



OFFICE of the COUNTY MANAGER

July 9th, 2015

To Interested Members of the Community,

A variety of questions about confinement and other practices at the Durham County Detention Center have been posed in recent weeks. Mike Andrews, Durham County Sheriff, provided answers to many questions in a June 22nd, 2015 report which is the first attached document here. That report and further discussion prompted additional questions, the responses to which are collated in a second attached document with brief notations about which staff provided the answers.

Commissioners, the Durham County Sheriff, and County staff remain committed to the safety and rights of detainees and staff and to shedding further light on questions and practices that have bearing on those issues.

Sincerely,

Drew Cummings
Assistant County Manager



Office of the Sheriff

Michael D. Andrews, Sheriff

June 22, 2015

Wendell Davis, County Manager
County of Durham
200 East Main Street
Durham, North Carolina 27701

Mr. Davis,

I remain committed to operating a secure detention facility that complies with all legal standards. Recent violence in the facility, threats toward staff, and the discovery of several improvised weapons led us to take steps to make certain that we provide the safest environment for our personnel and detainees. I understand that the planned transition has raised several questions related to our procedures. As always, I am available to explain our policies and how they provide for a safe environment in the facility. In particular, I am writing to address the following questions:

1. What is the current daily schedule of inmates and the amount of time they are allowed out of their cells?

Currently, the State of North Carolina requires that detainees receive one hour of recreation per day, three days per week after they have been confined for 14 days. The Sheriff's Office substantially exceeds this by allowing inmates to utilize the housing unit's common and recreation areas four hours each day.

2. Are there plans to increase time outside of the cells for those who have exhibited good behavior and to differentiate schedules based on the needs and security issues concerning different inmates?

The schedule reflects my pledge to only impose restrictions that are necessary for the safe operation of the facility. As I've stated previously, detainee conduct will determine the facility's schedule as it relates to detainee movement. It will also continue to drive decisions regarding any future phases of the schedule. Providing a secure environment while valuing the needs of those in the facility remains my primary focus.



3. We heard concerns about the current schedule having a negative impact on the mental health of certain inmates and of increased suicide attempts. Has there been an increase in suicide attempts and worsening of the mental health status of specific inmates due to less time spent outside of the cell?

There has not been an increase in suicide attempts since the recreation schedule was adjusted. Specific questions related to the mental health status of detainees should be directed to the Criminal Justice Resource Center, which coordinates the mental health services in the facility.

4. What are the fees charged to inmates for medical care, telephone calls and other services? How are these fees collected?

Non-emergency medical visits cost \$10 and there is no charge for emergency visits. Effective July 1, 2015, the charge for a non-emergency visits will increase to \$20 pursuant to the medical plan adopted by the County Commissioners in consultation with the Department of Public Health. All health care fees are collected directly from detainee accounts. Phone credit can be obtained from Pay-Tel, the service provider, by way of a prepaid telephone card. Alternatively, the call can be billed to the called number. Current call rates are provided below:

	Tariff Type	Rate Basis	Surcharge	Per Minute Charge
1	Local	Collect	\$ 1.71	n/a
		Prepaid Collect	\$ 1.71	n/a
		Debit Card	\$ 1.71	n/a
		Debit	n/a	n/a
2	IntraLata	Collect	\$ 1.85	\$ 0.60
		Prepaid Collect	\$ 1.85	\$ 0.60
		Debit Card	\$ 1.85	\$ 0.60
		Debit	n/a	n/a
3	Interlata	Collect	\$ 1.85	\$ 0.60
		Prepaid Collect	\$ 1.85	\$ 0.60
		Debit Card	\$ 1.85	\$ 0.60
		Debit	n/a	n/a
4	Interstate	Collect	n/a	\$ 0.25
		Prepaid Collect	n/a	\$ 0.21
		Debit Card	n/a	\$ 0.21
		Debit	n/a	n/a
5	International Mexico	Debit Card	n/a	\$ 0.75
		Debit	n/a	n/a
6	International Other	Debit Card	n/a	\$ 0.95
		Debit		



5. There were complaints about quantity and quality of food.

Food service is provided by Aramark pursuant to a contract. Personnel received 34 requests related to food service between January and June 19, 2015, which were related to dietary preferences.

6. What kind of access to reading and writing materials are given to inmates?

Detainees have access to a variety of reading materials to include religious texts, magazines, fiction, and nonfiction material. Writing materials are made available to detainees while they are in the dayroom of the housing unit. These supplies, which include paper, pencils, and envelopes are distributed to the housing units each Friday.

7. When are inmates allowed to call family members and visit with family members?

Detainees are permitted to call family members during the time out of their cells. Additionally, are allowed two 20 minute visits per week.

8. Do inmates have access to mental health and physical health services on the weekends?

Pursuant to services coordinated by the Criminal Justice Resource Center, a psychiatrist provides services eight hours per week. Effective July 1, 2015, the psychiatrist will provide care 10 hours each week. Routine mental health services are offered Monday through Friday from 6:30 a.m. to 5:30 p.m. by one licensed professional counselor, licensed clinical addiction specialist; one substance abuse counselor, licensed clinical addiction specialist associate; a licensed clinical social worker; and a psychiatrist. Additionally, 88 employees in the facility have received Crisis Intervention Team (CIT) training to deescalate situations that involve detainees experiencing a mental health crisis. Medical services are offered continually and a physician is always on-call to address emergency concerns of the on-duty medical team.

9. Who provides the psychiatric services for the inmates and how are those services dispensed?

Psychiatric services are provided by the Criminal Justice Resource Center.

10. How is toilet paper provided to inmates?

Hygiene supplies are distributed every Friday to the housing units and supplied to the detainees as needed.

11. Are inmates being transferred out of the detention center without they or their families being notified in advance?

Security concerns dictate that no one is notified of a detainee transfer prior to the event.



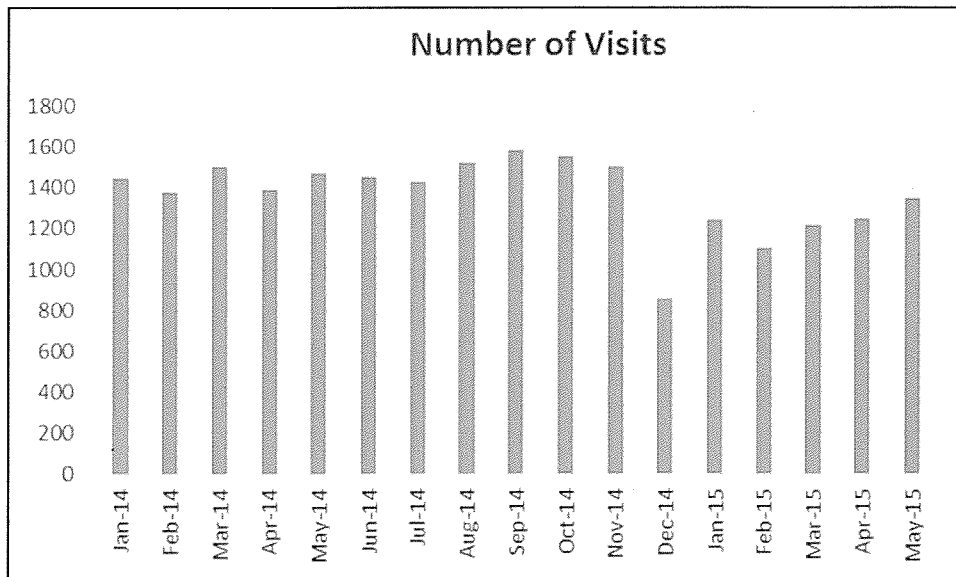
12. Why are inmates' medical fees being doubled on July 1st (raised from \$10 to \$20 per medical "visit," which includes getting a Band-Aid)?

The medical plan is dictated by the County Commissioners in consultation with the Department of Public Health.

13. Why are mailed letters consistently not getting to inmates? What is protocol for not allowing an inmate to receive a letter?

Pursuant to General Order 30.02, letters are always delivered unless public safety or facility order and security are reasonably believed to be threatened. For instance, one recent letter contained an order for a detainee to murder another detainee.

14. What has been the impact of mandated online visitation scheduling, which began on November 17, 2014? Show us the numbers: What were monthly visitations prior to November 17, 2014, and what have they been since then?



15. What has become of the shoes that were taken from the inmates in pod 4D? When will these people get back their shoes -- their personal property?

Some of the detainees' personal shoes were removed because they were kicking their cell doors. All shoes were replaced with flip flops, which reduces the detainees' ability to kick their cell doors. Personal shoes were placed in the detainees' property. Only those detainees who had been disruptive had their personal shoes taken.



16. Why are inmates not allowed to have pencils in their cells?

Detainees were previously allowed to utilize pencils in their cells, but they used them to vandalize the walls (see included picture), which also resulted in sanitation complaints. Accordingly, the use of writing instruments is now limited to the dayroom.

17. If an inmate is transferred to another facility or is taken off site, what is your procedure for contacting a family member who has a visitation scheduled so that they do not waste their time coming for visitation?

The online scheduling system automatically notifies the visitor if a change impacts a scheduled visitation. Detention personnel are also available by telephone to answer inquiries from family members related to the status of detainees. Additionally, a current list of detainees housed in the facility is always available online at <http://dconc.gov/sheriff>.

18. If jail officials move an inmate from one pod to another, what is your procedure for alerting a family member who has a visitation scheduled so that they do not waste their time coming for visitation on the wrong day?

The online scheduling system automatically notifies the visitor if a change impacts a scheduled visitation.

19. How many books are inmates allowed to have? Why is there a limit on books? Why do you no longer allow inmates to receive used books from booksellers or book distributors authorized by the NC Department of Corrections?

Pursuant to General Order 17.03, detainees are permitted to possess six legal reference books, two general interest books, and one religious text. The number of books is restricted to guard against fire hazards, limit the opportunities to conceal contraband, provide a more efficient search process, and recognize the limited cell space. As a local confinement facility, the Sheriff's Office is not bound nor aware of regulations that pertain solely to the North Carolina prison system. Pursuant to the agency's General Order 30.04, detainees may receive hardcover books if they are mailed directly from a publisher and all softcover books are distributed to the detainee provided that they do not exceed the permitted number of books or present a risk to safety and security.

20. Are inmates allowed to possess the Koran (Qur'an) or religious books other than the Bible?

Yes.

21. How many grievances have detainees filed in the past three months, and how have they been handled? What is the current status of these grievances?

Personnel received 2,555 detainee requests in March, 2,521 in April, and 2,604 in May. These figures encompass all correspondence from detainees to detention personnel and relate to broad



areas of inquiry, such as mail, property, use of the library, religious materials, release dates, and laundry among others. All requests are handled promptly. All of the requests from the requested three month period have been addressed.

22. Why are student IDs or Mexican consular IDs accepted at visitation sometimes but not at other times?

All valid forms of identification are accepted. If you have information about a particular incident when these forms of identification were not accepted, please let me know.

23. What are the results of the investigation into the alleged finding of improvised weapons inside the jail? Do you have any photos of said weapons for the public to see? Has anyone been charged in connection with the alleged safety breach, or other contraband that was allegedly found?

This is an ongoing investigation. I have included a photograph on one of the improvised weapons that was recovered.

24. How many staff members have resigned from DCDF in the past six months?

Seven employees have resigned in the past six months.

25. How are inmates screened for mental illness/ mental health issues, and how does DCDF provide care for detainees with such issues?

All detainees are screened at intake by medical personnel pursuant to the standards established by the North Carolina Department of Health and Human Services. All health care services are monitored by the Durham County Department of Public Health. Mental health services are provided by one licensed professional counselor, licensed clinical addiction specialist; one substance abuse counselor, licensed clinical addiction specialist associate; a licensed clinical social worker; and a psychiatrist.

26. What is DCDF's protocol for reporting suicide attempts or suicides?

These incidents are reported to mental health personnel at the facility. Successful suicides are investigated by our agency and reported to the North Carolina State Bureau of Investigation.

27. What is the restraint chair? Who is authorized to use it on inmates, and what do mental health professionals have to say about it?

The restraint chair is used to protect detainees or prevent them from harming others. It is not a disciplinary measure. Medical personnel and mental health professionals monitor its use.



28. Does the Durham County Detention Facility have a policy manual? If so, is this manual available for the public to view?

Yes, the facility's operations are guided by a policy manual. The Sheriff's legal advisor is reviewing it to determine whether its release would present any safety or security concerns.

29. Have you issued a detailed report about the implementation of the lockback/ modified detainee walk schedule? What is the basis for your collective punishment of inmates? When will inmates be granted full recreation time?

Numerous media releases detailing detainee movement have been made available for review at <http://dconc.gov/sheriff>.

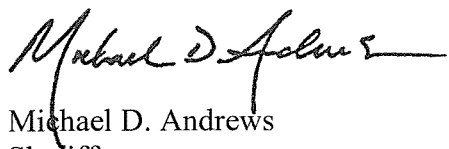
Detention personnel do not engage in collective punishment. Rather, the agency establishes procedures to provide a secure environment. These policies, which comply with all applicable legal standards, are fairly and consistently applied throughout the facility. Detainees have always had full recreation consistent with the North Carolina Department of Health and Human Services standards.

30. When will you submit to a full independent investigation of the jail by doctors, nutritionists, lawyers, and community people?

The facility, its practices, and nutritional offerings are regularly reviewed by the North Carolina Department of Health and Human Services, Fire Marshal of Durham County, and Durham County Department of Public Health to make certain that the agency complies with all applicable standards.

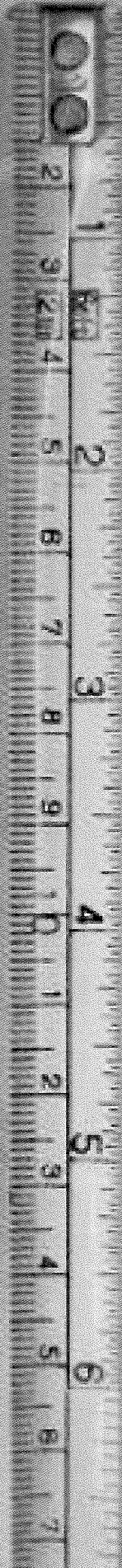
Please feel free to contact me if I can be of further assistance.

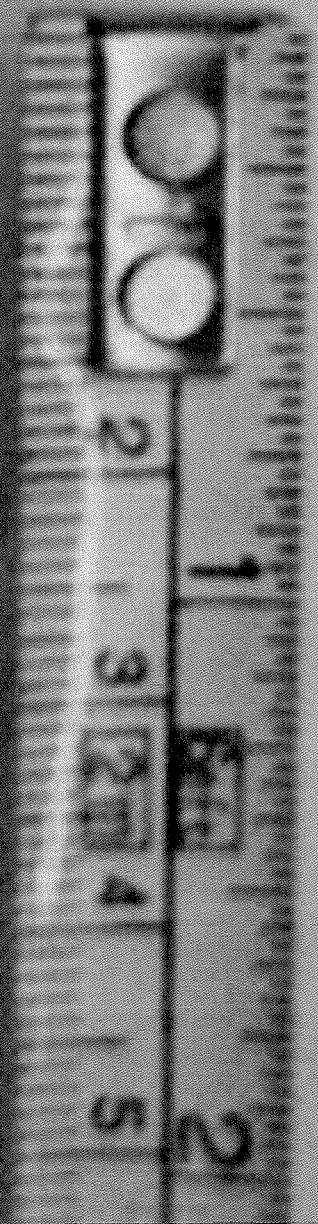
Sincerely,



Michael D. Andrews
Sheriff











OFFICE of the COUNTY MANAGER

Additional Questions and Responses on Detention Center Practices

(the following numbers noted refer back to questions posed to the Sheriff and contained in his June 22nd response)

1. **What is the current daily schedule of inmates and the amount of time they are allowed out of their cells?** (*see initial response in previous document*)

Additional Question(s): Has there been an increase in suicide attempts and worsening of the mental health status of specific inmates due to less time spent outside of the cells?

6/26/15 Response from Gudrun Parmer, CJRC Director: The walk schedule that was first implemented was much more restrictive and this did cause an increase in distress in both inmates with and without mental illness. However, there were no increased incidents of self-injury by inmates either in the form of suicide attempts or any other self-injury during this period. The current walk schedule of 4 hours a day during the day or evening has improved the situation. We are no longer receiving the increased number of sick-call complaints like we received during the more severe restrictions.

2. **Are there plans to increase time outside of the cells for those who have exhibited good behavior and to differentiate schedules based on the needs and security issues concerning different inmates?** (*see initial response in previous document*)

Additional Question(s): While I am glad that time outside the cell has increased, I am concerned that an across the board 4 hour outside cell release schedule still does not seem to differentiate between those who are behaving and are not safety risks or may have mental health issues that necessitate more time outside of the cell. Is there a way one pod could be on a schedule with more release time to serve those mentioned above? Is there a need for more staff to be able to offer more differentiation?

7/8/15 Response from Sheriff: There are designated housing units for detainees whom must be segregated based on administrative or disciplinary reasons and other housing units designated for general population detainees. While we make every effort to house detainees based on their classification, housing units reach maximum capacity at times and inmates with varying classification and security needs must be assigned to the same housing unit. Accordingly, a consistent approach throughout the facility is essential and providing distinct detainee movement procedures based on diverse classification needs is

not possible. Moreover, providing varying movement schedules based on numerous classifications would confuse personnel and foster unrest among detainees.

3. **We heard concerns about the current schedule having a negative impact on the mental health of certain inmates and of increased suicide attempts. Has there been an increase in suicide attempts and worsening of the mental health status of specific inmates due to less time spent outside of the cell?** *(see initial response in previous document)*

Additional Question: What is the impact of more time spent in cells?

7/8/15 Response from Sheriff: The walk schedule that was first implemented was much more restrictive and this did cause an increase in distress in both inmates with and without mental illness. However, there were no increased incidents of self-injury by inmates either in the form of suicide attempts or any other self-injury during this period. The current walk schedule of 4 hours a day during the day or evening has improved the situation. We are no longer receiving the increased number of sick-call complaints like we received during the more severe restrictions.

4. **What are the fees charged to inmates for medical care, telephone calls, and other services? How are these fees collected?**

Response from Public Health Staff: According to NC GS 153A-225(a), inmates can be charged for medical care: "...As a part of its plan, each unit may establish fees of not more than twenty dollars (\$20.00) per incident for the provision of nonemergency medical care to prisoners and a fee of not more than ten dollars (\$10.00) for a 30-day supply or less of a prescription drug. In establishing fees pursuant to this section, each unit shall establish a procedure for waiving fees for indigent prisoners."

It is the policy of the Medical Unit that:

- a. Inmates will be charged a \$20.00 copay for inmate initiated sick call requests.
- b. Inmates **will not** be charged for chronic disease care and complaints, follow-ups within 2 weeks of initial sick call complaints, nurse initiated care (i.e., physical exams, treatments, chronic disease follow-up, such as blood pressure checks, labs, fasting blood sugar checks, referrals to providers, etc.).
- c. Inmates **will not** be charged for true emergencies.
- d. Inmates **will not** be refused services if they do not have the funds.

From July 1, 2014 thru June 14, 2015, there were:

- e. 8,664 inmate initiated sick call encounters
- f. 19,963 treatment encounters
- g. 2,787 14-day physical exams
- h. 117 onsite emergency responses

Each of the 8,664 inmate initiated sick call encounters was charged to the inmates at a rate of \$10/encounter. The total charges equal \$86,640. As of June 24, 2015 the department has received \$4,472.58 for the services. As a result of a trend of low collection rates, only \$2,700 in revenue was budgeted for inmate fees in FY 14-15.

Additional Question: I would like to know what happens to inmates that cannot pay for medical services as well. *(see initial response in previous document)*

5. No Additional Questions

6. No Additional Questions

7. No Additional Questions

8. **Do inmates have access to mental health and physical health services on the weekends?**
(see initial response in previous document)

Additional Question: How are the mental health needs of inmates being met if they are admitted to the jail on the weekends or have a crisis on the weekends?

6/26/15 Response from Gudrun Parmer, CJRC Director: There is general medical coverage by CCS 24/7 including any medical or mental health emergencies overnight or on the weekends. In very severe situations, CCS can contact the Mental Health Team Supervisor who will communicate with the psychiatrist if needed. Typically, CCS is well equipped to handle most situations.

9. **Who provides the psychiatric services for inmates and how are those services dispensed?** *(see initial response in previous document)*

Additional Question: How are the mental health needs of inmates are being met?

6/26/15 Response from Gudrun Parmer, CJRC Director: Psychiatric services are provided on a contractual basis by Psychiatric Services, a North Carolina Medical Licensed and American Board of Psychiatry and Neurology entity. The FY15 contract funds an average of eight (8) hours of services per week, which will increase to ten (10) hours per week in FY16. In this time, the psychiatrist addresses medication management, sees inmates for prescribed review times and acute cases needing immediate attention. Inmates are brought to the Medical Unit for face-to-face meetings.

Additionally, mental health counselors/therapists see stable inmates on their caseload every month, the psychiatrist sees them every 3 months. Inmates are seen more frequently if they have a change to their mental health. MH staff is notified of changes by correction officers, medical staff and through inmates' self-reports (kiosk messaging system). Inmates on suicide precautions are seen daily by the team and weekly by the psychiatrist. Inmates under observation are seen more frequently than once a month as time permits.

Any inmate who needs more intensive contact to ensure his/her safety is transferred to Safekeeping if possible (sometimes there are no beds). If they are not eligible for Safekeeping, they may go to DCA as the entry point to hospitalization.

10. No Additional Questions

11. No Additional Questions

12. Why are inmates' medical fees being doubled on July 1st (raised from \$10 to \$20 per medical "visit," which includes getting a Band-Aid)? *(see initial response in previous document)*

Additional Question: I am very concerned about the doubling of health fees and the assertion that inmates are charged for a Band-Aid. I am also concerned about the assertion that we approved the doubling of fees. I would like to know more about the fees. It seems that some things like Band-Aids fall into the category of basic needs for minimum health and safety and should not incur a fee or if so a very minor one.

Response from Public Health Staff: During the FY 15-16 process at the request of the Sheriff's Office and the recommendation of the Health Director, the Board of Health voted to increase the fee for nonemergency inmate initiated medical care from \$10 to \$20. This change is allowable based on NC GS 153A-225(a). This fee was included in the FY 15-16 budget ordinance.

Band-Aids have not been available in the pods. As of June 24th, Band-Aids will be available in the Detention Facility's canteen and on the nursing staffs' medication carts which come to the pods three times per day. Band-Aids on the medication carts will be given to the inmates upon request without charge.

13. Why are mailed letters consistently not getting to inmates? What is the protocol for not allowing an inmate to receive a letter? *(see initial response in previous document)*

Additional Question: I would like to know more about how the determination is made that a letter to a specific inmate is dangerous. Is this a policy that is carried out across the board or are certain inmates considered a security risk? We were shown large stacks of letters last night at our public hearing that had been returned to the friends and family members of inmates.

Sheriff's 7/8/15 Response: The policy for mail distribution applies to all detainees. Decisions are based on the correspondence, not the detainee. Prohibited correspondence includes that which poses a security risk, such as that which seeks to incite violence, riots, and disturbances in the facility. If the mail presents a security threat, it is returned to the sender.

14. What has been the impact of mandated online visitation scheduling, which began on November 17, 2014? Show us the numbers: What were monthly visitations prior to November 17, 2014, and what have they been since then? (see initial response in previous document)

Additional Question: There is a significant drop off in visitation after November 2014 that is concerning. Is it assumed that all inmates' family members and friends have access to computers? How does this online system work and how are people instructed how to use it?

Sheriff's 7/9/15 Response: In 2014, we calculated visits by the number of visitors. The new computerized system calculates the number of visits. A single visit could consist of three or more visitors. For visitors without a home computer, a self-service kiosk is available in the lobby. Additionally, the detention officer assigned to the lobby is able to offer registration assistance by telephone or in person.

15. No Additional Questions

16. Why are inmates not allowed to have pencils in their cells? (see initial response in previous document)

Additional Question: With the issue of not allowing pencils in cells? Is there any way to differentiate this and allow those on good behavior etc. to use them if they use them for writing and drawing only on paper? Writing and drawing can be very therapeutic and constructive for people. What activities are permissible other than reading if inmates can no longer write or draw?

Sheriff's 7/9/15 Response: Whether a detainee exhibits good or bad behavior in the facility, we have found that they may write on the walls. Recent graffiti caused by pencils

in the cells required that the entire facility be repainted, which was time-consuming and costly. Detainees deserve a clean and healthy environment while they are confined and I will always take steps to guarantee that. Detainees are permitted to utilize pencils while they are in the common area of the housing unit. In addition to writing while in the common areas, detainees have access to telephones, television, card and board games, showers, and recreation facilities with basketballs and soccer balls.

17. See question 14 discussion above.

18. No Additional Questions

19. No Additional Questions

20. No Additional Questions

21. No Additional Questions

22. No Additional Questions

23. No Additional Questions

24. No Additional Questions

25. How are inmates screened for mental illness / mental health issues and how does DCDF provide care for detainees with such issues? *(see initial response in previous document)*

Additional Question: How are the mental health needs of inmates are being met?

6/26/15 Response from Gudrun Parmer, CJRC Director: The screening tool used is provided by NC DHHS and given to every inmate booked into the jail as part of the medical screening. Jail MH staff reviews the list every morning for inmates who appear to have signs of mental health issues and/or identify individuals previously seen by staff. These inmates are visited within one business day. At that time, a determination is made whether they fall into the target population staff is supposed to serve, which is defined as inmates with Severe and Persistent Mental Illnesses (SPMI) or Severe Mental Illnesses on medication (SMI). These inmates are added to the MH caseload and followed by staff the entire time they are in jail. During their stay, inmates are placed on appropriate medication, visited and checked on by staff based on need, and receive medication management visits with the Psychiatrist as required. Upon notification of an inmate's upcoming release, staff arrange for 30 days of medication and secure follow-up appointments with local mental health providers.

Emergency issues are attended to as a priority throughout an inmate's stay and mental health staff are responsive to afterhours and weekend emergencies as needed.

26. What is DCDF's protocol for reporting suicide attempts or suicides? *(see initial response in previous document)*

Additional Question: What are the protocols for suicide prevention in the jail?

6/26/15 Response from Gudrun Parmer, CJRC Director: Detention officers can report suspicious behavior, talks of suicide, etc. to MH staff which will assess the mental health status of the inmate. Actual suicide attempts (which is counted as the inmate having to be transferred off site) are also shared with MH staff. MH staff does not speak with the family or report suicides to external entities, this is in the purview of the Sheriff's Office.

27. What is the restraint chair? Who is authorized to use it on inmates and what do mental health professionals have to say about it? *(see initial response in previous document)*

Additional Question(s): What is the restraint chair? Is data maintained on how often it is used and for how long?

6/26/15 Response from Gudrun Parmer, CJRC Director: The jail does have a restraint chair. MH staff do not place inmates in the chair or decide when inmates can be removed from the chair. This is used by custody only. Medical staff is required to check on the inmate every 2 hours to make sure the restraints are not too tight and to see if the inmate is voicing any complaints. Depending on the situation and/or inmate medical staff can see them more frequently than every two hours. Mental Health staff will see inmates that have been placed in the restraint chair if detention staff / medical staff feel this client may have a mental illness.

28. No Additional Questions

29. No Additional Questions

30. No Additional Questions