



## Six Sigma DMAIC Improvement Story

*Green Belt* Project Objective:  
To Reduce Incidents of Inmate on Inmate Violence

*Last Updated: 5-22-15*

Team: ***Violence Stompers***

Veronica Salom (Co-Team Leader) Michael Camero (Co-Team Leader)

Wendy Mayes

Melissa Johnson

Tamara I. Key

Andrew Mullings

Pierre Imar

Marydell Guevara (Sponsor)



# Lean Six Sigma Problem Solving Process

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

## DMAIC Performance Improvement Process

Process Step		Description of Team Activities
Number	Name	
1	DEFINE	<ul style="list-style-type: none"> <li>• Select Problem</li> <li>• Identify Project Charter</li> <li>• Develop Project Timeline</li> <li>• Establish Method to Monitor Team Progress</li> <li>• Construct Process Flowchart</li> <li>• Develop Data Collection Plan</li> <li>• Display Indicator Performance “Gap”</li> </ul>
2	MEASURE	<ul style="list-style-type: none"> <li>• Stratify Problem (i.e. “Gap”)</li> <li>• Identify Problem Statement</li> </ul>
3	ANALYZE	<ul style="list-style-type: none"> <li>• Identify Potential Root Cause(s)</li> <li>• Verify Root Cause(s)</li> </ul>
4	IMPROVE	<ul style="list-style-type: none"> <li>• Identify and Select Improvement(s)</li> <li>• Identify Barriers and Aids</li> <li>• Develop and Implement Improvement Plan</li> <li>• Confirm Improvement Results</li> </ul>
5	CONTROL	<ul style="list-style-type: none"> <li>• Standardize Improvements within Operations</li> <li>• Implement Process Control System (PCS)</li> <li>• Document Lessons Learned</li> <li>• Identify Future Plans</li> </ul>



# Identify Project Charter

The team developed a team Project Charter.



Business Case	<b>Project Name:</b>	To Reduce Incidents of Inmate on Inmate Violence
	<b>Problem/Impact:</b>	Inmate on Inmate violence creates many problems including... 1) Compromises Safety of Inmates 2) Compromises Safety of Officers 3) Comprimises Safety of Facilities 4) Incurs additional financial burdens to taxpayer: overtime, medical costs, property damage and court costs 2. <input checked="" type="checkbox"/> 1. <input checked="" type="checkbox"/>
	<b>Expected Benefits:</b>	Reduce Violence; Lower medical costs; increase inmate safety ; reduce inmate movement
Objectives	<b>Outcome Indicator(s)</b>	Q1 - # of Incidents of Inmate on Inmate Violence
	<b>Proposed Target(s)</b>	Target=80 Incidents per month
	<b>Time Frame:</b>	Dec 2014 through March 2015
	<b>Strategic Alignment:</b>	Supports the Deapaartment's mission
Scope	<b>In Scope:</b>	Inmate on Inmate violence within Miami-Dade County facilities or during custody
	<b>Out-of-Scope:</b>	Inmate on Staff Violence; other violence incidents
	<b>Authorized by:</b>	Marydell Guevara
Team	<b>Sponsor:</b>	Marydell Guevara
	<b>Team Leader:</b>	Veronica Salom, Michael Camero
	<b>Team Members:</b>	Wendy Mayes, Melissa Johnson, Tamara Key, Andrew Mullings, Pierre Imar
	<b>Process Owner(s):</b>	Facility Supervisors (Captains)
	<b>Mgmt Review Team:</b>	Marydell Guevara
Schedule	<b>Completion Date:</b>	31-Mar-15
	<b>Review Dates:</b>	Monthly and Final Review in March 31,2015
	<b>Key Milestone Dates:</b>	See Action Plan




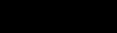

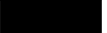




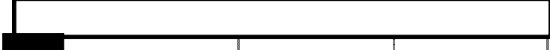

# Develop Project Timeline Plan

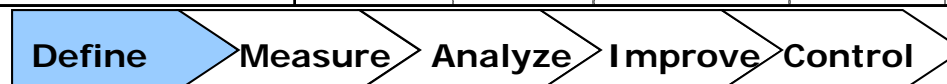
The team developed a timeline plan to complete the Project.

4. ✓

<b>Legend:</b>	
	= Actual
	= Proposed

## WHAT: Complete DMAIC Story Project by March 31, 2015

DMAIC Story Process Step	WHEN					
	2012					
	Dec	Jan	Feb	Mar	Apr	May
1. Define	 					
			Completed 1-9-15			
2. Measure	 					
			Completed 1/9/15			
3. Analyze		 				
			Completed 1/30/15			
4. Improve			 			
					9/30/15	
5. Control			 			
					12/30/15	



# Monitor Team Progress

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

DMAIC Story Checkpoints		
PLAN	Step 1 Define	<b>Objective: Demonstrate the Importance of Improvement needs in measurable terms.</b>
		1. The stakeholders' need(s) were identified. ✓
		2. The problem can be described as an "object" with a "defect" with unknown cause(s) that need to be identified. ✓
		3. A line graph outcome indicator was constructed that appropriately measures the problem (or gap). ✓
	Step 2 Measure	<b>Objective: Investigate the features of the indicator, stratify the problem and set a target for improvement.</b>
		4. A schedule for completing the five DMAIC Story steps was developed. ✓
		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. ✓
		6. A target for improvement was established based on the stakeholders' need. ✓
	Step 3 Analyze	<b>Objective: Analyze the stratified data to identify and verify the root causes.</b>
		7. The impact of the target on the indicator was determined. ✓
		8. A problem statement that describes the "remaining dataset" was developed. ✓
		9. Cause and effect analysis was taken to the root level. ✓
DO	Step 4 Improve	<b>Objective: Develop and implement countermeasures to eliminate the verified root causes of the problem.</b>
		10. Potential causes most likely to have the greatest impact on the problem were selected. ✓
		11. A relationship between the root causes and the problem was verified with data. ✓
		12. The impact of each root cause on the gap was determined. ✓
	Step 5 Control	<b>Objective: Confirm that the countermeasures taken impacted the root causes and the problem; and that the target has been met.</b>
		13. Countermeasures were selected to address verified root causes. ✓
		14. The method for selecting the appropriate countermeasures was clear and considered effectiveness and feasibility. ✓
		15. Barriers and aids were determined for countermeasures worth implementing. ✓
CHECK	Step 5 Control	16. The action plan reflected accountability and schedule. ✓
		<b>Objective: Evaluate the team's effectiveness and plan future activities.</b>
		17. The effect of countermeasures on the root causes was demonstrated. ✓
		18. The effect of countermeasures on the problem (or indicator) was demonstrated. ✓
		19. The improvement target was achieved and causes of significant variation were addressed. ✓
ACT	Step 5 Control	20. The effect of countermeasures on the indicator representing the stakeholders' need was demonstrated. ✓
		<b>Objective: Prevent the problem and its root causes from recurring. Maintain and share the gains.</b>
		21. A method was established to document, permanently change, and communicate the revised process or standard. ✓
		22. Responsibility was assigned and periodic checks scheduled to ensure compliance with the revised process or standard. ✓
		23. Specific areas for replication were identified. ✓
CHECK	Step 5 Control	24. Any remaining problems (or gaps) were addressed. ✓
		25. Lessons learned, P-D-C-A of the Story process, & team growth were assessed & documented. ✓

✓ Team identified an indicator; developed a Flowchart and a Spreadsheet  
 ✓ Histograms, Flowchart Stratification, Paretos, Bar graph, Problem Statement  
 ✓ Single Case Bore, Fishbone, Root Cause Verification Matrix  
 ✓ Countermeasures Matrix; Barriers and Aids; Action Plan  
 ✓ Before and After Line Graph; Proposed Flowchart  
 ✓ Process Control System;  
 ✓ Lessons Learned



# Hidden Costs of Incidents of Inmate on Inmate Violence

The team identified costs of Inmate on Inmate Incidents.

## Est. '14 Cost

1) Monitor and Respond to Incident (2 to 10 officers X 15 min).....	1.50 Hours
2) Officers Document Incident (2 to 10 officers X 45 min).....	4.50 Hours
3) Medical Assessment (2 officers X 60 min) .....	2.00 Hours
4) Reviews: Line Supervisor (1 hour + 25% rework issues at 45 min).....	1.23 Hours
Shift Commander (1 hr + 25% rework issues at 45 min).....	1.23 Hours
Shift Supervisor (1 hour) .....	1.00 Hour
Admn (XO and Captain).....	<u>2.00 Hours</u>
Total	13.46 Hours

**Annual Costs = 1,162 Incidents x 13.46 hours x \$30 per hour avg loaded rate =**

**Annual Costs = \$469,215**

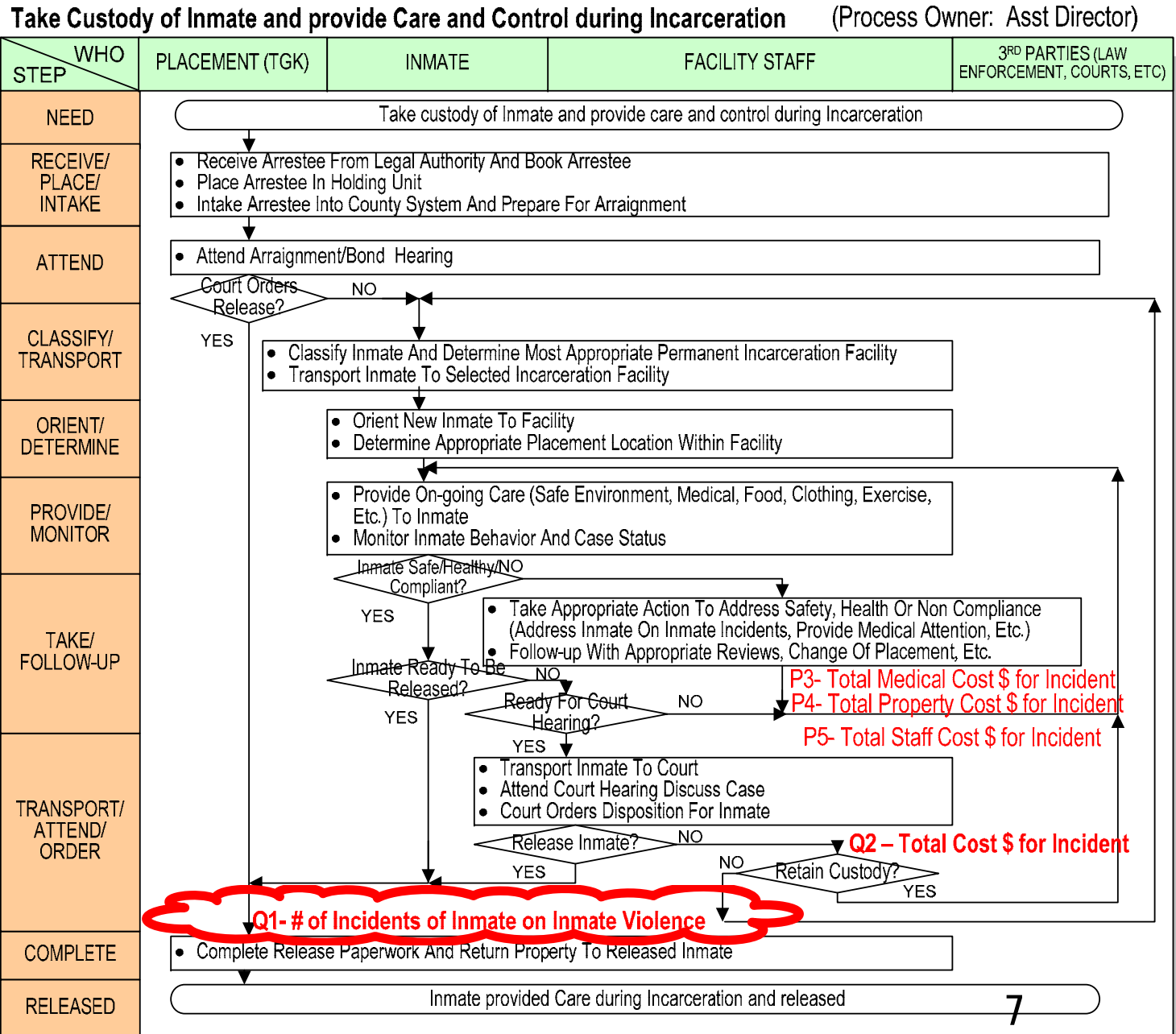
\*Does not include hospitalization, property damage costs , court costs or DOJ , federal investigations/ outside reviews and audits; community mistrust and negative media attention and increased risks to inmates and officers that incidents create.



# Review Process Flow Chart

The team constructed a Process flow chart describing the Process.

The team next looked closer how to capture indicator data.



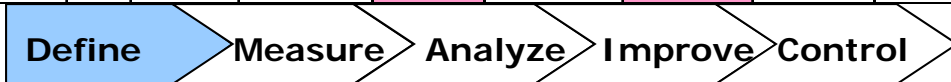
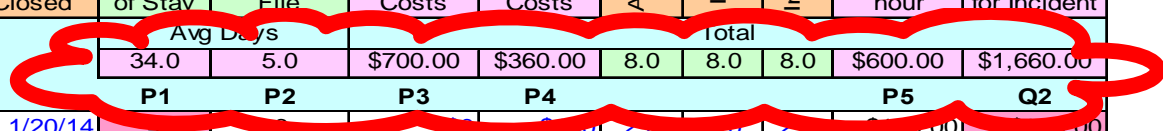
# Identify Data Collection Needs

The team developed a data collection spreadsheet...

## MDCR Inmate on Inmate Incident Report

Line #	DEMOGRAPHICS																
	WHO									WHAT			WHERE			WHAT	WHEN
	B	C	D	E	F	H	I	J	K	L	M	N	O	P	R	S	T
	Inmate(s) Classification	Inmate(s) Gender(s)	Youngest Inmate Age	Involved Minority (ies)	# of Inmates Involved	All Inmates Already Sentenced?	All inmates had Previous Convictions?	Repeat Offenders involved?	Any Inmate with 1st arrest Involved?	Reason for Incident	Severity of incident	Type of Weapon used	Facility Inmates Reside at	Location of incident	Inmate Activity at Time of Incident	Earliest Date of Inmate(s) Intake into Facility	
	% F	Avg	% Y	Avg	% Y	% Y	% Y	% Y					% Inside				
	33.3	22.0	33.3	2.0	33.3	33.3	33.3	33.3					33.3				
1	Level 1	F	21	Y	1	Y	Y	Y	Y	Bartering	No Injury	Chair	PTDC	Outside	Basketball	Recreation	1/10/14
2	Level 3	M	24	N	3	N	N	N	N	Girlfriend	Doctor Vis	Knife	TTC	Inside	Cafeteria	Eating	1/26/14
3	Level 1	M	21	N	2	N	N	N	N	Insults	Hospitaliz	Fork	MWDC	Outside	Cell	Sleeping	2/1/14

MILESTONE DATES						Duration		OUTCOMES							
U	V	W	X	Y	Z	AB=U-T	AD=Z-U	Incident Cost Information							
Date of Incident						# of Days Shortest Length of Stay	# of Days to Close Incident File	AN	AO	STAFF Hours			AQ	AW=AT+AU+AV	
								Medical Costs	Property Costs	Address Incident	Incident Review	Incident Follow-up	Staff Cost at \$25 per hour	Total Costs for Incident	
Date	Time	Mi Hr	Day	Shift	Date Incident File Closed	Avg Days									
		Avg	% Mo												
		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	P3	P4				P5	Q2	
1/14/14	8:00 AM	8	Tu	Afternoon	1/20/14					2.0	2.0	2.0	\$300.00	\$700.00	
2/3/14	9:30 AM	9	Mo	Day	2/10/14	8	7	\$200	\$200	4.0	4.0	4.0	\$300.00	\$700.00	
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	



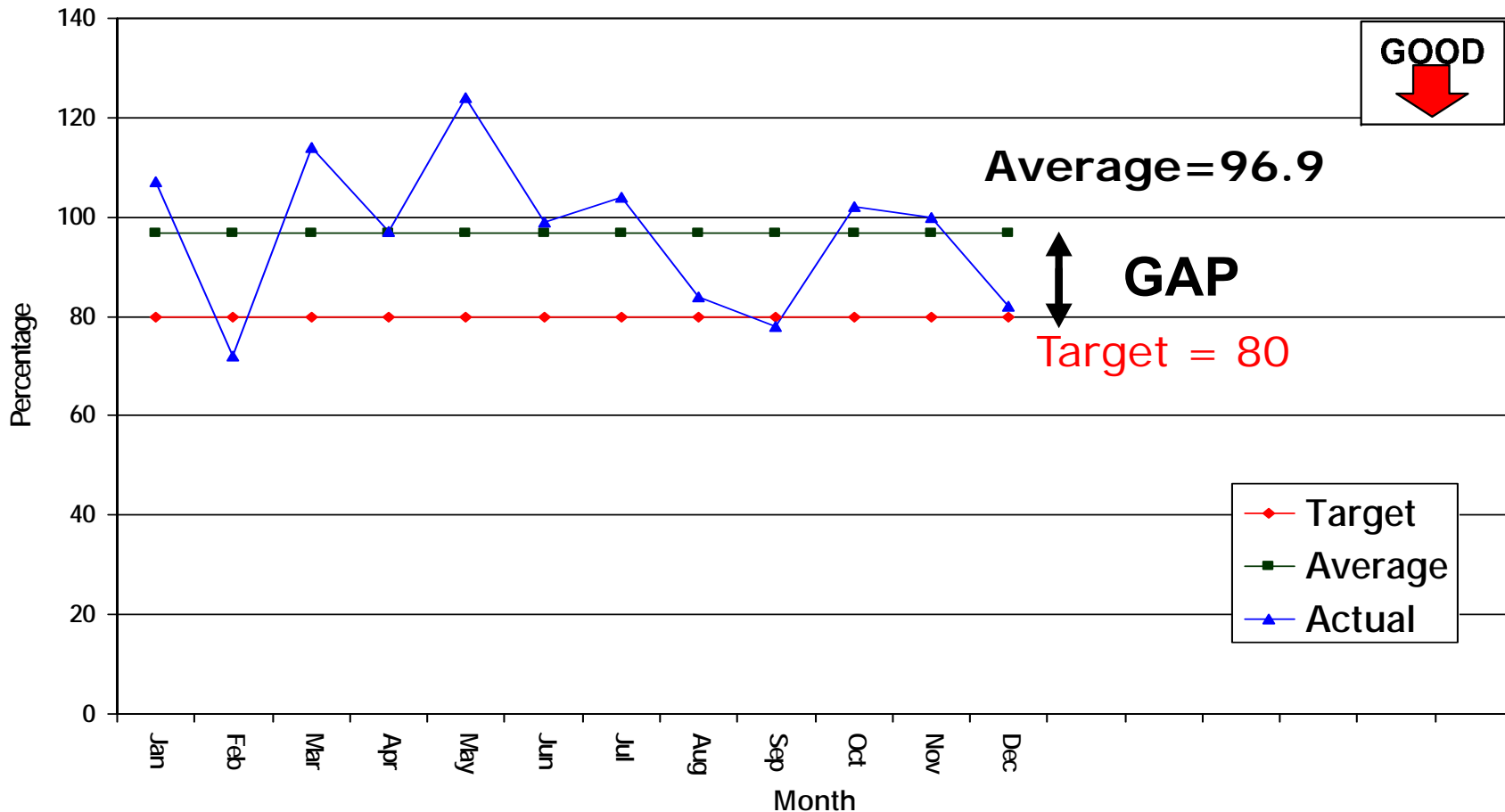


# Review Selected Indicator

The team collected Q1 indicator data and reviewed performance trends:

## Q1- # of Incidents of Inmate on Inmate Violence

3.

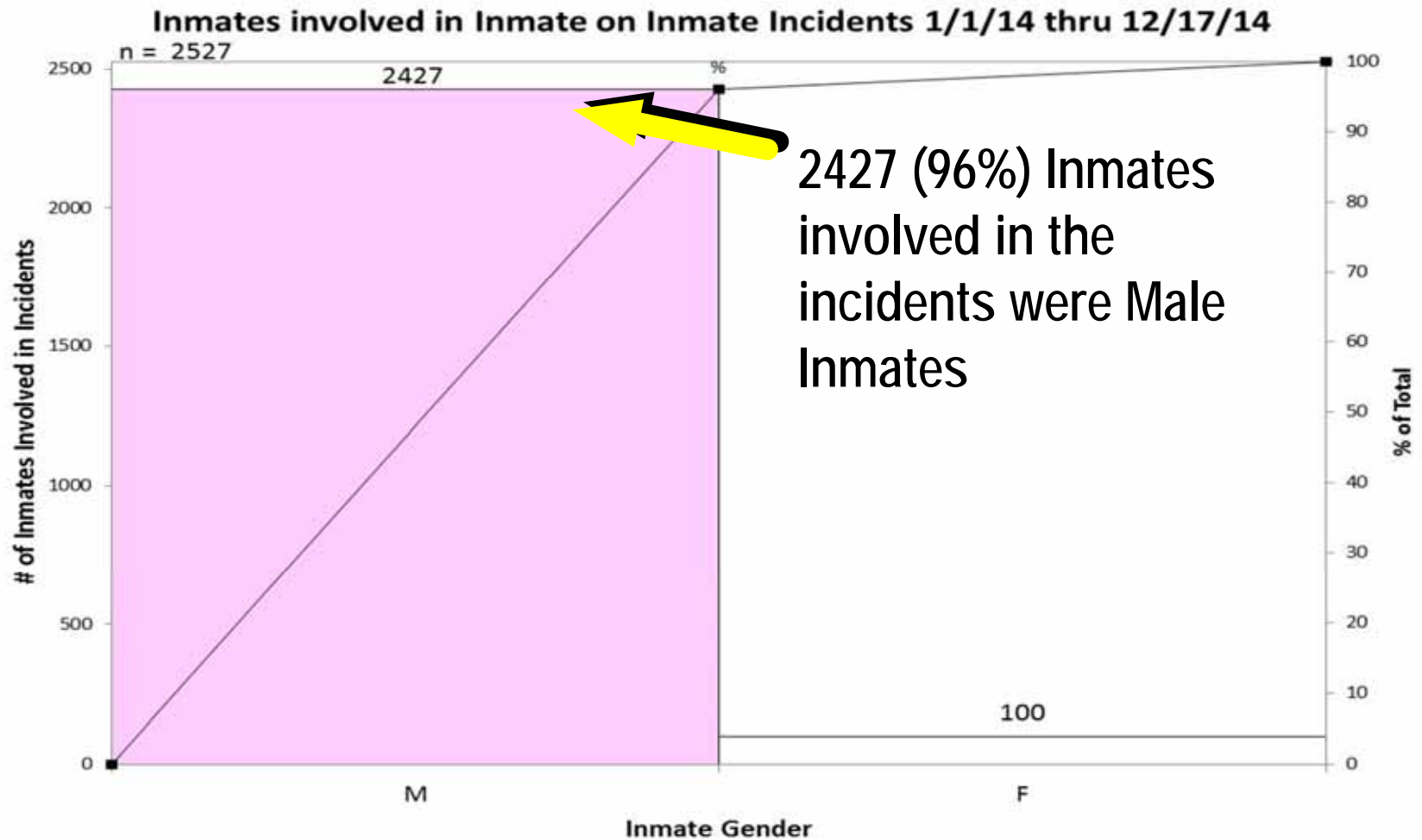


The team next looked closer at the gap.



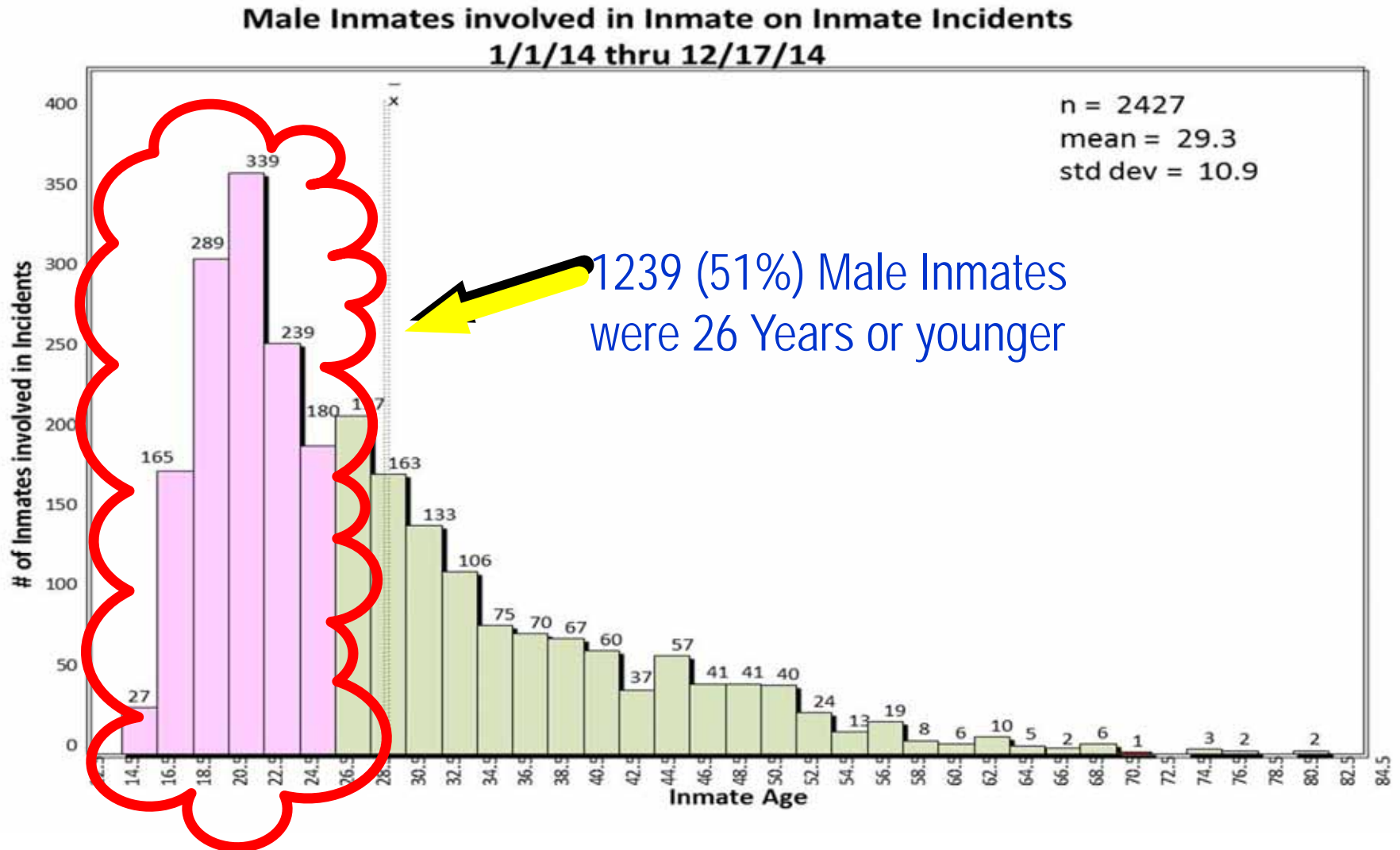
# Stratify the Problem

The team stratified the 2014 Inmate on Inmate Incidents many ways and found...



# Stratify the Problem

The team stratified the 2427 Male Inmate data many ways and found...

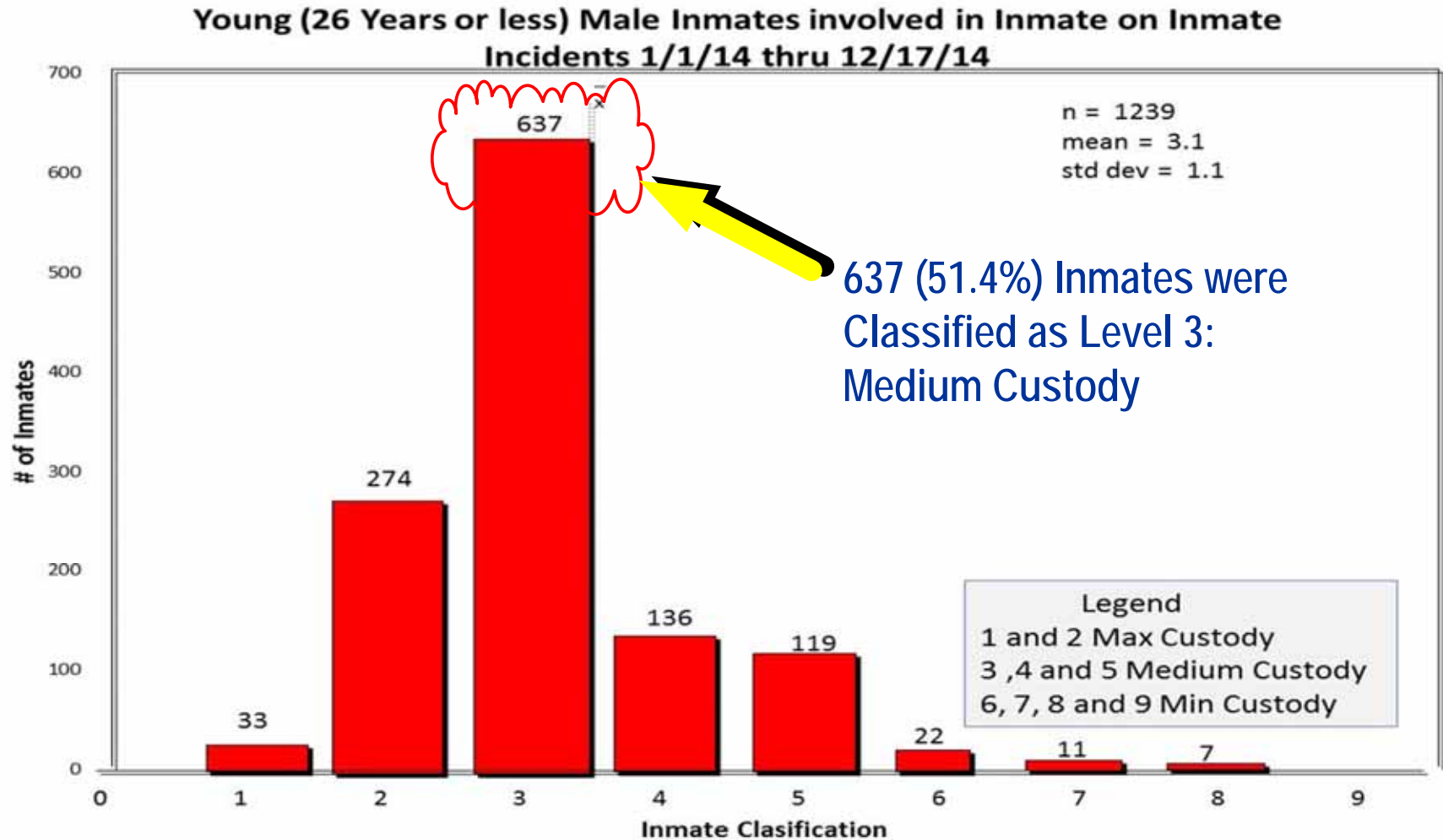


The team looked closer at these 1239 Young Males.



# Stratify the Problem

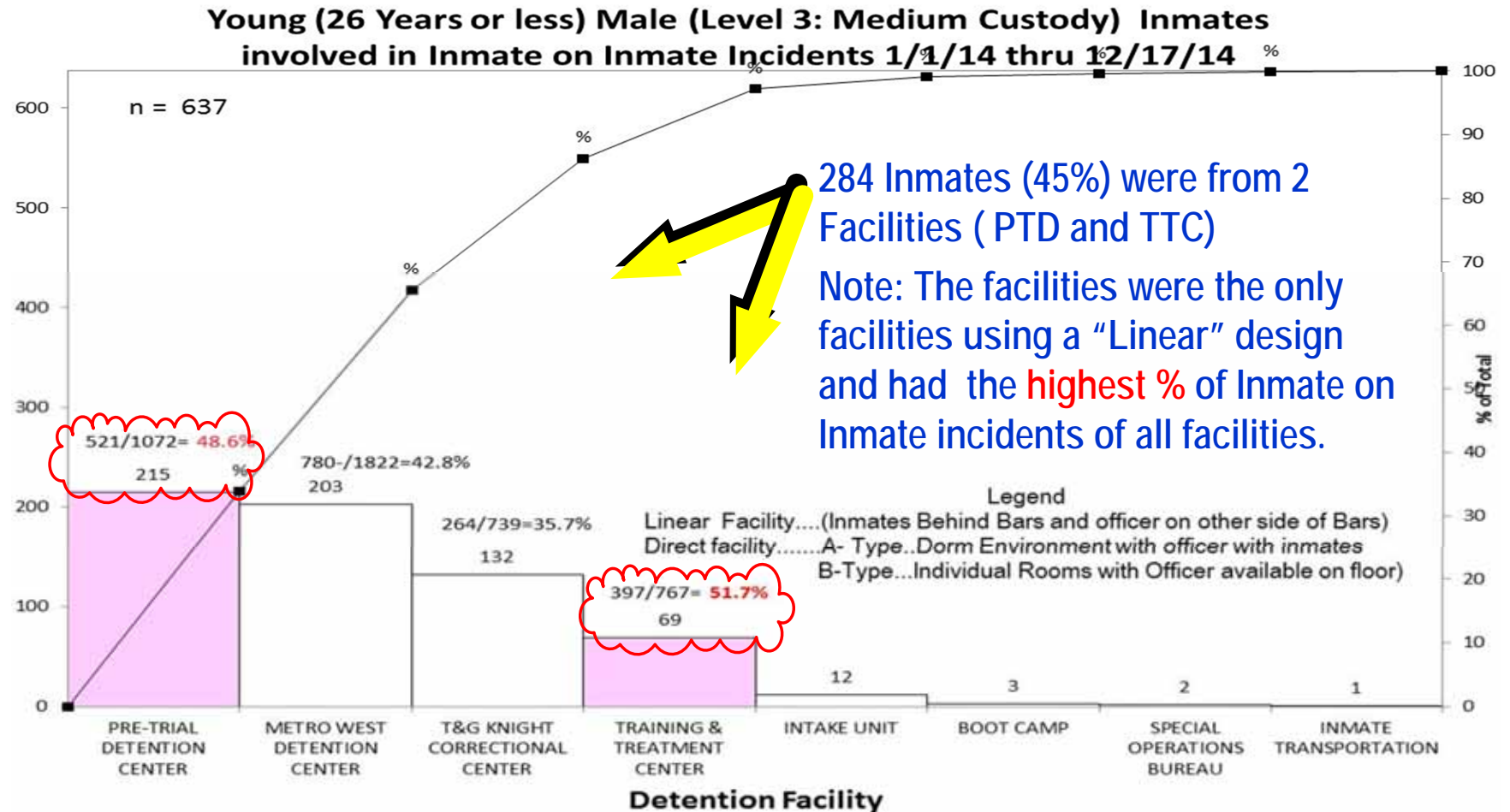
The team stratified the 1079 trips many ways and found...



The team looked closer at these Level 3 Custody Inmates.

# Stratify the Problem

The team stratified the 637 Inmates many ways and found...



**Problem Statement:** *"284 Young (26 Years or less) Male (Level 3: Medium Custody) Inmates involved in Inmate on Inmate Incidents 1/1/14 thru 12/17/14 were from the Linear Facilities: Pre-Trial Detention and Training & Treatment Centers"*

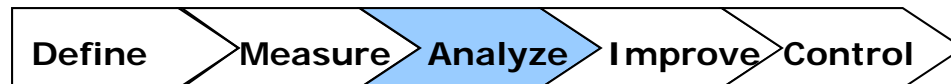


# Identify Potential Root Causes

The team sampled 25 of the 284 Incidents and reviewed trip documentation before conducting Single Case Bore Analysis.

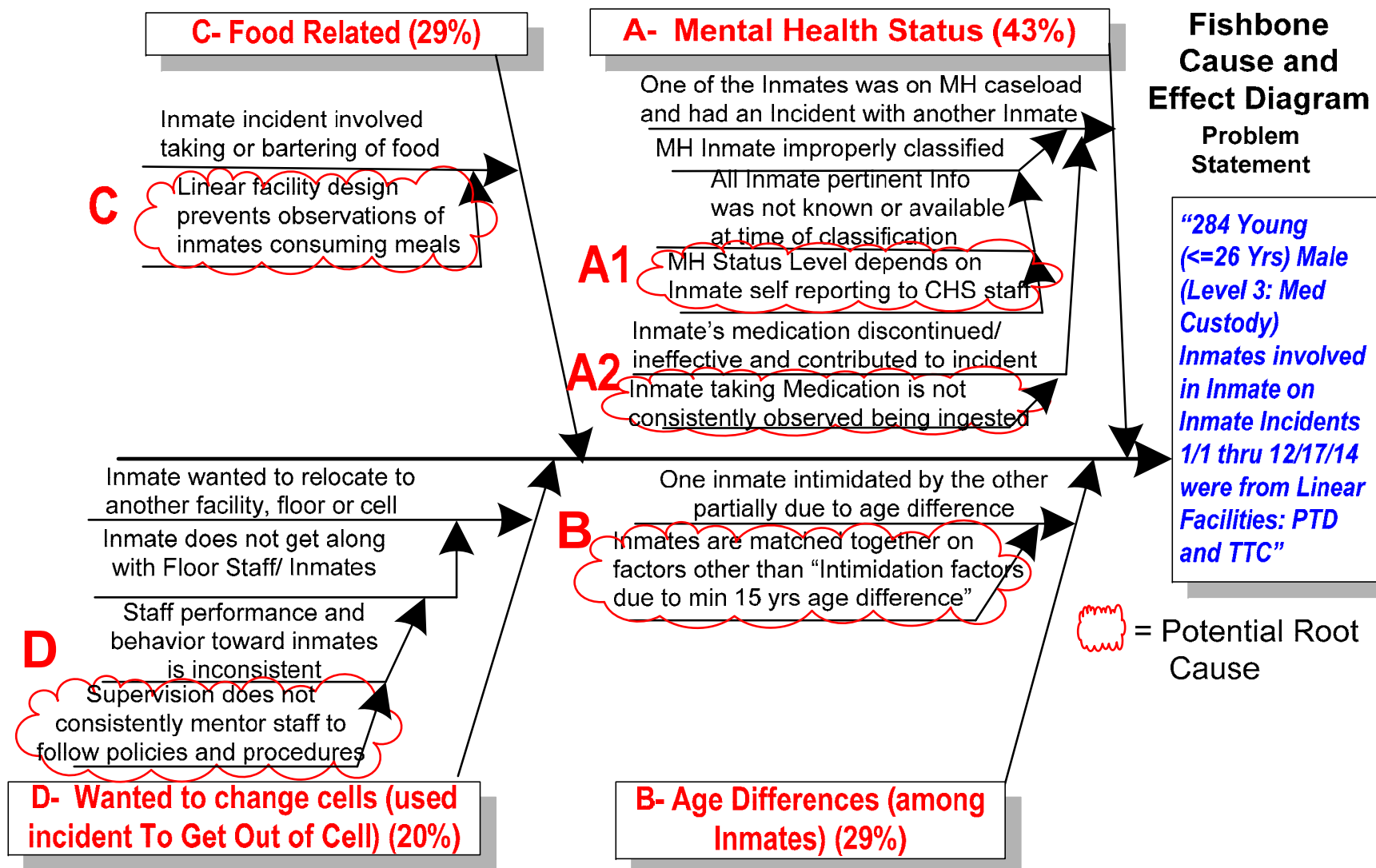
Single Case Bore Analysis																
Problem Statement: "284 Young (<=26 Yrs) Male (Level 3: Med Custody) Inmates involved in Inmate on Inmate Incidents 1/1 thru 12/17/14 were from Linear Facilities:PTD andTTC.																
Reasons or Factors (That possibly contributed to the Inmate on Inmate incident)	Sampled 14 of the 284 Inmate on Inmate Incidents														Total	Percentage
	1-PT14008372A1P3AT7Hbf-17	2-PT14008383A1P3B5Hbf-10	3-PT14009274A1P2V2Hbf-10	5-PT14009054A1P4R2Hbf-9	6-PT14008879A1P108Hbf-12	7-T14002972A1TTC5Hbf-6	10-PT14008720A1P4P5Hbf-12	11-PT14008719A1P4P5Hbf-12	13-PT14008384A1P5V1Hbf-14	15-T14002749A1TTC7Hbf-3	16-PT14008159A1P4EV2Hbf-18	19-PT14007383A1P2ES-Hbf-18	21-PT14006609P19-5A1Hbf-21	24-PT14006434A1P5EV2Hbf-22		
1) Food Related <b>B</b>		●		●		●	●							4	29%	
2) Stolen Item		●					●							2	14%	
3) Lack of Procedure for Commissary when Inmate not							●							1	7%	
4) Age Difference <b>C</b>				●	●					●	●			4	29%	
5) Mental Health Status <b>A</b>		●	●		●			●		●	●			6	43%	
6) Newly Booked						●								1	7%	
7) Past Association with Inmate		●												1	7%	
8) Fear (To Get Out of Cell) <b>D</b>				●					●				●	3	21%	
9) Gambling				●										1	7%	
10) Ability to Cover Camera														0	0%	
11) Discourtesy from Inmate								●						1	7%	
12) Bunk Assignment														0	0%	
13) Lack of Surveillance												●	●	2	14%	
14) Television														1	7%	
15) Recreation Yard				●										1	7%	
16) Undetermined														0	0%	
17) Girlfriend called other inmate	●											●		2	14%	
18) Race					●						●			2	14%	

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

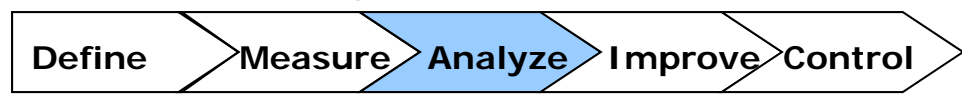


# Identify Potential Root Causes

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



The team next looked to verify this Potential Root Causes.

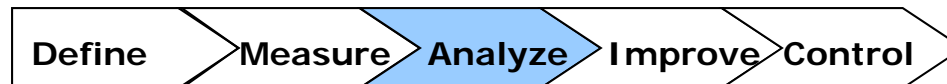


# Verify Root Causes

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
<b>A1</b> MH Status Level depends on Inmate self reporting to CHS staff	Team reviewed written procedures and policies and training materials around collecting information for MH Status inmates and discussed with CHS and found.	Root Cause
<b>A2</b> Inmate taking Medication is not consistently observed being ingested	Reviewed procedures and discuss with staff and found.	Root Cause
<b>B</b> Inmates are matched together on factors other than "Intimidation factors due to min 15 yrs age difference"	Reviewed procedures and discuss with staff and found we do not consistently consider age differences.	Root Cause
<b>C</b> Linear facility design prevents observations of inmates consuming meals	Reviewed procedures and discuss with staff and found.	Root Cause
<b>D</b> Supervision does not consistently mentor staff to follow policies and procedures	Reviewed procedures and discuss with staff and found.	Root Cause

...all four (4) were validated as root causes.

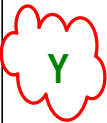
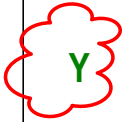

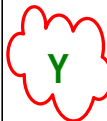
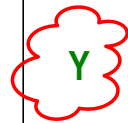




# Identify and Select Countermeasures

13.,14. 

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

Countermeasures Matrix						
Problem Statement	Verified Root Causes	Countermeasures	Legend:			
			5=Extremely		3=Moderately	
			4=Very		2=Somewhat	
Ratings						Take Action? Yes/No
Effectiveness	Feasibility	Overall				
<p>“284 Young (&lt;=26 Yrs) Male (Level 3: Med Custody) Inmates involved in Inmate on Inmate Incidents 1/1 thru 12/17/14 were from Linear Facilities: PTD and TTC”</p>	A1 - MH Status Level depends on Inmate self reporting to CHS staff	A1- Enhance MH related Questions and follow-up of Inmate responses to validate MH Status level	4	2	8	
	A2 - Inmate taking Medication is not consistently observed being ingested	A2- Refresh Training and Monitor staff performance for observing Medication dispensement	4	5	20	
	B - Inmates are matched together on factors other than “Intimidation factors due to min 15 yrs age difference”	B1- Enhance Classification Staff checklist/ placement decision process to include Age difference as a potnetial placment factor	5	5	25	
	C - Linear facility design prevents observations of inmates consuming meals	C1- Increase Officer monitoring including spot checks during meals in linear facilities	3	3	9	
	D - Supervision does not consistently mentor staff to follow policies and procedures	D1- Review/Clarify Policy and procedures for Officer consistent interaction with inmates and provide refresher training	4	5	20	

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 Inmate on Inmate

Barriers		Aids
Impact (H, M, L)	Forces against Implementation	Forces For Implementation
H	1) Push Back from Staff and internal Culture <i>(Supported by Aid:A,B)</i>	A) Management very supportive of team's efforts
L	2) Limited Resources and Staffing to train staff and monitor Inmates <i>(Supported by Aid:A,C)</i>	B) Other agencies may be using may be separating by age C) County mandated by settlement agreement to improve the 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.

16

## Incidents

HOW	WHO	WHEN									
		2015									
		Dec	Jan	Feb	Mar	April	May	Jun	Jul	Aug	
<b>1. Develop Countermeasures:</b>											
<b>A1-</b> Enhance MH related Questions and follow-up of Inmate responses to validate MH Status level	Veronica /CHS staff			□	2/28/15						
<b>A2-</b> Refresh Training and Monitor staff performance for observing Medication dispensement	Melissa			□	2/28/15						
<b>B1-</b> Enhance Classification Staff checklist/ placement decision process to include Age difference as a potnetial placment factor	Tamara/ Classification Staff			□	2/28/15						
<b>C1-</b> Increase Officer monitoring including spot checks during meals in linear facilities	Melissa			□	2/28/15						
<b>D1-</b> Review/Clarify Policy and procedures for Officer consistent interaction with inmates and provide refresher training	Wendy			□		2/28/15					
<b>2. Secure Management Approval of Countermeasures (share benefits and cost savings)</b>	Team			□	5/28/15						
<b>3. Communicate/Train Staff in Countermeasures and related policies/procedures (share Benefits &amp; cost savings and mandate)</b>	Team		■							08/30/2015	
<b>4. Implement Countermeasures and Pilot</b>	Team		■							08/30/2015	
<b>5. Review Pilot and determine Benefits and adjust as necessary and present results to management</b>	Team		■							9/30/	
<b>6. Establish On-going responsibilities and standardize countermeasures into operations</b>	Team		■						On-going		



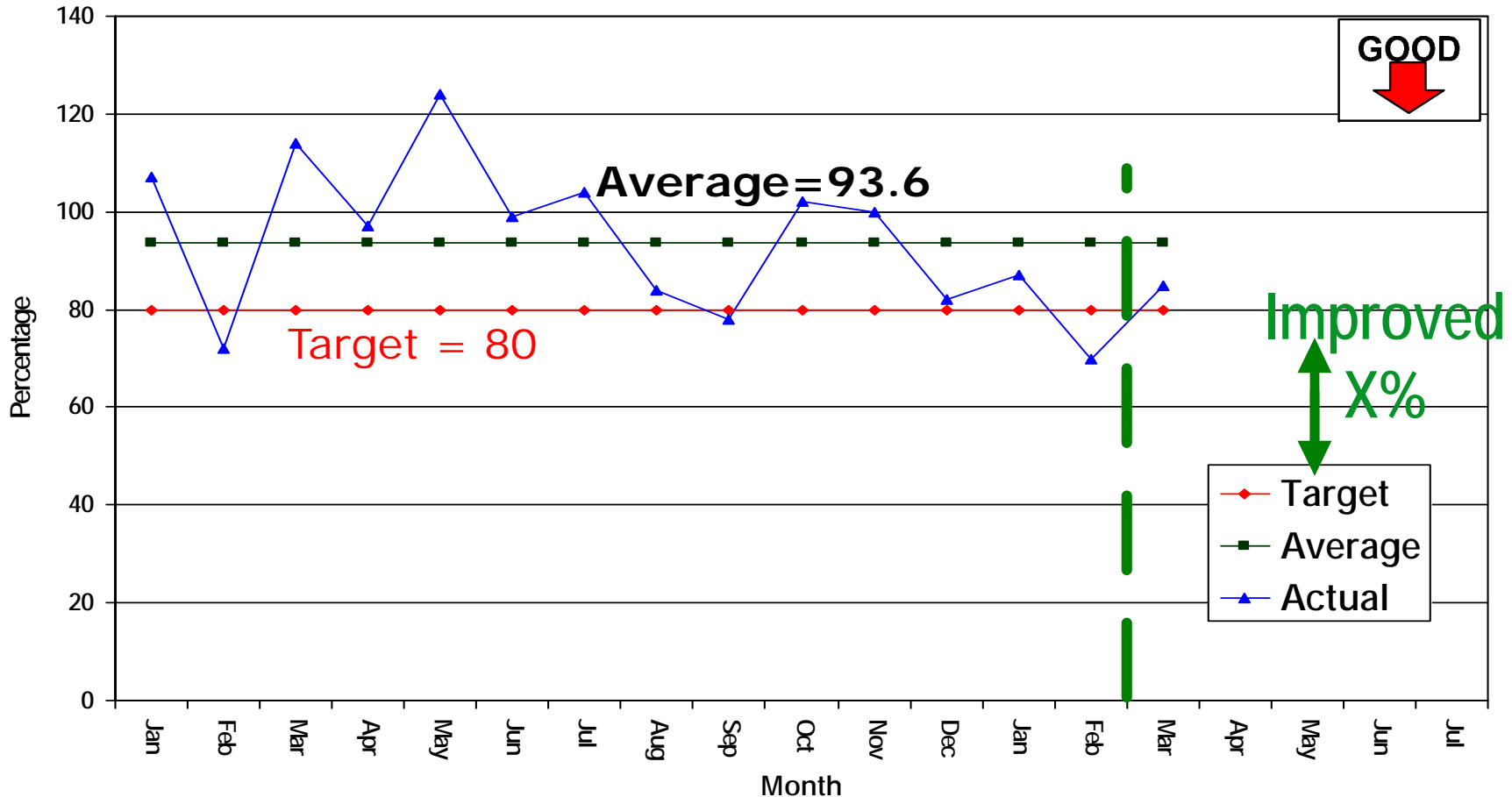
# Review Results

17.,18.,19.,20.

The team updated indicator data and reviewed performance trends:

## Q1- # of Incidents of Inmate on Inmate Violence

3.



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

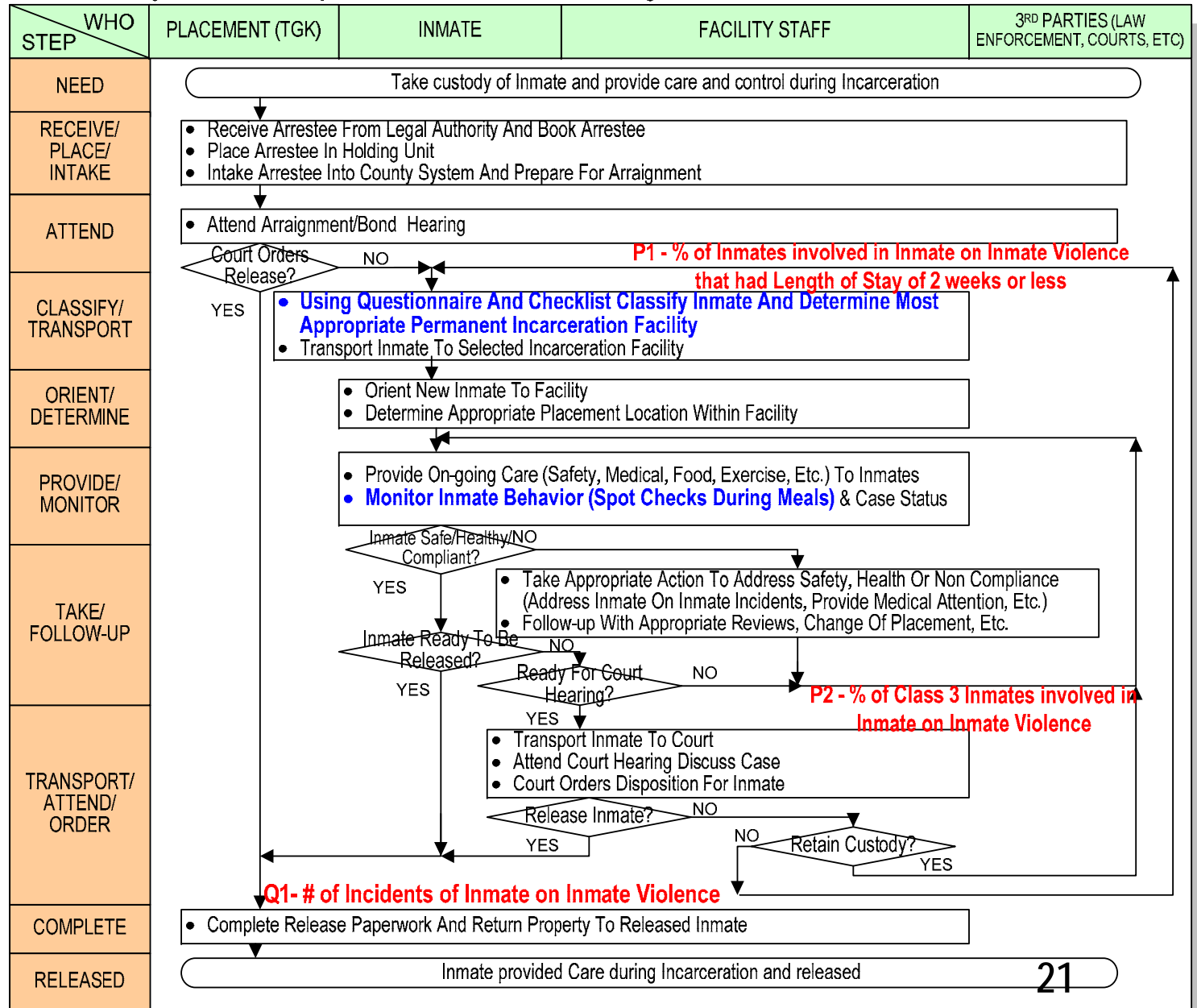


# Standardize Countermeasures

21.,22.,23. ✓

The team is recommending these improvements into the Process.

## Take Custody of Inmate and provide Care and Control during Incarceration (Process Owner: Asst Director)



# Implement Process Control System

21.,22.,23. ✓

The team developed a Process Control System to better monitor the ongoing process.

Process Control System						
<b>Process Name:</b> Take Custody of Inmate and provide Care and Control during Incarceration			<b>Process Owner:</b> Assistant Director of Custody Service			
<b>Process Customer:</b> Inmates, Staff, Tax payers			<b>Critical Customer Requirements:</b> Respond timely and resolve incident quickly and safely			
<b>Process Purpose:</b> Manage Inmates while they are incarcerated			<b>Current Sigma Level:</b> TBD			
			<b>Outcome Indicators:</b> Q1			
Process and Quality Indicators		Checking / Indicator Monitoring			Contingency Plans / Misc. • Actions Required for Exceptions • Procedure References	
Process Indicators	Control Limits	Data to Collect	Timeframe (Frequency)	Responsibility		
And						
Quality Indicators	Specs/ Targets	What is Checking Item or Indicator Calculation	When to Collect Data?	Who will Check?		
P1	% of Inmates involved in Inmate on Inmate Violence that had Length of Stay of 2 weeks or less	TBD	100*(# of Inmates involved in Inmate on Inmate Violence that had Length of Stay of 2 weeks or less)/(# of Inmates involved in Inmate on Inmate Violence )	Monthly	Red Unit	Incident System
P2	% of Class 3 Inmates involved in Inmate on Inmate Violence	TBD	100*(# of Class 3 Inmates involved in Inmate on Inmate Violence)/( # of Inmates involved in Inmate on Inmate Violence )	Monthly	Red Unit	Incident System
Q1	# of Incidents of Inmate on Inmate Violence	80	# of Incidents of Inmate on Inmate Violence	Monthly	Red Unit	Incident System

Approved: \_\_\_\_\_ Date: \_\_\_\_\_ Rev #: \_\_\_\_\_ Rev Date: \_\_\_\_\_

The team looked ahead to the future.



# Identify Lessons Learned

24.,25. 

## Lessons Learned

- 1) Root cause identification is essential *if one is serious in improving Performance*
- 2) Data stratification was very important *as it took the team to areas not initially thought to be part of the problem.*
- 3) Creative Thinking techniques were more valuable *in identifying more diverse countermeasures for the team to evaluate.*
- 4) Facility Site Visits were valuable for Team Members *not familiar with Incarceration facilities*
- 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 Inmate on Inmate performance indicator.





# RECOMMENDED COUNTERMEASURES





## A1 – Enhance Mental Health (MH) related Questions and follow-up on inmate responses to validate MH Status Level

- Measures had already been incorporated to capture MH status via numerous venues
- During intake screening, inmates who are identified by CHS staff with MH issues are fast tracked for immediate full assessment
- Inmates may self report MH issues for appropriate treatment
- Redistribute policy for MDCR and CHS staff as a reminder of need to observe medication ingestion
- MDCR system now reflects MH status from CHS database
- Records from outside medical providers are requested when MH status is disclosed
- Ancillary reports (Relocation Form and Health Care Incident Addendum) include MH status

# A1 – Enhance MH related Questions and follow-up on inmate responses to validate MH Status Level

```

File Edit View Communication Actions Window Help
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TIME: 16:57:23 PROFILE DATA DISPLAY LINK: _____

JAIL#: 150013848 NAME: CIN: 0654877
RACE: B SEX: M DOB: 8/12/1986
AGE: G FRAME: M HOMOSEXUAL: CUSTODY LEVEL: MD3
OBSERVED: DEPRESSED: N AGGRESSIVE: N SUBMISSIVE: Y PREJUD: N MANIPULATIVE: N
SECURITY: NONE RECLASS: MENTAL HEALTH LEVEL: 1A
PSYCH EVAL: INIT DIAG: SUICIDAL: NORP
PRIOR MENTAL HOSP: N WHEN: HOW LONG:
MED/PSYCH AUTH DATE: AUTH BY: MENT RETARD: WITHDRAWAL:
EDUC LEVEL: 11 SKILL CODE: 20 RELIG PREF: 09 COMMUNICATES IN: 1
CLASS CODE: LEGAL STATUS: US BOND AMOUNT: $0
PRIOR INCAR: Y DCJ: Y ORIG CLASS OFFICER: 5493
TRUSTEE QUAL: DESIRES WK: FOREIGN NATIONAL:

PHYS PROB: SPEC DIET: MED: COMMUN DISEASE: SUBS ABUSE:

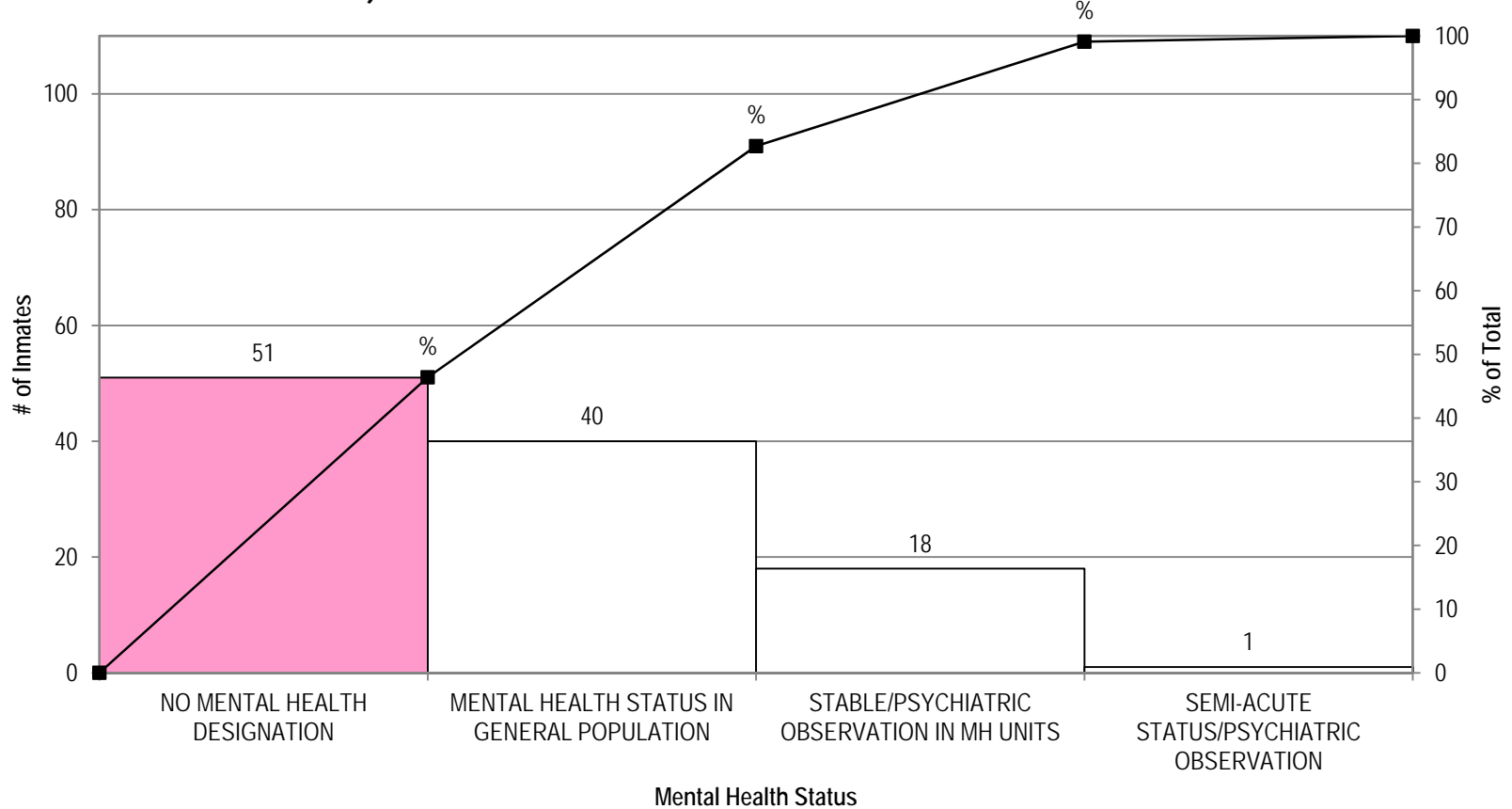
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NEXT KEY: 150013848 FUNCTION:
PF1 HELP PF2 MAIN MENU PF3 LINK PF4 SAME PF17 EXIT IPS

MIA A 21/043
Connected to remote server/host ibmprd.miamidade.gov using port 23 hp LaserJet 1320 PCL 5 on DOT4_001
  
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# A1 – Enhance MH related Questions and follow-up on inmate responses to validate MH Status Level

Young (26 Years of less) Male (Level 3: Medium Custody) Inmates in Linear Facilities) involved in Inmate on Inmate Incidents 1/1/15 thru 3/31/15



## A2 – Refresh training and monitor staff performance for observing medication dispensement

- Redistribute policy for MDCR and CHS staff as a reminder of need to observe medication ingestion
- Conduct CHS and MDCR staff in-service training regarding medication dispensing
- Enhance supervisory spot checks to ensure compliance with medication
- Monitor outcome of facility shakedowns and inspections to determine if medication is being properly dispensed

## B1 – Enhance classification staff screening tool regarding housing to include age difference as a potential placement factor

- Request that the new offender management system capture inmate age by housing unit
- Utilize findings to ensure a balanced age group within housing units
- Train staff to identify potential issues related to age differences of inmates housed together
- Train inmates to understand differences regarding generational gaps

## C1 – Increase officer monitoring including spot checks during meals in linear facilities

- Develop a policy regarding the feeding of inmates specific to linear facilities
- Conduct a staggered feeding pilot project to better monitor the feeding process
- Direct staff to conduct heightened surveillance during feeding process
- Evaluate alternative feed practices (i.e., direct observation during feeding, centralized feeding location in future facilities)
- Limit inmate workers handling of meal assembly and distribution

## D1 – Review/clarify policy and procedures for consistent officer interaction with inmates and provide refresher training

- Provide additional interpersonal skills training to improve communication between staff and inmates
- Initiate regular staff assessment evaluation meetings to discuss deficiencies in the implementation of policies and procedures
- Provide specialized training regarding how “to deal with difficult inmates” and conflict resolution to facilitate dealing with inmates