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JAIL CLASSIFICATION SYSTEM DEVELOPMENT  
DOCUMENT: OBJECTIVE JAIL CLASSIFICATION  
SYSTEM USER'S MANUAL

130098

**DRAFT**

# *JAIL CLASSIFICATION SYSTEM DEVELOPMENT*

## **OBJECTIVE JAIL CLASSIFICATION SYSTEM USER'S MANUAL**

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Colonel David M. Parrish, Commander  
Major James Cook, Division Major  
Marilyn C. Hall, General Manager I  
James F. Gross, Assistant Supervisor  
Christa J. Winstead, Classification Specialist

### Johnson County (Kansas) Adult Detention Center

Captain John V. Zemites, Bureau Commander  
Lieutenant R. B. Johnston, Division Commander  
Sergeant Rodney A. Daniel, Classification Supervisor  
Deputy Jeffrey A. Detwiler, Classification Officer  
Deputy Linda C. Shuttlesworth, Classification Officer

### Marion County (Oregon) Department of Community Corrections

Billy F. Wasson, Director  
Jean Hill, Management Analyst  
Ted Nelson, Jail Commander  
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Deputy James Herring, Classification Officer

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## INTRODUCTION

This document is intended to serve as a user's manual for an objective jail classification system developed under a grant from the Jails Division of the National Institute of Corrections (NIC), U.S. Department of Justice. The objective classification system was the end product of a 30-month project conducted by the National Council on Crime and Delinquency (NCCD) and Correctional Services Group, Inc. (CSG). This project also entailed a comprehensive review of jail classification literature and a national survey of jail classification practices, both of which played a role in the design of the classification system presented herein.

The classification system presented in this document is representative of what has been called "the new generation of classification systems." These are approaches that strive to base classification decision-making on objective measures of behavior; hence, the term "objective classification system." Unlike previous approaches to inmate classification, objective classification relies on a narrow set of well-defined legal characteristics (e.g., severity of current charge, prior convictions, and prior incarcerations) to guide decision-making. These characteristics are incorporated into a standardized form or checklist that is used by staff to assess each inmate's custody and programming needs. Emphasizing fairness and explicitness in decision-making, objective classification is characterized by the following elements:

- o Use of classification instruments that have been validated for inmate populations;
- o Use of the same classification approach for all inmates;

- o Promotion of similar decision among classification staff on comparable cases; and
- o Assignment of inmates to custody levels consistent with their background.

During the past decade, objective classification systems have been developed for and implemented by prisons throughout the nation. Those facilities have found appropriate classification to be a cornerstone of effective inmate management. Jails, however, have lagged behind prisons in the use of objective classification. This delay is a result of numerous factors unique to jail operations. Among the most salient of these are the diversity of persons confined in jails, the high volume of admissions to jails, and the rapid turnover of the jail population.

The objective jail classification system developed for NIC was designed to address these special concerns. Additionally, it was constructed to accommodate a variety of jail settings so that the system could be adapted by jails of all sizes. The system was implemented and field-tested for eight months at jails in three sites: Hillsborough County, Florida; Johnson County, Kansas; and Marion County, Oregon. Afterward, it was revised to eliminate problems experienced during the pilot implementation and to enhance its general effectiveness; the resultant system is presented in this document.

The objective classification system has five components:

- o Inmate Screening Form;
- o Initial Custody Assessment Scale;
- o Custody Reassessment Scale;
- o Initial Inmate Needs Assessment Form; and
- o Inmate Needs Reassessment Form.

A copy of the assessment form used for every component is included in this manual. Each instrument has been configured to serve as a prototype. Hence, a jail can copy the form, add its name at the top, and begin using the form on a trial or regular basis. Following each form is a set of instructions sufficiently detailed to enable staff, after a careful reading, to fill out the form. Eventually, the jail may want to supplement the instructions with more precise definitions and/or screening and assessment training.

It should be emphasized that although this objective classification system has been subjected to rigorous testing and considerable revision, it is not envisioned as "perfect" or "set in concrete." Because jails differ widely in their operational philosophies and inmate management approaches, this system was designed to be flexible enough to respond to varying needs. For this reason, modification options are either included in the instructions or, in the case of the custody assessment scales, appended to the instructions for each form. These options represent suggestions that were provided by classification personnel at the test sites, as well as by project staff: they reflect "lessons learned" during the implementation experience. Potential system users are urged to examine these options before deciding whether they want to implement this objective jail classification system.

Finally, it is strongly recommended that a jail implementing this system monitor it closely for two reasons. First, the system as adopted may not adequately meet the jail's needs. The use of overrides, for example, is a good measure of the system's utility. When overrides are used more than 20% of the time, something within the system is not

functioning in line with the jail staff's expectations. Careful documentation of the reasons for overrides can help determine when an instrument does not reflect management philosophy. Similarly, if inmate classification tracking shows an increase in disciplinary incidents--after an initial "shake down" period--the system may not be recommending appropriate custody levels for inmates.

A second reason for monitoring the classification system is that the jail's needs may alter and the system may not be responding to these changes. Monitoring can help jail staff to refine the system to address problem areas.

Inmate assessment is an invaluable management tool--for jail administrators, custody staff, and classification personnel. The objective jail classification system described in the pages that follow is intended to enhance a jail's operations and environment, making conditions more safe and just for all who work or live there.

Any jail interested in implementing the objective classification system should contact the NIC Jails Division for further information, including procedures for pilot-testing the instruments to determine whether they are suitable for use by the jail in their current form: NIC Jails Division, 1790 30th Street, Suite 440, Boulder, Colorado 80301; (303) 939-8866.

OBJECTIVE JAIL CLASSIFICATION SYSTEM

INMATE SCREENING FORM

INITIAL CUSTODY ASSESSMENT SCALE

CUSTODY REASSESSMENT SCALE

INMATE NEEDS ASSESSMENT FORMS

**INMATE SCREENING FORM**

INMATE SCREENING FORM

I. IDENTIFICATION

Inmate Name (Last, First, Middle)	Inmate ID #
Screening Date	Screening Time

II. RISK AND NEEDS SCREENING

1. SUBSTANCE ABUSE

Signs of Being Under Influence of Alcohol/Drugs	Yes	No
Signs of Alcohol/Drug Withdrawal	Yes	No
Type(s) of drug/alcohol used:		
Amount consumed/taken:		
Time consumed/taken:		

Comments:

2. SUICIDE RISK

Suicidal Threats	Yes	No
Previous Stress Experiences	Yes	No
Extreme Shame/Embarrassment	Yes	No
Extreme Nervousness/Restlessness	Yes	No
Extreme Depression	Yes	No
Withdrawn/No-communicative	Yes	No

Comments:

3. MENTAL HEALTH

Past Treatment for Mental Health Problems	Yes	No
Use of Psychotropic Medication	Yes	No
Type:		
Frequency:		
Amount:		
Abnormal Behavior	Yes	No

Comments:

4. MEDICAL HEALTH

Current Treatment for Medical Problems	Yes	No
What:		
Use of Prescription Medication	Yes	No
Type: Frequency: Amount:		
Special Prescribed Diet	Yes	No
Recent Hospitalization	Yes	No
Why: Where:		
Recent Head Injury	Yes	No
Recent Blackouts/Fainting	Yes	No
Unconscious	Yes	No
Obvious Pain	Yes	No
Chronic Cough	Yes	No
Chronic Diarrhea	Yes	No
Current Itching/Skin Rash	Yes	No
Bleeding/Draining Wounds	Yes	No
Heart Condition	Yes	No
Diabetes	Yes	No
Epilepsy/Seizures	Yes	No
Asthma	Yes	No
History of Ulcers	Yes	No
History of/Exposure to Tuberculosis	Yes	No
History of/Exposure to Venereal Disease	Yes	No
History of Hepatitis/Jaundice	Yes	No
A.I.D.S.	Yes	No
Allergies	Yes	No
Current Pregnancy	Yes	No
Use of Birth Control Pills	Yes	No
Dental Problems	Yes	No
Eye Glasses/Contact Lenses	Yes	No
Physical Handicap	Yes	No
Restricted Mobility	Yes	No
Vermin	Yes	No
Lesions/Bruises/Other Signs of Injury	Yes	No
Fever/Swollen Lymph Nodes/Other Infectious Signs	Yes	No
Other Medical Problems	Yes	No

Comments:

I understand that this screening interview has been conducted in my own best interest, and have answered all questions truthfully.

Inmate's Signature: \_\_\_\_\_

Interviewer's Signature: \_\_\_\_\_

## INMATE SCREENING FORM INSTRUCTIONS

An Inmate Screening Form is completed for each inmate upon admission to the facility. This includes any offender previously booked, then released pending trial, and now returned to serve a jail sentence. Most of the information needed to fill out the Inmate Screening Form can usually be obtained from the committing documents, inmate interview, and staff observation. However, the staff member completing the screening form should also ask the arresting officer about behavior relevant to the inmate's risk and need assessment. To ensure a fair trial, detailed questions about the inmate's current charge(s) are to be avoided.

The Inmate Screening Form is a checklist designed for relatively quick and easy completion. It requires only "yes" and "no" responses to various assessment criteria and, where necessary, brief commentary. Completion of this form functions as a preliminary step in the classification process. It is to be used to assist with inmate management and staff decision-making during an inmate's first hours in custody. Because a more thorough evaluation of each inmate will be performed at initial custody assessment, it is recommended that a copy of the screening form be forwarded to classification staff.

### Completion Policy:

The Inmate Screening Form is completed on each inmate within 6 hours after booking and prior to completing the Initial Custody Assessment Scale. Inmates who have been previously admitted and released (i.e., pending trial) require a new screening when readmitted. Depending on agency policy, the screening form may be completed by medical, classification, or booking staff.

## INSTRUCTIONS

### Section I: Identification\*

Inmate Name: Enter inmate's full name (last, first, middle initial).

Inmate ID #: Enter inmate's identifying number, if assigned. This number should be used on all subsequent classification forms.

Screening Date: Enter date the screening is completed.

Screening Time: Use military time to enter the time of inmate's screening.

\* (NOTE: The jail using the Inmate Screening Form may incorporate other identification items into this section; for example, inmate's date of birth, social security number, age, and medical insurance carrier.)

## Section II: Risk and Needs Screening

### General Instructions:

In each of the four screening factor areas, circle "yes" or "no" for each assessment criterion to indicate that the issue has been addressed in screening. If information needed to assess a specific criterion is not available, circle "no" for that criterion and note the lack of information in the Comments space provided for the screening factor associated with the criterion.

### Screening Factors:

1. **Substance Abuse:** This factor is intended to assess immediate substance abuse problems and provide preliminary information regarding inmate's abuse of or addiction to alcohol and/or drugs. It is necessary to rely on personal observation and inmate self-report in assessing criteria for this factor.

Signs of Being Under the Influence of Alcohol/Drugs: Circle "yes" if inmate exhibits signs such as slurred speech, physical imbalance, dilated pupils, disorganized thinking, euphoria, aggressive behavior, hyperactivity, extreme drowsiness, or alcohol odor. While such signs are not positive indicators of intoxication, they do signal a need for observation and follow-up assessment by medical staff.

Signs of Alcohol/Drug Withdrawal: Circle "yes" if inmate states he or she is in withdrawal or if inmate exhibits signs such as repeated vomiting, muscle spasms, hallucinations, excessive sweating, chills, runny eyes or nose, cramps, pinpoint pupils, or serious breathing difficulties. Contact medical staff at once, and watch inmate closely until he or she is under supervision of medical staff.

- If inmate exhibits signs of withdrawal or being under the influence of alcohol and/or drugs, determine the type(s) of drugs/alcohol used, the amount consumed or taken, and the time (date and hour) of last use.

2. **Suicide Risk:** This factor is intended to provide preliminary information regarding inmate's likelihood to attempt suicide while in custody. Close observation and careful questioning are necessary to assess the criteria for this factor. An inmate receiving a "yes" for any of the following criteria is to be frequently observed and referred to mental health staff for further assessment.

Suicide Threats: Circle "yes" if inmate currently is threatening, verbally or in writing, to take his or her life. Contact mental health or medical staff at once, and watch inmate until he or she is under supervision of these staff.

Physical Signs of Suicide Attempts: Circle "yes" if inmate has scars or wounds that suggest previous attempts to commit suicide. Contact mental health or medical staff at once, and watch inmate closely until he or she is under supervision of medical staff.

Recent Stress Experiences: Circle "yes" if inmate has recently lost a loved one, become divorced, lost a job or business, learned of a major health problem, or experienced serious financial trouble.

Extreme Shame/Embarrassment: Circle "yes" if inmate seems unusually ashamed, distressed, or guilt-ridden about being arrested and detained or seems shocked by his or her current charge(s).

Extreme Nervousness/Restlessness: Circle "yes" if inmate appears highly agitated, is unable to remain seated for normal period of time, and seems to be experiencing unreasonable emotional distress.

Extreme Depression: Circle "yes" if inmate expresses exaggerated feelings of helplessness or hopelessness, laments his or her current existence, or appears unduly glum.

Withdrawn/Non-communicative: Circle "yes" if inmate seems removed from current situation, distant from other people, unusually non-talkative, or non-responsive to verbal communication.

3. **Mental Health Needs:** This factor is intended to provide preliminary information regarding inmate's mental health and potential for unstable and/or dangerous behavior. In assessing criteria for this factor, it is important to observe inmate closely as well as to ask pertinent questions. An inmate receiving a "yes" for any of the following criteria is to be referred to mental health staff for further assessment. Inmate is to be carefully monitored and, when deemed necessary to the welfare of self and others, separated from other inmates.

Past Treatment for Mental Health Problems: Circle "yes" if inmate has been hospitalized due to mental health problems or if inmate has received professional counseling for mental health problems.

Use of Psychotropic Medication: Determine if inmate currently takes, or has previously taken, prescription medication to control behavior and/or emotional instability. Such medication includes tranquilizers, anti-depressants, hypnotics, and stimulants. Circle "yes" if inmate states such medication has been prescribed for him or her. Also indicate, if known, what

kind of medication has been prescribed, how much is taken, and how often it is taken.

Abnormal Behavior: Circle "yes" if inmate displays other forms of behavior inconsistent with reality or nature of current situation (e.g., paranoia, hallucinations, excessive anxiety, extreme apathy). Briefly describe behavior in the Comments space.

4. **Medical Health:** Once an inmate is admitted to the facility, the agency is responsible, and liable, for that inmate's well-being. This factor is intended to provide preliminary identification of problems that may affect the health of the inmate or other inmates confined in the facility and, therefore, need to be addressed.

Little, if any, documentation is likely to be available in regard to this factor. It is necessary that the inmate be closely observed and questioned regarding the criteria listed under this factor. The inmate's personal effects list also is to be checked for items such as medication and medical alert bracelets. Based on personal observation and inmate self-report, circle "yes" whenever applicable to a specific criterion. An inmate with health care needs is to be referred to medical staff for further assessment and, when necessary, treatment.

\* (NOTE: Jails using the Inmate Screening Form may want to incorporate time frames into the assessment criteria. For example, an agency may decide to restrict Past Treatment for Mental Health Problems to services received during the last five years or Recent Hospitalization to the last year.)

Inmate Signature: Inmate being screened is to review the screening form and then sign it in the space provided. If inmate refuses to sign, this fact should be noted on the form.

Interviewer's Signature: Individual interviewing inmate and completing the screening form is **required** to sign the form in the space provided.

**INITIAL CUSTODY ASSESSMENT SCALE**

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INITIAL CUSTODY ASSESSMENT SCALE

I. IDENTIFICATION

Inmate Name (Last, First, MI) _____	Inmate ID # _____
Assessment Date _____	Classification Specialist _____

II. CUSTODY EVALUATION

1. SEVERITY OF CURRENT CHARGES/CONVICTIONS (Use Severity of Offense Scale; rate most serious charge/conviction, including any detainers/warrants)
- |                |   |       |
|----------------|---|-------|
| Low _____      | 0 | Score |
| Moderate _____ | 2 |       |
| High _____     | 5 |       |
| Highest _____  | 7 |       |
2. SERIOUS OFFENSE HISTORY (Use Severity of Offense Scale; rate most serious prior conviction)
- |                   |   |       |
|-------------------|---|-------|
| None or Low _____ | 0 | Score |
| Moderate _____    | 1 |       |
| High _____        | 4 |       |
| Highest _____     | 7 |       |
3. ESCAPE HISTORY (Excluding current charges)
- |  |   |       |
|--|---|-------|
| No escape or attempts _____  | 0 | Score |
| Walkaway or attempted escape from minimum security facility or failure to return from authorized absence _____ | 3 |       |
| Escape or attempted escape from medium or maximum security setting _____                                       | 7 |       |

MAXIMUM CUSTODY SCORE (Add Items 1, 2, and 3)

SCORE OF 7 OR HIGHER, ASSIGN TO MAXIMUM CUSTODY . . . . .

(Always complete remaining items, but do not total score if inmate has already been assigned to maximum custody.)

4. INSTITUTIONAL DISCIPLINARY HISTORY
- |   |   |       |
|---|---|-------|
| None or minor with no segregation time _____                          | 0 | Score |
| 1 or more major disciplinary reports and/or time in segregation _____ | 3 |       |
5. PRIOR FELONY CONVICTIONS (Excluding current charges)
- |                   |   |       |
|-------------------|---|-------|
| None _____        | 0 | Score |
| One _____         | 2 |       |
| Two or more _____ | 4 |       |
6. ALCOHOL/DRUG ABUSE
- |  |   |       |
|--|---|-------|
| No social, economic or legal problems related to abuse _____ | 0 | Score |
| Abuse resulting in social, economic or legal problems _____  | 1 |       |
| Abuse resulting in assaultive behavior _____                 | 3 |       |
7. STABILITY FACTORS (Deduct indicated points)
- |   |    |       |
|---|----|-------|
| Age 26 or over _____  | -1 | Score |
| Employed or attending school for 6 months prior to arrest _____   | -1 |       |
| Lived at same address for 12 or more months prior to arrest _____ | -1 |       |

COMPREHENSIVE CUSTODY SCORE (Items 1-7) . . . . . Total Score

### III. SCALE SUMMARY AND RECOMMENDATIONS

A. CUSTODY LEVEL INDICATED BY SCALE. . . . . Code  
1 = Minimum      2 = Medium      3 = Maximum

#### Custody Classification Chart

7 or more points on items 1-3 . . . . . Maximum  
5 or fewer points on items 1-7 . . . . . Minimum  
5 or fewer points on items 1-7 with detainer/warrant . . . . . Medium  
6 to 10 points on items 1-7 . . . . . Medium  
11 or more points on items 1-7 . . . . . Maximum

B. CHECK [X] ALL THE SPECIAL MANAGEMENT CONCERNS WHICH APPLY TO THIS INMATE:

<input type="checkbox"/> Protective Custody	<input type="checkbox"/> Known Management Problem
<input type="checkbox"/> Psychological Impairment	<input type="checkbox"/> Suspected Drug Trafficker
<input type="checkbox"/> Mental Deficiency	<input type="checkbox"/> Suicide Risk
<input type="checkbox"/> Escape Threat	<input type="checkbox"/> Medical Problem
<input type="checkbox"/> Serious Violence Threat	<input type="checkbox"/> Physical Impairment
<input type="checkbox"/> Known Gang Affiliation	<input type="checkbox"/> Other (specify): _____
<input type="checkbox"/> Substance Abuse Problem	

C. OVERRIDE OF SCALE CUSTODY LEVEL IS RECOMMENDED . . . . . Code  
1 = Yes      2 = No

If yes, give rationale (required): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

D. RECOMMENDED CUSTODY LEVEL. . . . . Code  
1 = Minimum      2 = Medium      3 = Maximum

Specialist Signature \_\_\_\_\_ Date \_\_\_\_\_

### IV. SUPERVISOR APPROVAL OF OVERRIDE

A. RECOMMENDED CUSTODY LEVEL. . . . . Code  
1 = Approved      2 = Disapproved (Complete B.)

B. FINAL CUSTODY LEVEL (if override disapproved). . . . . Code  
1 = Minimum      2 = Medium      3 = Maximum

Rationale (required if different from recommendation): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Supervisor Signature \_\_\_\_\_ Date \_\_\_\_\_

V. RECOMMENDED HOUSING ASSIGNMENT: \_\_\_\_\_

## INITIAL CUSTODY ASSESSMENT SCALE INSTRUCTIONS

The Initial Custody Assessment Scale is used during initial classification to establish an inmate's recommended custody rating. This custody rating is based upon the classification specialist's assessment of seven items, each of which is to be assigned a numerical score. These items have been found to be associated with future conduct and, thus, help identify the types of risk likely to be presented by the inmate. When considered together, the items also help determine the extent of risk likely to be presented by the inmate. The custody rating recommendation derived from these items is used, in combination with other specified information, when making decisions relating to the inmate's housing assignment and supervision requirements. The custody rating recommendation may be altered due to management considerations that warrant special attention or intervention by staff.

### Completion Policy:

The Initial Custody Assessment Scale is to be used on all inmates remaining in confinement after completion of the Inmate Screening Form. The scale is to be completed before an inmate is removed from the facility's holding area and given a housing assignment.

\* (NOTE: The jail using the Initial Custody Assessment Scale should determine a time frame for its completion, based upon agency policy and procedures.)

## INSTRUCTIONS

### Section I: Identification

Inmate Name: Enter inmate's full name, last name followed by first name and middle initial.

Inmate ID Number: Enter inmate's identifying number. This should be the same number entered on the Inmate Screening Form.

Assessment Date: Enter date assessment is completed, using numbers to represent month, day and year.

Classification Specialist: Enter last name of specialist completing the scale.

### Section II: Custody Evaluation

Items 1 through 3 are intended to identify the inmate who presents a serious risk to the safety, security, and orderly operation of the facility. **Inmates who score seven or above on the first three items are recommended for maximum custody without consideration of the scores for the remaining items.**

1. Severity of Current Charges/Convictions: Determine most serious current charge, detainer, warrant, or conviction for inmate, using Severity of Offense Scale. If inmate has been booked on technical violation(s) of probation or parole, severity of current charge/conviction is to be based on offense(s) for which probation or parole was granted. Enter number of points associated with severity category into which inmate's most serious offense falls.
2. Serious Offense History: Exclude current offense(s). Determine most serious prior conviction and rank it on Severity of Offense Scale. Enter number of points associated with severity category into which inmate's most serious conviction falls. If inmate has no record of prior convictions, enter 0.
3. Escape History: Consider any escapes or attempted escapes including current admission. **Do not consider escapes or attempts scored in item 1.** Enter number of points corresponding to inmate's most serious escape or attempt. Escapes from correctional settings or programs are to be recognized if inmate was found guilty of the escape or attempt by an institutional disciplinary committee, regardless of court prosecution and conviction status.

Maximum Custody Score: Add points for items 1-3, and enter total in box designated "maximum custody score." **If this score is 7 or higher, assign inmate to maximum custody.** Complete items 4-7. Scores for items 4-7 do not need to be totaled unless maximum custody score is 6 or lower.

Items 4-7 are designed to establish a custody score for the inmate who is not immediately identified as a maximum custody risk on the first three items.

4. Institutional Disciplinary History: Consider inmate's entire disciplinary history including current admission. If inmate has received no disciplinary reports or has received only minor reports with no segregation time, enter 0.
5. Prior Felony Convictions: Excluding current offense, consider inmate's entire history of convictions. Enter number of points associated with number of felony convictions.
6. Alcohol/Drug Abuse: Using the best information available, determine whether substance abuse has led to emotional, social, or legal problems. The degree of personal disruption is the key when assessing this factor. If abuse has been related to assaultive be-

havior, score this item in the highest category. Inmate self-report and prior arrest record are expected to be the most frequent sources of information. Enter number of points associated with evaluation of the extent of abuse.

7. Stability Factors: Deduct indicated number of points for each stability factor. This item provides the opportunity to lower the custody score based on selected stability factors. **This is the only scale item in which the categories are additive.** (Example: A 27-year-old who had been employed for 6 months at the time of arrest and living at the same address for 2 years has 3 points deducted.)

Comprehensive Custody Score: Enter total score from items 1-7 in box if maximum custody score is 6 or lower.

### Section III: Scale Summary and Recommendations

- A. CUSTODY LEVEL INDICATED BY SCALE: Using Custody Classification Chart, enter code that indicates custody level designated by the scale.
- B. SPECIAL MANAGEMENT CONCERNS: This section is designed to address management issues that warrant attention and possible intervention by staff in the form of special housing and/or supervision. The following special management considerations are to be checked on the form if they exist (check all that apply):

Protective Custody: Inmate requires protective custody to ensure his or her safety and well-being; inmate may, for example, be a current or former criminal justice staff member, witness, known informant, or homosexual or have known enemies in the facility, a thin/frail appearance, an unresolvable language barriers, or charge(s) for heinous/notorious crime(s).

Psychological Impairment: Inmate has been examined by mental health staff and found to be incapable of functioning in any housing area other than a highly structured treatment environment because he or she constitutes a danger to self and/or others.

Mental Deficiency: Inmate has been examined by mental health staff and found to have difficulty interacting with others due to limited comprehension and communication skills.

Escape Threat: Inmate has made significant threats to escape or has a documented history of escape(s) and/or attempted escape(s).

Serious Violence Threat: Inmate has a documented history of violent conduct, such as murder, rape, assault, intimidation involving a weapon, and arson. This conduct may have occurred while confined or while in the community.

Known Gang Affiliation: Inmate is known to be a member of a racial, political, or religious group that uses violence to achieve its goals within a correctional setting and/or in the community and this affiliation is considered to be a management issue in the facility.

Substance Abuse Problem: Inmate was found to be under the influence of alcohol and/or drugs at the time of admission to the facility, was showing signs of withdrawal on admission, has reported a history of substance abuse, or has a criminal history indicating a substance abuse problem.

Known Management Problem: Inmate has a documented history of management problems while confined and/or disruptive behavior while in the community. Inmate is known to have incited, provoked, and/or agitated peers; disrupted facility operations; and/or to have demonstrated a substantial lack of cooperation with authority figures.

Suspected Drug Trafficker: Inmate has repeatedly been charged with and/or convicted of offenses related to sale and/or manufacture of illegal drugs; has been found guilty of introducing illicit drugs into a correctional setting; or has substantial financial resources that may be used to bribe staff, other inmates, or visitors in order to facilitate drug trafficking.

Suicide Risk: Inmate has been examined by mental health staff and is considered to be at risk for attempting to take his or her own life.

Medical Problem: Inmate has a medical problem that may require special housing or supervision. This includes an inmate who has been diagnosed by medical staff as having a communicable disease.

Physical Impairment: Inmate has physical impairment that may require special housing or supervision.

Other: Describe other management considerations that may involve special housing and/or supervision requirements.

- C. OVERRIDE RECOMMENDATION: If the classification specialist believes there are factors that warrant a custody classification which is different from that which is indicated by the scale (III.A. above), enter "1" for yes and provide rationale. Otherwise, enter "2" (No). Overrides may be recommended to higher or lower custody levels, depending upon the circumstances.
- D. RECOMMENDED CUSTODY LEVEL: After reviewing the scale score and all other information which may justify an override, enter code indicating recommended custody level. This will be the same code as III.A. above, if no override is recommended.

This section must be signed and dated by the classification specialist.

#### **Section IV: Supervisor Approval of Override**

Supervisor approval is required if the classification specialist recommends a scale override.

- A. RECOMMENDED CUSTODY LEVEL: If the classification specialist recommends an override of the custody level indicated by the Initial Custody Assessment Scale, enter code for approval or disapproval of the recommended custody level. If the recommended custody level is disapproved, supervisor must complete IV.B. below.
- B. FINAL CUSTODY LEVEL: Enter the custody level approved by the supervisor. Written rationale must be provided if this level is different from that recommended in III.D. above.

This section must be signed and dated by the supervisor if an override has been recommended.

#### **Section V: Housing Assignment**

RECOMMENDED HOUSING ASSIGNMENT: Enter the recommended housing assignment.

SEVERITY OF OFFENSE SCALE  
(Sample)

HIGHEST: Aiding Escape  
Aggravated Battery with Deadly Weapon  
Armed Robbery (multiple, with injury)  
Burglary with Assault  
Escape (secure facility)  
Inciting Riot  
Kidnapping  
Murder (1st°, 2nd°)  
Sexual Battery (with violence, upon minor)

HIGH: Aggravated Assault  
Aggravated Battery  
Aggravated Child Abuse  
Arson  
Battery Law Enforcement Officer  
Burglary (armed)  
Extortion  
False Imprisonment  
False Report of Bombings  
Controlled Substances (importation, trafficking)  
Introduction of Contraband into Detention Facility  
Manufacture of Explosives  
Robbery (armed, strong armed)  
Sexual Battery (other than capital or life felony)

MODERATE: Armed Trespass  
Burglary  
Carrying Concealed Firearm  
Forgery  
Grand Theft  
Manslaughter  
Sale, Delivery, Possession of Controlled Substance  
Tampering with Witness  
Worthless Checks (felony)  
Welfare Fraud (felony)  
Escape (Non-secure facility)

LOW: Driving Under the Influence  
Leaving the Scene of Accident  
Battery  
Carrying Concealed Weapon  
Disorderly Conduct  
Gambling  
Offering to Commit Prostitution  
Possession Marijuana (misdemeanor)  
Possession Drug Paraphernalia  
Petit Theft  
Trespass  
Worthless Check (misdemeanor)

## INITIAL CUSTODY ASSESSMENT SCALE MODIFICATION OPTIONS

Through implementation of the objective classification system at three jails, as well as discussions of its utility, project staff have identified a number of options for modifying the Initial Custody Assessment Scale. Jail staff planning to implement the objective classification system may want to consider these options in adapting the scale for use in their facility. The options presented below are intended to serve as examples of the types of modifications that can be made without disturbing the integrity of the scale. Jail staff also may decide to make other, similar modifications that will tailor the scale to meet agency needs more adequately.

### Section I: Identification

Assessment Date: Since space for dating assessment completion is provided at the end of Section IV, this entry may be deleted to save time and space.

Classification Specialist: Since the classification specialist is required to sign his or her name at the end of Section IV, this entry may be deleted to save time and space.

Other Identification Information: Other information that is needed by classification staff to identify an inmate (e.g., date of birth, sex, FBI #), may be added to this section.

### Section II: Custody Evaluation

Alcohol/Drug Abuse: This item may be deleted, particularly if a programming assessment is conducted to identify need for substance abuse treatment. In addition, the Special Management Concerns checklist (Section III. B) addresses substance abuse. Pilot-testing of the modified scale should help determine whether elimination of this item also necessitates revision of the point ranges in the Custody Classification Chart in Section III.

Maximum Custody Score: This computation may be eliminated if it leads to problems in completing the scale or if it does not seem to meet a jail's needs. However, if this scoring feature is deleted, jail and/or classification staff also may want to reweight Items 1-3 so that inmates with very serious charges, detainers, or convictions will receive sufficient points to fall within the maximum custody range listed in the Custody Classification Chart in Section III.

Stability Factors: Although research has found these factors to be associated with behavior, factors pertaining to employment, school attendance, and length of residence may be deleted if jail staff deem them to be more related to pre-trial release than in-custody behavior. Depending upon the composition of a jail's inmate population, the age provided on the Initial Custody Assessment Scale may be raised or lowered. Similarly, the length of time employed, attending school, or living at the same address may be increased or decreased.

Time Frames For Assessment Items: Depending upon an a jail's operating philosophy and requirements, time frames may be added to the items comprising the scale. For example, only escapes or attempted escapes occurring within the last five years may be considered in scoring Escape History.

Severity of Offense Scale: A jail is encouraged to develop its own Severity of Offense Scale. In developing the scale, state statutes, agency policy, staff consensus, and the sample scale may be used as guidelines.

Other Custody Evaluation Items: Depending upon jail needs, other items relating to custody assessment may be added to Section II. Examples of such items are provided below:

- Number of prior jail stays
- Number of prior prison incarcerations
- Number of prior juvenile confinements

Other Information: Depending on jail needs, other non-scored information may be added to the Initial Custody Assessment Scale. Examples of such information are provided below:

- Custody level during last jail or prison confinement
- Space for indicating eligibility for trusty status-  
/work programs
- Space for entering inmate's date of custody reassessment
- Space for entering inmate's presumptive release date
- Space for inmate's signature, acknowledging understanding  
of the classification process and scale completion

**CUSTODY REASSESSMENT SCALE**

CUSTODY REASSESSMENT SCALE

I. IDENTIFICATION

Inmate Name (Last, First, MI)	Inmate ID #	Reassessment Reason
Reassessment Date	Classification Specialist	1 - Routine
		2 - Disciplinary
		3 - Other

II. CUSTODY EVALUATION

1. SEVERITY OF CURRENT CHARGES/CONVICTIONS (Use Severity of Offense Scale; rate most serious charge/conviction, including any detainers/warrants)

Low	_____	0	Score
Moderate	_____	1	
High	_____	4	
Highest	_____	6	

2. SERIOUS OFFENSE HISTORY (Use Severity of Offense Scale; rate most serious prior conviction)

None or Low	_____	0	Score
Moderate	_____	1	
High	_____	3	
Highest	_____	6	

3. ESCAPE HISTORY (Excluding current charges)

No escape or attempts	_____	0	Score
Walkaway or attempted escape from minimum security or failure to return from authorized absence	_____	2	
Escape or attempted escape from medium or maximum security setting	_____	6	

MAXIMUM CUSTODY SCORE (Add Items 1, 2, and 3)

SCORE OF 7 OR HIGHER. ASSIGN TO MAXIMUM CUSTODY;

(Always complete remaining items, but do not total score if inmate has already been assigned to maximum custody.)

4. NUMBER OF DISCIPLINARY CONVICTIONS (Since last classification)

None	_____	0	Score
One	_____	2	
Two	_____	4	
Three or more	_____	6	

5. MOST SERIOUS DISCIPLINARY CONVICTION (Use Disciplinary Severity Scale; rate during this period of confinement)

None	_____	0	Score
Low	_____	1	
Moderate	_____	2	
High	_____	5	
Highest	_____	7	

6. PRIOR FELONY CONVICTIONS (Excluding current charges)

None	_____	0	Score
One	_____	1	
Two or more	_____	2	

7. ALCOHOL/DRUG ABUSE

No problems or occasional abuse resulting in economic or legal problems	_____	0	Score
Abuse resulting in social, economic or legal problems	_____	1	
Abuse resulting in assaultive behavior	_____	2	

COMPREHENSIVE CUSTODY SCORE (Items 1-7) \_\_\_\_\_ Total Score

### III. SCALE SUMMARY AND RECOMMENDATIONS

A. CUSTODY LEVEL INDICATED BY SCALE. . . . . Code  
1 = Minimum      2 = Medium      3 = Maximum

#### Custody Classification Chart

7 or more points on items 1-3 . . . . . Maximum  
5 or fewer points on items 1-7 . . . . . Minimum  
5 or fewer points on items 1-7 with detainer/warrant . . . . . Medium  
6 to 10 points on items 1-7 . . . . . Medium  
11 or more points on items 1-7 . . . . . Maximum

B. CHECK [X] ALL THE SPECIAL MANAGEMENT CONCERNS WHICH APPLY TO THIS INMATE:

<input type="checkbox"/> Protective Custody	<input type="checkbox"/> Known Management Problem
<input type="checkbox"/> Psychological Impairment	<input type="checkbox"/> Suspected Drug Trafficker
<input type="checkbox"/> Mental Deficiency	<input type="checkbox"/> Suicide Risk
<input type="checkbox"/> Escape Threat	<input type="checkbox"/> Medical Problem
<input type="checkbox"/> Serious Violence Threat	<input type="checkbox"/> Physical Impairment
<input type="checkbox"/> Known Gang Affiliation	<input type="checkbox"/> Other (specify): _____
<input type="checkbox"/> Substance Abuse Problem	

C. OVERRIDE OF SCALE CUSTODY LEVEL IS RECOMMENDED . . . . . Code  
1 = Yes      2 = No

If yes, give rationale (required): \_\_\_\_\_  
\_\_\_\_\_

D. RECOMMENDED CUSTODY LEVEL. . . . . Code  
1 = Minimum      2 = Medium      3 = Maximum

Specialist Signature \_\_\_\_\_ Date \_\_\_\_\_

### IV. SUPERVISOR APPROVAL OF OVERRIDE

A. RECOMMENDED CUSTODY LEVEL. . . . . Code  
1 = Approved      2 = Disapproved (Complete B.)

B. FINAL CUSTODY LEVEL (if override disapproved). . . . . Code  
1 = Minimum      2 = Medium      3 = Maximum

Rationale (required if different from recommendation): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Supervisor Signature \_\_\_\_\_ Date \_\_\_\_\_

V. RECOMMENDED HOUSING ASSIGNMENT: \_\_\_\_\_

## CUSTODY REASSESSMENT SCALE INSTRUCTIONS

The Custody Reassessment Scale is used to update and review an inmate's initial custody assessment. The reassessment scale is completed at regular intervals specified by policy and when new information affecting the inmate's management is received (e.g., detainers or conviction on current charge). Custody reassessment does not necessarily result in a change of custody rating or housing assignment. Its primary function is to monitor the inmate's adjustment and bring attention to problems that may arise.

Custody reassessment is similar to initial custody assessment, but places greater emphasis on institutional conduct to reflect the inmate's actual behavior while confined. It is important that inmates with long lengths of stay have the opportunity for reduced custody levels based on compliance with institution requirements.

### Completion Policy:

The first custody reassessment is completed 30 days following the date of initial assessment. Subsequent reassessments are completed every 60 days. A special reassessment is completed within 48 hours before an inmate leaves disciplinary segregation.

\* (NOTE: The jail using the Custody Reassessment Scale may want to establish a time frame for subsequent reassessments that more closely meets its needs.)

## INSTRUCTIONS

### Section I: Identification

Inmate Name: Enter inmate's full name, last name followed by first name and middle initial.

Inmate ID Number: Enter inmate's identifying number. This should be the same number entered on Inmate Screening Form and Initial Custody Assessment Scale.

Reassessment Date: Enter date the reassessment is completed, using numbers to represent month, day and year.

Classification Specialist: Enter last name of specialist completing the scale.

Reassessment Reason: Circle reason that best describes why reassessment is being done. "Routine" means it is being conducted per time frames specified by policy. "Disciplinary" is to be circled if reassessment results from an infraction. Use "other" code to indicate any special circumstances that require a reassessment.

## Section II: Custody Evaluation

Items 1 through 3 are intended to identify the inmate who presents a serious risk to the safety, security, and orderly operation of the facility. **Inmates who score seven or above on the first three items are recommended for maximum custody without consideration of the scores for the remaining items.**

1. Severity of Current Charge(s)/Convictions: Determine most serious current charge, detainer, warrant, or conviction, using Severity of Offense Scale. Enter number of points associated with severity category into which inmate's most serious offense falls.
2. Serious Offense History: Exclude current offense(s). Determine most serious prior conviction and rank it on Severity of Offense Scale. Enter number of points associated with severity category into which inmate's most serious conviction falls. If inmate has no record of prior convictions, enter 0.
3. Escape History: Consider any escapes or attempted escapes, including current admission. **Do not consider escapes or attempted escapes scored in item 1.** Enter number of points corresponding to inmate's most serious escape or attempt. Escapes from correctional settings or programs are to be recognized if inmate was found guilty of the escape or attempt by an institutional disciplinary committee, regardless of court prosecution and conviction status.

Maximum Custody Score: Add points for items 1-3, and enter total in box designated "maximum custody score." **If this score is 7 or greater, inmate is to be assigned to maximum custody.** Scores for the remaining items do not need to be completed unless maximum custody score is 6 or lower.

Items 4 through 7 are designed to establish a custody score for the inmate who is not immediately identified as a maximum custody risk on the first three items.

5. Number of Disciplinary Convictions: Enter number of points associated with number of disciplinary convictions since last reassessment date.
6. Most Serious Disciplinary Conviction: Determine most serious disciplinary conviction, using Disciplinary Severity Scale. Enter number of points associated with severity category for inmate's most serious conviction during this period of confinement.
7. Prior Felony Convictions: Excluding current offense, consider inmate's entire history of convictions. Enter

number of points associated with number of felony convictions.

8. Alcohol/Drug Abuse: Using the best information available determine whether substance abuse has led to emotional, social, or legal problems. The degree of personal disruption is the key when assessing this item. Inmate self-report, together with prior arrest record, are expected to be the most frequent sources of information. Enter number of points associated with evaluation of the extent of abuse.

Comprehensive Custody Score: Enter total score from items 1-7 in box.

### Section III: Scale Summary and Recommendations

- A. CUSTODY LEVEL INDICATED BY SCALE: Using Custody Classification Chart, enter code which indicates custody level designated by the scale.
- B. SPECIAL MANAGEMENT CONCERNS: This section is designed to address management issues that warrant attention and possible intervention by staff in the form of special housing and/or supervision. The following special management considerations are to be checked on the form if they exist (check all that apply):

Protective Custody: Inmate requires protective custody to ensure his or her safety and well-being; inmate may, for example, be a current or former criminal justice staff member, witness, known informant, or homosexual or have known enemies in the facility, a thin/frail appearance, an unresolvable language barrier, or charge(s) for heinous/notorious crime(s).

Psychological Impairment: Inmate has been examined by mental health staff and found to be incapable of functioning in any housing area other than a highly structured treatment environment because he or she constitutes a danger to self and/or others.

Mental Deficiency: Inmate has been examined by mental health staff and found to have difficulty interacting with others due to limited comprehension and communication skills.

Escape Threat: Inmate has made significant threats to escape or has a documented history of escape(s) and/or attempted escape(s).

Serious Violence Threat: Inmate has a documented history of violent conduct, such as murder, rape, assault, intimidation involving a weapon, and arson. This conduct may have occurred while confined or while in the community.

Known Gang Affiliation: Inmate is known to be a member of an organized group that uses violence to achieve its goals within a correctional setting and/or in the community and this affiliation is considered to be a management issue in the facility.

Substance Abuse Problem: Inmate was found to be under the influence of alcohol and/or drugs at the time of admission to the facility, was showing signs of withdrawal on admission, has reported a history of substance abuse, or has a criminal history indicating a substance abuse problem.

Known Management Problem: Inmate has a documented history of management problems while confined and/or disruptive behavior while in the community. Inmate is known to have incited, provoked, and/or agitated peers; disrupted facility operations; and/or to have demonstrated a substantial lack of cooperation with authority figures.

Suspected Drug Trafficker: Inmate has repeatedly been charged with and/or convicted of offenses related to sale and/or manufacture of illegal drugs, has been found guilty of introducing illicit drugs into a correctional setting, or has substantial financial resources that may be used to bribe staff, other inmates, or visitors in order to facilitate drug trafficking.

Suicide Risk Inmate has been examined by mental health staff and is considered to be at risk for attempting to take his or her own life.

Medical Problem: Inmate has a medical problem that may require special housing and/or supervision. This includes an inmate who has been diagnosed by medical staff as having a communicable disease.

Physical Impairment: Inmate has physical impairment that may require special housing and/or supervision.

Other: Describe other management considerations that may involve special housing and/or supervision requirements.

- C. OVERRIDE RECOMMENDATION: If the classification specialist believes there are factors that warrant a custody classification which is different from that indicated by the scale (II.A. above), enter "1" for yes and provide rationale. Otherwise, enter "2" (No). Overrides may be recommended to higher or lower levels, depending upon the circumstances.
- D. RECOMMENDED CUSTODY LEVEL: After reviewing the scale score and all other information that may justify an override, enter code indicating recommended custody level. This will be the same code as III.A. above, if no override is recommended.

This section must be signed and dated by the classification specialist.

#### **Section IV: Supervisor Approval of Override**

Supervisor approval is required if the classification specialist recommends a scale override.

- A. RECOMMENDED CUSTODY LEVEL: If the classification specialist recommends an override of the custody level indicated by the Custody Reassessment Scale, enter code for approval or disapproval of the recommended custody level. If recommended custody level is disapproved, supervisor must complete IV.B. below.
- B. FINAL CUSTODY LEVEL: Enter custody level approved by the supervisor. Written rationale must be provided if this level is different from that recommended in III.D. above.

This section must be signed and dated by the supervisor if an override is recommended.

#### **Section V: Housing Assignment**

RECOMMENDED HOUSING ASSIGNMENT: Enter the recommended housing assignment.

SEVERITY OF OFFENSE SCALE  
(Sample)

- HIGHEST: Aiding Escape  
Aggravated Battery with Deadly Weapon  
Armed Robbery (multiple, with injury)  
Burglary with Assault  
Escape (secure facility)  
Inciting Riot  
Kidnapping  
Murder (1st°, 2nd°)  
Sexual Battery (with violence, upon minor)
- HIGH: Aggravated Assault  
Aggravated Battery  
Aggravated Child Abuse  
Arson  
Battery Law Enforcement Officer  
Burglary (armed)  
Extortion  
False Imprisonment  
False Report of Bombings  
Controlled Substances (importation, trafficking)  
Introduction of Contraband into Detention Facility  
Manufacture of Explosives  
Robbery (armed, strong armed)  
Sexual Battery (other than capital or life felony)
- MODERATE: Armed Trespass  
Burglary  
Carrying Concealed Firearm  
Forgery  
Grand Theft  
Manslaughter  
Sale, Delivery, Possession of Controlled Substance  
Tampering with Witness  
Worthless Checks (felony)  
Welfare Fraud (felony)  
Escape (Non-secure facility)
- LOW: Driving Under the Influence  
Leaving the Scene of Accident  
Battery  
Carrying Concealed Weapon  
Disorderly Conduct  
Gambling  
Offering to Commit Prostitution  
Possession Marijuana (misdemeanor)  
Possession Drug Paraphernalia  
Petit Theft  
Trespass  
Worthless Check (misdemeanor)

DISCIPLINARY SEVERITY SCALE  
(Sample)

HIGHEST: Assaulting Any Person  
Fighting With Another Person  
Threatening Another With Bodily Harm, Or Any Offense  
Against His Person or Property  
Extortion, Blackmail, Protection, Demanding or Receiving  
Money or Anything of Value in Return for Protection  
Engaging in Sexual Acts With Others  
Making Sexual Propositions or Threats to Another  
Escape  
Attempting or Planning Escape  
Setting a Fire  
Tampering With or Blocking Any Locking Device  
Adulteration of Any Food or Drink  
Possession or Introduction of Any Explosive or Ammunition  
Possession of Contraband  
Rioting  
Encouraging Others To Riot  
Engaging In, or Encouraging, a Group Demonstration  
Giving or Offering Any Official or Staff Member a Bribe  
or Anything of Value  
Giving Money or Anything of Value to, or Accepting Money  
or Anything of Value From a Prisoner, a Member of  
His Family, or His Friend

HIGH: Destroying, Altering, or Damaging Government Property or  
the Property of Another  
Stealing  
Misuse of Authorized Medication  
Loaning of Property or Anything of Value for Profit or  
Increased Return  
Possession of Anything Not Authorized for Retention or  
Receipt Through Regular Institutional Channels  
Encouraging Others To Refuse To Work or To Participate  
in Work Stoppage  
Refusing To Obey an Order of Any Staff Member  
Insolence Toward a Staff Member  
Lying or Providing False Statement to a Staff member  
Conduct That Disrupts or Interferes With the Security or  
Orderly Running of the Institution  
Counterfeiting, Forging, or Unauthorized Reproduction of  
Any Document, Article, Identification, Money,  
Security, or Official Paper  
Participating in Unauthorized Meeting or Gathering  
Failure To Stand Count  
Interfering With Taking of Count  
Making Intoxicants or Being Intoxicated  
Tattooing or Self-Mutilation

MODERATE: Indecent Exposure  
Mutilating or Altering Issued Clothing  
Refusing To Work  
Unexcused Absence From Work or Any Assignment  
Malingering or Feigning Illness  
Failure To Perform Work as Instructed by Supervisor  
Being in an Unauthorized Area  
Using Abusive or Obscene Language  
Unauthorized Use of Mail or Telephone  
Unauthorized Contacts With the Public  
Correspondence or Conduct With a Visitor in Violation of  
Posted Regulations

LOW: Wearing a Disguise or Mask  
Failure To Follow Safety or Sanitation Guidelines  
Using Any Equipment or Machinery Contrary to Instructions or Posted Safety Standards  
Smoking Where Prohibited  
Gambling, Preparing or Conducting a Gambling Pool,  
Possession of Gambling Paraphernalia  
Being Unsanitary or Untidy, Failure To Keep One's Person  
and Quarters in Accordance With Posted Standards

## CUSTODY REASSESSMENT SCALE

### MODIFICATION OPTIONS

Through implementation of the objective classification system at three jails, as well as discussions of its utility, project staff have identified a number of options for modifying the Custody Reassessment Scale. Jail Staff planning to implement the objective classification system may want to consider these options in adapting the scale for use in their facility. The options presented below are intended to serve as examples of the types of modifications that can be made without disturbing the integrity of the scale. Jail staff also may decide to make other, similar modifications that will tailor the scale to meet agency needs more adequately. However, any alterations in the scale should continue to afford inmates a means of reducing their custody level through positive institutional adjustment.

#### Section I: Identification

Reassessment Date: Since space for dating reassessment completion is provided at the end of Section IV, this entry may be deleted to save time and space.

Classification Specialist: Since the classification specialist is required to sign his or her name at the end of Section IV, this entry may be deleted to save time and space.

Other Identification Information: Other information that is needed by classification staff to identify an inmate (e.g., date of birth, sex, FBI #) may be added to this section.

#### Section II: Custody Evaluation

Number of Disciplinary Convictions: The point values associated with this item may be modified so that inmates with no disciplinary convictions receive a score of -1 in place of 0. If this point adjustment is made, the jail may want to use the point values specified on the Initial Custody Assessment Scale for Items 1-3. These values have been decreased on the Custody Reassessment Scale in order to enable inmates with positive institutional adjustment to move to lower custody levels.

Most Serious Disciplinary Conviction: The point values associated with this item may be modified so that inmates with no serious disciplinary convictions receive a score of -1 in place of 0. If this point adjustment is made, the jail may want to use the point values specified on the Initial Custody Assessment Scale for Items 1-3. These values have been decreased on the Custody Reassessment Scale in order to enable inmates with positive institutional adjustment to move to lower custody levels.

Alcohol/Drug Abuse: This item may be deleted, particularly if a programming assessment is conducted to identify need for substance abuse treatment. In addition, the Special Management Concerns checklist (Section III. B) Pilot-testing of the modified scale should help determine whether elimination of this item also necessitates revision of the point ranges in the Custody Classification Chart in Section III.

Maximum Custody Score: This computation may be eliminated if it leads to problems in completing the scale or if it does not seem to meet a jail's needs. However, if this scoring feature is deleted, jail and/or classification staff also may want to re-weight Items 1-3 so that inmates with very serious charges, detainees, or convictions will receive sufficient point to fall within the maximum custody range listed in the Custody Classification Chart in Section III.

Time Frames For Assessment Items: Depending upon an a jail's operating philosophy and requirements, time frames may be added to the items comprising the scale. For example, only escapes or attempted escapes occurring within the last five years may be considered in scoring Escape History.

Severity of Offense Scale: A jail is encouraged to develop its own Severity of Offense Scale. In developing the scale, state statutes, agency policy, staff consensus, and the sample scale may be used as guidelines.

Disciplinary Severity Scale: A jail is encourage to develop its own Disciplinary Severity Scale, using agency rules and regulations as well as the sample scale as guidelines.

Other Custody Evaluation Items: Depending on a jail's operational philosophy and needs, other items relating to custody assessment may be added to Section II. For example, items addressing positive institutional adjustment, such as program participation or work assignments, may be incorporated into the scale. Indicators of positive adjustment may be assigned negative points in order to provide inmates with the opportunity to lower their custody level. If items with negative point values are added to Section II, the jail--as noted previously--may want to use the point values specified on the Initial Custody Assessment Scale for Items 1-3.

Other Information: Depending on jail needs, other non-scored information may be added to the Custody Reassessment Scale. Examples of such information are provided below:

- Custody level during last jail or prison confinement
- Space for indicating eligibility for trusty status/work programs

- Space for entering date of inmate's next custody reassessment
- Space for entering inmate's presumptive release date
- Space for inmate's signature, acknowledging understanding of the custody reassessment process

\*\*\* Combination of Custody Reassessment and Initial Custody Assessment Scales: Jails desirous of simplifying the objective classification process as much as possible may want to consider development of a single custody assessment scale that combines the most useful items in the Initial Custody Assessment Scale and the Custody Reassessment Scale. Such a scale, for instance, might include the items below:

- Severity of Current Charges/Convictions
- Serious Offense History
- Escape History
- Prior Felony Convictions
- Institutional Disciplinary History
- Most Serious Disciplinary History (During current confinement)
- Participation in Program/Work Assignments (During current confinement)

Development of a single custody assessment form should be followed by extensive pilot-testing so that the point values associated with assessment criteria and the point ranges included in the Custody Classification Chart can be adjusted to meet the jail's operational philosophy and needs.

**INMATE NEEDS ASSESSMENT FORMS**

INITIAL INMATE NEEDS ASSESSMENT FORM

Inmate Name (Last, First, MI)	Inmate ID #
Assessment Date	Classification Specialist

HEALTH

1 Limited physical capacity, acute illness; needs hospitalization or outpatient treatment	2 Mild disability or illness; outpatient treatment required; non-strenuous work	3 No problems which limit housing or work assignments	Code
---	---	---	------

EMOTIONAL STABILITY

1 Severe impairment; danger to self, others; needs hospital environment	2 Moderate impairment; requires monitoring, individual or group therapy	3 Emotionally stable; no indications of mental illness	Code
---	---	--	------

EDUCATION

1 5th grade or below reading, math skills; needs remedial or special education classes	2 No H.S. diploma; needs adult education or GED program	3 High school diploma, GED or equivalent	Code
--	---	--	------

VOCATIONAL SKILL

1 No discernible skill; needs training	2 Limited skills; ability to hold semi-skilled position; needs training	3 Possesses marketable skill or trade	Code
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SUBSTANCE ABUSE

1 Frequent abuse resulting in social, economic or legal problems; needs treatment	2 Occasional abuse causing disruption of functioning	3 No disruption of functioning or legal difficulties	Code
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MENTAL ABILITY

1 Serious disability limiting ability to function; needs sheltered living, work situations	2 Mild disability limiting educational, vocational potential	3 No discernible disability	Code
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OTHER: (1) describe \_\_\_\_\_ Code

<u>INITIAL PROGRAM RECOMMENDATIONS</u>	<u>PROGRAM CODE</u>	<u>PRIORITY CODE*</u>
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____

\*Priority Codes: 1 = Urgent, immediate need  
 2 = Problem directly related to criminal behavior; high priority  
 3 = Problem resolution would enhance ability to succeed in community

INMATE NEEDS REASSESSMENT FORM

Inmate Name (Last, First, MI)	Inmate ID =
Assessment Date	Classification Specialist

HEALTH

1 Limited physical capacity, acute illness; needs hospitalization or out-patient treatment	2 Mild disability or illness; outpatient treatment required; non-strenuous work	3 No problems which limit housing or work assignments	Code
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EMOTIONAL STABILITY

1 Severe impairment; danger to self, others; needs hospital environment	2 Moderate impairment; requires monitoring, individual or group therapy	3 Emotionally stable; no indications of mental illness	Code
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EDUCATION

1 5th grade or below reading, math skills; needs remedial or special education classes	2 No H.S. diploma; needs adult education or GED program	3 High school diploma, GED or equivalent	Code
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VOCATIONAL SKILL

1 No discernible skill; needs training	2 Limited skills; ability to hold semi-skilled position; needs training	3 Possesses marketable skill or trade	Code
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SUBSTANCE ABUSE

1 Frequent abuse resulting in social, economic or legal problems; needs treatment	2 Occasional abuse causing disruption of functioning	3 No disruption of functioning or legal difficulties	Code
---	--	--	------

MENTAL ABILITY

1 Serious disability limiting ability to function; needs sheltered living, work situations	2 Mild disability limiting educational, vocational potential	3 No discernible disability	Code
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OTHER: (1) describe \_\_\_\_\_ Code

<u>PREVIOUS PROGRAM RECOMMENDATIONS</u>	<u>PROGRAM CODE</u>	<u>PRIORITY CODE</u>	<u>ADJUSTMENT CODE*</u>
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____

<u>NEW PROGRAM RECOMMENDATIONS</u>	<u>PROGRAM CODE</u>	<u>PRIORITY CODE*</u>
1. _____	_____	_____
2. _____	_____	_____

\*See Adjustment and Priority Codes on back of form.

INMATE NEEDS ASSESSMENT  
ADJUSTMENT AND PRIORITY CODES

Adjustment Codes

- 1 = Completed program satisfactorily
- 2 = Completed program unsatisfactorily
- 3 = Currently enrolled; satisfactory participation
- 4 = Currently enrolled; adjustment problems noted
- 5 = Inmate dropped from program; lack of interest, progress
- 6 = Inmate refused participation
- 7 = Program or program space not available

Priority Codes

- 1 = Urgent, immediate need
- 2 = Problem directly related to criminal behavior; high priority
- 3 = Problem resolution would enhance ability to succeed in community

## INMATE NEEDS ASSESSMENT FORMS--INSTRUCTIONS

The Initial Inmate Needs Assessment Form and Reassessment Form are designed to identify major areas of inmate needs and relate these areas to programs and referral opportunities while individuals are in custody. This becomes particularly important for longer-term inmates. Needs reassessments assure systematic evaluation of program participation and provide for programming changes.

### Completion Policy:

The Initial Inmate Needs Assessment Form is completed at the same time as the Initial Custody Assessment Scale, and the Inmate Needs Reassessment Form is completed with each Custody Reclassification Scale.

\* (NOTE: Agencies without existing programming capabilities may want to omit use of these forms or to complete only the initial assessment form as a tool for program planning.)

## INSTRUCTIONS

### Identification:

Inmate Name: Enter inmate's full name (last, first, middle initial).

Inmate #: Enter inmate's identifying number. This should be the same number entered on Inmate Screening Form and Initial Custody Assessment Scale.

Assessment/Reassessment Date: Enter date the scale is completed. Use numerical designation for month, day, year.

Classification Specialist: Enter last name of specialist completing the form.

### Needs Categories:

Each of six needs areas are identified with three levels of coding. Code "1" indicates a major problem in that area, code "2" a moderate problem and code "3" no problem. Enter the appropriate code in the designated space for each need area.

Space is also provided for the classification specialist to describe additional inmate needs that are not addressed by the previous six categories. If any additional needs are identified, enter code number "1" in the designated space.

The numerical codes for each item are not to be tallied for a total score. Their only purpose is to designate high,

moderate, or no needs in an area, and provide for data entry capability.

**Program Recommendations:**

**Initial Inmate Needs Assessment**

Recommendations: Indicate the program recommendations made for each inmate.

Program Code: Each major program within a jail facility will be identified with a numerical code which will be entered here (i.e. AA, GED tutoring, individual counseling, etc.).

Priority Code: Identify the priority of each referral with the following codes:

- 1 = Urgent, immediate need
- 2 = Problem directly related to criminal behavior; high priority
- 3 = Problem resolution would enhance ability to succeed in community

**Inmate Needs Reassessment**

Previous Program Recommendations: Enter the recommendations made at last needs evaluation. This may have been the initial evaluation or, for long term inmates, the last reassessment.

Program Code: Enter the program code defined by the agency.

Priority Code: Enter the priority code assigned at the time the program recommendation was made.

Adjustment Code: Enter one of the following adjustment codes to indicate progress since the last evaluation:

- 1 = Completed program satisfactorily
- 2 = Completed program unsatisfactorily
- 3 = Currently enrolled, satisfactory participation
- 4 = Currently enrolled, adjustment problems noted
- 5 = Inmate dropped from program; lack of interest, progress
- 6 = Inmate refused participation
- 7 = Program or program space not available

New Program Recommendations, Program Code, and Priority: Enter the program recommendations (including program and priority codes) made at the time of this needs evaluation.