PS COMMITTEE #3
September 24, 2018

MEMORANDUM

September 21, 2018

TO: Public Safety Committee

FROM: Susan J. Farag, Legislative Analyst

SUBJECT: Briefing: Suicide Prevention in Correctional Facilities

PURPOSE: To Brief the Committee on Suicide Prevention Practices. No Action Necessary.

Those expected to attend this worksession include:

Robert Green, Director, Department of Correction and Rehabilitation (DOCR)
Uma Ahluwalia, Director, Department of Health and Human Services (DHHS)

BACKGROUND

Over the summer, the Montgomery County Correctional Facility (MCCF) experienced two inmate suicides. On July 4, Thierry Kinshala Nkusu hung himself approximately two days after being sentenced for a domestic violence-related murder. On September 6, Tyler Tessier hung himself on the morning of his first trial, also for a domestic violence-related murder. These two suicides are the first to occur in MCCF, one of two correctional facilities in the County, and the one used to detain individuals who are pending trial or who have been sentenced to 18 months. MCCF has been open since 2003.

The two suicides are still under investigation, and Executive staff is constrained from providing specific details about the cases. The Committee will be provided with official findings once the investigations have concluded. Today, the Committee will be briefed on the general characteristics of suicide risk in detention, suicide prevention policies and practices used at both correctional facilities, national best practices, and DOCR's next steps to assess risk and implement any identified changes to current practice.

SUICIDE IN JAILS AND PRISONS

Suicide is the leading cause of death in local jails. Jails have a higher suicide rate than prisons, primarily due to "shock of confinement," resulting from initial arrest and detention. According to a 2015 report, the suicide rate was 46 per 100,000 in local jails and 15 per 100,000 in prisons. The suicide rate was 13 per 100,000 among the general U.S. population.[1]

Nationally, the number of suicides has been increasing in recent years. According to a 2016 Bureau of Justice report, from 2009 to 2014, the suicide rate increased 22%, up from 35 per 100,000 local jail inmates to 45 per 100,000 local jail inmates.[2]

By comparison, DOCR's annual suicide rate had been virtually nonexistent until this year. DOCR experienced one suicide each year in 2009, 2010, and 2011, and then none until this year.

NATIONAL BEST PRACTICES FOR SUICIDE PREVENTION IN JAILS

Suicide prevention in jails is an ongoing and multi-pronged approach. Minimum best practices vary among experts in the field, but generally include:

- Initial and ongoing staff training;
- Intake and on-going assessment;
- Communication procedures among staff to ensure information follows at-risk inmates as they move through the system;
- Architectural and environmental safeguards;
- Procedures for emergency response;
- Mental health care while detained; and
- Multidisciplinary mortality reviews.[3]

DOCR INTAKE AND SCREENING PROCESSES

Over the past nine years, DOCR has booked 125,786 individuals at the Central Processing Unit (CPU). It has conducted 20,679 Clinical Assessment and Triage Services (CATS) assessments. It experienced five suicides during the same time period.

Inmates are initially screened at the CPU, and then transported to MCCF. During the intake and classification process, inmates receive at least three separate suicide screenings before being placed in general population in MCCF. If an inmate answers yes to any questions during the suicide screening, the inmate is referred to CATS.

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[1] https://www.themarshallproject.org/2015/08/04/why-jails-have-more-suicides-than-prisons

[2] https://www.bjs.gov/content/pub/pdf/mlj0014_sum.pdf

[3] https://www.vera.org/publications/culture-of-safety-sentinel-event-suicide-self-harm-correctional-facilities/culture-of-safety/overview

Expedited Transports: Depending on the findings of the CATS assessment, an inmate may be transported to MCCF on an expedited basis to receive immediate mental health interventions. In FY18, about 30% of CATS mental health assessments resulted in expedited transports. Once the inmate is received at MCCF, another assessment is conducted for appropriate placement within the facility. Depending on risks and needs, an inmate may be placed in one of three places:

- Crisis Intervention Unit (CIU);
- CIU Step-Down Unit; or
- General Population.

HOUSING AND SUPERVISION PRACTICES WITHIN MCCF

CIU: Inmates who are determined to have serious mental health issues and/or are a suicide risk are placed in CIU. This is a therapeutic housing unit that attempts to stabilize inmates so that they may eventually transfer to general population.

CIU Step Down Unit: DOCR implemented this transitional unit in 2015. Currently, it is limited to male inmates. Inmates who were previously housed in CIU and who have been stabilized with medication, but who are not yet ready for general population, are housed here.

Levels of Supervision: Depending on assessed needs and risk, inmates may be placed on different levels of observation.

- 15 Minute Observations: Officers make rounds every fifteen minutes. Inmates may have other restrictions, such as limited property in the cell, and restrictions in which activities they can participate.
- 24 Hour Direct Observation: Officers maintain constant supervision of the inmate. No property is allowed in cells. Officer observation may be wither through a window, one-on-one within arm's length, or two-on-one within arm's length.

Special Management Housing Units: MCCF also employs other special management housing of inmates related to safety issues other than mental health. These include administrative segregation for inmates who are unable to adjust to general population, and protective custody, for inmates who are at risk of harm from other inmates.

STAFF TRAINING

DOCR employees receive multiple training modules on mental health and suicide prevention. New hires receive training during orientation, on-the-job, and during correctional academy training. Employees also take a Mental Health and Substance Abuse Disorders course. There are ongoing requirements for training as well, including pre-shift training throughout the year and mandatory policy reviews.

Officers who work in the CIU receive an additional 14 hours (minimum) of mental health training. In addition to standard Corrections mental health and suicide prevention training, DOCR has provided supplemental training to certain employees. To date, 56 employees have also completed the Police Crisis Intervention Team (CIT) training. This training educates employees on assisting individuals with mental illness, developmental disabilities, dementia, and addiction.

NEXT STEPS

DOCR has asked National Institutes of Corrections to conduct a full assessment of current practices, physical space, and other issues related to suicide prevention.

POTENTIAL DISCUSSION ISSUES

1. Do DOCR cells have suicide-resistant physical structures such as bunks, sinks, doors, vents, etc. that help reduce tie-off points?
2. Are cameras used in cells? If so, are they monitored 24/7?
3. Corrections best practices indicate that suicide screening should be an ongoing process during the entire length of confinement. How do Correctional Officers and other jail staff continue to monitor for changes in inmate behavior?
4. Some Correctional Officers have taken CIT training. Are there plans to have more officers take this training? If so, how many, and in what time-frame?
5. When will the NIC assessment be completed and results available?
6. What is DOCR's emergency medical response to an inmate who has self-harmed or attempted suicide? What resources are available within the detention facilities to expedite medical care?

Department of Correction and Rehabilitation Suicide Prevention Practices in Montgomery County Correctional Facilities

Public Safety Committee
September 24, 2018

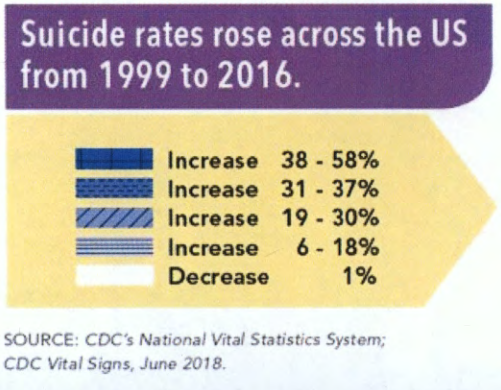
(1)

Suicide Data: Community, Jails and Prisons

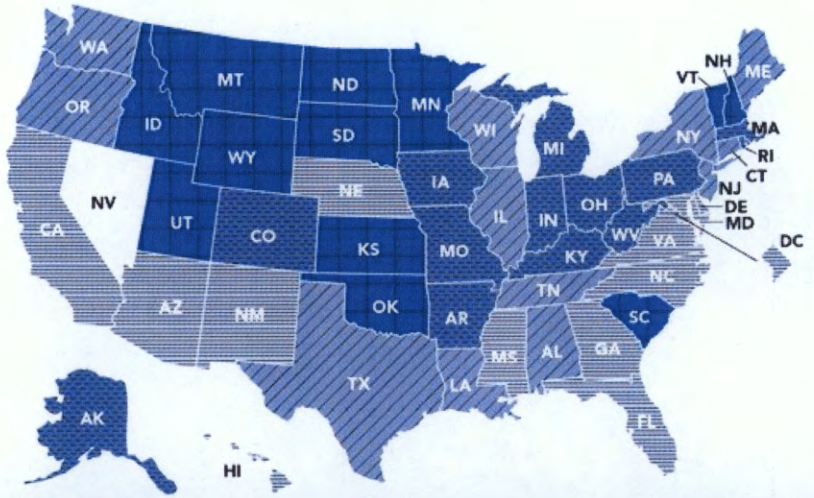
(2)

National Data- Suicide rates increasing across the nation

Suicide rates increased in almost every state.



SOURCE: *CDC's National Vital Statistics System; CDC Vital Signs, June 2018.*



Source: https://www.cdc.gov/vitalsigns/suicide/index.html

3

Suicide is a public health crisis (CDC Report 6/7/18 Handout)

Have increased nationally across:

- Age, gender, race and ethnicity
- Increases in persons with no known mental health condition
- Higher for white males than any other race or gender group
- Increase in opioid addiction
- 27 states that use the National Violent Death Reporting System, showed 54% of the suicides were among people with no diagnosed mental health condition

Contributing factors are:

- Strained relationships
- Life stressors
- Finances
- Substance abuse
- Physical health problems
- Recent or impending crisis

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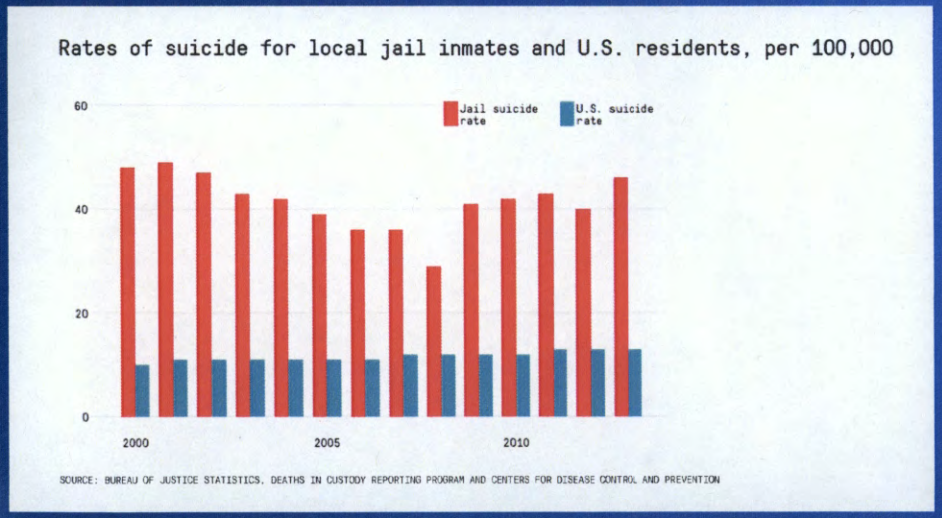
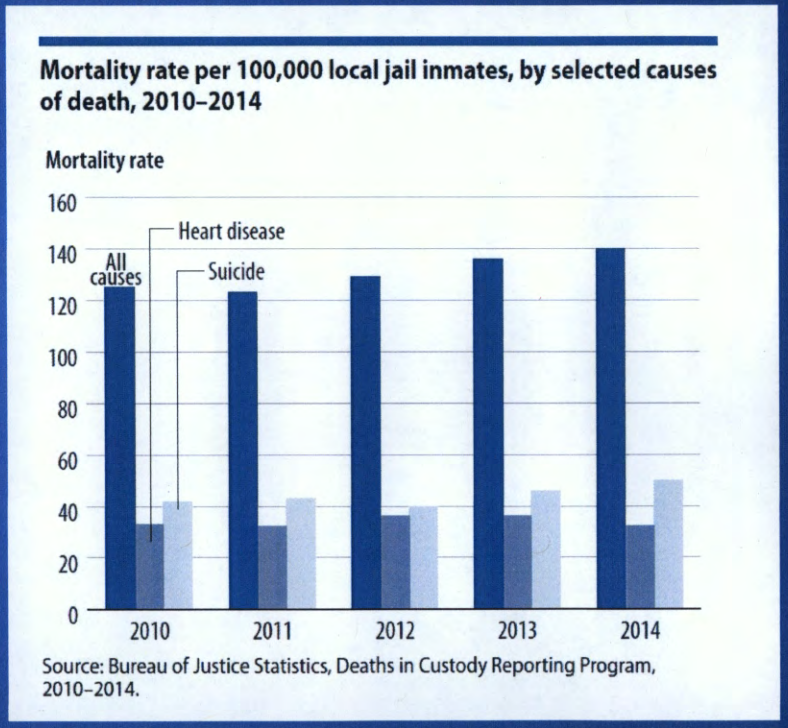
Suicides higher in jails than in prisons

- 46 per 100,000 (2013) in jails
- 15 per 100,000 (2013) in prisons
- 13 per 100,000 among the general U.S. population



Suicide accounted for 35% of all jail deaths in 2014. From 2013-2014, jail deaths increased 13%.



Source: https://www.themarshallproject.org/2015/08/04/why-jails-have-more-suicides-than-prisons
Source: https://www.bjs.gov/content/pub/pdf/mlj0014st.pdf

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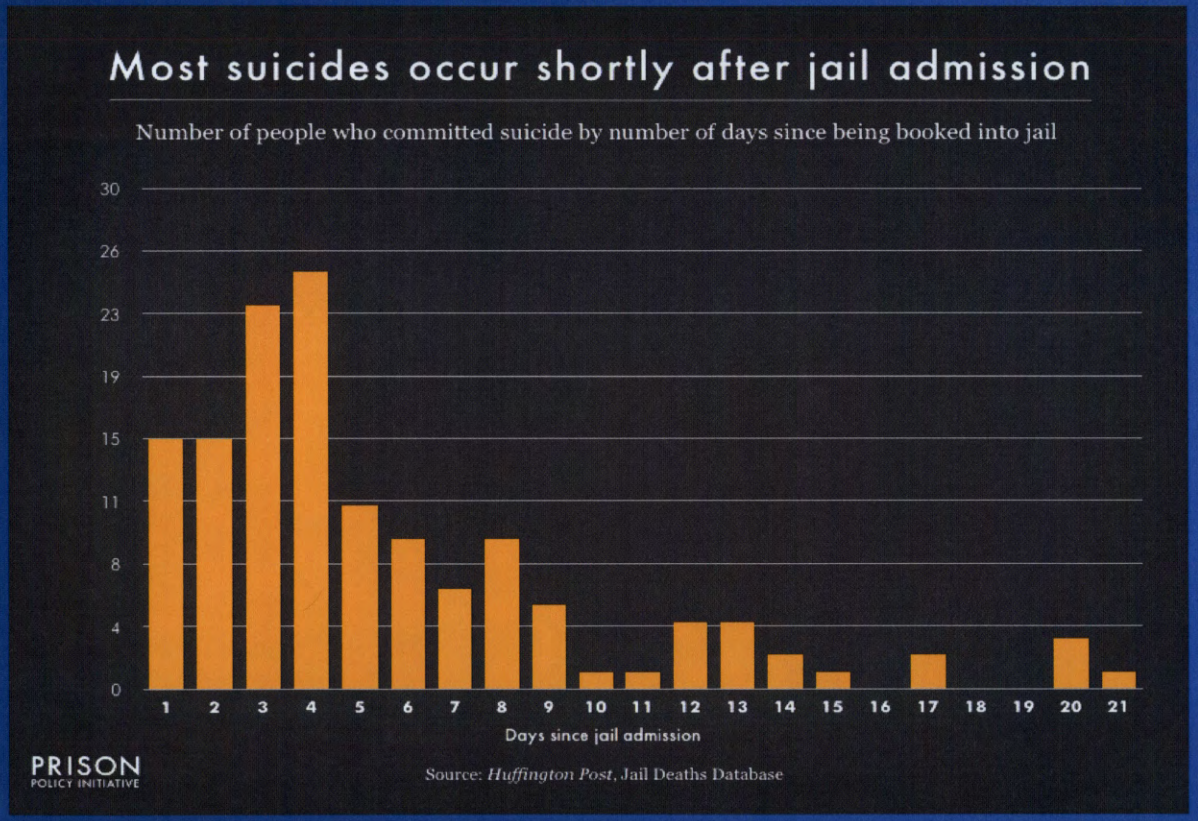
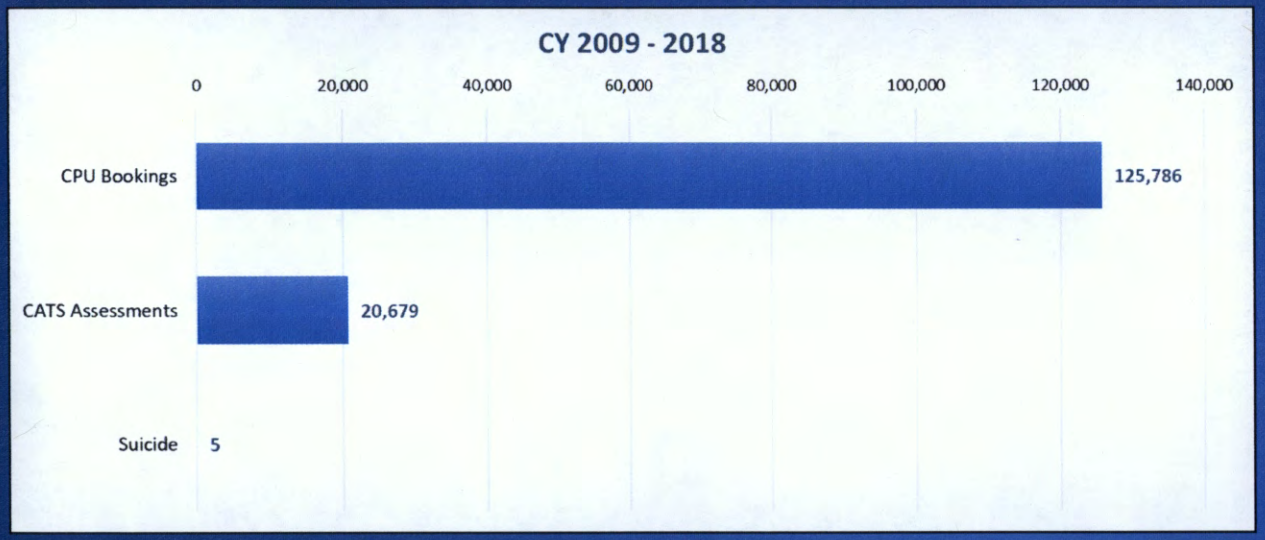
Jail Admission: The most crucial time for monitoring suicidal ideation



- 1st 72 hours is the most crucial time
- 26% of jail suicides occur within first three days
- Bureau of Justice Statistics report that 41% of jail deaths occurred within first week stay

6

DOCR Suicide Statistics



Total CPU Bookings: 125,786

Total CATS Assessments: 20,679

Expedited Runs: 5,920 (29%)

Suicide: 5

CY	CPU Bookings	CATS Assessments	Suicide
2009	16361	2006	1
2010	14543	2162	1
2011	14873	2181	1
2012	13790	2224	0
2013	12108	2223	0
2014	11785	2182	0
2015	12187	2250	0
2016	11592	2015	0
2017	11161	2067	0
2018	7386	1411	2

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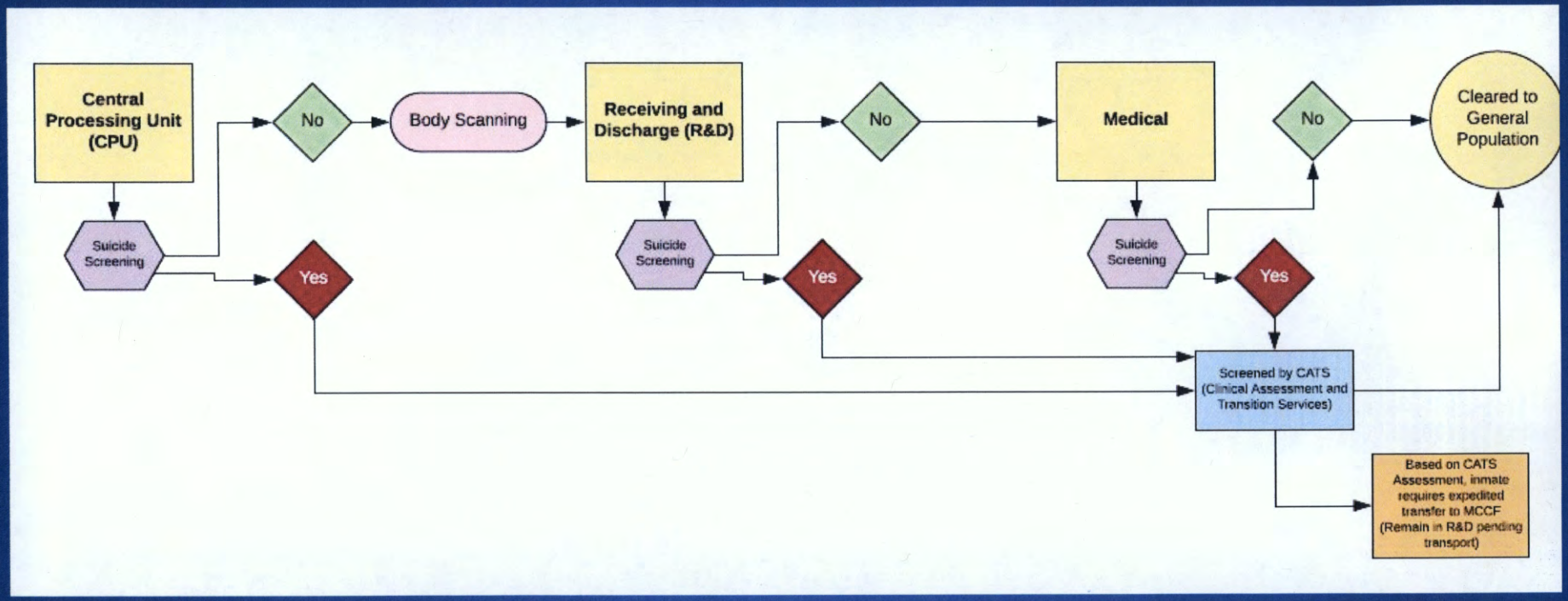
MCDC
Intake, Assessment, and Diagnostic Facility

Intake Process for Suicide Screening



*If an inmate answers "Yes" to any questions on the suicide screening form, a referral is submitted to CATS. Regardless of when the referral is submitted, the inmate will be seen by a CATS therapist while continuing through the intake process.

9

Central Processing Unit (CPU) Overview

Central Processing Unit (CPU) is responsible for processing defendants that are delivered by Law Enforcement Officers on outstanding Criminal and Traffic charges that could be either a Statement of Charges, Bench or Arrest warrants, detainers, etc. The inmate remains in CPU until they are released, committed to the facility or transferred to another jurisdiction. CPU performs all tasks associated with frisk searching, photographing, conducting Criminal background checks, fingerprinting, screening (Ex: Mental health, medical, substance abuse risks, etc.), and the presentation before the District Court Commissioner.

Physical Space

2 Male holding cells (occupancy: 30)

1 Female holding cell (occupancy: 10)

5 Isolation cells (Pregnant, mental/suicidal, medical/disability concerns, warrant service, can have multiple occupancy per cell due to identified need)

Staffing

1 Lieutenant

1 Correctional Sergeant

5-7 Correctional Officers (Depending on day of the week)

2 Commissioners on duty at all times

2 Panel Attorneys

1 State's Attorney

(10)

Suicide Screening Form Questions

Every inmate is asked the below questions in the following areas during the intake process: Central Processing Unit (CPU), Receiving and Discharge (R&D) and during the Medical assessment. If the inmate answers "Yes" to any of the following questions, a mental health referral is submitted to Clinical Assessment and Transition Services (CATS).

1) High Risk for Suicide: Did you obtain any information about this individual from family; staff; transporting officers; attorneys; health care providers or any other individual(s) suggesting that he/she may be a high risk for suicide or are you aware of any issues that MCDC needs to be concerned with?

2) Self Harm: Does the individual respond "YES" to the following questions: "Are you thinking about killing yourself?" (If answer is "YES," place on suicide watch immediately until cleared by Mental Health staff)

3) Current or History of Mental Illness: Do you have any information (self report or from any other source) that this individual has current and/or a history of mental illness or self-destructive behavior; indicating that he/she may be a high risk for mental health decompensation; suicide; or self-destructive behavior?

4) Medication / Psychiatric Treatment / Substance Abuse / Head Injury: Does this individual report being on antidepressants or any other psychotropic medication? Is he/she currently under the care of a mental health provider or have a history of inpatient and/or outpatient psychiatric treatment? Does he/she report a history of substance abuse? Head injury?

5) Depression / Suicidal / Behavior: Have you observed behavior during this interview with this individual that may suggest to you that he/she is depressed or suicidal? Does the individual appear or express these signs: withdrawn; depressed; crying; teary-eyed; quiet; non-communicative; not wanting to live for any reason; extreme shame and not able to live with it; give possessions away?

6) Cope with Incarceration: Do you have any knowledge of any medical/physical/social situation that may suggest to you that this individual may be unable to adjust or cope with this incarceration? Does he/she appear over anxious/angry/despondent; or is he/she talking or acting in a strange manner; disoriented; talking to himself/herself; appears under the influence of substances; is worried about major losses including job or relationship to the extent that he/she cannot see a way out?

7) Suicide Risk / Symptoms: Do you have any relevant information suggesting to you that the individual may pose a suicidal risk?

Medical Staff Only: Any current symptoms of psychosis; depression; anxiety; and/or aggression? Any evidence of abuse and/or trauma?

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Health and Human Services Clinical Assessment and Transition Services Program (CATS)

Mission of Program:

1) Mental health and substance abuse needs assessment
2) Self/other harm risk assessment
3) Referral to MCDOCR services to include referrals to psychiatry, mental health, reentry services, etc.
4) Post-Booking diversion planning, in conjunction with Pre-Trial Services Unit (PTSU) for eligible inmates
5) Discharge planning and linkages to community-based services for inmates with behavioral health treatment needs

Staffing:

- 1 Supervisory Therapist
- 4 Therapists (Master's Degrees- Licensed Clinical Professional Counselor (LCPC), Licensed Certified Social Worker-Clinical (LCSW-C))

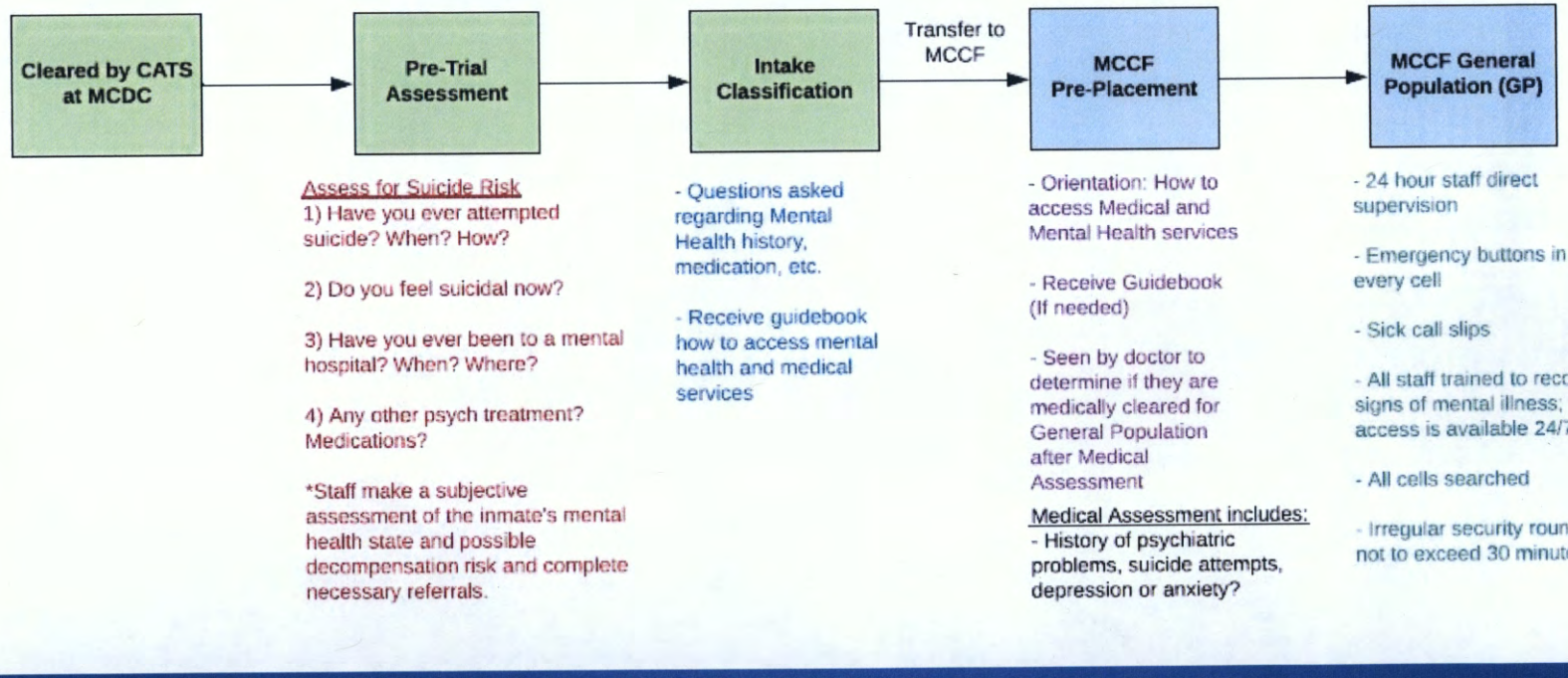
12

Body Scanners

Once committed to the facility, all inmates are processed through the body scanner to identify any items that could pose a threat to self or others.

13

Intake Process for Inmates Cleared for General Population

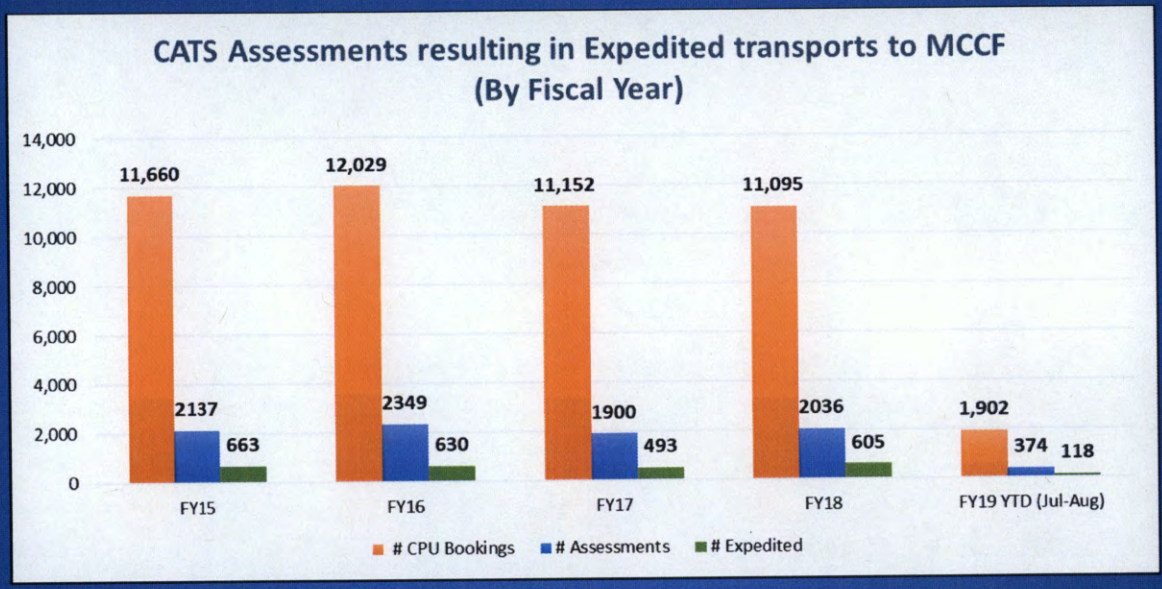


14

HHS CATS Assessment resulting in Expedited Transports

Expedited transports:
Individuals needing transports to MCCF for immediate mental health interventions

In FY18- 30% of mental health assessments resulted in Expedited transports



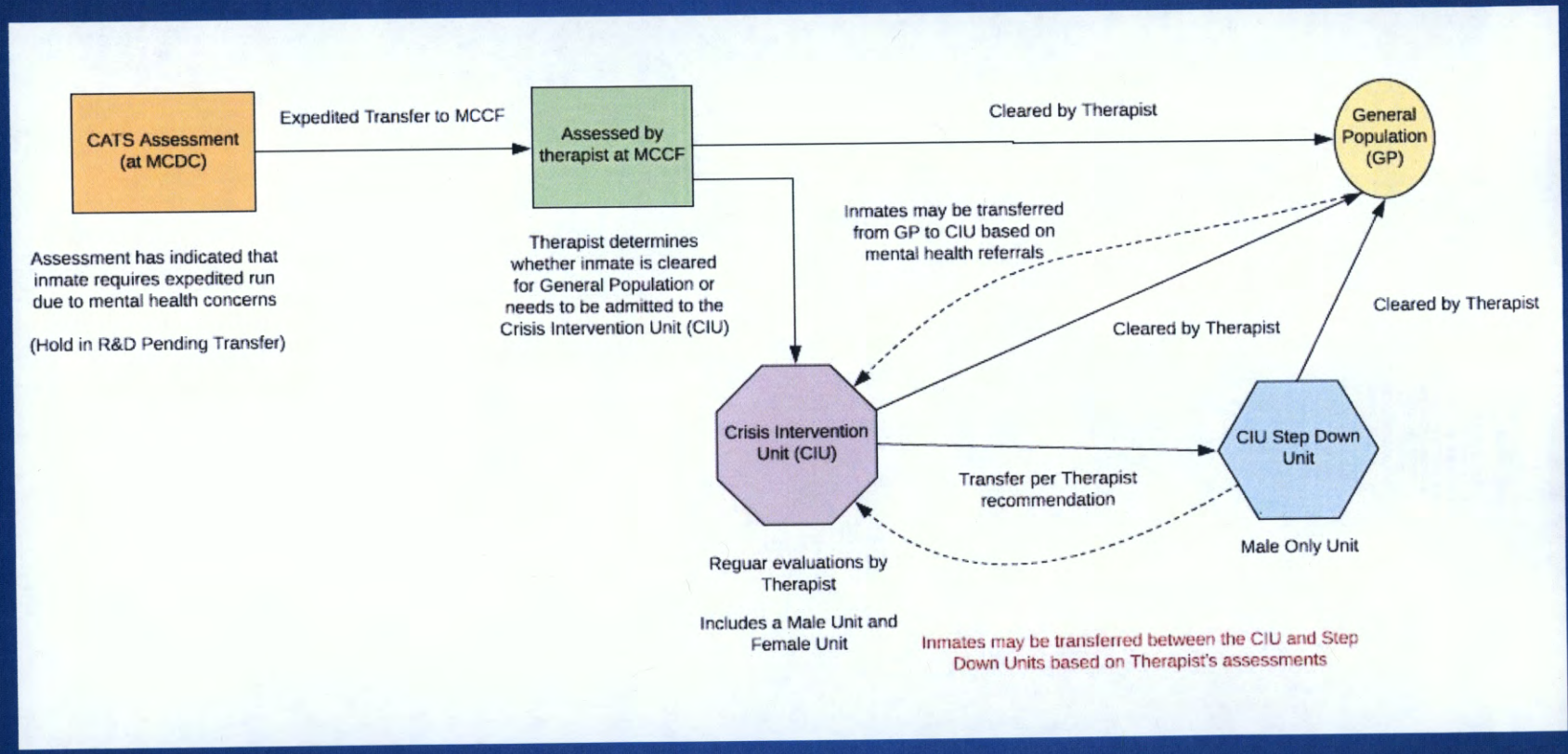
Fiscal Year	# CPU Bookings	# Assessments	# Expedited	Percent Expedited (%)
FY15	11,660	2137	663	31%
FY16	12,029	2349	630	27%
FY17	11,152	1900	493	26%
FY18	11,095	2036	605	30%
FY19 YTD (Jul-Aug)	1,902	374	118	32%

(15)

Mental Health Services at Montgomery County Correctional Facility (MCCF)

16

Intake Process for Inmates Requiring Additional Mental Health Screening



17

Crisis Intervention Units (CIU)

Male and female CIU are therapeutic housing units with the goal of stabilizing inmates so they may safely transfer to general population. CIU houses inmates with serious mental illness, suicidality or those with significant difficulties adjusting to incarceration. These inmates may also be under the influence of or withdrawing from illicit drugs. Each inmate is assigned to an individual therapist who meets with them on a regular basis; inmates on suicide watch are assessed on a daily basis. Two Officers are assigned to the Units.

Average Daily Population

Male CIU (N12 & W25): 45 Inmates

Female CIU (N21D): 6 Inmates

CIU Male (N12)

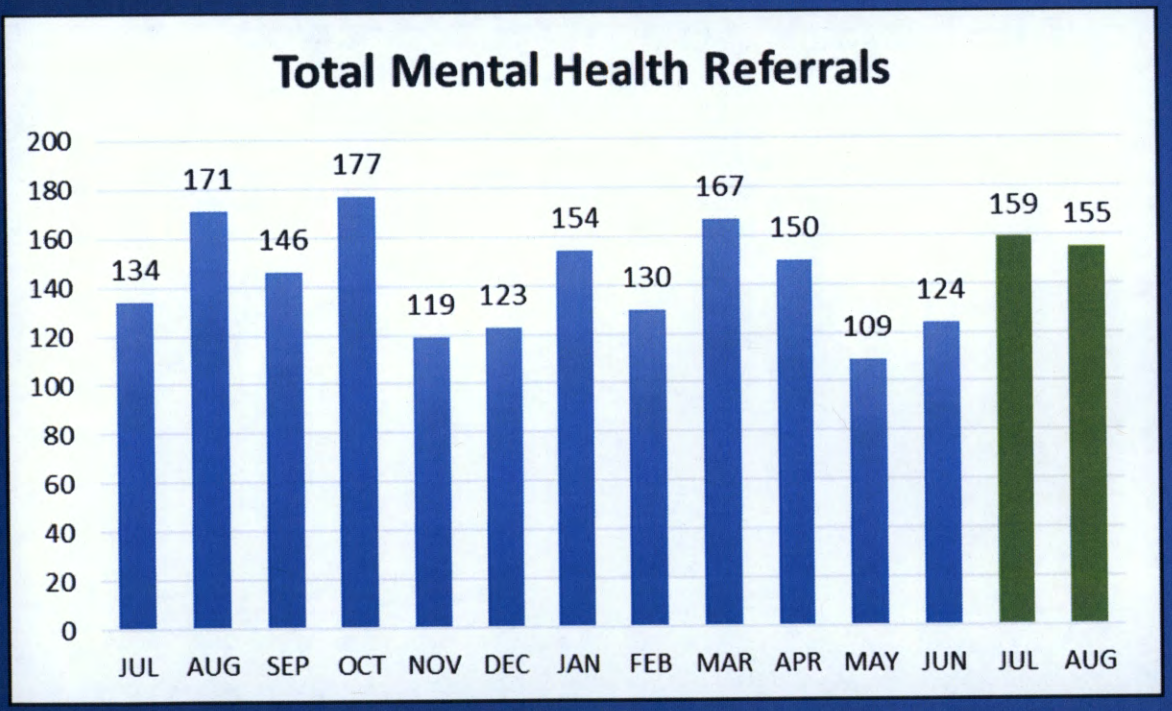
- 40 bed unit
- 6 suicide cells with high observation windows containing sled bed and mattress
- 6 lower tier single cells with high observation windows
- 4 upper tier cells with high observation windows
- 8 upper tier regular single cells
- 8 double cells (4 lower tier cells, 4 upper tier cells)

CIU Female (N21D)

- 15 bed unit
- 1 suicide cell
- 7 double cells

Referrals for Mental Health Evaluation

Fiscal Year 18-19 (July 1, 2017 – August 31, 2018)



Total Referrals: 2,018

Referrals can be submitted for any mental health concerns by:

- Medical Staff
- Custody & Security
- Inmate Services
- Self referral
- CATS
- Mental Health Court

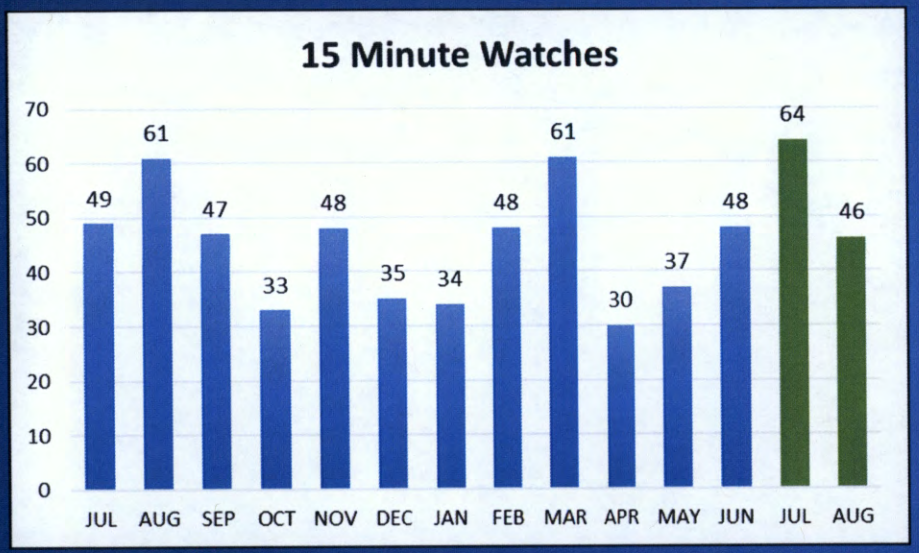
*Some referrals are generated based on concerns communicated by family members

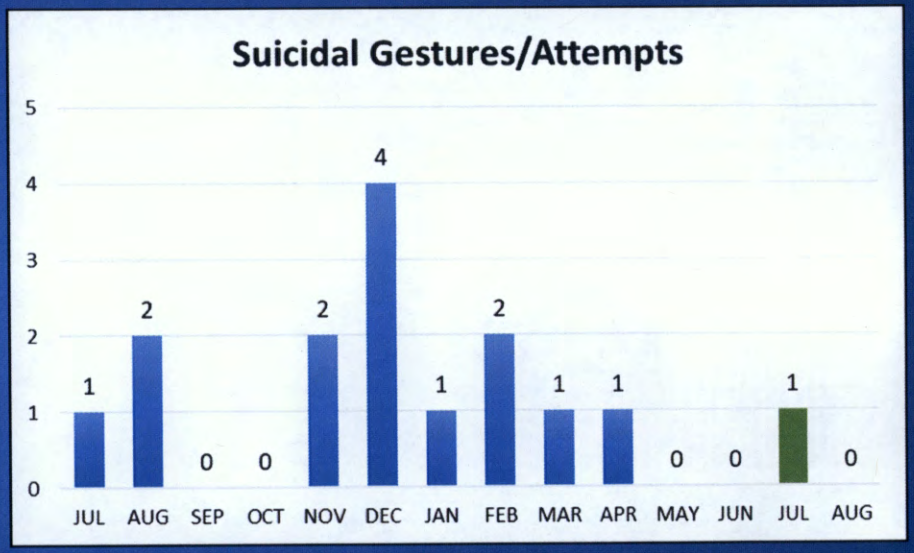
* Every referral is addressed by a therapist

19

15 Minute Watches/Suicidal Attempts

Fiscal Year 18-19 (July 1, 2017 – August 31, 2018)





Fiscal Year 2018-2019 Totals

Mental Health Referrals: 2,018

15 Minute Watches: 641

Suicidal Gestures/Attempts: 15

*Suicidal gestures/attempts occur throughout the facility and are not limited to those on 15 minute watch.

20

Crisis Intervention Step Down Unit

W25 Step Down Unit- Implemented 2015 as a Best Practice

Inmates who were previously housed in the Male CIU but have since stabilized on psychiatric medications and adjusted to incarceration, who are not yet ready to be housed in or are not appropriate for general population. CIU step down inmates have demonstrated the potential with further mental health programming, they may be transitioned to general population. Each inmate is assigned an individual therapist who meets with them on a regular basis. Two Officers are assigned to the Unit.

- 32 bed unit
- 16 double cells

21

Levels of Supervision

Observation Levels:

All levels are dictated by Individualized Special Handling Plan (Dictates property allowed, restrictions on recreation, type of food delivery: (hard/flex tray, bag meal), restriction to lower level, handcuffed when out of cell, etc. Observation levels are monitored regularly by Mental Health staff to ensure safety while maintaining the least restrictive precautions.

- 15 Minute Observations: Officers make rounds every fifteen minutes and follow directives of therapists who develop individualized Special Handling plans. Based on these plans, inmates may have limited or no property at all, as well as specific directives on activities in which they can participate.

23

24 Hour Direct Observation by Officer(s)

No property in cells- Permitted mattress, suicide blanket, suicide smock. Used for inmates at high risk of self harm in spite of being on suicide precautions (usually for someone who engages in self-mutilation) Ex: head banging, scraping/scratching at skin.

- Constant Observation: This level of supervision is constant but the inmate is being watched through a window. The observer is dedicated to observing with vigilance. The inmates' behavior is documented every fifteen minutes.
- 1 on 1: The officer observer must stay within arms length of the inmate so he/she can physically intervene immediately in an emergency. The inmate's behavior and mood may change at which time this change should be immediately reported to the therapist or supervisor. The observer must never take their eyes off the inmate's hands and body to ensure he/she is not self-harming, an action which could occur under a blanket.
- 2 on 1: Same as above (1 on 1 Observation) except there are two correctional officers tasked to observe the inmate at risk.

24

Special Management Housing Units

25

Administrative segregation: For inmates who are unable to adjust to general population and require a higher level of supervision. The inmate is separated from others due to the impact of their behavior in order to maintain the safety and security of daily operations. This unit is staffed with three officers at all times to allow for a lower inmate to officer ratio.

Inmates may be placed on Administrative segregation for reasons such as:

- Inmate displays aggressive or antisocial tendencies
- Inmate is experiencing serious adjustment problems and has displayed an inability to be housed in general population
- As directed by Gang Intelligence Unit
- Inmates with a high number of keep separates

Protective custody: To protect a person from harm by other inmates. This unit is staffed with two officers to allow for a lower inmate to officer ratio. (Placement may be by inmate request).

Staff Education and Training

27

Staff Education and Training

- Departmental Orientation (New hires)
  - Module on Suicide Prevention
  - Staff are directed to read all Policy and Procedures
  - Information on mental health services available
- On the Job Training
  - Trained to complete suicide screening form and generate any necessary referrals
  - Trained to supervise both Male and Female CIU Units
  - Staff review policy and procedures and post orders
- Correctional Academy Training

  Module on Suicide Prevention and Awareness Includes:
  - Explain the process for suicide prevention and awareness
  - Identify the myths surrounding suicide
  - Identify factors that can trigger suicidal behavior
  - Identify the high-risk suicide time periods
  - Identify the signs and symptoms of suicidal behavior
  - Identify the most common indicators of severe depression
  - Identify effective techniques for supervising suicidal inmates
  - Identify the steps to follow in cases where a suicide has occurred

28

- Pre-shift training
  - Various topics related to suicide throughout the year including:
    - Signs of Suicide Risk
    - Suicide in Custody
    - Suicide Prevention
    - Mental health screening (Signs and Symptoms video)
    - Mental health services
    - Preventing suicides by utilizing interpersonal communication skills
- Mandatory policy reviews 1-2 times per year
- Mental Health and Substance Abuse Disorders Course
  - Includes identifying characteristics of inmates who are at risk for suicide or self destructive behavior and how to promote inmate safety

29

Specialized Crisis Intervention Unit Training

Officers rotating through the Crisis Intervention Unit on a regular basis receive a minimum of 14 hours of mental health training that includes, but is not limited to the following areas:

- Awareness of cultural issues when supervising offenders with mental illness or special needs
- Overview of basic mental disorders
- Suicide prevention – recognizing signs and symptoms
- Post traumatic stress disorder and crisis intervention
- Overview of Dialectical Behavior Therapy
- Psychotropic medication and side effects
- Behavioral interventions with mentally ill offenders

Specialized Staff Training

56 staff members including uniformed and non-uniformed completed Police Crisis Intervention Team (CIT) Training

The Crisis Intervention Team (CIT) Program is a collaboration of professionals committed to assisting persons with behavioral health disorders (mental illness, developmental disabilities, Alzheimer's disease and addictive disease).

This collaboration includes local members of the National Alliance on Mental Illness (NAMI), mental health service providers family members, and law enforcement officers. The most important aspect of the CIT Program is the training provided to law enforcement officers.

(Source: https://namimc.org/crisis-intervention-training/)

Professional Staff at Department of Correction and Rehabilitation (DOCR)

32

Staffing at Montgomery County Correctional Facility (MCCF)

- Mental Health Staff
  - 1 Supervisory Therapist
  - 4 DOCR Therapists (Master's Degrees- Licensed Clinical Professional Counselor (LCPC), Licensed Certified Social Worker-Clinical (LCSW-C))
  - 1 HHS Therapist
  - 1 Psychiatrist
- Medical
  - 2 Physicians
  - 1 Physician Assistant
  - 4 LPN's (Licensed Practical Nurse)
  - 11 CHN's (Correctional Health Nurse- RN's)
- 3 Deputy Wardens (Deputy Warden of Custody & Security, Deputy Warden of Programs & Services, Deputy Warden of Operations)
- 4 Captains
- 13 Lieutenants
- 1 Correctional Specialist V (Re-entry)
- 3 Correctional Specialist IV
- 3 Correctional Specialist III (Re-entry)
- 9 Correctional Specialist I/II's

*Total of 348 Uniformed Staff between MCCF and MCDC

33

Staffing at Montgomery County Detention Center (MCDC)

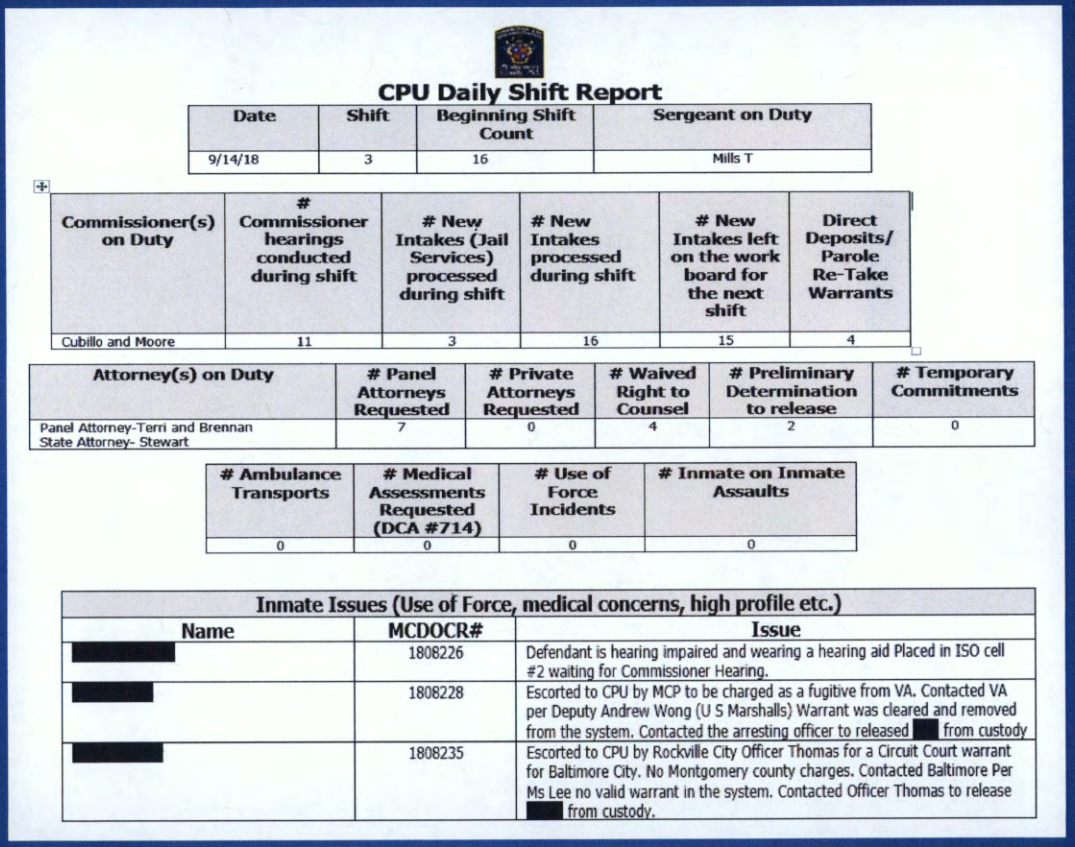
- CATS (HHS)
  - 1 Supervisory Therapist
  - 4 Therapists (Master's Degrees- Licensed Clinical Professional Counselor (LCPC), Licensed Certified Social Worker-Clinical (LCSW-C))
- 1 Deputy Warden of Custody & Security
- 1 Captain
- 8 Lieutenants
- 1 Correctional Specialist II

*Total of 348 Uniformed Staff between MCCF and MCDC

Staff Communication

Custody & Security End of Shift Report (CPU)

End of shift reports allow communication between management staff to address any safety and security concerns.



CPU Daily Shift Report

Date	Shift	Beginning Shift Count	Sergeant on Duty
9/14/18	3	16	Mills T

Commissioner(s) on Duty	# Commissioner hearings conducted during shift	# New Intakes (Jail Services) processed during shift	# New Intakes processed during shift	# New Intakes left on the work board for the next shift	Direct Deposits/ Parole Re-Take Warrants
Cubillo and Moore	11	3	16	15	4

Attorney(s) on Duty	# Panel Attorneys Requested	# Private Attorneys Requested	# Waived Right to Counsel	# Preliminary Determination to release	# Temporary Commitments
Panel Attorney-Terri and Brennan State Attorney- Stewart	7	0	4	2	0

# Ambulance Transports	# Medical Assessments Requested (DCA #714)	# Use of Force Incidents	# Inmate on Inmate Assaults
0	0	0	0

Inmate Issues (Use of Force, medical concerns, high profile etc.)		
Name	MCDOCR#	Issue
[redacted]	1808226	Defendant is hearing impaired and wearing a hearing aid Placed in ISO cell #2 waiting for Commissioner Hearing.
[redacted]	1808228	Escorted to CPU by MCP to be charged as a fugitive from VA. Contacted VA per Deputy Andrew Wong (U S Marshalls) Warrant was cleared and removed from the system. Contacted the arresting officer to released [redacted] from custody
[redacted]	1808235	Escorted to CPU by Rockville City Officer Thomas for a Circuit Court warrant for Baltimore City. No Montgomery county charges. Contacted Baltimore Per Ms Lee no valid warrant in the system. Contacted Officer Thomas to release [redacted] from custody.

36

Custody & Security End of Shift Report (MCDC)

DEPARTMENT OF CORRECTION AND REHABILITATION

MONTGOMERY COUNTY DETENTION CENTER

END OF SHIFT REPORT

Date	**Friday, September 14, 2018**	**Shift Number**	**#3**
Supervisor Name	**Lt. Kimbell**		

SUMMARY OF INCIDENTS	NUMBER	COMMENTS
Operational Issues	0	NA
Emergency runs/Transports Conducted and by whom	6	1. [redacted] 18-008198 transported to MCCF on the regular run for CIU housing. 2. [redacted] 18-008184 transported to MCCF on an expedited run for CIU housing. 3. [redacted] 18-008206 (high risk and profile) transported to MCCF on the regular run for medical housing. 4. [redacted] 18-008188 transported to MCCF via MCSO on an expedited run for CIU housing (CLOSE OBSERVATION). 5. [redacted] 18-000172 transported to on an expedited run via MSCO for CIU housing until seen by CIU staff on Monday. 6. [redacted] 18-008163 transported to MCCF via MCSO on an expedited run for CIU housing (CLOSE OBSERVATION).
Overtime Contributor not related to operational issues	0	NA
After Hours Calls	0	
Use of Force Incidents	0	
Hi-Profile Inmates/Inmate Issues	0	
Building Issues/Maintenance Issues	0	

37

Custody & Security End of Shift Report (MCCF)

DEPARTMENT OF CORRECTION AND REHABILITATION
MONTGOMERY COUNTY CORRECTIONAL FACILITY
END OF SHIFT REPORT

Date	**Friday, September 14, 2018**	**Shift Number**	**#3**
Supervisor Name	**LT. MUDALUE**	**LT. EZUNAGU**	

SUMMARY OF INCIDENTS	**NUMBER**	**COMMENTS**
Operational Issues	0	
Emergency runs/Transports Conducted and by whom	4	[redacted] #18-08198 was transported to MCCF on an expedited run by MCSO for CIU housing. He was seen by Therapist Mombay and currently housed N12C1 on 15 minute close observation. [redacted] #18-08158 was transported for CIU housing. He was seen and cleared for general population by Therapist Mombay. He was moved back to CIU and placed on full suicide precautions after he made suicidal statements in W22 pod. [redacted] #18-08184 was transported to MCCF by MCSO for CIU housing. He is currently housed in N12D8 on close observation. [redacted] #18-00172 was transported to MCCF for medical housing. He is currently housed in medical C1.254.

38

Best Practices in Montgomery County

Pretrial Assessment and Supervision - Montgomery County's investment in Pretrial Services. Highest percentage in the state. Keeps individuals connected to their families, communities, services and providers. Where not connected, a connection is pursued.

Health And Human Services Connection and Collaboration - Connection to front end clinical staff who have access to the community health record and immediate diversion and deflection and program re-engagement when possible.

Use of Clinical Therapist in DOCR - Clinical assessment and therapeutic staff providing intervention services in a collaborative comprehensive manner with correctional officers, counselors, and the total staff focused on safety and well being in a direct supervision environment.

Central Processing Unit - Direct transport by police to DOCR facility and where staff are prepared to engage the individuals needs whatever they may be. Factors related to deaths incident to arrest include suicide, intoxication, and natural causes. We have an excellent front end system that immediately engages these issues while allowing our Montgomery County Police partners to return to the streets of our community.

Mental Health Court - Coordinated Judicial intervention to help coordinate services while holding an individual accountable for the conditions of compliance.

CIT Trained Police Officers and Corrections - This level of training and collaboration creates a common language, good communication and process related to the needs of those exhibiting signs and symptoms of mental illness. 56 DOCR staff received this training. This is the same training provided to Montgomery County Police Officers.