**NEW MEXICO ASSOCIATION OF COUNTIES**

**SAMPLE POLICY & PROCEDURE**

**JAIL INMATE CLASSIFICATION**

**I. REFERENCES:**

 New Mexico Government Accreditation Program – Adult Detention Professional Standards: PP-07, SC-28, SC-36, SC-37, SC-40, SC-41, SC-42, SC-43, SC-44, SC-59, SC-61, and SC-62; Prison Rape Elimination Act Standards SC-1.

**II. PURPOSE:**

 To establish fair, objective, and consistent guidelines for initial and on-going classification and housing of inmates.

**III. POLICY STATEMENT:**

 It is the policy of \_\_\_\_\_\_\_\_\_\_\_\_ County to maintain public and facility safety by objectively classifying inmates according to their proper custody and security level, while ensuring their safe and humane treatment and care. Inmates shall not be classified based on race, ethnicity, or religious preference.

**IV. DEFINITIONS:**

 **Assessment:** Action initiated by the facility to determine the proper security level and/or placement options at the time of initial detention of any inmate or anytime thereafter during their respective detention period, and to properly identify the appropriate program activity(ies) necessary, based on availability, to promote rehabilitation.

 **Classification:** An objective process by which inmates are evaluated at several assessment points, to include at initial booking and on-going periods during an inmates detention. The assessment includes a review of personal, criminal, medical/mental, social, and institutional history in order to help determine appropriate custody and security levels, housing, and program eligibility.

**Custody Levels:**

* Maximum Security Level: This classification refers to inmates who are charged with high risk and/or violent offenses, have displayed serious behavioral problems, pose known risks to themselves or others, pose an escape risk, and are/or need to

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be assigned to housing for similarly classified inmates who are able to get along without conflict, but have restricted access and/or eligibility to programs and other jail related activities. These inmates should be housed in secure, single cell housing.

* Medium Security Level: This classification refers to inmates who do not require special separation due to current or past charges or current or past behavior. This status may include special needs inmates who pose no significant known risk to themselves or others and who can function within the normal environment of the facility. There may be some restricted access to programs or other activities due to the nature of the individual’s charges and in particular as to any facility work programs including access to outside programs due to the need for security. These inmates can be housed in double cells or multi-occupancy cells.

* Minimum Security Level: This classification includes those inmates who pose no known or significant threat to the security of the jail’s operations, the public, the staff, or to other inmates. Inmates in this status have no pending felony charges, warrants or detainers, and have no history of serious criminal charges, behavior problems, or disciplinary problems. These individuals are eligible for programs including outside work details. These inmates can be housed in open bay or dormitory housing areas.

**Custody Reassessment Scale:** Used when it is necessary to allow for changes, over time, in an inmate’s legal status, appeal, or other custodial circumstance. It is also needed to take into account the behavior exhibited by an inmate during confinement and is valuable in re-evaluating an inmate for lower or higher custody levels.

 **Initial Custody Assessment Scale:** Used to establish an inmate’s most appropriate custody level or classification; usually completed within 24 hours of booking and only for inmates who will be housed within the facility’s population. This form is used to assign each custody level (minimum, medium, maximum).

 **Inmate Needs Assessment:** Used to identify basic and general needs of an inmate at initial booking and periodically thereafter, and is also used in identifying program and services recommendations to meet the needs of the inmate. Areas identified may include inmate’s health, emotional stability, education, substance abuse, and mental ability.

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**Inmate Operational File:** Is created at the initial booking of every inmate into the facility and is used to maintain documentation and records of the inmate while he/she remains in custody and during subsequent booking and detention of the inmate. Records maintained in this file include, but are not limited to:

* Police report with charges;
* Booking sheet;
* Daily chronological of inmate conduct;
* Disciplinary actions;
* Initial Screening Form;
* Initial Custody Assessment Scale Form;
* Custody Re-assessment Scale Form;
* Intake Search Form;
* Judgment and Sentence;
* Consent Forms;
* Acknowledgement of receiving a copy of the inmate handbook.

 **Inmate Screening Form:** Form used to initially screen new inmates in order to identify any emergency needs and/or risks, and to assist in making the appropriate initial treatment referrals, housing, and supervision decisions.

**Classification Override:** Classification override is a subjective decision by a shift supervisor or higher authority based on the mitigating circumstances that sets the objective assessment score aside in favor of a decision that is either more favorable to the inmate or the facility in lieu of the security status recommended by the classification score provided on the respective form. Classification staff shall maintain records of all classification overrides.

 **Special Housing:** Designated housing units and/or cells used to house inmates that need to be segregated from the general population. The need for Special Housing may include, but is not limited to the following:

* Medical conditions that require close observation and/or special care;
* Need for alcohol or drug detoxification;
* Non-compliant/Violent inmates;
* Inmates identified as potential or confirmed victims of sexual assault or as having a tendency to act out with sexually aggressive behavior; and,
* Disciplinary placements.

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**V. PROCEDURAL GUIDELINES:**

 **A.** **Initial Classification:**

 1. The detention classification system initially assigns inmates based on a preliminary assessment of their security risk and needs. This system shall operate under the direction of the Detention Administrator.

1. Following the booking and during the admissions process of an inmate, the Booking Officer, who has been trained by a healthcare professional on recognizing serious medical or mental health issues, or available medical personnel, shall complete the **Inmate Screening Form,** conducting an initial assessment of the inmate’s general behavior risks to himself/herself or to the security of the facility, including any immediate concerns of suicide or medical or mental health issues.

 3. Any areas identified on the **Inmate Screening Form** that could cause a concern or risk to the safety and security of the individual or others shall be documented and immediate notification made to the Shift Supervisor.

 4. Inmates identified as a suicide risk shall be placed in a cell or housing unit that will provide a high level of supervision, to include a one-on-one staff assignment until a re-assessment can be completed on the inmate by the appropriate medical/mental health professional.

 5. Inmates identified as a high risk of being sexually abused by other inmates or sexually abusive toward other inmates shall be placed in a cell or housing unit that will provide a high level of supervision and which minimizes contact with potential victims or predators. Special housing unit placement may apply. Such placement shall be clearly documented on the appropriate assessment form.

 6. Initial placement shall be made of the inmate to ensure he/she is safe and secure until a complete risk assessment is completed to determine appropriate custody/security level and housing assignment.

 7. Once completed, the **Inmate Screening Form** shall be placed within the respective **Inmate Operational File.**

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 **B.** **Initial Custody Assessment:**

 Following the booking, decision to detain, and completion of the Inmate Screening Form, the Booking Officer shall complete a risk assessment on each detainee prior to placement into a housing unit. The **Initial Custody Assessment Scale Form** shall be completed to determine the proper custody level and subsequent housing assignment. This form shall be completed whether an inmate is being placed in a housing unit as a temporary/short-term or long-term placement action:

 1. Section I – *Identification*: complete the name, ID number, date the assessment is completed and the printed name of the Booking Officer or person completing the form.

 2. Section II – *Custody Evaluation*: complete areas 1, 2, and 3, as soon as possible after accepting the inmate for detainment in the facility. This score

 will give you a clear indication of the risk level of the inmate prior to either

 temporary or long-term placement. The **Severity of Offense Scale Reference**

 **Sheet** shall be utilized when identifying the most serious offense/charge in

areas 1 & 2 of the **Initial Custody Assessment Form.**

 3. Complete areas 4, 5, 6, and 7 prior to housing placement. This does not change the risk level of the inmate if he/she is scored at ‘maximum’

 security based on the score after completing areas 1, 2, & 3. However, if the

 inmate did not score at a ‘maximum’ level, ensure that areas 1 – 7 are

 totaled before any final placement decision is made from Intake.

 4. After completing Section II in its entirety, the Booking Officer shall complete Section III – *Scale Summary and Recommendations*, areas A, B, C, & D. Areas C & D shall be completed by the Booking Officer following the review and consultation with the Shift Supervisor or higher authority.

 5. Section IV, areas A & B, *Supervisor Approval of Override*, shall be completed by the Shift Supervisor or higher authority.

 6. Section V, *Recommended Housing Assignment,* is completed by the Shift Supervisor. This Section shall include a short narrative by the Shift Supervisor regarding the final decision for changes in housing assignment.

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 7. All areas of each Section of the **Initial Custody Assessment Form** shall be completed in full, to include all printed names, signatures, dates, and recommendations.

 8. The reasons for housing assignment shall be clearly documented in Sections IV and V particularly when the assignment is based on concerns of inmate self-harm, potential victimization or potential predatory behavior.

 9. The codes used in Sections III & IV are referenced from the **Program, Priority, and Adjustment Codes Sheet**.

 10. The Shift Supervisor has the authority to override the security status only to a higher level, if deemed appropriate and necessary. The reasons for such a decision must be comprehensively documented on the **Initial Custody Assessment Form** in Section III, area C. **Note: Only the Detention Administrator has the authority to override an objective score to a lower custody level.**

 11. The **Initial Custody Assessment Form** shall be filed in the respective Inmate Operational File along with a copy sent to the Detention Administrator for review.

**C.** **Custody Reassessment Scale:**

 The re-classification process is a vital component of the facility’s classification process. Re-classification criteria shall be primarily based on the following factors:

* + There is a change in the inmate’s status from pre-trial to convicted and/or sentenced;
	+ The inmate’s behavior during incarceration;
	+ The length of the inmate’s confinement;
	+ The inmate has new charges filed.
	+ A review/reassessment is requested by the inmate, shift supervisor, or higher authority.
	+ A detainer has been lodged against the inmate.

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The **Custody Reassessment Scale** shall be completed whenever a review or re-classification is initiated on an inmate:

 1. Section I – *Identification*: complete the name, ID number, date the assessment is completed and printed name of the staff completing the form.

 2. Section II – *Custody Evaluation*: complete areas 1 – 7. This score

 will give you a clear indication of the risk level of the inmate and how his/her

 security status has or has not changed by including all behavior issues during his/her detention. The **Severity of Offense Scale** reference sheetshall be

 utilized when identifying the most current serious offense/charge and past felony offenses in areas 1, 2, 4, & 5 of the **Custody Reassessment Scale.**

 3. After completing Section II in its entirety, the staff shall complete Section III – *Scale Summary and Recommendations*, areas A, B, C, & D

 4. Section IV, *Supervisor Approval of Override*, areas A & B, along with a narrative explanation of custody level decision, shall be completed by the Shift Supervisor or higher authority.

 5. Section V, *Recommended Housing Assignment,* shall be completed by the Shift Supervisor or higher authority. This Section shall include a short narrative by the Shift Supervisor regarding the final decision for housing assignment.

 6. All areas of each Section of the **Custody Reassessment Form** shall be completed in full, to include all printed names, signatures, dates, and recommendations.

 7. The codes used in Sections III & IV are referenced from the **Program, Priority, and Adjustment Codes Sheet**.

 8. The reasons for housing placement changes/recommendations shall be clearly documented in Sections IV and V particularly when the assignment is based on concerns of inmate self-harm, potential victimization or potential predatory behavior.

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 9. The Shift Supervisor has the authority to override the security status only to a higher level, if deemed appropriate and necessary. The reasons for such a decision must be comprehensively documented on

 the **Custody Reassessment Form** in Section III, area C. **Note: Only the Detention Administrator has the authority to override an objective score to a lower custody level.**

 10. The **Custody Reassessment Form** shall be filed in the respective Inmate Operational File along with a copy sent to the Detention Administrator for review.

**D. Initial Inmate Needs Assessment/Reassessment:**

 This form shall be completed on inmates who will be or have been detained for ninety (90) days or longer, to assess/reassess what available programs would be best for the respective inmate and the facility during his/her detention, to include work detail assignments.

 The **Program, Priority, and Adjustment Codes Sheet** shall be used when completing the initial or reassessment needs form.

 Upon each completion, the form shall be placed in the respective Inmate Operational File along with a copy sent to the Detention Administrator for review.

**E. Periodic Custody Reassessment Timelines:**

 Periodic reviews or reassessments of inmates are required. All reviews or reassessments, unless initiated based on changes in the inmate’s status as identified under **Paragraph C of this Procedure,** shall be completed based on the following schedule:

* + MAXIMUM CUSTODY INMATES: Shall be reviewed/reassessed at least every 60 days during their detention.
	+ MEDIUM CUSTODY INMATES: Shall be reviewed/reassessed at least every 90 days during their detention.
	+ MINIMUM CUSTODY INMATES: Shall be reviewed/reassessed as needed.

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* + PROTECTIVE CUSTODY INMATES: Shall be reassessed at least every 7 days during the first two months and at least every 30 days thereafter during their detention.
	+ ADMINISTRATIVE SEGREGATION: Shall be reassessed at least every 7 days during the first two months and at least every 30 days thereafter during their detention.
	+ MEDICAL: Shall be checked by medical personnel on a daily basis and reassessed at least every 7 days during their detention.

 All recommended changes to custody status and/or housing placement shall be approved by the Detention Administrator.

**F. Special Conditions:**

 There are certain conditions or circumstances that may temporarily or permanently override a classification assessment:

 1. All Medical Conditions: Inmates with confirmed or potential illnesses, suicide risks, mental defects, handicaps, alcohol or drug related conditions, temporarily or permanent, shall be placed in separate housing and observed accordingly until an appropriate professional has deemed them well or capable of returning to their regular housing unit. Individuals assigned to a detoxification cell or other cell utilized for this purpose, shall be transferred to a housing unit or holding area as soon as they can properly care for themselves.

 2. Violent Inmates: Inmates who are violently acting out shall be confined to a secure holding cell or other area designated for this purpose. The status of such persons shall be reassessed in accordance with **Paragraph E – Administrative Segregation** of this procedure.

 3. Juveniles: Juveniles shall be separated by sight and sound from adult inmates in accordance with applicable state laws and NMAC standards.

 4. Female Inmates: Female inmates shall be housed separate from male inmates at all times.

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 5. Opposite Gender Cases: If at Intake a detainee is found to be of the opposite gender from the gender he/she claims or appears to be, then he/she shall be housed separately at all times, including when confined in holding cells in the Intake area in an effort to protect the individual from being physically or verbally abused by other detainees and/or inmates present in the area. If such detainee is to remain in custody, he/she shall be administratively housed in the unit most appropriate to his/her gender. Genital status shall normally determine the gender by which the staff shall classify the individual. However, security staff should seek input from medical staff as to specific medical or mental health needs.

**VI. RECORDS:**

 The classification determinations, to include housing assignment, shall be recorded on the appropriate forms as identified in this procedure and kept in the respective Inmate Operational File. Inmate files shall be maintained with appropriate security safeguards, to include the release of inmate information, consistent with state law and NMAC standards.

**VII. APPEALS:**

 An inmate may appeal an initial and/or reclassification assessment, housing placement, or work/program assignment by using the inmate grievance procedure.

 An inmate may appeal the respective decision to the Detention Administrator or designee by submitting a written statement outlining the basis as to why he/she believes that their classification or other status or placement needs to change. An appeal shall be submitted, in writing, within seven (7) calendar days of the classification or status change decision. The Detention Administrator or designee shall have ten (10) business days to respond, unless overriding circumstances exist. Never-the-less, the decision of the Detention Administrator shall be final.

**VIII. TRAINING:**

 All staff whose duties include classification of inmates shall undergo the appropriate training required by the County and in accordance with NMAC standards regarding the principles, policy, procedures, and forms utilized for classification assessments, housing assignments, reassessments, program assignments and other inmate needs.

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**IX. AUDIT:**

 The Detention Administrator or designee shall initiate and conduct an audit of the classification system periodically to help ensure that inmates are being properly and consistently classified appropriately within the limits of the facility. The audit shall assess the following features of the objective classification system, as outlined in the above procedure, in an effort to help ensure that:

 A. Inmates are classified prior to placement in inmate housing;

 B. Inmates are housed according to their assigned custody levels;

 C. Classification forms are completed thoroughly, accurately, and timely;

 D. Documentation is filed and maintained as required; and,

 E. Internal order and discipline are consistently maintained.