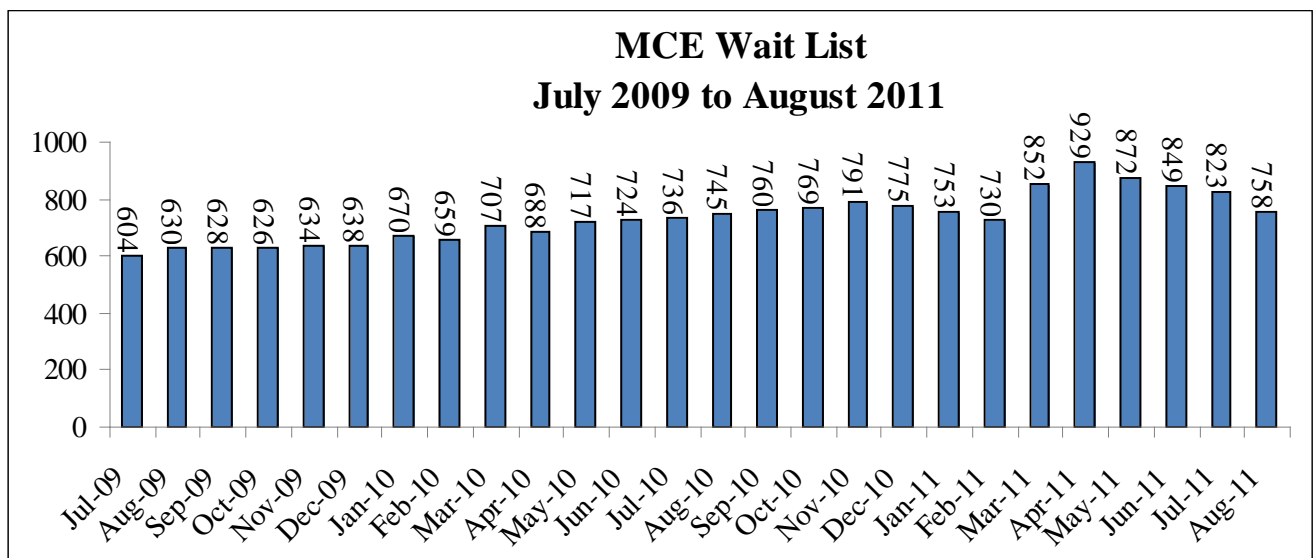
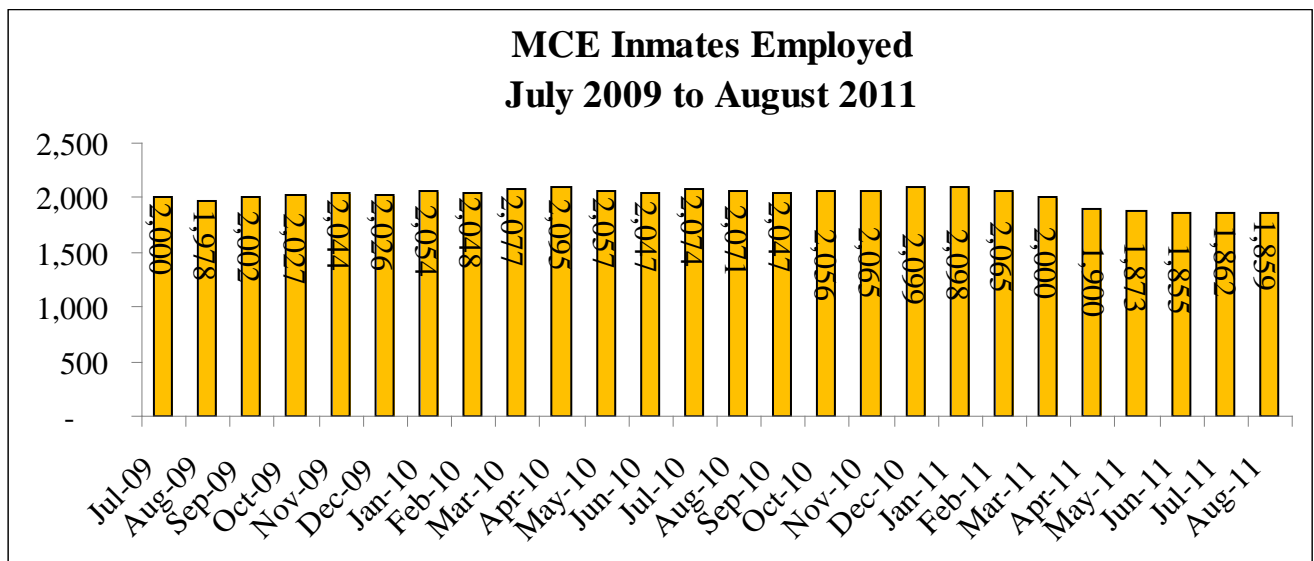


Meeting Summary

Following is a summary of issues discussed at the DOC and DLLR Stat, held on September 15, 2011. Analysis is provided by StateStat.

Maryland Correctional Enterprises (MCE)

- **MCE Employment.** MCE employment increased slightly in July 2011 for the first time since December 2010, before decreasing again in August. Meanwhile, the MCE wait list (inmates who are eligible but not employed) continued to fall.
 - The agency responded that most of the new MCE employees are in the background check phase, and that they will be full time employees in 90 days or sooner.
 - Many of the MCE wait listed inmates have been transferred, or removed from the list because they took another job.

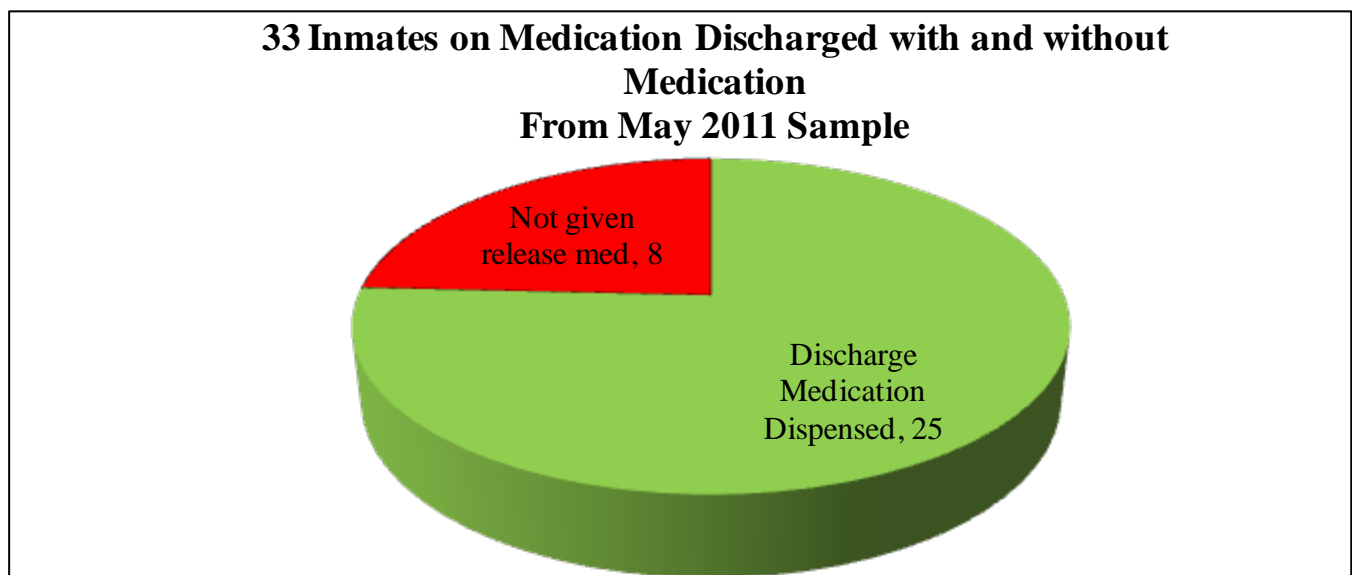


- **MCE Certification.** Fourteen of the 100 inmates sampled from inmates released in May worked for MCE, but only four received an MCE certificate.
 - The agency responded that MCE employees received a yearly evaluation certificate and another certificate when they go home. Sometimes an MCE employee does not return to work before release, and DOC does not get the opportunity to issue a certificate. MCE employees work for an average of 18-24 months. DOC is interested in potentially lowering the requirement to receive a certificate from one year to six months.

MCE	
Worked for MCE	14
Received MCE Certification	4

Inmate Health Care

- **Continuity of Care.** As discussed at the previous DOC StateStat meeting, of the 33 inmates who were on medication out of the sample of 100, eight were discharged without a 30-day supply of medication. The agency responded that three inmates were court-ordered to be released, and that all three court-ordered releases were returned to the facility to be cleared by medical as dictated in the agency’s release policy. Medications for two of the three inmates were designated “Keep on Person,” meaning that the inmate was permitted to keep the medications as part of his or her property. The nurse did secure the inmate’s signature on the Continuity of Care form, but did not note medication provided. The agency believes that the three court-released inmates received medication on release, and that the problem was proper documentation.
- For the remaining five cases that were not court-ordered releases, the agency reported that Case Management notified medical staff and that Medical staff did fill out a Continuity of Care form. Four of the five inmates were on “Keep on Person” and left with their property. The agency concluded that it is likely that the remaining inmate was released without medication.
- **Corrective Action.** The agency reports that a corrective plan, consistent with educational and policy review regarding proper release procedures, was provided to all clinical staff. DOC staff is researching the implementation of enhanced tools to be incorporated into the electronic medical record to better track these events.
 - The Department is attempting to contact the inmates who were released via the Division of Parole and Probation to inquire whether they received medication.

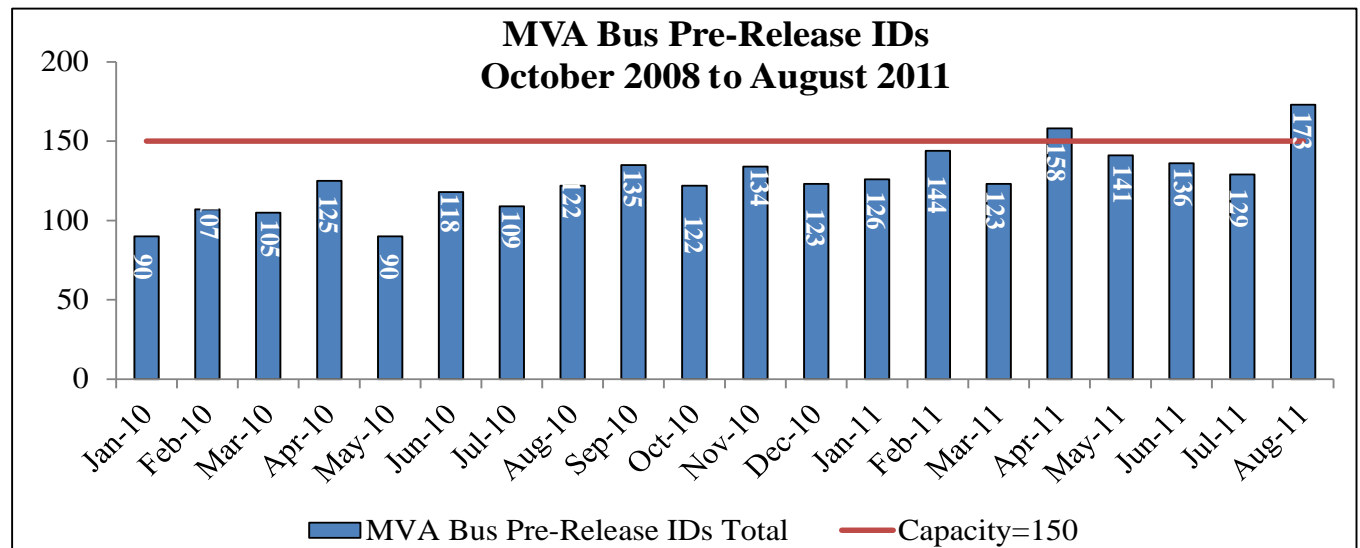


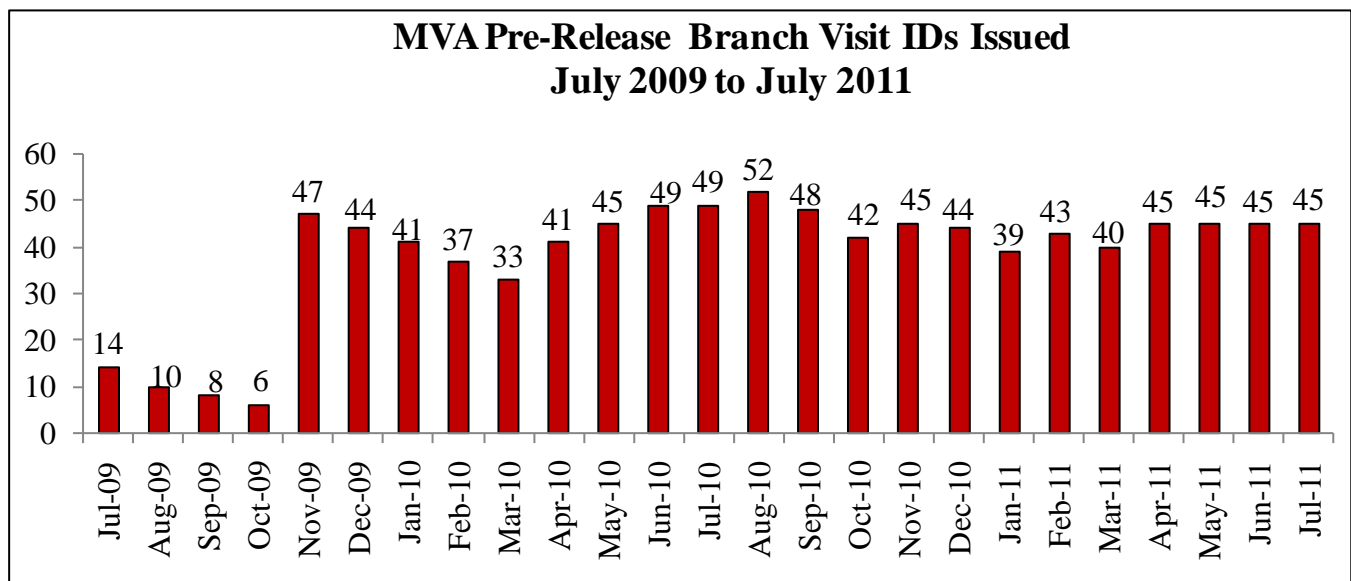
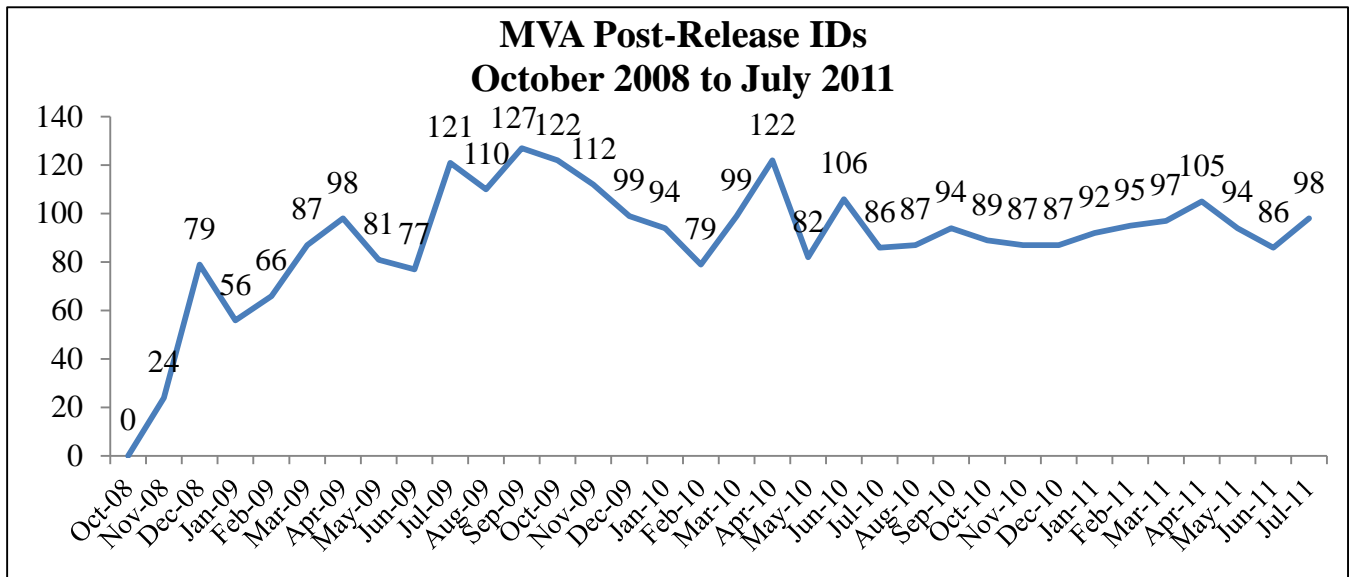
Inmate IDs

- RIID Program Alternatives.** As shown in the table below, the Mobile Bus serves the largest proportion of inmates (46%) of any of the three inmate ID programs. In August MVA was able to process 173 IDs for inmates, exceeding the goal of 150. Despite this good work, 27 inmates were scheduled but not processed; of the 27, 13 had documents that did not match. In addition, post-release branch IDs increased in July, and work-release branch visits held steady at 45. To increase the number of inmates receiving IDs through all three inmate ID programs, MVA and DPSCS agreed to the following program modifications at their August 19th meeting:

1. Replace MRDCC bus visit with a visit to MCTC in Hagerstown (scheduled for September 29th).
2. MVA and DOC will establish dates for additional branch visits in Salisbury and Cumberland.
3. DPSCS has agreed to provide the DOC access privilege to the DPSCS dashboard to check if those who have birth certificates and Social Security Cards have a valid driver's license and if their address is listed as a valid residential address by the USPS. MVA will reach out to contacts at the Social Security Administration (SSA) to broker a solution regarding the request that SSA batch and return all of the cards together to the institution.

RIID Inmate IDs, 10/2008 to 7/2011		
<i>MVA Bus Pre-Release IDs Total</i>	3,346	46%
<i>MVA Branch IDs</i>	957	13%
<i>MVA Post-Release Branch IDs Issued</i>	3,038	41%
Pre-Release Visits Combined	4,303	59%
Inmates IDs Total	7,341	

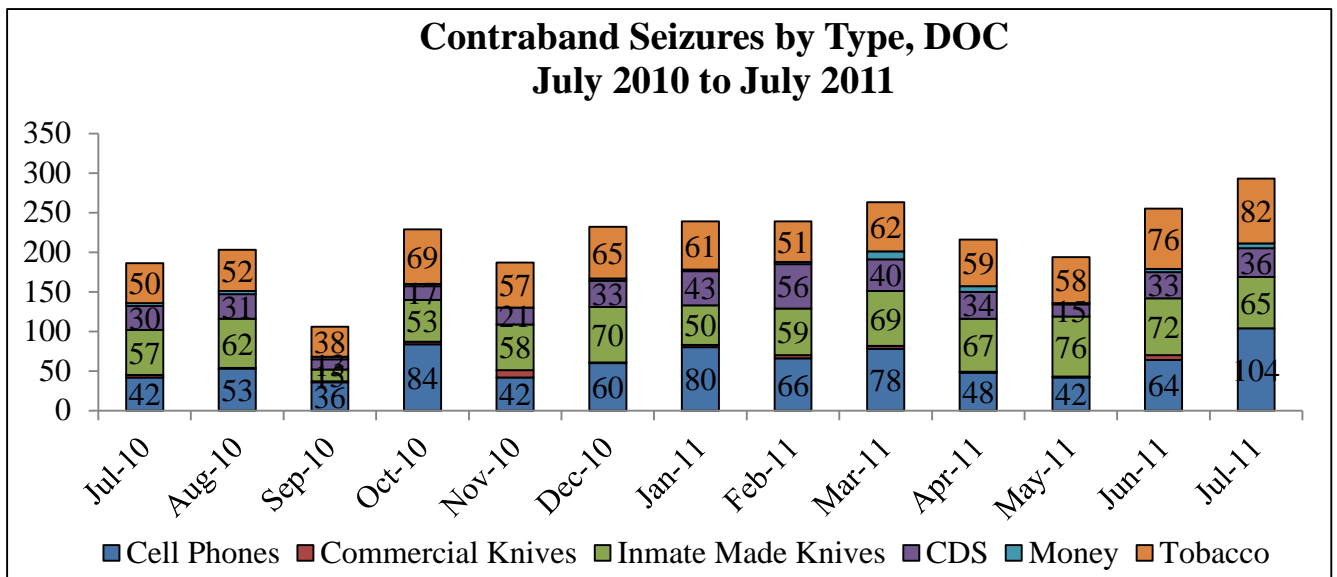
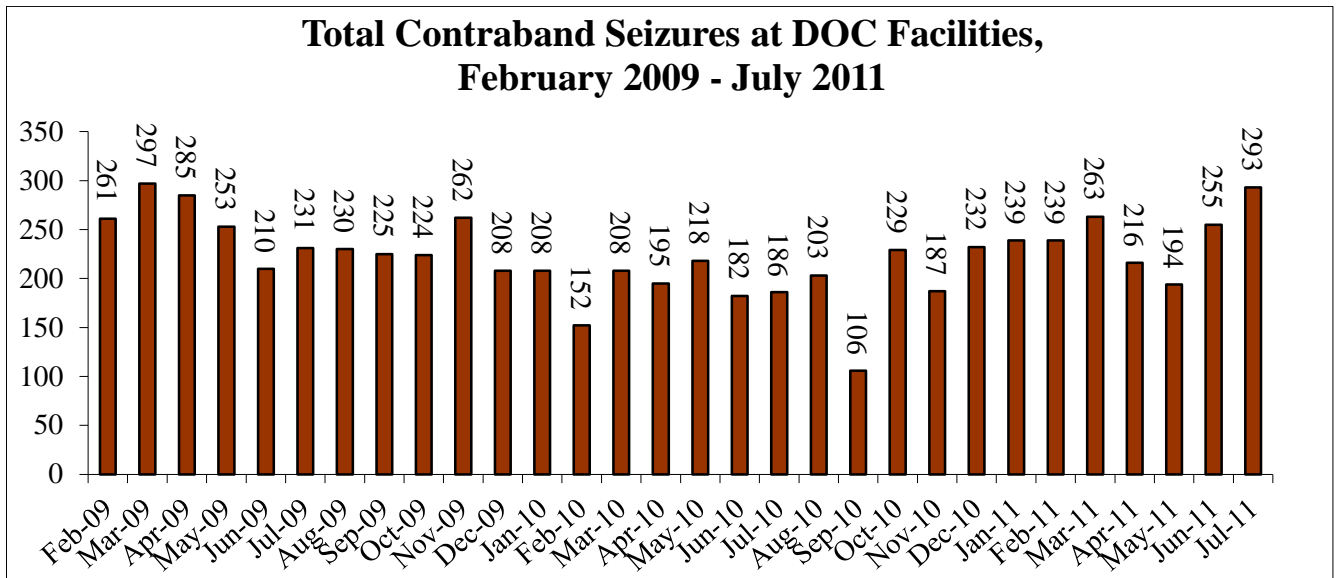




- **Drivers Licensing System.** On August 19th DOC and MVA also discussed the MVA Released Inmates Identification (RIID) Program Update to establish a Driver's Licensing System (DLS) within a DOC facility. The program update outlines the issues of State and Federal laws, regulations and recommendations that need to be addressed for staffing the DLS. According to the Update, MVA believes that only an MVA employee can operate the DLS and issue a driver's license or MVA ID card.
 - Secretary Maynard indicated that implementing a Drivers Licensing System in DOC facilities is desirable if the cost is below \$50k per site.

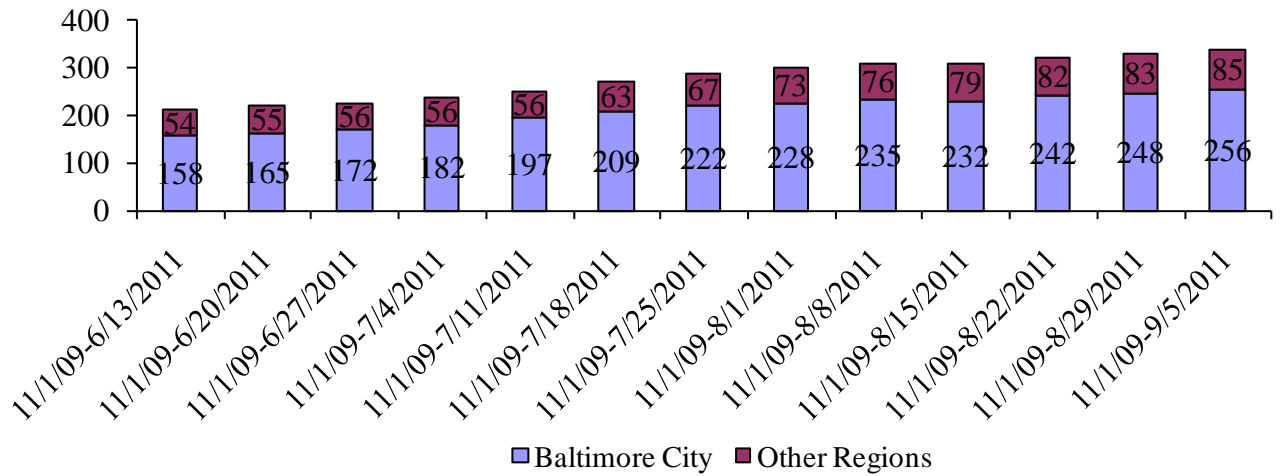
Contraband

- **Contraband Seizures.** Contraband seizures increased to 293 in July 2011, the highest number since March 2009. The majority of the seizures were cell phones, which increased to 104 in July.
 - The Department indicated that the increase was due to a large load of cell phones that was likely caused by increased family visitation days in summer.
 - None of the phones were found in medium and high-security facilities. Most were in Baltimore and Jessup.

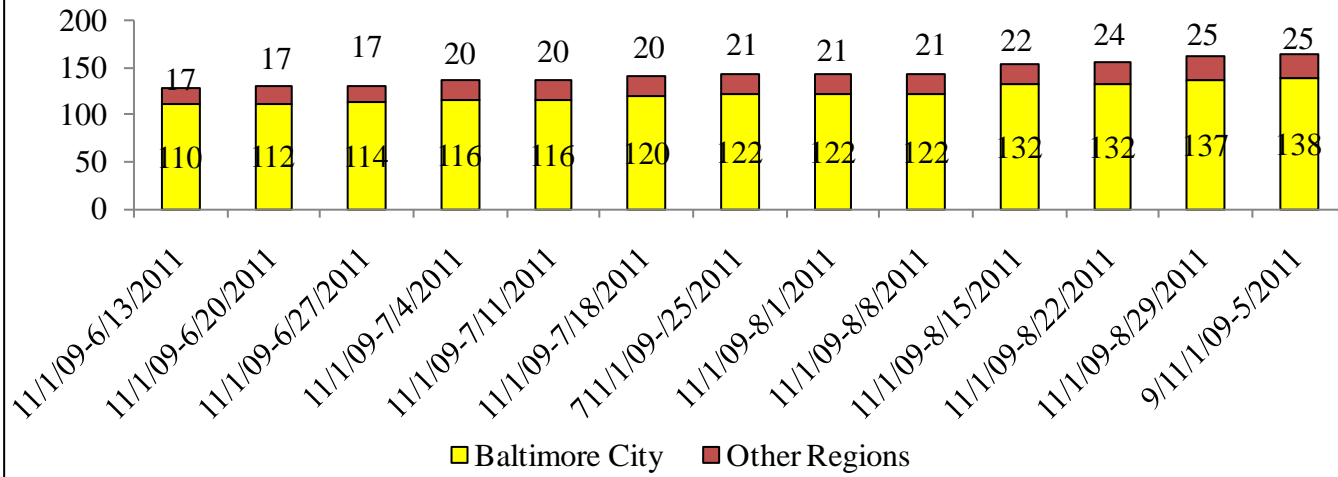


- **Internal Investigations Unit (IIU) Cell Phone Investigations.** The number of open and active investigations has increased to 256 in Baltimore City and 85 in other regions.

Open and Active Cell Phone Investigations 11/1/09 to 9/5/11

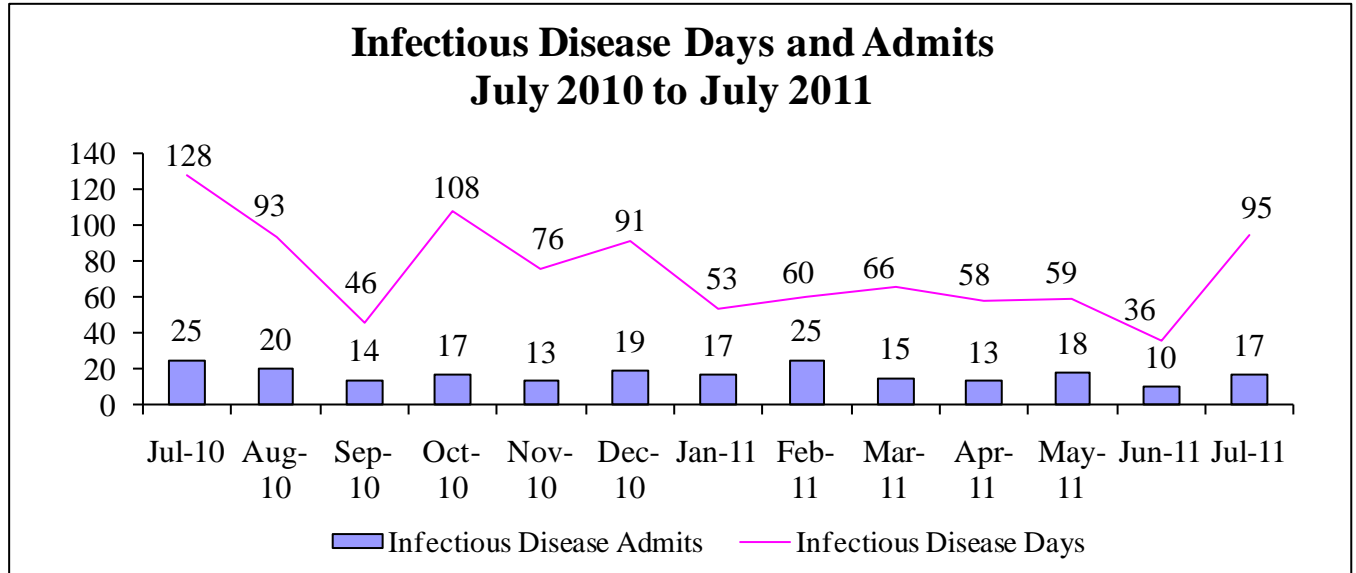


Cell Phone Cases Adjudicated 11/1/09 to 9/5/2011



Office of Treatment Services

- **Infectious Disease.** Infectious disease days spiked to 95 in July 2011, the highest number of days since October 2010. Infectious disease admits also increased, although in May 2011, February 2011, January 2011, and December 2010 infectious disease admits were as high or higher than July 2011 admits, but days remained below 95.
 - The agency responded that these are mostly cases of MRSA and staph.



- **ER Trips.** Total ER Trips increased in July 2011, driven by cardiac ER trips, which jumped well above the 12-month average of 10 trips.
 - The agency responded that these are not heart attacks.

