

	<b>DEPARTMENT OF PUBLIC SAFETY</b>	<b>EFFECTIVE DATE:</b> FEB 15 2012	<b>POLICY NO.:</b> COR.18.05
	<b>CORRECTIONS ADMINISTRATION POLICY AND PROCEDURES</b>	<b>SUPERSEDES (Policy No. &amp; Date):</b> COR.18.05 & 02/19/09	
	<b>SUBJECT:</b> <b>INITIAL CUSTODY ASSESSMENT OF JAIL INMATES</b>		Page 1 of 2

## 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.

## 2.0 REFERENCES AND DEFINITIONS

### .1 References

- a. Hawaii Administrative Rules of the Corrections Division, Title 23, Subchapter 107, Inmate Classification
- b. Department of Public Safety (PSD) Policy and Procedures (P&P), COR 18.01, Inmate Classification System
- c. PSD, Classification Coding Instructions Manual

## 3.0 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.

- .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 Each inmate shall be assessed for a custody level within 72 hours after arrival into the CCC. The MEDICAL/MENTAL/DENTAL HEALTH SCREENING form, DOC 498, shall also be completed for each jail inmate.
- .3 Assigned staff shall inform each offender of the intent and purpose of the classification process.
- .4 The offender will then receive an initial interview by an assigned staff who shall:
  - a. Review offender information through electronic records and, if necessary, legal documents, intake assessment forms, defendant file if previously incarcerated, and make necessary records check and verification calls.

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b. Complete the Jail Initial Custody instrument.

- .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 offender poses a serious problem or threat to the good government of the sending facility and approval has been obtained from the Institutions Division Administrator.
- .6 If exception case is recommended, refer to P&P COR.18.07.
- .7 If transfer to another facility is required, refer to P&P statement on Transfer of Adult Inmates, P&P COR.18.08.
- .8 Inmates may appeal the decision of any classification action through the inmate grievance process.

#### 4.0 RESPONSIBILITY

The Intake Services Branch Administrators have the responsibility of administering the Initial Jail Custody Assessment P&P.

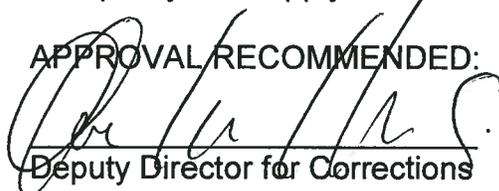
#### 5.0 IMPLEMENTATION

Initial Jail Custody Assessment shall be performed in accordance with the instructions contained within this policy.

#### 6.0 SCOPE

This policy shall apply to all CCC.

APPROVAL/RECOMMENDED:

  
Deputy Director for Corrections

2/13/12  
Date

APPROVED:

  
Director

2/15/2012  
Date

**MEDICAL/MENTAL/DENTAL HEALTH INTAKE SCREENING**

ADMISSION DATE: \_\_\_\_\_

FACILITY \_\_\_\_\_

NAME: \_\_\_\_\_

SID: \_\_\_\_\_

DOB: \_\_\_\_\_

SEX: \_\_\_\_\_

**YES NO**

- Does the arresting or transporting officer report indications that the inmate is a medical or mental health or suicide risk, or is being transported from Hawaii State Hospital?

**MEDICAL OBSERVATIONS**

- Are there observable signs of physical injuries? (Cuts, bruises, swollen areas)
- The inmate does not know what day it is and/or where he is. (If yes, ask about 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 sign 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? (Flush, rashes, orange/yellow skin, hacking cough.)
- 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.)

- 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?
- Do you currently have any symptoms of illness? (e.g., chronic cough, coughing up blood, tiredness, weight loss, loss of appetite, fever, night sweats, shortness of breath or fast breathing or any pain.)
- 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 currently lost or gained as much as two pounds a week for several weeks without trying?
- 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.)
- Do you currently use any drugs? If so, what drugs 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: \_\_\_\_\_

REVIEWED BY MEDICAL STAFF: \_\_\_\_\_ Date/Time \_\_\_\_\_

**MENTAL HEALTH RISK OBSERVATIONS**

<u>YES</u>	<u>NO</u>		<u>YES</u>	<u>NO</u>	
<input type="checkbox"/>	<input type="checkbox"/>	Aggressive behavior	<input type="checkbox"/>	<input type="checkbox"/>	Uncooperative
<input type="checkbox"/>	<input type="checkbox"/>	Loud/obnoxious	<input type="checkbox"/>	<input type="checkbox"/>	Incoherent
<input type="checkbox"/>	<input type="checkbox"/>	Bizarre behavior	<input type="checkbox"/>	<input type="checkbox"/>	Passive/withdrawn
<input type="checkbox"/>	<input type="checkbox"/>	Confused	<input type="checkbox"/>	<input type="checkbox"/>	Restless/over reacting

**HAS THE INMATE VERBALIZED OR ARE THERE OBSERVABLE SIGNS OF:**

- Strong feelings of remorse or shame
- Verbalizing hopelessness or extreme fear
- Evidence of self-mutilation

**QUESTIONS**

1.   Do you hear things or see things others cannot see or hear?
2.   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?
3.   Prior to your arrest were you receiving counseling from a mental professional or treatment center?
4.   Have you *ever* been hospitalized for an emotional mental health condition?
5.   Are you *currently* taking any medication for an emotional or mental health disorder?
6.   Is the inmate a client of the Adult Mental Health Division? (check ACCESS)
7.   Has the inmate ever been on Conditional Release? (check CJIS)
8.   Has the inmate ever presented for a 707-404 Fitness Examination? (check CJIS)
9.   Have you or your friends noticed that you are *currently* much more active than usual?
10.   Do you *currently* feel like you have to talk or move more slowly than you usually do?
11.   Have there *currently* been a few weeks when you felt like you were useless or sinful?
12.   In the past have you ever tried to hurt or kill yourself?  
When \_\_\_\_\_ Why \_\_\_\_\_ How \_\_\_\_\_ ?  
When \_\_\_\_\_ Why \_\_\_\_\_ How \_\_\_\_\_ ?  
When \_\_\_\_\_ Why \_\_\_\_\_ How \_\_\_\_\_ ?
13.   During any prior incarcerations, were you ever placed on suicide watch? (check OT alert)
14.   Are you thinking about hurting or killing yourself now?
15.   Has a family member or close friend ever attempted or committed suicide?
16.   Have you ever or are you currently thinking about harming another person?
17.   Is the nature of the crime high profile? (celebrity status in community, in media, etc.)
18.   Have you recently experienced a significant loss? (Relationship, death in family, job, etc.)?

Note: a positive response to any of questions 1 through 14, generate an immediate referral to the Mental Health Section

**COMMENTS:** \_\_\_\_\_

**Inmate's Name** \_\_\_\_\_ **Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**INTERVIEWER/TITLE** \_\_\_\_\_ **Date/Time** \_\_\_\_\_

**REVIEWED BY MH STAFF** \_\_\_\_\_ **Date/Time** \_\_\_\_\_

Intake Disposition: ER Nurse Called Med. Refer. MH Refer Gen. Pop Other \_\_\_\_\_

Med. Disposition: ER Infirmary Same Day Sched. Appt. Gen. Pop Other \_\_\_\_\_

MH Disposition: Same Day Sched. Appt. Therapeutic Unit Gen Pop Other \_\_\_\_\_

Original: Medical Record