	DEPARTMENT OF PUBLIC SAFETY	EFFECTIVE DATE: May 1, 2020	POLICY NO.: COR.18.05
	CORRECTIONS ADMINISTRATION POLICY AND PROCEDURES	SUPERSEDES (Policy No. & Date): COR.18.05 & 02/15/2012	
SUBJECT: INITIAL CLASSIFICATION AND FACILITY ASSIGNMENT OF JAIL INMATES		Page 1 of 4	

1.0 PURPOSE

To provide a mechanism for systematically assessing the safety and security risks posed by a jail inmate at Community Corrections Centers (CCC), for the purpose of determining appropriate custody levels and housing assignments, in accordance with best practices.

2.0 SCOPE

This policy shall apply to all CCCs. To the extent any individual facility's policy conflicts with the statewide policy, COR.18.05 shall control.

3.0 REFERENCES, DEFINITIONS AND FORMS

.1 References

- a. Department of Public Safety (PSD) Policy and Procedures (P&P), Policy and Procedures, ADM.08.08, Prison Rape Elimination Act.
- b. PSD, P & P, COR.12.03, Inmate Grievance Program.
- c. PSD, P & P, COR.14.27, Inmates with Disabilities.
- d. PSD, P & P, COR 18.01, Inmate Classification System.
- e. PSD, P & P, COR.18.07, Exception Case.
- f. PSD, P & P, COR.18.08, Transfer of Adult Inmates.
- g. Department of Public Safety, Classification Coding Manual.
- h. *Meachum v. Fano*, 427 U.S. 215 (1976).

.2 Definitions

- a. Jail Initial Custody Instrument - A tool used to determine a jail inmate's custody designation and recommend housing assignment; usually completed by the facility's Intake Service Center (ISC) staff.

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- b. Jail Inmate – Any individual who is convicted of a crime and committed by the courts for a period of LESS THAN ONE (1) YEAR (this includes probation violators awaiting adjudication of their violation hearings, pretrial detainees, Federal/other State holds).
- c. Offender – A person incarcerated or detained in a prison, jail, or community correctional center.
- d. PREA – Prison Rape Elimination Act of 2003. Public Law 108-79, 117 Stat. 97, and additional regulations, 28 CFR 115.

.3 Forms

- a. PSD 0498, Medical/Dental/Mental Health Intake Screening form (attached).
- b. PSD 8314, PREA Screening Tool (attached).

4.0 POLICY

It is the policy of the PSD to provide systematic and objective evaluations of jail inmates for their custody levels while being detained in the CCC, to ensure the security and safety of the inmates, PSD staff and the general public.

5.0 PROCEDURES

- .1 Each offender shall be subject to the least restrictive supervision or confinement, consistent with the level of risk he/she presents to himself/herself, other offenders, PSD staff, and the community.
- .2 The jail staff shall be responsible for assessing each jail inmate for a custody level within 72 hours after arrival into the CCC, utilizing Form PSD 0498 (Medical/Mental/Dental Health Screening). Form PSD 8314, PREA Screening Tool shall also be completed at this time.
- .3 Assigned staff shall inform each offender of the intent and purpose of the classification process.
- .4 Each offender shall go through an initial interview by an assigned staff who shall:

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- a. Review offender's entire criminal history through electronic records, legal documents, intake assessment forms, past institutional file (if previously incarcerated), and initiate a records check and verification call, if warranted.
 - b. Complete the Jail Initial Custody instrument.
 - c. Complete form PSD 8314. If the completed PSD 8314 form indicates a victim or predator, or potential victim or predator, designation for the inmate, such information shall be considered in determining custody level in accordance with PSD, P&P, ADM.08.08, Prison Rape Elimination Act (PREA).
- .5 Jail inmates scoring maximum custody shall be housed in a Maximum Control Unit (MCU) at the respective CCC. However, a jail maximum custody may be transferred to the Halawa Correctional Facility's MCU if the maximum custody inmate poses a serious problem or threat to the good government of the sending facility and approval has been obtained from the Inmate Classifications Office.
 - .6 If Exception Case Administrative Override is recommended, refer to PSD, P&P, COR.18.07, Exception Case.
 - .7 If transfer to another facility is required, refer to PSD, P&P, COR.18.08, Transfer of Adult Inmates.
 - .8 In accordance with PSD, P&P, COR.14.27, Inmates with Disabilities, inmates with a disability, shall be provided with all approved reasonable modifications to policies, practices, or procedures, auxiliary aids or services, and/or removal of architectural, communication, or transportation barriers.
 - .9 Inmates may appeal the decision of any classification action through the inmate grievance process in accordance with PSD, P&P, COR.12.03, Inmate Grievance Program.
 - .10 The Intake Services Branch Administrators have the responsibility of administering the Initial Jail Custody Assessment P & P.

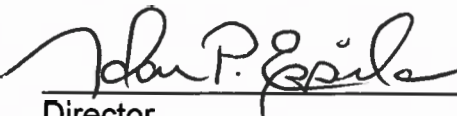
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APPROVAL RECOMMENDED:


 Deputy Director for Corrections May 1, 2020
Date

APPROVED:


 Director May 1, 2020
Date

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MEDICAL/DENTAL/MENTAL HEALTH INTAKE SCREENING

ADMISSION DATE: FACILITY: PRIOR ADM TO THIS FACILITY Y N

NAME:

SID: DOB: SEX:

YES NO

Does the arresting or transporting officer or other custodial agency report indications that the inmate is a medical or mental health or suicide risk?

MEDICAL OBSERVATIONS:

- Are there observable signs of physical injuries? (Cuts, bruises, swollen or deformed areas)
The inmate does not know what day it is and/or where he is. (If yes, ask about recent head injury.)
Is there any sign of altered consciousness? (Not alert, non responsive to verbal commands, slow, slurred or incoherent speech, excessive sleepiness.)
Are there any signs of limitations in movement? (Limping can't move a limb or joint, obvious physical deformities or complaints of pain on movement.)
Are there any signs of body parasites? (Lice, crabs, scabies, etc.)
Are there observable signs of illness? (Blue lips, shortness of breath, hyperventilation, hacking cough, flushed skin, rashes, orange/yellow skin or eyes, excessive sweating)
Are there observable signs of intoxication or does the inmate appear to be under the influence of drugs? (Smells like alcohol, staggers, shaky, anxious, slurred speech.)
Are needle marks, "needle tracks", or a fresh tattoo visible?

QUESTIONS: (Ask inmate the Questions. Inmate may not self administer. No need to expand on yes answers health care staff will obtain history based on a yes check mark)

- Do you have any allergies?
Have you suffered a head injury within the last 48 hours?
Have you ever had an infectious or communicable disease (e.g. Hepatitis C, TB)
Do you currently have any symptoms of illness? (e.g., chronic cough, coughing up blood, tiredness, weight loss or gain of two or more pounds per week, loss of appetite, fever, night sweats, shortness of breath or fast breathing or any pain.) (Note all that apply)
Are you under a doctor's care?
Are you currently taking any medications?
Do you have any medical conditions that limit your movement?
Do you have any diet restrictions?
Have you had an organ removed or an organ transplant?
Do you use any prosthetic device(s) to aid any physical limitations? (Including eyeglasses, dentures, contact lens, hearing aid artificial eye(s), artificial limb(s).)
Do you have any dental problems? (Toothaches, mouth sores or infections.)
Have you ever been the victim of physical, psychological or sexual violence?
Have you ever been enrolled in special education classes while in school?
Have you recently been discharged from the Hawaii State Hospital?
Have you ever suffered alcohol or drug withdrawal symptoms?
Do you currently use any drugs or alcohol? (If so, what and when did you last use?)

FEMALES:

- Are you pregnant?
Do you have any current gynecological problems?

PPD DATE: DATE READ: RESULTS: X-ray Results:

Nsg. Disposition: Same Day Sched. Appt. with Whom/Date: MH Refer.

MH Emer. Contacted: Date/Time: Gen. Pop Other:

(Name)

REVIEWED BY RN STAFF: _____ **Date/Time** _____

VERBALIZED, OBSERVABLE OR OTHER DOCUMENTED SIGNS OF MH/SUICIDE RISK?:

YES **NO**

Any 3 positives to questions/observations #1 - #7 requires an SRE.

- 1. Strong feelings of remorse or shame?
- 2. Passive/withdrawn?
- 3. Is the nature of the crime high profile (media or celebrity status in community, etc.)?
- 4. Have you recently experienced a significant loss? (Relationship, death in family, job, etc.)?
- 5. Do you currently feel like you have to talk or move more slowly than you usually do?
- 6. Have there currently been a few weeks when you felt like you were useless or sinful?
- 7. Has a family member or close friend ever attempted or committed suicide?

Any one positive to questions/observations #8 - #13 (gray shade) requires an SRE.

- 8. Verbalizing hopelessness or extreme fear
- 9. Evidence of self-mutilation
- 10. If in jail or prison before was inmate ever placed on suicide or safety watch? (from OT alert)
- 11. In the past have you ever tried to hurt or kill yourself?
 When _____ Why _____ How _____ ?
 When _____ Why _____ How _____ ?
 When _____ Why _____ How _____ ?
- 12. Are you thinking about hurting or killing yourself now?
- 13. Question 1 page 1 (Arresting or Transporting Officer indicated Suicide Risk)

A positive response on any items #17 - #28 requires referral to the Mental Health Section.

- 14. Loud/obnoxious behavior?
- 15. Uncooperative behavior?
- 16. Aggressive behavior/ Restless/over reacting?
- 17. Bizarre behavior, confused or incoherent?
- 18. Have you ever received mental health treatment in a correctional facility?
- 19. Are you receiving counseling from a mental health professional or treatment center?
- 20. Have you ever been hospitalized for an emotional or mental health condition?
- 21. Are you currently taking any medication for an emotional or mental health disorder?
- 22. Have you or your friends noticed that you are currently much more active than usual?
- 23. Do you hear things or see things others cannot see or hear?
- 24. Do you currently believe that someone can control your mind by putting thoughts into your head or taking thoughts out of your head? or other people know your thoughts and can read your mind?
- 25. Have you ever or are you currently thinking about harming another person?

The following questions are to be completed following a database search by the Intake Service Center.

- 26. Is the inmate a client of the Adult Mental Health Division? (ISC to check Data Base)
- 27. Has the inmate ever been on Conditional Release? (ISC to check CJIS or OT)
- 28. Has the inmate ever presented for a 704-404 Fitness Examination? (ISC to check CJIS or OT)

COMMENTS: _____

Inmate's Name _____ **Signature** _____ **Date** _____

ISC Disposition: Nurse Called: _____ Date/Time: _____ Med. Refer. MH Refer

MH Emer. Called: _____ Date/Time: _____ Gen. Pop Other _____

INTERVIEWER/TITLE _____ **Date/Time** _____

MH Disposition: Same Day Appt. Sched with **Whom/Date:**

_____ MH Module Gen Pop Other _____

REVIEWED BY MH STAFF _____ **Date/Time-** _____

DEPARTMENT OF PUBLIC SAFETY
PREA SCREENING INSTRUMENT

I. IDENTIFYING DATA

Inmate Name: _____ SID Number: _____

REASON FOR SCREENING: New Admission Regular Review Special Referral

II. POSSIBLE VICTIM FACTORS

- 1. Former Victim of Institutional (Prison/Jail) Rape or Sexual Assault
- 2. Youthful Age (defined as under 21 years old)
- 3. Elderly Age (defined as over 65 years old)
- 4. **Male** - Small physical stature - 5'2" or less and/or less than 120 lbs
Female - 5' or less and/or less than 100 lbs
- 5. Developmental Disability/Mental Health Issues
- 6. First Incarceration or Prior Incarceration of less than 30 days duration
- 7. Lesbian/Gay/Bisexual/Transgender/Intersex
- 8. History of Prior Sexual Victimization (Victim)
- 9. Prior History of Consensual Sexual Activity during Incarceration
- 10. Prior History of Protective Custody

Yes/No	Source

The above factors require documented evidence.

III. VICTIM DESIGNATION:

- Victim** If factor #1 in Section II is "Yes": Classified as a "Victim."
- Potential Victim** If three or more of the factors in Section II, #2-10 is "Yes": Classified as a "Potential Victim."
- Not Applicable** If two or less of the factors in Section II, #2-10 is "Yes" this Section is "Not Applicable."

IV. VICTIM OVERRIDE (Circle): **NO YES, need PSD PREA Coordinator Approval:** _____
 "Potential Victim" "Not Applicable" Recommend Monitoring by _____ (Name, Date & Time)

Justification for Override: _____

V. POSSIBLE PREDATORY FACTORS

- 1. History of Institutional (Prison/Jail) Sexual Predatory/Aggressor Behavior
- 2. History of Sexual Abuse/Sexual Assault towards Others
- 3. History of Domestic Violence/Physical Abuse towards Others
- 4. Confirmed and/or Current Gang Affiliation/Security Threat Group
- 5. History of Strong Arming/Extortion/Assaults during Incarceration
- 6. History of Institutional Sexual Acts
- 7. Overly Masculine Characteristics (**Females Only**)

Yes/No	Source

The above factors require documented evidence.

VI. PREDATOR DESIGNATION:

- Sexual Aggressor** If factor #1 in Section V is "Yes": Classified as a "Sexual Aggressor."
- Potential Sexual Aggressor** If two or more of the factors in Section V, #2-7 is "Yes": Classified as a "Potential Aggressor."
- Not Applicable** If one or less of the factors in Section V, #2-7 is "Yes" this Section is "Not Applicable."

VII. PREDATOR OVERRIDE (Circle): **NO YES, need PSD PREA Coordinator Approval:** _____
 "Potential Aggressor" "Not Applicable" Recommend Monitoring by _____ (Name, Date & Time)

IF THE INMATE IS CLASSIFIED AS A SEXUAL AGGRESSOR, THEN THE SEXUAL AGGRESSOR SCORING WILL TAKE PRECEDENCE OVER ANY CONFLICT.

Justification for Override: _____

VIII. HOUSING STATUS: General Population Separatee Protective Custody Administrative Segregation

COMMENTS: _____

Recommended Housing: _____ Final Housing Designation: _____

Completed By: _____ DATE _____ Reviewed by: _____ PREA COORDINATOR/FACILITY PREA MANGER DATE _____