

DEPARTMENT OF CORRECTION AND REHABILITATION

Isiah Leggett County Executive

Robert L. Green *Director*

PRRS COMMUNITY ADVISORY COMMITTEE MEETING March 3, 2016 @ 7:30am

Committee Members Attendance: Diane Scott-Jones, Co-Chair CAC; Tom DeGonia, Co-Chair CAC; Angela Talley, PRRS Chief; Ben Stevenson, Deputy Chief of Programs and Services; Tyrone Alexander, Reentry Manager; Jasper Ezeigbo, RSIII; Ayodeji Durojaiye and Kara Davis, Case Managers; Marcia Durant, PRRS Nurse; Joanna Henriquez, Principal Admin Aide; Karen McNeal and Bernita Johnson, Welcome Home Coordinators; Lisa Mandel-Trupp, Office of Councilmember Sidney Katz; Sidney Katz, Councilmember; Susan Kirk, Bethesda Cares; Dr. Lauren Campbell, Clinical Supervisor MCCF; Eric Brenner, Citizen; Bill Sollod and Amy Bransford, Parole and Probation; Officer Oliver Janney, MCP; Athena Morrow, Manager Adult Forensic Services HHS; Three (3) current PRRS Residents attended

Welcome and Introductions: Brief introduction of all attendees.

PRRS Division Chief's Report: Angela Talley highlighted the following items from his Chief's Report to the Community Advisory Committee:

- Very proud of our staff in response to Storm Jonas
- Deputy Chief of Programs and Services, Shannon Murphy resigned and accepted a position in New York as PREA Manager. Ben Stevenson is now the new Deputy Chief of Programs and Services.
- On March 15 the County Executive will announce his FY'17 budget. DOCR has submitted its budget plan
- Interviews for 3 vacant Correctional Specialist III position have been completed.
- Construction for new lobby is complete. Next project is PRRS Kitchen renovation. Hearings in Annapolis for final approval.
- PRRS has a new Welcome Home Coordinator, Bernita Johnson. She has 10 years' experience in the Criminal Justice field including working as a Reentry Coordinator in Fairfax, VA.
- Decentralization: To improve security operations and service delivery to residents, decision made to maintain decentralization and permanently move resident supervisor back to individual units.
- ACA Audit will be conducted May 16-20. All 3 DOCR facilities will be audited during this time frame.
- Soaring 2 Case Manager training to be held on March 22. It will provide more knowledge on how to reduce offender behavior.
 - -Parole and Probation have taken training, part of their mission to supervise offenders

Stats-January

- 85% of PRRS residents were work force engaged
- 7 suspensions in January 2 were for positive drugs/alcohol testing
- 32 new admissions and 35 releases

Focus Topic: Defining Behavior Health (Discussion lead by Dr. Lauren Campbell, Clinical Supervisor (DOCR) and Athena Morrow, Manager Adult Forensic Services, HHS Ouestions:

a. Behavioral Health-Definitions and Categories

Defined as any physical or mental disability that impairs your ability to complete one or more life activities. To cope with mental health we must develop positive relationships in life, a sense of wellbeing, hopeful future, and positive ways to deal with negative issues.

Helpful to build a strong family connection and strong support system. Talk therapy, meditation are ways of coping. Negative ways of coping include blaming others and not taking responsibility, aggressiveness, using and abusing legal and illegal substances.

- -17% of jailed individuals have severe mental health.
- -68% of jailed individuals abuse drugs
- -72% of jailed individuals abuse drugs and have mental health issues
- b. Identification, Evaluation, and Diagnosis
 - -Awareness of trauma in early childhood experiences and their inability to regulate emotions. The ACE study (Advanced Childhood Experiences), such as divorce, moving, conflicts could have effect on how you handle stress.
 - -For those processed in CPU look for behaviors that trigger further evaluation (ex. not wanting to speak)
 - -8000 admissions in CPU, 20 % are flagged for further evaluations. Roughly 80% of those have concurring disorders.
 - -Rule out risk of self-harming. Inmates have a higher risk of self-harming than those in the community.
 - -Diagnosis, look at other databases (cross reference) and history. Also look at medical records for head trauma (concussions). Recognition that inmates could change answers in every stage or assessment. Important to take every response to account even if it doesn't match what was previously said by inmate.
 - -Groups help with coping with mental health. Currently, there is a waiting list for inmates to attend DBT in the jail.
 - -Montgomery County Police is very good with dealing with mental health cases.
- c. Addressing Stigma's/Resistance
 - -Within the jail, being in the JAS program could cause tension between inmates. Inmates who participate in programs sometimes are image conscious.

- -Drug abuse impacts all of society, not just the poor and those who are incarcerated.
- -PRRS residents fear that if they admit to having mental health or drug abuse problems, that they will lose privileges within our facility.
- -In dealing with resistance, leverage and supervision helps.
- d. Impact on PRRS resident experience/time in custody
 - -Sponsor groups educate about mental health and importance of a support system for the resident. Need for more training on trauma.
 - -Mental Health Court will allow us to provide a different avenue for those with mental health instead of incarceration.
 - -Mental Health is a huge issue for the Public Safety Committee. Montgomery County mental health court has been approved.
 - -Residents discussed addiction, anger and PTSD issues. Believe PRRS is helpful and JAS prepared them for PRRS transfer. PRRS does not have much treatment inside, but connected them to outside assistance. Residents want to ensure that diagnosis are performed by doctors or those certified to complete evaluations.

Meeting adjourned at 9:00am.

Remaining 2016 CAC Quarterly Meeting Dates:

Theme for the Year: Addressing Behavioral Health Needs

Thursday, June 9, 2016: Service Delivery in DOCR

Thursday, September 8, 2016: Diversion Opportunity in the Community

Thursday, December 1, 2016: Community Support