

FINAL REPORT
GOVERNOR'S TASK FORCE ON CORRECTIONAL REHABILITATION



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STATE OF MARYLAND

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TABLE OF CONTENTS

	Page
Chapter I - Introduction	I-1
Chapter II - The Status of Rehabilitation Efforts Nationally and in Maryland	II-1
A. Introduction	II-1
B. Inmate and Probationer Populations in Maryland	II-7
C. Maryland's Correctional Institutions	II-23
D. Rehabilitation Programming in Maryland's DOC	II-31
Chapter III - Recommendations	III-1
A. System Goals and Review	III-6
1. Systemwide policy regarding correctional rehabilitation should be developed and adopted by the Governor and the General Assembly.	III-6
2. The Secretary of Public Safety and Correctional Services should fully utilize those legislatively created Advisory Boards which are empowered to monitor, review, and evaluate correctional rehabilitative efforts. In addition, the Maryland Criminal Justice Coordinating Council should assist in monitoring the success with which rehabilitative programs, both internal to and external to the Department of Public Safety and Correctional Services, are coordinated with one another to achieve the Department's rehabilitative goals.	III-6
3. Efforts must be increased to insure that the general public is made more aware of the accomplishments, problems, and resource needs of corrections.	III-7
B. Research and Information Systems	III-9
1. The State must continue to review and improve the quality and completeness of the OBSCIS I and OBSCIS II components of the CJIS.	III-9

	Page
2. The State should consider OBSCIS I and OBSCIS II as data bases that can provide research as well as management information. Therefore, the State must be willing to evaluate the systems' rehabilitation programs and be willing to consider the inclusion of additional data, the allocation of additional programming time, or other options that will improve the two systems' research capabilities.	III-10
3. The State must accept as a correctional priority the need to evaluate its rehabilitation programs and be willing to commit resources to the effort.	III-10
C. Classification	III-12
1. The DOC should implement a revised classification system which embodies the Mutual Agreement Programming (MAP) concept.	III-12
2. The Task Force supports the DOC's efforts toward establishing a case management concept.	III-12
3. Individual program plans should be developed with each inmate, using the results of the diagnostic work-ups, including comprehensive educational assessments, in concert with established priorities and criteria for assignment.	III-12
4. The Task Force strongly endorses the multi-level counseling program developed by the Division of Correction.	III-13
5. Individuals sentenced to the DOC who have severe mental and emotional deficiencies should be transferred to the Department of Health and Mental Hygiene.	III-14
6. A uniform release orientation program from which inmates are released from incarceration should be implemented throughout the DOC's institutions.	III-14
D. Education	III-16

	Page
1. All inmates who are illiterate shall be encouraged by appropriate administrative incentives and records to participate in a 90-day basic education program.	III-16
2. The currently existing one-to-one tutoring program should be expanded to augment the provision of basic education and GED preparation to the greatest degree possible.	III-16
3. Special post-secondary education funds should be budgeted for inmates.	III-16
4. Computer technology should be an integral part of the secondary and post-secondary educational and vocational training program of all DOC institutions.	III-17
5. Vocational education programs should be developed and maintained on the basis of expectations concerning labor markets.	III-17
E. Industry/Training	III-18
1. Industrial work space and capital for equipment and inventory should be funded with general funds for the expansion of SUI.	III-18
2. Steps should be taken to initiate programs aimed at bringing private industry into correctional facilities.	III-18
3. Existing regulations mandating the purchase of prison made goods and services by the State should be enforced.	III-18
4. Legislative restrictions on the sale of prison-made goods and services must be modified in order to provide greater opportunities for the sale of the products of SUI.	III-19
5. Pre- and post-release employment services should be improved.	III-19
6. Vocational education and SUI programs should be closely coordinated.	III-19

	Page
7. There should be a comprehensive review of all existing State statutes, interpretations of legislative intent by the Attorney General and regulations regarding employment restrictions for ex-offenders in order to allow for appropriate revisions which would eliminate such employment discrimination.	III-20
8. All State agencies are encouraged to participate in the DOC's inmate trainee program which was implemented in 1982 in cooperation with the Department of Transportation (DOT).	III-20
F. Facilities	III-22
1. To achieve more efficient utilization of rehabilitation resources and better targeting of program expansions, the Division of Correction should establish specialized missions for its institutions.	III-22
2. Space for rehabilitative programs should be allocated at each existing correctional facility and should be a mandatory requirement in the construction of new correctional facilities. Program space should not be converted into housing space and should not come at the expense of housing space in the institutions.	III-22
3. Where program space is a problem in existing facilities, an effort should be made to maximize the space available by multiple-use strategies.	III-23
4. All facilities should meet minimal standards for fire safety, size, environmental conditions, lighting, and accoustical control.	III-23
G. Substance Abuse	III-25
1. The Substance Abuse Program developed by the DOC, the Maryland Drug Abuse Administration, and the Maryland Alcohol Control Administration should be implemented in full as recommended by the Governor's Task Force on Additctions and Criminal Justice.	III-25

	Page
2. The Task Force supports the establishment of the Intensive Stabilization Program within the DOC.	III-25
3. Systematic information dissemination should be implemented and maintained by the DOC, the DPP, and the Parole Commission in order to ensure the continuity of substance abuse treatment for individuals leaving the DOC via parole or probation.	III-26
H. Volunteers	III-27
1. The DOC should assess the ways volunteers could be utilized more effectively in each of its institutions.	III-27
2. The DOC should establish a recruitment, selection training and monitoring program for volunteers.	III-27
3. Correctional and administrative personnel should receive training to assist in making the implementation of the volunteer effort successful.	III-27
I. Re-entry and Community Supervision	III-28
1. Intensive re-entry programs should be expanded so that each inmate experiences some form of re-entry orientation prior to release.	III-28
2. Community correctional programs should be expanded to aid in the transition of offenders from prison to community.	III-28
J. Organizational Structure and Personnel	III-29
1. Every effort should be made to make correctional employment more attractive.	III-29
2. Effective pre-service training should be provided for all correctional personnel. Clerical and other support personnel should participate in an abbreviated preservice training program.	III-30

	Page
3. The organizational structure of DOC should be examined to assure that, at both the headquarters and institutional levels, rehabilitation is accorded appropriate levels of prominence and involvement in policy-making decisions.	III-31
Appendix A	III-32
Appendix B	III-34

Chapter I

INTRODUCTION

During the 1982 Session of the General Assembly, at the urging of Delegate Howard Rawlings, a Resolution was introduced in the House of Delegates (HJR77) to initiate a study of the quality and quantity of rehabilitation programs in the Maryland Division of Correction. After discussion with the representatives in the General Assembly and executive agencies, the Governor agreed with the concept to review correctional programs in the state prison system and recommend appropriate future action. In January, 1983, the Task Force on Correctional Rehabilitation was appointed by Governor Hughes with the Director of the Institute of Criminology and Criminal Justice at the University of Maryland at College Park, Dr. Charles F. Wellford, as its Chairman. The other members of the Task Force were as follows:

Honorable Walter M. Baker
General Assembly, State Senate

Mr. Leslie H. Dorsey
Warden, Maryland Correctional Institution for Women

Mr. Richard W. Friedman
Executive Director, Maryland Criminal Justice Coordinating
Council

Dr. Brent M. Johnson
Executive Director, State Board for Community Colleges

Ms. Sharon L. Johnson
Director of Program Services, Division of Correction

Mr. John Linton
Director, Correctional Education, Department of Education

Mr. Daniel J. Moore
General Manager, State Use Industries

Honorable Wendell H. Phillips
General Assembly, House of Delegates

Honorable John A. Pica
General Assembly, State Senate

Honorable Howard P. Rawlings
General Assembly, House of Delegates

Mr. Jerome Wright
Director, Community Residence Center

The Governor asked the Task Force to concentrate its activities in the following areas:

1. A quantitative and qualitative review of the ongoing rehabilitation, alcohol, and drug counseling programs now available in the penal institutions. Included in this analysis should be data on: the number of inmates that can be served; the effectiveness of various programs, particularly related to successful job experience once released; recidivism; and estimates of the necessary resources and anticipated results if the program is expanded.
2. A review and assessment, both programmatic and fiscal, of programs offered in other jurisdictions not available here.
3. An assessment of the level, effectiveness, and cost of educational programs now available as well as an assessment of increased availability of resources and their expected effectiveness.

In addition, the Governor stated, "Recognizing that space limitations and overcrowding conditions in some institutions present hardships in providing certain rehabilitative programs, I would also ask that you examine ways to address that issue."

Although the areas of juvenile corrections and adult community-based corrections were originally excluded from the primary charge to the Task Force, it was agreed that, to the extent that community-based corrections are related to institutional efforts, they would be given consideration.

It was also decided that examination should take place regarding the role that staff of the Division of Correction play in the rehabilitation effort. Attention was focused on current staffing patterns and the implications these have for the success of rehabilitation programs. While there was agreement that staff are generally eager to facilitate the development and utilization of rehabilitation efforts, specific consideration was given to staff deployment, improvement and expansion.

The original letter of appointment of the Task Force asked that the Final Report with recommendations be submitted to the Governor by August 1, 1983. Due to the complexity of the mission of the Task Force, that deadline was extended 60 days by the Governor.

During the work of the Task Force on Correctional Rehabilitation, there were seven public meetings held in Annapolis. In addition, members of the Task Force made site visits to the following correctional institutions:

Maryland Correctional Institution - Hagerstown

Maryland Correctional Institution - Jessup

Maryland Correctional Training Center - Hagerstown

Maryland House of Correction - Jessup

Maryland Correctional Institution for Women - Jessup

Patuxent Institution

The Task Force held a public hearing in Annapolis on June 23, 1983 in order to obtain the views of private citizens, advocacy groups, and the general public on the issue of correctional rehabilitation.*

In addition, the Task Force gathered testimony from criminal justice professionals having particular interest in correctional rehabilitation.**

Attorney General Stephen H. Sachs submitted a letter dated July 19, 1983 with extensive recommendations on correctional rehabilitation for the consideration of the Task Force.

The following report is the result of information gathered by the Task Force, discussions among Task Force members, and the particular interests and/or expertise of individual Task Force members. In preparing this report, the Task Force received considerable support from Barbara Montefel of the Institute of Criminal Justice and Criminology, Special Assistant to the Task Force, the staff of the Maryland Statistical Analysis Center, and from various staff members of the Division of Correction and the Department of Education.

* See Appendix A for a list of concerned citizens who presented testimony at the Public Hearing.

** See Appendix B for a list of criminal justice professionals who presented testimony.

CHAPTER II

THE STATUS OF REHABILITATION EFFORTS NATIONALLY AND IN MARYLAND

A. Introduction

In 1979, the National Research Council's Panel on Research and Rehabilitative Techniques published the first of a two-volume series describing the status and future of correctional rehabilitation. The Panel defined rehabilitation as follows:

Rehabilitation is the result of any planned intervention that reduces an offender's further criminal activity, whether that reduction is mediated by personality, behavior, abilities, attitudes, values, or other factors. The effects of maturation and the effects associated with "fear" or "intimidation" are excluded, the results of the latter having¹ traditionally been labeled as specific deterrence.

This definition suggests a number of things about rehabilitation: it is planned intervention; it is aimed at reducing recidivism; and the latter may be accomplished by changing one or several of an offender's traits. Rehabilitation is not to be confused with the more punitive goals of corrections--specific deterrence and, by inference, retribution or incapacitation--although these are intertwined with the goal of rehabilitation. Finally, rehabilitation is not tantamount to maturation, although the two may occur simultaneously and are likely to be strongly correlated.

¹Panel on Research on Rehabilitative Techniques, The Rehabilitation of Criminal Offenders: Problems and Prospects, Lee Sechrest, Susan O. White, and Elizabeth D. Brown, eds., Committee on Research on Law Enforcement and Criminal Justice, Assembly of Behavioral and Social Sciences, National Research Council (Washington, D.C.: National Academy of Sciences, 1979): 4-5. This definition was accepted as a working definition by Maryland's Task Force on Correctional Rehabilitation at its first meeting.

The concept of rehabilitation is accepted as a necessary humanitarian goal of the correctional system by most criminal justice officials and members of the public. Both nationally and in the state of Maryland, there have been numerous attempts to rehabilitate correctional populations through planned intervention. However, it is not easy to assess whether correctional rehabilitation is successful in changing behavior, and, in particular, in preventing recidivism.

1. The Concept of Planned Intervention

As noted above, rehabilitation as a correctional goal has been widely endorsed. In Maryland, however, policymakers may not always perceive the public's will accurately. In a recently completed survey of opinions about Maryland's correctional policies, Gottfredson and Taylor discovered that policymakers, criminal justice officials, and members of the public all consider rehabilitation as a more proper goal of corrections than punishment. The authors note that Maryland's correctional system is perceived as "more punishing and incapacitating, and less deterring and rehabilitating than the public would have it." The study also demonstrates that policymakers believe that their

²Stephen D. Gottfredson and Ralph B. Taylor, America's Correctional Crisis: Prison Crowding and Public Policy (Baltimore: Center for Metropolitan Planning and Research, The Johns Hopkins University, 1983): 325. Looking at policymakers' perceptions and the public's views separately, the authors observed the following: policymakers ranked rehabilitation second after incapacitation; the public ranked rehabilitation third, ahead of punishment and after incapacitation and deterrence.

Ibid., p. 32.

opinions about corrections are quite different from those of the general public, despite the fact that the two sets of opinions are actually quite similar. The result may be that the public will is not always accurately translated into correctional policy.

Nevertheless, the Maryland legislature has recognized the need for rehabilitation in some specific areas. For instance, the following have been specified statutorily: the methadone treatment of drug offenders (Article 27, Section 700F), Community Adult Rehabilitation Centers (Article 27, Sections 706-710), useful work on State Projects (Article 27, Section 711A), and a State Use Industry (Article 27, Section 680-681M). Some of these will be discussed in the sections that follow.

As generally understood, planned intervention spans a range of services and activities. These include but are not exclusive to the following: recreational space and activities; work opportunities; religious activities; library access; educational and vocational programs; industry programs; mental, dental, and physical health care services; alcohol and drug treatment programs; visitation opportunities; special inmate programs, such as counseling and communications programs; and community placement programs. Many of these types of services and programs are available to inmates in Maryland, but, as will be described in more detail below, the types of services vary with the institutions, and opportunities for participation are greatly hindered by the current overcrowding crisis.

2. Rehabilitation as a Means to Reduce Recidivism

Many of the rehabilitation programs developed and employed nationally during the past 50 years have been evaluated. The success of these programs has been measured in terms of such factors as recidivism rates, prison adjustment, vocational success, educational achievement, personality/attitude change, and general adjustment to the outside community.⁴ However, the evaluations attempting to measure the impact of rehabilitation on recidivism have received the greatest scrutiny in recent years. The results of these studies have been, at best, mixed.

The 1975 publication by Lipton, Martinson and Wilks⁵ and articles by Martinson⁶ suggest that with respect to reducing recidivism, nothing rehabilitative works.⁷ This rather dismal conclusion has been tempered somewhat by the more recent conclusion of the National Research Council's Panel on Research on Rehabilitative Techniques: the Panel found that the research

⁴Robert Martinson, "What Works? Questions and Answers About Prison Reform," Public Interest 35 (Spring 1974): 24.

⁵D. Lipton, Robert Martinson, and J. Wilks, The Effectiveness of Correctional Treatment: A Survey of Treatment Evaluation Studies, (New York: Praeger Publishers, 1975).

⁶See note 4, pp. 22-54.

⁷Martinson (see note 4, p. 49) states there is "very little reason to hope that we have in fact found a sure way of reducing recidivism through rehabilitation. This is not to say that we found no instances of success or partial success; it is only to say that these instances have been isolated, producing no clear pattern to indicate the efficacy of any particular method of treatment."

methodology employed in evaluations of rehabilitation strategies has been generally inadequate and incapable of supporting unequivocal interpretations.⁸ Expanding on this, the Panel identifies the lack of randomization (or, random assignment) in rehabilitation research, atheoretical designs, small sample sizes, and lack of uniformity in the measurement of recidivism as leading reasons for the failure of the research. In addition, the Panel criticizes the piecemeal nature of many of the rehabilitation evaluations: rather than evaluating total programs, researchers have often focused on select aspects of intervention, thereby overlooking the need for integrated programming.

Maryland's rehabilitation programs can boast no better success at reducing recidivism than other programs nationally. To date, there have been few efforts to evaluate the success of the State's rehabilitation efforts in terms of reduced rates of recidivism; evaluations of State Use Industries have only recently been mandated by the General Assembly. Of the evaluations discussed by the Task Force, only one program, involving the success of inmates who receive college degrees, examined recidivism as an outcome.⁹ Two other studies that

⁸ See note 1, p. 8.

⁹ Education - Blackburn compared recidivism rates of inmates in the MCTC college program with a matched control group. The college students reflected a 37% recidivism compared to 58% among the control group. See Frederick S. Blackburn, The Relationship Between Recidivism and Participation in a Community College Associate of Arts Degree Program for Incarcerated Offenders, Doctoral Dissertation, Virginia Polytechnic Institute, August, 1979.

focused on the success of Mutual Agreement Programs (MAPs) and drug and alcohol counseling suggest that these programs improve personal and institutional adjustment and perhaps reduce recidivism. These studies remind us that programs and services in institutions are intended to achieve purposes other than reducing recidivism.¹⁰ Institutional management, personal growth and development, and satisfying acceptable levels of care are goals that should be considered in evaluating correctional programs and services.

However, as the National Research Council's Panel notes, there remains a need to improve the evaluation of existing programs, and to include in the evaluations new and innovative

¹⁰ MAP - In an unpublished study by the Director of the MAP Program reported January 14, 1982 inmates with specific parole dates established in a written agreement had significantly fewer infractions and adjustment problems than a similar group of inmates without the written agreement. See "Rate of Adjustment Convictions", Marsha Maloff, MAP Director, January 14, 1983.

Substance Abuse - In a report to the Drug Abuse Administration dated July 5, 1983 the Director of Junction Bridge Inc. reported adjustment problems for 16.6% of the 436 graduates of the program from July 1, 1981 thru December 31, 1982. Of the 178 inmates released from the Division of Correction 9 or 5% had been returned to the Division. See "Recidivism Rate - Junction Bridge Clients - as of July 1, 1981 thru December 31, 1982", Thomas M. Passaro, Executive Director, July 5, 1983. In a study of 207 male inmates convicted of alcohol and drug abuse violations during incarceration in the MCPRS from October, 1982 thru July, 1983 only 45 (21.7%) inmates were graduates of Junction Bridge whereas over half the 1200+ inmates in the MCPRS are Junction Bridge graduates. See "Proposal, Active Substance Abusers, PRS---Revision" John Kidwell, Director of Addictions and Social Work, August 30, 1983. These studies are only suggestive since they do not meet minimum standards of research design necessary to draw stronger conclusions regarding the programs' impact on the participants.

programs, before concluding that rehabilitation does not work. Among the innovative programs it suggests are ones that provide economic subsidies to released property offenders, ones that improve the employment rates of released felons, and restitution programs.

3. Summary

Rehabilitation is a correctional goal that continues to receive support even though available evidence does not unequivocally substantiate its success in changing behavior. Maryland provides a number of correctional programs that may be considered rehabilitative, although relatively few inmates are able to participate and little is known about the success of the programs in reducing recidivism.

Programs and services are also offered to satisfy accepted standards of care and custody to assist in improving the educational, vocational and interpersonal skills of inmates, and to contribute to better institutional management. These goals must also be considered in evaluating the performance of rehabilitation programs.

The following subsections will provide information about the State's incarcerated and probation populations, describe Maryland's correctional institutions, and highlight the programs available in each.

B. Inmate and Probationer Populations in Maryland

In order to understand better the status of Maryland's correctional system, it is important to consider the types and

numbers of individuals in the custody of the Department of Public Safety and Correctional Services. The next few pages will describe the inmate and probationer populations by focusing on such characteristics as age, sex, and race; type of offense; length of sentence; number of inmates housed in the Division of Correction (DOC); and number of probationers supervised by the Division of Parole and Probation.

In reviewing this description of the inmate population, it is important to recognize the difficulties encountered by the Division in attempting to alter the prisoner's life. A long history of personal and societal failures usually accompany a prisoner to the Division of Correction -- failures in school, failures in the job market, failures with drugs and alcohol, failures in interpersonal relationships, and failures at crime. A significant proportion of the Division of Correction population has been known to the Juvenile Services Administration, the Division of Parole and Probation, the Department of Human Resources, and/or the Department of Health and Mental Hygiene prior to incarceration. Most of these agencies have accumulated files of personal histories, diagnostic evaluations, and program attempts to alter the lifestyle of the prisoner in the past. Local jails have extensive contacts with many prisoners prior to incarceration in the Division of Correction and, particularly in the urban jurisdictions, have made some efforts to expose the prisoner to rehabilitation-oriented programs in the past.

1. Characteristics of the Inmate Population in the DOC and Patuxent Institution.

Table 1 describes Maryland's inmate population as of January 7, 1983.¹¹ These data provide a general description of the average age, average length of sentence, race distribution, and most serious offenses of inmates within the DOC and Patuxent Institutions, an independent agency in the Department of Public Safety and Correctional Services. Data presented in this table were obtained from the Department of Public Safety and Correctional Services' Offender Based Statistical Correctional Information System (OBSCIS) data files.

As of July 14, 1983, there were 11,646 prisoners sentenced to the Division of Correction. Of this total, 1344 prisoners, or 12% were under age 20 with 315, or 3%, age 18 or under. In addition, 316 prisoners, or 3%, are over age 51 with 56 prisoners, or .5% of the total, over age 60. At both ends of the continuum, the young prisoner and the older prisoner, there is a disproportional demand on the Division's staff and resources. To meet the health, mental health, counseling, economic, and social needs of these populations requires unique program initiatives and competent staff.

As of January 1983, 27% of the DOC inmates were white and 73% represented other racial groups (Black, Indian, Asian, and other). The M-PEN reported the fewest white inmates (22%), while

¹¹ This date was arbitrarily selected by the Department of Public Safety and Correctional Services for analysis, but there is no reason to believe that information on the data is dramatically different from data for any other date that might have been selected.

the Maryland Correctional Institution at Jessup (MCI-J) had the highest percentage (33%) of white inmates. Compared to the racial distribution of inmates in the DOC, the Patuxent Institution had a much larger proportion of white inmates. Thirty-nine percent of Patuxent's inmates were white, while 61% were of other races.

OBSCIS I data that describe the most serious offense for which individuals were incarcerated in January 1983 indicate that 61% of all DOC inmates were convicted for violent crimes, 24% were convicted for property crimes, and 15% were convicted for other crimes.¹² The Maryland Correctional Institution in Hagerstown (MCI-H) and the M-PEN appear to have the most serious violent offenders in the DOC: 80% of the inmates in MCI-H and 79% of those in the M-PEN were incarcerated for violent crimes. In Patuxent, 93% of all inmates were incarcerated for violent crimes, a figure that matches Patuxent's mandate to treat and rehabilitate those convicted for serious violent crimes.

In addition to demographic information, data that demonstrate the education and health status of the DOC inmates show the rehabilitation needs of the population.

¹²Violent crimes include assault, kidnapping, manslaughter, murder, rape, robbery, and sexual offenses. Property crimes include arson, auto-theft, burglary, forgery, larceny, and stolen property. The "other crimes" category includes bribery, court violations, disorderly conduct, domestic relations cases, drug abuse, escape, fraud, prostitution, traffic violations, vandalism, weapons, and any other crimes not listed.

TABLE 1: CHARACTERISTICS OF THE DOC AND PATUXENT INSTITUTION'S INMATE POPULATIONS AS OF JANUARY 7, 1983

INSTITUTION	AVERAGE AGE	AVERAGE LENGTH OF SENTENCE IN MONTHS	RACE DISTRIBUTION		OFFENSE DISTRIBUTION ^a		
			PERCENTAGE WHITE	PERCENTAGE ALL OTHER RACES	PERCENTAGE VIOLENT CRIMES	PERCENTAGE PROPERTY CRIMES	PERCENTAGE ALL OTHER CRIMES
Maryland Penitentiary (M'EN)	32	230	22%	78%	79%	12%	9%
Maryland House of Corrections (MHC)	33	158	24%	76%	69%	22%	9%
Maryland Correctional Institution-Jessup (MCI-J)	30	80	33%	67%	41%	30%	29%
Maryland Correctional Institution-Hagerstown (MCI-H)	26	181	29%	71%	80%	14%	6%
Maryland Correctional Training Center (MCTC)	25	90	32%	68%	55%	29%	16%
Maryland Correctional Institution for Women (MCIW)	30	83	25%	75%	41%	30%	29%
Patuxent Annex	27	142	30%	70%	65%	7%	28%
Pre-Release Centers ^b	28	99	24%	76%	55%	29%	16%
TOTAL DOC	29	129	27%	73%	61%	24%	15%
Patuxent Institution	28	277	39%	61%	93%	5%	2%

^aViolent crimes include assault, kidnapping, manslaughter, murder, rape, robbery, and sexual offenses. Property crimes include arson, auto-theft, burglary, forgery, larceny, and stolen property. The other crimes category includes bribery, court violations, disorderly conduct, domestic relations, drug abuse, escape, fraud, prostitution, traffic violations, vandalism, weapons, and any other crimes not listed.

^bThe Pre-Release Centers include Brockbridge Correctional Facility (which also houses some medium and minimum security inmates), the Jessup Pre-Release Unit (PRU) and the Central Laundry PRU (which also house minimum security inmates), Baltimore City PRU, Eastern PRU, Poplar Hill PRU, Southern Maryland PRU, Dismas House East, Dismas House West, Threshold, and the PRU for Women.

SOURCE: Department of Public Safety and Correctional Services, OBSCIS data files.

First, the Maryland State Department of Education, which oversees the education provided within the DOC, maintains information about the education levels of DOC inmates. The data indicate that Maryland inmates are undereducated and unskilled. At admission, inmates' average scores on academic achievement tests remain below the eighth-grade level in reading and mathematics. The Division of Vocational and Technical Education (DVTE) has estimated that roughly 80% of Maryland's inmate population lack high school diplomas, and that perhaps 30% of the eligible population may be defined as handicapped under the conditions of P.L. 94-142, the Education for All Handicapped Childrens Act.

Second, the Social Work and Addictions Unit within the DVTE collects information about those admitted to the DOC who have some kind of substance (either alcohol or drugs) abuse problem. It is estimated that approximately 60% of the males and females entering the State's correctional institutions have a drug or alcohol problem. This means that of the approximately 12,000 inmates in the DOC in fiscal year 1983, 7,000 to 8,000 can be diagnosed as having a substance abuse problem. Moreover, approximately 50% of the female substance abusers is suffering from a drug or alcohol addiction and 40% of the male substance abusers have been diagnosed as addicts.

Finally, the Mental Health Services Unit within the DVTE has estimated the numbers of inmates in need of mental health

services.¹³ These estimates are based on epidemiological studies of the general, non-incarcerated population. Typically, 15% of the general population is considered mentally ill, 3% of whom are deemed to be psychotic. Assuming that the DOC population is similar to the general population (an obviously false assumption) and that these rates also correspond to the mental health needs of the DOC inmate population, of the approximate 12,000 inmates, 1,800 are in need of mental health services and 360 of these inmates could be suffering from a psychosis. Clearly, these are underestimates of the extent the DOC population requires mental health services.

2. Characteristics of Maryland's Probation Population

The Division of Parole and Probation (DPP) maintains information about the types and characteristics of individuals supervised by probation officers. Table 2 presents a summary of demographic characteristics of Calendar Year (CY) 1982 probation intakes¹⁴ by crime type. These data were obtained from the DPP's Intake, Discharge, and Current Population Automated Report. The following briefly summarizes the statistics presented in this table.

¹³These services range from a few counseling sessions with a psychologist or social worker to a complete psychiatric consultation and/or psychotropic medication.

¹⁴Probation intake statistics reflect cases and not individuals. An individual may have more than one case active at any given time. For descriptive purposes, we will use the term intakes and probationers interchangeably.

TABLE 2: DEMOGRAPHIC CHARACTERISTICS OF CY 1982 PROBATION INTAKES BY CRIME TYPE

PROBATION INTAKES BY CRIME TYPES	RACE			SEX		AGE			TOTAL	(% of TOTAL) ^a
	WHITE	BLACK	OTHER	MALE	FEMALE	UNDER 18	18-30	OVER 30		
Criminal Homicide	7	11	0	12	6	1	10	7	18	(0.05)
Forcible Rape	7	23	0	30	0	0	15	15	30	(0.09)
Robbery	135	289	15	413	26	53	346	40	439	(1.3)
Aggravated Assault	1,533	1,444	79	2,659	397	32	2,064	960	3,056	(9.3)
Burglary	868	710	52	1,568	62	34	1,422	174	1,630	(4.9)
Larceny	2,156	2,815	147	3,760	1,358	19	3,823	1,256	5,118	(15.5)
Serious Narcotics	755	230	20	833	172	3	822	180	1,005	(3.0)
Other Offenses	13,921	7,291	458	18,473	3,197	96	13,633	7,941	21,670	(65.7)
TOTAL (% of total) ^a	19,382 (58.8)	12,813 (38.9)	771 (2.3)	27,748 (84.2)	5,218 (15.8)	258 (0.8)	22,135 (67.1)	10,372 (32.1)	32,966 (100.0)	(100.0)

SOURCE: Division of Parole and Probation's CY 1982 Intake, Discharge, and Current Population Automated Report.

^aThe sum of percents may not total 100 due to rounding.

- In 1982, there were a total of 32,966 probation intakes. Of these, 19,382 (58.8%) were white, 12,813 (38.9%) were black, and 771 (2.3%) were of other races.
- The probation intake breakdown by sex indicates that 27,748 (84.2%) probationers were male, while 5,218 (15.8%) were female.
- With regard to age, a majority (67.1%) of those sentenced to a term of probation were between 18 and 30. Almost one-third (31.2%) of those entering probation were over 30 years of age.
- Finally, the distribution of probation intakes by crime type indicate that the greatest number of probation intakes were of individuals convicted of larceny (5,118 or 15.5% of the total intake caseload). However, the majority (65.7%) of probation intakes were for crimes other than the more serious violent or property offenses.

3. Growth in Maryland's Inmate Population

Maryland's DOC population has risen considerably over the past few years and, like many other states, Maryland now faces a serious prison overcrowding problem. Table 3 presents information about the active inmate populations of the DOC institutions from June 1979 to the present.¹⁵

The percentage change statistics from June 29, 1979 to June 30, 1983 show some staggering increases in the active DOC population. At the end of June 1979, the total DOC population was 8,102, while the DOC population on June 30, 1983 was 11,702, an increase of 44%. The Maryland Reception, Diagnostic, and Classification Center (MRDCC) experienced the greatest growth in inmate population over this time period, with an overall rise in

¹⁵ These data were obtained from the DOC's Daily Population and Capacities Report.

TABLE 3: DIVISION OF CORRECTION (DOC) ACTIVE INMATE POPULATIONS
June 29, 1979-June 30, 1983

INSTITUTION	Rated Capacity	6/29/79	6/30/80	6/30/81	6/30/82	6/30/83	Percent Change 6/29/79-6/30/83
	as of 6/30/83 ^a						
Maryland Reception Diagnostic and Classification Center (MRDCC)	400	304	416	774	779	779	+156
Maryland Penitentiary (MPEN)	1,053	983	901	765	1,565	1,740	+ 77
Maryland House of Correction (MHIC)	1,406	1,629	1,261	1,482	1,560	1,675	+ 3
Maryland Correctional Institution-Jessup ^b (MCI-J)	512	--	--	255	936	1,022	(6/30/81- 6/30/83) +301
Maryland Correctional Institution-Hagerstown (MCI-H)	748	934	932	1,761	1,274	1,622	+ 74
Maryland Correctional Training Center (MCTC)	1,707	1,663	1,747	1,814	2,025	2,472	+ 49
Maryland Correctional Institution for Women (MCIW)	258	215	214	253	351	360	+ 67
Correctional Pre-Release System and Contractual Pre-Release Units ^c	1,716	1,819	1,830	1,799	1,689	1,768	- 3
Other ^d	--	555	413	174	198	264	- 52
TOTAL DOC	7,818	8,102	7,714	8,377	10,177	11,702	+ 44

* The rated capacity of each institution based on ACA square footage standards has changed over the past five years as bedspace became available. The rated capacities listed here reflect each institution's rated capacity as of June 30, 1983. The Total DOC rated capacity count reflects the sum of the rated capacities of each institution as well as the rated capacity of the local jail back-up. (18). This figure does not include the rated capacity of those housed in the Patuxent Annex.

MCIW did not open until April 1981, and was originally called the House of Correction Annex.

The Correctional Pre-release System includes the Brockbridge Correctional Facility (which also houses some medium and minimum security prisoners), the Central Laundry Pre-Release Unit (PRU) and the Jessup PRU (which also house minimum security prisoners), Eastern PRU, Baltimore City PRU, Poplar Hill PRU, Southern Maryland PRU, and the Maryland PRU for Women. The contractual Pre-Release units include Dismas House East, Dismas House West, Montgomery County PRU, and Threshold.

The "other" category includes contractual local jail space and those temporarily housed at the Patuxent Annex or local jails and are awaiting placement in a DOC institution.

inmate population of 156%. Because MRDCC sees all male inmates, this increase is an indication of the enormous growth in the prison population generally. This also reflects the fact that additional capacity was created for this facility (10/14/81). MCI-J has also shown a considerable increase in its population (301%) since it opened (April, 1981). It should be noted, however, that the June 30, 1981 inmate population count for MCI-J reflects the number incarcerated only two months after the institution's opening, so large increases in 1982 and 1983 would be expected.

Table 3 also shows the rated capacities¹⁶ of each of Maryland's institutions. A comparison of the rated capacity figure and the actual population figure as of June 30, 1983 show some considerable variations. The rated capacity for the combined DOC institutions is 7,818, whereas the actual DOC inmate population was 11,702 on June 30, 1983--a difference of 3,884 inmates, or 50% over capacity. Among the institutions, MCI-H showed the greatest discrepancy between actual and rated capacities: the actual count on June 30, 1983 was 1,622 and the rated capacity count is 748, a difference of 874 inmates.

Clearly, these data reveal a very serious overcrowding problem in the DOC. There is also reason to believe that if current intake and release policies persist, the problem may get

¹⁶The rated capacity of each institution (based on American Correctional Association (ACA) square footage standards) has changed over the past five years, as bed space became available. The rated capacities listed in the Table 3 reflect each institution's rated capacity as of June 30, 1983. As evidenced by the population figures in Table 3, the rated capacity does not always equal the operational capacity.

much worse by the end of the decade. Two recent studies have projected the State's future prison populations. One was conducted in October 1982 by the Research and Analysis Unit of the Department of Public Safety and Correctional Services.¹⁷ The Department calculated three sets of DOC population projections. Assuming that individuals serve 35% of their sentence (historical average), the researchers projected that the prison population will peak around 1990 at 12,411, drop slightly in 1995 to 12,245, and drop again to 12,111 in the year 2000. The Statistical Analysis Center (SAC) of the Maryland Criminal Justice Coordinating Council completed a separate prison population projection study in December 1982.¹⁸ Relying on three pieces of information--future correctional commitments, amount of time that current and future incarcerative populations will serve, and the size of the current (baseline) incarcerative populations--the SAC calculated prison population projections by sentence length through 1992 for the DOC and Patuxent Institution. Assuming current sentencing and release policies remain constant in the future, the researchers projected that the DOC and Patuxent populations will increase by 59.5% from 1981 to 1992. Of particular concern is the fact that the SAC study projected that the number of people serving life sentences would increase 96.4%

¹⁷ Maryland Department of Public Safety and Correctional Services, Prison Population Projections for the Division of Correction, (October 1982). The Department of Public Safety and Correctional Services' projections do not include the Patuxent Institute in its final figures.

¹⁸ Maryland Criminal Justice Coordinating Council, Tri-State Prison Population Prediction Project, (December 1982).

from 1981 to 1992 and that the number of those serving 15 years or more would increase 52.3%. If these projections are accurate, there will be a large number of individuals serving long sentences who may require different rehabilitative programs than are currently available.*

These projections of prison population raise some serious questions about how public corrections officials will deal with the issue of prison overcrowding in the coming years. Of particular concern to this Task Force is how the State can provide inmates with rehabilitative programs and services while the prison population continues to grow. We have seen already that the problem of overcrowded prisons has adversely affected the provision of inmate treatment programs. For example, MCI-II recently closed a number of vocational shops and converted the space into living quarters. Also, a major renovation to provide improved and additional program space at the Maryland Penitentiary has been indefinitely postponed because the space to be renovated continues to be used for inmate housing. Program services at the Penitentiary have languished as a result. Staff-to-inmate ratios have increased in all the institutions, and more inmates than in the past have been turned away from educational and vocational programs because of the lack of program space.

* Historically, prison population projections have been inaccurate. The current prison population (excluding Patuxent) in Maryland (11735 as of 9/22/83) already exceeds recent projections. The Task Force assumes that the above estimates will be low if current policies and practices are continued.

There have been other, indirect ways in which overcrowding has impeded the provision of rehabilitative programs. For example, MCTC, in an effort to alleviate its overcrowding problem, opened dormitory-style, prefabricated metal buildings for temporary housing. Inmates participating in vocational programs were required to live in these housing units, rather than in one- or two-man cells. It is believed that this type of arrangement serves as an effective management tool since these inmates have similar work schedules. However, because inmates prefer living in cells, inmates have been reluctant to participate in the vocational programs.

These examples illustrate the need to consider the effects overcrowding has on the rehabilitation services provided by the DOC. In the coming years, corrections officials will have to address the need for allotting more program space and services in order to accommodate the increasing numbers of individuals housed within the DOC.

4. Growth in Maryland's Probation Caseloads

In addition to the increasing size of the inmate population, there has been a dramatic rise in the number of individuals sentenced to probation and supervised by the DPP. Table 4 depicts this trend. The data presented in Table 4 were collected from the DPP's Monthly Workload Summary Reports and reflect the end-of-year (December 31) probation population from 1978 to 1982 by supervising category.

TABLE 4: END OF YEAR CASELOADS BY SUPERVISING CATEGORY

SUPERVISION CATEGORY	1978	1979	1980	1981	1982 ^a	Percent Change 1978-1982
Maximum	7,881	7,836	8,957	9,709	8,039	+ 2
Medium	13,153	15,853	16,656	19,929	18,333	+ 39
Minimum	5,223	4,983	4,986	4,586	9,814	+ 88
Non-Active	5,102	6,043	7,154	9,210	9,952	+ 95
Delinquent	5,823	6,931	8,207	9,419	10,362	+ 78
Review	152	25	29	26	1,948	+1182
TOTAL	37,334	41,671	45,989	52,879	58,448	+ 57

SOURCE: Division of Parole and Probation's Monthly Workload Summary Reports.

^aIn October, 1982, the Division implemented a new risk-needs assessment instrument. Probationers were re-classified according to their scores on the assessment. This re-classification produced significant increases in the minimum supervision category, while the numbers in the maximum and medium categories decreased. The review category also increased sharply, primarily because the Division now has 30 days to review the new probationer's background and classify him/her based on the results of the assessment.

In October 1982, the DPP implemented a new risk-needs assessment instrument that resulted in the re-classification of probationers. Prior to 1982, probation intake officers were responsible for determining the level of supervision based on such factors as criminal history, current offense, and risk to public safety. The DPP's new case classification system is used to assign points to certain factors (i.e., prior criminal record, age at first conviction, type and seriousness of offense, vocational skills, employment history, financial status, and degree of substance abuse) and, depending on the sum, is used to classify probationers into the minimum, medium, or maximum supervision category. Because of the implementation of the new risk-needs assessment system, the 1982 data exhibited some drastic changes from the previous year. The maximum and medium supervision categories dropped slightly from the 1981 figures, while the minimum supervision category increased considerably. In addition, the numbers in the review category rose substantially, primarily because the DPP now has 30 days to review the new probationer's background and classify him/her based on the results of the assessment.

Despite these changes in case management procedures, the DPP's population has increased sharply over the past five years. At the end of 1978, there were a total of 37,334 probationers under supervision by the DPP; at the end of 1982, there were 58,448 probationers. This represents an overall caseload increase of 57%. These caseload increases have affected the

Division's ability to provide the programs and services to probationers. The current caseload of each probation officer already exceeds the caseload standards as defined by the DPP and it has been projected that caseloads will continue to increase over the next three-year period. Hence, any discussion of the improvement of correctional rehabilitation programs in the state must also address the needs of the DPP to provide services as their caseloads continue to grow in the coming years. The Parole Commission, as an independent agency in the Department of Public Safety and Correctional Services, must also receive appropriate fiscal support and recognize its critical role in the correctional rehabilitation process.

C. Maryland's Correctional Institutions

1. Maryland Reception, Diagnostic, and Classification Center (MRDCC).

The new MRDCC, a maximum security institution, opened in October 1981 and serves as the male intake facility for the DOC. Its principal function is to house newly committed male inmates during their initial testing evaluations and classification.

Because of its function and the time inmates remain at the institution MRDCC offers virtually no rehabilitative program services beyond the initial testings and evaluations. Inmates are permitted 1-1/2 hours of recreation per day, and this is usually restricted to TV watching or card playing inside the housing units. (MRDCC does have an outdoor recreation deck, but it has been infrequently used because of logistical problems

encountered in moving inmates out to the deck and because the area's flooring is unsafe.) Visits are limited to one hour each, four times monthly. MRDCC also has a library, but inmates can only receive books when brought by the librarian to the housing units. Finally, religious services are limited to weekly Bible studies in each housing unit. Because of restrictions on inmate movement, no special services can be held. Other staff and program restraints prevent MRDCC from being able to honor special religious dietary requests.

2. Maryland Penitentiary (M-PEN)

Located in downtown Baltimore and opened in 1811, the M-PEN is the state's only maximum security institution for male offenders. Inmate services provided there include a range of educational opportunities (from basic adult education through college-level courses from Coppin State College), a pre-vocational class, psychological services, library services, inmate self-help activities, and religious services. Mutual Agreement Programming (MAP) is also available for the M-PEN's inmates. Work opportunities in the M-PEN include the braille shop, a typewriter repair shop, and an auto repair shop. Also, State Use Industries (SUI) operates a graphics program in the institution. In addition, the facility provides by contract comprehensive medical services, including a 25-bed mental health infirmary and a 25-bed medical infirmary for all inmates in the Baltimore region.

3. Maryland House of Corrections (MHC)

The MHC opened in 1879 and now serves as a medium security institution in Jessup. The facility's inmate programs include a full range of educational activities (from basic adult education to college-level courses provided by Morgan State University and Essex Community College) and vocational programs in welding and office management. SUI also operates several programs for MHC residents, including paint manufacturing, wood manufacturing (cabinet-making), mattress and cloth cutting, tag and metal sign, and modular welding. MHC also provides volunteer, self-help, psychological, recreational, library, and religious services. Available medical services include a 25-bed in-patient infirmary for all male inmates at Jessup area institutions.

4. Maryland Correctional Institution-Jessup (MCI-J)

The MCI-J opened in April 1981 and serves as a medium security facility. Originally designated as the MHC Annex, it was intended to relieve overcrowding at MHC. However, it now acts as the DOC's major conduit for transferring inmates from medium to minimum and pre-release security levels. MCI-J offers a full range of educational and vocational educational opportunities. The education programs range from basic adult education program to a college program, through Essex Community College. The vocational program includes courses in auto repair, heating and air conditioning, and motorcycle repair. SUI offers a graphic arts apprenticeship program. A substance abuse program is also operated at MCI-J, primarily for inmates who are being

released from medium security. MCI-J provides a library, recreational and religious activities, and several inmate self-help groups. In addition, MCI-J houses a 30-bed mental health infirmary serving male inmates from any institution in the region.

5. Maryland Correctional Institution-Hagerstown (MCI-H)

Originally opened as a penal farm in 1981, the MCI-H now serves as a medium security installation with segregation cells for the Maryland Correctional Training Center (MCTC). The educational programs range from adult basic education to college courses provided by Hagerstown Junior College. MCI-H offers vocational programs in electronics, heating and air conditioning repair, sheet metal, and upholstery, with SUI apprenticeship programs also in upholstery, brush and carton manufacture, and metal fabrication. Other program services include substance abuse and psychological services, a library, recreational and religious activities, and assorted self-help groups. The inmates and local volunteers have formed the Washington County Community Correctional Committee which assists MCI-H with cultural, entertainment, and educational activities. The 19-bed medical infirmary at MCI-H, operated by contract, also provides services to all inmates in the MCI-H complex.

6. Maryland Correctional Training Center (MCTC)

The MCTC opened in 1966 as a medium security institution outside of Hagerstown. Contiguous to the main compound are the dormitory-style Emergency Housing Units and the Donell Building.

The institution's program emphasis is on a wide variety of educational and vocational programs, including college courses, a computer lab, auto repair, drafting, machine shop, masonry, plumbing, electrical wiring, and residential construction. Other programs provided include substance abuse counseling, psychological services, self-help activities, a library, religious services, and a recreation program. SUI provides programs in meat food cutting and packing.

7. Maryland Correctional Institution for Women (MCIW)

The State's only secure facility for female offenders is the MCIW, which opened in 1940 near Jessup. Close to both the MHC and the Brockbridge Correctional Facility, MCIW is a multi-level security institution housing both adult female felons and misdemeanants not assigned to local jails. It has its own receiving and diagnostics service. Educational opportunities at MCIW range from basic adult education to college courses offered by the Community College of Baltimore and Morgan State University. There are also vocational programs in cosmetology and home management. SUI operates apprenticeship programs in an optical shop, sewing, and reupholstery, and newsclipping services. MCIW provides a complete substance abuse program through Junction Bridge, Inc. Finally, MCI-W provides a library, recreational, and religious services, self-help activities, and work release.

8. Maryland Correctional Pre-Release System (MCPRS)

The MCPRS is comprised of 8 different facilities located

throughout the State. (See Figure 1 for a listing of these facilities.) This system includes one medium security institution (Brockbridge Correctional Facility), two minimum security institutions (Central Laundry Correctional Facility and the Jessup Pre-Release Unit), and five pre-release facilities. Inmates are also housed at four contract Community Adult Rehabilitation Centers (CARCs).

The pre-release facilities and CARCs, in their use of community-based inmate programming, provide services substantially different from other correctional institutions. These facilities provide assistance with employment, education, and vocational training, although the exact services offered differ among facilities (e.g., the MCPRS provides a full range of educational programs, from adult basic education through college courses leading to an A.A. degree, but because each facility is relatively small, none can offer the full complement of programs). Primary emphasis in the pre-release system, however, is on work and community adjustment.

9. Patuxent Institution

The Patuxent Institution opened in 1956 as a maximum security treatment-oriented facility for defective delinquents is located in Jessup. Patuxent's primary objective is the protection of society through the identification, incarceration, and rehabilitative treatment of a special class of adult male offenders now defined by the General Assembly as "eligible persons". An individual may be confined and treated at Patuxent

if he has been convicted and sentenced for a crime or offense defined in the law, and if he is accepted, at his own request, for treatment at Patuxent.

An individual's commitment to Patuxent is for an indeterminate period. Parole (or release) decisions are made not by the Parole Commission but by either Patuxent's Institutional Board of Review (appointed by the Governor) or the courts. Patuxent offers complete medical, psychological, psychiatric, and social casework services. In addition, the institution provides vocational, educational, recreational, and religious services.

MARYLAND CORRECTIONAL PRE-RELEASE SYSTEM

BBCF	Brockbridge Correctional Facility
CLCF	Central Laundry Correctional Facility
JPRU	Jessup Pre-Release Unit
BPRU	Baltimore Pre-Release Unit
EPRU	Eastern Pre-Release Unit
SMPRU	Southern Maryland Pre-Release Unit
PHPRU	Poplar Hill Pre-Release Unit
PRUW	Pre-Release Unit for Women

In addition, the following facilities house pre-release inmates under a contractual arrangement with the DOC:

DHE	Dismas House - East
DHW	Dismas House - West
TI	Theshold, Inc.
MCPRC	Montgomery County Pre-Release Center

D. REHABILITATION PROGRAMMING IN MARYLAND'S DOC

1. Information about Rehabilitation Programming

Most of what is known about Maryland's incarcerated and probation populations is derived from the two automated corrections data bases, OBSCIS I and OBSCIS II, and from manual reports that are maintained by the DOC and the DPP. These sources of data provide useful demographic and offense information, as evidenced in the preceding subsections of this report, but do not currently provide timely or complete management information for use in determining the level of participation in rehabilitation programs or for locating specific program participants within the institutions.

There are many reasons that this information gap exists. One, it is difficult to enter information into the automated system at a rate that matches inmate/probationer movement. Two, neither the automated nor the manual systems were designed to include all of the information that would be desirable for understanding participation in and success of rehabilitation programs. Finally, it is not uncommon for information needs to change over time: as information systems are used, it is not unusual for those using the system to recognize that they need more or different information than originally planned.

The limitations of the State's information about rehabilitation programming is important to recognize, since it not only underscores what was said in the introduction to this section about the difficulties in thoroughly evaluating

rehabilitation programs but also limits the detail in which we can discuss programming in the following sections.¹⁹

2. Classification

The correctional system must operate within certain major constraints: State statutes, Federal court decisions, sentences imposed by judges, and available system resources. Classification activities provide a mechanism to maximize the best use of scarce system resources while attempting to protect the public and help the offender.

For the purposes of this report, Maryland's classification activities can be divided into two distinct components: initial classification, and classification at maintaining institutions.

Initial classification takes place at MRDCC for male inmates and at MCIW for females. Upon reception, all inmates are showered, disinfected, fingerprinted, photographed, given a routine medical examination, and assigned to any available housing. (There is no special quarantine area for male inmates recently received. Female inmates are quarantined for one week.) Within their first two weeks, they will be tested and interviewed by social workers, classification counselors, and, if needed, by psychological counselors. These workers will construct the

¹⁹For a more detailed discussion of justice data in Maryland, see Catherine H. Conly, Steven C. Martin, Janet B. Rosenbaum, "Maryland Criminal Justice Data," Statistical Analysis Center Bulletin, 83-1 (Towson, MD: Maryland Criminal Justice Coordinating Council, 1983).

inmate's base file, containing such information on the newly received inmate as FBI reports, pre-sentence investigations (PSIs), State's version of the offense(s), social background, educational and work experience, previous criminal history, medical report, current commitment, other legal data, etc. In addition, the inmate will be tested for substance (alcohol or drugs) abuse with the Mortimer-Filken's Test. Those scoring positively are later interviewed to assess the nature and extent of the possible abuse. Then, based on the results of these several evaluations and following the DOC's written classification policies, the classification counselors will make program and security level recommendations. For male inmates, these recommendations will determine to which maintaining institution the inmate will be assigned. For females, the recommendations will dictate their grade (security) level and housing assignments. It should be recognized that there are lengthy waiting periods between classification recommendations and program participation. These delays may negatively impact on the inmate's rehabilitation.

Classification in the maintaining institution relates more to the inmate's daily life. Institutional work assignments, housing assignments, transfers to different security levels, family and special leaves, assignments to various programs (academic, vocational, substance abuse), work release, and parole/release preparations are all governed by classification activities. Classification counselors in the maintaining

institutions are also responsible for periodically reclassifying inmates at intervals determined by the inmate's sentence length, time served, and institutional adjustment or progress.

Classification at the maintaining institutions can contribute to inmate idleness by failing to match offenders with the programs or resources most suited to their needs. Of course, because the number of programs and resources are limited, there are waiting lists for almost all programs. Nevertheless, an efficient and objective classification system can do much to maximize the utility of scarce DOC resources.

3. Correctional Education

Educational services for inmates are provided by the Maryland State Department of Education (MSDE) and administered through the Division of Vocational-Technical Education (DVTE). Although the DOC cooperated with the MDSE in developing the correctional education program, it is responsible only for providing educational facilities, assigning inmates, inmate stipends, utilities, maintenance, and security. MSDE has budgetary responsibility for teacher salaries, supplies, equipment, and related expenses.

As noted earlier, most Maryland inmates are poorly educated and unskilled. Most inmates also lack a history of successful employment. As a result, correctional education has emphasized adult basic education (particularly General Education Diploma--GED--instruction), special education, vocational skill development, and job preparation.

Adult basic education, secondary education, and vocational training are provided at all maintaining institutions. Mostly in conjunction with SUI, eleven apprenticeship programs are available, with classroom instruction provided by local community colleges (see Figure 2). Each maintaining institution and MRDCC has library services, and post-secondary educational opportunities are also available from local community colleges, trade schools, and four-year institutions.

There were several improvements made in correctional education during Fiscal Year (FY) 83. The school and library at MCI-J opened and library services improved throughout the system. Vocational guidance services were initiated and a formal evaluation of vocational education was completed. At MCTC, a computer laboratory pilot project was developed. Also, special education programs for handicapped inmates began operating at three sites, and many more potential students have been identified and are undergoing assessment for programming.

On the other hand, inmate overcrowding adversely affected many programs because of demands placed on staff, housing, and resources. Waiting lists for almost all programs have grown considerably over the past few years and program space is not available for the expanding population. For example, as noted previously, several vocational programs were forced to close when the rooms originally designated for those programs had to be used for housing. Although the programs were to move into a renovated maintenance building, they were unable to continue instruction

Figure 2

DIVISION OF CORRECTION
 VOCATIONAL AND EMPLOYMENT TRAINING
 FY 1983

<u>Institution</u>	<u>Vocational Education</u>	<u>Apprenticeship</u>	<u>On The Job Training</u>
MCI-H	Office Practice	Upholstery	Welding
MCI-H	Air Conditioning, Heating, Refrig.		Brush/Cartron
MCI-H	Electronics	Metal Fabrication	Metal Fabrication
MCI-H	Sheet Metal		Upholstery
MCI-H	Upholstery		Warehouse Services
			Clerical
MHC	Office Practice	Paint Manufacturing	Warehouse Services
			Mattress/Cloth
MHC	Welding & Cutting	Wood Manufacturing	Cutting
MHC	Small Engine Repair	Cooking	Tags & Metal
MHC			Welding & Clerical
			Paint Manufacturing
			Furniture Manufact.
MCI-W	Child Development	Upholstery	Sewing
MCI-W	Cosmetology	Optical	Reupholstery
MCI-W	Home Management	Cooking	News clipping
MCI-W	Child Care		Clerical
MCTC	Office Practice	Meat Cutting	Meat Cutting
MCTC	Body & Fender	Baking	Clerical
MCTC	Auto Mechanics		
MCTC	Carpentry		
MCTC	Masonry		
MCTC	Paint/Decorating		
MCTC	Plumbing/Pipefitting		
MCTC	Drafting		
MCTC	Electrical Wiring		
MCTC	Machine Shop		
MCTC	Barboring		
MCTC	Millwork & Cabinetmaking		
MCI-J	Auto Mechanics	Graphics	Graphics
MCI-J	Transmission Repair		Clerical
MCI-J	Motorcycle Repair		Typing
MCI-J	Air Conditioning, Heating, Refrig.		
M-PEN	Pre-Vocational Industrial Arts	Stationary Engineer	Graphics
Pre-Release	External: Somerset County Individual Plan	Building Maintenance	Janitorial Services
			Moving Services
			Labor Services
			Garage Services

because the renovation was not completed. Elsewhere, programs were forced to close due to shortages of security staff (particularly at MCI-H).

Consequently, as Table 5 reveals, although enrollment and completions in most programs have risen since 1981, ever-increasing institutional populations mean that only a declining percent of inmates can participate in these programs. Therefore, the waiting lists and the amount of idle time grows, as does inmate frustration and boredom. However, as new institutions are opened and program space for classrooms, libraries, and vocational education becomes available, DVTE will request funding to expand programming.

4. Medical, Mental Health, and Substance Abuse Services

Medical, dental, pharmaceutical, and speciality services (i.e., ophthalmology, neurology, and radiology) are provided to all inmates on a regional basis. Each region operates an in-patient 24-hour medical infirmary, and all institutions have dispensaries. The majority of inmate care is provided by outside contractors. In the Baltimore region, PHP, Inc. delivers care to the M-PEN, BPRU, and MRDCC. In the Hagerstown area, all facilities are served by Frank E. Basil, Inc. The DOC facilities in the Jessup area receive care from a combination of DOC and contractual medical personnel.

Medical services are in great demand. For example, in CY 1982, inmates recorded over 105,000 dispensary visits, and almost 25,000 institutional hospital in-patient days (288 dispensary

TABLE 5: NON-ADMINISTRATIVE STAFFING, INMATE ENROLLMENT AND PROGRAM COMPLETIONS, WITH PERCENT OF INSTITUTIONAL POPULATIONS SERVED BY EDUCATIONAL AND VOCATIONAL PROGRAMS 1981-1983*

PROGRAM	1981		1982		1983	
	STAFF	ENROLLMENT	STAFF	ENROLLMENT	STAFF	ENROLLMENT
ACADEMIC	56	910	55	933	58	1,260
VOCATIONAL	21.5	342	26.5	414	25.5	391
APPRENTICESHIP	--	111	--	150	--	160
POST-SECONDARY**	1	291	1	294	1	340
LIBRARY	6	--	6	--	8	--
TOTAL	84.5	1,654	88.5	1,791	92.5	2,151

PROGRAM COMPLETIONS

PROGRAM	1981	1982	1983
8th GRADE CERTIFICATES	159	394	517
HIGH SCHOOL DIPLOMAS	273	406	549
VOCATIONAL CERTIFICATES	459	602	725
A.A. OR B.A. DEGREES	37	36	35
TOTAL	928	1,438	1,826

PERCENT OF INSTITUTIONAL POPULATIONS SERVED BY EDUCATIONAL AND VOCATIONAL PROGRAMS

INSTITUTION	1981	1982	1983
MCTC	35	30	23
MCI-H	26	21	24
MCI-J	--	17	21
MHC	28	26	24
M-PEN	18	9	11
MCPRS	12	9	18
MCIW	45	48	35
DOC AVERAGE	25	20	21

SOURCE: Maryland State Department of Education, Division of Vocational-Technical Education, Correctional Education data.

*Figures are for 5/1/81, 5/1/82, and 5/1/83. Data for the complete fiscal years were not available.

**The DVTE's Correctional Education does not supply the instructors for post-secondary education classes. Instead, the colleges furnish the instructors. Apprenticeship staff has been furnished by State Use Industries.

visits per day, with 68 inmates in infirmaries each day). In addition, for services that could not be provided by a DOC facility, inmates made over 9,000 out-patient visits to other hospitals, and spent over 5,500 in-patient days in outside facilities.

Mental health services are also available at all DOC institutions, although not necessarily at a level adequate to meet inmate needs. DOC and contractual psychologists and psychiatrists provide individual and group therapy, crisis intervention, psychodiagnostic assessments, chemotherapy, and other services. Mental health infirmaries for the treatment of acute and chronic mental illness are available at MCI-J and M-PEN.

Other long-term treatment is provided by the Clifton T. Perkins Hospital. The hospital admitted 40 DOC inmates in 1982 (average length of stay, 160 days); the M-PEN's 25-bed mental health infirmary in 1982 received 211 admissions (some for the second or third time, with an average length of stay of 30 days); and the MCI-J infirmary received another 48 inmates between July and December 1982 (average length of stay 66 days). Each month, the mental health staff performs 150 psychological evaluations, sees 200 inmates for on-going intervention and follow-up, and makes over 500 crisis interventions. The consulting psychiatrists also see another 450 individuals each month. These workloads are increasing monthly.

As the correctional population rises, it affects the need

for and delivery of mental health services. Crowding creates stress and increases the need for crisis intervention. Because intervention takes precedence over other services, the staff's ability to provide other care diminishes. Consequently, those inmates already in need of services may then, as a result of crowding, need more intensive treatment, or even hospitalization.

The DOC is responsible for the identification, assessment, and referral of all inmates with substance abuse problems. The Maryland Drug Abuse Administration and Maryland Alcohol Control Administration are responsible for treatment services. Inmates at all maintaining institutions have also formed self-help groups to assist themselves in handling drug and alcohol problems.

As noted earlier, all inmates are tested for substance abuse at reception. As Table 6A indicates, approximately 60% of all tested DOC inmates have a documented substance abuse problem. Male inmates tend to be "multiple abusers," using a combination of alcohol and drugs (Table 6B), while female inmates tend to abuse drugs alone. Female inmates seem especially prone to heroin abuse. Using test results, the addictions counselors make treatment and program recommendations for inmates. Addictions specialists at the maintaining institutions attempt to match the inmates with the very limited resources available. For most inmates, counselling is the only available service. (Over 3,000 inmates have requested treatment services, but none are available.) For inmates near the end of their sentences, the Junction Bridge program is available at MCTC, MCI-J, MCIW, and CLF.

TABLE 6A

DIVISION OF CORRECTION

Substance Abuse Among Male Admissions
Mortimer-Filkins Testing
Fiscal Years 1981-1983

Activity	1983		1982		1981	
	Number	Per Cent	Number	Per Cent	Number	Per Cent
Admissions	4939		4699		4262	
Tested	*3783	100.0	*2857	100.0	*2099	100.0
Positive for Abuse	2336	61.0	1934	67.7	1434	67.4
Abusers	1322	32.0	1004	35.1	767	36.5
Addicts	1208	29.0	930	32.6	667	31.9
Negative for Abuse	1617	39.0	923	32.3	665	31.6

*FY '83 — 84% of all admissions; FY '82 — 60.8%; FY '81 — 49.5%

Substance Abuse Among Female Admissions
Mortimer-Filkins Testing
Fiscal Years 1981-1983

Activity	1983		1982		1981	
	Number	Per Cent	Number	Per Cent	Number	Per Cent
Admissions	302		351		253	
Tested	*307	100.0	*300	100.0	*218	100.0
Positive for Abuse	247	80.5	232	77.3	142	65.1
Abusers	127	41.3	126	42.0	93	42.6
Addicts	120	39.2	106	35.3	49	22.5
Negative for Abuse	60	19.5	68	22.7	76	34.9

*FY '83 — 102 % of all admissions due to carry over from FY '82; FY '82 — 85.5%;
FY '81 — 76.1%

TABLE 6B

DIVISION OF CORRECTION

Substance Abuse Among Male Admissions
 *Results of Screening Interviews
 Fiscal Years 1981-1983

Substance Abused	1983		1982		1981	
	Number	Per Cent	Number	Per Cent	Number	Per Cent
Alcohol Only	470	20.9	168	18.1	96	18.4
Alcohol Plus Other Drugs	1037	46.1	370	39.8	145	27.7
Drug Abuse Only	526	23.9	263	28.1	193	36.9
Substance Abuse Denied	215	9.1	131	14.0	81	17.0
TOTAL	**2248	100.0	**932	100.0	**523	100.0

**FY '83 — 90% of all positive on Mortimer-Filkins; FY '82 — 48.1%; FY '81 — 36.5%

Substance Abuse Among Female Admissions
 *Results of Screening Interviews
 Fiscal Years 1981-1983

Substance Abused	1983		1982		1981	
	Number	Per Cent	Number	Per Cent	Number	Per Cent
Alcohol Only	27	11.6	30	12.6	25	17.9
Alcohol Plus Other Drugs	54	23.3	43	18.5	23	16.3
Drug Abuse Only	113	49.0	126	54.7	72	51.3
Substance Abuse Denied	37	16.1	33	14.2	20	14.5
TOTAL	**231	100.0	**232	100.0	**140	100.0

**FY '83 — 93.5% of all positives on Mortimer-Filkins; FY '82 — 100.0%; FY '81 — 98%

*Note: In-person interviews were conducted with inmates who scored positive for substance abuse on the Mortimer-Filkins Questionnaire.

5. Inmate Self-Help Groups and Volunteer Services

Various inmate self-help groups exist in all Maryland correctional facilities except the MRDCC. These groups are designed to help inmates develop initiative, accept responsibility, improve their education, and keep abreast of activities in the "outside society."

All of the self-help groups are assisted by the DOC's volunteer services program. Community volunteers assist the groups as advisors, recruiters, advocates, and liaisons with outside organizations. Other volunteers provide some type of religious or social service. Well over 600 volunteers work throughout DOC.

6. Employment

Inmate work activities are an important aid in achieving effective corrections administration. Work programs may help build inmate morale, reduce or prevent tensions and unrest, maintain security and discipline, and reemphasize or inculcate that set of attitudes, habits, and skills necessary for rehabilitation. Inmate employment may also give inmates an opportunity to contribute support to any dependents and, if court-ordered, to defray the costs of their confinement, if on work release.

Maryland correctional institutions provide four basic opportunities for inmate employment: institutional work assignments, SUI, minimum security work crews, and a work-release

program. Additionally, inmates assigned to full-time education programs are considered job assigned and consequently receive stipends and industrial credits.

- a. Institutional Work Assignments. Inmates are assigned through normal classification procedures to assorted inside work details. These work opportunities vary in number and type by institution, but usually include dietary services, sanitation, tutoring, and various clerking functions (e.g., library aide, inmate traffic office, or chaplain's office clerk). In FY 1982, the M-PEN expanded assignments to include work in toy and auto repair.

Unfortunately, compared to the number of inmates wanting work, job openings are scarce. As a result, most residents are assigned to a general labor pool and receive only occasional, temporary jobs.

- b. State Use Industries (SUI). SUI is intended to provide inmates with skilled job training and to develop a product line to ensure SUI's self-sufficiency. In so doing, SUI must balance the demands for goods and services (within the limits set by State law) against labor market projections for the State.

SUI oversees the operation of 15 manufacturing facilities and 6 service shops around the State (See Figure 3). SUI operations are intended to be

Figure 3

Current State Use Industries Operations

	<u>SHOPS</u>	<u>SERVICES</u>
M-PEN	Graphics	
<u>MFC</u>	Paint Mattress & Clothcutting Tag & Metal Sign Modular Welding Wood	
		Warehouse
<u>MCTW</u>	Reupholstery Sewing Optical	Newsclipping
<u>MCI-J</u>	Graphics	
<u>MCI-H</u>	Brush & Carton Metal Upholstery	
		Warehouse
<u>MCTC</u>	Meat Cutting and Packing	
		Labor Services
<u>SUI Central Office</u>		Garage Warehouse Janitorial & Moving

self-supporting through the sale of products and services to State government agencies, political subdivisions, and non-profit organizations.

At the end of FY 1983, over 559 inmates were employed in SUI jobs (about 90% are within institutions; the others are on work-release). Wages range from \$.85 per day to minimum wages for work release inmates; wages vary between shops by the amount of incentive pay earned. All SUI programs have sizeable waiting lists.

- c. Minimum Security Work Crews. Pre-release and minimum security inmates are permitted to work on State and local roads, State parks, or local government projects. During FY 1983, the DOC assembled 26 crews involving as many as 232 inmates. These crews worked for the State Highway Administration, the Department of National Resources, and at a variety of other locations around the state. Paid \$1.50 a day, inmates worked nearly 100,000 hours in the first half of FY 1983 and were paid over \$18,000. There are enough eligible inmates, however, to establish approximately 15 additional work crews. Expansion is limited by a lack of vehicles to transport workers and a shortage of staff to supervise the additional crews.
- d. Work Release. Under current regulations, inmates on

pre-release status and within 12 months of their anticipated release are eligible for work release assignment. About 300 inmates are now on work release with 250 employers. These inmates work in such capacities as machinery operators, electrician's helpers, plumber's helpers, and general labor. Another 200 inmates have achieved work release status but have been unable to find employment, due in part to the condition of the current labor market.

7. Mutual Agreement Programming (MAP)

Established in 1974, MAP is an alternative to the regular parole process available in all institutions. Under a MAP agreement, the DOC agrees to provide certain resources to the inmate, the Parole Commission promises to release the inmate on a given date if all terms are met, and the inmate promises to follow the terms of the agreement. These terms usually include completing certain educational requirements, attending drug and/or alcohol treatment programs, and meeting certain employment conditions. Female inmates participate in a special MAP/voucher program that gives the inmates access to community programs normally unavailable, such as data processing, nurse's aide training, and business courses.

Table 7 shows the number of negotiations, agreements, violations, and parole releases of MAP participants from FY 1978 to FY 1982. The agreement rate drops over time because MAP expanded during FY 1978 into higher security facilities where

TABLE 7: MAP Negotiations, Agreements, & Closings

Fiscal Years 1978-1982

<u>Fiscal Year</u>	<u>Negotiations</u>	<u>Agreements</u>	<u>% Agreement Rate</u>	<u>Closed by Violation</u>	<u>% Closed by Violation</u>	<u>Closed by Parole</u>	<u>% all par Releases via MAP</u>
1978	518	424	.82	73	.13	192	.07
1979	790	658	.83	101	.11	213	.08
1980	926	695	.75	169	.13	340	.11
1981	622	400	.64	309	.26	249	.09
1982	668	400	.60	235	.24	210	.12

higher-risk inmates began to apply for the program. The inclusion of these higher-risk participants is reflected in the increasing percent of closings by violation.

Nevertheless, a DOC study completed in FY 1982 revealed that inmates involved in the MAP program were statistically less likely than non-MAP inmates to be involved in institutional infractions. Unfortunately, there have been no similar studies to test whether MAP parolees have a higher parole success rate or lower rate of recidivism than non-MAP parolees.

CHAPTER III
RECOMMENDATIONS

Introduction.

In a landmark speech before the American Bar Association in 1981, Chief Justice Warren Burger noted:

Now let me present the ultimate paradox: After society has spent years and often a modest fortune to put just one person behind bars, we become bored. The media lose interest and the individual is forgotten. Our humanitarian concern evaporates. In all but a minority of the States we confine the person in an overcrowded, understaffed institution with little or no library facilities, little if any educational program or vocational training.¹

Unfortunately, Maryland is not one of the "minority of States" referred to by the Chief Justice. As noted above, our prisons are understaffed, overcrowded, poorly programmed, and most likely, ineffective in rehabilitating offenders.

Another characteristic of corrections is that almost everyone incarcerated is eventually released, and a large proportion of those released are rearrested, reconvicted and incarcerated. Substantial portions of crime in Maryland can be assumed to be committed by those formerly incarcerated and/or placed on probation or released to parole. Ignoring those under correctional supervision will not make them go away.

Correctional supervision can serve numerous purposes, the most frequently noted of which are incapacitation (protecting

¹Chief Justice Warren Burger, Annual Report to the American Bar Association, February 8, 1981.

society by placing the offender under close supervision) and rehabilitation. Unless we are prepared to build new prisons faster and larger than ever before in our history, incapacitation must be used highly selectively. Selective incapacitation for serious, repeat offenders is highly recommended by the Task Force.

The Task Force encourages the efforts of the Repeat Offender Task Force of the Maryland Criminal Justice Coordinating Council. The Repeat Offender Task Force has developed guidelines for improved processing of juvenile and adult repeat offenders through better coordination of law enforcement, juvenile and criminal justice agencies. These guidelines have shaped the planning and implementation of Repeat Offender Program Experiments (ROPEs) in Baltimore City and Anne Arundel, Baltimore, Howard, and Montgomery Counties. The Repeat Offender Task Force should continue its efforts to target and incapacitate serious repeat offenders as it monitors ROPE's development and implementation.

The following elements of ROPE, as articulated in the Repeat Offender Program Experiment (ROPE): Guidelines and Programmatic Alternatives report, are particularly relevant to the Correctional Rehabilitation Task Force's efforts:

- The Repeat Offender Task Force has identified the need for rehabilitative services and/or productive program activity during the period of incarceration as a

requirement of ROPE. This includes a need to examine the success of various rehabilitative efforts, both nationally and in Maryland, and their applicability to repeat offenders.

- The Repeat Offender Task Force believes that ROPE, or selective incapacitation approaches generally, may be used to promote institutional population management which assures that incarceration space is available for repeat offenders. Indeed, the Repeat Offender Task Force recognizes that many kinds of non-repeat offenders should be given non-incarcerative sanctions, thus making available institutional space for ROPE offenders.

The Task Force suggests that the fact that repeat offenders are sentenced to long terms, often without parole, be explicitly addressed. For this reason, it is recommended that consideration be given to development of productive activities, such as institutional work programs, for repeat offenders sentenced to long terms. Short-term rehabilitative programs intended to increase the likelihood that an offender will make a successful transition back to the community should be used for those inmates nearing sentence completion. Finally, the Task Force recommends that the Maryland Sentencing Guidelines project of the Judicial Conference should be asked to consider the consistency of sentencing guidelines with an emphasis on selective incapacitation.

Although the ability to rehabilitate offenders has been questioned in recent years, the Task Force has concluded that rehabilitation is possible, is occurring, and can be improved. The research cited in Chapter II strongly suggests that effective rehabilitation programs must have adequate resources, be diversified and coordinated, be selectively applied through comprehensive classification programs, and be consistent. Furthermore, rehabilitation must not result in a decrease in public safety. Effective rehabilitation programs must promote public safety, and not be seen as alternatives to the safety of the public. The Task Force believes correctional rehabilitation efforts in Maryland can be enhanced without jeopardizing the public's safety. A balance of interests between rehabilitation and public safety can be achieved in the short-run by effective classification and supervision. In the long-run, more effective rehabilitation programs will produce greater safety inside and outside of correctional institutions.

Improving the rehabilitation capabilities of Maryland's correctional system will require additional resources. While the Task Force has not always been able to provide precise estimates of the increases in staff and budget required to implement these recommendations, the Task Force believes these recommendations are reasonable and achievable. Many of these recommendations can be achieved without budget increases. Where budget increases are required, the Task Force believes the benefits to be derived will outweigh any increased costs. If

successful, rehabilitation programs contribute to public safety and, eventually, reduce the direct and indirect social costs associated with crime.

Improving rehabilitation also requires time. These recommendations cannot be achieved immediately. The problems of corrections have been developing for years; their solutions will not come overnight. This fact points to the need for stability in Maryland's correctional philosophies and organization. Every effort should be made to maintain continuity in Maryland's efforts to improve corrections. In particular, the recommendations in Section III-A address the issue of system stability.

Chief Justice Burger has stated that "every correctional institution must be made a combined educational and production institution--a school and a factory with fences."² The recommendations that follow are intended to continue Maryland's efforts to achieve this goal. In recent years, the State of Maryland has made substantial progress in improving many areas of criminal justice. It is now time to commit the State and its resources to making Maryland the leader in correctional rehabilitation. If we do, the State and the nation will surely benefit.

²See note 1.

A. System Goals and Review*

1. Systemwide policy regarding correctional rehabilitation should be developed and adopted by the Governor and the General Assembly.

At the present time there are conflicting policies among state agencies regarding what the correctional system should accomplish in terms of the inmate population. Definition of policy will add focus to rehabilitation efforts and will enhance the development of programs which fit within the specified framework. The policy should reflect a clear overall corrections philosophy.

Such policy will assist in establishing stability in correctional organization and programming. Correctional systems are frequently characterized by shifts in goals or philosophies. Such shifts are disruptive for staff, inmates, programs and the general public. The adoption of a clear, comprehensive policy for the correctional system will assist in avoiding such disruptive shifts and establish the basis for long-term plans.

2. The Secretary of Public Safety and Correctional Services should fully utilize those legislatively created Advisory Boards which are empowered to monitor, review, and evaluate correctional rehabilitative efforts. In addition, the Maryland Criminal Justice Coordinating Council should assist in monitoring the success with which rehabilitative programs, both internal to and external to the Department of Public Safety and Correctional Services, are coordinated with one another to achieve the Department's rehabilitative goals.

* In this section and the remaining recommendation sections (B-J) the listing of recommendations is not meant to imply a priority ordering or a recommended strategic plan. However, it is imperative that agreement subsequently be reached as to the ordering of recommendations and the development of an overall plan for achieving the recommendations accepted from this report.

Established by the General Assembly in 1970, the Advisory Board for Correction, Parole and Probation should be re-activated and its role and functions strengthened. An annual report should be prepared for the Governor and General Assembly assessing correctional rehabilitation efforts in Maryland. Time frames for completion of annual monitoring reports should be established. As part of its renewed monitoring function, the Advisory Board should request information on the resources (i.e., staff, support services) available to meet rehabilitation objectives. It should also assume a more active advocacy role for these programs with the Governor, General Assembly, and Judiciary. The Secretary of Public Safety and Correctional Services should designate staff support to this effort. This Board should work closely with and coordinate the efforts of the State Use Industries Advisory Board, the Education Coordination Council for Correctional Institutions, and the Criminal Justice Information Advisory Board.

3. Efforts must be increased to insure that the general public is made more aware of the accomplishments, problems, and resource needs of corrections.

In general, the public is supportive of rehabilitation efforts. In spite of this, information is rarely disseminated on specific needs and programs beyond the boundaries of the criminal justice system.

The general public should be informed of the current status of corrections, so that meaningful change can be understood and supported by the public. Public support and participation are

necessary to the development and implementation of successful rehabilitation programs.

B. Research and Information Systems

1. The State must continue to review and improve the quality and completeness of the OBSCIS I and OBSCIS II components of the CJIS.

Since 1976, the Maryland Criminal Justice Coordinating Council (formerly the Governor's Commission on Law Enforcement and the Administration of Justice) has emphasized the need for better corrections data and for thorough evaluations of existing correctional programs. Although the state has made progress in developing an automated information system that includes corrections data (e.g., the Criminal Justice Information System, CJIS), the need for better data and regular evaluations of programs remain.

After an audit of a 1% sample of OBSCIS I, the component of CJIS that contains information about the DOC and Patuxent, the Research and Planning Division of the Department of Public Safety and Correctional Services concluded that a number of key variables are either missing or inaccurate. OBSCIS II, the DPP component of CJIS, has only recently become operational and will require auditing in the future. Correction managers have indicated that these systems do not contain items vital to the utilization of these systems by management.

The Task Force recommends that there be regular reviews and audits of these systems to determine data quality and completeness.

2. The State should consider OBSCIS I and OBSCIS II as data bases that can provide research as well as management information. Therefore, the State must be willing to evaluate the systems' rehabilitation programs and be willing to consider the inclusion of additional data, the allocation of additional programming time, or other options that will improve the two systems' research capabilities.

Both OBSCIS I and OBSCIS II were primarily designed as management systems. The two systems were intended to include a core of variables important for managing offenders but also useful for research. However, neither system has all the information necessary to conduct program evaluations or assist in management. Consequently, the State should regularly assess the need to add to or modify the data bases.

In addition, in order for OBSCIS I and OBSCIS II to be used as research data bases, statistical programming support must be made readily available. This recommendation will require the hiring of additional staff for the Department of Public Safety and Correctional Services to provide on-going support to a number of rehabilitation and other research projects.

3. The State must accept as a correctional priority the need to evaluate its rehabilitation programs and be willing to commit resources to the effort.

Currently, there are no consistent and comprehensive evaluations of rehabilitation programs in the State. If only from a cost-benefit standpoint, it is important to determine the effectiveness of the rehabilitation programs in the State. When programs can be shown to be effective, they can be expected to receive budgetary support from the Governor and the General Assembly. In addition, when ineffective programs are identified,

they can be replaced with innovative alternatives.

Both existing and future rehabilitation programs must be evaluated. The Task Force considers the following as key components for the planning and evaluation of future rehabilitative programs:

- Rehabilitative programs must be designed to accommodate evaluation. They must at least include randomization of assignments whenever feasible, theoretically-derived goals, and pre-determined measures of success.
- Planning for rehabilitation programs and their evaluation should be conducted in conjunction and cooperation with faculty of local universities, members of the correctional community, and state research and information personnel.
- Data collection, including forms design and testing, should be a priority of each program from its inception.
- The State must be willing to provide appropriate funds for rehabilitation research to support the collection of data and analysis of those data.

C. CLASSIFICATION

1. The DOC should implement a revised classification system which embodies the Mutual Agreement Programming (MAP) concept.

The MAP process, while it has not been used by a majority of inmates, has been quite successful in maximizing program resources to meet individual inmate needs, which should be the purpose and function of the Division's classification process.

Integrating the MAP concept as the basic premise for classification should eliminate the historic problem of institutional classification staff's resistance to MAP. This resistance has been based on "turf" issues, inadequate resources at each institution with which to program a majority of inmates, and the inability of the existing classification process to be either systematic or an integral component of institutional management.

2. The Task Force supports the DOC's efforts toward establishing a case management concept.

The revised classification system, in concert with the implementation of the multi-level counseling program, should solidify the case management concept in the DOC, as well as ensure that inmate movement and assignment is based on coordinating inmate needs with available resources, not solely on available bed space.

3. Individual program plans should be developed with each inmate, using the results of the diagnostic work-ups, including comprehensive educational assessments, in concert with established priorities and criteria for assignment.

By separating the initial reception and diagnostic function

from the classification and program planning function, a multi-disciplinary team can be used to develop individual program plans that specifically address educational, vocational, psychological, medical, and social service needs.

There is a need to establish priorities after a thorough assessment of the inmate's problems, consider such constraints as length of sentence, and coordinate program access. The plan will not be one-dimensional and it should be realistic. It should also require the inmate to participate in developing the plan and to accept responsibility for his/her accomplishments consistent with the plan.

Scarce rehabilitative and program resources must be allocated carefully, and an inmate's perceived receptivity to treatment must be considered in making decisions about rehabilitative resources. It must be recognized explicitly that certain inmates who are chronic or violent offenders, or who have completed a number of rehabilitative programs without measurable results or improvements, are in all likelihood less amenable to treatment or program services. Limited rehabilitative resources should be focused on inmates most likely to benefit from rehabilitative efforts.

4. The Task Force strongly endorses the multi-level counseling program developed by the Division of Correction.

The Task Force has concluded that rehabilitation programs have suffered from a lack of coordination, planning, and resources. The multi-level counseling program will allow for

more efficient utilization of rehabilitation resources, and will increase the likelihood that classification, rehabilitation, and direct service components will be integrated. The Task Force believes the funds requested by the Division of Correction for this program are the minimum resources necessary to improve rehabilitation programs in the State. The staffing ratios used to estimate the resources required by these programs do not, in our opinion, represent optimum levels, but may be appropriate levels for program initiation.

5. Individuals sentenced to the DOC who have severe mental and emotional deficiencies should be transferred to the Department of Health and Mental Hygiene.

The Task Force recognizes the magnitude of this recommendation and the present efforts by other task forces to address the issue; nevertheless, it is impossible to consider the issue of correctional rehabilitation in Maryland's correctional system without recognizing the special issues raised by this segment of the institutional population. Present DOC resources are inadequate to handle these inmates, and, consequently, they do not receive sufficient treatment.

6. A uniform release orientation program from which inmates are released from incarceration should be implemented throughout the DOC's institutions.

Expanding on the concept of such existing programs as employment readiness, job placement, and work release, which are available to pre-release inmates, the DOC should develop and implement a release orientation program for all inmates being released, regardless of the security-level of the facility. Such

a program should focus on community re-entry and work in conjunction with the job placement program.

To the maximum extent possible, and consistent with public safety and rehabilitation objectives, prisoners should not be released on parole or otherwise discharged from the DOC, while in medium or maximum security.

D. EDUCATION

1. All inmates who are illiterate shall be encouraged by appropriate administrative incentives and records to participate in a 90-day basic education program.

The correctional system should assure that as many inmates as possible attain functional literacy during incarceration. Approximately 50% of the inmates entering the DOC are functionally illiterate. Participation in basic education for a minimum of 90 days should be a prerequisite of participation in any paying institutional assignment for any inmate unable to demonstrate the skills of basic literacy and numeration. The only exceptions should be for special confinement, medical disability, and sentences of less than one year.

2. The currently existing one-to-one tutoring program should be expanded to augment the provision of basic education and GED preparation to the greatest degree possible.

Trained volunteers and inmates are currently providing this service within the institutions of the DOC. Inmate and volunteer tutors could be trained to teach new materials, as well as assist in review of previously-learned materials in the areas of basic education and GED preparation.

3. Special post-secondary education funds should be budgeted for inmates.

College level programs are not funded by the DOC or the Department of Education. Inmates are handled as an indigent population and are supported by federal sources, e.g., Pell Grants and work study. Diminishing funds have led to a dramatic decrease in the number of inmates participating: MCTC went from

a program of 140 people a few years ago to 30-40 at present; at the same time their prison population was expanding.

Post-secondary programs should be designed to develop specific abilities based on labor market projections, student needs and student interest. Inmates should be selected and assigned based on a formal priority system. All participating inmates should be required to meet a work obligation which will, whenever possible, entail assisting with programs of basic education.

4. Computer technology should be an integral part of the secondary and post-secondary educational and vocational training program of all DOC institutions.

Computer-assisted learning has been shown to be effective for the basic educational levels, as well as for the more advanced levels. In addition, understanding of and exposure to advanced technology will enable ex-inmates to compete with other individuals in the labor market. Inmates who are "held back in time" are not being effectively prepared for the world they will face upon release.

5. Vocational education programs should be developed and maintained on the basis of expectations concerning labor markets.

Areas of training should be based on labor market projections and suitability for the target population. Programs should be reassessed frequently and kept current with labor market demands. Vocational educational programs must be flexible to allow for changes in the employment environment.

E. INDUSTRY/TRAINING

1. Industrial work space and capital for equipment and inventory should be funded with general funds for the expansion of SUI.

Although SUI is a major source of institutional inmate employment and vocational inmate training and has a very impressive performance record, no public funds are allocated to SUI. There is a need to invest in modern machinery and expand its industrial capabilities to enlarge the productivity and training of inmates. Requiring SUI to finance its own expansion will continue the insufficiency of training and work opportunities in prisons. The Task Force wholeheartedly supports the investment of State resources in the development of additional industry programs in Maryland's correctional institutions.

2. Steps should be taken to initiate programs aimed at bringing private industry into correctional facilities.

The first step is to modify present law to allow the use of inmates to produce goods to be sold to the private sector. Minimum pay scales should be paid and the State reimbursed for inmate housing and expenses. This would reduce idleness, increase training opportunities, and expand the economic vitality of the SUI. There is considerable evidence from other states and the federal system that the involvement of the private sector in corrections results in creative programs and training opportunities.

3. Existing regulations mandating the purchase of prison made goods and services by the State should be enforced.

Artical 27, Section 681 C and D requires that State agencies purchase goods and services from SUI when they are available. Legislative auditors should be required to audit all State agencies for compliance with this law. It would appear that auditing for compliance has not been accomplished to date. Directories should be issued to the appropriate agencies to ensure more effective utilization of SUI.

4. Legislative restrictions on the sale of prison-made goods and services must be modified in order to provide greater opportunities for the sale of the products of SUI.

Firms awarded contracts by State agencies should purchase goods and services from SUI when they are available if they are to be used for State projects or for supplying contractual agreements. This should be accomplished by modifying Article 27, Section 681, to require such purchase as a standard element in all contracts issued by the State.

5. Pre- and post-release employment services should be improved.

Pre- and post-release employment services need to be improved. Greater coordination should be established among the institutional education, training, and work experiences and the civilian labor market. Employment placement assistance needs to be provided on an intensive basis at the point of release. Service should be modeled after the successful apprenticeship program placement function.

6. Vocational education and SUI programs should be closely coordinated.

When similar vocational and industry programs exist (or are planned for), they should be located in such a way as to allow

for the continuity of participation by inmates in these programs. Failure to achieve this obviously necessary level of coordination has resulted in instances where vocational education and industry programs have not been effectively coordinated. While not all vocational education programs must be coupled with industry programs nor all industry programs supported by vocational education, when similar vocational and industry programs exist or are being planned they should be located so as to facilitate continuity of participation.

7. There should be a comprehensive review of all existing State statutes, interpretations of legislative intent by the Attorney General and regulations regarding employment restrictions for ex-offenders in order to allow for appropriate revisions which would eliminate such employment discrimination.

Any effort to address offender rehabilitation must encompass post-incarceration employment, because there is a relationship between employment rates of former offenders and rates of criminal recidivism. Also, it is important to recognize the inconsistency of emphasizing the need for vocational education and employment readiness for inmates when laws and regulations prevent, impede, or reduce employment after release.

Recognizing the need and appropriateness of certain restrictions, the Task Force recommends this review to ensure that Maryland minimizes the legal barriers to employment for individuals released from the corrections system.

8. All State agencies are encouraged to participate in the DOC's inmate trainee program which was implemented in 1982 in cooperation with the Department of Transportation (DOT).

With the assistance of the Department of Personnel, the DOC

and DOT have implemented a program whereby inmates participate in the trainee program during the final months of incarceration. Based on the inmate's performance and the availability of an opening, DOC may hire the inmate as an employee after his/her release. Other State agencies have been invited to participate, and this Task Force recommends that they do so.

F. FACILITIES

1. To achieve more efficient utilization of rehabilitation resources and better targeting of program expansions, the Division of Correction should establish specialized missions for its institutions.

The classification system should be the means by which the DOC manages not only the inmate population, but also institutional operation. Inmate movement and program assignment should be the primary mechanism by which institutional missions are established in order that they, as component parts, meet the agency's goals.

This approach provides for more efficient operation of the institution, in that the schedule of the institution can be planned around its mission and the available resources can be more effectively monitored.

The specialized missions approach also provides for the elimination of overlapping programs and the re-allocation of those resources to expand existing programs or to create new programs. A balance of programs is needed within the DOC and the specialized missions approach provides a mechanism by which this can be effectively accomplished.

2. Space for rehabilitative programs should be allocated at each existing correctional facility and should be a mandatory requirement in the construction of new correctional facilities. Program space should not be converted into housing space and should not come at the expense of housing space in the institutions.

Program space should be based on a ratio determined by the planned use of the space and the number of inmates within the institution likely to utilize the program planned for that space.

In addition, when construction plans call for programs being assigned to certain space, budgets should be submitted and approved for the personnel, equipment, and other resources necessary to the operation of the program(s) planned for that space. Too often in the past when space has been provided for rehabilitation programs, the resources necessary to establish and operate the programs have not been appropriated.

The Task Force strongly urges that planning for the correctional institution(s) in Somerset County be guided by this recommendation. We understand that consideration is being given to drastically reducing the space at Somerset that has been planned for industry, educational, and recreational programming. The Task Force believes such reductions would be entirely inconsistent with its understanding of the needs of corrections in Maryland as emphasized in various portions of this report.

3. Where program space is a problem in existing facilities, an effort should be made to maximize the space available by multiple-use strategies.

Efficient utilization of existing space can be accomplished by adopting a day-shift/evening-shift approach wherever possible. Although this may entail an increase in program personnel, rehabilitative efforts will not be constrained by physical limitations.

4. All facilities should meet minimal standards for fire safety, size, environmental conditions, lighting, and accoustical control.

Maryland's existing institutions should be brought into compliance with facility standards enumerated in State statutes and

standards (especially fire safety codes), Federal case law, and standards promulgated by national commissions. While this cannot be done overnight and further study might conclude that renovation is not appropriate for some institutions, the State should begin immediately to conduct a facility assessment and a plan for renovations for each correctional institution.

G. SUBSTANCE ABUSE

1. The Substance Abuse Program developed by the DOC, the Maryland Drug Abuse Administration, and the Maryland Alcohol Control Administration should be implemented in full as recommended by the Governor's Task Force on Addictions and Criminal Justice.

Because of the relationship of substance abuse to criminal behavior, and because of the high percentage of the DOC's inmate population assessed as having a substance abuse problem, the substance abuse program is one of the highest priorities. The specifics of the program can be found in the final report of the Governor's Task Force on Addictions and Criminal Justice.

As the Division's personnel requirements for this program are minimal, because the major personnel requirements are met through the Drug Abuse Administration, every effort must be made to ensure that the positions are filled at all times.

2. The Task Force supports the establishment of the Intensive Stabilization Program within the DOC.

While this is a component of the overall substance abuse program recommended by the Governor's Task Force on Addictions and Criminal Justice, it is essential to the program's overall success and, therefore, is worthy of separate mention and emphasis. This stabilization program will focus on long-term inmates. It is impractical for the shorter-term inmates because, by the time the stabilization occurs, these inmates will be ready for release. Therefore, the short-term inmates will by-pass the stabilization program and go directly to the intensive reentry program.

3. Systematic information dissemination should be implemented and maintained by the DOC, the DPP, and the Parole Commission in order to ensure the continuity of substance abuse treatment for individuals leaving the DOC via parole or probation.

It is imperative to the ultimate success of not only the substance abuse program itself but also the individual inmate's treatment that there be a continuity of service. The computerized tracking system, which is also part of the recommendations made earlier by the Governor's Task Force on Addictions and Criminal Justice, should facilitate the necessary information exchange.

H. Volunteers

1. The DOC should assess the ways volunteers could be utilized more effectively in each of its institutions.

Volunteers are a critical resource for correctional agencies. In recognition of this, the DOC has begun to coordinate better its utilization of volunteers. To encourage the further development of a volunteer cadre in corrections, the DOC should review the operations of each institution to determine how additional volunteers could be used to deliver services and programs to inmates. A volunteer development plan should be created for each institution.

2. The DOC should establish a recruitment, selection training and monitoring program for volunteers.

Guided by the volunteer development plan, the DOC should recruit more actively specific volunteer capabilities. All volunteers must be properly screened, trained, and monitored to assure their safety, their understanding, and their compliance with system policies and procedures.

3. Correctional and administrative personnel should receive training to assist in making the implementation of the volunteer effort successful.

This training could be in the form of seminars or mini-courses designed to familiarize and sensitize DOC personnel to the presence and utility of volunteers, so that implementation of the rehabilitation effort will be successful. The role and expectations of correctional personnel should be clearly specified.

I. Re-entry and Community Supervision

1. Intensive re-entry programs should be expanded so that each inmate experiences some form of re-entry orientation prior to release.

All inmates should go through a re-entry program before being released onto the street, since these programs create links in the community for the individual when released. Resources available to the Division of Probation and Parole must be enhanced if this goal is to be achieved.

2. Community correctional programs should be expanded to aid in the transition of offenders from prison to community.

There is a critical void in community correction services and facilities throughout the State. As an alternative to incarceration for selected defendants and as a transition to independent living in the community for some inmates in the DOC, community corrections should be expanded and fully supported by the General Assembly. The need for community corrections is particularly critical in Prince Georges County and Baltimore City, and for female offenders.

The DPSCS should assess the quality and quantity of community corrections resources in Maryland. These services should be understood as an integral part of rehabilitation programming. Recent negative experiences in Maryland with the administration of some community correction programs should not dissuade us from providing these services to appropriate offenders sentenced to probation or released from our institutions.

J. ORGANIZATIONAL STRUCTURE AND PERSONNEL

1. Every effort should be made to make correctional employment more attractive.

The Task Force supports efforts to improve the coordination of correctional employment and to retain the most qualified individuals as career employees. To effectively accomplish correctional hiring and training, procedures should be revised.

A large scale recruitment program should be initiated. Recruitment is a vital tool in building a qualified correctional staff and increasing the proportion of minorities in the staff.

It is recommended that the Department of Public Safety and Correctional Services be allowed to establish its own Department of Personnel with its own rules and regulations, similar to the organization of the Maryland State Police. This step will eliminate the conflicts in law between the Correctional Training Academy and the Department of Personnel. Also, regional hiring and screening could be developed. This would eliminate duplication of time, effort and resources. The screening of correctional staff should be handled by a central unit trained in this area and should be accomplished prior to any selection for employment. The screening should be similar to that done by the Maryland State Police to ensure as much as possible that a high caliber individual becomes a candidate for employment. Under the present system, within the Department of Personnel's regulations, this prescreening is not possible. The individual would not be accepted for assignment to an institution until Academy Training had been successfully completed.

Finally, improving the quality of the applicant pool for correctional positions requires that a career ladder and incentive pay systems be developed for all correctional personnel in DOC and DPP. The current system does not reward or encourage sustained, exemplary performance at all levels of the correctional system.

2. Effective pre-service training should be provided for all correctional personnel. Clerical and other support personnel should participate in an abbreviated preservice training program.

The present training curriculum should be expanded to include the following subject matter: human services management, interpersonal communications, dealing with confrontations, working with volunteers and the public, review of the missions and goals of all operational and program functions, review of significant DOC policies and procedures, and stress management.

Successful completion of the pre-service program should be required prior to any staff member going to work in an institution.

In addition, an ongoing inservice training program should be established not only to enhance the effectiveness of the staff, but also to increase staff retention. The inservice training program should be developed to support professional development and encourage career advancement. The program should include a standard curriculum, opportunities to attend outside training that becomes available, and a tuition reimbursement program to encourage continuance of education.

3. The organizational structure of DOC should be examined to assure that, at both the headquarters and institutional levels, rehabilitation is accorded appropriate levels of prominence and involvement in policy-making decisions.

The Task Force suggests that the Secretary of Public Safety and Correctional Services consider reinstating the position of Assistant Commissioner for Program Services. Also, consideration should be given to continue the institutional reorganizations begun last year, in which institutional program director positions were to be created in each institution. While not suggesting a particular organizational configuration the Task Force urges that rehabilitation concerns be made central to the operation of the Division of Correction and its facilities.

Appendix A

**List of Individuals Presenting Their Views
During a Public Hearing on June 23, 1983.**

Marianna Burt
Dr. William Carroll (written statement)
Marion Cockey (written statement)
Dr. Jerry Cohen (written statement)
Sister Marietta Culhane (written statement)
Edward Davis
Frank Dunbaugh
Dr. Leroy Durham
David Everhardt
Peter Kambouris
Ann McClosky
Rev. Kenneth MacLean (for Dian GoForth)
Michael Menefee
Rev. Ben Murray
Don & Medora Rau
Roper Committee - Mr. Pietkiewez, Kirt Wolfgang, Mrs. Roper
Evelyn Slaght
Dr. Velma Speight
Verna Strand (for Pat Thorpe)
Carl & Jerrie Thistel
Diane Weaver (for Dean Parson)
Florence Welch

Appendix B

**List of Criminal Justice Professionals Who Testified
Before the Task Force**

Mr. James Anzalone
Administrator of the Mutual Agreement Program (MAP)
Maryland Division of Correction

Mr. Lawrence Bennett
Director of the Office of Program Evaluation
National Institute of Justice, U.S. Department of Justice

Mr. Jon P. Galley
Commissioner
Maryland Division of Correction

Mr. Arnold J. Hopkins
Director
Maryland Division of Parole and Probation

Dr. David Jenkins
Education Coordinator
Maryland Division of Correction

Ms. Sharon Johnson
Director of Program Services
Maryland Division of Correction

Mr. William Kunkel, Chairman and
Ms. Janet Bacon, Administrator
Maryland Parole Commission

Honorable Marshall Levin
Chairman of the Advisory Committee
Sentencing Guidelines Project, Administrative Office of
the Courts

Dr. Robert Levinson
Assistant Director
Federal Bureau of Prisons

Mr. John Linton (and staff)
Director of Correctional Education
Maryland Department of Education

Mr. Daniel Moore
General Manager
Maryland State Use Industries

Mr. Lawrence Solomon
Assistant Director
National Institute of Corrections, U.S. Department
of Justice

Mr. Anthony Trivisano
Executive Director
American Correctional Association

Honorable Alan M. Wilner
Governor's Task Force on Addictions and the Criminal
Justice System