

Q00B00
Division of Correction
Department of Public Safety and Correctional Services

Operating Budget Data

	(\$ in Thousands)				
	FY 02	FY 03	FY 04	FY 03 - 04	FY 03 - 04
	<u>Actual</u>	<u>Approp.</u>	<u>Allowance</u>	<u>Change</u>	<u>% Change</u>
General Funds	\$497,875	\$519,289	\$515,601	-\$3,688	-0.7%
FY 2003 Cost Containment	0	-3,162	0	3,162	
FY 2003 Deficiencies	0	2,157	0	-2,157	
Contingent & Back of Bill Reductions	0	-261	-618	-357	
Adjusted General Funds	\$497,875	\$518,023	\$514,983	-\$3,040	-0.6%
Special Funds	54,791	56,788	55,882	-906	-1.6%
Contingent & Back of Bill Reductions	0	-7	-69	-62	
Adjusted Special Funds	\$54,791	\$56,781	\$55,813	-\$968	-1.7%
Federal Funds	6,120	4,177	4,900	723	17.3%
Reimbursable Funds	5,207	5,907	5,934	26	0.4%
Contingent & Back of Bill Reductions	0	0	0	0	
Adjusted Reimbursable Funds	\$5,207	\$5,907	\$5,934	\$27	0.5%
Adjusted Grand Total	\$563,993	\$584,887	\$581,629	-\$3,258	-0.6%

- The allowance provides \$2.2 million in deficiencies for fiscal 2003, including a medical care contract supplement (\$1.3 million), reopening cottage B at the Maryland Correctional Institute for Women (\$0.6 million), and supplements for the inmate food contract (\$0.2 million).
- The largest portion of the reduction is attributed to the salaries and wages category (\$10.6 million) offset by increases in various other categories.

Personnel Data

	FY 02	FY 03	FY 04	
	<u>Actual</u>	<u>Working</u>	<u>Allowance</u>	<u>Change</u>
Regular Positions	7,651.50	7,528.50	7,348.50	-180.00
Contractual FTEs	46.47	98.75	76.93	-21.82
Total Personnel	7,697.97	7,627.25	7,425.43	-201.82

Vacancy Data: Regular Positions

Budgeted Turnover: FY 04	371.83	5.06%
Positions Vacant as of 12/31/02	394.50	5.24%

- Of the 201.82 positions slated for abolition, 87 are correctional officer positions, 52 are in the fiscal 2004 allowance, maintenance, and clerical areas, and 17 are correctional dietary and supply officer

Note: Numbers may not sum to total due to rounding.

For further information contact: William Honablew, Jr.

Phone: (410) 946-5530

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positions.

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Analysis in Brief

Major Trends

Population and Expenditures: Although the division’s inmate population grew by approximately 8% between 1997 and 2002, actual expenses grew by approximately 28% during the same time.

Sick Leave and Overtime: The division has been able to reduce its overtime usage by approximately 37% between 2000 and 2002 despite increasing sick leave usage during the same time.

Issues

Inmate Medical Services: Inmate healthcare represents a significant strain on the division’s resources and personnel. It also represents a significant public health concern. **DLS recommends that the committees adopt narrative that directs the Department of Public Safety and Correctional Services (DPSCS) to exercise the contract options and extend the current inmate medical contract until June 30, 2005. DLS recommends that the DPSCS and the Department of Budget and Management submit a report to the General Assembly on the available options for providing inmate medical services by November 1, 2003.**

Recommended Actions

	<u>Funds</u>
1. Add budget language to reduce general fund appropriation contingent on enactment of SB 187.	
2. Reduce food costs to fiscal 2002 actual levels.	\$ 581,641
3. Adopt narrative to direct the agency to exercise the extension options in the inmate medical contract.	
4. Adopt narrative to request a report on inmate medical contract options.	
Total Reductions	\$ 581,641

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Operating Budget Analysis

Program Description

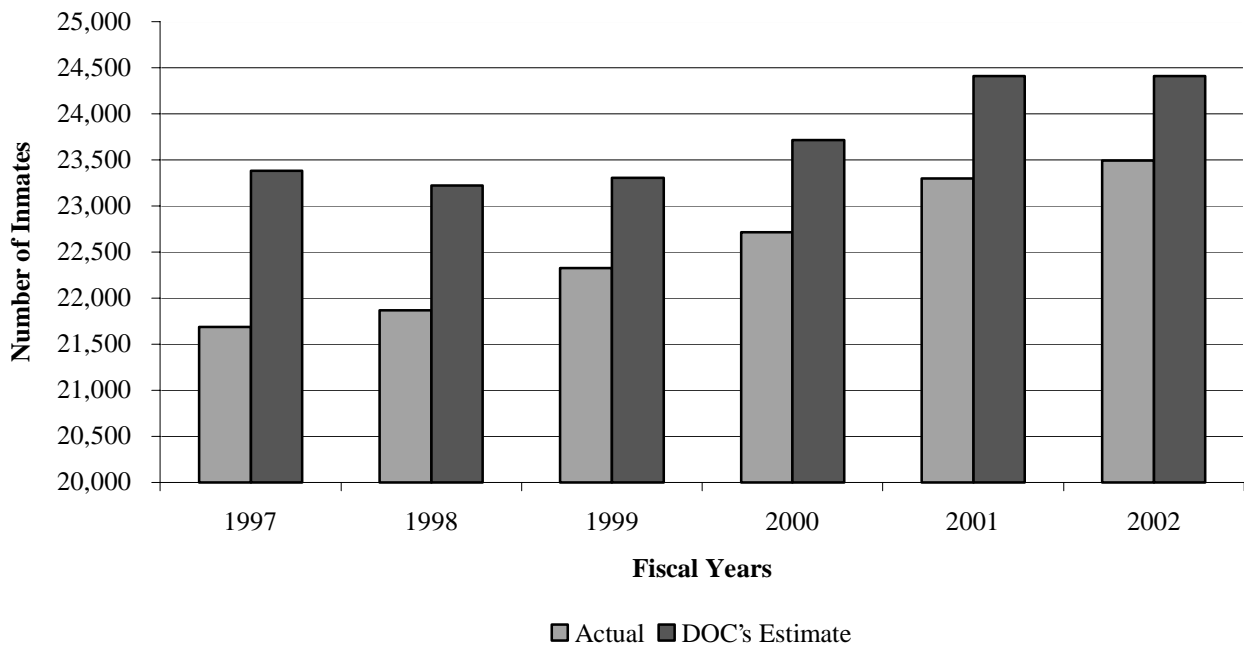
The Division of Correction (DOC) supervises the operation of State correctional institutions in accordance with applicable State and federal law. The division provides public safety and victim services through information sharing and the supervision of defendants and offenders located in the community, in places of safe, secure, and humane confinement.

Performance Analysis: Managing for Results

The average daily population (ADP) has grown by 8.4%, or 1,810 inmates between 1997 and 2002 as shown in **Exhibit 1**. This increase, although below DOC's estimates, places additional strain on the facilities and infrastructure. DOC attributes the increase in ADP to several factors.

Exhibit 1

Comparison of Actual and Estimated ADP



Source: Department of Legislative Services; Department of Public Safety and Correctional Services

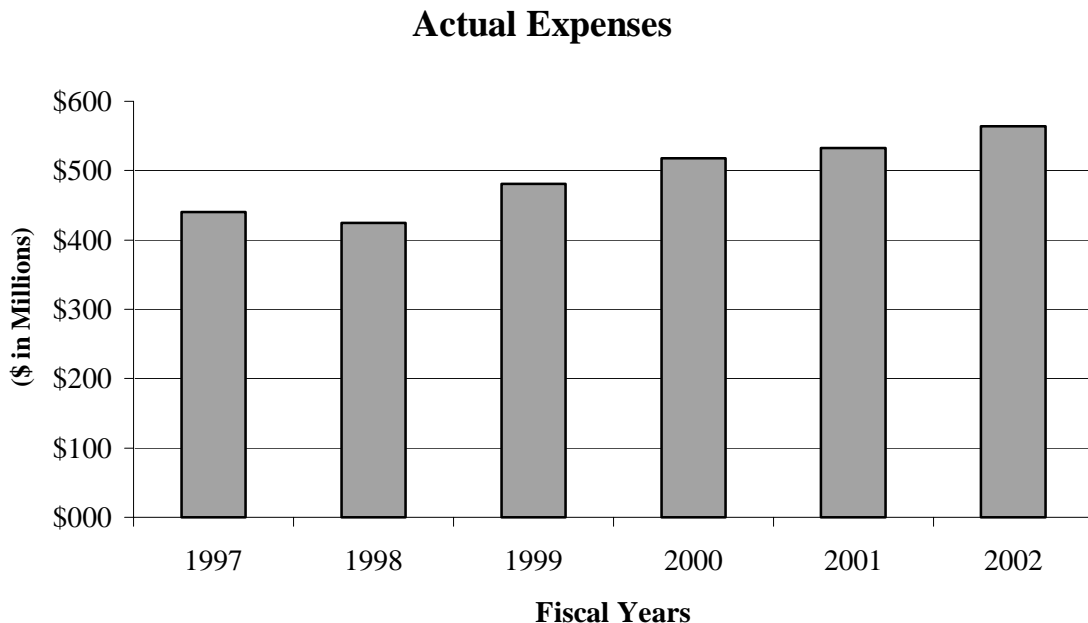
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One of the most significant factors contributing to population increases is the increase in the lengths of sentence and stay for offenders. During the period 1996 through 2001, the average length of a sentence was 45.3 months, while time served rose slightly from 18.48 to 19.92 months. In fiscal 2002, the average length of sentence was still 45.3 months, while average length of stay increased to 23.4 months.

Another factor that impacts ADP is the relationship between intakes and releases. Intakes have consistently exceeded releases for the past decade, thus causing increases in ADP. Both intakes and releases steadily trended upward before leveling off in recent years. If intakes continue to outpace releases and inmates are sentenced to longer lengths of stay, the population will continue to increase and cause a greater financial drain on the State’s resources.

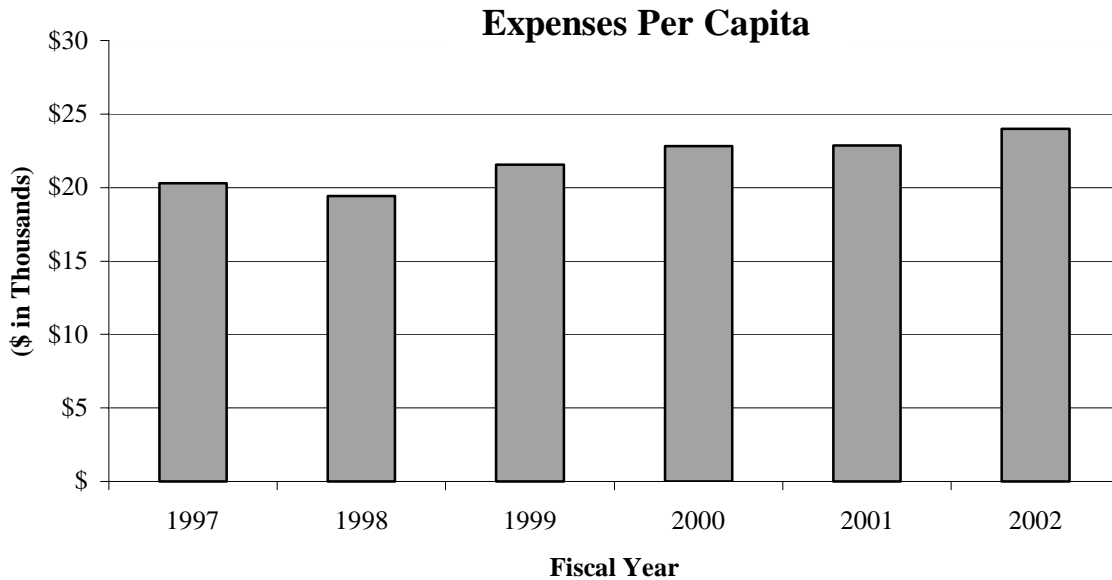
Although the population continues to grow, DOC’s expenses are growing faster. **Exhibit 2** shows that between 1997 and 2002, DOC’s actual expenses increased by 28.1%, or \$123.6 million. Actual expenses grew three times faster than the population of inmates under DOC’s jurisdiction. Salaries and wages represents approximately 67.4% of the division’s actual expenditures. As shown in **Exhibit 3**, the State is spending \$3,374, or 17.1% more per inmate in 2002 that it did in 1997. **DOC should be prepared to discuss the impact of the ADP trends on operations. The division should also be prepared to discuss why its budget increases outpace the increases in population. The division should also be prepared to discuss the trends in inmate welfare funds and the operational and fiscal impacts of their decline.**

Exhibit 2



Source: 2003 Budget Books

Exhibit 3



Source: Department of Legislative Services

Although, actual expenses trended upward, **Exhibit 4** shows that DOC has been able to reduce the amount of overtime used in spite of an increase in the number of sick hours used. While the reduction in overtime costs and hours may suggest efficient resource management, it also raises several areas of concern. The use of 718,000 sick leave hours in fiscal 2002 is equivalent to 345 staff members having the entire year off. DOC has found that some staff members use sick leave to get time off due to mandatory overtime requirements. Additionally, if DOC is able to meet security needs with significant sick leave vacancies, its staffing plan may overestimate the actual need, or it is designed with the sick leave vacancies already incorporated. Another possible concern is that staffing shortages due to sick leave require DOC to engage in operational changes that put staff and inmates at greater risk of harm. **DLS recommends that the committees instruct the Office of Legislative Audits to audit the staffing plan for DOC and report to the General Assembly by December 1, 2003. The division should be prepared to discuss the impact of the sick leave incentive program.**

Exhibit 4

Use of Sick Leave Hours, Overtime Hours, and Overtime Expenses

<u>FY</u>	<u>Sick Leave Hours</u>	<u>% Change</u>	<u>Overtime Hours</u>	<u>% Change</u>	<u>Overtime Expenses (\$ in Thousands)</u>	<u>% Change</u>
2000	666,841		170,072		\$25,235	
2001	743,014	11.4%	120,933	-28.89%	\$21,926	-13.11%
2002	718,141	-3.3%	106,774	-11.71%	\$23,425	6.84%

Source: Department of Public Safety and Correctional Services

Recidivism

Current statistics indicate that over 50% of inmates released from the DOC have had subsequent contact with the criminal justice system within 3 years of release. This high recidivism rate increases the burden on DOC's financial and infrastructure resources. It will exacerbate the already overcrowded conditions, which will expose the State to financial, legal, and social liability.

The division has shown that programs, such as State Use Industries, have successfully reduced the recidivism rate of inmates by 50% of the State average. The programs' success has been attributed to providing participants with work skills, work ethic, and alternatives to criminal activity. **The division should be prepared to discuss its plan and ability to impact the current rate of recidivism.**

Fiscal 2003 Actions

Proposed Deficiency

As shown in **Exhibit 5**, the total deficiency allowance for DOC is approximately \$2.2 million. The majority of the deficiency allowance seeks to address increases in inmate medical costs throughout the system. DOC indicates that the deficiency request would be approximately \$0.7 million greater if the division had not realized a surplus associated with the delayed opening of the North Branch Correctional Institution in Western Maryland.

Exhibit 5

Deficiencies for DOC in the 2004 allowance

<u>Amount</u>	<u>Rationale</u>
\$1,340,000	Inmate medical services
215,820	Inmate food service cost
601,000	Additional bed space for female inmates due to population pressures at the Maryland Correctional Institution for Women.
\$2,156,820	Total

Source: 2003 Budget Bill

Impact of Cost Containment

On January 8, 2003, the Board of Public Works reduced DOC's working appropriation by approximately \$3.2 million. The majority of the reduction is attributable to hiring retired correctional officers, which reduces the costs for training and provides a work hour and earnings cap.

Fiscal 2003 cost containment reflects the reversion of appropriations to support free transit ridership for State employees, contingent upon enactment of a provision in the Budget Reconciliation and Financing

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Act (BRFA) of 2003.

Governor’s Proposed Budget

The Governor’s allowance provides a decrease of approximately 0.6%, or \$3.3 million as shown in **Exhibit 6**. The largest reduction, \$10.6 million, occurs in the salaries and wages category. This reduction is offset by increases in the grants to local jurisdictions (\$3.3 million), contractual services (\$2.9 million), and food (\$0.9 million) categories.

Exhibit 6

Governor’s Proposed Budget					
Division of Correction					
(\$ in Thousands)					
	<u>FY 02</u>	<u>FY 03</u>	<u>FY 04</u>	<u>FY 03 - 04</u>	<u>FY 03 - 04</u>
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Where It Goes:

Personnel Expenses

Abolished/transferred positions	-\$7,705
Cost containment restoration.....	1,806
Employee and retiree health insurance	16,871
Workers’ compensation premium assessment	-11,221
Retirement contribution cost increase	899
Overtime	-1,459

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Where It Goes:

Turnover adjustments	-6,630
Other fringe benefit adjustments	-3,602
Other Changes	
Contractual services	2,929
Grants to local jurisdictions	3,256
Food.....	864
Fuel – natural gas	290
Equipment	192
Fixed charges.....	460
Miscellaneous adjustment	-208
Total	-\$3,258

Note: Numbers may not sum to total due to rounding.

While the allowance provides a decrease below the 2003 working appropriation levels, it represents an increase of 3.1%, or \$17.6 million over the 2002 actual spending levels. The majority of the increases in the 2004 allowance over the 2002 actual levels occur in the salaries and wages (\$9.3 million), contractual services (\$6.7 million), fuel and utilities (\$1.1 million), grants (\$0.6 million), and fixed charges (\$0.6 million) categories. **DOC should be prepared to discuss the categorical increase in the 2004 allowance above the 2002 actual levels.**

Personnel

In 1997, the Department of Public Safety and Correctional Services developed a staffing plan to reach what it deemed a full staffing complement for DOC. Due to the budget crisis and the recent elimination of positions, DOC indicates that it has been unable to reach its staffing goals. The division further indicates that given the reduction of 87 correctional officer positions in the 2004 allowance, it will need 590 additional correctional officers to reach full staffing levels. To accommodate the staffing shortage, DOC indicates that it has increased the inmate-to-staff ratio in several facilities, collapsed certain security posts within facilities, reduced the number of inmate movements (including movements for hygiene purposes), and utilized overtime to meet minimum security requirements.

Impact of Cost Containment

The fiscal 2004 allowance reflects the elimination of the appropriation for matching employee deferred compensation contributions up to \$600, contingent upon enactment of a provision in the BRFA of 2003.

Issues

1. Inmate Medical Services

Once a person has been found guilty of a crime and sentenced to be incarcerated in a State facility, the State is responsible for providing complete physical and mental healthcare for at least the term of confinement. **Appendix 1** provides more detail on the basis of the State's legal obligations.

The Current Inmate Medical Contract

The structure of inmate medical care in Maryland has gone through several transitions. The current iteration is one where private companies competitively bid on a fixed price contract to provide virtually all inmate primary and secondary medical services. That is, all treatment considered medically necessary – from a routine check for a cold or minor illness to regular treatment for chronic illnesses such as renal failure or HIV/AIDS. Elective treatment such as face-lifts, tattoo removal, and cosmetic vision correction surgery are not covered. The successful bidder, or contractor, is also responsible for providing psychiatric and acute mental health services for inmates (other mental health services are provided by the Patuxent Institution). The scope of the contract is for all inmates under the jurisdiction of DOC, the Division of Pretrial Detention and Services (DPDS), and the Patuxent Institution. DOC absorbs the lion's share of the contract expense.

The benefit of the fixed price contract to the State is that the contractor accepts the risks of a population increase or changes in the healthfulness of the inmate population. Conversely, if the inmate population decreases or becomes healthier, the State would not realize any cost savings. The contractor also absorbs foreseeable business risks including changes in regulations, modifications of the standards of care, and supply side cost increases.

There are several provisions of the contract that mitigate the business risks for the contractor. First, the contract amount can be modified if the contractor can show that it has experienced unforeseeable cost increases. For example, the severe shortage of nurses in the State's metropolitan areas was the basis for a successful claim by one of the contractors. The contract also provides a cost-of-living adjustment (COLA) for the contractor. Budget bill language adopted during the 2002 session directed that the next medical contract approved COLAs to the contractor on the date when such increases are approved for State employees. Another provision that mitigates business risks for the contractor is the use of the consumer price index for urban consumers (CPI-U). The CPI-U is a measure of the average change over time in the prices paid by urban consumers for certain goods and services. The contractor may receive a modification in the contract amount depending on the change in the CPI-U.

In addition to the provisions in the contract to mitigate business risks, the contractor also received all of the division's information on population projections, sick calls, hospitalizations, expansion plans, and other historical data prior to bidding on the contract. The contractors were given all of the available data on which to develop a reasonable projection of its costs.

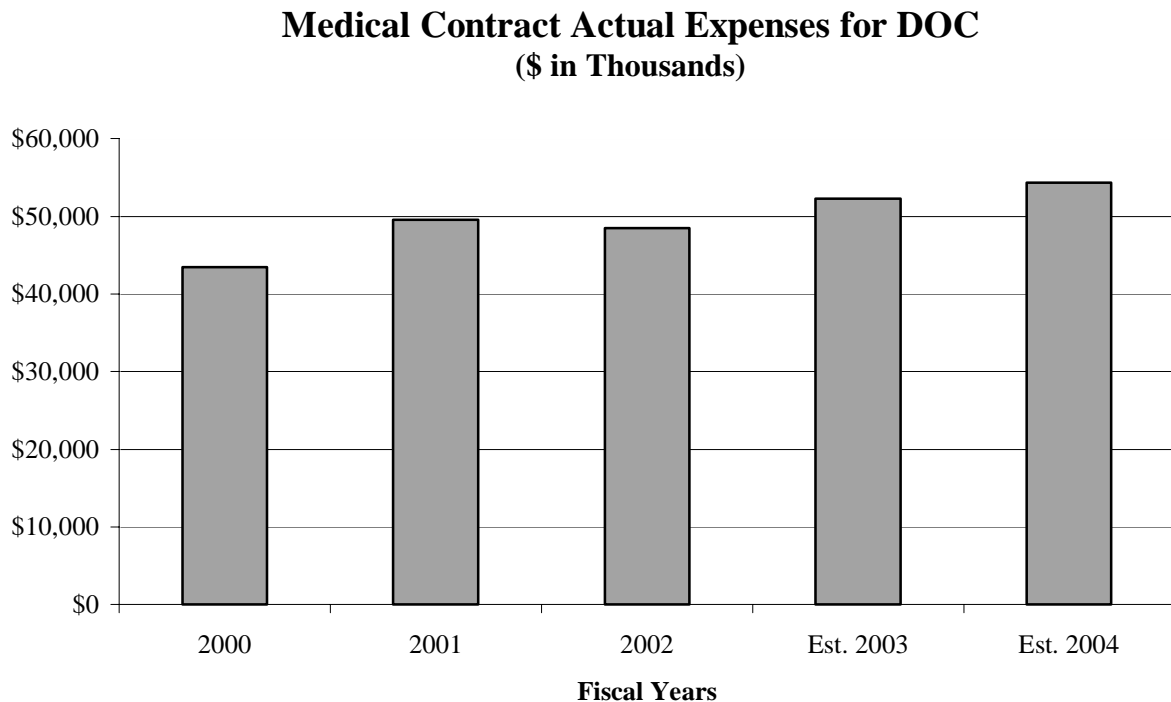
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The current contract has a three-year term which began July 1, 2000, and will end June 30, 2003. The contract also contains provisions for two, one-year unilateral extensions for the State. If the State chooses to exercise the options, the current contract will remain in full force and effect until June 30, 2005. If the State chooses not to exercise those options, the State would need to have an alternative delivery system of inmate medical services ready for deployment by July 1, 2003. The division indicates that no such alternative delivery system is available. Further, if the State chooses not to exercise the options and rebid the contract, the division indicates that the contract cost may increase significantly. **DLS recommends that the committees adopt narrative that directs DPSCS to exercise the contract options and extend the current inmate medical contract until June 30, 2005.**

The Costs of Inmate Medical Care

Exhibit 7 shows that the cost of the DOC portion of the inmate medical contract has gone up by 11.6%, or \$5.1 million, since the contract began in 2000. The majority of the increase is attributed to the COLA adjustment in fiscal 2002, CPI-U adjustments, and some adjustments based on unforeseen circumstances. The total cost of the medical care contract, including DPDS and Patuxent, is expected to exceed \$66 million for fiscal 2003. The division indicates that it is below the national average.

Exhibit 7



Source: Department of Budget and Management

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One of the expenses that drive inmate medical costs is outpatient treatment. Outpatient treatment includes certain types of surgeries, dialysis treatments, and some substance abuse programs. Although the State would not benefit from any cost savings under the current contract, limiting the amount that a treatment center can charge for outpatient treatment for inmates or detainees may lower the amount paid on the next inmate medical services contract. Currently, Senate Bill 326 proposes to require the Secretary of the Department of Health and Mental Hygiene to adopt regulations that prohibit the payment rates for outpatient services for inmates and detainees in State and local facilities from exceeding the Medicare rate. As a result, the current contractors would realize an average savings of approximately 26% of the current costs for outpatient services.

Failure to provide inmate medical care also comes with significant costs. In a two-year summary of lawsuits against 34 state departments of corrections that resulted in settlement or recovery of damages for denial of proper medical care, the U.S. Department of Justice National Institute of Corrections found that the awards ranged from \$200 to \$640,000, with a mean of \$133,931. Additionally, whether the State has a responsibility to provide post-release healthcare is still an evolving area of the law.

Inmate Medical Care Relative to Public Health

Of the total prison population, statistics show that 95% will be released during their lifetime. They will return to their families and members of the community. The reentry of unhealthy inmates in the community has significant public health implications. For example, the Centers for Disease Control estimated that 1.3 million inmates released in 1996 were infected with hepatitis C; approximately 29% of the total cases at that time.

The fact that many inmates in the prison population engage in drug activity transforms inmate health issues into public health problems. The U.S. Department of Health and Human Services (HHS) reports that nationwide, state officials have estimated that 70% - 85% of inmates need some level of substance abuse treatment. Many drug users exchange hypodermic needles to inject themselves with heroin and other drugs. The result is that they exchange blood borne pathogens. The drug user then may engage in other risky social or sexual behavior, which results in the transmission of the pathogen to other members of the community. Additionally, they may be able to transfer certain pathogens through non-risky behavior like sharing a toothbrush with a spouse or child.

The HHS also reports that as of September 2000 nationally:

- of all AIDS cases in America, 17% have spent time in the U.S. correctional system;
- of people with tuberculosis, 35% have been incarcerated;
- of people with hepatitis C, 30% have been incarcerated; and
- of people with hepatitis B, 15% have been incarcerated.

It has also been noted that the prison population has greater incidences of tuberculosis, HIV/AIDS, syphilis, gonorrhea, hepatitis, and chlamydia than in the general population.

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The Division should be prepared to discuss the public health implications of inmate medical services.

DLS recommends that the DPSCS and the Department of Budget and Management submit a report by November 1, 2003, to the General Assembly on the available options for providing inmate medical services. The report should include models from other government entities, partnerships, and the creation of a dedicated organization. The report should also include operational impacts, service delivery changes, accountability and control mechanisms, the use of catastrophic inmate medical insurance, medicaid reimbursements, and cost impacts of each alternative.

Recommended Actions

1. Add the following language:

.provided that this appropriation shall be reduced by \$426,000 contingent on the enactment SB 187.

Explanation: Senate bill 187 alters provisions by which the State reimburses a county for inmate medical expenses in a local correctional facility. Currently, the State is required to pay for medical expenses that exceed \$25,000 for each inmate confined in a local correctional facility regardless of whether the inmate has been sentenced. The bill provides that the State must pay for medical expenses at a rate of 50% for all such costs that exceed \$50,000 for each inmate confined in a local correctional facility, regardless of whether the inmate has been sentenced. This bill would result in a general fund savings of about \$426,000 annually.

- | | <u>Amount
Reduction</u> |
|---|------------------------------------|
| 2. Reduce funding for food purchases to the 2002 actual levels. | \$ 581,641 GF |
| 3. Adopt the following narrative: | |

Exercise of Inmate Medical Care Contract Options: The costs of inmate medical services are a drain on the Department of Public Safety and Correctional Services’ (DPSCS) resources. DPSCS currently has two unilateral one-year options to extend the current inmate medical care contract, which would extend the current inmate medical contract until June 30, 2005. DPSCS does not have an alternative method of medical and mental healthcare available for deployment at the end of the current contract period, June 30, 2003. The committees direct DPSCS to exercise the inmate medical contract options for both years.

4. Adopt the following narrative:

Report on Inmate Medical Contract Options: Inmate medical and mental healthcare is a significant drain on the State’s resources. The current inmate medical contract ends on June 30, 2003, but the State may extend the contract until June 30, 2005. The committees direct the Department of Public Safety and Correctional Services and the Department of Budget and Management to submit by November 1, 2003, a report to the General Assembly on the available options for providing inmate medical services. The report should include models from other government entities, partnerships, and the creation of a dedicated organization. The report should also include operational impacts, service delivery changes, accountability and control mechanisms, the use of catastrophic inmate medical insurance, Medicaid reimbursements, and cost impacts of each alternative.

Information Request	Authors	Due Date
Report on the available options for providing inmate medical services	DPSCS DBM	November 1, 2003
Total General Fund Reductions		\$ 581,641

Inmate Medical Care: The State’s Obligation

The obligation to provide medical care to prisoners is not merely a moral one. It is a constitutional guarantee. In the landmark case of Estelle v Gamble, the Supreme Court recognized the right of prisoners to be free from cruel and unusual punishment by “deliberate indifference to serious medical needs.” The courts have articulated two categories of “deliberate indifference”: (1) denied or unreasonably delayed access to a physician for diagnosis and treatment, and (2) failure to administer treatment prescribed by a physician.

The Supreme Court’s holding has been interpreted to mean that every new prisoner must be given a physical examination meeting existing professional standards, despite the rate of intake. Additionally, every prisoner who seeks medical attention must be given access to a qualified medical staff routinely despite the burden on correctional staff or the budget. Furthermore, each asserted emergency must be treated as such until sound medical judgment suggests that the prisoner’s problem is not an emergency. Finally, every prisoner who appears at sick call must be evaluated regardless of the length of the sick call line. Failure to provide this level of care may subject the State to legal action and expense for violating a prisoner’s constitutional right against cruel and unusual punishment.

The federal courts have also held that a person released from prison may have a right to state funded healthcare even after the term of incarceration is served. The rationale of this holding is that inmates are in no better position to obtain healthcare immediately after release than they were while incarcerated. The courts have further held that if a surgical procedure has begun and requires follow up after the inmate’s term of confinement, the State must provide the follow-up care necessary.

Sex-based disparity in delivery of medical care has been the subject of women’s prison litigation that attacked inadequate mental health and medical care. Medical services for the smaller number of female inmates have been judged by a “parity of treatment” standard that imposed private sector norms of medical care on women’s prisons. California’s Harris v McCarthy settlement, for example, imposed the standards of the College of Obstetricians and Gynecologists to establish protocols for treatment of female prisoners.

In recent years, the phrase applicable to the required level of health care services is the “community standard of care”. The community standard of care is an evolving standard that reflects the consensus of the medical community about the sanctioned care given to an inmate based on the inmate’s medical condition. The standard of care evolves from treatment programs and research and is promulgated through articles and papers prepared by medical professionals and published in professional journals. Ultimately, health care providers translate this information into treatment protocols.

Maryland correctional health care services must comply with the regulations of the Department of Health and Mental Hygiene’s (DHMH) as well as the Maryland Commission on Correctional Standards (MCCS). DHMH audits the division to ensure compliance with health care regulations. MCCS’s audit includes health care concerns along with operational and administrative considerations.

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The American Public Health Association (APHA) sets standards for medical services. Under the eighth amendment and as promulgated by the APHA, the State is responsible for delivering:

- primary health care services (with an emphasis on identifying and treating communicable/infectious diseases);
- secondary care services;
- specialized health care services for women;
- health care services for special populations;
- mental health services;
- dental health care services;
- pharmacy services; and
- other special services (vision care and occupational health services).

Current and Prior Year Budgets

**Current and Prior Year Budgets
Division of Correction
(\$ in Thousands)**

	<u>General Fund</u>	<u>Special Fund</u>	<u>Federal Fund</u>	<u>Reimb. Fund</u>	<u>Total</u>
Fiscal 2002					
Legislative Appropriation	\$498,276	\$59,384	\$5,760	\$6,007	\$569,427
Deficiency Appropriation	1,963	0	0	0	1,963
Budget Amendments	-2,236	-233	751	-444	-2,162
Reversions and Cancellations	-129	-4,360	-391	-356	-5,236
Actual Expenditures	\$497,874	\$54,791	\$6,120	\$5,207	\$563,992
Fiscal 2003					
Legislative Appropriation	\$519,335	\$56,789	\$4,162	\$5,502	\$585,788
Budget Amendments	-1,313	-8	15	405	-901
Working Appropriation	\$518,022	\$56,781	\$4,177	\$5,907	\$584,887

Note: Numbers may not sum to total due to rounding.

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Appendix 3

**Object/Fund Difference Report
DPSCS – Division of Correction**

Object/Fund	FY 02	FY 03	FY 04	FY 03 – FY 04	Percent
	Actual	Working Appropriation	Allowance	Amount Change	Change
Positions					
01 Regular	7651.50	7528.50	7348.50	-180.00	-2.4%
02 Contractual	46.47	98.75	76.93	-21.82	-22.1%
Total Positions	7697.97	7627.25	7425.43	-201.82	-2.6%
Objects					
01 Salaries and Wages	\$ 380,345,003	\$ 400,285,288	\$ 389,662,759	-\$ 10,622,529	-2.7%
02 Technical & Spec Fees	1,211,489	1,885,624	1,679,192	-206,432	-10.9%
03 Communication	1,901,537	2,035,902	2,084,469	48,567	2.4%
04 Travel	299,243	279,118	233,814	-45,304	-16.2%
06 Fuel & Utilities	22,733,891	23,893,114	23,828,845	-64,269	-0.3%
07 Motor Vehicles	2,135,663	2,280,219	2,318,494	38,275	1.7%
08 Contractual Services	66,498,330	70,258,078	73,187,337	2,929,259	4.2%
09 Supplies & Materials	51,717,943	51,235,912	51,797,886	561,974	1.1%
10 Equip - Replacement	978,871	728,796	920,806	192,010	26.3%
11 Equip - Additional	1,052,099	369,344	285,880	-83,464	-22.6%
12 Grants, Subsidies, Contr	34,097,972	31,752,800	34,699,823	2,947,023	9.3%
13 Fixed Charges	1,011,169	1,157,176	1,617,668	460,492	39.8%
14 Land & Structures	9,834	0	0	0	0.0%
Total Objects	\$ 563,993,044	\$ 586,161,371	\$ 582,316,973	-\$ 3,844,398	-0.7%
Funds					
01 General Fund	\$ 497,875,093	\$ 519,288,950	\$ 515,601,442	-\$ 3,687,508	-0.7%
03 Special Fund	54,791,243	56,788,227	55,881,783	-906,444	-1.6%
05 Federal Fund	6,119,919	4,176,731	4,899,996	723,265	17.3%
09 Reimbursable Fund	5,206,789	5,907,463	5,933,752	26,289	0.4%
Total Funds	\$ 563,993,044	\$ 586,161,371	\$ 582,316,973	-\$ 3,844,398	-0.7%

Note: Fiscal 2003 appropriations and fiscal 2004 allowance do not include cost containment and contingent reductions.

Q00B00 – DPSCS – Division of Correction

Appendix 4

Fiscal Summary
DPSCS – Division of Correction

<u>Unit/Program</u>	FY 02		FY 03		FY 03		FY 02 – FY 03		FY 03 – FY 04	
	<u>Actual</u>	<u>Legislative Appropriation</u>	<u>Working Appropriation</u>	<u>Appropriation</u>	<u>Appropriation</u>	<u>Allowance</u>	<u>% Change</u>	<u>% Change</u>	<u>Allowance</u>	<u>% Change</u>
01 General Administration	\$ 5,257,490	\$ 5,382,295	\$ 5,986,985			\$ 6,633,843	13.9%		\$ 6,633,843	10.8%
02 Classification, Education & Religious Services	21,938,860	17,844,553	17,857,438			21,678,440	-18.6%		21,678,440	21.4%
03 Canine Operations	2,053,384	2,096,053	2,086,421			2,039,443	1.6%		2,039,443	-2.3%
01 Maryland House of Correction	37,204,343	36,989,010	39,532,403			36,189,469	6.3%		36,189,469	-8.5%
02 Maryland House of Correction Annex	32,360,236	34,211,641	33,919,263			33,970,896	4.8%		33,970,896	0.2%
03 Maryland Correctional Institution - Jessup	24,263,762	26,417,165	26,048,454			25,000,071	7.4%		25,000,071	-4.0%
01 Metropolitan Transition Center	38,238,992	39,852,921	39,450,430			36,630,817	3.2%		36,630,817	-7.1%
03 Maryland Correctional Adjustment Center	15,233,229	15,805,442	15,725,060			15,404,631	3.2%		15,404,631	-2.0%
04 Maryland Reception, Diagnostic, and Classification	28,531,244	28,974,442	28,796,212			29,182,331	0.9%		29,182,331	1.3%
05 Baltimore Pre-Release Unit	3,322,151	3,355,115	3,325,099			3,302,300	0.1%		3,302,300	-0.7%
06 Home Detention Unit	4,724,085	5,166,699	5,138,499			5,259,654	8.8%		5,259,654	2.4%
07 Baltimore City Correctional Center	8,404,191	8,867,684	8,846,686			8,597,617	5.3%		8,597,617	-2.8%
01 Maryland Correctional Institution - Hagerstown	44,718,413	48,705,392	48,602,288			47,039,874	8.7%		47,039,874	-3.2%
02 Maryland Correctional Training Center	44,687,319	46,596,312	46,686,857			47,616,904	4.5%		47,616,904	2.0%
03 Roxbury Correctional Institution	32,598,186	33,447,731	33,494,775			34,491,568	2.8%		34,491,568	3.0%
01 Maryland Correctional Institution for Women	17,545,745	19,366,134	18,981,268			19,259,546	8.2%		19,259,546	1.5%
02 Pre-Release Unit for Women	4,088,346	4,147,465	4,134,761			3,976,843	1.1%		3,976,843	-3.8%
01 General Administration	6,715,722	7,737,320	7,740,789			6,170,486	15.3%		6,170,486	-20.3%
02 Brockbridge Correctional Facility	12,311,475	12,815,657	12,696,403			12,587,753	3.1%		12,587,753	-0.9%
03 Jessup Pre-Release Unit	10,512,095	10,770,798	10,732,754			10,782,650	2.1%		10,782,650	0.5%
05 Southern Maryland Pre-Release Unit	3,108,916	3,186,358	3,156,273			3,098,239	1.5%		3,098,239	-1.8%
06 Eastern Pre-Release Unit	3,020,934	3,117,360	3,050,160			3,009,804	1.0%		3,009,804	-1.3%
11 Central Laundry Facility	9,235,910	9,194,815	9,215,903			9,431,712	-0.2%		9,431,712	2.3%
12 Toulson Boot Camp	7,450,941	7,861,575	7,697,740			7,594,893	3.3%		7,594,893	-1.3%
01 Eastern Correctional Institution	67,247,423	68,277,359	68,064,549			67,606,499	1.2%		67,606,499	-0.7%
02 Poplar Hill Pre-Release Unit	2,982,561	3,136,808	3,143,526			3,204,960	5.4%		3,204,960	2.0%
01 Western Correctional Institution	37,938,631	37,425,978	37,481,894			38,151,415	-1.2%		38,151,415	1.8%
02 North Branch Correctional Institution	1,020,498	6,425,810	5,955,051			6,266,379	483.5%		6,266,379	5.2%
01 State Use Industries	37,277,962	38,613,430	38,613,430			38,137,936	3.6%		38,137,936	-1.2%
Total Expenditures	\$ 563,993,044	\$ 585,789,322	\$ 586,161,371			\$ 582,316,973	3.9%		\$ 582,316,973	-0.7%

Fiscal Summary
DPSCS – Division of Correction

<u>Unit/Program</u>	<u>FY02 Actual</u>	<u>FY 03</u>		<u>FY 02 – FY 03 % Change</u>	<u>FY 04 Allowance</u>	<u>FY 03 – FY 04 % Change</u>
		<u>Legislative Appropriation</u>	<u>Working Appropriation</u>			
General Fund	\$ 497,875,093	\$ 519,335,168	\$ 519,288,950	4.3%	\$ 515,601,442	-0.7%
Special Fund	54,791,243	56,788,227	56,788,227	3.6%	55,881,783	-1.6%
Federal Fund	6,119,919	4,161,731	4,176,731	-31.8%	4,899,996	17.3%
Total Appropriations	\$ 558,786,255	\$ 580,285,126	\$ 580,253,908	3.8%	\$ 576,383,221	-0.7%
Reimbursable Fund	\$ 5,206,789	\$ 5,504,196	\$ 5,907,463	13.5%	\$ 5,933,752	0.4%
Total Funds	\$ 563,993,044	\$ 585,789,322	\$ 586,161,371	3.9%	\$ 582,316,973	-0.7%

Note: Fiscal 2003 appropriations and fiscal 2004 allowance do not include cost containment and contingent reductions.