



Department of Public Safety and Correctional Services

Office of the Secretary

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June 23, 2008

STATE OF MARYLAND

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GOVERNOR

ANTHONY G. BROWN
LT. GOVERNOR

GARY D. MAYNARD
SECRETARY

G. LAWRENCE FRANKLIN
DEPUTY SECRETARY

DIVISION OF CORRECTION

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PROBATION

DIVISION OF PRETRIAL
DETENTION AND SERVICES

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SYSTEMS BOARD

SUNDRY CLAIMS BOARD

INMATE GRIEVANCE OFFICE

The Honorable Ulysses Currie
Chairman, Senate Budget and Taxation
3 West, Miller Senate Office Building
Annapolis, Maryland 21401-1991

The Honorable Norman H. Conway
Chairman, House Committee on Appropriations
1312 Whittier Drive
Salisbury, Maryland 21801-3241

RE: Division of Pretrial Detention and Services – Joint Chairmen's
Report – Compliance Report

Dear Chairman Currie and Chairman Conway:

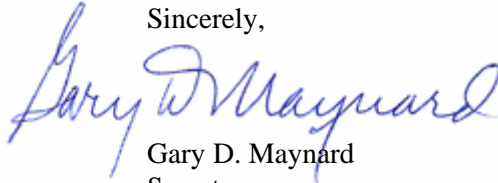
Attached please find the Joint Chairmen's Report on the Division of Pretrial Detention and Services' Compliance Report in response to the US Department of Justice. This report is in response to the budget language on page 154 of the 2007 Joint Chairmen's Report, which states:

The Committees direct the Division of Pretrial Detention and Services (DPDS) to submit the written Action Plan and subsequent Compliance Reports, as required through the new Memorandum of Agreement with the US Department of Justice. Receipt of these reports will allow the General Assembly to further monitor compliance with the agreement and ensure that the Division is efficiently making every effort to eliminate any violations to offenders' constitutional rights.

A Compliance Report will be submitted to the US Department of Justice during the summer of 2008, as part of the Memorandum of Agreement between the Division of Pretrial Detention and Services and the US Department of Justice. This report is a narrative version of the compliance report to update the Budget Committees on the status of compliance with the ongoing DOJ requirements. This Compliance Report serves as the update and status report on the remedial measures taken at the Baltimore City Detention Center. The Compliance Report, like the Action Plan, is separated into categories, which include Medical; Security; Juveniles; Maryland State Department of Education - Education for Adults; Baltimore City Public School System – Education for Juveniles; Fire Safety; and Environmental Health and Safety.

I hope that this report meets with your approval and it is informative. If you have need for more information, or if the Department can be of any further assistance, please do not hesitate to contact me.

Sincerely,



Gary D. Maynard
Secretary

Attachment

c: Senator Edward J. Kasemeyer, Vice Chair, Senate Budget and Taxation Committee
Senator James E. DeGrange, Sr., Chair, Senate Public Safety, Transportation, and
Environment Subcommittee
Delegate James E. Proctor, Jr., Vice Chair, House Committee on Appropriations
Delegate Charles Barkley, Chair, House Subcommittee on Public Safety and
Administration
Members of the House Committee on Appropriations
Members of the Senate Budget and Taxation Committee
Mr. Matthew Gallagher, Deputy Chief of Staff, Governor's Office
Mr. Joseph Bryce, Governor's Chief Legislative Officer
Mr. Sean Malone, Governor's Deputy Legislative Officer
Mr. Warren G. Deschenaux, Director, Office of Policy Analysis, DLS
Mr. David Treasure, Executive Director, Office of Budget Analysis, DBM
Ms. Rebecca Moore, Policy Analyst, DLS
Ms. Diane Lucas, Supervisor, Budget Analysis, DBM
Mr. Joshua Watters, Staff, House Committee on Appropriations
Mr. Edward M. Cheston, Staff, Senate Budget and Taxation Committee
Ms. Shirleen Pilgrim, Staff, Senate Judicial Proceedings Committee
Ms. Cathy Kramer, DLS
Ms. Sarah Albert, Legislative Librarian, DLS
Deputy Secretary G. Lawrence Franklin, DPSCS
Assistant Secretary/Chief of Staff Thomasina Hiers
Assistant Secretary Richard B. Rosenblatt, DPSCS
Assistant Secretary David Bezanson, DPSCS
Assistant Attorney General Stuart Nathan, DPSCS
Commissioner Howard Ray, DPDS
Director Rhea L. Harris, Office of Legislative Affairs, DPSCS



**DEPARTMENT OF PUBLIC SAFETY
AND CORRECTIONAL SERVICES**

**US DOJ Compliance Report for
The Division of Pretrial Detention and Services**

June 23, 2008

Martin J. O'Malley, Governor
Anthony G. Brown, Lt. Governor
Gary D. Maynard, Secretary

MEDICAL AND MENTAL HEALTH CARE

(1) Standard: The State shall provide adequate services to address the serious medical and mental health needs of all inmates and shall develop and revise policies and procedures including those involving intake, contagious disease screening, sick call, chronic disease management, infection control and infirmary care to ensure that staff provide adequate ongoing care to inmates determined to need such care. Medical and mental health policies and procedures shall be readily available to relevant staff.

Revised policies have been placed on the State's "S" drive effective March 1, 2008. An index for medical and mental health policies has also been placed on the S drive. In addition, all vendors have access to the S drive as well as designated staff from the Department of Public Safety and Correctional Services, Office of Inmate Health Services.

(2) Record keeping: The State shall maintain a unified medical and mental health file for each inmate and all medical records, including laboratory reports, shall be timely filed in the medical file. The medical records unit shall be adequately staffed to prevent significant lags in filing records in an inmate's medical record. The State shall maintain the medical records such that persons providing medical or mental health treatment may gain access to the record as needed. The State shall implement an adequate electronic medical records system.

In an effort to train records staff to timely file documentation in medical records and to comply with filing requirements, Leslie Walker, the Statewide Medical Records Supervisor, has provided training to all medical records staff, and this training will be provided to all new medical records employees at orientation and annually thereafter. The Office of Inmate Health Services has also developed numerous audit tools that routinely look for timely filing of medical records and laboratory results. Some have been tested and to date others have not. The Office of Inmate Health Services is in the process developing additional audit tools which should be available by June 2008.

New medical charts with dividers have been ordered and are expected to arrive by July 15, 2008. The new charts will unify all resident medical/ mental health records.

With regard to access to medical records, all of the vendor staff have Electronic Patient Health Record's (EPHR) access. In addition, Correctional Medical Services (CMS) has met with schedulers to ensure that there are no scheduling conflicts for patient records between the vendors. To date, the Access to Care committee has advised that no issues have been sited. In addition, effective March 2008, CMS has a process whereby the pre-commitment records are merged with the post-commitment record at the time of the Intake Physical.

With regard to the auditing process, the EPHR terminal has been 100% dispatched for access to records. Although an audit has not been completed, documentation in EPHR for nursing processes is sporadic, and CMS and the Office of Inmate Health Services met on 05/09/08 to develop an audit process and tool to measure compliance by 6/30/08.

In furtherance of implementing an adequate electronic medical records system, the upgrade scheduled for the current EPHR program has been placed on hold. However, Women's Detention

Center rewiring has been completed to improve access, and several meetings have occurred to improve efficiency. The ongoing deployment of equipment has also been completed.

Every Tuesday afternoon, EPHR training is offered for all vendor staff.

Staffing and Training

(3) Job Descriptions and Licensure: The State shall continue to ensure that all persons providing medical or mental health treatment meet applicable state licensure and/or certification requirements, and practice only within the scope of their training and licensure.

The Agency Contract Manager (ACOM) conducts a review every thirty (30) days to verify the accuracy and/or deficiency of credentials.

To ensure that persons providing medical and mental health treatment are practicing within the scope of their training and licensure, sick call, chronic care, and emergency care audits are conducted to monitor whether health care providers are acting outside of the scope of their license.

(4) Staffing: The State shall maintain sufficient staffing levels of qualified clinical staff and mental health professionals to provide adequate treatment for inmates' serious medical and mental health needs.

In an effort to maintain sufficient staffing levels, Correctional Medical Services (CMS) and Mental Health Management (MHM) are reviewing their staffing matrix to identify potential areas of deficiencies that may impact patient care. Feedback on the staffing review will be submitted by June 30, 2008.

The State has filled one of the two vacant psychology positions and has a doctoral-level intern working in the Baltimore City Detention Center. Both individuals have a good understanding of the population with which they are working. The psychiatric services provider has filled all vacant psychiatrist positions and has staff available to fill in hours that are needed during days off or training days.

As part of the continuous quality improvement program, an evaluation of staffing needs and backlogs is constantly occurring and adjustments are made to ensure the timeliness of care. In an effort to improve patient outcomes, processes are altered which sometimes necessitates different staffing assignments.

(5) Medical and Mental Health Staff Management: The State shall ensure that a full-time medical director is responsible for the management of the medical program solely at Baltimore City Detention Center (BCDC). The State shall also provide a director of nursing and adequate administrative medical and mental health management. In addition, the State shall ensure that a designated clinical director shall supervise inmates' mental health treatment at BCDC.

Inasmuch as the State has yet to be fully staffed, the restructuring of the psychologist's duties has been delayed. However, the licensed psychologist, as the ranking State mental health clinician, is contacted by custody and administrative staff when a problem becomes evident or hears from

patients when problems occur. Thus, she is overseeing and trouble-shooting mental health operations at the Baltimore City Detention Center (BCDC). She, in conjunction with the contract monitors, ensures that adequate care is rendered to the offender population.

Compensation for the position of licensed Clinical Director remains an issue, but recruitment for staff is continuing with the expectation of a hire no later than 08/31/08.

(6) Medical and Mental Health Staff Training: The State shall continue to ensure that all clinical staff and mental health professionals are adequately trained to meet the serious medical and mental health needs of BCDC inmates. All such staff shall continue to receive documented orientation and in-service training in accordance with their job classifications, and training topics shall include suicide prevention and the identification and care of inmates with mental disorders.

The suicide prevention training module has been approved and recorded digitally so that it can be utilized by trainers across the State, especially at BCDC. Other mental health training modules have been revised as requested and are being reviewed by the Director of Mental Health.

(7) Security Staff Training: The State shall ensure that security staff are adequately trained in the identification, timely referral and proper supervision of inmates with serious medical or mental health needs, and the proper supervision of other inmates with special needs. The State shall ensure that security staff assigned to BCDC mental health units receive additional training related to the proper supervision of inmates suffering from mental illness.

The suicide prevention training module has been approved and recorded digitally so that it can be utilized by trainers across the State, especially at BCDC. This training is occurring on a continuous basis by certified trainers. Other mental health training modules have been revised as requested and are being reviewed by the Director of Mental Health.

Screening and Treatment

(8) Medical and Mental Health Screening: The State shall ensure that all inmates receive an appropriate and timely medical and mental health screening by a clinical staff member upon their arrival at BCDC. The State shall ensure that such screening enables staff to identify individuals with serious medical or mental health conditions, including acute medical needs, infectious diseases, chronic conditions, disabilities, ambulatory impairments, mental health conditions, suicidal ideation, and drug/alcohol withdrawal. Qualified mental health professionals and appropriate clinical staff shall be available to provide further referrals and/or care as medically required.

Mental health self audit screening tools are used to monitor serious medical or mental health conditions. Medical and mental health have access to electronic patient health records (EPHR) and are waiting for the changes in the screening form to reflect the suicide plan and questions which should be incorporated into the program by 07/30/08.

(9) Privacy: The State shall make reasonable efforts to ensure inmate privacy when conducting medical and mental health screening, assessments, and treatment. However,

maintaining inmate privacy shall be subject to legitimate security concerns and emergency situations.

Process completed.

(10) History and Physical: The State shall ensure that all inmates receive timely medical and mental health histories and physical examinations and assessments. Upon intake, the State shall continue to ensure that a Registered Nurse, Physician's Assistant, or a Nurse Practitioner identifies those persons who have chronic illness. Those persons with chronic illness receive a history and physical between one (1) and seven (7) days of intake, depending on their physical condition. Persons without chronic illness should receive a history and physical within fourteen (14) days of intake. The State will ensure that inmates with chronic illnesses will be tracked in a standardized fashion. A re-admitted inmate or an inmate transferred from another facility who has received a documented full health assessment within the previous two months and whose receiving screening shows no change in the inmate's health status need not receive a new full physical and mental health assessment. For such inmates, clinical staff and mental health professionals shall review prior records and update tests and examinations as needed.

The identification of persons with chronic illnesses is continuously audited by a Registered Nurse, Physicians Assistant, or a Nurse Practitioner to ensure compliance. The next audit is scheduled for July 2008. Treatment protocols for chronic illnesses are assessed and reasonably followed in accordance with clinical judgment.

Diabetes management along with chronic care was deemed excellent by the Department of Justice medical consultant and was removed from the review list in April 2008. In addition, Correctional Medical Services (CMS) submits chronic care database information and the Office of Inmate Health Services is currently coordinating and merging database elements of infectious disease (ID), Chronic Care Clinics (CCC) and other diseases. The database will be available no later than 08/01/08.

(11) Referrals for Specialty Care: The State shall ensure that: inmates whose serious medical or mental health needs go beyond the services available at the Baltimore City Detention Center (BCDC) shall be referred in a timely manner to appropriate medical or mental health care professionals; the findings and recommendations of such professionals are tracked and documented in inmates' medical files; and treatment recommendations are followed as clinically indicated.

An audit for compliance is conducted to ensure that inmates whose serious medical or mental health needs that go beyond the services available at BCDC are referred in a timely manner to appropriate medical or mental health care professionals. Tracking referrals to Patuxent or off site to Clifton T. Perkins Hospital Center has revealed an increase of admissions to the Inmate Mental Health Unit (IMHU). The increase in admissions is due to the difficulty with getting mental health correctional patients admitted to off site facilities. (This issue is outside of the control of the mental health provider).

Medical Utilization Management providers are also tracking infirmary care versus secondary care. An audit tool is used by Medical and Mental Health to ensure that the determinations of on-site

providers are recorded in the patient health record. In addition, EPHR utilization by the mental health vendor has increased significantly and this is demonstrated by the audit results.

(12) Treatment or Accommodation Plans: Inmates with special needs who have been at the facility for a sufficient duration of time, shall have treatment or accommodation plans which shall include appropriate discharge planning.

The State is working with the Mayor's Office of Criminal Justice on a Bureau of Justice Assistance grant application for funding which will assist Medical/Mental Health with continuity of care issues both when the inmates with special needs comes into the Division of Pretrial Detention and Services (DPDS) custody as well as when they leave. Medical and Mental Health are exploring other opportunities to ensure continuity of care should they not be successful in their grant application.

(13) Drug and Alcohol Withdrawal: The State shall develop and implement policies, protocols, and practices, consistent with standards of appropriate medical care, to identify, monitor, and treat inmates at risk for or who are experiencing drug or alcohol withdrawal. The State shall implement appropriate withdrawal, detoxification, and methadone maintenance programs.

Training is provided on protocol and documentation requirements for inmates who are at risk of experiencing drug or alcohol withdrawal. The review of Clinical Institute Withdrawal Assessment documentation (CIWA) and electronic patient health records (EPHR) has greatly improved. An audit was conducted by the medical consultant for the Department of Justice in April 2008.

The methadone maintenance and detoxification program has been implemented and has a new addiction specialist on site. The Office of Inmate Health Services will audit the program in July 2008.

(14) Pregnant Inmates: The State shall develop and implement appropriate written policies and protocols for the treatment of pregnant inmates, including appropriate screening, treatment, and management of high risk pregnancies, and guidance in the use of mechanical restraints on pregnant inmates.

A board certified OB/GYN is on-site two (2) days per week. A policy is in place for management of pregnant women. In-service training for nurses has been completed. However, the ongoing in-service training schedule for new staff will need to be implemented.

(15) Juvenile Quarantine: The State shall utilize medical quarantine for juveniles only as medically necessary.

Process completed.

(16) Contagious and Infectious Disease Management: The State shall adequately maintain statistical information regarding contagious disease screening programs and other relevant statistical data necessary for an infection control program.

The Department of Public Safety and Correctional Services hired a consultant programmer to assess the adequacy of the infectious disease database and the ability of all designated individuals to access it. In addition, infectious disease elements have been identified and the contractor provides a monthly report.

(17) Clinic Space and Equipment: The State shall ensure that all face-to-face physician examinations occur in settings that include privacy and permits a proper clinical evaluation including an adequately-sized examination room that contains an examination table, an operable sink for hand-washing, adequate lighting, adequate equipment including an examination table with stirrups for gynecological exams and a microscope with which discharge specimens may be adequately evaluated.

Space has been identified to hold mental health outpatient clinics in an area outside of the inpatient mental health unit. The mental health provider is awaiting removal of unneeded furniture and other items.

Space has also been identified in one of the initial housing areas in Central Booking that is more conducive for determining initial mental health risks and problems. Staff is awaiting final process flow approval by administration to begin utilizing this space.

In addition, with regard to infection control procedures, monthly sanitation reports are prepared with the assistance of the medical provider and performance evaluations of environmental health, safety and sanitation are conducted by an outside consultant. MRSA and other infectious disease training are also offered.

Access to Care

(18) Access to Medical and Mental Health Services: The State shall ensure that all inmates have adequate opportunity to request and receive medical and mental health care. Appropriate medical staff shall triage all written requests for medical and/or mental health care within twenty-four (24) hours of submission, and the State shall maintain sufficient security staff to ensure that inmates requiring treatment are escorted in a timely manner to treatment areas. The State shall develop and implement a sick call policy and procedure which includes an explanation of the order in which to schedule patients, a procedure for scheduling patients, where patients should be treated, the requirements for clinical evaluations, and the maintenance of a sick call log. Treatment of inmates in response to a sick call slip should occur in a clinical setting.

A medical and mental health audit tool is used to assess the care and to ensure compliance with contractual obligations. Sick call and chronic care audits reveal documentation issues and some delays as a result of these issues.

An Access to Care Task Force for Baltimore convenes bi-weekly to discuss issues and resolve problems. More electronic patient health records' (EPHR) terminals have been provided for staff

and Women's Detention Center (WDC) has been rewired to resolve connectivity issues that may impact documentation in EPHR.

The orientation training curricula has been reviewed to ensure that management of sick call services is included and the Office of Inmate Health Services sick call policy has been revised. Correctional Medical Services (CMS) also conducts in service training related to sick call triage as a part of the orientation for nurses.

The Office of Inmate Health Services has also conducted a statewide sick call audit and a Corrective Action Plan has been requested. In accordance with the sick call policy requirements, a sick call log is additionally maintained.

(19) Segregation Rounds: The State shall ensure that clinical staff make daily sick call rounds in the segregation area. The State shall also ensure that inmates in segregation have adequate opportunities to contact and discuss health and mental health concerns with clinical staff in a setting that affords as much privacy as security will allow.

A new segregation rounds audit tool has been developed and will be implemented by 07/01/08 to ensure that clinical staff is making daily sick call rounds in the segregation area. Otherwise, segregation logs will be modified to reflect the contract obligations.

(20) Grievances: The State shall develop and implement a system to ensure that medical grievances are processed and addressed in a timely manner. The State shall ensure that medical grievances and written responses thereto are included in inmates' files, and that grievances and their outcomes are logged and reviewed on a regular basis to identify systemic issues in need of redress. The State shall develop and implement a procedure for discovering and addressing all systemic problems raised through the grievance system.

The April 2008 Department of Justice audit revealed a lack of compliance with the grievance process primarily due to delays in responding to residents and submitting non-responsive replies to complaints. Liquidative damages will be assessed. A Corrective Action Plan from CMS has been requested and a compliance review will be conducted on June 30, 2008.

A joint meeting between the Office of Inmate Health Services and CMS will be held in May 2008 to review the grievance process and to determine how to incorporate grievance responses into electronic patient health records (EPHR).

The Area Contract Manager (ACOM) and staff conduct reviews of the grievance log book to ensure that systemic issues are identified.

Chronic Disease Care

(21) Chronic Disease Management Program: The State shall develop and implement a written chronic care disease management program, consistent with generally accepted professional standards, which provides inmates suffering from chronic illnesses with appropriate diagnosis, treatment, monitoring, and continuity of care. As part of this program, the State shall maintain an updated chronic disease registry of inmates suffering from chronic illnesses.

There is a chronic care database located on the State's "S" Drive. A regular review of this database is conducted by Continuous Quality Improvement (CQI) staff from the Office of Inmate Health Services. Clinical pathways and reviews of disease management with the Utilization Management vendor is a part of the quarterly CQI for Diabetes Mellitus (DM), cardio vascular (CV) and HIV review.

The statewide chronic care database has not been completed. However, as previously mentioned the Baltimore region chronic care database for medical and mental health is on the "S" drive and is monitored monthly by the vendor staff.

(22) Immunization: (a) The State shall make reasonable efforts to obtain immunization records for all juveniles who are detained at Baltimore City Detention Center (BCDC) for more than one (1) month. The State shall ensure that clinical staff update immunizations for such juveniles in accordance with nationally recognized guidelines and state school admission requirements. BCDC physicians who determine that the vaccination of a juvenile or adult inmate is medically inappropriate shall properly record such determination in the inmate's medical record.

The juvenile vaccination process has been implemented. However, health care staff experienced problems with administering the second Hepatitis B vaccine. As a part of the Corrective Action Plan, a vaccination nurse has been assigned. Compliance will be reviewed on 07/01/08.

If a physician determines that vaccinating a resident is contraindicated, this determination is documented in the Electronic Patient Health Records (EPHR) and the information is submitted to the State for entry in IMMUNET (system where all juvenile vaccinations are documented in Maryland) on an ongoing basis.

Medication

(23) Medication Administration: The State shall ensure that all medications, including psychotropic medications, are prescribed appropriately and administered in a timely manner to adequately address the serious medical and mental health needs of inmates at BCDC. The State shall ensure that inmates who are prescribed medications for chronic illnesses that are not used on a routine schedule, including inhalers for the treatment of asthma, have access to those medications as medically appropriate. The State shall develop and implement adequate policies

and procedures for medication administration and non-compliance. The State shall review its Medication Administration policies and procedures and make any appropriate revisions. The State shall ensure that Medication Administration Records are completed and maintained in each inmate's medical record.

Medication administration, including psychotropic medications, are monitored and audited for compliance with standards and procedures. In April 2008, a medication administration records audit was conducted by the Office of Inmate Health Services. Documentation has improved, but falls short of compliance. The nursing leadership is scheduled to meet with the Office of Inmate Health Services to address issues related to documentation, medication administration records and EPHR.

For each training session on medication administration records, documentation is maintained which shows the attendees of each training session and their competency in the subject matter. Medication administration records are also audited for compliance. In addition, Correctional Medical Services (CMS) has conducted focus medication administration records education for nursing staff and has additional nursing staff to do random medication administration records reviews per shift. Subsequent to the April 2008 Department of Justice audit, a follow-up meeting was scheduled for May 2008.

In April 2008, CMS as well as medical records have completed training related to maintaining medication administration records in each inmate's record. However, active medication administration records are not made a part of the medical record and are stored in the area where medication is given. This process is scheduled for further discussion in May 2008. In addition, electronic medication administration records as a part of Electronic Patient Health Records (EPHR) interface is currently in discussion.

(24) Continuity of Medication: The State shall ensure that arriving inmates who report they have been prescribed medications shall receive the same or comparable medication as soon as is reasonably possible, unless a Baltimore City Detention Center (BCDC) medical professional determines such medication is inconsistent with generally accepted medical practice. If the inmate's reported medication is ordered discontinued or changed by a medical professional, a medical professional shall conduct a face-to-face evaluation of the inmate as medically appropriate.

Changes in medication based upon clinical needs are discussed with the inmate by the provider as formulary substitutions, change in clinical condition, etc. In addition, efforts to maintain inmates on medical and mental health drugs upon intake are reinforced by policy.

(25) Medication Management: The State shall develop and implement guidelines and controls regarding the access to and storage of medication as well as the safe and appropriate disposal of medication and medical waste.

Medication administration is audited to ensure compliance with access and storage requirements. The audits are conducted by the pharmacy vendor.

The pharmacy policy covers the guidelines and controls on the safe and appropriate disposal of medication. Appropriate medical staff is also trained on the policies and procedures concerning the disposal of medication. The pharmacy vendor, Correct RX, monitors compliance.

Appropriate medical staff is also trained on the proper disposal of medical waste. The Office of Inmate Health Services will request training documentation from CMS on this component of the medical contract no later than 6/1/08. The Area Contract Manager (ACOM) will also continue to monitor for compliance.

Emergency Care

(26) Access to Emergency Care: The State shall continue to train medical, mental health and security staff to recognize and respond appropriately to medical and mental health emergencies. Furthermore, the State shall ensure that inmates with emergency medical or mental health needs receive timely and appropriate care within the facility, and are promptly referred and transported for outside care when medically necessary.

The medical contractor will collaborate with custody staff with regard to training security officers to respond appropriately to medical and mental health emergencies when requested by custody.

Emergency medical or mental health needs are audited to ensure compliance with requirements. The Wexford Utilization Management vendor reviews offsite emergencies and has policy and procedures to treat emergencies requiring outside special care. The Emergency Room audits are done concurrent to the event; however, onsite conditions that are not flagged but result in offsite care are reviewed.

(27) First Responder Assistance: The State shall train all security staff to provide first responder assistance (including cardiopulmonary resuscitation ("CPR") and addressing serious bleeding) in an emergency situation. The State shall provide all security staff with the necessary protective gear, including masks and gloves, to provide first line emergency response.

Process completed.

(28) Automatic External Defibrillators ("AEDs"): (a) AEDs shall be regularly maintained and available throughout BCDC for use by clinical staff, (b) who shall be trained in the use of AEDs.

Every medical and mental health staff is required to have CPR training, including AED training, prior to being hired. Evidence of recertification as indicated is monitored on an ongoing basis by the Office of Inmate Health Services.

(29) Quality Improvement and Monitoring of Medical Care: (a) The State shall develop a contract and facility-specific auditing instrument. (b) The State shall also develop and implement meaningful utilization monitoring of hospital and emergency room events. (c) The State shall track staff vacancies on a quarterly basis including a report from the medical care vendor comparing the number of required staff by position and shift relative to that which is actually provided.

Seven facility-specific auditing tools were developed in August 2007 and an additional 15 have

been drafted. This will be an ongoing task given the limited number of staff in the Office of Inmate Health Services to develop and test the efficacy of the tools. However, the Office of Inmate Health Services remains committed to have accuracy and validity in the instruments.

Each vendor has conducted a staffing vacancy review and has been requested to submit recommendations for staff shifting against the best and final offer (the contract). Each vendor has also been requested to submit measurable reasons for their recommendations no later than 06/30/08. In addition, the Baltimore region has averaged a 94-97% fill rate per month.

The medical contract requires a recruiter specifically for the Baltimore region. However, the greatest effort should be in staff retention as the turnover rate and not hiring is the issue. Correctional Medical Services (CMS) has been requested to review incentives and the State should review parking barriers that create hardships to working in the Pretrial region.

Mental Health Care

(30) Treatment: The State shall ensure that qualified mental health professionals provide timely, adequate, and appropriate screening, assessment, evaluation, treatment and structured therapeutic activities to inmates requesting mental health services, inmates who become suicidal, and inmates who enter with serious mental health needs or develop serious mental health needs while incarcerated.

Process completed and is audited for compliance. An evaluation of mental health staffing requirements and a review of budgetary allocations are ongoing.

(31) Suicide Prevention: The State shall maintain and implement an effective suicide prevention program. The policies and procedures of this program shall, at a minimum, address: (a) the appropriate housing, monitoring and treatment of individuals identified as suicide risks; (b) the removal of suicide hazards; and (c) the provision of suicide smocks, when deemed appropriate by mental health professionals.

A database of all suicide activity across the State has been developed. This data is entered on a daily basis as offenders have suicidal ideations, gestures, attempts, and suicides. This data is reviewed on a weekly basis for the jail population to look at housing locations, reasons for the suicidal behavior, and to alert staff of the offenders' risk levels.

The suicide prevention action plan includes a review of access to care issues to determine the number of clinical appointments missed, the reasons they are missed, and how quickly they are rescheduled. Since the inception of this weekly review, the number of missed appointments has decreased because awareness of custody staff has been raised as to the importance of offenders getting to these appointments. Access to care meetings also offer a way to identify problems or barriers and arrive at solutions to ensure that offenders receive the treatment they need.

The providers in conjunction with jail administration have instituted procedures to ensure that newly admitted offenders are not housed alone until they can be evaluated. Procedures have also been implemented to ensure that offenders placed on segregated housing are brought to the attention of

medical and mental health professionals so that they can be evaluated within a few hours of placement.

(32) Monitoring of Suicidal Inmates: The State's suicide prevention program shall include policies and procedures specifying the level of supervision for inmates identified as suicidal, identifying factors and tools to be used to determine the level of monitoring necessary for such inmates, and requiring an adequate periodic assessment of suicidal inmates by qualified mental health professionals. Inmates shall only be removed from suicide watch after approval by mental health professionals after a suicide risk assessment indicates it is safe to do so.

Process completed.

(33) Mental Health Restraints and Seclusion: The State shall develop and implement restraint and seclusion policies, procedures, and practices that are consistent with generally accepted professional standards and that guide staff in the appropriate use of restraints in the mental health context. The State shall also ensure that appropriate cells are used for crisis management purposes, that such cells are used only to the extent necessary to manage crisis situations, and that the restraint and seclusion policies apply to the use of such cells. Inmates placed in such cells shall receive timely mental health assessments and appropriate interventions as needed.

The restraint policy has been revised in conjunction with the guidelines set forth by the U.S. Department of Justice's Mental Health expert as well as the American Psychiatric Association.

The Director of Mental Health and the Administrative staff of the Division of Pretrial Detention and Services toured the inpatient mental health unit on May 14, 2008 and discussed the possible reconfiguration of the use of available space in a way that is more conducive to a therapeutic environment.

(34) IMHU: The State shall ensure that inmates in the Inpatient Mental Health Unit ("IMHU") have reasonable access to functioning toilets in a timely manner as needed.

Process completed.

Mortality Reviews

(35) Autopsies: The Division of Pretrial Detention and Services shall continue to cooperate with the State Medical Examiner to develop and implement a policy governing the performance of inmate autopsies.

The Memorandum of Agreement with the Medical Examiners Office and the policy regarding autopsies has been completed. The Office of Inmate Health Services receives autopsy results and forwards a copy to the contractor.

(36) Mortality Reviews: The State shall continue to conduct a mortality review for each inmate death, involving appropriate medical and Baltimore City Detention Center (BCDC) personnel. Mortality review staff shall seek to identify any problems in care or access to care and the State shall take appropriate steps to remedy problems that are identified during such reviews.

The Area Contract Manager (ACOM) for each site is present for every death review or it is not considered a mortality review. The Office of Inmate Health Services is 100% compliant with this process.

SECURITY

(37) Staffing: The State shall maintain a sufficient number of staff to maintain security in the housing units, supervise inmates, and ensure the safety and security of the inmates and staff.

An annual review of staffing plans for both facilities is scheduled for June 2008 and will include a determination of the need for new special assignment posts (posts staffed through the use of overtime) and a continuation of previously approved special assignment posts.

The annual review will also include an analysis of information from DPDS Violence Reduction meetings and recommendations from facility management for changes required to respond to operating issues. DPDS executive management will then determine and approve the final staffing plan for each facility.

(38) Contraband: The State shall maintain and implement adequate policies, procedures and practices to reduce the levels of dangerous contraband at the facility. The State shall maintain and implement policies, procedures, and practices to ensure that security staff perform periodic, irregularly timed and documented cell searches as well as facility-wide mass cell searches.

Process completed.

(39) Use of Force: The State shall ensure that incidents involving staff's use of hard impact head-strikes are automatically and promptly investigated. The results of each investigation shall be documented in an investigative report.

Process completed.

(40) Maximum Facility Capacity: The State shall determine a safe operating capacity.

Detainees are classified according to security levels. Meetings are held twice per month to review all incidents of violence and to examine trends within the detainee population. Staff and residents are searched, and the K-9 Unit is used as a part of the search procedure. Mass movement of residents is limited, and during clinic visits, residents are handcuffed during the movement of other residents. Residents prone to violent behavior are placed in special housing.

(41) Classification System: The State shall develop and implement an appropriate classification system to protect inmates from unreasonable risk of harm. The State shall develop

and implement a classification system, as soon as reasonably possible, that takes into account the relevant institutional behavior of inmates who were previously held at, or committed to, the facility. Inmates shall be timely classified and placed in housing appropriate for security and safety. The State shall identify certain serious disciplinary behaviors that, where appropriate, automatically result in immediate reclassification.

The Department of Public Safety and Correctional Services issued a new Request for Proposal (RFP) for the development and implementation of the new electronic Offender Case Management System. DPSCS anticipates that the deployment of the first phase of the new Offender Case Management System will occur by the end of 2008. The calendar for the phased deployment of the new system will be developed after the system vendor is identified and customization requirements are defined.

JUVENILES

(42) Protection from Harm: The State shall continue to ensure to the extent reasonably possible that juveniles are housed under conditions maintaining sight and sound separation from adults. The State shall continue to stage and transport juveniles separately from adults. The State shall continue to maintain a classification system that places youth appropriately and safely within the facility, and provides for reclassification in appropriate circumstances.

Funding for the new design of the new Youth Detention Center has been provided in the Capital Budgets for FY2009 and FY 2010. Demolition activities on the site of the new center that began in January are continuing.

(43) Segregation: The State shall continue to maintain consistent and appropriate policies, procedures, and practices for segregation to be used only when appropriate and in an appropriate manner, and to fully document its use. The State shall continue to provide youth assigned to the disciplinary segregation tier of the juvenile unit for more than 24 hours with due process, including a timely hearing by an impartial official. The State shall continue to utilize a dedicated on-site hearing officer, and an auxiliary on-site hearing officer.

In the event that the Hearing Officer is not available, the Program Unit Administrator or another Facility Hearing Officer will hear the case. Additional training for facility Hearing Officers was held on 05/16/08.

(44) Grievances and Help Requests: The State shall an effective grievance and help request system, and ensure that grievances and help request forms may be filed confidentially. The State shall also ensure that grievances and help requests receive appropriate follow-up, including informing the juvenile of its outcome and tracking implementation of resolutions.

Two (2) locked boxes have been placed in the Women's Detention Center and one (1) on the Juvenile Services Unit in the Men's Detention Center to file grievances. Only the Program Director and Case Manager have keys to open the box. Grievances are entered into a log book which is located in the Program Manager's Office.

All residents have been given a copy of the new grievance policy (PDSD 180-2) and are educated on the process during orientation. The new policy, which was implemented on 04/15/08, provides for timely tracking and resolution of grievances including the appeal process where applicable.

(45) Discipline: The State shall continue to maintain policies, procedures, and practices for disciplining juveniles that are appropriate to the juveniles' ages and development.

The sanctions matrix is in accordance with State regulations and adhered to strictly. The matrix is specifically designed for juveniles and is utilized to discipline juveniles in accordance with their age and development. Copies of the matrix are located in the juvenile handbook, program manual and PDSD 105-12 which governs the disciplinary procedures for juveniles.

(46) Out-of-Cell Time: The State shall continue to provide sufficient staff to afford juveniles reasonable opportunities to spend time out of their cells. The State shall continue to provide juveniles with at least one hour of large-muscle exercise per day, as consistent with reasonable security considerations.

For male general population juveniles, recreation begins at the completion of the school day and runs a minimum of one hour per day, six (6) days per week, in the recreation yard or gym. Also, in an effort to increase recreation for residents in Special Housing, a utility recreation crew has been established. The specific duty of this crew is to provide recreation supervision for special housing juveniles that include large muscle out-of-cell time several times per week. The utility crew gives consistent recreation on a daily basis to those juveniles housed in protective custody, maximum security and administrative segregation for up to one (1) hour each day excluding Saturday which is reserved for visits. For juvenile females, recreation is provided for one (1) hour each day, seven days per week.

(47) Staffing of Juvenile Units: The State shall continue to ensure that security staff in both male and female juvenile units are properly trained in youth development, behavior management and juvenile correctional supervision, suicide prevention, de-escalation procedures, and issues concerning victims of physical and sexual abuse. The State shall provide sufficient numbers of adequately-trained direct care and supervisory staff to supervise youth safely and to protect youth from harm.

The staff of the Juvenile Services Unit received additional training by the University of Maryland, identified as "booster sessions." These are sessions that are designed to reinforce and build on previous training provided to the staff.

With regard to security staffing, approximately \$86,000 is provided in the FY2009 budget for training for the Juvenile Unit staff. The final plan for this training will be approved in June, based on assessments of individual staff needs and specific program requirements.

(48) Responsibility for Juvenile Services Programs: The State shall continue to ensure that an individual is designated as responsible for improving and monitoring services provided to juvenile inmates. The State shall provide the designated individual with sufficient tools to monitor the conditions of confinement of the juvenile population including, but not limited to, incident report summaries and statistics, reports of investigation, hearing summaries, and statistical and/or

summary reports of grievances and requests for assistance. The State shall continue to ensure that the designated individual has access to a unified institutional file for each juvenile including a copy of all relevant juvenile corrections documents. The State shall involve the designated individual in the facility's quality assurance and continuous quality improvement processes.

Process completed.

(49) Additional Policy Development and Implementation: The State shall develop and implement a program to address the following: (a) delivery of treatment services, (b) specialized training regarding the use of force for juveniles, (c) revision of all relevant BCDC policies in the juvenile context, and (d) orientation of juveniles to the facility.

Specialized training in conflict management, use of force continuum, and use of force policy is provided annually through the established in-service training program for all correctional officers. In addition, the training program for the Juvenile Unit referenced in Paragraph 47 will address specific program and individual needs.

EDUCATION

Special Education

On April 10, 2008, a Special Education teleconference was held between the State of Maryland and the Special Education Consultant for U.S. Department of Justice. The purpose of the teleconference was to discuss the adult and juvenile special education programs and to further review the recommendations set forth in the January 24, 2008 assessment of compliance. To date, special education protocols and procedures are still under review and a final determination will not be made until completion of the special education audit in October 2008.

(50) Provision of Required Special Education: The State shall continue to provide juveniles confined at BCDC with special education services as required by the IDEA and regulations promulgated thereunder, and Section 504 and regulations promulgated thereunder.

Process completed and pending review by the Special Education Consultant for the U.S. Department of Justice.

(51) Special Education Identification: The State shall continue to maintain a system to identify accurately those juveniles who are eligible for special education and related services. The State shall implement a screening procedure to identify inmates between the ages of eighteen (18) and twenty-one (21) years who received special education services through an Individualized Education Program ("IEP") prior to their detention at BCDC. The screening procedure shall include a system to obtain educational records from the inmate's prior school or placement.

Process completed and pending review by the Special Education Consultant for the U.S. Department of Justice.

(52) Assessment: Pursuant to the IDEA and regulations promulgated thereunder, the State shall gather sufficient and relevant functional, cognitive, and behavioral information to enable IEP teams to determine whether an inmate is a student with a disability and, if applicable, develop an appropriate educational program for the student.

Process completed and pending review by the Special Education Consultant for the U.S. Department of Justice.

(53) Students with Disabilities: The State shall instruct students in a manner commensurate with their skill levels, and shall provide supplementary services to the extent necessary to provide a Free and Appropriate Public Education (FAPE). Students with disabilities between the ages of eighteen (18) and twenty-one (21) years shall receive special education and related services consistent with their IEPs. Educational services shall be directly linked to the students' IEPs.

Process completed and pending review by the Special Education Consultant for the U.S. Department of Justice.

(54) Space and Materials: The State shall continue to ensure that the BCDC school is provided sufficient and appropriate space, instructional materials, and other educational tools necessary to implement the IEPs and/or Section 504 plans of students with disabilities and to comply with the provisions of the Memorandum of Agreement.

Process completed and pending review by the Special Education Consultant for the U.S. Department of Justice.

(55) Enrollment: The State shall continue to enroll juveniles in school as soon as is reasonably possible upon their arrival at BCDC.

Process completed and pending review by the Special Education Consultant for the U.S. Department of Justice.

(56) Individualized Education Plan (IEP) Meetings: The State shall comply with federal regulations governing the assessment of students and the development and revision of IEPs, and it shall properly document and monitor student progress toward IEP goals and objectives. The State shall continue to convene regular IEP meetings to develop, review and revise, as appropriate, the IEP of each student with a disability placed at BCDC and IEP team decisions regarding appropriate levels of service shall not be based on unavailability of services at BCDC. The State shall ensure that appropriate mental health professionals and related service providers contribute to the IEP meetings of students on mental health treatment plans.

Process completed and pending review by the Special Education Consultant for the U.S. Department of Justice.

(57) Special Education Integration: The State shall continue to ensure that all teachers are trained to: a) properly modify and adapt curricula for students with disabilities; b) identify students in need of special education and/or related services; and c) employ effective behavior management techniques. Special education teachers shall monitor special education student progress in

general education classrooms and provide special education support to general education teachers.

Process completed and pending review by the Special Education Consultant for the U.S. Department of Justice.

(58) Access to Instruction: The State shall ensure that students with disabilities placed in disciplinary confinement shall receive a FAPE and adequate services consistent with the goals of the students' IEPs.

Process completed and pending review by the Special Education Consultant for the U.S. Department of Justice.

(59) Transition Planning: The State shall reasonably ensure that adequate transition planning and services are provided to all eligible youth with disabilities in accordance with the IDEA and Section 504.

Process completed and pending review by the Special Education Consultant for the U.S. Department of Justice.

Staffing

(60) Permanent Staff: The State shall employ adequate numbers of qualified staff to fulfill the provisions of this Agreement. The State shall ensure that staffing is sufficient to: a) conduct adequate screening and evaluation of students for eligibility for special education services; b) ensure that instruction, transition services and related services are provided to all eligible students in accordance with the IDEA and its implementing regulations; and c) provide related services required by students' Individualized Education Plans (IEPs).

Process completed and pending review by the Special Education Consultant for the U.S. Department of Justice.

(61) Substitute Teachers: The State shall continue to ensure that it employs sufficient numbers of substitute teachers to provide adequate staff coverage when permanent staff members are absent from work.

Process completed and pending review by the Special Education Consultant for the U.S. Department of Justice.

Female Students

(62) Equal Opportunity: Female students at Baltimore City Detention Center (BCDC) shall receive general and/or special education comparable to male students, based on their individual needs.

Process completed and pending review by the Special Education Consultant for the U.S. Department of Justice.

FIRE SAFETY AND EMERGENCY PREPAREDNESS

(63) Fire Safety and Evacuations: The State shall continue to maintain BCDC in a manner that provides adequate fire safety. The State shall ensure that: (a) inmates may be evacuated in a safe and timely manner in the event of a fire emergency; (b) emergency exit routes and stairwells are free of obstacles, maintained in a safe manner, and available for use; and (c) keys may be accurately identified during emergency situations.

In accordance with the January 24, 2008 findings of the U.S. Department of Justice, the State of Maryland is in compliance with this provision. Routine monitoring of staff training, fire drills and the inspection of egress routes is conducted to maintain compliance with this provision.

(64) Equipment: In all buildings at BCDC, the State shall: (a) repair and maintain an operational, effective, and secure sprinkler system; and (b) repair and maintain an operational and effective smoke detection and audible alarm system. The State shall conduct regular inspections of both systems to ensure their effectiveness and operability.

In accordance with the January 24, 2008 findings of the U.S. Department of Justice, the State of Maryland is in compliance with subdivision (a) which requires an operational, effective and secure sprinkler system in all buildings of the Baltimore City Detention Center.

(65) Fire Hazards: The State shall ensure that: (a) stairwells designated as emergency exits are enclosed to prevent the passage of smoke and other products of combustion; b) open spaces around penetrating items in existing enclosed stairwells are properly sealed; (c) floor openings that may be conduits for products of combustion are eliminated; and (d) floor separations are fire rated and smoke resistant; and (e) all hazardous or flammable materials shall be appropriately stored.

In accordance with the January 24, 2008 findings of the U.S. Department of Justice, the State of Maryland is in compliance with this provision. Routine monitoring of stair wells, storage areas and floor separations is conducted to maintain compliance with this provision.

ENVIRONMENTAL HEALTH AND SAFETY

(66) Sanitation: The State shall continue to ensure that BCDC is maintained in a clean and sanitary manner, and it shall implement a written sanitation plan requiring routine cleaning and inspections of the facility.

Effective March 1, 2008, work crews were formed to remove heavy build-up from the corners and under the bunks of individual cells in the Men's Detention Center. Sections C, D, F, G, and S have been cleaned as of 05/15/08.

(67) Food Service: The State shall continue to ensure that food service at BCDC is operated in a safe and hygienic manner. To reduce the risks of food-borne illnesses, the State shall develop and implement a food service plan to ensure: (a) safe food preparation, handling, and storage; (b)

proper sanitation of food preparation areas and equipment; and (c) appropriate training and supervision of persons responsible for food service.

Process completed.

(68) Pest Control: The State shall develop and implement a reasonable integrated pest management program at BCDC facilities.

Process completed.

(69) Maintenance: The State shall ensure that maintenance requests are responded to in a timely manner, and it shall develop and implement a program for: a) the accurate and timely documentation of all maintenance requests and responses; and b) the routine inspection of facility equipment and systems for safety and operability. The State shall repair and maintain all broken or malfunctioning or insufficient lighting, plumbing, toilets, sinks, showers, floors, and windows. Within 12 months of the date of this agreement the State shall, to the extent reasonably possible, make all said repairs. However, repairs to the physical condition of the showers, including, but not limited to, inadequate flooring shall be completed within 18 months from the date of this agreement. The State shall develop a reasonable written preventative maintenance plan. At a minimum, the plan shall specify a protocol for accurate and timely documentation of all maintenance requests and responses.

The DPDS Maintenance Management System is operational in the Men's Detention Center. Some minor modifications to make it more user-friendly and changes to the report format are planned for the June-July timeframe, depending on when a programmer is available. The Information Technology Division is continuing with the development of an enterprise maintenance management system. The first phase of this new system, which includes an inventory tracking system, is awaiting approval from the Department of General Services before deployment to the test sites. Current estimates suggest that this module will be made available to DPDS late in the summer of 2009. A preventative maintenance tracking system is a module included in the Maintenance Management System.

In accordance with the shower plan of action, repairs and renovations are currently in progress. Work on the showers has begun in the Women's Detention Center, Jail Industries Building and the Annex.

Specifications have also been written to refurbish restroom shower areas in the Men's Detention Center. Minor repairs are being made by maintenance staff and more extensive repairs are being performed by Contractors based on the repair schedule in the plan.

(70) Electrical: The State shall repair and maintain electrical systems, equipment, and outlets to eliminate electrical hazards.

In accordance with the January 24, 2008 findings of the U.S. Department of Justice, the State of Maryland is in compliance with this provision. Routine monitoring of the electrical systems, equipment and outlets is conducted to maintain compliance.

(71) Ventilation and temperatures: The State shall provide and maintain safe ventilation and temperatures throughout the facility.

Process completed.

(72) Laundry: The State shall ensure that inmates are provided with adequate clean clothing and underclothing. The State shall develop and implement an adequate system for laundering all inmates' clothing and linens in a manner that prevents the spread of infectious disease and is consistent with CDC guidelines.

Specifications for the initial purchase of commercial washers and dryers for a laundry facility located in the Women's Detention Center were completed after significant difficulty reconciling the U.S. Department of Justice (DOJ) Environmental Health Consultant's comments and recommendations with research done on available equipment and laundry supplies. Procurement of the first \$50,000 of equipment was started on May 13, 2008. Based on the equipment specifications, the specifications for the modifications to the site in Women's Detention Center are being written. Procurement of a contractor to complete the modifications will be initiated by May 23, 2008 with work to commence before June 30, 2008.

(73) Bedding: The State shall continue to ensure that inmates are provided with adequate and clean bedding.

Vinyl mattress covers have been successful in extending the life of mattresses when used before the existing mattress cover is significantly torn-up. DPDS is working with Maryland Correctional Enterprises to obtain a new style of mattress that may be less prone to be destroyed. Delivery of the first batch of new mattresses for a test program is scheduled for July 2008.

(74) Hot Water: The State shall ensure that water in all inmate-occupied areas is maintained at a temperate below scalding.

Specifications were submitted to the Department of General Services for three (3) new hot water systems for the north, south and center buildings of the Men's Detention Center.

QUALITY ASSURANCE

(75) Plan: The State shall develop and implement written quality assurance policies and procedures to regularly assess and ensure compliance with the terms of this Agreement.

With regard to medical and mental health, process completed.

(76) Corrective Action Plans: The State shall develop and implement policies and procedures to address problems that are uncovered during the course of quality assurance activities. The State shall develop and implement corrective action plans to address these problems in such a manner as to prevent them from occurring again in the future.

With regard to medical and mental health, the State is reviewing the Corrective Action Plan submitted by the vendor and has a Corrective Action Plan policy in place to make sure the appropriate area of the audit deficiency is at least addressed. Failure to generate an appropriate Corrective Action Plan may result in liquidative damages.