

**Chicago, Illinois**  
**Illinois Department of Corrections**  
**December 15, 1990**  
**Marie Hall**

**Special Needs Inmates:**  
**A Survey of State Correctional Systems**

**TA#90A1064**

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February 21, 1991

**Ms. Peggy Ritchie  
Technical Assistance Manager  
U.S. Dept. of Justice  
National Institute of Corrections  
National Academy of Corrections  
1790 30th Street, Suite 430  
Boulder, Colorado 80301**

**Dear Ms. Ritchie:**

**We believe the technical assistance grant #90 A-1064 which provided us with the report regarding Special Needs Inmates would be of value to all states. It is useful in identifying how much effort has gone into planning for this important population. Therefore, the National Institute of Corrections certainly has our permission to disseminate the report from our grant.**

Sincerely,



**Kenneth L. McGinnis  
Director**

**cc: Dr. Ronald M Shansky, Medical Director**

## Introduction

*Ref: NIC T/A #90A1064*

This technical assistance activity was funded by the National Academy of Corrections of the National Institute of Corrections. The Institute is a Federal agency established to provide assistance to strengthen state and local correctional agencies by creating more effective, humane, safe and just correctional services.

The resource person who provided the on-site technical assistance did so on a contractual basis, at the request of the Illinois Department of Corrections, and through the coordination of the National Institute of Corrections. The direct on-site assistance and this subsequent report are intended to assist the Illinois Department of Corrections in addressing issues outlined in the original request and in efforts to enhance the effectiveness of the agency.

The contents of this document reflect the views of Marie Hall. The contents do not necessarily reflect the official views or policies of the National Institute of Corrections.

## Tables and Charts

Figure 1 - Percent Population in Special Housing or Infirmary

Figure 2 - Percent Population with Selected Chronic Illness

Figure 3 - Distribution of Chronic Illnesses

Figure 4 - Percent Population 50+ Years of Age

Figure 5 - Compassionate Release Programs by State

Figure 6 - Percent Population with Ambulation Problems

Figure 7 - Mental Health Caseload by Diagnosis

## EXECUTIVE SUMMARY

As part of a long-range planning effort, the Illinois Department of Corrections conducted a survey to determine the prevalence of inmates with special medical or mental health needs incarcerated in their adult facilities. In an effort to compare their findings with other Departments of Corrections, they received a technical assistance grant to conduct a similar survey of all 50 states.

From .08 percent to 8.2 percent of prison inmates incarcerated within the 31 states responding to this survey are in special housing/infirmatory status. Reasons for this placement include chronic illness, advancing age, terminal illness, ambulation difficulties, and mental health problems.

The difficulty obtaining concrete numbers of inmates in various special housing categories is a reliable indicator that this population is not being tracked on a regular basis, and has ominous implications for the planning process for this growing group of inmates.

Recommendations include the monthly accumulation of significant data to observe the trends that will allow administrators to monitor their operations, use the data to prepare budgets, and make long range projections for staffing, housing and programming on an objective basis.

## BACKGROUND

In anticipation of guidelines to be promulgated in response to the recently (Aug. 1990) signed Americans with Disabilities Act, and as part of a long-range planning effort, the Illinois Department of Corrections conducted a survey to determine the prevalence of inmates with special medical or mental health needs incarcerated in their adult facilities. In an effort to compare their findings with other Departments of Corrections, they received a technical assistance grant to conduct a similar survey of the other 49 states.

In addition, a training seminar on a "Systems Approach to the Medical Management of Chronically Ill Inmates" was being planned, and the kinds, numbers, and housing management of inmates with special health care needs would be useful for this program. This writer was contacted by Ronald Shansky, M.D., Medical Director, Illinois Department of Corrections, and asked to conduct this survey.

## METHODOLOGY

During October, 1990, a cross-sectional descriptive survey instrument was mailed to each state Department of Corrections and the Federal Bureau of Prisons. Telephone queries were made to increase the rate of response to the questionnaire. The focus of the questionnaire was to obtain a description of current housing status of potential medical/mental health special needs inmates currently incarcerated in state prisons. Similar information was requested from the Federal Bureau of Prisons so as to provide information rather than a comparative analysis.

Critical elements of the survey instrument upon which this report is focused include:

1. Total adult prison population on 9/1/90.
2. Inmates requiring infirmary or other special housing.
3. Inmates with selected chronic illnesses.
4. Inmates over 50 years of age.
5. Inmates who have ambulation problems.
6. Mental health caseload and special housing numbers.

Assistance with the survey instrument and report was provided by Ronald M. Shansky, M. D., Medical Director, Terre IL Marshall, M.P.H., Administrator of Health Services, and Anthony T. Schaab, Ph.D, Chief of Mental Health Services, of the Illinois Department of Corrections.

## FINDINGS AND OBSERVATIONS

Thirty-one (31) states and the Federal Bureau of Prisons responded to the survey request, providing a response rate of 62%. The degree of response ranged from complete, including actual numbers in every category, to a statement that “the information requested is not readily available” and that “the benefits do not warrant the time and other costs to collect this information.” The majority of states did not maintain actual numbers for many of the questions and those most likely to provide actual rather than estimated numbers were states with less than 2000 inmates.

Follow up telephone calls indicated that many states duplicated the questionnaire and requested that their facility managers complete the data for their particular institution. Information returned for the survey, therefore, included both actual and estimated numbers for each question for almost all states. For purposes of this report, actual numbers and estimated numbers are treated similarly, but it must be remembered that in some cases the estimate is more accurately described as a “best guess”, and the reliability is uncertain. Indeed, the most significant difficulty encountered in this project was the lack of firm data.

In some cases, the questionnaire was completed only by one large facility which houses the vast majority of special needs inmates in that state. In these instances, the data would not include female inmates nor would it include total state inmate population numbers. While this was considered to be less accurate, these results have been included because they are significant in terms of actual numbers of special needs inmates.

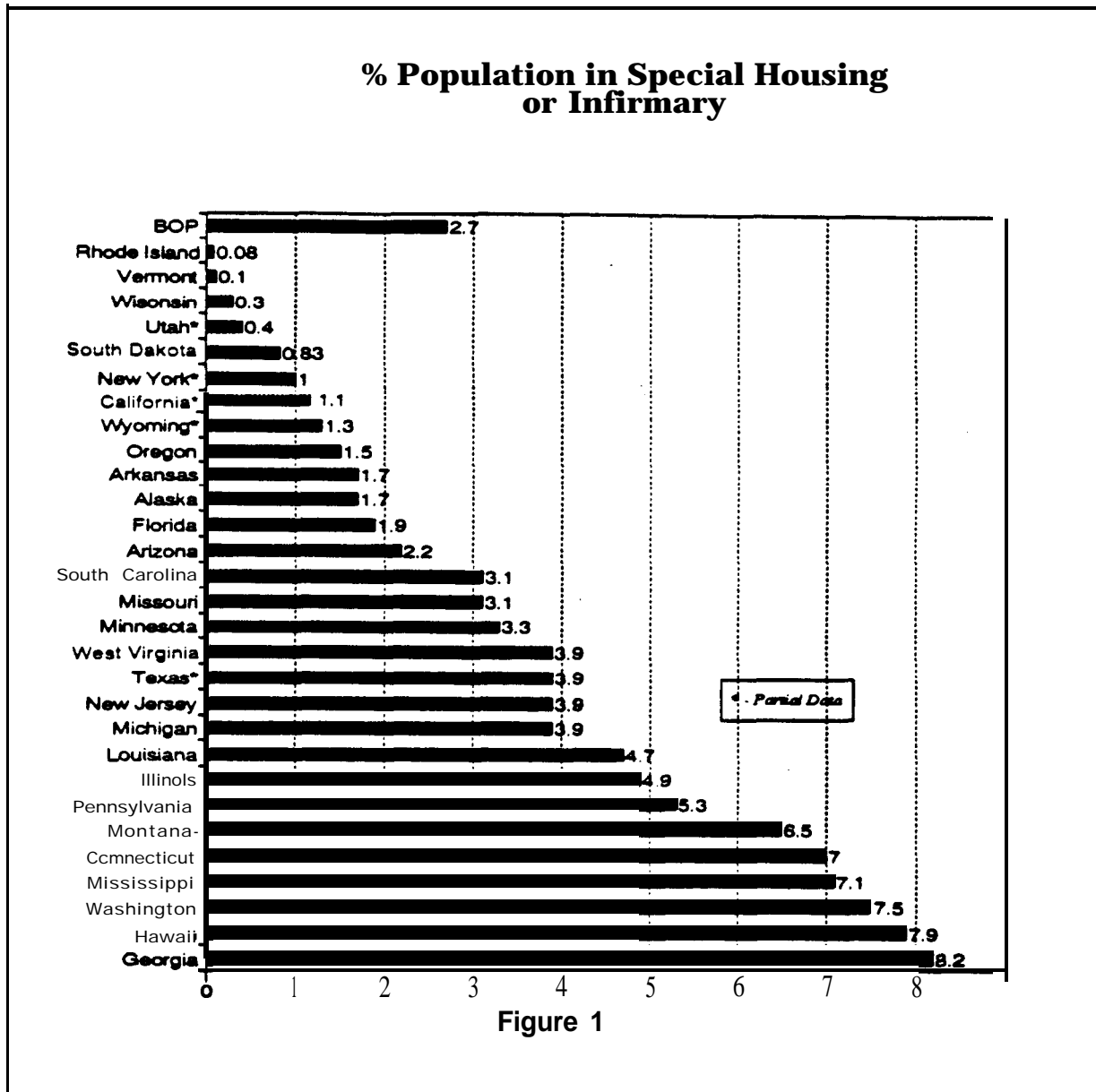
The total inmate population base of this survey is 502134 inmates incarcerated in state facilities and 57736 inmates in BOP custody, for a total of 559870 inmates, or 83 percent of the total U.S. inmate population as of 6/30/89.

The critical components of the survey were analyzed in terms of percent of a reported state inmate population, and figures constructed to show the prevalence of the issue in comparison to the other responding states. Only those states that responded to each section of the questionnaire are represented in the figure depicting that portion of the survey.



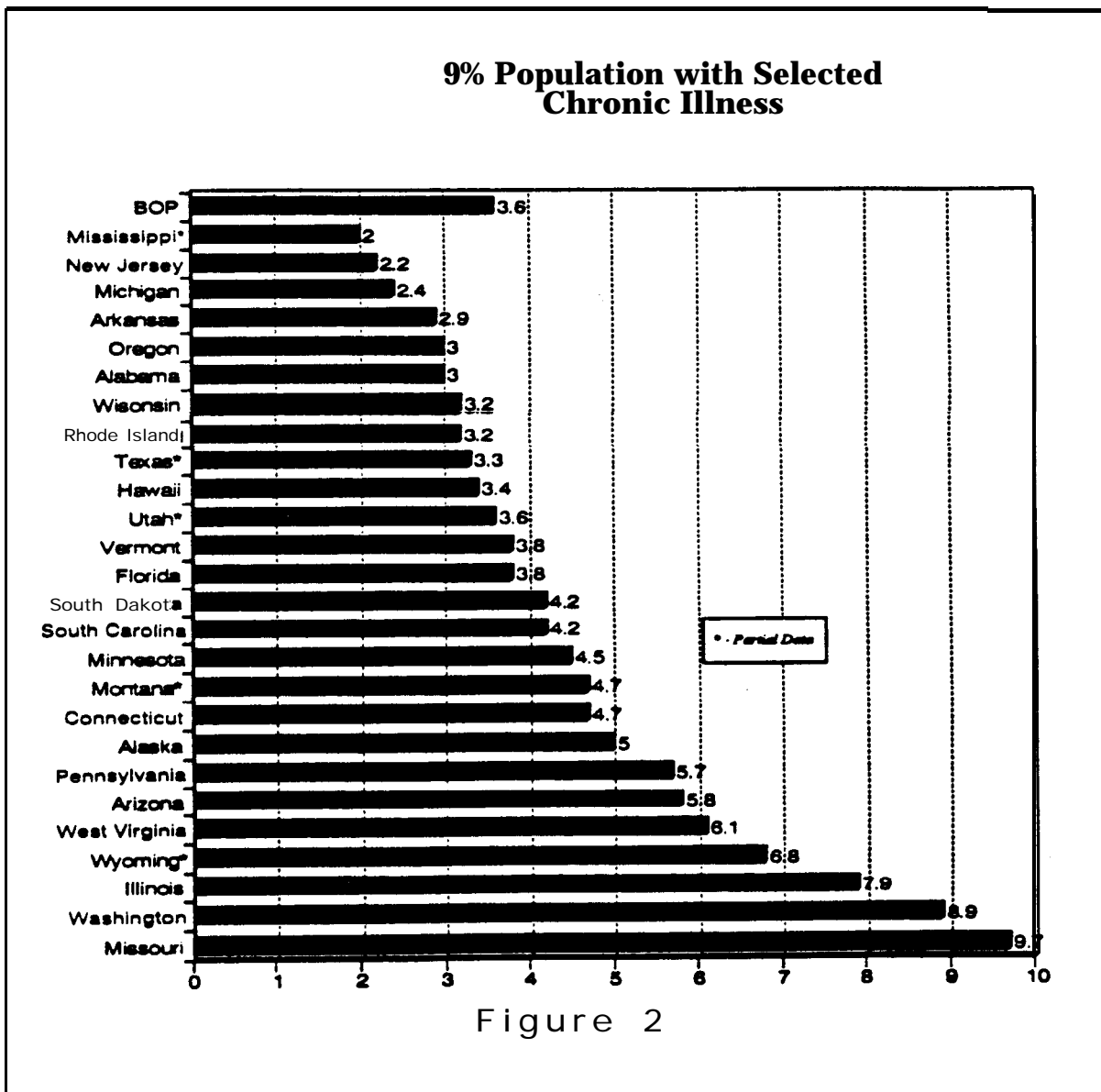
## Inmates in Special Housing and Infirmary

Special housing includes mental health units, special rehabilitation units, geriatric units, extended care units, and infirmary facilities. As seen in figure 1.0, the percent of the reported inmate population housed in a special housing unit or infirmary ranged from .08 to 8.2 percent, with a mean of 3.47. This wide range of responses is partially accounted for by mental health units and in some cases, special geriatric housing units, as states become aware of the problems of this population.



## Inmate Population with Chronic Illness

Chronic medical conditions selected for survey include end stage renal disease, chronic obstructive pulmonary disease, diabetes, cirrhosis of the liver, neurological problems, legal blindness, and hearing and/or speech impairment. These chronic conditions were selected since their sequelae are frequently associated with problems of ambulation or other interferences with activities of daily living. Most of the responses in this area were estimated numbers and when actual numbers were provided, they were invariably proportionally lower than estimated numbers. This seems to indicate that this population is not well defined in terms of numbers, but that the impact of these cases is perceived as significant.



Inmates reported to be in the selected chronic illness categories of our survey represent 3.3 percent of the total reported inmate population base. Figure 2 depicts the percent inmate population with these selected chronic illnesses combined, by state. The range is between 2.0 and 9.7 percent, with a mean of 4.53.

Of those inmates with end stage renal disease (ESRD), 41.7 percent are housed in special housing, and divided between infirmary (27.3%), and other protective housing (14.4%).

Those inmates with chronic obstructive pulmonary disease (COPD) are more easily mainstreamed into the general population with only 4.2 percent housed in special housing. Of this number, 1.8 percent are housed in an infirmary and 2.4 percent are housed in other special or protective housing.

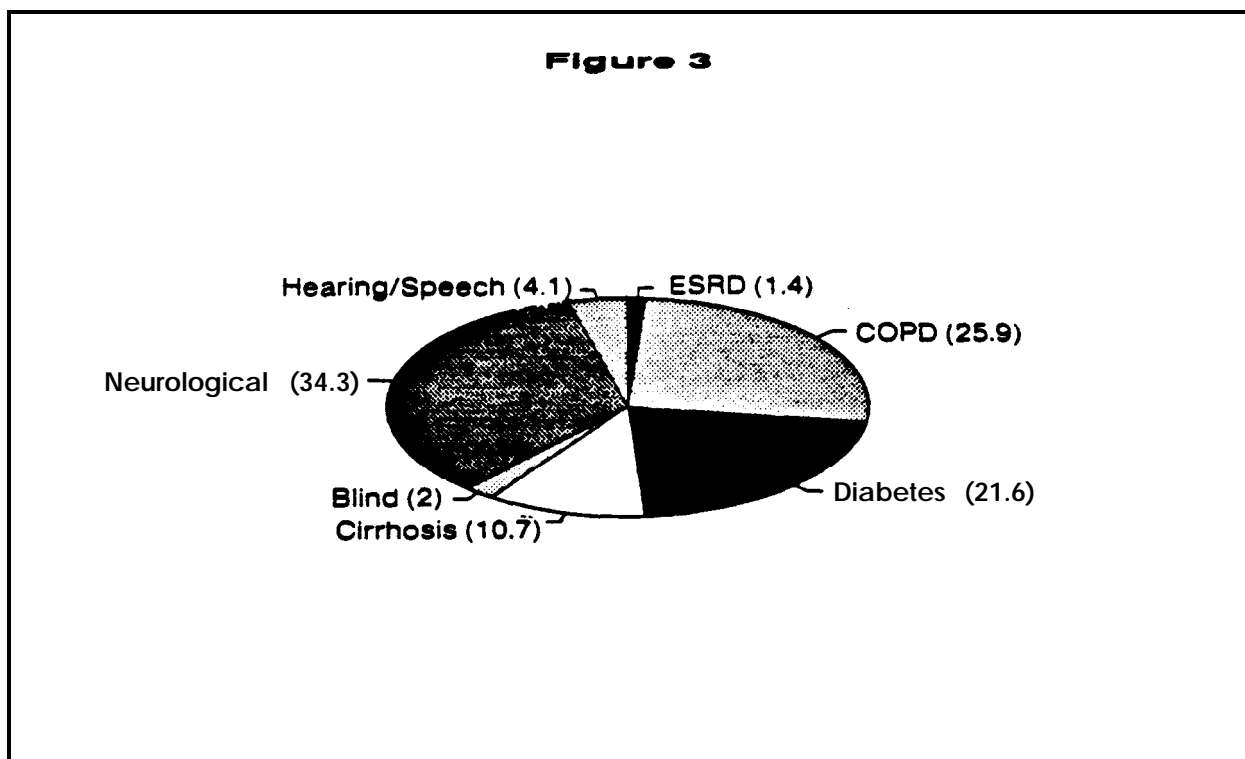
Diabetic inmates are almost as easily integrated into the general population as those with COPD, since only 6.5 percent are housed in special housing. One and six-tenths (1.6) percent are housed in an infirmary and 4.9 percent are housed in other protective housing.

Inmates with cirrhosis of the liver seldom require special housing and only 1.3 percent of these inmates are reported requiring infirmary housing and .7 percent require other housing.

Inmates with neurological problems appear to impact the special housing category most significantly. While reported neurological problem inmates account for 1.1 percent of the total inmate population, 50.7 percent of these inmates are in a special housing category, with only 0.9 percent requiring housing in infirmary.

Those inmates who are legally blind, or hearing and/or speech impaired, are housed in special housing in 20.3 percent of the cases, with infirmary housing being required in only 2.9 percent of the cases.

Figure 3 shows the distribution of the selected chronic illnesses surveyed.

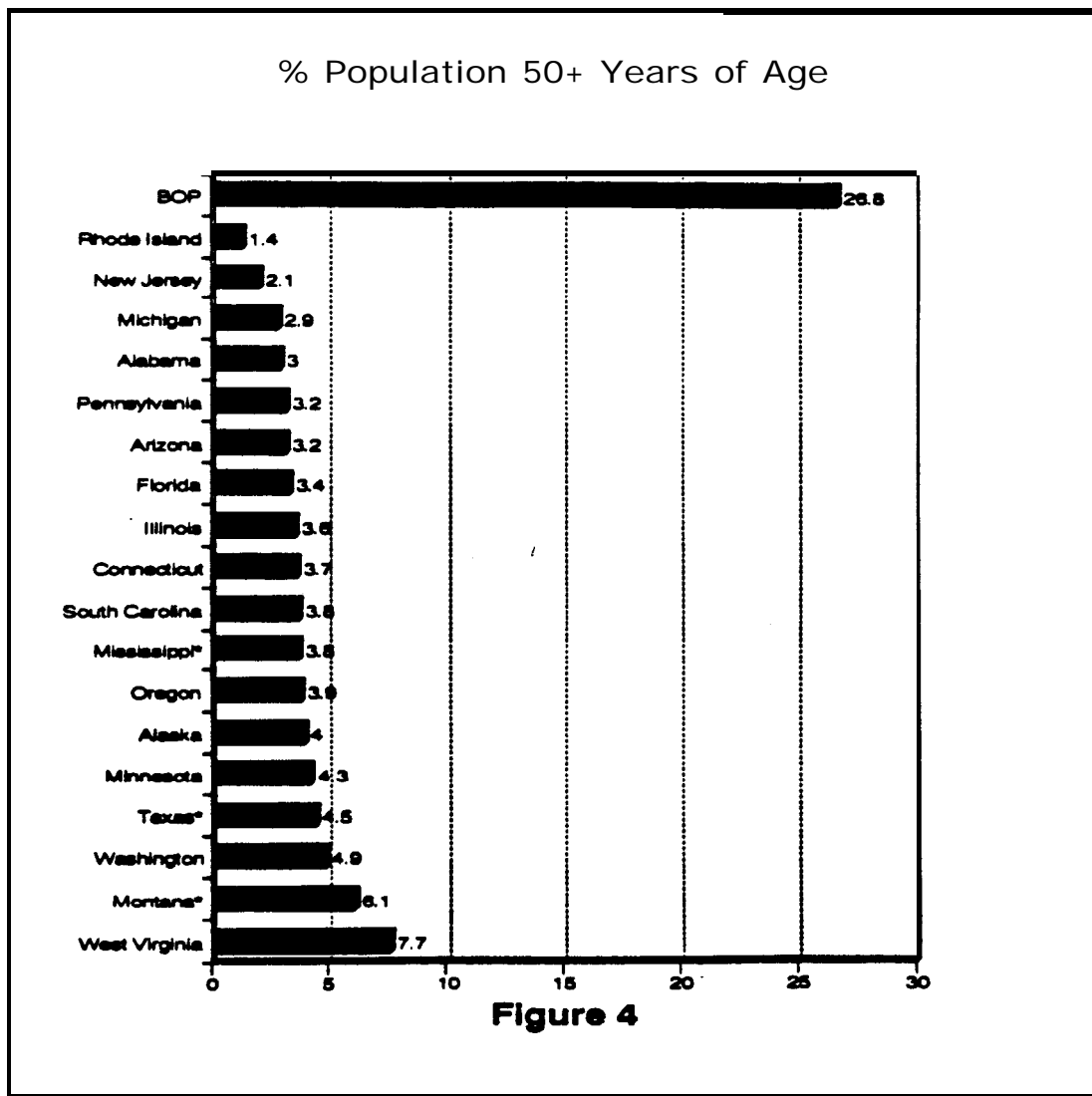


## Inmate Population over 50 yrs of age

The increasing number of older inmates has been the subject of much study. Increased incidence of chronic health problems and the cost of providing care for this growing population, as well as the psychological aspects of housing this special needs group, cause us to be interested in these numbers. Eighteen states, or 58 percent of the responders, provided information on this population. It was surprising that this information was not readily available, and speaks to the lack of definition of this population and the resultant possibility of inadequate resources in the future.

Figure 4 shows the range, by state, of the percent of the inmate population 50 years of age or over from 1.4 to 7.7 percent, with a mean of 3.8.

It is reported that at least 6 percent of this over 50 population is housed in special housing, with 1.2 percent known to be housed in an infirmary setting. Since the survey categories are not mutually exclusive, however, it cannot be assumed that the primary reason for special housing is age.



## Compassionate Release Program

A traditional, but not always effective, method of providing an opportunity for release of inmates with significant health problems includes compassionate release, also known as “medical clemency” or “medical parole”, etc.

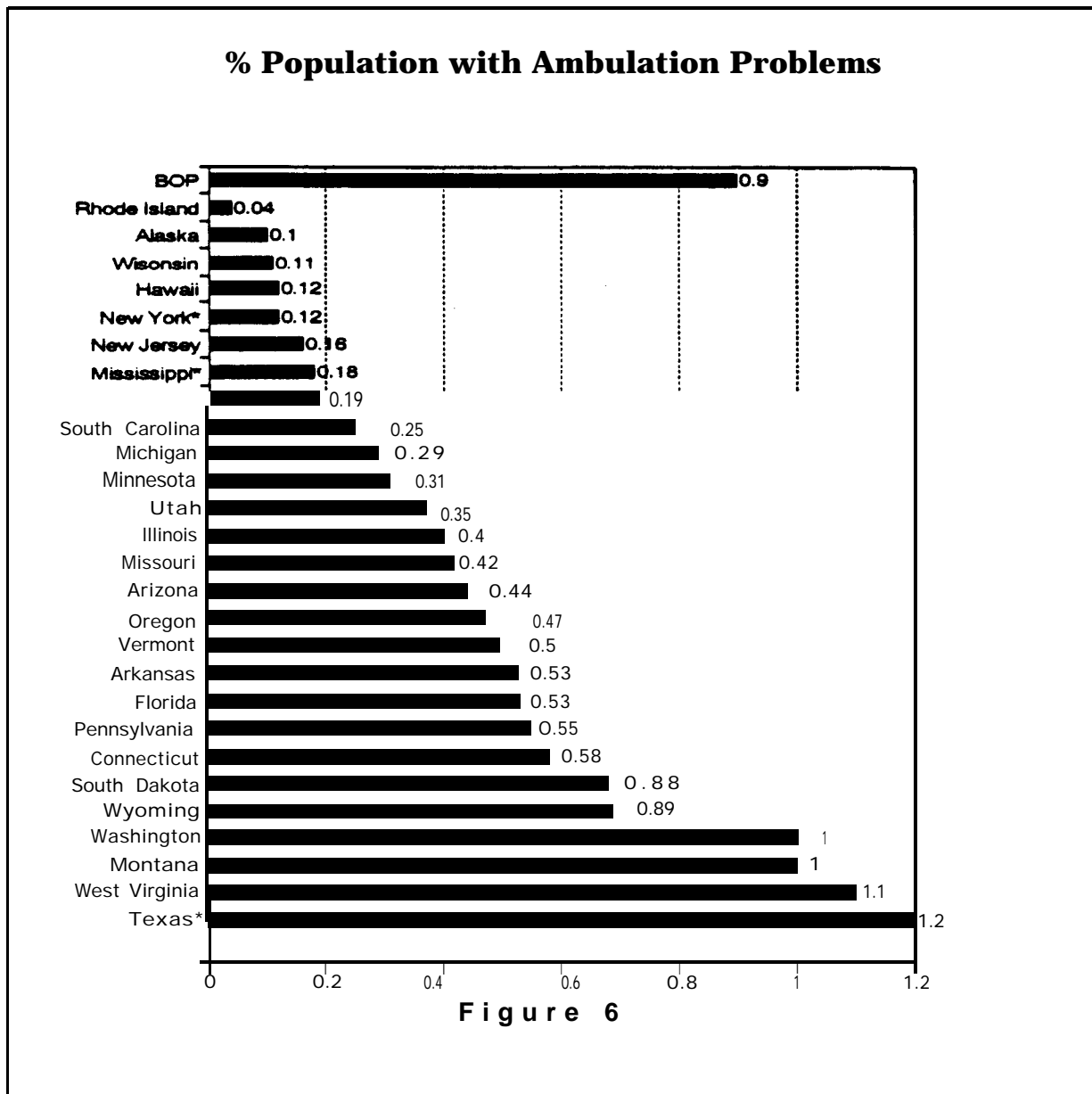
No attempt has been made to determine the effectiveness of a reported compassionate release program, but Figure 5 lists the reports of those states responding to the questionnaire.

**Figure 5**  
**Compassionate Release Programs by State**

<u>State</u>	Yes	No
Alabama		X
Alaska	X	
Arizona	X	
Arkansas	x	
California	X	
Connecticut	X	
Florida	X	
Georgia	X	
Hawaii	X	
Illinois	X	
Louisiana	X	
Michigan	X	
Minnesota	X	
Mississippi	X	
Missouri		X
Montana		X
New Jersey	X	
New York		X
Oregon	X	
Pennsylvania	X	
Rhode island		X
South Carolina	X	
South Dakota		X
Texas	X	
Utah	X	
Vermont	X	
Washington		X
West Virginia	X	
Wisconsin		X
Wyoming		X
BOP	X	

## Inmate Population with Ambulation Problems

This category includes those inmates who are chronically wheelchair bound, or use a cane or walker on a permanent basis. These inmates are usually housed in special housing and/or require additional modifications to the usual physical plant to be mainstreamed into the general population. Responses to these questions were submitted by 27 states. This population is highly visible and accounts for the increased number of responses in this category. These numbers will fairly accurately reflect the total of those states who submitted figures from a large facility that houses all of these cases for that state. Figure 6 shows the percent of population with ambulation problems, with the range occurring between 0.4 and 1.1 percent of the total prison population and a mean of .46.

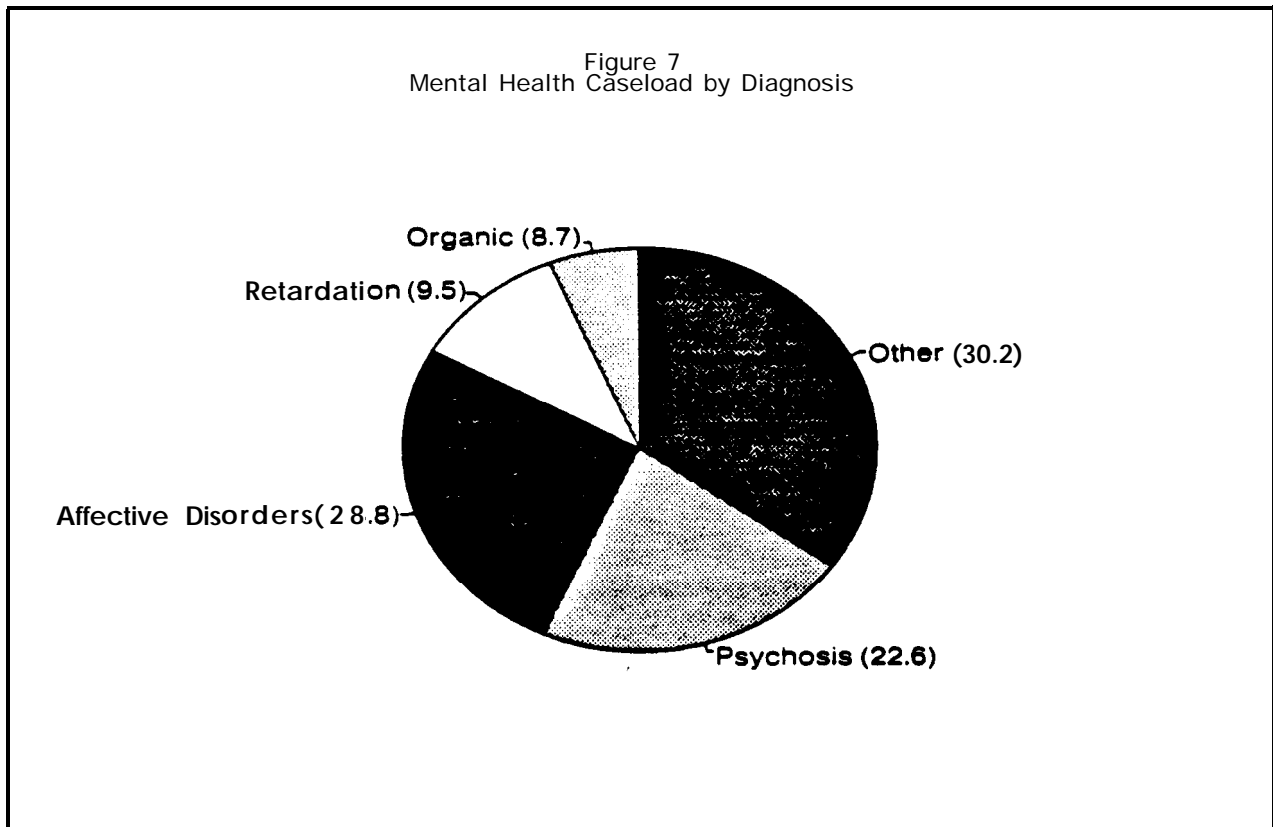


## Mental Health

Three and seven-tenths (3.7) percent of the total reported inmate population is said to be on an active mental health caseload, and 48 percent of those inmates are in a special housing status.

Thirty-two (32) percent of those in special housing, or 1.5 percent of the active mental health caseload, are in an acute care psychiatric setting or psychiatric hospital. Eighty-five (85) percent of those on the active mental health caseload are receiving medication, and 74 percent are receiving either group or individual therapy. It must be understood that there is no common definition of “therapy”, and reported numbers range from traditional psychotherapy with a psychiatrist to seeing a counselor. Of 14 states provided information in the mental health section of the questionnaire making this the most poorly defined population of this survey.

Figure 7 shows the percent of the mental health caseload by diagnostic category.



## Terminally Ill Inmates

It is reported that 0.5 percent of inmates are terminally ill at the time of this survey, from cardiac disease, HIV infection, cancer and other causes, but there are several factors that make this data uncertain. Not the least of these factors is that AIDS numbers reported also include HIV positivity in some instances. Another factor in this uncertainty is that the “other” category includes numbers of inmates with conditions that are associated with decreased life expectancy, but not necessarily considered terminal, such as quadriplegia. Not surprisingly, 32.4 percent of these inmates are housed in special housing.

## RECOMMENDATIONS

Correctional administrators are familiar with the necessity of responding to information based upon uncertain, and sometimes unreliable data, and the results can be controversial. It seems significant, therefore, that the Central Health Authority (CHA) in many states distributed copies of the survey questionnaire to facility operating staff for response.

We propose that it is through the routine accumulation of significant data that administrators can observe the trends that will allow them to monitor their current operations, use that data to prepare annual reports and budgets, and make long range projections and plans for staffing, housing and programming on an objective basis.

- Collect significant data on a monthly basis.

There is nothing so frustrating to facility staff as being required to collect reams of data that they perceive to be useless and which is never acted upon or acknowledged. When determining which data is to be collected, be certain that you have a potential use for that data and not just that it would be interesting to know. This potential use could be communicated to the collectors of the data since they will be more likely to collect the data accurately if they know it's purpose.

Some states have rather elaborate electronic mechanisms for collecting correctional data, and when possible the Central Health Authority should utilize an existing mechanism to collect health related data on a monthly basis. If no such mechanism exists, a form should be prepared for each unit to report the data in the same manner. If computer facilities exist, the form should be designed with computer applications in mind since that will simplify the process considerably, and many things can be done with the data in a short period of time.

Basic data can include facility population numbers relating to the most prevalent chronic illnesses in the population, age related numbers, and mental health caseload numbers. In addition, depending on the circumstances, numbers relating to clinic loads, outside the facility medical trips, unusual cases, etc. may be considered useful.

On an annual basis, review the data that you are collecting for relevance and usefulness and if you do not know why the data is being collected or you do not use the data, you should consider discontinuing the collection of that data.

- Monitor the trends displayed by the collected data.

Data collected over time, and a determination made as to the direction of the course of those data events can usually be used to predict the frequency of those events in the future. At the very least, they will cause you to consider why the event is occurring more or less often. In some cases, such as age of the inmate population, there are many studies that show a definite correlation between advancing age and increased chronic disease, and increased chronic disease and increased cost of care. The systematic collection of these numbers--in this case monthly--will allow you to



- Monitor the performance of each facility in the face of changing trends.

Numbers from each facility can be compared and staffing patterns can be **estab-**lished or revised based on these output measures. Facilities who operate more efficiently can be recognized and acknowledged. Positions can be re-allocated with shifting populations and workloads.

- Use the collected data to plan for the future.
  - Information can be utilized to support budgetary requests. Charts and graphs can be prepared from the collected data to further enhance presentations.
  - Projections can be made for staffing of new facilities.
  - Interface with correctional administrators can occur relative to planning for special housing facilities.
  - Consolidation of special needs populations can be considered to achieve economies of scale.

## SUMMARY

Issues affecting society as a whole, such as increased health care costs, a population that is aging and increasingly afflicted with chronic illness, AIDS, etc. will also affect the correctional health care system and will require more sophisticated decisions by the Central Health Authority. The collection of adequate and useful data will provide an objective basis for that decision making.

## Endnotes

1. Alabama, Alaska, Arizona, Arkansas, California, Connecticut, Florida, Georgia, Hawaii, Illinois, Louisiana, Michigan, Minnesota, Mississippi, Missouri, Montana, New Jersey, New York, Oregon, Pennsylvania, Rhode Island, South Carolina, South Dakota, Tennessee, Texas, Utah, Vermont, Washington, West Virginia, Wisconsin, Wyoming.
2. Mississippi, Montana, Utah, Wyoming.
3. Bureau of Justice Statistics as reported in Corrections Digest Vol.20 No.19, September 20.1989.
4. "Experts See Growth in Elderly Inmate Populations," Criminal Justice Newsletter, Vol. 20 No. 22, November 15, 1989.

## **APPENDIX I**

### **Materials from Illinois Department of Corrections Survey**

**Health Services Definitions/Instruction Sheet**  
**Health Services Special Needs Survey**  
**Health Services Data Collection Instrument**  
**Mental Health Services Definitions/Instruction Sheet**  
**Mental Health Services Survey**  
**Mental Health Data Collection Instrument**  
**Special Needs Implications Matrix**

SPECIAL NEEDS SURVEY  
HEALTH SERVICES  
DEFINITIONS / INSTRUCTION SHEET

Instructions: Please refer to this sheet for definitions during completion of the worksheets and survey instrument as it will minimize misinterpretations and questions.

1. End Stage Renal Disease - currently receiving routine, chronic dialysis treatment.

Pending Dialysis - physical condition and laboratory results declining with need for placement on routine, chronic dialysis treatment anticipated within the next year.

2. Permanent Infirmiry Patients - those inmates who are assigned to live in the infirmary rather than a housing unit within the institution - due to medical or mental health needs. This does not include inmates who may be assigned to the infirmary on a temporary basis for administrative or protective custody reasons nor are temporary, short-term infirmary patients to be included.

ADL-activities of daily living.

To specify the reason why infirmary placement is required, please use the primary cause (if more than one justification exists) as categories are mutually exclusive. Indicate the number of inmates per category. The total of categories in 2b. should equal 2a.

3. Categories are mutually exclusive. Indicate the number of inmates per category.
  4. Special Housing Needs - those inmates age 50+ whose medical or mental health needs require consideration when housing assignment is evaluated, e.g. low bunk, low gallery, slow walk, no double-celling, Infirmary placement, protective custody due to victimization or adjustment difficulty, etc. May be useful to refer to list of Inmates 50+ on OTS.
  5. The HIV antibody categories are mutually exclusive.
  6. Chronic Illness - those inmates maintained in each of the five chronic illness clinics according to the A.D. Inmates may be identified in more than one category. Designations are not mutually exclusive.
  7. Visual Impairment - legally and functionally blind, requires assistance,  
Hearing Impaired - functionally deaf, with or without hearing aids.  
Speech Impaired - unable to speak, difficulty with communication.
- a. Terminal Illness - prognosis of survival **of** less than one year.

9. Current Pregnancy - Include only those inmates confirmed pregnant at the time of the survey regardless of estimated date of conception (EDC). Past pregnancies, children, abortions, etc. should not be included.
10. Elderly - Those inmates 50 years or older.

Worksheet Abbreviations Key: Handi. - Handicapped; MI - Mental Illness (not Myocardial Infection); W/C - Wheelchair; Device - Assistive Device; adj. adjustment difficulty; amb = ambulation difficulty; Hypt. = Hypertension; CA Cancer; Carcionoma.

ILLINOIS DEPARTMENT OF CORRECTIONS  
SPECIAL NEEDS SURVEY  
HEALTH SERVICES

Information requested is for the specific date of JULY 31, 1990.

Institution: \_\_\_\_\_.

1.
  - a. Identify the number of inmates with End Stage Renal Disease who are currently on chronic dialysis: \_\_\_\_\_.
  - b. Identify the number of inmates who are pending dialysis (placement on dialysis anticipated within next year): \_\_\_\_\_.
2.
  - a. Identify the total number of inmates permanently housed in the infirmary at your facility for health or mental health reasons: \_\_\_\_\_.
  - b. Identify the number of inmates for each justification category for infirmary placement:  
  
\_\_\_\_\_ Chronic debilitating illness, requires nursing assistance with ADL  
\_\_\_\_\_ Handicapped, disabled - difficulty ambulating distances and/or requires assistance with ADL  
\_\_\_\_\_ Mental illness or mental disability (psychosis, affective, retarded, organic, other)  
\_\_\_\_\_ AIDS  
\_\_\_\_\_ Other, specify: \_\_\_\_\_.
3. Identify the number of inmates with physical disabilities in the following mutually exclusive categories:  
  
\_\_\_\_\_ Wheelchair restricted - quadriplegic, paraplegic, amputee or other reason  
\_\_\_\_\_ Ambulatory amputee, lower extremity - with or without prosthetic device  
\_\_\_\_\_ Assistive device utilized (permanent), e.g. quad cane, walker, cane, crutches, etc.
4.
  - a. Identify the number of inmates at your facility age 50 or older: \_\_\_\_\_.
  - b. Identify the total number of inmates age 50 or over who have special housing needs: \_\_\_\_\_.

C. Identify the number of inmates for each justification category for "special housing:"

Cannot adjust in population, e.g., potential for victimization  
e t c .

Ambulation difficulty with distances

Other, specify: \_\_\_\_\_.

5. Identify the number of inmates in the following mutually exclusive HIV antibody categories:

AIDS (full-blown, confirmed with current or history of opportunistic infection)

AIDS-Related Complex

HIV+, antibody status documented

High Risk List only (other than previous three categories)

6. Identify the number of inmates suffering from the following chronic illnesses-seen in appropriate chronic clinic (categories are not mutually exclusive) :

Asthma/Respiratory

Diabetes Mellitus

Hypertension/Cardiovascular

Tuberculosis Prophylaxis

Seizure Disorder

7. Identify the number of Inmates with vision, hearing, speech or impairments who require special housing consideration:

Visual Impairment

Hearing Impaired

Speech Impairment

a. a. Identify the number of inmates with a terminal illness (prognosis of less than 1 year life expectancy) : \_\_\_\_\_.

b. Identify the number of inmates for each category of terminal illness:

AIDS

Cardiac

Cancer

Other, specify: \_\_\_\_\_.

9. Identify the number of inmates with current pregnancy? \_\_\_\_\_.

Dixon Correctional Center Only - 3rd floor Chronic Housing Unit

Identify the number of inmates housed on the 3rd floor who fit the following categories:

- \_\_\_\_\_ Elderly
- \_\_\_\_\_ Chronic debilitating illness
- \_\_\_\_\_ Physical disability
- \_\_\_\_\_ Mental illness or mental disability
- \_\_\_\_\_ Other, specify: \_\_\_\_\_



SPECIAL NEEDS SURVEY

HEALTH SERVICES

DATA COLLECTION INSTRUMENT

Institution: \_\_\_\_\_

Name	Number	Dialysis		Permanent Infirmary					Physical Disability			Special Housing			HIV			
		Dialysis	Pending Dialysis	(Chronic	Handi.	MI	AIDS	Other	W/C	Amputee	Device	Adj.	Amb.	Other	AIDS	ARC	HIV +	HR





SPECIAL NEEDS SURVEY  
MENTAL HEALTH SERVICES  
DEFINITIONS / INSTRUCTION SHEET

Instructions: Please refer to this sheet for definitions during completion of the worksheet and survey instrument as It will minimize misinterpretations and questions.

DSM-III-R criteria are assumed for all diagnostic categories. Count each Inmate in one group only by what you consider to be the primary diagnosis:

Psychosis: This category includes Schizophrenia, Delusional (Paranoid) Disorder, Brief Reactive Psychosis, Schizophreniform Disorder, Schizoaffective Disorder, and Psychotic Disorder not otherwise specified (Atypical).

Major Affective Disorders: Includes Bipolar Disorder, Mania, Major Depression, and Dysthymia.

Retardation: I.Q. of 70 or below with concurrent deficits in adaptive functioning.

Organic Mental Disorders: Includes only chronic conditions. Do not count disorders related to acute psychoactive substance use. Included are Delerium, Dementia, Amnestic Syndrome, Organic Personality Syndrome, Organic Mood Disorder.

Other: Includes all other inmates on the active mental health caseload.

Specialized Housing: This refers to placement in units which are wholly or in part designated by the institution to house inmates with mental health problems. This does include permanent Infirmary residents but does not include Inmates temporarily housed in the infirmary for medical concerns or a mental health crisis. Does not include Orientation.

Question 4. asks for the number of inmates you feel could be better served in some other type of facility or unit. This would include inmates that, In your opinion, have mental health problems which seriously impair or preclude their ability to function successfully in your setting. One way of defining this group is that they are inappropriate for any existing mental health unit and for your institution. Do not count inmates currently in a treatment unit or referred and awaiting transfer to an existing mental health unit.

Worksheet Abbreviations Key: Monitor Only - monitor, not on medications, Meds. Only - monitoring and on psychotropic medications; Meds Plus Couns. - on psychotropic medications and participate in Individual and/or group counselling; Indiv. - Individual Counselling; Grp. - Group Counselling.

ILLINOIS DEPARTMENT OF CORRECTIONS  
SPECIAL NEEDS SURVEY  
MENTAL HEALTH SERVICES

Information requested is for the specific date of July 31, 1990.

Institution: \_\_\_\_\_.

1. For the following diagnostic groups, give the total number on the mental health caseload in each group and the number in each type of assignment:

<u>ASSIGNMENT</u>	<u>PSYCHOSIS</u>	<u>AFFECTIVE</u>	<u>RETARDED</u>	<u>ORGANIC</u>	<u>OTHER</u>
Cell Hse. Help	_____	_____	_____	_____	_____
Dietary	_____	_____	_____	_____	_____
Education	_____	_____	_____	_____	_____
Industries	_____	_____	_____	_____	_____
Grounds Crew	_____	_____	_____	_____	_____
Maintenance	_____	_____	_____	_____	_____
Vocational	_____	_____	_____	_____	_____
Unassigned	_____	_____	_____	_____	_____
Other	_____	_____	_____	_____	_____
Total	_____	_____	_____	_____	_____

2. For each diagnostic group, give the number of inmates who are unsuitable for a double cell or dormitory placement (and not so housed currently) within your institution:

<u>        </u> Psychosis <u>        </u> Retarded <u>        </u> Other	<u>        </u> Affective <u>        </u> Organic
--	--

3. For each diagnostic group, give the number of Inmates in Specialized Housing, Protective Custody, or Segregation

	<u>Psychosis</u>	<u>Affective</u>	<u>Retarded</u>	<u>Organic</u>	<u>Other</u>
S. H.	_____	_____	_____	_____	_____
P. c.	_____	_____	_____	_____	_____
Seg.	_____	_____	_____	_____	_____
Total	_____	_____	_____	_____	_____

4. For each group, give the number of inmates you believe would be better served by being placed in some form of specialized institution or treatment unit:

Psychosis  
 Affective \_\_\_\_\_  
 Retarded \_\_\_\_\_  
 Organic \_\_\_\_\_  
 Other \_\_\_\_\_

5. For each diagnostic group, give the number of inmates receiving each of the following categories of treatment:

	Monitor Only	Meds Only	Meds Plus Couns.	Indiv.	Grp.
Psychosis	_____	_____	_____	_____	_____
Affective	_____	_____	_____	_____	_____
Retarded	_____	_____	_____	_____	_____
Organic	_____	_____	_____	_____	_____
Other	_____	_____	_____	_____	_____
Total	_____	_____	_____	_____	_____







## **APPENDIX II**

### **Special Needs Inmates Survey Questionnaire**

Date \_\_\_\_\_

Name of Agency \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Contact Person Name \_\_\_\_\_  
Title \_\_\_\_\_

Telephone Number (        ) \_\_\_\_\_

Please answer the following questions as accurately as possible. If the answer is zero, please place a zero in the provided space. If numbers are thoughtful estimates, please include this information in the estimate column. These numbers should reflect the numbers of inmate with the described conditions in your system on the date of September 1, 1990.

	Actual	Estimate
1. Total adult population on 9/1/90.	_____	_____
2. How many inmates are housed in general housing (including confinement, segregation etc.)	_____	_____
3. How many inmates require 'special housing' for medical or mental health reasons? (Mental health, rehabilitation, geriatrics, etc. not including infirmary)	_____	_____
4. How many inmates require infirmary housing for chronic medical or mental health reasons?	_____	_____
5. The following is a list of chronic medical conditions. Please list the number of inmates with each condition, and the number in each housing status.		
ESRD--End Stage Renal Disease (on dialysis)	_____	_____
Total Number	_____	_____
Number with renal disease requiring special housing in an infirmary.	_____	_____
Number with renal disease requiring protective housing other than infirmary.	_____	_____

	Actual	Estimate
B. COPD -- Chronic Obstructive Pulmonary Disease (Emphysema) Total Number	_____	_____
Number with COPD requiring special housing in an infirmary.	_____	_____
Number with COPD requiring protective housing other than infirmary.	_____	_____
C. DIABETES Total Number	_____	_____
Number with diabetes requiring special housing in an infirmary.	_____	_____
Number with diabetes requiring protective housing other than infirmary.	_____	_____
D. CIRRHOSIS OF LIVER Total Number	_____	_____
Number with liver disease requiring special housing in an infirmary.	_____	_____
Number with liver disease requiring protective housing other than infirmary.	_____	_____
E. NEUROLOGICAL PROBLEMS (epilepsy, stroke, etc. ) Total Number	_____	_____
Number with neurological problems requiring special housing in an infirmary.	_____	_____
Number with neurological problems requiring protective housing other than an infirmary.	_____	_____
F. LEGALLY BLIND Total Number	_____	_____
Number of legally blind requiring special housing in an infirmary.	_____	_____
Number of legally blind requiring protective housing other than an infirmary.	_____	_____
G. HEARING AND/OR SPEECH IMPAIRED Total Number	_____	_____
Number of hearing/speech impaired requiring special housing in an infirmary.	_____	_____
Number of hearing/speech impaired requiring protective housing other than infirmary.	_____	_____

H . TERMINALLY ILL Actual      Estimate

1. CARDIAC      Total Number \_\_\_\_\_ \_\_\_\_\_

Number of terminal cardiac inmates requiring special housing in an infirmary . \_\_\_\_\_ \_\_\_\_\_

Number of terminal cardiac inmates requiring protective housing other than an infirmary . \_\_\_\_\_ \_\_\_\_\_

2. AIDS      Total Number \_\_\_\_\_ \_\_\_\_\_

Number of inmates with AIDS requiring special housing in an infirmary. \_\_\_\_\_ \_\_\_\_\_

Number of inmates with AIDS requiring protective housing other than an infirmary. \_\_\_\_\_ \_\_\_\_\_

3. CANCER      Total Number \_\_\_\_\_ \_\_\_\_\_

Number of inmates with cancer requiring special housing in an infirmary. \_\_\_\_\_ \_\_\_\_\_

Number of inmates with cancer requiring protective housing other than an infirmary . \_\_\_\_\_ \_\_\_\_\_

4. OTHER      Total Number \_\_\_\_\_ \_\_\_\_\_

Please list diagnoses: \_\_\_\_\_  
\_\_\_\_\_

Number of 'other' inmates requiring special housing in an infirmary. \_\_\_\_\_ \_\_\_\_\_

Number of "other" inmates requiring protective housing other than an infirmary. \_\_\_\_\_ \_\_\_\_\_

6. Do you have some form of a compassionate release program?  
(Please Check 1 Yes \_\_\_\_\_ No \_\_\_\_\_)

7. List number of inmates:

	Total	# requiring special housing in Infirmary	# requiring special housing in other than Infirmary
Over 50 yrs of age	_____	_____	_____
Over 60 yrs of age	_____	_____	_____
Over 70 yrs of age	_____	_____	_____

- |  | Actual | Estimate |
|--|--------|----------|
| 8. List the number of inmates who are chronically wheelchair bound.  | _____  | _____    |
| 9. List the number of inmates who chronically require the use of a cane.   | _____  | _____    |
| 10. List the number of inmates who chronically require the use of a walker.  | _____  | _____    |
| 11. List the number of inmates who consistently require assistance with the activities of daily living (ADL).                      | _____  | _____    |
| 12. How many inmates on the active Mental Health caseload on 9/1/90 in the following diagnostic categories?                        |        |          |
| A. Psychosis   | _____  | _____    |
| B. Affective Disorders   | _____  | _____    |
| C. Retarded  | _____  | _____    |
| D. Organic   | _____  | _____    |
| E. Other (Please List)   | _____  | _____    |
| _____  | _____  | _____    |
| 13. Of inmates on the active Mental Health caseload, how many are housed in the following settings?                                |        |          |
| A. Acute care psychiatric setting/<br>Psychiatric hospital.  | _____  | _____    |
| B. Long term psychiatric care  | _____  | _____    |
| C. Other special housing   | _____  | _____    |
| 14. Of inmates on the active Mental Health caseload, how many inmates are receiving each of the following categories of treatment? |        |          |
| A. Monitored only  | _____  | _____    |
| B. Medication  | _____  | _____    |
| C. Individual Therapy  | _____  | _____    |
| D. Group Therapy   | _____  | _____    |
| 15. Health Care budget for the fiscal year which includes September 1, 1990.   | _____  | _____    |

Thank you for the time and effort required to complete this survey. The results will be shared with participating agencies when completed.