



SHERIFF'S OFFICE

511 Washington St., Ste.102 • The Dalles, OR 97058
p: [541] 506-2580 • f: [541] 506-2581 • www.co.wasco.or.us

Pioneering pathways to prosperity.

To: City of The Dalles Mayor, Wasco County Board of Commissioners, Mid-Columbia Center for Living

From: Wasco County Sheriff Lane Magill

Response to City of The Dalles Police Chief Patrick Ashmore's letter to the above mentioned organizations.

To whom it may concern:

On October 19th 2020, I received notification from Sheriff Brad Lohrey (NORCOR) about a letter sent by City of The Dalles Police Chief Patrick Ashmore as it relates to mental health calls for service and NORCOR's denial of arrested persons. The letter was addressed to above named persons/organizations as a special meeting to be held October 26, 2020.

Upon review of the letter Chief Patrick Ashmore mentions myself (Sheriff Lane Magill) and NORCOR regarding our actions for the above mentioned topic. This document serves as this agency's response to statements made by Chief Patrick Ashmore and is therefore requested as an addition to the public record on October 26th 2020. It does not appear the Sheriff's Office or NORCOR has been invited and we would formally make this request to be included.

First let me begin by saying the statements issued by Chief Ashmore are true and accurate. However there needs to be further explanation surrounding the process the Wasco County Sheriff's Office and NORCOR follow when it comes to the admission and arrest of persons in Wasco County. I will attempt to identify and explain each of the topics Chief Ashmore has addressed as well provide current solutions or potential solutions being discussed, to address this important topic. **Also note, this document should not be construed or interpreted as adversarial in nature, as I fully agree the mental health system we are dealing with is, for the most part, is broken. Furthermore, all of your regional law enforcement agencies are doing their best to deal with the current situation.**

Paragraphs #1-3: Upon review of the first several paragraphs there is reference of the process that occurs when law enforcement is dispatched to a person experiencing some sort of mental health crisis or mental illness situation. As such several years ago CFL, in conjunction with local law enforcement, established a Mobile Crisis Team. This team is dispatched at the request of law enforcement as Chief Ashmore alluded to in certain situations. For the most part the Mobile Crisis Team has been effective and I do agree the overall goal is to keep mentally ill persons out of NORCOR.

Paragraph #4: There are several examples given when mentally ill clients have been suspects or victims in person crimes. This information is accurate and the Sheriff's Office also responds to these types of incidents. I will make one note of the referenced case of the person beaten with a rock. The



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suspect in this case was identified as an alleged mentally ill person and was in fact arrested and lodged at NORCOR.

Paragraph #5: This would be better explained by MCFL

Paragraph #6: There is agreement about persons who are mentally ill and should not be in jail. While it is noted this is a challenge, most if not all regional law enforcement are trained (CIT, Mental Health 1st Aid, etc.) to deal with persons displaying some sort of mental illness. While law enforcement has "basic" training for these situations it is important to note we are not clinicians or doctors who are "experts" in the field. *This is really a mental health issue and law enforcement has done everything we can. I'm not one to "pass the buck" but the reality is our mental health system is broken and others (providers, commissioners, citizens, etc.) must be involved in the solution because we can't do this alone.*

Paragraph #7-8: Addressed the comment of a "matrix" or written criteria that I or NORCOR uses to refuse persons into the NORCOR facility. Four years ago NORCOR, in conjunction with the NORCOR Sheriff's, updated and implemented specific policies for the admission of persons to the facility. (See attached documents (B-107)). These policies were specifically implemented under the Oregon State Sheriff's Association Jail Standards when it comes to the admission of mentally ill persons to a jail. These jail standards have been reviewed for civil liability by CIS as well as other experts in the field.

Liability is not only for the Adult in Custody but also for the staff. In addition to offenders and staff there is the issue as it relates to the Use of Force and adequate care for these persons. While NORCOR employs one mental health clinician, the facility is not equipped with adequate resources to deal with persons experiencing a crisis. These individuals are admitted on a limited basis due to these factors. As a matter of example, NORCOR staff has been assaulted by mentally ill persons and this will continue. The point is the liability is sometimes too great for admission to the facility.

NORCOR staff treats everyone coming into the facility exactly the same based on policy and procedure.

Paragraph #9-11: This would be better explained by MCFL

Paragraphs #12-15: I have no rebuttal to Chief Ashmore's comments as it relates to CFL response and the overall process; however I would add one comment as it relates to the current system. Due to the lack of funding and the overall reduction of mental health services there are extremely limited beds available for persons experiencing a mental health crisis. As a matter of fact, in August 2020 the State of Oregon eliminated 173 acute care mental health beds.

Paragraph #16: As a point of clarification the client is sometimes transported (rarely) to a secure facility before seeing a judge. As noted this is rare due to the fact there are no beds in the state.



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Paragraph #17: Chief Ashmore is spot on regarding his statements as they relate to the defense attorney(s). As a matter of fact, one of the clients referred to in the letter is now named in specific case law. This new case law was addressed by the State of Oregon court system and the determination was individual's "civil rights" were violated. If this ruling hasn't been applied locally, it soon will, causing further disruption in the system.

Paragraph #18-19: The Sheriff's Office has also responded and observed these types of circumstances.

Paragraph #20: As Chief Ashmore relates the financial cost for transporting individuals to a mental health facility is correct. I do not want to take away from his comments as I think he has an obligation to provide law enforcement services to the citizens of the city, and transporting those individuals takes away from his duty to do that. (Chief Ashmore was unaware his agency could be reimbursed by Center for Living on certain occasions for those transports, and I'm in the process of getting him the proper information). I would also add if the city police need to transport individuals, the Sheriff's Office will cover their calls for service. We have done this between our two agencies over the years and it has been very effect and says a lot about the relationships we have developed.

As a side note, the Sheriff's Office also transports mental health individuals to different facilities around the state. An example would be if/when DCP transports a person to a secure facility the time starts ticking for that person to be presented before a judge. All of those transports are court ordered to the Sheriff's Office from the Seventh Judicial District.

Paragraph #21-23: The person Chief Ashmore is referring to has had numerous contacts with law enforcement and as such has been arrested numerous times. I have had personal contact with this person and in fact placed this person on a Police Officer Hold (POH) and transported them to MCMC myself. (The Sheriff's Office actually provided security for approximately 27 hours before a secure bed was located. And yes if our agency would have had to provide security longer, we would need to do that for MCMC like the City Police does).

The above point needs to be made the person referred too is not fit to be admitted to NORCOR. While she may have committed a criminal offense, I can tell you from personal observation this person seriously deteriorates in a short period of time. This deterioration includes, but is not limited to, spreading personal feces inside the cell, attempting to assault other inmates or staff and refusing to take proper medication. Another determining factor is COVID-19. This person is homeless and poses certain risks to the facility staff and inmates.

I want to make myself clear I'm not judging the actions of The Dalles City Police in this case. I was not there so I always trust our partners with their individual department decision. This was



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an extremely difficult decision as the Sheriff to make, and I bear the full responsibility of my decision.

Paragraph #24: Let me begin by saying, "I completely understand Chief Ashmore's frustration". However I must say the priority of the Sheriff's Office is always public safety! When it comes to individuals who experience mental illness and the situations described above, I will not continue to traumatize them by throwing them in a cell. This is inhumane and is against what I stand for as a law enforcement professional.

Paragraph #25-26: I again refer to the above statements, all the more reason this person should be located in a safe/secure facility and not NORCOR.

In closing, I'm not one to just give opinion or explanation but offer solutions to our mental health crisis I have just talked about.

In October 2019 a small working group was developed through the Local Public Safety Coordinating Council (LPSCC) to tackle our regional mental health crisis. This team consists of; mental health professionals, government officials, law enforcement, community corrections, and medical professionals. During the past year we have identified what our needs are as it relates to;

- Individuals experiencing "acute" mental health crisis.
- Individuals experiencing "sub-acute" mental health needs.
- Individuals who experience "drug and alcohol" addictions.
- Individuals who experience "dementia or memory loss

In spring 2020 the working group was delayed by COVID-19, however in late August the group reactivated our meetings. As of Oct 22nd 2020, the group has developed a draft business plan. This plan includes the establishment of a regional stabilization center, drug and alcohol treatment, mental health treatment, acute care beds, SUD programming and governance.

While we realize the above process will take more time than anyone wants I believe we are on the right path. However we must try our best to deal with the situation right in front of us. As the Sheriff's Representative on the NORCOR board, I requested NORCOR staff to present a written proposal for the costs and effects of adding additional mental health staff to the facility. While this may not change the admission of certain individuals, there may be opportunities realized to improve our approach outside the walls of NORCOR. This should be completed no later than the December board meeting.

These are only two of a number of possible solutions available. I have many more but won't go into detail as I don't have enough information to make accurate statements.



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The reality is we are all in a real bind when it comes to mental health. All of our citizens are impacted directly or indirectly with this crisis. Law enforcement is stretched to the breaking point and extremely frustrated with our current system, which is broken. I am no different as I feel those same pressures. I have said before and I will say it again, as the Sheriff and a Wasco County citizen, I'm ashamed to see our most vulnerable populations being treated like 3rd rate persons because they have a mental illness. They deserve better treatment and not placed in our jail and the mental health system needs to step up and be a part of the solution.

If I had one request I would encourage each of you to consider what part you can help us with in this process. While those of us in law enforcement have certain expertise we do not have some of the power you wield as elected officials. Please understand my statements should not be construed as accusatory, but more as we need your support/help to get our system fixed.

Thanks for your time and consideration and feel free to reach out for more discussions or information.

Sincerely,
Lane Magill
Wasco County Sheriff

Inmate Reception

502.1 PURPOSE AND SCOPE

The Northern Oregon Regional Corrections has a legal and methodical process for the reception of arrestees into this facility. This policy establishes guidelines for security needs, the classification process, identification of medical/mental health issues and the seizure and storage of personal property.

502.2 POLICY

This department shall use the following standardized policies when receiving arrestees to be booked into this facility. This is to ensure security within the facility and that arrestees are properly booked and afforded their applicable rights.

502.2.1 NOTIFICATION TO ALLIED AGENCIES

Law enforcement agencies that routinely use the correctional facility for housing their arrestees should be provided copies of directives or other information that explain pre-admission procedures, requirements that must be met for the correctional facility to admit arrestees received for booking, circumstances that may prohibit admissions deputies from accepting arrestees in the correctional facility and the importance of the arresting officer providing any information that the inmate may be suicidal to correctional facility staff.

502.3 PRE-BOOKING SCREENING

All arrestees shall be screened prior to booking to ensure the arrestee is medically acceptable for admission and that all arrest or commitment paperwork is present to qualify the arrestee for booking (ORS 169.076). Required paperwork may include the following:

- (a) Arrest reports
- (b) Probable cause declarations
- (c) Warrants or court orders
- (d) Victim notification information
- (e) Special needs related to religious practices, such as diet, clothing and appearance (see the Religious Programs Policy)
- (f) Accommodation requests related to disabilities (see the Inmates with Disabilities Policy)
- (g) Information regarding suicidal statements or actions [See attachment: Inmate Mental Health Clearance](#)
- (h) Hospital reports if indicated [See attachment: Prisoner Medical Clearance Report](#)

Any discrepancies or missing paperwork should be resolved before accepting the arrestee for booking from the arresting or transporting deputy.

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Inmate Reception

All arrestees brought to jail and who remain in custody must have a Probable Cause determination within 48 hours of arrest if they are not able to appear in front of a magistrate within 36 hours of arrest. The predetermined judge shall be called by jail staff and the arresting officers Probable Cause Report must be read to the judge for this determination.

Prior to accepting custody of an arrestee who claims to have been arrested due to a mistake of the arrestee's true identity or an arrestee who claims that identity theft led to the issuance of a warrant in the arrestee's name, staff shall make reasonable efforts to investigate the arrestee's claim of identity fraud or mistake. Staff shall notify a supervisor when an arrestee makes a claim of mistaken identity or identity fraud.

All arrestees shall remain secured by handcuffs or other suitable restraints until accepted for booking.

Assistance from the transporting deputy should be requested in officer safety situations until the inmate is searched and secured. [See attachment: Intake and Release Procedures](#)

502.3.1 IMMIGRATION DETAINERS

Per ORS 181A.820 NORCOR does not accept or hold any individuals who are exclusively being held for only illegal Immigration statues. They must have a prior or current criminal conviction as well as their illegal status in order for NORCOR to accept them. NORCOR will also accept those individuals who are facing pending Federal Prosecution that are in pre-trial status.

[See attachment: ICE MEMO.pdf](#)

502.3.2 CONFIRMATION OF AUTHORITY

Deputies should make a reasonable attempt to determine that the person bringing the arrestee to the correctional facility is a peace officer or other person authorized to book the arrestee.

502.4 SEARCHES BEFORE ADMISSION

All arrestees and their property shall be searched for contraband by the booking deputy before being accepted for booking. All contraband items will be handled according to facility policy. Items of possible evidentiary value may be turned over to the arresting or transporting deputy for processing or processed according to the facility's rules for handling evidence. Approved personal property and clothing will be accepted. Items not approved will be returned to the arresting or transporting deputy prior to the arrestee being accepted for booking. A description of the items returned to the transporting deputy shall be documented on the arrestee's booking record. All original identity documents for ICE Detainees (e.g., passports, birth certificates) will immediately be removed from their property and forwarded to ICE staff for placement in A-files.

Strip searches shall be conducted in accordance with the Searches Policy. [See attachment: Processing Property at Intake](#)

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Inmate Reception

502.4.1 ADDITIONAL REQUIREMENTS

Deputies conducting the initial search should look for signs of medical or suicide or self-harm issues. The type of the search performed and the name of the deputy performing the search should be documented.

The initial search must be a frisk search or clothed search, unless a more intrusive search is justified by individualized reasonable suspicion, such as contraband, medical, suicidal thoughts or attempts, or self-harm issues.

502.5 ADMISSION PROCESS

The admission process should include an attempt to gather a comprehensive record of each arrestee, including the following:

- Identifying information (including name and any known aliases or monikers)
- Current or last known address and telephone number
- Date and time of arrest
- Date and time of admission
- Name, rank, agency and signature of the arresting deputy and transporting deputy, if different
- Health insurance information
- Legal authority for confinement, including specific charges, arrest warrant information and court of jurisdiction
- Sex
- Age
- Date and place of birth
- Race
- Height and weight
- Occupation and current or most recent employment
- Veteran status
- Marital status
- children
- Preferred emergency contact including name, address, telephone number and relationship to inmate. The emergency contact will be notified in the event of death or life-threatening injury, condition, or illness.
- Driver license number and state where issued, state identification number or passport number
- Social Security number

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- Additional information concerning special custody requirements or special needs
- Local, state and federal criminal history records
- Photographs, fingerprints and notation of any marks or physical characteristics unique to the inmate, such as scars, birthmarks, deformities or tattoos
- Medical, dental and mental health screening records, including suicide risk
- Inventory of all personal property including clothing, jewelry and money
- A record of personal telephone calls made at the time of booking or the time the opportunity was provided to place calls if the calls were not made

Inventoried items of rare or unusual value should be brought to the attention of a supervisor. The inmate's signature should be obtained on the booking record and on any forms used to record money and property. [See attachment: NORCOR INITIAL CLASSIFICATION SCORE FORM.pdf](#) [See attachment: Prea Risk Assessment Tool.pdf](#) [See attachment: NORTHERN OREGON REGIONAL CORRECTIONS FACILITY.pdf](#) [See attachment: Pre-Booking Medical.pdf](#)

502.5.1 LEGAL BASIS FOR DETENTION

Arrestees admitted to the facility shall be notified of the official charge for their detention or legal basis of confinement in a language they understand.

502.5.2 INFORMATION FROM THE TRANSPORTING OFFICER_DEPUTY

Members should request that the transporting officer complete a form that requests specific information needed by the facility. Members should also request of the transporting officer:

- (a) Any information that appears to be missing about the arrestee or inmate in the required forms.
- (b) Whether the arrestee or inmate has done or said anything that might indicate thoughts of suicide or self-harm, use of controlled substances, or detoxification from alcohol or a controlled substance. The response should be documented.

502.6 TRANSITION FROM RECEPTION TO GENERAL POPULATION

The Sergeant is responsible for ensuring only arrestees who qualify are placed into general population cells or housing. Those who will not be placed into general population include:

- (a) Arrestees who are eligible for release following citation.
- (b) Arrestees who are intoxicated or under the influence of any chemical substance.
- (c) Arrestees who are arranging bail. They shall be permitted a reasonable period of time, at the discretion of the Sergeant, to make telephone calls before being placed in general population.

502.6.1 MONITORING FOR SIGNS OF INTOXICATION AND WITHDRAWAL

Staff shall respond promptly to medical symptoms presented by inmates to lessen the risk of a life-threatening medical emergency and to promote the safety and security of all persons in the facility.

Northern Oregon Regional Corrections

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Custody staff should remain alert to signs of drug and alcohol overdose and withdrawal, which include, but are not limited to, sweating, nausea, abdominal cramps, anxiety, agitation, tremors, hallucinations, rapid breathing and generalized aches and pains. Any staff member who suspects that an inmate may be suffering from overdose or experiencing withdrawal symptoms shall promptly notify the supervisor, who shall ensure that the appropriate medical staff is notified.

502.6.2 INMATE SEPARATION

Inmates should be kept separate from the general population during the admission process. Newly admitted inmates should be separated according to the facility's classification policy.

502.7 INMATE PROPERTY RECEIPT

All money and property received from inmates at the time of booking shall be inventoried. A receipt should be signed by the inmate and the booking deputy and referenced to the booking number before the admission is completed. The original copy of the property receipt will be retained for at least six months after the property has been returned to the inmate. The property receipt should be placed in the inmate's file and/or with the property. A second copy will be presented to the inmate at the time of booking (ORS 169.076; ORS 133.455).

Excess personal clothing shall be mailed to, picked up by or transported to designated family members or to a person of the inmate's choosing, or stored in containers designed for this purpose.

502.7.1 VERIFICATION OF INMATE'S MONEY

All monies belonging to the inmate and retained by the booking deputy shall be verified in front of the inmate. When possible, the inmate should initial the dollar amount on the booking sheet. All money should be placed in a separate envelope and sealed.

Negotiable checks or other instruments and foreign currency should also be sealed in an envelope with the amount indicated but not added to the cash total. Jewelry and other small property should also be sealed in an envelope. All envelopes should clearly indicate the contents on the front. The person sealing it should initial across the sealed flap. Should any money be withdrawn or added to the cash envelope, the person making the change shall enter the new amount below the original entry and initial it. The total amount of money in the envelope should always be computed and written on the outside of the envelope.

502.7.2 PROPERTY STORAGE

All inmate property should be stored in a secure storage area. Only authorized personnel may access the storage area and only for the purpose of depositing or retrieving property, or to conduct duly authorized work, including maintenance and other duties as directed by the Lieutenant.

Inmate property that has been stored for longer than 90 days shall be inventoried by a Sergeant and deputy. The inventory shall include all non-valuable property stored in the inmates property bin. The facility log shall indicate the date, time and name of the officers conducting the inventory. Any discrepancies will be reported immediately to the Operations Lieutenant in writing.

Inmate Reception

502.8 INMATE TELEPHONE CALLS

Every inmate, whether adult or juvenile, detained in this facility shall be entitled to at least three completed telephone calls immediately upon being admitted and no later than three hours after arrest. The calls may be of a duration that reasonably allows the inmate to make necessary arrangements for matters that he/she may be unable to complete as a result of being arrested. The calls are not intended to be lengthy conversations and the custody staff may use their judgment in determining the reasonable duration of the calls. If it is determined that the person is a custodial parent with responsibility for a minor child, the person shall be entitled to make such additional telephone calls as reasonably necessary for the purpose of arranging care for the minor child.

There is no obligation for the custody staff to make a telephone call on an inmate's behalf, for example in the case of a person who is so intoxicated that he/she cannot make a call. The custody staff is not required to wake an intoxicated person so that the person may complete a call. An intoxicated person should be provided the opportunity to make the telephone calls once the person awakes.

502.8.1 TELEPHONE CALL PROCEDURES

Calls between the inmate and his/her attorney shall be deemed confidential and shall not be monitored, eavesdropped upon or recorded.

502.8.2 ONGOING TELEPHONE ACCESS

Ongoing telephone access for inmates who are housed at this facility will be in accordance with the Inmate Telephone Access Policy.

502.9 SHOWERING AND CLOTHING EXCHANGE

Inmates should be allowed to shower before being dressed in clean jail clothing. Showering should occur before an inmate is transferred from the temporary holding area to general population housing (see the Inmate Hygiene Policy).

502.10 UNREASONABLE DELAYS PROHIBITED

Inmates must not be subjected to unreasonable delays in the security-release process. Unreasonable delays may include the following:

- (a) At the request of arresting authorities to accommodate investigative priorities
- (b) To punish an inmate for a bad attitude
- (c) For other personal reasons or because of animosity towards the inmate

Attachments

ICE MEMO.pdf



NORCOR

CORRECTIONS FACILITIES

Wasco-Gilliam-Hood River-Sherman
201 Webber Street
The Dalles, OR 97058
541-298-1576

Date: January 2, 2018
From: Lt. Dan Lindhorst
To: All NORCOR Staff
Regarding: ICE Detainer Requests

Effective immediately, we will no longer be notifying ICE of "Book and Release" foreign born inmates that are being processed. Book and Releases will no longer be subject to ICE notification in any manner by staff.

Foreign Born Inmates being processed for criminal charges, and subject to being lodged in the facility, shall be subject to ICE notification by the attached form. We shall no longer call ICE to give information.

Please be aware that the form may be emailed or faxed to ICE.



U.S. Immigration and Customs Enforcement

U.S. Department of Homeland Security
Detention and Removal Operations
Portland, OR 97209

Notification of Criminal Alien by
Law Enforcement Agency

Please FAX to: (503) 326-7183 AND (503) 326-7720

OR email: rod.h.quinn@ice.dhs.gov; chatham.l.mccutcheon@ice.dhs.gov or eliasar.quinones@ice.dhs.gov

A. SOURCE

1. Agency's Name

2. Officer's Name

3. Officer would like a call back: YES NO

4. Officer's Title

5. Telephone number (include area code)

C. ALIEN INFORMATION

1. Name

2. Aliases

3. Date of Birth

4. Alien Registration Number

5. FBI Number

6. Place of Birth

B. REQUEST

1. Date and Time of Request

2. Nature of Request
Notification of Arrest

D. PRIOR ARREST/ CRIMINAL RECORD

1. Inmate Number and Name of Facility

2. Arrest Charge

YES NO

3. Narcotics:

4. DISPOSITION OF CHARGE

Booked Arraigned On Bond Pending Trial

Awaiting Sentence Serving Sentence

Other: _____

Inmate Mental Health Clearance.pdf



NORCOR

CORRECTIONS FACILITIES

Wasco-Gilliam-Hood River-Sherman
201 Webber Street
The Dalles, OR 97058



INMATE MENTAL HEALTH CLEARANCE

Inmate Name: _____ Date: _____ Time: _____

Individual requires a Mental Health clearance prior to booking or release.

Presenting Problem:

Mental Status:

Clinical Formulation/Diagnosis:

Plan:

Disposition:

_____ I have assessed the Inmate for risk to self and/or others and find him/her are acceptable for booking/release from NORCOR. No risk for safety of self or others.

_____ I have assessed the inmate for risk to self and/or others and find him/her are acceptable for release from NORCOR with the attached safety plan in place. (Attach Safety Plan)

_____ I have assessed the inmate for risk to self and/or others and find him/her NOT acceptable for booking/release from NORCOR and recommend transport to local hospital for further evaluation. Inmate presents as a danger to him/herself and/or is unable to care for self. Mental Health Hold initiated. (Attach copy of Hold)

Signature/Title

Date

Time

Phone #

Prisoner Medical Clearance Report.pdf



NORCOR
CORRECTIONS FACILITIES
201 Webber Street
The Dalles, OR 97058
Telephone: 541-298-1576 Fax: 541-298-1082



MEDICAL CLEARANCE FORM

Patient Information

Date & Time: _____

Patient Name: _____

Brought into jail by: _____

Refusing Staff: _____

This individual has been refused for the following reasons: _____

ATTENTION HOSPITAL STAFF:

This individual has been arrested and needs to be medically cleared before being accepted for confinement in the Northern Oregon Corrections Facility (NORCOR).

In order for the individual to be safely lodged at the NORCOR Facility, we need them to:

- ✓ Have a BAC under .30
- ✓ Be able to walk, stand, and sit up without assistance;
- ✓ Be able to hold their own head up and protect their airway without assistance.
- ✓ Be alert and oriented with medical staff; AND
- ✓ Not have any untreated visible injuries.
- ✓ Be able to complete intake screening.

Disposition: _____ I have examined the patient and find him/her acceptable for admission to the jail.
I have no specific suggestions regarding care of this patient for the condition for which I have examined him/her.

_____ I have examined the patient and find him/her acceptable for admission to the jail providing the following conditions are met.

_____ I have examined the patient and find him/her medically unacceptable for admission into the Jail.

Name of Examining Physician: _____

Physicians remarks: _____

Treating Physician

Date/Time

CONTINUITY OF CARE

In Order for NORCOR medical staff to provide continuity of care, we need ALL available Emergency Department records to be provided to NORCOR. The information marked below has been faxed to NORCOR Medical Department (Fax# 541-506-2907). Phone# 541-298-1576 Extension 5.

- ☐ Nurse Triage Sheet
- ☐ ED Order Sheet
- ☐ ED Medication Sheet

- ☐ Patient History Sheet
- ☐ All Imaging and Lab results
- ☐ Emergency Room Discharge Summary

Faxed by: _____

ED Personnel Signature

Date/Time

502 Intake and Release - Intake.pdf

Intake and Release

INTAKE

The Jail Commander will have procedures to take prisoners into the custody of NORCOR. Custody transfers must meet the legal requirements of statutes. Jail staff will conduct prisoner intakes in a safe and secure manner.

DEFINITIONS

Body scanner. An x-ray whole body security screening system to detect contraband on or within a person.

Double-door security. Having only one door, of a two-door security vestibule, opening at a time to control who enters and leaves the security perimeter.

Frisk search (*also known as a pat down*). Touching a person's outer clothing to detect contraband in the clothing or on the body, including the breast area on persons who identify as females. Contact with the genital and anal areas is only incidental. To facilitate the search, jail staff may have the person remove outer garments that normally do not directly touch the skin, such as coats, vests, and shoes.

Intrusive clothed search (*also known as a rub or clothed search*). Touching a person's outer clothing to detect contraband in the clothing or on the body. It includes looking into a person's mouth, nose, ears, and hair, emptying their pockets, and having the person remove outer garments that normally do not directly touch the skin, remove their belt and shoes, as well as remove and turn socks inside-out. The search also involves the deliberate touching through the clothing of the genital area, anal area, and female breast area to detect contraband commonly hidden in these locations. This search is performed on every person during intake. Deputies must promptly and thoroughly search clothing items that are removed.

Medical release. A written statement from a physician that the prisoner was examined and does not need emergency medical care or that the prisoner refused treatment and was capable of understanding the consequences of the refusal.

Mental Health Clearance. A written statement from a certified mental health professional that the Adult in Custody was assessed and meets criteria for lodging.

Noncompliant prisoner. A person in custody who is combative, unresponsive, disruptive, or fails to comply with orders.

Officer. Any peace, probation, parole, corrections, or transport officer bringing a prisoner to the jail for booking or lodging. This includes jail deputies who arrest a person or current Adult in Custody.

Prisoner. An offender in the custody of a peace, probation, parole, corrections, or transport officer. An arrestee may be referred to as a prisoner.

Adult in Custody. 1) A person who has exhausted all reasonable release options and is either waiting to be or has been dressed in and lodged in the jail. 2) A person coming in on a transport from another correctional facility. 3) A person serving a sentence anywhere while in the custody of the sheriff. An arrestee is not an Adult in Custody.

PROCEDURES

RECEIVING PRISONERS

1. Notifying the Jail

To avoid processing delays, deputies/officers should notify jail intake before they arrive at the jail. This may be done by radio, telephone, mobile data terminal, or by having dispatch send an electronic message to the jail. When possible, they will provide—

- (1) The prisoner's name, date of birth, sex, and charges.
- (2) Estimated time of arrival.
- (3) Any special needs, such as help in handling a noncompliant prisoner.

2. Prisoner Custody Transfer

Officers must maintain custody of their prisoners until accepted by jail staff.

3. Reasons for Custody Refusal

Jail staff will refuse to accept custody of any prisoner if the prisoner is—:

- a. Unconscious - No prisoner who is unconscious shall be admitted to the custody of the Northern Oregon Regional Corrections Facility.
- b. Overdosed on drugs or alcohol - No prisoner with a BAC of .30 or higher shall be admitted to the custody of NORCOR, even if cleared by a medical professional and/or hospital staff. Any prisoner showing signs of serious drug-related impairment will not be accepted into the custody of NORCOR. Serious alcohol or drug-related impairment can include, but not limited to: slow or deliberate movements, unfocused attention, an inability to stand or walk without assistance, unable to communicate or understand a conversation, incoherent statements, and difficult time staying awake or conscious.
- c. Under 18 years of age.
- d. In need of decontamination from exposure to potentially hazardous materials. (*Note: Before allowing a prisoner that was present at an illegal drug-manufacturing scene into the jail, intake deputies must confirm with the officer that the prisoner, or the prisoner's clothing and property, is not currently contaminated.*)
- e. In need of emergency medical care at a hospital.
- f. Showing signs of serious physical injury - Prisoners showing signs of serious physical injury will not be accepted into custody. Any prisoner showing signs of serious abrasions, cuts, bumps, abnormal bone structure, or having similar type injuries will be refused without a medical clearance.
- g. Suicidal or having a mental health crisis until cleared by a mental health clinician.

ENTRY PROCEDURES

4. Sally Port Entry

Control staff will control entry to the sally port. They will let marked law enforcement and transport vehicles in once they identify the vehicle and the officer identifies himself or herself and the prisoner. Officers in unmarked cars will use the intercom at the sally port gate to identify themselves and their prisoners. Control staff will contact the booking sergeant if they doubt an officer's identification or the markings of a vehicle. Jail deputies may be asked to verify a law enforcement officer's identification.

5. Preparing to Enter the Jail

Before bringing a prisoner into an intake area—

- a. Officers will secure their weapons and ammunition before letting their prisoner out of the vehicle. Arresting officers entering the jail may only carry conducted electrical weapons, and batons on their duty belts. All other weapons must be secured in gun lockers, vehicle trunks, or in another approved container or location before they enter the secure perimeter.
- b. At a minimum, transporting officers will frisk search their prisoners for weapons or other hazardous items.
- c. Officers will restrain their prisoners; hands cuffed behind the back or belly chains are the minimum level of restraint. If an officer cannot restrain the prisoner this way, the officer will inform booking and wait for intake deputies to help. The booking sergeant may make restraint exceptions.
- d. Officers may not remove their own restraints from a prisoner. An intake deputy will perform the required jail deputy search and remove the restraints.

SCREENING PRISONER'S PROPERTY

6. Authorized Personal Property

The jail will accept custody of a prisoner's personal property if it does not present a health, safety, or security risk.

- a. Jail staff may refuse to accept any item, including but not limited to the following:
 - (1) Weapons and ammunition, with the exception of pocketknives (see paragraph 7 below)
 - (2) Medical marijuana and paraphernalia
 - (3) Pepper spray
 - (4) Hazardous materials
 - (5) Clothing or property contaminated with a hazardous material
 - (6) Illegal items
 - (7) Alcohol
 - (8) Food and drinks
 - (9) Glass containers
 - (10) Pressurized containers
 - (11) Lighters, matches, and other flammable devices
 - (12) Liquid in containers that may break or leak easily

(13) Backpacks and suitcases

- b. All items must fit into a property box as determined by the jail
- c. When jail staff members advise arresting officers that the jail will not accept a property item, the arresting officer must take the property with him or her and follow their agency policy for handling it.
- d. If jail staff disposes of an item, they must denote that fact in the property log in JMS.

7. Pocketknives

Arresting and transport officers may bring in the pocketknives, utility knives, or Leatherman-like tools of prisoners into pre-booking. They must immediately give them to the intake deputies. The intake deputy will secure and process the item.

- 8. In the case of a prisoner turning himself or herself in on a report-for-sentence Adult in Custody, there is no arresting officer present. If the amount of property exceeds jail limits in these situations, the intake deputy will contact the booking sergeant. The AIC will be asked to have someone come in to take possession of excess property.

TYPES OF PRISONERS

9. Noncompliant Prisoners

An officer with a noncompliant prisoner will wait for intake deputies to help in the transfer of the prisoner. The booking sergeant may approve an override to double-door security to an intake-area vestibule to ease and speed bringing the prisoner into intake. For approved overrides, intake deputies will provide control staff with the specific information on who is bringing in the prisoner and when. Control staff must secure the sally port doors before opening both slider doors on an override. Deputies will make sure that all other Adults in Custody are secured in holding cells as needed until the double-door override is over.

10. Compliant Prisoners

Officers will use pre-booking to transfer compliant prisoners who are not coming in on a transport.

- a. If pre-booking is full, the sergeant will have officers keep prisoners in their vehicles.
- b. A compliant prisoner may use the prisoner restroom after deputies conduct a frisk search and an intrusive clothed search and have removed restraints.

11. Transport Prisoners

To process incoming transport prisoners—

- a. Booking staff will prepare a custody file for each prisoner.
- b. Control will notify intake staff when a transport van or bus arrives in the sally port.
- c. Intake deputies will lock down current prisoners in holding cells.
- d. Intake deputies will—
 - (1) Direct transported prisoners to line up on the wall in pre-booking.
 - (2) Property boxes will be lined up behind the prisoner and the prisoners property bags will be placed in the box behind them.
 - (3) Frisk search each prisoner and remove the restraints.

- (4) Have the prisoner sit in a holding cell to wait to be processed.
- (5) During the booking process Remove all documents attached to property bags.
- (6) Finish processing each prisoner and his or her property as normal.

12. Mass Arrest

If the jail is notified of incoming group of 10 or more arrests at once, the sergeant will ensure the following occurs:

- a. Notify dispatch and local law enforcement agencies of the mass arrest situation and to expect delays in transfers of custody at the jail. Determine the number of additional deputies needed to process the group.
 - (1) Relocate available deputies to the intake area as necessary. Leave enough deputies to complete cell check.
 - (2) If near shift change, authorize overtime to needed staff members.
 - (3) Call in off-duty deputies if necessary.
- b. Determine the best place to put the incoming group— recreations rooms, holding cells, or a combination of both—based on information of the cooperative nature of the group members and their sex.
- c. Frisk search each prisoner and remove the handcuffs before placing a prisoner in the cell. If needed, temporarily place a prisoner's valuables in a marked zip lock Adult in Custody Property Bag until normal property inventory and bagging can take place.
- d. Fill out an Intake Sheet on each prisoner to facilitate booking.
- e. Process each prisoner as normal. As prisoners are processed, do not mix processed and unprocessed prisoners in any area.
- f. Keep the Jail Commander and Lieutenants apprised of the situation.

SUPPORT FOR INTAKE

13. Use of Intoxilyzer Rooms

The intoxilyzer room in the pre-booking area is available on a first-come-first-served basis.

- a. Prisoners will remain restrained while in the intoxilyzer area. If an officer needs to remove the restraints for any reason, the officer must contact an intake deputy *before* taking them off. They will be promptly put back on.
- b. The jail will maintain a supply of Oregon State Police intoxilyzer forms, Department of Motor Vehicle driver's license suspension forms, logs, and mouthpieces in the intoxilyzer rooms.

14. Availability of Female Deputies at Intake

The sergeant will ensure at least one male and one female deputy are present to perform the required frisk and intrusive clothed searches. A deputy of any gender may do all the other intake tasks for the prisoner.

PRISONER CLOTHING

15. Nude or Partially Clothed Prisoners

If a prisoner is nude or partially clothed, booking staff will work with the officer to have the prisoner dress into jail clothing at a location that causes the least disturbance.

16. Soiled and Vermin Infested Clothing on a Prisoner

The intake deputy may have a prisoner immediately shower and change into jail clothing if the prisoner's hygiene or clothing is offensive or presents a health risk.

- a. The offensive conditions and health risks may be due to—
 - (1) Intense body odor.
 - (2) Soiling by urine, feces, vomit, blood, or other matter.
 - (3) Infested by crabs, lice, or other vermin.
 - (4) Chemical contaminants
- b. When having the prisoner shower and change clothes under these conditions, the intake deputy will inventory and process the prisoner's property according to policy 502.4, *Processing Property at Intake*.
- c. Staff will immediately launder the prisoner's clothing.

17. Known or Suspected Evidence on Clothing or the Prisoner's Body

If the officer identifies any clothing on the prisoner as evidence, the intake deputy may immediately have the prisoner change. The arresting officer should assist in the changing so he or she can attest to how the evidence was gathered. The booking Deputy will document on the property form that the items were confiscated and obtain a receipt for the items.

INTAKE DOCUMENTS

18. Intake Documents for Custody Transfer

The table below shows the documents an officer must present at intake for the jail to take custody of a prisoner. Jail staff will not question whether probable cause exists for an arrest. Intake deputies will have the arresting or transport officer hand carry the custody documents or lodging order to a booking deputy.

| Intake Documents For Custody Transfer | | | | | | | |
|---------------------------------------|--|-------------------|-------------------------------------|--------------------|-----------------|------------------------------------|----------------------------|
| REQUIRED DOCUMENTS | JAIL INTAKE NEED INITIATED BY— | | | | | | |
| | Probable Cause Arrest ¹ | Warrant Arrest | Parole or Probation Violation | Transport Order | Court Remand | Community Corrections Return | Other Agency Request |

| | | | | | | | |
|---|----------|----------|----------|----------|----------|----------|----------|
| Agency Custody Report | X | X | X | X | | | |
| Probable Cause Affidavit² | X | | | | | | |
| Other Agency Detainer | | | X | | | | X |
| Court Order | | | | | X | | |
| Transport Order | | | | X | | | |
| Warrant or Warrant Confirmation³ | | X | | | | | |
| Disciplinary Report (Disciplinary returns only) Detainer | | | | | | X | |
| Intake Triage Assessment⁴ | X | X | X | X | X | X | X |

1. Booking staff will contact a sergeant if an arresting officer comes in with a probable cause arrest for a crime that is not recognizable.
2. Jail staff will make copies of Affidavit in Support of Probable Cause Arrest forms available to officers.
3. Jail staff will accept a warrant confirmation that is a teletype message or a facsimile of the message.
4. The arresting or transport officer must fill out an Intake Triage Assessment on every prisoner he or she brings to the jail for intake.

19. Custody Reports

Jail staff will **check custody reports for completeness and accuracy**. The deputy will return incomplete reports to the arresting officer. Custody reports must include the following information:

- a. Prisoner's full name and any other names used
- b. Prisoner's identification numbers such as social security or driver's license
- c. Prisoner's age and date of birth. Staff must make sure the prisoner is an adult over 18 years old (unless the court has remanded a juvenile)
- d. Prisoner's sex, race, height, weight and hair and eye colors
- e. Any other descriptors that identify the prisoner from others, such as build and skin tone.
- f. Arresting officer's name, DPSST number, and agency name
- g. A list of all charges
- h. Date, time, and location of the arrest
- i. Special custody requirements

- j. Victim information
- k. Triage assessment

20. Intake Documents for Probation and Parole Violators

A detainer will accompany each custody report for each parole or probation violator brought into the jail for lodging. The PO may fax or e-mail a detainer to booking. (A custody report is not required.)

21. Review of Intake Documents

The booking deputy will review and handle intake documents as follows:

- a. Make sure the arresting officer fills in all required areas of each original document.
- b. Verify the officer has the legal authority to arrest and that the offense charged is punishable by confinement.
- c. Make sure the charges on a custody report match those on the probable cause affidavit.

JAIL PROCESSING OF PRISONER

22. Custody File

Upon notification of an arrival, booking staff will prepare a custody file for each prisoner by doing the following:

- a. Run a Law Enforcement Data System (LEDS) check for warrants and criminal history.
- b. Run a name search in the custody management system (JMS) to determine whether the person has been booked in the jail before.
- c. Label a file folder with the standard booking file labels and the prisoner's name.

23. Intake Deputy Duties

Intake deputies must do the actions specified below when taking custody of a prisoner. The deputy will do them in the order listed.

- a. Ask the prisoner if he or she has any sharps or contraband on or in his or her body or clothing.
- b. Frisk search the prisoner then remove the restraints and return them to the officer.
- c. Perform an intrusive clothed search of the prisoner. Remove and search the prisoner's footwear, hats, and excess clothing, such as a coat or vest, as part of the search.
- d. Remove belts, suspenders, or any other similar items.
- e. Female prisoners shall remove nylon stockings or similar long leggings because it is likely they will be in a holding cell at some point in the booking process.
- f. Have the prisoner remove jewelry or hair accessories he or she is wearing. A sergeant has discretion to allow a prisoner to continue to wear a wig or toupee, but a deputy must search it and the prisoner must wear it for one set of photographs.
- g. Take physical custody of all removed clothing, items found in a search, and other personal property and leave the prisoner with only the clothes he or she is wearing.
- h. Issue jail sandals to the prisoner
- i. Verify that property meets the criteria for authorized property.
- j. Ask prisoner all pre-booking questions and have prisoner sign all pre-booking documents

- k. For a prisoner booked in the jail before, verify the identity of the person being booked now under that name by comparing the mug shot from the previous booking to the person.
- l. Inventory authorized property according to policy 502.4, *Processing Property at Intake*.
- m. Enter the required data on the following jail intake JMS screens:
 - (1) Booking/Property/Classification/Biometric/Housing
 - (a) Complete all required fields.
- n. Explain and have the prisoner read and sign the booking form and Intake Property form
- o. Take the prisoner's photograph.
- p. Fingerprint AIC
- q. Complete Classification and housing assignment
- r. Print an Adult in Custody ID card
- s. Print eight Adult in Custody identification labels. Distribute as follows:
 - (1) 1 - As the label for the file
 - (2) 7 – On the pre-booking forms
- t. Place the intake forms and custody documents in the custody file
- u. Place custody file to appropriate court box.

24. Evidence Found in a Search

If an intake deputy finds evidence of a crime while conducting a body search, the deputy will notify the arresting officer. The arresting officer or intake deputy may charge the prisoner with the appropriate criminal offense. A report will need to be created in JMS.

If the arresting officer left the facility, the booking sergeant will contact the arresting officer to tell them what was found, in case it could relate to a crime or the reason the prisoner was brought to jail.

25. Prisoner Telephone Calls and Visiting

A prisoner may use a telephone in a holding area.

OTHER INTAKE ISSUES

26. Health Care Screening

Corrections Deputies will screen Adults in Custody at intake for medical and mental health conditions, medications, and suicide risk screening.

27. Disruption to Intake Operations

Control staff will notify dispatch if the jail is in an extended lockdown that disrupts intake operations and the ability to book prisoners. This does not apply to routine counts.

28. Copies of Procedures for Other Agencies

Upon request, jail staff will provide copies of these intake procedures to other agencies that routinely book or lodge prisoners in the Northern Oregon Regional Corrections Facility.

Distribution: Updates to all surrounding law enforcement agencies

502.4 Processing Property at Intake.pdf

Intake and Release

PROCESSING PROPERTY AT INTAKE

DEFINITIONS

Closed container. A carrier or holder whose contents are not exposed to view.

Valuables. A prisoner's legally owned or rightfully possessed property that has significant monetary or personal value for the prisoner or another person. It includes things like: jewelry, watches, wallets (unless empty), checkbooks, pocketknives, credit or debit cards, checks, money orders, keys, cellular telephones, pagers, personal electronics, and prescription medications.

PURPOSE

The purpose of the inventory of a person in NORCOR custody will be to:

1. Promptly identify property to establish accountability and avoid spurious claims to property;
2. Assist in the prevention of theft of property;
3. Locate and ensure the safe handling and/or disposal of toxic, flammable, hazardous or explosive substances;
4. Locate weapons and instruments that may facilitate an escape from custody or endanger law enforcement personnel; and
5. Reduce the danger to persons and property.

PROCEDURES

1. **Inventorying and Processing Prisoner Property for Temporary Storage.**

The intake deputy will inventory and process the prisoner's property for temporary storage while the Adult in Custody is being booked as follows:

a. **Inventory Process**

Deputies must conduct all inventories exactly as set forth in this policy without deviation, and in the order listed.

b. **Personal Property on the Arrestee**

Remove all personal property from the clothing the arrestee is wearing (pockets, waistbands, shoes, etc.) or has already removed (coat, extra clothing layers, etc.) and inventory it.

c. All Open Containers

Remove and inventory the contents of all open containers.

- 1) Ask the prisoner if they have any cash, valuables, or medications. Explain that the prisoner must identify the cash and major credit or debit cards that the prisoner wants to use to post security (bail)
- 2) Look in open containers for proof of identification, cash, valuables, and obvious contraband.

d. Closed Containers

After completing the inventory of all open containers, a deputy will then open, remove and inventory the contents of closed containers if the closed container is designed for or likely to contain valuables or money, including but not limited to, closed purses (such as a handbag, shoulder bag, satchel, tote or clutch), closed coin purses, closed personal electronic cases or bags, closed laptop cases or bags, closed tablet cases or bags, closed wallets, closed backpacks, closed knapsacks, closed rucksacks, closed briefcases, closed glasses cases and closed fanny packs.

- (1) If the deputy finds identification under different names or documents that appear to be false, the deputy will notify the arresting officer if present, or contact the booking sergeant.
- (2) If the deputy suspects the prisoner may not be the owner or have the owner's approval to possess a valuable piece of property, the deputy will contact the arresting officer, if present, or the booking sergeant. This will most likely occur if a name on a money card, check, or prescription medication does not match the prisoner's name.

e. Closed Containers – Flammables, Toxics

After completing the inventory of closed containers likely to or designed to contain valuables, a deputy must open, remove the contents, and inventory the contents of any closed container that is designed for or likely to contain toxic, explosive, hazardous or flammable substances, including but not limited to closed make-up bags (likely to contain flammable perfumes) and closed cigarette packages or cigarette cases (likely to contain matches or lighters) or is designed for or likely to contain weapons or ammunition, including but not limited to gun safes, knife cases, ammunition cans, holsters, or gun cases.

f. Closed Containers – Weapons and Ammunition

After completing the inventory of closed containers designed for or likely to contain toxic, explosive, hazardous or flammable substances or weapons, a deputy must also open, remove the contents and inventory the contents of any closed container that has not already been inventoried if that container will be stored at the NORCOR jail. The express purpose of this requirement is to ensure that toxic, explosive, hazardous or flammable substances are identified and safely handled and do not put the public, staff, inmates or public property at risk. A deputy who finds money or other valuables located in a closed container pursuant to an inspection under this subsection shall promptly inventory the valuables or money.

g. Closed Containers – All Others

Open, remove and inspect every other closed container that will be stored at NORCOR Jail Facility to determine if it contains toxic, explosive, hazardous or flammable substances.

h. Disposing of Hazardous Items

Any flammable, toxic, hazardous or explosive substances will be properly disposed of and may not be stored inside the jail, except as permitted by the jail commander. Medical equipment, especially flammable oxygen tanks, may be stored in a safe location outside the facility as determined by a jail command officer, or may be turned over to a third party of the prisoner's choosing.

i. Document Disposition of Any Items in Inventory

The property inventory will specifically document any valuables or money found and any toxic, explosive, hazardous flammables or weapons located and their disposition.

2. Counting and Securing Money at Intake

Intake deputies will count and secure any money prisoners have in their possession at intake as follows:

- a. Fill out the Adult in Custody information on a Cash Envelope.
- b. Count the cash and enter the information on the Cash Envelope.
- c. List any transport check. (List all other types of checks on the property receipt for storage in the Property Room.)
- d. Correct any discrepancies in count subtotals and the total.
- e. Have a second deputy verify all monies. Have the verifier sign the front of the envelope.
- f. Place the cash and any transport check in the envelope.
- g. Enter the total amount of money, to include any transport check, in the jail management system (JMS).
- h. Drop the sealed envelope in the money drop box in booking. (jail staff will collect the envelopes from the money drop box at the end of every shift and enter it into the booking kiosk)

3. Jewelry Worn by Prisoners

The intake deputy will remove all of a prisoner's jewelry at intake except for wedding bands. This includes medic alert jewelry. (The deputy must make sure intake and health care staff are aware of the medic alert condition.)

- a. If jewelry will not come off and it poses a threat to safety and security, the booking sergeant may have the deputy cut it off. The deputy will then report the action on a Jail Incident Report.
- b. If the jewelry will not come off, but it does not pose a threat, the prisoner may still wear it. The intake deputy will include the jewelry as a line item on the property inventory with the words "still worn" in the Item Remark field and marked "Y" on "kept by Adult in Custody."

4. Hair Accessories and Wigs Worn by Prisoners

Adults in Custody may not keep wigs or temporary hair accessories while in custody if they pose a threat to safety and security.

- a. Adults in Custody may not keep hair accessories that are temporarily affixed with clips, elastic, or short-term adhesive or braided in a way that can be easily removed. Allowed hair accessories may be purchased through commissary.
- b. Adults in Custody are allowed to keep and wear hair extensions or hair pieces that are intricately braided or glued into their hair for long-term wear, such as those taking hours or special processing to remove. As hair extensions grow out, the Adult in Custody may not keep and reapply extensions; the extensions must be transferred to property.

5. Property the Prisoner May Keep

The prisoner may keep the items listed below while in holding; the deputy will ask if the prisoner needs to keep the items with him or her.

- a. Lists or pages of telephone numbers needed to arrange for security (bail) or other release.
- b. Health-related items needed for immediate or near term use. For example, reading glasses, and a contact lens case. Health care staff must approve these items and note that the prisoner has them on his or her health care records. The deputy must inspect each item for contraband before giving it back to the Adult in Custody. A shift sergeant must also approve any items that might have safety or security issues, such as a cane or crutches.

6. Property Inventory

The intake deputy will inventory the prisoner's property and document it in the Property Intake section in JMS.

- a. The deputy will mark "Y" by "kept by Adult in Custody" for the clothes the prisoner is allowed to continue to wear and health-related items in the Adult in Custody's possession (such as eyeglasses, a wheelchair, a hearing aid, and dentures) in the inventory.
- b. The deputy may use a Property Receipt as a manual backup to the JMS if it is not operational or to process a group of mass arrestees quickly. Staff will enter the inventory in the JMS for any prisoner still in custody when the JMS becomes operational or they have time after the mass arrest.

7. Evidence Found in a Property Inventory

If, when doing a property inventory, an intake deputy finds evidence of a crime, the deputy will tell the booking sergeant. The booking sergeant will do one of the following when the evidence is a property item—

- a. Return the item to the officer who brought the prisoner in.
Note: When staff returns evidence to an officer, the courts may not admit it because it was found in a jail search rather than a police officer's search. The searches are for different legal reasons. Obtain receipt from arresting officer

- b. Inform the officer what was found so the officer can obtain a search warrant if needed.

8. Property Receipts

The deputy will print out three copies of the Intake Property Receipts from the JMS as a receipt to go into the Adult in Custody file, one to go on the outside of the property box and one needs to be given or placed into the Adult in Custody property box.

- a. If the prisoner refuses or is unable to sign for the property, then two staff members will sign for the prisoner.
- b. A prisoner who appears to be intoxicated or in a state where they may be unaware of what they are signing, may sign the receipt; however, a staff member will sign as a witness.

9. Bagging Property

The intake deputy will place small Adult in Custody property items into a zip lock bag and the remaining items will be placed into a property box. All property will then be placed into the property box. For Adults in Custody coming in on a transport, the intake deputy must open original transport bags and inventory the contents to ensure only authorized items are placed in jail storage.

- a. Small Zip lock bags:
 - (1) Major credit and debit cards that the prisoner may need to use to post security
 - (2) Jewelry
- b. Large Zip lock bags:
 - (1) Personal items such as wallets, purses, cell phones, and keys
- c. Property Box
 - (1) Clothing, with personal items removed from all pockets
- d. Shoes that are soiled must be tagged and placed into the secure locker located inside the sallyport. Location of the shoes needs to be logged into the JMS.
- e. If an item is damp or wet or soiled, the intake deputy will keep it separate in an unsealed bag and have it sent to laundry to be washed.

10. Distribution of Receipt Copies

The booking deputy will distribute the copies of the property receipt as follows:

- a. Place the signed copy of the receipt in the prisoner's custody file after it is signed by both the prisoner and the booking deputy.
- b. Give a copy of the receipt to the prisoner unless the prisoner is noncompliant, suicidal, or intoxicated. In these cases, place the receipt in the property box.

- c. Place a copy of the receipt on the front of the property box.

11. Property Storage

The intake deputy will take the property box to booking until the prisoner can be processed.

- a. Once the Adult in Custody is processed the property box will be placed into the property room in the assigned cubby.
- b. If staff must open a property box for any reason, they will get permission from a jail sergeant or above and they will note it on the AIC-signed receipt.
- c. Any property removed or added to the property box, will be documented in the JMS.

Note: The prisoner-signed receipt is an official, permanent record of actions dealing with the handling of intake property.

NORCOR INITIAL CLASSIFICATION SCORE FORM.pdf

INITIAL CLASSIFICATION/DESIGNATION FORM

Date Classification Completed: _____

SECTION A

IDENTIFYING DATA

Inmate: _____ D.O.B.: _____ Offender #: _____

Intake date: _____

Release Date: _____

Current charges/convictions:

Felony

☐

Misdemeanor

☐

Jurisdiction of charges (*check all that apply*): City _____

County _____

Federal _____

Other _____

Sherman _____

ICE _____

Gilliam _____

USM _____

Wasco _____

Hood River _____

Initial Classification

☐

Classification Review

☐

SECTION B

CUSTODY SCORING

1. A. CURRENT OFFENSE SEVERITY

1 = Low

5 = High

3 = Moderate

7 = Highest

SCORE

Misd. B&C = 1

Misd. A & Fel. C = 3

Fel. A & B = 5

Measure 11 = 7

B. ADDITIONAL FELONIES; MISDEMEANORS INVOLVING VIOLENCE/ESCAPE

(1 pt. for each - up to 3 pts. maximum)

SCORE

2. PRIOR OFFENSE SEVERITY (ADULT CONVICTIONS)

0 = None 1 = Low 3 = Moderate 5 = High 7 = Highest

SCORE

3. HISTORY OF ESCAPES

0 = No escapes or attempts

1 = Escape or attempt from non-secure custody over 1 year ago

3 = Escape or attempt from non-secure custody within past year

5 = Escape or attempt from secure facility OR any escape with actual or threatened violence over 10 years ago

7 = Escape or attempt from secure facility OR any escape with actual or threatened violence within past 10 years

SCORE

4. HISTORY OF INSTITUTIONAL VIOLENCE WITHIN PAST 4 YEARS

list year: _____

0 = None

4 = Disciplinary conviction listed as Minor offense

7 = Disciplinary conviction listed as a Major offense

SCORE

5. NUMBER OF PRIOR ADULT CONVICTIONS

0 = None

1 = 1 - 3

2 = 4 and above

SCORE

6. CURRENT AGE

1 = 24 or younger

0 = 25 - 38 years

-2 = 39 or older

SCORE

TOTAL POINTS

(ITEMS 1 - 6)

Inmate: _____

Offender #: _____

SECTION C

ASSIGNMENT OF CUSTODY

Level indicated by scale below

Custody at last classification (during this incarceration only) _____

TOTAL CUSTODY SCORE (items 1 - 6) Custody Level

14 or more points.....Close CLO
7 to 13 points.....Medium MED
6 or fewer points.....Minimum MIN

Was prior custody an override _____

Total Points

Custody Level

Check (✓) all factors that apply to this inmate for purpose of Over-Riding Custody Level:

Non-Discretionary - MIN custody restrictions:

Non-Discretionary - MED custody restrictions:

____ Measure 11 Crime
____ Detainer ____ Other County
 ____ Federal

Discretionary Over-Ride - Higher Custody

____ Recent Assaultive Behavior
____ Recent Escape/Walk away
____ Notoriety of Offense
____ Crime more severe than scale **Indicates**
____ Prior record more severe than scale indicates
____ Recent Disruptive Behavior
____ STG - documented affiliation during incarceration
____ Pending Moderate and above disciplinary charges

Discretionary Over-Ride - Lower Custody

____ Positive adjustment
____ Crime less severe than scored
____ Re-entry programming needs
____ Prior record less severe than scored

Is over-ride of scored custody level recommended?

Yes

No

Recommended custody level after over-ride _____

If yes, give rationale (required):

Corrections Officer (print): _____ Signature: _____

Next Review Date: _____

Inmate Comments:

Staff Comments:

SECTION D

APPROVAL OF RECOMMENDED CUSTODY LEVEL

Approve recommended custody level?

Yes

☐

No

☐

If no, give rationale (required):

Sergeant recommended custody level (if Deputy recommended custody level not approved - use list below):

MIN (minimum) **MED** (medium) **CLO** (close)

Sergeant Signature _____ **Date** _____

Inmate Signature _____ **Date** _____

Prea Risk Assessment Tool.pdf

PREA RISK ASSESSMENT TOOL

Inmate Name:

File Number#:

DOB:

Age:

Ht:

Wt:

1. Yes ☐

No ☐

Is this your first time in a corrections facility?

2. Yes ☐

No ☐

Have you ever been convicted of a violent crime?

3. Yes ☐

No ☐

Do you have any disabilities?

Developmental?

Yes ☐

No ☐

Physical?

Yes ☐

No ☐

Mental?

Yes ☐

No ☐

I. Victimization Potential

4. Yes ☐

No ☐

First time offender/Incarceration.

5. Yes ☐

No ☐

Detained solely for civil immigration purpose.

6. Yes ☐

No ☐

Criminal history is exclusively nonviolent.

7. Yes ☐

No ☐

Vulnerable Adult(physically or mentally disabled, elderly)

8. Yes ☐

No ☐

Under 20 years of age.

9. Yes ☐

No ☐

Small of stature (Males Under 5'6" & 140 lbs, Females Under 5' & 100 lbs)

10. Yes ☐

No ☐

Have you ever been sexually abused, sexually assaulted or sexually victimized?

11. Yes ☐

No ☐

If yes, did this occur while you were incarcerated? (If yes, Where)

12. Yes ☐

No ☐

Are you concerned about your ability to defend yourself while incarcerated?

13. Yes ☐

No ☐

Do you identify as gay, lesbian, bisexual, transgender or have you been Diagnosed with a gender disorder?

PREA RISK ASSESSMENT TOOL

II. Violence/Abusive Potential

1. Yes ☐ No ☐ Did inmate openly demonstrate discrimination of gay, lesbian, bisexual, or transgender people?
2. Yes ☐ No ☐ Currently charged or previously convicted of a sex crime against an adult or child.
3. Yes ☐ No ☐ Current or prior criminal conviction for violent offense: Manslaughter; Robbery I; Riot; Burglary I; Assault I, II, III and all unclassified felonies including Measure 11s.
4. Yes ☐ No ☐ Prior guilty disciplinary findings within the last 3 years for Major and High to Moderate Infractions for institutional violence or has ever been the aggressor in prior substantiated institutional sexual abuse incidents.

Four (4) or more "yes" responses in the Victimization Potential section, requires special placement consideration, documentation in the JMS as a Potential Victim and the Captain's signature.

Two (2) or more "yes" responses in the Violence/Abusiveness Potential section, requires special placement consideration, documentation in the JMS as a Potential Aggressor and the Captain's signature.

Immediate Notification If transgender, intersex or non-conforming:

☐ Verbal to OIC and Email to Captain and Administrative Sergeant.

PREA considerations:

☐ If there is a yes to questions I. 10. or II. 2., forward a copy of this form to the Mental Health staff for follow up on their next working day.

Reviewed By: _____

Date: _____

Captain's Signature: _____

Date: _____

NORTHERN OREGON REGIONAL CORRECTIONS FACILITY.pdf

NORTHERN OREGON REGIONAL CORRECTIONAL FACILITY
PROPERTY INFORMATION FORM

| | | |
|--------------------|--------------------|----------------------------|
| <i>Date:</i> _____ | <i>Time:</i> _____ | <i>Property Box:</i> _____ |
|--------------------|--------------------|----------------------------|

INMATE NAME: _____ **FILE NUMBER:** _____

NEEDS INTERPRETER: YES/NO **MILITARY SERVICE: YES / NO**
LANGUAGE: _____ **BRANCH:** _____

EMERGENCY CONTACT:

| | |
|-----------------------|---------------------------------|
| <i>Name:</i> _____ | <i>Relation:</i> _____ |
| <i>Address:</i> _____ | <i>Phone:</i> () - |

EMPLOYED YES/NO:

| | |
|------------------------|---------------------------------|
| <i>Employer:</i> _____ | <i>Phone:</i> () - |
| <i>Address:</i> _____ | |

HIGHEST LEVEL OF SCHOOL/ GRADE COMPLETED: _____

PROPERTY: _____ **SEARCHING OFFICER** _____

MONEY

| | | |
|-----------------------|------------------------|------------------------|
| <i>CASH:</i> \$ _____ | <i>COINS:</i> \$ _____ | <i>TOTAL:</i> \$ _____ |
|-----------------------|------------------------|------------------------|

QTY/COLOR:

_____/_____
_____/_____
_____/_____
_____/_____
_____/_____
_____/_____
_____/_____
_____/_____

SHIRT
PANTS
SKIRT/DRESS
UNDERWEAR
BRA
SOCKS
SHOES

QTY/COLOR:

_____/_____
_____/_____
_____/_____
_____/_____
_____/_____
_____/_____
_____/_____
_____/_____

JACKET
HAT
BELT
WALLET
PURSE
KEYS
WATCH

QTY/COLOR:

_____/_____
_____/_____
_____/_____
_____/_____
_____/_____
_____/_____
_____/_____
_____/_____

EARRINGS
NECKLACE
RINGS
GLASSES
CIGS
LIGHTER
KNIFE

MISC: _____

(Additional property listed on the back of this form)

THE ABOVE IS A TRUE LIST OF ARTICLES TAKEN FROM ME AND LEFT IN THE CARE OF
NORTHERN OREGON REGIONAL CORRECTIONS FACILITY.

INMATE SIGNATURE: _____

CORRECTIONS DEPUTY SIGNATURE: _____

ADDITIONAL PROPERTY:

MISC:

[illegible]

Pre-Booking Medical.pdf

Corrections Staff Criminal Booking Screen

Name: _____ DOB: _____ Sex: M F

Inmate #: _____ Booking Date: _____ Booking Time: _____

Is an interpreter needed? Y N Language: _____

Pre-Booking Screen

Is the detainee unconscious? Does not respond to voice or touch? Y N

Does the detainee have obvious pain or bleeding or other symptoms suggesting need for emergency care? Y N

Ask All Arresting/Transport Officers If the inmate was involved in a car accident. Y N

Ask All Arresting/Transport Officers if the inmate made statements of self harm. Y N

Are there visible signs of trauma or illness requiring immediate emergency or doctor's care? Y N

BAC: _____ Time: _____ BAC greater than .30? Y N

Any Yes answer to above questions – notify remanding officer that written medical clearance from local hospital is required prior to booking

Detainee seen at Local Medical Facility Prior to Booking? Y N

If Yes, complete the following questions.

Name of facility: _____ Date & time of visit: _____

Reason for visit & treatment received: _____

Condition upon return: _____

Condition stabilized prior to return? Y N Written Medical Clearance obtained & placed in medical record? Y N

Booking Screening

Are there any obvious physical handicaps? Y N

Is the detainee pregnant or has recently delivered ? Y N

Does the detainee appear to be under the influence of alcohol? Smell of alcohol on breath? Y N

Does the detainee appear to be under the influence of any drug? Y N

*Are there visible signs or symptoms or alcohol or drug withdrawal? Y N

◆ Nausea & Vomiting ◆ Anxiety ◆ Auditory Disturbance ◆ Tremor ◆ Agitation ◆ Visual Disturbance

◆ Paroxysmal Sweats ◆ Tactile Disturbance ◆ Headache ◆ Orientation & Clouding of Sensorium

Is there evidence of contagious or infectious health conditions that may spread throughout the institution? Y N

*Fever Y N *Night Sweats Y N Lice Y N *Seizures/Fits Y N

*Sore Throat Y N *Chills Y N Rash Y N *Persistent Cough (over 3 wks) Y N

*Vomiting Y N *Diarrhea Y N *Open wounds Y N *Coughing Up Blood Y N

Is detainee carrying medication? Y N

*Does the detainee report prescribed medications that must be taken prior to medical staff on duty? Y N

*Call provider for all Yes answers to questions preceded by an asterisk *. Isolate prisoner & call provider for all yes responses for feeling ill AND reporting symptoms of contagious conditions. (Medical staff initiates Complaint Specific Nursing Protocol.) Document provider contact at bottom of page.*

Suicide Risk Factors

Complete immediately after booking by medical staff or security when no medical staff on duty.

Is this your first time in jail? Y N

Are you thinking of killing yourself? (Yes response requires immediate suicide precautions & referral to Mental Health.) Y N

Have you ever thought about killing yourself? Y N

Has anyone in your family committed suicide? Y N

Have you ever attempted to kill yourself? Y N

If Yes, how many times? ____ Method? _____ Most recent time: _____

Have you experienced a recent significant loss? Y N

Have you ever been diagnosed with depression? Y N

Does inmate appear overly embarrassed, ashamed or guilty about accused crime? Y N

3 or more Yes responses require referral to mental health, greater than 5 Yes responses also requires immediate suicide precautions.

Completed by: _____ Date: _____ Time: _____

Provider Contacted, If Applicable

Provider Contacted: _____ Date: _____ Time: _____

Orders/Directions received: _____

Signature: _____

NORCOR

Inmate Authorization & Consent to Medical Examination &/Or Treatment

, _____, authorize the responsible medical provider or designee at NORCOR to administer medical examinations and/or treatment as necessary while I am incarcerated at NORCOR. I also authorize any medical, dental, or mental health information to be exchanged with medical facilities, providers, or other correctional institutions in which I may be housed, as it pertains to my treatment.

Notification of Medical Services & Fees

It is the policy of NORCOR to provide professional high quality medical services to those inmates requiring emergent care of pain relief. We do not provide elective or optional care. It is also the policy of NORCOR to charge inmates a fee for medical services provided to you by NORCOR during your stay. These services include visits with jail health care staff, both prescription and over the counter medications, lab tests, x-rays, visits to the dentist, doctor or emergency room.

Contract inmates shall not be charged fees for services provided at NORCOR.

Visits with the Facility Doctor, Facility Nurse Practitioner, Facility Nurse, or Facility Mental Health Provider will be billed at \$5.00 per visit. Prescription and non prescription drugs will be billed at the rate of \$5.00 per prescription. Inmates requiring dental services, hospitalization, or other outside medical care will be responsible for the entire cost of services rendered.

All medical expenses will be billed to the inmates account. You will not be denied necessary medical services if you do not have money in your inmate commissary account.

NORCOR will seek payment for any charges remaining when an inmate leaves the NORCOR facility. Payment is expected within 30 days and collection is initiated at that time if other arrangements are not made. If you have private medical insurance, please provide the information to our medical staff and if not, you may qualify for OHP (Oregon Health Plan) and may apply for coverage to pay your expenses. I have read and understand the above statement and agree to the terms as stated.

Inmate Signature

Date

MH-E-02
*essential***RECEIVING SCREENING FOR MENTAL HEALTH NEEDS****Standard**

Receiving screening is performed on all inmates on arrival at the intake facility to ensure that emergent and urgent mental health needs are met.

Compliance Indicators

1. Reception personnel ensure that *mental health clearance* takes place as inmates enter the facility so that those who are mentally unstable, suicidal, or otherwise urgently in need of clinical attention are:
 - a. Referred immediately for care and clearance into the facility
 - b. If they are referred to a community facility and then returned, their admission to the correctional facility is predicated on written medical/mental health clearance.
2. Receiving screening is conducted by mental health staff when available on-site.
3. When mental health staff are not on-site, *mental health-trained correctional staff* perform the receiving screening, which is reviewed by mental health staff on the next shift they are present.
4. Mental health needs are identified and addressed.
5. *Receiving screening* takes place for all inmates as soon as possible so that the timeliness of referral mitigates negative mental health consequences.
6. The mental health screening form is approved by the mental health authority and inquires as to the inmate's:
 - a. Current and past mental illnesses, mental health conditions, or special mental health requirements
 - b. History of mental health hospitalizations and outpatient treatment
 - c. History of and current use of psychotropic medication (s), including the name of the prescriber and pharmacy, if known
 - d. Current suicidal ideation
 - e. History and details of any suicidal behavior, including history of suicide watch during prior incarceration at the facility
 - f. Current state or history of alcohol or medication abuse or illegal drug use (including the time of last use)
 - g. Drug withdrawal symptoms
 - h. Other mental health problems as designated by the responsible mental health clinician
7. The form also records reception personnel's observations of the inmate's:
 - a. Appearance (e.g., sweating, tremors, anxious, disheveled)
 - b. Behavior (e.g., disorderly, appropriate, insensible)
 - c. Orientation to person, time, and place
 - d. Ease of movement (e.g., body deformities, gait)
 - e. Breathing (e.g., persistent cough, hyperventilation)

- f. Skin (including lesions, jaundice, rashes, infestations, bruises, scars, tattoos, and needle marks or other indications of drug abuse)
- g. Any known indicators for suicidal potential
- 8. The disposition of the inmate (e.g., immediate referral to an appropriate medical or mental health care service, placed on suicide precautions pending further review, referred for detoxification, placed in general population) is indicated on the receiving screening form.
- 9. Receiving screening forms are dated and timed immediately on completion and include the signature and title of the person completing the form.
- 10. Prescribed medications are reviewed and appropriately maintained according to the medication schedule the inmate was following before admission, or alternate treatment is initiated and documented.
- 11. Mental health staff regularly monitor receiving screenings to determine the safety and effectiveness of this process.
- 12. All aspects of the standard are addressed by written policy and defined procedures.

Definition

Mental health clearance is a clinical assessment of mental status before an individual is admitted into the facility. The mental health clearance may come from on-site mental health staff or may require sending the individual to an outside facility. The mental health clearance is to be documented in writing.

Mental health-trained correctional staff are generally correctional officers or deputies assigned to specific roles in identifying and interacting with individuals in need of mental health services. These staff include, but are not limited to, officers who provide receiving screening in local jails, officers designated as mental health care liaisons, officers who administer or deliver mental health medication, and officers assigned to a mental health program. Mental health-trained correctional staff may also work general housing areas where they assist in the referral of inmates. Mental health-trained correctional staff must complete the required annual mental health training for correctional officers and should also complete additional instruction by the responsible mental health authority or a designated qualified mental health professional through a curriculum approved by the mental health authority regarding specific mental health-related activities.

Receiving screening is a process of structured inquiry and observation intended to prevent newly arrived inmates who pose a threat to their own or others' health, mental health, or safety from being admitted to the general population, and to get them rapid medical or mental health care.

Discussion

The intent of this standard is that newly admitted inmates' emergent or urgent

mental health needs are identified and met through an immediate referral to mental health staff (including trained medical staff) before the mental health assessment is conducted (see MH-E-04 Mental Health Assessment and Evaluation).

Receiving screenings are conducted as soon as possible and without unnecessary delay. Individuals should not be released from the intake area until the receiving screening is completed. Receiving screening is conducted using a form and language fully understood by the inmate, who may not speak English or may have a physical (e.g., speech, hearing, sight) or intellectual disability or neurodevelopmental disorder. Mental health staff providing the screening are trained consistent with an outline approved by the responsible mental health clinician and include observation and critique of multiple screenings using the structured form and at least annual review of their screening practice.

Screeners are to make adequate efforts to explore the potential for suicide. The screener reviews with the inmate any history of suicidal behavior, including returning inmates treated at the facility for suicide, and visually observes the inmate's behavior (delusions, hallucinations, communication difficulties, speech and posture, impaired level of consciousness, disorganization, memory defects, depression, or evidence of self-mutilation). When records are available at the facility for returning inmates with prior suicide risk, screeners should review any prior risk assessment and treatment plan. In addition, the potential for exhibiting symptoms of withdrawal from alcohol and other drugs is investigated. These approaches, coupled with training in aspects of mental health and chemical dependency, enable staff to intervene early to treat withdrawal and to prevent most suicides (see MH-G-04 Suicide Prevention Program and MH-G-05 Patients With Alcohol and Other Drug Problems).

Inmates with mental disorders are often unable to give complete or accurate information in response to health status inquiries. Therefore, it is recommended that mental health staff also be involved in training staff who do the receiving screening.

When inmates indicate they are currently under treatment for a medical, mental health, or substance problem or have been diagnosed with a chronic medical problem or are taking chronic care medications, health staff should initiate a request for a medical summary from community providers following a signed release from the inmate. This will help ensure health records are present at the time of the health assessment and verify needed medications.

Additional guidance regarding appropriate mental health screening questions may be obtained from a National Institution of Justice Special Report titled Mental Health Screens for Corrections.

G-203 Emergency Response. The jail must have policies and procedures for handling health care emergencies, including emergency medical and mental health care for inmates.

a. That care must include, but not be limited to—

1. first aid, CPR, and crisis intervention in the jail;
2. emergency transportation to an outside health care provider if an adequate response to a serious health care emergency is not possible in the jail; and
3. procedures governing the transportation of inmates for health care emergencies, including, but not limited to—
 - (a) an arrangement with medical, dental, and mental health providers for accepting inmates with emergency health care needs;
 - (b) the means by which transportation will occur in various situations (such as ambulance or jail or law enforcement vehicles); and
 - (c) security requirements.

b. Jail staff should document the response to a health care emergency, including the names of staff involved, times, and a complete narrative of the circumstances, to protect the county in the event of litigation.

Rationale. Preparation, training, policies and procedures, and working arrangements must be in place at the time an emergency occurs. Once the emergency is underway, it is too late to begin learning what and how to deal with it.

Compliance. Compliance with this standard can be achieved by adopting policies and procedures for handling health care emergencies, and having documentation of health care emergency responses.

ORS 169.076(5)

See PREA 115.82

B-210 Mental Health Screening. The jail should have policy and procedures related to mental health screening at booking. Arrestees booked into jail should receive at least minimal mental health screening as a part of the booking process. At a minimum, the jail should—

- a. ask questions during the medical screening process concerning past or current mental health treatment, mental health hospitalizations, and medications;
- b. observe arrestees for signs of behavior that would indicate an obvious risk to self or others; and
- c. refer arrestees suspected of being mentally ill to the attention of mental health professionals, priority given to the more acute arrestees.

Rationale. Mental health screening by corrections deputies is intended to identify arrestees with mental health problems to permit appropriate intervention, follow up, or other handling.

The quality of screening that can be done by corrections deputies is limited. Corrections deputies rarely have the education, training or experience necessary to diagnose mental illness. Even mental health professionals disagree among themselves over who is or is not mentally ill, and over the definition of mental illness.

Compliance. To comply with this standard, jails should adopt policy and procedures related to mental health screening at booking.

ORS 169.076(2)(d)

See PREA 115.81

B-209 Suicide Risk Screening. The jail must have policies and procedures that require arrestees being booked into the jail facility to be screened to determine their risk of attempting suicide unless they are being constantly supervised or will be released immediately.

a. A risk assessment form or other instrument should be used to screen incoming arrestees that includes questions and/or observations concerning—

1. previous suicide attempts;
2. current state of mind and suicidal ideations;
3. information from arrest or transport authorities related to observed or noted risk factors;
4. a family history of suicide or suicide attempts; and
5. scars or other physical manifestations of previous suicide attempts.

b. Policies should identify a mental health provider to assist the jail in dealing with suicidal arrestees. The mental health providers should be contacted for assistance in evaluation and caring for arrestees who are at risk to commit suicide or engage in other self-destructive behavior or attempts.

c. If an arrestee has previously been lodged in the jail, staff should determine whether the inmate previously was at risk to commit suicide or engage in other self-destructive behavior or attempts, if that information is readily available.

d. If information is discovered or if an arrestee discloses information that indicates that they are a suicide risk, the jail must take appropriate steps to manage the risk.

Rationale. Suicide risk screening is done as a proactive means of attempting to prevent arrestee suicides by—

- a. identifying risk factors that indicate a potential for suicidal behavior;
- b. evaluating observations and available information to assess risk levels; and
- c. initiating appropriate preventative procedures based on the evaluation of risks.

This standard is intended to assist jail officials in preventing arrestees from engaging in self-destructive behavior. However, in embarking on this course, it is recognized that preventing such behaviors is not always possible, because—

a. not all arrestees who attempt suicide or engage in other self-destructive behaviors, exhibit or demonstrate symptoms or behaviors that can be easily interpreted as a precursor to self-destructive behavior, even by professionals in the behavioral sciences;

b. one or more of the characteristics or factors that are generally identified as suicide-risk indicators (such as depression, agitation, speaking unrealistically about getting out of jail, difficulty relating to others, delusions, withdrawal, sadness, crying, helplessness, insomnia, pessimism, and loss of self-esteem) will be present to some degree in virtually all arrestees being booked into jail;

c. arrestees are often manipulative and may fake symptoms to further their own agendas;

d. the mental state of arrestees does not remain constant and the forces that influence suicidal behavior will increase and/or decrease from the time the potential suicide risk is evaluated; and

e. corrections deputies are not mental health clinicians and cannot be expected to function as if they possessed that type of education, training, and expertise.

The US Supreme Court has held that there is no constitutional obligation to provide suicide screening protocols for inmates. *Taylor v. Barkes*, 135 S Ct 2022 (2015). Notwithstanding that

holding, inmate suicide screening is a highly recommended practice to reduce inmate suicide and may reduce liability risk to the jail.

While screening may be helpful, it is an imperfect tool that produces false positives and false negatives. It is the intent of this standard to recommend screening to increase the capability and awareness of deputies in identifying arrestees who represent a high risk of committing suicide. In many jails, being placed on suicide watch results in the most restrictive living conditions in the entire jail, and may prevent inmates from reporting that they are feeling suicidal. Jail Commanders are encouraged to work with mental health staff to house potentially suicidal inmates in the least restrictive environment necessary to ensure their safety.

Compliance. Compliance with this standard can be achieved by adopting policies and procedures designed to take reasonable precautions to prevent arrestees and inmates from committing suicide or engaging in other self-destructive behaviors, and by reviewing information from arresting officers, medical screening, and prior booking information if available in order to determine whether an inmate is at risk of suicide or self-harm.

B-208 Medical Screening. The jail must have policies and procedures that require arrestees booked into jail facility, other than book-and-release arrestees, must receive medical screening as a part of the booking process. Screening forms should—

- a. obtain information about—
 1. current illnesses or injuries;
 2. significant medical history problems;
 3. mental health history, diagnosis, and treatment
 4. whether currently being treated by a physician (and the physician's name)
 5. currently prescribed medication;
 6. pregnancy or other female medical condition;
 7. determine whether the inmate normally uses any prosthesis or device to assist in everyday functions (wheelchair, hearing aids, leg braces, glasses or contacts, walker) and consult with ADA coordinator as necessary;
 8. current drug and/or alcohol use and potential detoxification issues;
 9. suicidal thoughts, attempts, or feelings.
- b. implement procedures for observing arrestees—
 1. to detect amputations or significant deformities;
 2. to detect obvious injury or illness;
 3. to detect tracks or other indications of intravenous drug use or signs of drug withdrawal; or
 4. for other manifestations of medical symptoms or problems.
- c. have a procedure for evaluating the need for—
 1. immediate medical intervention; or
 2. referral for routine care.

Rationale. Incoming arrestees should be medically screened to—

- a. discover and facilitate the emergency handling of arrestees' serious medical problems;
- b. identify less serious medical problems and facilitate the proper delivery of medical care;
- c. ascertain what, if any, medications have been prescribed and begin the process of medical review of the appropriateness of the medication in the jail setting;
- d. gain other medical information relevant to the housing of arrestees; and
- e. assist jail officials to avoid liability by obtaining sufficient information to make informed choices regarding arrestee medical care.
- f. reduce the risk of introduction of communicable disease into the jail population

Compliance. To comply with this standard, the jail must adopt policies and procedures governing the medical screening of new arrestees.

ORS 169.076(d)

B-107 Arrestees Requiring Immediate Medical, Dental or Mental Health Attention. The jail must have policies and procedures that require arrestees in need of immediate attention for a serious medical, dental, or mental health problem must not be admitted to the jail until examined by a physician, nurse practitioner, or physician's assistant. (A medical need is serious if it has been diagnosed as such by a physician or if it were so obvious that a layman would recognize the need for medical care as a serious need.) Jails must not admit arrestees who are—

- a. unconscious;
- b. seriously injured; or
- c. seriously ill and in need of urgent medical care.
- d. seriously mentally ill and gravely disabled (demonstrating a lack of judgment or understanding to the point that his or her health and safety are significantly endangered and lacks the capacity to understand that it is the case)

Rationale. Arrestees with serious medical, dental, or mental health problems must not be admitted to the jail prior to being examined and treated by a physician. In some cases, it will not be clear whether an inmate is seriously injured or seriously ill. If a jail has on-site medical providers, the providers may be consulted to determine if the inmate should be examined by a physician prior to being admitted. If it is unclear and no medical provider is available to assist, jails should err on the side of caution and require the inmate to be seen prior to admission.

- a. If the medical need is serious, the time required to complete admission procedures may be critical to the welfare of the arrestee.
- b. Unreasonable delays in providing medical, dental or mental health care for persons in need of immediate care or serious medical attention may result in a finding of deliberate indifference in the event of litigation.

Compliance. Compliance with this standard can be achieved by adopting policies and procedures that require arrestees to be examined and, if necessary, treated by a physician before being cleared for jail admission.