

Meeting Summary

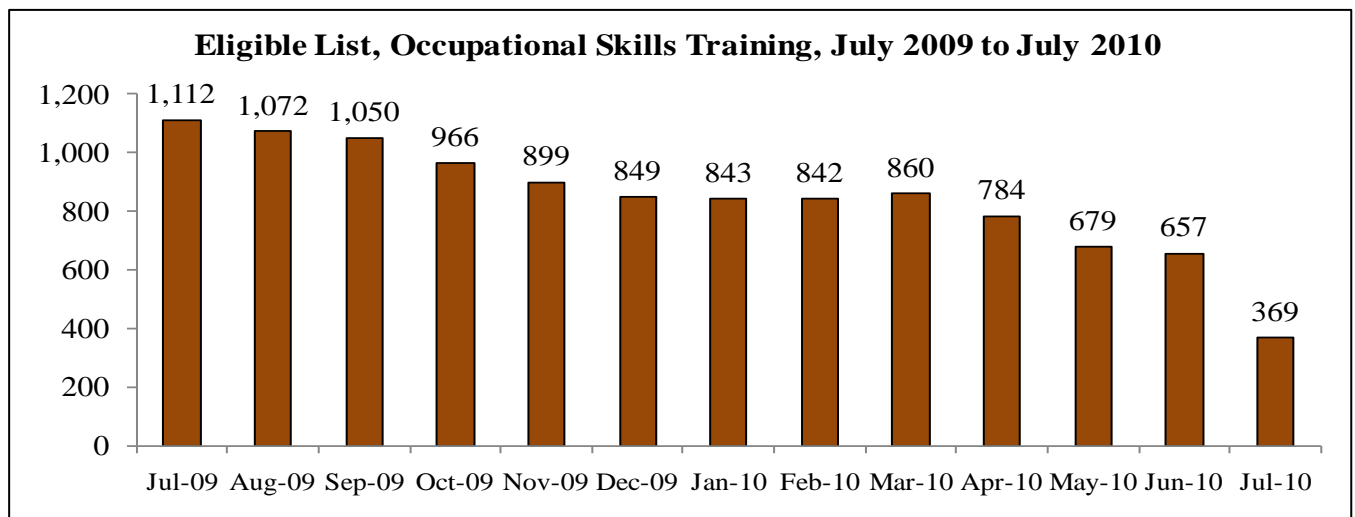
The following is a summary of the issues that were discussed at the DPSCS/DOC Stat on September 23, 2010. Analysis is provided by StateStat and the Governor's Delivery Unit (GDU).

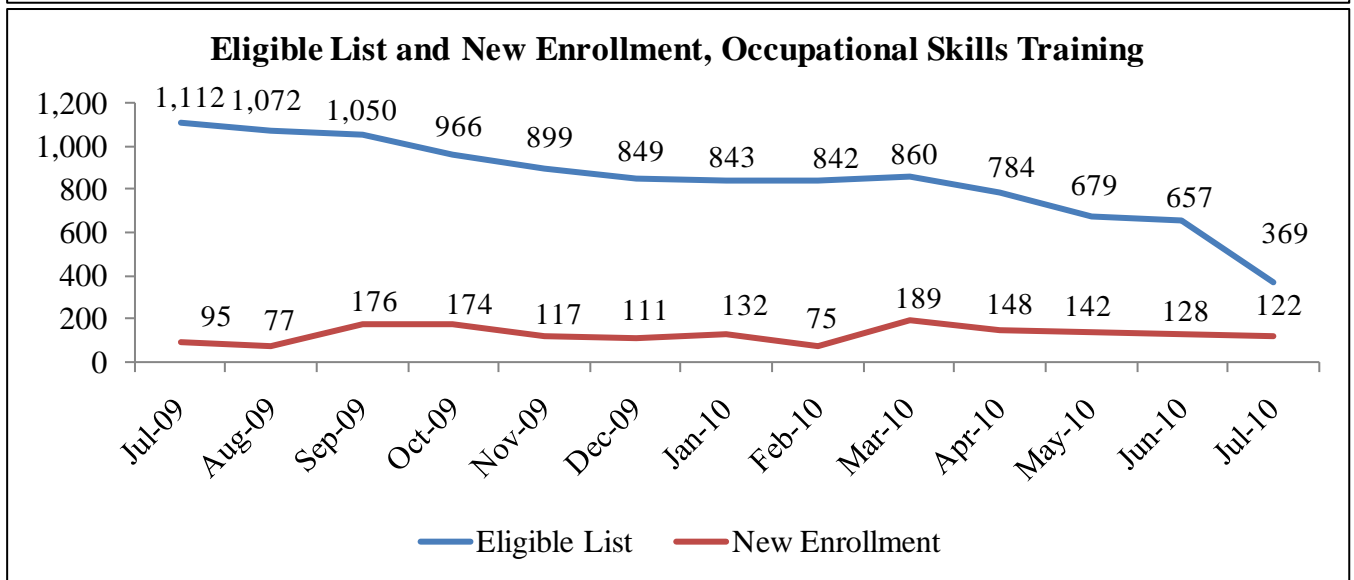
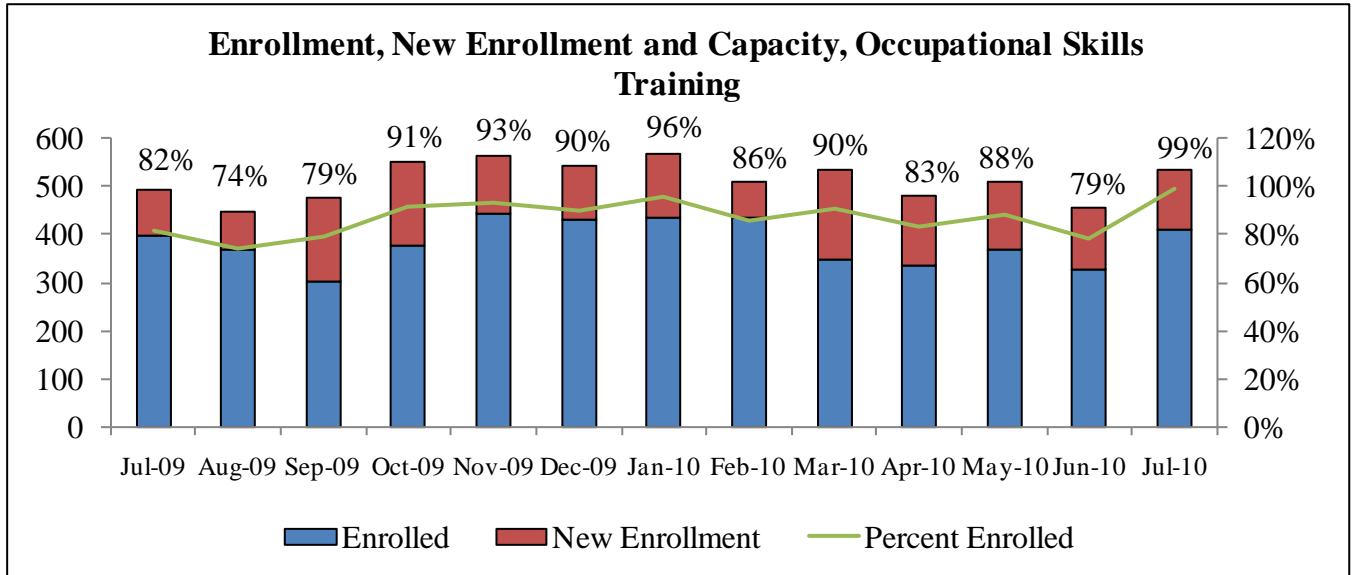
Correctional Education

- **GED Transfers.** Of the 223 GED students who were transferred in FY 10, 39 enrolled in a GED class and took the test. Of the 184 GED transfers who did not end up taking the test, 42 are in classes.
- **Open Seats.** In its follow up response DLLR noted that discussions are ongoing with Paula Matthews, DOC's Education Liaison, concerning open seats and waiting lists. MCIH's high eligible list in FY 10 can be attributed to a teacher vacancy, it being a large school, small classrooms, a slower turnover due to the sentence lengths of the inmates, and age of the students.

Occupational Skills Training

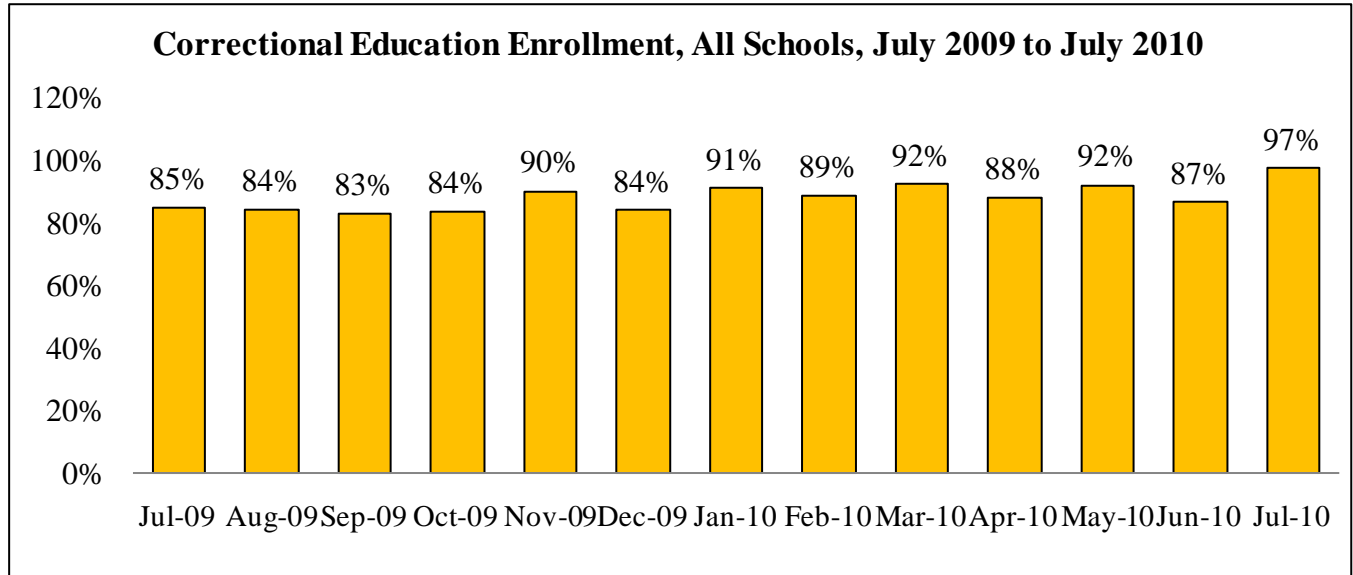
- Occupational Skills Training is critical as it results in post-secondary credentials for those who complete classes. The eligible list for occupational skills training classes has been decreasing as shown in the chart below. To be eligible for occupational skills training a student must have a GED or high school diploma. In July Occupational Skills Training enrollment was 99 percent, and historical enrollment suggests that classes are being filled with eligible individuals. However, new enrollment does not seem to be increasing as the eligible list decreases.



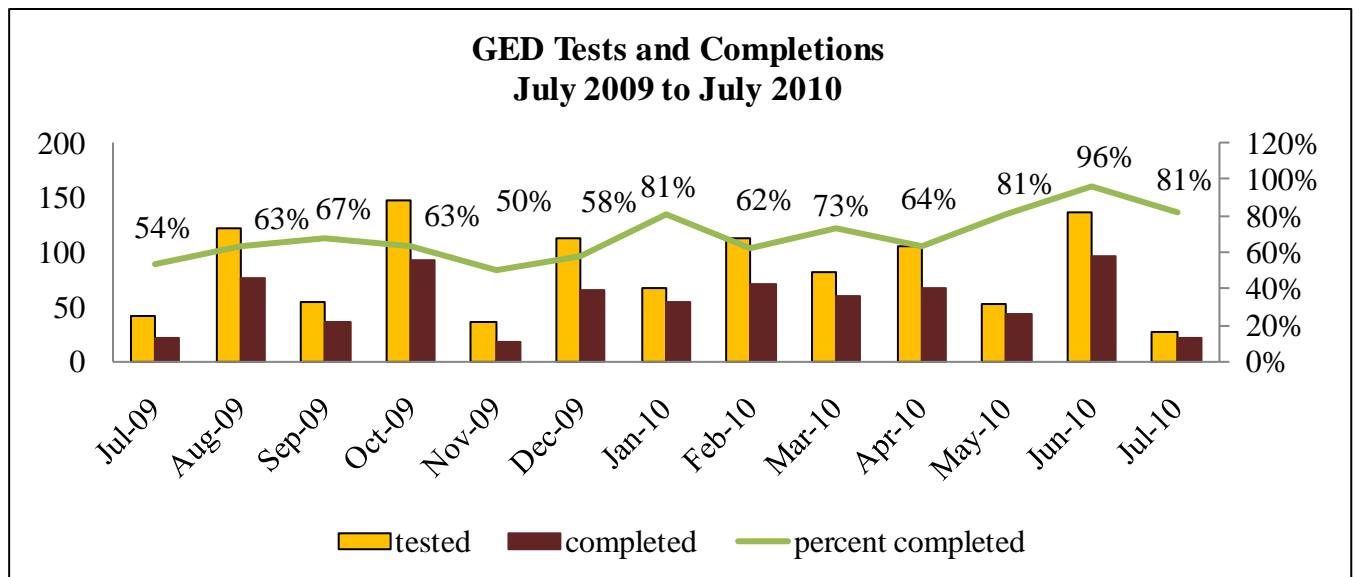


Academic Classes

- **Enrollment.** Aggregate enrollment in academic classes in July 2010 is 97 percent, and enrollment is at its highest level from July 2009 to July 2010.

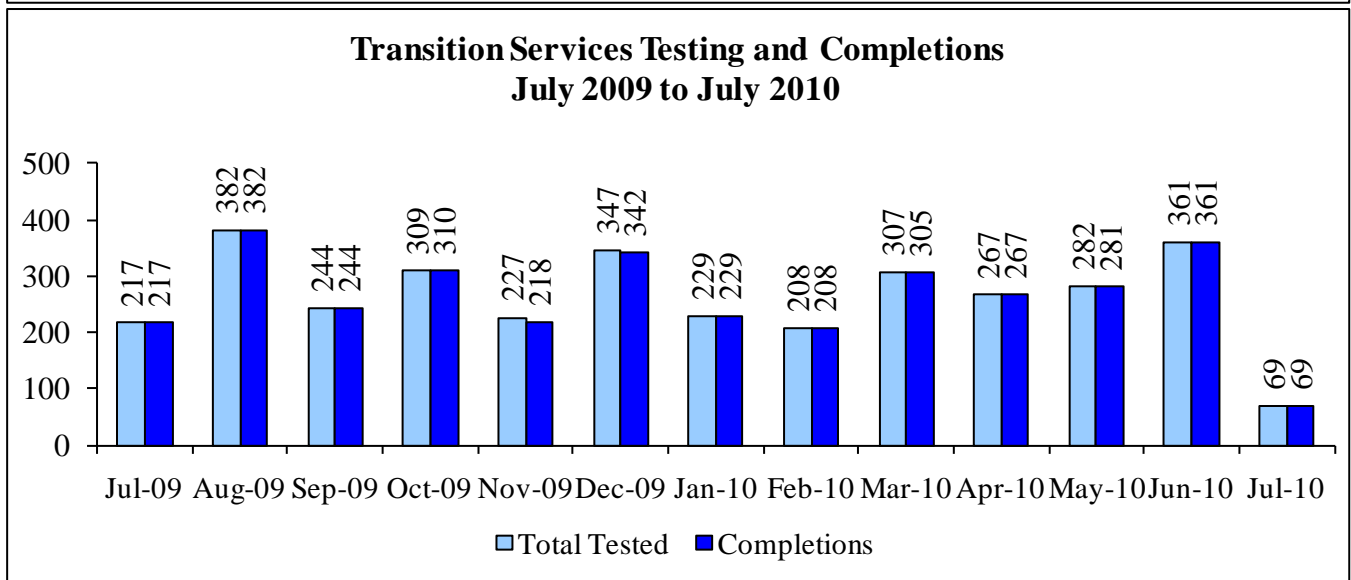
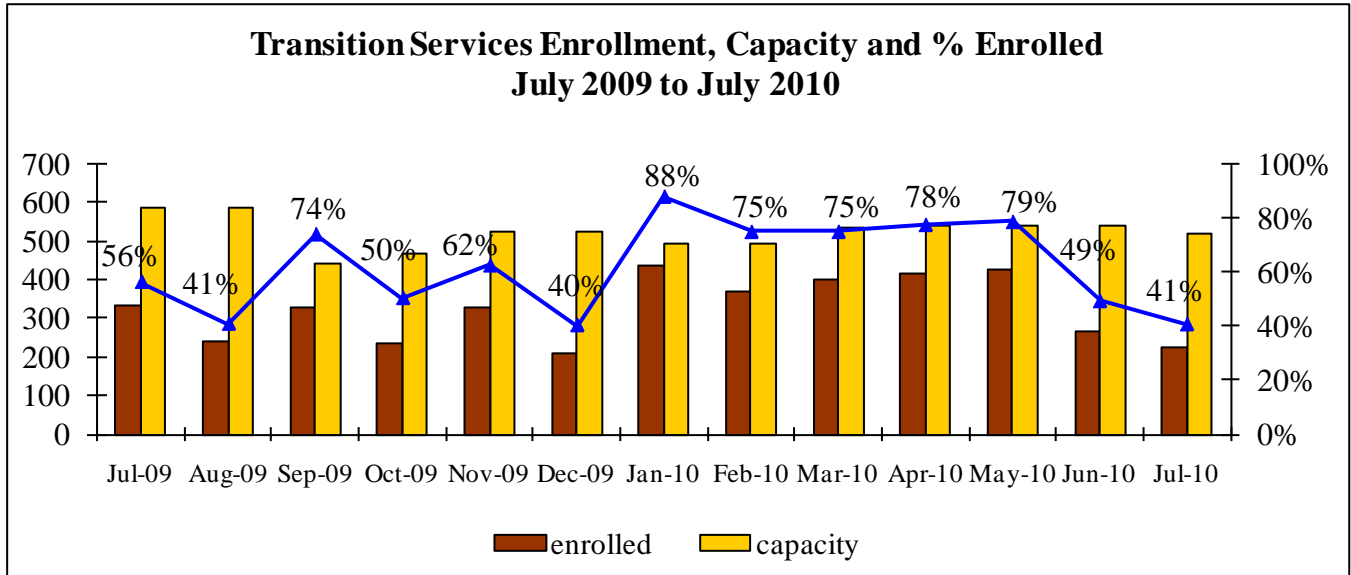


- GED Testing and Completions.** GED completions were 81 percent in July 2010, higher than the FY 10 average of 66 percent, although the raw numbers are small as shown in the chart below. However, July was not a normal testing month TABE.



Transition Services

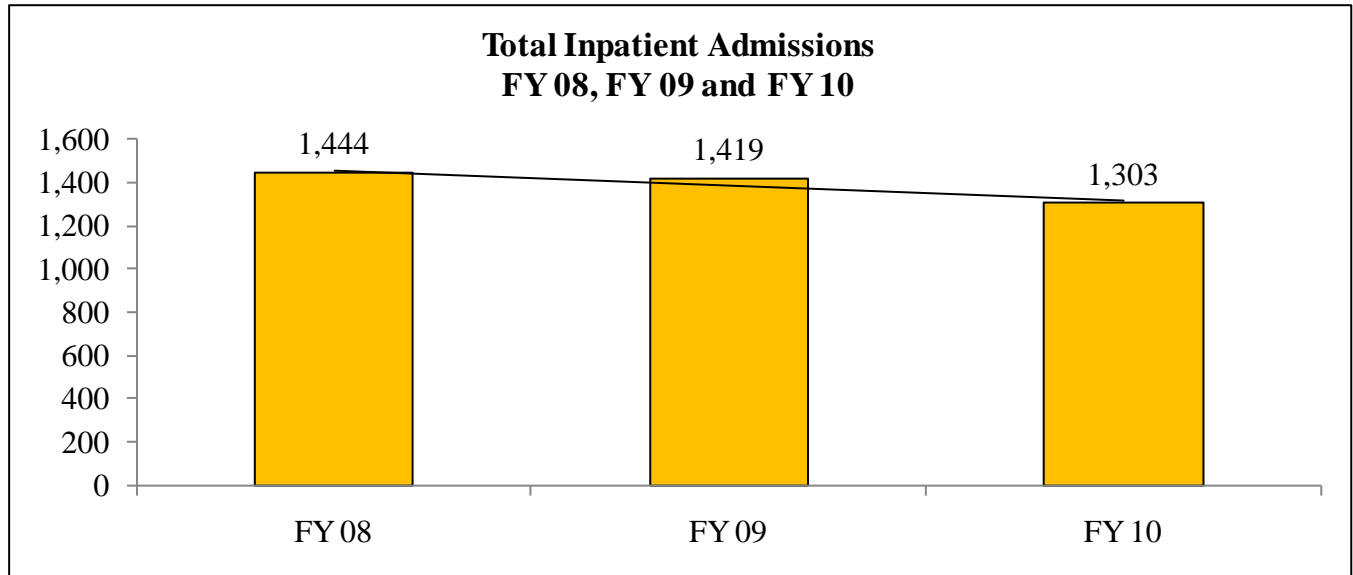
- Enrollment in transition services classes is at 41 percent, a decrease from 49 percent in June 2010 as shown in the chart below. Enrollment as a percentage of capacity decreased even as capacity was reduced, presumably to reflect staffing issues. According to DLLR, transitional enrollment is under capacity due to most of the staff being contractual, contractual staff start date of July 19th or after, and ERW teacher vacancies which the colleges had to fill after the contracts were approved. Completion rates in transition services remained high as shown in the second chart below, although the number of students tested decreased presumably as a result of the decrease in enrollment.



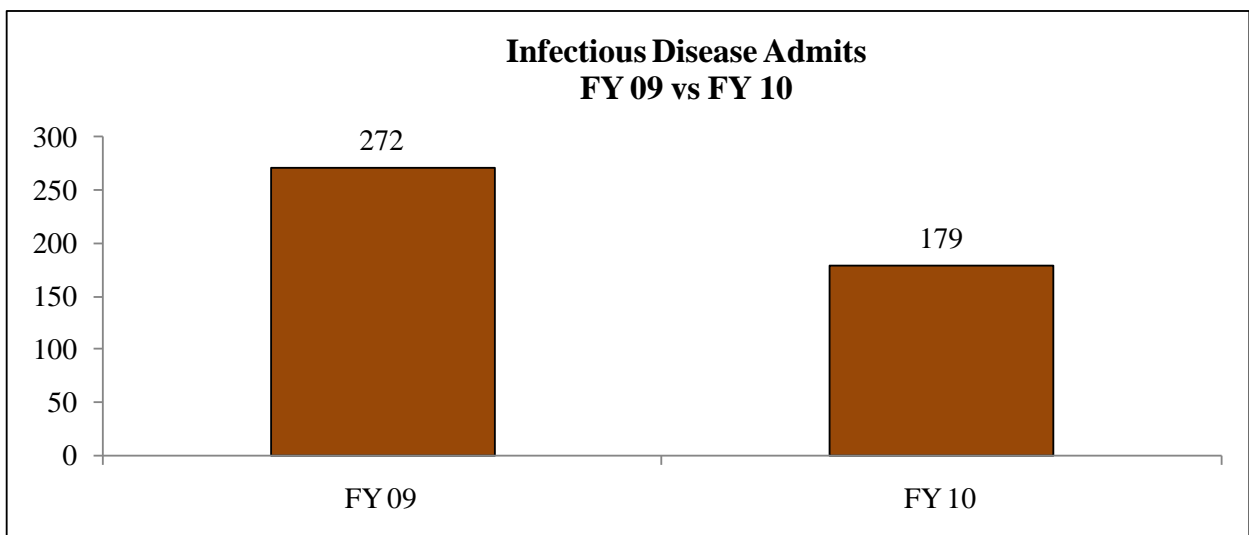
Health

- OTS Utilization.** Inpatient admissions have decreased since FY 08 as shown in the chart below. DPSCS attributes this to increased utilization of infirmaries and IV therapy as well as the improvement in disease control, compliance, quality of chronic care clinics and interventions.
- DPSCS also noted that there has been a slight reduction over FY 09 in the number of inpatient days. This is one of the most challenging phenomena's to control in the management of clinical services as this represents the number of days a patient spends in an external hospital. It is affected by the admitting diagnosis, severity or progression of the illness, and our internal resources such as the availability of infirmary post discharge. The reduction is related to improved communication with external hospitals and the arrangement for earlier discharges to the correctional facility. Thus, taking full advantage of internal resources and infirmaries to supply supportive care such as IV therapy, oxygen support, full nursing level care 24 hours a day 7 days a week. While DPSCS keeps reducing

inpatient days they are still above the national standard National Commission on Correctional Health Care (NCCHC) goal of less than 150 per 1,000. (Note: these goals are recommended as cost control measures and not the national averages, which are not collected specific to the inmate population). DPSCS will continue a concentrated monitoring and education in this area.



- Infectious disease admissions decreased in FY 10. According to DPSCS, this is a result of several factors that include but not limited to improved disease prevention in the transmission of MRSA through surveillance efforts, TB testing and isolation when required, early response to phenomena and flu outbreaks, and early treatment and diagnosis of all infectious disease cases. According to DPSCS, improved treatment and early intervention has reduced and shall further reduce this number.

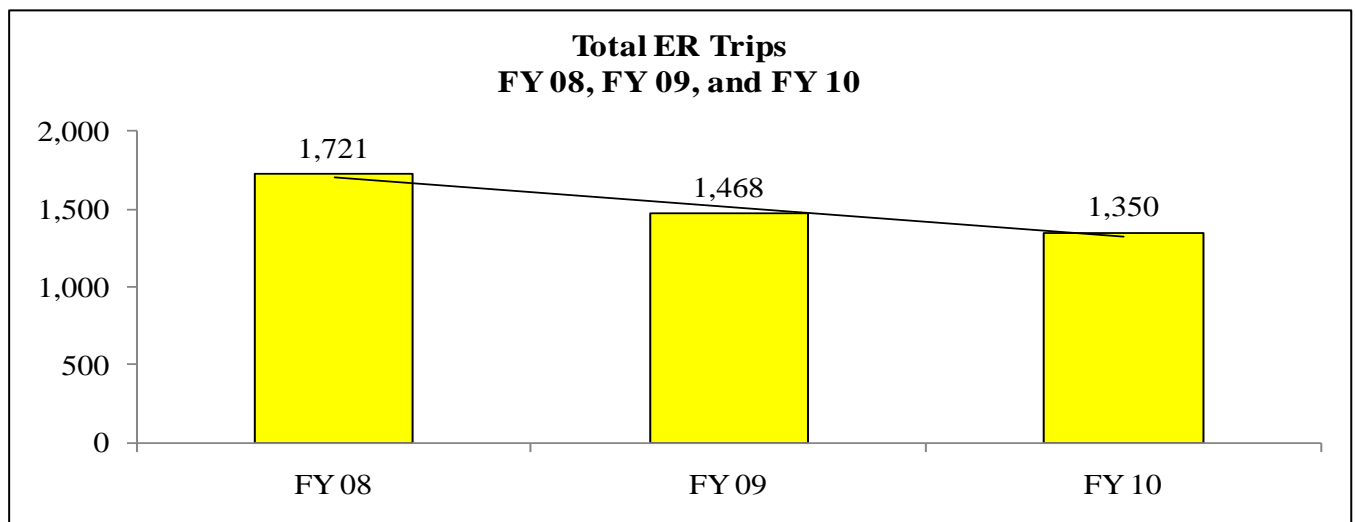


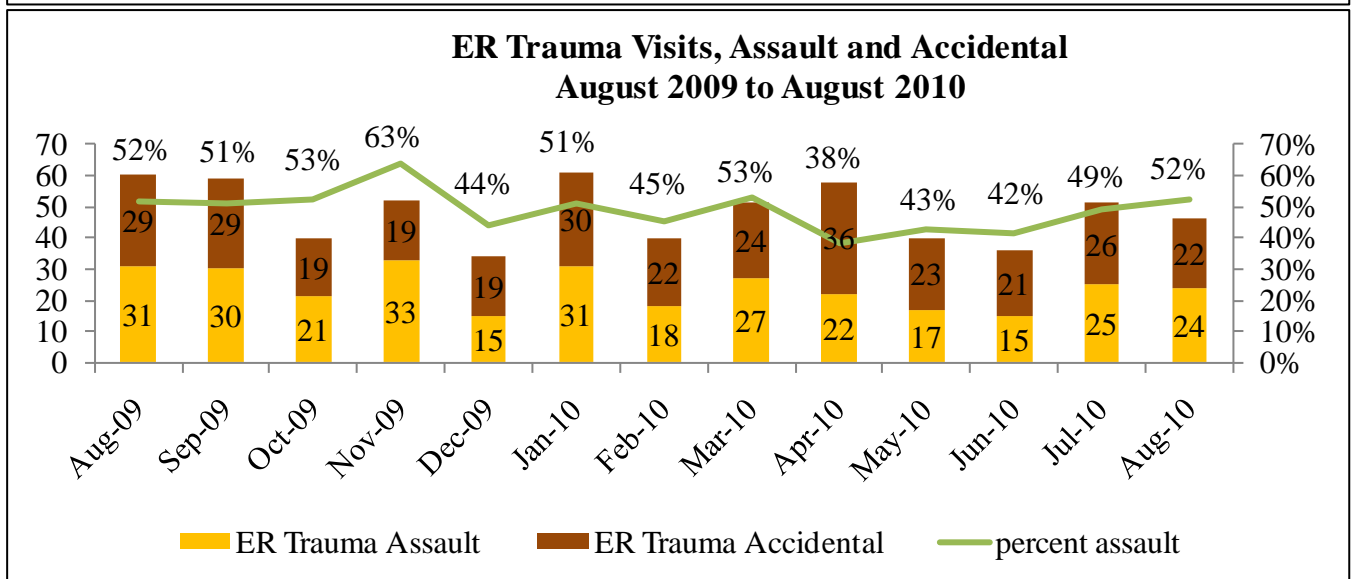
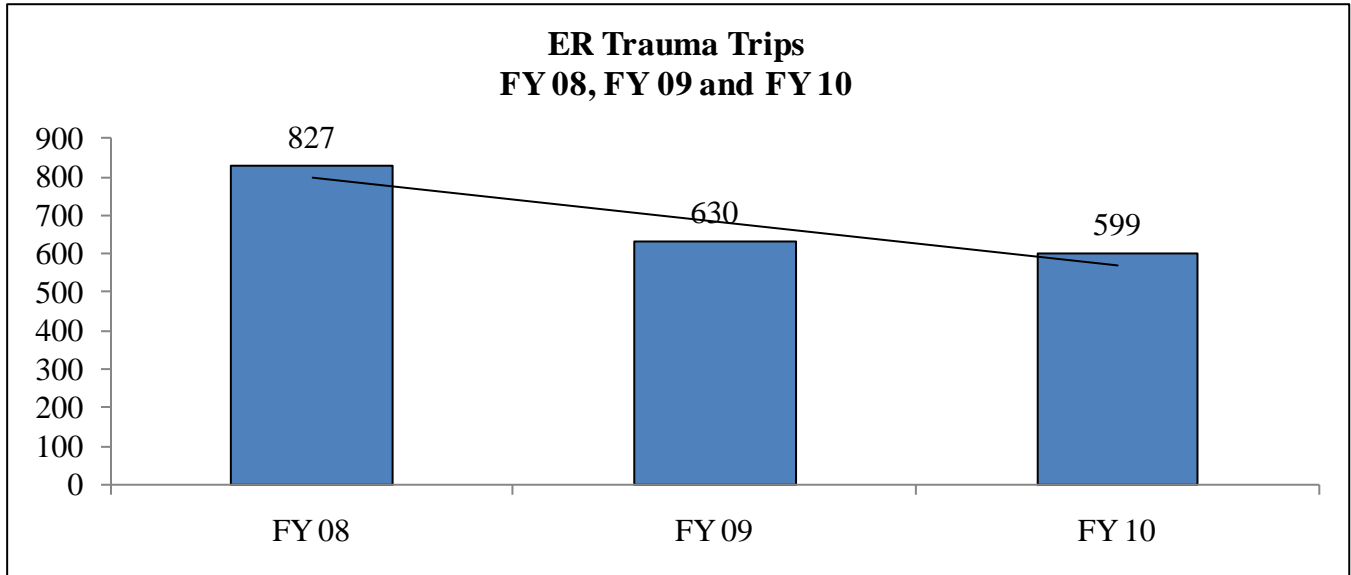
- **ER Visits.** FY 10 is the third year in a row with reductions in ER visits. According to DPSCS, this is indicative of several factors such as increasing safety within the correctional facilities, which results in fewer assaults and/or accidents, increased treatment onsite, improved technology,

physician training and awareness in areas such as the use of onsite EKG's, which improves capabilities of vendor/physician staff to treat onsite or make referrals for a direct admission. Therefore, avoiding the trips associated with referrals to an ER by suturing on site, taking of X-rays onsite and referring directly to an orthopedist and other specialists. Also, DPSCS is exceeding national goals for corrections as sited in a study by the National Commission on Correctional health Care (NCCHC) as being less than 100 per 1,000 as compared to the Maryland DPSCS at 53 per 1,000. According to NCCHC, meeting this goal demonstrates "a fiscally sound approach" only when balanced against "hiring additional personnel to staff an infirmary, purchasing new equipment establishing on site- specialty clinics," which DPSCS has been doing over the last 3 years.

- DPSCS attributes the decrease in ER trauma trips in FY 10 to an overall decrease in serious assaults within DOC and DPDS. However, in July and August 2010 the percentage of ER trauma visits attributable to assaults increased.

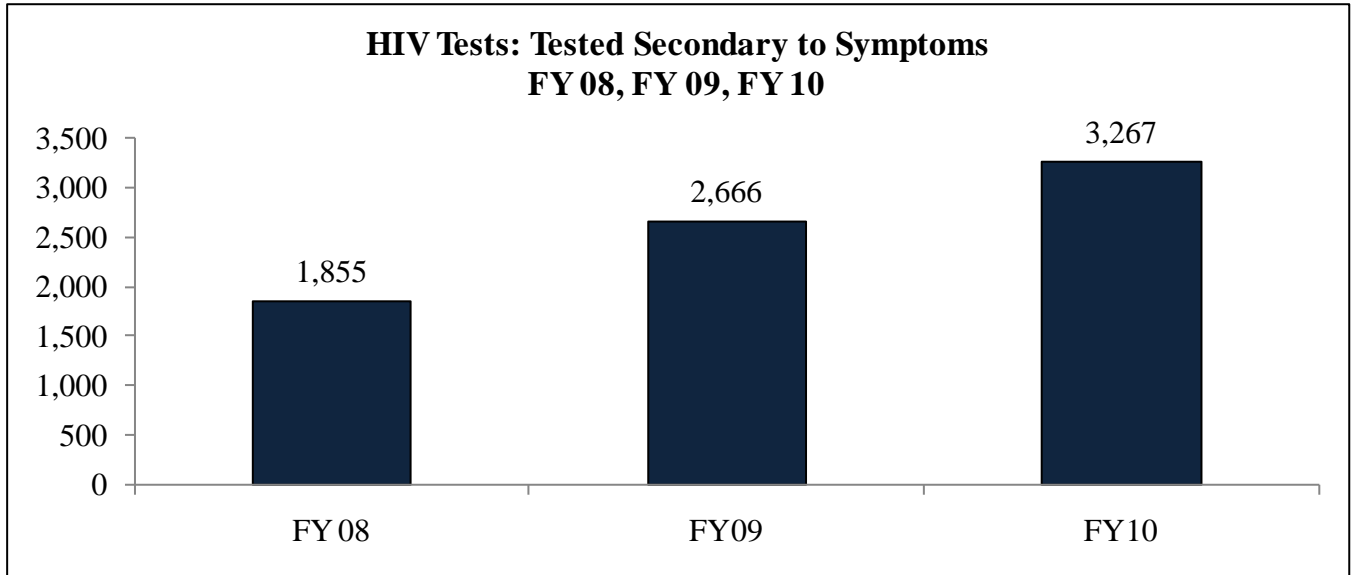
The Department noted that a series of incidents at Eastern Correctional Institution, as well as an incident at Brockbridge Correctional Facility, were responsible for the increase ER assault trauma visits. The Department discussed how it works with intelligence sharing and prison safety to address these issues and prevent them from happening in the future.





- HIV Tests.** The increase in HIV testing secondary to symptoms suggests that doctors and nurses are aware of early signs of possible infection and are effectively getting patients to submit to testing. This also represents an opportunity for HIV education and risk reduction for negative patients and early medical intervention for HIV positive patients. JHU is an expert consultant; via telemedicine, DPSCS holds a consultation session every week, reviews all newly diagnosed HIV cases, establishes the recommended course of treatment and reviews current cases with each active HIV case being reviewed every 90 days (symptoms, labs and any complications). Periodically, JHU provided education to the vendor infectious disease team insuring that DPSCS is up to date on the latest therapies and drug regiment available.

The Department noted that the increase in testing secondary to symptoms indicates that education of inmates, as well as information provided by physicians and health care workers in the prison at the time of the visit, is working to improve HIV testing for inmates.



Maryland Correctional Enterprises

- MCE Revenues.** As the panel may recall, the Department posted a 5 percent decrease in revenues for FY 2010 as compared with FY 2009. As a follow-up, DOC was asked to provide StateStat with the historical fiscal year revenues from FY 2000 to FY 2010.

