100%	100%

3. Prenatal Procedures/Tests-Sheriffs were asked to indicate if certain procedures are conducted, who performs the procedure, and how often. The tests are standard testing in prenatal care and includes blood tests, blood pressure, weight measurement, fetal heart tones, fetal movement, symphysis fundus measurement (measure of uterus), and abdominal palpitations. In addition, counties were provided an opportunity to list any other testing conducted in their facility or by their provider. About 60% of sheriffs were able to provide responses for the various procedures. Tables 8-24 demonstrates the responses.

a. Blood Testing

Table 8 Blood Testing Performs

Blood Testing-Who Performs	Percentage
Nurse	5%
Nurse Practitioner/Physician Assistant (PA)	2%
Physician	16%
OB/Gyn.	19%
EMT	0%
Prenatal/University Clinic	10%
None/Not Applicable	1%
Determined by Physician	0%
Lab	2%
Jail Staff	0%
Jail Policy Does Not Address This Issue	18%
Did Not answer	26%
N=214	100%

Table 9 Blood Testing-Frequency

Blood Testing-Frequency	Percentage
Daily	0%
Weekly	1%
Monthly	3%
PRN/As Ordered	29%

Routine Visit	4%
Initial Visit	12%
None	1%
Other Frequencies	2%
Jail Policy Does Not Address	17%
Did Not Answer	30%
N=214	100%

b. Blood Pressure

Table 10 Blood Pressure Performs

Blood Pressure-Who Performs	Percentage
Nurse	29%
Nurse Practitioner/PA	3%
Physician	9%
OB/Gyn.	7%
EMT	0%
Prenatal/University Clinic	6%
None/Not Applicable	0%
Multiple Providers	10%
Determined by Physician	0%
Jail Staff	2%
Jail Policy Does Not Address This Issue	18%
Did Not answer	17%
N=214	100%

Table 11 Blood Pressure Frequency

Blood Pressure-Frequency	Percentage
Daily	2%
Weekly	6%
Monthly	6%
PRN	36%
Routine Visit	14%
Initial Visit	0%
None	0%
Other Frequencies	1%
Jail Policy Does Not address Issue	18%
Missing/Did Not Answer	19%
N=214	100%

c. Fetal Heart Tones

Table 12 Fetal Heart Tones-Performs

Fetal Heart Tones-Who Performs	Percentage
--------------------------------	------------

Nurse	2%
Nurse Practitioner/PA	4%
Physician	18%
Ob/Gyn.	21%
EMT	0%
Prenatal /University Clinic	9%
None/Not Applicable	0%
Multiple Providers	6%
Determined by Physician	0%
Jail Staff	0%
Jail Policy Does Not Address Issue	18%
Did Not answer	21%
N=214	100%

Table 13 Fetal Heart Tones Frequency

Fetal Heart Tones-Frequency	Percentage
Daily	0%
Weekly	1%
Monthly	6%
PRN	30%
Routine Visit	17%
Initial Visit	1%
None	0%
Other Frequencies	2%
Jail Policy Does Not address Issue	18%
Missing/Did Not Answer	25%
N=214	100%

d. Urinalysis

Table 14 Urinalysis Testing Performs

Urinalysis Testing-Who Performs	Percentage
Nurse	19%
Nurse Practitioner/Physician Assistant (PA)	4%
Physician	11%
OB/Gyn.	13%
EMT	0%
Prenatal/University Clinic	7%
None/Not Applicable	0%
Determined by Physician	8%
Lab	1%
Jail Medical Staff	0%
Jail Policy Does Not Address This Issue	18%
Did Not answer	19%
N=214	100%

Table 15 Urinalysis Frequency

Urinalysis-Frequency	Percentage
Daily	0%
Weekly	2%
Monthly	5%
PRN/As Ordered	33%
Routine Visit	17%
Initial Visit	1%
None	0%
Other Frequencies	0%
Jail Policy Does Not Address Issue	18%
Did Not Answer	23%
N=214	100%

e. Abdominal Palpitations

Table 16 –Abdominal Palpitations Performs

Abdominal Palpitations-Who Performs	Percentage
Nurse	4%
Nurse Practitioner/PA	5%
Physician	18%
Ob/Gyn.	22%
EMT	0%
Prenatal /University Clinic	8%
None/Not Applicable	0%
Multiple Providers	5%
Determined by Physician	0%
Jail Medical Staff	0%
Jail Policy Does Not Address Issue	18%
Did Not answer	21%
N=214	100%

Table 17 Abdominal Palpitations Frequency

Abdominal Palpitations-Frequency	Percentage
Daily	0%
Weekly	2%
Monthly	5%
PRN/As Ordered	33%
Routine Visit	17%
Initial Visit	1%
None	0%
Other Frequencies	0%
Jail Policy Does Not Address Issue	18%
Did Not Answer	23%
N=214	100%

f. Fetal Movement

Table 18 Fetal Movement Performs

Fetal Movement-Who Performs	Percentage
Nurse	3%
Nurse Practitioner/PA	4%
Physician	14%
Ob/Gyn.	24%
EMT	0%
Prenatal /University Clinic	9%
None/Not Applicable	0%
Multiple Providers	6%
Determined by Physician	0%
Jail Medical Staff	0%
Jail Policy Does Not Address Issue	18%
Did Not answer	20%
N=214	100%

Table 19-Fetal Movement Frequency

Fetal Movement-Frequency	Percentage
Daily	0%
Weekly	1%
Monthly	5%
PRN/As Ordered	32%
Routine Visit	15%
Initial Visit	1%
None	0%
Other Frequencies	2%
Jail Policy Does Not Address Issue	18%
Did Not Answer	24%
N=214	100%

g. Weight Measurement

Table 20 Weight Measurement Performs

Weight Measurement-Who Performs	Percentage
Nurse	20%
Nurse Practitioner/PA	3%
Physician	10%
Ob/Gyn.	14%
EMT	0%
Prenatal /University Clinic	7%
None/Not Applicable	0%
Multiple Providers	11%
Determined by Physician	0%
Jail Medical Staff	1%

Jail Policy Does Not Address Issue	18%
Did Not answer	16%
N=214	100%

Table 21 Weight Measurement Frequency

Weight Measurement-Frequency	Percentage
Daily	0%
Weekly	3%
Monthly	7%
PRN/As Ordered	36%
Routine Visit	16%
Initial Visit	1%
None	0%
Other Frequencies	0%
Jail Policy Does Not Address Issue	18%
Did Not Answer	19%
N=214	100%

h. Symphysis Fundus Height

Table 22 Symphysis Fundus Height

Symphysis Fundus Height-Who Performs	Percentage
Nurse	3%
Nurse Practitioner/PA	4%
Physician	17%
Ob/Gyn.	24%
EMT	0%
Prenatal /University Clinic	9%
None/Not Applicable	0%
Multiple Providers	2%
Determined by Physician	0%
Jail Medical Staff	0%
Jail Policy Does Not Address Issue	18%
Did Not Answer	22%
N=214	100%

Table 23 Symphysis Fundus Height

Symphysis Fundus Height -Frequency	Percentage
Daily	0%
Weekly	0%
Monthly	5%
PRN/As Ordered	33%
Routine Visit	14%
Initial Visit	1%
None	0%

Other Frequencies	2%
Jail Policy Does Not Address Issue	18%
Did Not Answer	26%
N=214	100%

i. Other Local Testing

Table 24 Other Testing

County	Other Tests/Procedures	Frequency	Practitioner
Bell	Blood Testing	Following Positive Urinalysis	Nurse
Potter	Glucose Tolerance	PRN	Prenatal Clinic
Bexar	Ultrasound	2 or more as needed	Physician
Bosque	SpO2 (Oxygen saturation)	PRN	EMT
Denton	Glucose Tolerance, 24 weeks; Group B Strep Test; Rh, 1st Trimester		Health Staff/Practitioner
Denton	Sonogram for dating, 1st Trimester; Sonogram for development; 2nd Trimester		Health Staff/Practitioner
Hardin	Pap Smear	0-14 weeks	Midwife/Prenatal Clinic
Runnels	Ultrasound	Once early in pregnancy then PRN	Ballinger Memorial Hospital
Tarrant	Routine OB labs-CBC, Hep. B, Rubella A	1st and 3rd Trimester	Lab
Travis	Regular OB labs	Baseline and 3rd trimester, or medically indicated	Ordered by Provider and Drawn by Staff
Travis	Ultrasound	Baseline at 18-20 weeks and then as indicated	Maternal Health Specialist (Seton Hospital)

C. Mental health care-Sheriffs were asked to provide information regarding mental health services. As previously mentioned, sheriffs are required to respond to an inmate's request for services, which includes mental health services. Some sheriffs commented that the Local Mental Health was their provider of services and they provide services as requested or needed. Table 25 demonstrates the response to certain mental health services.

Table 25 Mental Health Service

Mental Health Service	Routinely Offered	Available upon request	Not Available	Physician or Court Order	As Needed	Did Not Answer
Psychiatric Assessment (other than intake)	28%	62%	6%	>1%	0%	4%
Suicide Prevention	52%	42%	1%	0%	>1%	5%
Crisis Intervention	41%	49%	5%	0%	>1%	5%
In-house Mental health Care	29%	37%	29%	0%	0%	5%
Off-site mental health care	20%	52%	22%	2%	0%	4%
Therapy/counseling	14%	55%	24%	1%	0%	6%
Discharge planning	17%	46%	29%	>1%	0%	8%
Other Local Programs: Life Step Case Management (Travis)						

D. Drug abuse or chemical dependency treatment-Sheriffs were asked to provide certain information regarding drug abuse or chemical dependency treatment in their facility. In addition, sheriffs were given the opportunity to provide comment. Many sheriffs advised that chemical dependency treatment, including withdrawal protocols and methadone treatment, is dictated by the physician, and the sheriff follows the physician’s orders. In addition, a few jails advised that they offer AA or NA groups, Celebrate Recovery Classes, and other substance abuse programs. Table 26 demonstrates the sheriffs’ response to specific subject areas.

Table 26-Chemical Dependency Treatment

Service	Routinely Offered	Available upon request	Not Available	Physician or Court Order	As Needed	Did Not Answer
Chemical Dependency treatment	24%	38%	30%	2%	1%	5%
Detox protocol	45%	28%	22%	>1%	0%	5%
Detox support	36%	31%	27%	1%	0%	5%
Methadone access	11%	27%	49%	7%	>1%	6%
Other Local Programs: Alcoholics and Narcotics Anonymous Groups (multiple) ; Mentoring Moms (Harris); Celebrate Recovery Classes (Hood and Somervell); Faith-based Counseling on substance abuse (Randall); Substance effects of Fetus (Travis); Substance Abuse Programming (Fort Bend and Val Verde) ;						

On-site counselor (Gregg, Montague, and Potter); Group and individual counseling (Lubbock); Off-site Rehab Center (Red River)

Section V. Supplementary issues regarding Pregnant Inmates

A. Nutritional Standards- Minimum Jail Standards requires facilities to serve meals in accordance with a written menu approved and reviewed annually for compliance with nationally recognized allowances for basic nutrition including nutritional requirements of known pregnant inmates.¹⁵ In addition, physician prescribed diets for inmates are required to be served as ordered.¹⁶

1. Average Caloric Intake - 150 jails reported an average daily caloric intake for pregnant inmates of 2780 calories and a range of 1800-6800 calories. Three counties reported that caloric intake varies according to the trimester of the inmate. Eight counties reported that caloric intake is determined by a physician on a case-by-case basis of the inmate.

2. Supplemental Nutrition Items-Sheriffs were asked about supplemental items offered to pregnant inmates in county jails. Except for water, the below items are not specifically mandated by minimum jail standards. Minimum jail standards requires that each cell and day room provide a lavatory capable of providing drinking water.¹⁷ Table 27 displays the response to specific supplemental nutrition items.

Table 27 Supplemental Nutritional Items

Item	Routinely provided	Available Upon request	Not available	Physician Order	Did Not Answer
Supplemental Snack	70%	18%	4%	1%	7%
Prenatal Vitamins	81%	11%	1%	2%	5%
Fresh Fruits/Vegetables	81%	6%	6%	0%	7%
Nutritional beverages (Ensure) etc.	29%	37%	19%	9%	6%
Fresh Water	89%	4%	1%	0%	6%

¹⁵ Texas Administrative Code Title 37 Part 9 Chapter 281 Rule 281.3

¹⁶ Texas Administrative Code Title 37 Part 9 Chapter 281 Rule 281.4

¹⁷ Texas Administrative Code Title 37 Part 9 Chapter 259.Rule 259.143 (b)

3. Supplemental Snack-Sheriffs were asked to describe a typical supplemental snack item offered to pregnant inmates. The typical supplemental snack was a sandwich, fruit, and milk. The snack offerings are listed in Table 28.

Table 28 Supplemental Snack Item/

Supplemental Snack Item	# of jails offering item
Fruit/Fruit Cup	113
Peanut butter or PBJ sandwich	43
Milk	74
As requested	2
Meat/Cheese sand.	14
Ensure	3
None	0
Cheese/Crackers	15
Other-Cookies, cheese sandwich, protein snack, 1/2 sandwich, organic snack bar, broccoli, graham crackers, applesauce, yogurt	12
Eggs	2
Did Not Answer	54

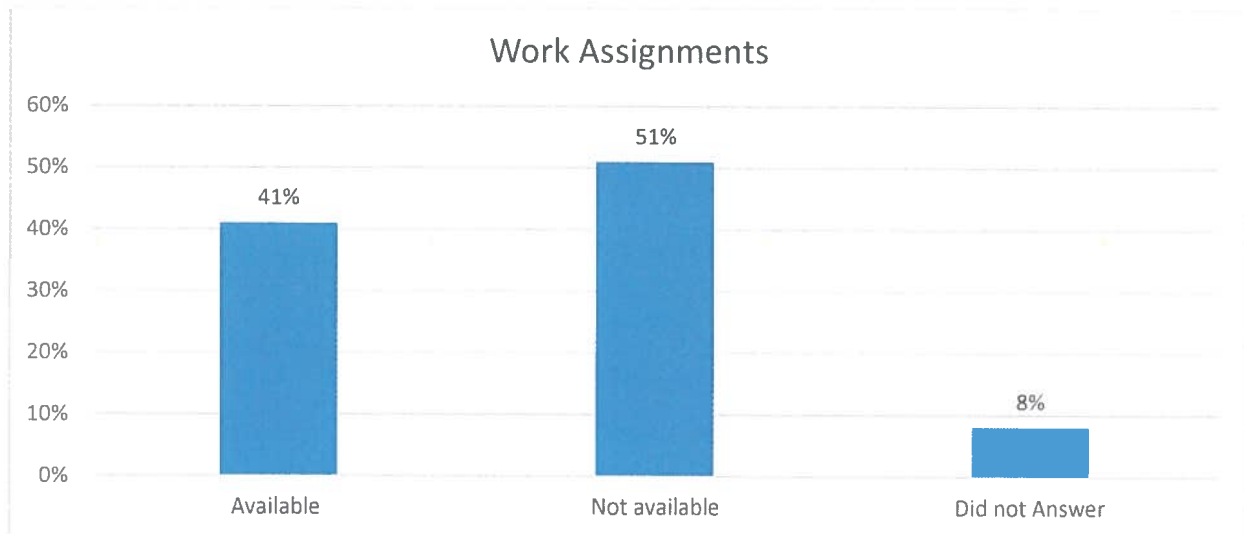
B. Work Assignments-Code of Criminal Procedure §43.10 and §43.101 dictate who may or may not be required to work in a county jail. Per CCP §43.101, all pre-trial inmates and inmates sentenced to confinement in Texas Department of Criminal Justice (TDCJ) cannot be required to work but may volunteer for work assignments. In addition, minimum jail standards requires that an inmate's condition, including known pregnancy, be taken into consideration when work assignments are made.¹⁸

¹⁸ Texas Administrative Code Title 37 Part 9 Chapter 289 Rule 289.1

Sheriffs were asked about the availability of work assignments for known pregnant inmates. 41% reported that work assignments are available to pregnant inmates and included duties such as laundry, kitchen detail, clerical, and custodial work. Per minimum jail standards, all inmates may be required to keep their immediate living area clean.

In addition, many sheriffs advised that work for pregnant inmates is determined by a physician. Figure 8 demonstrates the availability of work assignments for pregnant inmates.

Figure 8 Work Assignments



C. Housing Conditions

1. Housing Assignments-State statute and minimum jail standards requires the use of objective classification tools for the classification and housing of all inmates. All inmates shall be classified and housed in the least restrictive housing available without jeopardizing staff, inmates, or the public. Accordingly, most jails report that pregnant inmates are housed in General Population in multiple occupancy cells. Table 29 demonstrates typical housing assignments.

Table 29 Housing Assignments

Cell Type	Routinely Housed	Physician Order Required	Inmate Request	Not Available	Inmate or Physician Request	Did Not Answer Or Missing Information
Medical Cell	5%	36%	5%	19%	11%	24%
General Population-Single Occupancy Cell	31%	16%	11%	17%	9%	16%
General Population-Multiple Occupancy Cell	81%	0%	3%	6%	2%	8%
Administrative Segregation (because of pregnancy)	6%	30%	12%	21%	15%	16%

2. Comfort Items.

Sheriffs were asked about items provided to pregnant inmates to aid in their comfort while confined in a county jail. Of the jails that are able to house pregnant inmates, sheriffs reported the below answers to items of comfort for pregnant inmates. Table 30 displays comfort items offered.

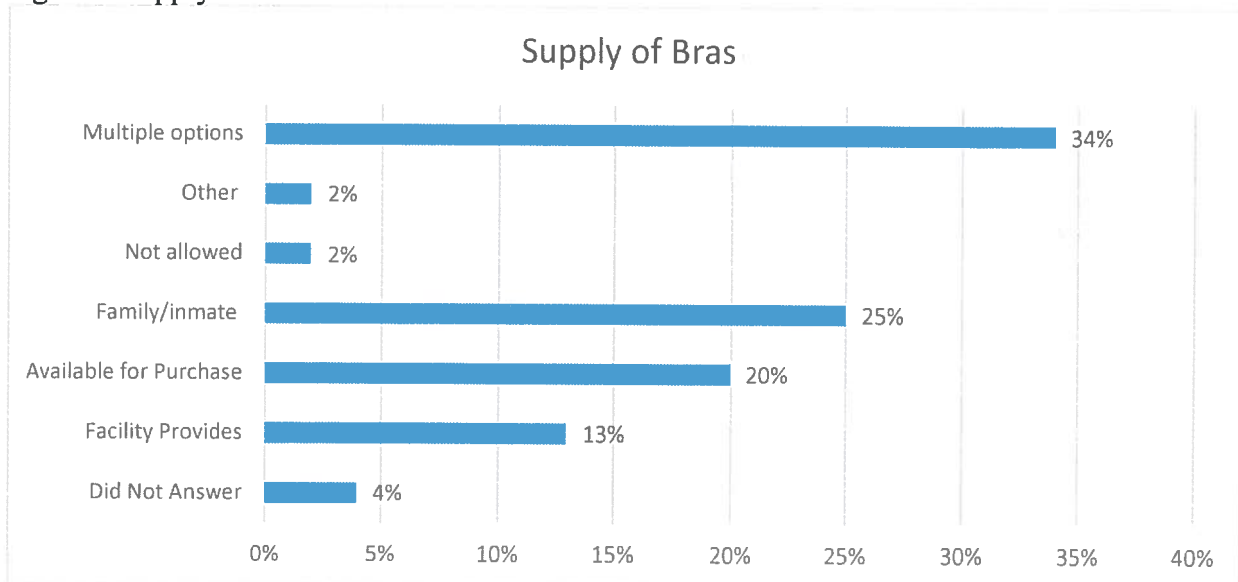
Table 30 Comfort Items

Item	Routinely Provided	Physician Order Required	Available upon request	Item Not Available	Physician or Inmate Request	Did Not Answer or Missing Information	Other
Lower bunk Assignment	90%	3 %	1%	0%	1%	4.2%	N/A
Double mattress	53%	34%	5%	2%	2%	4%	N/A
Double pillows (if pillows are allowed in facility)	11%	10%	5%	60%	1%	11%	*2%

*It should be noted that pillows are not required by minimum jails standards for any inmate. Four counties indicated that they use a mattress that have pillows built into the mattress and some counties offer extra blankets to pregnant inmates for additional support. One county offers the sale of pillows on commissary.

D. Sheriffs were asked to provide information regarding the supply of bras to pregnant inmates. 34% have multiple options with family/inmate providing, available for purchase, and the facility providing the item. Other options include the facility only allowing sports bras or bras with no underwire. Figure 9 demonstrates how bras are supplied to pregnant inmates.

Figure 9 Supply of Bras



E. Use of restraints-Local Government Code §361.082 prohibits the use of restraints to control the movement of a pregnant inmate during which the woman is in labor or delivery or recovery, unless the sheriff determines that the use of restraints is necessary to ensure safety and security of the woman, infant, jail, medical personnel or the public or prevent a substantial risk of escape. Sheriffs were asked to provide information on the use of restraints during FY 2016.

17% of sheriffs report that they did not have an incident of an inmate needing restraint during labor, delivery or recovery; however, inmates are handcuffed in the front during routine transport of inmates outside the secure perimeter to appointments or to court. More sheriffs may have a similar policy but it was not reported on the HB 1140 reporting form

There were five reported incidents of restraints of inmates in labor, delivery or recovery or of inmates handcuffed during transport to scheduled C-sections or inductions. A sixth incident of restraints on a pregnant inmate that was not in labor, delivery, or recovery was also reported. The sixth incident was of an inmate that was harming herself. A description of each of the incidents is in Table 31. 3% or six sheriffs report that they have a policy against the restraint of any pregnant inmate. Figure 10 demonstrates the use of restraints on pregnant inmates.

Figure 10-Restraint of Pregnant Inmates

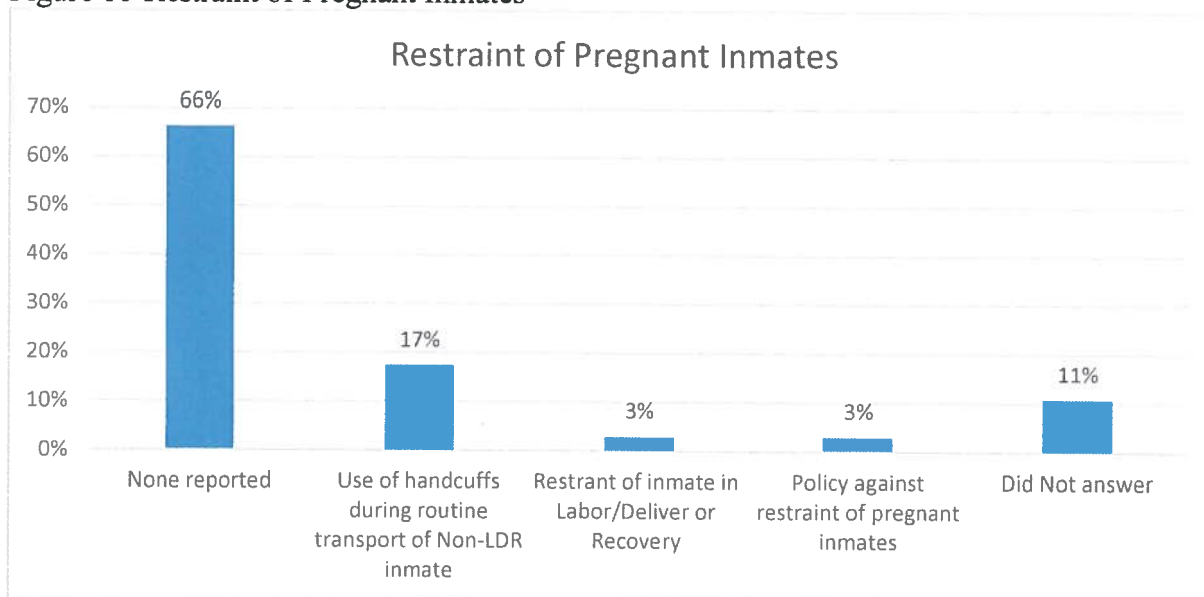


Table 31-Description of Restraint Incident

Restraint Incident	Description of Incident
1.	Transported with handcuffs to hospital. Restraints were removed and labor was induced. Once Dr. cleared her to walk, restraints were reapplied.
2	Handcuffs during transport for a scheduled C-Section
3	Handcuffs used during transport to hospital of an inmate in labor

4	One inmate was secured with one hand cuffed to bedside during labor and delivery. Inmate had mental health issues and violent at times. Registered nurse and physician authorized restraint. Duration was during hospital stay. Inmate was under constant observation
5	During Labor and Delivery, inmate was known to be assaultive and an escape risk. Inmate threatened to harm the baby. Continuous restraints outside the secure facility but restraints were removed during delivery. Inmate was restrained during transport. Restraints authorized by Captain
6	Non-LDR inmate. Inmate was assaultive, threatening suicide, banging head, hitting self. Inmate was restrained for 20 hours by legs and arms but restraints removed every hour. Inmate was observed every 15 minutes

Appendix A

HB 1140 Survey Form

Instructions

- House Bill 1140 requires sheriffs to submit a report regarding the care of pregnant inmates
- **All sheriffs/wardens are required to complete this survey.** Counties that do not have a jail or that house pregnant inmates elsewhere should indicate the policies of facilities where the majority of pregnant inmates would be housed.
- **Survey is due no later than September 1, 2016**
- Do not include any identifying information of any pregnant inmate in this survey

County _____ Date _____

Report Prepared by Name and Title	Phone #	Email address

Name of facility, if other than county jail _____

Total capacity of facility _____ Average Daily Population in FY 2016 (Sept. 1, 2015-Aug. 31, 2016) _____

Average length of stay for all offenders in FY 2016 _____

of female beds _____ Average Daily Population of females in FY 2016 _____

Is your facility routinely able to house pregnant inmates? Yes No

If no, please explain why and current arrangement for the housing of pregnant inmates

Pregnant inmates/Birth Demographics

Total # of pregnant inmates in FY 2016 _____ Average length of stay of pregnant inmates _____

of pregnant inmates that gave birth September 1, 2015 to report date _____

of live births _____ # of stillbirths _____ # of premature births* _____

of low birth weight (less than 2500 grams or 5.5 lbs) _____ # of very low birth weight (less than 1500 grams or 3.3 lbs.) _____

*Premature is defined as before the 37th week

Obstetrician or gynecologist

General or family practitioner

Physician Assistant

Nurse Practitioner

Midwife

Other _____

b. Do pregnant inmates in your facility have regular access to a healthcare provider that specializes in obstetrics or gynecology?

1. Yes

2. No

c. If no, identify the reasons or barriers for not having OB/GYN access for pregnant inmates, i.e. no OB/GYN in the county, physicians refuse to see inmates, etc.

d. Does your facility have access to a provider that specializes in high-risk pregnancy?

1. Yes

2. No

e. If no, please provide reasons for not having access to high-risk specialists.

f. Please provide any comments or observation regarding the availability of obstetrical care in your area

4. Please answer the following questions regarding prenatal care in your facility.

a. Counseling on the following issues - Please indicate if the following education/counseling issues are provided at your facility:

Counseling/Education issue	Routinely offered	Available upon request	Not provided
Nutrition			
Exercise			
Labor and Delivery			
Stress Reduction			

Drug or alcohol use			
Domestic Violence			
Parenting			
Mental Health			
Effects of pregnancy			
Other _____			

b. Prenatal Care - Indicate frequency of routine visits by provider and trimester at your facility(i.e. 1st trimester, physician, monthly)

___ Facility policy does not address this issue (check if applicable)

Provider	1 st trimester	2 nd trimester	3 rd trimester
Nurse			
Nurse Practitioner/PA			
Physician			
Other _____			

c. Indicate if the below procedures are conducted, by whom, and how often

___ Facility policy does not address these procedures (check if applicable)

Action	Who Performs	How often
Blood Typing		
Blood Pressure measurement		
Fetal Heart Tone		
Urinalysis		
Abdominal Palpation		
Fetal movement		
Weight		
Symphysis fundus height measurement		
Other tests		

d. Indicate how brassieres (bras) for pregnant inmates are provided in your facility?

1. Facility provides 2. Available for purchase on commissary 3. Family/Inmate provided

4. Not allowed in facility 5. Other _____

e. Please provide any comments regarding your facility's prenatal care of pregnant inmates.

5. Indicate which of the following mental health services are available for pregnant inmates.

Mental Health Service	Routinely Offered	Available upon request	Not Available
Psychiatric Assessment (other than intake)			
Suicide Prevention			
Crisis Intervention			
In-house Mental health Care			
Off-site mental health care			
Therapy/counseling			
Discharge planning			
Other _____			

6. Drug abuse or chemical dependency treatment-Indicate your facility's availability of drug abuse or chemical dependence treatment of pregnant inmates.

Service	Routinely Offered	Available upon request	Not Available
Chemical Dependency treatment			
Detox protocol			
Detox support			
Methadone access			
Other _____			

Please provide any comments regarding your facility availability of drug abuse or chemical dependence treatment of pregnant inmates at your facility.

--

7. Nutritional Standards

Average daily caloric intake of pregnant inmate's _____ calories (Consult with licensed dietician for caloric intake)

Please indicate whether the items below are offered:

Item	Routinely provided	Available Upon request	Not available
Supplemental Snack			
Prenatal Vitamins			
Fresh Fruits/Vegetables			
Nutritional beverages (Ensure) etc.			
Fresh Water			

If a supplemental snack is routinely offered, please describe a typical snack item _____

8. Work assignments-describe if your facility is able to provide work opportunities for pregnant prisoners. If able to provide work assignments, please describe the types of work assignments, the working conditions, and any issues with providing work opportunities.

9 a. Housing Conditions-Please describe typical housing assignments for pregnant prisoners, such as single or multiple occupancy cells, frequency of using medical/infirmiry cells, and any issues prisoners may experience in their housing units.

b. Pregnant Inmates are typically held in what type of cell in your facility?

Cell Type	Routinely Housed	Physician Order Required	Inmate Request	Not Available to Pregnant Inmates
Medical Cell				
General Population- Single Occupancy Cell				
General Population- Multiple Occupancy Cell				
Administrative Segregation (because of pregnancy)				

c. Indicate whether the following items are provided:

Item	Routinely Provided	Physician Order Required	Available upon request	Not available
Lower bunk				
Double mattress				
Double pillows (if pillows are allowed in facility)				

10. Please describe situations in which a pregnant prisoner has been restrained, including the reason a determination to use restraints was made under Section 361.082, Local Government Code in FY 2016. In the description, please include the following:

- 1. Whether the pregnant inmate was in labor, delivery or recovery**
- 2. Event leading up to the use of restraints**
- 3. The justification for use of restraints**
- 4. Title of person authorizing restraints**
- 5. Length of time in restraints**
- 6. Observations of the inmate's behavior and condition**
- 7. During transport in vehicle**

DO NOT PROVIDE ANY IDENTIFYING INFORMATION OF THE INMATE ON THIS FORM

Add additional sheets as necessary

Situation # 1 DO NOT PROVIDE ANY IDENTIFYING INFORMATION OF THE INMATE ON THIS FORM

1.

2.

3.

4.

5.

6.

7.

Situation #2 DO NOT PROVIDE ANY IDENTIFYING INFORMATION OF THE INMATE ON THIS FORM

1.

2.

3.

4.

5.

6.

7.

Situation #3 DO NOT PROVIDE ANY IDENTIFYING INFORMATION OF THE INMATE ON THIS FORM

1.

2.

3.

4.

5.

6.

7.

Situation # 4

1.
2.
3.
4.
5.
6.
7.

RETURN SURVEY BY FAX, EMAIL, OR MAIL NO LATER THAN SEPTEMBER 1, 2016

TEXAS COMMISSION ON JAIL STANDARDS

Attn: Diana Spiller

P.O. Box 12985

Austin, TX 78711

Fax (512) 463-3185

Email diana.spiller@tcjs.state.tx.us

If you have any questions, please contact: Diana Spiller at (512) 463-2690

Appendix B

Screening Form for Suicide and Medical/Mental/Developmental Impairments

County:	Date and Time:	Name of Screening Officer:	
Inmate's Name:	Gender:	DOB:	If female, pregnant? Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/>
Serious injury/hospitalization in last 90 days? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, describe:			
Currently taking any prescription medications? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, what:			
Any disability/chronic illness (diabetes, hypertension, etc.) Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, describe:			
Does inmate appear to be under the influence of alcohol or drugs? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, describe:			
Do you have a history of drug/alcohol abuse? If yes, note substance and when last used			
*Do you think you will have withdrawal symptoms from stopping the use of medications or other substances (including alcohol or drugs) while you are in jail? If yes, describe			
*Have you ever had a traumatic brain injury, concussion, or loss of consciousness? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, describe:			

***If yes, Notify Medical or Supervisor Immediately**

Place inmate on suicide watch if Yes to 1a-1d or at any time jailer/supervisor believe it is warranted

	Y ES	N O	"Yes" Requires Comments
IF YES TO 1a, 1b, 1c, or 1d BELOW, NOTIFY SUPERVISOR, MAGISTRATE, AND MENTAL HEALTH IMMEDIATELY			
Is the inmate unable to answer questions? If yes, note why, notify supervisor and place on suicide watch until form completed.			
1a. Does the arresting/transporting officer believe or has the officer received information that inmate may be at risk of suicide?			
1b. Are you thinking of killing or injuring yourself today? If so, how?			
1c. Have you ever attempted suicide? If so, when and how?			
1d. Are you feeling hopeless or have nothing to look forward to?			
IF YES TO 2-12 BELOW, NOTIFY SUPERVISOR AND MAGISTRATE. Notify Mental Health when warranted			
2. Do you hear any noises or voices other people don't seem to hear?			
3. Do you currently believe that someone can control your mind or that other people can know your thoughts or read your mind?			
4. Prior to arrest, did you feel down, depressed, or have little interest or pleasure in doing things?			
5. Do you have nightmares, flashbacks or repeated thoughts or feelings related to PTSD or something terrible from your past?			
6. Are you worried someone might hurt or kill you? If female, ask if they fear someone close to them.			
7. Are you extremely worried you will lose your job, position, spouse, significant other, custody of your children due to arrest?			
8. Have you ever received services for emotional or mental health problems?			
9. Have you been in a hospital for emotional/mental health in the last year?			
10. If yes to 8 or 9, do you know your diagnosis? If no, put "Does not know" in comments.			
11. In school, were you ever told by teachers that you had difficulty learning?			
12. Have you lost / gained a lot of weight in the last few weeks without trying (at least 5lbs.)?			
IF YES TO 13-16 BELOW, NOTIFY SUPERVISOR, MAGISTRATE, AND MENTAL HEALTH IMMEDIATELY			
13. Does inmate show signs of depression (sadness, irritability, emotional flatness)?			
14. Does inmate display any unusual behavior, or act or talk strange (cannot focus attention, hearing or seeing things that are not there)?			
15. Is the inmate incoherent, disoriented or showing signs of mental illness?			
16. Inmate has visible signs of recent self-harm (cuts or ligature marks)?			
Additional Comments (Note CCQ Match here):			
Magistrate Notification Date and Time: Electronic or Written (Circle)	Mental Health Notification Date and Time:	Medical Notification Date and Time:	
Supervisor Signature, Date and Time:			