

Six Sigma DMAIC Improvement Story

Green Belt Project Objective: To Reduce Incidents Requiring Response to Resistance

Last Updated: 5/13/15

Team: FORCE BUSTERS

Richard Marquez (Co-Team Leader) Marlene Blanco (Co-Team Leader)

Cassandra Jones Saloma Dudley Stephen Faure

Paulette Acevedo

Marydell Guevara (Sponsor)





Lean Six Sigma Problem Solving Process

The team utilized the 5-Step DMAIC problem solving process.

DMAIC Performance Improvement Process

Pr	ocess Step	Description of Toom Activities
Number	Name	Description of Team Activities
1	DEFINE	 Select Problem Identify Project Charter Develop Project Timeline Establish Method to Monitor Team Progress Construct Process Flowchart Develop Data Collection Plan Display Indicator Performance "Gap"
2	MEASURE	Stratify Problem (i.e."Gap")Identify Problem Statement
3	ANALYZE	Identify Potential Root Cause(s)Verify Root Cause(s)
4	IMPROVE	 Identify and Select Improvement(s) Identify Barriers and Aids Develop and Implement Improvement Plan Confirm Improvement Results
5	CONTROL	 Standardize Improvements within Operations Implement Process Control System (PCS) Document Lessons Learned Identify Future Plans





Identify Project Charter

The team developed a team Project Charter.

		Project Charter
	Project Name:	To Reduce Incidents Requiring Force (to increase aternative methods in lieu of ugnerators)
Business Case	Problem/Impact:	Incidents requiring Force create many problems including 1) Increased Medical Costs 2) Increased Personnel Costs 3) Property Damage 4) Liability and workers comp 5) DOJ, Federal Investigations/ outside reviews and audits 6) Community Mistrust 7) Negative media attention
	Expected Benefits:	Reduce Violence; Lower medical costs; Better Compliance, better inmate moral, reduce staff levels, reduce liability and reduce legal costs
		Q1 - # of Incidents Requiring Force
Objectives	Proposed Target(s)	Target=33 Response to Force (RTR) per month
Objectives	Time Frame:	
	Strategic Alignment:	Supports the County's Fiscal Responsibility and scorecard
	In Scope:	Incidents requiring Force
Scope	Cut of Cooper	
	_	Marydell Guevara
	Sponsor:	Marydell Guevara
	Team Leader:	Richard Marquez, Marlene Blanco
Team		Cassandra Jones, Saloma Dudley,Stephen Faure, Paulette Acevedo
		Facility Supervsior
	Mgmt Review Team:	Marydell Guevara
	Completion Date:	
Schedule		Monthly and Final Review in July 2016
	Key Milestone Dates:	See Action Plan



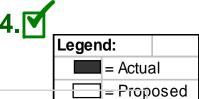




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Develop Project Timeline Plan

The team developed a timeline plan for the Project.



WHAT: Complete DMAIC Story Project by March 31, 2015 WHEN **DMAIC Story** 2015 **Process Step** Dec Feb Mar May Jan Apr 1. Define Completed 1-9-15 2. Measure Completed 1/9/15 3. Analyze Completed 1/30/15 4. Improve 5. Control **Define**





Monitor Team Progress

The Team and Management used a Checklist to monitor team progress.

		DMAIC Story Checkpoint	ts
		Objective: Demonstrate the Importance of Improve	
		The stakeholders' need(s) were identified.	Team identified an indicator;
	Step 1	2. The problem can be described as an "object" with a "defect" with unknown cause(s) that need to be identified.	
	Define	A line graph outcome indicator was constructed that appropriately measures the problem (or gap,	developed a Flowchart and a
		A schedule for completing the five DMAIC Story steps was developed.	Spreadsheet
		Objective: Investigate the features of the indicator, stratify th	
	Step 2	5. Data contained or directly linked to the indicator were stratified from various viewpoints (i.e., what where, when and who) and a significant dataset was chosen.	
	Measure	6. A target for improvement was established based on the stakeholders' need.	Paretos, Problem Statement
PLAN	Measure	7. The impact of the target on the indicator was determined.	Tarotos, Trobiom otatoment
~		8. A problem statement that describes the "remaining dataset" was developed.	
		Objective: Analyze the stratified data to identi- 9. Cause and effect analysis was taken to the root level.	fy a rd verify the root causes. Single Case Bore, Fishbone, Root
	Step 3	10. Potential causes most likely to have the greatest impact on the problem were selected.	
	Analyze	11. A relationship between the root causes and the problem was verified with data.	Cause Verification Matrix
		12. The impact of each root cause on the gap was determined.	
		Objective: Develop and implement countermeasures to eliminate	nate the verified root causes of the problem.
		13. Countermeasures were selected to address verified root causes.	Countermeasures Matrix; Barriers and
H		14. The method for selecting the appropriate countermeasures was clear and considered effectiveness and feasibility.	Aids; Action Plan
임	Step 4	15. Barriers and aids were determined for countermeasures worth implementing.	Y ridd / ridd or ridd
Ш		16. The action plan reflected accountability and schedule.	
	Improve	Objective: Confirm that the countermeasures taken impacted the root caus	ses and the problem; and that the target has been met.
농	mprovo	17. The effect of countermeasures on the root causes was demonstrated.	
CHECK		18. The effect of countermeasures on the problem (or indicator) was demonstrated.	
호		The improvement target was achieved and causes of significant variation were addressed. The effect of countermeasures on the indicator representing the stakeholders' need was	
		demonstrated.	
		Objective: Prevent the problem and its root causes from 21. A method was established to document, permanently change, and communicate the revised process or standard.	recurring. Maintain and share the gains.
	Step 5	22. Responsibility was assigned and periodic checks scheduled to ensure compliance with the revised process or standard.	
ACT	0 1	23. Specific areas for replication were identified.	
	Control	Objective: Evaluate the team's effectiveness	s and plan future activities.
		24. Any remaining problems (or gaps) were addressed.	
		25. Lessons learned, P-D-C-A of the Story process, & team growth were assessed & documented.	







Hidden Costs of Incidents with Response to Resistance

The team identified costs of Response to Resistance Incidents.

<u>Estimated</u>
2014 Cost
1) Monitor and Respond to Incident 2 to 10 officers X 15 min 1.5 Hours
2) Officers Document Incident2 to 10 officers X 45 min 4.5 Hours
3) Medical Asmt2 officers X 60 Min
4) ReviewsLine Supv 1 hour + 25% rework issues at 45 Min 1. 23 Hrs
Shift Commander1 hr + 25% rework issues at 45 Min 1. 23 Hrs
Shift Supv 1 hour 1 Hrs
Admn (XO and Capt.) 2 Hrs
Total 13.46 Hrs
Annual Costs = 841 Incidents X 13.46 hrs. X \$30 per hour avg loaded rate=
Annual Costs = \$339, 596*

*Does not include....Hospitalization, property damage costs, court costs or DOJ, Federal Investigations/ outside reviews and audits; Community Mistrust and Negative media attention





Review Process Flow Chart

The team constructed a Process flow chart describing the Process.

Respond to Non-Compliant Inmate Incidents (Process Owner: Asst Director) **WHO** INMATE(S) IMMEDIATE INVOLVED STAFF **SUPERVISOR** RESPONDING STAFF STEP Need to gain Inmate compliance with the least amount of Force **NEED** Monitor Inmate's Behavior And Recognize Incidents Of Inmate Non-Compliance MONITOR/ Report Inmate Non Compliance To Appropriate Involved Facility Staff **REPORT** Assess Inmate's Non-Compliance Dialogue With Inmate And Attempt To Gain Inmate Compliance ASSESS/ DIALOGUE 1nmate Compliant2 Secure Supervisor Help SECURE YES Dialogue With Inmate And Attempt To Gain Compliance DIALOGUE NO Contact Responding Staff And Discuss Non-Compliance CONTACT/ Determine Next Steps To Gain Inmate Compliance DETERMINE/ Secure Camera And Other Appropriate Equipment **SECURE** Dialogue With Inmate And Attempt To Gain Inmate Compliance P3- Total Medical Cost \$ for Incident DIALOGUE P4- Total Property Cost \$ for Incident P5- Total Staff Cost \$ for Incident Use Force In A Graduated Manner Until Compliance Is Achieved USE/ Document Activities To Gain Compliance Using Camera DOCUMENT/ Secure Medical Assessment For Inmate After Use Of Force SECURE Secure All Documentation And Submit For Independent Review SECURE Conduct Independent Review Of Incident CONDUCT/ Determine Lessons Learned And Follow-up Action As Appropriate DETERMINE Q2 - Total Cost \$ for Incident Complete Follow-up As Directed (Change Housing Loc Confinement Ftc.) COMPLETE Q1- # of Incidents Requiring a Response to Resiste Inmate Compliance gained with minimal amount of Force **GAINED**

DMAIC Story Miami Dade MDCR Reduce Response to Resistance Flowchart 12.5.14 yeld 12/17

The team next looked closer how to capture indicator data.



Identify Data Collection Needs

The team developed a data collection spreadsheet...

MDCR Incidents Requiring Response to Resistance Summary

BCE									DEN	1 O C B	APHI	C 6						
BCB									DEN		АРПІ	C S						
		V	/ H C)						WHAT					WHERE		WHAT	WHEN
	В	С	D	Е	F	G	Н	- 1	J	K	L	M	N	0	Р	R	S	Т
Line #	Inmate (Jail #)	Inmate(s) Gender(s)	Inmate Age	Race	Mental Health Level	Facility Staff Involved	Incident Control #	Incident Type	Reason for Force	Response	Restraint Type	Severity of Incident	Weapon / Contra- band	Facilty Inmates Reside at	Inside/ Outside?	Location of Incident	of	Booking Date
		% F	Avg	%Y	%1			%1							% Inside			
		33.3	22.0		33.3			66.7							33.3			
																•		
	12321	F		Africa		Smith	1231		Risk to S			No Injury					Recreation	
	2311	M	24	Cauc	3	Jones	2433	1	Non Con		C	Doctor Vis			Inside	Cafeteria		1/26/14
3	3221	M	21	Asiar	2	Ħ	2344	2	Rsik to o	С	RR	Hospitaliz	Fork	MWDC	Outside	Cell	Sleeping	2/1/14

MILESTONE DATES							Du	ration			OI	UTCOM	1ES		
										In	cident	Cost I	nforma	ation	
U	U	V	W	Х	Υ	Z	AB=	AD=	AN	N AO AP AQ		AS	AQ	AW=	
							U-T	Z-U			STA	AFF Ho	urs		AT+AU+AV
Da	Da ate	te of Incide Time	ent Mi Hr	Day	Shift	Date Incident File Closed	# of Days Shortest Length of Stay	# of Days to Close Incident File	Medical Costs	Property Costs	Address Incident	Incident Review	Incident Follow-up	Staff Cost at \$25 per hour	Total Costs for Incident
			Avg	%Mo			, vy	5				val			
			13.0	33.3			34.0	5.0	\$700.00	\$360.00	8.0	8.0	8.0	\$600.00	\$1,660.00
-							P1	P2	Р3	P4				P5	Q2
1/	/14/14	8:00 AM	8	Tu	Afternoor	1/20/14	4		φu	ψτου	2.0	2.0	2.0	ψ130.00	φουυ.υ0
2	2/3/14	9:30 AM	9	Мо	Day	2/10/14	8	7	\$200	\$200	4.0	4.0	4.0	\$300.00	\$700.00
5	5/2/14	10:00 PM	22	Fr	Midnite	5/4/14	90	2	\$500	\$10	2.0	2.0	2.0	\$150.00	\$660.00



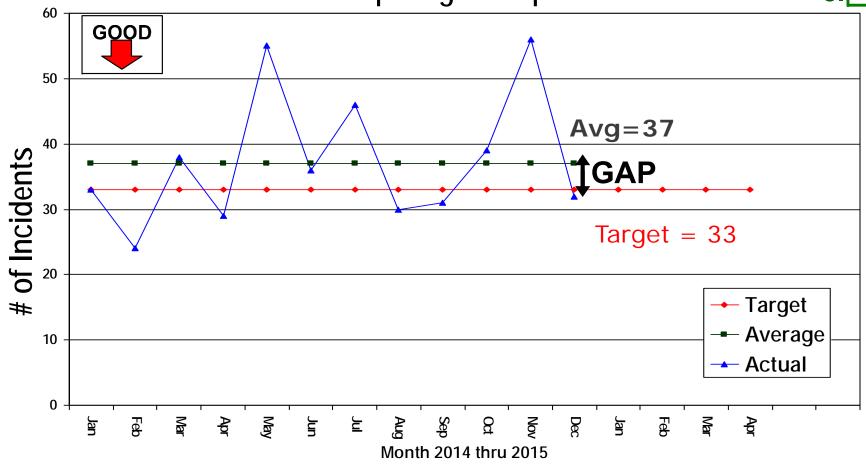




Review Selected Indicator

The team collected Q1 indicator data and reviewed performance trends:

Q1- # of Incidents Requiring a Response to Resistance



The team next looked closer at the Incidents from Jan thru December 2014

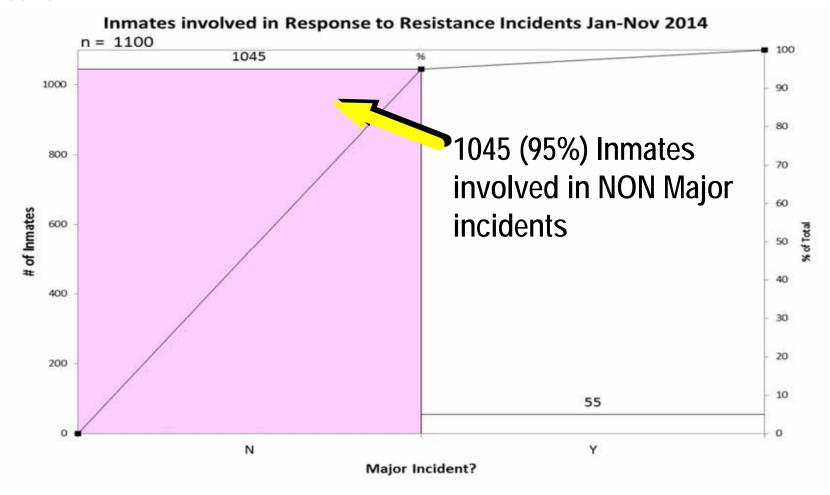








The team stratified the 1100 Inmates involved in 2014 Incidents many ways and found ...



The team looked closer at these 1045 inmates involved in non-major incidents.



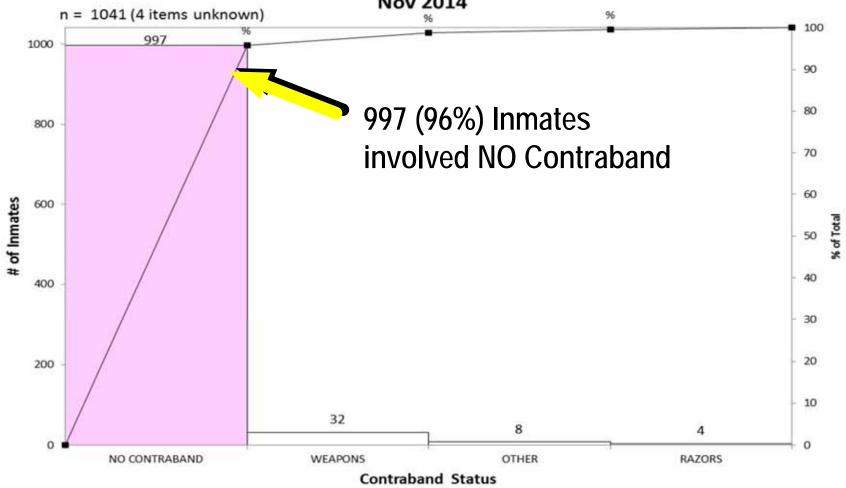






The team stratified the 1045 Inmates many ways and found ...





The team looked closer at these 997 Inmates.



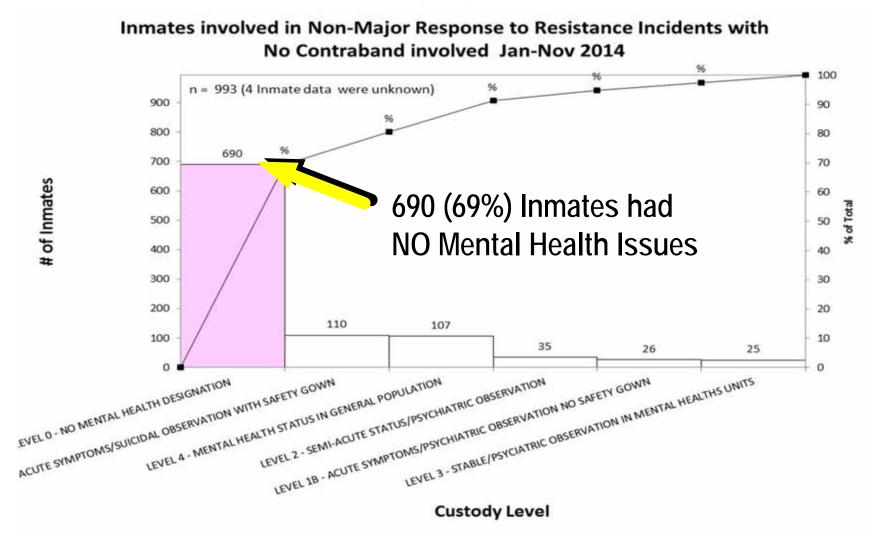




MIAMIDADE



The team stratified the 997 Inmates many ways and found ...



The team looked closer at these 690 Inmates.

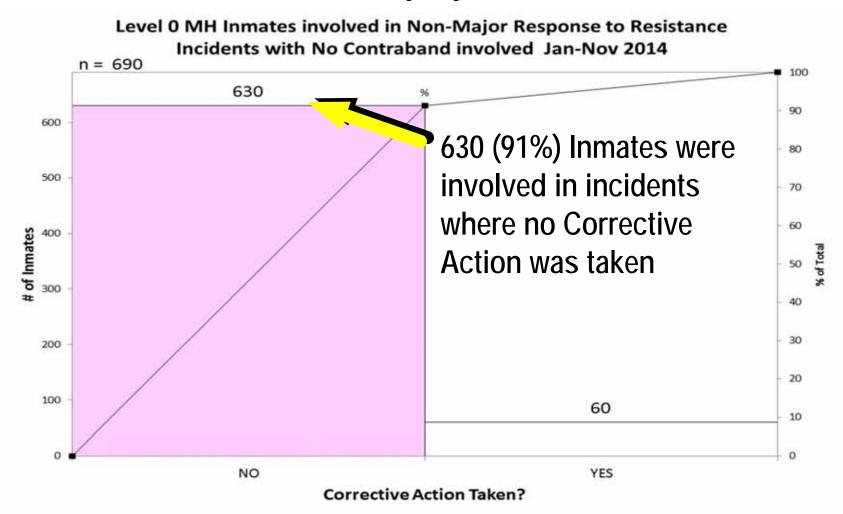








The team stratified the 690 Inmates many ways and found...



The team looked closer at these 630 Inmates involved in Incidents where no corrective action was taken.



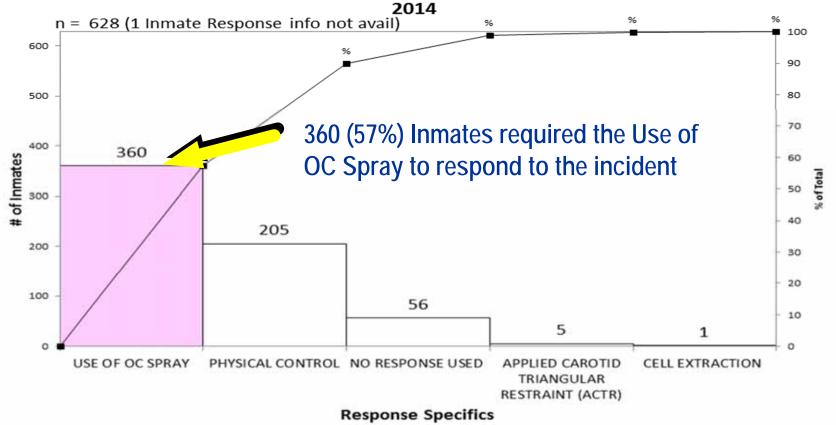






The team stratified the 630 Inmates many ways and found...

Level 0 MH Inmates involved in Non-Major Response to Resistance Incidents w/ No Contraband involved & NO Corrective Action Jan-Nov



Problem Statement: "360 non-mental health inmates (Level 0) involved in non-major Response to Resistance incidents (Jan-Nov 2014) where NO contraband was involved, NO corrective action was taken and OC spray was used."







14

Identify Potential Root Causes

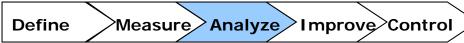


The team sampled 15 incident reports involving the 360 inmates requiring OC spray before conducting Single Case Bore Analysis.

Single Case Bore	e A	na	lysi	is														
Problem Statement: "360 Level 0: MH Inmates in	vol	ve	d ir	N	on-	-Má	ajo.	r R	TR	? In	cia	len	ts	(Ja	n- ∧	lov.	2014)	
where No Contraband was involved, NO Correcti	ve i	Ac.	tioi	n ta	ike	n a	& C	OC.	Sp	ray	/ W	as	us	ed.			-	
Reasons or Factors	List up to 15 Incident/Inmate # from 360 Above																	
(That possibly contributed to the Inmate Failing to comply with verbal instructions requiring Spray Response)	K14 3923	K14.374.2%	KI4-RIIA	KI4311A	M14.107A	MA-587.48	MA-5994	NM4749481	MA 937 A.	MA1674M	MA 18484G	MA3200	M143617A	MA3634AD	MA-36884.	Total	Percentage	
1) Inmate defending himself due to another inmate assaulting him.		X	X	X	X	X	X	X		X	X	X	X	X	X	13	87%	
2) Inmates possibly did not hear verbal commands from officer because they were			X	X	X	X	X	X		X	X	X	X	X	X			
already engaged in a altercation.	_															12	80%	
3) Inmate failed to comply due to counselor being in the unit, inmate possibly thought that the officer was distracted.							x									1	7%	
4)Inmate failed to comply because he wanted to make a phone call.	x															1	7%	
5) Inmate did not want to return to his room.	х															1	7%	
6) Inmates were involved in a verbal dispute.		x														1	7%	
7) No respect for authority.									X							1	7%	
8) Inmate refused the order assulted officer; officer feared for safety	X								X							2	13%	
9) Inmate(s) ceased to comply to verbal \(\begin{array}{c}\lambda\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\																		
instructions to cease actions & began/continue	X	Х	X	X	Х	Х	X	X	X	X	X	X	Х	X	X			
to fight																15	100%	
10) Group fight			X													1	7%	
11) Inmate defending him/herself from another inmate attack							X	X								2	13%	
12) Inmate refuses officer(s) orders	×	X	X	X	Х	X	X	X	X		Х	X	X	X	X	4	93%	
13) Being removed from current cell/area										X						1	7%	

The team next looked closer at these four (4) factors.

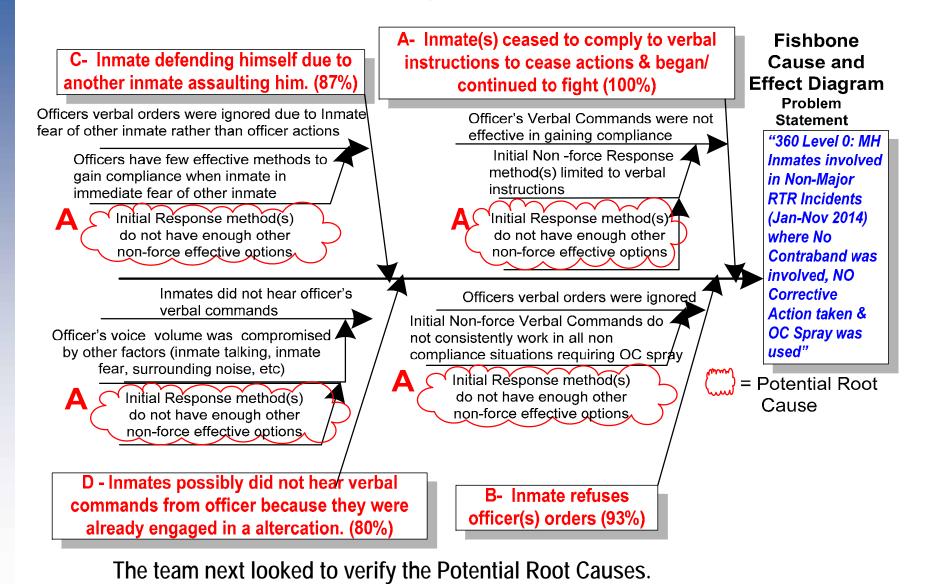




Identify Potential Root Causes

9.,10.

The team completed Cause and Effect Analysis and found...





Define Measure Analyze Improve Control



Verify Root Causes

The team collected data to verify the root causes and found.... 11.,12.

Root Cause	Verification Matrix	
Potential Root Cause	How Verified?	Root Cause or Symptom
A Initial Response method(s) do not have enough other non-force effective options	Team reviewed written Training materials and procedures on Non-Force compliance policies and methods and found that verbal commands were taught and assumed to be the method to use before force is considered.	Root Cause

...that the Potential Root Cause was validated as an Actual Root Cause.







Identify and Select Countermeasures

13.,14.

The team brainstormed many countermeasures and narrowed them down to these for evaluation:

	Counter	rmeasures Matrix
Problem Statement	Verified Root Causes	Countermeasures
"360 non-mental		A1- Educate Inmates on disciplinary process and consequences of non- compliance
health inmates (Level 0)		A2- Implement Strong Sanction Policy with follow-up
involved in non- major Response to Resistance	A- Initial Officer	A3- Provide whistle or sound device to Officers
incidents (Jan-	Response	A4- Install Floor/Shift mediator
Nov 2014) where NO contraband was involved,	Procedures are not consistently effective	A5- Develop/Revise Non-Force de-escalation options for RTR Incidents and educate staff
NO corrective action was taken		A6- Install Special response team
and OC spray was used."		A7- Revise RTR Review Form and Process to better identify Corrective actions related to RTR Incidents







The team selected 5 countermeasures for possible implementation.







Identify Barriers and Aids



The team performed Barriers and Aids analysis on the selected Countermeasures.

Countermeasure(s): Implement 5 Countermeasures to Reduce RTR Incidents

		Barriers	Aids							
Impact (H, M, L)		Forces against Implementation Forces For Implementation								
Н	(Supported by Aid:A,B,E)		A)	Management very supportive of team's efforts						
L	purchase sound devices or		B)	Other agencies may be using devices						
		train staff (Supported by Aid:A,B,C,D,E)	C)	Corrections is already charged with revising RTR Review Process						
L	State or Federal Regulations must be followed (Supported by Aid:B,E)		D)	Corrections are enhancing and automating the inmate disciplinary process						
			E)	County mandated by settlement agreement to improve the RTR incident rate						

The team next sought to incorporate this analysis into the team's Action Plan.





Develop and Implement Action Plan

Legend:
= Actual
☐ = Proposed

The team implemented an Action Plan for the team's Countermeasures.



WHAT: Implement 5 Countermeasures to Reduce RTR Incidents

			WHEN										
	HOW	WHO	Des	lan	F-1-		A	2015	l 1	1	A		
1.	Develop Countermeasures:	WIIO	Dec	Jan	Feb	Mar 2/28/15	April	May	Jun	Jul	Aug		
	A1- Educate Inmates on disciplinary Process and Consequences of non-compliance	Richard				0/00/45	100000000000000000000000000000000000000						
	A2- Implement Strong Sanction Policy with follow-up	Richard/IDS Team				2/28/15	100000000000000000000000000000000000000						
	A3- Provide Whistle or sound device to Officers	Cassandra/ Marlene			1	2/28/15							
	A5- Develop/Revise Non-Force de-escalation options for RTR Incidents and educate staff	Cassandra/ Marlene/Paulette			—	2/28/1	5						
	A7- Revise RTR Review Form and Process to better identify Corrective actions related to RTR Incidents	Saloma/ Stephen/IDS Team				2/28	/15						
2.	Secure Management Approval of Countermeasures (share benefits and cost savings)	Team/ Mgmt				2/28	8/15						
3.	Communicate/Train Staff in Countermeasures and related policies/procedures (share Benefits & cost savings and Mandate, and the fact others are using devices)	Team					3/30/	 /15 					
4.	Implement Countermeasures and Pilot if needed	Team				On-go	ing						
5.	Review Pilot and determine Benefits and adjust as necessary and present results to management	Team			0	n-going	100000 101						
6.	Establish On-going responsibilities and standardize countermeasures into operations	Team					On-goi	ng					

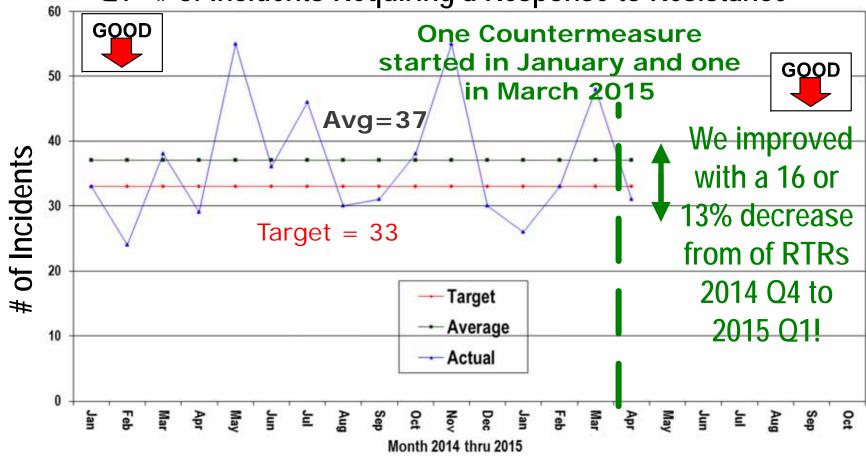






The team collected indicator data and reviewed performance trends:

Q1- # of Incidents Requiring a Response to Resistance



The team was encouraged by the results and will continue to monitor the countermeasures.

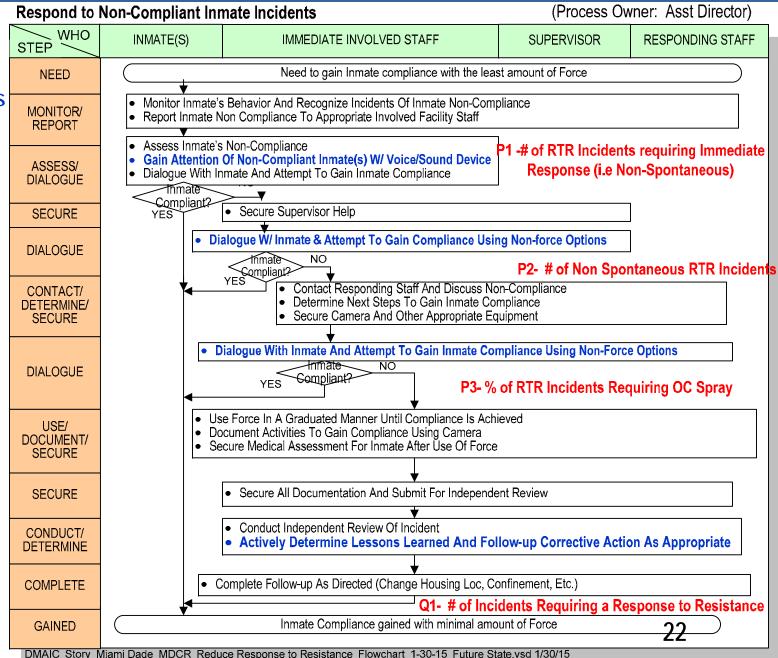




Standardize Countermeasures

21.,22.,23.

The team incorporated the improvements into the Process.





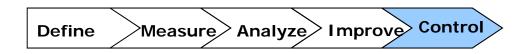
Lessons Learned

- 1) Root cause identification is essential if one is serious in improving performance.
- 2) Data Collection Activities were intensive and critical in identifying data linked to root causes.
- 3) Data stratification was very important as it took the team to areas not initially thought to be part of the problem.
- 4) Creative Thinking techniques were more valuable in identifying more diverse countermeasures for the team to evaluate.
- 5) Flowchart technique helped all team members see the process more clearly and was used to help identify communicate process improvements.

Next Steps

1) Monitor implementation of Countermeasures and Response to Resistance (RTR) performance indicators.





RECOMMENDED COUNTERMEASURES





A1- Educate inmates on disciplinary process and consequences of non-compliance and rule violations

- Initiate inmate information campaign on MDCR's commitment for the Inmate Disciplinary Process
- Stress the seriousness of the inmate disciplinary process during initial classification, i.e. initial interview, inmate signed agreement
- Reinforce MDCR's zero tolerance for bad inmate behavior and the consequences of breaking the rules in in the inmate handbook and inmate orientation video





A1- Educate inmates on disciplinary process and consequences of non-compliance and rule violations

 Display outcome of disciplinary hearings on inmate television channel, i.e. Re-entry TV



Name: DOE, JOHN

MDCR Disciplinary Report

Category: II

Rule Violation: 2.20 – Subjecting MDCR staff to masturbation

Disposition: Guilty

Sanction(s): Disciplinary

Confinement (30) days & Loss of

regular mail, telephone,

commissary, television, visitation,

(30) days

Start: 03/01/2015

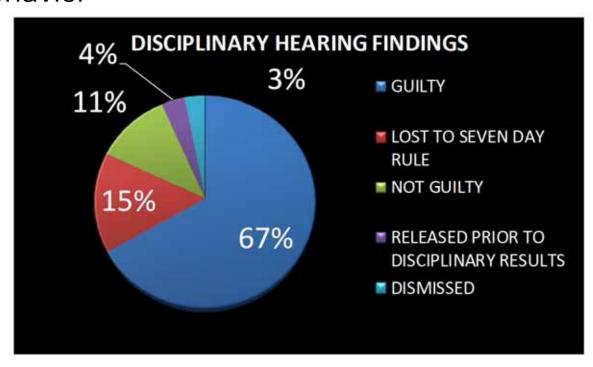
Expires: 03/31/2015





A1- Educate inmates on disciplinary process and consequences of non-compliance and rule violations

 Display quarterly breakdowns of disciplinary hearing findings on inmate television channel to demonstrate MDCR's commitment to hold inmate accountable for bad behavior





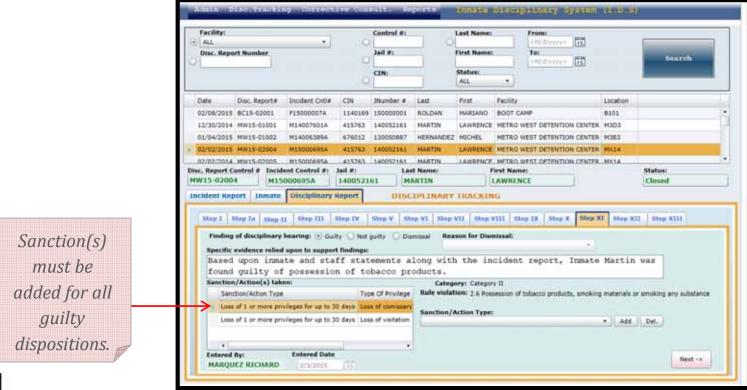


- Implement new automated Inmate Disciplinary System (IDS) to replace current manual paper-based inmate disciplinary process
- IDS Automation has facilitated the timely retrieval of all relevant, available data in a well-organized, easy to access format with added transparency & accountability
- Jail personnel can easily access all related disciplinary records to include inmate disciplinary & corrective consultation histories online via CRnet





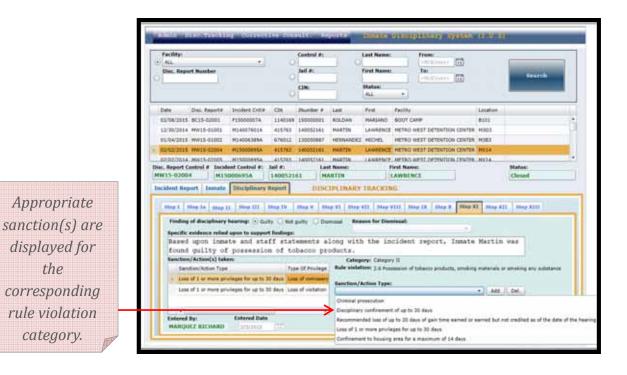
 Require that all inmates who receive guilty dispositions from disciplinary hearings receive sanction(s). IDS will ensure all guilty inmates are issued sanctions







Ensure consistency when issuing sanctions & by requiring that the sanction issued matches the rule violation. IDS will ensure appropriate sanction(s) will be rendered to match the severity of the rule violation as required in policy. Only matching sanction(s) are displayed





the

category.



- To reduce the numbers of sanctions that are not followed up on & not imposed; e-mail notifications are sent to appropriate stakeholders
 - Security Lieutenant
 - Loss of visitation, mail, and television
 - Disciplinary confinement and confinement to housing area
 - Material Management Bureau
 - Loss of commissary
 - Inmate Telephone System Supervisor
 - Loss of telephone
 - Classification Unit (Facility Labor Officer)
 - I oss of Gain Time
 - Inmate Finance Unit
 - Restitution





- Increase communication and follow-up by distributing reports of inmates issued sanctions to all involved parties, i.e.
 Facility Supervisor, Shift Supervisor, Charging Officer, and Counselor
- Add a new feature to IDS to allow for recording of follow-up action i.e. start & end date of sanction(s) by the employee responsible to enforce the sanction





Increase inmate
 awareness & meet FMJS
 and FCAC standards by
 ensuring that all inmates
 charged with a rule
 violation(s) receive
 notification of a final
 outcome







- Create new IDS Coordinator position
- The IDS Coordinator will oversee the entire inmate disciplinary process to ensure followup is taken with all inmate disciplinary reports to ensure that the sanction(s) has been administered & imposed to the inmate(s)





A3 - Provide whistle or sound device to officers

Purchase & assign high-pitch whistles to staff



Part of the Uniform



\$4.30 each



\$4.59 each





A3 - Provide whistle or sound device to officers

- Purchase & assign alarm sounding devices to staff
 - Staff to carry an alarm that would gain the attention of the combatants when verbal commands do not work
 - Staff can utilize the device by pulling the pin out of the device which makes a loud noise to gain the attention of the combatants & to ultimately cease their actions
 - Inmates will be instructed that when the alarm is sounded that they must return to their bunks thus assisting in securing the scene
 - The alarm will serve two purposes; (1) to be effective in decreasing the number of RTR's that result from staff separating combatants & (2) to assist staff in securing the scene





A4 - Develop/Revise Non-Force De-escalation Options for RTR Incidents & Educate staff

- Explore educating staff in verbal judo, the art of persuasion, to gain compliance in lieu of force
- Staff to utilize the alarm in an attempt to gain the attention of the combatants when verbal judo is not successful
- The above to elements can be incorporated into the Correctional Officer Training (COT) & Lateral Accelerated Training (LAT) training for all new hires and can be incorporated into Mandatory In-service Training (MIST) training until all current staff is trained





A5 - Revise RTR Review Process to better identify Corrective Actions related to RTR Incidents

- In an effort to improve the quality, consistency, and effectiveness of the Response-to-Resistance (RTR) review process, effective January 1, 2015, MDCR's Trend Analysis & Action Planning (TAAP) Unit began to receive, review, & evaluate every RTR incident from each facility/bureau/unit
- The TAAP Unit is responsible for evaluating data & trends surrounding RTR incidents & alleged uses of excessive force and developing solutions & recommendations to potential deficiencies in the application, training, & discipline of RTR incidents





A5 - Revise RTR Review Process to better identify Corrective Actions related to RTR Incidents

- Conduct monthly TAAP RTR review meetings with jails supervisors
 - Analyze RTR information
 - Identify problems and trends
 - Develop solutions
 - Anticipate barriers
 - Create corrective actions plans
 - Follow up on actions taken







THE END



