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Patrick Moran - President

## Testimony

### **SB 693 – State Personnel – Maryland Department of Health – Pay Rates and Staffing Requirements**

SB 693 addresses longstanding issues with staffing and security in the state hospitals and residential centers operated by MD Department of Health (MDH). It does so by providing a pay differential for difficult to recruit and retain behavioral health workers who care for the population that are admitted directly from detention centers for evaluation and treatment. This legislation also requires the facilities to have corrections trained security personnel proportionate to the size and security level of the facility.

**Change in Patient Population** The concentration of court ordered individuals, referred to as forensic patients, in our state behavioral health and residential facilities has increased from 38% in 2002 to over 90% today. This increase has been driven largely by efforts of the courts to provide mental health care, rather than incarceration, to many individuals. Forensic patients are usually very sick when they're admitted. They've been charged with committing a crime and have not received treatment for their illness in detention or in our communities. As a symptom of their severe illness, forensic patients can be more aggressive and violent and require closer observation by staff. This is evidenced by the alarming incidents of violence that are reported in these facilities annually, which now average a patient-on-staff assault every 1.7 days. Unfortunately, in the last 10 years as this population shift really accelerated, there have been no meaningful changes in compensation levels (which vary by facility), staffing, or training. Today in these facilities, we have a critical staffing situation and growing security issues.

**Security Personnel Desperately Needed** Once these patients are transferred from local detention centers for admission into one of these MDH facilities for evaluation and treatment, they are placed in a unit who has either too few or no corrections personnel that specialize in behavioral health. This leaves nursing, clinical, and rehab staff without a uniformed backup in the unit, and worried about if they'll make it home in one piece after their shift is over. HB 1474 works to improve the conditions in our state hospitals for forensic patients and employees by addressing staffing issues for the facilities that have 75% or greater forensic admissions.

Every AFSCME Maryland State and University contract guarantees a right to union representation.  
An employee has the right to a union representative if requested by the employee.  
800.492.1996

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The legislation increases pay by establishing a forensic pay differential for hard to recruit and retain positions. This legislation also brings much needed security personnel to these facilities.

**Staffing Shortages are Inefficient and Impact Patient Care** The way we're doing forensic hospital care now in Maryland is inefficient, unsafe, and fails to provide the treatment the courts mandate. The BHA vacancy rate was 6.6% in 2011 but has risen to over 10% in 2019. The DDA saw their vacancy rate in this same time period increase by 151%, from 7% to 17.6%. Additionally, DLS reports that under two-thirds of the employees who were working in the state facilities in 2017 are still there today. Finally, the MDH is projected to spend \$26.5 million on overtime in FY21 and has now spent \$30 million more than what was budgeted for overtime in the last 5 years. All of which translates to a lot of employees in these facilities working 16 hours days, multiple times a week. Short staffed facilities mean patients are experiencing delays in accessing individual therapy, anger management counseling, or work adjustment opportunities to prepare for discharge. It means tired and less alert staff.

**Increase Pay to Address Staffing Shortage** The administration will be meeting us halfway this year by including salary adjustments for some of these behavioral health workers, but those salary adjustments still maintain 3 different pay rates for workers who do the exact same job, have the same training, and care for patients who exhibit similar challenges. A 2012 independent study from Cannon Design, the 2016 Forensic Services Workgroup convened by then Health Secretary Van Mitchell, and the 2018 DLS Executive Branch Staffing Adequacy Study all confirmed one thing; the MDH cannot attract and retain forensic staff without improving pay. The administration's adjustments simply don't go far enough in fixing the low compensation issue—a direct care aid (or CNA) for example, will still be eligible for SNAP benefits and medical assistance after these salary adjustments from the administration kick-in on July 1. HB 1474 lifts these dedicated behavioral health workers over the poverty line finally and helps make these challenging and vital jobs more attractive.

**Our Forensic Hospital System Plays Important Role for Public Safety and Criminal Justice** Even with too few and mostly outdated resources, these behavioral health workers are expected to, and are capable of, doing incredible work with helping these patients face their charges in court and restoring them to safely enter our communities again. We're doing a disservice to these patients, these employees, and our communities by letting the state psychiatric system, which house our mental health ICU beds here in Maryland, whither down to crisis level staffing and unsafe, non-therapeutic environments.

For all of these reasons, we urge the committee to provide a favorable report on SB 693.

**The following photos were taken by staff who were attacked by patients at our state hospitals and residential centers. They gave us permission to share these with the hope that their injuries would not be in vain.**

# **WARNING:**

## **Graphic Images**

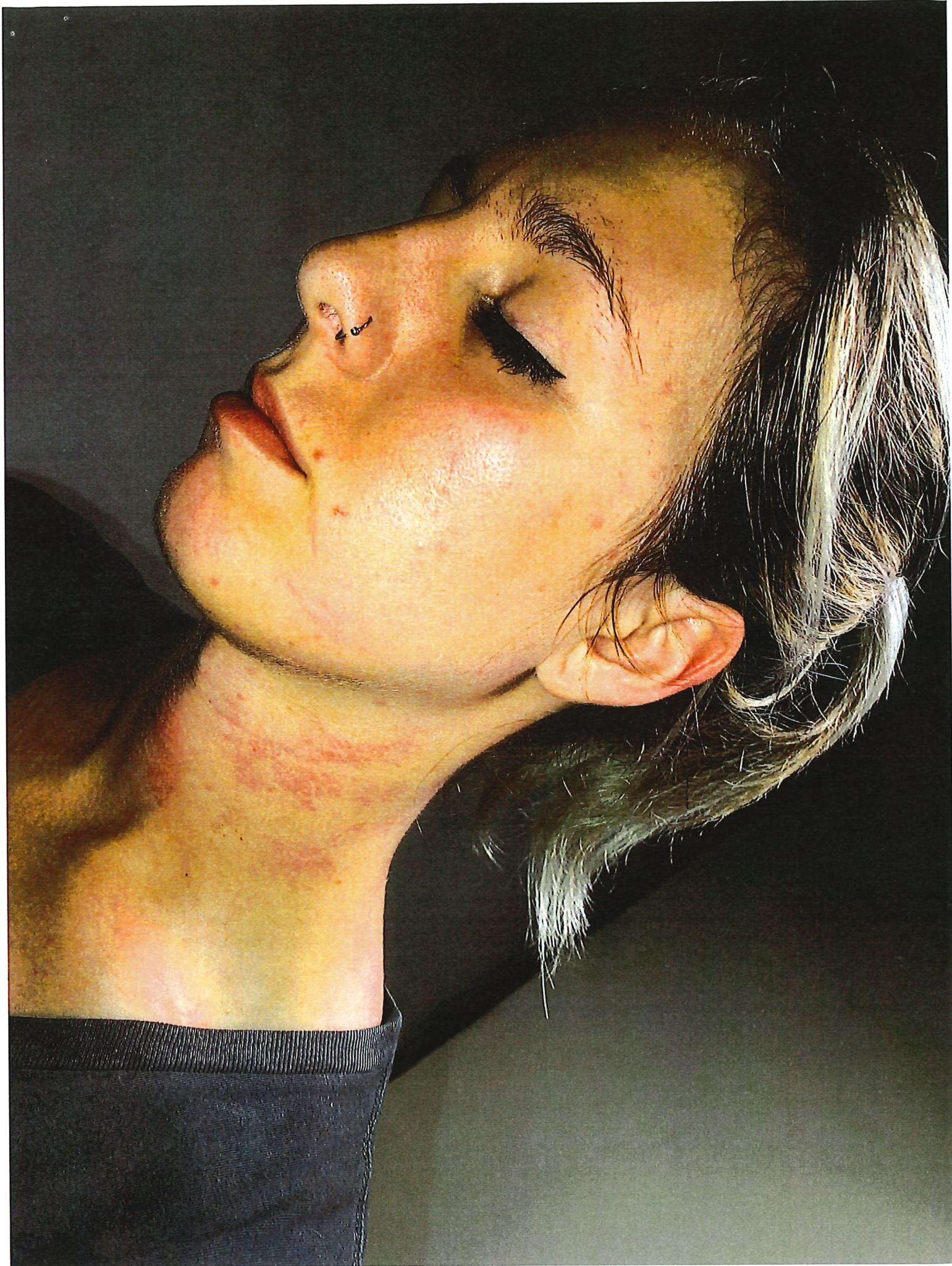








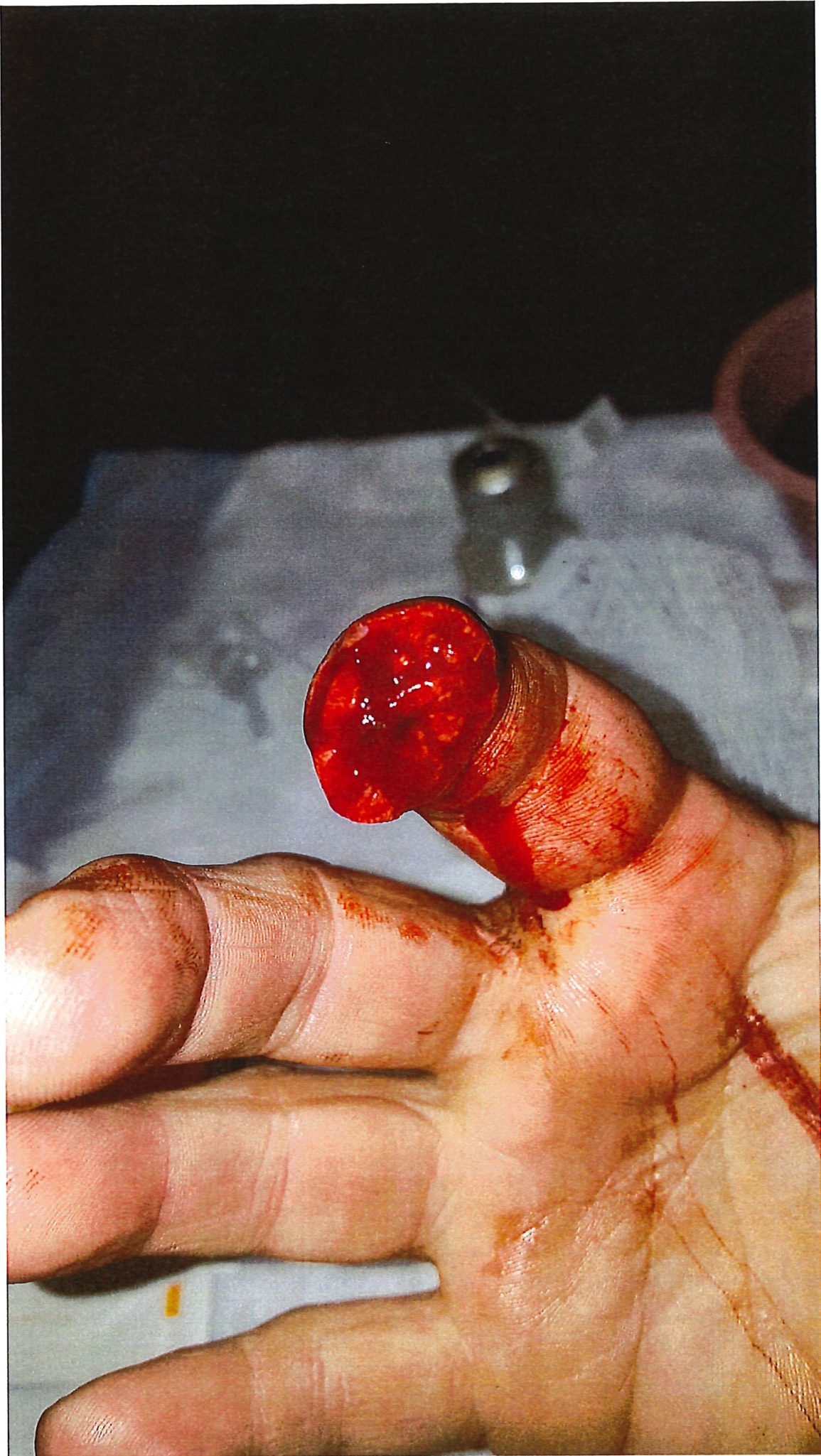
























STATE OF MARYLAND

DHMH

Maryland Department of Health and Mental Hygiene

*Larry Hogan, Governor - Boyd Rutherford, Lt. Governor - Van Mitchell, Secretary*

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November 16, 2016

The Honorable Edward J. Kasemeyer  
Chair  
Senate Budget and Taxation Committee  
3 West Miller Senate Office Building  
Annapolis, MD 21401-1991

The Honorable Maggie McIntosh  
Chair  
House Appropriations Committee  
121 House Office Building  
Annapolis, MD 21401-1991

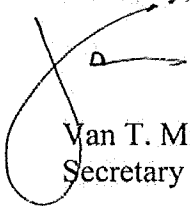
**RE: 2016 Joint Chairmen's Report (Page 71) – Security Review of State-Operated Facilities**

Dear Chair Kasemeyer and Chair McIntosh:

Pursuant to page 71 of the 2016 Joint Chairmen's Report, the Department of Health and Mental Hygiene (DHMH) respectfully submits this report on security recommendations for State psychiatric facilities. Specifically, the report includes recommendations made the department's security review of the State-operated psychiatric hospitals, how the department will implement those recommendations, and what barriers to implementation exist.

Thank you for your consideration of this information. I respectfully request that the \$100,000 begin withheld pending of this report be released. If you have any questions regarding this report, please contact Andrew Nicklas, Director of Governmental Affairs, at (410) 767-6481 or at [andrew.nicklas@maryland.gov](mailto:andrew.nicklas@maryland.gov).

Sincerely,



Van T. Mitchell  
Secretary

Enclosure

cc: Barbara J. Bazron, Ph.D.  
Andrew Nicklas, J.D.  
Jordan More, DLS







**Maryland Department of Health and Mental Hygiene  
Behavioral Health Administration**

**Security Review of State-Operated Psychiatric Hospitals  
2016 Joint Chairmen's Report (Page 71)**



## **Introduction**

This report is submitted to comply with budget language adopted by the Maryland General Assembly during the 2016 legislative session. The budget language requires the Department of Health and Mental Hygiene (Department) to outline recommendations made by the Department's security review of the State-operated psychiatric hospitals. This includes how the Department will implement those recommendations, and what barriers to implementation exist, including those of a legislative, regulatory, or resource-based nature.

## **Background**

In 2015, the Department created a Chief of Police position to command and maintain unified responsibility and accountability for police and security operations of the Department's psychiatric facilities, residential centers, chronic care hospitals, and other facilities. In addition, the newly appointed Chief reviews and develops police and security policies, police disciplinary metrics, code of conduct, training requirements and schedules, credentialing, and all necessary protocols related to managing police and security staff.

In May 2016, the Department sent out a questionnaire to the seven psychiatric facilities (listed in Attachment A) operated by the Behavioral Health Administration (BHA) to solicit recommendations regarding security functions at each facility. The responses to the questionnaire included feedback on the following areas:

- Staffing
- Uniforms
- Policy and Procedure Uniformity
- Communications
- Vehicles
- Training
- Security Protocols (Internally)

## **Current Practices**

The information below describes current practices at the Department's psychiatric facilities. This includes information gathered from the Department's Chief of Police, BHA Administration, and CEOs from the Department's psychiatric facilities, which was gathered, in part, from a questionnaire sent out to all BHA facilities. Results from the questionnaire are also charted in Attachment B.

### Staffing

Six of the Department's seven psychiatric facilities identified a need for additional security personnel. Forensically-involved individuals who are determined to be a "danger to themselves or others" require security personnel at a higher grade than the present Grade 6 (Attachment C).



It has been difficult to attract candidates at this level and creates very high turnover. Many of the security personnel are contractual and are on a limited schedule. The contractual limited schedule imposes increased overtime, employee fatigue, increased safety risks, and inability to process required paperwork on non-contractual personnel.

The Department handles human resources operations, including recruiting and retaining police and security staff, in coordination with the facility administrator and Chief of Police. This coincides with the Maryland Police Training Commission's recognition that each facility is its own police department.

### Uniforms

State psychiatric facilities expressed the need for standardized uniforms either across the State or within each facility. A standardized uniform would help to differentiate security personnel from other facility staff. However, responses from the questionnaire noted that some uniforms can be dangerous, because their metal attachments could injure security personnel or hospital patients in an altercation. The facilities' security personnel believe that they should be equipped with guns but the facility administrators do not agree with that position. However, the Department is currently addressing providing police and security with the right equipment and training them to implement best practices.

### Policy and Procedures

Standardized policies and procedures for State psychiatric facilities would allow security personnel to assist other state facilities, if needed, in a time of crisis, lack of coverage, or any other unforeseen circumstances. Additionally, standardized policies and procedures ensure a Departmental review of protocol.

### Communications

Use of radios at the facilities is not limited to security personnel. Other departments/staff use the same radio frequency, which is a hindrance for security personnel. Some of the radios are limited in scope to the facility, and cannot be used to contact other State facilities or local emergency services. Further, radio communication is limited during transport of patients. This is due to limited radio frequencies when traveling in between counties. In these instances, staff have used cell phones to communicate with other staff.

### Vehicles

The number of State transport vehicles is limited (Attachment D). Most transport vehicles are outdated and some are not equipped with cages to separate forensic patients from the driver.

### Training

Standard In-Service Training that is mandatory for licensure and certification is provided in all State psychiatric facilities. This includes Prevention and Management of Aggressive Behavior (PMAB) training, which is completed annually for most staff, and monthly for staff working in patient areas. As the training was originally developed for a non-forensic patient population,



updates to the PMAB curriculum are needed to assist staff now working with a majority forensic patient population.

#### Facility Security (Building)

Clifton T. Perkins was the only facility to respond on building security, as it is the only secured psychiatric hospital. The facility indicated that it does not have a secured entrance that is accessible by a proxy card or buzzer. Instead, the facility entryway is arranged with two sequential doorways that open simultaneously when an individual enters (or exits) the facility lobby. Upon entering the lobby, an individual must immediately pass through a security checkpoint with a metal detector and x-ray machine before entering any part of the hospital. Following the facility's entryway, individuals must proceed through a sally port<sup>1</sup> in order to access the maximum security section of the facility. There is also a secured door in the entryway lobby for staff to access via proxy card.

Due to the configuration of the lobby at Clifton T. Perkins, there is inadequate space to properly queue visitors and facilitate their passage through the security checkpoint without having individuals in the queue holding entryway doors open, thus exposing them to the outside elements. This results in a non-secure "staging" area in the lobby for anyone entering the hospital as both doorways may be simultaneously open as visitors enter and exit the facility.

### **Recommendations**

#### Staffing

The Facility Administrators and Chief of Police are committed to providing a proactive approach in the protections of patients, visitors, staff, and all assets. This is accomplished by identifying security threats in all areas of the facility which could have an adverse impact on persons and property. The newly appointed Chief of Police is currently working with facility administrators, police, and security personnel at all facilities to enhance security and safety. This will be accomplished through a continual security assessment designed to reduce the occurrence and severity of security incidents and promote security education and training for facility staff. In addition, the Department is currently evaluating its classification system for security personnel, per the recommendation of the facilities in their questionnaire responses.

#### Uniforms

The Department will be standardizing uniforms for police and security personnel. Meetings have already been held with facility administrators and police supervisors at each facility. In addition, the Department recently met with the State Law Enforcement Officers Labor Alliance (SLEOLA), in accordance with the Memorandum of Understanding (MOU) described below, to further discuss implementing standardized uniforms, thus eliminating metal attachments that could cause harm to security personnel or forensic individuals if they are involved in an altercation. Some departments have already switched to the alternative of sewn-on patches. It is

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<sup>1</sup> A sally port is a two door entry in which only one door can be open at one time. It allows for tighter control of movement.



anticipated that the result of these efforts will be one uniform with a standardized badge for police personnel and one uniform for security personnel that will be differentiated from police uniforms and other facility personnel's attire.

It should be noted that there is an MOU between the State of Maryland and SLEOLA, including an agreement of the parties on the standards of wages, hours, and other terms and conditions of employment for employees within the Bargaining Unit.

#### Policy and Procedures

During the month of August 2016, the Department secured authorization from the Maryland State Police (Attachment E) to institute an operational change to its police force. Before August, each DHMH police officer held a Special Police Commission credential that was specific in scope and jurisdiction to the single DHMH facility in which they served their primary duties.

Since August, every DHMH police officer's Special Police Commission was expanded in scope and jurisdiction to encompass every building or facility owned or leased by the Department. Officers are now able to be permanently reassigned without having to apply for what was an entirely different police position at another facility. Additionally, the Director of Safety and Security may freely redeploy officers on a temporary basis to assist in a time of crisis, to compensate for a lack of adequate staff coverage, or to deal with unforeseen incidents. This change in officer credentials affords the Director significantly more operational flexibility.

#### Communications

The Department has purchased 60 radios that allow participation in the Maryland FIRST Statewide Radio System. The State of Maryland has created sixteen unique talk groups for the purpose of coordinating interoperable communications that will allow for statewide communication. The talk groups are configured to operate either Statewide or in a specific region of the State, depending on the talk group. The primary purpose of the talk groups is to provide communication across state agencies. Therefore, these radios will be specific to police / security personnel within the Department, and they will not be site-specific. This will enhance safety and security during their daily duties and responsibilities, and when providing transport services. The Department is on schedule to have all 60 radios programmed and distributed by December 31, 2016.

#### Vehicles

The Department is currently working on making its vehicles safer for providing patient transport and will be purchasing vehicles in the future to replace aging vehicles in the fleet. A timeline for implementing this recommendation has not yet been determined but the Department will begin reviewing the current fiscal year budget (FY17) and future budget requests of each facility with the goal of identifying funding for the purchase of new vehicles. It is anticipated that this goal will be met over several years as vehicles are replaced.

### Training

Currently, each facility has sound policies, procedures, and training to support all staff in the handling of forensic patients. The Department is currently addressing providing police and security with the right equipment and training them to implement best practices. This will include de-escalation techniques and Mental Health First Aid training. The Department is also currently discussing the need to update the current Prevention and Management of Aggressive Behavior (PMAB) training. During the current fiscal year (FY17), the Department will make a determination of what updates, if any, are needed to the PMAB training and how to implement those updates.

### Facility Security (Building)

During the current fiscal year (FY17), the Department will review relocating the main security checkpoint at Clifton T. Perkins further down the facility's main entrance hallway in order to expand the lobby area. This will allow for one of two sequential doorways into the facility to remain closed at all times and establish a secure entryway and lobby into the hospital.

This proposal was requested by facility security staff in the previous fiscal year (FY16). At the time of the request, it was determined that a review would be postponed until the Department hired a new Chief Executive Officer for the facility. This occurred in July 2016.

### **Barriers to Implementation**

At this time, the Department has not identified any recommendations that require legislative or regulatory changes. As the Department implements recommendations currently underway and considers additional proposals further communication will be sent. As outlined above, a review to incorporate these changes using existing resources will be considered and sought. This includes considering possible cost-savings from other areas prior to requesting additional funding in future fiscal years.



2016 JCR Page 71  
**Security Review of State-Operated Psychiatric Facilities**

**Attachment A**

**DHMH Psychiatric Facilities**

Name of Facility	Designation
Clifton T. Perkins Hospital Center	Maximum Security facility (Maryland's forensic psychiatric hospital)
Eastern Shore Hospital Center	Regional psychiatric hospital for adults
Regional Institute for Children and Adolescents (RICA) - Baltimore	Residential treatment facility and school for adolescents with emotional disabilities from the central Maryland region, Eastern Shore, and parts of Western Maryland
John L. Gildner - RICA (Rockville)	Residential treatment facility and school for adolescents with emotional disabilities from Maryland counties in the DC metro area and Western Maryland
Springfield Hospital Center	Regional psychiatric hospital for adults and adults who are deaf or hard of hearing
Spring Grove Hospital Center	Regional psychiatric hospital for adolescents and adults
Thomas B. Finan Center	Regional psychiatric hospital for adults

\*Please note that this is a list of DHMH psychiatric facilities and does not indicate the level to which a facility may, or may not, have police officers and/or security personnel assigned.

**2016 JCR Page 71**  
**Security Recommendations for Psychiatric Facilities**

**Attachment B**  
**State Psychiatric Facilities - 2016 Questionnaire Responses**

	Spring Grove	Springfield	Clifton T. Perkins	Thomas B. Finan	Eastern Shore	JLG RICA	RICA Baltimore
<b>Staffing</b>	Limited	X	X		X	X	X
	Personnel for Transport	X			X		
	Classification		X	X			
	Police		X			X	X
	Security Officers	X	X			X	X
<b>Uniforms</b>	Uniformity	X	X				
	Protective Wear	X					X
	Firearms		X				
<b>Uniform Policies &amp; Procedures</b>	Standard Operating Procedures	X	X	X			
	Patient Transport	X					
<b>Communications</b>	Radio	X	X				
	Switchboard	X					
<b>Vehicles</b>	Limited Number	X					
	Separation Cage		X				
<b>Training</b>	Mental Health	X			X		X
	Continuous	X					X
<b>Facility Security (Building)</b>	Employee Proximity Cards		X				
	Cameras		X				

X - Denotes an identified need by facility



## Security Review of State-Operated Psychiatric Facilities

## Attachment C

## Individuals 18+ Admitted to State Psychiatric Facilities for FY 2002-2015

Fiscal Year	Operating Capacity <sup>1</sup>	Non-Forensic Number <sup>2</sup>	Non-Forensic <sup>3</sup>	Forensic <sup>4</sup>	TOTAL
2002	1,204	460	1,846	862	3,168
2003	1,204	403	1,837	738	2,978
2004	1,204	524	1,824	777	3,125
2005	1,235	347	1,494	840	2,681
2006	1,235	299	1,484	838	2,621
2007	1,213	291	926	890	2,107
2008	1,140	348	535	935	1,818
2009	1,140	262	270	985	1,517
2010	939	247	132	895	1,274
2011	944	142	67	892	1,101
2012	944	143	57	897	1,097
2013	965	80	23	827	930
2014	957	112	24	890	1,026
2015	957	77	17	771	865

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<sup>1</sup> Operational capacity based on beds in use

<sup>2</sup> Forensic status based on admission legal class at time of admission

<sup>3</sup> Non-forensic admissions to State psychiatric facilities originating from emergency departments; RICAs and Perkins are not included in the total

<sup>4</sup> Forensic admissions to State psychiatric facilities regardless of origin; includes Perkins and non-forensic with criminal justice admission source; excludes RICAs

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Security Review of State-Operated Psychiatric Facilities

Attachment D

**DHMH Psychiatric Facility Patient Transport Vehicles  
(October 2016)**

Facility	Vehicle Make/Model	Year	Current Mileage	Repair Costs (last 5 years)	Condition of Vehicle
Spring Grove Hospital Center	# 16 Ford Taurus	2002	204,498	\$ 24,872.54	Fair
	# 19 Ford Expedition	2006	155,623	\$ 34,208.52	poor
	# 24 Ford E-350 15 passenger van	2003	173,044	\$ 34,387.21	Fair
	# 27 2007 Chevy Express 15 passenger van	2007	113,474	\$ 21,636.19	Fair
	# 28 Chevy Trailblazer	2008	71,1170	\$ 14,993.73	Fair
	# 29 Chevy Express 2500 12 passenger van	2015	14,976	\$ 1,023.86	Very Good
	# 26 Ford Crown Victoria	2005	80,614	\$0.00	Poor
	# 34 Ford Crown Victoria	2005	53,270	\$0.00	Poor
	# 45 Ford Taurus	2004	119,520	\$ 29,193.93	Poor
	# 13 Chevy Express 2500 12 passenger van	2015	2,413	\$ 153.14	Very Good
	# 14 Ford 12 passenger van	2008	58,359	\$ 5,857.48	Good
	# 21 Chevy Express 2500 12 passenger van	2015	2,164	\$ 153.14	Very Good
	#41 Ford Focus	2009	36,525	\$ 2,102.93	Good
	# 42 Ford Focus	2009	28,763	\$ 2,793 .86	Good
	# 49 Ford 15 passenger van	2003	68,308	\$ 6,029.67	Fair
	# 74 Chevy 12 passenger van	1996	82,478	\$ 6,288 .07	Poor
	# 81 Ford 15 passenger van	1995	103,206	\$ 30,589.22	Poor
	# 4 Chevy Cavalier	2001	104,987	\$ 6,716.46	Poor
	# 5 Dodge Neon	2002	110,296	\$ 8,947.95	Poor
	Chevy Astro Van	2001	185,966	\$9,027.13	Fair



**2016 JCR Page 71**  
**Security Review of State-Operated Psychiatric Facilities**

Facility	Vehicle Make/Model	Year	Current Mileage	Repair Costs (last 5 years)	Condition of Vehicle
Clifton T. Perkins Hospital Center	Chevy Astro Van	2002	134,538	\$8,359.49	Fair
	Dodge Caravan	1998	129,015	\$8,086.72	Fair
	Chevy Astro Van	2003	38,565	\$569.00	Fair
	Chevy Astro Van	2001	143,115	\$11,398.24	Fair
	Dodge Caravan	2003	71,545	\$3,536.90	Fair
	Ford Econo Van	2003	97,151	\$4,239.82	Fair
	Chevy Express Van	2002	37,164	\$1,496.37	Fair
	Ford Econo Van	2001	68,607	\$4,757.94	Fair
	Chevy Express Van	2013	37,445	\$767.52	Excellent
	Chevy Express Van	2016	9,400	\$105.45	Excellent
	Ford E450 WC Van	2007	298,441	\$10,521.00	Good
	Honda Insight	2010	26,599	\$1,751.64	Excellent
	Chevy C1500 PU	2003	53,871	\$1,341.56	Good
	Ford F250 PU	2004	10,940	\$3,892.32	Good
	Chevy C2500 PU	2003	7,529	\$11,232.40	Good
Springfield Hospital Center	#1 Chevy Cavalier	2000	138,835	\$4,942.30	Fair
	#2 Chevy Cavalier	2001	145,956	\$999.86	Fair
	#3 Chevy Cavalier	2003	120,707	\$1,828.19	Fair
	#4 Ford Focus	2009	118,534	\$809.59	Good
	#8 Chevy Cavalier	2004	114,888	\$1,466.70	Good
	#67 Ford Focus	2008	29,265	\$324.81	Good
	#11 Chevy Van	2007	99,094	\$,1765.51	Good
	#14 Chevy Astro Van	2003	168,564	\$7,858.29	Fair
	#19 2001	2001	112,368	\$3,293.84	Poor
	#25 Chevy Van	2002	111,484	\$1,639.14	Fair

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Security Review of State-Operated Psychiatric Facilities

Facility	Vehicle Make/Model	Year	Current Mileage	Repair Costs (last 5 years)	Condition of Vehicle
	#29	2003	143,394	\$563.67	Fair
	#53 Dodge Caravan	2015	10,923	\$638.50	Very Good
	#79 Ford Van	1996	106,767	\$1,880.54	Poor
	#86 Chevy Cavalier	2002	168,061	\$874.47	Fair
	#96 Chevy Van	2001	106,761	\$5,068.95	Fair
	#98 Ford Van/15 Pass	2009	44,094	\$6,606.82	Good
	#104 Ford Van/15 Pass	2005	138,798	\$2,417.29	Fair
	#106 Ford Van/15 Pass	2002	138,798	\$5,662.43	Fair
	#107 Ford Van/15 Pass	2002	88,235	\$5,908.42	Fair
Eastern Shore Hospital Center	Ford Expedition SG 12625	2008	64412	3392.74	Good
	Chevy Van G3500 SG 12616	2001	134557	2258.43	Good
	Chevy Uplander SG 12629	2008	88262	3205.48	Good
	Ford RV Cutaway E350 HT 43875	1998	84332	5743.80	Fair
	Chevy Blue Bird Bus HT 43874	1994	73534	9627.85	Poor
	Dodge Caravan SG 12645	2005	138049	3465.32	Good
	Dodge Grand Caravan SG 22755	2016	12298	124.00	Excellent
	Dodge Grand Caravan SG 22756	2016	14623	167.00	Excellent
RICA-Baltimore	Chevy Van 2500	2002	64,612	\$4237.37	Fair
	Chevy Van	2003	79,653	\$10,615.58	Fair
	Dodge Caravan	2016	8,819	\$81.41	Excellent
	Chevy Lumina	1996	86,700	\$8,607.22	poor
	Ford Focus	2007	61,436	\$4818.81	poor
Thomas B. Finan Center	Chevy Cavalier	2004	119,607	\$1,215.78	good
	Ford F-350 Lift Van	2004	69,562	\$2,132.16	good



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Security Review of State-Operated Psychiatric Facilities

Facility	Vehicle Make/Model	Year	Current Mileage	Repair Costs (last 5 years)	Condition of Vehicle
	Ford Focus	2007	154,419	\$1,104.72	good
	Dodge Caravan	2015	13,928	\$ 192.11	very good
	Ford Focus	2008	112,237	\$1,294.78	good
	Ford Focus	2006	125,767	\$3,209.78	mech. good needs painted
	Chevy Cavalier	1996	79,830	\$1,579.04	good
John L. Gildner- RICA	Chevy Cavalier	1997	138,333	\$1,287.57	poor
	Chevy Cavalier	1997	138,333	\$1,287.57	poor
	Chevy Cavalier	2004	70,806	\$1,432.04	fair
	Ford Focus	2016	1,675	\$ 0.00	new
	Dodge Caravan	2016	946	\$ 0.00	new
	Chevy Venture	2001	80,049	\$1,522.89	fair
	Chevy Express	2017	5	\$ 0.00	new
	Chevy Express	2002	54,421	\$2,630.65	fair
	Jeep Liberty	2006	40,624	\$1,160.61	fair

2016 JCR Page 71  
Security Review of State-Operated Psychiatric Facilities

Attachment E



LARRY HOGAN  
GOVERNOR

BOYD K. RUTHERFORD  
LT. GOVERNOR

STATE OF MARYLAND  
**MARYLAND STATE POLICE**  
LICENSING DIVISION  
1111 REISTERSTOWN ROAD  
PIKESVILLE, MD 21208  
410-653-4500



COLONEL  
WILLIAM M. PALLOZZI  
SUPERINTENDENT

August 15, 2016

Secretary Van T. Mitchell  
Department of Health and Mental Hygiene  
201 West Preston Street  
Baltimore, MD 21201

Secretary Mitchell:

The Maryland State Police is in receipt of your request to have the Special Police Commission expanded to include all hospitals and buildings that are owned or leased by the Maryland Department of Health and Mental Hygiene. It was also requested to have James R. Pyles, Director of Safety and Security, to be the authorized agent to complete the paperwork for special police commissions.

This request has been granted and will take effect immediately. If you have any questions or clarification, please do not hesitate to contact my office. I may be reached by calling 410-653-4457.

Sincerely,

Sergeant Bowers  
Special Police Unit  
Supervisor

**Proposed FY 2018 Job Classifications for Annual Salary Review  
AFSCME Council 3**

Autopsy Assistants Series

Commitment Records Specialist Series

Correctional Supply Officers Series

Correctional Officer Series

Consumer Agents/Drivers' Licensing Agent Series

Drinking Driver Monitor Series

Fire Safety Inspector Series

Heavy Equipment Maintenance Technician Series

Juvenile Services Youth Center Cook Series

Juvenile Services Case Management Specialist Series

Office Clerk

Personnel Associate Series

MDTA Telecommunicator

Police Communications Operator Series

Veterans Cemetery Equipment Operator

DHMH – Upgrades/Reclasses to Reflect Forensic population and duties.

We are urging DBM and DHMH to reclassify all DHMH employees in State BHA and DDA facilities to a forensic classification to mirror classifications at Clifton T. Perkins. The clientele, skill, safety issues are the same if not more serious at non-Perkins facilities since they are not as secure.



**Proposed FY 2019 Job Classifications for Annual Salary Review  
AFSCME Council 3**

Autopsy Assistants Series

Commitment Records Specialist Series

Correctional Supply Officers Series

Correctional Officer Series

Consumer Agents/Drivers' Licensing Agent Series

Drinking Driver Monitor Series

Fire Safety Inspector Series

Heavy Equipment Maintenance Technician Series

Juvenile Services Youth Center Cook Series

Juvenile Services Case Management Specialist Series

Juvenile Services Youth Transportation Officer Series

Office Clerk

Personnel Associate Series

Social Worker Series

MDTA Telecommunicator

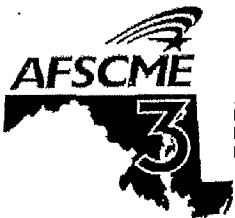
Police Communications Operator Series

Civilian Pilot I – need a path to upgrade.

Veterans Cemetery Equipment Operator

DHMH – Upgrades/Reclasses to Reflect Forensic population and duties.

We are urging DBM and DHMH to reclassify all DHMH employees in State BHA and DDA facilities to a forensic classification to mirror classifications at Clifton T. Perkins. The clientele, skill, safety issues are the same if not more serious at non-Perkins facilities since they are not as secure.



190 West Ostend St., #101  
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January 7, 2019

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President

Flo Jones  
Secretary-Treasurer

Executive Vice-Presidents:

Patrick Okafor  
Local 1678

Lisa James-Henson  
Local 1427

Moe Said  
Local 539

**VIA EMAIL AND FIRST CLASS MAIL TO:**

Cindy Kollner, Executive Director  
Office of Personnel Services and Benefits  
Dept. of Budget and Management  
301 W. Preston St.  
Baltimore, MD 21202

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Central Region

Charlotte Leach  
Central Region

Geron Mackall  
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P&P

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Local 3655

RE: Annual Salary Review for FY 2020

Dear Cindy,

As we have in past years, we are providing you a list of job classifications that we believe should be reviewed and considered for upgrade based on changing duties and responsibilities, and difficulty in recruiting and retaining employees.

You will note that many of these classifications were on our previous list, submitted in December 2017. The problems still persist.

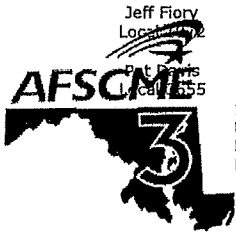
After your office has had an opportunity to review our list and obtain recruitment and retention data, we would like to meet and discuss these classifications further. As some of these classifications include MDOT, I am copying Judy Slater on this correspondence.

Please contact our Operations Manager, Greta Jackson to coordinate a date/time to meet on this subject by March 1, 2019, if not sooner.

Patrick Moran  
President

Enclosure

Cc: Judy Slater, MDOT  
Sue Esty, AFSCME Cn. 3



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*Proposed Job Classifications for Annual Salary Review  
AFSCME Maryland Cn. 3  
January 2019*

Autopsy Assistants Series  
Commitment Records Specialists Series  
"ALL" Correctional Officer and MCE Officer Series

Drinking Driver Monitor Series

Building Security Officer Series

DJS Resident Advisors  
Juvenile Services Youth Center Cook Series  
Juvenile Services Case Management Specialist Series  
Juvenile Services Youth Transportation Officer Series

Lottery Representative I, II and III

Office Clerk Series  
Office Secretary Series

Social Worker Series

Civilian Pilot I- need a path to upgrade

Veterans Cemetery Equipment Operator

MDH- Forensic population in state facilities has resulted in a significant change in duties/responsibilities for employees; MDH employees in BHA and DDA facilities should be upgraded to a forensic classification that mirrors those of C.T. Perkins. The clientele, skills, safety issues are the same if not more serious at non-Perkins facilities since they are not as secure.

**MDOT:**

MPA Electro-Mechanical Crane Tech I (Mech. Option)  
Skilled Trade Specialist HVAC, High Voltage and regular electrician  
Heavy Equipment Maintenance Technician Series  
Customer Agents/Drivers' Licensing Agent Series  
MdTA Telecommunicator Series



*Proposed Job Classifications for Annual Salary Review*  
*AFSCME Maryland Council 3*  
*FY 2021*

Autopsy Assistants Series  
Commitment Records Specialists Series  
Forensic Investigator Series  
Correctional Case Manager Series  
Correctional Social Worker Series  
“ALL” Correctional Officer and MCE Officer Series

Drinking Driver Monitor Series

Building Security Officer Series

DJS Resident Advisors  
Juvenile Services Youth Center Cook Series  
Juvenile Services Case Management Specialist Series  
Juvenile Services Youth Transportation Officer Series

Lottery Representative I, II and III

Office Clerk Series  
Office Secretary Series

Social Worker Series

Civilian Pilot I – need a path to upgrade

Veterans Cemetery Equipment Operator

MDH – Forensic population in state facilities has resulted in a significant change in duties/responsibilities for employees; MDH employees in BHA and DDA facilities should be upgraded to a forensic classification that mirrors those of C.T. Perkins. The clientele, skills, safety issues are the same if not more serious at non-Perkins facilities since they are not as secure. In addition, upgrade Social Workers at Perkins who don’t get forensic pay with rest of the facility.

**MDOT:**

MPA Electro-Mechanical Crane Tech I (Mech. Option)  
Skilled Trade Specialist HVAC, High Voltage and regular electrician  
Customer Agents/Drivers’ Licensing Agent Series  
MdTA Telecommunicator Series  
Vehicle Recovery Technician II & III  
Motor Carrier Inspector Series