

OREGON DEPARTMENT OF CORRECTIONS
Operations Division
Health Services Section Policy and Procedure #P-A-08

SUBJECT: COMMUNICATION ON PATIENTS' HEALTH NEEDS

POLICY: Health care needs are to be considered in decisions regarding the inmate's assignment to institutions, work and programming. This consideration is to ensure that inmates with health care problems or limitations are not placed in facilities that are unable to provide health care appropriate for individual needs; and that an inmate who has restrictions is not assigned work or programming that presents a risk of further injury or physical/mental debilitation. Finally, health status information is to be communicated to the Office of Population Management and the institution in a manner that facilitates inmate movement and does not compromise confidentiality of health information.

REFERENCE: NCCHC Standard P-A-08
ODOC Health Services - Facility Screening Criteria
ODOC Health Status Training Manual

PROCEDURE:

- A. Inmate Health Status is found in the Corrections Information System.
- B. A Health Status determination is to be completed when:
 - 1. The initial Health Assessment is completed.
 - 2. A new health condition is identified which results in the need for further diagnostic procedures, specialty consults, activity limitations, facility restrictions, health care follow-up, special housing requirements, other special needs, or, work restrictions.
 - 3. An identified health condition is resolved or stabilized, or at the time a change in restrictions has been instituted.
- C. To complete the Health Status:
 - 1. Verify the name pulled up by the system based on the "Offender ID" that was entered.
 - 2. The date is automatically entered into the "current evaluation" field by the system on the date(s) any changes have been made.
 - 3. The "medical communication" field is automatically entered by the system based on what other information has been entered.

Communication on Patients' Health Needs

4. "Keep at current location" field will display an "N" (no) as the default mode. If an inmate must be kept at the current institution, the health services staff may change this field to a "Y" (yes). Inmates should be kept at their "current location" under the following circumstances: pending diagnostic testing, pending specialty consultations or any other situations where a transfer out of the facility might delay diagnostic testing and/or treatment.

Enter a "Y" (yes) into the "keep at current location" field if the inmate should stay at the current facility. Enter a date into the "re-evaluate" field corresponding to the date that the service would be completed. Once the service is complete, the health services staff must delete the "Y" (yes) and enter an "N" (no) to return to the default mode.
 5. Enter any significant information which you believe should be immediately noticed into the "comments" field.
 6. Select a restriction by entering a "1" as indicated. The "comment" fields are used when more detailed information is needed. A date must be made into the "eval date" field indicating the date that the restriction will be re-evaluated.
- D. See the "ODOC Health Services - Facility Screening Criteria" for information on clearing inmates for assignment to institutions.
- E. After all the necessary data has been entered, press F10 to print a copy for the health care record and another for the institution assignment office if indicated.
- F. A copy of the Health Status is filed on the right side of the first section of the health care record. Previous Health Status forms are filed immediately under the most current.
- G. A query of outdated health status forms are available and printed daily at each facility's designated computer. Each institution is responsible for ensuring a system is in place to update these as indicated per this procedure.
- H. A query of specific health status information may be printed by following these steps:
1. Sign on to the DOC400.
 2. Page down to "Health Status Report Selection" and enter into that screen.
 3. Enter an "R" into the "Report Request" field.
 4. Enter a "1" into the field for which you are selecting the information (page down for more options) and press F10 to print.

Effective Date: _____
Review date: October 2008
Supersedes P&P dated: March 2008

OREGON SUMMIT INMATE SCREENING CRITERIA

These criteria will help you to understand and clarify the level of wellness that is needed to meet the Legislative intent of OAR 291-62-010 through OAR 291-62-080. Specifically, that it is a highly structured program that involves intensive mental and physical training and substance abuse treatment. Otherwise eligible applicants with a physical and/or mental disability will be evaluated individually to determine whether they may successfully participate in the fundamental components of the Oregon SUMMIT Program.

DENTAL: Chart review by the Dentist. Note any who need immediate dentures or major work that cannot be done at SCCI. These inmates will be considered for a later platoon when their work is completed. Any inmate who refuses extensive dental work in order to be considered for SUMMIT must have a PAR with the attending dentist to assure that there is no coercion that may influence their decision and an informed refusal of treatment must be signed.

MENTAL HEALTH: An inmate who has received mental health services must be stabilized either on or off medication for a period of six months. Each of these applicants will be considered for Summit on an individual basis.

ORTHO: Any mobility problems and the accommodation that would need to be made if they were to participate in daily physical training.

SPECIAL NEEDS: Treatment plan needs to be current and they should be scheduled to see the practitioner for a medication review if their meds are due to expire. They also will need to have at least a one week supply of medications when they arrive at SCCI.

VISION: NEAR _____ *Note with or without glasses.
FAR _____
If the inmate meets the criteria as defined in Health Services P&P #P-G-11.1, PLEASE try to schedule them to be seen by the Optometrist at OSP for an exam and have their glasses ordered before transport to SCCI.

POWDER RIVER CORRECTIONAL FACILITY SCREENING CRITERIA

These criteria are to help screen prospective individuals for our Alternative Incarceration Program (AIP). The mission at PRCF is primarily programming. Our medical staff hours of operation are 6:30 am to 8:00 pm Monday through Friday and 6:00 am to 5:00 pm on weekends.

DENTAL: Dental Services are available at PRCF three days per week. We do not have a denturist.

MENTAL HEALTH: We do not have on-site BHS services. Inmates that have a mental health diagnosis or are taking meds for mental health issues should be stabilized for 90 days prior to being qualified for transport. Any medication change must be monitored for 90 days prior to transfer to determine stability. The patient must also demonstrate no BHS behavior problems for six (6) months prior to transfer. They are disqualified if they have had a suicide attempt in the past twelve (12) months. Please see attached BHS clearance criteria (Attachment 8) for specific clearance criteria.

MEDICATIONS: We use mostly KOP meds at PRCF. We do have limited med lines (BID) due to our hours of operation. Insulin dependent diabetics that are stable can be sent to PRCF. We also have capabilities for inmates requiring CPAP.

MEDICAL: It is imperative that a patient demonstrate that his medical conditions are stable. If stable, PRCF will take individuals that have chronic medical conditions that do not require follow up with specialists. Our community resources are limited with regard to medical specialists. We can accommodate patients that require routine SNR appointments. If you have specific questions about PRCF clearances, please contact V. Clark, RN, MSM.

MILL CREEK CORRECTIONAL FACILITY INMATE SCREENING CRITERIA

WORKING CONDITIONS:

Inmates are assigned to a variety of jobs that include but are not limited to uneven terrain, thick vegetation, highways, and parks. Inmates often operate dangerous power equipment, are exposed to dust and other allergens, and do heavy lifting.

These work assignments frequently take inmates miles away from any correctional or community health care facility.

HEALTH CARE AVAILABLE AT MCCF:

Because MCCF is a work facility, health care available is very limited. Nurses are available to see patients by appointment Monday through Thursday from 5:30 am to 4:00 pm. A provider clinic is available one morning per week. Telephone triage is available for emergencies by calling the clinic at SCI or OSCI when SCI is closed between the hours of 10:30 pm and 5:30 am.

Dental:

Non emergent dental services are available by appointment through SCI Health Services.

Mental Health:

An individual being screened for transfer should have no significant mental illness, as mental health services are not readily available.

Medications:

MCCF uses the inmate self administration (FISA) system. Individuals who are on controlled medication or NFISA because of previous noncompliance would not be appropriate due to the limited number of medical staff hours.

Medical:

MCCF will take individuals that have chronic medical conditions which are stable and only require periodic follow up by the practitioner as described in P&P.

If you are unsure whether or not an inmate is appropriate for assignment to MCCF because of a medical condition, please contact the Health Services staff at SCI.

OREGON STATE PENITENTIARY MINIMUM INMATE SCREENING CRITERIA

Inmates are assigned to a variety of jobs which include but are not limited to: uneven terrain, thick vegetation, highways and parks. Inmates often operate dangerous power equipment, are exposed to dust and other allergens and do heavy lifting.

These work assignments frequently take inmates miles away from any correctional or community health care facility. Inmates assigned to OSP Minimum must have no medical limitations/restrictions and be able to perform full work duties.

CRITERIA:

1. No adverse orthopedic conditions: Inmates must be able to tolerate the many physical demands required to perform a variety of tasks. Consult with your physician if necessary, prior to transfer, to assure that orthopedic conditions are resolved.
2. No seizure activity within the last year. This requires a review and clearance by a DOC practitioner. Their condition must be well controlled, and the inmate(s) must be cleared to perform full work activities.
3. Stable cardiac conditions. This is to be reviewed and cleared by a DOC practitioner. Their condition must be well controlled, and the inmate(s) must be cleared to perform full work activities.
4. Inmates with hypertension may be assigned to OSP Minimum if they are responsible to take medications as ordered. Their condition must be well controlled, and the inmate(s) must be cleared to perform full work activities.
5. Stable and mild asthma or chronic lung problems. Their condition must be well controlled, and the inmate(s) must be cleared to perform full work activities.
6. No significant mental illness.
7. No insulin dependent diabetics. Non-insulin diabetics only.
8. No work restrictions such as “no outside work, light/moderate duty, lifting limits.” This includes any restriction which prevents a full range of work activities.

SOUTH FORK FOREST CAMP INMATE SCREENING CRITERIA

BACKGROUND

WORKING CONDITIONS:

Inmates are assigned to a variety of jobs that include but are not limited to: uneven and steep terrain, thick vegetation, highways, and parks. All inmates are required to report to the forest fire crews during the summer months. Inmates operate dangerous power equipment, are exposed to dust and other allergens, and frequent and heavy lifting (greater than 50 pounds) as a daily routine.

Daily work assignments take inmates miles away from any correctional or community health care facility especially during the fire season.

HEALTH CARE AVAILABLE AT SFFC:

SFFC is a strict work camp; health care is available on a very limited basis. Nurses are available to see patients by appointment Monday through Friday, from approximately 0500 to approximately 0900. A provider clinic is available one morning per week. Telephone triage is available for emergencies and routine questions by calling the clinic at CRCI seven days a week from 0500 to 2130. The Medical Services Manager is available for contact after designated clinic hours.

CRITERIA:

1. No adverse orthopedic conditions: Inmates must be able to tolerate the many physical demands required to perform a variety of tasks. Consult with providers if necessary, prior to transfer, to assure that orthopedic conditions are resolved or stable.
2. No "Special Needs" conditions EXCEPT: Over 50, TB medications, Hepatitis C (not on treatment). If a Special Needs condition exists, such as "exercise induced asthma," please have the provider evaluate risk factors or contact CRCI health care staff for clarification.
3. No severe allergy/hay fever conditions: that require prescribed medications. This is to be reviewed and cleared by a practitioner based on the following criteria: no prior hospitalizations, no prior nebulizer treatments.
4. No unstable Mental Health issues: No medications or counseling are available at this facility.
5. Special diets: Not available at SFFC.
6. No work restrictions: such as "no outside work, light/moderate duty, lifting limits." This includes any restriction, which prevents a full range of work activities.

7. No conditions that are acute or newly diagnosed or undergoing diagnostic evaluations or conditions that require interview/evaluation/monitoring by nursing staff.
8. No inmates requiring nursing treatment/monitoring more than the scheduled Nursing coverage.
9. No conditions requiring outside consultations: Those will be transferred back to CRCI until such time that the outside appointments are completed and clearance given.

If health care staff are unsure whether or not an inmate is appropriate for assignment to SFFC because of a medical condition, please contact the Health Services staff at CRCI.

**Snake River Correctional Minimum (SRCM)
Minimum Screening Criteria**

1. Upon receipt of counselor referral, candidates are screened by HS Management staff to determine if SRCM placement is medically appropriate.
2. Inmate/patient must have no med line medications, with the exception of INH/B6.
3. Inmate/patients health status must be stable, with no urgent medical issues that may require more than minimal medical intervention.
4. Medical restrictions must be noted, if work restrictions exist, these are passed to the Work Skills Coordinator for review.
5. Nursing staff is available Monday thru Friday for routine sick call and refill line. Provider clinic is held weekly.

**WARNER CREEK CORRECTIONAL FACILITY
INMATE SCREENING CRITERIA**

BACKGROUND

WORKING CONDITIONS:

Inmates are assigned to work in a variety of conditions which include, but are not limited to: uneven and rocky terrain, forests, highways, parks, and areas of thick sagebrush. Inmates may operate power tools/equipment, be exposed to dust/allergens, and may be required to do heavy lifting. Exposure to extreme weather conditions is likely, ranging from over 80 degrees F in summer to sub-zero temperatures during winter.

HEALTH CARE AVAILABILITY AT WCCF:

Health Services staff are on-site from 0600—2000 Monday through Friday and 0930—2000 on Saturdays, Sundays and Holidays. Triage is available and conducted seven (7) days a week. Medical provider clinics are typically 0700 – 0930 on Wednesdays and Thursdays. There are no Behavioral Health Services (BHS) staff on-site at WCCF. On-call State providers (BHS) are available via telephone for crisis or emergent issues only. Ambulance service is volunteer. Lake District Hospital in Lakeview offers limited services. The nearest hospitals which serve the population in need of higher level of care are located in Bend or Medford. Both of these hospitals are a three-hour drive from Lakeview.

CRITERIA:

1. Orthopedic consult for ongoing issues are unavailable at WCCF. Please make sure orthopedic issues are resolved before transfer to WCCF. Inmates must be ambulatory and capable of mobility over slick or rough surfaces.
2. No severe allergy/hay fever/reactive airway conditions. Do not send patients to WCCF who have required frequent nebulizer treatments or hospitalization for these ailments. WCCF will accept patients who are stable with inhalers and demonstrate appropriate use of them.
3. No recent seizure activity in the last year. If the patient is on seizure medication, is stable and has been without seizure activity for a year, they may come to WCCF.
4. No unstable cardiac conditions. Do not send patients with history of MI or any type of heart surgery.
5. Patients with hypertension are accepted to WCCF providing their condition is well controlled and the individual is compliant with medication self administration. Do not transfer inmates who require close monitoring. These patients should be cleared for full work duty.

6. No psychotropic medications. Do not transfer patients to WCCF who are currently on mental health medications. WCCF does not have BHS staff on site. BHS is available for crisis or emergency contract on an on-call basis only. Patients who have been off psychotropic medications for six (6) months, have remained stable and cleared by BHS will be accepted to WCCF.
7. No insulin dependent diabetics. NIDDM patients are accepted to WCCF if they are able to make appropriate choices from the general food line, if diet controlled, or stable on oral medication and are compliant with self medication.
8. Do not transfer patients with newly diagnosed or suspected but yet undiagnosed conditions requiring close or frequent monitoring by nursing staff..
9. No inmates with pending dental work.
10. Patients currently on Hep C treatment are not accepted at WCCF
11. Patients currently on INH treatment are accepted at WCCF

Note: Generally, patients taking medications for thyroid, BP, cholesterol, allergies, anticonvulsants, anti-inflammatory, etc. are acceptable at WCCF as long as they are stable on medication and do not require close/frequent monitoring more than the scheduled nursing coverage.

If you are unsure if it is appropriate to transfer an inmate to WCCF, please contact the Nurse Manager at (541) 947-8278.

**PROCEDURES FOR CLEARANCE OF INMATES
WITH MH AND/OR DD CODES FOR
ALTERNATIVE TO INCARCERATION PROGRAMS (AIP)**

I. The Automated AIP Screening and Clearance Process is initially based on the following decision matrix:

- If no MH code, MH0, or MH1 --- auto approval
- If MHR mild acuity --- auto approval
- If MHR mod acuity --- review by BHS required
- If MH2 mild or mod acuity --- review by BHS required
- If MHR sev acuity, MH2 sev acuity, or MH3 mod or sev acuity --- auto reject
- If MH3 mild acuity --- review by BHS required
- If no DD code, DD0, or DD1 --- auto approval
- If DD2 --- review by BHS
- If DD3 --- auto reject

- When an inmate's medication has been changed (other than the time of administration), the BHS prescriber will increase the acuity for the appropriate time period (90 days). This increase in acuity will create an automatic mechanism to clinically review and determine whether to approve or reject an individual for an AIP, based on whether the inmate has been stable for the appropriate amount of time.
- Even if the inmate is doing well, but is discontinuing medication, there must be 90 days to review whether this medication change will result in decompensation; therefore, a moderate acuity should be given to trigger review by BHS rather than auto approval.
- There must be one year of stability after a suicide attempt for an inmate to be approved for AIP.

II. Inmates with DD-3 or MH-3 codes:

- Inmates coded MH-3 must be reviewed carefully because there will likely be no mental health support/resources available to them in the AIP other than medication delivery. If in your judgment an MH-3 inmate can be cleared, please consult with the BHS Clinical Supervisor. The MH-3 inmate must have been stable, i.e., no med changes (other than the time of administration), and no behavior problems for at least 6 months, and have completed a symptom mgmt group.
- Inmates coded DD-3 are highly unlikely to have the cognitive ability to participate in an AIP, which is targeted to people with a 7th grade education level. If the particular inmate is functioning well enough to be approved for an AIP; i.e., function without any support from BHS, the inmate should be re-coded from a DD-3 to a DD-2.

- There must be one year of stability after a suicide attempt for the inmate to be approved for AIP.

III. Inmates with DD2 and MH-2 codes:

- The Mental Health Specialist is responsible for clearance.
- Current mental health evaluation by the MHS (within past 90 days).
- If the inmate is taking mental health medications or has recently discontinued mental health medications, he/she must be stable (no discipline problems, no suicide watches, no medication changes-other than the time of administration, etc.) for 90 days.
- Maintenance monitoring within the AIP: A new 6-month prescription must be on file. Medical Services within the AIP program will renew meds as needed, dispense, and monitor compliance.
- There must be one year of stability after a suicide attempt for an inmate to be approved for AIP.

IV. Inmates with MH-R code:

- In most cases, the Prescriber is responsible for clearance if the inmate is receiving medication. However, if inmate is not taking medication or Prescriber is unavailable, the BHS manager or designee will be responsible for clearances.
- Current mental health evaluation by the Prescriber (within past 90 days).
- If the inmate is taking mental health medications or has recently discontinued mental health medications, he/she must be stable (no discipline problems, no suicide watches, no medication changes-other than the time of administration, etc.) for 90 days.
- Maintenance monitoring within the AIP: A new 6-month prescription must be on file. Medical Services within the AIP program will renew meds as needed, dispense, and monitor compliance.
- There must be one year of stability after a suicide attempt for an inmate to be approved for AIP.

V. If inmate decompensates at a MALE AIP:

- The AIP Institutional Nurse will meet with the inmate.
- If the nurse recommends a need for further mental health evaluation (during regular work-week hours), the nurse will contact the closest institution's BHS manager or the

BHS Clinical Supervisor (office 503-378-6433 or cell 503-551-6699). If the BHS manager determines that the inmate requires a further in-person evaluation, the BHS manager will coordinate the transfer of the inmate to that institution and assign staff to provide the evaluation. If the Clinical Supervisor makes the determination he/she will coordinate the transfer of the inmate to an institution where BHS staff is available to provide the evaluation.

- If after hours, the AIP nurse will contact the nurse-practitioner-on-call assigned to that institution. The on-call list is posted in Outlook; go to Public Folders/Operations/Health Services/BHS.

- If the PMHNP determines that the inmate requires further in-person evaluation, the Clinical Supervisor should be notified the next working day and will coordinate the transfer of the inmate to an institution where BHS staff is available to provide the evaluation.

- After the evaluation, the MHS will have 30 days to determine whether the inmate is stable enough to return to the program.

- If the inmate is not able to return to the program due to mental health concerns, he will be removed but not considered as a "Program Failure."

VI. If inmate decompensates in a FEMALE AIP-Turning Point:

- If the Turning Point Program Manager determines a need to request mental health services (during regular work-week hours) other than routine medication management issues for an inmate, the Turning Point Program Manager will consult with the CCCF-Minimum Facility BHS manager or designee. If the BHS manager or designee determines that the inmate requires a mental health evaluation, the BHS manager will coordinate the transfer of the inmate out of Turning Point and assign a MHS to provide the evaluation.

- If after hours, the institutional nurse will contact the nurse-practitioner-on-call assigned to that institution. The on-call list is posted in Outlook; go to Public Folders/Operations/Health Services/BHS.

- If the on-call PMHNP determines that the inmate requires further in-person evaluation, the BHS manager or designee should be notified the next working day and will coordinate the transfer of the inmate out of Turning Point and assign a MHS to provide the evaluation.

- After the evaluation, the MHS will have 30 days to determine whether the inmate is stable enough to return to the program.

- If the inmate is not able to return to the program due to mental health concerns, she will be removed but not considered a "Program Failure."

VII. If inmate decompensates in a FEMALE AIP-LIFT Program:

- An inmate that is already receiving mental health services (coded MHR, MH2, MH3, DD2) may continue to receive those services while in LIFT.

- If an inmate, who is already receiving mental health services (coded MHR, MH2, MH3, DD2) decompensates while in the LIFT Program, the assigned BHS treatment provider will monitor and if necessary remove the inmate from the program. The MHS will have 30 days to determine whether the inmate is stable enough to return to the program. If the inmate is not able to return to the program due to mental health concerns, she will not be considered a "Program Failure."

- If the LIFT Program Manager requests mental health services (during regular work-week hours) for an inmate who has not already been receiving mental health services, the LIFT Program Manager will consult with the CCCF-Minimum Facility BHS manager or designee. If the BHS manager or designee determines that the inmate requires a mental health evaluation, the BHS manager will coordinate the transfer of the inmate out of the LIFT and assign a MHS to provide the evaluation.

- If after hours, the institutional nurse will contact the nurse-practitioner-on-call assigned to that institution. The on-call list is posted in Outlook; go to Public Folders/Operations/Health Services/BHS.

- If the on-call PMHNP determines that the inmate requires further in-person evaluation, the BHS manager or designee should be notified the next working day and will coordinate the transfer of the inmate out of the LIFT program and assign a MHS to provide the evaluation.

- After the evaluation, the MHS will have 30 days to determine whether the inmate is stable enough to return to the program.

- If the inmate is not able to return to the program due to mental health concerns, she will be removed but not considered a "Program Failure."

VIII. Non-AIP FEMALE Programs (Turning Point and LIFT):

- Clearances for non AIP placement are at the discretion of the prescriber and/or MHS who is managing the inmate's mental health care.

- If inmate decompensates in a non AIP program, the same procedures will be followed as outlined above for each of the programs.

**FIRE CREW OR FOREST CAMP PARTICIPATION
ELIGIBILITY CRITERIA**

MHR and MH2 inmates may be approved under the following conditions:

1. KOP meds in place without a change in prescription for 90 days.
2. No change in meds, including discontinuation of meds for 90 days.
3. No need for case management services more than every 90 day appointments.

MH3 and DD2 inmates can be considered on a case-by-case basis if they meet the above criteria after consultation between the BHS manager and the BHS Clinical Supervisor.

Work Capabilities

Start Date: _____

Review Date: _____

No Work

- Lay-in
- No work allowed

Sedentary Work

- Full sedentary work
- 10 lbs. occasionally <1/3 time
- Negligible force frequently <2/3 time
- Sitting most of the time
- Walking or standing short time

Light Duty Work

- Full light work
- 20 lbs. occasionally <1/3 time
- 10 lbs. frequently <2/3 time
- Negligible force constantly
- Production rate pace
- Walking or standing 1/3 – 1/2
- Pushing/pulling arm leg controls
- Sitting

Medium Work

- _____ 20 – 50 lbs. occasionally <1/3
- _____ 10 – 25 lbs. frequently
- _____ 0 – 10 lbs. consistently

Environmental Restrictive

- Inside Secure Parameter
- Smoke
- Allergens
- Sunlight
- Hot/Cold
- Bees/Wasps
- Smooth ground only
- Incline
- Height
- Power equipment
- No sharp tools
- Quiet, low stress
- Other

Specific Adjustments:

- Upper extremity
- Lower extremity
- Positional/movement
- Hearing limitation
- Vision limitation
- Simple tasks
- Mobility impaired
- Stairs/ladders
- Prosthesis
- No Food Handling
- Around few people
- Access to drinking water
- No work from 10 PM to 6 AM
- Other

Exposure Crew: _____

Hep B Vaccine _____

Name: _____
SID#: _____

Authorizing Signature

	CCCF	CRCI	DRCI	EOCI	MCCF	OSCI	OSP	OSP-M	PRCF	SCCI	SCI	SFFC	SRCI	TRCI	WCCF
AVAILABLE SERVICES															
Bee Sting Allergy - TX	YES	YES	YES	YES	YES	YES	YES	YES	NO	YES	YES	YES	YES	YES	YES
CPAP Unit	YES	YES	YES	Very Few	NO	YES	YES	NO	YES	YES	YES	NO	YES	YES	YES
BHS Program Needs	YES	YES	YES	YES	NO	YES	YES	NO	NO	NO	NO	NO	YES	YES	NO
Dental-emergency needs	YES	YES	YES	YES	YES	YES	YES	NO	NO	NO	YES	NO	YES	YES	NO
Elevator Access	NO	YES	NO	NO	NO	To HS	To HS	NO	NO	NO	NO	NO	NO	NO	N/A
Handicapped accessible	YES	YES	YES	NO	NO	YES	NO	NO	YES	NO	NO	NO	YES	YES	YES
Hospice Beds	YES	NO	NO	YES	NO	NO	YES	NO	NO	NO	NO	NO	NO	YES	NO
Infirmary (# beds)	14 F	NO	NO	8	NO	NO	22	NO	NO	NO	NO	NO	16	16	NO
Mental Health Issues	YES	YES	YES	YES	NO	YES	YES	NO	NO	YES	NO	NO	YES	YES	NO
Accepts Mobility Restrictions	YES	YES	YES	NO	YES	YES	NO	NO	YES	NO	YES	NO	YES	YES	MINOR
Accepts Stairs Limitations	YES	YES	YES	NO	NO	YES	NO	YES	YES	NO	NO	NO	YES	YES	NO
O2 available	YES	YES	NO	YES	NO	YES	YES	NO	NO	YES	NO	NO	YES	YES	NO
O2 Concentrator	YES	NO	YES	YES	NO	YES	YES	NO	NO	NO	NO	NO	YES	YES	NO
Respiratory Isolation	YES	NO	NO	YES	NO	NO	NO	NO	NO	NO	NO	NO	YES	YES	NO
MH Infirmary (# beds)	10	NO	NO	NO	NO	NO	50	NO	NO	YES	NO	NO	22	NO	NO
SPECIAL CAPABILITIES															
Sign Language Interpreter	YES	NO	NO	NO	NO	NO	YES	NO	NO	NO	NO	NO	NO	NO	NO
Spanish Interpreter	Some	NO	Some	YES	Some	YES	YES	NO	YES	NO	Some	NO	YES	YES	SOME
Special Diets	YES	YES	Some	Some	YES	YES	YES	NO	NO	NO	YES	NO	YES	YES	SOME
Work Restrictions	YES	YES	YES	YES	YES	YES	YES	NO	YES	NO	YES	NO	YES	YES	SOME
7 DAY med line	YES	YES	YES	YES	NO	YES	YES	NO	YES	YES	YES	NO	YES	YES	YES
Insulin Dependant diabetics	YES	YES	YES	YES	NO	YES	YES	NO	YES	YES	YES	NO	YES	YES	NO
RESOURCE SERVICES READILY AVAILABLE IN THE COMMUNITY:															
*Cardiovascular	E	E	B	B	E	E	E	S	B	B	E	NO	B	S	B
*Dental	E	E	B	B	E	E	E	S	B	B	E	B	S	B	NO
*Endocrine	E	E	B	NO	E	E	E	S	B	B	E	NO	S	NO	NO
*Gastrointestinal (G.I.)	E	E	B	B	E	E	E	S	B	B	E	NO	S	**S	B
*Hematology	E	E	B	**S	E	E	E	S	B	B	E	NO	S	**S	NO
*Infectious Disease	E	E	B	**NO	E	E	E	S	B	B	E	NO	S	**NO	B
*Nephrology	E	E	B	B	E	E	E	S	B	B	E	NO	S	Inhouse	NO
*Neurology	E	E	B	B	E	E	E	S	B	B	E	NO	S	**S	NO
*Oncology	E	E	B	E	E	E	E	S	B	B	E	NO	S	**S	NO
*Orthopedics	E	E	S	B	E	E	E	S	B	B	E	NO	B	S	B
*OB/GYN	S														B

- B = Basic Service (e.g. Primary Care, general practice, internal medicine, general surgery, general orthopedics, etc.)
- S = Specialty Service (e.g. Cardiologist, Pulmonology, Neurology, Dermatology, Vascular Surgery, etc.)
- E = Expanded Service (Extensive specialized care or sub-specialists, e.g.; Cardio-vascular surgeons, Reconstructive surgery, Neurosurgery, Dialysis Center, Cancer treatment (surgery, radiation, chemo), retina specialists, etc.
- ** Available if inmate is able to cross state lines.