## 3.1.8 Reception Center

### (a) Procedure Overview

(1) The California Correctional Health Care Services (CCHCS) and California Department of Corrections and Rehabilitation (CDCR) shall conduct a Reception Center (RC) health care assessment (RC-HCA) as part of the RC initial intake process for each person newly committed to the CDCR custody. The goal of the RC-HCA process is to evaluate newly arriving patients in a timely manner, identify appropriate provider resources and patient acuity, expedite the transfer of high-risk patients to endorsed institutions, initiate necessary health care interventions, and ensure processing is based on the health care needs of the patient.

(2) The RC-HCA shall be conducted at specifically designated RC institutions; however, under exigent circumstances, patients may be transferred to other institutions in order to have specific needs addressed, and this procedure shall be followed.

### (b) Responsibility

**(1) Statewide**

CCHCS and CDCR departmental leadership at all levels of the organization, within the scope of their authority, shall ensure administrative, custodial, and clinical systems are in place to fully maintain the RC-HCA process.

**(2) Regional**

Regional Health Care Executives are responsible for the administration of this procedure at the subset of institutions within an assigned region.

**(3) Institutional**

(A) The Chief Executive Officer (CEO) is responsible for the ongoing oversight and maintenance of a system to provide management of the patient care services, including but not limited to, the RC-HCA process, at each designated institution.

(B) The CEO delegates decision-making authority to designated institutional health care executives for daily operations and ensures adequate resources are deployed to support the RC-HCA process.

(C) The CEO and all members of the institution's leadership team are responsible for ensuring necessary resources are in place to support the success of this procedure at all levels of the institution.

(D) The CEO shall ensure mechanisms (e.g., forums) are in place to coordinate the RC-HCA process with the CDCR staff responsible for the patient's correctional RC process. A standing committee reporting to the Institution Quality Management Committee shall be designated to oversee implementation, sustainability, and continuous improvement of the RC initial intake process, and the CEO shall ensure that this subcommittee is operating in accordance with policies, procedures, and departmental rules.

(E) The Chief Nurse Executive, Chief Medical Executive, Chief of Mental Health, Chief Psychiatrist, Supervising Dentist, and Chief Support Executive shall maintain a multidisciplinary approach to ensure that health care staff participating in the RC-HCA process shall have, at a minimum:

1. Training in the policies and procedures during orientation; whenever new policies, procedures, or equipment are issued; and as needed.
2. Demonstrated competency in the tasks necessary to complete the RC-HCA process prior to their performance of the tasks outlined in this procedure.
3. An established training file containing documentation of health care staff training, and initial and ongoing competency evaluations or professional practice evaluations for health care staff who perform any task outlined in this procedure.

### (c) Procedure

**(1) Reception Center Initial Health Screening and Triage**

(A) Newly committed individuals to CDCR shall have an RC initial health screening and triage conducted by licensed nursing staff upon arrival at the RC. The purpose of the screening is to identify immediate needs and to ensure continuity of care including medications, treatments, and accommodations.

(B) The RC initial health screening and triage shall be accomplished prior to the patient being placed in housing. The RC initial health screening and triage serves as the basis for the RC Focused Health Care Assessment completed by the Primary Care Provider (PCP).

(C) The RC initial health screening and triage of the patient includes the following elements at a minimum; additional assessments may be conducted as indicated by the patient's clinical presentation and identified health care needs.

1. Health information gathering

a. Each patient shall have a face-to-face interview conducted by a licensed nurse which shall include, at a minimum:
   1) A review of health records arriving with the patient.
   2) A review of the patient's immunization records.
   3) A brief health history taken and documented in the health record.
   4) A review of the patient's medication history as documented in health records. If the arriving records are missing, incomplete, or inconsistent with the patient's reported medication history, nursing staff shall contact the sending facility/agency and document the findings in the health record.
b. Vital signs (including blood pressure, temperature, pulse, and respirations).
c. Actual measurements of weight and height. In unusual circumstances (i.e., the patient refuses), stated measurements can be taken and shall be clearly documented in the health record as "stated by the patient."
d. Tuberculosis screening using the procedures outlined in the current CCHCS Care Guide: Tuberculosis Surveillance, for symptom screening.
e. For patients presenting with symptoms of opioid withdrawal, utilize the Clinical Opioid Withdrawal Scale (COWS). Patients with a score of eight and greater shall be referred to the Triage and Treatment Area (TTA) for withdrawal management (Refer to the current CCHCS Care Guide: Intoxication & Withdrawal).
f. For patients presenting with signs of alcohol withdrawal, utilize the Clinical Institute Withdrawal Assessment of Alcohol-Revised (CIWA-AR). Patients with a score of 10 and greater shall be referred to the TTA for withdrawal management (refer to the current CCHCS Care Guide: Intoxication & Withdrawal).
g. Finger stick blood sugar shall be recorded for each patient with a stated history or recorded diagnosis of diabetes.
h. A pain assessment shall be performed on each patient whose history indicates a recent inpatient admission, procedure, or upon self-report of pain.

2. If the RC initial health screening and triage is conducted by licensed nursing staff who is not a Registered Nurse (RN) and the patient answered "yes" to any questions, an RN shall review the data collected, conduct an assessment, determine the appropriate disposition of the patient pursuant to this policy, and document in the health record.
3. Diagnostic Screening Tests and Assessments
   a. Each patient shall be offered the following screening tests based on the Opt-Out screening method:
      1) Men less than or equal to 44 years old shall be screened for Chlamydia and Gonorrhea.
      2) Women less than or equal to 44 years old shall be screened for Chlamydia, Gonorrhea and Trichomonas.
      3) Human Immunodeficiency Virus (HIV) antibody screening.
      4) Serum pregnancy test for females less than 60 years old.
      5) Varicella Immunoglobulin G (IgG).
      6) Coccidioidomycosis (cocci) delayed-type hypersensitivity skin test for males 18 to 64 years of age, unless prior documented positive result, history of cocci disease, or a medical condition that would otherwise restrict placement in Cocci 1 area (e.g., immunocompromised).
      7) Rapid Plasma Reagin (RPR) syphilis test.
      8) Papanicolaou test (cervical cytology screen) for all females as clinically appropriate (i.e., cervix intact).
      9) Hepatitis C Virus (HCV) antibody with reflex to HCV viral load.
      10) Interferon-Gamma Release Assays (IGRA) blood test.
      11) Hemoglobin A1C (HbA1c) for patients with a history of diabetes.
      12) Hepatitis B surface antigen (HBsAg), surface antibody (HBsAb) and Hepatitis B core antibody (HBcAb).
   b. Each patient arriving to an institution on Medication Assisted Treatment (MAT) shall have the following laboratory tests ordered:
      1) Complete Blood Count without Differential (CBC, w/o Diff).
      2) Comprehensive Metabolic Panel (CMP).

3) Urine Drug Screen (UDS).
4) Electrocardiogram (EKG) for individuals arriving on methadone.

c. Prior to the laboratory performing the tests, the patient shall be provided with education about the tests and informed that testing is also available upon patient request throughout incarceration.
d. Special Requirements for High-Risk Disease Screening/Testing.
   1) Cocci delayed-type hypersensitivity skin test screening, administration or declination, and results shall be reported and documented in the health record and the Cocci Screening and Surveillance System (refer to the current CCHCS Care Guide: Coccidioidomycosis).
   2) Patients shall be informed that the purpose of the cocci skin test is to ensure those at higher risk of cocci disease (negative result) will not be housed in the institutions with the highest risk.
   3) Patients shall be offered an IGRA blood tests (refer to the current CCHCS Care Guide: Tuberculosis – Surveillance).
e. If the patient declines a screening test, the CDCR 7225, Refusal of Examination and or Treatment, shall be signed by the patient, and the refusal documented in the health record. If the patient refuses to sign the form, the refusal shall be documented in the health record with two witness signatures.
f. Nursing staff shall identify any recommended preventive services and immunizations based on the current recommendations from the Centers for Disease Control and Prevention and the United States Preventive Services Task Force's recommendations on immunizations, and document in the health record.
g. A CDCR 7385, Authorization for Release of Protected Health Information, shall be presented for the patient's signature in order to obtain previous health records (e.g., substance use disorder treatment records or HIV test results).
h. Nursing staff shall educate and provide the patient with information about how to access health care services at the institution. This education shall be documented in the health record and shall include, at a minimum, the education of the following topics:
   1) The Patient Orientation to Health Care Services Handbook.
   2) Assignment to a patient care team, some care team members provide care via telehealth.
   3) Provisions of telehealth.
   4) Patients' rights.
   5) How to submit a CDCR 7362, Health Care Services Request Form.
   6) Over-the-counter products available from the canteen.
   7) Durable Medical Equipment (DME) as applicable.
   8) Contraception information for female patients.
i. Nursing staff shall initiate the orders for diagnostic and preventive services identified in Sections (c)(1)(C)3.a. through h. above.

4. Durable Medical Equipment
   Patient DME needs shall be properly addressed in accordance with the HCDOM, Section 3.6.1, Durable Medical Equipment and Medical Supply.
5. Disposition
   An RN shall review relevant data for each person newly committed to determine a disposition and if a referral to a provider or a higher level of care is required. The review and disposition shall be documented in the health record.
   a. Each patient's priority disposition shall be determined based upon responses to questions on the RC initial health screening and triage, which are used to create automated clinical rules within the Electronic Health Record System, as either high or low priority.
   b. **Medical Emergent:** For patients with identified emergent medical needs, staff shall initiate an emergency medical response.
   c. **Medical Urgent:** Patients with identified urgent medical needs shall be referred to a PCP in the reception center and/or transported to the TTA or higher level of care for immediate evaluation and treatment.
   d. **Mental Health Emergent:** Patients identified as having an emergent mental health condition, such as suicidal ideation or current self-harm, shall be referred immediately to mental health services and transported to the TTA for further evaluation and consultation with a mental health clinician or PCP.

e. **Mental Health Urgent:** Patients identified as having an urgent mental health condition shall be referred to mental health services and evaluated as required by the Mental Health Services Delivery System Program Guide.
f. **Dental Services Emergent:** Patients identified as having an emergent dental condition for which evaluation and treatment are immediately necessary to prevent death, severe or permanent disability, or to alleviate or lessen disabling pain shall be immediately referred to dental services. If outside of normal business hours, the patient shall be transported to the TTA for further assessment in accordance with the HCDOM, Chapter 3, Article 3, Section 3.3.5.9, Dental Emergencies.
g. **Dental Services Urgent:** Patients identified as having an urgent dental condition shall be referred to dental services within one business day.
h. **Arriving on MAT:** Patients identified as arriving on MAT shall be referred to:
   1) A Licensed Clinical Social Worker within 14 calendar days.
   2) An Addiction Medicine Central Team (AMCT) provider within 14 calendar days.
   3) A Narcotic Treatment Program for a consult that must take place within four calendar days for patients arriving on methadone for MAT.
      a) A PCP shall be contacted to place a medical hold.
      b) A PCP shall be contacted to place bridge orders for all MAT medications to ensure continuity of care (e.g., if a patient arrives on methadone, a 3-day bridge order is required).
   4) An AMCT provider by immediately calling the AMCT for pregnant women with a COWS score greater than four.
i. Patients who have been receiving prescription medications shall have their prescription medications ordered within eight hours of arrival to prevent an interruption in receiving medication.
j. Patients with a health care condition not requiring an emergent or urgent referral shall be scheduled for an appointment with the appropriate health care provider using the timeframes outlined below:
   1) PCP: Focused Health Care Assessment within five working days.
   2) Mental Health: Mental Health Screening within five working days.
   3) Dental: RC Dental Screening within 60 calendar days.

**(2) Reception Center Focused Health Care Assessment**

(A) Each person newly committed to the CDCR shall have a Focused Health Care Assessment performed by a PCP within five working days of arrival at the RC. The purpose of this assessment is to identify patients who are acutely ill, infectious, or those with clinically significant health care needs to ensure continuity of care.

(B) If there is not enough time to complete all health care assessments for patients who are designated high priority the day that patients arrive at the RC, the assessment shall be completed the following business day.

(C) The Focused Health Care Assessment shall include, at a minimum, the following:

1. A review of the RC initial health screening and triage.
2. A review of the patient's immunization records through Cerner CA Immunization Registry or other means.
3. A review of available health records including, but not limited to, a review of diagnostic testing.
4. A consultation of the Controlled Substance Utilization Review and Evaluation System database pursuant to California Health and Safety Code, Section 11165.4.
5. A face-to-face interview with the patient. The purpose of the interview shall be to identify:
   a. Current or recent symptoms, treatment, and/or medications.
   b. Significant past medical history, to include surgical history.
   c. Significant medical, family, and social history.
   d. Risk factors for chronic disease or adverse health outcomes (e.g., history of tobacco use, history of substance use).
   e. Significant disabilities and the need for reasonable accommodations or DME.
6. A physical examination shall be targeted based on the review of the records, the history obtained during the face-to-face interview, and identified and/or stated risk factors. If there are no identified and/or stated risk factors after a review of records and history, at a minimum, an exam of the heart and lungs shall be completed and documented in the health record.
7. The PCP shall initiate a treatment and care plan based on the information obtained from the diagnostic test and assessments which shall include, at a minimum, the following:

a. Orders for diagnostic screening tests and assessments, if not ordered during the RC initial health screening and triage (refer to Sections (c)(1)(C)3.a.1) through 10) and (c)(1)(C)3.b.1) through 3) above for listing). If the patient opted-out of any of the screening tests or assessments during the RC initial health screening and triage, the PCP shall provide patient education and document the patient's response in the health record.
b. Orders for additional clinically indicated diagnostic testing based on the health history and assessment performed by the PCP.
c. Routine preventive services (e.g., age-based lipid screening, immunizations, cancer screens [i.e., based on age, sex and other risk factors]) and routine screening related to chronic conditions when no symptoms are present (e.g., retinal and podiatric foot exams for diabetic patients) shall be performed at the endorsed institutions.
d. Initiation of the patient's problem list in the health record.
e. Completion of a Request for Service (RFS) for any clinical condition that requires an emergent or high priority specialty consultation in accordance with the HCDOM, Section 3.1.11, Outpatient Specialty Services.
    1) Routine and medium priority referrals for specialty services, in general, shall be deferred as clinically indicated, until the patients are transferred to their endorsed institutions.
    2) Patients with pending high priority specialty services shall be placed on a medical hold to prevent transfer and discontinuity of care in accordance with the HCDOM, Section 1.2.14, Medical Classification System.
f. Orders for follow-up appointments as clinically indicated for the care and treatment of the patient's identified health care needs.

8. The PCP shall provide patient education as indicated, which at a minimum, shall include the following:
    a. Review of lab results, physical exam findings, and plan of care with the patient.
    b. How to access health care and return to the clinic as needed.
9. Identification of the patient's medical classification factors and completion of a Medical Classification Chrono in accordance with the HCDOM, Section 1.2.14, Medical Classification System.
10. If laboratory results or other diagnostic results are received after the RC Focused Health Care Assessment has been conducted, the PCP shall evaluate the result and determine if a follow-up appointment is needed. The PCP, or designee, shall notify the patient of diagnostic test results in accordance with the HCDOM, Section 3.1.14, Laboratory Services.
11. The PCP shall ensure that each of the items above is documented in the health record.

**(3) Transfer to an Endorsed Institution**

(A) Continuity of health care shall be maintained pending the patient's assignment and transfer to an endorsed institution. Each RC patient shall be assigned to a Primary Care Team (PCT) while awaiting transfer to an endorsed institution. The PCT shall be responsible for ensuring timely access to health care services, including, but not limited to:

1. Carrying out the plan outlined in the RC Focused Health Care Assessment including follow-up of RFS that were ordered during the patient's RC Focused Health Care Assessment.
2. Review of, and action on, laboratory, diagnostic, and screening test results.
3. Provision of episodic and ongoing chronic health care.
4. Providing care management and care coordination services for the patient's chronic conditions.
5. Providing appropriate preventive care services such as immunizations, cancer screening with mammography, and fecal occult blood tests, as well as care related to chronic conditions when no symptoms are present, such as retinal screens for patients with diabetes, as clinically indicated.
6. Routine health care services provided by the PCT shall not delay the patient's transfer to an endorsed institution.

(B) Continuity of mental health or dental care for each RC patient shall be provided, in accordance with established policies and procedures, pending the patient's transfer to an endorsed institution.

**References**

- Armstrong Remedial Plan, *Armstrong v. Newsom*, U.S. District Court of Northern California, Amended January 3, 2001
- Clark Remedial Plan, Clark v. California, United States District Court of Northern California, March 1, 2002
- California Health and Safety Code, Division 10, Chapter 4, Article 1, Section 11165.4
- California Code of Regulations, Title 15, Division 3, Chapter 1, Article 1, Section 3002(b)(4)
- Health Care Department Operations Manual, Chapter 1, Article 2, Section 1.2.14, Medical Classification System
- Health Care Department Operations Manual, Chapter 3, Article 1, Section 3.1.1, Complete Care Model
- Health Care Department Operations Manual, Chapter 3, Article 1, Section 3.1.5, Scheduling and Access to Care
- Health Care Department Operations Manual, Chapter 3, Article 1, Section 3.1.6, Population and Care Management Services
- Health Care Department Operations Manual, Chapter 3, Article 1, Section 3.1.11, Outpatient Specialty Services
- Health Care Department Operations Manual, Chapter 3, Article 1, Section 3.1.14, Laboratory Services
- Health Care Department Operations Manual, Chapter 3, Article 2, Section 3.2.6, Medication Continuity with Patient Movement: Transfer/Parole/Release
- Health Care Department Operations Manual, Chapter 3, Article 3, Section 3.3.2.1, Initial Health Screening - Receiving and Release
- Health Care Department Operations Manual, Chapter 3, Article 3, Section 3.3.5.9, Dental Emergencies
- Health Care Department Operations Manual Chapter 3, Article 7, Section 3.7.1, Emergency Medical Response System
- Health Care Department Operations Manual, Chapter 3, Article 8, Section 3.8.6, Tuberculosis Program
- California Department of Corrections and Rehabilitation, Mental Health Services Delivery System Program Guide, and associated updates and policies
- Centers for Disease Control and Prevention's Advisory Committee on Immunization Practices, United States Preventive Services Task Force
- California Correctional Health Care Services, CCHCS Care Guide: Tuberculosis-Surveillance
- California Correctional Health Care Services, Patient Orientation to Health Care Services Handbook

**Revision History**
Effective: 12/2017
Revised: 07/2022