GENERAL ORDERS

COOK COUNTY DEPARTMENT OF CORRECTIONS

G.O. No. _____

PAGE 1 of 8

CHAPTER: CLASSIFICATION

SUBJECT: PROCEDURE FOR INTAKE PROCESSING OF NEW INMATES AND COURT RETURNS

U.S. v. Elrod
JC-IL-001-004

EXHIBIT A, CLASSIFICATION PLAN

I. POLICY

Classification is an ongoing process that occurs at frequent intervals during the inmate's stay in the facility. It is used to identify and separate inmates with distinct behavioral patterns into groups to ensure the safety and security of the individual inmate as well as the smooth operation of the Detention Center. Written policy prohibits segregation of inmates by race, color, creed or national origin.

II. DEFINITIONS

As used in this document, the following definitions shall apply:

A. Initial Classification

The first step in the classification process where, through the use of risk assessment criteria, initial housing placement is decided.

B. Reclassification

Any classification status change subsequent to an inmate's primary classification. This may occur on a scheduled or an as needed basis.

C. Special Need Inmates

Include emotionally disturbed, mentally retarded, mentally ill, aged and physically handicapped inmates. Special need inmates are also those who present a high risk to themselves or to others and inmates who require protective custody.

III. PROCEDURES

A. The transportation officers bring the inmate's property to

dock area of the receiving room. These inmates are placed in one of the available receiving room bullpens. While the transportation officer is taking off the handcuffs, a receiving room officer starts to call the inmates out of the bullpen starting with court returns.

The receiving room officer calls the name of the inmate, and when the officer gets a response from the inmate, the officer will compare the inmate's photo ID in the inmate's Mittimus paper, to the inmate.

Once all the court return inmates are accounted for on each transportation run, the inmates are given their court return passes, strip-searched and taken to the clothing area of the receiving room. Upon arriving at the clothing area, Division VI inmates are changed into Department of Corrections uniforms and then put in an availabale bullpen until they are picked up by an officer from their division. The other inmates are not changed into Department of Corrections uniforms at this time, but are put into various bullpens depending on the Division they are housed in.

B. The inmates left in the bullpen after the court returns are removed are considered new inmates, meaning they did not stay in the Department of Corrections the previous night, and must be assigned a Cook County Department of Corrections identification number and be processed. The receiving room officer calls the inmate's name individually, and when the officer receives a response from the inmate, will check an identifying number written on the inmate's hand with a number written on the Mittimus paper. The identifying numbers are placed on the inmate's hand and Mittimus paper in the courtroom by courtroom personnel. When the receiving room officer matches these two numbers and is sure that he has the correct inmate, the inmate

the inmate is removed from the bullpen, assigned a Cook County Department of Corrections identification number, and sent to the Bureau of Identification for a photograph. After the photograph is taken the inmate is placed back in the bullpen to await processing.

C. The inmate's Mittimus paper is taken to the booking office, and the inmate is booked. This means that the inmate's case number, bond amount, next court date, or length of sentences, charges, and the committing judge are recorded on the history card. Forms for the State's Attorney, paramedics and psych-team are also partially filled out at this time. All of these forms are then put together in a packet.

D. The inmate's packet is taken to the fingerprint table and given to the officer assigned to fingerprint. The fingerprint officer calls the inmate out of the bullpen and checks the identifying number on the inmate's hand against the number on the Mittimus paper. Once the officer is sure that he has the correct inmate, he has the inmate sign the history card, ID card, and he fingerprints the inmate's right index finger on the history card, Mittimus card, and the comparator system ID card. The Mittumus paper is then given to the officer assigned to book the Mittumus information into the computer, and the rest of the packet is sent to the property cage along with the inmate.

E. At the property cage, the inmate turns in all his personal property and money to the property officer. The property is inventoried and put in a property envelope with a copy of the receipt listing all the inmate's property and money. Both the inmate and the property officer sign this receipt. When this step is completed, the inmate and the packet are sent to the interview line.

F. On the interview line, the inmate has a short personal history taken by a receiving room officer. The history includes home address, date of birth, emergency contact, previous arrests and incarcerations, etc. (see attached history card). The inmate is also asked if he is an escape risk, suicide risk, is a former mental patient, or is a homosexual. All the information given by the inmate is recorded on the history card by the interviewing officer. The history card is then given to an officer from the computer room who puts the history information into the computer. The interviewing officer has the inmate complete the State's Attorney form which pertains to if the inmate has any other pending court cases that he might miss while incarcerated.

G. The interviewing officer sends all the completed forms and the inmate to a psych officer from the RTU program, and the psych officer gives the inmate the primary psychological screening. This interview is intended to screen out the inmates who might not be able to function in the general population. If the interviewing psych officer feels that the inmate could be suicidal, has a mental disorder, or any other problem to keep him from functioning in the general population, the psych officer refers the inmate to a non-security member of the psych team who gives the inmate a more thorough psych evaluation. If after the secondary interview the psych team feels the inmate has a definite problem, the psych team will write a referral and have the inmate assigned to the RTU building for treatment. Should the inmate in either the primary or secondary evaluation be found capable of functioning in the general population, the inmate along with his packet is sent to the housing office

H. The tiering officer assigns the inmate to a D~~ivi~~sion for housing taking into consideration the bond, charge, number of previous arrests, and the size and temperament of the inmate (see attached forms). When an inmate is asssigned to a Division, the tiering officer places a wristband on the inmate. The wristband contains the inmate's name, Cook County Department of Corrections identification number, bond amount, age, and Division assigned. The receiving room does not assign inmates to particular wings, tiers, or dorms; only to a Division. The only exception to this is inmates who are known or admitted homosexuals and female impersonators. These inmates are assigned to Division 5, Tier 1-J, or whatever wing or tier that is used to house the homosexuals, directly from the receiving room. The inmate's housing assignment is then put into the computer by the tiering officer, and the inmate is sent to see the paramedics for a physical exam.

I. During the medical exam if the inmate has a medical problem the paramedics cannot handle, the paramedics would refer the inmate to the physician assistant for further medical treatment. If the physician's assistant feels that the inmate's medical condition will prohibit the inmate from being in the general population, he can refer the inmate to be housed in Dorm #3 annex, Cermak Hospital, or Cook County Hospital. This housing assignment would supercede the tiering officer's assignment, and the inmate would be given a new wrist band and his housing assignment changed in the computer.

J. After the medical exam, the inmate is strip-searched to check for contraband, and upon completion of the search is allowed to make a phone call.

K. The inmates assigned to Division VI are changed ~~into~~ DOC uniforms and put into a bullpen until the Division VI area officer arrives to escort them to Division VI. All the other inmates are placed directly into the bullpens because they do not change into a DOC uniform until they are escorted to the correct Division.

During the moving of the court returns and the processing of the new inmates, all of the inmates are kept together in the bullpens, and during the intake process until space permits them to be moved. The only exceptions to this procedure would be inmates that require special handling. This would include inmates who are:

1. Security or escape risk
2. Aggressive
3. Serious mental disorders
4. Suicide risk
5. Need protective custody
6. Uncooperative
7. Medical problems

These inmates would be isolated as much as space permits, and would be processed on an individual basis as receiving room officers became available to do so. The inmates without identifying numbers on their hand would be isolated only until a complete set of fingerprints could be taken and sent through the Telefax machine to the Illinois Bureau of Identification to verify the inmate's identity. Once a positive identification is made the inmate can be removed from isolation unless there is another reason for needing special handling.

L. Inmates who have their bond posted while going through the intake process are moved ahead of the other inmates in order to speed up their release from the Department of Corrections. In these instances, the psych interview and the medical exam are eliminated.

IV. CLASSIFICATION PROCEDURE

Division I

Increased Maximum Security.
Escapees - all sentenced inmates regardless of age (felons).
Disciplinary inmates - only when conduct report accompanies an inmate.
The conduct report will be signed by either a Sergeant, Lieutenant, Captain or Superintendent.
A conduct report not signed by either of the above will be rejected. An officer may sign the conduct report, but it must be approved by an authorizing rank. Administrative transfers will be cleared by shift commanders or superintendents only. This will be done before the inmate is sent to the R.C.D.C. building. It will not be the responsibility of the receiving room personnel to make clearances for administrative transfers.

Division II

R.T.U. (Residential Treatment Unit)
Inmates assigned by psych team from receiving room and inmates sent to the back door from other divisions for reevaluation.
Low bond men with medical problems or old age men are usually sent to the 2nd floor (formerly known as annex).
All inmates (younth) $1,000, $5,000 and sentenced misdemeanants.

Age 17 and up, low bonds up to $15,000. Bond limit $15,000, and $5,000 V.O.P. (violation of probation). VOP warrants up to and including $5,000 in addition to a $15,000 bond shall not be reason for transferring an inmate from Division II. $20,000 bond allowed with violation of probation warrants.

Division IV

Age 20 years and up. Nonagressive inmates, inmates for safekeeping.
Note: Inmates that are to be housed in Division IV for safekeeping must be cleared with the superintendent or the shift commander. When an inmate is to be housed for safekeeping, the transfer request form must state in writing the reason why and by whom. Bonds $15,000 up to $50,000.

Division V

Low and medium bond youths of [illegible] age 17 and up, $1,000 up to $50,000.

Homosexual inmates. (Note: An inmate [illegible]

tier must be a known homosexual.) No inmate because he states that he has homosexual tendencies will be placed in Division V unless cleared with the shift commander, or the superintendent. Medium bond men $15,000 to $50,000 and inmates sentenced to the Cook County Department of Corrections with 364 days or less.

Division VI

In some cases you will find inmates being kept in Division VI for safekeeping. This is only done through divisional superintendents or the Assistand Director of Security. High bond youths of school age $50,000 and up and general high bonds $50,000 and up, and no bonds.

Cermak Memorial Hospital

All inmates received on the new referred by para-medical staff as needing hospital treatment. This includes 2nd floor and 3rd floor, annex or R.T.U.

Cook County Hospital

The only inmates sent to Cook County Hospital are inmates that are referred to Cook County Hospital by the medical staff. All inmates that are remanded to the custody of the Sheriff in outlying hospitals. When an inmate is discharged from the Cook County Hospital or an outlying hospital he must be returned to the back door of Cermak Hospital. After an inmate is seen by the medical staff at the back door and it is determined that said inmate is fit for general population he will be returned to the R.C.D.C. buidling for re-classification according to his bond structure. No inmate will be accepted in the R.C.D.C. building without the proper paper work from the medical staff stating that he has been discharged and is ready for general population.

fisher and associates

INITIAL CLASSIFICATION REVIEW

Cook County Department of Corrections

April 1982

DOCKETED
DEC 17 1982

R. Brad Fisher, Ph. D.

Director, Fisher & Associates

EXHIBIT B, SUPPORT DOCUMENTS FOR EXIBIT A, CLASS.

TABLE OF CONTENTS

DOCKETED
DEC 17 1982

APPENDICES

A Vita of R. Brad Fisher, Ph.D.
B RCDC Procedures
C RCDC, Division V, Operating Procedures
D RCDC, Division V, Housing Procedures
E Special Needs Materials
F "Suicide in the Cellblocks"
G CIMIS Analysis
H Richard Swanson Report
I Consent Decree

INTRODUCTION

The following report is an evaluation of the classification process at the Cook County jail, as the first phase of a two-phased plan. This phase presents an initial evaluation based on on-site considerations developed from jail inspection April 5-8, and is being sent to Cook County personnel and outside interested parties (U.S. Justice Department staff). The intent is to consider these initial recommendation, perceptions, and revisions, with an eye toward a return within the next few weeks to properly modify these suggestions and progress of the classification system in areas where a plan for action is identified. A high priority is to get a working classification system both fully designed (according to existing court order and policy concerns) and implemented as soon as possible.

Overview of Approach

This report separates the various sections addressed in the initial consent decree, or mentioned by administration or justice department personnel as issues of concern in classification. These sections are then subdivided into an initial comment on consent decree and related requirements, followed by comments on the methodology involved in obtaining the information for the analysis, and finally, conclusions regarding the extent of compliance. In areas where problems remain, this final section also presents a plan of action, including personnel and timetables, that will permit full compliance at the earliest possible time.

Background of Evaluator

Details of the background of this evaluator are included in the vita attached as Appendix A of this report. This information includes current work with the National Institute of Corrections in developing a national classification model, which is currently being implemented in correctional systems across the country through technical assistance programs and training provided at the NIC Center in Boulder, Colorado.

ISSUES

Several issues have significant impact on the RCDC classification process, and should be reviewed as a preface to conclusions and recommendations in this area. First, in the section on personnel and demographic data of this report, it becomes clear that the volume and flow for this unit present different challenges than in a more traditional correctional classification system. For example, there are nearly 55,000 inmates processed through this section in the course of a year, yet most of these can be expected to arrive during only a few hours (i.e., 1:30 to 3:30 p.m.) of the working day due to court processes. Additionally, it is important to note that 30% of the entire population will be released within 72 hours, and the average sentence is only 19 days.

A second related factor is that this volume and process timetable greatly restrict the extent of valid classification information that can be obtained on a given inmate. Consequently, some of the more traditional information used as the foundation for an extensive classification process need to be modified. Specifically, I refer to the use of bond level in the classification assignments. Interviews with staff, in both the computer section (CIMIS) and in the RCDC section, supported the fact that the judge frequently had information about prior convictions and other relevant criminal history data that would have part in the bond level decision, yet which might not be available to the classification division in its entirety during the initial classification phase, or be entered during this first day on the CIMIS program format. The initial classification done by the trained correctional officers (the classification history form included on the following page) is necessarily based at the first step on the inmate's self report, and subject to the obvious problems with this information source. Additionally, because of difficulties with aliases, differential I.D. numbers given on each intake, and records data flow, the CIMIS system at this initial phase frequently does not include a complete criminal history background. Consequently, while bond should not be the entire basis for a classification decision, it certainly is a valid component.

Third, considering the dynamics described above, it should be noted that the current history form included on the following page has been through several revisions, with each checked through the attorney general's office for compliance with existing ACA standards, as well as the Illinois standards for correctional facilities. The final form included in this report demonstrates the initial classification attention to the following factors:

1. Education (grade completed);
2. Occupation (including present employer and previous employer information);
3. Family data;
4. Escape information;
5. Suicide and related mental health information (this is supplemental by the entire mental health screening process and forms described in the separate section of this report);
6. Previous mental institution incarcerations; and
7. Previous arrests and convictions.

These areas of data collection are all germane to an efficient classification process, together with the bond information described earlier, and impacts on the initial division assignment described in the attached pages (with further detailing in RCDC procedures Appendix B).

Fourth, the CCDOC is currently developing policies for inmate requests for division transfer, and related grievance mechanisms. These have been written for some divisions, but are not completed for others. This addresses the need developed out of the unverified reality of much of the information in this initial classification to division process. These new policies permit the inmate to request transfer if the information is not valid, or has improperly placed him in a division. In addition, information will be available from the CIMIS system that can also provide an override to the initial classification decision in a situation where new classification data or classification data contrary to the inmate's self-report become available through the computer system.

Fifth, a comprehensive CIMIS analysis has only recently fully evolved, and currently gives information in all relevant classification areas as described in Appendix G. In addition to those general classification areas described in the paragraph above, the management information system of CIMIS provides substantial detailing in the areas of previous criminal history, educational background, vocational background, mental and substance abuse status, and the like. This backup process provides not only the detailing, but a verification for the initial self-report data that is essential for effective classification. Based on interviews with staff (including Jim Bongiovanni, director of the CIMIS program), this initial data collection is done on the same working day that the inmate receives his initial classification, so that there is no undue delay or potential for misclassification to a division.

Conclusions

Considering the obstacles presented in the Issues section above, the CCDOC is in compliance with the consent decree requirement for classification processes, although current efforts should address the still existing differences between procedure on a day to day basis and that reflected in written policy manuals. As noted in the appendix on classification (RCDC) processes, the detailing of the actual procedures is not part of the overall written materials. In addition, another area where practice seems to be systematic and in compliance with the consent decree, yet is not written down as a manual procedure, is in the area of grievance mechanisms and transfer processes. It is the intent of this evaluator to, on his return visit, attempt to work with Sergeant Moll and the superintendent, Mr. Hardiman, to get the procedures in these areas down into a manual which is more comprehensive than the one included as an appendix to this report. If this can be accomplished, then I believe there will be full compliance in this area.

HOUSING UNIT INTEGRATION

This section deals with concerns about the extent of racial integration in the Divisions, as well as influence of the classification process in this area.

Consent Decree Requirements

Civil Action No. 76 E 4768 requires the establishment and implementation of the following goals:

A. The defendants shall not discriminate against or segregate any inmate or group of inmates in the operation of the facilities and programs of the Department on the basis of race, color, or national origin.

B. The Defendant shall not employ any criteria or methods of administration in assigning or classifying inmates to housing units which have the purpose or effect of discriminating against or segregating inmates on the basis of their race, color, or national origin, consistent with this decree and with the valid security interests of the Department.

Furthermore, this consent decree calls for a comprehensive plan in which:

1. The defendants shall not assign or classify any inmate or inmates to housing units on the basis of race, color, or national origin.

2. The racial and national composition of each Division holding male inmates shall approximate the overall racial composition of the male inmate population and shall not deviate more than 5% from the overall composition.

3. The racial and national origin composition of each housing unit (male and female) within each Division shall approximate the overall racial composition of the Division population and shall not deviate more than five percent (5%) from the overall Division population.

Methodology

In order to evaluate compliance and planning in this area, statistical and administrative data, classification form, and classification process information was considered and reviewed. A summary of the statistical data is presented in Table 1 and 2. These tables represent the overall percentage breakdown for each Division (Table 1) and an example (Division 1) of tier housing breakdown, with deviations from the overall population percentages noted in the far right column (Table 2). Interviews with all Division superintendents, RCDC staff, and inmates served as a check and balance in the evaluation of whether there was a perception of discrimination from either perspective. Finally the analysis of the current classification form data (RCDC) and similar process forms belonging to each Division, provided a foundation for the analysis of this issue.

TABLE I
COOK COUNTY DEPARTMENT OF CORRECTIONS
CORRECTIONAL INSTITUTION MANAGEMENT INFORMATION SYSTEM
RACE PERCENTAGE REPORT FOR ENTIRE INSTITUTION

Race	DIV. 1		DIV. 2		DIV. 3		DIV. 4		DIV. 5		DIV. 6		DIV. 7		DIV. 8		DIV. 9		TOTALS	
	CNT	%	CNT	%	CNT	%	CNT	%	CNT	%	CNT	%	CNT	%	CNT	%	CNT	%	CNT	%
Am. Indian	2	0.4	3	0.2	0	0.0	2	0.3	4	0.4	1	0.1	3	0.3	0	0.0	1	1.8	16	0.3
Black	395	75.9	1069	79.4	228	82.3	495	72.8	714	78.5	631	70.3	705	61.3	0	0.0	26	47.3	4264	73.1
Latino	13	2.5	27	2.0	0	0.0	26	3.8	23	2.5	29	3.2	9	0.8	0	0.0	0	0.0	127	2.2
Mex-Am	14	2.7	28	2.1	3	1.1	11	1.6	14	1.5	43	4.8	27	2.3	0	0.0	1	1.8	141	2.4
Puerto-Ric	18	3.5	43	3.2	5	1.8	24	3.5	33	3.6	43	4.8	33	2.9	0	0.0	2	3.6	201	3.4
White	69	13.4	139	10.3	36	13.0	113	16.6	112	12.3	137	15.3	362	31.5	0	0.0	18	32.7	986	16.9
Unknown	3	0.5	19	1.4	1	0.4	2	0.3	4	0.4	5	0.6	3	0.3	0	0.0	7	12.7	33	0.8
Div Totals	515	8.8	1347	23.1	277	4.8	580	11.7	909	15.6	897	15.4	1150	19.7	0	0.0	55	0.9	5830	100%

Total Population

There are 2 columns for division and institution totals. These columns represent:
Division Count Column - The total number of inmates of that specific race within the division.
Division Percent Column - The percentage of that race within the division.
Institution Count Column - The total number of inmates of that specific race in all of the divisions.
Institution Percent Column - The percentage of that race compared to the total population.

TABLE II
COOK COUNTY DEPARTMENT OF CORRECTIONS
CORRECTIONAL INSTITUTION MANAGEMENT INFORMATION SYSTEM
RACE PERCENTAGE REPORT FOR DIVISION 01 BY BLOCK AND TIER

Race	Block E Tier 03 CNT	%	Block E Tier 04 CNT	%	Block F Tier 01 CNT	%	Block F Tier 02 CNT	%	Block F Tier 03 CNT	%	Block F Tier 04 CNT	%	Block G Tier 01 CNT	%	Block G Tier 02 CNT	%	Block G Tier 04 CNT	%	Block H Tier 01 CNT	%
Am. Indian	0	-0,4	0	-0.4	0	-0.4	0	-0.4	0	-0.4	0	-0.4	0	-0.4	0	-0.4	0	-0.4	0	-0.4
Black	15	-8.7	19	18.1	27	23.1	0	-76.9	14	-3.2	42	23.1	0	-76.9	53	23.1	0	-76.9	24	-6.3
Latino	1	2.0	0	-2.5	0	-2.5	2	47.5	0	-2.5	0	-2.5	0	-2.5	0	-2.5	0	-2.5	2	3.4
Mexican-Am	0	-2.7	1	2.3	0	-2.7	0	-2.7	0	-2.7	0	-2.7	0	-2.7	2	-2.7	1	17.3	0	-2.7
Puerto-Ric	4	14.7	0	-3.5	0	-3.5	0	-3.5	0	-3.5	0	-3.5	4	71.5	0	-3.5	1	16.5	2	2.4
White	2	-4.3	0	-13.4	0	-13.4	1	11.6	5	12.9	0	-13.4	1	11.6	0	-13.4	3	46.6	6	4.2
Unknown	0	-0.6	0	-0.6	0	-0.6	1	24.4	0	-0.6	0	-0.6	0	-0.6	0	-0.6	0	-0.6	0	-0.6
Tier Totals	22		20		27		4		19		42		4		53		5		34	

There are 2 columns for each block and tier totals: These columns represent:

Block and Tier Count Column - The total number of inmates of that specifid race within that block and tier.

Block and Tier Variation Percentage Column - The variation between the percent of that race within the tier and percent of that race within the division.

Issues:

Several practical issues need to be noted before making concluding statements about statistical compliance to the consent decree requirements for integration. First, any correctional system needs to expect the minority population to make up a disproportionately high percentage of the population needing protection. In the case of the CCDOC the minority is white. Therefore, an imbalance may exist in specialized protection units. Secondly, the classification process, while considering such factors as age, criminal history, and bond level, is not consciously discriminating, yet may include features related to race (i.e., research demonstrating higher bond for the same crime set for blacks than whites).

Conclusions

The CCDOC is largely in compliance with this section of the court order. This conclusion is based in part on the overall, Divisional and Tier integration; the tables reflect general integration patterns that are satisfactory. It is further based on an analysis of the classification material for RCDC (Appendix C), and each Division (Appendix D), which do not include any consciously discriminating factors. Finally, it is based on all interviews I conducted with line staff, administration, and inmates, in which the consistent perception was that there was no discrimination in housing placements.

It would be possible to have a more absolutely exact balance if a quota type system was enforced, yet this would probably not be wise. It would require excessive administrative energy to be expended for very small ratio changes, in a system largely in compliance with consent decree requirements in this area. It would be resented by minority (white) inmates, who represent such a small percentage that a group of just one or two would be required on many tiers, and it might be necessary to violate appropriately determined classification to reach this goal. Consequently, it is my belief that the current system and process fulfills the consent requirements both for a non-discriminatory classification process and that integrated housing is currently at appropriate levels.

SPECIAL UNITS PLACEMENT (SPECIAL NEEDS INMATES)

This section deals with the issues of special needs inmates and their differential housing and program placement at CCDOC.

Consent Decree Requirements

In this area the consent decree calls for the establishment of housing units for inmates with special needs, including by way of example but not limited to, inmates hospitalized in Cermak Memorial Hospital, homosexual inmates, and inmates participating in the PACE program. These units are exempted from the integration requirements (C-2, C-3) of the consent order.

The consent order calls for the implementation of a classification plan which shall:

> D-3--propose the establishment, modification, or abandonment of housing units for inmates with special needs.

Methodology

The approach to evaluation in this section included on-site inspection of existing special needs units, interviews with these units personnel (i.e., RTU, Division superintendents, Cermak personnel, etc.), review of special unit screening and program materials (see Appendix E), and examination of the RCDC to Division process for screening and separation. Finally, demographic materials, such as suicide and violent incident totals by year, were considered in evaluating the differences in statistics partially attributable to special placement.

Issues

As with other sections in this report, the greatest factor influencing the assessment of special needs placement was the multiple changes in the CCDOC, both architecturally and procedurally, since the initial addressing of issues in U.S. v. Elrod. New units have been constructed, new staff hired (i.e., in response to the Harrington case in the Mental Health area), and almost all institutional procedures have been or are being revised. Some changes in this area can also be attributed to the successful efforts of CCDOC to obtain ACA accreditation.

Conclusion

The CCDOC is in compliance with this section of the consent decree. They have both established the special housing units and programs, and also implemented classification and screening processes for effective special needs inmate identification and placement. Some of the units and processes are as follows:

1. Mental Health Needs: The details of the process in this area are included as Appendix C. Basically, the process uses a combination of Cermak (RTU) staff (8) and specially trained RCDC correctional officers (3) in a three-stage assessment process. (See pages immediately following.) Stage 1 is the Initial Screening and Evaluation Form given to all incoming inmates. Those singled out for additional evaluation needs are given the Psycho-social History Form and the Secondary Assessment Form (developed from the partial WAIS test and the Bender Visual Motor Gestalt test). Based on the data from this evaluation, one of four choices follow:

   a. Placement in Cermak Hospital 3-N for inmates posing imminent danger to themselves or others.

   b. RTU (Residential Treatment Unit) placement for inmates demonstrating lesser but significant disturbance levels.

   c. Placement in the General Population under Mental Health supervision for disturbed inmates not requiring hospitalization.

   d. General Population without treatment when the full evaluation does not demonstrate significant disturbance.

2. Drug/Alcohol Program Needs: A separate screening and treatment process is initiated by the 80-bed drug treatment program within RTU. Initial disturbance in this area is noted in three areas: The initial case history, the Mental Health summary evaluation, and the CIMIS computer form (each given all inmates).

3. Protective Custody: Placement in protective custody is noted in initial classification, and is voluntary. In addition, this placement can take place at any subsequent time during incarceration if requested. Even the initial holding area prior to classification and placement contains a separate protective custody placement. Cases in need of the greatest protection are assigned to Division IV, while each other unit contains cells designated for protective custody as detailed in the classification section of this report.

4. Homosexual Inmates, PACE Program, etc.: Other special needs inmates are identified in the initial classification processes, and assigned special placement within the assigned Division. These are described in the classification section of this report, under the Tier assignment differentiations made for each Division.

Finally, statistical information appears to verify the successful implementation of several of the special needs placements and programs. For example, as noted in the article entitled Suicide in the Cellblocks (Appendix F), the average number of suicides to be expected in a jail the size of CCDOC is 10-15. Furthermore, the Chicago Police detention facility recently reported 22 suicides over a 22 month period. However, since the new classification screening process has been established, this number has dropped to zero (1980) and one (1981). Protective custody incidents have also been reduced.

NAME: _____

PSYCHO-SOCIAL HISTORY

1. PRESENTING PROBLEM:

2. CHILDHOOD HISTORY:

3. EDUCATIONAL HISTORY:

4. MILITARY HISTORY:

5. EMPLOYMENT HISTORY:

SECONDARY ASSESSMENT

NAME: _____ Date: _____

A. INFORMATION

1. Mayor, governor, president _____

   _____

2. Current event of the day (e.g. Iran)
3. Four (4) Presidents since 1900
4. Direction from Chicago to Panama
5. Cause of yeast to rise
6. Three (3) Major blood vessels

B. SIMILARITIES

1. Orange/banana
2. Table/chair
3. Wood/alcohol

C. PROVERBS

1. Strike while the iron is hot
2. Shallow brooks are noisy

D. COMPREHENSION/JUDGEMENT

1. What's the thing to do if you are the first person in a theater to see smoke and fire?
2. What's the thing to do if someone much smaller than yourself starts to fight with you?
3. What would you do if you were lost in the forest in the day time?

E. MEMORY (AUDITORY)

Digit span (ask subject to repeat)

3-8-6	R_____	W_____
4-7-5-1	R_____	W_____
9-2-3-4-7	R_____	W_____

(over)

INTAKE SCREENING AND EVALUATION

DATE: _____

LAST NAME _____ FIRST _____ MIDDLE _____ D.O.B. _____

HOME ADDRESS _____ CITY _____ STATE _____ TELEPHONE NUMBER _____

INMATE NO.: _____ CHARGE: _____ BOND: _____ CT. DATE: _____

RACE: W___ B___ Sp.___ OTHER___ EMP. STATUS: No___ Yes___ # MOS/YRS EMPL: _____ OCCUPATION: _____

MARITAL STATUS: S M D W Cohab. Other_____ CHILDREN: Number:_____ M___ F___ Ages: _____

PARENTS: M D SEP. DEC'D REMARRIED RAISED BY: Single Parent Parents Foster Placement Other ___

SIBLINGS: Ages _____ Sex _____ AGE LEFT FAMILY _____

PSYCHIATRIC HISTORY: 1) Inpatient (Most Recent Dates) _____ Location: _____

REASON: _____

2) Outpatient _____

3) Medication A. Present _____ B. Past. _____

4) Alcohol Use: _____ 5) Drug Use: No___ Yes___ What?_____ Program_____

THIRD PARTY COVERAGE: MEDICARE MEDICAID INS. BC/BS POLICY #_____ EXPIR. DATE: _____

MENTAL STATUS:

1. APPEARANCE: Neat, well-groomed, meticulous, unkempt, breath odor, body odor, filthy, scars, tatoos, eyeglasses, hearing aid, normal for situation, other _____.

2. POSTURE AND PSYCHOMOTOR ACTIVITY: Tense, rigid, relaxed, overactive, underactive, pacing, wringing hands, biting nails, lethargic, ritualistic.

3. INTERACTION: Cooperative, uncooperative, resistant, defensive, distrustful, reticent, hostile, fearful, passive, polite, obsequious.

4. MOOD: Anxious, agitated, irritable, depressed, angry, suspicious, silly, indifferent, happy, elated, guilty, withdrawn, hysterical.

5. AFFECT: Constricted, shallow, flat, labile, stable, appropriate, inappropriate.

6. ANXIETY: Pacing, wringing hands, biting nails, rhythmic leg or arm movements, profuse perspiration, trembling, stuttering, stammering, temporary inefficiency, tics, NONE MINIMAL SITUATIONAL MILD MODERATE INTERFERING.

7. DEPRESSION: Self depreciation, crying, hypoactive, suicidal thoughts, suicidal threats, past history of depression, past history of suicide, sleep problems, eating problems, manic-depressive episodes (manic, depressive, circular).

8. ORIENTATION: Time, place, person, situation.

9. FLOW OF THOUGHT: Normal, blocking, rapid, pressured, multiple thoughts, Slow (Possible Mental Retardation)

10. ASSOCIATIONS: Goal-directed, tangential, loose, flight of ideas.

11. THOUGHT CONTENT: Obsessions, delusions, (paranoid, grandiose, religious), ideas of reference, ideas of influence, suicide,

CLASSIFICATION DEMOGRAPHIC DATA

The following data is intended as a concise introduction to the demographic issues critical to understanding classifications at CCDOC.

A. Population and Flow

1. Daily population (as of 4/5/82): 5,831, up over 2,000 since 1978.
2. Population classified per year: approx. 55,000.
3. Daily classification: 150-200 inmates (almost all arriving between 1:30-3:30 p.m.).
4. Average age: 25.
5. 30% released before 72 hours.
6. Average sentence: 19 days.

B. Division Population and Overcrowding (as of 4/8/82) - Partial Listing:

TABLE 3

Overcrowding	Division	Count	Computer Capacity	cells down	real capacity
Yes	I	504	620	80	540
Yes	II	1365*	1165	--	--
Unknown	III	248	250	?	?
Yes	IV	677	704	40	664
Yes	V	927	900	--	--
Yes	VI	910	992	112	880

* 1109 if Cermak not counted

C. Classification Personnel:

1. RCDC - 71 total personnel (correctional officers), down from previous total of 125.

2. RCDC - 3 correctional officers assigned to classification (taking histories), each with 10 weeks training. They do approximately 40 cases/day.

3. Mental Health assigned to RCDC (part time):
   a. One Ph.D. - supervisor
   b. One M.S.W.
   c. 7 M.A. or A.B.D. level.

4. Correctional officers per shift - approx. 20 (2-10 or 4-10 o'clock.

5. Highest ranking officers - 4 sergeants. (Lieutenant assigned until last month.)

TRAINING NEEDS

This section deals with the training needs of both RCDC classification personnel and Division personnel assigned to classification.

Consent Decree Requirements

The defendants are to develop a training program for defendants' employees assigned to classification duties.

Issues

Two areas of training appear to impact on classification, one directly and the other peripherally. The three correctional officers assigned to fill out the history forms in the intake classification phase have each received 10 weeks training under Professor Kellum at the University of Chicago. By contract a $250,000 appropriation has provided more extensive training for the Mental Health Screening team (also through Professor Kellum). Although a loose report finding, it appears that some jealousy exists currently between these staffs because of the differential training opportunities. The real issue may be not the extent of training, but the fact that there are insufficient personnel assigned to handle the large volume of incoming inmates.

Conclusion

Although the 10 weeks training provided the 3 correctional officers, the additional training for Mental Health staff, and the NIC training provided Sergeant Moll may be perceived as a fulfillment of the consent decree, I believe more extensive training dealing specifically with classification should be provided. Additionally, this training should be basically the same for the correctional officers, the RCDC supervisors, and for the Mental Health staff assigned to RCDC. Possibly the initial plan of training for the Mental Health staff can be extended to include the three correctional officers (hopefully more than three officers will receive the training). In addition, this training should be in service and should extend to all areas of classification issues central to CCDOC rather than be limited to mental health considerations or classification issues not related to CCDOC. NIC has recently developed some classification training programs responsive to these needs, but these are targeted for supervisory personnel (sergeant and above), and not designed to be in service. Consequently, a group able to provide in service training to all staff in classification concerns specific to CCDOC should be identified. The Correctional Services Group in Kansas City is such a group, and is directed by the former warden of the Joliet prison in Illinois. I would expect a specified group and timetable for training could be worked out with the Director's office during my second visit. The following suggestions may serve as a starting point:

1. Personnel involved:
   a. correctional officers assigned to classification;
   b. mental health staff assigned to RCDC;
   c. Division representation for classification shift commanders;
   d. RCDC

2. Target Training Needs: Classification considerations including:
   a. Introduction to CIMIS system;
   b. Primary CCDOC custody considerations;
   c. Primary CCDOC programming considerations (PACE, etc.);
   d. Special unit assignment;
   e. Grievance mechanisms;
   f. Transfer procedures.

3. Timetable: I am unclear of the timetable for NIC training; however, the other training recommended should include an initial week session, with established times for procedure review and follow-up sessions, established at the outset for this same group.

I have made initial contact with both NIC and the Correctional Services Group to sound out their willingness and ability to meet these training needs, in order to expedite the execution of this recommendation. The primary contacts and addresses are listed below:

Ray Nelson
National Institute of Corrections
Jail Center
1790 - 30th Street
Boulder, Colorado 80301

Bob Buchanan
Correctional Services Group
Suite 3 South
4149 Pennsylvania Avenue
Kansas City, Missouri 64111

TIER CLASSIFICATION
(WITHIN HOUSING UNITS)

The following section addresses the classification program of the separate Housing Units (Divisions) and their components (tiers and dorms). It does not address the initial Division assignment classification process.

Consent Decree Requirements

The overall classification plan requires the development of a tiering plan, with an outline of the rational and objective criteria to be used in assigning inmates to various housing units.

Methodology

Data utilized for the evaluation in this area includes a primary focus on the written materials of each Division used in tier and dorm differential assignment. In some Divisions the process had not been put in its final written form and signed off by the Director, and consequently on-site interviews with staff provided the primary data base. In the case where the materials had been written, staff and inmates were interviewed to determine the correlation between the day-to-day process and written as policy.

Issues

Two primary factors affect the evaluation in this area. First, a great deal of work has gone into developing specific Division classification policies as part of the overall Division additions over the last few years. This has been even more intensive recently because of the ACA accreditation process recommendations. Second, as a part of the changes, the Division Superintendents have been transferred between the Divisions (October and November of 1981), and this has resulted in some cases where classification policies are established, but not yet written and signed off by the Director..

Conclusion

In terms of classification processes within each Division, CCDOC is in compliance with the consent decree in practice, yet has the shortcoming (hopefully to be remedied by the time this report is finalized) of having some classification practices not yet formally written as S.O.P.s. The following pages and Appendix D include examples of these classification practices from Division I, II, IV, and V.

Recommendation

1. That these practices all be put in writing and signed off within the next 30 days.

2. That they include specific committee membership and times assigned to the daily tiering and dorm classification process.

These are changes that can be accomplished quickly and without difficulty, since they simply should reflect current ongoing processes. It is understood that some delay may be anticipated in the requirement that each new S.O.P. go through the State Attorney's office. In the following procedure examples it should be noted that my evaluation demonstrated an extremely high correlation between written procedures (or those described to me by the Division Director), and the day to day process as evaluated through line staff and inmate interviews.

Division V Classification

Inmates assigned to Division V will be classified and housed according to the following guidelines:

WINGS	PURPOSE
1-G	Regular Wing; 21 years and up; $15,000 bond and up
1-H	Regular Wing for older non-aggressive; 30 years and up; $15,000 bond and up
1-J	Homosexuals
1-K	Regular Wing; 21 years and up; $15,000 bond and up
1-L	Isolation Wing; all ages or bonds
1-M	Sentenced Inmates; workers
2-A	Regular Wing; $20,000 bond and up; 17 years and up
2-B	Regular Wing; $15,000 bond and up; 25 years and up
2-C to 2-F	School Wings; 17 years to 20 years
2-G to 2-M	Regular Wings, $15,000 bond and up; 17 years and up

Division II Classification

Inmates assigned to Division II will be classified and housed according to the following guidelines:

Men's Dorm - General population to 4 dorms 2nd floor and 4 dorms 3rd floor.

Dorm #3	- General population to 4 dorms 3rd floor and 4 dorms 2nd floor - Isolation wing 1st floor (20 cells) - Protective custody to annex (13 cells)
Cermak Hospital	- 3rd floor north (RTU) - Mental Health cases and Drug Program - 2nd floor (medical)

Division I

Inmates assigned to Division I will be classified and housed according to the following guidelines:

1st floor	- sentenced to over 10 years
2nd floor	- sentenced to 3-6 years
3rd floor & 4th floor	- general population
E-1	- disciplinary
A basement	- disciplinary

RCDC AND DIVISION CLASSIFICATION

This section addresses the initial classification process. Separate sections of this report deal with special needs classification and classification procedures within each Division.

Consent Decree Requirements

The defendants are required to implement a comprehensive and detailed classification plan consistent with the provisions of the decree. This is to include the establishment of a classification system consistent with the decree and the security interests of the institution. It is also to include standard operating procedures to assist defendants' employees in the day-to-day classification process.

Methodology

The evaluation of the initial classification process included consideration of multiple factors. First, all written materials reflecting classification were reviewed. Second, a large percentage of on-site time was spent in the RCDC unit, including inmate interviews and interviews with the majority of staff. Third, CIMIS system and staff were interviewed and evaluated. And fourth, the tangential staff and activities (i.e., Mental Health staff, transportation officers, etc.) were interviewed and considered in the final evaluation process.

Issues

Several issues impact on the overall initial classification process and should be discussed as a preface to this section. The first information relates to overall population and flow dynamics. As discussed previously in the demographic section of this report, the overall scenario includes a processing of nearly 55,000 prisoners in the last year, with a daily population of approximately 5,800 (up over 2,000 since 1978). This in turn translates to a daily classification of between 150 and 200 inmates, all of whom arrive at the time specified by the court process, which is only a few hours (i.e., 1:30 - 3:30 p.m.) of the work day. Additionally 30% of these inmates are released within 72 hours, and the average sentence is only 19 days. The point of reiterating these particular statistics is to show that the classification process ~~is~~ necessarily somewhat different for the CCDOC than it would be for a smaller-sized detention facility, or for a state corrections department or facility of similar size.

The second related issue deals with information verification obstacles. During the initial classification process, a cornerstone for the data gathered is necessarily the inmate self-report, with its obvious limitations. The CCDOC has supplemented this data from two principal sources. First, the data

is all introduced into the CIMIS program, which includes the various components listed in Table A. This Management Information System includes data compilation in the crucial classification areas such as:

1. Current crime code;
2. Drug history;
3. Previous criminal history (in some cases);
4. Educational history;
5. Medical history;
6. Psychological information;
7. Vocational background.

This information is entered into the program on the same day as the initial classification, and consequently could result in transfer or differential placement when significant new classification information is obtained that is different than the inmate's self-report on the same date as the inital classification.

Another concern in the verification process is considered by the inclusion of bond amount, as a component of the classification process. Although this particular component is not ordinarily used in traditional state and larger correctional system processes, it is critical to the CCDOC. This is because the judge may frequently have information about prior criminal record, as well as other significant criminal data, which is not reported by the inmate and may not be avilable through the initial CIMIS scanning. As a result, classification placement without the inclusion of this element would not be as objective and comprehensive as if it were included as one of the classification components.

A final issue in considering the classification process in RCDC relates to the differences between a procedure noted on paper (see Appendix C) versus the procedure in its ordinary day-to-day execution. Most of my four-day on-site initial evaluation was spent in the RCDC area, and generally more compliance was found in the actual process than that written as the process. In short, the existing practice seems to respond to a number of consent decree requirements, as well as overall requirements for good classification that are not reflected in the current procedures policy that are written either for RCDC or for the separate divisions.

Conclusions

The major difficulty with assessing the extent of compliance with the consent decree requirements in the area of initial classification is addressed in the above paragraph's notation of a substantial difference between observed policies and procedures, as compared with those policies which are currently in a written format. The attached forms included in the next pages are the foundation for the data gathered in the initial RCDC classification process. It is important to note that the current revision of the history form has been completed very recently, and includes compliance with the ACA standards used for accreditation purposes, as well as the Illinois standards for jails,

and a review by the Attorney General's office. In addition, the mental health forms are used for initial screening in this area, and the CIMIS data is included as a comprehensive analysis of prisoner information, and for record-keeping purposes. It should be noted that these combined sources of data do include the components necessary for a comprehensive and objective classification process as required by the consent decree, and consequently may be interpreted to some extent in its compliance with this section of the consent order.

In order to ensure complete consent decree requirement compliance in the initial classification area, it is necessary to update the written classification procedures included as appendix material to this report. This will, in general, be a process of working with classification staff (especially supervisor Moll) to write down a procedures manual reflecting current policies, rather than an effort to revise current policies.

In addition, it is essential that this new procedures manual include specific mechanisms for the inmates' request for transfer, or grievance mechanisms for determined placement. In discussions with director Hardiman concerning this issue, it is clear that some of the mechanisms currently in place and understood by both staff and inmates have not been evolved into written procedures. This needs to be done.

Consequently, the plan for ensuring compliance at the earliest date in this area will include a return to the Cook County Department of Corrections in the latter part of April or the first part of May to work primarily with RCDC staff (i.e., Sergeant Moll) with the director's involvement, towards committing existing RCDC policies to writing and including components for transfer and grievance mechanisms processes. It is expected that the follow-up draft to this initial evaluation will include the plan, as well as the initial findings, for closure in this area, and full compliance with consent decree requirements.

CLASSIFICATION PROCEDURE

Division I:

Increased Maximum Security.
Escapees - all sentenced inmates regardless of age (felons).
Disciplinary inmates - only when conduct report accompanies an inmate.
The conduct report will be signed by either a sgt., lt., cpt. or superintendent. A conduct report not signed by either of the above will be rejected. An officer may sign the conduct report, but it must be approved by an authorizing rank. Administrative transfers will be cleared by shift commanders or superintendents only. This will be done before the inmate is sent to the R.C.D.C. building. It will not be the responsibility of the receiving room personnel to make clearances for administrative transfers.

Division II:

R.T.U. (Residential Treatment Unit
Inmates assigned by psych team from receiving room and inmates sent to the back door from other divisions for reevaluation. Low bond men with medical problems or old age men are usually sent to the 2nd floor (formerly known as annex). All inmates (youth) $1,000, $5,000 and sentenced misdemeanants.

Age 17 and up, low bonds up to $15,000. Bond limit $15,000, and $5,000 V.O.P. (violation of probation). VOP warrants up to and including $5,000 in addition to a $15,000 bond shall not be reason for transferring an inmate from Division II. $20,000 bond allowed with violation of probation warrants.

Division IV:

Age 20 years and up. Nonagressive inmates, inmates for safekeeping.
Note: Inmates that are to be housed in Div. IV for safekeeping must be cleared with the superintendent or the shift commander. When an inmate is to be housed for safekeeping, the transfer request form must state in writing the reason why and by whom. Bonds $15,000 up to $50,000.

Division V:

Low and medium bond youths of school age 17 and up, $5,000 up to $50,000. Homosexual inmates. (Note: An inmate sent to the homosexual tier must be a known homosexual.) No inmate because he states that he has homosexual tendencies will be placed in Division V unless cleared with the shift commander, or the superintendent. Medium bond men $15,000 to $50,000 and inmates sentenced to the Cook County Department of Corrections with 364 days or less.

Division VI:

In some cases you will find inmates being kept in Division VI for safekeeping. This is only done through divisional superintendents or the assistant director of security. High bond youths of school age $50,000 and up and general high bonds $50,000 and up, and no bonds.

CLASSIFICATION PROCEDURE (cont'd)

Cermak Memorial Hospital

All inmates received on the new referred by para-medical staff as needing hospital treatment. This includes 2nd floor and 3rd floor, annex or R.T.U.

Cook County Hospital

The only inmates sent to Cook County Hospital are inmates that are referred to Cook County Hospital by the medical staff. All inmates that are remanded to the custody of the Sheriff in outlying hospitals. When an inmate is discharged from the Cook County Hospital or an outlying hospital he must be returned to the back door of Cermak Hospital. After an inmate is seen by the medical staff at the back door and it is determined that said inmate is fit for general population he will be returned to the R.C.D.C. building for re-classification according to his bond structure. No inmate will be accepted in the R.C.D.C. building without the proper paper work from the medical staff stating that he has been discharged and is ready for general population.

NAME		ALIAS		INMATE NUMBER
ADDRESS	IN CASE OF EMERGENCY	DATE SENTENCED	I,	
	NAME -- ADDRESS	DOCUMENT TYPE AND NO.	AS AN INMATE IN THE	PRIDE CAll
		( )	COOK COUNT DEPARTMENT	
PHONE NO.		BY JUDGE	OF CORRECTIONS, DO	
AGE	CITY ST	SENTENCE	HEREBY AUTHORIZE ALL	KITES & KEE'S
HT ' " WT	PHONE	STANDARD GT	ALL INCOMING AND OUT-	
HAIR		MERIT GT	GOING LETTERS, PAPERS	
EYES		TOTAL TIME IN CCJ	AND OTHER MAIL WHICH	INSURANCE #
RACE	CITY ST		MAY BE DIRECTED TO ME	
	PHONE	OUT DATE	AS LONG AS I AM AN	
RESIDENCY		DATE RELEASED	INMATE IN SAID	
LAST SCHOOL ATTENDED	ATTEMPT ESCAPE	HOW RELEASED	INSTITUTION.	
	ATTEMPT SUICIDE		DATE	
GRADE COMPLETED	IMPERSONATION	DATE SENTENCED		
		DOCUMENT TYPE AND NO.		
OCCUPATION	IF MENTAL INST WHICH ONE	( )	INMATE'S SIGNATURE	
		BY JUDGE	ON DISCHARGE	
SSN - -		SENTENCE		
INCOME SOURCE	CITY ST		COMMENTS	
	LENGTH OF STAY YR MON	DATE SENTENCED		
PRESENT EMPLOYER	DATE RELEASED	DOCUMENT TYPE AND NO.		
	TYPE OF RELEASE	( )		
		BY JUDGE		
EMP. PHONE		SENTENCE		
DATE STARTED	IR #			
PREVIOUS EMPLOYER	SID #	TIME IN	TIME OUT	
	FBI #			
	DRIVERS LICENSE #			
EMP PHONE		INTAKE OFFICER SIGNATURE	DISC. OFFICE SIGNATURE	
FROM TO	PRIOR CCJ #			
		TIME OUT		
MILITARY STATUS	PREVIOUS ARRESTS			
	CHARGE TERM	RT INDEX IN	RT INDEX OUT	PICTURE
BRANCH	1	DISC. OFFICER	OFF SIGNATURE	
	2			
BIRTH DATE	3			
BIRTH PLACE (STATE)		RT INDEX IN	RT INDEX OUT	PICTURE
TIME IN US YRS MON	PERSONAL PROPERTY			
IN COUNTY YRS MON	$			
	PROP OFFICER SIGNATURE			
MARITAL STATUS				
NUMBER OF CHILDREN	TIER			
RELIGION				

			CHARGE	DISP	DATE RECORDED

WRIT/HC

WARRANTS

SPECIAL ORDERS

CLASSIFICATION PROCEDURE

TRANSFERS

All inmates transferred between divisions must come through the R.C.D.C. building Division V.
When an inmate is transferred from one division to another division, it will be the responsibility of the receiving room to enter on the computer the division in which the inmate is being transferred. The security office will resume the responsibility to tier the inmate to the wing, dorm or tier.

All transfers are to take place between the hours of 9 a.m. and 10:30 a.m. Monday through Friday only. This includes R.T.U. and disciplinary transfers. The only transfers that are allowed past the 10:30 time limit will be administrative transfers. These transfers will be approved by the shift commanders or superintendents only. The transfer slip will state who is transferring an inmate, and who approved the late transfer. It will not be the responsibility of the receiving room to make clearance for these transfers. The only other transfer that will be made after the time limit are inmates that return from court sentenced to the Illinois Department of Corrections (I.D.O.C.). It will be the responsibility of the receiving room personnel to notify the shift commander at Division I as to why an inmate is being transferred. Note: No inmate who goes to court from the R.T.U. unit and is sentenced to I.D.O.C. will be sent to Division I. He shall be returned to the R.T.U. unit. The shift commander of Division II will be notified and if he finds it feasible to transfer theinmate, the man will be returned to the R.C.D.C. building with a transfer slip and a discharge form signed by the psych team, stating he can be sent to general population. A copy of this form will be sent to Division I and a copy will be kept on file. All transfers must be in the receiving room within the alotted time span so they do not hamper other receiving room operations (i.e., court calls in the a.m., and court returns in the p.m.)

All inmates being transferred for disciplinary reasons must be accompanied by an incident report signed by the division shift commander. Note: The form which is presently being used by the disciplinary board stating that an inmate has been brought before the disciplinary board on numerous occasions, and that he cannot adjust to an open dormitory atmosphere, and has been disrespectful to staff personnel, will be signed by the shift commander. The shift commander will notify the shift commander in Division I, and make a clearance before this inmate is brought to the receiving room. The transfer from div. to div. for disciplinary action will be made in an inmate transfer form, and the person who approved the transfer. If this is not done, the receiving room will not accept this inmate.

When an inmate is transferred from the R.T.U. unit, he will be sent to the division in which he came from, unless considered a security risk. If in doubt about the division an inmate was in before he went to R.T.U., refer to his bond and age and send him to the division as to his bond structure. If an inmate is sent to a division and the shift commander feels that the inmate is still in need of treatment, it will be the responsibility of the shift commander to send the inmate to the back door of Cermak Hospital for reevaluation. It will not be the responsibility of the receiving room to take this man to the back door; the shift commander will assign an officer to take this man to the back door. The receiving room will not have to try and relocate this inmate to another division once he has been seen by the psych team.

RECORDS MAINTENANCE

The following section refers to efforts and abilities by the CCDOC to maintain records of classification decisions, and information included in the initial classification, as well as the division classification, process.

Consent Decree Requirements

In the initial consent decree, it is established that the defendant shall keep and maintain for a period of at least twenty-four months from the date of the initial decree, accurate records reflecting the name of each person admitted to the department's facilities, the date of admission, their race and national origins, the initial housing assignment, and the date of release. It is also required that these records reflect changes in housing assignment, the dates thereof, and the reasons therefore. Additionally, it is required that the defendants continue to maintain for a period of at least 24 months from the date of the decree their computer records reflecting the daily racial and national origin composition on each housing unit.

Issues

The major issue affecting this category of consent decree compliance is the development of the current CIMIS system. Under the current direction of Jim Bongiovanni, this section presently maintains records for the 24-month length of time, in all classification areas noted under the CIMIS program format described earlier. These include:

1. Age;
2. Race;
3. Housing unit assignment;
4. Crime resulting in incarceration;
5. Drug history information;
6. Educational history information;
7. Specialized program placement (PACE, AA, drug program, etc.);
8. Mental health program involvement;
9. Institutional adjustment information.

It is not currently known by this evaluator whether the defendants have kept and maintained this kind of record from a period of 24 months from the initial decree date. Nevertheless, this information will be obtained during the second phase of evaluation intended for the latter part of April of this project.

Conclusions

There does appear to be compliance in that section of the consent decree requiring maintenance, for a period of at least 24 months, computer records

reflecting critical classification data. It has not been fully established whether the defendants have kept an accurate record reflecting name, admission information, racial information, and housing assignment information, of each inmate since the initial consent decree, although this information will be determined in the second on-site evaluation scheduled for later this month.

SUMMARY AND RECOMMENDATIONS

The evaluation in the different sections of this report are intended as an initial analysis of the classification process of the Cook County of Corrections, specifically in connection with the Consent Decree entered in U.S. v. Elrod. Furthermore, it is intended only as an initial evaluation of these different areas of classification, so that the interested parties can comment prior to a return visit to the Cook County system within the next week, for the purpose of developing those areas where compliance has not been completed.

Major factors affecting this evaluation include the many changes in place or evolving in the Cook County Department of Corrections since the initial litigation was commenced in 1976. In addition, changes in population dynamics as well as overall architectural changes and existence of six units in the current system require some modifications from issues addressed in the initial list of litigation concerns.

In addition to the advantages brought about by new unit construction, and the work done for the ACA accreditation process, the current report is also cognizant of the major changes in population dynamics and sentencing dynamics on overall flow processes for classification in the Cook County Department of Corrections. This report is an attempt to make a realistic appraisal of both the current issues in classification at CCDOC, compliance with the requirements of the consent decree, and a plan of action for resolving differences where this evaluator has perceived them to exist.

APPENDIX A

VITA OF R. BRAD FISHER, PH.D.

CURRICULUM VITAE

NAME: R. Brad Fisher

ADDRESS: 108 Sidney Green Street
Chapel Hill, NC 27514
Home (919) 929-0191
Office (919) 968-4931

EDUCATION:

B.A. Psychology, Harvard University, Cum Laude, Cambridge, Massachusetts, 1972;
Thesis: Juvenile Community Corrections in Massachusetts

M.S. Psychology (Clinical Program), Southern Illinois University, Edwardsville, Illinois, 1973
Thesis: Differences in motivational factors among two classifications of delinquents.

Ph.D. Psychology (Correctional-Clinical Program) APA
University of Alabama, 1976
Predictions of dangerousness for delinquents in relation to quantity of data, authoritarianism, and dogmatism (Stan Brodsky, chairman)

Internship Ohio State University Hospitals and Ohio Department of Corrections - APA Program (Adolescent specialization)

PROFESSIONAL EXPERIENCE:

Director, Fisher and Associates Research Center, Chapel Hill, North Carolina. Administration of grants and contracts for training and research primarily in areas interfacing psychology and criminal justice. Examples of sponsors include U. S. Department of Justice, North Carolina Administrative Office of the Courts, and the National Institute of Mental Health. 1979 - present.

Director of Clinical Services, to Acting Director and Consultant, Dillon Youth Center, Butner, North Carolina. Research and clinical services for unit with 100 residents, including both emotional and behavioral disturbances. Fall, 1977 to present.

Assistant Professor of Psychology, University of North Carolina. 1977 - present.

Assistant Professor of Psychology, University of Alabama, 1976-77.

Assistant Director, Prison Classification Project. Research and psychological assessment of Alabama's prison population directed by the University of Alabama's Psychology Department. 1976-77.

Associate Editor, Law and Psychology Review, University of Alabama. November, 1973 - August, 1975.

Fisher, B. and Fowler, R. Psychologists in a community-action program. Southern Exposure, Fall, 1978.

Brodsky, S., and Fisher, B. Some problems in establishing an effective classification system. Proceedings of the National Institute of Crime and Delinquency, initially presented at the Annual Convention, Miami, June, 1978.

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EXAMPLES OF GRANT ADMINISTRATION

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APPENDIX B

RCDC PROCEDURES

COOK COUNTY DEPARTMENT OF CORRECTIONS

DEPARTMENTAL POLICY MEMORANDUM	Memorandum #	Distribution	Effective Date

RECEIVING ROOM - MORNING OFFICERS

OPERATIONAL PROCEDURES

At approximately 6 a.m. (2) two Receiving Room Officers, go to the Records Office and check the Mittimus papers, against the Court call sheet (Computer Sheet). This is to ensure that there is a paper for each man, and also to ensure that the papers are totally without error. The Mittimus, History Cards, and Court Call Sheets (Computer Sheet), are brought to the Receiving Room, from the Records Office. The total process takes approximately one-half hour to forty-five minutes to complete. Any necessary corrections and/or additions will be made at this time.

By order of

Executive Director

COOK COUNTY DEPARTMENT OF CORRECTIONS

DEPARTMENTAL POLICY MEMORANDUM	Memorandum #	Distribution	Effective Date

INMATE CONTROL: COURT MOVEMENT

Inmates are brought over from their respective divisions as follows:

Division		Time
5		5:30 a.m.
6		6:00 a.m.
2		6:30 a.m.
4		7:00 a.m.
1	between	5:30 a.m. & 6:30 a.m.

They are then dressed, and placed in the proper Bullpens (Holding Cells), according to their destination. After inmates are placed in their proper Holding Cells, officers from all five (5) divisions, assist the Receiving Room personnel to maintain order and security. All inmates are brought to the Receiving Room with a computer pass, to let the Receiving personnel know, what Court destination said inmate is going. This function is very important because, there are approximately 300 to 400 inmates moved through this area each morning, and are held between 1½ to 2 hours before leaving for court.

An Officer is assigned to call and check each inmate before the inmate is handcuffed and turned over to the Transportation Officers. The checking process is necessary to ensure the correct identity of the individual being transported. There are three (3) steps used to verify inmate identification, wrist-band, picture identification, and photo-Mittimus I.D. card. Once the inmate is hand-cuffed, and ready to be transported to court, an officer is stationed at the east exit control interlock area, to help maintain control, and order. The officer also records the actual number of inmates leaving the Receiving Room with the Transportation Officers. This count must coincide with the original count taken of the inmates in the Bullpen. If there is a miscount, a recount must ensue immediately.

Three (3) officers are assigned to make sure all paperwork is in order, (history cards, states's attorney forms, I.D. cards and medical forms), with the correct dates and I.D. numbers. These forms must be up-dated on a day to day basis. A population sheet is put together in three (3) copies. The Records Dept. receives the original, Receiving office receives the second copy, and the Public Defenders office receives the third copy. Each inmate must be logged in on the movement sheet by the correct I.D. number which is assigned to him. All paperwork pertaining to the inmate must correspond.

By order of

Executive Director

COOK COUNTY DEPARTMENT OF CORRECTIONS

DEPARTMENTAL POLICY MEMORANDUM	Memorandum #	Distribution	Effective Dat

RECEIVING CLASSIFICATION DIAGNOSTIC CENTER

I. ARRIVAL OF NEW MEN

A. New Men are separated from Court Returns by calling the name that appears on the mittimus and, whenever available, by an identifying number that is placed on the New Man's wrist by a court baliff.

II. MITTIMUS PAPERS/OFFICIAL PAPERS SIGNED BY A JUDGE

A. Mittimus pspers are legal documents signed by a judge committing a man into the custody of the Sheriff of Cook County.

B. Mittimus papers for New Men are logged on intake sheets with three(3) copies containing inmates number, name, bond, charge, next court date, and sending judge.

III. PROCESSING

A. New Men are placed in a separate holding area and held for processing.

B. New Men then sign three (3) forms of identification; inmate I.D. card, picture I.D. card, and the inmate History card.

C. New Men are then moved to the finger print area where prints of the right index finger are taken and placed on the inmate History card, and picture I.D.

D. After finger printing, mittimus papers for New Men are then given to the officer assignec to enter them in the C.I.M.I.S. computer system.

E. New Men, along with their History card and I.D. card are moved to the property cage. All inmate personal property such as money, jewelry, etc,, are turned into the property cage and recorded. The inmate is given a receipt for his property and any monetary property is recorded on his History card as well.

F. From the property cage, New Men are moved to the Interviewing Line. Here C.C.D.O.C. officers obtain personal history from the inmate such as address, height, weight, etc. This information is placed on the inmate History card.

COOK COUNTY DEPARTMENT OF CORRECTIONS

DEPARTMENTAL POLICY MEMORANDUM	Memorandum #	Distribution	Effective Date

IV. PSYCHOLOGICAL INTERVIEW

A complete psychological interview called th Short Bender is given to all New Men by members of the psychological team. The psychological team has the final word in determining if a man needs further psychological work-up in the Resident Treatment Unit. New Men are then moved to their tiering officer.

V. TIERING

A. The tiering officer places a wrist band, similar to a hospital wrist band, on the left wrist of the New Man according to bond and age for each division. This band displays the inmates' I.D. number, name, age, bond, and next court date or sentenced time. After tiering, New Men are seen by members of the Medical Staff.

VI. MEDICAL HISTORY

A. Medical History of the New Man is taken by paramedics of the Medical staff. Such vital, as blood test, blood pressure, etc., are taken Slpis for sick call and referrals to Cermak and Cook County Hospitals are also made. If immediate medical attention is needed, this is done by the medical staff.

VII. BUREAU OF IDENTIFICATION (photos)

A. Photos of New Men are then taken and placed on the three (3) I.D. cards and History cards. Each New Man is photographed with a placque displaying his C.C.D.O.C. number.

B. Once photos are taken the New Men are allowed to make collect phone calls.

VIII. CLOTHING

A. After phone calls the New Men must change from their street clothes to C.C.D.O.C. uniforms and allowed to shower, within the receiving room area, if they so desire. Once sent to their respective divisions, inmates are again allowed to shower.

COOK COUNTY DEPARTMENT OF CORRECTIONS

DEPARTMENTAL POLICY MEMORANDUM	Memorandum #	Distribution	Effective Date

Each man is given a clothing ticket with his name, I.D. number and the locker number where his personal clothes are stored. A copy of that ticket is enclosed with the New Mans' personal clothing.

B. After changing into his C.C.D.O.C. uniform, the New Man is placed into the holding area, and given an orientation by the Sergeant, accompanied by the rules and regulations of the institution. The inmate then awaits transportation to his respective division by an area officer of that division. Once the New Men reach their respective divisions they are strip-searched.

C. Division V is used to house New Men assigned to Division II, that could not be housed there because of the over-crowding. Wings used for this purpose are wings 1A, 1B, 1C, 1D, 1E, and wing 1F.

D. New Men who must stay on one of these transient wings are also strip-searched before entering the wing. They also have the opportunity to shower, and are given a department of Correction uniform, along with personal hygiene products.

By order of

Executive Director

COOK COUNTY DEPARTMENT OF CORRECTIONS

DEPARTMENTAL POLICY MEMORANDUM	Memorandum #	Distribution	Effective Date

PREPARATION FOR PROCESSING

CLOTHING ROOM OFFICER

The Clothing Room officer on the 12 a.m.-8a.m, will remove all clothing from the inmate lockers, the 5.a.m. - 1 p.m. shift, will follow the same procedure. The Computer Room supplies the Receiving Room with the inmate name, dept. I.D. number, and locker number, on a daily basis for each court day. Inmates give the officer their receipt for their clothing only if they have lost their receipt or its not on the computer sheet. All inmates have a locker assigned to them, when they arive at the institution (on the New),or when they return from court.

Inmates going to the Psych Evaluation Clinic (10th fl.), Administration Building or any clinic, will not change clothing, the D.O.C. uniform must by worn. Clean clothing is brought to the Receiving Room on a daily basis. All inmates going to court, must remove the D.O.C. uniform, at this point, the uniforms are taken to the laundry. The uniforms are returned to the Receiving Room after they have been laundered,for the use of the Court returns, and the inmate in-take.

All inmates that are going to the Criminal Courts Building, are sent via the tunnel to the bridge. These inmates are kept in the rear area Bullpens of the Receiving Room. The inmates that are going to the outlying courts, are kept at the front end of the Receiving Room. After all inmates have been dispersed to all court rooms, the Clothing Room office must take a daily, locker inventory to assure proper assignment of clothing. Locker receipts are then made up from the inventory. Clothes must be available for inmate transfers from other divisions.

The transfers range from 60 to 80 inmates daily. At approximately 9:30 a.m. all traffic resumes in the Receving Room, such as inmate bonding and/or discharges, sick call and dental appointments are also conducted. Court returns from the bridge, becomes a constant flow, which involves, inventory slips, clothing receipts, and distributing clean D.O.C. clothing.

By order of

Executive Director

COOK COUNTY DEPARTMENT OF CORRECTIONS

DEPARTMENTAL POLICY MEMORANDUM	Memorandum #	Distribution	Effective Date

STANDARD OPERATING PROCEDURE FOR COURT RETURNS

I. Upon Arrival

1. Call the names and verify each man with a Mittimus.
2. Separate the new prisoners from the court returns.
3. Strip-search all court returns once the man and mittimus has been identified.
4. Take court returns from bullpen to clothing area, to be allowed to change into departmental uniform.
5. Once changed, they are placed in another holding area for pick-up by officers from their respective divisions.
6. Court returns are pick-up by officerfrom their divisions as follows:
   (a) Officers from Div. II pick-up their own court returns.
   (b) Area officers from Div. V, will pick-up their court returns.
   (c) Area officers from Div. VI, will pick-up their court returns.
   (d) Court returns from Div. I are returned to their division by Receiving Room Officers through the brige tunnel until 4:00 PM. After 4:00 PM, court returns for Div. I are taken to post OE by Receiving Room Officers.
   (e) Court returns from Div. IV are taken by Receiving Room Officers to post OE only, three(3) officers stationed at postd (1) OE, (2) Div. 4 tunnel post, and (3) Div.4 Interlock, watch as the court returns pass from one to another. This constitutes a very short distance of no more than approximately 150 ft.

By order of

Executive Director

COOK COUNTY DEPARTMENT OF CORRECTIONS

DEPARTMENTAL POLICY MEMORANDUM	Memorandum #	Distribution	Effective Date

STANDARD OPERATING PROCEDURES
4 PM. to 12MIDNIGHT SHIFT

1. Call Front Lobby to receive name(s) of person(s) waiting to bond out new inmate(s).
2. The Bonding Officer will then go to the Receiving Area to get the C.C.D.O.C., I.D. numbers.
3. The Bonding Officer will then go to the Holding Area and call the new inmate out.
4. The inmate will be asked for his property receipt to check his I.D. number and address for a quick I.D. of the proper inmate.
5. The inmates Hard Card and Mittimus will be found at the Booking office.
6. The Hard Card and Mittimus will be checked for any holds, or additional bonds, if any. If any are found, the Mittimus should be brought to the supervisor for clearance before proceeding futher.
7. The Bonding Office will take the Hard Card to the tiering Officer, so the inmates name can be cleared from his book.
8. The inmate will be taken to B.O.I. to have a photo taken.
9. The inmate will be put in the Holding Area.
10. The Bonding Officer will call the Front Lobby and tell the (Lobby) Bonding Officer from the Record(s) Dept., what the amount of the bond is, and verify that the person(s) bonding out the inmate, have the proper amount of cash to pay the bond.
11. The Mittimus and Hard Card will be taken to the Front Lobby so the bond can be paid and a folder made.

By order of

Executive Director

COOK COUNTY DEPARTMENT OF CORRECTIONS

DEPARTMENTAL POLICY MEMORANDUM	Memorandum #	Distribution	Effective Date

STANDARD OPERATING PROCEDURES FOR BONDING OFFICERS
SHIFT 8 A.M. to 4 P.M.

1. Bonds and all other types of discharges are received from either the Records Department or the Front Lobby.
2. All Mittimus Papers and Custodial Sheets must be checked against the Hard Card for any warrants or Holds that might have been overlooked. Any problem found should be brought to the sergeant in the Records Dept. to be cleared before discharge.
3. Once the papers are cleared. the Bonding Officer will call the division for the inmate(s) being discharged and put a "C/F" on the folder to show that the inmate has been called for.
4. On the Daily Population Movement Sheet, three (3) copies are to be made , showing the inmates, Name, I.D. Number, Location, Court Date (if any), Disposition (Bond, D.A.A., SEXP etc.,) Bail Amount (if any) and Case number.
5. To receive inmates being discharged from different divisions and checking identification.
6. Inmates being discharged, needing to change clothes, will turn their clothing slips into the Locker Area, will receive clothing and change.
7. Inmates being discharged are called up to the Print Desk, sequentially. At that time the Bonding Officer will remove the Hard Card and Mittimus from the History Folder. Three(3) steps are now to be followed:
   a. Inmates right index fingerprint is to be put on the Hard Card in the box marked "Rt. Index Out". This print Must match the print in box marked "Rt. Index In".
   b. Inmates will be asked to sign the Hard Card by the box marked "Inmates Signature on Discharge", and then this signature will be checked against the inmates signature on intake.
   c. The picture on the Hard Card is checked against the inmate being discharged. NOTE: IF ANY OF THE ABOVE DO NOT MATCH, IT IS TO BE TAKEN TO A SUPERVISOR BEFORE PROCEEDING FUTHER.
8. The inmate being discharged is asked to sign the Bond Slip, if any, and to write his address,city and state.
9. The Bonding Office once assured all information is correct, will sign and time out the Hard Card.
10. On Population Movement Sheets, the Bonding Officer will time out the inmate and the initial the sheet.

COOK COUNTY DEPARTMENT OF CORRECTIONS

DEPARTMENTAL POLICY MEMORANDUM	Memorandum #	Distribution	Effective Date

11. The Bonding Office will escort the inmate to Division 5, Front Lobby Interlock (discharged inmates only). D.A.A., Fugitive Warrants, etc., are taken to the rear area of the Receiving Room.
12. The Bonding Officer will give the officer working the Front Interlock the following: names, I.D. numbers, locations and dispositions of all discharged inmates.
13. The discharged inmates going out on T.C.S., SEP?, or any non-bond case will be taken to the Lobby, to be checked by the Records Officer for positive identification. He is then instructed as to where to receive bus fare and personal property. The inmate is then totally released from the Department of Correction.

By order of

Executive Director

COOK COUNTY DEPARTMENT OF CORRECTIONS

DEPARTMENTAL POLICY MEMORANDUM	Memorandum #	Distribution	Effective Date

FUNCTIONAL SYNOPSIS OF THE BUREAU OF IDENTIFICATION - DAY SHIFT (8a.m. - 4 p.m.)

The Bureau of Identification(B of I) was established for the purpose of identifying inmates by photography in conjunction with a numbering system. The B of I also has the responsibility of photographing new civilian employees.

The B of I maintains two designated areas separating these functions. Inmates are photographed in the basement (Receiving Room) of Division V. Civilians are photograghed in an office off the main lobby (1st floor) of Division V. Both areas are maintained by the officers assigned to the B of I on the 8 a.m. to 4 p.m. shift.

The officers on the day shift are responsible for the following:

1. Special project photography.
   (EXAMPLE: Photographing inmates, officer injuries, deaths, escapee exits, subpoena requests, enlargements, investigation requests, Department of Correction functions, e.g., academy graduations, RTU classes, VIP visitors, etc.)

2. Remaking inmates identification cards.

3. Remaking civilians/officer identification cards.

4. Photographing new civilians employees for identification purposes.

5. Maintaining physical cleanliness of areas designated for use.
   (EXAMPLES: Defrosting refridgerators, emptying trash, washing floors, scouring equipment, cleaning tables and cabinets, etc.
   NOTE: Except for the floors, all maintenance is done by the officers in both areas.)

By Order of

Executive Director

APPENDIX C

RCDC OPERATING PROCEDURES

.1 1M 6-24-71

COOK COUNTY DEPARTMENT OF CORRECTIONS

MEMORANDUM

TO: ALL SUPERINTENDENTS ALL SHIFT COMMANDERS	DATE: JULY 9,1981

FROM: LIEUTENANT JAMES BUTLER (RECEIVING ROOM SUPERVISOR)

SUBJECT: OPERATINAL PROCEDURES R.C.D.C. DIVISION V.

EFFECTIVE MONDAY JULY 13,1981, THE ENCLOSED OPERATIONAL PROCEDURES WILL GO INTO EFFECT.

CC: EXECUTIVE DIRECTOR PHILLIP T. HARDIMAN
ASST. DIRECTOR/SECURITY ROBERT E. GLOTZ
ALL CHIEFS

SIGNATURE: Lt. James Butler

..J. 1 1M 6-24-71

COOK COUNTY DEPARTMENT OF CORRECTIONS

MEMORANDUM

TO: ALL SUPERINTENDENTS

DATE: JUNE 30,1981

FROM: LIEUTENANT JAMES BUTLER

SUBJECT:

ATTACHED IS THE NEW OPERATIONAL PROCEDURES FOR THE RECEIVING ROOM. PLEASE REVIEW THESE PROCEDURES,AND DIRECT ANY COMMENTS OR QUESTIONS TO ME IN WRITING BY JULY 2,1981. THESE PROCEDURES WILL GO INTO EFFECT ON JULY 6,1981.

CC: EXECUTIVE DIRECTOR PHILLIP T. HARDIMAN
ASST. DIRECTOR/SECURITY ROBERT E. GLOTZ
SUPT. C.R. ENGLISH
SUPT. R. PATRICK
SUPT. L. CORNELIUS
SUPT. W. SULLIVAN
SUPT. J. BLANKS

SIGNATURE: Lt. James Butler

COOK COUNTY DEPARTMENT OF CORRECTIONS

RECEIVING-CLASSIFICATION-DIAGNOSTIC CENTER

OPERATIONAL PROCEDURES

DIVISION V

CLASSIFICATION PROCEDURE

BREAKDOWN

THE BREAKDOWN WILL PROVIDE THE FOLLOWING:

TWO (2) DIVISIONS HOUSING HIGH BOND INMATES:
DIVISION I AND VI.

TWO (2) DIVISIONS HOUSING MEDIUM BOND INMATES:
DIVISION IV & V.

TWO (2) DIVISIONS HOUSING LOW BONDS:
DIVISION II & V.
NOTE: THE ONLY REASON DIVISION V WILL HOUSE A LOW BOND IS FOR THE OVERFLOW WINGS.

ONE (1) DIVISION HOUSING LOW BOND YOUTHS:
DIVISION V.

ONE (1) DIVISION HOUSING HIGH BOND YOUTHS:
DIVISION VI.

ONE (1) DISCIPLINARY TIER:
DIVISION I.

ONE (1) HOMOSEXUAL TIER:
DIVISION V.

CLASSIFICATION PROCEDURE

BOND STRUCTURE

DIVISION I:
INCREASED MAXIMUM SECURITY.
ESCAPEES - ALL SENTENCED INMATES REGARDLESS OF AGE (FELONS).
DISCIPLINARY INMATES - ONLY WHEN CONDUCT REPORT ACCOMPANIES AN INMATE. THE CONDUCT REPORT WILL BE SIGNED BY EITHER A SGT., LT., CPT. OR SUPERINTENDENT. A CONDUCT REPORT NOT SIGNED BY EITHER OF THE ABOVE WILL BE REJECTED. AN OFFICER MAY SIGN THE CONDUCT REPORT, BUT IT MUST BE APPROVED BY AN AUTHORIZING RANK. ADMINISTRATIVE TRANSFERS WILL BE CLEARED BY SHIFT COMMANDERS, OR SUPERINTENDENTS ONLY. THIS WILL BE DONE BEOFRE THE INMATE IS SENT TO THE R.C.D.C. BUILDING. IT WILL NOT BE THE RESPONSIBILITY OF THE RECEIVING ROOM PERSONNEL TO MAKE CLEARANCES FOR ADMINISTRATIVE TRANSFERS.

DIVISION II:
LOW BONDS UP TO $15,000, AGE 17 & UP. BOND LIMIT $15,000, & $5,000 V.O.P. VIOLATION OF PROBATION. VOP WARRANTS UP TO AND INCLUDING $5,000 IN ADDITION TO A $15,000 BOND, SHALL NOT BE REASON FOR TRANSFERRING AN INMATE FROM DIVISION II. $20,000 BOND ALLOWED WITH VIOLATION OF PROBATION WARRANTS.
R.T.U. (RESIDENTIAL TREATMENT UNIT).
INMATES ASSIGNED BY PSYCH TEAM FROM RECEIVING ROOM & INMATES SENT TO THE BACK DOOR FROM OTHER DIVISIONS FOR RE-EVALUATION. LOW BOND MEN WITH MEDICAL PROBLEMS OR OLD AGE MEN ARE USUALLY SENT TO THE 2ND FLOOR (FORMERLY KNOWN AS ANNEX). ALL INMATES (YOUTH) $1,000-$5,000 AND SENTENCED MISDEMEANANTS.

DIVISION IV:
BONDS $15,000 UP TO $50,000, AGE 20 YRS. & UP. NON-AGGRESSIVE INMATES. INMATES FOR SAFEKEEPING. NOTE: INMATES THAT ARE TO BE HOUSED IN DIV. IV, FOR SAFEKEEPING MUST BE CLEARED WITH THE SUPERINTENDENT OR THE SHIFT COMMANDER. WHEN AN INMATE IS TO BE HOUSED FOR SAFEKEEPING, THE TRANSFER REQUEST FOPM MUST STATE IN WRITING THE REASON WHY AND BY WHOM.

DIVISION V:
LOW AND MEDIUM BOND YOUTHS OF SCHOOL AGE 17 AND UP, $5,000 UP TO $50,000. HOMOSEXUAL INMATES. (NOTE: AN INMATE SENT TO THE HOMOSEXUAL TIER MUST BE A KNOWN HOMOSEXUAL). NO INMATE BECAUSE HE STATES THAT HE HAS HOMOSEXUAL TENDENCIES WILL BE PLACED IN DIVISION V UNLESS CLEARED WITH THE SHIFT COMMANDER, OR THE SUPERINTENDENT. MEDIUM BOND MEN $15,000 TO $50,000, AND INMATES SENTENCED TO THE COOK COUNTY DEPARTMENT OF CORRECTIONS WITH 364 DAYS OR LESS.

DIVISION VI:
HIGH BONDS $50,000 & UP, AND NO BONDS. IN SOME CASES YOU WILL FIND INMATES BEING KEPT IN DIVISION VI FOR SAFEKEEPING. THIS IS ONLY DONE THROUGH DIVISIONAL SUPERINTENDENTS OR THE ASST. DIRECTOR OF SECURITY.
HIGH BOND YOUTHS OF SCHOOL AGE $50,000 AND UP.

CLASSIFICATION PROCEDURE CONT'D
BOND STRUCTURE

CERMAK MEMORIAL HOSPITAL
ALL INMATES RECEIVED ON THE NEW REFERRED BY PARA-MEDICAL STAFF AS NEEDING HOSPITAL TREATMENT. THIS INCLUDES 2ND FLOOR & 3RD FLOOR, ANNEX OR R.T.U.

COOK COUNTY HOSPITAL
THE ONLY INMATES SENT TO COOK COUNTY HOSPITAL ARE INMATES THAT ARE REFERRED TO COOK COUNTY HOSPITAL BY THE MEDICAL STAFF. ALL INMATES THAT ARE REMANDED TO THE CUSTODY OF THE SHERIFF IN OUTLYING HOSPITALS. WHEN AN INMATE IS DISCHARGED FROM THE COOK COUNTY HOSPITAL OR AN OUTLYING HOSPITAL HE MUST BE RETURNED TO THE BACK DOOR OF CERMAK HOSPITAL. AFTER AN INMATE IS SEEN BY THE MEDICAL STAFF AT THE BACK DOOR AND IT IS DETERMINED THAT SAID INMATE IS FIT FOR GENERAL POPULATION HE WILL BE RETURNED TO THE R.C.D.C. BUILDING FOR RE-CLASSIFICATION ACCORDING TO HIS BOND STRUCTURE. NO INMATE WILL BE ACCEPTED IN THE R.C.D.C. BUILDING WITHOUT THE PROPER PAPER WORK FROM THE MEDICAL STAFF STATING THAT HE HAS BEEN DISCHARGED AND IS READY FOR GENERAL POPULATION.

CLASSIFICATION PROCEDURE
TRANSFERS

ALL INAMTES TRASNFERRED BETWEEN DIVISIONS MUST COME THROUGH THE R.C.D.C. BUILDING DIVISION V.
WHEN AN INMATE IS TRANSFERRED FROM ONE DIVISION TO ANOTHER DIVISION, IT WILL BE THE RESPONSIBILITY OF THE RECEIVING ROOM TO ENTER ON THE COMPUTER THE DIVISION IN WHICH THE INMATE IS BEING TRANSFERRED. THE SECURITY OFFICE WILL RESUME THE RESPONSIBILITY TO TIER THE INMATE TO THE WING, DORM OR TIER.

ALL TRANSFERS ARE TO TAKE PLACE BETWEEN THE HOURS OF 9 a.m. and 10:30 a.m. MONDAY THRU FRIDAY ONLY. THIS INCLUDES R.T.U. & DISCIPLINARY TRANSFERS. THE ONLY TRANSFERS THAT ARE ALLOWED PAST THE 10:30 TIME LIMIT WILL BE ADMINISTRATIVE TRANSFERS. THESE TRANSFERS WILL BE APPROVED BY THE SHIFT COMMANDERS OR SUPERINTENDENTS ONLY. THE TRANSFER SLIP WILL STATE WHO IS TRANSFERRING AN INMATE, AND WHO APPROVED THE LATE TRANSFER. IT WILL NOT BE THE RESPONSIBILITY OF THE RECEIVING ROOM TO MAKE CLEARANCE FOR THESE TRANSFERS. THE ONLY OTHER TRANSFER THAT WILL BE MADE AFTER THE TIME LIMIT ARE INMATES THAT RETURN FROM COURT SENTENCED TO THE ILLINOIS DEPARTMENT OF CORRECTIONS (I.D.O.C.). IT WILL BE THE RESPONSIBILITY OF THE RECEIVING ROOM PERSONNEL TO NOTIFY THE SHIFT COMMANDER AT DIVISION I, AS TO WHY AN INMATE IS BEING TRANSFERRED. NOTE: NO INMATE WHO GOES TO COURT FROM THE R.T.U. UNIT AND IS SENTENCED TO I.D.O.C. WILL BE SENT TO DIVISION I. HE SHALL BE RETURNED TO THE R.T.U. UNIT. THE SHIFT COMMANDER OF DIVISION II WILL BE NOTIFIED AND IF HE FINDS IT FEASIBLE TO TRANSFER THE INMATE, THE MAN WILL BE RETURNED TO THE R.C.D.C. BUILDING WITH A TRANSFER SLIP AND A DISCHARGE FORM SIGNED BY THE PSYCH TEAM, STATING HE CAN BE SENT TO GENERAL POPULATION. A COPY OF THIS FORM WILL BE SENT TO DIVISION I AND A COPY WILL BE KEPT ON FILE. ALL TRANSFERS MUST BE IN THE RECEIVING ROOM WITHIN THE ALOTTED TIME SPAN SO THEY DO NOT HAMPER OTHER RECEIVING ROOM OPERATIONS, (i.e.), COURT CALLS IN THE A.M., AND COURT RETURNS IN THE P.M.
ALL INMATES BEING TRANSFERRED FOR DISCIPLINARY REASONS MUST BE ACCOMPANIED BY AN INCIDENT REPORT SIGNED BY THE DIVISION SHIFT COMMANDER. NOTE: THE FORM WHICH IS PRESENTLY BEING USED BY THE DISCIPLINARY BOARD STATING THAT AN INMATE HAS BEEN BROUGHT BEFORE THE DISCIPLINARY BOARD ON NUMEROUS OCCASIONS, AND THAT HE CANNOT ADJUST TO AN OPEN DORMITORY ATMOSPHERE, AND HAS BEEN DISRESPECTFUL TO STAFF PERSONNEL, WILL BE SIGNED BY THE SHIFT COMMANDER. THE SHIFT COMMANDER WILL NOTIFY THE SHIFT COMMANDER IN DIVISION I, AND MAKE A CLEARANCE BEFORE THIS INMATE IS BROUGHT TO THE RECEIVING ROOM. THE TRANSFER FROM DIV. TO DIV. FOR DISCIPLINARY ACTION WILL BE MADE IN AN INMATE TRANSFER FORM, AND THE PERSON WHO APPROVED THE TRANSFER. IF THIS IS NOT DONE, THE RECEIVING ROOM WILL NOT ACCEPT THIS INMATE.

CLASSIFICATION PROCEDURE
TRANSFERS CONT'D

WHEN AN INMATE IS TRANSFERRED FROM THE R.T.U. UNIT, HE WILL BE SENT TO THE DIVISION IN WHICH HE CAME FROM, UNLESS CONSIDERED A SECURITY RISK. IF IN DOUBT ABOUT THE DIVISION AN INMATE WAS IN BEFORE HE WENT TO R.T.U., REFER TO HIS BOND & AGE AND SEND HIM TO THE DIVISION AS TO HIS BOND STRUCTURE. IF AN INMATE IS SENT TO A DIVISION AND THE SHIFT COMMANDER FEELS THAT THE INMATE IS STILL IN NEED OF TREATMENT, IT WILL BE THE RESPONSIBILITY OF THE SHIFT COMMANDER TO SEND THE INMATE TO THE BACK DOOR OF CERMAK HOSPITAL FOR RE-EVALUATION. IT WILL NOT BE THE RESPONSIBILITY OF THE RECEIVING ROOM TO TAKE THIS MAN TO THE BACK DOOR, THE SHIFT COMMANDER WILL ASSIGN AN OFFICER TO TAKE THIS MAN TO THE BACK DOOR. THE RECEIVING ROOM WILL NOT HAVE TO TRY AND RELOCATE THIS INMATE TO ANOTHER DIVISION ONCE HE HAS BEEN SEEN BY THE PSYCH TEAM.

APPENDIX D

RCDC HOUSING PROCEDURES

RCDC HOUSING PROCEDURES

Procedures for the intake wings are detailed below. These procedures apply to inmates on the new only. Court returns automatically return to their respective wings.

Wings 1-A through 1-E are used for Division V's general population and the overflow for other Divisions - excluding Division VI.

Wing 1-F is solely for the new inmates for Division VI whose bond category ranges from $50,000 and over.

All inmates are brought in from the Receiving Room to Wing 1-A. On Wing 1-A they are strip-searched, must take a shower, and are issued their jail uniforms. Also, with the computer terminal on Wing 1-A, all inmates are programmed to whatever intake wing on which they will be temporarily housed. The goal is to have an inmate remain on the intake wing no longer than three days. However, due to overcrowding, often we are not able to transfer an inmate within this three-day period. Since there normally are no visiting privileges for Wings 1-A through 1-E, if it becomes necessary to house an inmate on these wings for over seven days, visits will be permitted on Mondays and Tuesdays. If an inmate is on an intake wing for an extended period of time, he will also be permitted to make commissary, and participate in all other programs offered by C.C.D.O.C.

INMATES ASSIGNED TO DIVISION V

Once inmates are transferred from an intake wing to a permanent wing, they are permitted to keep their personal clothing with them. The restrictions on the amount of clothing permitted in the cells are as follows:

1) 2 pairs of pants or 1 pair of pants and 1 suit
2) 2 shirts
3) 1 jacket
4) 1 pair of shoes
5) 2 towels
6) underwear

For sanitation purposes, inmates are allowed to exchange clothing on their visiting days. The procedure for clothing exchange is that an inmate must send out a certain amount of clothing in order to accept the new clothing. Also, they must stay within the limits previously specified.

Inmates assigned to Division V on a more or less permanent basis, will be housed on the following Wings where appropriate:

WINGS	PURPOSE
1-G	Regular Wing; 21 years and up; $15,000 bond and up
1-H	Regular Wing for older non-aggressive; 30 years and up; $15,000 bond and up
1-J	Homosexuals
1-K	Regular Wing; 21 years and up; $15,000 bond and up
1-L	Isolation Wing; all ages or bonds
1-M	Sentenced Inmates; workers
2-A	Regular Wing; $20,000 bond and up; 17 years and up
2-B	Regular Wing; $15,000 bond and up; 25 years and up
2-~~C~~ to 2-F	*School Wings; 17 years to 20 years
2-G to 2-M	Regular Wings; $15,000 bond and up; 17 years and up

*Do no place inmates on these Wings; the School Staff is responsible for choosing which inmates are to be placed on these Wings.

PREFACE

Welcome to Division V of the Cook County Department of Corrections. Division V is also called Reception, Classification & Diagnostic Center (RCDC). This Manual has been prepared for your convenience with the view of acquainting you with a detailed picture of all facets of operating procedures in RCDC. This Edition is a revised version of the one designed and used by previous administrations. It was necessary to revise the old Manual in light of the numerous changes RCDC has undergone since its inception in 1978. This Edition is presented in the following format:

PART I, which gives a history and rationale for the existence of RCDC, along with the various classification and flow process functions

PART II, which describes each security post

PART III, which outlines job descriptions

PART IV, which deals with security procedures such as movement, counts, searches, inmate rules

PART V, which deals with all of the human and social services, including leisure time activities

PART VI, supplies and Clothing Room

PART VII, sanitation and janitorial procedures; and

PART VIII, details the emergency evacuation procedures for Division V

It is mandatory that everyone read and become familiar with this Manual. The Manual is not to be removed from the post, or from this Institution.

Lastly, it is important to remember that this Manual concerns itself primarily with RCDC functions and operations. For an in-depth understanding of certain sections or related information, one must consult the Departmental General Orders and/or the Cook County Police and Corrections Merit Board's Rules and Regulations. Indeed, all personnel, security and civilian, are required to have a working knowledge of the General Orders (see General Order #78-1; II A).

Roy H. Patrick
Superintendent

Chicago, Illinois
February 18, 1982

History

Division V began operations on 11 October 1978. The building was officially dedicated in September, 1978. It was borne out of a massive development program, which started in 1970.

In 1970, the State Legislature enacted a law which merged the City Jail (House of Corrections) with the County Jail. The name was, for both jails, changed to Cook County Department of Corrections. Funds were then appropriated to start on the huge development and re-development programs. Short-term plans called for the establishment of a Reception and Classification Center.

Since its opening, RCDC has undergone a number of changes. This was to be expected since almost everything new and uninitiated will surely undergo some kind of change, for the better or worse. Indeed, most of RCDC's changes have been for the better. The best testimony to this is the fact that CCDOC has gained full accreditation by the Commission On Accreditation of American Correctional Association. ACA Accreditation is a difficult achievement and obviously not an easy one to accomplish. This is especially true in the case of large, big city jails such as CCDOC. As of this date, no other jurisdiction the size of CCDOC, a pre-trial detention facility, has gained accreditation.

RCDC, along with all of its components, has played an important role in not only gaining accreditation, but in all other matters of CCDOC. As will be shown in certain sections of this Manual, RCDC is at the very hub of, and serves as THE linkage for, each Division and component of Cook County Department of Corrections.

Rationale

In the ACA Manual of Standards for Adult Correctional Institutions, there are 23 standards that deal with reception, classification & diagnostic functions. That Manual has decreed that of the 23 related standards, 20 of them are "Essential." This means that in order for CCDOC to achieve and maintain accreditation, we must have some kind of effective reception, classification

and diagnostic center. This constitutes a very good rationale for the existence of a reception and classification center.

The assignment of a newly received prisoner to the Cook County Department of Corrections and the program which best meet his individual needs is dependent upon an effective assessment process. As a basic principle, the Cook County Department of Corrections seeks to maximize services to individual inmates while at the same time serve the public through effective administration and security.

In order to effectively meet the needs of individuals, administration and security; the primary role of RCDC is to receive, assess, classify and place offenders, newly committed or returned to the Cook County Department of Corrections.

It is only with the existence of a well documented process and a sound data base can Cook County Department of Corrections justify its existence to the community including political, academic, professional, law enforcement, special interest segments, and the American Correctional Association.

Cook County Department of Corrections recently completed a massive development program. It is to the credit of Cook County that while developing physically, it has also developed strong process elements and upgraded its staffing patterns, and professional expertise. The current developments at Cook County Department of Corrections indicate a good future.

The classification system at the Cook County Department of Corrections is oriented toward recognizing the judgement and decisions of the Criminal Courts and pursuing the safety of the citizens of Cook County.

Therefore, based on the assessments of judges in setting bond, the CCDOC will follow their guidance and use the amount of bond as a primary index for distribution of the population for both men and women. Conversely, RCDC will follow suit.

FLOW PROCESS

It is difficult to understate the crucial functions of the Receiving Line. It is here that data are gathered and decisions are made that affect security, protection, placement, and programming as well as insuring a prisoner's return to court for additional hearings.

Prisoners are brought by bus or van from some dispersed holding facilities in police stations or courts. The staging station warrant, capias, or other holding documents are checked by an officer who is responsible for receiving the prisoner; or, if the documents are lacking, returning the prisoner to point of origin. At the staging station prisoners with severe medical or psychological problems are diverted in accordance with jail policy to the medical station. Prisoners re-enter routine processing after these needs are attended to. All prisoners are assigned jail numbers and their legal documents are recorded and listed on the Correctional Institutional Management Information System (CIMIS). The staging officers identify prisoners who need closer observation at this point.

After passing through a search procedure, prisoners are placed in holding cells, some of which are designed especially for prisoners needing observation for medical, psychological or other reasons.

From the holding cells prisoners are taken to be fingerprinted, or, if returning from court or other extra-Department of Corrections activity, to have prints verified for identification purposes (with anticipated interface with other computer systems and better technology, turn around on verification will be complete by the end of the receiving line process).

After fingerprinting, prisoners are directed to the personal property station where all valuables are surrendered. Each valuable is recorded and a receipt issued to the prisoner. Copies of receipt are filed in a dual-tracking system to minimize loss of prisoners' property.

New prisoners are then housed in the RCDC building in accordance with the Department of Corrections guidelines as follows:

a) Prisoners are to be psychologically and socially evaluated;

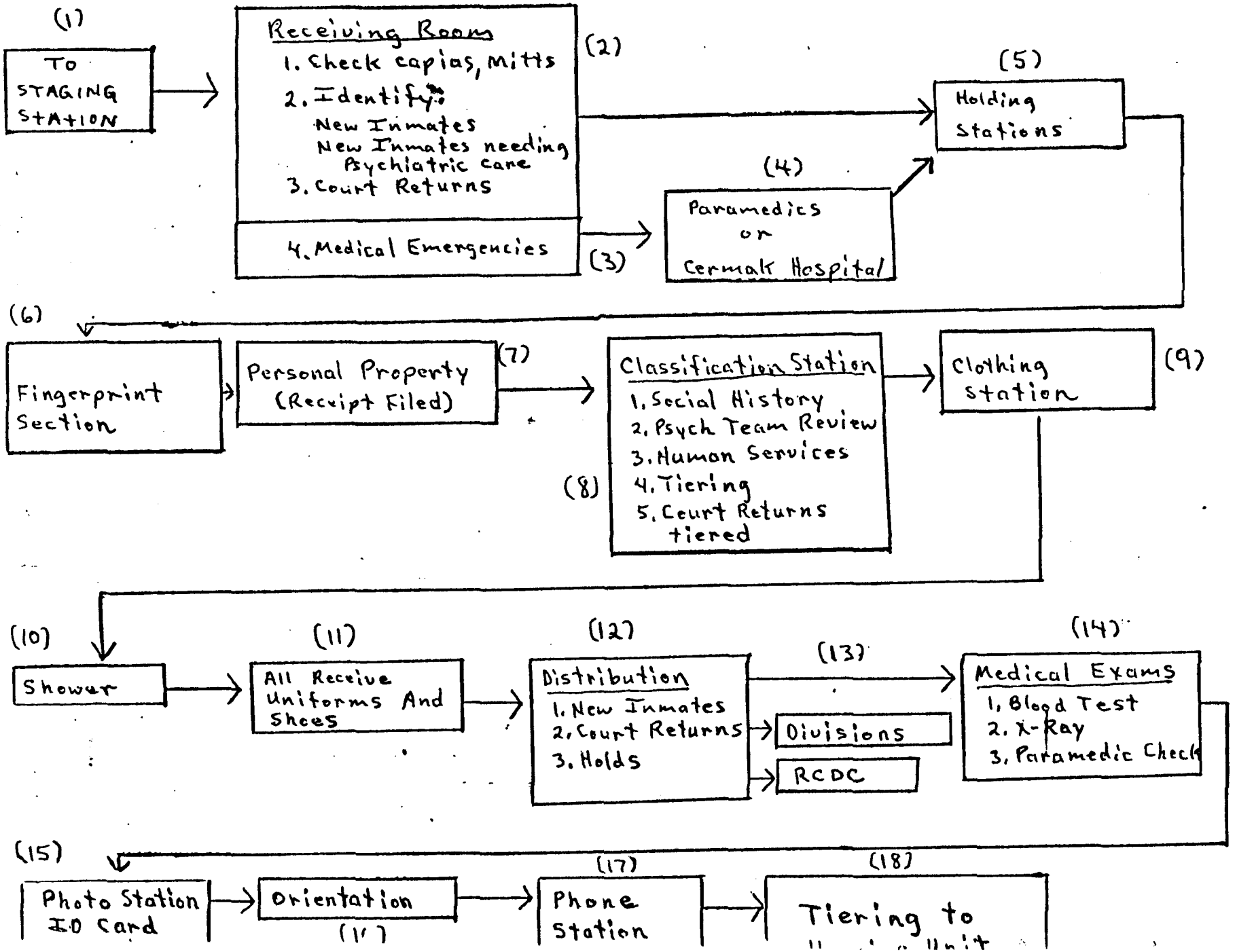
b) Prisoners are to be returned to court the next day or on date scheduled;

c) Prisoners in need of psychological or medical intervention.

Those diverted from the process at this point for reasons b or c will return where they left out.

This receiving line process is comprehensive in scope and very rapid. Only assigned personnel should work on the line. Overall responsibility for smooth functioning is vested in the security department; however, liaison with all six Divisions and their helping units is through the RCDC Superintendent and a number of social services.

FLOW CHART – RCDC



DIVISION V

Low and medium bond youths of school age 17 and up, $5,000 up to $50,000

Homosexual Inmates - Note: an inmate sent to the homosexual wing must be a known homosexual. No inmate because he states that he has homosexual tendencies will be placed in Division V unless cleared with the Shift Commander, or the Superintendent.

Medium Bond Inmates - $15,000 to $50,000 and inmates sentenced to the Cook County Department of Corrections with 364 days or less.

DIVISION VI:

High bonds $50,000 and up, and no bonds - in some cases inmates kept in Division VI for safekeeping. This must be cleared through Divisional Superintendent or the Assistant Director of Security. High bond youths of school age $50,000 and up.

CERMAK MEMORAL HOSPITAL

All inmates received on the new referred by para-medic staff as needing hospital treatment. This includes 2nd floor and 3rd floor, Annex or R.T.U.

COOK COUNTY HOSPITAL

Only inmates that are referred by the medical staff. All inmates that are remanded to the custody of the Sheriff in outlying Hospitals. When an inmate is discharged from the Cook County Hospital or an outlying Hospital he must be returned to the back door of Cermak Hospital. After an inmate is seen by the medical staff at the door and it is determined that said inmate is fit for general population, he will be returned to the R.C.D.C. Building for re-classification according to his bond structure.

No inmate will be accepted in the R.C.D.C. Building without the proper paper work from the medical staff stating that he has been discharged and is ready for general population.

APPENDIX E

SPECIAL NEEDS MATERIALS

PHILLIP T. HARDIMAN
EXECUTIVE DIRECTOR

RICHARD J. ELROD
SHERIFF

COOK COUNTY DEPARTMENT OF CORRECTIONS

BOARD OF CORRECTIONS
ARTHUR R. WADDY
CHAIRMAN
DOROTHY G. DRISH
VICE-CHAIRMAN
THOMAS S. COONEY
MEMBER
JOSEPH A. MARTINEZ
MEMBER
FREDERICK D. SENGSTACKE
MEMBER

GUIDE TO PROGRAMS AT THE COOK COUNTY DEPARTMENT OF CORRECTIONS

For some years, the Cook County Department of Corrections has been fortunate to benefit from the assistance of interested, dedicated people who have volunteered their time to enhance various Department programs, all of which share a common goal: they are designed to provide service and assistance to the Department and its inmates. These traditional, voluntary roles have usually involved participation in religious programs, tutoring, activities sponsored by civic and charitable organizations, and programs designed for specific occasions, such as Christmas programs.

The Department of Corrections, however, has evolved and expanded both in size and in the range of services it provides. This growth has brought about the opportunity for broader involvement on the part of organizations and private individuals who wish to contribute their time and talents. This paper attempts to provide an overview of those correctional programs which can utilize the services of those who wish to help others while gaining valuable experience. The descriptions are provided as a guide to the general nature of supportive and therapeutic services offered by the Department of Corrections.

2700 South California Avenue, Chicago, Illinois 60608 • Tel. (312) 376-9800

CHAPLAINCY PROGRAM

Religious services and instruction, counseling, and related functions are provided by a large group of clergy and lay persons, all of whom are either paid by their denominations or volunteer their time. Members of the Chaplaincy program can expect to encounter requests ranging from simply providing religious literature to outreach work with the families of those incarcerated to the most sensitive personal matters affecting an inmate. While many faith groups respond to the specific needs of their followers, all faiths act in concert toward the goal of reaching all inmates who desire such services.

The Chaplaincy program is supervised by ordained clergy from a number of major faith groups: the Chaplaincy Council establishes policy and standards for operation and affiliation, while closely coordinating its activities with jail administrators.

HUMAN SERVICES PROGRAM

Once staffed by the Department of Public Aid, the Human Services Program in recent years has developed into a large and diversified service program. Caseworkers attempt to resolve inmate grievances concerning such issues as medical care, housing conditions, and treatment by staff and respond to other requests of assistance. Staff act as the inmate's link with his or her family, friends, attorney, probation officers, etc. The Pre-Release Services Project assists inmates being discharged with referrals to job training and placement agencies, private and public assistance, temporary housing, drug and alcohol abuse programs, and other welfare organizations.

LAW LIBRARY

Expanded in response to the increased emphasis placed on prisoner's rights by the courts, the Law Library offers inmates the opportunity to

utilize complete and current sets of legal resource material. Paralegals and other staff members are available to assist inmates in their research. This service, indispensable to those inmates who choose to defend themselves against criminal charges, is used by a sizable percentage of the population. The Law Library has also sponsored special programs, such as legal research classes taught by attorneys.

PSYCHIATRIC TEAM

Operating for five years in its current structure, the staff of the Psychiatric Team respond to one of the most crucial and sensitive service areas in any correctional institution, the mental health and well-being of its inmates. Team members approach this problem from several directions simultaneously. Beginning with psychological evaluation of incoming inmates, staff members also operate a hospital unit for acute cases, a residential treatment unit for those needing moderate but expert supervision, and are available to inmates in the general population for crisis intervention or routine follow-up. To enhance the effectiveness of this program, the Department sponsors a unique, ten-week program to train Correctional Officers to recognize and respond to mental and emotional problems.

Under the direction of the Psychiatric team, a limited program of self-help is provided for those inmates seeking some assistance for their substance abuse problems. A small therapeutic community operates from which many former residents have gone on to involvement in community drug abuse programs. Individual counseling is provided. Affiliations are maintained with community programs which provide specialized therapeutic services.

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Interested parties are encouraged to contact Meyer Feldman, Coordinator of Volunteer Services, Division V, CCDOC, 2700 S. California Ave., Chicago, Illinois, 60608, (312) 376-9800 x310.

PSYCHIATRIC SERVICES,
CORRECTIONAL COMPLEX
COOK COUNTY (ILLINOIS)

Phase I Assessment of Screening and Evaluation for Mental Health Services for Criminal Justice Clientele

National Evaluation Program (NEP)
National Institute of Justice

Report Number 20

National Center for State Courts
Williamsburg, Virginia

September 1980

The preparation of this report was supported by a grant (No. 79-NI-AX-0070) awarded to the National Center for State Courts from the National Institute of Justice, U. S. Department of Justice. Points of view or opinions are those of the authors and do not necessarily represent the official position or policies of the U.S. Department of Justice, Cook County Psychiatric Services, or the National Center for State Courts. The report is intended primarily for communication among those involved with the Assessment of Screening and Evaluation for Mental Health Services for Criminal Justice Clientele funded by the grant noted above. Quotation of and reference to this report without permission of the authors are discouraged.

1.0 PREFACE

This report describes the process by which client-offenders (also referred to in this report as "detainees" and "inmates") are screened and evaluated for mental health services by the Psychiatric Services unit of the Cook County (Illinois) Correctional Complex. It is an intermediate step in the development of program evaluation strategies for forensic screening and evaluation projects, as part of the National Evaluation Program (NEP) Phase I Assessment of Screening and Evaluation for Mental Health Services for Criminal Justice Clientele. The National Center for State Courts is conducting this assessment for the National Institute of Justice, U.S. Department of Justice.

The report begins with a brief history of the Cook County Jail (now, Correctional Complex), past procedures for screening and evaluating client-offenders, and the development of Psychiatric Services, which is currently the primary mental health evaluation and treatment facility at the jail. It describes client-offender case flow illustrating the passage through Psychiatric Services and the decision points relevant to the case; a description of the process of delineation of mental health related information requirements, referral sources, and mechanisms; a description of the process and procedures involved in the acquisition of mental health information about a client-offender; a description of the provision of acquired information to staff and others; and finally, information feedback, quality control and program reports relevant to Psychiatric Services.

The general operational definition of screening and evaluation serving as a starting point for the National Center's assessment of

This operational definition has been further detailed elsewhere (cf., Keilitz, Note 1), and continues to be refined as the actual operations of mental health screening and evaluation are further delineated.

The preparation of this report is based upon visits to the Cook County Correctional Complex made on June 5, 6, and 9, and December 1 and 2, 1980, by Larry Guenther, Project Associate, and Joel Zimmerman, Research Director, of the National Center for State Courts. They interviewed several administrators in Psychiatric Services, observed screening interviews of new inmates, and collected project-specific written material. The kind assistance of Psychiatric Services staff is acknowledged, most notably that of the following individuals: Dr. Ronald Simmons, Dr. John Raba, Ms. Kathy York, Mr. Harry Robertson, and Mr. Robert Dean.

2.0 DESCRIPTION OF THE COOK COUNTY CORRECTIONAL COMPLEX AND PSYCHIATRIC SERVICES

2.1 A Brief History (see Note 2)

A jail facility was opened in 1929 to house approximately 1300 inmates at the site of Cook County's present Correctional Complex around 26th Street and California on Chicago's near-southwest side. This facility has grown and changed, a process that continues to this date, resulting in the present complex of buildings covering over 50 acres of land, and administering to almost 60,000 pretrial detainees and short-term misdemeanants each year, an average daily census of around 5000 people.

A neuropsychiatric clinic was opened in 1933, in conjunction with a local hospital, to provide psychiatric services to jail inmates.

The impetus behind swift and continuing change within the last several years was a condition-of-confinement suit filed by the American Civil Liberties Union in 1974. Harrington v. DeVito (Note 3) raised the issue of whether or not detainees in the Cook County Correctional Complex were entitled to mental health treatment from the Illinois Department of Mental Health. Even before the case was settled, additional staff were hired for the complex in 1975 and a special facility was established (originally with 52 beds) as a residential treatment unit. The resulting new mental health services laid the foundation for the Psychiatric Services unit that is the main topic of this report.

A court-appointed panel of three medical doctors filed an evaluation report of the Cook County Department of Corrections mental health program in October 1977 (Note 4). It noted that many improvements had been made in mental health services since 1975, but that more improvement was needed. Space and staff were judged to be far from adequate. It further noted that individual psychological screenings were not provided for every prisoner, a process that the report's authors deemed essential, and that the screening process that did occur frequently was done by jail guards or other inmates who had no specialized training. The report also noted a shortage of physicians, a high incidence of mental health problems, the need to provide services for night-hour admissions, and a high potential for suicidal and assaultive behavior among inmates.

Harrington v. DeVito was resolved by a consent decree in 1978 (Note 5). As part of the settlement, the Department of Corrections agreed to provide all necessary space, buildings, renovation, and

Correctional Complex are now given medical and psychological screenings within a day of their admission.

2.2 Objectives of Psychiatric Services

Psychiatric Services is unique among mental health screening and evaluation programs studied as a part of the National Center's assessment because it is designed specifically to meet the needs of inmates, instead of those of justice system officials. The Harrington consent decree was a major factor shaping the present system of services provided by the Cook County Correctional Complex for its detainees. Other forensic mental health programs in court clinics, community mental health centers, and centralized hospitals, which have been studied by the National Center, have been developed to provide information about a client-offender to judges, attorneys, and probation officers, with benefits to the client-offender as a fortuitous side effect. This program evolved in response to inmates' needs; it was not intended to provide information to serve legal decisions.

Psychiatric Services provides both screening and treatment of psychological problems of all detainees, i.e., all individuals awaiting trial or sentencing as well as sentenced offenders serving up to one year. Its two major goals are to 1) relieve debilitating behaviors and prepare detainees for the general population of jail inmates, and 2) provide followup care to maintain adjustment in the general jail inmate population. As future resources permit, staff would like to add a third goal of helping facilitate inmate re-entry to the society outside of corrections through liaison with community mental health facilities.

Inmate information is released to others only under certain circumstances. On rare occasions, it may be subpoenaed by a court. Sometimes, a detainee may sign a release form and request release of his records to be used in court. Because Psychiatric Services frequently does psychological screenings within one day of a person's arrest, this information may be of considerable value in assessing questions of criminal responsibility. It should be stressed, however, that Psychiatric Services records are used this way quite infrequently. It is less frequent still that their records are used for determinations of competency to stand trial or as input to presentence reports.

2.3 Clientele

The Cook County Correctional Complex serves nearly 60,000 admissions each year, holding around 5,000 detainees at any particular time. Men and women arrested throughout the City of Chicago are arraigned in court and gathered at various stations until they are transported in groups to the jail several times each day. The corrections facility is used entirely for pretrial detainees and for inmates sentenced on misdemeanor charges for periods of less than one year.

Division I, housed in the building which used to be the Cook County Jail, consists of about 500 to 600 maximum security and "management problem" inmates. Because of the nature of their charges, these men may spend as long as two to three years until they are brought to trial (Note 7). Men in Division II, the main men's units, typically spend eight to twelve months awaiting trial; they typically number approximately 1200. Division III is the women's division, housed in a single

3-North population is typically 10 to 20 inmates (occasionally including women in acute crisis) and Psychiatric Services typically "consults" with 100 to 125 inmates in all the divisions on an outpatient basis each month.

2.4 Staff

The inpatient acute care unit (3-North) is staffed by a part-time psychiatrist, a part-time psychologist, one social worker, and three specially trained corrections officers. Nursing care is provided on a 24-hour basis; although the nurses are not members of Psychiatric Services staff, they are made available by Prison Health Services of which the Psychiatric Services is a part.

RTU, designed with a client capacity of 200, is staffed by a part-time psychiatrist, an internist, four psychologists, one consulting psychiatrist, one social worker, five mental health specialists, a paramedic, and 75 specially trained corrections officers. Nursing care is also available here on a 16-hour basis, provided by Prison Health Services.

The outpatient treatment program is staffed primarily by a part-time psychiatrist. Regular RTU and 3-North staff can be called upon to provide "consults" as required.

RTU and 3-North staff include corrections officers who were described above as being "specially trained." These officers are selected from the general population of officers in the complex. All corrections officers who work within the complex receive 20 hours of training in psychological and social mental health treatment topics from the Psychiatric Services staff. Officers learn basics of psychopathology, chemotherapy, and psychiatric interviewing. The Psychiatric Services program is

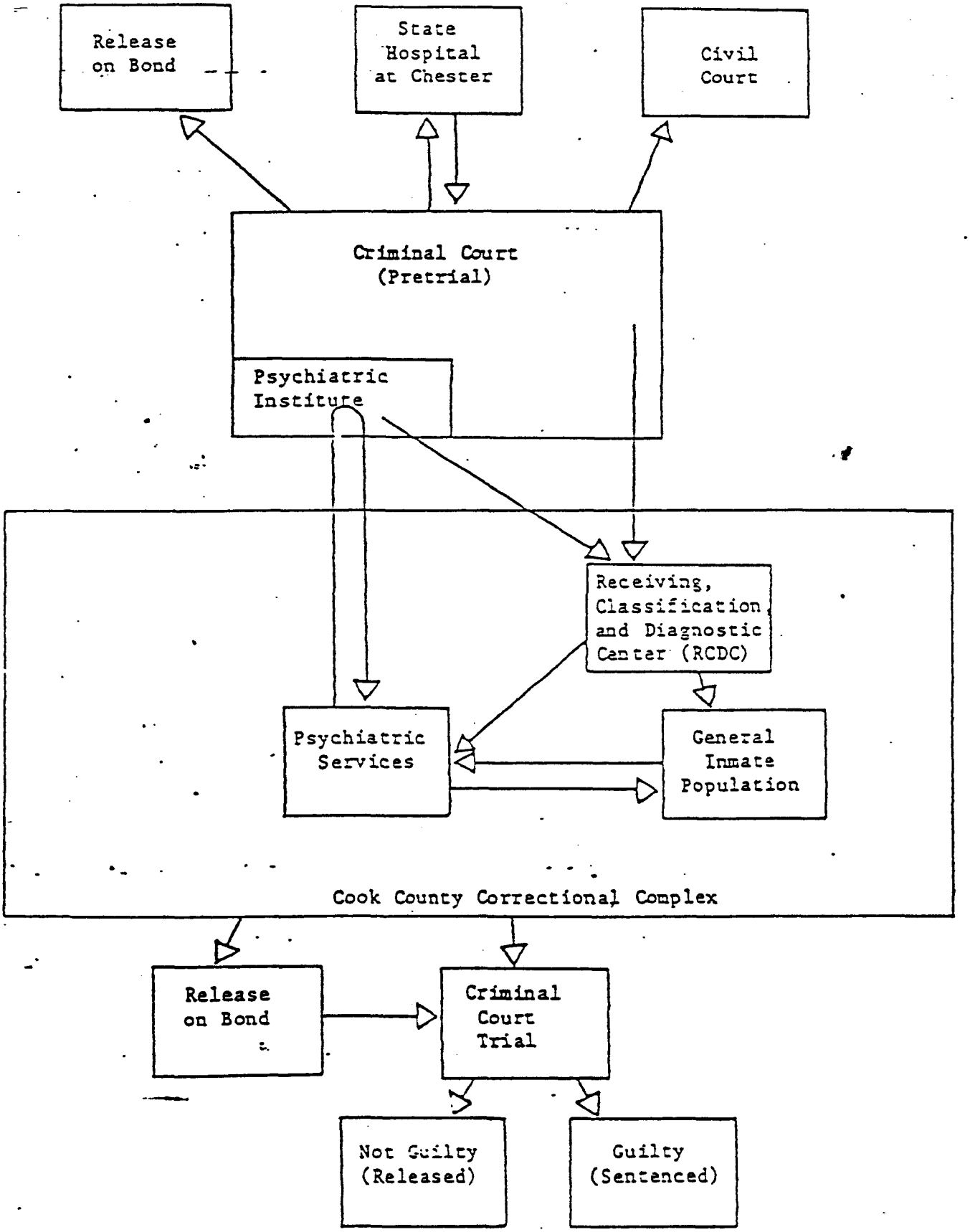

Figure 1. Overview of Flow of Detainees through the Cook County Correctional Complex.

3.2 Initial Placement

Figure 2 details the detainee's entrance to and initial placement within the system. Most defendants are arraigned in criminal court shortly after their arrests and then are sent to RCDC, the Correctional Complex intake unit. At times, a person may be brought directly to the jail without arraignment—this may occur if the person is apparently severely disturbed and in need of immediate psychiatric care. If a defendant enters the jail without an arraignment, he or she is returned to court for arraignment at the earliest opportunity, usually within 24 hours.

During court proceedings, questions may be raised about a defendant's need for mental health treatment (NMT) or incompetence to stand trial (IST). If this occurs in a felony case, the defendant is sent to the Illinois Department of Mental Health and Developmental Disabilities maximum security hospital at Chester, Illinois. The hospital staff evaluates the defendant and reports back to the court.

If the Chester staff determine neither NMT nor IST to be of concern, the court usually sends the defendant to the Correctional Complex. If the court determines that the defendant is not fit to stand trial, the person is held and treated at Chester until competency is restored. If and when competency is restored, the court sends the defendant to the Correctional Complex to await trial. Prior to establishing Psychiatric Services, those referred from Chester were a major source of difficulty--defendants who had been restored to competency at Chester frequently became unfit to proceed with trial while in the Cook County Jail. The Psychiatric Services unit now is able to

provide ongoing treatment to maintain competency enabling detainees to proceed to trial.

In misdemeanor cases, defendants with psychological problems are not sent to Chester. Rather, they are sent to the Psychiatric Institute.

3.3 The Psychiatric Institute

The process of referral to the Psychiatric Institute is shown in Figure 3. The Psychiatric Institute is entirely independent of and unrelated to Psychiatric Services. The former is a part of, and located in the same building as, the Circuit Courts of Cook County, while the latter is located within the Correctional Complex. The jail complex, the court building, and several other public institutions are all physically proximate on the same 50-acre site.

The Psychiatric Institute receives referrals directly from the courts and also from staff of Psychiatric Services. The Institute assesses defendants for fitness to stand trial and for criminal responsibility; it makes recommendations to the courts for sentencing options; and it assesses defendants for possible referrals for treatment in psychiatric wards of state hospitals. Based upon the Psychiatric Institute's recommendations, the court may drop criminal charges and divert a case to a civil commitment hearing, or it may, for example, impose probation with special conditions relating to treatment. Defendants sent by the court directly to Psychiatric Institute for assessment, if not diverted immediately to a civil hearing or sent to a state hospital, will be sent to RCDC to await their day in court. At that time, RCDC examiners will learn of Psychiatric Institute's involvement (a copy

of the court order to the Psychiatric Institute is sent to the Correctional Complex along with the detainee's other legal documents) and will be alert to a possible referral to Psychiatric Services. Detainees who were sent for assessment in the Psychiatric Institute by Psychiatric Services are returned to Psychiatric Services pending the court's determinations.

3.4 Receiving, Classification, and Diagnostic Center (RCDC)

Over 95 percent of those entering the Correctional Complex come through RCDC. The exceptions are women (who are screened in Division III, the women's dorm) and those in crisis situations (who may be brought directly to Psychological Services for screening). RCDC case processing is shown in Figure 4.

Newly arrested detainees arrive in groups. They are stripped of clothing, searched, reclothed with jail uniforms, fingerprinted, and photographed. They wait in "bullpen" cells until they are fully processed and ready for dispersement to the jail complex's six divisions.

The intake process includes a series of interviews to detect any potential medical or psychological problems. Psychiatric Services professional staff and specially trained officers give each entering man a short interview (form attached as Appendix B). In emergency situations, the man can be removed immediately to 3-North or RTU; normally, he will be retained in the bullpens with other detainees until they are dispersed as a group. Those with medical problems will receive needed medical care and then enter the general jail population. Those with serious medical and psychiatric problems may be transported from the Correctional Complex to the secure facility at the Cook County Hospital.

Most detainees, about 95 percent of those going through RCDC, are sent from RCDC directly to the general inmate population.

Other types of screening are also done at RCDC. Information is acquired for possible referral to the jail's drug treatment program. Detainees also are considered for admission to TASC (Treatment Alternatives to Street Crime), a federally funded demonstration program to reduce drug and alcohol-related crimes and recidivism by identifying substance abusing offenders and referring them to community-based treatment programs.

3.5 Psychiatric Services

The Psychiatric Services unit, the major topic of this report, is shown schematically in Figure 5. It has three major corrections components: 3-North, the Residential Treatment Unit (RTU), and the inmate "outpatient" program. According to its policy manual, Psychiatric Services accepts detainees who have psychotic symptoms; are suicidal; are in serious manic, depressive, or toxic states; or present serious adjustment problems. The 3-North unit is for acute cases--those who are considered to be potentially dangerous to themselves or to others. RTU is for patients who need residential care, but who are not dangerous. Outpatient services are given to detainees who need supportive care, but who can function among the general inmate population. Detainees are transferred among the three treatment modalities as needed.

RTU was designed to administer up to 200 detainees. The inmates are housed both in dorms and in individual cells.

All RTU detainees undergo an intake procedure. During a one-day period, the inmate is given a psychiatric screening to supplement the

screening conducted in RCDC and he is observed closely by the professional staff and the trained corrections officers. After a staff consultation, a treatment program is designed including individual therapy, group therapy, and chemotherapy.

The RTU is composed of several treatment dorms. For example, the second floor of the unit currently houses two drug treatment dorms. Staff try to move detainees out of treatment within 10 to 15 days, and most detainees are transferred, in fact, within a month. Inmates go from their treatment dorm to a transition unit, which helps prepare them to join the general inmate population. A detainee who leaves the transition unit usually is considered on outpatient status and provided followup services.

As mentioned earlier, staff may refer detainees for assessments at the Psychiatric Institute. This occurs when staff believe that a case would be handled better as a civil commitment, when they would recommend special conditions of probation, or when they feel a detainee needs special psychiatric treatment in a state hospital. In these cases, inmates are referred for evaluation at the Psychiatric Institute and then are returned to Psychiatric Services to await further progress of their cases through the courts. The Psychiatric Institute's, but not Psychiatric Services' records on the detainee will be considered by the court at a detainee's hearing.

3.6 The General Jail Inmate Population

The last figure, Figure 6, shows the process flow for the general population of jail inmates. For the most part, inmates remain in the general population until they are released after posting of bond or,

more often, until they are brought to trial. (The general population also includes misdemeanants sentenced to less than one year, who remain at the jail until their time is served.)

While in the general inmate population, a detainee may begin to experience psychological problems. If the problems are relatively major or involve the need for medication, the inmate is referred to the Psychiatric Services. This is known as a "back-door referral," both because the patient is not referred via the usual RCDC route, and because the patient will be sent for an emergency screening literally through the back door of the building that houses 3-North.

If a detainee in the general inmate population is having minor personal problems, he or she will receive counseling from staff of the Diagnostic and Classification Center. This is another unit within the Correctional Complex that provides some psychological assessments and treatment. The Diagnostic and Classification Center, with five professional staff, is a carryover from the jail's program begun in 1964 before the Harrington case and its impact on the development of the Psychiatric Services. The distinction between Psychiatric Services and the Diagnostic and Classification Center is largely organizational rather than functional; they are funded through different sources. The units coordinate their work, however, and probably will continue to merge their activities (if not their funding sources) within the years to come. The jail's drug treatment program, for example, is administered by one of the Diagnostic and Classification Center's staff, although it is housed physically as one of the treatment dorms in RTU. Finally, if a detainee receiving help from the Diagnostic and Classification Center begins to deteriorate

parts of the Rorschach and Bender tests, but there is no designated standard test battery.

Mechanisms of referral from RCDC to Psychiatric Services are routine and straightforward. All incoming detainees are screened, and all detainees who are recommended for Psychiatric Services by the screeners are sent either to 3-North or to the intake unit at RTU. "Back-door" referrals usually are facilitated by a corrections officer who arranges for an inmate to enter the emergency intake unit at the rear of the building that houses 3-North, where the detainee is seen almost immediately by a Psychiatric Services staff member.

5.0 ACQUISITION OF MENTAL HEALTH INFORMATION

For most detainees in Psychiatric Services, information is acquired at two points. First, all detainees are screened in a structured interview using a standard interview form (see Appendix B) in RCDC. All detainees sent to the RTU intake unit or to 3-North are then given a more complete interview by a Psychiatric Services staff member. The second interview session differs from the first more in extent than in kind. The screening interview in RCDC is done rapidly (five to 10 minutes), in an impersonal setting (within sight and hearing of many other incoming detainees, at a long, semi-partitioned counter). The second screening interview is done in greater detail over a longer time (perhaps 15 to 30 minutes, or more if necessary) and in relative privacy (usually in a setting in which the conversation cannot be overheard).

Each day, Psychiatric Services professional staff meet as a group to discuss all the detainees who have been referred to them during the previous 24 hours. The person who performed the RTU or 3-North

7.0 INFORMATION FEEDBACK, MONITORING, AND PROGRAM EVALUATION

The purpose of this section is to review activities, procedures, and mechanisms of the Psychiatric Services that provide information about the program to the program staff. Evaluative information is useful to ensure quality control and to help initiate and assess program change.

The Psychiatric Services program has a written procedures manual to guide its operations. The document contains policies and descriptions covering topics such as the procedures for screening new inmates, criteria for admissions to RTU or to 3-North, the team approach to treatment planning and therapy, and the use of staff meetings. Observations made by the authors of this report during their visit to the Psychiatric Services lead to the conclusion that the policy manual contains accurate and pertinent information that can be used in conducting day-to-day operational activities (Note 8).

The Harrington consent decree established certain standards for the mental health services to be provided at the Correctional Complex. As examples, it specified that every incoming detainee shall be screened for psychological problems, that the mental health dormitories shall maintain a ratio of at least one corrections officer for every ten inmates, and that all corrections officers shall receive specialized training in mental health care. The decree also specified that six reports were to be filed to the court within a two-year period after the date of the settlement, providing a list of information to be reported by which the court could evaluate how well the correctional facility was meeting the court's mandate. It is presumed that this information has

STATISTICS FOR PRISON HEALTH SERVICES

OUTPATIENT PSYCHIATRIC UNIT

SUMMARY FOR YEAR 1980

INTAKE EVALUATIONS

Reception, Classification & Diagnostic Center (RCDC) 47,465

Residential Treatment Unit (RTU) 758

Division III (Womens) 585

Prison Health Services Emergency Room 397

TOTAL EVALUATIONS 49,205

RESIDENTIAL TREATMENT UNIT

Total Number of Patients Sent to RTU 1,372

Number of Discharges From RTU to GP With Follow-up:

G.P. 771 DORM-3 344 M.D. 277 CYH 122 Court 3,615

TOTAL DISCHARGES 5,129

Average Daily Census on RTU 94

Average Length of Stay on RTU 11

CONSULTS THROUGHOUT COMPLEX

Div.-1 36 Div.-2 310 Div.-3 297 Div.-4 125 Div.-5 385 Div.-6 183

TOTAL CONSULTS 1,336

CC: Administration
Ron Simmons, Psy.D. ✓
Jack Green, Psy.D.
Medical Records
Lt. Monroe.

STATISTICS FOR CERMAK MEMORIAL HOSPITAL

OUTPATIENT PSYCHIATRIC UNIT

SUMMARY FOR YEAR 1979

INTAKE EVALUATIONS

Reception, Classification & Diagnostic Center (RCDC) 40,653

Residential Treatment Unit (RTU) 921

Division III (Womens) ..... 951 (July to Dec.)

Cermak Memorial Hospital Emergency Room 342

TOTAL EVALUATIONS 42,867

RESIDENTIAL TREATMENT UNIT

Total Number of Patients Sent to RTU 2,151

Number of Discharges From RTU to GP With Follow-up:

G.P. 575 DORM-3 403 M.D. 185 CMH 43 Court 77 (Dec.)

TOTAL DISCHARGES 1,283

Number of Referrals to the Department of Mental Health:

Chester____ Madden____ T.P.____ Elgin____ Read____ ISPY____ Other____

TOTAL REFERRALS ..... Not Available

Average Daily Census on RTU 71

Average Length of Stay on RTU 9

CONSULTS THROUGHOUT COMPLEX

Div.-1 110 Div.-2 278 Div.-3 631 Div.-4 141 Div.-5 196 Div.-6 35

TOTAL CONSULTS 1,391

cc: J. R. Dean
Paul Cherian, M.D.
Ron Simmons

ATTENTION: Easily distractable, difficulty concentrating, impairment, short span.

FLOW OF THOUGHT: Normal, retarded, blocking, rapid, pressured, multiple thoughts.

ASSOCIATIONS: Tight, goal-directed, circumstantial, tangential, loose, flight of ideas, clang, rhyming, punning, word salad, impoverished.

THOUGHT CONTENT: (Elaborate below). Obsessions, delusions (persecutory, grandiose, religious), ideas of reference, ideas of influence, depersonalization, derealization, hypochondria, somatizations, phobias, suicidal ruminations, suicidal intent, suicidal plans, homicidal ruminations, homicidal intent, homicidal plans.

PERCEPTION: Illusions, hallucinations (auditory, visual, tactile, olfactory).

INTELLIGENCE: Estimated as superior, above average, average, borderline impaired, moderately impaired, profoundly impaired.

ABSTRACTING ABILITY: Add here ways of testing - descriptive, functional, concrete.

FUND OF KNOWLEDGE: Knowledge of current events (superior, above average, average, below average, poor) for amount of education. Common knowledge (superior, above average, average, below average, poor) for amount of education.

CALCULATIONS: Serial 3's (satisfactory, occasional mistake, many mistakes) serial 7's (satisfactory, occasional mistake, many mistakes), mathematical ability (superior, above average, average, below average, poor) for educational level.

JUDGMENT: Subjective impairment, objective impairment.

INSIGHT: Aware of illness, grasps nature of illness, understands operative dynamics, aware of severity of illness, aware of limitations, limited insight, no insight.

RESSION:

POSITION:

C O N S E N T

the undersigned, do hereby request, authorize and consent to the above and foregoing chiatric examination administered by the Department of Psychiatry, Cermak Memorial spital in order to help diagnose, aid or assist the psychiatric caseworkers in determining the causes of my complaints and/or symptoms and to provide such treatment as may required.

Signature of Psychiatric Caseworker

Signature of Patient

DATED:

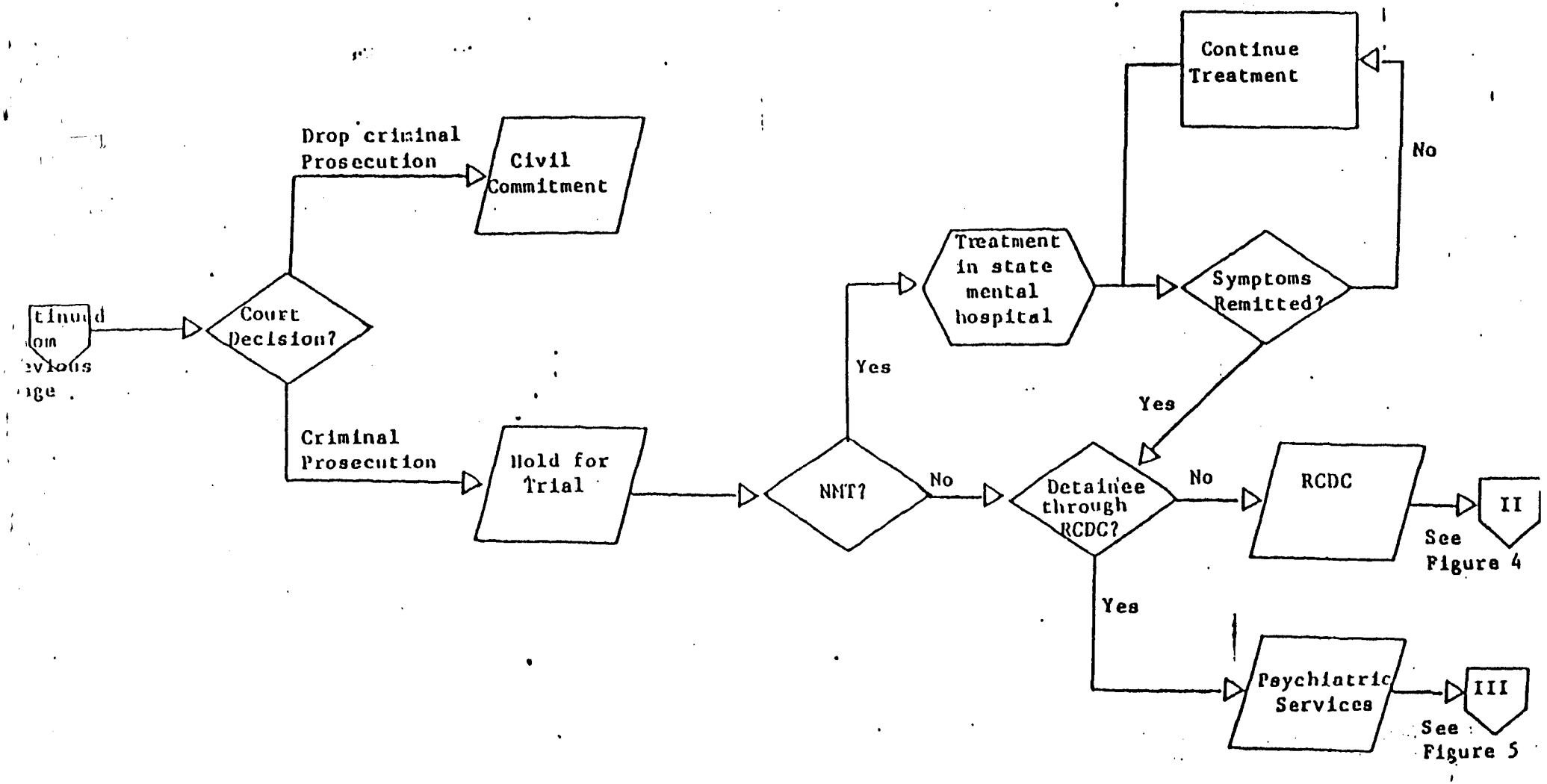

Figure 3. (continued) Referral to Psychiatric Institute for questions of competency to stand trial and need for mental treatment.

INTAKE SCREENING AND EVALUATION FORM

Date: _____

_____ _____ _____ DOB: _____
Last Name First Name Middle Init.

: No. _____ Charge: _____ Bond: _____ Ct. Date: _____

_____ _____ _____ AC _____
Home Street Address City State Telephone Number

White _____ Black _____ Spanish Speaking _____ Other ___

iatric History: _____

_____

_____

L STATUS EXAMINATION: Circle positive responses;

Underline negative responses;

Leave unaltered if data is not available; and

Elaborate where appropriate.

ENERAL APPEARANCE: Neat, well-groomed, meticulous, unkempt, sloppy, bizarre, eccentric, incontinent, unusual breath odor.

OSTURE AND PSYCHOMOTOR ACTIVITY: Moist palms, tense, rigid, overactive, agitated, pacing, wringing hands, dejected, underactive, retarded, apathetic, lethargic, stuporous, relaxed, playful, alert, seductive, stereotyped, echopraxic, ritualistic, waxy flexibility.

COOPERATION AND INTERACTION: Cooperative, uncooperative, submissive, assertive, negativistic, distrustful, resentful, fearful, hostile, threatening.

FACIAL EXPRESSION: Happy, sad, dull, bored, flat, sleepy, tearful, masklike, anxious, fearful, grimaces, tics, suspicious, flirtaceious.

MOOD: Anxious (mild, moderate, panic), agitated, irritable, hyperventillating, happy, optimistic, elated, euphoric, hypomanic, manic, depressed (mild, moderate, severe), pessimistic, hopeless, helpless, worthless, self-deprecatory, self-accusatory, guilty, suspicious, paranoid, histrionic, silly, indifferent, bland.

AFFECT: Constricted, blunted, shallow, flat, stable, labile, appropriate, inappropriate.

SENSORIUM: Clear, Cloudy, confused (mild, moderate, severe).

DISORIENTATION: Time, place, situation, person.

MEMORY IMPAIRMENT: None, immediate recall, recent memory, remote memory, confabulation, perseveration.

Services unit loses all contact with the detainee; they receive no information about the disposition of the detainee's case. Clearly, Psychiatric Services records might be of value to other mental health workers who may come into contact with the detainee, whether the detainee is imprisoned, placed on probation, or released.

Feedback and long-term followup are recognized by the Psychiatric Services staff as desirable functions, but they have not yet been implemented in a substantial manner, primarily because of limited staff resources. Also, many individuals return to the Correctional Complex on new charges; it would be useful for Psychiatric Services to have access to the court's records of the dispositions of the detainees' previous cases. The absence of this information is a source of frustration for the Psychiatric Services staff, for which no immediate relief is in sight.

1981

PSYCHIATRY

51,693	TOTAL INTAKE EVALUATIONS	
991	SECONDARY ASSESSMENTS	
315	ACUTE AND SEVERE	
	REFERRED TO CERMAK PSYCH INPATIENT - 3 NORTH	
	AVERAGE DAILY CENSUS	11
	AVERAGE LENGTH OF STAY	5
2,883	RESIDENTIAL TREATMENT UNIT	
	AVERAGE DAILY CENSUS	91
	AVERAGE LENGTH OF STAY	10
1,083	DISCHARGES TO CORRECTIONAL GENERAL POPULATION WITH FOLLOW UP	
1,566	CONSULTATIONS	

PSYCHODIAGNOSTIC DATA

10 - 15%		ORGANIC MENTAL DISORDERS
		Substance Abuse, Physical Trauma
55%		SCHIZOPHRENIA
	(35-40%)	Paranoid, Subchronic with Acute Exacerbation
	(10%)	Chronic Undifferentiated, Fair to Good Remission
	(5%)	Residual
10%		BRIEF REACTIVE PSYCHOSIS
5%		AFFECTIVE DISORDERS
		Bipolar, mixed
5 - 10%		ADJUSTMENT DISORDERS
		Depressive, Anxiety
5%		MENTAL RETARDATION
		Mild - Moderate
5%		MALINGERING

TREATMENT CONSIDERATIONS

COMPRESSED INTENSIVE COMMUNITY

EXPECTATIONS:	REALITY ORIENTATIONS TO HIGH DEMAND SOMEWHAT ANALOGOUS TO COMBAT MODEL
MILIEU STRUCTURE:	RIGID, CONSISTENT, SHORT TERM, RESOCIALIZATION TO GENERAL POPULATION ADAPTATION
PSYCHODYNAMICS:	PATIENTS HAVE MORE EGO STRENGTH POSSIBLY DUE TO THE ANTI-SOCIAL COMPONENT, WHICH MAY BE UTILIZED IN TERMS OF COPING.
ACCESS:	SCREENING AND BACK UP
SECURITY:	ADMINISTRATIVE SUPPORT TRAINING -- ALL COMPLETE 20 HOUR INTRODUCTION. EMPHASIS ON IDENTIFY, INTERVENE, REFERRING OF INMATE FOR TREATMENT. ADVANCED TRAINING -- CLINIC SENSITIVITY
EXIT:	CONTINUITY AND TREATMENT PLANNING IN THE COMMUNITY

The Development of a Comprehensive Psychiatric Program Within a Correctional Setting

BY PAUL CHERIAN, M.D., MARK GOLDSTEIN, PHD.,
PHILLIP HARDIMAN, AND RONALD SIMMONS, PSY.D.*

BASED UPON the May 1980 National Institute of Corrections Seminar, Boulder, Colorado, the nucleus of any correctional system is the classification process. A critical component of that process is the identification and management of inmates requiring "special handling," particularly those with mental disorders. Yet, most correctional facilities, especially those in the largest metropolitan areas, typically provide minimal service at best to these patients. This was illustrated by reports presented from the largest jurisdictions represented at the seminar. The majority of the attending representatives indicated that consulting services only were provided and that very limited inhouse services were available. One clear exception was the Cook County Department of Corrections in Chicago, Illinois.

The following article considers the history, description, and future plans of the psychiatric program at the correctional complex.

Historical Perspective

The Cook County Department of Corrections was established in 1871 to supplant Bridewell, a city jail. Originally there were 130 detainees. No specialized services for patients with mental disorders were provided. There is no information available outlining the psychiatric services before 1930. However, a neuropsychiatry clinic, in conjunction with a general hospital, was operating by 1933. Inmates were typically examined at the request of a family member or charitable organization. Inmates who "suffered a serious mental breakdown . . . where a definite condition of psychosis is evident" (Wagner, 1933, p. 41) were also examined. Patients were sometimes removed to a State hospital for the insane. The staff consisted of two part-time consulting "mind specialists." Systematic assessment of detainees' mental status on ingress or while they were incarcerated at the facility was unavailable. Needless to say, no psychotherapy was available at the facility.

In 1964, a Diagnostic and Classification Center was established. All inmates with 90 or more days of sentenced time were screened by one clinical psychologist. In addition, inmates "who experience difficulty in adjustment in the institution and the narcotic addict are exposed to psychological testing and evaluation" (Cook County Department of Corrections Annual Report, 1965, p. 21). The Diagnostic and Classification Center grew from an original staff of one psychologist to a staff of five mental health professionals in 1978. Screening continues to play a predominant role in the function of this entity. Direct therapeutic services have been minimal.

Until 1974, the Diagnostic and Classification Center, in conjunction with a 22-bed inpatient unit with two part-time psychiatrists at Cermak Hospital, provided all treatment services to the approximately 4,500 inmates in the correctional complex.

Largely as a result of a law suit in 1974, an agreement was effected so that the Department of Corrections and the Illinois Department of Mental Health initiated a program to provide mental health services for all detainees in need of such services.

In 1975, a staff of five mental health professionals were hired to identify, develop, and provide limited services as deemed necessary. In 1976, additional staff were employed to augment the pilot team, implement program expansion and provide more comprehensive direct treatment services.

The inpatient program at Cermak Hospital was kept intact, while a residential treatment program for less severe detainees was implemented. Initially, a 52-bed dormitory was utilized for the residence of psychiatric outpatients. Psychodiagnostic interviewing, individual

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counseling, and group activities were provided. In addition, screening of detainees was initiated. However, it was not until 1979 that all entering detainees received screening.

Expansion in the past 5 to 6 years has resulted in a separate building with five dormitories to house the program. Staff has increased from five mental health professionals at the program's inception to 20 presently, excluding the specially trained correctional officers.

The Comprehensive Psychiatric Program

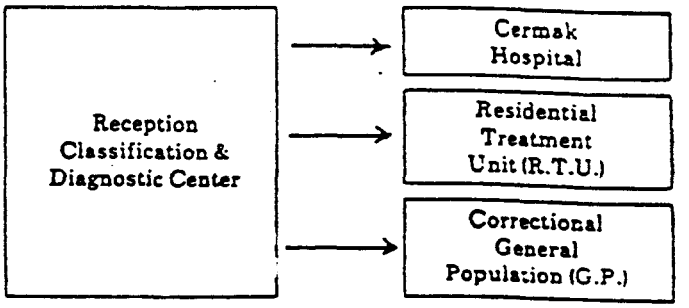
The treatment program is a multidisciplinary approach. A general milieu model is utilized, including individual and group therapy, activity therapy, art therapy, and pharmacotherapy. Initial and secondary diagnostic interviews are provided for all patients. Followup sustaining care is provided to those inmates discharged to the general population. Community linkage with appropriate mental health agencies is also implemented when feasible.

Due to the large number of detainees (4,500) and the transient nature of the population, the program has adopted a crisis intervention modality. Therefore, treatment is short-term. In line with this approach, the major goals of this system are the stimulation of remission and the return of the inmates to the correctional general population community with concomitant followup supportive care to maintain adjustment.

Initial Screening

Each detainee receives a primary mental status interview from one of three psychiatrically trained correctional officers under the supervision of two qualified mental health professionals as part of his/her classification upon entrance to the institution (an average of 150-200 daily). The interview is aimed at ascertaining which inmates require specialized psychiatric treatment and/or placement. Individuals manifesting psychotic symptomatology, individuals with suicide potential, individuals in agitated or withdrawn states, individuals in toxic states, and individuals manifesting marked adjustment problems are classified as "in need of treatment." Those perceived as imminently dangerous to themselves or others are referred to the Acute Psychiatric Unit at Cermak Hospital. Those requiring residential care, are referred to the Residential Treatment Unit (R.T.U.). Finally, those in need of supportive care are referred to General Population (G.P.) with concomitant counseling.

FIGURE I



Cermak Hospital

Patients who are determined to be dangerous to themselves or others by virtue of their current mental status are sent to Cermak Hospital, where they are examined by a psychiatrist. Within the hospital complex is a 20-bed psychiatric unit, staffed by a three-quarter time psychiatrist, a half-time clinical psychologist, a full-time social worker and 24-hour nursing care. In addition, three trained correctional officers per shift are available 24 hours a day. The appropriate treatment plan is designed for each patient. This includes medication and daily individual and group therapy. In addition, treatment is provided in a milieu setting where nurses, paramedics, and trained correctional officers facilitate the remission of symptoms. Restraints may be employed when absolutely necessary to protect the patient and others.

Further psychiatric examination/consultation is available upon staff request, whether for a medication review, treatment plan changes, consideration of the use of restraints, and/or consideration for transfer out of the hospital. Medical records are kept to document the above in compliance with JCAH Standards and the State of Illinois Mental Health and Developmental Disabilities Confidentiality Act.

Residential Treatment Unit (R.T.U.)

The less acute patients are sent to the R.T.U. This is a separate facility, designed to house 200 patients. Patients are placed in individual rooms or dormitories. The R.T.U. is staffed by a three-quarter time psychiatrist, a full-time internist, four full-time psychologists, one consulting psychologist, a full-time social worker, five mental health specialists, one paramedic, nursing care, and 75 psychiatrically trained correctional officers.

Upon arrival at R.T.U., patients are referred to an intake dormitory for 24 hours where they are

evaluated for placement. This process consists of observation and secondary assessment. This ssessment is a more extensive clinical evaluation conducted by one of the mental health staff. The goal of the assessment is to evaluate the need for and type of psychiatric treatment and the development of treatment strategy. At that point a psychiatrist reviews the plan and approves. In addition, each patient receives a complete medical evaluation as part of the assessment procedure. Following the assessment, patients are either referred to one of three treatment units in R.T.U. or referred to Cermak Hospital for more intensive care, or transferred to the General Population for followup care.

Upon assignment to one of the units, patients go through the milieu program. This structure provides for a variety of therapeutic activities engaging the residents 15 hours daily. (See appendix.) Each of the units has a team assigned to it consisting of mental health professionals, medical staff, and correctional officers. Each patient is assigned a mental health professional who provides individual therapy twice a week (more if necessary) and serves as the team leader. In this role as team leader the individual acts as a case manager primarily supervising the correctional officers, nurses, medical corpsmen, and other ancillary staff providing treatment. At times, psychological testing is provided where there is a question of differential diagnosis or underlying dynamics.

When the patient's symptoms abate and the patient appears to be in fair or good remission, the patient is then placed in the transitional unit. Here, the patient is prepared for entry into the General Population (G.P.). The patient remains in this transitional unit for a maximum of 30 days before being transferred to G.P. (See Figure II.)

A daily morning meeting is held for all mental health staff members, medical staff members, and selected correctional officers to staff all newly referred patients from the intake unit. A patient review is also conducted weekly, where staff members present a synopsis of their caseload. In addition, any significant problems or clinical issues are introduced for discussion.

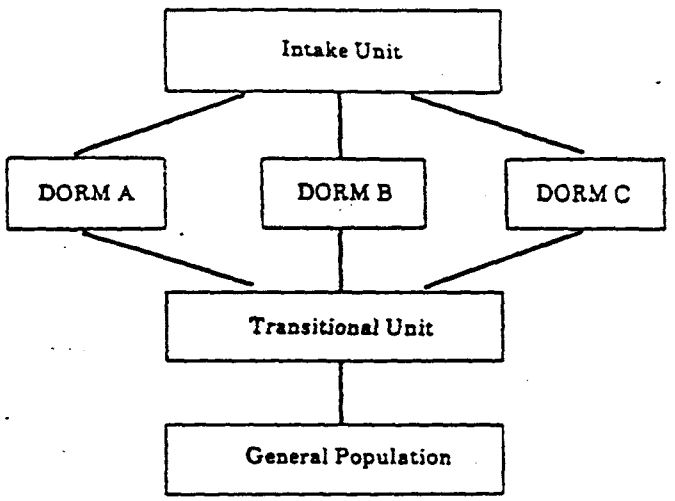


FIGURE II

psychotherapy is available due to staff shortage. However, emergency care or consultation is always available at the "back door" (dispensary Cermak Hospital) 24 hours per day for crisis intervention. Inevitably, some patients decompensate or abreact in the general population requiring this specialized attention presenting an intra complex patient flow. (See Figure III.)

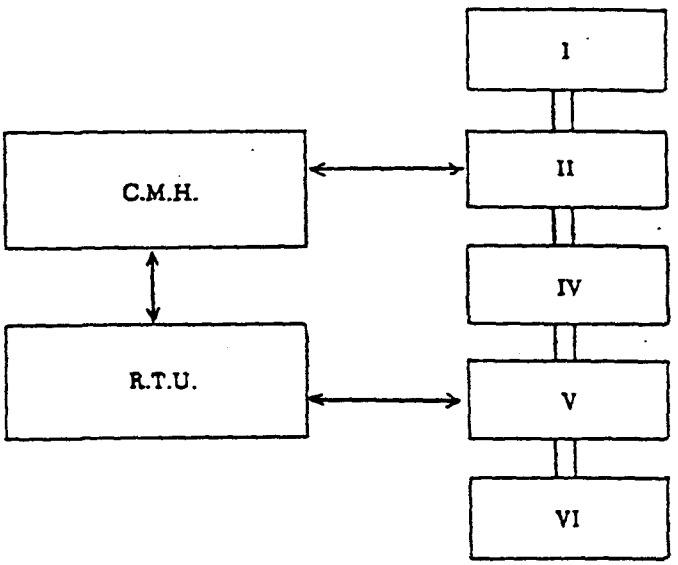


FIGURE III

General Population Aftercare

Following discharge from the transitional unit at R.T.U., or the A.C.U.—Cermak Hospital, patients are provided aftercare as needed. This consists mainly of medication evaluations by a half-time psychiatrist. At this juncture, little followup

Psychiatric Services for Female Inmates

A more limited facet of the program is the psychiatric services for women inmates in need of such services. The R.T.U. is a segregated residence and as yet, no specialized facility for women is available. However, limited services are provided.

Acute female patients receive treatment at Cermak Hospital. In addition, services are provided on site in the Women's Division of the correctional complex. A full-time mental health professional, a half-time psychiatrist and three trained correctional officers are available to provide therapeutic care and crisis intervention as needed for mentally disordered female detainees.

Training and Research

It was appreciated, from the inception of the program, that correctional officers would play a role in the success or failure of any forensic treatment program. With this in mind, a two dimensional approach was implemented. First, all present and incoming correctional officers receive 20 hours of training by members of the mental health staff in the basic facets of the psychiatric program, as well as rudimentary courses in psychopathology, chemotherapy, and interviewing. The objects of this training program are: (1) to facilitate appropriate referrals of detainees in need of psychiatric treatment and (2) to facilitate appropriate intervention skills with individuals in need of immediate care. In addition, the training module allows the psychiatric program to recruit correctional officers from the cadet classes as well as veteran officers training classes. The criteria for recruitment are based on skill, motivation, and interest demonstrated during training module. Secondly, all correctional officers who are selected for service in the psychiatric program are required to participate in a full-time 10-week training program directed by a consulting psychiatrist. Officers receive training in crisis intervention, basic interviewing techniques, group process, individual counseling, diagnosis, community mental health, and psychopharmacology. While in training the officers interface with the mental health staff in experiential contact with patients. Ongoing training is also available in the form of inservice presentations by members of the staff and by professionals in the community. A monthly inservice presentation is made, which is open to all mental health professional staff, medical staff and psychiatric correctional staff. The use and effects of psychotropic drugs, psychiatry and the law, interpretation of psychological test data and test reports and diagnosis and treatment of alcoholism have been some of the recent topics. Finally, an ongoing program for doctoral psychology students began in 1979. Practica and internships are available.

A research program has recently been initiated to investigate the use of the Rorschach and other projective instruments in providing differential diagnosis and personality assessment of the unique forensic psychiatry patient. In addition, explorations of potential grant proposals have been conducted which would allow further expansion of services.

Retrospective

Prior to the lawsuit filed in 1974, psychiatric services were minimal as previously cited. As a result of the expanded psychiatric services, there has been a significant decrease in suicides and suicidal attempts in the correctional facility.

Before 1974, an average of 10 to 15 suicides per year occurred. In 1975, when the new psychiatric services were commencing, there were nine successful suicides. By contrast, there was only one suicide in 1979 and four in 1980. Clearly, the increased services have resulted in a reduction of successful suicides. In addition, there has been a corresponding reduction in suicidal attempts.

The frequency of conduct reports clearly related to psychiatric detainees has also decreased markedly. Records indicate a 60 percent reduction.

Future Perspectives

In analyzing the psychiatric program to date, it has become crystalized that some reorganization of services would be efficacious. Present plans call for a distinct diagnostic assessment unit, where inmates are singled out as possibly in need of psychiatric services.

Central intake will receive an immediate extensive clinical assessment. This will facilitate the development of an appropriate treatment plan which can be effected within 12 hours of the individual's entry into the correctional system. In addition, those in need of crisis intervention will receive such services immediately at the point of entry into the system. This assessment will be comprised of diagnostic tests and a complete psychosocial history. Concomitantly, the development of a distinct assessment unit will allow the treatment team to provide treatment only, and not to be responsible for assessment procedures.

In addition, a plan has been developed to provide three trained psychiatric officers for each of the six divisions of the General Population. These officers will provide supportive counseling to inmates that are discharged to General Population from the psychiatric program, as well as to other inmates in need of such services. In addition, these

officers will identify inmates in need of more comprehensive services than they are able to provide and act as facilitators under the supervision of mental health professionals, the goal being to maintain the patient's remission and adaption to his general population housing unit not merely deflection to other areas. These units would be easily accessible to the outpost teams providing supportive services. A second major area of future development is in the area of liaison services. Foremost is the implementation of linkage units in each division. There are plans to have three units in each of the six divisions, which would serve as a transitional placement for the patients discharged from the psychiatric program

There are also efforts under way to facilitate community linkage for the psychiatric inmates. In essence, the concept is to link the inmate with an appropriate human service agency upon his or her release from the correctional facility. Linkage referral includes mental health agencies, vocational agencies, religious institutions, legal agencies and/or medical facilities. The eventual goal would be a supportive interface of all of the entities of the criminal justice system for the welfare of the client. (See Appendix.)

In an attempt to upgrade the quality of clinical services, three half-time experienced clinical psychologists are being recruited. Not only will this additional staff allow for more direct service and an expansion of psychological testing, but more importantly, increased supervision of staff. In particular, a specific area of concern is the preclusion of "burn-out" and the stimulation of interest and motivation.

In addition, it is hoped that the mental health professional and correctional officer staffs will be increased to magnify the effectiveness of the present services.

A final area of development is training and research. As previously cited, increased supervision of all staff will be effected with the additional psychologists. In addition, an expansion of inservice programming is planned for the future. There are also goals for the development of affiliations with major universities in the area and for an expanded psychology internship program. As part of this expansion, it is hoped that through an increase in research efforts, knowledge will be gained assisting the community at large in resolutions of multifaceted problems.

In addition to the above considerations, it is imperative that changes occur in the physical structure to augment the program changes. One major problem is the present physical plant which is in a state of decay and deterioration. The bureaucratic and economic structure is such that the finances and the implementation for improving the facilities are slow. However, the Prison Health Services administration has recently become increasingly supportive of changes in the physical plant thereby facilitating these necessary changes. These improvements will finally establish a habitable and therapeutic milieu for the residents and promote a healthier working environment for the staff.

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Outpatient Psychiatric Team Manual. Health and Hospitals Governing Commission, Cook County, Illinois, May 1977.

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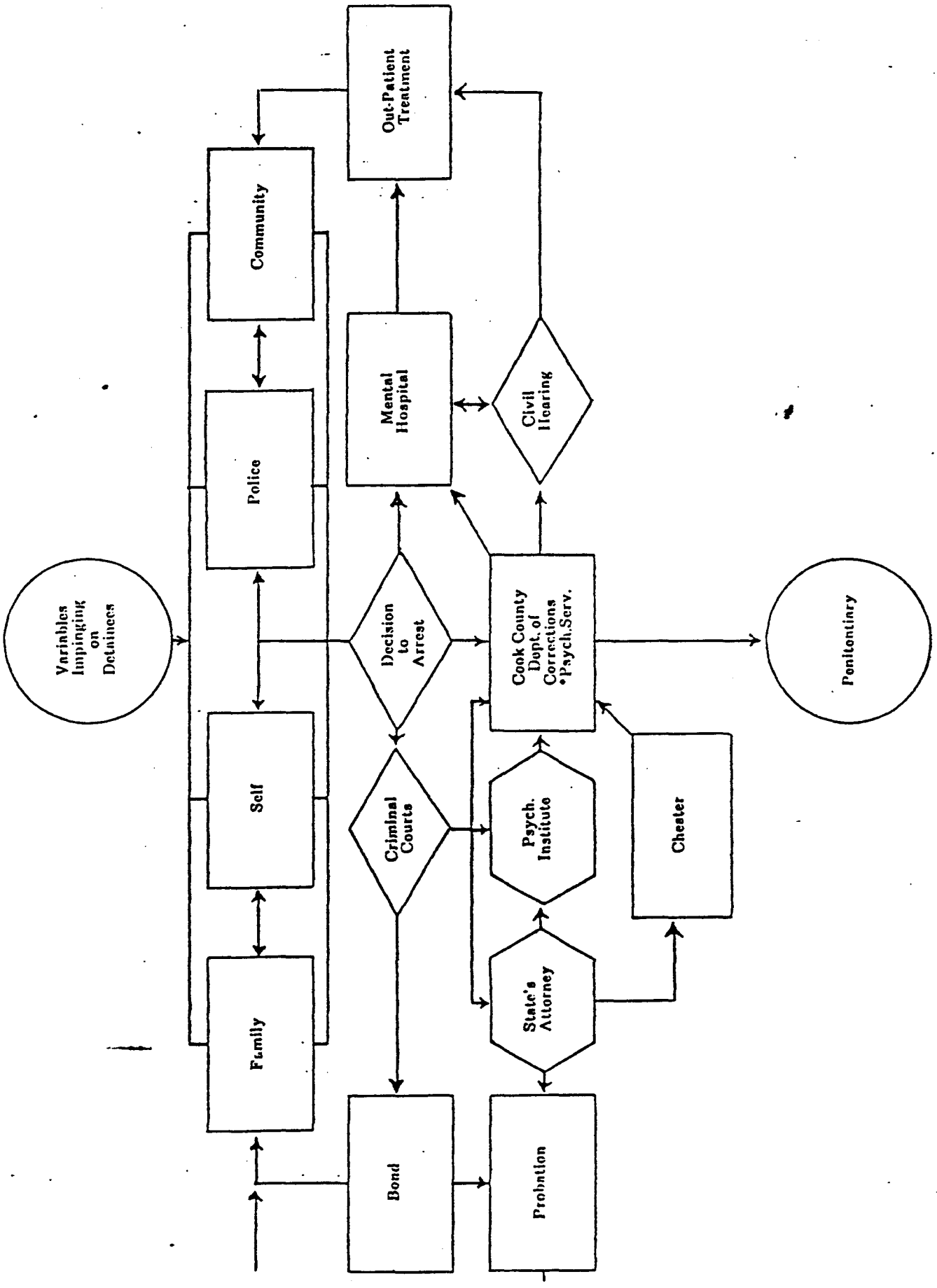
(Appendix follows.)

APPENDIX


Out-Patient Treatment
Community
Police
Self
Family
Mental Hospital
Civil Hearing
Variables Impinging on Detainees
Decision to Arrest
Cook County Dept. of Corrections •Psych.Serv.
Penitentiary
Criminal Courts
Psych. Institute
Chester
State's Attorney
Bond
Probation

	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
9:00-10:00	Med./1 9:00 Med. I 9:30	Med./1 9:00 Med. I 9:30	Med./1 9:00 Med. I 9:30	Med./1 9:00 Med. I 9:30	Med./1 9:00 Med. I 9:30		
10:00-11:00	Gym /1 Rec I (Henson)	Gym /1 Dorm Detail I (H&G)	Gym /1 Quiet Hr I (Brks)	Gym /1 Rec/Art I (Henson)	Gym /1 Rec/Art I (Henson)		
11:00-12:00	Count /1 & I	Count /1 & I	Count /1 & I	Count /1 & I	Count /1 & I		
12:00-1:00	Staff Meeting	Staff Meeting	Staff Meeting	Staff Meeting	Staff Meeting		
1:00 2:00	Rec /1	Rec /1	TV /1	TV & Meet /1	Rel. Hr /1		
2:00-3:00	Gym I	Gym I	Gym I	Gym I	Gym I		
3:00-4:00	Count /1 & I	Count /1 & I	Count /1 & I	Count /1 & I	Count /1 & I		
4:00-5:00	New Pts. Assess. Rounds	New Pts. Assess. Rounds	New Pts. Assess. Rounds	New Pts. Assess. Rounds	New Pts. Assess. Rounds		
5:00 6:00	Dinner TV /1	Dinner TV /1	Dinner TV /1	Dinner TV /1	Dinner TV /1		
6:00-7:00	IND. THER. /1 / GP I J REC/GYM	IND. THER. /1 / GP I J REC/GYM	IND. THER. /1 / GP I J REC/GYM	IND. THER /1 / GP I J REC/GYM	IND. THER. /1 / GP I J REC/GYM		
7:00 8:00	TV /1 / GP 2 J REC/GYM	TV /1 / GP 2 J REC/GYM	TV /1 / GP 2 J REC/GYM	TV /1 / GP 2 J REC/GYM	TV /1 / GP 2 J REC/GYM		
	/ GP I I REC/GYM	/ GP I I REC/GYM	/ GP I I REC/GYM	/ GP I I REC/GYM	/ GP I I REC/GYM		
8:00 9:00	TV /1 / GP 2 I REC/GYM	TV /1 / GP 2 I REC/GYM	TV /1 / GP 2 I REC/GYM	TV /1 / GP 2 I REC/GYM	TV /1 / GP 2 I REC/GYM		
9:00-10:00	MED. TV /1 ACT. /1 (Unit)	MED. TV /1 ACT. /1 (Unit)	MED. TV /1 ACT. /1 (Unit)	MED. TV /1 ACT. /1 (Unit)	MED. TV /1 ACT. /1 (Unit)		
10:00-11:00	DORM COUNT ASS. PT. CONTACT	DORM COUNT ASS. PT. CONTACT	DORM COUNT ASS. PT. CONTACT	DORM COUNT ASS. PT. CONTACT	DORM COUNT ASS. PT. CONTACT		
	STAFF MEETING	STAFF MEETING	STAFF MEETING	STAFF MEETING	STAFF MEETING		

THE DEVELOPMENT OF A COMPREHENSIVE PSYCHIATRIC PROGRAM

CAPSULE SUMMARY

A critical component of the classification process in any correctional system is the identification and management of inmates requiring "special handling", particularly those with mental disorders. In 1964, a Diagnostic and Classification Center was established in the Cook County Correctional Complex (Chicago, Illinois). Until 1974 this center in conjunction with a 22 bed inpatient unit staffed by two part-time psychiatrists at Cermak Hospital provided all treatment services to the approximately 4,500 inmates in the correctional complex. A condition-of-confinement suit, Harrington v. DeVito, in 1974, effected an agreement so that the Cook County Department of Corrections, the Illinois Department of Mental Health and the Cook County Health and Hospitals Governing Commission initiated a triparte program to provide mental health services for all detainees in need of such services. Expansion since 1974 has resulted in a Comprehensive Psychiatric Program which serves inmates having need for intensive hospital supervision, residential supervision, and ambulatory follow-up care. Clearly, the increased services have resulted in a reported 60% reduction of conduct reports, and one suicide in 1981 v. 10-15 average in 1974.

The Cook County Department of Corrections (Chicago, Illinois) was established in 1871 to supplant Bridewell, a city jail. Originally there were 130 detainees. No specialized services for patients with mental health disorders were provided. There is no information available outlining the psychiatric services before 1930. However, a neuropsychiatry clinic, in conjunction with a general hospital, was operating by 1933. Inmates were typically examined at the request of a family member or charitable organization. Inmates who "suffered a serious mental breakdown" were also examined. Patients were sometimes removed to a State Hospital for

the inmate. Systematic assessment of detainees' mental status on ingress or while they were incarcerated at the facility was unavailable. Needless to say, no psychotherapy was available at the facility.

In 1964, a Diagnostic and Classification Center was established to screen all inmates with 90 or more days of sentenced time. The purpose of the diagnostic screening was to detect inmates who would need special psychological services. Until 1974 this center in conjunction with a 22 bed inpatient unit staffed by two part-time psychiatrists at Cermak Hospital provided all treatment services to the approximately 4,500 inmates in the correctional complex. Largely, as a result of a law suit in 1974, a program was effected to provide mental health services for all detainees in need of such services. In 1975 a staff of five mental health professionals were hired to identify, develop, and provide limited services as deemed necessary. In 1976 additional staff were employed to augment the pilot team, implement program expansion, and provide more comprehensive direct treatment services. By 1979, all detainees in or entering the correctional complex were receiving a psychiatric screening. The professional mental health staff of the Psychiatric Services numbered about 20, and were complimented by twice as many specially trained corrections' officers.

Psychiatric Services is designed to meet the needs of inmates, instead of those of justice system officials. This program evolved in response to inmates' needs, it is not intended to provide information to serve legal decisions. Psychiatric Services provides both screening and treatment of psychological problems of all detainees, i.e., all individuals awaiting trial or sentencing, as well as offenders serving up to one year prison terms. Its two major goals are to, 1) relieve debilitating behaviors and prepare detainees for the general population of jail inmates, and 2) provide follow-up care to maintain adjustment in the general inmate

population. As future resources permit, staff would like to develop a facilitative process to aid the inmate re-entry to the society outside of corrections through liaison with community mental health facilities.

To reach these goals Psychiatric Services engage in six major functions. It provides staff and training for the Receiving, Classification, and Diagnostic Center (RCDC), a recently established intake unit for the jail. Acute psychiatric inpatient services are provided on 3-North, a wing of the building that was formerly Cermak Hospital. The most visible function is that of the Residential Treatment Unit (RTU), currently a 200 bed facility for inmates who are treatable, not in acute states, but not able to function among the other jail inmates. Working through the Correctional Complex's six divisions, follow-up services are given to inmates who are incorporated within the general inmate population yet who need some special help as "outpatients". Another function is research and staff training. And finally, although only embryonic at this time, the function of providing linkage to the outside society is currently foreseen.

PROGRAM RESULTS

The treatment program is a multidisciplinary approach. Initial and secondary diagnostic interviews are provided for all patients. Follow-up sustaining care is provided to those inmates discharged to the general population. Community linkage with appropriate mental health agencies is also implemented when feasible. Due to the large number of detainees (4,500) and the transient nature of the population, the program has adopted a crisis intervention modality. Therefore, treatment is short-term.

INITIAL SCREENING

Each detainee receives a primary mental status interview from one of three psychiatrically trained correctional officers under the supervision of two qualified

mental health professionals as part of his/her classification upon entrance to the institution (an average of 150-200 daily). The interview is aimed at ascertaining which inmates require specialized psychiatric treatment and/or placement. Individuals manifesting psychotic symptomatology, individuals with suicide potential, individuals in agitated or withdrawn states, individuals in toxic states, and individuals manifesting marked adjustment problems are classified as "in need of treatment". Those perceived as imminently dangerous to themselves or others are referred to the Acute Psychiatric Unit at the Cermak building. Those requiring residential care, are referred to the Residential Treatment Unit (R.T.U.). Finally, those in need of supportive care are referred to General Population (G.P.) with concomitant counseling.

CERMAK BUILDING

Patients who are determined to be dangerous to themselves or others by virtue of their current mental status are sent to 3-North where they are examined by a psychiatrist. The psych staffing for 3-North (a 20 bed psychiatric unit) is a three-quarter (3/4) time psychiatrist, a half (1/2) time clinical psychologist, a full-time social worker and 24 hour nursing care. In addition, three trained correctional officers per shift are available 24 hours a day. The appropriate treatment plan is designed for each patient. This includes medication and daily individual and group therapy. In addition, treatment is provided in a milieu setting where nurses, paramedics and trained correctional officers facilitate the remission of ~~symptoms~~. Restraints may be employed when absolutely necessary to protect the patient and others.

Further psychiatric examination/consultation is available upon staff request, whether for a medication review, treatment plan changes, consideration of the use of restraints, and/or consideration for transfer out. Medical

records are kept to document the above in compliance with JCAH Standards and the State of Illinois Mental Health and Developmental Disabilities Confidentiality Act.

RESIDENTIAL TREATMENT UNIT (R.T.U.)

The less acute patients are sent to the R.T.U. This is a separate facility designed to house 200 patients. Patients are placed in individual rooms or dormitories. The R.T.U. is staffed by a three-quarter time psychiatrist, a full-time internist, four full-time psychologists, one consulting psychologist, a full-time social worker, five mental health specialists, one paramedic, nursing care and seventy-five psychiatrically trained correctional officers.

Upon arrival at R.T.U., patients are referred to an intake dormitory for 24 hours where they are evaluated for placement. This process consists of observation and secondary assessment. This assessment is a more extensive clinical evaluation conducted by one of the mental health staff. The goal of the assessment is to evaluate the need for, and type of psychiatric treatment and the development of treatment strategy. At that point a psychiatrist reviews the plan and approves. In addition, each patient receives a complete medical evaluation as part of the assessment procedure. Following the assessment, patients are either referred to one of three treatment units in R.T.U. or referred to Cermak Hospital for more intensive care, or transferred to the General Population for follow-up care.

Upon assignment to one of the units, patients go through the milieu program. This structure provides for a variety of therapeutic activities engaging the residents 15 hours daily. Each of the units has a team assigned to it consisting of mental health professionals, medical staff and correctional officers. Each patient is assigned a mental health professional who provides individual therapy twice a week (more if necessary) and serves as the team leader. In this role as team leader the individual acts as a case manager primarily supervising the correctional officers,

nurses, medical corpsmen, and other ancillary staff providing treatment. At times psychological testing is provided where there is a question of differential diagnosis or underlying dynamics.

When the patient's symptoms abate and the patient appears to be in fair or good remission, the patient is then placed in the transitional unit. Here, the patient is prepared for entry into the General Population (G.P.). The patient remains in this transitional unit for a maximum of 30 days before being transferred to G.P.

GENERAL POPULATION AFTERCARE

Following discharge from the transitional unit at R.T.U., inpatient unit 3-North, patients are provided aftercare as needed. This consists mainly of medication evaluations by a half-time psychiatrist. Emergency care or consultation is always available at the "back door" (Cermak building) 24 hours per day for crisis intervention. Inevitably, some patients decompensate or abreact in the general population, requiring this specialized attention presenting an intra complex patient flow.

1981 STATISTICS COMPREHENSIVE PSYCHIATRIC PROGRAM

Primary intake assessments	51,693
Secondary assessments	3,600
Psychiatric consultation services	1,566
Follow-up treatment	1,038
Medication evaluation (Psychotropics)	1,000
Cermak - 3-North Acute care days	5,700
Admissions	3,150
Average length of stay	5 days
Average daily census	11 patients
Residential Treatment-Unit Days	113,640
Admissions	2,883
Average length of stay	10 days
Average daily census	91 patients
Residential Treatment Unit-Drug Program Days	15,812
Admissions	71
Average length of stay	18 days
Average daily census	83 patients

PSYCHODIAGNOSTIC DATA

10 - 15%		ORGANIC MENTAL DISORDERS
		SUBSTANCE ABUSE, PHYSICAL TRAUMA
55%		SCHIZOPHRENIA
	(35-40%)	PARANOID, SUBCHRONIC WITH ACUTE EXACERBATION
	(10%)	CHRONIC UNDIFFERENTIATED, FAIR TO GOOD REMISSION
	(5%)	RESIDUAL
10%		BRIEF REACTIVE PSYCHOSIS
5%		AFFECTIVE DISORDERS
		BIPOLAR, MIXED
5 - 10%		ADJUSTMENT DISORDERS
		DEPRESSIVE, ANXIETY
5%		MENTAL RETARDATION
		MILD - MODERATE
5%		MALINGERING

SUICIDE - Prior to 1978 - 6-10/YEAR
1979 - 0
1980 - 2
1981 - 1.

PROGRAM OPERATIONS

In June 1973, following a series of newspaper articles that were critical of jail health services, the Health and Hospitals Governing Commission of Cook County assumed responsibility for providing medical care, including mental health services, to detainees. In August of that year, the Commission solicited assistance from the Illinois Department of Mental Health in exploring ways to improve jail mental health services.

The impetus behind swift and continuing change within the last several years was a condition-of-confinement suit filed by the American Civil Liberties Union in 1974. Harrington v. DeVito No. 74-C-3290 raised the issue of whether or not detainees in the Cook County Correctional Complex were entitled to mental health treatment from the Illinois Department of Mental Health. Even before the case was settled, additional staff were hired for the complex in 1975 and a special facility was established (originally with 52 beds) as a residential treatment unit. The resulting new mental health services laid the foundation for the Psychiatric Services Unit.

A court-appointed panel of three medical doctors filed an evaluation report of the Cook County Department of Corrections mental health program in October 1977, (Mental Health Survey: Cook County Department of Corrections). It noted that many improvements had been made in mental health services since 1975, but that more improvement was needed. Space and staff were judged to be far from adequate. It further noted that individual psychological screenings were not provided for every prisoner, a process that the report's authors deemed essential, and that the screening process that did occur frequently was done by jail guards or other inmates who had no specialized training. The report also noted a shortage of physicians, a high incidence of mental health problems, the need to provide services for night-hour admissions, and a high potential for suicidal and assaultive behavior among inmates.

Harrington v. DeVito was resolved by a consent decree in 1978. As part of the settlement, the Department of Corrections agreed to provide all necessary space, buildings, renovation, and security; the Department of Mental Health agreed to provide mental health staff; and the Health and Hospitals Governing Commission agreed to provide matching funds and to develop and implement the needed program. The present budget for 1982 is approximately 1.2 million dollars, of which 50% is funded by the State of Illinois and 50% by Cook County Government. This basic multi-agency arrangement continues today. The present Psychiatric Services is funded jointly by the Illinois Department of Mental Health and Developmental Disabilities and by the Cook County Government. The program is operated by the Cermak Health Services, an independent organizational structure within the correctional complex, of which Psychiatric Services is one part.

By 1979, all detainees in or entering the Correctional Complex were receiving a psychiatric screening. The professional mental health staff of the Psychiatric Services team numbered about 20 and were complemented by twice as many specially trained corrections officers. Although Cermak is no longer a full service hospital

its wing on "3-North" continues to function as an acute psychiatric care unit, providing specialized intensive care and total physical restraints (if needed) for detainees with critical or potentially destructive psychiatric problems.

The Psychiatric Services Unit is providing increasingly better mental health care for inmates. Its continuing progress is affirmed by staff and documented in a recent report to the Court, filed in June 1980: First Report by Court-Appointed Panel of Experts Pursuant to Agreed Order of October 19, 1978, Harrington v. DeVito, No. 74-C-3290. While describing some difficulties at the jail, both new and continuing, the report generally concedes that significant progress has been made. It attributes to the Harrington consent decree a clearly improved environment of services. The mental health professional staff is given high ratings. The report affirms that all inmates in the Correctional Complex are now given medical and psychological screenings within a day of their admission.

ONGOING ACTIVITIES

Since its Court mandated inception the Psychiatric Services has annually received a continuing commitment from its supporting agencies. In analyzing the psychiatric program to date, it has become crystalized that some reorganization of services would be efficacious. A plan has been developed to provide three trained psychiatric officers, along with a paramedic, and a social worker for each of the six divisions of the General Population of inmates. Under the supervision of a mental health specialist and part-time physician this team will provide supportive counseling to inmates that are discharged to General Population from the psychiatric program, as well as other inmates in need of such services. The goal being to maintain the patients' remission and adaption to his housing unit, not merely deflection to other areas.

There are also efforts under way to facilitate community linkage for the psychiatric inmates. In essence, the concept is to link the inmate with an appropriate human service agency upon the inmates' release from the correctional facility. Linkage referral includes mental health agencies, vocational agencies, religious institutions, legal agencies and/or medical facilities. The eventual goal would be a supportive interface of all the entities of the criminal justice system for the welfare of the client.

Another area of development is training and research. Increased supervision of all staff will be effected with additional psychologists. In addition, an expansion of in-service programming is planned for the future. This program will have as its focus the specific needs of cadet officers, as well as veteran correctional officers, paramedics and emergency medical technicians, and treatment staff of Psychiatric Services. The department is also planning work with Professors from Northwestern University and the University of Chicago in a number of training and research projects connected to their programs. Other facets about the Comprehensive Psychiatric Program are being prepared for publication by the mental health staff at this writing. Psychiatric Services staff are preparing to share their experiences and program in upcoming national conventions, as had been done at the recent AMA Correctional Convention.

And finally, Psychiatric Services is pursuing accreditation by the Joint Commission of Accreditation of Hospitals. The department was included in the past one and one-half year study of the jail by the American Correctional Association. After this lengthy review the Cook County Jail has been granted a three year accreditation by the ACA, making it the Nation's largest accredited county jail.

Achievement Award Program

Entries due by Feb. 12, 1982

County success stories wanted for awards

:•ge•nu•i•ty *n.* skill or cleverness devising or combining: invenveness; cleverness or aptness of esign or contrivance.

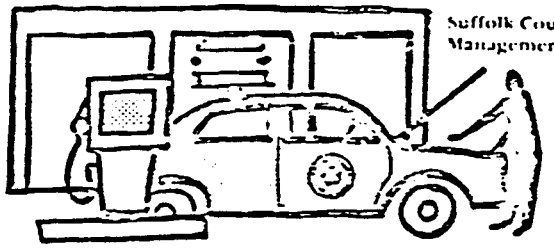
s your county shown some ingenuity ently? If so, help other counties get their ograms off the ground by sharing your orts with NACo's 1982 Achievement ard Program.

Each year the achievement award proam gives national recognition to progresc county developments that demonstrate improvement in the county's structure, nagement or services.

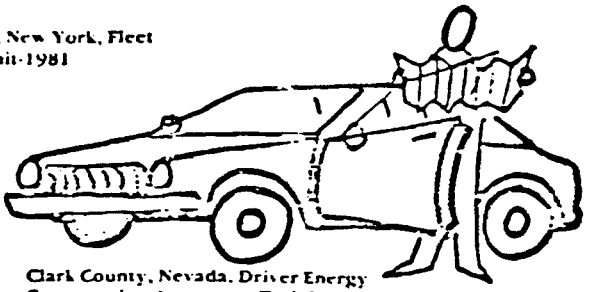
his special supplement is designed to lp you submit entries to the program. ne article gives suggestions on preparing tries. There is also information about her NACo and NACo affiliate award proams—their purposes and information on w to enter.

The deadline for submitting entries to the hievement award program is Feb. 12, 2.

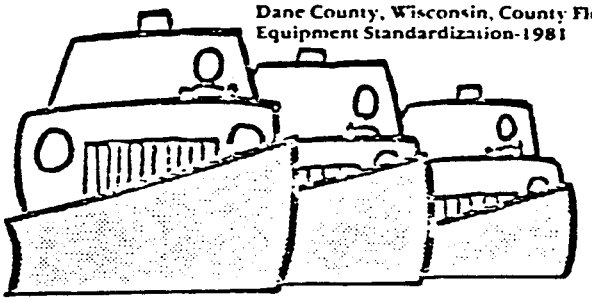
The narrative case study format is similar last year's, although the order is different. point-by-point guide for the format llows on this page.



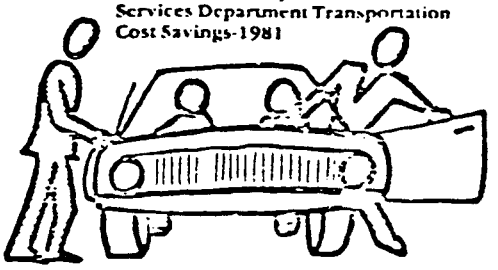
Suffolk County, New York, Fleet Management Unit-1981



Clark County, Nevada, Driver Energy Conservation Awareness Training-1981



Dane County, Wisconsin, County Fleet Equipment Standardization-1981



Rensselaer County, New York, Human Services Department Transportation Cost Savings-1981

ELIGIBILITY

he achievement award program is designed r NACo members, although non-member unties can participate.

Programs are evaluated on the basis of their own merits, rather than in competition with other county programs. This means the county's size, structure and resources will be taken into consideration during evaluation. Case studies need to show how programs are innovative. For example, the ways a program goes beyond merely meeting state or federal laws should be clearly documented, or how the program differs from other past successful approaches taken by the county should be described.

For a program to be eligible, the county must be significantly involved, case studies must document program results, and the program must not be in the planning stage.

Please feel free to reproduce the entry form in this supplement.

For more information or additional copies of the supplement, contact Lynn Lambert at NACo.

Case study must include summary, objectives, results

here are three reasons why we have asked ou to write a case study: the information ontained in a case study should help us ermine your program's eligibility; it hould provide the basis for your program's valuation; and it should show how you set p and operate the program so another ounty could use yours as a model.

Your case study should summarize the rogram's background, activities and results o show: what the program is; why the proram was needed; what the program set out o do; how the program was set up; how the rogram operates; what it costs; what the rogram has achieved; and where the proram is headed.

There are at least two potential audiences or your case study. Our review panels read ase studies for the program's eligibility and ffectiveness. Other counties read the case tudy to see if your program can help solve imilar problems.

In addition, some of the information athered in preparing the case study can e used to explain a new program to your itizens or keep them informed of your ounty's efforts to provide better service. ou could, of course, use the case study as n in-house progress report.

There are several resources you can turn o for documentation of the program when riting a case study. You may want to look t old correspondence or consult meeting otes, memos, formal proposals or period reports. You should talk to others involved in the program. They can help you verify the information and fill in the blanks. If your county has a public information officer or intergovernmental grants coordinator, either might be able to give you pointers or help in writing the case study.

CASE STUDY FORMAT

Presenting your case study in an easy-to-follow format provides for the most effective use of the information and gives others a good picture of the program. This is why we have set up the case study outline and format for you to follow.

Here's a step-by-step guide to the format. Each section of the format is followed by questions and suggestions to help you cover the required material.

Capsule summary. In 150 words or less, state both the problem and the solution. Give the date implemented.

What is the program? Describe it in a nutshell.

Program objectives. Explain the need for the program. State the specific program goals and objectives.

Explain the problem that prompted the county to set up the program. What specific goals and objectives did the county set to alleviate or eliminate the problem or to meet the need?

Program results. Document how the program goals and objectives are being met. Give tangible program results. For example, tell who is being served and how. Use exact dates and figures. If appropriate, describe any secondary and/or spinoff benefits.

What has the program accomplished? Did your program meet its goals? Does it provide other benefits by meeting secondary program objectives or by producing unexpected gains? How have the people involved with the program—clients, citizens or county personnel—reacted to the program? How has it been received by the community? For example, have you received any feedback through an evaluation, letter of commendation or press coverage?

Program operation. Give an account of the program's design and implementation, describing the steps and actions taken and the time frame, including:

- Roles—describe the role of various county offices; the role of other governments, civic and business groups, and media, if applicable. Tell who is responsible for what;
- Financing—give the program costs and funding sources;
- Obstacles—if there were any obstacles in setting up the program, describe them and how you overcame them; and
- Legal requirements—identify any state or federal law(s) under which the program was established.

In describing the program's operation and background, tell how the program was set up and how it operates. When did you start planning the program? Where did the idea for it come from? Who was involved? How long did it take to set up the program?

Did any laws need to be changed first? Was the program established in response to a state or federal law or mandate? If so, how does the program go beyond merely meeting the requirements?

Were there any problems in setting up the program? If so, how did you overcome them? How was the program financed and how much did it cost?

How long has the program been in operation? How many people are staffing it? Did you need to make any organizational or administrative or personnel changes to implement it?

Ongoing activities. State the program's staff and funding plans for the next two years. Also, describe any proposed program changes or additions.

Your program's ongoing activities show the direction the program is headed and the county's commitment to the program. For example, if an initial outside source of funding ended, would the county pick up the program's cost? Would it continue providing personnel if necessary? Who will be making the decisions about the program a year or two from now? Does the county plan to change or add to the program?

All of this represents a lot of information to convey. Keep the narrative simple and clear.

NACo and affiliates sponsor additional awards

In addition to achievement awards for innovative county programs, NACo and its affiliates sponsor other award programs for different purposes. These sponsors and their programs are:

NACo's Alliance for Business and Counties (ABC). This is President Richard Conder's six-point program to recognize and encourage public-private cooperation. The Good Neighbor Award, an initial step in the program, is intended to recognize businesses or community leaders who have made a significant contribution to their county through some activity carried out in cooperation with the county. The program was announced in October and nominations are due Dec. 15, 1981.

For more information, contact Lynn Lambert at NACo.

National Association of County Information Officers (NACIO). NACIO's members aim at improving service (using all available media techniques) to county government, the news media and the public.

NACIO sponsors its annual Awards of Excellence to recognize the outstanding county public information projects of the past year. The competition is usually announced in February and entries are due in April.

Awards are given in the following areas: annual reports, major publications, small publications, internal printed communications to county employees, periodicals, films or videotapes, multimedia presentations, slide shows, black and white photographs, color photographs, special projects, ongoing campaigns, and art and design.

For more information, contact Martha McClanahan at NACo.

National Association of County Park and Recreation Officials (NACPRO). NACPRO's members are interested in acquiring and developing county park and recreation resources and in obtaining more effective use of both public and private lands.

Each year NACPRO presents a series of awards for exceptional contributions to the field of parks and recreation. The 1982 program is underway. Each NACPRO member may submit two nominations of persons and organizations he or she feels merit recognition. The deadline is Jan. 1, 1982.

Awards will be made in the following five categories:

- *Organizational:* Presented to a parks and recreation agency with exemplary programs in the past year;
- *Fellow:* Presented to a parks and recreation professional contributing significant leadership over a period of years at the local, state, regional and or national level;
- *Lifetime:* Presented to a retiring professional based on service to the field.
- *Friend.* Presented to a lay individual, an elected non-county official, or public or private organization responding in an unusual manner to benefit parks and recreation at any level of government, and
- *Board/Commission:* Presented to a park/recreation board member or county commissioner contributing significantly to parks and recreation within the county.

For more information, nomination forms and procedures, contact Marie Baker at NACo.

Achievement award guidelines presented

Purpose

- To give national recognition to progressive county developments that demonstrate an improvement in the county's structure, management and/or services; and
- To share information about innovative county programs with other counties.

NACo seeks to recognize:

- The county government rather than individuals or departments;
- Programs representing counties with various populations, administrative structures, economic structures, geographic distributions, and cultural and historic traditions;
- A wide range of county programs, including an assortment of particular interest to NACo's functional affiliates; and
- Achievement award recipients on the basis of a progressive development in the county rather than on the basis of a national contest.

Who is not eligible?

- Programs receiving a NACo achievement award in prior years are ineligible for another award; and
- Publications alone, as opposed to those which are one element in an ongoing program, are not eligible. Single publications may be submitted to our affiliate, the National Association of County Information Officers (NACIO), for consideration in its Awards of Excellence competition.

Submitting an entry

- An entry consists of a narrative case study about the progressive county program/project and a completed achievement award entry form.
- Entry forms must be signed by the county's chief elected official—either the elected county executive, board chairman or president of the board.
- Case studies should be no longer than 10 double-spaced, typed pages (letter size) and must follow the case study format.
- All entries become the property of the National Association of Counties. Other counties may be referred to the preparer of the case study for more information about a [illegible] the right to edit all
- Multiple entries are welcome, but programs addressing similar problems or issues will be combined into one entry.

Case studies

Narrative case studies should include all of the program information requested in the case study format. Follow the step-by-step case study format on page 7, using subheads marked capsule summary, program objectives, program results, program operation and ongoing activities. Case studies must use exact dates and clearly show the county's decisive role in the program's development and implementation. They must also present evidence of the program's accomplishments over a significant time period. This information and format are necessary for an adequate evaluation of the program and for effective resource sharing.

Supplemental data

- The narrative case study should be written to stand on its own and can include, within the 10 pages, charts, graphs and tables that are an integral part of the text.
- Supplemental material, however, such as evaluation reports and brochures should be provided for illustrative purposes only. Any reference to it in the case study should be fully explained. Whenever possible, include black-and-white photographs (glossy). Supplemental material should be placed in a clearly marked file folder (letter size) so it remains with the case study.
- In addition, if the program used any consulting firms, list them.
- As necessary to comply with the Privacy Act, remove clients' or individuals' names from the material.

Recognition

- Counties will receive award recognition at NACo's annual conference. In addition, achievement award counties will be given the opportunity to purchase space to display their successful programs at the conference's educational exhibits;
- Some case studies will be made available through NACo's New County Living Library; and
- Additional plaques may be purchased from NACo between July and December.

New County Achievement Award Program
1982 Entry Form

County _____ State _____

Name and mailing address of the county's board chairman, president or elected county executive (please circle title) and his/her signature:

Name, title, department, mailing address, and phone number of case study preparer:

Signature _____ Phone (area code)_____/_____

Title of case study/program to be considered for NACo County Achievement Award:

Subject area (e.g., juvenile justice, welfare management): _____

1980 county population: _____

Please send completed entry to:

New County, U.S.A. Center
National Association of Counties
1735 New York Ave., N.W.

Deadline for all entries to be received by New County, U.S.A. Center is *February 12, 1982.*

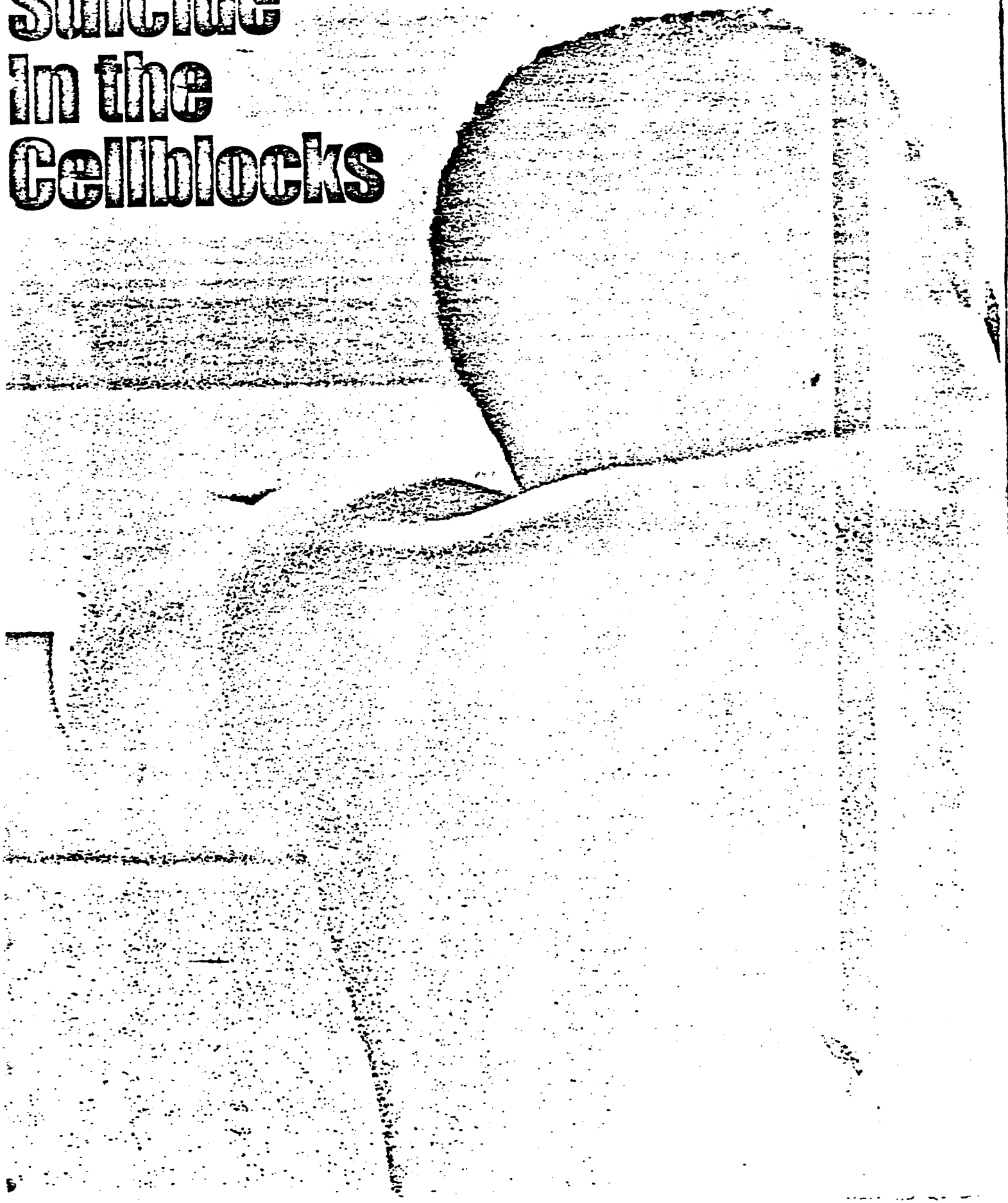
Please note: All materials sent with achievement award entry become property of NACo.

For more information and extra copies of this supplement, call Lynn Lambert at NACo, 202/785 9115.

APPENDIX F

"SUICIDE IN THE CELLBLOCKS"

Suicide In the Cellblocks



New Programs Attack the No. 1 Killer of Jail Inmates

by Suzanne Charlé

ON Nov. 29, 1980, 16-year-old John Russell Hayden was imprisoned in the Hamilton County (Ohio) Juvenile Detention Center. A few hours after his arrest, Hayden tied a bedsheet to the bars of his cell and hanged himself. He had been arrested for truancy.

Three days later, on Dec. 2, Emery Casso, Jr., 27, arrested for public intoxication, hanged himself by his shirt at the jail in Aransas Pass, Texas. On the same day, Benson Krom, 37, convicted of passing a bad check, did the same, using a bedsheet, at the Albany County, N.Y. jail.

These three inmates were among at least 11 who killed themselves during a two-week period from Nov. 29 to Dec. 13, 1980 in police lockups and jails from Worcester, Mass. to Spokane, Wash. And the 11 were only a few of the hundreds of inmates in jails and prisons who kill themselves every year. Suicide among prisoners is an acute and growing problem. "In some jails," says a psychiatrist at the Wayne County jail in Detroit, "suicide has reached epidemic proportions. If you ask me, it's the number one problem facing jails in America today."

The suicides are tragic. Equally tragic is the fact that most of them need not happen. Mental health experts say that with proper screening and surveillance of inmates and better training of correctional personnel, the great majority of jail suicides could be prevented. A few cities and counties — among them Cook County (Chicago), Ill., Wayne County (Detroit), Mich., New York City and Suffolk County,

Suzanne Charlé is a free-lance writer based in New York.

Photos by Tony O'Brien

N.Y. — have started programs and have successfully reduced the number of both suicides and suicide attempts. But thousands of small local jails and police lockups around the country have neither the resources nor the motivation to take the precautions necessary to prevent suicides.

Advocates of suicide prevention programs say that jail administrators have a moral obligation to provide suicide screening and surveillance; otherwise, jail becomes a death sentence, often for inmates accused or convicted of minor crimes. The responsibility, however, is not just moral. In many jurisdictions, jail administrators are discovering they have a legal responsibility. Many successful lawsuits — there is no record of how many — have been filed in the last several years by families of prisoners alleging that jail administrators neglected to protect inmates from themselves. Some of the judgments have been for hundreds of thousands of dollars.

Suicides occur in jails and lockups of all sizes and descriptions: If the small jail is at a disadvantage because of lack of sophisticated training programs and elaborate medical facilities, large urban jails must deal with the problems of high turnover rates, overcrowding, and a lack of community.

No one knows just how many suicides are committed in jails every year because there is no one central agency where figures are collected. California requires all deaths in both state and local correctional facilities to be reported to the state Department of Corrections and the attorney general; there were 45 suicides statewide in 1980. But in most states, jail deaths go uncounted.

The closest estimate of the number of jail inmates who kill themselves is 1,000 per year. The figure was derived from a national study of jail suicides by the National Center on Institutions and Alternatives. It is based on answers to questionnaires distributed to 16,909 adult jails and lockups. Half of the jails responded and reported a total of 421 suicides. Even these figures are incomplete. "Not all sheriffs are keen on reporting suicides in their jails," says Lindsey Hayes, who directed the study.

Though the data are scanty, there is evidence that the rate of suicide in local jails and lockups is many times that in state and federal prisons. (There were 63 suicides in state and federal facilities in 1978.) One reason for this, experts say, is that the most acute crisis for an inmate with suicidal tendencies is during the first few days after his arrest and detention. By the time he is shipped to a state or federal facility, the initial trauma of imprisonment has passed and the personal and family problems he left in the community have begun to be resolved.

In many jails, suicide is the leading cause of death. Dr. John E. Smialek and Dr. Werner U. Spitz of the Wayne County, Mich., medical examiner's office studied suicides in the Wayne County jail and Detroit-area lockups for 1976 and 1977 and found that of the 25 deaths, 20 were by suicide.

In 1976 in the New York City jail system suicides accounted for more deaths than natural causes. Between 1956 and 1967, according to a study, suicides made up 25 percent of the 91 deaths in Cuyahoga County, Ohio, jails. That is "a very high ratio," according to Lester Adelson, the report's author, who observed that in the county's general population, there had been 2,111 suicides during the same period — 1.07 percent of all deaths.

Why are there so many suicides in jails? Jail administrators are quick to cite overcrowding, poor facilities, low manpower and poor training of correctional officers. Some psychologists and psychiatrists who have studied the matter hesitate to cite overcrowding. "No one hangs himself when 20 people are looking on," says one.

The principal reason for the high rate of suicide in jails is the inmates themselves, who are more likely to have psychiatric problems than the general population. Benjamin Malcolm, former commissioner of the New York City Department of Correction, said in 1975: "Jail is called on to accomplish with limited resources that which many psychiatric hospitals, with all their expertise, cannot achieve — the prevention of suicide."

Bruce Danto, a psychiatrist, police officer and consultant for the Wayne County jail in Detroit, is more explicit: "The mental health department in Michigan, like departments in most other states, is going out of business. Jails have become the dumping ground for the mentally ill, but the correction officers don't have the training, the expertise. So how can anyone be surprised that the suicide rate is going up?"

The problem of suicides has many aspects for jail administrators. Hans Toch, professor of psychology at the State University of New York in Albany and an expert on jail suicides, points out that when a suicide occurs everyone in the jail is affected, from other inmates to guards to the top brass. Inmates are confronted with their own mortality; medical personnel report that a rash of suicide attempts will often follow a successful suicide. The trauma also affects the guards.

Danto says that, in the best of all worlds, jails would provide group counseling for the jail staff after a suicide. Too often, he says, officers must just continue work as usual, and the psychological scars show up later, in more destructive ways.

Guards and administrators have more to worry about than their emotional response to suicide. More and more jails are being sued by the families of inmates who commit suicide, and courts are holding the jailers and the cities responsible. The American Civil Liberties Union's National Prison Project reports that every week private lawyers call that office requesting information on cases involving inmate suicide. New York, Chicago, Detroit, Santa Barbara, Calif., Baltimore and many other towns and cities have been involved in litigation stemming from suicide. Class action suits in Chicago, Detroit and New York resulted in court orders forcing improvements in screening, classification, medical and other practices at their jails.

Private suits are also being brought. A suit against the city of Bismarck, N.D. and a police sergeant there resulted in an award of $56,000, including punitive damages, to the family of an inmate who committed

suicide in the jail. The award was recently upheld by the North Dakota Supreme Court. The case involved Kevin Falkenstein, 21, who had been arrested at the scene of a car accident for driving while intoxicated. Since he could not make bond, he was put in a cell and, after he "foul-mouthed" a police officer, he was sent to "the hole." At 9 a.m., he was found hanging by his T-shirt.

"Lawsuits are a big issue now, and are costing cities millions of dollars," says Jimmie L. Byrd, medical services administrator at the Wayne County jail. "If a jail doesn't have a suicide program intact, the city is opening itself up to all sorts of problems. Lawsuits are a fact of life. It's important to know when a suicide does occur that all the correction officers have been properly trained, that procedures have been followed correctly. In effect, you prove you haven't been negligent."

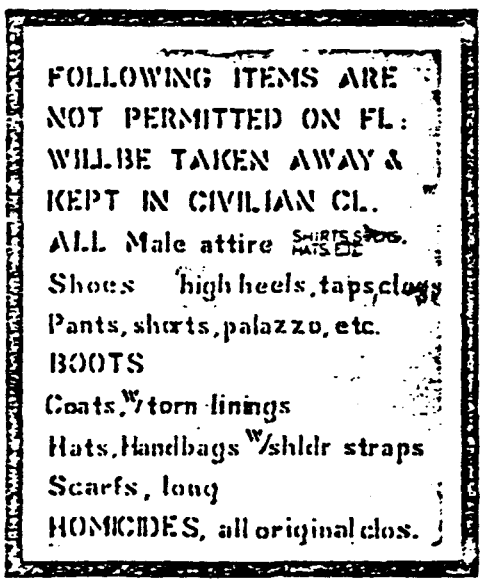
"You've got nothing to live for. . . . Like I say, I have two kids, and I have my woman. I blew that. And lost a whole lot of opportunity. I fucked up at school . . . My people was all out for me to make something out of myself. And I fucked up in everything. I just thought there was nothing to live for."

—inmate after trying to commit suicide.*

As the pressures of daily life in America increase, and social and family ties continue to dissolve, the suicide rate climbs. In jail, where men and women are cut off from family and friends and the pressures are constant, the rate of suicide is higher still; even a stable person can be "at risk."

While entry into prison is a gradual process and therefore something that the inmate can expect and prepare for, entry into jail is abrupt. The detainee is swiftly pulled out of his normal life and is thrown into a bizarre world. He is bounced from police stations to vans to arraignment court and then back to reception pens. Such a scene is disorienting and frightening even for those who have been in jail before. For the uninitiated — the young man brought in for driving while intoxicated or for the drug addict going through withdrawal — it can be a nightmare.

Just the nature of jail creates problems for those trying to stop suicide: "The jail," writes Toch, "is a warehouse with a high turnover. This makes control difficult and limits quality and quantity of assistance and support obtainable from fellow inmates and staff. . . . Attempts to secure relief generally bring only increased frustration, which reinforces the impact of incarceration."



A sign in the reception area of New York's House of Detention for Women.

Worries about the length of confinement, the seriousness of the charge, the physical shock of being in jail all add to an inmate's sense of dislocation and depression. Suddenly, he has lost all control: Decisions are being made by judges, prosecutors, lawyers and psychiatrists that will affect him for . . . who knows how long?

Yet while the inmate is caught in the seemingly orderless, Kafkaesque world of jail, "real world" problems are still very much with him: At home, the bills aren't paid, the job is waiting, the children are left alone. Regret and remorse, Toch suggests, reach their full impact in the first few days of detention, and continue throughout the pretrial and presentence period. For many, this early period of despair is fatal: A number of studies have shown that the majority of suicides are committed in the first 24 hours after arrest, and many in the first 12.

Obviously, not everyone who enters jail will attempt, or even think of attempting, suicide. Over the years, psychiatrists, psychologists and jail administrators have found that certain types of people are prone to be suicidal.

Suicidal inmates are apt to be alcohol abusers. Dr. Page Hudson, chief medical examiner of North Carolina, conducted a five-year study from 1972 to 1976 and found that of the 70 detainees in North Carolina who committed suicide, 54 had been booked on alcohol-related charges. The Cuyahoga County (Cleveland), Ohio coroner's study showed that 57 percent of the suicide victims had been taken in for alcohol-related offenses. In Michigan, a statewide study of suicides from 1976 to 1979 found that 32 percent of 88 suicide victims were in local detention facilities on alcohol-related charges. Of these, 80 percent committed suicide within the first four hours of detention — in other words, while they were still drunk. "It's a tragedy. They tend to be in for driving under the influence," says Danto. "They're usually pretty young — 21 to 35 — and usually they're not married, or not actively married. They get picked up, they're put in jail, they begin to realize what's happened, where they are. Remorse sets in — you know the rest." Danto adds that "barfighters and woman-beaters are also committing suicide like crazy."

Age appears to be a factor in jail suicides. A particularly serious problem is that of children in adult jails. In a recent study prepared for the federal Office of Juvenile Justice and Delinquency Prevention, it is estimated that some 479,000 children were confined in adult jails and lockups in 1978. After compiling responses from more than 600 jails and 500 lockups, the authors estimated that these children were committing suicide at a rate of 12.3 per 100,000 in the jails and 8.6 per 100,000 in the lockups, both significantly higher than the rate of 2.7 per 100,000 for children in the general population.

Most studies also suggest that while

* From *Men in Crisis* by Hans Toch

more young detainees make suicide attempts, the older ones are more successful. Drs. Jan Fawcett and Betty Marrs of Rush Medical School did a study in Chicago covering March 1969 to May 1971. They found that the average age of men in jails attempting suicide was 21, with ages ranging from 19 to 26. The 13 successful suicides were committed by inmates ranging in age from 18 to 48, with the average age 33. Fawcett and Marrs concluded that the younger inmates were more inclined to act out but did not plan their actions, while the older inmates were more deeply disturbed, showing clinical signs of depression, and planned their attempts more thoroughly. Frequently, suicides among older inmates were precipitated by their rejection by some family member.

As opposed to the general population, where the majority of suicide attempts are by women under 30, women in jail seldom commit suicide. In fact, in jails in New York City, not one female has committed suicide in 25 years. John Rakis, coordinator of the jail system's suicide prevention program, believes this is due primarily to the fact that the jail's relatively small female inmate population (400) is intimate and supportive, and that there are better lines of communication with the staff than there are in the male population of 9,000. In Suffolk County, N.Y., the number of successful suicides by females in the jail is still low, but the number of attempts has risen in the past few years. There, as elsewhere, the mental health staff says that these attempts are usually made by a woman who has children at home and who is worried about them. For this reason, jail personnel try to ascertain immediately the home situation of every woman entering the facility; family members or social workers in the community are notified about any problems.

While a few murders are committed in jail and masked as suicide, it is difficult for this to go undetected. Doctors say the inmate would usually put up a fight and signs of the struggle would show up in the autopsy. In fact, sheriffs and wardens say that inmates usually keep a watch for potential suicide. "Inmates always seem to know when there's a 'stranger' in the jail," says Sheriff John Finnerty of Suffolk County, N.Y. "Usually they'll pass the word to the guard, '46 is going to blow.' " In the New York City jails, inmates' ability to pick out the suicidal among themselves has been converted into a program (see page 14).

Students of the psychology of suicidal inmates say that suicides often break down into categories. Dr. Bruce Danto suggests six:

1. The "intentioned" suicide, in which a person deliberately seeks death for reasons of illness, loss of loved ones or loneliness. He sees death as a way of ending emotional or physical suffering.

One inmate drowned himself by tying his head to a sink plunger and filling the bowl.

2. The "subintentioned" suicide, in which a person unconsciously seeks death by behavior that puts him in death's way, such as picking fights with larger men or goading others.

3. Suicide by victims of "psychotic depersonalization," in which a person who is extremely unbalanced harms himself in order to feel alive.

4. Suicide by victims of "psychotic mutilation," in which a person suffering schizophrenia or an organic brain disease injures himself because of a desire to destroy himself.

5. The "sensational" suicide, in which a person, in a quest for celebrity, commits a spectacular suicide.

6. The attempted suicide. By trying to kill himself and failing, this person is asking for help, looking for sympathy. Often, says Danto, the person's attempts are used to manipulate correction officers, judges and others.

Dr. Joseph Davis, chief medical examiner for Dade County, Fla., says that inmates, particularly juveniles, often see a suicide "gesture" as a way of getting an easier sentence or perhaps as a means of escape. "In one case," he recalls, "a 15-year-old had told his friends he was going to "hang up" so that he'd be transferred to the hospital where he'd make his escape. No one got to him in time and he died."

Recently, at the Wayne County jail, an inmate put up a sheet and said he would "hang up" because he wanted to be transferred to a different jail. You Kim, the jail psychologist, did not think he was serious, but nevertheless put him in the suicide prevention wing. The next day, Kim interviewed the man. He asked, "Why did you try to hang yourself?"

The man by this time was eager to get off suicide row: "I really didn't want to kill myself; I just wanted to be sent back to the first jail I was in. It was closer to my home."

"But how do I know you won't try again if you aren't transferred?" said Dr. Kim, shaking his head. "No, I think we should keep you on the suicide wing."

"No, really," said the inmate, a bit flustered. "Really, it's okay. I'm not going to commit suicide."

"And if you want a transfer?"

"I'll ask for it. No more of this stuff. I don't want to be on that wing."

It is, psychologists and psychiatrists stress, very important to treat all suicide attempts and threats as if they are real. Too often an inmate who makes suicide gestures, like the youth in Dade County, does commit suicide because, as Danto puts it, "he tires out his rescuers, or he makes his attempt when no one is looking." Danto added that research shows that people who have made suicide attempts and threaten to do so again are at high risk: 189 per 100,000 will commit suicide, versus 12.7 in the general population.

Men and women in jail commit suicide in ways that are as varied as they are horrifying: "They'll stuff socks down their throats, swallow glass, sharpened plastic forks and spoons, burn themselves — amazing," says Danto. One, he recalls, drowned by

tying his head to a sink plunger and filling the bowl. Another, after failing to hang himself, dove from a bunk and smashed his skull on the cement floor.

"Cutting" is dramatic. Because of the blood and violence of the action it often gets quick responses. Often, however, this method is used by inmates who are not intent on suicide. A cut across the wrist vein — known to inmates as a "chicken scratch" — is almost never fatal. Cutting the wrist is usually only fatal if the inmate cuts down the length of the vein.

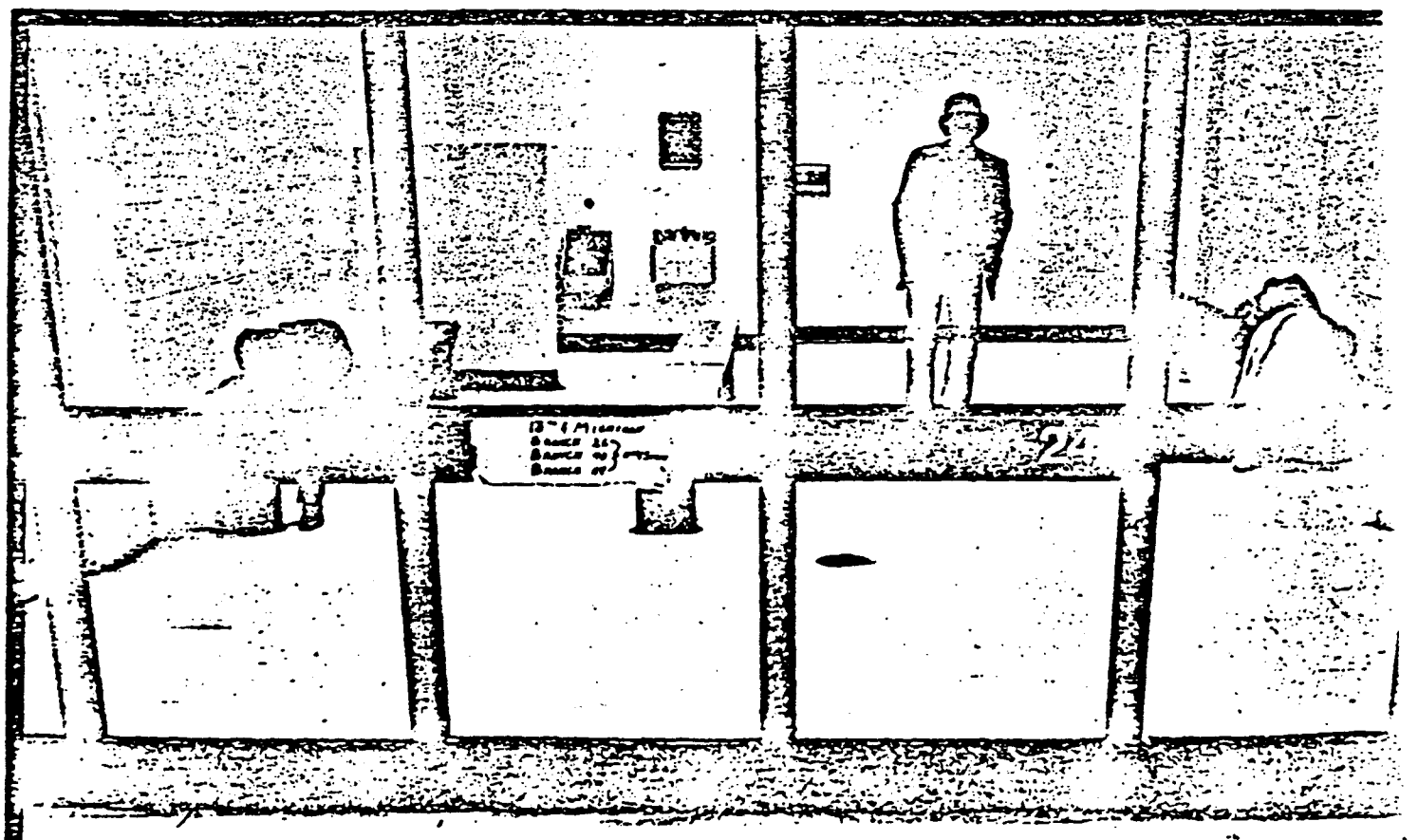
Hanging accounts for most suicides in jail: It is, as one psychologist put it, "the method of choice." In the Cuyahoga County study, 22 of 23 suicides were hangings, while the North Carolina study found that 46 of 70 suicides were hangings.

Twenty-seven of the North Carolina suicides were accomplished with belts. "In one of our jails, over a four-year period there were five hangings and four were with belts," said Page Hudson of the medical examiner's office. "In the two years since we changed policy and all belts are routinely removed, there have been no successful suicides in that jail, despite at least five serious attempts. You see, there is sufficient time consumed and commotion created in attempts with torn sheets and clothing; the men are defeated because of their increased efforts."

While it would seem a natural precaution, Hudson recalls that some sheriffs resisted the idea of confiscating belts: "Some sheriffs tend to be fatalistic. They say: 'If an inmate's going to kill himself, he's going to do it one way or the other.' " Asked why he didn't take inmates' belts, one sheriff in another state said, "We can't do that; their pants would fall down."

"Human ingenuity can devise most unusual methods to commit suicide," says Adelson of Ohio. "How does one antic that a sling utilized in treatment of a b arm would be a means of self-destruc The lesson is quite clear. Any ite neckties, sleeves from shirts, shoelac in a person's possession can be use means of hanging."

Although some old jails have pipes ducts from which an inmate can "s up," many hangings actually involve s cation or strangulation. John Smialek Werner Spitz of the Wayne County n cal examiner's office explained this paper: "It's not necessary to have c plete obstruction of a victim's airway death to occur, just as it is not necessa have the feet off the ground. Two k grams of pressure is required to stop blood flow to the brain. An adult's h equals three kilograms. So, enough p sure is exerted if the victim simply sta sits or lies down."



A suspect shortly after booking in Chicago's Cook County Jail. Studies show that more than half of all suicides occur in the first 12 hours after arrest.

Just as there is a pattern to who commits suicide, some psychologists and jail supervisors believe there is a time: They have found that suicides tend to occur late at night, when there is little activity and inmates and guards are less alert, less likely to detect the preparations. The afternoon, just after prisoners return from court hearings, is another prime time for suicides. So are the hours after visiting periods. "A man comes back after court, or after a visit with his wife, and the news is bad, and sometimes he just decides to end it all," said one correction officer in the Wayne County jail. "That's when we really have to be on the lookout."

The most important time to watch an inmate is just after he has been detained. A Michigan Department of Corrections study of 88 suicides from 1976 to 1979 showed that 52 percent occurred less than 12 hours after admission to a facility and another ten percent within 24 hours. Only 20 percent were committed after a week had passed. In the North Carolina study, more than half the suicides took place in the first 12 hours, while 21 percent occurred in the first three hours.

Since jails and prisons are by their very nature controlled situations, it ought to be easier to prevent suicides behind their walls than in the community outside. But rarely are local officials willing to commit the necessary resources.

"You could probably eliminate suicide almost totally, if the community were willing to commit the resources," says Frank Wilkerson, administrator of the Wayne County jail. "But that would require a tremendous outlay of funds, and in most cases the city is not willing and/or able to do so. Instead, you have to look at the different aspects of suicide and decide what actions best confront the problem."

In the early 1970s, when jail suicides were first making headlines, everyone, it seemed, had the answer to the problem of how to prevent them. In 1974, for instance, a San Francisco sheriff's officer went public with his anti-suicide prescription: "We give them lots of fresh fruit and vegetables."

Since then, administrators and medical staff in cities and counties around the country have created more substantive programs. Most have identified five requirements for successful suicide prevention:

1. Proper training of officers and medical staff to recognize and respond to potentially suicidal inmates;

2. The creation of systems within the jail that identify inmates needing special attention, including intake and diagnostic procedures and special programs for youths and alcoholics;

3. Medical and psychological programs that allow the staff to have quick and easy access to their patients;

4. Interior jail design that does not lend itself to easy suicides;

5. Formal investigations of all suicides, which not only make officers accountable for lapses in security and judgment but also lead to an understanding of the system's flaws.

Training is considered the single most important element in preventing suicides in jails. Traditionally, correction officers and deputy sheriffs have received only the most rudimentary instruction on suicide prevention. "Let's face it," says one instructor, "it's an awkward topic, both for the class and the instructor. Most people just didn't feel adequate to deal with the subject." But it is the officer walking the tiers who is the first line of defense against suicide. It is he, not the medical staff, who has the most contact with the inmates, and it is he who, when an attempt is made, will probably be the first on the scene. In the event of a serious suicide attempt, seconds can mean the difference between life and death, and a wrong move on the part of an officer could mean the death or crippling of an inmate.

Sheriff John Finnerty of Suffolk County, N.Y., recognized this in the early 1970s and set up a training program in which 40 of the 280 hours are devoted to suicide prevention. The course includes a film that simulates a typical suicide and discusses the "inmate's" reasoning and the correction officer's responses. The course also includes detailed directions on the procedures to follow when an inmate does attempt suicide. There are also role-playing sessions and first aid instruction. Eventually, the sheriff hopes to have a training film not just for the guards but for the inmates, to give defendants entering jail for the first time an idea of what to expect inside the jail and at court and to thereby relieve their anxieties.

All Suffolk County officers receive regular in-service training from the jail's mental health staff and from interns from a local university hospital. This has been particularly effective in helping older officers. "It's not easy," says the sheriff. "Officers are bound to be prejudiced, especially when you're talking about a child molester or someone like that. The officer's typically a middle-class guy with middle-class values who hasn't associated much with most of the people in jail. We have to untrain him of those prejudices, and help him realize it's his moral responsibility not to let a life be lost."

The jail's mental health administrator, Mary Filou, adds: "After training, an officer realizes what's happening, what's going on when an inmate attempts suicide. He feels more in command, he feels more like a professional." Also, she says, the positive interaction between officer and inmate "alleviates fear on both sides, and considerably cuts down tension for both."

The results of the program, says the sheriff, have been heartening: In the two years before the training was instituted — 1973 and 1974 — there were three suicides. Since then, the population has risen by 30 percent, to more than 500 on a given day, but there have been no successful suicides in the last two years, although there have been 24 serious attempts.

Many small communities, however, often don't have the facilities for such training. In some instances, the state has set up training programs for local correction officers. In Wisconsin, the State Office of Jailer Training has set up a two-day traveling mental health course, part of which deals with suicide. "We help the correction officers and deputies understand the cry for help and how to respond," says Marty

Drapkin, training coordinator. He adds that he has found his students "positively hungry for information on suicide. In one jail in Ozaukee County, they had a rash of suicides. They called us and we sent down instructors. Since then, they say there has been a tremendous reduction of suicides and attempts."

The Cook County jail offers one of the most elaborate suicide training programs. In addition to a 20-hour psychological program for rookie correction officers, special training is given to officers who will work in the intake and diagnostic area, and for those in the Residential Treatment Unit (a separate building where suicidal inmates and others with mental health problems are sent). Candidates, who are picked from volunteers, attend a ten-week course in which a consulting psychiatrist and members of the mental health staff instruct them in crisis intervention, interview techniques and individual counseling. These "psych officers" also sit in with the mental health staff during consultations with inmate-patients. Eventually, Cook County hopes to have "psych officers" stationed in the general jail population.

The Cook County program does not exist because of the sensitivity to inmate needs of some benevolent past warden. It was started in 1974 as part of a large medical program implemented under a court order. Court orders are the origin of most such programs. Wayne County, Mich., was ordered to start its suicide prevention program in 1976 by a three-judge panel of the county circuit court after a particularly grisly suicide. The court had jurisdiction under an earlier court order resulting from a general conditions suit brought in 1970.

An 80-hour training program was started in May 1978 with the help of a federal grant. By May 1980, 367 officers, 23 superior officers and 60 civilians had been trained. Plans for retraining guards on the job were also made. The cost, from June 1, 1980 to Nov. 30, 1980, was projected at $146,192.

Everyone, including the three-judge panel, seemed to be satisfied. However, the county board of commissioners has failed to earmark funds to continue the training in 1981. "They seem to think of all this as a luxury," said Lt. Edward Glomb, who is in charge of training, just after the board eliminated the program. "But training is no longer a luxury. It's a legal and economic necessity. One action could cost the county ten times the entire budget for training for one year. Besides, the training has been legally mandated and, somewhere along the line, they will have to come up with the money or be held in contempt." Glomb was right. In June the court ordered the county to fund the program.

Other jails are also facing financial roadblocks. New York City has a training program that has yet to be instituted. "We're working from crisis to crisis," says John Rakis, coordinator of Department of Correction's suicide program, "and now we're trying to get ahead." In Dade County, a psychiatric nurse was hired to give in-service training to correction officers under a federal grant. However, the jail is tremendously overcrowded and, the nurse says, "there simply hasn't been any time. This is a crisis situation."

Most mental health experts and corrections officials today believe that one effective way of preventing jail suicides, or at least reducing the number, is detecting potentially suicidal inmates at intake. For years, this was done simply on the "gut feeling" of the officer standing at the door as detainees came in. This is still the procedure in many places, including most of the jails in New York City (with the exception of the Bronx House of Detention, which has a trial screening program).

The Cook County jail has instituted one of the most elaborate intake and screening systems. On a recent day at 4 p.m., about 100 men were brought in from court arraignment. They stood or sat in large, open bright rooms, shut off from the corridor by plexiglass walls, awaiting processing. To prevent disruptions, young men and homosexuals were kept in separate areas.

As the men filed in, each was assigned a number. When his number was called, he walked up to one of a long line of windows, where officers sat, waiting like bank tellers. The detainee's personal history and arrest record were taken and then, after a brief

An inmate in the Residential Treatment Unit of the Cook County jail. It provides comprehensive treatment for inmates with mental health problems.

wait, he was called to another window, where a mental health professional or a specially trained officer asked questions aimed at determining the man's mental state: Had he any psychiatric history? How would his family be taken care of while he was in jail? During the interview, the staff member quickly marked a checklist: "General appearance (neat, meticulous, unkempt, bizarre, incontinent). Facial expression (happy, sad, bored, flat, mask-like, flirtatious)." The staff member was also asked to evaluate the inmate's "abtracting capability" and the degree of his "disorientation."

On the basis of a four-minute interview, a health professional from the jail's Cermak Mental Health Institute would assign the man to general population or the jail's Residential Treatment Center.

Jail officials in Chicago and elsewhere stress that as much as possible should be learned of the inmate's background at intake and during the course of his confinement. The death of a parent, a divorce or separation often trigger suicides. Some jails, such as Suffolk County, hand out printed sheets to family members, asking them to let the warden know of any information that might help the correction officers better look after the inmate. "A surprising number of families have come and told us to watch out for this person because he's tried suicide before, or because he seems depressed, not like himself. That's invaluable to us," says Suffolk

In N.Y., Inmates Keep the Suicide Watch

IN many jails where officials can't afford the training and staff for a suicide prevention program, veteran correction officers rely on the inmates to police themselves. Officers say that some inmates who have been in jail many times often have an uncanny ability to pick out what they call the "strangers" — those inclined to do themselves in.

In some jails, inmate trusties are designated to do nothing else but keep a watch on their suicidal fellows. The most formal program of this kind is in New York City, where 150 "suicide prevention aides" are paid by the Department of Corrections to monitor the jail complex on Rikers Island and jails in the Bronx and Brooklyn.

The program was started in 1972 after a rash of suicides. Until recently, the suicide aides were simply chosen and told to watch the other inmates, without any formal instruction as to exactly what they were to do. Last year, John Rakis was hired to create a comprehensive suicide prevention program, and he has set up a training program for the aides. John Herbert, a veteran correction officer, now teaches an eight-week course for the aides, in which he describes the danger signs and instructs the aides on what to do in case of a suicide attempt. Thus far, says Herbert, the aides have been inquisitive and glad to receive the training.

The most serious problem with the program, according to Rakis, is that there isn't enough money. Aides are paid 15 cents to 35 cents an hour, which adds up to about $75,000 a year for the entire program. For this, the aides walk the tiers eight hours a day, with instructions to talk to other inmates and report any change of behavior to the officers.

John Cunningham, warden of Brooklyn's House of Detention for Men, says he is impressed with the suicide aide program. "We need all the help we can get," he says. "Death is such a speedy thing."

Aides in Cunningham's jail complain that one of the biggest problems is getting cooperation from the officers.

Sitting in a "meeting" cell in the "psych wing," six aides told tales of officer disinterest and laziness. Role-playing in class, they said, had given them some understanding of the officers' problems, but the officers just didn't seem to want to understand theirs. "We just don't get no respect from them," claimed one man in on a robbery charge. "One guy asked me to mop the floor while I was on duty."

"Still," added another, "it's a lot better since 1978. Right now, my life ain't so hot. I'm confined. There's pressure about my trial. But with this, I can try helping someone else."

Of the six, three said they had actually stopped suicide attempts and most agreed that working with "bug-eyes," as they called the inmates in the psych wing, made them feel better off.

As the talk went on, the noise on the tier grew to a roar. Finally, the leader of the aides called out of the cell, "Ice it." The tier fell silent.

The incident illustrated that the suicide aides had made themselves powerful. This power worries some officers, who, off the record, complain that the aides in a good position to blackmail other inmates and to pass contraband.

Rakis counters that other jobs also put inmates in a position of power and that, in this case, it's worth the risk. Michael Austin, director of the city Board of Correction, agreed: "Right now, we've tremendous numbers of people coming in. The suicide aide program can help, if it's monitored correctly."

While there are no figures on just how many suicides are prevented by the aides, one thing is clear: The program obviously helps the aides themselves, men like Angel. Angel was interviewed while awaiting trial for the alleged attempted murder of his wife. Other inmates say that after the domestic dispute he tried to kill himself. Angel says he has stopped two people from "cutting up" and one from hanging. "I came to this job in a bad way," he says. "I really need this job to keep occupied. I know what it's like, to be without hope. That's what I try to pass on to the brothers here: If you have hope, you won't hurt yourself." □

County Warden Sal Romano.

"I really think the intake process is one of the most important aids in detecting potential suicides," says Jimmie Byrd of the Wayne County jail. "You identify the people who need immediate medical attention, those who are young or drunk, immediately. If you don't do it immediately, it's useless."

Byrd explains that in his jail inmates are kept in a small reception area until they can be examined by a medical doctor and a social worker. If either suspects emotional problems, the patient is immediately referred to one of three psychiatric social workers. "The staff is painfully aware of suicide, and inmates are carefully screened," says Byrd.

If an inmate is identified as suicidal, he is isolated in one of 14 cells that officials call "suicide proof." He is stripped and given a down blanket, made particularly to discourage suicides, because it is so bulky that there is virtually no way an inmate can use it to "string up." The cells have no horizontal bars, no pipes, no ducts. There is no water faucet and the beds are simple platforms, low to the floor. "Primitive," as one guard says, "but effective." One problem is that there are not enough cells to meet the needs of the jail, which accepts 180 prisoners a day.

Smaller jails that cannot afford to staff such a screening system often use correction officers to complete the forms that are then reviewed by the mental health staff. This system can work, according to Richard Dackow, the classification specialist and psychologist who devised the intake system for the Suffolk County jail, and who helps pick the officers who work the line. "The screening helps to create a positive interaction between the officer and inmate, and alleviates fear on both sides," says Dackow. "In the long run, and for that matter, in the short run, screening is cost-effective, if you can put human lives in those terms. In my experience, there are great savings in court costs, legal costs and the like. Classification is like an insurance policy: It may save an enormous amount in terms of liability."

Even the most sophisticated screening system cannot prevent all suicides. In one North Carolina jail, a man killed himself in the holding area while awaiting classification. Even a good classification system doesn't catch every potential suicide victim. "The problem," explains Sheriff Finnerty of Suffolk County, "is not with those we know. It's with the others who make it to the general population, the ones who got away." Other jail administrators agree. In Chicago, for instance, virtually all the suicides take place in the general population, rather than in the Residential Treatment Unit. Once an inmate has been classified as suicidal, suggests Dr. Ron Simmons, psychologist and coordinator of psychiatric services at the Cook County jail, the inmate really has no chance to commit suicide.

An inmate who stops eating or gives away his belongings may be contemplating suicide.

Usually, before an inmate tries to kill himself, there are signs: He doesn't eat, he gives his belongings away, he is depressed. If these symptoms can be spotted, it can mean the difference between life and death. For this to happen in jail, however, there must be a close rapport between the custodial and medical staffs. Such cooperation is a rare commodity. Says John Rakis of New York, "Traditionally, I get complaints from the medical staff that the guards see them as 'egg-heads,' but they just as often tend to see the corrections staff as a bunch of sadistic animals."

The experience of Sheriff Fernando Perez of Ozaukee County, Wisc. is not uncommon. "In my first term of office, there were seven attempted suicides in three months. I went to the mental health people and asked, 'What can we do?' In the beginning there was a sense of territory on both sides. There was some hesitation at letting these people [mental health workers] in the jail. It takes time to recognize the need for treating prisoners and the help medical people really do give in cases of suicide. The officers had to understand that they can accommodate the individual, but they can't treat. Now the response is good on both sides."

For years, jail medical staffs have been seen as "outside" the system. The medical facilities for the Suffolk County jail were originally in what is now a broom closet. To this day, You Kim, the psychologist in the Wayne County jail, uses the hallway as his office. There are other offices available, but they are floors away from the suicide ward, where Kim feels he is most needed. Raising his voice above the din of cell doors, radios and meal carts being rolled through his "office," Dr. Kim simply says, "You really can't say they're good working conditions."

One program where the facilities are first-class is the Cook County jail's Cermak Mental Health Institute. The institute provides both outpatient and residential treatment of all jail inmates with mental problems. The most impressive part of the mental health program is the Residential Treatment Unit (RTU), which was organized in 1977 and houses 120 psychitric patients and 100 drug addicts. The RTU employs two psychiatrists, an internist, four psychologists, three mental health specialists with degrees in psychology and social work, five civilian medics, and 75 "psych officers."

All inmates who are found to be potentially suicidal (except a few acute cases, who are kept in a special ward in the hospital) are sent to the RTU for an average stay of two to four weeks. Each patient is assigned a mental health specialist and is given a program of treatment developed in consultation with a psychiatrist. The treatment program includes group therapy, one-on-one counseling, art therapy and chemotherapy. Inmates spend their spare time in organized recreational activities.

The main problem with the program, officials say, is that it works too well. Inmates sent back to general population are likely to feel a tremendous sense of desertion and may become suicidal again.

Added to this is the problem that other inmates see the men in the RTU as having a better life and fake suicide attempts in an effort to get in. One inmate, known by Dr. Simmons and others as a manipulator, continually used the threat of suicide to be returned to the RTU. The man would make a suicidal gesture and be escorted to the emergency door of the hospital, where the examining doctor would determine that he was fit for general population. The inmate would then be escorted back to general population, where he would start the scene again. After several such trips in the course of a few days, Dr. Simmons called the jail superintendent and asked him to keep the man in solitary, stripped and with a 24-hour watch until he decided to change his attitude.

"It is ironic, but many of these men are actually receiving better mental health care here than they would outside," commented Simmons. "Once the patient is detected as suicidal, I truly believe he is safer here than he would be out on the streets," said Simmons.

John Rakis of New York agrees that jails can provide better security than community programs. "Sid Vicious [a punk rock musician] was picked up on drug charges. We had him under 24-hour watch at Bellevue [hospital]. He attempted suicide several times, but we always stopped him. As soon as he was out, he killed himself."

Some jails are trying to address the problem of continuing care of a suicidal inmate by referring him to local mental health clinics after his release. But in most cases, virtually no follow-up is made once the inmate leaves jail.

Although the physical lay-out of a jail is not crucial to the prevention of suicide, corrections experts say that a well-planned jail does make the officers' job much easier. John Rakis, who with others has been working on plans for a new psychiatric unit for Rikers Island, says, "In the fifties and sixties, jail design didn't take in programmatic needs. Look at some of the jails — it's virtually impossible for correction officers to keep a careful watch on inmates. There's no way for inmates to keep tabs on other inmates." In some cases, this proves deadly: Because of poor sight lines, inmates determined to kill themselves have stuck their heads between the door and the cell wall as the officer pulled the switch to shut the doors. Many men have "dangled" in their cells as an officer walked down a tier, just out of sight.

New jails also have drawbacks: Philip Hardiman, the executive director of the Cook County jail, says that he can count 15 ways inmates can commit suicide in the jail's new and supposedly suicide-proof cells. Even the debate on the usefulness of solitary confinement isn't settled. Doesn't this heighten the inmate's sense of dislocation and detachment? ask opponents. Dr. Ron Simmons of Chicago points out that very few people successfully kill themselves in dormitory rooms. There are, of course, those inmates who must be kept away from other inmates. But once they are in solitary confinement, they must not be allowed to handle anything that might be used to hurt themselves, and observation must be increased. In Suffolk County, highly suicidal inmates are kept in four small cells, with a guard standing directly in front of them, 24 hours a day.

Some administrators feel that, as nice as it would be to educate everyone in the jail on the potential for suicide, the only way to make sure that everyone follows all necessary procedures is to have all instructions clearly written out and to come down hard on those who fail to carry out their responsibilities.

In Detroit, a board of correction officers investigates every death in the jail. "I want my people to know that I will prosecute anyone who is caught not doing the job," says jail administrator Frank Wilkerson. "I won't stand for incompetence. The problem is that people aren't motivated to perform their duties. Well, we're putting in checks and we're putting in signals and we're going to motivate them."

In addition to resolving the question of blame, the board probes all actions leading to a suicide to discover flaws in the system and then to come up with solutions. "A suicide is a terrible thing," says Jimmie Byrd. "It is even more terrible if another one occurs because of the same mistake or oversight. It is inexcusable."

In New York City, an independent board of citizens, the Board of Correction, investigates all jail deaths. At one time, according to Michael Austin, the director of the board, "there was an adversary situation between the board and the Department of Correction. Now, it is complimentary. The DOC is trying to do its job. I think by having a group of citizens who can walk into any jail, at any time, day or night, you'll get a much better idea of what's going on than when the head of the department makes a tour."

The Board of Correction has made suggestions about ways in which to deal with suicide, a number of which have been instituted. "We find them very helpful now and enormously supportive," says John Rakis. "A lot of the time, the board members are in a much better position to get issues out in the open and to get the thing done than are others in the correction department."

Getting the thing done — preventing suicide — is possibly one of the hardest and emotionally taxing tasks facing those in charge of jails. It involves a delicate balance of moral duties, legal obligations and budget realities.

"All of this that we've been talking about," says Dr. Bruce Danto of Detroit, "has to do with saving a life. If correction officers are to maintain a professional status, if they are to hold the public trust, if they are to provide safety to the community and to the inmates, then the problem of suicide must be addressed. Because it is a tragedy. Think of the first time offender — and so many suicides are that. And the others — there could have been rehabilitation. Of course, there is pressure of money and time. But suicide is certainly not the answer. It is too radical, too costly. A waste." □

APPENDIX G

CIMIS ANALYSIS

CIMIS

CONTINUATOR FORM 132:

(1) CCDOC NUMBER (10 chars. A/N). This field displays the CCDOC number that will be assigned to the new inmate on completion of the /BOOK transaction.

(2) FIRST NAME (16 chars. A/N). Enter the new inmate's first name. Abbreviate if necessary.

(3) MIDDLE NAME (16 chars. A/N). Enter the new inmate's middle name. Abbreviate if necessary.

(4) LAST NAME (16 chars. A/N). Enter the new inmate's last name. Abbreviate if necessary. Required.

(5) SUFFIX (4 chars. A/N). Enter the suffix (SR, JR, III, etc.) of the new inmate's name.

(6) DOCUMENT TYPE (1 char. A/N). Enter the code for the type of document on which the inmate is being booked. Must be on TABLE 22, HOLDING DOCUMENT TYPES (I = Indictment). Required.

(7) DOCUMENT NUMBER (11 chars. A/N). Enter the document number of the document on which the inmate is being booked, as it appears on the inmate's mittimus. Required.

(8) SENDING JUDGE (10 chars. A/N). Enter the name or code for the judge or official who remanded the inmate to Department of Corrections custody. Must be on TABLE 24, OFFICIALS (ACKERMAN or 0889). Required.

(9) BRANCH (10 chars. A/N). Enter the code for the name of the court branch that sent the inmate. Must be on TABLE 23, BRANCHES (BLWD = Bellwood). Required.

(10) BOND TYPE (1 char. A/N). Enter the code for the type of the inmate's bond. Must be on TABLE 25, BOND TYPES (C = Cash). Required.

(11) BOND AMOUNT (8 chars. N). Enter the dollar amount of the inmate's bond. Required.

(12) CHARGE (17 chars. N). Enter the code for the inmate's charge. Must be on TABLE 50, CHARGES (38/12-4 = Aggravated Battery).

CIMIS

(13) NEXT COURT DATE (6 chars. N). Enter the inmate's next scheduled court date (MM/DD/YY). Must be a valid date, not before today's date.

(14) NEXT COURT JUDGE (10 chars. A/N). Enter the name or code for the judge before which the inmate is next scheduled to appear. Must be on TABLE 24, OFFICIALS (ACKERMAN or 0889).

(15) NEXT COURT BRANCH (10 chars. A/N). Enter the name or code for the court branch at which the inmate is next scheduled to appear. Must be on TABLE 23, BRANCHES (0411 or MAYWOOD).

(16) MIN/MAX SENTENCE (8,8 chars. A/N). Enter the inmate's minimum and maximum sentences (YYY MM DDD: Years, Months, and Days), if any. This field is to be used only if the inmate already had a sentence before he or she was to Cook County Jail.

(17) EFFECT DATE (6 chars. N). Enter the effective date (MM/DD/YY) of the inmate's sentence, if any. Must be a valid date.

(18) CONSECUTIVE SENTENCE (1 char. A/N). Enter a "Y" if the inmate's sentence is to be served consecutive to another sentence. Leave blank if the sentence is to be served concurrent to another sentence. Default is concurrent.

(19) FINE AMOUNT (9 chars. N). Enter the dollar amount of the inmate's fine, if any.

(20) Protected Field (29 chars. A/N). This field displays continuator error messages when they occur. See below.

(21) ADD ANOTHER CHARGE (12 chars. A/N). To return the /CHARGE Add Forms 171 and 198 for entering additional charge data, enter the document type and number in this field. On completion of the continuator, the Add forms will be sent to the screen.

CIMIS

The /CHARGE transaction is used to enter, review and update an inmate's charges. The following forms are used:

* Form 198, /CHARGE Add, for adding a charge
* Form 113, /CHARGE Menu, for reviewing charges
* Form 111, /CHARGE Update, for updating a charge
* Form 171, for checking the accuracy of a new document number.

INITIATOR:

/CHARGE, [CCDOC number], {document number}
[@]

/CHARGE, [CCDOC number] ... <<SEND>>
Initiates the following for inmate with specified CCDOC number:

* Form 198, /CHARGE Add, if no charges are on file
* Form 111, /CHARGE Update, if only one charge is on file
* Form 113, /CHARGE Menu, if more than one charge is on file.

/CHARGE, [CCDOC number], {document number} ... <<SEND>>
Initiates the following for inmate with specified CCDOC number:

* Form 111, /CHARGE Update, if the document number is already on file
* Form 171, to verify the accuracy of the document number if it's a new one
* Form 198, /CHARGE Add, if the accuracy of the new document number is verified.

/CHARGE, [@] ... <<SEND>>
Initiates the following for inmate whose CCDOC number was last accessed by the terminal:

* Form 198, /CHARGE Add, if no charges are on file
* Form 111, /CHARGE Update, if only one charge is on file
* Form 113, /CHARGE Menu, if more than one charge is on file.

Correctional Institution Management Information System. Developed by the Criminal Justice Information Systems division of the Illinois Law Enforcement Commission, under grants from the federal Law Enforcement Assistance Administration.

CIMIS

(10) NEXT COURT DATE (6 chars. N). Enter the inmate's next scheduled court date (MM/DD/YY). Must be a valid date, not before today's date.

(11) NEXT COURT JUDGE (10 chars. A/N). Enter the name or code for the judge before which the inmate is next scheduled to appear. Must be on TABLE 24, OFFICIALS (ACKERMAN or 0889).

(12) NEXT COURT BRANCH (10 chars. A/N). Enter the code for the name of the court branch at which the inmate is next scheduled to appear. Must be on TABLE 23, BRANCHES (BLWD = Bellwood).

(13) SENTENCE MIN/MAX (8,8 chars. A/N). Enter the inmate's minimum and maximum sentences (YYY MM DDD: Years, Months, and Days), if any. This field is to be used only if the inmate already had a sentence before he or she was sent to the Cook County Jail.

(14) EFFECT DATE (6 chars. N). Enter the effective date (MM/DD/YY) of the inmate's sentence. Must be a valid date.

(15) CONSECUTIVE SENTENCE (1 char. A/N). Enter a "Y" if the inmate's sentence is to be served consecutive to another sentence. Leave blank if the sentence is to be served concurrent to another sentence. Default is concurrent.

(16) FINE AMOUNT (9 chars. N). Enter the dollar amount of the inmate's fine, if any.

(17) Protected Field (29 chars. A/N). This field displays continuator error messages when they occur. See below.

(18) ADD OR UPDATE ANOTHER CHARGE (1,11 chars. A/N). Enter a document type and number in these fields to add or update another charge. If the document type and number is already on file, Form 111, /CHARGE Update will be returned; if it's not, Form 171 and Form 198, /CHARGE Add, this form, will be returned again. Document type must be on TABLE 22, HOLDING DOCUMENT TYPES (I = Indictment).

CIMIS

(10) DISPOSITION CODE (4 chars. A/N x 3 lines). These fields display the current and last disposition codes for this charge. To update, enter the correct code in the unprotected area beneath the display fields. Must be on TABLE 20, DISPOSITION CODES (BOOK = Booked).

(11) DISPOSITION JUDGE (10 chars. A/N x 3 lines). These fields display the current and last judges to enter a disposition for this charge. To update, enter the correct name or code in the unprotected area beneath the display field. Must be on TABLE 24, OFFICIALS (ACKERMAN or 0889).

(12) DISPOSITION BRANCH (10 chars. A/N x 3 lines). These fields display the current and last branches at which the inmate appeared under this charge. To update, enter the correct name or code in the unprotected area beneath the display fields. Must be on TABLE 23, BRANCHES (0411 or MAYWOOD)

(13) DISPOSITION DOCUMENT NUMBER (1,11 chars. A/N x 3 lines). These fields display the current and last document types and numbers under which the disposition information is filed for this charge. To update, enter the correct one in the unprotected area beneath the two display fields. Document type must be on TABLE 22, HOLDING DOCUMENT TYPES (I = Indictment).

(14) BOND TYPE (1 char. A/N x 2 lines). This field displays the current bond type for this charge. To update, enter a new one in the unprotected area beneath the display field. Must be on TABLE 25, BOND TYPES (C = Cash).

(15) BOND AMOUNT (8 chars. N x 2 lines). This field displays the current dollar amount of the inmate's bond for this charge. To update, enter a new amount in the unprotected area beneath the display field.

(16) BOND NUMBER (8 chars. A/N x 2 lines). This field displays the current bond number associated with this charge. To update, enter a new one in the unprotected area beneath the display field.

(17) MIN SENTENCE (3,2,3 chars. N x 2 lines). These fields display the inmate's current minimum sentence for this charge, if any. To update, enter the new number of Years, Months, and/or Days in the unprotected area beneath the display field.

(18) MAX SENTENCE (3,2,3 chars. N x 2 lines). These fields display the inmate's current maximum sentence for this charge, if any. To update, enter the new number of Years, Months and/or Days in the unprotected area beneath the display field.

(19) EFFECTIVE DATE (6 chars. N x 2 lines). This field displays the effective date of the sentence associated with this charge, if any. To update, enter a new one (MM/DD/YY) in the unprotected area beneath the display field. Must be a valid date.

(20) CONSECUTIVE SENTENCE (1 char. A/N x 2 lines). This field displays a "Y" if the inmate's sentence is to be served consecutive to another sentence. A blank indicates no other sentence, or that this is a concurrent sentence. To update, enter an "N" to blank out the "Y", or enter a "Y" in the unprotected area beneath the display field.

(21) FINE AMOUNT (9 chars. N x 2 lines). This field displays the inmate's current fine for this charge, if any. To update, enter a new amount in the unprotected area beneath the display field.

(22) TO CORRECT CHARGE CODE (17 chars. A/N). If the code displayed above in 4, CHARGE CODE is incorrect, enter the correct one in this field. Must be on TABLE 50, CHARGES (38/12-4 = Aggravated Battery).

(23) Protected Field (29 chars. A/N). This field displays continuator error messages when they occur. See below.

(24) UPDATE OR ADD ANOTHER CHARGE (1,11 chars. A/N). Enter a document type and number in these fields to add or update another charge. If the document type and number is already on file, Form 111, /CHARGE Update will be returned; if it's not, Form 171 and Form 198, /CHARGE Add, this form, will be returned again. Document type must be on TABLE 22, HOLDING DOCUMENT TYPES (I = Indictment).

CIMIS

CONTINUATOR FORM 114, HISTORY FORMAT 1:

(1) CCDOC NUMBER (10 chars. A/N). This field displays the CCDOC number of the inmate whose history data is to be entered or updated. This is the same CCDOC number as the one entered on the initiator.

(2) NAME (26 chars. A/N). This field displays the name of the inmate whose history data is to be entered or updated.

(3) SEX (1 char. A/N). This field displays the sex code of the inmate whose history data is to be entered or updated. TABLE 01, SEX CODES (M = Male, F = Female).

(4) ADDRESS (20 chars. A/N). Enter or update the inmate's last known street address. Required for initial entry.

(5) CITY (10 chars. A/N). Enter or update the city of the inmate's last known street address. Abbreviate if necessary. Required for initial entry.

(6) STATE (2 chars. A/N). Enter or update the code for the state of the inmate's last known address. Must be on TABLE 09, STATES (IL = Illinois). Required for initial entry.

(7) PHONE (10 chars. N). Enter or update the inmate's last known phone number, starting with the area code.

(8) HEIGHT (3 chars. N). Enter or update the inmate's height, in feet and inches. Must be between 3' and 8'. Required for initial entry.

(9) WEIGHT (3 chars. N). Enter or update the inmate's weight. Must be greater than 50 pounds. Required for initial entry.

(10) HAIR (3 chars. A/N). Enter or update the code for the inmate's hair color. Must be on TABLE 05, HAIR COLOR CODES (BRN = Brown). Required for initial entry.

(11) EYES (3 chars. A/N). Enter or update the code for the inmate's eye color. Must be on TABLE 04, EYE COLOR CODES (BLU = Blue). Required for initial entry.

(12) RACE (1 char. A/N). Enter or update the code for the inmate's race. Must be on TABLE 02, RACE CODES (B = Black). Required for initial entry.

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(13) OWN/RENT/TRANS/OTH (1 char. A/N). Enter or update the code for the type of the inmate's last known residence. Must be on TABLE 10, TYPE OF RESIDENCY (R = Rents Home).

(14) LAST SCHOOL ATTENDED (20 chars. A/N). Enter or update the name of the last school the inmate attended. Abbreviate if necessary.

(15) LAST GRADE COMPLETED (2 chars. A/N). Enter or update the number of the last school grade the inmate completed. Must be on TABLE 11, LAST GRADE COMPLETED (17 = Graduate School).

(16) OCCUPATION (20 chars. A/N). Enter or update a short description of the inmate's occupation ("CARPENTER," for example).

(17) SOC-SEC NUMBER (9 chars. N). Enter or update the inmate's Social Security Number.

(18) INCOME SOURCE (1 char. A/N). Enter or update the code for the inmate's last known source of income. Must be on TABLE 12, SOURCE OF INCOME (W = Welfare).

(19) EMPLOYER'S NAME (20 chars. A/N x 2 lines). Enter or update the name of the inmate's most recent employer or employers.

(20) EMPLOYER'S ADDRESS (20 chars. A/N x 2 lines). Enter or update the address of the inmate's most recent employer or employers.

(21) A/C PHONE (10 chars. N x 2 lines). Enter or update the area code and phone number of the inmate's most recent employer or employers.

(22) STARTED (6 chars. N x 2 lines). Enter or update the date (MM/DD/YY) the inmate started work for his or her most recent employer or employers.

(23) ENDED (6 chars. N). Enter or update the date (MM/DD/YY) the inmate ended work for his or her previous employer.

(24) MILITARY STATUS (1 char. A/N). Enter or update the code for the inmate's military status. Must be on TABLE 30, MILITARY STATUS (V = Veteran). Required, if any information is entered in 25, 26, 27 or 28.

CIMIS

(25) BRANCH (1 char. A/N). Enter or update the code for the branch of the military in which the inmate served, if any. Must be on TABLE 13, MILITARY BRANCH (A = Army).

(26) DISCHARGE (1 char. A/N). Enter or update the code for the type of the inmate's military discharge, if any. Must be on TABLE 14, MILITARY DISCHARGE TYPE (H = Honorable).

(27) ENTERED (4 chars. N). Enter or update the date (MM/YY) the inmate entered military service, if any. Must be a valid date not after today's date.

(28) RELEASED (4 chars. N). Enter or update the date (MM/YY) the inmate was released from military service, if any. Must be a valid date not after today's date.

(29) BIRTHDATE (6 chars. N). Enter or update the date (MM/DD/YY) the inmate was born. Must be a valid date, not after today's date. Required for initial entry.

(30) BIRTHPLACE (2 chars. A/N). Enter or update the code for the inmate's place of birth. Must be on TABLE 03, STATES AND NATIONS (IL = Illinois).

(31) IN US (2,2 chars. N). Enter or update the number of years and/or months the inmate has lived in the United States. If life, enter "L" in the YRS field.

(32) IN CTY (2,2 chars. N). Enter or update the number of years and/or months the inmate has lived in Cook County. Leave blank if the inmate is from out of state. If life, enter "L" in the YRS field.

(33) MARITAL STATUS (1 char. A/N). Enter or update the code for the inmate's marital status. Must be on TABLE 15, MARITAL STATUS (S = Single).

(34) NUMBER OF CHILDREN (2 chars. N). Enter or update the number of the inmate's dependent children, if any.

(35) RELIGION (2 chars. A/N). Enter or update the code for the inmate's religion. Must be on TABLE 16, RELIGION CODES (B = Baptist).

CONTINUATOR FORM 115, HISTORY FORMAT 2:

(1) CCDOC NUMBER (10 chars. A/N). This field displays the CCDOC number of the inmate whose additional history data is to be entered or updated. This is the same CCDOC number as the one entered on the initiator.

(2) NAME (26 chars. A/N). This field displays the name of the inmate whose additional history data is to be entered or updated.

(3) SEX (1 char. A/N). This field displays the sex code of the inmate whose additional history data is to be entered or updated. TABLE 01, SEX CODES (M = Male, F = Female).

(4) NAME (20 chars. A/N x 3 lines). Enter or update the name or names of the inmate's spouse, kin or friends. Abbreviate if necessary.

(5) ADDRESS (20 chars. A/N x 3 lines). Enter or update the street address or addresses of the inmate's spouse, kin or friends.

(6) CITY (10 chars. A/N x 3 lines). Enter or update the city or cities of the inmate's spouse, kin or friends.

(7) ST (2 chars. A/N x 3 lines). Enter or update the state or states of the inmate's spouse, kin or friends. Must be on TABLE 09, STATES (IL = Illinois).

(8) PHONE (10 chars. N x 3 lines). Enter or update the area code and phone number or numbers of the inmate's spouse, kin or friends.

(9) DRUGS CURRENTLY USED (40 chars. A/N). Enter or update the names of the drugs the inmate currently uses, either habitually or for medical reasons. Required, if any information is entered in 10, 11, or 12.

(10) AGE STARTED (2 chars. N). Enter or update the age the inmate started using the drug or drugs named in 9, DRUGS CURRENTLY USED.

(11) CURRENT TREATMENT (40 chars. A/N). Enter or update a description of the current treatment, if any, for the inmate's habitual drug use.

(12) COST/DAY (4 chars. N). Enter or update the dollar amount of the cost per day of the inmate's current drug use, if any.

(13) ATTEMPT ESCAPE (1 char. A/N). Enter a "Y" if the inmate is known to be an escape risk. This sets warnings on the /INQ and /TIER transactions. Blank out the "Y" with the space bar or type in "N" to erase it.

(14) ATTEMPT SUICIDE (1 char. A/N). Enter a "Y" if the inmate is known to be a suicide risk. This sets warnings on the /INQ and /TIER transactions. Blank out the "Y" with the space bar or type in "N" to erase it.

(15) IMPERSONATING OPPOSITE SEX (1 char. A/N). Enter a "Y" if the inmate is known to impersonate the opposite sex. This sets warning fields on the /INQ and /TIER transactions. Blank out the "Y" with the space bar or type in "N" to erase it.

(16) IF MENTAL INST WHICH ONE (40 chars. A/N). Enter or update the name of the mental institution, if any, to which the inmate was committed. Required, if any information is entered in 17, 18, 19, 20, or 21.

(17) CITY (10 chars. A/N). Enter or update the name of the city, if any, in which the inmate was committed to a mental institution.

(18) STATE (2 chars. A/N). Enter or update the code for the state, if any, in which the inmate was committed to a mental institution. Must be on TABLE 09, STATES (IL = Illinois).

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(19) LENGTH OF STAY (2,2 chars. N). Enter or update the number of Years and/or Months, if any, the inmate spent in a mental institution.

(20) RELEASED (6 chars. N). Enter or update the date (MM/DD/YY), if any, the inmate was released from a mental institution. Must be a valid date, not after today's date.

(21) TYPE OF RELEASE (1 char. A/N). Enter the code for the type of the inmate's release, if any, from a mental institution. Must be on TABLE 33, MH TYPE OF RELEASE (C = Conditional).

CONTINUATOR COMPLETION:

COOK COUNTY CIMIS READY
Form is returned for entering another transaction.

CIMIS

CONTINUATOR FORM 122:

(1) CCDOC NUMBER (10 chars. A/N). This field displays the CCDOC number of the inmate whose medical information is to be entered or updated. This is the same CCDOC number as the one entered on the initiator.

(2) NAME (26 chars. A/N). This field displays the name of the inmate whose medical information is to be entered or updated.

(3) MEDICAL OFFICER (10 chars. N). Enter the code for the name of the medical officer reporting on the inmate's condition. Must be on TABLE 36, CUSTODIANS, MEDICAL OFFICERS, ETC. (ODJ1234 = Doe, John J.). Required.

(4) GENERAL PHYSICAL CONDITION (1 char. A/N). Enter or update the code for the inmate's general physical condition. Must be one of these: U = Unknown, F = Fair, G = Good, P = Poor, as listed on TABLE 31, PHYSICAL CONDITION. Required for initial entry.

(5) EPILEPSY HISTORY (1 char. A/N). Enter a "Y" if the inmate has a history of epileptic seizures. Otherwise, leave blank. Enter an "N" to blank out the "Y".

(6) HEART PROBLEMS (1 char. A/N). Enter a "Y" if the inmate has a history of heart trouble. Otherwise, leave blank. Enter an "N" to blank out the "Y".

(7) TB HISTORY (1 char. A/N). Enter a "Y" if the inmate has a history of tuberculosis. Otherwise, leave blank. Enter an "N" to blank out the "Y".

(8) VD PROBLEMS (1 char. A/N). Enter a "Y" if the inmate has venereal disease problems. Otherwise, leave blank. Enter an "N" to blank out the "Y".

(9) DIABETES HISTORY (1 char. A/N). Enter a "Y" if the inmate has a history of diabetes. Otherwise, leave blank. Enter an "N" to blank out the "Y".

CIMIS

REPORT
01

Alphabetic and Numeric Inmate Roster

This report can be sorted either by inmate name or CCDOC number. It produces division by division lists of the inmates in the institution. The report is produced nightly in batch mode by CIMIS operations. It is distributed to terminal sites for use as a quick reference to reduce user contention for terminals, and provides basic information to users who don't have access to CIMIS terminals.

Information for this report is gathered from data entered using the /ALIAS, /BOOK, /CHARGE, /HIST and /TIER transactions.

For each inmate:

- CCDOC Number
- Full Name
- (* = Alias -- SEE "Book Name")
- Date Booked
- Age
- Race
- Living Unit
- Charge
- Next Court Date
- Judge
- Disposition Code (if any)
- Location
- Total Bond.

Totals:

- Total For Division
- Total Records.

Correctional Institution Management Information System. Developed by the Criminal Justice Information Systems division of the Illinois Law Enforcement Commission, under grants from the federal Law Enforcement Assistance Administration.

CIMIS

REPORT
02

Housing Report

The Housing Report is a listing by cell of all institutional housing assignments. The report is produced by each shift and distributed to the tiers (two copies each). One copy is used to communicate all changes to officers at terminal locations responsible for recording housing changes, and the other copy remains with the officer at each respective housing location.

Information for this report is gathered from data entered using the /BOOK, /CELLCAP, /CELLS, /CELLSTAT, and /TIER transactions.

For each living unit:

- Cell Number
- Cell Capacity
- New Capacity/Status
- Number of Days (inmate's been in cell)
- Full Name
- CCDOC Number.

For recording changes:

- New Cell
- Old Cell
- Authorizing Officer.

Summaries for each tier, block and division:

- Total Assigned
- Total Capacity
- Available Beds.

Correctional Institution Management Information System. Developed by the Criminal Justice Information Systems division of the Illinois Law Enforcement Commission, under grants from the federal Law Enforcement Assistance Administration.

CIMIS

REPORT
03

Preliminary Court Call Report

The Preliminary Court Call Report is produced at the user's terminal (with serially interfaced printer) by using the /PRECC transaction. It reflects the court, clinic and special order calls and prioritizes these events for each individual for a given date. By comparing this report against actual court documents (mitimus, warrant, writ, etc.), errors in the CIMIS data base may be corrected prior to executing the courtcall for a given date.

Information for this report is gathered from data entered using the /BOOK, /CCSCH, /CLINIC, /ORDERS and /TIER transactions.

For each destination/judge or drop point:

- Courtcall Date
- Total Inmates For [destination/judge or drop point].

For each inmate:

- CCDOC Number
- Full Name
- Living Unit
- Destination
- Official (judge)
- Priority.

Totals:

- Inmates With Primary Destination Unknown
- Inmates With Court as Primary Destination
- Inmates With Order as Primary Destination
- Inmates With Clinic as Primary Destination

- Inmates With Scheduled Events

- Number of Errors Detected By PRECC.

Correctional Institution Management Information System. Developed by the Criminal Justice Information Systems division of the Illinois Law Enforcement Commission, under grants from the federal Law Enforcement Assistance Administration.

CIMIS

REPORT
04

Inventory

This is the Sheriff's Report of Prisoners in the Cook County Jail. Within each of its seven sections, it's sorted by inmate name. Totals for each section are included at the end of each section, and at the end of the report. Originally produced to fullfill legal requirements, the report is used as a quick reference guide within the Department, and is produced approximately once each week.

Information for this report is gathered from data entered using the /BOOK, /CHARGE and /IDS transactions.

Part 1: Sentenced to More than 365 Days. For each inmate:

- Full Name
- CCDOC Number
- Date Booked
- Document Number
- Charge Description
- Next Court Date
- Sentence Min & Max
- Date Sentenced.

Total Part 1: Sentenced to More than 365 Days.

Part 2: Sentenced to the Department of Mental Health. For each inmate:

- Full Name
- CCDOC Number
- Date Booked
- Document Number
- Charge Description
- Next Court Date
- Sentence Min & Max
- Date Sentenced.

Total Part 2: Sentenced to the Department of Mental Health.

Correctional Institution Management Information System. Developed by the Criminal Justice Information Systems division of the Illinois Law Enforcement Commission, under grants from the federal Law Enforcement Assistance Administration.

Part 3: Sentenced to Less Than 365 Days. For each inmate:

Full Name
CCDOC Number
Date Booked
Document Number
Charge Description
Next Court Date
Sentence
Date Release.

Total Part 3: Sentenced to Less Than 365 Days.

Part 4: Not Sentenced, Held on Violation of Probation Warrant. For each inmate:

Full Name
CCDOC Number
Date Booked
Document Number
Charge Description
Next Court Date
IR Number.

Total Part 4: Not Sentenced, Held on Violation of Probation Warrant.

Part 5: Not Sentenced, Held on Governor's Warrant. For each inmate:

Full Name
CCDOC Number
Date Booked
Document Number
Charge Description
Next Court Date
IR Number.

Total Part 5: Not Sentenced, Held on Governor's Warrant.

Part 6: Not Sentenced, Indicted. For each inmate:

Full Name
CCDOC Number
Date Booked
Document Number
Charge Description
Next Court Date
IR Number.

Total Part 6: Not Sentenced, Indicted.

Part 7: Not Sentenced, Not Indicted. For each inmate:

Full Name
CCDOC Number
Date Booked
Document Number
Charge Description
Next Court Date
IR Number.

Total Part 7: Not Sentenced, Not Indicted.

Totals for All Sections:

Sentenced Prisoners:

Sentenced to More Than 365 Days
Sentenced to the Department of Mental Health
Sentenced to Less Than 366 Days

Total Sentenced.

Non-Sentenced Prisoners:

Held on Violation of Probation Warrant
Held on Governor's Warrant
Held on Indictment
Held on Other Documents

Total Non-Sentenced.

Grand Total

Received at Jail On [date].

Correctional Institution Management Information System. Developed by the Criminal Justice Information Systems division of the Illinois Law Enforcement Commission, under grants from the federal Law Enforcement Assistance Administration.

CIMIS

REPORT
05

Population Ageing Analysis

This report is sorted by CCDOC number. It lists the number of days that have passed since each resident was booked.

Information for this report is gathered from data entered using the /BOOK and /CHARGE transactions.

For each inmate:

CCDOC Number
Full Name
Days Since Booked
Date Booked
Document Number
Next/(Last) Court Date
Next/(Last) Court Judge
Disposition Description (if any).

Correctional Institution Management Information System. Developed by the Criminal Justice Information Systems division of the Illinois Law Enforcement Commission, under grants from the federal Law Enforcement Assistance Administration.

APPENDIX H

RICHARD SWANSON REPORT

February 26, 1982

MEMORANDUM

To: Mr. Philip Hardiman, Executive Director
Department of Corrections
Cook County
2700 S. California
Chicago, IL 60609

From: Richard M. Swanson, Ph.D. Consultant
The Park Lane
Suite 102C
460 S. Marion Parkway
Denver, CO 80209

RE: Cook County Classification Plan
National Institute of Corrections Technical Assistance (TA-180-3065)
Final Report

In response to Cook County's request for assistance in their efforts to comply with a consent decree, Civil Action No. 76 E 4768, a technical assistance grant was awarded by the National Institute of Corrections. This grant was awarded to provide the consultant services of Dr. Richard M. Swanson, a corrections psychologist and Dr. Afesa Bell-Nathaniel, a psychologist specializing in racial conflict. The objective of the grant was to assess the present classification - housing assignment system of Cook County Corrections and to develop a classification plan for Cook County designed to result in an integrated jail population.

PROBLEM

The Cook County Jail System is a racially skewed jail. The majority of the male inmates are Black (over 80%) with Hispanic descent inmates being the next largest ethnic group (10-15%) and the Anglo inmates constituting the smallest ethnic classification (5-10%). Nationwide, jailers have often indicated that white inmates are more vulnerable to victimization in situations where they are housed with a majority of minority inmates.

One response to this widely held belief has been to segregate inmates by race. However, Federal influence has discouraged segregation practices resulting in virtually all correctional inmates being housed in racially mixed housing patterns. However, few such systems have experienced a distribution of inmates as racially skewed as obtained in Cook County. Such a situation suggests the need for a sophisticated decision-making system and a need for monitoring the results.

Safe and humane housing assignment is further complicated in the instant case by the emergence of strong gang identifications in the Chicago area. The gang affiliations are especially pronounced within the Black and Hispanic inmate populations. These affiliations are curiously rare among the Anglo population. Cook County personnel have found street gang activities to influence incarcerated gang members demanding staff vigilance and housing assignment changes when treaties among street gangs change. Non-gang members housed in gang dominated housing areas become especially vulnerable to harassment, extortion, assault, etc. This situation suggests the need for frequent review of classification decisions.

The problem in Cook County has a combination of factors that result in an especially difficult situation for housing and program assignments. Greater need for resources to determine and monitor housing assignments is justified.

The initial plan submitted for this consultation required the development of an empirically derived classification system delineating a more sophisticated basis for classification than ordinarily found in a jail system. However, the amount of information required, the volume of inmates processed daily and the staff and resource limitations eliminated this as a practical solution.

The objective of this plan is to provide for system modifications so that a reasonable alternative to the classification system is sufficient to allow for assignments based on the behavior needs and risks of inmates not solely on superficial attributes such as race. Such a system is hoped will result in maximum integration with minimal victimization or the needless invasion of the protection of reasonable interests of the inmates.

OBSERVATIONS

Three onOsite visits were made to Cook County; 1) planning and orientation with Cook County Corrections officials and Drs. Swanson, Bell-Nathaniel, and Robin Ford of the National Institute of Corrections; 2) inspection of facilities and operations and interviews with randomly selected inmates with Drs. Swanson and Bell-Nathaniel and two M.A. psychology assistants, and; 3) an unannounced inspection by Drs. Swanson and Bell-Nathaniel.

VISIT ONE, APRIL, 1980

Drs. Afesa Bell-Nathaniel, Robin Ford and Richard M. Swanson met on-site with Philip Hardiman, Director of Cook County Jails, representatives of the central administration of the Cook County Jail and a representative for the Cook County State's Attorney office. Further, Drs. Bell-Nathaniel and Swanson toured the intake area and the central detention area of the Cook County system (Division 5). Based on the information received and the procedures observed the consultants agreed that any traditional classification system derived on relatively superficial data would not result in a manageable jail providing fair and humane treatment for the inmates. Rather, without intensive data collection of the efficacy of the present intake procedures and careful delineation and evaluation of an expanded intake procedure, the segregated system employed may be the only practical approach. However,

it is felt that a more intensive intake-classification approach would yield more effective housing and program assignments for inmates of whatever ethnic origin.

VISIT TWO, OCTOBER 5 - 11, 1980

Drs. Swanson and Bell-Nathaniel and psychology graduate students Robin Morris and Willie Alexander arrived in Chicago October 5, 1970. Five days were spent in observing the operation of intake reception, all jail divisions and supporting services for the Cook County Department of Corrections.

Inspection of Housing Areas. All four consultants spent the first day in a complete tour of the housing areas of the jail. Given the ethnic composition of the jail, (85% Black, 10% Hispanic, and 5% Anglo), the consultants agreed that on visual inspection, the five jail divisions housing male inmates were divided proportionately to the racial make-up of the incarcerated inmates. Further, specific housing areas also appeared to reflect dispersal of races expected within an integrated jail with the racial make-up of Cook County Correctior

Interviews with Inmates. Based on rosters of inmates provided by the Department of Corrections, the consultants selected a stratified, random sample of inmates by Jail Divisions and race. To increase rapport, the Black consultants, Dr. Bell-Nathaniel and Mr. Alexander, interviewed the Black inmates. Dr. Swanson and Mr. Morris interviewed the Anglo inmates and the Hispanic inmates. Dr. Swanson speaks fluent Spanish and this factor was felt somewhat conducive to enhancing rapport with the Spanish speaking inmates. The intent of these interviews with inmates selected by the consultants was to gain further information regarding operations and practices of the jail as perceived by the inmates. No inmate group, Caucasion, Black or Hispanic perceived the staff or operations of the Cook County Department of Corrections

to be discriminatory against inmates as a consequence of race, color, or national origin. Two days were spent in this interview phase of the process. Dr. Bell-Nathaniel returned to the University of Utah after this phase).

Intake-Reception. The central intake-reception process occurs within Division 5. All male inmates are processed through this central area and then assigned to other Divisions dependent upon bond level set by the court and then by age, size and medical needs of the inmate. By far the most heavily weighted variable for Division assignment is bond level.

Based on two days observation of this central intake process, the classification system can be at best characterized as superficial, taking little into consideration but the most blatant problems and the bond determined by the Court.

Support Services. Interviews were held with the psychological and psychiatric staff including the head of psychological services and other administrative staff. Based on these interviews and our observations of this unit we concluded that the resource utilization of the professional staff is poor; moreover, it appears to be restricted to the administration of outdated tests that have little to do with any decisions that are made concerning inmate housing, program assignments or diversionary efforts.

Administration. After lengthy meetings with the central administration, the Executive Director and the two Directors and several of the Divisional Superintendents, it is clear that by administrative fiat the Cook County Correctional system is largely integrated. Some areas have a spuriously higher proportion of whites than others while the same is true for Blacks in other areas. However, this can certainly be accounted for by chance rather than a systematic discriminatory policy favoring a segregated operation.

After initial determination of the integrated policy and actual operations of the

five male Divisions, and a special meeting with the Court's representative, Assistant State Attorney Ellen Robinson, it was concluded that a comprehensive intake/classification system that did not take race, color, or national origin into consideration the dispersion of whites currently found in Cook County would be diminished.

While the development of a comprehensive classification system in which race is not a factor would have resulted in better dispersion of races in a segregated system, it will undoubtedly reduce this dispersion if we begin with an intentionally integrated system. This fact is important to note.

VISIT THREE, NOVEMBER 9 - 11, 1980

At the conclusion of the first visit the consultants, Cook County Administration, and the Cook County Assistant State Attorney agreed that verification of the integrated system was required. Therefore, all parties agreed to an unannounced surprise visit by the two consultants. This visit occurred the tenth and eleventh November. Based on this physical inspection both Drs. Swanson and Bell-Nathaniel agreed that the Cook County Corrections complex was more integrated than would be expected from a system that completely disregarded race, color, or national origin.

A complete list of data required for the development of a classification system (length of stay by Division, race of those involved in discipline reports describing the race of the offender and/or victim, housing assignments within division including racial and bond information) was solicited of Director Robert Glotz. It was later determined that this information was not retrievable or practically available.

FOLLOW-UP

In order to monitor the racial composition of the Divisions and the housing units,

monthly computer print-outs were provided to the consultants for a year. These print-outs indicated the racial composition of the housing units by Division. This information verified the conclusions made by the consultants on the previous visits. Cook County Jails are not strictly segregated. While some areas do not have any white inmates, these areas are rare and can be explained by chance with the low proportion of whites in the population. Such an outcome does not necessarily reflect a policy of segregation. Some divisions, e.g., Division 2 often has a higher proportion of Black inmates; however, this is based on bonding level, not race. Better distribution requires more information for decisions than currently available.

SUMMARY

Cook County has acted to move from a segregated system to one in which races are mixed. This policy resulted from an administrative reaction to the Consent decree requiring integration. This has resulted from an intentional recognition of race and the decision to disperse white inmates across the divisions and across the housing units. This dispersion is not a proportionate one in which the system's racial balance is reflected in each housing unit in each division but such an outcome might result in even greater degree of arbitrariness in assignment creating an unacceptable degree of danger to the inmates and a greater degree of management problems for the staff.

The impracticality of the originally proposed plan of developing an empirically derived, automated, computer-monitored classification system prevents its implementation in the foreseeable future for Cook County. However, the present system is still seen as overly superficial and arbitrary given the complexity of the Cook County inmate population.

① which units used to have ② how get there & stat. + how change to now ③ which were greatest problem

INTAKE/CLASSIFICATIONS

At present the Cook County Classification system is based on four variables: 1) bond level, high ($25,000 plus), medium ($15,000-$24,999) and low (up to $15,000); 2) age (up to 21 years and over 21 years); 3) sexual preference (homosexual); and 4) sentencing status (sentenced - unsentenced). EAch division has been assigned certain classifications as follows:

DIVISION I

Increased Maximum Security
(escapees, Out of State Warrants, etc.)

All sentenced inmated regardless of age (Felons)

DIVISION II

Low bond up to $15,000
Age: 21 years and up

Bond limit - $15,000 and $5,000 V.O.P. (Violation of Probation) V.O.P. Warrants up to and including $5,000 in addition to a $15,000 bond shall not be reason for transferring an inmate from Division II. $20,000 bond allowed with V.O.P. Warrants.

RTU (Residential Treatment Unit) inmates assigned by psych team from receiving room.

Low bond men with medical problems or old age men are usually sent to Dorm 3 Annex - (1st Floor)

Sentenced misdemeanants

All inmates (Youth) $1,000 - $5,000

DIVISION IV

Bonds $15,001 up to $50,000
Age: 21 years and up

Non-aggressive inmates
First offenders

Inmates for safekeeping

NOTE: Inmates on methadone detoxification program will be transferred to Div. V until treatment is completed, then returned to Div. IV.

DIVISION V

Low and medium bond youths of school age $5,001 up to $50,000
Homosexual inmates

Medium bond men
$15,001 and up to $50,000

DIVISION VI

High bonds $50,001 and up
Age 21 years and up
High bond youths of school age $50,001 and up

C.M.H. (Cermak Memorial Hospital)

All inmates received on the new referred by Para-Medical staff as needing hospital treatment.

The National Advisory Commission on Criminal Justice Standards and Goals has stated that each correctional agency should examine its classification system and organize it along the following principles:

1. Recognizing that corrections is now characterized by a lack of knowledge and deficient resources, and that classification systems, therefore, are more useful for facilitating the efficient management of offenders than for diagnosis of causation and prescriptions for remedial treatment or even assessing risk, classification should be designed to operate on a practicable level and for realistic purposes, guided by the principle that:

   a. no offender should received more surveillance or "help" than he requires;
   b. no offender should be kept in a more secure condition or status than his potential risk dictates.

   (Everybody should be treated as a person regardless of what he does or has done, and everybody should be held accountable for what he does regardless of who he is or who he has been).

2. The classification system should be issued in written form so that it can be made public and shared. It should specify:
   a. the critical variables of the typology to be used.
   b. detailed indicators of the components of the classification categories.
   c. the structure (committee, unit, team, etc.) and the procedures for balancing the decisions that must be made in relation to custody and personal security.

3. The system should provide full coverage of the offender population, clearly delineated categories, internally consistent groupings, simplicity, and a common language.

4. The system should be consistent with individual dignity and basic concepts of fairness (based on objective judgements rather than person prejudices).

5. The system should provide for maximum involvement of the individual in determining the nature and direction of his own goals, and mechanisms for appealing administrative decisions affecting him.

6. The system should be adequately staffed, and the agency staff should be trained in its use.

7. The system should be sufficiently objective and quantifiable to facilitate research, demonstration, model building, intra-system comparisons, and administrative decision making.

8. The correctional agency should participate in or be receptive to cross-classification research toward the development of a classification system that can be used commonly by all correctional agencies.

9. The classification plan should develop criteria for screening offenders according to:
   a. those who are essentially self-correcting and do not need elaborate programming.
   b. those who require different degrees of community supervision.
   c. those who require highly concentrated institutional controls and services.

10. The policies developed by the classification plan should consider the tolerance of the general public concerning degrees of "punishment" that must be inflicted.

However, after holding people accountable, justice systems should promote enabling, rather than disabling processes for its consumers.

The mission of a jail classification system is to assign inmates to appropriate cells within the jail complex in order to achieve maximum compatibility, and safety within each housing unit. This mission is accomplished by interviewing, classifying, assigning and moving inmates to cells. This classification process is continually reviewed requiring each classification decision to be routinely

and frequently examined in an ongoing reclassification process.

Most classification systems take five elements into consideration as the basis of housing and program assignments; 1) custody problem, the physical risk an inmate presents to others or to himself on admission and during confinement; 2) institutional sophistication, determine if he has been previously incarcerated for more than six months; 3) crime severity, a three-fold disignation, misdemeanor, nonviolent felony, and violent felony; 4) abuse history, determined by documented problems of substance abuse and; 5) legal constraints, referring to legal holds, pending charges, etc., other than those related. These five areas of concern can be related to the following criteria:

1. Legal requirements (juvenile and civil commitments)
2. Current charges
3. Bail amount
4. Current state of mind (assaultive, mental health)
5. Physical condition (medical problems)
6. Age: Young or old (based on appearance and demeanor)
7. Criminal sophistication (prison and jail records, over 6 months incarceration)
8. Race (to maintain racial balance)
9. Sexual preference
10. Gang affiliation
11. Escape history
12. Physical size of inmate
13. Special problems requiring protective custody
14. Sentence status

Under the present system in Cook County, entering inmates are booked into the corrections facility in Division 5 where they are interviewed in a more or less public area by various persons and their status, based on limited information is determined by the inmate's self-report. Only the most blatant of problems are reliably noticed. On the basis of less than 10 minutes observation the inmate is assigned to one of the divisions. Once assigned to a division, the person is likely to be assigned to a housing area on a space available basis and on the basis of racial balance. Once a person is assigned to a division, transfer between divisions is more difficult. Review for re-classification is not routinely conducted and occurs only when an incident occurs or sentence status is changed. While designed for initial intake and preliminary housing during classification, Division 5 is not utilized as a reception center, except for booking and processing. Division 2, an open dormitory design is utilized for low bond inmates, these persons have a higher probability of pre-trial release. This is understandable as low bond should indicate a low level security status but such superficial information is not a reliable index, except for the revolving door inmate who is well known to the staff from prior commitment. Division 4, a relatively high supervisory division is set aside for non-aggressive, first offender inmates, but again, this designation is made on the basis of only superficial and incomplete information, often unreliable. Divisions 1 and 6 are for high-risk inmates. Bond levels of such a high magnitude generally signal a serious offense or high-risk for escape inmates. Such an assignment is reasonable but review for re-classification should occur to allow for more sophisticated determination of risk as better information becomes available.

have these been done?

CLASSIFICATION PROCESS PROPOSAL

In order to increase individualization of judgement and allow for reasonable determination of housing the following changes in Cook County Classification are recommended:

1) Designate Division 5 as the initial housing area for all inmates, except serious risk inmates now classified into Division 1 and 6. Also, the frequently returning inmate with low bond may be immediately classified into Division 2.

2) Classification from Division 5 into another division occurs only after a more careful interview process and consideration of previous criminal histories obtained from the individual, law enforcement record - not self-report. Holding in Division 5, until this process is complete,should be a minimum of three (3) days unless information dictates otherwise, disciplinary incident, emotional/medical needs, etc.

3) The professional staff should be heavily involved in this process and their involvement should constitute their priority assignment. Routine use of psychological tests for low verbal persons is not an efficient use of psychological trained personnel.

agree

4) A central classification team should be constituted and the membership should include psycholigists, a correctional officer, and a supervisory officer. This team should have overall supervision of classification decisions.

does team meet now?

5) Divisional Classification teams should be constituted to determine housing assignments within each division. Composition of the divisional teams should be similar to the Central Classification team. The divisional classification teams should be responsible to the Central team. One member of each division classification team should be a member of the Central team.

6) Racial balance should be established as a standard for housing assignments. However, deviations for such assignments can be allowed for documented cause, e.g. sexual preference, medical needs, age, vulnerability to attack, gang affiliation, etc.

7) Classification decision by inmate will be recorded and records maintained by both the Central Intake/Classification team and the Divisional teams.

8) Re-classification will be considered for each inmate on a weekly basis for each inmate for the first month of confinement, and thereafter on a monthly basis for the duration of confinement. An objective of the re-classification effort will be the balancing of racial composition within each division and across divisions. However, racial imbalance should be permitted for cause which will be recorded by each inmate in both the Division and Central Classification team's records.

9) Information required for these classification decisions will be acquired and maintained for each inmate. This will require appropriate arrangements with local law enforcement agencies

(not currently available) and from the Correctional staff, medical staff and psychological staff.

10) Requests for reassignment from inmates should be allowed and considered by the Classification teams.

11) Requests for inmate reassignment from correctional staff should be allowed and considered by the classification teams.

12) Any incident involving an inmate may result in an immediate reassignment by a Correctional Officer, but such reassignment should be reviewed by the Divisional and Central Classification teams within forty-eight (48) hours.

SUMMARY

Cook County has acted in good faith to respond to the Consent Decree to integrate the Cook County Correctional System. However, they have done so in an administrative fashion requiring racial dispersion of inmates in housing areas. If has been found that classification decisions are made with superficial information, largely determined by bonding level, age, and sentence status. Such a system becomes arbitrary and does not consider the individual needs and rights of the prisoner.

Recommendations have been directed at increasing the sophistication of the decision making process and requiring documentation of decisions so that racial balance can be determined for each division and the overall corrections complex. Where deviations from balance are found, documentation of the basis of such situations can be made available and should be maintained centrally and by division.

APPENDIX I

CONSENT DECREE