**SUPPORT HB 1188 – CORRECTIONAL OMBUDSMAN ACT**

Testimony of Anita Weist, retired DPSCS – Eastern Regional Addictions Supervisor.
Hello. My name is Anita Wiest. I am a Maryland licensed clinical social worker and a Maryland licensed addictions counselor. I have worked in the fields of addiction and social work since 1989. I have experience developing and implementing programs in government agencies, the non- profit sector and for profit health services settings. From 2009 thru May 2019, I worked as a correctional social worker and was then promoted to Eastern Correctional Institution. My initial job classification was a correctional social worker until I was promoted to DPSCS - Eastern Regional Addictions Supervisor. I submit testimony in favor of House Bill #1188 for a correctional ombudsman from these experiences and my perspective.

There is scarce drug treatment taking place in Maryland's prisons, 262 inmates completed addictions treatment statewide in 2017. I expect those numbers have not increased. No addiction counselors have been hired since I last hired an addictions counselor in May 2017. As of tomorrow (3/5/21), there will be only 6 addictions counselors in our state prisons.

I'm sure you are aware there is a significant drug problem in this country and that many offenders maintain their use of substances during their incarceration. It helps them get thru their days as there is little to do if you don't have a 5 day a week job or educational program to keep busy. Even if there were more addictions counselors, current policy is no treatment is available unless you are 3 years from release. There are a few self-help groups but they are often very large and do not always have the support of outside volunteers.

Since 2016, scheduling of offenders into treatment groups is done by a system of excel spreadsheets being maintained at each prison and at headquarters with final scheduling being done at headquarters. After developing the new database system for the department known as the Offender Case Management System (OCMS), we learned it was not programmed with the ability to track offenders' placements into any treatment groups to include social work and addiction. Consequently, scheduling and placement into treatment is done using Excel spreadsheets at DOC headquarters. This process is labor intensive and inefficient. It also can be quite inaccurate. Turning this process over to headquarters staff did not always allow for release information to be updated so that often offenders were released with no drug treatment at all. It is the local case managers that have the most thorough and current picture of the offender's needs and movement through the system.

The treatment manual in addictions programming has not been revised since May, 2007. A policy in this manual states, if someone in drug treatment submits a urine test

which indicates the person has used drugs, they are to be discharged from treatment. Drug treatment has changed so much since 2007 and no longer should pursue such policies; this punitive approach in Maryland prisons has not kept current.

The clients we treat in the prison setting have experienced significant trauma in their lives, most starting in childhood. It's one of the reasons they started using drugs and continue in unhealthy drug use. The addiction treatment protocols being used are not evidenced based and not trauma informed. I started offering a trauma informed treatment protocol at ECI which is evidenced based. I used it in our aftercare programming as well as our recovery tier. Something I learned after I worked in these groups with the clients is that they had never defined such events as childhood abuse, family abandonment, being in a gang, being shot or stabbed or robbed as trauma. Those things were just normal parts of their lives. Once they understood they had suffered and had sought out drugs in an effort to numb, they began to see themselves as having the ability to heal. This program also taught them healthy coping skills to replace their substance use. Unfortunately, the initiative was not embraced system wide and drug treatment in the DOC is not trauma informed.

In addition to my regular duties as Eastern Regional Addictions Supervisor, I led an initiative to develop and manage a recovery tier at ECI. This resulted in 96 available treatment beds on a tier. This initiative was developed in response to Governor Hogan's Opioid Overdose Response Task Force and at the request of our Warden Kathleen Green. I arranged for the vetting and subsequent training of 13 incarcerated citizens to become Maryland Certified Peer Recovery Specialists. An intensive treatment program was developed and implemented on this recovery tier. Thru statistical analysis, we were able to demonstrate that there was a statistically significant decrease in institutional infractions for offenders who participated in the program both during their stay in the program and subsequent to program participation. GOCCP was the funding source for the RSAT funds used for this program. They seemed pleased with the work the program was doing and had indicated they would make available RSAT funds for an additional year.

Despite an endorsement from the Governor's task force, a significant decrease in institutional infractions and a promise for another year of funding, this program met with resistance from its initiation at both the administrative level at headquarters and custody staff at the institutional level. In May 2018, I was ordered not to talk about the program, the grant I wrote to support the program, or anything to do with substance abuse treatment to anyone outside of ECI to include other prisons and staff at headquarters. I was removed from writing the grant reports. Headquarters redirected the balance of the funding to pay for a staff training delivered by Hazeldon Foundation, at a cost of $68,553. There were 1841 workbooks (copyright 2002) purchased and distributed to

some prisons. To my knowledge, these workbooks remain in boxes in counselors offices without a design for implementation.

I believe, if this successful peer training program has been properly supported, at this point in time we could have had state certified peers in all of our state prisons. Case in point, Pennsylvania has over 500 trained peers in 25 of its 26 state prisons. They are helping thousands of inmates. Perhaps an ombudsman could have interceded in this debacle and our incarcerated citizens may have had some treatment available to them during this time of COVID when treatment staffs are not entering the prisons.

During the 2009 Legislative session, HB 637 was passed and signed into law by Governor O'Malley. This bill established a Task Force on Prisoner Reentry. It may have been in 2011 when the final report from the task force was developed, I attended a day long symposium of prisoner reentry held by the Department of Public Safety. I thought it was a wonderful event, well-planned and executed. I heard such optimism regarding the work we would be undertaking. I remember being so hopeful. Ten years later and I regret to say that the majority of the releases seem ill prepared to transition back to their communities.

I continue to advocate for restorative justice and am involved in a local mentoring program for incarcerated citizens. This work is my passion. I took the mission of the DOC seriously which outlines protections for the public, its employees and its detainees. Most all of these citizens will be returned to our communities. Without proactive measures in the Division of Corrections, our mission cannot extend beyond the walls of our institutions. I had a top administrator in the Division tell me I was ahead of my time. I disagree.

This Department is not promoting programs and supports, as it could, to assist some very vulnerable citizens to become socially responsible. Perhaps an ombudsman could investigate what is being said about program supports and what actually exists. Unannounced visits by an ombudsman are also crucial to the effectiveness of oversight. Accountability is essential for an organization and for a society. Without it, it is difficult to get people to assume ownership of their own actions because they believe they will not face any consequences. As a retired mid-level supervisor in the DOC, I did not see a demand for work or urgency or need for the work in people above me and in some of my colleagues. I worked tirelessly but was oppressed in my efforts. Please know I have records of correspondence and paperwork to support all my testimony.