

Risk Management

IN JAILS:

How to Reduce the Potential of Negative Outcomes

By Ray Sabbatine

Jail administration is the business of identifying and managing a multitude of risks. Almost every decision an administrator makes — from personnel decisions and inmate housing assignments to the provision of medical and mental health care services — is designed to reduce the risks associated with housing a potentially volatile, high-risk population. Administrators must be aware of these risks and employ all available tools to minimize the potential for negative outcomes.

The following information will help jail administrators identify the risks in their institutions and develop strategies to manage them. Taken from the Kentucky Association of County Officials' *Jail Risk Management Manual*, these strategies will reduce the likelihood of successful litigation against them or their governments. They will also help administrators establish and achieve the goals of their organizational mission by providing a framework for implementing a mission-based management system and suggesting outcomes consistent with current standards for professional correctional administration.

The Organizational Mission

It is critical that administrators develop a clear mission statement for their facility from which measurable goals can be established. A simple, general mission statement has historically been “to provide for the care and custody of those incarcerated.” Care refers to health care needs of inmates that are met through medical and mental health services. Custody has historically been described by such terms as “a secure facility,” “the supervision of inmates” and the general “conditions of confinement” relating to safety and sanitation. While these terms generally outline the administrator’s duty, they do not convey the organization’s mission in a way that can produce measurable outcomes.

Mission-Based Management

Under a mission-based management approach, the mission statement is further defined to produce the basis for measurable goals. In this case, a more specific mission statement might be, “to incarcerate offenders in a manner that protects the public and institutional safety while providing a legal standard of care, and to provide programs intended to reduce the likelihood of reincarceration.” The organization’s goals would be to:

- Ensure the public’s safety;
- Ensure the institution’s safety;
- Provide a legal standard of care; and
- Provide programs intended to reduce the likelihood of reincarceration.

This more detailed mission statement refers to care and uses the legal standard as a baseline to be provided to all inmates. The term “care” is general in nature, while “legal standard” is more specific because it refers to a more defined and measurable level of care established in statute and/or applicable case law.

This mission statement also refers to more performance-related goals such as protecting the public and institutional safety. As an example, one protects public safety by preventing escapes and institutional safety by preventing assaults and introduction of dangerous contraband into the facility. Although “custody” is a general term, the goals of “protecting the public and institutional safety” are measurable by performance.

Providing programs is an optional goal unless dictated by law or contract housing requirements. Programs can have invaluable impact upon inmate behavior and a direct relationship with achieving other goals.

Whether approaching risk management from a care and custody perspective or a mission-based management perspective, the primary objectives are to minimize negative events and encourage positive ones. In order to accom-

plish these objectives, information must be gathered about inmates to determine care and custody requirements and enable organizations to protect the public and institutional safety while providing a legal standard of care, and to provide programs intended to reduce the likelihood of reincarceration.

Outcome-Based Inmate Classification

Once a facility has established its mission, goals and expected outcomes, it must develop an ability to assess all those coming into custody for their level of risk and their level of need. Managing inmates through risk and needs assessment can be described in a broader term as outcome-based inmate classification (OBIC). OBIC is accomplished through the development and use of assessment instruments. These instruments contain questions that identify risk factors that predict violent tendencies, and needs-related questions that determine health care and program requirements. What danger does each person present to the public and the institution? What actions must be taken to minimize this danger? What health care services must be available to a person in order to provide a reasonable standard of care? Collecting risk and needs information helps answer these questions and promotes care and custody responses that meet the legal requirements imposed by statute, the U.S. Constitution and applicable case law.

Affirmative responses to the care and custody screening questions require the delivery of appropriate resources. The accurate assessment of risk and needs helps administrators justify the financial support necessary to properly house, supervise and care for inmates.

Another major component of OBIC is tracking outcomes in the form of events. This is a very simple process of counting both positive and negative incidents that occur in the facility in order to direct resources appropriately. In other words, is the administrator protecting the public and institutional safety, providing a legal standard of care and providing programs intended to reduce reincarceration? The event-tracking process should generate reports that help administrators continue what has been successful or modify the operation to better achieve the desired outcomes. This tracking process can be manual or automated. An automated system makes information immediately available, a clear advantage in addressing care and custody issues.

Assessing Risk

Risk includes both the danger posed by a person and the person's vulnerability to victimization. The assessment of risk begins when the arresting or transporting officer transfers custody of a person to the facility. Should restraints be exchanged? Should the offender be placed in a holding cell alone or can he or she be placed with others? Information collected during this transfer of custody will greatly help answer these questions in a manner that best protects the public, staff and inmates.

Classification of offenders is the means by which institutions identify the risks and special needs of offenders. Assessment instruments are used to gather information from offenders as they enter the facility and monitor their behavior throughout the entire period of incarceration.

The predators must be identified. What information could identify an offender as a potential predator?

- A current charge involving an assault or threat;
- A past history of charges or convictions involving assault or threat; or
- A previous history of assault or threatening behavior within a correctional institution.

Where can this information be found?

- Citation of new arrest or warrant;
- Criminal history database or files;
- Institutional history database or files;
- Information gathered from the arresting officer; or
- Questions asked of the offender.

When is this done?

- As the offenders enter the facility;
- At the point it is determined that they will not bond out and will stay until arraignment;
- During post-arraignment if they are not going to be released; or
- Periodically during their incarceration.

What is done when predators are identified?

- They are transported in restraints;
- They are transported with more than one officer, if possible;
- They are housed alone or with other predators;
- They are not commingled with nonpredatory offenders in housing units, programs, or during visitation, meals or recreation;
- They are housed in a single cell, if possible;
- They receive a greater level of supervision;
- They receive more frequent observation;
- They are placed in a living environment void of instruments of assault as best as practical; and
- They undergo frequent shakedowns to prevent the possession of dangerous contraband.

Risk must be considered each time a person is accepted into custody or moved within or outside the facility. Movement of inmates requires officer escort. Officers must know the level of danger to determine appropriate restraint and supervision during movement. Every housing assignment, even temporary intake holding, requires knowledge of risk to prevent assault, escape or victimization.

The same classification, transport, housing, supervision and observation protocols must be followed to protect the public safety. The following can lead to negative results:

- A poorly maintained facility (e.g., security equipment or security hardware failures);
- Poor housing placement;
- Inadequate staffing;
- Poor supervision, particularly during transport;
- Lack of timely observation; and
- Community work placements that permit high-risk offenders to be released into the community.

Assessing Need

Assessing needs must also begin at the time offenders enter a correctional facility. To assess for needs, instruments must be developed that identify an inmate's immediate medical or mental health care requirements. As the inmate's stay is extended, his or her more chronic care needs must be identified and addressed.

Conducting a full health care assessment of every offender booked when 60 percent of them will be released within eight hours consumes an enormous amount of resources. Instead, identifying acute health care needs to prevent a medical emergency or a suicide should be the focus during the intake process. More chronic needs can be addressed by a full health care screening after arraignment and with periodic updates during the inmate's incarceration. This staging of assessments and care delivery helps to prudently manage resources while providing a reasonable standard of care.

Medical Care

Providing quality medical care in an institution benefits everyone. Every institution should have a basic framework to assess medical needs and appropriately respond with adequate resources. The following are the baselines of care.

Medical assessments:

- Intake assessment — to determine facility acceptance
- Intake screening — to survey offenders' need for acute care
- Medical exam — examination for chronic care needs as incarceration periods increase

Sick call by medical professional:

- Daily assessment at request of inmate for health care concerns
- Staff referrals for observed health care needs

Doctor referrals:

- On-site review of triaged cases by medical professional
- In-house care and treatment within resource limits
- Referral for outside care if necessary

Medications:

- Capability to prescribe
- Capability to obtain
- Capability to store
- Capability to distribute
- Capability to document

Contagious disease control:

- Program to prevent contagious diseases
- Process to detect or assess contagious diseases
- Protocol to respond to and isolate infected inmates or areas
- Delivery of treatment
- Eradication of risk for subsequent spread of contagion

Emergency responses:

- Written plan to respond to an emergency
- Coordination of responder activities:
 - Correctional staff
 - Medical staff
 - Emergency response unit coordination
 - Transport and custody staffing at hospital
 - Family notification and visitation policy

Medical treatment continuum:

- In-house care
- Emergency room care
- Hospital care
- Specialist care
- Rehabilitative care

Mental Health Care

Mental health care has evolved as a major concern in correctional institutions as community mental health systems have increasingly narrowed the scope of their treatment policies. Unlike correctional facilities that do not have admission criteria, mental health institutions have increasingly shut out the more violent, organically deficient and less amenable to treatment. This has left correctional institutions, especially jails, as the dumping ground for the most hopeless of society's mentally ill.

A correctional facility's primary responsibility is to identify the need for mental health services by those with mental illness, potential for suicide and mental deficiencies. Needs assessment can be accomplished in several ways:

- Question the arresting or transporting officer about exhibited behavior that might indicate mental illness, suicide threat or mental disabilities.
- Review the current offense that might indicate involvement of mental illness, suicide threat or mental disabilities.
- Observe the offender during booking for indicators of mental illness, suicide threat or mental disabilities.

- Ask screening questions designed to uncover past or present mental illness, suicide threat or mental disabilities.
- Refer the offender to a mental health provider for screening follow-up.
- Observe the offender during incarceration for behaviors indicating mental illness, suicide threat or mental disabilities.

Once an offender has been assessed and mental illness, suicide threat or a mental disability has been identified, the facility must intervene to prevent harm and promote stability. Responses can include custodial intervention, treatment intervention and/or administering medications, if indicated.

Custodial intervention involves managing the living conditions within the facility to prevent harm and promote stability. This could include:

- Separating the inmate through classification as a special needs offender;
- Housing the inmate as a special needs offender;
- Supervising the inmate in a manner consistent with the assessed risk and needs; and
- Preventing self-harm or harm to others through appropriate transport and restraint measures.

Mental health treatment is both expensive and difficult to obtain in a timely fashion. A baseline level of resources must be provided when care needs are acute and could potentially result in harm to the offender or others. Larger facilities that frequently experience acute mental health care needs can justify in-house care, but smaller facilities must develop resources through relationships with their communities' mental health care providers or hospitals that have mental health units. In all cases, administrators must develop:

- Assessment instruments;
- Protocols for custodial intervention to prevent harm and promote stability;
- The capability of timely acute care response by a mental health care provider;
- In-house treatment capability to prevent the deterioration of offenders assessed as needing mental health services; and
- Documentation methods for the assessment of and the provision for mental health care.

Providing psychotropic medication is essential to a baseline mental health care program. A special effort is needed by correctional facilities to obtain such care. Most physicians are hesitant to prescribe psychotropic medications, leaving that responsibility to psychiatrists. Psychiatrists are difficult to locate and an even more expensive source from which to obtain services. That is why a relationship with a community mental health provider or hospital is essential to providing even baseline mental health care. A medication provision program must include:

- Assessing the offender for current use of psychotropic medication;
- Developing the ability to continue psychotropic medication for a newly admitted offender;
- Developing resources for prescribing psychotropic medication when indicated;
- Developing resources for obtaining prescribed psychotropic medication in a timely manner;
- Developing the ability to safely store psychotropic medication;
- Developing the ability to distribute psychotropic medication;
- Developing protocols for distributing psychotropic medication to inmates being released to enable them to maintain an appropriate level of medication pending follow-up care; and
- Documenting all transactions relating to prescription, storage, distribution and destruction of psychotropic medication.

When these categories of medical assessment and care are appropriately addressed, a facility minimizes negative outcomes and is better able to avoid litigation or defend itself against claims of failure to meet the reasonable care standard. Quality health care in an institution also has many secondary benefits, as inmates feel positive about the facility's concern for their well-being.

Summary

Assessing risk and need is essential to attaining and managing desired outcomes. These outcomes are reached through the effective application of resources, including housing, supervision and services. The proper use of these resources to minimize risks and address needs is critical to ensuring that outcomes are positive rather than negative, and that the organization's goals are achieved.

Managing risk in jails is accomplished through the assessment of known risk and evaluated need. This compressive process of assessment is accomplished through the development of an outcome-based classification system. Outcomes are consistent with the goals of the organization's mission. Tracking events associated with the attainment of these goals through incident reporting and coding will enable the organization to evaluate its success and modify for failure. The allocation of resources should be consistent with the achievement of the desired outcomes. It would be difficult to find such a sound approach to jail management as deliberately indifferent to the needs of those incarcerated.

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