



Department of Public Safety and Correctional Services

Office of the Secretary

300 E. JOPPA ROAD • SUITE 1000 • TOWSON, MARYLAND 21286-3020
(410) 339-5000 • FAX (410) 339-4240 • TOLL FREE (877) 379-8636 • V/TTY (800) 735-2258 • www.dpscs.state.md.us

October 1, 2010

STATE OF MARYLAND

MARTIN O'MALLEY
GOVERNOR

ANTHONY G. BROWN
LT. GOVERNOR

GARY D. MAYNARD
SECRETARY

G. LAWRENCE FRANKLIN
DEPUTY SECRETARY
ADMINISTRATION

PHILIP PIÉ
DEPUTY SECRETARY
PROGRAMS AND SERVICES

DAVID N. BEZANSON
ASSISTANT SECRETARY
CAPITAL PROGRAMS

ROBERT J. JOHNSON
CHIEF OF STAFF

DIVISION OF CORRECTION

DIVISION OF PAROLE AND
PROBATION

DIVISION OF PRETRIAL
DETENTION AND SERVICES

PATUXENT INSTITUTION

MARYLAND COMMISSION
ON CORRECTIONAL
STANDARDS

CORRECTIONAL TRAINING
COMMISSION

POLICE TRAINING
COMMISSION

MARYLAND PAROLE
COMMISSION

CRIMINAL INJURIES
COMPENSATION BOARD

EMERGENCY NUMBER
SYSTEMS BOARD

SUNDRY CLAIMS BOARD

INMATE GRIEVANCE OFFICE

The Honorable Edward J. Kasemeyer
Acting Chairman, Senate Budget & Taxation Committee
3 West, Miller Senate Office Building
Annapolis, Maryland 21401-1991

The Honorable Norman H. Conway
Chairman, House Committee on Appropriations
Room 121, Taylor House Office Building
Annapolis, Maryland 21401-1991

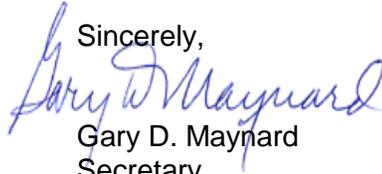
Re: DPSCS' Report on the Analysis of Consolidating the
Patuxent Institution within the Division of Correction

Dear Chairman Kasemeyer and Chairman Conway:

The FY2010 Joint Chairmen's Report requires the Department of Public Safety and Correctional Services to submit a report pertaining to the consolidation possibilities of two divisions in the Department. The following language requirements can be found on page 115 of the FY 2010 Joint Chairmen's Report:

The committees direct the Department of Public Safety and Correctional Services (DPSCS) to conduct a cost-benefit analysis of incorporating the Patuxent Institution into the Division of Correction (DOC). A significant portion of the offenders housed at the Jessup facility are DOC-sentenced inmates, and the department is already in the process of moving toward a mission-specific institution format. The committees believe consolidating the Patuxent Institution to be a DOC facility could result in improved efficiency of departmental operations, expanded and better coordinated mental health services, and significant cost savings. The analysis should specifically examine the operational and legislative changes necessary to incorporate the Patuxent Institution into the DOC and identify potential cost-savings and operational efficiencies. The report should also address any concerns or obstacles the department has regarding a potential consolidation. The report should be submitted to the committees no later than October 1, 2010.

The Department is providing the enclosed report for your review and comment. I hope it is both informative and helpful to you and your respective committee members. If the Department or I can be of any further assistance, please do not hesitate to contact me at 410-339-5005.

Sincerely,

Gary D. Maynard
Secretary

Attachment

- c: Senator James E. DeGrange, Sr., Chair, Senate Public Safety, Transportation, and Environment Subcommittee
Delegate James Proctor, Vice Chair, House Committee on Appropriations
Delegate Galen Clagett, Chair, House Subcommittee on Public Safety and Administration
Members of the Senate Budget and Taxation Committee
Members of the House Committee on Appropriations
Mr. Matthew Gallagher, Chief of Staff, Governor's Office
Mr. Ted Dallas, Deputy Chief of Staff, Governor's Office
Mr. Joseph Bryce, Governor's Chief Legislative and Policy Officer
Ms. Stacy Mayer, Governor's Deputy Legislative Officer
Mr. Warren G. Deschenaux, Director, Department of Legislative Services
Ms. Rebecca M. Ruff, Policy Analyst, Department of Legislative Services
Ms. Diane Lucas, Supervisor, Department of Budget and Management
Mr. Christopher Zwicker, Budget Analyst, Department of Budget and Management
Mr. Joshua Watters, Staff, House Committee on Appropriations
Mr. David Smulski, Staff, Senate Budget and Taxation Committee
Ms. Cathy Kramer, Department of Legislative Services
Ms. Sarah Albert, Department of Legislative Services
Deputy Secretary G. Lawrence Franklin, DPSCS
Deputy Secretary Phillip Pié, DPSCS
Assistant Secretary David Bezanson, DPSCS
Chief of Staff Robert J. Johnson, DPSCS
Commissioner J. Michael Stouffer, DOC
Director Randall Nero, Ph.D., Patuxent Institution
Director Rhea L. Harris, Office of Legislative Affairs, DPSCS



**DEPARTMENT OF PUBLIC SAFETY
AND CORRECTIONAL SERVICES**

**Joint Chairmen's Report on
Analysis of Consolidating the Patuxent Institution
Within the Division of Correction**

October 1, 2010

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

Executive Summary

The FY2010 Joint Chairmen’s Report requires the Department of Public Safety and Correctional Services (“DPSCS”) to conduct an analysis and provide information on consolidating the Patuxent Institution within the Division of Correction (DOC). Specifically, the following information was requested:

...a cost-benefit analysis of incorporating the Patuxent Institution into the Division of Correction (DOC). A significant portion of the offenders housed at the Jessup facility are DOC-sentenced inmates, and the department is already in the process of moving toward a mission-specific institution format. The committees believe consolidating the Patuxent Institution to be a DOC facility could result in improved efficiency of departmental operations, expanded and better coordinated mental health services, and significant cost savings. The analysis should specifically examine the operational and legislative changes necessary to incorporate the Patuxent Institution into the DOC and identify potential cost-savings and operational efficiencies. The report should also address any concerns or obstacles the department has regarding a potential consolidation. The report should be submitted to the committees no later than October 1, 2010.

Patuxent Institution

Patuxent Institution is a maximum security correctional facility housing approximately 900 offenders. Since its inception in 1955, the Patuxent Institution has responded to the changing treatment needs of offenders incarcerated within the Department of Public Safety and Correctional Services by evolving into the multifaceted correctional facility.

The maximum capacity of current programs at the Patuxent Institution is summarized in the chart below:

<u>Patuxent Clinical Programs</u>	
Male Eligible Person (EP)	226
Female EP/Youth	60
Male Patuxent Youth	160
Pretreatment	120
Parole Violator Program	60
Lifer Risk Assessment	<u>8</u>
Total	594
<u>DOC Clinical Programs</u>	
Correctional Mental Health Clinic at Jessup (CMHC-J)	192
Regimented Offender Treatment Center (ROTC)	<u>100</u>
Total	292
<u>DOC Housing</u>	
DOC Male Overflow	60

DOC Female Overflow	48
MCE Workers	<u>12</u>
Total	120

Patuxent Clinical Programs: These programs are administered by existing clinical state employees.

DOC Clinical Programs: These programs are administered by private vendors with support from existing clinical state employees.

DOC Housing: These are inmates who are either Maryland Correctional Enterprise workers or being temporarily housed for the Division of Correction. Mental Health services are supported by existing clinical state employees.

Cost –Benefit Analysis:

Patuxent Institution has an appropriation of \$46,465,049 for FY 2011. Seventy-four percent of Patuxent’s FY2011 appropriation (\$34,506,000) is staffing cost, approximately 80% of which is for correctional officer staff. The remaining 20% of staffing cost includes management, clinical, and support personnel. The remaining 26% of the appropriation is comprised of costs associated with operating any facility such as fuel and utilities, supplies and equipment, contractual services, communications, vehicle maintenance, and subsidies for inmate services (i.e. commissary, wages, etc.). As long as Patuxent operates, the core functions of this correctional facility will necessitate these expenditures regardless of whether it is consolidated with the Division of Correction or is maintained as a distinctly separate correctional facility.

Staffing, the largest portion of the institution’s appropriation, is its most important expenditure. Custodial and administrative/management staffing for a 24 hours a day, 7 days a week operation is essential to maintaining an inmate management structure. Non-uniformed support and clinical staff are also necessary to provide programs and services to the inmates.

The programs and services offered to inmates at the Patuxent Institution are essential to DPSCS’ strategy for preparing offenders to return to society. The Patuxent’s Eligible Persons and Youth programs have shown the lowest recidivism rates across the State. The Patuxent Institution has also provided space and staff resources to programs benefiting DOC inmates. Any reduction in staff resources will impact the delivery of inmate programs and services in that institution.

The Patuxent Institution’s staffing matrix differs from other correctional facilities due to its treatment focus. This focus has resulted in a facility with a significant number of clinical staff as compared to most correctional facilities within the Division of Correction (DOC) and the Division of Pretrial Detention and Services (DPDS). Aside from the increased number of clinical staff, Patuxent’s staffing appropriation includes allowances for Boards and Commissions (Patuxent Institution Board of Review, the paroling authority for program inmates). The Board members are appointed by the Governor. This cost is not included in the appropriation of other correctional facilities within the Department and could be a potential savings resulting from the consolidation. However, the appropriation for this expense is less than 1% of the total budget which may need to be used to provide additional

resources to the Maryland Parole Commission to absorb the cases currently presided over by the Board of Review.

Certain operations are already shared between Patuxent and DOC. Patuxent utilizes the Central Transportation Unit of DOC for transportation of inmates to and from Patuxent. Their commitment and records units are managed by a centralized commitment office for the Department. In addition, the Patuxent Finance office is responsible for the finances of a DOC correctional facility in the Jessup region.

Further consolidation of Patuxent operations with DOC could result in an increase in cost. Currently, Patuxent's correctional personnel utilize a different uniform than their peers in DOC. To provide DOC uniforms to Patuxent's 376 correctional personnel would cost \$201,160 (\$535/officer X 376 officers).

The benefit of maintaining Patuxent as a distinctly separate correctional facility comes from its significant number of clinical staff. Clinicians in the other custodial agencies have experienced tremendous challenges in providing services to the increasing numbers of incarcerated mentally ill offenders. Utilization of the Patuxent clinical staff to enhance and improve our delivery of mental health services to inmates throughout the Department is expected to reduce transportation costs between Patuxent and DOC facilities, as well as between any facility and outside hospitals. It is also expected that hospitalization costs will be reduced due to a more effective and efficient delivery of mental health services.

As a result of this analysis, DPSCS has determined that there would not be a significant fiscal savings to the State of Maryland from consolidating Patuxent Institution within DOC. On the contrary, at this time, it is believed that maintaining Patuxent Institution as a distinctly separate custodial agency with its significant number of clinical staff utilized to enhance mental health services across the Department will yield savings in other areas.

Proposed Plan for Improved Mental Health Services

The present assessment of Departmental mental health services provided has caused a further evaluation of the need to utilize all existing treatment resources in the most efficient manner. The following plan has been developed to accomplish this goal.

A review of the current intake process for DOC and DPDS offenders indicates that a more thorough assessment of those determined to have serious mental health issues would significantly assist in appropriate programming and housing placement. Presently, offenders are assigned to correctional facilities based primarily on classification level and bed availability. Consequently, every DOC and DPDS facility is expected to address the challenges presented by inmates with a wide array of issues, including mental health issues. This process often leads to correctional facilities not being made aware of the issues of the confined offenders, and being inappropriately staffed to handle all issues effectively. Therefore, a Mental Health Assessment Center will be created to conduct a thorough assessment and observation to develop a clear diagnostic picture and treatment plan so that each individual can be placed into the appropriate level of care and custody level.

As with any health issue, individuals present various levels of service need. Individuals with mental illness are no different. In order to provide a continuum of care based on worsening or lessening of illness symptoms, various levels of care are necessary. Those levels of care defined in more detail below are: acute stabilization, long-term housing for chronic severe mental illness, step-down units, transition unit, special-needs units, and behavior management units.

Acute Stabilization: Acute stabilization is the highest level of care for those individuals in crisis or with symptoms so severe that their normal functioning is impaired. In the community, these would be individuals appearing in a hospital emergency room for treatment.

Long-Term Housing for Chronic Severe Mental Illness: For some individuals, their mental illness is so severe that they cannot be stabilized to the degree necessary to function independently. In a prison setting, these individuals are generally the most vulnerable to ridicule or abuse and thus require separation from the general population. These individuals also require a much more structured environment to ensure their safety and the safety of others. In the community, these would be individuals residing in mental health hospitals.

Step-Down Units: For individuals who have had their acute episode stabilized but are still not to a point of functioning independently, a step-down unit is necessary. Individuals in these units still require a structured environment where they receive assistance in staying medication compliant, receive more frequent counseling services, and are safe from individuals who will prey on their vulnerabilities. The services in this unit are geared toward increasing the independence of the individuals so that they can prepare over time for transition to general population. In the community, this would be similar to a half-way house.

Transition Unit. Individuals with mental illness do not always adjust to change easily. For those who are being released from prison the adjustment is particularly difficult. Recidivism among the mentally ill has been shown to be higher than general population because they are dealing with mental illness along with all of the other barriers for formerly incarcerated persons. This level of care provides one-on-one assistance with planning for their re-entry into the community.

Special Needs Units: Some individuals with mental illness will attain stability and independent functioning through the programming offered in the more structured levels of care. However, due to their mental illness they are still vulnerable to predatory behavior in general population. They do not need as much structure as an acute care facility or a step-down unit, but need some accommodation due to their illness. These units, located in maintaining facilities across the State, provide a safe housing alternative with increased mental health services beyond the outpatient level of care available to the general population. These units can also be utilized as temporary housing for individuals whose mental illness worsens while in general population until they can be transported to the acute stabilization level of care.

Behavior Management Units: Some individuals present problems in the general population due to a severe personality disorder and not necessarily due to a mental illness. One individual can disrupt any situation and create problems in the general population. The behavior of these individuals appears to the lay person as being crazy and custodial staff do not understand why they are not accepted or kept in a mental health facility. However, these are the very people who would prey upon the seriously mentally ill in any of the previously mentioned units. Modifying the behavior is a very staff and time intensive process that requires specially trained people and coordinated efforts to be successful. This type of individual strains the limited resources of an institution if it is not adequately staffed and equipped to handle the individual.

A centralized mental health facility (CMHF) will house several levels of care: Acute stabilization, long-term housing for chronic severe mental illness, step-down, and transition. The Patuxent Institution currently houses the Correctional Mental Health Center – Jessup, which has been a centralized mental health facility. Our plan is to maintain the centralization of the more intensive mental health services but increase treatment capacity and conduct a more thorough assessment utilizing Patuxent clinical resources.

Offenders who are diagnosed as having an acute mental health episode will remain at the CMHF. It is anticipated that the comprehensive assessment process will result in identifying additional inmates who have a serious mental illness and are not able to return to general population. Some of them would remain at the CMHF in a step down unit. Offenders in the Step-Down Unit who attain adequate emotional stability will eventually be transferred to a maintaining facility that is prepared to provide on-going mental health support services. Offenders who are near their release date will remain on the Transition Unit where staff can coordinate an effective discharge plan to the community that allows for follow up mental health care and supervision.

Special Needs Units (SNU) will be made available in regional locations throughout DOC to accommodate all levels of offender security. These units are designed for offenders who may remain emotionally vulnerable but no longer need the intensive services that are delivered at the CMHF. In addition, Behavioral Management Programs (BMP) will be created in strategic locations across the State. These units will be specially designed to address the needs of offenders who have severe behavioral problems rather than serious mental illnesses.

A primary concern noted by both security and clinical staff has been the need for improved coordination of both transfers and continuity of care. As a result, it has been determined that the available level of resources may be a driving factor associated with an offender's transfer to a maintaining institution. In order to address this need, each pending offender transfer will be reviewed by a mental health placement committee. This committee will be chaired by the Director of Mental Health or his designee and will include treating clinicians and the Assistant Commissioners in the Division of Correction.

Mental health resources Department-wide will be reviewed and utilized differently to ensure that the Assessment Center, CMHF, SNU's, and BMP's are appropriately

staffed. Each maintaining institution will have some mental health staff to deal with crisis situations and to manage the stabilized mental health population that has been transferred to that correctional facility. DPSCS believes that this plan can be accomplished with existing resources. As implementation of this plan moves forward, continuing review and analysis will occur to ensure that our institutions are adequately resourced.

Legislative Changes

The Department has reviewed the proposed changes associated with the enhancement of mental health services to offenders under its supervision and has determined that legislative changes are not necessary at this time for plan implementation. The remediation programs delivered at the Patuxent Institution as set forth in MD. Code Ann., Correctional Services Article, §4-202 have demonstrated their effectiveness in the overall strategy of the Department in preparing offenders for re-entry into the community as law abiding citizens. The plan to utilize all existing clinical staff in the Department to enhance and improve mental health services is not in conflict with the legal mandate of the Patuxent Institution statute to meet the changing mental health needs of offenders within the Department.

If in the future it is decided to consider repealing Title 4 of the Correctional Services Article or any portion thereof, careful consideration would need to be given to how such action would impact the program offenders who are in the and Eligible Persons and Youth programs or in the community under supervision of the Board of Review. Evaluation of the possible *ex post facto* issues that might result from such action would need to occur. There are practice and procedural differences in Patuxent and DOC as well as in the Maryland Parole Commission, the Division of Parole and Probation, and the Patuxent Institution Board of Review. Consideration of these differences before taking action will assist in preventing problems or lawsuits from occurring after the fact.

Conclusion

After careful consideration of the costs and benefits to consolidating Patuxent within DOC, DPSCS has determined that at the present time, the benefits from keeping Patuxent as a distinctly separate custodial agency with its significant number of clinical resources outweigh the some possible savings that could be realized from reduction of certain staffing expenditures. We believe that efficiencies will result from utilizing Patuxent's clinical resources in different ways to improve mental health services for all incarcerated individuals. With improved assessment of our mental health population, case planning and treatment will improve so that individuals are placed in the appropriate level of care. The allocation of appropriate resources in strategic locations will provide opportunities for a more effective and efficient mental health treatment program, resulting in decreased transportation and hospitalization costs. As implementation of this plan moves forward, we will continue to evaluate the effectiveness and efficiency of the delivery of mental health services to ensure that adequate resources exist to maintain the necessary levels of care for the inmate population within DPSCS.