Corrections Assessment
For
Washoe County Sheriff's Office

Submitted by

National Sheriffs' Association
Alexandria, Virginia

THE NATIONAL SHERIFFS' ASSOCIATION
EXECUTIVE SUMMARY

Project: Washoe County Sheriff's Office, Reno, Nevada
Facility Assessment 2017

INTRODUCTION :

In May 2017, the Washoe County Sheriff's Office (WCSO) requested the National Sheriffs' Association's (NSA) National Center for Jail Operations (NCJO) to provide technical assistance in reviewing operational systems of its detention facility and its court services division. The NCJO provided several teams of experts and practitioners to respond to this technical assistance request. Upon review and approval, the project commenced in June 2017.

Sheriff Allen, with his top executive staff, consisting of Undersheriff Susan Schilling and Chief Deputy Tom Green sought a collaborative approach to reviewing its detention facility and requested recommendations to streamline facility operations, enhance safety, and identify areas for improvement. Throughout his term, Sheriff Allen, like many sheriffs across the country, observed a changing culture of inmate that challenge conventional detention philosophies. And, like many of his counterparts, Sheriff Allen and his detention command experiences an inmate population riddled with chronic illnesses, deterioration from years of substance abuse and suffering from mental illness amongst an increasing organized population of security threat group members.

Thus, at Sheriff Allen's request, the NSA conducted an operational assessment of the Washoe County Detention Facility. It was and is a BOLD and FORWARD THINKING ASK. The request is a proactive approach in WCSO's continued efforts to provide a safe and secure environment for all who reside and work in the Detention Facility.

SCOPE OF THE PROJECT:

This report specifically addresses the assessment of the detention facility and specific operational components. Inclusive in this aspect of the project, the assessment team was requested to:

- Assess the efficiencies of the intake and admission processes;
- Review the efficiencies and efficacy of the inmate classification system;
- Conduct a staffing analysis of the sworn detention members;
- Provide recommendations to improve and enhance safety and supervision;
- Provide recommendations for improving standard operating procedures;
- Assess the efficiency and efficacy of the agency's medical services; and
- To provide recommendations to address the challenges faced by the exploding inmate population with substance abuse and mental health disorders.

Included in this report are various suggestions to enhance screening practices and assessment instruments used in the intake process. The report includes a brief section on standard operating procedures which suggests amendments based upon comparison of observed practice against written procedures. Finally, this report includes recommendations to improve upon a few standard operating procedures that were reviewed as part of the technical assistance.

US SUPREME COURT: GUIDING STANDARDS

The Detention Facility assessment by the NSA was premised on the guiding standards as articulated by the United States Supreme Court, as well as state law and industry best practices. The Detention Facilities' policies and procedures as well as their operating guidelines were reviewed through this lens.

DUTY TO PROTECT:

Each Sheriff has a duty to protect the inmates under their care, custody and control by meeting their essential human needs. Substantial deference is given to each Sheriff and their Command Leadership in their decision making regarding how best to protect all inmates, staff and visitors while maintaining institutional safety, security, order, discipline and control.

The Sheriff understands and embraces his duty to protect and is also mindful that the inmates are an extension of the community. The mission for the WCSO staff: to treat all inmates with fairness, equality and respect.

PHYSICAL PLANT AND STAFFING NEEDS:

The WCSO Detention Facility was designed as a direct supervision facility. When it opened in 1988, the WCSO population was lower and the inmates were different than the inmate culture observed today.

The WCSO is experiencing the same challenges and inmate cultures as seen throughout the country from coast to coast. Industry topics discussed at the Large Jail Network included the changing populations and the influx of individuals with increased mental impairments, opioid and co-occurring addictions, increased incidents of chronic illnesses that impact medical costs and hospitalizations. In addition, the use of restricted housing, as a means to separate populations and violent inmates is another topic that challenges jail administrators throughout the United States.

With the WCSO Detention Facility designed predominantly as a direct supervision facility for a minimum custody population, the staff is challenged in ways to house inmates who are mentally ill, those with medical infirmities, security threat group members and to contain the incorrigible inmates that are inevitable.

FACILITY VISIT:

The initial on-site visit was conducted between June 21, 2017 and June 28, 2017, coupled with a review of WCSO documents. Two additional site visits occurred: August 21, 2017 and September 29, 2017. The facility assessment team consisted of the project manager, the NCJO Director, and the lead consultant. The team was provided a familiarization tour with members of the command staff, a facility inspection, interviews with sworn and civilian staff, interviews with the medical contract provider, and interviews with several inmates. The team provided an assessment of the housing units specific to Classification and specialty housing, assessment of the booking and intake processes and area, assessment of resource allocation and roster management, and an assessment of the staff and inmate culture.

A verbal out-briefing of preliminary impressions was held at the conclusion of the initial on-site visit. A second extensive verbal briefing was provided on September 29th, 2017.

In 1988, the existing Washoe County Detention Facility began operation with a housing capacity of 448 beds. Through the years, the detention facility increased bed capacity by adding double bunks to the previously constructed and approved single-cell housing units. Additionally, the detention facility utilized a temporary tent structure, known as a Sprung Structure, and housed prisoners in a building constructed and designed as a substance abuse treatment facility. In 1999, the detention facility completed a major building expansion that

added 256 beds open bay dorm-style, and again in 2008, an additional 264-bed expansion of high security cells.

The Washoe County Detention Facility was initially designed and operated as a direct supervision facility. The detention facility has been operating utilizing the direct supervision philosophy since 1988. Many jurisdictions feel that they are spending more on detention than they consider proportionate to the local tax base without achieving good, sound correctional objectives. The effective application of the direct supervision protocols is a proven method to reduce costs and improve manageability. The leadership of the Washoe County Detention Facility illustrate on a daily basis that they are reducing operating costs, vandalism and managing a clean, orderly and safe environment for the inmates and staff.

The WCSO is experiencing the same challenges and inmate cultures as seen throughout the country from coast to coast. Industry topics discussed at the Large Jail Network, in which Chief Green attended, included the changing populations and the influx of individuals with increased mental impairments, opioid and co-occurring addictions, increased incidents of chronic illnesses that impact medical costs and hospitalizations. In addition, the use of restricted housing, as a means to separate populations and violent inmates is another topic that challenges jail administrators throughout the United States.

With the WCSO designed predominantly as a direct supervision facility for a minimum custody population, the staff is challenged in ways to house mentally ill inmtes, those inmates with medical infirmities, security threat group members and to contain the incorrigible inmates that are inevitable.

The focus of this report is to respond to the technical assistance request from the Washoe County Sheriff's Office. The report is divided into 9 sections for ease of reading and understanding; however, it is imperative to note that many of the sections and recommendations are inter-related and dependent upon one another to achieve the maximum benefit, for example, adequate staffing levels to meet the demands of specialty housing classifications and improving facility safety. Each section was evaluated independently, and summarized with its own recommendations, several of which might appear redundant from other parts of the report. The overall conclusion of the report will illustrate the relationships between those recommendations which are reliant upon others for optimal results.

Facility Assessment

1: INTAKE AND ADMISSIONS (BOOKING) PROCESS EVALUATION

The on-site assessment team was asked to review opportunities to enhance the efficiencies of the intake and admission process as well as to recommend alternatives in workflows and special watches. The measures used to evaluate the detention facility's intake and receiving process were national accreditation standards published by the American Correctional Association (ACA) [Standard 4-ALDF-4A-19 through Reception] and the National Commission on Correctional Health Care (NCCHC) [Standard J-E-02 Receiving Screening; J-E-04 Initial Health Assessment; J-E-05 Mental Health Screening and Evaluation] as well as best correctional practices throughout the country. **NOTE: The ACA standards are not mandatory and do not set the constitutional minima. They are a recognized resource for industry recommendations.

The assessment included:

Facility tour and inspections of:

- Intake and admissions (Booking) areas
- Special watch housing in Booking
- Initial intake housing for females (HU2)
- Initial intake housing for males (HU7)

A review of:

- Intake assessment instrument from law enforcement (arresting officer)
- Intake assessment instrument from the health care provider
- Initial classification instrument completed in intake
- Detention Facility standard operating procedures
- Statistical reports
- Detention Facility internal reports
- Classification record/files

Interviews with:

- Detention Facility administrative staff
- Classification staff
- Booking deputies and supervisor
- Booking civilian staff
- Health care provider

The intake and admission area of the detention facility is a multifaceted operation involving four separate entities: Washoe County Detention Facility security staff (sworn); Washoe County Detention Facility civilian staff, contractual health care provider; and the Washoe County Court Services Division. At the time of the assessment, staff advised the Detention Facility recently (within the previous several months) made physical and processing changes to the intake and admission area to incorporate the Court Services Division pre-trial pilot program. Washoe is one of three counties in Nevada participating in the pilot program.

Upon entering the facility with the arresting/transporting officer, the inmate is met by a member of the contractual health care provider (EMT and/or LPN). At this point in the process, an initial medical assessment is conducted and a determination is made to accept the inmate into the facility or defer the inmate to a local hospital for medical clearance based upon established criteria used in the assessment. The inmate and officer are then directed to a report writing area where the officer can finish his/her report while the civilian booking

staff begin collecting demographic information about the inmate, obtaining a true identity, running background and wants/warrant checks, and capturing a photograph. Ultimately, the inmate is turned over to the sworn booking staff who pat search and inventory all personal property before entering the secure portion of the booking area to continue the admission process.

The booking area is configured as an open booking system, enabling incarcerated individuals to sit in an open, non-confined area and watch an orientation video of the facility or other television programming. Inmates have the ability to get up and move to/from the restroom freely as long as their behavior is compliant. Guidelines are painted on the floor of restricted movement areas between the television viewing area, restroom, medical station, court services station, and the main booking stations. Inmates wait in this area until their entire admission process is completed.

The booking area contains three separate areas of "holding cells" used for special watches, incorrigible individuals, intoxicated individuals, and as separation areas when necessary. One area is designated for females, while two are designated for males. All three areas are not immediately observable from the officer or civilian booking stations; however, surveillance cameras are used to provide observation from the officer station. One area was previously dedicated to the Civil Protective Custody (CPC) grant program. The grant has since expired, and the area is used for special observation.

All necessary services and data collection occur as commonly observed in booking areas in other parts of the country. In reviewing opportunities to streamline the processes of the booking operation and enhance the safety of the incarcerated individual, the assessment team offers the below recommendations. Each recommendation is presented as a suggested enhancement and was derived from WCSO staff input and based upon the best practice experience from the assessment team.

Finding: The assessment team observed the transportation area outside of the intake and admissions section and made notations about the overall security. Transport and law enforcement vehicles utilize the same area for new arrests as well as the removal and return of inmates moving to/from court. The area is secured with the use of cyclone fencing; however, this allows the visual observation of the loading and unloading of inmates by the general public.

Recommendation: The use of a fence fabric or screening is recommended to enhance security by maintaining the anonymity of the inmates leaving and arriving.

Finding: The intake and admissions area is staffed with 9 sworn detention deputies and 4 civilian booking staff. Initially, 9 booking deputies appeared to be high in relation to the average number of annual admissions when compared with similar sized facilities which manage the same function and have the similar volume of activity. After interviewing staff and observing the booking processes, the 9 booking deputies must absorb vital facility responsibilities that the Detention Facility cannot manage due to limited staffing of essential positions related to the supervision of the housing units.

The booking deputies are responsible for the intake reception of all new arrestees; searches of the individual; separation and inventory of personal belongings; fingerprinting; maintaining discipline and order amongst all new arrestees; protecting the civilian staff as well as the contractual medical staff and court services personnel; 1 position manages all booking processes and functions as a dispatcher for the remaining staff, while monitoring the surveillance system; other positions conducted suicide watches that overflow from the medical housing unit; conduct special watches other than suicide watch; manage incorrigible inmates from within the facility; the shower and exchange clothing for those arrestees leaving booking and headed into population; escorts of inmates into the facility from booking; escort of inmates from various housing units to booking for release; the return of personal property and release processing; dispatched from the facility to

the hospital when a hospital detail arises; pulled for transportation duty when the need dictates; and other tasks for which no one area assumes responsibility.

In addition, the limited staffing within the facility causes security concerns by limiting the number of personnel who are available to respond to emergencies throughout the building. Therefore, by default, the booking deputies have assumed this responsibility and it appears to be the norm in emergency response tactics.

Recommendation: The booking area regularly has 9 deputies assigned. At times, with all the assumed responsibilities, the booking area drops down to 2 or 3 deputies for brief periods of time. Although not budgeted, the facility attempts to staff a tenth deputy position that normally does not get filled due to staff shortages. It is recommended that this position be staffed regularly to enhance security and safety of the booking area as this staff gets regularly drained by the added responsibilities and unanticipated demands on the Detention Facility. This 10th position would also be utilized for hospital transportation as needed.

Finding: In observing the processes of the intake and admissions area, the Detention Facility owns a body scanner x-ray machine that detects contraband under clothing and within body cavities without intrusive strip or body cavity searches. The body scanner was not functional at the time of the initial on-site inspection. Further, its physical placement put it at the end of the booking process just prior to inmates being dressed and escorted to a housing unit inside the facility. With its placement at the end of the process, the detention staff miss a safety opportunity to prevent the introduction of contraband that could pose serious security breaches and possible human safety concerns. The body scanner is used on all kitchen workers to ensure no metallic contraband is smuggled from the kitchen following their work shift.

Recommendation: Replace the body scanner with a newer model or have the manufacturer repair the existing machine. At the time of the initial on-site, staff believed the manufacturer could no longer repair the machine due to its age and parts becoming obsolete. Of note, the body scanner was operational during a later on-site visit. It is recommended to work with the manufacturer to replace or give credit for the machine on-site that has worked intermittently. When the machine functions properly or is replaced, consider relocating it to the report writing room at the front of the process or another area where it can be used prior to any contraband being introduced into the facility. If location continues to be a challenge, consider amending the booking process to require all new admissions be escorted to the scanner's current location to be scanned prior to continuing the booking process.

Findings: Most detention facilities have a centralized location inmates are taken to when they experience a crisis; either self-harming incidents, suicide attempts, extreme violence toward staff or others, detoxing, and other reasons why they need to be alone and observed frequently. The WSCO Detention Facility holding and observation cells in the intake and admissions area are separated into three areas. Each area is away and out of direct view of the main booking desks (both the deputies' desk and the civilian booking staff's desk). The booking deputies have a surveillance monitor at station 2 of the main desk to see inside these cells. The booking deputies are required to conduct physical visits to each of the cells at staggered intervals, but less than every 15 minutes. These cells are designated for new admissions who are too intoxicated to sit or interact with other admits; special watches; incorrigible inmates who cannot be with other inmates due to outbursts or violence; incorrigible inmates who are placed in the restraint chair; and other inmates who need immediate separation.

Recommendation: Staff interviewed during the on-site visit discussed the purpose of the former CPC holding area. Within this area are 5 holding cells that are partially padded with one completely padded for extreme situations. As designed, the area is conducive to house specialty populations for short periods of time in a safe environment. It has a centralized control/work station for visibility into the holding cells. With minor

modifications to add additional padding, or even to divide some of the larger holding areas into smaller holding cells, this area could be expanded to better manage the special watches. (See recommendation for CPC Holding Area under "Medical Care")

Consider designating this space as the special watch, temporary housing area and staff it with 2 full time booking deputies (additional justification to add the tenth budgeted position and add 1 additional) who can provide physical observations directly without having to visit the separate areas as currently designed. Consider housing inmates together (those that can safely be housed together) in the larger holding cells for added safety and for space. Inmates housed together are more likely to call for assistance when one attempts to harm themselves. Consider adding a civilian or nurse's assistant (CNA) to this area to provide constant 1:1 observations when necessary. Using the former CPC housing area would free up the two remaining holding cell areas for individuals who need separation but do not need to be on special watches.

Finding: Prior to the inception of the bail reform pre-trial pilot program by the Court Services Division, the intake and admission processes reportedly averaged between 4 and 8 hours from when an inmate was accepted into the facility until the individual completed processing, was showered, dressed, and moved to housing. Following the program's implementation, the booking process slowed down. Coupled with the other contributing factors, the booking process reportedly extended to an average of 8 to 12 hours, longer if the individual was uncooperative or too intoxicated to participate in processing.

Two services incorporated into the admission process were observed to cause unnecessary delays in the overall initial processing of individuals; the Court Services pre-trial interviews to determine eligibility for pre-trial and/or bail bond amounts, and the contractual health service provider's complete history and physical examination of each individual. Both services are essential to the inmate; however, they do not need to be part of the initial intake process.

Recommendation: The pilot Court Services Program is a temporary program that could be moved to a point after the individual is placed into housing. While opportunities for bail and release are an important part of the intake process, the new process and determination of bail/pre-trial criteria can be determined after the full intake process is completed and the inmate is placed into housing. The former visitation areas off the housing corridors provide potential space to conduct these interviews under the supervision of the area control personnel and unit rovers.

The contractual health care provider conducts the initial intake assessment upon first meeting the inmate with the arresting officer. A second encounter is conducted during which a broader intake screening is conducted along with a complete health assessment (or a history and physical exam; commonly referred to as an H&P). The national accreditation standards for the complete health assessment is within 14 calendar days of admission (NCCHC ref: J-E-04 Initial Health Assessment and ACA ref: 4-ALDF-4C-24 Health Appraisal). Both of these national accrediting bodies recognize the importance of medical intake assessments and screenings; yet both maintain a comprehensive health appraisal for each inmate to be conducted within 14 days of admission to the detention facility.

Moving the health assessment to a later time after the booking process will assist in streamlining the initial admission processing and decrease the delays in booking. Further, the Detention Facility might experience some cost savings in medical expenses with a reduction in the number of medical tests being conducted; for example, the implanting of tuberculosis testing might be reduced due to inmate releases if the health assessment is moved to later in the fourteen 14-day window. According to monthly medical statistics, the number of tuberculosis tests planted (an average of 1,393 from Jan 2017 to May 2017) v. the number of tuberculosis tests read 48 hours later (an average of 672 from Jan 2017 to May 2017) is less than half (48%) who remain in custody long enough to have the tests read. The intake housing units (HU2 and HU7) have

multipurpose rooms behind the officer station that are potential areas in which the health assessment could be moved.

Consideration of moving both the Court Services interviews and the health assessment to the housing unit has the potential of benefiting the detention facility by providing additional staff and contractor interaction in these units. The highest risk period for new admissions into a correctional facility is within the first 24 to 72 hours. By implementing more services in the intake housing units around the clock, the potential to have more staff interaction and more staff eyes on this population within that high-risk period of time increases, and the potential for suicide attempts lessens. Currently, both intake housing units are staffed with 2 deputies per unit during operational periods (0700-1900).

Finding: When reviewing the overall system of how inmates are identified and processed into the facility, the assessment team found a missed opportunity to identify potential risks and classify inmates based upon the established inmate classification system. The inmate classification system, as discussed in the next section, is based upon a nationally recognized decision tree model. As the intake and admission section of the Detention Facility is the first point of contact with the inmate, it is essential that all pertinent information about the individual be obtained as soon as practical so that appropriate services and housing can be determined, thus minimizing the risks of personal injury and to ensure personal safety.

The detention facility classification system is designed to designate a custody level based upon objective, multi-determining factors including current charges, past charges, and history of institutional adjustment. At the time of the assessment, the classification decision tree is conducted after the intake process and within 72 hours of incarceration. Since the initial intake housing is completed within eight 8 to 12 hours, the potential for violent offenders and non-violent, low custody offenders being placed in the same housing unit or cell is high and should be avoided. Currently, the booking deputies have the inmate answer an initial classification questionnaire that is strongly based on gang affiliation and personal requests for protective custody, but does not delve into the custody level based upon present or previous behaviors.

Recommendation: Although the current practice at the WCSO detention facility appears to be in compliance with the national ACA standards (4-ALDF-2A-25) which requires an initial classification of inmates that considers safety and security issues before reassignment from intake and short-term holding, the facility's Inmate Management Unit (IMU) could be part of the initial booking process. While the IMU may not be adequately staffed to provide manpower 24 hours per day, the civilian booking staff could be extended and trained in administering the inmate classification system. With the recommended enhancements to the classification system and implementing the risk assessment questionnaire earlier in the incarceration, the detention facility reaps the benefit of providing services and potential interventions earlier than currently exercised. (See Sample Intake Triage Assessment and Intake Booking Screening Questions)

2: INMATE CLASSIFICATION SYSTEM REVIEW

As part of the on-site review, the assessment team was requested to conduct a review of the existing inmate classification system and if necessary, suggest recommendations to enhance current practice. The objectives for the technical assessment visit included:

- Review classification materials to determine if they include key components needed for an effective classification system.
- Tour the facility and observe classification processes.
- Interview staff and offenders for their perception of the impact of current classification processes.
- Review how classification data is applied to the policy and management functions of the jail.
- Determine the impact of the classification processes on the jail's stated mission.
- Assess the effectiveness of all special management areas of the jail.
- Assess the generation, effectiveness and application of statistical classification information.
- SOP review as it relates to classification and special management populations.

Summary of Review:
The Washoe County Detention Facility has all the critical components available for an effective objective jail classification system. The system separates violent from non-violent offenders and also separates offenders with special needs such as, medical, mental health and protective custody. The overall result is a safer facility for both staff and inmates; however, the quality of the current system is significantly impacted by the lack of staff and could be improved by some minor adjustments to the overall processes in place.

Based upon interviews with detention staff and members of the Inmate Management Unit (IMU), it was apparent that the philosophy of the Washoe County Detention Facility provides a system that:

- Identifies an offender's risk and needs.
- Enables the Classification staff to predict which inmates pose the highest risk and special need separation.
- Makes the required separations and assigns them to the correct housing areas designated on the schema.
- Reduces inmate on inmate violence and the number of facility incidents.
- Is user-friendly and enables staff to easily understand how to manage the diversity of an inmate population.

All these components were demonstrated to be in effect. In addition, they were backed up by statistical data, showing frequency of violent behavior on a yearly basis to be no different from, if not lower than, other facilities similar in size across the nation.

A comprehensive tour of the facility and review of the schematics and housing plan showed that the facility is divided into 15 housing units and a medical housing unit. This excludes the intake and reception area and the use of the holding cells for special watches. Among the 15 housing units are divisions for female and male inmates, separations of minimum, medium, and maximum custody male populations, male and female mental health housing, administrative and disciplinary segregation, and protective custody. A majority of the detention facility is designed to provide direct supervision of inmates, which gives it a unique opportunity to provide minimal restrictions to the inmates.

Due to the average daily female population (207 between June 2016 and May 2017), separation of female inmates into the 3 custody levels and specialty populations is challenged by space availability. The facility allots 2 general population housing units for females which are used to house new admissions, the 4 custody

levels, administrative and disciplinary segregation, and protective custody. One-half of the mental health housing unit (HU3) is designated for female mental health inmates, and females requiring medical housing or special watch are maintained in the medical housing unit. The remaining housing units are designated male housing for all custody levels and all special management housing (protective custody, mental health, and behavioral adjustment units - administrative and disciplinary segregation). The housing plan appears effective in making the necessary separations of male inmates to provide adequate protection between violent and non-violent offenders.

In reviewing the intake screening assessments of all newly admitted arrestees, it is apparent that efforts are made to identify an individual's needs and risk level. As indicated earlier, the arresting officer completes a questionnaire that focuses on indicators of substance use, suicide or self-harm indicators, physical injuries, and criteria for mandatory blood draws based upon charge. The contractual health care provider completes a second assessment questionnaire that focuses on immediate medical needs, medication use/needs, intoxication, mental impairments, coherence to surroundings and suicidal ideations. Later during the booking process, a more detailed medical and mental health assessment is completed. Finally, a third assessment is completed by the deputies assigned to the intake and admissions area. With this assessment, all newly admitted arrestees are screened for gang and or anti-government affiliations as well as any requests for special housing outside of general population. Each of the initial risk assessments and pre-classification assessments are conducted prior to the formal IMU classification review and are limited to these factors, omitting review of custody levels and other commonly seen risk/needs criteria.

The below chart demonstrates a brief comparison of common intake and classification assessments to determine how to best determine appropriate separation and housing of newly incarcerated individuals. The criteria in "Category A" are what the WCSO detention facility captures upon intake and during the booking process. The criteria in "Category B" are what the WCSO captures after the booking process and after inmates are placed in the intake housing units (HU7 and HU2). Many facilities begin dividing and classifying inmates upon intake and assess them with the criteria from both lists (A and B) prior to initial housing. ACA standard 4-ALDF-2A-25 states that a pre-classification assessment is conducted regarding safety and security criteria prior to initial housing after temporary holding cell placement.

Category A **Pre-screening assessments**	**Category B** **Not included in pre-screening assessments**
Substance use/abuse	Violent charge (current)
Suicide tendances/ideations	Violent charge (history)
Physical/mental infirmities	Escape risk
Protective custody requests	Institutional Adjustment
Gang/anti-government org affiliation	Holds for other jurisdictions
	Sexual offense/predatory history
	Vulnerabilities – susceptible to assault
	Special needs or accommodations (ADA)

The initial classification assessment is conducted within 72 hours of booking using a decision tree instrument. This particular instrument is consistent with decision tree assessment instruments utilized in other facilities and validated by the National Institute of Corrections (NIC). The WCSO Initial Decision Tree instrument accomplishes most of the assessment topics listed above in "Category B" with the exceptions of predatory history, vulnerabilities, and special needs or accommodations. The IMU completes the initial classification evaluation based upon the information retrieved during the booking process and a

review of prior incarceration records. A face-to-face interview is not conducted with the inmate unless the inmate is affiliated with a gang or provides a request to be housed in a unit other than general population.

In the August/September Corrections Managers' Report is a Classification article by Gary Cornelius which describes the "External Classification (EC)" process and compares it to the "Internal Classification (IC)" and the distinct difference between the two. The EC's "…purpose is to routinely classify new detainees into three or four security levels, and they strongly focus on safety, prior criminal offence, violence prevention, and security." The article goes on to describe some of the probing questions to make decisions regarding housing and prior to the IC which "…provide a deeper understanding of offenders by clarifying patterns of criminogenic factors that drive behavior" and ultimately guide inmate management while incarcerated. This article is suggested for further reading about classification systems.

Findings: The pre-screening assessment instrument is limited to an individual's gang affiliation or membership with an anti-government entity along with the inmate's request not to be placed in general population.

Recommendation: Consider expanding the intake assessment forms to capture additional information about the individual. The booking staff conduct observations of the individual at different times in the booking process when the person is sobering from intoxication or experiencing the enormity of his or her incarceration. The assessment form should contain another opportunity to evaluate the individual for suicide ideations through direct questions and documentation of physical observations; e.g. withdrawn, crying, depressed, non-responsive, delusional, unaware of circumstances, etc. Further, it could capture additional information such as predatory behaviors, vulnerabilities and special need accommodations.

Finding: The time frame in which the decision tree custody assessment is completed and a determination is made for a more permanent or longer term housing makes the initial housing units a potential risk area for the first 72 hours.

Recommendation: As stated in the intake and admissions section, consider conducting the classification housing assessment during the booking process. Either assign classification to the booking process or train the civilian booking staff to conduct the assessment and make determinations for housing based upon custody levels, propensity of violence, vulnerabilities, and institutional adjustment histories. This will require changing the overall facility housing schema to accommodate initial housing areas for each custody level. This could be managed by separate housing units or tiers within a housing unit.

Early identification of an individual's needs is essential in keeping the person safe while incarcerated. Throughout the intake process, the assessment tools need to be communicated among the booking staff, contractual health care provider, and civilian booking staff to ensure that the appropriate services and housing determinations are made. A second review and a secondary face-to-face interview should be conducted within 72 hours as the inmate adjusts to the incarceration and has an opportunity to sober up if initially intoxicated.

Finding: The classification assessment conducted to determine the custody level is essential in determining the security and safety needs of the individual. A true objective jail classification system calls for an upward and downward rating based upon certain variables. While the WCSO detention facility classification system mimics the objective jail classification systems used around the country, it reportedly does not downgrade classifications during incarcerations. However, it does recognize increasing one's custody level based upon behavior and added charges. Reclassification assessments are conducted every 30 days and should take all factors into consideration when determining the least restrictive means in housing an individual.

Recommendation: Consider implementing a system that recognizes a change in classification levels where the philosophy of "once determined a maximum custody prisoner, always a maximum custody prisoner" is not the situation for every inmate and provides incentives to improving behavior while incarcerated. Downgrading classifications is healthy for the detention system when based upon change in court status, good behavior, time from determining factors (regarding custody based upon criminal history or past institutional adjustments), efforts of the individual to improve himself or herself, and other factors that mitigate the initial classification. In addition, a widely accepted practice in any objective jail classification system is the use of a 5 to 15 percent override of a classification level by a supervisory or executive level, based upon individual circumstances and facility needs. The USDOJ NIC *Objective Jail Classification: A Guide for Jail Administrators* recommends that a discretionary override rate between 5% and 15% of all cases is reasonable and that overrides should not exceed 15%.

Finding: When observing the operations of the detention facility and interviewing staff throughout the facility, the out-of-cell time was reported to be restricted depending upon which housing unit was visited. At the time of the visit, the facility staffing levels were challenged by a variety of factors including mandatory trainings, vacations, family medical leave, military leave, and staff shortages. The drain on staffing levels and number of inmates per unit caused restrictions on the amount of out-of-cell time permitted. In the general population housing units, it was reported that an average of 3 to 6 hours of out-of-cell time was being completed. In the special management units, the out-of-cell time was more restricted to an hour per day or an hour and 15 minutes every other day depending upon the needs of the facility; more time is permitted in certain areas when staffing permits.

Recommendation: Out-of-cell time in a facility is a significant element in the mental health of the inmate population as well as the promotion of institutional good behavior. Improving staffing levels and staff-to-inmate ratios back to when the facility was first designed will enable more out-of-cell time for all populations. It is stressed that all units and specifically the special management units be adequately staffed so that all inmates receive no less than one 1 hour out-of-cell time daily. Out-of-cell time to shower, exercise, use the phone, use the kiosk, and have human interaction needs to occur daily. Although the WCSO is not ACA accredited (nor is it required or recommended to be) the new ACA guidelines for restrictive housing are recommending a minimum of two hours of out-of-cell time daily. Recommendations have also been provided to the WCSO staff of other agencies experiencing the same dilemma and solutions they have implemented to address the issue of out-of-cell time.

The special management housing unit concept is consistent in general with other special management units around the country. Separate housing for particular populations is vital for the well-being of the inmate, focused programming from outside providers, focused security where necessary, and centralized resources for the inmate. The issue of out-of-cell time must be addressed.

Finding: The WCSO detention facility manages a special housing unit for the mentally ill. The unit is remarkable in providing a separation of mental health inmates by acuity levels while focused on aiding the population in returning to a normal state of existence. Inmates placed in this housing unit are managed through behavioral expectations until they are able to interact socially with other inmates and manage their behaviors. This unit is managed by an inmate management team approach comprised of the deputies who are assigned to the housing unit, the contractual mental health provider, and members of the IMU. The inmate management team meets regularly to discuss how the unit is operating, needs of the inmates, and to develop behavioral and treatment plans for each inmate. Inmates in this unit reportedly are allowed out of cell for 1.25 hours every other day with more out-of-cell time available if staffing permits. The housing unit procedures indicate out-of-cell time to be 1 hour each day; however, staff indicated that due to the population levels and challenges with staff, the out-of-cell time tends to be more at the 1.25-hour level every other day. When questioned about

inspections of the cells, staff advised that they did not physically go into the cells and inspect daily, but rather every other day when the inmates were out of the cell for their hour out to shower and exercise.

Recommendation: Increase staffing levels to provide safe staff ratios for this challenging population. As staffing in this area is adequate, return out-of-cell time to no less than 1 hour per day and more as the acuity levels of the inmate improve.

Once staffing levels increase to provide safe staff ratios, it is highly recommended that staff physically inspect each cell daily due to the challenges faced with the mentally ill population.
Both officer and inmate safety remain the highest security concern for the WCSO.

Staff reported that the regular meetings with the mental health provider were beginning to wane as the clinicians changed several times over the previous months. Both the security staff and IMU staff were eager to continue the management meetings in the mental health unit but reported that the provider seemed not to be as engaged or committed to the program. It is recommended that the detention facility administration revisit the mental health special management program and revitalize the interest of both WCSO staff and the mental health care provider to continue the stepdown program. (See "Medical Care" for additional recommendations regarding mental health care.)

Finding: The inmate behavioral adjustment unit was observed along with the inmate discipline practices. WCSO recognizes an informal discipline process which empowers security staff to correct behaviors at the lowest level throughout the facility with minor sanctions such as early lock-in or short restrictions of privileges. The formal discipline process contains the elements of discipline processes found in *Wolff v McDonnell*.

The sanctions of the formal inmate discipline process were very restrictive and not offered in a variety consistent with the differences in violations. The WCSO detention facility has 1 formal discipline program for inmates found guilty of a major/significant rule violation. The 9-day program is only imposed following an inmate disciplinary hearing in which the inmate is found guilty and sentenced to the discipline program. The 9-day program was described as follows:

- At the onset of the program, the inmate will lose:
    - his/her mattress (between the hours of 0730-2200)
    - tier time
    - sheets
    - non-legal mail
    - non-hygiene commissary items
    - friends/family visits
    - Inmate will receive a Nutra Loaf diet and a canvas blanket.
- The beginning of the second day, the inmate will trade in the canvas blanket for a regular blanket.
- The beginning of the third day, the inmate will remain the same.
- The beginning of the fourth day, the inmate will earn back the mattress full time.
- The beginning of the fifth day, the inmate will earn back all sheets.
- The beginning of the sixth day, the inmate will earn back tier time and receive 1 hour and 15 minutes of tier time every other day for the remainder of the program.
- The beginning of the eighth day, the inmate will earn back a regular diet.
- The beginning of the ninth day, the inmate will earn back the non-legal mail.
- The beginning of the tenth day, the inmate will be placed on Administrative Segregation status.

The disciplinary sanctions are extremely strict and designed to change negative and violent behavior. Part of this one size fits all sanction is a complete inmate lockdown/segregation for the first six (6) days of the nine (9) day program or longer based upon the individual's ability to adjust and maintain good behavior. The program's inception began around 2002 after a written proposal was presented and approved by the department's legal counsel. Nearly fifteen (15) years later, industry philosophies about narrowly focused inmate discipline sanctions and extreme segregation as a means of behavioral adjustment have changed and require a complete review.

Recommendation: Evaluate the inmate discipline sanction that is used for all serious infractions. Consider alternative sanctions that adjust to the violation and eliminates the extreme segregation and confinement that currently exists.

Finding: Upon the completion of the 9-day discipline program, inmates are then placed into administrative segregation for 14 days. In addition, inmates who request protective custody; those who are gang members or affiliates, and those who are repeatedly non-compliant with non-violent rules are often placed in administrative segregation status. Inmates in administrative segregation are reviewed every 7 days for improvement in behavior or a change in situation, but most often they spend 14 days in this status before moving to general population.

The administrative housing units were observed to be less restrictive than the disciplinary segregation unit, and inmates were provided amenities similar to those received by inmates in general populations. Inmates in administrative segregation do not receive the same services and privileges as inmates in general population in terms of outdoor recreations, commissary, frequency of visitations and out-of-cell time.

Recommendation: Consider defining administrative segregation as an administrative tool to house inmates. It is non-punitive in nature unless designated as disciplinary. Review the administrative segregation restrictions and ensure programs, services and privileges are similar to and consistent with those received in general population. Out-of-cell time of the administrative segregation inmates should be no less than 1 hour daily.

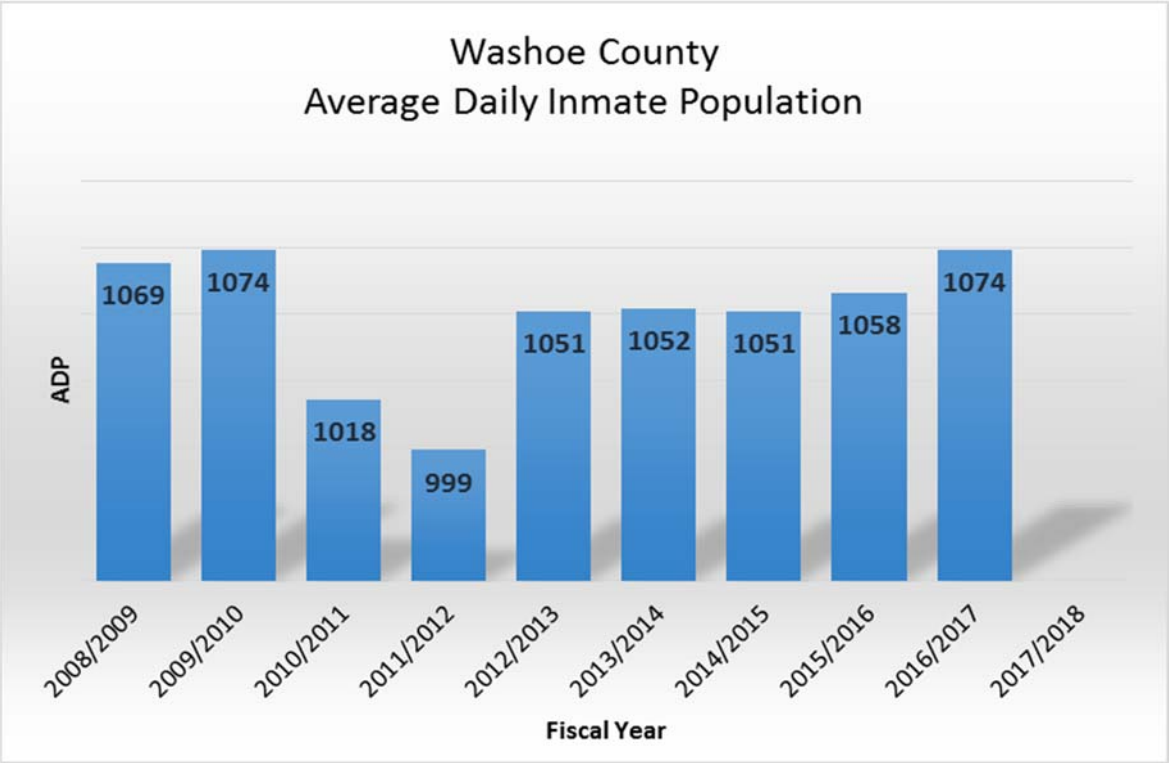
Overall, the WCSO detention facility meets its obligations to have a sound and progressive inmate classification system. As discussed above and in the recommendations, several factors could be fine-tuned to improve how the division and management of inmates are accomplished. The early identification and assessment of inmates is vital in providing the necessary services that meet the individual and diverse needs of each inmate. One of the most significant issues identified was the change in staffing availability over the last decade or more. As the facility was originally designed as a direct supervision facility, staffing levels complemented the design in ensuring adequate staff-to-inmate ratios that permitted appropriate out-of-cell time.

As is being experienced across the country, inmate populations are changing in complexity. Nationally, the number of inmates with significant mental illnesses, chronic illnesses, substance abuse, co-occurring conditions, an aging population, and levels of security threats are all increasing. With a majority of the facility designed as direct supervision, the current level of staffing will only continue to compound the challenges of attempting to increase out-of-cell time throughout the facility and maintain the level of security needed. The WCSO experiences a significant number of security threat group members; however, as observed in facilities with similar populations, these individuals can appropriately be managed with proper staffing levels.

3: STAFFING ANALYSIS

Since 1996, there has been a minimum of 4 staffing studies conducted by objective and qualified correctional consultants. The first study was completed in 1996, the second in 1998, the third in 2003 and the fourth study was conducted in 2011. The 1996 study set the staffing baseline level. The 1998 study was an update of the previous assessment with an emphasis on some specialized areas. The 2003 assessment was required because of the increased number of prisoners and the addition of new housing units. The 2011 study was required due to the negative economic environment and the mandatory budget reductions. Staffing reductions, operational efficiencies and alternative criminal justice philosophies were examined in the 2011 assessment.

Very similar to most county jails across the country, Washoe County experienced substantial budget constraints and staffing reductions during the recession, essentially since 2008. Also, during this time and counter-intuitively to the belief that crime would increase, the inmate population of most county jails decreased as did the overall annual admissions to the jail. The prisoner population in FY 2006/2007 was 1,170 and decreased to 1,030 in FY 2010/2011. The number of admissions (new arrests) also decreased from a high of 27,468 in FY 2006/2007 to 23,477 in FY 2010/2011. In the most recent past budget cycle the population has fluctuated slightly but now appears to remain comparatively stable annually to a prisoner population of 1,047 and admissions of 20,363 in FY 2016/2017.



Jails across the United States are currently housing large numbers of special population prisoners and the Washoe County Detention Facility is not exempt from this new trend. Many detention facilities have become the largest mental health provider in the county, and sometimes region or state. Some jails have as many as 40% of the overall population diagnosed with a mental illness. Additionally, the opioid epidemic has placed a

strain on jails due to the physical state that these prisoners exhibit upon arrival at the facility, after arrest. Along with the obvious detoxification issues that arise, many of these inmates have underlying chronic medical conditions that are only realized or displayed once the person has been "clean" from their addiction for a number of days. Individuals with various chronic illness (asthma, hypertension, heart disease, diabetes and certain cancers) that is exacerbated by a steady increase of both elderly (graying of America) and youthful offenders is equally increasingly challenging.

The daily arrival of the special-needs inmates to jails across the United States, as well as the critical importance of having correctional officers who are predisposed and properly supervised to work with those inmates, will continue unabated into the foreseeable future. The arrivals will continue because our local community medical, mental health, and other treatment professions will not suddenly and inexplicably start accepting violent and disruptive patients with no insurance coverage into their hospitals, clinics, and treatment centers. The best alternative for a Sheriff to ensure the proper care of his or her special population prisoners is to employ, develop, and retain a corps of competent and highly motivated correctional staff.

Staffing Analysis Methodology

Both the operational characteristics of the jail and the associated staffing requirements pose substantial challenges in appropriately staffing any detention facility. A sound understanding of these challenges provides an important foundation when considering current and future staffing needs.

Staffing a jail is an expensive proposition. In many detention facilities, staff costs make up 70% to 80% of the annual budget, and such a costly resource must be carefully managed. This staffing analysis will reveal if staffing is adequate or deficient in any of several ways:

- Too few staff provided
- Staff are assigned to the wrong duties/posts
- Staff are not properly trained
- Staff are not scheduled properly

The first step in the analysis of staffing is to collect historical and current jail inmate population data, the operational philosophy, floor plans of the facility or classification/housing data, state and professional standards, and relevant case law. These materials and information are required to properly analyze the physical, operational, and human context of the detention facility. A profile of the jail setting is an essential component for the completion of a credible staffing analysis.

The profile examined and to record key features of the jail setting include:

- The facility's rated capacity
- The facility's average daily population (ADP)
- The number of admissions and releases
- Number and types of classification and housing separations
- Facility design
- Current staffing plan
- Number and types of critical incidents
- Union and contractual agreements
- Service contracts

2017 Net Annual Work Hours Calculations

Net annual work hours is a calculation of the average number of hours a person is available to be at work during a year based on the average amount of actual time off taken by staff in that job classification.

Many staffing issues and problems jails face, such as high overtime costs, the inability to cover mandatory posts, or the inability to free staff from their posts for training, can be attributed to inaccurate calculation of the actual number of hours staff are available to work in the jail. This critical step requires the collecting and analyzing information that will provide an accurate depiction of the "real" number of staff hours that are available to be scheduled for each full-time position in the jail budget. This will produce accurate net annual work hours for each position, replacing the older shift relief factor calculations.

The chart below is a summary of the Net Annual Work Hours (NAWH) for deputy sheriffs. The chart illustrates the changes since the 1998, 2003 and 2011 studies and the new NAWH recommendations for deputy sheriffs in 2017.

Net Annual Work Hours (NAWH) 1701

Job Classification	NAWHs Prior to 1998 study	NAWHs in 1998	Recommended NAWHs in 1998	Recommended NAWHs in 2003 (Based on Average 1999-2002)	NAWHs Calculated by the Sheriff's Office in 2004	Recommended NAWHs in 2011	Recommended NAWHs in 2017 *
Deputy Sheriff	1,753	1,582	1,636	1,678	1,656	1,635	1,701

*At the time of the facility assessment, the NAWH rate was averaging 1,635. It has since increased to1701, which decreases the amount of staff necessary to operate the facility at this time.

Reviewing all the documentation regarding the various Net Annual Work Hour studies dating back to 1998, it is readily apparent that the largest change to affect the numbers was the decision in fiscal year 2007 to modify the staff work hours from an 8-hour work day to 12-hour shifts.

The authorized staffing levels for deputy sheriffs has fluctuated over the years, similar to the number of annual admissions and the average daily population.

Fiscal Year	Authorized Staff
2007/2008	238
2009/2010	227
2010/2011	215
2016/2017	210

Comparison of NAWH time off categories between 2002 average and the 2017 average:

Leave Category	Change
Vacation Time	up 10.61 hours
Sick Time	up 19.11 hours
Comptime Usage	down 16.36 hours
Workmen's Comp	up 11.48 hours
Military Leave	up 30.77 hours
Leave Without Pay	down 4.23 hours
In-Service Training	up 29.92 hours
Light Duty	up 14.36 hours

In comparing the Leave Category numbers, it must be noted that in 2002 and prior years, deputy sheriffs worked 8-hour shifts and after 2009 they began working 12-hour shifts. During the years with an 8-hour work schedule, the average number of vacation hours expended was 114.82, which represented 14.3 work days off. By contrast, with a 12-hour work schedule, a deputy sheriff averaged 130.38 hours off, which represents 10.9 days away from the respective work assignment. Another example is sick leave; with an 8-hour work schedule, deputy sheriffs averaged 87.40 sick hours off or 10.9 days away from assigned post versus the average with a 12-hour schedule of 108.42 sick hours that only represents a total of 9 days off.

Military leave is one category that has risen dramatically in most recent years; on average 30.77 hours per deputy sheriff. This represents almost 7 full time positions in any calendar year which members are not available to work due to military responsibilities. This loss of available work hours is a major factor in the Sheriff's Office struggle to maintain minimum staffing levels and accounts for the over-utilization of overtime expenditures. Employers across the country have been struggling with this issue since the mid-2000s when the Iraq war took place.

Another important category is the marked increase of in-service training hours. This category has steadily risen by an average of 30 hours per deputy sheriff since 2003. It is our understanding that the State of Nevada has a mandatory minimum of 24 hours of training required annually. Since 2009 deputy sheriffs assigned to the detention facility have averaged 60 hours of training annually. This consultant is at a loss to find any national or state accreditation or correctional certification programs that require more than 40 hours of training annually.

Quality in-service training is a prerequisite to establishing a sound and safe environment and to continue to develop and retain quality staff. It is incumbent on the command staff to review the current practice of "classroom-only training", and to search for alternative methods that will reduce overall costs. One alternative would be to only schedule staff who are on their "day off" for training, rather than the current system of scheduling "on-duty" staff.

Additionally, the current practice allows any and all staff to apply for career incentive courses. Limiting these numbers would directly and positively affect daily operations and reduce overtime expenditures.

There are two major costs associated in providing training in a law enforcement agency: the overtime costs associated with having staff attend, and the cost for a qualified and certified instructor. Distance learning is another reasonable substitute for conventional classroom training, in which staff are relieved from their security posts to participate in computer-based training in a designated and appropriate area within the

detention facility. The cost to provide the training is reduced considerably (no overtime or instructor costs), and the training can be offered and conducted 24 hours per day, 7 days per week. Curriculums can be customized to meet or exceed local, state and national guidelines and accreditation standards.

The NAWH calculations and recommendations for the number of Deputy Sheriffs required to appropriately and safely staff the Washoe County Detention Facility are presented on the following chart

WCSO Staffing – Recommended (Excluding court activities, transportation, and administrative staff) With Double Staffing in Intake and High Risk Units (Need to revise this, it should reflect 2 deputies on days for HU 1, 2, 7, 8, 9)

Post Position	Days # of Positions	# Hours on Days	Nights # of Positions	# Hours on Nights	# of Days per Week	# Hours per Week	# Hours of Coverage per Year	Net Annual Work Hours	Total # of FTE's Needed
HU-1- Female GP	2	24	1	12	7	252	13,139	1,701	8
HU-2- Female Intake	2	24	1	12	7	252	13,139	1,701	8
HU-3- Mental Health	3	36	1	12	7	336	17,519	1,701	10
HU-4- Special Housing	2	24	1	12	7	252	13,139	1,701	8
HU-5- Closed	0	0	0	0	7	0	0	1,701	0
HU-6- Special Housing	2	24	1	12	7	252	13,139	1,701	8
HU-7- Male Intake	2	24	1	12	7	252	13,139	1,701	8
HU-8- High Risk GP	2	24	1	12	7	252	13,139	1,701	8
HU-9- High Risk GP	2	24	1	12	7	252	13,139	1,701	8
AC 3 Rover	1	0	0.5	18	7	126	6,570	1,701	4
HU-10- (now programs)	0	0	0	0	7	0	0	1,701	0
HU-11- Med. Risk GP	1	12	1	12	7	168	8,760	1,701	5
HU-12- Med. Risk GP	1	12	1	12	7	168	8,760	1,701	5
HU-13- Med. Risk GP	1	12	1	12	7	168	8,760	1,701	5
HU-14- Med. Risk GP	1	12	1	12	7	168	8,760	1,701	5
HU-15- High Risk GP	1	12	1	12	7	168	8,760	1,701	5
HU-16- High Risk GP	2	24	1	12	7	252	13,139	1,701	8
HU-17- Seg.	2	24	1	12	7	252	13,139	1,701	8
AC4 Triage/Rover **	1	12	0	0	7	84	4,380	1,701	3
AC4 Rover	1	12	1	12	7	168	8,760	1,701	5
Infirmary - Medical	2	24	1	12	7	252	13,139	1,701	8
Intake - Booking	9	108	9	108	7	1512	78,836	1,701	46
Totals	**40**	**468**	**26.5**	**330**	**7**	**5,586**	**269,355.24**	**35,970**	**171**

Recommendation: It is strongly recommended that the NAWH number to use for this study and future budget submittals is 1,701. This is based on the historical data dating back to 1998 and related statistical information provided for this report. The NAWH number represents staff assigned to security posts within the Washoe County Detention Facility, excluding court activities, court transportation, and administrative staff. The NAWH equates to **171 total FTE's** required to properly assign security staff to all designated posts within this correctional facility.

Also, it is further recommended that the Sheriff's Office closely monitor the numbers and reasons for leave. This is especially important for military leave and in-service training which are trending very high in recent fiscal years. The military leave could correct itself based on our country's future military involvements.

Additionally, the Sheriff's Office needs to re-engineer the existing in-service training curriculum to reduce the number of hours to which each employee is currently exposed. Training is a continuous process. No matter how good basic training and the initial in-house Field Training Officer program may be, it is a fallacy to assume that these types of training methods will continue to result in positive outcomes and good on-the-job performance. The knowledge and skills learned at the beginning of an employee's career must be continually reinforced and added to with new information and enhanced skills. The current in-service training program hours need to be reduced annually. Continuing education in a correctional facility may incorporate a number of strategies and approaches that accomplish the same goal while reducing critical expenditures. Training may be delivered effectively in short time frames, such as during a roll call or briefing meeting at the beginning of each shift. Several correctional organizations are providing staff training through computer-based training programs. Computer based training programs, including on-line programs, consist of reading assignments, decision-making scenarios, and most importantly, tests. Computer-based training can be conducted during the normal shift hours which will greatly reduce expenses. It is recommended that administrative staff create an annual in-service training program that incorporates several strategies and approaches that provide quality learning opportunities while curtailing overtime expenditures.

During the audit of the WCSO Detention Facility, several members of the assessment team recognized that administrative staff were assigned to the detention facility after a recent promotion. A modern detention facility is a complex operation that encompasses many and varied components similar to a small town or city that incorporates an annual fiscal budget, a hospital, a mental health program, a kitchen, a laundry, a bank, a post office, a facility maintenance department, a convenience store, a library (both law and leisure), a school and a police presence, to name a few. A contemporary jail must place individuals in leadership positions who have a passion for the correctional industry and who are experienced in the multi-faceted and complex operations that include specific knowledge of local, state and national standards that relate to the constitutional requirements mandated through existing legislation and more importantly, case law. It is strongly recommended that the Washoe County Sheriff's Office create two career paths: one for the professionals assigned to the detention facility, and a second career track for individuals who aspire to become leaders in the law enforcement profession.

4: FACILITY AND INMATE SAFETY ENHANCEMENTS

The on-site assessment team was asked to review opportunities to enhance inmate safety in the matter of suicide prevention efforts. The measures used to evaluate the Detention Facility's current state of affairs in relation to suicide prevention efforts were national accreditation standards by the National Commission on Correctional Health Care (NCCHC) [Standard J-G-05 Suicide Prevention Program] and the American Correctional Association (ACA) [Standard 4-ALDF-4C-32 & 33 Suicide Prevention and Intervention] as well as best correctional practices throughout the country. The assessment included:

Facility tour and inspections of:

- Intake and admissions (Booking) areas
- Special watch housing in Booking
- Special watch housing in the medical unit
- Initial intake housing for females (HU2)
- Initial intake housing for males (HU7)
- Segregation housing (HU4)
- Mental health housing (HU3)

A review of:

- Intake assessment instrument from law enforcement (arresting officer)
- Intake assessment instrument from the health care provider
- Initial classification instrument completed in intake
- Detention Facility standard operating procedures
- Statistical reports
- Detention Facility internal reports
- Classification record/files

Interviews with:

- Detention facility administrative staff
- Classification staff
- Booking deputies and supervisor
- Booking civilian staff
- Housing unit deputies
- Health care provider

National practices surrounding suicide prevention in a corrections setting show commonalities in the early detection of suicidal ideations with incarcerated individuals. The utilization of risk assessment tools/instruments from multiple perspectives provides different perspectives and at different time points during the initial incarceration to identify suicidal tendencies or ideations.

Finding: The Washoe County Sheriff's Office Detention Facility does utilize a multi-tier approach in evaluating new admits to the facility, including an assessment from the arresting officer; intake screenings via the Health Care Provider upon initial contact (prior to entry into the main booking center); again during the booking screening and history and physical; and finally a fourth time during the booking staff encounter while conducting the initial classification interview. The instruments used are designed as question and response tools reliant upon the individual to be honest with their answers.

Recommendation: The multi-tier approach to determine risk level is consistent with intake assessment practices in other parts of the country. The assessment team recommends enhancing the existing tools to include documentation of observations made during each encounter of the individual's demeanor and responses, including withdrawal, crying, depressed, non-responsive, delusional, unaware of circumstances, etc.

Additionally, the initial classification and medical screening tools should include observations that might identify vulnerable individuals who, could be susceptible to victimization or intimidation. Finally, including a history of suicide attempts/ideations, recent loss of a loved one or close associate and a family history of suicide are all elements that assist corrections professionals in attempting to identify individuals susceptible to suicide attempts or at least providing a better guide of which inmates to observe more attentively during their incarceration and especially during the initial risk period of the first 24-48 hours.

Observation of the facility, particularly the initial housing and special watch housing, revealed areas to enhance the physical plant in order to prevent opportunities in which inmates could attempt to harm themselves. While no area can be 100% risk free, it is incumbent upon corrections professionals to eliminate problems that are readily avoidable.

Finding: The housing units are similarly constructed throughout a majority of the facility, but especially the intake housing units, segregation and mental health housing. The cells in these areas, to include the medical unit (special watch cells included) contain wooden bunks mounted to the rear wall. The construction mount of the bunk leaves an approximate 1" to 2" gap providing an opportunity for a ligature point in the cell with an article of clothing, linens, blankets or other items.

Recommendation: Eliminate the gap between the bunk and the wall. In some facilities around the country, similarly identified areas were rectified with the use of angle iron mounted to the bunk and wall, sealed by pick-proof caulking. Another way was through the replacement of the bunks with flush-mounted bunks, bolted directly to the wall and sealed with caulking or welds depending upon construction design.

Finding: Many of the sinks in GP cells are constructed of porcelain design with an open bottom, exposing plumbing pipes. The porcelain material of the sink is easily damaged without the need of a foreign object to break it. The porcelain shards would present a harmful object to self or others. Similarly, the toilets are porcelain and have a plastic seat cover that can easily be removed and used for self-harming activity. Additionally, the exposed plumbing provides another ligature point in the cell that an article of clothing, linens, blankets or other items can be used for hanging or strangulation.

Recommendation: Consider replacing the porcelain sinks and toilets with stainless steel correctional grade fixtures. This is a costly recommendation to complete throughout the initial intake housing units. Less cost-prohibitive is to make these adjustments to the special watch cells in medical, the mental health unit, and the segregation unit and then a selection of cells for higher risk individuals in the initial intake housing units. One alternative solution is to leave the porcelain fixtures, but enhance their safety through enclosing the plumbing under the sink, removing the plastic seat and require daily security inspections of all cells, inspecting the integrity of the fixtures.

Finding: The door handles in these cells were identified as another ligature point in which clothing, linen, blankets or other items could be used for hanging or strangulation. The tapering of the door handle is so deficient that it might allow an article to be tied securely to facilitate hanging or strangulation.

Recommendation: Modify or remove the door handles to eliminate this potential.

Finding: The light fixtures in all of the cells are similar in construction throughout the facility. As the facility was designed as a direct supervision facility, the light fixtures contain an electrical outlet that is operable and a small metal chain pull cord to operate the light.

Recommendation: Although the facility is a direct supervision facility, special management population and special watch cells should be constructed to eliminate every potential hazard. Consider modifying the light fixtures in the cell to disconnect the electrical current in the outlet or remove it completely. The active electrical outlet poses the potential for an individual to engage in self-harming behavior through the insertion of items in the outlet, arcing with pencil lead or other conductive material. Additionally, although the metal chain is small, consider removing the chain and providing light control to the deputy's workstation or outside of the cell. The metal chain could pose a threat should it be removed and used to self-harm.

Finding: An observation in the facility was the use of metal chains and hooks to hang the shower curtains. Specifically in the booking area dress-out and strip search area, several of the hooks and chains were missing.

Recommendation: Replace the metal hooks and chains with plastic breakaway hangers designed for the same purpose or cloth hangers. The same curtains can be used for privacy, but consider either changing the hangers

or implementing a security practice of accounting for each one on each shower curtain throughout the facility during the daily security inspections.

The assessment team evaluated the special observation practices of the different populations as well as conducted a review of the standard operating procedures concerning inmates placed in initial housing and on special watch precautions. As is commonly practiced throughout the country, individuals identified as needing special watch precautions are placed on 15-minute observations. Individuals placed on special watch have their clothing removed and are provided with a security garment referred to as the modesty gown. This practice is consistent with the American Correctional Association (ACA) standards. NCCHC standards require individuals who are identified as acutely suicidal (actively engaging in self-injurious behavior or threatening suicide with a specific plan) to be placed on "constant observation". Those individuals identified as non-acutely suicidal (those who express suicidal ideations or who have a prior history of self-destructive behavior; and those who deny suicidal tendencies but demonstrate other concerning behaviors indicating the potential for self-harm) are recommended to be placed on a special watch observed at staggered intervals not to exceed 15 minutes.

A review of facility practices revealed that inmates are placed on watch when identified as suicidal or in need of psychiatric observation. Special watch cells for both male and female inmates are in the medical housing unit and overflow is in the booking holding area. In medical, the watches are done at 15-minute or smaller intervals and proven through a magnetic wand RFID system. The cells in this area are equipped with surveillance cameras. In the booking holding area, a similar process of 15-minute or less observations is followed in the designated special watch holding cells; these cells too have surveillance cameras added and monitored by Station 2 in the booking center.

Finding: A review of Standard Operating Procedure (SOP) 715.300, titled "Suicide Prevention" and dated July 1, 2010 found three levels of monitoring suicidal inmates:

- **Constant Watch** – which consists of the inmate being under constant 1:1 observation by a deputy. This watch is designated for inmates who are imminently at risk for suicide or self-injurious behavior.
- **Suicide Watch** – This observation status appears to be a step down from Constant Watch. Placement of inmates is in a cell containing video cameras to assist in the monitoring of the inmate. This level of observation requires supervision at staggered intervals on or about every 15 minutes. This watch requires an inmate to be in full sight of the detention officer and checks to be "documented" on the observation record.
- **Close Observation** – This observation status appears to be a step down from 1:1 constant watch or a suicide watch and at the direction of the mental health staff. The policy allows for this level of observation to be housed in HU3. It requires the staggered observation of inmates on or about the 15-minute intervals. These observations are required to be documented by the deputy on the inmate's observation record.

Observation of practice found that inmates on special watch in booking were on an indirect constant observation via surveillance video monitored at the booking desk and physically observed every 15 minutes or less by a booking deputy and documented by the RFID system.

This practice appears consistent with the "Suicide Watch" designation in the SOP. Inmates on special watch in medical were reported to be observed at intervals of 15 minutes or less by deputies assigned to the medical housing unit and documented by the RFID system. These inmates were reportedly on suicide watch and also observed by surveillance cameras at the officer's station. Reportedly, all inmates on special watch are single celled. When discussing the frequency of constant watch status, the facility staff reported that constant watch was conducted by video surveillance and not 1:1 direct observation.

Another observation and report from staff on site related to the reliance on technology to document the observation checks. Staff reported having some difficulties with the RFID system in that at times data were missing or corrupted although hallway surveillance proved that checks were completed as required.

Observation of the administrative housing areas revealed cells equipped with surveillance camera equipment for added observation in the prevention of self-harming behavior and added security. A select number of cells are equipped in HU3 (female housing – 12) and HU17 (male administrative segregation – 6).

Recommendation: Review each observation status in the SOP and determine if change is necessary. Observation of at risk inmates is being conducted as a normal course of business. The terminology as to the level of observation appeared to be blended between 1:1 constant watch and the use of surveillance video cameras. Furthermore, staff who are assigned to observe individuals who are truly designated as 1:1 constant watch should have no other responsibilities than to provide observation and document such. As the date of the SOP provided was July 1, 2010, consider updating to reflect current practice as technological advancements have improved the efficiencies in documenting watch and to clarify the observation status if change is necessary. The term "constant watch" could be re-evaluated. One recommendation is to use the term "heightened watch" allowing for increasing or decreasing observation levels as deemed clinically indicated by the medical/mental health provider.

As 1:1 observations are resource intensive, consider using medical staff such as a certified nursing assistant (CNA) or other non-certified staff trained to provide direct, constant observation.

Many jurisdictions and industry standards permit variances to the 1:1 observation when the individual to be observed is not housed alone and has 1 or more roommates with similar classifications and on similar watch status. Since the State of Nevada does not have a required operational standard stipulating observation regulations, consider alternatives to housing inmates alone.

At the time of the on-site assessment, it was reported that annual suicide prevention training was occurring as required by the Suicide Prevention SOP. Industry training programs for suicide prevention should continue to be utilized in educating all staff in preventing suicides in the facility. In addition to the typical classroom curriculum, consider providing additional training that is scenario based. Challenge staff, new and veteran alike, in how they respond when confronted with different levels of inmates in crisis. Test the response procedures from both the medical and security staff perspective when an inmate is found in various states of crisis and responsiveness. Correctional staff are tasked daily with observing and interpreting human behavior. Continually introduce and challenge staff on their understanding of indicators displayed by a suicidal inmate and allow the staff to demonstrate their ability to intervene or seek assistance with intervention efforts.

Finally, the February 2017 Technical Assistance Report from the NCCHC made a number of observations and recommendations regarding their review of suicide prevention measures (pages 15-17). Each of the recommendations is an opportunity to enhance the operations of the Washoe County Detention Facility.

5: MEDICAL CARE

The on-site assessment team was asked to review the efficiencies of the medical care provided to inmates at the WCSO Detention Facility as well the possible expansion and recommendations for additional programs to meet the needs of the ever-changing inmate population. The review was operational only and does not profess to provide any recommendations regarding the quality or continuity of care as it is beyond the expertise of these reviewers.

The duty to provide medical care to inmates is constitutionally mandated. Sheriff Allen has contracted with NaphCare, a recognized leader in the industry, specializing in providing proactive care to the inmate population on a daily basis at the WCSO Detention Facility.

The correctional environment and the inmate population served by the medical provider can present extreme challenges. Chief among these challenges are high rates of chronic, complex illnesses, drug and alcohol abuse and mental illness among the inmates. Medical care is provided pursuant to the state guidelines and standards set forth by the National Commission on Correctional HealthCare (NCCHC) and the American Correctional Association (ACA).

The assessment team, WSCO Staff as well as NaphCare professionals participated in the full assessment from intake through release. The following findings and recommendations were made collaboratively. (See "Collaboration Efforts" Summary provided by NaphCare)

Findings:

- The Detention Facility provides 24/7 medical care to all of its inmates.
- The Detention Facility provides mental health care to all of its inmates seven days a week.
- The Detention Facility provides an extensive screening inquiry for each inmate on the day they are booked into the Detention Facility in order to identify individuals who may be at risk or require specialized care.
- Inmates may request medical care by submitting a "medical request" form available on the kiosk in each housing unit, a request may be made directly to medical staff; and/or a deputy can at any time request an inmate be seen by medical.
- Inmates may grieve medical care by filing a grievance available on the kiosk in each housing unit or by requesting assistance from the deputies.

Recommendations:

- That the inmate booking process, although extensive is not efficient. It is recommended that the booking process be re-evaluated to include the following changes:
    - CPC (Civil Protective Custody) Unit be renovated to house Medical Intake and "At-Risk" Inmates to include those inmates on a heightened watch.
    - CPC medical staff provide additional observation of those inmates identified as "At-Risk" and requiring enhanced observation.
- Current safety cells (2) be renovated into padded safety cells to meet the ever changing and demanding needs of the inmate population and to reduce risk.
- Medical Staff have grievance forms available during sick call.

- Medical Staff respond to all medical grievances with oversight by the Administrative Support Unit Sgt.
- Enhance communications between medical and correctional staff through the use of Tech Care.
- Enhance communications in intake between Inmate Health Services and Pre-Trial Services.
- Continued and enhanced communication with community stakeholders and service providers to increase the continuity of care for all inmates and improved communication when there is a transfer of care.
- Continued and enhanced financial support by stakeholders for the needed renovations to ensure the safety and security of the facility as well as the individuals housed and working therein.
- Increase CPR training for all correctional staff interacting with inmates.
- Process medical applications and their backgrounds in a timely manner.
- The medical provider within the last year created and implemented a Stabilization Twenty Four/Seven Assessment Team (STATCare) which provides for an additional layer of care with a sole focus on maximizing on-site patient care. As of the last on-site visit, this service was not yet available at the WCSO Detention Facility. Continued discussions with the provider for this additional layer of care should be pursed.

The collaborative partnership between WCSO and Naphcare Leadership is commendable. The advances and recommendations were worked on collectively and as a result, changes have been and are being implemented.

6: OPIOID CRISIS

In early 2017, President Trump requested to meet with NSA Leadership; he wanted to hear from the Nation's Sheriffs. Two main areas were identified requiring the President's support: The opioid crisis and the mentally ill in today's jails.

Our review begins with the Opioid Crisis and its impact on the WCSO.

All 3,200 jails throughout the United States are experiencing the challenges and impact of the Opioid crisis and other co-occurring disorders:

In October, the President's Commission on Combating Drug Addiction and the Opioid Crisis recommended and the President followed in November, declaring the opioid epidemic a national emergency.

- "underinvesting in supporting our nation's jails with evidence based innovation strategies now will cost lives in the future."

Findings:

- Jails are becoming the de-facto place for the mentally ill and treatment providers for the addictions placating the inmate population.
- The WCSO has and is experiencing an increase in the number of inmates presenting at the jail with opioid and co-occurring addictions.
- The detention facility was not designed nor funded to treat opioid and other co-occurring addictions.

Recommendations: Consider evidence-based approaches to counter the opioid (substance abuse) epidemic as it presents for the WCSO:

- Consider Diversion Programs for Law Enforcement instead of taking individuals to the jail. (Law Enforcement Assistant Diversion);
- Enhance protocols for identifying inmates with addiction or co-occurring issues;(WCSO is already doing a commendable job with 3 separate screenings prior to an inmate being placed into general population);
- Begin treatment of substance abuse offenders while they are inside the facility to increase their chances of recovery.
- Explore options to implement a best practice Opioid "Medication Assisted Treatment" (MAT) model. Determine jurisdictions that have demonstrated success and replicate their model within your jurisdiction.
- Support exploration of opioid treatment in jail settings (MAT programs);
    - WCSO has identified an increase in inmates with opioid and/or co-occurring additions.
    - WCSO is currently exploring the implementation of a Medication Assisted Treatment Program (MAT) within the Detention Facility modeled after the Matador Program in Middlesex Massachusetts with and Franklin County Sheriff's Office MAT program in Ohio as recommended by NSA: Both Jails are identified as Centers of Innovation by the National Institute of Corrections (NIC).
    - Of note, NaphCare, the current medical provider, has extensive knowledge and is a leader in other states in assisting with and overseeing MAT programs in a jail setting.
    - A MAT program however is ineffective without the wrap around programs in the community to support the offender as they leave the jail. Collaboration with key stakeholders is critical;

- Utilize the justice system to support treatment and recovery (Drug Court Models) (treatment is less expensive than incarceration);
- Establishing a referral and a soft "hand off" for care for the safe re-entry of drug addicted offenders into the community upon release. (WCSO has recently hired a full time Discharge Planner to assist with this soft "hand-off");
- Host a county wide Opioid Summit in partnership with NSA and NIC bringing all the key stakeholders together (Law Enforcement, First Responders, Public Health; Medical; Recovery; Education; Faith Based; Private Sector; Unions; Justice Systems, Child Welfare, Education etc…) to support justice system-wide coordinated response to substance abuse disorders, balancing treatment and public safety.

NSA will continue to assist and support the WCSO with outreach to our federal, national and private partners to include NIC, SAMHSA, BJA and NACo. for model policies and support.

The WCSO has made great strides towards exploring the recommendations in this area. In partnership with community stakeholders and service providers, there is great confidence the WCSO can be a leader nationally in ways to respond to the opioid epidemic, while helping to reduce the recidivism rate of inmates by assisting offenders as they are released back into the community.

7: MENTAL ILLNESS

The second, and no less important issue plaguing Sheriffs and their jails throughout the United States is that of the increasing number of inmates with mental illness. Individuals, that but for their mental illness would not be in jail.

Findings:
Jails are becoming the de-facto place for the mentally ill offender. Jails were never designed to house and treat the mentally ill offender. Due to the lack of community resources, the jails have become the de-facto mental health hospitals and treatment facilities for the mentally ill and have assumed the liability as well. The Washoe County Sheriff's Office has made great strides and is doing an outstanding job of identifying the mentally ill inmates in their facility and protocols for treatment as mentioned previously with their inmate screening assessments. In addition, and noteworthy, is that the Detention Facility currently has a mental health unit to house and treat inmates suffering with mental illness.

The WCSO has identified an increase of inmates with mental illness in their jail.

Recommendations: Consider diversion, mental health programs, treatment and re-entry for the mentally ill jail population:

- Consider Diversion Programs for law enforcement specifically targeting Severely Mentally-Ill Individuals (SMI) and re-route them to community treatment resources instead of taking individuals to the jail;
- Enhance protocols for identifying inmates through intake screening with mental health related issues; it is necessary to utilize standardized intake and suicide risk assessment tools which comprehensively identifies the following mental health areas: Identifying Information, Mental Health History, Risk history (i.e. previous attempts, drug use, hospitalizations, etc., Treatment and Medical History, Observational Information/ Documentation, Legal and Social History; Utilize the highest level mental health clinician to assist in the development of these intake tools;
- Ensure the Suicide Prevention System is grounded on best practices and compliance with industry standards (i.e. NCCHC).;
- Examine suicide prevention practices and identify deficiencies and system breakdowns. Work collaboratively with all relevant staff to strengthen prevention practices and management, including proper monitoring and housing of all high-risk inmates;
- Establishing a step-down system and transition unit where recovering inmates can be safely transitioned to general population is highly recommended;
- Intake and Mental Health Training: Make training regarding the identification of mental illness and high risk/ suicidal individuals a priority for all medical, mental health, and security staff;
- Enhancing protocols on management and housing of these special populations including, mental health, substance abuse, and other special populations. Align treatment, management goals for all staff including medical, mental health and security staff. Ensure all staff are on the same page; communication is and can be enhanced through establishing consistent and continuous multidisciplinary meetings. Combining treatment meetings with classification meetings can often times be very effective;
- Regarding treatment of SMI inmates inside the Detention Facility, establish involuntary medication policies per Washoe's jurisdiction's requirements. Based on these requirements, develop a site-specific policy and process to be able to administer involuntary or emergency medications to SMI inmates who enter or are unstable or become unstable. Enhance collaboration with in-house providers to ensure they are on the same page with these treatment protocols;
- Explore options for standard psychotropic injectables, which have demonstrated to be cost effective. The following are viable options:

    - Collaborating and partnering with well-known pharmaceutical companies is highly recommended.
    - The use of injectables is common and can be effective especially in stabilizing the severely mentally-ill inmate but requires the necessary support of wrap-around programs and a warm hand-off into the community. Collaboration with community partners is essential to sustain the inmate's stability and support his or her transition into the outside world.
- Continue the close partnership and collaboration with the judicial system to support treatment and programming for the mentally ill offender (Mental Health Court Models);
- Establish a Stepping Up Program as outlined and provided by SAMHSA;
- Establishing a re-entry and referral process providing a consistent and safe "hand off" for care of the mentally ill offender into the community upon release is critical;
- Consider, with NSA's assistance, preparing a letter to NIC requesting the assistance with the expansion of mental health programs within the detention facility. An attainable goal, to make the WCSO Detention Facility a Center of Innovation for other Sheriffs and their jails to utilize as a resource for model mental health programming;

- Ensure that all WCSO deputies receive Crisis Intervention Training (CIT) to teach correctional staff the signs and symptoms of mental illness, how to de-escalate behaviorally disordered inmates in crisis, how to get the inmate to the proper mental health or medical services, and how to utilize community-based mental health services. NIC has established Centers for Innovation for CIT Training that serve as agency hosting training sites for their respective regions of the country to ensure sustainable capacity.

NSA will continue to assist and support the WCSO with outreach to NIC, SAMHSA and Dr. Elizabeth Falcon for model policies and assistance.

The WCSO has made commendable strides by adding additional psychiatry hours, hiring a discharge planner, implementing a reward system for mental health inmates/patients to encourage compliance and participation of care as well as training and collaboration with strategic partners. In addition, by the end of 2017, all newly hired deputies will be CIT certified with all current WCSO deputies receiving CIT training by the close of 2018.

8: GRIEVANCES

The value of any grievance system, is for inmates to have a vehicle in which to bring to the agency's attention, issues that may arise regarding their current conditions of confinement. The goal of any grievance system is for the jail staff to have the ability to resolve the issue at the lowest possible level. For a grievance system to have integrity, the grievance forms must be available to the inmates and provisions made to assist any inmates requiring assistance with language, vision, reading or other barriers and/or challenges.

Findings:

- All inmates at the WCSO have access to the inmate grievance system.

- The WCSO uses an electronic grievance system located on the Kiosk.

- The inmates have access to the Kiosk, and the grievance system on their out-of-cell time.

- Inmates with a more restrictive out-of-cell time schedule or those inmates that do not have a Kiosk located in their individual housing units, may have a more difficult time finding or having access to the grievance system.

Recommendations:

- To enhance the availability of grievance forms, the WCSO should amend their current policy and procedure to allow inmates to author written grievances in addition to electronic grievances on the inmate Kiosk.
- Paper grievances could be available:
    - At each officer's station:
    - With medical staff;
    - With the Jail Chaplain; and/or
    - Upon request.
- Staff receiving a paper grievance will then log the information into the system so that it can be tracked and responded to consistently with all other electronic grievances.
- Special consideration must be made for those inmates needing assistance in requesting and/or completing the grievance form.

8: STANDARD OPERATING PROCEDURE REVIEW

The assessment team reviewed a number of standard operating procedures during the assessment of the WCSO Detention Facility. One of the most significant observations was the need to update the entire manual. The procedures provided for this review are dated as early as 2008, with many from 2010, 2011, 2012, and 2016. Most of the older procedures still reflect "Issued Under Authority of Sheriff Michael Haley" yet contain a recent letterhead indicating the current Sheriff Chuck Allen. The newer procedures remove the "Issued Under Authority" section and leave only the letterhead with the current sheriff. It is suggested that the entire Standard Operation Procedure manual be updated to reflect the current administration authority.

The procedure manual was found to contain a large number of procedures that date back to 2008. Several of the practices assessed and observed have changed in practice since these procedures were issued. For example:

Standard Operating Procedure 701.25 "Intake" (2012) – This procedure appears to have a deputy meet all new arrests in the hallway prior to entry into the secure intake receiving area. This was not observed during the assessment. Recently, the intake procedures were modified and a report writing room made available for the arresting officer (after inmate acceptance by the nurse). At that stage, the booking process begins with the positive identification of the inmate by civilian booking staff. The procedure does not reflect this and appears to need updating to reflect all the changes made to the intake and receiving process recently.

Standard Operating Procedure 705.075 "Segregated Inmates" (2010) – This procedure states under section 705.082 (Alternative Meal Service) that inmates who use food or food service equipment "… or has

been placed on the 9-Day Disciplinary Program, alternative meal service **may** be provided." [Emphasis added]. The 9-Day Disciplinary Program does not make this an option. Consider revising the SOP.

Standard Operating Procedure 705.050 "Inmate Disciplinary Procedures" (2011) – Page 4 of this SOP states: "At any time during the Behavior Review, if an inmate is placed on Suicide Watch, the Behavior Review will be stopped. Once cleared by the Mental Health Staff, the inmate will resume their Behavior Review starting back on Day One." **SOP 705.025 "Classification of Inmates"** states under the "Behavior Review" section that once the suicide watch inmate is cleared by Mental Health, the inmate will begin the behavior review from the day he/she left off. Later in the same procedure, under the 9-Day Discipline procedure, the policy states that suicide watch inmate will be reviewed by the Inmate Management Staff to determine appropriate handling of the original discipline issue. The three SOPs appear to conflict on this issue. In SOP 705.075 "Segregated Inmates", the SOP states that Administrative/Disciplinary inmates moved to Suicide Watch while in Disciplinary Segregation may be allowed to remain on Disciplinary Segregation with the approval of medical staff. This, too, appears to contradict or be in conflict with the two above SOPs.

Standard Operating Procedure 705.075 "Segregated Inmate" (2010) – states that inmates in Mental Segregation Status receive tier time for one (1) hour every day. When touring the facility, this was reported differently as one (1) hour and fifteen (15) minutes every other day, similar to that of other segregation statuses.

Standard Operating Procedure 705.030 (a subsection of 705.025 "Classification of Inmates) – states that inmates who are an escape risk, who have violent behavior, special needs, keep separates, and needs based upon the nature of charges are identified in 72 hours. Due to the seriousness of these criteria, it is imperative that they be identified and managed sooner as discussed in the Classification section above. Some of these, if not immediately identified, could lead to improper housing where inmates could be victimized or facility security compromised.

Standard Operating Procedure 715.300 "Suicide Prevention" (2010) – lists three levels of monitoring suicidal inmates. The "Constant Watch" level requires inmates to be on a 1:1 observation by a deputy. This level is rarely exercised in the facility. As with the recommendations contained herein, consider amending the watch from a deputy to a trained civilian and utilizing this level more often with inmates who are an imminent risk for suicide or self-harm.

Standard Operating Procedure 730.075 "SOP Manual Maintenance/Update" (2010) – indicates that the SOP manual will be reviewed and updated annually. Based upon the dates of the SOP's contained in this review, it is suggested to have an annual issuance of the complete manual with updated content following a review. Each SOP should be dated with the new issue date or have a cover memorandum indicating that the procedure was reviewed and remained in effect.

Standard Operating Procedure 725.175 "Detention Safety Inspections" (2010) – SOP indicates that both Day and Night Watches will conduct 4 daily cell inspections per shift throughout the week until all cells have been completed. It is suggested that these inspections be increased to a daily inspection of all cells, particularly in the higher risk areas (such as maximum custody housing areas and all special management areas) where security breaches are more frequent.

While a number of SOPs were reviewed during this assessment, the ones highlighted above were identified as needing updates or clarification. It is highly suggested that the entire SOP manual be reviewed and updated, using the same format. The SOPs are clear and easily understood; however, as operations within the facility change and practices are updated, the SOPs need to evolve to accurately reflect practice.

9: RESOURCES/PARTNERSHIPS

Jails throughout the United States have strong federal, national and private collaborative partners. These agencies provide needed technical assistance, training, and financial support through various grant monies.

Recommendations:

- The WCSO Detention Facility seek continued collaboration and support from the following partners:
  - NSA: The National Sheriffs' Association regarding:
    - Technical Assistance and Consulting;
    - Legal Assistance and Review;
    - Policy Development; and
    - Civil Liability Training:
      - Training for all Detention staff regarding legal issues in today's jails (§1983 actions)
      - Encourage commissioners and stakeholders to attend legal issues training to gain a better understanding of the legal issues and challenges facing Sheriffs and their Detention Facilities as well as the potential for liability as a commissioner.
      - Hosting Round Tables on key collaborative projects such as the Opioid Epidemic-Mental Illness; Expansion/Creation of a Mental Health Treatment Facility.
  - NIC: The National Institute of Corrections/Jails Division.
    - Requesting Training and technical assistance regarding:
      - CIT Training
      - MAT Programs
      - Mental Health Programs
      - Staffing Analysis
  - BJA: The Bureau of Justice Assistance:
    A component of the Office of Justice Programs, U.S. Department of Justice, BJA's mission is to provide leadership and services in grant administration and criminal justice police development to support local, state, and tribunal justice strategies to achieve safer communities.
  - SAMHSA: The Substance Abuse and Mental Health Administration is the agency within the U.S. Department of Health and Human Services that leads public health efforts to advance the behavioral health of the nation. Their mission is to reduce the impact of substance abuse and mental illness on America's communities.
  - NACo: The National Association of Counties unites county governments together to advocate with a collective voice on national policy, exchange ideas and build new leadership skills, pursue transformational county solutions, enrich the public's understanding of county government and exercise exemplary leadership in public service.

Each of the above noted partners work collectively to provide the needed technical assistance and financial support for jails throughout the nation. They are an invaluable resource.

CONCLUSION

One of the biggest challenges facing a criminal justice agency today involves strengthening the bonds of trust between the staff and the communities they serve. The concerns that people throughout our nation have voiced in response to current events have created an opportunity to change. The criminal justice community should take this time to reexamine and revise the services, polices and training protocols and make relevant changes to reflect the continuing commitment to the community as a whole.

The agency's leadership has the responsibility to ensure that officers receive proper training and mentoring throughout their careers. In areas such as accountability, fairness, and transparency, the leadership within the agency sets the tone for the entire organization. Thus, it is extremely important that new employee recruits, current officers, civilian staff and agency heads are exposed to the same type of training.

Researchers have estimated that up to 80% of job-related information learned is informal, including conversations, web sites, trial-and-error experience, mentoring, and observation. In order to make an effective change, it is important to realize that the aforementioned factors must be addressed at every stage from recruit training and throughout the officer's career. From the Field Training Officer program, annual in-service training, policies and procedures and incentive training, curriculums must all be monitored closely to ensure that the intended message or subject matter is provided to the students. Many times, our practices change without considering an update to our procedures, polices or training curriculum.

The technical assistance assessment of the WCSO detention facility was an extremely pleasant experience. The staff of the Detention Facility are proud professionals who were open, honest and knowledgeable in every aspect of the operation. It was evident from the interviews of both the staff and the inmates that the facility was well run by a diverse team of corrections professionals. While every aspect of the facility was not evaluated, the assessment team focused on a few of the primary areas that the WCSO administration asked to be reviewed.

Included in this report are recommendations that are offered as suggestions to enhance the practices in place. Where potential deficiencies were found, recommendations were made to improve the practice. The suggestions offered herein are not the only answers but are derived from best practices observed in other facilities around the country. Alternative solutions may be found through visiting other facilities that share common populations or are challenged similarly in design and experience, as well as through corrections list serves and forums found on the National Institute of Corrections website and similar industry leadership forums.

One significant challenge that the facility experiences is the loss of institutional knowledge through attrition, retirements, promotions, and transfers to other parts of the organization. Teams of administrators and dedicated corrections professionals who develop their career as the facility changes over time understand the challenges of changing procedures and practices. The corrections industry changes so much every year with new legislation and court case decisions that having consistent professionals that maintain the institutional knowledge of "why" procedures are the way they are or why certain operational practices have to occur in a particular order is essential for the mission of the detention facility. Finding these individuals and creating those career path avenues that enable them to focus on a career track in the detention facility will prove valuable for years.

The operational practices of special watches are within national guidelines, and the recommendations herein are suggestions for improving upon what is already practiced. The suggestions come from best practices from other facilities that have learned from negative events and found enhancements that work for their facilities. The recommendations are possible solutions and enhancements that, coupled with several of the other

recommendations (such as the physical plant amendments along with the enhancements in the constant observation practices), could provide better results. What works in one facility might not be the answer for WCSO, but the recommendations are offered to provide alternative solutions and to assist in guiding the current leadership in making improvements that might not have otherwise been discussed (thinking outside of the box). The repurposing of the former CPC holding area and creation of a housing unit dedicated to special watch cells (with the appropriate staffing levels) as was suggested by the detention staff is a great recommendation with which the facility can focus its attention and streamline its services to keep inmates from harming themselves or others while they cycle through a personal crisis.

Finally, the staffing analysis provided herein and the prior analyses point to a need to increase staffing levels. The facility was designed as a direct supervision facility, yet is falling further away from the minimal restrictions that a direct supervision facility offers the inmate population due directly to the classification of inmate and ratios of staff to inmate. To effectively provide adequate services and meet the essential needs of the facility, while maintaining safety for the inmates, as well as the deputies and civilian personnel assigned to the facility, the suggested staffing levels should be requested and prioritized. The return of adequate staffing levels and enhancing the classification of the inmate population early in the booking process will strengthen the WCSO's continuing efforts to protect all inmates under their care, custody and control.

Jails are one of the most litigious and largest liability concerns every sheriff faces.
Throughout the United States, Sheriffs and their jails of all sizes, face the same challenges regarding the legal issues that present each and every day. Class actions throughout the United States regarding conditions of confinement, Restrictive Housing, Medical and Mental Health Care are on the rise. Many jails are older and were not designed to manage the increasing and changing inmate population of today. The challenges increase in that inmates are more volatile and aggressive; jails are filled to capacity; the inmate population is sicker than ever before- with high rates of chronic and complex illnesses, substance abuse and mental illness All of this place an incredible strain on staff and the limited budgets they have to work within. Despite the challenges, the men and women of the Washoe County Sheriff's Office are doing an outstanding job.

The NSA is dedicated to raising the level of professionalism among the 3,200 elected sheriffs, their deputies and others in the field of criminal justice and public safety. It is a distinct honor and privilege to assist the Washoe County Sheriff's Office under the leadership and guidance of Sheriff Allen.

ATTACHMENTS

INMATE BOOKING SCREENING QUESTIONS			
1.	Y	N	Do you have a serious medical condition that may require attention while you are here?
2.	Y	N	Are you currently taking a prescription medication that may need continuation while you are here?
3.	Y	N	Do you have a serious mental health condition that may require attention while you are here?
4.	Y	N	Have you recently taken or been prescribed medication for emotional problems?
5.	Y	N	Have you been hospitalized for emotional problems within the last year?
6.	Y	N	Have you ever attempted suicide?
7.	Y	N	Are you currently thinking about suicide?
8.	Y	N	Have you recently ingested potentially dangerous levels of drugs and/or alcohol?
9.	Y	N	Have you ever experienced DTs or other serious withdrawal symptoms from drugs or alcohol?
10.	Y	N	Have you ever had a closed head injury that resulted in permanent disability?
11.	Y	N	Do you have a learning or other disability that will impact your ability to understand instructions while you are here?
12.	Y	N	Are you aware of any reason you should be separated from another inmate while you are here?
13.	Y	N	Have you ever required separation from another inmate while incarcerated in another facility?
14.	Y	N	Do you understand that you may request a health care provider at any time while you are here?
15.	Y	N	Have you understood all the questions that I have asked you?
16.	Y	N	Have you provided us with all the information that you want us to be aware of while you are here?
OFFICER BOOKING SCREENING QUESTIONS			
17.	Y	N	Does the screening Officer feel that the arrestee is capable of understanding all the questions asked?
18.	Y	N	Does the arrestee have any institutional history of alerts?
19.	Y	N	Does the screening Officer feel that the arrestee should be referred to a supervisor for review?
20.	Y	N	Is there any indication that the arrestee is reacting so negatively toward his charge that he may engage in self harming behavior?

BOOKING SCREENING QUESTIONS

Booking Screening Instrument Data Dictionary

Inmate Booking Screening Questions - Arrestees are verbally queried by the Screening Officer using these questions with the responses recorded on the form or in a database.

1. ***Do you have a serious medical condition that may require attentions while you are here?***

   Source – Arrestee self-report, positive or negative response required

   Definition – Positive response indicates arrestee requests medical attention, and will require that medical staff is notified and that an incident report is generated. Negative response requires no action.

2. ***Are you currently taking a prescription medication that may require continuation while you are here?***

   Source – Arrestee self-report, positive or negative response required

   Definition – Positive response indicates arrestee is taking prescription medication that may need to be continued while in custody and will require that medical staff is notified and that an incident report is generated. Negative response requires no action.

3. ***Do you have a serious mental health condition that may require attentions while you are here?***

   Source – Arrestee self-report, positive or negative response required

   Definition – Positive response indicates arrestee requests mental health care attention, and will require that a supervisor or mental health care staff is notified and that an incident report is generated. Negative response requires no action.

4. ***Have you recently taken or been prescribed medication for emotional problems?***

   Source – Arrestee self-report, positive or negative response required

   Definition – Positive response indicates arrestee is prescribed medication for depression, behavioral, or emotional problem, and will require that a supervisor or mental health care staff is notified and that an incident report is generated. Negative response requires no action.

5. ***Have you hospitalized for emotional problems within the last year?***

   Source – Arrestee self-report, positive or negative response required

Definition – Positive response indicates arrestee has been hospitalized for depression, behavioral, or emotional problems at some point within the past 365 days, and will require that a supervisor or mental health care staff is notified and that an incident report is generated. Negative response requires no action.

6. ***Have you ever attempted suicide?***

   Source – Arrestee self-report, positive or negative response required

   Definition – Positive response indicates arrestee has attempted to commit suicide in the past, and will require that a supervisor or mental health care staff is notified and that an incident report is generated. Negative response requires no action.

7. ***Are you currently thinking about suicide?***

   Source – Arrestee self-report, positive or negative response required

   Definition – Positive response indicates arrestee is having thoughts of suicide at the present time, will require that a supervisor or mental health care staff is notified and that an incident report is generated. Negative response requires no action.

8. ***Have you recently ingested potentially dangerous levels of drugs and/or alcohol?***

   Source – Arrestee self-report, positive or negative response required

   Definition – Positive response indicates arrestee has ingested a potentially dangerous amount of drugs and/or alcohol, and will require that medical staff is notified and that an incident report is generated. Negative response requires no action.

9. ***Have you ever experienced DTs or other serious withdrawal symptoms from alcohol or drugs?***

   Source – Arrestee self-report, positive or negative response required

   Definition – Positive response indicates arrestee has experienced delirium tremens and/or has had withdrawal symptoms arising from the use of alcohol or drugs, and will require that medical staff is notified and that an incident report is generated. Negative response requires no action.

10. ***Have you ever had a closed head injury that required hospitalization?***

    Source – Arrestee self-report, positive or negative response required

    Definition – Positive response indicates arrestee has experienced a closed head injury, such as a concussion that required a period of hospitalization beyond emergency room treatment, and will

require that medical staff is notified and that an incident report is generated. Negative response requires no action.

11. Do you have a learning or other disability that will impact your ability to understand instructions while you are here?

Source – Arrestee self-report, positive or negative response required

Definition – Positive response indicates arrestee has a learning or other disability that may prevent them from understanding instructions, rules and regulations, and will require that mental health care staff is notified and that an incident report is generated. Negative response requires no action.

12. Are you aware of any reason you should be separated from another inmate while you are here?

Source – Arrestee self-report, positive or negative response required

Definition – Positive response indicates arrestee is feels that there is someone in the facility that may cause him harm, and will require that the arrestee be listed as *Keep Separate* from the offender that he/she names, and that an incident report is completed documenting the keep separate issue. Negative response requires no action.

13. Have you ever required separation from another inmate while incarcerated in another facility?

Source – Arrestee self-report, positive or negative response required

Definition – Positive response indicates arrestee has been placed in protective custody in a detention or corrections facility, and will require that the custody commander be notified and an incident report will be generated. Negative response requires no action.

14. Do you understand that you can request to see a health care provider at any time while you are?

Source – Arrestee self-report, positive or negative response required

Definition – Positive response indicates arrestee understands that he can request to see medical staff at any time. Negative response will require that the Officer complete an incident report stating that subject was informed and explained that he/she can request to see medical staff at any time.

15. Have you understood all the questions I have asked you?

Source – Arrestee self-report, positive or negative response required

Definition – Positive response indicates arrestee understands the questions asked by the Officer. Negative response will require that an incident report will be generated that subject was informed and explained that he/she can request to see mental health staff at any time.

16. Have you provided us with all the information that you want us to be aware of while you are here?

Source – Arrestee self-report, positive or negative response required

Definition – Positive response indicates arrestee has provided all the information the arrestee felt the Officer needed to know to provide supervision, medical and mental health care and necessary separations. Negative response will require that an incident report will be generated and that subject has information beyond that provided in the Booking Screening. Additional information will be provided in an incident report.

Officer Booking Screening Questions - Screening Officers answer these questions based on his observations of the arrestee with the responses recorded on the form or in a database.

17. Does the screening Officer feel that the arrestee is capable of understanding all the questions asked?

Source – Arrestee self-report, positive or negative response required

Definition – Positive response indicates that the Officer feels the arrestee is capable of understanding all of the questions asked during the Booking Screening process. Negative response will require that an incident report will be generated and that subject has information beyond that provided in the Booking Screening. Additional information will be provided in an incident report.

18. Does this arrestee have any institutional history of alerts?

Source – Jail management information system database, manual file

Definition – Any alert information stored in the jail management information system or recorded manually indicating that the arrestee has an alert for medical, mental health, suicidal, institutional behavior problems, escape, contraband or violence. A positive response requires the Officer to notify a supervisor, medical or mental health staff and an incident report is generated. A negative response requires no action.

19. Does this screening Officer feel that this arrestee should be referred to a supervisor for review?

Source –Officer observation, arrestee self-report

Definition – Any observation made by the Officer indicating that the arrestee has a need for an immediate evaluation by medical staff, mental health staff, or a custody supervisor. A positive response requires the Officer to notify a supervisor, medical or mental health staff and an incident report is generated. A negative response requires no action.

20. Is there any indication that the arrestee is reacting so negatively toward his charge that he may engage in self harming behavior?

Source – Officer observation, arrestee self-report

Definition – Any observation made by the Officer indicating that the arrestee has a need for an immediate evaluation by medical staff, mental health staff, or a custody supervisor. A positive response requires the Officer to notify a supervisor, medical or mental health staff and an incident report is generated. A negative response requires no action.

INTAKE/TRIAGE ASSESSMENT

Intake Triage Assessment Instrument – Data Dictionary

Arresting Officer Questions – Arresting Officers are verbally queried by the Intake Officer using these questions with the responses recorded on the form or in a database.

1. ***Has the arrestee engaged in any assaultive or violent behaviors?***

   Source – Arresting or transport officer, jail Officer observation & inquiry; may also include self-reporting by arrestee

   Definition – The arrestee has observable violence or escape potential, the arrestee informed the arresting officer or Officer of escape or violent intentions, the arrestee is charged with an escape charge, or the arrestee's current charge(s) involves a violent felony in the first degree as defined by Statutes:

   Arson 1st
   Assault 1st
   Escape 1st
   Escape 2nd
   Escape 3rd
   Kidnapping
   Manslaughter 1st
   Murder
   Rape 1st
   Riot 1st
   Robbery 1st
   Sexual Abuse 1st
   Sodomy 1st
   Stalking 1st

   A positive response requires a supervisor be notified and the arrestee to be processed directly into the secure area (such as a holding cell) and not to remain in passive intake. A negative response requires no action.

2. ***Has your search of this arrestee uncovered any dangerous contraband such as drugs or weapons?***

   Source – Arresting or transport officer, Officer observation & inquiry

Definition – A positive response indicates that the arresting or transporting Officer has uncovered drugs or weapons during his/her search of the arrestee prior to transport to the facility. A positive response requires the Officer to notify a supervisor, initiate the process for conducting an unclothed search of the offender, and generate an incident report. A negative response requires no action.

3. ***Has this arrestee attempted to elude or escape from custody?***

   Source – Arresting or transport officer, Officer observation & inquiry; may also include self-reporting by arrestee

   Definition – A positive response indicates that the arrestee has made an attempt to prevent arrestee, elude capture or escape after being taken into custody. A positive response requires the Officer to notify a supervisor and generate an incident report. A negative response requires no action.

4. ***Are you aware of the need to keep this arrestee separated from other persons housed in this facility?***

   Source – Arresting or transport officer, Officer observation & inquiry; may also include self-reporting by arrestee

   Definition – A positive response indicates that the arrestee has persons in the facility that he/she must be kept separate from while in custody. A positive response requires the Officer to notify a supervisor, separate the offenders from physical contact with other arrestees and generate an incident report. A negative response requires no action.

5. ***Are you aware of this arrestee's consumption or use of a potentially dangerous level of drugs and/or alcohol?***

   Source – Arrestee self-report, positive or negative response required

   Definition – Positive response indicates arrestee has ingested a potentially dangerous amount of drugs and/or alcohol, and will require that medical staff is notified and that an incident report is generated. Negative response requires no action.

6. ***Are you aware of any acute medical condition or injury recently sustained by this arrestee that may require immediate medical attention?***

   Source – Arresting or transport officer, Officer observation & inquiry; may also include self-reporting by arrestee

Definition – A positive response indicates that the arrestee has an observable medical condition, or the arrestee informed the arresting officer or jail Officer of a medical condition at the time of arrest. A positive response requires the Officer to notify medical staff and generate an incident report. A negative response requires no action.

7. Has this arrestee demonstrated any behaviors that might suggest mental illness?

Source – Arresting or transport officer, Officer observation & inquiry; may also include self-reporting by arrestee

Definition – A positive response indicates that the arrestee has an observable mental health condition, or the arrestee informed the arresting officer or the Officer of a mental health condition at the time of arrest or intake. A positive response requires the Officer to notify a supervisor, or mental health staff. The supervisor must complete a *Mental Health/Suicidal Behavior Decision Tree*. A negative response requires no action.

8. Has this arrestee demonstrated any behaviors that might suggest mental retardation?

Source – Arresting or transport officer, Officer observation & inquiry; may also include self-reporting by arrestee

Definition – A positive response indicates that the arrestee has an observable mental retardation condition, or the arrestee informed the arresting officer or the Officer of a mental retardation condition at the time of arrest or intake. A positive response requires the Officer to notify a supervisor, or mental health staff. The supervisor must complete a *Mental Health/Suicidal Behavior Decision Tree*. A negative response requires no action.

9. Has this arrestee demonstrated any behaviors that might suggest acquired brain injury?

Source – Arresting or transport officer, Officer observation & inquiry; may also include self-reporting by arrestee

Definition – A positive response indicates that the arrestee has an observable brain injury, or the arrestee informed the arresting officer or the Officer of an acquired brain injury at the time of arrest or intake. A positive response requires the Officer to notify a medical staff. The supervisor must complete a *Mental Health/Suicidal Behavior Decision Tree*. A negative response requires no action.

10. Has this arrestee demonstrated any behaviors that might suggest suicidal tendencies?

Source – Arresting or transport officer, Officer observation & inquiry, arrest citation; may also include self-reporting by arrestee

Definition – A positive response indicates that the arrestee has observable suicidal intentions, the arrestee informed the arresting officer or the Officer of a suicidal intention at the time of arrest or intake, or the arrestee is charged with emergency detention. A positive response requires the Officer to notify a supervisor, or mental health staff. In the absence of a mental health care provider the supervisor must complete a *Mental Health/Suicidal Behavior Decision Tree*. A negative response requires no action.

11. Has there been any indication that the arrestee is reacting so negatively toward his charge that he may engage in self-harming behavior?

Source – Arresting or transport officer

Definition – A positive response indicates that the arrestee has observable self harm intentions, the arrestee informed the arresting officer or the Officer of a self harm intention at the time of arrest or intake. A positive response requires the Officer to notify a supervisor, or mental health staff and complete an incident report. In the absence of a mental health care provider the supervisor must complete a *Mental Health/Suicidal Behavior Decision Tree*. A negative response requires no action.

12. Do you have any other information that may assist this agency in the care and/or custody of this arrestee?

Source – Arresting or transport officer

Definition – Any other information the arresting or transport officer can provide about the arrestee that the detention center needs to know. A positive response requires that the Officer notify a supervisor and complete an incident report. A negative response requires no action.

Jail Officer Questions –These questions are answered by the Officer based on his/her observations with the responses recorded on the form or in a database.

13. Are there any institutional alerts on file for this arrestee?

Source – Jail management information system database, manual file

Definition – Any alert information stored in the jail management information system or recorded manually indicating that the arrestee has an alert for medical, mental health, suicidal, institutional behavior problems, escape, contraband or violence. A positive response requires the Officer to

notify a supervisor, medical or mental health staff and complete an incident report. A negative response requires no action.

14. Is there a need for an immediate evaluation of this arrestee by health care staff or a custody supervisor?

Source –Officer observation, arrestee self-report

Definition – Any observation made by the Officer indicating that the arrestee has a need for an immediate evaluation by medical staff, mental health staff, or a custody supervisor. A positive response requires the Officer to notify a supervisor, medical or mental health staff and complete an incident report. A negative response requires no action.

JAIL INTAKE ASSESSMENT ARRESTING OFFICER QUESTIONS			
1.	Y	N	Has this arrestee engaged in any assaultive or violent behavior?
2.	Y	N	Has your search of this arrestee uncovered any dangerous contraband such as drugs or weapons?
3.	Y	N	Has this arrestee attempted to elude or escape from custody?
4.	Y	N	Are you aware of the need to keep this arrestee separated from other persons housed in this facility?
5.	Y	N	Are you aware of this arrestee's consumption or use of a potentially dangerous level of alcohol and/or drugs?
6.	Y	N	Are you aware of any acute medical condition or injury recently sustained by this arrestee that may require immediate medical attention?
7.	Y	N	Has this arrestee demonstrated any behaviors that might suggest mental illness?
8.	Y	N	Has this arrestee demonstrated any behaviors that might suggest mental retardation?
9.	Y	N	Has this arrestee demonstrated any behaviors that might suggest acquired brain injury?
10	Y	N	Has this arrestee demonstrated any behaviors that might suggest suicidal tendencies?
11.	Y	N	Has there been any indication that the arrestee is reacting so negatively toward his charge that he may engage in self harming behavior?
12.	Y	N	Do you have any other information that may assist this agency in the care and/or custody of this arrestee?
JAIL OFFICER ASSESSMENT QUESTIONS			
13.	Y	N	Are there any institutional alerts on file for this arrestee?
14.	Y	N	Is there a need for an immediate evaluation of this arrestee by health care staff or a custody supervisor?

Collaboration Efforts

Booking Safety "Holding Cells"

Goal

Collaborative care will be utilized to increase the safety and wellbeing of patients in booking holding cells.

Interventions

- Nurses are now able to identify what patients are in the holding cell via Naphcare EMR "Tech Care". This was accomplished with the collaboration of correctional command staff who made it mandatory that booking correctional staff creates movement reports on all patients placed in the holding cells.
- Patients that are in the holding cells of the civil protection unit will be within eye site of the booking RNs
- Rounding by medical staff will be completed in addition to the safety checks that are already being completed by correctional staff on the all booking holding cells.

Mental Health Care

Goal

To improve the mental health care, cleanliness, overall wellness and quality of life of our Unit 3 Mental Health Patients.

Interventions

- We have added an additional 10 Psychiatry Hours weekly to staffing matrix.
- Psychiatrist has started doing daily rounds in Unit 3
- Psychiatrist and correctional officers are collaborating in the wellness and cleanliness of the patients in unit 3
- A Naphcare Discharge Planner has been assigned specifically to Unit 3. This Discharge planner is in unit 3 and works close with the psychiatrist and Unit 3 correctional officers.
- With collaboration of correction staff, we are promoting more of a reward system in our mental health patients to encourage compliance and participation of care.

Medical Staffing

Goal

Medical staff will have a decrease in barriers with staffing. The overall Goal is to remain fully staffed so medical and mental health care is not affected due to staffing deficiencies.

Interventions

- Command staff of Washoe County Jail has agreed to revisit the jail clearance process to decrease the number of medical applicants who are pursuing other jobs due to the time restraints of the clearance process.
- Command staff of Washoe County Jail have also agreed to revisit the jail clearance process to decrease the amount of medical staff being denied clearance into

Continuity of Care

Goal

Improvement of continuity of care and ability to provide wrap around services.

- Washoe County Jail command staff is opening doors to community resources by directly reaching out to medical, mental health services and drug rehab services within the community.
- Due to the outreach to these services from Washoe County Jail doors have been opened to increase continuity of care and better reporting methods when there is transfer of care.
- Bi Weekly meetings have been scheduled where Naphcare Physicians and Lakes Physicians will review the patients and plan of care that have transferred in between the 2 facilities.
- Washoe County Jail with the collaboration of Naphcare medical staff is working towards providing a map program.

Communication

Goal

Improve the overall communication between medical and correctional staff.

Interventions

- Promotion of collaborative care from the Naphcare leadership and Command Staff of Washoe County Jail.
- Naphcare leadership and Command staff continue to make efforts to show unity in effort to promote unity amongst the staff.
- Naphcare leadership and Command staff continue rounding and encouraging communication between all parties to improve the safety and care of the patients.