

# BUTTE-SILVER BOW COUNTY DETENTION FACILITY

## Initial Classification

This instrument is intended to aid in the initial decision of temporary cell assignment and appropriate supervision levels at booking. It requires a direct interview between the inmate and booking officer combined with specific observations.

Inmate Name: \_\_\_\_\_ Booking #: \_\_\_\_\_  
ID #: \_\_\_\_\_ Sex: \_\_\_\_\_ DOB: \_\_\_\_\_ Age: \_\_\_\_\_  
Screener Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Do you/have you use(d) any other names? \_\_\_\_\_  
Current Address: \_\_\_\_\_ How Long: \_\_\_\_\_  
Charge(s): \_\_\_\_\_  
Highest Grade Achieved: 3 4 5 6 7 8 9 10 11 12 GED 1 2 3 4 + \_\_\_\_\_  
Elementary/High School College  
Can you read and write? \_\_\_\_\_  
Do you have a job/were you a student before you entered the facility? Yes No  
How long have you been employed/attending school? \_\_\_\_\_  
Do you have any health problems? \_\_\_\_\_  
Do you have trouble walking up or down stairs? \_\_\_\_\_  
Do you have problems being around a large group of people? \_\_\_\_\_  
Are you suicidal? Yes No Have you ever tried suicide? Yes No  
When was your last attempt? \_\_\_\_\_  
Why did you attempt suicide? \_\_\_\_\_  
Have you had any recent stressful experience (i.e. loss of a loved one, divorce, loss of job, major health problems, serious financial problems, etc.)? \_\_\_\_\_  
Have you ever been diagnosed as having depression, manic, bi-polar, anxiety? \_\_\_\_\_  
Have you ever been to the mental health center, deac psych, Warm Springs, etc.? \_\_\_\_\_  
Why were you there? \_\_\_\_\_  
Are you a member of any gang or radical group? \_\_\_\_\_  
Do you drink alcohol? \_\_\_\_\_ How often? \_\_\_\_\_  
Do you use drugs? \_\_\_\_\_ How often? \_\_\_\_\_  
What kind? \_\_\_\_\_

This section is intended to structure and document the Booking Officer's observations. These observations should be used in conjunction with the Suicide Risk Section.

- |   |  |   |                  |  |                            |
|---|--|---|------------------|--|----------------------------|
| 1. <input type="checkbox"/> Yes <input type="checkbox"/> No | Understands Questions                                | 9. <input type="checkbox"/> Yes <input type="checkbox"/> No | Bizarre Behavior | 18. <input type="checkbox"/> Yes <input type="checkbox"/> No | Incoherent/Withdrawn       |
| 2. <input type="checkbox"/> <input type="checkbox"/>        | Assaultive/Violent Behavior                          | 10. <input type="checkbox"/> <input type="checkbox"/>       | Seeing Visions   | 19. <input type="checkbox"/> <input type="checkbox"/>        | Blank Stare                |
| 3. <input type="checkbox"/> <input type="checkbox"/>        | Angry/Hostile Behavior                               | 11. <input type="checkbox"/> <input type="checkbox"/>       | Hearing Voices   | 20. <input type="checkbox"/> <input type="checkbox"/>        | Passive/Non-Talkative      |
| 4. <input type="checkbox"/> <input type="checkbox"/>        | Loud/Obnoxious Behavior                              | 12. <input type="checkbox"/> <input type="checkbox"/>       | Walks w/Stagger  | 21. <input type="checkbox"/> <input type="checkbox"/>        | Depressed                  |
| 5. <input type="checkbox"/> <input type="checkbox"/>        | Unusual Suspiciousness                               | 13. <input type="checkbox"/> <input type="checkbox"/>       | Needle Marks     | 22. <input type="checkbox"/> <input type="checkbox"/>        | Confused                   |
| 6. <input type="checkbox"/> <input type="checkbox"/>        | Lifeless Reaction                                    | 14. <input type="checkbox"/> <input type="checkbox"/>       | Talks w/Slur     | 23. <input type="checkbox"/> <input type="checkbox"/>        | Timid/Shy                  |
| 7. <input type="checkbox"/> <input type="checkbox"/>        | Eyes Red or Bloodshot                                | 15. <input type="checkbox"/> <input type="checkbox"/>       | Odor of Alcohol  | 24. <input type="checkbox"/> <input type="checkbox"/>        | Unusually Embarrassed      |
| 8. <input type="checkbox"/> <input type="checkbox"/>        | Self-Inflicted Injury Scars on<br>Wrists, Legs, Neck | 16. <input type="checkbox"/> <input type="checkbox"/>       | Uncooperative    | 25. <input type="checkbox"/> <input type="checkbox"/>        | Effeminate (if male)       |
|   |  | 17. <input type="checkbox"/> <input type="checkbox"/>       | Anxious/Afraid   | 26. <input type="checkbox"/> <input type="checkbox"/>        | Homosexual (in appearance) |

### SOCIAL STRESS/SUICIDE RISK QUESTIONNAIRE

This section is intended to aid in identifying the potentially suicidal inmate and in minimizing the jail and jail staff's potential liability. Depression is the best single indicator of risk; however, also look for these symptoms: sadness and crying; withdrawal; silence; loss or gain in appetite; insomnia; mood variations; and lethargy.

Have you recently experienced any of the following? Please circle.

- |                       |     |    |                    |     |    |                      |     |    |
|-----------------------|-----|----|--------------------|-----|----|----------------------|-----|----|
| Job Loss              | Yes | No | Marital Separation | Yes | No | Major Financial Loss | Yes | No |
| Arrest of a Loved One | Yes | No | Divorce            | Yes | No | Other Major Problems | Yes | No |
| Death of a Loved One  | Yes | No | Loss of Business   |     |    |                      | Yes | No |

Comments: \_\_\_\_\_  
 \_\_\_\_\_

- Yes No Does detainee hold position of respect or prominence in the community or is the offense shocking in nature?  
 Yes No Is this the detainee's first arrest?  
 Yes No Do you have any unusual home or family problems we should know about? List: \_\_\_\_\_  
 \_\_\_\_\_  
 Yes No Have you ever been in a mental health institution or had psychiatric care? List: \_\_\_\_\_  
 \_\_\_\_\_  
 Yes No Have you ever attempted or contemplated suicide?  
 When? \_\_\_\_\_ Where? \_\_\_\_\_  
 Yes No Are you now contemplating suicide?  
 Yes No Does the inmate's behavior suggest a risk of suicide?

Known Enemies: \_\_\_\_\_ Cell # \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Co-Defendants: \_\_\_\_\_ Cell # \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Arresting Officer Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Booking Officer Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Housing Assignment/Cell #: Holding \_\_\_\_\_ Detoxification \_\_\_\_\_ Other \_\_\_\_\_  
Level of Supervision: Constant \_\_\_\_\_ 15 Minutes \_\_\_\_\_ 30 Minutes \_\_\_\_\_ Other: \_\_\_\_\_  
Name of Booking Officer (Print): \_\_\_\_\_  
Date: \_\_\_\_\_ Time: \_\_\_\_\_

Have you ever been convicted of a felony? \_\_\_\_\_  
\_\_\_\_\_

Do you know of anyone at the facility with whom you may have problems? \_\_\_\_\_  
\_\_\_\_\_

Have you read and understood the rules and regulations of the facility? Yes No

Date: \_\_\_\_\_

If you are not satisfied with your classification, you are able to appeal this. The process for the appeal is to send a request to the "Classification Supervisor" detailing your reason for the re-classification request. Do you understand this process?

Recommendations and Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### P.R.E.A. of 2003

**SEXUAL ASSAULT AWARENESS:** This document is required to be posted in each Housing Unit.

**Definitions:** Inmate-on- Inmate Sexual Abuse/Assault: One or more inmate engaging in, or attempting to engage in a sexual act with another inmate or the use of threats, intimidation, inappropriate touching or other actions, or communication by inmate's] aimed at coercing and or/pressuring another inmate to engage in a sexual act.

# BUTTE DETENTION CENTER

## These questions are mandatory!

Question to ask inmates after: they are sentenced to any of the Department of Correction's (DOC) programs: [Watch, Start, sanction to days], or have received a bond reduction hearing, have had a visit from an attorney, family member, girl friend/wife, Probation/Parole, or had a child custody hearing/visit. These questions are meant to ascertain the mental health state of the inmate, and any intervention that we need to provide.

1. Is everything ok?
2. Do you need anything, someone to talk to [family, staff, clergy]
3. Do you need some time before going back to your pod? [Place in rec room]
4. Are you feeling like you may want to hurt yourself or someone else?  
If yes explain.

If inmate answers yes to #4, have inmate change into suicide safe suit and place in the padded cell. Fill out mental health form and notify CRT.

Inmate Name Printed: \_\_\_\_\_

Inmate signature \_\_\_\_\_ Date: \_\_\_\_\_

Detention Officer signature: \_\_\_\_\_

Detention Officer Badge Number: \_\_\_\_\_ Date: \_\_\_\_\_

Effective Date: 01/15/2009

## No Self Harm Contract

I \_\_\_\_\_ agree not to harm myself in any way from  
\_\_\_\_\_ until \_\_\_\_\_.

If I have the urge to hurt myself, I will tell one of the Detention Officers or  
the Detention Nurse.

\_\_\_\_\_  
Witness                      Date

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

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Patient \_\_\_\_\_ refused to sign above contract.  
\_\_\_\_\_ Date \_\_\_\_\_