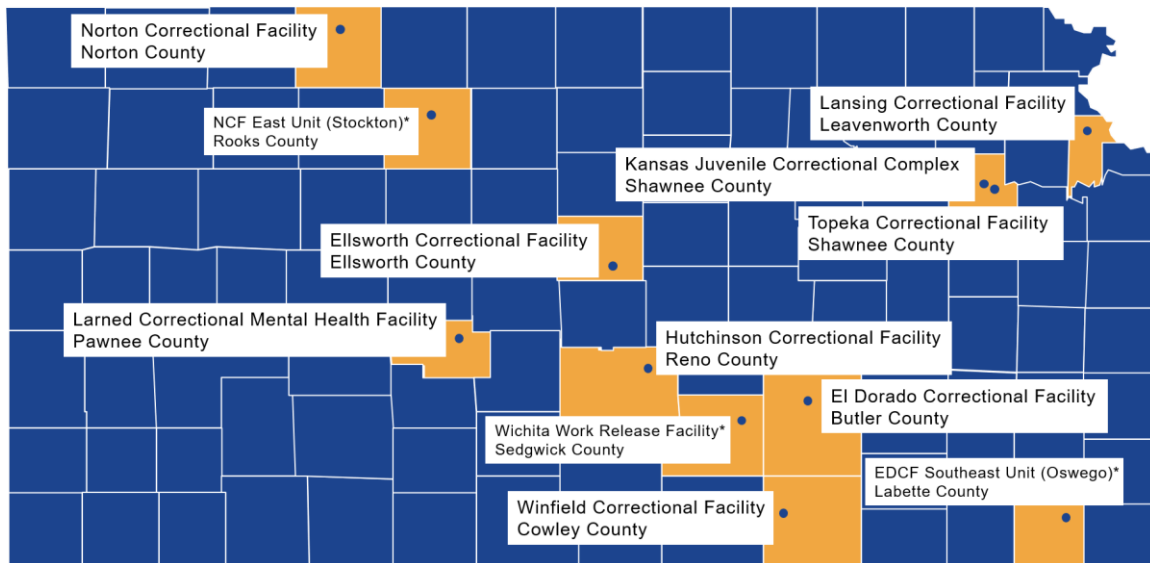


## Appendix A

### Kansas Department of Corrections – Correctional Facility Locations



#### El Dorado Correctional Facility (EDCF)

P. O. Box 311  
El Dorado, KS 67042  
(316) 321-7284

##### Warden Sam Cline

- Central Unit
- Reception & Diagnostic Unit (RDU)
- Southeast Minimum Unit – Oswego  
1022 Fordyce Blvd.  
Oswego, KS 67356  
(316) 322-2045

#### Lansing Correctional Facility (LCF)

P. O. Box 2  
Lansing, KS 66043  
(913) 727-3235  
e-mail: Brett.Peterson@ks.gov

##### Warden Shannon Meyer

- Central Unit
- East Unit

#### Topeka Correctional Facility (TCF)

815 S.E. Rice Road  
Topeka, KS 66607  
(785) 296-3432  
e-mail: TCF1@ks.gov

##### Acting Warden Shannon Meyer

- Central Unit
- Reception and Diagnostic Unit (RDU)
- I & J-Cell Houses

#### Ellsworth Correctional Facility (ECF)

P. O. Box 107  
Ellsworth, KS 67439  
(785) 472-5501  
e-mail: ECF.Information@ks.gov

##### Acting Warden Doug Lawson

- East Unit

#### Larned Correctional Mental Health Facility (LCMHF)

1318 KS Highway 264  
Larned, KS 67550-9304  
(620) 285-6249

##### Warden: Don Langford

- West Unit

#### Winfield Correctional Facility (WCF)

1806 Pinecrest Circle  
Winfield, KS 67156  
(620) 221-6660

##### Warden Paul Snyder

- Wichita Work Release (WWRF)  
401 S. Emporia St.  
Wichita, KS 67202  
(316) 265-5211 ext. 200 or 232

#### Hutchinson Correctional Facility (HCF)

P. O. Box 1568  
Hutchinson, KS 67504-1568  
(620) 662-2321

##### Warden Dan Schnurr

- East Unit

#### Norton Correctional Facility (NCF)

P. O. Box 546  
Norton, KS 67654-0546  
(785) 877-3389

e-mail: NCF.2@ks.gov

##### Acting Warden Hazel Peterson

- East Unit – Stockton  
P.O. Box 527  
Stockton, KS 67669  
(785) 425-6745

#### Kansas Juvenile Correctional Complex (KJCC)

1430 N.W. 25th St.  
Topeka, KS 66618-1499  
(785) 354-9800

##### Superintendent Wendy Leiker

**APPENDIX B - Revised 3/16/20**  
**FACILITY POPULATION,**  
**INFIRMARY, AND ACUITY REPORT**

FACILITY	SERVICES PROVIDED	INFIRMARY BEDS	Acuity	CAPACITY	8/31/19 Population
<b>EL DORADO CORRECTIONAL FACILITY</b>				<b>1,824</b>	<b>1,974</b>
EDCF Central Unit	24 hour/7 day per week nursing coverage - infirmary site	22 Beds (Individual/Shared) (4 rooms--isolation)	Full infirmary operations/Chemotherapy	1,050	1,226
EDCF Oswego	24 hour/7 day per week nursing coverage - infirmary site	2 Beds (Shared)	Observation medical/mental health	262	261
EDCF RDU	24 hour/7 day per week nursing coverage - no infirmary			512	487
<b>ELLSWORTH CORRECTIONAL FACILITY</b>				<b>915</b>	<b>910</b>
ECF Central Unit	24 hour/7 day per week nursing coverage - infirmary site	6 Beds (Individual/Shared)(2 rooms -isolation)	Full infirmary operations	820	815
ECF East Unit	8 hour/ 5 day per week nursing coverage - no infirmary			95	95
<b>HUTCHINSON CORRECTIONAL FACILITY</b>				<b>1,788</b>	<b>1,910</b>
HCF Central Unit	24 hour/7 day per week nursing coverage - infirmary site	10 Beds (Individual/Shared)(2 rooms -isolation)	Full infirmary operations	956	1,096
HCF East Unit	24 hour/7 day per week nursing coverage - infirmary site	3 Beds (Shared)	Observation medical/mental health	496	494
HCF South Unit	16 hour/7 day per week nursing coverage - no infirmary			336	320
<b>KANSAS JUVENILE CORRECTIONAL COMPLEX</b>				<b>170</b>	<b>165</b>
KJCC	24 hour/7 day per week nursing coverage - infirmary site	2 Beds (Individual)	Observation medical/mental health	170	165
<b>LANSING CORRECTIONAL FACILITY*</b>				<b>2,432</b>	<b>1,845</b>
LCF Central Unit	24 hour/7 day per week nursing coverage - infirmary site	40 Beds (Individual/Shared)(5 rooms - isolation)	Full infirmary operations	1,920	1,331
LCF East Unit	24 hour/7 day per week nursing coverage - no infirmary			512	514
<b>LARNED CORRECTIONAL MENTAL HEALTH FACILITY</b>				<b>598</b>	<b>584</b>
LCMHF Central Unit	24 hour/7 day per week nursing coverage - infirmary site	5 Beds (Individual/Shared)	Full infirmary operations	310	306
LCMHF West Unit	16 hour/7 day per week nursing coverage - no infirmary			288	278
<b>NORTON CORRECTIONAL FACILITY</b>				<b>977</b>	<b>971</b>
NCF Central Unit	24 hour/7 day per week nursing coverage - infirmary site	4 Beds (Individual/Shared) (1 room-isolation)	Full infirmary operations	849	845
NCF East Unit	8 hour/5 day per week nursing coverage - no infirmary			128	126
<b>TOPEKA CORRECTIONAL FACILITY</b>				<b>948</b>	<b>890</b>
TCF Central Unit	24 hour/7 day per week nursing coverage - no infirmary			582	498
TCF I & J Unit, RDU	24 hour/7 day per week nursing coverage - infirmary site	6 Beds (Individual/Shared) (1 room - isolation)	Full infirmary operations	366	392
<b>WINFIELD CORRECTIONAL FACILITY</b>				<b>886</b>	<b>778</b>
WCF Central Unit	24 hour/7 day per week nursing coverage - infirmary site	2 Beds (Shared)	Observation medical/mental health	632	548
Wichita Work Release	16 hour/7 day per week nursing coverage - no infirmary			254	230
<b>TOTAL</b>				<b>10,538</b>	<b>10,027</b>

\* The current facility at Lansing will be replaced by a new minimum security unit in December 2019 and a new maximum/medium security unit in March 2020. The capacity shown in this table reflects the capacity of the new facility.

## KDOC – RFP

### *Definitions*

These definitions are provided in an effort to assist the reader in better understanding the RFP. In the event a definition is perceived as being in conflict with the RFP language, the RFP language will control.

Access: The offender's ability to get needed health care and services.

Accreditation: A seal of approval by a private, independent group based on minimum standards of care.

Assisted Daily Living Unit (ADL Unit): A housing unit designed to combine independent and personal care in a facility setting for offenders requiring assisted daily living.

Administration of Medication: The act in which a prescribed dose of an identified drug is given to an offender.

Ambulatory Care: All types of health services that do not require an overnight hospital stay.

Ancillary Services: Professional services in a hospital or other inpatient/outpatient health program. These may include x-ray, drug, laboratory, or other services.

Assisted Daily Living (ADL): Care given to offenders needing chronic/permanent assistance with activities of daily living, such as but not limited to dressing, bathing, eating, or walking.

Behavioral Health: The blending of prevention and treatment for substance use, sexual offender, and mental health disorders for the purpose of providing comprehensive services.

Care Management: A process used by a doctor, nurse, or chosen health professional to manage health related matters. Care Management makes sure that needed services are given, and keeps track of the use of facilities and resources.

Caps: Any price ceiling that is contributed towards an overall bid.

Carve Outs: Any portion of a proposal that may be listed as an individual item that is bid on separately.

Chronic Care: Health care services rendered to an offender that assists in an on-going effort to monitor and/or control an illness. Within the health care and mental health community, chronic care may be referred to as chronic illness management. This is to be defined by NCCHC and/or ACA standards and the KDOC.

Clinical Services Report (CSR): Psychological evaluations completed by forensic psychologists as required or requested by the courts, Kansas Prison Review Board (KPRB), and on occasion, KDOC. Psychologists make determinations on the level of risk for adult sexual offenders to commit additional offenses, level of risk for psychopathy or violence, recommendations for post-release supervision follow up, or recommendations for management of offenders within the KDOC system.

Cognitive Therapy: Therapeutic interventions that help a person to overcome difficulties by identifying and changing dysfunctional thinking, behavior, and emotional responses.

Communicable Disease: Those diseases that are capable of being transmitted from one person or species to another.

Comprehensive Quality Improvement (CQI) Program: A program to improve both service and access to offenders. It is designed to monitor and evaluate the quality and safety of healthcare services delivered in a clinical setting through outcome measurements and reporting criteria.

Contractor: The company that provides administrative and clinical health care services for the KDOC.

Convalescent Care: Health care services rendered to an offender to assist in recovery from an illness or injury.

Crisis Intervention Teams (CIT): Teams that are designed to improve the way facilities respond to people experiencing mental health crises. They are built on strong partnerships between security, mental health providers, and others who are affected by mentally ill offenders.

Curriculum Vitae: A personalized short account of one's career and qualifications.

DEA-Controlled Substance: Drugs regulated by the Drug Enforcement Administration under the authority of the Federal Controlled Substances Act.

Dental Examination: Includes the taking or review of the offender's dental history, charting of teeth examination, explorer, and adequate illumination and x-rays if needed for diagnosis.

Dental Screening: Part of the initial health appraisal includes visual observation of the teeth and gums.

Detoxification: The process by which an individual is gradually withdrawn from a drug by the administration of detoxification drugs, or through close clinical monitoring and treatment of symptoms of withdrawal during the detoxification process.

Direct Observational Therapy (DOT): Medication that is administered to an offender and observed by licensed healthcare staff.

Director of Health Care Compliance (DHCC): Directs healthcare services including oversight and direct management for all incarcerated adult and juvenile individuals within the Kansas correctional system.

Disaster Planning and Drills: Health aspects of the disaster plan, among other items, includes the triaging process, designation of triage areas, and practicing through planned drills.

Dispensing of Medication: System of delivery and storage of, and accounting for drugs from the source of supply to the facility drug rooms or to the point of storage at which they are administered to the offender.

Ectoparasites: Parasites that live on the skin of a host.

Electronic Health Records (EHR) System: A database that collects offender health information including, but not limited to; offender demographics, progress notes, problem lists, medications, vital signs, past medical history, immunizations and more data which creates an electronic repository portable to transfer information to other health entities in accordance with the Affordable Care Act.

Emergency Care: Care for an acute illness or unexpected health care need that cannot be deferred until the next scheduled sick call or clinic without risk to life, limb, or sight.

Evidence Based Practices (EBP): Therapeutic interventions for which there is consistent scientific evidence that show improvement in offender outcomes.

Facilities: Correctional institutions in Kansas under the supervision of wardens in Ellsworth (ECF), El Dorado (EDCF), Hutchinson (HCF), Lansing (LCF), Larned (LCMHF), Norton (NCF), Topeka (TCF), and Winfield (WCF) and Superintendent at Topeka (KJCC) Juvenile institution. Facility locations are not limited to these cities.

Formulary: A list of certain drugs and their proper dosages approved by the Regional Medical Director and the Regional Pharmacy Consultant/Director that are considered the primary drug of choice for Health Care Practitioners.

General Orders: Written manifestations of facility policies and procedures, and, as directives signed by the Warden, they establish policy or effect procedures. Routine matters concerning daily operations within a single department and not affecting other departments shall not be designated as General Orders.

Grievance: The process in which an offender appeals a decision. These shall be answered in a timely manner to ensure that delay will not impose additional hardship upon the offender or unnecessarily prolong a misunderstanding.

Health Assessment: The process whereby the health status of an offender is evaluated. The extent of the health assessment, including medical examination after obtaining health history contains at least the items noted by the NCCHC.

Health Authority: The individual delegated the responsibility for the facility's health care services, including arrangements for all levels of health care and the ensuring of quality and accessibility of all health services provided to offenders, usually, in the KDOC system. The Health Authority is assigned to the Health Services Administrators.

Health Care Practitioner (HCP): Individuals who are licensed as a MD, DO, APRN, or Psychiatrist.

Health Care Provider: A doctor, nurse practitioner, health care professional, or health care facility.

Health Information Technology (HIT) committee: An oversight of performance review of hardcopy and EHR systems in all clinical practice areas. This committee is to be co-chaired by the KDOC Chief Information Officer and the DHCC or designees.

Health Resources and Services Administration: A Federal resource administration that guides all human health services.

Health Services Administrator (HSA): A person, who by education, or experience, or certification, is capable of assuming responsibility by arranging for all levels of health care and proving quality and accessibility of all services provided to offenders.

Health Services Report (HSR): Indicates the number of offenders receiving health services by category as well as other pertinent information (e.g. operative procedures, referrals to specialist, ambulance services).

Infirmary: An area established within the confines of a correctional facility in which organized healthcare and services are maintained and operated to accommodate offenders for the express and implied purpose of providing skilled nursing care for persons who are not in need of hospitalization, but require medical provider monitoring and specialized services.

Informed Consent: The agreement by the offender to a treatment, examination, or procedure after the offender receives the material facts regarding the nature of, consequences of, risks of, and alternatives to the proposed treatment, examination, or procedure. The right to refuse treatment is inherent in this concept.

Initial Health Assessment: The first health assessment on an individual who has been out of a KDOC facility greater than 90 days or has not ever been into the KDOC system before.

Internal Management Policy and Procedures (IMPP): The KDOC official written position on particular issues regarding operations and the detail, sometimes in sequence, of how the policy is to be carried out.

Individualized Reintegration Unit (IRU): Designated housing for individuals with a severe & persistent mental illness/serious mental illness who require separate housing with increased medical and mental health services, and who may be actively symptomatic. These individuals are managed by a Multi-Disciplinary Services Team and each individual has a prescribed Behavioral Health Treatment Plan outlining the nature of treatment services that are provided through controlled movement and enhanced management. Treatment is focused on symptom stabilization and skills building.

Juvenile Justice Information Systems (JJIS): An information system that provides juvenile information collection through juvenile correctional facilities, community case management, regional intake and assessment centers, and correctional and program events of other pertinent state and local agencies. JJIS serves as a central source for all juvenile justice information within the state.

Kansas Department of Corrections (KDOC): An agency of the Executive Branch of the State of Kansas responsible for adult and juvenile community, correctional, and parole services.

Kansas Department of Health and Environment (KDHE): An agency of the Executive Branch of the State of Kansas whose mission is to protect and improve the health and environment.

Keep-On-Person (KOP) Medications: Medications that offenders will be given the privilege of being responsible for themselves by order of an HCP.

Medication Assisted Treatment (MAT): Medications such as buprenorphine or methadone used to assist offenders with drug addictions control their cravings for street drugs

Medical Administrative Committees (MAC): A meeting to report and discuss any medical problems and/or unusual incidents once a month with facility administration and contract provider.

Medically Necessary: Services or supplies that are proper and needed for diagnosis, or treatment of a medical condition, are provided for the diagnosis, direct care, and treatment of a medical condition that meets the standards of health care practice in the health care community of a local area; and are not mainly for the convenience of the offender or physician.

Mental Health Treatment: The evaluation and treatment for a mental disorder.

Monitoring Services: The process of ensuring that high-quality health care services are being rendered in the facility by all providers. The monitoring is accomplished by on-site observation and review.

Offender Management Information System (OMIS): A centralized database maintained through the KDOC that pertains to all aspects of an incarcerated individual.

Oral Hygiene: The standard definition includes clinical procedures taken to protect the health of the mouth and chewing apparatus, minimum compliance is met by instruction in the proper brushing of teeth.

Oswego Correctional Facility: A KDOC facility located in Oswego, KS and operated under the direction of the EDCF warden. This facility's current mission is to house offenders with limited ADL.

Outpatient Request (OPR): When a specialty service from an outside provider is deemed necessary by an HCP. This request is processed through the utilization management process and managed by the Regional Medical Director.

Penalty: Monetary sanctions initiated by the KDOC as outlined in the RFP language.

Performance Based Medical Standards (PBMS): A program for agencies and facilities to identify, monitor and improve treatment services provided to incarcerated offenders using national standards and outcome measures.

Performance Bond: A payment to secure performance of the contract, secure payment to those in connection with the proposal, and to ensure the contractor fulfills the terms of the contract.

Performance Guaranty: A security deposit paid by the contractor for goods and services provided to the KDOC.

Pharmacy and Therapeutic Committee: An advisory group composed primarily of staff physicians and the pharmacist which serves as the communication link between the medical staff and the pharmacy. Service is to include representatives of the Department of Correction and the contract.

Physical Therapy: The treatment or management of physical disability, malfunction, or pain by exercise, massage, hydrotherapy, etc., without the use of medicines, surgery, or radiation.

Policy: A written official position on a particular issue related to an organization's operations.

Prison Rape Elimination Act (PREA): An act that mandates increased action and accountability from correctional staff in the prevention and intervention of inmate sexual assaults.

Procedure: Describes in detail, sometimes in sequence, how a policy is to be carried out.

Protocols: Written instructions for physicians and nurse practitioners which have been approved by a state regulatory board or by the responsible health care authority for the prison system.

PULHEX: A system for medical classification rated by a number system for offenders based on the military physical profile systems.

Qualified Health Care Professional: Includes physicians, nurse practitioners, nurses, psychiatrists, and others by virtue of their education, credentials, and experience are permitted by law to evaluate and care for the medical health needs of the offender.

Qualified Mental Health Professional: Includes clinical social workers, psychologists, professional counselors, nurse practitioners, psychiatrists and others who by virtue of their education, credentials, and experience are permitted by law to evaluate and care for the mental health needs of offenders.

Quality Improvement Committee: A multi-disciplinary group of health providers working at the facility (the responsible physician and representatives of other departments) who meet on a fixed schedule to systematically monitor and evaluate the health care services provided.

Release of Information (ROI): A statement signed by the offender authorizing a specified entity to divulge the offender's healthcare information to a different specified entity.

Receiving Screening: A system of structured inquiry and observation designed to prevent newly arrived offenders who pose a health or safety threat to themselves or others from being admitted to the facility's general population and to identify those newly admitted offenders in need of health care. This process is also referred to as initial or intake health screening.

Reception and Diagnostic Unit (RDU): The intake assessment and evaluation units located at either EDCF for men, TCF for women, and KJCC for juvenile offenders.

Release Plan: The offender's proposed treatment, medications, and other important information that needs to be provided to a contact in the community upon the release of the offender.

Request for Proposal (RFP): A solicitation geared towards vendors, delivered from the Kansas Department of Corrections for negotiation of a comprehensive healthcare contract.

Serious Incident: An event, situation, or occurrence which the Serious Incident Review Board Executive Committee considers will expose the Department to liability.

Sick Call: Health care services rendered to an offender with health care complaints that are evaluated and treated during special appointment times.

Specialty Services: Healthcare services, consultations, procedures, or other treatments that require special clinical skills and results in appointments both on-site and off-site with higher level of care providers.

Treatment Plan: A series of written statements that specify the particular course of therapy or treatment and the roles of medical and non-medical personnel in carrying out the current course of therapy or treatment. It is individualized and based on assessment of the individual offender's needs and includes a statement of the short-and-long term goals and the methods by which the goals will be pursued.

Triage: The sorting out and classification of offender health complaints to determine priority of need and proper place of health care.

Treatment Reintegration Unit (TRU): A structured unit for placement of some offenders with Severe and Persistent Mental Illness or Intellectual/Cognitive Disabilities whose symptoms impair their ability to adequately maintain health and welfare in a general population setting. Treatment is focused on skills building with the goal of reintegration into a general population setting.



<b>Nursing Clinical Guidelines</b>
Allergic Reactions
Altered Mental Status
Bites/Stings
Burns
Dental
Ears
Eyes
General Complaint
Genitourinary
GI
Head Injury
Headache
Heat Related Illness
Hunger Strike
Hyperglycemia/Hypoglycemia
Influenza Illness
Mental Health Complaint
Musculoskeletal
Overdose
Post Use of Force
PREA
Pregnancy Related Complaints
Return from Off-Site
Seizure
Skin
Substance Abuse Withdrawal
Upper Respiratory Symptoms

KANSAS DEPARTMENT OF CORRECTIONS  
MEDICAL CLASSIFICATION REPORT

APPENDIX E

PART I

**228 OMIS Class**

P U L H E X  
☐ ☐ ☐ ☐ ☐ M-☐

**Comments:**

PART II

**230 OMIS** ☐ Smoker ☐ Non-Smoker

OMIS Anticipated re-evaluation date: \_\_\_\_\_

**231 OMIS Living unit assignments:**

- ☐ Bottom bunk only
- ☐ Medically unable to walk 100 yards
- ☐ No stair climbing
- ☐ Wheel chair required for activities of daily living
- ☐ Must live in a facility that is handicapped accessible
- ☐ Other:

**233 OMIS Anticipated date of PULHEX re-evaluation:** \_\_\_\_\_

**232 OMIS Medical Issues:**

- ☐ Leg orthopedic/arthritis problems, poor circulation, low back problems
- ☐ Heart disease, breathing problems, high blood pressure
- ☐ Stomach condition/diabetes
- ☐ Arm orthopedic/arthritis problems, upper back/neck problems, recurrent
- ☐ Prone to seizure, dizziness and/or fainting episodes
- ☐ Hard of hearing and/or persistent ringing in ears
- ☐ Prone to heat strokes, skin disease aggravated by prolonged exposure to sun or heat
- ☐ Foot or leg problems and unable to tolerate wearing safety shoes
- ☐ Other Medical Issues:

**OMIS 229 Work Detail NOT requiring:**

- ☐ Restrict assignment requiring prolonged crawling, stooping, running, walking, or standing
- ☐ Restrict assignment requiring prolonged strenuous physical activity for periods in excess of \_\_\_\_ hours \_\_\_\_ minutes
- ☐ Restrict assignment requiring handling/lifting heavy material in excess of \_\_\_\_ pounds
- ☐ Restrict assignment requiring overhead work for a period of \_\_\_\_ hours \_\_\_\_ minutes
- ☐ Restrict assignment where sudden loss of consciousness would be dangerous to self or others i.e.: working on scaffolding, driving a vehicle, or working near moving machinery.
- ☐ Restrict assignment requiring continued exposure to loud noise.
- ☐ Restrict assignment requiring exposure to high environmental temperature for a period in excess of \_\_\_\_ hours \_\_\_\_ minutes
- ☐ Restrict assignment which requires safety shoes/medically required to wear special shoes
- ☐ Restrict from aggressive sport activities which may cause adverse effects to inmate's medical condition

Inmate Name (Last, Middle, First)	DOC	DOB	Race/Sex	Facility

# MEDICAL CLASSIFICATION TOOL

## FOR

## PULHE-"X"

<b>M-1:</b> Good to excellent physical condition; physical capable of handling all work and housing.
<b>M-2:</b> Average to good physical condition; can exert sustained effort over long periods, is physically capable of most work assignments; disability, if any will not be jeopardized by such general assignment. THIS INMATE IS NOT TO TRANSFER UNTIL CLEARANCE IS OBTAINED FROM THE REGIONAL MEDICAL DIRECTOR.
<b>M-3:</b> Fair to average physical condition; can exert sustained effort for only moderate periods; limitations may affect some aspect of work/housing assignment consideration. THIS INMATE IS NOT TO TRANSFER UNTIL CLEARANCE IS OBTAINED FROM THE REGIONAL MEDICAL DIRECTOR.
<b>M-4:</b> Poor to fair physical condition; limited physical capacity of stamina; can exert sustained effort for short periods only; limitations may require special consideration. THIS INMATE IS NOT TO TRANSFER UNTIL CLEARANCE IS OBTAINED FROM THE REGIONAL MEDICAL DIRECTOR.
<b>M-5:</b> Poor physical condition; severely physical capacity or stamina; required physician authorization for any work assignment and may require special housing considerations. THIS INMATE IS NOT TO TRANSFER UNTIL CLEARANCE IS OBTAINED FROM THE REGIONAL MEDICAL DIRECTOR.
<b>M-6:</b> THIS INMATE IS NOT TO TRANSFER UNTIL THE MENTAL HEALTH COORDINATOR IS CONTACTED REGARDING APPROPRIATE HOUSING OF THE INMATE.

11/1/2010

# Medical Classification Key Sheet

P	U	L	H	E
GENERAL PHYSICAL	UPPER EXTREMITY	LOWER EXTREMITY	HEARING	EYES
1. No significant medical condition.	1. No impairment.	1. No impairment.	1. No impairment.	1. No impairment.
2. Minimal to moderate medical condition: Good control.	2. Slight impairment; does not limit working with hands.	2. Slight impairment; does not limit walking, standing, and climbing.	2. Slight impairment; no hearing aid needed	2. Vision correctable to 20/20. Not worse than 20/100.
3-4. Moderate medical condition—requires close medical support.	3-4. Moderate impairment; DOES limit working with hands, arms, and shoulders.	3-4. Moderate impairment; DOES limit walking, standing, and climbing.	3-4. Hearing aid indicated.	3-4. Limited vision; use of glasses NECESSARY.
5. Significant medical condition needing close medical support or special consideration.	5. Loss/Paralysis of limb; decreased upper body strength and range of motion.	5. Loss/Paralysis of limb(s); decreased lower body strength and range of motion.	5. Deaf in one or both ears to the extent that special consideration is needed.	5. Loss of vision in one or both eyes to the extent special consideration is needed.
6. Pregnant				

## PULHEX KEY

**P:** Physical capability, stamina

**U:** Upper extremities

**L:** Lower extremities

**H:** Hearing

**E:** Eyes (vision)

1=Strongest 2-3= Intermediate 4=Weakest 5=Terminal 6=Pregnant

1=Strongest 2-3=Intermediate 4=Weakest 5=No Arms

1=Strongest 2-3=Intermediate 4=Weakest 5=No Legs

1=Normal; hears whisper voice 2, 3, 4=Intermediate 5=Deaf

1=20/20 both eyes 2, 3, 4=Intermediate 5=Total bilateral blindness

ADA Questionnaire		<input type="checkbox"/> ADA Compliance Reviewed	
1. Has a significant hearing defect?	<input type="radio"/> No <input type="radio"/> Yes	7. Has mobility issues?	<input type="radio"/> No <input type="radio"/> Yes
2. Is deaf?	<input type="radio"/> No <input type="radio"/> Yes	a) Walking assistance required?	<input type="radio"/> No <input type="radio"/> Yes
3. Has a significant visual deficit?	<input type="radio"/> No <input type="radio"/> Yes	b) Wheelchair?	<input type="radio"/> No <input type="radio"/> Yes
4. Is blind?	<input type="radio"/> No <input type="radio"/> Yes	c) No stairs?	<input type="radio"/> No <input type="radio"/> Yes
5. Has medical issue resulting in disability?	<input type="radio"/> No <input type="radio"/> Yes	d) Bathing/dressing assistance required?	<input type="radio"/> No <input type="radio"/> Yes
6. Is Frail?	<input type="radio"/> No <input type="radio"/> Yes	e) Requires an aid worker?	<input type="radio"/> No <input type="radio"/> Yes
a) Due to medical issue?	<input type="radio"/> No <input type="radio"/> Yes	f) Prosthetic device required?	<input type="radio"/> No <input type="radio"/> Yes
b) Due to age?	<input type="radio"/> No <input type="radio"/> Yes	8. Is on O2?	<input type="radio"/> No <input type="radio"/> Yes
		9. Uses CPAP?	<input type="radio"/> No <input type="radio"/> Yes

1. Has a significant hearing defect?

2. Is deaf?

3. Has a significant visual deficit?

4. Is blind?

5. Has medical issue resulting in disability?

6. Is Frail?

a) Due to medical issue?

b) Due to age?

7. Has mobility issues?

a) Walking assistance required?

b) Wheelchair?

c) No stairs?

d) Bathing/dressing assistance required?

e) Requires an aid worker?

f) Prosthetic device required?

8. Is on O2?

9. Uses CPAP?

Documented By

Documented Date

Documented Time

Activities of Daily Living				
Feeding:	<input type="radio"/> Self	<input type="radio"/> Supervision	<input type="radio"/> Assistant (1)	<input type="radio"/> Assistant (2)
Ambulation	<input type="radio"/> Self	<input type="radio"/> Supervision	<input type="radio"/> Assistant (1)	<input type="radio"/> Assistant (2)
Hygiene:	<input type="radio"/> Self	<input type="radio"/> Supervision	<input type="radio"/> Assistant (1)	<input type="radio"/> Assistant (2)
Toileting:	<input type="radio"/> Self	<input type="radio"/> Supervision	<input type="radio"/> Assistant (1)	<input type="radio"/> Assistant (2)
Transfers:	<input type="radio"/> Self	<input type="radio"/> Supervision	<input type="radio"/> Assistant (1)	<input type="radio"/> Assistant (2)

ADA Questionnaire ☐ ADA Compliance Reviewed

- |   |  |  |  |
|---|--|--|--|
| 1. Has a significant hearing defect?          | <input type="radio"/> No <input type="radio"/> Yes | 7. Has mobility issues?                  | <input type="radio"/> No <input type="radio"/> Yes |
| 2. Is deaf?                                   | <input type="radio"/> No <input type="radio"/> Yes | a) Walking assistance required?          | <input type="radio"/> No <input type="radio"/> Yes |
| 3. Has a significant visual deficit?          | <input type="radio"/> No <input type="radio"/> Yes | b) Wheelchair?                           | <input type="radio"/> No <input type="radio"/> Yes |
| 4. Is blind?                                  | <input type="radio"/> No <input type="radio"/> Yes | c) No stairs?                            | <input type="radio"/> No <input type="radio"/> Yes |
| 5. Has medical issue resulting in disability? | <input type="radio"/> No <input type="radio"/> Yes | d) Bathing/dressing assistance required? | <input type="radio"/> No <input type="radio"/> Yes |
| 6. Is Frail?                                  | <input type="radio"/> No <input type="radio"/> Yes | e) Requires an aid worker?               | <input type="radio"/> No <input type="radio"/> Yes |
| a) Due to medical issue?                      | <input type="radio"/> No <input type="radio"/> Yes | f) Prosthetic device required?           | <input type="radio"/> No <input type="radio"/> Yes |
| b) Due to age?                                | <input type="radio"/> No <input type="radio"/> Yes | 8. Is on O2?                             | <input type="radio"/> No <input type="radio"/> Yes |
|   |  | 9. Uses CPAP?                            | <input type="radio"/> No <input type="radio"/> Yes |

Add Update Remove Refresh

1. Has a significant hearing defect?	2. Is deaf?	3. Has a significant visual deficit?	4. Is blind?	5. Has medical issue resulting in disability?	6. Is Frail?	a) Due to medical issue?	b) Due to age?	7. Has mobility issues?	a) Walking assistance required?	b) Wheelchair?	c) No stairs?	d) Bathing/dressing assistance required?	e) Requires an aid worker?	f) Prosthetic device required?	8. Is on O2?	9. Uses CPAP?	Documented By	Documented Date	Documented Time
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Juvenile Medical Needs/Score

- ☐ M-1 Able to handle any housing, school, or program assignment
- No treatment needs
  - No physical limitation or acute medical needs
  - Not enrolled in chronic care clinic
- ☐ M-2 Chronic condition that may need to be considered for work/programs/or school
- Stable HTN, diabetes, seizure disorder, asthma, or other chronic illness
  - Limitation may affect some aspect of youth's work/programs/or school
- ☐ M-3 Significant Clinical Needs
- Placement at a facility that can accommodate close medical observation

Juvenile Restrictions/Special Needs

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Mobility<br>Unable to walk up or down stairs<br>Unable to walk more than <input type="text"/> yards without resistance<br>Wheel Chair required<br>Specify other assistive device<br>No lifting > <input type="text"/> pounds | <input type="checkbox"/> Activity<br>Unable to participate in sports<br>Sports Exception: <input type="text"/><br>Other Restriction<br>Specify Other Restriction: <input type="text"/> | <input type="checkbox"/> Condition Alert<br><input type="checkbox"/> Diabetic-may be prone to hypoglycemic reactions<br><input type="checkbox"/> Asthma-Needs Rescue Inhaler<br><input type="checkbox"/> Seizure Prone<br><input type="checkbox"/> Must have Epi-pen readily available<br><input type="checkbox"/> Severe Allergy Reaction To: <input type="text"/><br><input type="checkbox"/> Other: <input type="text"/> |
| <input type="checkbox"/> Transfer Coordination<br>Must coordinate transfer with receiving site  | <input type="checkbox"/> Perceptual<br>Hearing impaired<br>Visually impaired/requires assistance   |   |

Comments/Specify Needs/ or Accommodations:

Activities of Daily Living

- |            |                            |                                   |                                     |                                     |
|------------|----------------------------|-----------------------------------|-------------------------------------|-------------------------------------|
| Feeding:   | <input type="radio"/> Self | <input type="radio"/> Supervision | <input type="radio"/> Assistant (1) | <input type="radio"/> Assistant (2) |
| Ambulation | <input type="radio"/> Self | <input type="radio"/> Supervision | <input type="radio"/> Assistant (1) | <input type="radio"/> Assistant (2) |
| Hygiene:   | <input type="radio"/> Self | <input type="radio"/> Supervision | <input type="radio"/> Assistant (1) | <input type="radio"/> Assistant (2) |
| Toileting: | <input type="radio"/> Self | <input type="radio"/> Supervision | <input type="radio"/> Assistant (1) | <input type="radio"/> Assistant (2) |
| Transfers: | <input type="radio"/> Self | <input type="radio"/> Supervision | <input type="radio"/> Assistant (1) | <input type="radio"/> Assistant (2) |

## Appendix F

Staffing Matrix										
Consolidated										
Position	Mon	Tues	Weds	Thurs	Fri	Sat	Sun	*TBS	Weekly Hour (s)	FTE (s)
Day Shift										
Health Services Administrator	72	72	72	72	72	0	0	0	360	9.00
Director of Nursing	88	88	88	88	88	0	0	0	440	11.00
MD	87	44	61	74	64	0	0	0	330	8.25
PA/NP/ARNP	44	78	61	55	58	18	18	0	332	8.30
Dentist	92	106	88	88	88	0	0	0	462	11.55
Dental Assistant	86	104	86	86	94	0	0	0	456	11.40
RN Supervisor	48	48	48	48	48	72	72	0	384	9.60
RN-Infirmarary	72	72	72	72	72	72	72	0	504	12.60
RN	192	184	176	168	160	120	120	4	1,124	28.10
RN-IDC trained	28	28	28	28	28	0	0	0	140	3.50
LPN	194	178	172	164	172	144	152	0	1,176	29.40
CMA	112	110	110	110	110	80	80	0	712	17.80
EMT	24	24	24	24	24	24	24	0	168	4.20
Administrative Assistant	60	60	60	60	60	0	0	0	300	7.50
Medical Records Clerk	80	80	80	80	80	8	8	0	416	10.40
Ward Clerk	44	44	44	44	44	0	0	0	220	5.50
Lab Tech	20	20	20	20	20	0	0	0	100	2.50
X-Ray Tech	50	16	16	16	16	0	0	0	114	2.85
Clinical Director, PhD	32	32	32	32	32	0	0	0	160	4.00
Psychiatrist	62	53	54	45	62	0	0	0	276	6.90
Psych ARNP	24	24	16	16	16	8	8	0	112	2.80
Forensic Psychologist, PhD	24	24	24	24	24	0	0	0	120	3.00
Beh Health Prof, MA/MSW	246	223	222	214	231	152	152	0	1,440	36.00
Administrative Assistant-MH	64	64	64	64	60	0	0	0	316	7.90
Activity and Rec. Therapist, BA	80	80	80	80	80	24	24	0	448	11.20
Psych RN	24	24	24	24	24	0	0	0	120	3.00
Psychologist, PhD, RDU	16	16	16	16	16	0	0	0	80	2.00
Psychometrician, BA, RDU	8	8	8	8	8	0	0	0	40	1.00
Psychologist, MA, RDU	48	48	48	48	48	24	24	0	288	7.20
Physician, RDU	6	0	0	6	0	0	0	0	12	0.30
Psychiatrist, RDU	8	8	8	8	8	0	0	0	40	1.00
Licensed Addiction Counselor, BA	24	24	24	24	24	0	0	0	120	3.00
Sex Offender Treatment, MA/MSW	16	16	16	16	16	0	0	0	80	2.00
Regional Vice President	8	8	8	8	8	0	0	0	40	1.00
Regional Medical Director	8	8	8	8	8	0	0	0	40	1.00
Associate Regional Medical Director	10	0	0	0	0	0	0	0	10	0.25
PA/NP/ARNP	8	8	8	8	8	0	0	0	40	1.00
Regional Dental Director	4	4	4	4	4	0	0	0	20	0.50
Regional Psychiatric Director	8	8	8	8	8	0	0	0	40	1.00
Regional Manager	8	8	8	8	8	0	0	0	40	1.00
Regional Director of Nursing	8	8	8	8	8	0	0	0	40	1.00
Administrative Assistant	12	12	12	12	12	0	0	0	60	1.50
UM Coordinator IP Nurse	8	8	8	8	8	0	0	0	40	1.00
QI Coordinator	8	8	8	8	8	0	0	0	40	1.00
Regional Behavioral Health Coordinator	8	8	8	8	8	0	0	0	40	1.00
Regional Telepsych Coordinator	4	4	4	4	4	0	0	0	20	0.50
ART Clerk	8	8	8	8	8	0	0	0	40	1.00
Project Manager-IT/EMR Support	8	8	8	8	8	0	0	0	40	1.00
IT Generalist-IT/EMR Support	8	8	8	8	8	0	0	0	40	1.00
NextGen Administrator-IT/EMR Support	8	8	8	8	8	0	0	0	40	1.00
Database AdministratorIT/EMR Support	8	8	8	8	8	0	0	0	40	1.00
Clinical Developer/TrainerIT/EMR Support	8	8	8	8	8	0	0	0	40	1.00
Recruiter	16	16	16	16	16	0	0	0	80	2.00
Sourcer	16	16	16	16	16	0	0	0	80	2.00
UM RN - Outpatient	8	8	8	8	8	0	0	0	40	1.00
<b>Total Day Shift</b>	<b>2,265</b>	<b>2,180</b>	<b>2,122</b>	<b>2,102</b>	<b>2,127</b>	<b>746</b>	<b>754</b>	<b>4</b>	<b>12,300</b>	<b>307.50</b>
Evening Shift										
PA/NP/ARNP	20	19	19	19	19	6	6	0	108	2.70
RN Supervisor	56	56	56	56	56	56	56	0	392	9.80
RN-Infirmarary	72	72	72	72	72	72	72	0	504	12.60
RN	128	128	128	128	128	104	112	0	856	21.40
LPN	144	144	136	144	144	144	136	0	992	24.80
CMA	112	112	112	112	112	88	88	0	736	18.40
EMT	24	24	24	24	24	24	24	0	168	4.20
Medical Records Clerk	32	32	32	32	32	8	8	0	176	4.40

Staffing Matrix										
Consolidated										
Position	Mon	Tues	Weds	Thurs	Fri	Sat	Sun	*TBS	Weekly Hour (s)	FTE (s)
Beh Health Prof, MA/MSW	176	176	176	176	176	136	136	0	1,152	28.80
Activity and Rec. Therapist, BA	64	64	64	64	64	16	16	0	352	8.80
Psychologist, MA, RDU	16	16	16	16	16	16	16	0	112	2.80
<b>Total Evening Shift</b>	<b>844</b>	<b>843</b>	<b>835</b>	<b>843</b>	<b>843</b>	<b>670</b>	<b>670</b>	<b>0</b>	<b>5,548</b>	<b>138.70</b>
Night Shift										
RN Supervisor	56	56	56	56	56	56	56	0	392	9.80
RN-Infirmarary	72	72	72	72	72	72	72	0	504	12.60
RN	32	32	32	32	32	32	32	0	224	5.60
LPN	64	64	64	64	64	64	64	0	448	11.20
CMA	56	56	56	56	56	40	40	0	360	9.00
EMT	24	24	24	24	24	24	24	0	168	4.20
Beh Health Prof, MA/MSW	48	48	48	48	48	48	48	0	336	8.40
Psychologist, MA, RDU	0	0	0	0	0	0	0	0	0	0.00
<b>Total Night Shift</b>	<b>352</b>	<b>352</b>	<b>352</b>	<b>352</b>	<b>352</b>	<b>336</b>	<b>336</b>	<b>0</b>	<b>2,432</b>	<b>60.80</b>
<b>Total All Shifts</b>	<b>3,461</b>	<b>3,375</b>	<b>3,309</b>	<b>3,297</b>	<b>3,322</b>	<b>1,752</b>	<b>1,760</b>	<b>4</b>	<b>20,280</b>	<b>507.00</b>

\*TBS - To be scheduled hours based on activity.



Staffing Matrix										
Lansing										
Position	Mon	Tues	Weds	Thurs	Fri	Sat	Sun	*TBS	Weekly Hour (s)	FTE (s)
Day Shift										
Health Services Administrator	8	8	8	8	8				40	1.00
Director of Nursing	8	8	8	8	8				40	1.00
MD	16	16	16	16	16				80	2.00
PA/NP/ARNP	8	8	8	8	8	8	8		56	1.40
Dentist	20	20	20	20	20				100	2.50
Dental Assistant	20	20	20	20	20				100	2.50
RN Supervisor	8	8	8	8	8	8	8		56	1.40
RN-Infirmarary	8	8	8	8	8	8	8		56	1.40
RN	24	24	24	16	16	24	24		152	3.80
RN-IDC trained	8	8	8	8	8				40	1.00
LPN	40	40	32	32	32	32	32		240	6.00
CMA	24	24	24	24	24	16	16		152	3.80
EMT	8	8	8	8	8	8	8		56	1.40
Administrative Assistant	8	8	8	8	8				40	1.00
Medical Records Clerk	8	8	8	8	8	8	8		56	1.40
Ward Clerk	16	16	16	16	16				80	2.00
Lab Tech	8	8	8	8	8				40	1.00
X-Ray Tech	4	4	4	4	4				20	0.50
Clinical Director, PhD	8	8	8	8	8				40	1.00
Psychiatrist	8	8	8	8	8				40	1.00
Psych ARNP	16	16	8	8	8	8	8		72	1.80
Forensic Psychologist, PhD	16	16	16	16	16				80	2.00
Beh Health Prof, MA/MSW	48	40	40	40	40	40	40		288	7.20
Administrative Assistant-MH	8	8	8	8	8				40	1.00
Activity and Rec. Therapist, BA	24	24	24	24	24	24	24		168	4.20
Psych RN	8	8	8	8	8				40	1.00
<b>Total Day Shift</b>	<b>380</b>	<b>372</b>	<b>356</b>	<b>348</b>	<b>348</b>	<b>184</b>	<b>184</b>	<b>0</b>	<b>2,172</b>	<b>54.30</b>
Evening Shift										
PA/NP/ARNP	8	8	8	8	8	4	4		48	1.20
RN Supervisor	8	8	8	8	8	8	8		56	1.40
RN-Infirmarary	8	8	8	8	8	8	8		56	1.40
RN	24	24	24	24	24	16	16		152	3.80
LPN	32	32	32	32	32	32	32		224	5.60
CMA	16	16	16	16	16	16	16		112	2.80
EMT	8	8	8	8	8	8	8		56	1.40
Medical Records Clerk	8	8	8	8	8	8	8		56	1.40
Beh Health Prof, MA/MSW	40	40	40	40	40	40	40		280	7.00
Activity and Rec. Therapist, BA	16	16	16	16	16	16	16		112	2.80
<b>Total Evening Shift</b>	<b>168</b>	<b>168</b>	<b>168</b>	<b>168</b>	<b>168</b>	<b>156</b>	<b>156</b>	<b>0</b>	<b>1,152</b>	<b>28.80</b>
Night Shift										
RN Supervisor	8	8	8	8	8	8	8		56	1.40
RN-Infirmarary	8	8	8	8	8	8	8		56	1.40
RN	16	16	16	16	16	16	16		112	2.80
LPN	8	8	8	8	8	8	8		56	1.40
CMA	16	16	16	16	16	16	16		112	2.80
EMT	8	8	8	8	8	8	8		56	1.40
Beh Health Prof, MA/MSW	16	16	16	16	16	16	16		112	2.80
<b>Total Night Shift</b>	<b>80</b>	<b>80</b>	<b>80</b>	<b>80</b>	<b>80</b>	<b>80</b>	<b>80</b>	<b>0</b>	<b>560</b>	<b>14.00</b>
<b>Total All Shifts</b>	<b>628</b>	<b>620</b>	<b>604</b>	<b>596</b>	<b>596</b>	<b>420</b>	<b>420</b>	<b>0</b>	<b>3,884</b>	<b>97.10</b>

\*TBS - To be scheduled hours based on activity.

Staffing Matrix										
Hutchison - Central, South, East										
Position	Mon	Tues	Weds	Thurs	Fri	Sat	Sun	*TBS	Weekly Hour (s)	FTE (s)
Day Shift										
Health Services Administrator	8	8	8	8	8				40	1.00
Director of Nursing	8	8	8	8	8				40	1.00
MD	12	12	12	12	12				60	1.50
PA/NP/ARNP	8	8	8	8	8	2	2		44	1.10
Dentist	16	16	16	16	16				80	2.00
Dental Assistant	16	16	16	16	16				80	2.00
RN Supervisor	8	8	8	8	8	8	8		56	1.40
RN-Infirmarary	8	8	8	8	8	8	8		56	1.40
RN	40	40	40	40	40	32	32		264	6.60
RN-IDC trained	8	8	8	8	8				40	1.00
LPN	24	24	24	24	24	32	32		184	4.60
CMA	24	24	24	24	24	32	32		184	4.60
EMT	8	8	8	8	8	8	8		56	1.40
Administrative Assistant	8	8	8	8	8				40	1.00
Medical Records Clerk	8	8	8	8	8				40	1.00
Ward Clerk	8	8	8	8	8				40	1.00
Lab Tech	4	4	4	4	4				20	0.50
X-Ray Tech	4	4	4	4	4				20	0.50
Psychiatrist	8	8	8	8	8				40	1.00
Beh Health Prof, MA/MSW	40	32	32	32	32	24	24		216	5.40
Administrative Assistant-MH	8	8	8	8	8				40	1.00
Activity and Rec. Therapist, BA	8	8	8	8	8				40	1.00
Psychologist, PhD, RHU	8	8	8	8	8				40	1.00
<b>Total Day Shift</b>	<b>292</b>	<b>284</b>	<b>284</b>	<b>284</b>	<b>284</b>	<b>146</b>	<b>146</b>	<b>0</b>	<b>1,720</b>	<b>43.00</b>
Evening Shift										
PA/NP/ARNP	4	3	3	3	3				16	0.40
RN Supervisor	8	8	8	8	8	8	8		56	1.40
RN-Infirmarary	8	8	8	8	8	8	8		56	1.40
RN	32	32	32	32	32	24	24		208	5.20
LPN	24	24	24	24	24	32	32		184	4.60
CMA	24	24	24	24	24	32	32		184	4.60
EMT	8	8	8	8	8	8	8		56	1.40
Medical Records Clerk	8	8	8	8	8				40	1.00
Beh Health Prof, MA/MSW	24	24	24	24	24	24	24		168	4.20
Activity and Rec. Therapist, BA	8	8	8	8	8				40	1.00
Psychologist, MA, RDU									0	0.00
<b>Total Evening Shift</b>	<b>148</b>	<b>147</b>	<b>147</b>	<b>147</b>	<b>147</b>	<b>136</b>	<b>136</b>	<b>0</b>	<b>1,008</b>	<b>25.20</b>
Night Shift										
RN Supervisor	8	8	8	8	8	8	8		56	1.40
RN-Infirmarary	8	8	8	8	8	8	8		56	1.40
RN	8	8	8	8	8	8	8		56	1.40
LPN	8	8	8	8	8	8	8		56	1.40
CMA	8	8	8	8	8	8	8		56	1.40
EMT	8	8	8	8	8	8	8		56	1.40
Beh Health Prof, MA/MSW	8	8	8	8	8	8	8		56	1.40
<b>Total Night Shift</b>	<b>56</b>	<b>56</b>	<b>56</b>	<b>56</b>	<b>56</b>	<b>56</b>	<b>56</b>	<b>0</b>	<b>392</b>	<b>9.80</b>
<b>Total All Shifts</b>	<b>496</b>	<b>487</b>	<b>487</b>	<b>487</b>	<b>487</b>	<b>338</b>	<b>338</b>	<b>0</b>	<b>3,120</b>	<b>78.00</b>

\*TBS - To be scheduled hours based on activity.

Staffing Matrix										
El Dorado - Central and RDU										
Position	Mon	Tues	Weds	Thurs	Fri	Sat	Sun	*TBS	Weekly Hour (s)	FTE (s)
Day Shift										
Health Services Administrator	8	8	8	8	8				40	1.00
Director of Nursing	16	16	16	16	16				80	2.00
MD	8	8	8	8	8				40	1.00
PA/NP/ARNP	12	12	12	12	12	8	8		76	1.90
Dentist	16	16	16	16	16				80	2.00
Dental Assistant	16	16	16	16	16				80	2.00
RN Supervisor	8	8	8	8	8	8	8		56	1.40
RN-Infirmarary	8	8	8	8	8	8	8		56	1.40
RN	44	44	44	44	44	32	32		284	7.10
RN-IDC trained	8	8	8	8	8				40	1.00
LPN	30	30	24	24	24	32	32		196	4.90
CMA	32	30	30	30	30	32	32		216	5.40
EMT	8	8	8	8	8	8	8		56	1.40
Administrative Assistant	8	8	8	8	8				40	1.00
Medical Records Clerk	16	16	16	16	16				80	2.00
Ward Clerk	16	16	16	16	16				80	2.00
Lab Tech	8	8	8	8	8				40	1.00
X-Ray Tech	8	8	8	8	8				40	1.00
Clinical Director, PhD	8	8	8	8	8				40	1.00
Psychiatrist	16	16	16	16	16				80	2.00
Psych ARNP	8	8	8	8	8				40	1.00
Beh Health Prof, MA/MSW	56	48	48	48	48	40	40		328	8.20
Administrative Assistant-MH	12	12	12	12	12				60	1.50
Activity and Rec. Therapist, BA	24	24	24	24	24				120	3.00
Psych RN	8	8	8	8	8				40	1.00
Psychologist, PhD, RDU	8	8	8	8	8				40	1.00
Psychometrician, BA, RDU	8	8	8	8	8				40	1.00
Psychologist, MA, RDU	32	32	32	32	32	24	24		208	5.20
Physician, RDU	6			6					12	0.30
Psychiatrist, RDU	8	8	8	8	8				40	1.00
<b>Total Day Shift</b>	<b>464</b>	<b>448</b>	<b>442</b>	<b>448</b>	<b>442</b>	<b>192</b>	<b>192</b>	<b>0</b>	<b>2,628</b>	<b>65.70</b>
Evening Shift										
PA/NP/ARNP	8	8	8	8	8	2	2		44	1.10
RN Supervisor	8	8	8	8	8	8	8		56	1.40
RN-Infirmarary	8	8	8	8	8	8	8		56	1.40
RN	32	32	32	32	32	24	24		208	5.20
LPN	32	32	32	32	32	32	32		224	5.60
CMA	32	32	32	32	32	32	32		224	5.60
EMT	8	8	8	8	8	8	8		56	1.40
Medical Records Clerk	8	8	8	8	8				40	1.00
Beh Health Prof, MA/MSW	48	48	48	48	48	40	40		320	8.00
Activity and Rec. Therapist, BA	16	16	16	16	16				80	2.00
Psychologist, MA, RDU	16	16	16	16	16	16	16		112	2.80
<b>Total Evening Shift</b>	<b>216</b>	<b>216</b>	<b>216</b>	<b>216</b>	<b>216</b>	<b>170</b>	<b>170</b>	<b>0</b>	<b>1,420</b>	<b>35.50</b>
Night Shift										
RN Supervisor	8	8	8	8	8	8	8		56	1.40
RN-Infirmarary	8	8	8	8	8	8	8		56	1.40
RN	8	8	8	8	8	8	8		56	1.40
LPN	8	8	8	8	8	8	8		56	1.40
CMA	8	8	8	8	8	8	8		56	1.40
EMT	8	8	8	8	8	8	8		56	1.40
Beh Health Prof, MA/MSW	16	16	16	16	16	16	16		112	2.80
<b>Total Night Shift</b>	<b>64</b>	<b>64</b>	<b>64</b>	<b>64</b>	<b>64</b>	<b>64</b>	<b>64</b>	<b>0</b>	<b>448</b>	<b>11.20</b>
<b>Total All Shifts</b>	<b>744</b>	<b>728</b>	<b>722</b>	<b>728</b>	<b>722</b>	<b>426</b>	<b>426</b>	<b>0</b>	<b>4,496</b>	<b>112.40</b>

\*TBS - To be scheduled hours based on activity.

Staffing Matrix										
El Dorado - SE (Oswego CF)										
Position	Mon	Tues	Weds	Thurs	Fri	Sat	Sun	*TBS	Weekly Hour (s)	FTE (s)
Day Shift										
Director of Nursing	8	8	8	8	8				40	1.00
MD	5		5		4				14	0.35
PA/NP/ARNP		5		5					10	0.25
Dentist		8							8	0.20
Dental Assistant		8							8	0.20
RN	8	8	8	8		8	8		48	1.20
LPN	8		8		8	8	8		40	1.00
CMA	8	8	8	8	8				40	1.00
Beh Health Prof, MA/MSW	8	8	8	8	8				40	1.00
Activity and Rec. Therapist, BA	8	8	8	8	8				40	1.00
<b>Total Day Shift</b>	<b>57</b>	<b>61</b>	<b>53</b>	<b>45</b>	<b>44</b>	<b>16</b>	<b>16</b>	<b>0</b>	<b>292</b>	<b>7.30</b>
Evening Shift										
RN	8	8	8	8	8	8	8		56	1.40
CMA	8	8	8	8	8	8	8		56	1.40
<b>Total Evening Shift</b>	<b>16</b>	<b>16</b>	<b>16</b>	<b>16</b>	<b>16</b>	<b>16</b>	<b>16</b>	<b>0</b>	<b>112</b>	<b>2.80</b>
Night Shift										
RN Supervisor	8	8	8	8	8	8	8		56	1.40
CMA	8	8	8	8	8	8	8		56	1.40
<b>Total Night Shift</b>	<b>16</b>	<b>16</b>	<b>16</b>	<b>16</b>	<b>16</b>	<b>16</b>	<b>16</b>	<b>0</b>	<b>112</b>	<b>2.80</b>
<b>Total All Shifts</b>	<b>89</b>	<b>93</b>	<b>85</b>	<b>77</b>	<b>76</b>	<b>48</b>	<b>48</b>	<b>0</b>	<b>516</b>	<b>12.90</b>

\*TBS - To be scheduled hours based on activity.

Staffing Matrix										
Norton - Central, East (Stockton)										
Position	Mon	Tues	Weds	Thurs	Fri	Sat	Sun	*TBS	Weekly Hour (s)	FTE (s)
Day Shift										
Health Services Administrator	8	8	8	8	8				40	1.00
Director of Nursing	8	8	8	8	8				40	1.00
MD	10			10					20	0.50
PA/NP/ARNP	8	8	8	8	8				40	1.00
Dentist	8	8	8	8	8				40	1.00
Dental Assistant	8	8	8	8	8				40	1.00
RN Supervisor	8	8	8	8	8	8	8		56	1.40
RN-Infirmarary	8	8	8	8	8	8	8		56	1.40
RN	8	8	8	8	8			4	44	1.10
LPN	12	12	12	12	12	8	8		76	1.90
CMA	8	8	8	8	8				40	1.00
Administrative Assistant	8	8	8	8	8				40	1.00
Medical Records Clerk	8	8	8	8	8				40	1.00
X-Ray Tech	4								4	0.10
Psychiatrist		8			8				16	0.40
Beh Health Prof, MA/MSW	16	12	16	8	20	8	8		88	2.20
Administrative Assistant-MH	8	8	8	8	4				36	0.90
<b>Total Day Shift</b>	<b>138</b>	<b>128</b>	<b>124</b>	<b>126</b>	<b>132</b>	<b>32</b>	<b>32</b>	<b>4</b>	<b>716</b>	<b>17.90</b>
Evening Shift										
RN Supervisor	8	8	8	8	8	8	8		56	1.40
RN-Infirmarary	8	8	8	8	8	8	8		56	1.40
LPN	8	8	8	8	8	8	8		56	1.40
Beh Health Prof, MA/MSW	8	8	8	8	8				40	1.00
<b>Total Evening Shift</b>	<b>32</b>	<b>32</b>	<b>32</b>	<b>32</b>	<b>32</b>	<b>24</b>	<b>24</b>	<b>0</b>	<b>208</b>	<b>5.20</b>
Night Shift										
RN Supervisor	8	8	8	8	8	8	8		56	1.40
RN-Infirmarary	8	8	8	8	8	8	8		56	1.40
LPN	8	8	8	8	8	8	8		56	1.40
<b>Total Night Shift</b>	<b>24</b>	<b>24</b>	<b>24</b>	<b>24</b>	<b>24</b>	<b>24</b>	<b>24</b>	<b>0</b>	<b>168</b>	<b>4.20</b>
<b>Total All Shifts</b>	<b>194</b>	<b>184</b>	<b>180</b>	<b>182</b>	<b>188</b>	<b>80</b>	<b>80</b>	<b>4</b>	<b>1,092</b>	<b>27.30</b>

\*TBS - To be scheduled hours based on activity.

Staffing Matrix										
Ellsworth - Central, East										
Position	Mon	Tues	Weds	Thurs	Fri	Sat	Sun	*TBS	Weekly Hour (s)	FTE (s)
Day Shift										
Health Services Administrator	8	8	8	8	8				40	1.00
Director of Nursing	8	8	8	8	8				40	1.00
MD	8		4		8				20	0.50
PA/NP/ARNP		6	2	6					14	0.35
Dentist	8	8	8	8	8				40	1.00
Dental Assistant	8	8	8	8	8				40	1.00
RN Supervisor	8	8	8	8	8	8	8		56	1.40
RN-Infirmarary	8	8	8	8	8	8	8		56	1.40
RN						8	8		16	0.40
LPN	8	8	8	8	8	8	8		56	1.40
CMA	8	8	8	8	8				40	1.00
Medical Records Clerk	8	8	8	8	8				40	1.00
X-Ray Tech	4								4	0.10
Psychiatrist	3	3	3	2	3				14	0.35
Beh Health Prof, MA/MSW	16	16	16	16	16				80	2.00
Administrative Assistant-MH	8	8	8	8	8				40	1.00
<b>Total Day Shift</b>	<b>111</b>	<b>105</b>	<b>105</b>	<b>104</b>	<b>107</b>	<b>32</b>	<b>32</b>	<b>0</b>	<b>596</b>	<b>14.90</b>
Evening Shift										
RN Supervisor	8	8	8	8	8	8	8		56	1.40
RN-Infirmarary	8	8	8	8	8	8	8		56	1.40
LPN	16	16	8	16	16	8	8		88	2.20
CMA	8	8	8	8	8				40	1.00
Beh Health Prof, MA/MSW	8	8	8	8	8				40	1.00
<b>Total Evening Shift</b>	<b>48</b>	<b>48</b>	<b>40</b>	<b>48</b>	<b>48</b>	<b>24</b>	<b>24</b>	<b>0</b>	<b>280</b>	<b>7.00</b>
Night Shift										
RN Supervisor	8	8	8	8	8	8	8		56	1.40
RN-Infirmarary	8	8	8	8	8	8	8		56	1.40
LPN	8	8	8	8	8	8	8		56	1.40
<b>Total Night Shift</b>	<b>24</b>	<b>24</b>	<b>24</b>	<b>24</b>	<b>24</b>	<b>24</b>	<b>24</b>	<b>0</b>	<b>168</b>	<b>4.20</b>
<b>Total All Shifts</b>	<b>183</b>	<b>177</b>	<b>169</b>	<b>176</b>	<b>179</b>	<b>80</b>	<b>80</b>	<b>0</b>	<b>1,044</b>	<b>26.10</b>

\*TBS - To be scheduled hours based on activity.

Staffing Matrix										
Topeka - Central, VJ, RDU, North										
Position	Mon	Tues	Weds	Thurs	Fri	Sat	Sun	*TBS	Weekly Hour (s)	FTE (s)
Day Shift										
Health Services Administrator	8	8	8	8	8				40	1.00
Director of Nursing	8	8	8	8	8				40	1.00
MD		8	8	8	8				32	0.80
PA/NP/ARNP	8	8	8	8	8				40	1.00
Dentist	8	8	8	8	8				40	1.00
Dental Assistant	8	8	8	8	16				48	1.20
RN Supervisor	8	8	8	8	8	8	8		56	1.40
RN-Infirmarary	8	8	8	8	8	8	8		56	1.40
RN	12	12	12	12	12	8	8		76	1.90
RN-IDC trained	4	4	4	4	4				20	0.50
LPN	32	24	24	24	24	16	16		160	4.00
CMA	8	8	8	8	8				40	1.00
EMT									0	0.00
Administrative Assistant	4	4	4	4	4				20	0.50
Medical Records Clerk	8	8	8	8	8				40	1.00
X-Ray Tech	10								10	0.25
Clinical Director, PhD	8	8	8	8	8				40	1.00
Psychiatrist	8	8	8	8	8				40	1.00
Beh Health Prof, MA/MSW	24	24	24	24	24	24	24		168	4.20
Administrative Assistant-MH	8	8	8	8	8				40	1.00
Activity and Rec. Therapist, BA	8	8	8	8	8				40	1.00
Psych RN	8	8	8	8	8				40	1.00
Psychologist, MA, RDU	8	8	8	8	8				40	1.00
<b>Total Day Shift</b>	<b>206</b>	<b>196</b>	<b>196</b>	<b>196</b>	<b>204</b>	<b>64</b>	<b>64</b>	<b>0</b>	<b>1,126</b>	<b>28.15</b>
Evening Shift										
RN Supervisor	8	8	8	8	8	8	8		56	1.40
RN-Infirmarary	8	8	8	8	8	8	8		56	1.40
RN	8	8	8	8	8	8	8		56	1.40
LPN	16	16	16	16	16	16	16		112	2.80
CMA	16	16	16	16	16				80	2.00
Beh Health Prof, MA/MSW	16	16	16	16	16	16	16		112	2.80
Activity and Rec. Therapist, BA	8	8	8	8	8				40	1.00
<b>Total Evening Shift</b>	<b>80</b>	<b>80</b>	<b>80</b>	<b>80</b>	<b>80</b>	<b>56</b>	<b>56</b>	<b>0</b>	<b>512</b>	<b>12.80</b>
Night Shift										
RN Supervisor	8	8	8	8	8	8	8		56	1.40
RN-Infirmarary	8	8	8	8	8	8	8		56	1.40
RN									0	0.00
LPN	8	8	8	8	8	8	8		56	1.40
CMA	16	16	16	16	16				80	2.00
<b>Total Night Shift</b>	<b>40</b>	<b>40</b>	<b>40</b>	<b>40</b>	<b>40</b>	<b>24</b>	<b>24</b>	<b>0</b>	<b>248</b>	<b>6.20</b>
<b>Total All Shifts</b>	<b>326</b>	<b>316</b>	<b>316</b>	<b>316</b>	<b>324</b>	<b>144</b>	<b>144</b>	<b>0</b>	<b>1,886</b>	<b>47.15</b>

\*TBS - To be scheduled hours based on activity.

Staffing Matrix										
Larned										
Position	Mon	Tues	Weds	Thurs	Fri	Sat	Sun	*TBS	Weekly Hour (s)	FTE (s)
Day Shift										
Health Services Administrator	8	8	8	8	8				40	1.00
Director of Nursing	8	8	8	8	8				40	1.00
MD	7			7					14	0.35
PA/NP/ARNP		7	7		6				20	0.50
Dentist		10							10	0.25
Dental Assistant		10							10	0.25
RN Supervisor						8	8		16	0.40
RN-Infirmar y	8	8	8	8	8	8	8		56	1.40
RN	16	8	8	8	8				48	1.20
LPN	8	8	8	8	8		8		48	1.20
Administrative Assistant	8	8	8	8	8				40	1.00
Medical Records Clerk	8	8	8	8	8				40	1.00
X-Ray Tech	4								4	0.10
Psychiatrist	8								8	0.20
Forensic Psychologist, PhD	8	8	8	8	8				40	1.00
Beh Health Prof, MA/MSW	8	8	8	8	8				40	1.00
Total Day Shift	99	99	79	79	78	16	24	0	474	11.85
Evening Shift										
RN-Infirmar y	8	8	8	8	8	8	8		56	1.40
RN	8	8	8	8	8	8	8		56	1.40
LPN	8	8	8	8	8	8	8		56	1.40
Beh Health Prof, MA/MSW	8	8	8	8	8				40	1.00
Total Evening Shift	32	32	32	32	32	24	24	0	208	5.20
Night Shift										
RN-Infirmar y	8	8	8	8	8	8	8		56	1.40
LPN	8	8	8	8	8	8	8		56	1.40
Total Night Shift	16	16	16	16	16	16	16	0	112	2.80
Total All Shifts	147	147	127	127	126	56	64	0	794	19.85

\*TBS - To be scheduled hours based on activity.



Staffing Matrix										
Winfield										
Position	Mon	Tues	Weds	Thurs	Fri	Sat	Sun	*TBS	Weekly Hour (s)	FTE (s)
Day Shift										
Health Services Administrator	8	8	8	8	8				40	1.00
Director of Nursing	8	8	8	8	8				40	1.00
MD	8			8					16	0.40
PA/NP/ARNP		8	8		8				24	0.60
Dentist	4	4	4	4	4				20	0.50
Dental Assistant	4	4	4	4	4				20	0.50
RN Supervisor						8	8		16	0.40
RN-Infirmarary	8	8	8	8	8	8	8		56	1.40
RN	8	8	8	8	8				40	1.00
LPN	8	8	8	8	8	8	8		56	1.40
Administrative Assistant	8	8	8	8	8				40	1.00
Medical Records Clerk	8	8	8	8	8				40	1.00
Ward Clerk	4	4	4	4	4				20	0.50
X-Ray Tech	4								4	0.10
Psychiatrist	3	2	3	3	3				14	0.35
Beh Health Prof, MA/MSW	14	14	14	14	14				70	1.75
Administrative Assistant-MH	4	4	4	4	4				20	0.50
<b>Total Day Shift</b>	<b>101</b>	<b>96</b>	<b>97</b>	<b>97</b>	<b>97</b>	<b>24</b>	<b>24</b>	<b>0</b>	<b>536</b>	<b>13.40</b>
Evening Shift										
RN Supervisor	8	8	8	8	8	8	8		56	1.40
RN-Infirmarary	8	8	8	8	8	8	8		56	1.40
RN							8		8	0.20
LPN	8	8	8	8	8	8			48	1.20
Beh Health Prof, MA/MSW	8	8	8	8	8				40	1.00
<b>Total Evening Shift</b>	<b>32</b>	<b>32</b>	<b>32</b>	<b>32</b>	<b>32</b>	<b>24</b>	<b>24</b>	<b>0</b>	<b>208</b>	<b>5.20</b>
Night Shift										
RN-Infirmarary	8	8	8	8	8	8	8		56	1.40
LPN	8	8	8	8	8	8	8		56	1.40
<b>Total Night Shift</b>	<b>16</b>	<b>16</b>	<b>16</b>	<b>16</b>	<b>16</b>	<b>16</b>	<b>16</b>	<b>0</b>	<b>112</b>	<b>2.80</b>
<b>Total All Shifts</b>	<b>149</b>	<b>144</b>	<b>145</b>	<b>145</b>	<b>145</b>	<b>64</b>	<b>64</b>	<b>0</b>	<b>856</b>	<b>21.40</b>

\*TBS - To be scheduled hours based on activity.

Staffing Matrix										
Wichita Work Release										
Position	Mon	Tues	Weds	Thurs	Fri	Sat	Sun	*TBS	Weekly Hour (s)	FTE (s)
Day Shift										
MD	5			5					10	0.25
RN	8	8	8	8	8				40	1.00
LPN	16	16	16	16	16				80	2.00
Beh Health Prof, MA/MSW		5			5				10	0.25
Total Day Shift	29	29	24	29	29	0	0	0	140	3.50
Evening Shift										
Total Evening Shift	0	0	0	0	0	0	0	0	0	0.00
Night Shift										
Total Night Shift	0	0	0	0	0	0	0	0	0	0.00
Total All Shifts	29	29	24	29	29	0	0	0	140	3.50

\*TBS - To be scheduled hours based on activity.


Staffing Matrix										
Kansas Juvenile Correctional Complex										
Position	Mon	Tues	Weds	Thurs	Fri	Sat	Sun	*TBS	Weekly Hour (s)	FTE (s)
Day Shift										
Health Services Administrator	8	8	8	8	8				40	1.00
Director of Nursing	8	8	8	8	8				40	1.00
MD	8		8		8				24	0.60
PA/NP/ARNP		8							8	0.20
Dentist	12	8	8	8	8				44	1.10
Dental Assistant	6	6	6	6	6				30	0.75
RN Supervisor						8	8		16	0.40
RN-Infirmarary	8	8	8	8	8	8	8		56	1.40
RN	24	24	16	16	16	8	8		112	2.80
LPN	8	8	8	8	8				40	1.00
Administrative Assistant	8	8	8	8	8				40	1.00
Medical Records Clerk	8	8	8	8	8				40	1.00
X-Ray Tech	4								4	0.10
Clinical Director, PhD	8	8	8	8	8				40	1.00
Psychiatrist	8		8		8				24	0.60
Beh Health Prof, MA/MSW	16	16	16	16	16	16	16		112	2.80
Administrative Assistant-MH	8	8	8	8	8				40	1.00
Activity and Rec. Therapist, BA	8	8	8	8	8				40	1.00
Psychologist, MA, RDU	8	8	8	8	8				40	1.00
Licensed Addiction Counselor, BA	24	24	24	24	24				120	3.00
Sex Offender Treatment, MA/MSW	16	16	16	16	16				80	2.00
<b>Total Day Shift</b>	<b>198</b>	<b>182</b>	<b>182</b>	<b>166</b>	<b>182</b>	<b>40</b>	<b>40</b>	<b>0</b>	<b>990</b>	<b>24.75</b>
Evening Shift										
RN-Infirmarary	8	8	8	8	8	8	8		56	1.40
RN	16	16	16	16	16	16	16		112	2.80
CMA	8	8	8	8	8				40	1.00
Medical Records Clerk	8	8	8	8	8				40	1.00
Beh Health Prof, MA/MSW	16	16	16	16	16	16	16		112	2.80
Activity and Rec. Therapist, BA	16	16	16	16	16				80	2.00
<b>Total Evening Shift</b>	<b>72</b>	<b>72</b>	<b>72</b>	<b>72</b>	<b>72</b>	<b>40</b>	<b>40</b>	<b>0</b>	<b>440</b>	<b>11.00</b>
Night Shift										
RN-Infirmarary	8	8	8	8	8	8	8		56	1.40
Beh Health Prof, MA/MSW	8	8	8	8	8	8	8		56	1.40
<b>Total Night Shift</b>	<b>16</b>	<b>16</b>	<b>16</b>	<b>16</b>	<b>16</b>	<b>16</b>	<b>16</b>	<b>0</b>	<b>112</b>	<b>2.80</b>
<b>Total All Shifts</b>	<b>286</b>	<b>270</b>	<b>270</b>	<b>254</b>	<b>270</b>	<b>96</b>	<b>96</b>	<b>0</b>	<b>1,542</b>	<b>38.55</b>

\*TBS - To be scheduled hours based on activity.

Staffing Matrix										
Regional Office										
Position	Mon	Tues	Weds	Thurs	Fri	Sat	Sun	*TBS	Weekly Hour (s)	FTE (s)
Day Shift										
Regional Vice President	8	8	8	8	8				40	1.00
Regional Medical Director	8	8	8	8	8				40	1.00
Associate Regional Medical Director	10								10	0.25
PA/NP/ARNP	8	8	8	8	8				40	1.00
Regional Dental Director	4	4	4	4	4				20	0.50
Regional Psychiatric Director	8	8	8	8	8				40	1.00
Regional Manager	8	8	8	8	8				40	1.00
Regional Director of Nursing	8	8	8	8	8				40	1.00
Administrative Assistant	12	12	12	12	12				60	1.50
UM Coordinator IP Nurse	8	8	8	8	8				40	1.00
QI Coordinator	8	8	8	8	8				40	1.00
Regional Behavioral Health Coordinator	8	8	8	8	8				40	1.00
Regional Telepsych Coordinator	4	4	4	4	4				20	0.50
ART Clerk	8	8	8	8	8				40	1.00
Project Manager-IT/EMR Support	8	8	8	8	8				40	1.00
IT Generalist-IT/EMR Support	8	8	8	8	8				40	1.00
NextGen Administrator-IT/EMR Support	8	8	8	8	8				40	1.00
Database AdministratorIT/EMR Support	8	8	8	8	8				40	1.00
Clinical Developer/TrainerIT/EMR Support	8	8	8	8	8				40	1.00
Recruiter	16	16	16	16	16				80	2.00
Sourcer	16	16	16	16	16				80	2.00
UM RN - Outpatient	8	8	8	8	8				40	1.00
<b>Total Day Shift</b>	<b>190</b>	<b>180</b>	<b>180</b>	<b>180</b>	<b>180</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>910</b>	<b>22.75</b>
Evening Shift										
<b>Total Evening Shift</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0.00</b>
Night Shift										
<b>Total Night Shift</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0.00</b>
<b>Total All Shifts</b>	<b>190</b>	<b>180</b>	<b>180</b>	<b>180</b>	<b>180</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>910</b>	<b>22.75</b>

\*TBS - To be scheduled hours based on activity.

# KANSAS DEPARTMENT OF CORRECTIONS

	<b>INTERNAL MANAGEMENT POLICY AND PROCEDURE</b>	SECTION NUMBER	PAGE NUMBER
		10-119D	1 of 7
		<b>SUBJECT:</b> <b>PROGRAMS AND SERVICES: Medical and Religious Diets and Vegetarian Alternative Diet</b>	
<b>Approved By:</b>   <b>Secretary of Corrections</b>		Original Date Issued:	03-08-16
		Replaces Version Issued:	03-08-16
		<b>CURRENT VERSION EFFECTIVE:</b>	<b>12-12-17</b>

<b>APPLICABILITY:</b>	<input type="checkbox"/> ADULT Operations Only	<input type="checkbox"/> JUVENILE Operations Only	<input checked="" type="checkbox"/> DEPARTMENT-WIDE
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## POLICY STATEMENT

Offenders at any facility within the Department of Corrections may receive or refuse medical and/or dental diets. (ACI 4-4316, 4-4317, 4-4318, NCCHC P-F-02, Y-F-02)

All modified diets shall be consistent with instructions developed and authorized by a registered dietician and in accordance with the provisions of IMPP 10-106D.

The Health Care Practitioner shall be responsible for determining an individual offender's medical need for a diet that deviates from the standardized menu. Such a medical diet shall be provided only upon prescription by the Health Care Practitioner.

Nutrition and medical diets are provided that enhance offender health and are modified when necessary to meet specific requirements related to clinical conditions.

Offenders approved for modified diets shall be identified through the use of a two (2) or three (3) character alphabetical or alphanumeric code enclosed in a black bordered box on the front of their offender identification badges. Implementation procedures shall be specified in General Orders.

## DEFINITIONS

Chronic Care Clinic: That portion of medical services in the facility that treats chronic illnesses by use of preventive medical care, monitoring the patient's condition, and educational efforts.

Director of Health Care Services: Acts as the administrative health authority for the Department. This position manages health care systems, directs the health care services model, and has final approval on all policies and procedures in the health care system.

Facility Health Authority: The Health Services Administrator responsible for the provision of health care services at a facility. The Health Services Administrator works under the direction of the Regional Medical Director and the Regional Vice President or designee administratively.

Health Care Practitioner: A person who has met the requirements of and is engaged in the practice of medicine, dentistry or nursing.

Medical Diet: A diet with certain specific items included or excluded as prescribed by KDOC facility medical or dental personnel for medical purposes.

Modified Diets: Diets most commonly prescribed to meet offenders' medical, dental, therapeutic or religious needs, developed from written instructions provided by the treating physician, dentist, facility health authority, and/or chaplain and which conform as closely as possible to the standardized menu. More specific modified diets are prescribed as individualized diets.

Religious Diet: A diet based on a program intended to comply with religious dietary requirements.

Vegetarian Alternative Diet: A diet approved by a registered dietitian, that contains a meal pattern consisting of nuts, vegetables, fruits, legumes, grains, eggs and milk products.

## **PROCEDURES**

### **I. Medical Modified Diets**

- A. The Regional Medical Director shall be responsible for determining the types of medical diets as approved by the Director of Health Care Services, to be made available to offenders.
  - 1. Unless a facility obtains its food service from another governmental agency, all medical diets prescribed shall be consistent with the standardized menu modified diets and:
    - a. Be specific;
    - b. Be kept as simple as possible;
    - c. Conform as closely as possible to foods served other offenders; and,
    - d. Meet the medical needs of the offender.
  - 2. In those instances when food service is obtained from another governmental agency, the facility shall accommodate the need for a medical diet to the extent possible within the menu plan of the providing agency.
  - 3. Before a medical diet prescribed by the facility health authority goes into effect:
    - a. The offender shall sign the Consent to Submit to Treatment by Medical Diet form (Attachment A). (ACI 4-4397, 4-JCF-4C-44, NCCHC P-I-05)
      - (1) The medical diet shall begin no later than twenty-four (24) hours after the execution of the consent form.
    - b. The facility health authority shall, within 24 hours, complete the Medical Diet Order form (Attachment B) and provide a copy, along with the medical diet list, to the facility's chief of security or warden/superintendent's designee and food service manager.
    - c. The effective period of the medical diet shall be specifically set out in the consent form and the Medical Diet form by the facility health authority or designee and shall be documented in the offender's health record in accordance with this IMPP.
      - (1) The effective period of the medical diet shall not exceed 90 days.
- B. Any deviation from the standard modified medical diets must be approved by the Regional Medical Director.

### **II. Religious Modified Diets**

- A. The chaplain shall be responsible to approve offender requests for modified diets to comply with religious dietary laws and shall maintain a current list of offenders approved to receive such

modified diets. (ACO 2-5E-01; ACI 4-4319)

- B. Unless a facility obtains its food service from another governmental agency, all religious diets shall be consistent with the approved religious diet menu.
  - 1. In those instances when food is obtained from another governmental agency, the facility shall accommodate the offender's request for a religious diet to the extent possible within the menu plan of the providing agency.
- C. Offender requests for a religious diet shall be made via Form 9 to the chaplain.
- D. Approval of the request shall be based on the offender's declaration that he/she wishes to eat from the modified diet.
  - 1. Each offender wishing to follow a religious diet shall sign a statement to that effect. (ACI 3-4372)
  - 2. Each offender requesting a religious diet shall be advised that failure to adhere to the modified diet may result in the offender's removal from the modified diet program. Failure to adhere to the modified diet shall include taking a meal tray from or eating items from the standardized menu, or any menu other than that of the religious diet.

### **III. Vegetarian Alternative Diet**

- A. The Chaplain, or other staff person designated by the warden/superintendent, shall be responsible to process and allow offender requests for the vegetarian alternative diet and shall maintain a current list of offenders approved to receive the vegetarian alternative diet.
- B. Offender requests for the vegetarian alternative diet shall be made via Form 9 to the chaplain or other designated staff.
- C. Approval of the request shall be based on the offender's declaration that he/she wishes to eat the vegetarian alternative diet.
  - 1. Each offender requesting the vegetarian alternative diet shall be advised that failure to adhere to the vegetarian alternative diet may result in the offender's removal from the vegetarian alternative diet. Failure to adhere to the vegetarian alternative diet shall include taking a meal tray from or eating items from the standardized menu, the religious diet menu, or any menu other than that of the vegetarian alternative diet.
  - 2. Offenders approved for the vegetarian alternative diet shall be served the vegetarian alternative diet prepared by food service at each meal.

### **IV. Implementation Procedures**

- A. Offenders approved for a modified diet for medical or religious reasons shall be served the modified diet prepared by food service at each meal.
  - 1. Such offenders shall not have the option of eating from the regular menu during the period the individual is placed on the modified diet list unless and until that offender executes a refusal of medical treatment pursuant to Section V. of this IMPP, or submits a request to the chaplain regarding a desire to terminate the modified diet for religious reasons.
    - a. Offenders who are removed or who elect to withdraw from the modified diet for religious reasons must wait 90 days before requesting readmission to the modified diet.
    - b. The third time a given offender is removed or elects to withdraw from the modified diet for religious reasons, the offender must wait six (6) months before requesting readmission to the modified diet.

- c. The fourth time a given offender is removed or elects to withdraw from the modified diet for religious reasons the offender must wait one (1) year before requesting readmission to the modified diet.
- B. Within 24 hours of receiving a list of offenders approved for modified diet from the facility health authority or chaplain or for the vegetarian alternative diet from the chaplain or other designated staff, the food service manager shall forward a copy of the list to the chief of security or his/her designee to facilitate preparation or modification of the offenders' I.D. badges to reflect a modified diet or vegetarian alternative diet.
  1. Offenders who have been placed on a medical diet and have consented to that item of medical treatment, a religious diet, or a vegetarian alternative diet shall be identified by a coded printed dietary symbol on the offender's identification badge.
  2. Offenders shall be served the diet indicated on the identification badge.
- C. General Orders shall establish procedures for:
  1. The coding of offender I.D. badges, including responsibilities for the initial issuance of the coded identification badges;
  2. Notification to the chief of security (or warden's or superintendent's designee) and the food service manager, within a 24-hour period, of all modified diets for medical or religious purposes or for purposes of a vegetarian alternative diet;
  3. Preparation of the type of diet for each offender, a beginning date and/or meal, and a termination date, if known;
  4. Process for the removal of an offender from a modified or alternative diet and for communicating that removal to applicable facility staff and/or chaplain;
  5. Process for communicating and/or ensuring that medical diet designations follow the offender when transferred to a different facility; and,
  6. The method of serving such meals to offenders, if special service or assistance is required due to the offender's condition.
- D. General Orders shall establish procedures that ensure that the chief of security or designee:
  1. Receives lists of offenders' names that require a coded-symbol to designate a modified diet for medical or religious preference purposes or for a vegetarian alternative diet;
  2. Ensures the timely contact with offenders to issue identification badges bearing the appropriate coded symbol prior to the beginning date/meal indicated, per written instructions from the facility health authority, chaplain, or other designated staff; and,
  3. Ensures the reissue of offender identification cards within 24 hours of the notification by the facility health authority, chaplain, or other designated staff to terminate an offender's medical or religious diet or vegetarian alternative diet.
    - a. Receives lists of offenders' names which require a coded symbol to designate a religious preference requiring a modified diet.
      - (1) The contact with offenders for religious preference indicators should be made within 24 hours of the written notification by the facility chaplain.
- E. The following codes shall be used for medical, religious, and vegetarian alternative diets.



1. Medical diets shall always be identified by a two (2) or three (3) character alphanumeric code enclosed in a black bordered box on the front of the offender identification badge.
  - a. Cardiac – CA
  - b. Diabetic 2800 calories (3 meals + evening/PM snack) – D28
  - c. Diabetic 2500 calories (3 meals + evening/PM snack) – D25
  - d. Diabetic 2200 calories (3 meals + evening/PM snack) – D22
  - e. Diabetic 1800 calories (3 meals + evening/PM snack) – D18
  - f. Pregnancy (includes snack) – PR
  - g. GI (Gastro-Intestinal) Soft/Bland – SO GI
  - h. Dental Soft – SO D
  - i. High Fiber - HF
  - j. High Protein / High Calorie (includes snack) – HP
  - k. Renal Pre-Dialysis – RD1 (Restricted Protein)
  - l. Renal Dialysis – RD2 (Increased Protein)
  - m. Full Liquid (Broken Jaw) Diet - FL
  - n. Clear Liquid Diet - CL
  - o. Severe Food Allergy Diet – SFA
  - p. Milk Intolerance Diet – MI
  - q. Finger Food Diet – FF
  - r. Gluten Restricted Diet – GR
  - s. Hospice - HO
2. Approved Medical and Religious combined diets are referenced on the Medical and Religious Diet Combination Matrix and shall be identified by the following codes:
  1. Diabetic 1800/Religious Diet – D18 REL
  2. Diabetic 2200/Religious Diet – D22 REL
  3. Diabetic 2500/Religious Diet – D25 REL
  4. Diabetic 2800/Religious Diet – D28 REL
  5. Cardiac/Religious Diet (no snack) – CA REL
  6. Pregnancy/Religious Diet – PR REL
  7. High Calorie High Protein/Religious Diet – HP REL

3. Religious diets shall always be identified by the three (3) character alphabetical code "REL" enclosed in a black bordered box on the front of the offender identification badge:
  4. A vegetarian alternative diet shall always be identified by the two (2) character alphabetical code "VE" enclosed in a black bordered box on the front of the identification badge.
- F. When an offender ID badge with a printed dietary symbol is initially issued or reissued, the offender's previous badge shall be retrieved from the offender and either destroyed or maintained in a secure area for possible reissue/reuse at a later time. Procedures for the issuance, retrieval, and disposition of retrieved badges shall be established by General Order.

**V. Refusal of Treatment by Medical Diet**

- A. Each offender shall have the right to refuse a medical diet as an item of medical treatment pursuant to IMPP 10-127D.
- B. In the event an offender elects not to consent to the medical diet, the offender shall be asked to execute a Refusal to Submit to Treatment by Medical Diet Form (Attachment C).
  1. If the offender refuses to sign, staff shall write "Refused to Sign" in the offender's signature block; the staff member making such a notation shall sign the form as a witness to the offender's decision.
    - (a) **JUVENILE:** The offender's parent or legal guardian shall be contacted in the event he/she refuses a medically prescribed diet.
  2. The refusal form, signed or unsigned by the offender, shall be filed in the offender's health record.
- C. The refusal shall become effective not later than 24 hours after the offender executes the refusal form.
  1. In the event an offender has previously executed a consent form and is partaking of a medical diet, the offender shall be required to continue with the medical diet for 24 hours after the offender's execution of the refusal form.
  2. The facility health authority shall provide immediate written notification to the facility chief of security and the food service manager to:
    - a. Ensure the removal of the offender's name from the food service department's list of medical diets.
- D. If an offender refuses medical treatment by medical diet for any condition, such refusal shall not waive the right to other medical care for the same condition, and the offender shall continue to be entitled to such necessary medical care, including medication or otherwise, unless a Refusal of Treatment form, pursuant to IMPP 10-127D, is executed by the offender.
- E. If an offender refuses medical treatment by medical diet, food service staff shall be informed of the offender's refusal, pursuant to procedures established by General Order.
- F. If an offender refuses medical treatment by medical diet and executes a refusal form pursuant to section V.B. above, the offender shall be bound by that refusal form and that decision until the next examination by the facility health authority who recommended the medical diet.
- G. If an offender indicates the intent to refuse treatment by medical diet, the facility health authority or designee shall counsel the offender about the consequences of refusing the medical diet and shall explain to the offender that other medical care may or will be less effective without the medical

diet.

1. An offender may at any time be referred for behavioral health counseling in circumstance where it may be beneficial to the offender in their decisions regarding the medical diet. Referral shall be completed in accordance with established medical and behavioral health policy and procedure.

**NOTE:** The policy and procedures set forth herein are intended to establish directives and guidelines for staff and offenders and those entities that are contractually bound to adhere to them. They are not intended to establish State created liberty interests for employees or offenders, or an independent duty owed by the Department of Corrections to employees, offenders, or third parties. Similarly, those references to the standards of various accrediting entities as may be contained within this document are included solely to manifest the commonality of purpose and direction as shared by the content of the document and the content of the referenced standards. Any such references within this document neither imply accredited status by a Departmental facility or organizational unit, nor indicate compliance with the standards so cited. The policy and procedures contained within this document are intended to be compliant with all applicable statutes and/or regulatory requirements of the Federal Government and the state of Kansas. This policy and procedure is not intended to establish or create new constitutional rights or to enlarge or expand upon existing constitutional rights or duties.

#### **REPORTS REQUIRED**

None.

#### **REFERENCES**

K.S.A. 65-28,101, *et seq.*  
IMPP 10-106D, 10-127D  
ACO 2-5E-01  
ACI 3-4372, 4-4316, 4-4317, 4-4318, 4-4319, 4-4397  
JCF 4-JCF-4A-06, 4-JCF-4C-44  
NCCHC P-F-02, P-I-05, Y-F-02, Y-I-04

#### **ATTACHMENTS**

Attachment	Title of Attachment	Page Total
A	Consent to Submit to Treatment by Medical Diet	1 page
B	Medical Diet Order form	1 page
C	Refusal to Submit to Treatment by Medical Diet	1 page

**CONSENT TO SUBMIT TO TREATMENT BY MEDICAL DIET**

DATE: \_\_\_\_\_ TIME: \_\_\_\_\_, \_\_\_\_\_.M.

I have been advised by HCP \_\_\_\_\_ that it is necessary for me to undergo medical treatment by medical diet for the condition of \_\_\_\_\_ during the time period from \_\_\_\_\_ to \_\_\_\_\_.

I understand that this medical diet will not go into effect for twenty-four (24) hours from the time I sign this consent form.

The effect and nature of this treatment have been explained to me. Further, I have been advised that my refusal of this medical care by medical diet will not cause me to waive other medical care for the above identified condition.

I hereby agree and consent to the medical diet prescribed, and hereby agree, by my signature below, to follow said medical diet, and to select said special diet at mealtime in lieu of regular menu meals. I reserve the right to refuse further medical treatment or surgical treatment for said condition without further consent.

\_\_\_\_\_  
Offender

KDOC #: \_\_\_\_\_

WITNESS: \_\_\_\_\_

## MEDICAL DIET ORDER FORM

### KANSAS DOC MEDICAL ORDER FORM

INMATE'S NAME (LAST NAME, FIRST NAME)

INMATE'S DOC NUMBER

INMATE'S BIRTH DATE

INMATE'S LOCATION

DIET START DATE

DIET END DATE

Code

<input type="checkbox"/>	CA	CARDIAC DIET
<input type="checkbox"/>	D18	1800 DIABETIC / CALORIE CONTROLLED DIET (SNACK INCLUDED)
<input type="checkbox"/>	D22	2200 DIABETIC / CALORIE CONTROLLED DIET (SNACK INCLUDED)
<input type="checkbox"/>	D25	2500 DIABETIC / CALORIE CONTROLLED DIET (SNACK INCLUDED)
<input type="checkbox"/>	D28	2800 DIABETIC / CALORIE CONTROLLED DIET (SNACK INCLUDED)
<input type="checkbox"/>	SO GI	GI (Gastro-Intestinal) SOFT DIET
<input type="checkbox"/>	PR	PREGNANCY DIET (SNACK INCLUDED)
<input type="checkbox"/>	HP	HIGH PROTEIN / HIGH CALORIE DIET (SNACK INCLUDED)
<input type="checkbox"/>	HF	HIGH FIBER
<input type="checkbox"/>	SO D	DENTAL SOFT
<input type="checkbox"/>	RD1	RENAL PRE-DIALYSIS (Restricted Protein) DIET
<input type="checkbox"/>	RD2	RENAL DIALYSIS (Increased Protein) DIET
<input type="checkbox"/>	CL	CLEAR LIQUID DIET
<input type="checkbox"/>	MI	MILK INTOLERANCE DIET
<input type="checkbox"/>	FL	FULL LIQUID (BROKEN JAW) DIET
<input type="checkbox"/>	FF	FINGER FOODS DIET
<input type="checkbox"/>	GR	GLUTEN RESTRICTED DIET
<input type="checkbox"/>	SFA	SEVERE FOOD ALLERGY DIET
<input type="checkbox"/>	HO	HOSPICE
<input type="checkbox"/>	OTHER	_____

Comment:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

AUTHORIZATION SIGNATURE

DATE REQUESTED

**REFUSAL TO SUBMIT TO TREATMENT BY MEDICAL DIET**

DATE: \_\_\_\_\_ TIME: \_\_\_\_\_, \_\_\_\_\_.M.

I have been advised by HCP \_\_\_\_\_ that it is necessary for me to undergo medical treatment by medical diet for the condition of \_\_\_\_\_, during the time period from \_\_\_\_\_ to \_\_\_\_\_.

The effect and nature of this treatment have been explained to me. Further, I have been advised that my refusal of this medical care by medical diet does not constitute a waiver of other medical care or treatment for the above identified condition.

Although my failure to follow the advice I have received may seriously imperil my life or health, and although I have been counseled about the potential decreased effectiveness of other medical care for this condition in the absence of this medical diet, I nevertheless refuse to submit to the recommended treatment of a medical diet for the condition stated. I assume the risks and consequences involved and release the above-named physician, the \_\_\_\_\_, the Kansas Department of Corrections, the Kansas  
(Name of Facility)

Department of Corrections' Health Care Provider, and their agents and employees from any liability.

I have been informed and hereby acknowledge that I understand that this refusal does not go into effect for twenty-four (24) hours from the time I sign this form. If I have previously consented to a medical diet, I must continue to follow that diet for twenty-four (24) more hours. I have been informed and further acknowledge that I understand that I shall be bound by the refusal of treatment by medical diet until the next scheduled examination by the health authority who recommended the medical diet.

\_\_\_\_\_  
Offender

KDOC #: \_\_\_\_\_

WITNESS: \_\_\_\_\_

WITNESS: \_\_\_\_\_

## Kansas Department Of Corrections

### On Site Specialty Services per facility

Facility	Specialty	Hours of Services
<b>Lansing Correctional Facility</b>	Dialysis Services on site 100% to include monthly MD consult, lab and hemodialysis staff and requires 6 month management meeting reviews with vendor support providers	Nephrologist 8 hour clinic every 6 weeks with daily patient hemodialysis runs. Requires additional staffing provisions for the specialized hemodialysis employees. This FTE is an additional cost and not reflected in the formal medical staffing plans for LCF and TCF.
	Ultrasound Services	Monthly or as needed to meet facility needs
	Optometry	8 hours per week
	Oral Surgeon	8 hours per month
	Physical Therapy	Weekly or as needed
	Ophthalmology	Quarterly or as needed to meet facility needs
<b>Topeka Correctional Facility</b>	Routine Dialysis is provided on site when required. Renal services may support up to 2 renal female patients.	<b>Limited</b> Routine Nephrologist consult clinic are held the LCF Central Unit or with local community renal provider.
	Optometry	6 hours per week
	Oral Surgeon	8 hours per month
	Physical Therapy	Weekly or as needed
	OB services- requires on site prenatal and postnatal services with contract community hospital for labor and delivery services.	Contract with OB provider to conduct prenatal and postnatal care on site in amounts of time necessary to meet community standards of care
	GYN Services (Colposcopy/LEEP)	Contract with GYN provider to conduct LEEP and other procedures on site in amounts of time necessary to meet facility needs
	Ultrasound Services	Monthly or as needed to meet facility needs
	LEEP	as needed
	Ophthalmology	Quarterly or as needed to meet facility needs
	Colposcopy	as needed
<b>Winfield Correctional Facility</b>	Optometry	8 hours per week
	Ultrasound Services	Monthly or as needed to meet facility needs
	Ophthalmology	Quarterly or as needed to meet facility needs

## Kansas Department Of Corrections

### On Site Specialty Services per facility

<b>Ellsworth Correctional Facility</b>	Optometry	8 hours per week
	Ophthalmology	Quarterly or as needed to meet facility needs
	Ultrasound services	Monthly or as needed to meet facility needs
	Physical Therapist	Weekly or as needed
	Oral Surgeon	8 hours per month
<b>Hutchinson Correctional Facility</b>	Ultrasound Services	Monthly or as needed to meet facility needs
	Optometry	8 hours per week
	Oral Surgeon	8 hours per month
	Physical Therapist	Weekly or as needed
	Ophthalmology services	Quarterly or as needed to meet facility needs
<b>Larned Correctional MH Facility</b>	Optometry	8 hours per week
	Ophthalmology services	Quarterly or as needed to meet facility needs
	Ultrasound Services	Monthly or as needed to meet facility needs
	Oral Surgeon	8 hours per month
	Physical Therapist	Weekly or as needed
<b>El Dorado Correctional Facility</b>	Chemotherapy/Oncology Infusion Nurse	40 hours per week or as needed
	Optometry	8 hours per week
	Ultrasound Services	Monthly or as needed to meet facility needs
	Oral Surgeon	8 hours per month
	Physical Therapist	Weekly or as needed
	Oncology Physician	Monthly or as needed to meet facility needs
	Ophthalmology services	Quarterly or as needed to meet facility needs
	Endoscopy clinic	Monthly
<b>Oswego Unit</b>	Optometry Services	As needed to meet facility needs
	Ophthalmology Services	Quarterly or as needed to meet facility needs
	Oral Surgeon	8 hours per month
	Ultrasound services	Monthly or as needed to meet facility needs
<b>Norton Correctional Facility</b>	Optometry	8 hours per week
	Ophthalmology Services	Quarterly or as needed to meet facility needs
	Ultrasound services	Monthly or as needed to meet facility needs



**Kansas Department Of Corrections**

On Site Specialty Services per facility

	Oral Surgeon	8 hours per week
	Physical Therapist	Weekly or as needed
<b>Kansas Juvenile Correctional Complex</b>	Optometry	8 hours per month
	Mobile Radiology	As Needed
	Physical Therapist	As Needed
	OB Services	Contract with OB provider to conduct prenatal and postnatal care on site in amounts of time necessary to meet community standards of care

**APPENDIX I****KDOC Behavioral Health Specialized Housing Units**

<u>Facility / Unit</u>	<u>Number of Beds</u>
EDCF IRU - C1	64
EDCF IRU - C2	128
LCF - TRU	110
LCF - TRU 2	174
TCF - MH	26
KJCC - MH	15


APPENDIX J

KDOC Minimum Number of Groups by Site Per Week & Per Month

	ECF Central	EDCF Central    Oswego	HCF Central    East    South	LCF Central    East    TRU/2
Groups Required Per Week	3	15    3	5    2    1	4    1    8
Groups Required Per Month	12	60    12	20    8    4	16    4    32

	NCF Central	LCMHF Central    West	TCF Central    I & J CHs	WCF WCF    WWRF	KJCC
Groups Required Per Week	5	3    2	4    7	4    1	4
Groups Required Per Month	20	12    8	16    28	16    4	16

## KANSAS DEPARTMENT OF CORRECTIONS

	INTERNAL MANAGEMENT POLICY AND PROCEDURE	SECTION NUMBER	PAGE NUMBER
		06-101D	1 of 6
		EVALUATION AND RESEARCH: Research and Evaluation Activities	
Approved By:  			

<b>APPLICABILITY:</b>	<b>_ ADULT Operations Only</b>	<b>JUVENILE Operations - Only</b>	<b><del>X</del> DEPARTMENT-WIDE</b>
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### POLICY STATEMENT

Research and evaluation activities by individuals and/or organizations outside the Department are permitted and encouraged, if they are relevant to the Department and its programs. (ACO 2-1F-10, 2-1F-11, ACI 3-4105, 3-4106, APPFS 2-3096) System Management Team members are encouraged and expected to undertake and/or support research and evaluation activities to assess the efficiency and effectiveness of operations, programs and/or services under their management. (ACO 2-1F-10, 2-1F-11, ACI 3-4105, 3-4106, APPFS 2-3096) System Management Team members may independently conduct and/or authorize the conduct of research and evaluation activities, (ACO 2-1F-12, ACI 3-4109) provided the results of such activities will not be submitted for publication or other professional/academic distribution and the authorizing System Management Team member is not cited as one of the researchers. Proposals for research projects which may possibly be submitted for publication or other professional or academic distribution shall be submitted for review by designated Central Office staff in advance to ensure that appropriate methodologies and procedures are used; such proposals shall be subject to final approval by the Secretary. Advance review by designated Central Office staff and approval by the Secretary shall be obtained prior to contracting for any research activity, regardless of how such research will be utilized or distributed. Appropriate safeguards and limitations shall be utilized to protect the welfare and privacy of individual staff, adult offenders, and juveniles involved as subjects. (ACO 2-1F-12, 2-1F-15, APPFS 2-3101)

Research and evaluation activities shall be conducted and the results reported, disseminated and utilized in conformity with Department policies and procedures, professional and scientific ethics, and, with State and Federal guidelines for the use and dissemination of research findings. (ACO 2-1F-09, ACI 3-4108 NCCHC P-72) All completed research or evaluation reports shall be submitted for review by the Management Team prior to being submitted for publication or otherwise released for distribution.

Offenders shall not be used for medical, pharmaceutical or cosmetic research, or, experiments. This prohibition shall not preclude any individual offender from receiving treatment via a specific medical procedure that is not generally available when such treatment procedure is approved by the appropriate governmental agencies, Departmental Health Authority, and the offender's consent is documented. (ACO 2-1F-14, ACI 3-4373) Participation in biomedical, non-medical, non-pharmaceutical and non-cosmetic research, including sociological and psychological research involving human subjects shall require the written informed, voluntary consent of the staff and offenders involved. (ACO 2-1F-13, ACI 3-4110, NCCHC P-72)

## **DEFINITIONS**

Data: Factual information organized and used as a basis for analysis that includes both useful and irrelevant or redundant information and must be processed to be meaningful.

Departmental Health Authority: The medical director of the agency or organization responsible for the provision of health care for the Kansas Department of Corrections.

Facility health authority: The physician or health administrator responsible for the provision of health care services at a facility. The facility health authority works under direction of the Department's health authority.

In-house research/evaluation: Activities or projects approved by a System Management Team member or their designee to assess the efficiency or effectiveness of any aspect of their operation.

Management Team (MT): A panel of Central Office management staff designated by the Secretary. Currently this panel is comprised of the Secretary; Deputy Secretaries; Special Counsel to the Secretary; Chief Legal Counsel; Legislative Liaison; Communications Director; Prisoner Review Board, Chair; Enforcement, Apprehension and Investigation Director; Human Resources Manager; Information Technology Manager; Reentry Director, Director of Victim Services and the Fiscal Officer.

Principal Administrator: The person directly responsible for the overall administration of a KDOC facility, parole region, or Central Office work unit.

System Management Team (SMT): A management panel designated by the Secretary which is comprised of the Management Team, wardens, superintendents, parole directors, and Kansas Correctional Industries directors.

User: The person, agency or group authorized to engage in research activity within a facility, office or unit of the Department of Corrections.

## **PROCEDURES**

### **I. Encouragement and Facilitation of Research Activities**

- A. To encourage and facilitate research activities, the Department shall seek funding for research projects relevant to stated goals and objectives.
- B. In all cases where research is being proposed by persons not employed by the Department, or those persons employed by the Department in a position where research activity is not a part of the person's job description, an Access Request and Non-Disclosure Agreement (hereinafter referred to as "user's agreement") shall be completed and submitted with the research proposal. See Attachment A, form 06-101-001.

### **II. Provision for Treatment and Prohibition of Certain Research Activities**

- A. When a specific medical procedure not generally available is recommended in the treatment of an individual offender, such treatment shall not begin until after a full explanation of the positive and negative features of the treatment has been given to the offender.
  - 1. The explanation to the offender shall be documented, in accordance with procedures established in IMPP 10-127D, utilizing the Informed Consent to Health Services form for surgical and non-routine medical treatment.
- B. Except as provided above, all research proposals involving offender participation in medical, pharmaceutical, or cosmetic testing for experimental research purposes shall be rejected.

### **III. Voluntary Informed Consent Agreement**

- A. Research involving human subjects, whether employees or offenders, shall require the documented, voluntary informed consent of each participant. Such consent shall utilize appropriate forms, as provided in IMPP 10-127D, and shall be obtained in advance of the subject's participation.
- B. At a minimum, obtaining an informed consent shall include:
  - 1. A fair explanation of the procedures to be followed including an identification of that which is experimental;
  - 2. A description of the potential discomforts and/or risks;
  - 3. A description of the benefits to be expected;
  - 4. A description of appropriate alternative procedures;
  - 5. An offer to answer any inquiries concerning proposed procedures; and,
  - 6. Instruction that the subject is free to withdraw consent and to discontinue participation in the project at any time.
- C. Use of subjects who are legally unable to give the informed consent (e.g., under the age of 18 or mentally incompetent) shall be prohibited. (ACO 2-4E-01, ACI 3-4372, NCCHC P-70)

### **IV. Confidentiality of Research Data**

- A. Provisions shall be made by the user for safeguarding the confidentiality and prohibiting the dissemination of research data that can be traced to or identified with individual subjects. (ACO 2-1F-15)
- B. Questionnaires, inventories and other data gathering instruments and/or procedures shall limit identifying and/or personal information recorded to only that essential to the project as specified within the context of the user's agreement.
  - 1. Research data containing information from which the identity of subjects can be traced shall not be disseminated to anyone except appropriate project or KDOC staff.
- C. All data collected by a KDOC employee as part of the duties or activities of the position shall be the property of the facility, parole district, or unit in which the data was collected and maintained in accordance with the records retention schedule established by the State Records Board.
- D. Data collected by an outside researcher or by a KDOC employee who, while off duty, conducts research that is not a part of his/her position responsibility shall be considered the property of that researcher or the agency the researcher represents. Such data shall be maintained in accordance with guidelines established by the agency represented by the researcher.

### **V. Review and Approval Process for Research and Evaluation Proposals**

- A. System Management Team members conducting or authorizing in-house research or evaluation projects shall be responsible to ensure the research design and methodologies are in conformance with the provisions of this IMPP. (ACI 3-4109)
- B. Except for in-house research and evaluation projects approved by System Management Team members, all proposals for research studies shall be forwarded to the Research and Planning Unit for review prior to the initiation of any research activity. (ACO 2-1F-12)

1. Research/evaluation proposals shall be submitted to the Research and Planning Unit when one or more of the following conditions exist:
  - a. The research or assessment to be conducted is not under the direction of a System Management Team member.
  - b. The research or findings will be submitted for publication in a newspaper, newsletter, magazine or professional journal or in a paper submitted in conjunction with a college/university program or presented at a professional conference or meeting.
  - c. The System Management Team member of the organizational unit is or will be cited as one of the researchers.
- C. Research proposals shall address all of the design and methodology issues and include all information and material listed in the Research Proposal Format, Attachment B.
- D. Each member of the Management Team shall be given notice of any research proposals that are received by the Research and Planning Unit for review and each such person shall be given the option of reviewing each proposal, consistent with his/her interests.
  1. The principal administrator at each facility/region/unit involved in the research shall be given a copy of the full proposal to review.
- E. The Research and Planning Unit shall determine:
  1. The potential benefits to science, society and the intended subjects;
  2. The potential risks and costs to the intended subjects; and,
  3. A recommended course of action, based upon a professional assessment of the anticipated benefits to offenders, the Department, and the Secretary of Corrections.
- F. Only those proposed projects wherein potential benefits clearly outweigh potential risks and costs shall be given any further consideration.
- G. Those projects not meeting minimum approval criteria as established under V. E. and not receiving further consideration under V. F. shall be recommended for denial.
- H. For those projects meriting further consideration, the Research and Planning Unit shall conduct a review to determine:
  1. The relative merit and appropriateness of the project, i.e., consistency with the KDOC Mission statement and relevance to the Department's programs, services and operations; (ACO 2-1F-10, ACI 3-4105, APPFS 2-3096)
  2. The qualifications of the researcher(s);
  3. The adequacy of:
    - a. The research design;
    - b. The voluntary informed consent agreement; and,
    - c. The procedures designed to maintain the confidentiality, security and privacy of research data. (ACO 2-1F-15)
  4. The disruptive effects, if any, upon the orderly management of the project site; and,

5. Such input from principal administrators as can be obtained and considered during the course of the proposal review.
- I. Within ten (10) days of receipt of the research proposal, the Research and Planning Unit shall document its review and forward the review to the Secretary of Corrections for approval or disapproval.
- J. Within ten (10) days of receipt, the Secretary of Corrections shall render a written decision concerning the proposal which shall:
  1. Permit the research to proceed;
  2. Make alterations, or, request that alterations be made in the proposal and the proposal be resubmitted; or,
  3. Deny permission for the research. (APPFS 2-3098)
- K. The researcher shall be informed of the Secretary's decision in writing by the Research and Planning Unit Manager or designee. A copy of the notification letter shall be forwarded to the principal administrator of the facility/region/unit involved in the research by the Research and Planning Unit.
- L. Researchers seeking a reconsideration of the Secretary of Corrections' decision may contact the Secretary of Corrections or designee for further discussion and review of the project.

#### **VI. Response to Possible User's Agreement Violations**

- A. Upon receipt of sufficient information indicating a violation of the user's agreement, the principal administrator shall:
  1. Suspend the activities of the research project; and,
  2. Notify the Chief Legal Counsel, who shall initiate and direct further action taken on the matter.
- B. If the Chief Legal Counsel determines that violation of the user's agreement has occurred, the following action shall be taken:
  1. The project shall be terminated;
  2. Data collected shall be confiscated and submitted to the records section for storage; and,
  3. Appropriate sanctions as listed in the user's agreement shall be applied.
- C. If the Chief Legal Counsel determines that no violation of the user's agreement has occurred:
  1. The appropriate principal administrator shall be so notified; and,
  2. Upon such notification, the principal administrator shall rescind the suspension of research activities affected under VI.A.1. above.

#### **VII. Reporting Process for Approved Research Proposals and Dissemination of Findings**

- A. A final written report on all research or evaluation activities must be submitted to the Research and Planning Unit no later than sixty (60) days after the completion of the activity and prior to being submitted for publication or other release for distribution.



1. The final report shall be reviewed by the Research and Planning Unit, forwarded to the Secretary of Corrections and the appropriate principal administrator(s) for review. (ACO 2-1F-04, APPFS 2-3102)

#### **VIII. Publication of Completed Research**

- A. Completed research or evaluation projects may be submitted by the author(s) to professional journals for publication, with the approval of the Secretary of Corrections or designee.
- B. Research or evaluation projects which, upon completion, are not submitted for publication in professional journals may be compiled and published by the Department on a regular basis with the approval of the Secretary of Corrections or designee.

#### **IX. Disclaimer Requirement**

- A. All manuscripts prepared in an unofficial capacity and submitted for publication by departmental employees, including employees of entities with which the Department has contractual arrangements, shall contain a disclaimer which states that any conclusions, interpretations or recommendations expressed in the manuscript are those of the author and do not necessarily reflect the position or policy of the Kansas Department of Corrections.

**NOTE:** The policy and procedures set forth herein are intended to establish directives and guidelines for staff and offenders and those entities who are contractually bound to adhere to them. They are not intended to establish State created liberty interests for employees or offenders, or an independent duty owed by the Department of Corrections to employees, offenders, or third parties. Similarly, those references to the standards of various accrediting entities as may be contained within this document are included solely to manifest the commonality of purpose and direction as shared by the content of the document and the content of the referenced standards. Any such references within this document neither imply accredited status by a departmental facility or organizational unit, nor indicate compliance with the standards so cited. The policy and procedures contained within this document are intended to be compliant with all applicable statutes and/or regulatory requirements of the Federal Government and the state of Kansas. This policy and procedure is not intended to establish or create new constitutional rights or to enlarge or expand upon existing constitutional rights or duties.

#### **REPORTS REQUIRED**

<u>Name/Type of Report</u>	<u>By Whom/To Whom</u>	<u>Due</u>
Final Project Report	Researcher to Research and Planning Unit	Within 60 days after completion of project

#### **REFERENCES**

IMPP 10-127D  
ACO 2-1E-01, 2-1F-04, 2-1F-09, 2-1F-10, 2-1F-11, 2-1F-12, 2-1F-13, 2-1F-14, 2-1F-15  
ACI 3-4105, 3-4106, 3-4108, 3-4109, 3-4110, 3-4372, 3-4373  
APPFS 2-3096, 2-3098, 2-3101, 2-3102  
NCCHC P-70, P-72

#### **ATTACHMENTS**

<b>Attachment</b>	<b>Title of Attachment</b>	<b>Page Total</b>
A	Access Request and Non-disclosure Agreement	1 page(s)
B	Research Proposal Format	1 page(s)

**ACCESS REQUEST AND NON-DISCLOSURE AGREEMENT  
FOR INFORMATION PERTAINING TO  
OFFENDERS IN THE KANSAS CORRECTIONAL SYSTEM**

This agreement sets forth conditions under which access to selected offender information will be provided by the Kansas Department of Corrections to \_\_\_\_\_, hereinafter called Requestor.

1. Information Requested:
2. Requestor requests this information ( ) on a continuing basis ( ) on a one-time basis
3. The purpose for which information requested is: (check one)
  - ( ) To implement a statute or executive order that expressly refers to criminal conduct and contains requirements and/or exclusions expressly based upon such conduct. Give citation:
  - ( ) To carry out a contract or agreement to provide services required for the administration of justice. Attach agreement.
  - ( ) To conduct research, evaluative, or statistical activities.
  - ( ) To implement a state or federal statute or executive order to conduct investigations determining employment suitability or eligibility for security clearances allowing access to classified information pursuant to a state or federal statute or executive order. Give citation:
  - ( ) To exercise authority granted by court order or rule. Attach order or rule.
  - ( ) Other purpose, as described below or in attachment.
4. Requestor agrees to limit the use of any received information to the purpose(s) for which it was provided and to destroy the information when it is no longer needed for the purpose(s) for which it was provided.
5. Requestor agrees that the only person(s) allowed access to any received information are those named here; and to not disseminate the information to any other agency or person:

**Requestor:**

Name \_\_\_\_\_

Agency &  
Title \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Kansas Department of Corrections:**

Name \_\_\_\_\_

Title \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

## RESEARCH PROPOSAL FORMAT

- I. Title of Study
  - A. Name of Author(s)
    1. Institutional Affiliation
    2. Qualifications
- II. Timetable for the study, including estimated dates of implementation and completion.
- III. Personnel needs, indicating the time to be spent by each, and the availability of each.
- IV. Materials needed for the project, and whether such material is available or will need to be secured.
- V. Project Design
  - A. Introduction
    1. Present a clear, concise statement of the research problem and why it is worthy of study.
    2. Review the literature by briefly summarizing the findings from other research which is relevant to the research problem.
    3. Describe the purpose of the study.
    4. State the hypotheses of the study.
    5. Identify the factors whose effects are to be studied (independent variables) and the factors on which measures will be taken (dependent variables).
      - a. Explain any proposed manipulations of independent variables (identification of any experimental treatment to be imposed).
      - b. State precisely how the dependent variable will be measured.
      - c. Explain any procedures that will be implemented to control for other variables that could intervene.
  - B. Method
    1. Subjects: Identify the research subjects or study groups and describe their demographic characteristics.
      - a. Submit voluntary informed consent agreement.
      - b. Describe and attach any experimental apparatus, survey instruments, or testing instruments to be employed in the study.
      - c. Describe concisely and exactly what will be required of the participant(s); how experimental sessions with the subject(s) will be conducted; and, by whom or how questionnaires or tests will be administered.
      - d. Proposed Data Analysis
        - (1) Describe the form in which the data will be collected and exactly how data will be analyzed. Include a description of statistical testing to be performed.
        - (2) Discuss what results would support the hypotheses, and what results would refute the hypotheses.

	E C F - C	E C F - E	E D C F C	E D C F R	E D C F S	H C F - C	H C F - E	H C F - S	L C F - MX	L C F - MD	L C F - E	LC MH F - C	LC MH F - W	N C F - C	N C F - E	T C F - C	T C F - I	T C F - J	W C F - C	W C F - WR	T O T A L
1. SICK CALL																					
A. INITIAL SICK CALL	112	22	178	160	78	397	183	38	268		186	130	128	155	29	261	96	101	156	27	2,705
1. RN/LPN	106	22	137	156	72	377	156	37	250		179	99	94	155	29	261	96	100	131	25	2,482
2. PA/APRN/MD	6	0	41	4	6	20	27	1	18		7	31	34	0	0	0	0	1	25	2	223
B. SICK CALL FOLLOW-UP	211	3	309	278	76	797	444	209	296		88	61	46	162	22	252	92	106	232	13	3,697
1. RN/LPN	108	1	139	232	60	692	418	190	186		48	53	41	60	9	130	53	53	77	8	2,558
2. PA/APRN/MD	103	2	170	46	16	105	26	19	110		40	8	5	102	13	122	39	53	155	5	1,139
C. SEGREGATION SICK CALL	30	0	580	0	0	455	0	0	76		0	5	0	4	0	1	35	0	1	0	1,187
1. RN/LPN	30	0	424	0	0	445	0	0	76		0	5	0	4	0	1	32	0	1	0	1,018
2. PA/APRN/MD	0	0	156	0	0	10	0	0	0		0	0	0	0	0	0	3	0	0	0	169
D. INITIAL DENTAL SICK CALL	69	4	133	23	14	33	18	7	41		62	23	19	63	7	114	32	49	19	3	733
1. RN/LPN	2	0	1	21	14	11	9	6	3		40	22	19	9	6	53	14	25	19	3	277
2. PA/APRN/MD	67	4	132	2	0	22	9	1	38		22	1	0	54	1	61	18	24	0	0	456
E. REQUESTS	57	1	449	0	67	124	42	13	45		0	19	43	90	0	0	0	0	108	141	1,199
1. Medical requests (written response only)	50	0	251	0	56	16	11	1	0		0	15	39	56	0	0	0	0	94	139	728
2. Dental requests (written response only)	7	1	198	0	11	108	31	12	45		0	4	4	34	0	0	0	0	14	2	471
2. DENTAL																					
A. Dental visits	158	6	136	302	20	116	51	19	300		128	65	61	117	17	94	41	37	98	5	1,771
B. Initial dental tx plans	3	0	1	302	0	45	32	10	32		24	0	0	7	0	7	18	112	9	1	603
C. Oral surgeries	18	0	7	0	0	10	6	2	20		1	0	0	23	0	9	2	1	9	0	108
D. Dental x-rays	26	1	22	8	0	0	0	0	95		8	2	0	30	0	7	19	22	19	0	259
E. Dentures and partials completed	2	0	2	0	3	2	4	2	31		3	0	1	5	0	5	0	1	7	2	70
F. Dental treatment plans completed	3	0	0	0	0	2	6	2	14		9	2	5	6	0	12	8	4	22	3	98
G. New Admits with severe decay	0	0	0	0	0	0	0	0	11		0	0	0	2	0	0	0	0	2	0	15
3. IN-HOUSE SERVICES																					
A. Physicals	33	6	58	253	23	37	15	15	25		19	7	5	44	4	74	25	8	16	7	674
B. Emergency visits on-site	72	3	136	28	18	149	43	10	162		10	18	49	79	2	62	51	24	50	2	968
C. Optometrist visits	30	0	32	0	37	34	0	5	23		13	5	5	30	0	33	6	7	31	0	291
D. Physical therapy visits	0	0	23	0	0	5	0	0	57		43	1	6	2	0	0	0	0	0	0	137
E. Consultant visits	0	0	20	0	4	4	0	0	14		4	0	0	0	0	0	0	0	0	0	46
F. Medical X-Ray/Imaging by offender	14	0	94	0	12	32	10	9	60		0	20	0	17	0	0	19	0	11	4	302
G. Medical X-Ray/Imaging by total	50	0	302	0	21	102	38	27	208		0	56	0	64	0	0	51	0	32	4	955
H. Injuries due to fire requiring medical treatment	0	0	0	0	0	0	0	0	0		0	0	0	0	0	0	0	0	0	0	0
I. Injuries (other than fire) requiring medical treatment	26	3	88	0	0	47	19	13	8		7	2	4	41	2	25	20	13	8	1	327
J. Number of offender grievances	3	0	162	0	25	26	9	3	28		11	0	0	4	0	36	21	21	2	0	351
1. Formal (grievance form)	0	0	19	0	5	2	2	1	0		0	0	0	3	0	0	0	0	0	0	32
2. Informal (form 9 complaint)	1	0	133	0	18	18	6	2	23		8	0	0	0	0	36	21	21	2	0	289
3. Number of grievance appeals	2	0	10	0	2	6	1	0	5		3	0	0	1	0	0	0	0	0	0	30

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	E C F - C	E C F - E	E D C F C	E D C F R	E D C F S	H C F - C	H C F - E	H C F - S	L C F - MX	L C F - MD	L C F - E	LC MH F - C	LC MH F - W	N C F - C	N C F - E	T C F - C	T C F - I	T C F - J	W C F - C	W C F - WR	T O T A L
K. Admission intake screening	2	0	0	270	0	7	0	0	54		1	6	5	3	0	0	78	0	9	3	438
L. Inter/Intra facility transfer screening forms completed	72	0	183	352	0	282	79	16	143		26	25	18	152	29	110	57	14	59	26	1,643
M. Number of medical segregation rounds	741	0	10,285	400	10	8,709	0	0	3,695		0	2,103	0	711	0	0	290	0	40	0	26,984
N. Mammograms	0	0	0	0	0	0	0	0	0		0	0	0	0	0	2	0	0	0	0	2
O. Dialysis	0	0	0	0	0	0	0	0	46		13	0	0	0	0	10	0	0	0	0	69
P. Chemotherapy	0	0	4	0	0	0	0	0	0		0	0	0	0	0	0	0	0	0	0	4
Q. Telemedicine	0	0	0	0	0	0	0	0	2		1	0	0	0	0	0	0	0	0	0	3
1. Cardiology	0	0	0	0	0	0	0	0	0		0	0	0	0	0	0	0	0	0	0	0
2. Neurology	0	0	0	0	0	0	0	0	0		0	0	0	0	0	0	0	0	0	0	0
3. Orthopedics	0	0	0	0	0	0	0	0	2		1	0	0	0	0	0	0	0	0	0	3
4. Dermatology	0	0	0	0	0	0	0	0	0		0	0	0	0	0	0	0	0	0	0	0
5. General Surgery	0	0	0	0	0	0	0	0	0		0	0	0	0	0	0	0	0	0	0	0
6. Infectious Disease	0	0	0	0	0	0	0	0	0		0	0	0	0	0	0	0	0	0	0	0
7. Other	0	0	0	0	0	0	0	0	0		0	0	0	0	0	0	0	0	0	0	0
4. MEDICATIONS																					
A. Pharmacy dispensing errors	1	0	0	0	0	0	0	0	0		0	0	0	1	0	0	0	0	0	0	2
B. Nursing-medication-administration errors	7	0	6	0	0	0	1	1	1		0	2	1	3	0	0	0	0	1	1	24
C. Number of new RX's (non BH)	513	37	1,482	600	493	536	590	68	1,302		646	203	165	707	85	809	290	365	515	112	9,518
D. Number of offenders on medication RX's (non BH)	596	59	925	248	231	926	357	185	907		468	181	214	535	73	467	122	130	466	145	7,235
E. % of population currently on meds (non BH)	73	62	73	51	88	85	74	76	68		76	81	76	63	57	87	77	65	84	60	74 %
5. OFF-SITE SERVICES																					
A. Office visits	54	0	23	0	4	10	9	1	31		7	3	5	14	0	10	0	2	7	3	183
B. Office visits with procedures	0	0	0	0	2	1	0	0	5		0	0	0	0	0	11	1	4	0	0	24
C. Off-site x-rays	7	1	8	0	5	2	0	2	6		8	1	2	2	1	3	0	2	3	0	53
D. Hospitalizations	2	0	24	0	0	1	14	0	23		35	0	1	4	0	3	1	2	0	0	110
E. Outpatient 1-day surgeries	4	0	4	0	0	0	2	0	3		1	2	1	3	0	4	0	0	0	2	26
F. Emergency room	1	0	13	0	7	10	0	1	9		4	1	2	1	0	1	1	0	1	0	52
G. Ambulance	0	0	4	0	3	6	0	0	6		4	0	0	2	0	1	0	0	0	0	26
H. Stat labs	2	0	0	0	0	13	0	0	14		6	2	1	0	0	0	0	0	0	0	38
I. Dialysis	0	0	0	0	0	0	0	0	0		0	0	0	0	0	2	0	0	0	0	2
J. Chemotherapy	0	0	0	0	0	0	0	0	2		0	0	0	0	0	0	0	0	0	0	2
K. Radiation Therapy	0	0	8	0	0	0	0	0	0		1	0	0	0	0	20	0	0	0	0	29
L. Total number of approved referral requests	42	1	82	0	44	33	2	7	51		25	7	12	24	0	30	6	12	7	4	389
M. Total # of referrals not approved/alter tx plan provided	6	0	21	0	3	3	0	2	9		4	2	1	5	0	9	0	0	2	0	67
N. Off-site trips greater than 35 miles from facility	25	0	1	0	0	5	0	0	0		0	4	4	16	0	28	1	1	7	0	92
O. Off-site dental/oral surgical appointments	0	0	1	0	0	0	0	0	0		0	1	0	2	0	0	0	0	0	0	4
6. INFIRMARY ADMISSIONS																					
A. Number of infirmary admissions	17	0	46	7	0	31	6	0	28		7	24	0	6	0	0	22	0	0	0	194

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	E C F - C	E C F - E	E D C F C	E D C F R	E D C F S	H C F - C	H C F - E	H C F - S	L C F - MX	L C F - MD	L C F - E	LC MH F - C	LC MH F - W	N C F - C	N C F - E	T C F - C	T C F - I	T C F - J	W C F - C	W C F - WR	T O T A L
B. Total infirmary days	107	0	564	16	0	139	48	0	407		13	105	0	33	0	0	65	0	0	0	1,497
C. Total care offenders	0	0	2	0	0	0	0	0	6		0	0	0	0	0	0	0	0	0	0	8
7. CHRONIC CARE OFFENDERS																					
A. Total chronic care offenders	462	51	655	175	212	514	286	126	699		324	131	197	418	64	223	50	51	257	104	4,999
B. Chronic care clinics done by RN/LPN	0	0	8	0	0	0	0	0	0		0	0	0	0	0	0	0	0	0	0	8
C. Chronic care clinics done by HCP	101	17	207	85	26	98	70	31	63		44	24	26	105	16	38	14	16	40	46	1,067
D. Current number of offenders with Asthma	90	5	160	42	23	143	39	20	159		49	30	32	44	6	40	18	16	38	16	970
E. Current number of offenders with CV/Hypertension	200	19	287	50	143	214	155	59	315		142	32	66	180	28	94	17	28	97	48	2,174
F. Current number of offenders with COPD	9	2	24	4	18	9	12	5	27		33	2	4	9	1	6	2	1	5	2	175
G. Current number of offenders with Diabetes	69	3	84	15	74	46	51	16	125		56	9	21	39	7	21	6	5	36	6	689
H. Current number of offenders with Seizures	7	0	58	15	3	17	8	4	49		8	2	9	13	1	16	11	10	6	0	237
I. Current number of offenders with Special needs	522	25	582	97	164	265	155	61	361		211	48	57	78	8	84	28	24	132	14	2,916
J. Current number of offenders with Dialysis	0	0	0	0	0	0	4	0	4		1	0	0	0	0	1	0	0	0	0	10
K. Current number of offenders with Cancer	5	1	87	0	3	7	6	0	8		8	0	0	3	0	7	1	0	0	3	139
L. Number of offenders over 50	133	17	166	28	202	113	107	44	258		149	14	64	122	19	63	9	8	88	31	1,635
8. HIV																					
A. Total offenders currently with HIV	6	0	7	1	0	2	1	0	6		5	3	2	1	0	4	1	0	2	1	42
1. White	4	0	5	0	0	1	0	0	4		1	2	1	1	0	2	1	0	1	1	24
2. Black	2	0	2	1	0	1	0	0	2		3	0	1	0	0	1	0	0	1	0	14
3. Hispanic	0	0	0	0	0	0	1	0	0		1	1	0	0	0	1	0	0	0	0	4
4. Asian	0	0	0	0	0	0	0	0	0		0	0	0	0	0	0	0	0	0	0	0
5. American Indian/Alaska Native	0	0	0	0	0	0	0	0	0		0	0	0	0	0	0	0	0	0	0	0
6. Non-Black/Non-White	0	0	0	0	0	0	0	0	0		0	0	0	0	0	0	0	0	0	0	0
B. Newly diagnosed with HIV+ this month	0	0	0	0	0	0	0	0	0		0	0	0	0	0	0	0	0	0	0	0
C. HIV+ treated with highly active antiretroviral	6	0	7	1	0	2	1	0	6		5	3	2	1	0	3	1	1	2	1	42
D. HIV+ converted to AIDS	0	0	0	0	0	0	0	0	0		0	0	0	0	0	0	0	0	0	0	0
E. Pre-tests counseled for HIV	2	0	15	18	0	11	12	15	0		0	1	1	0	0	0	0	0	0	0	75
F. HIV tests performed	2	0	15	18	0	8	11	6	13		3	1	1	4	0	2	1	6	0	2	93
G. Transferred or released without results	0	0	0	0	0	1	0	0	0		0	0	0	0	0	0	0	1	0	0	2
H. Post-test counseled for HIV	0	0	15	18	0	7	4	8	0		0	0	1	2	0	2	1	5	0	0	63
9. AIDS																					
A. Total offenders currently with AIDS	0	0	1	0	0	0	0	0	1		0	0	0	0	0	1	0	0	0	0	3
1. White	0	0	0	0	0	0	0	0	1		0	0	0	0	0	1	0	0	0	0	2
2. Black	0	0	1	0	0	0	0	0	0		0	0	0	0	0	0	0	0	0	0	1
3. Hispanic	0	0	0	0	0	0	0	0	0		0	0	0	0	0	0	0	0	0	0	0
4. Asian	0	0	0	0	0	0	0	0	0		0	0	0	0	0	0	0	0	0	0	0
5. American Indian/Alaska Native	0	0	0	0	0	0	0	0	0		0	0	0	0	0	0	0	0	0	0	0
6. Non-Black/Non-White	0	0	0	0	0	0	0	0	0		0	0	0	0	0	0	0	0	0	0	0

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10. TUBERCULOSIS																					
A. Number of PPD's planted	57	11	270	310	22	89	31	21	111		42	43	28	77	8	53	30	116	46	19	1,384
B. Number of new admissions PPD positive	2	0	0	16	0	1	0	0	0		0	1	0	0	0	0	0	0	0	0	20
C. Number of TB converters	0	0	0	0	0	0	0	0	0		0	0	0	0	0	0	0	0	0	0	0
D. Confirmatory QFT's drawn from positive PPD's	0	0	3	16	0	0	0	0	0		0	2	0	0	0	0	0	0	0	0	21
E. Positive QFT's from item D above	0	0	0	4	0	0	0	0	0		0	0	0	0	0	0	0	0	0	0	4
F. Number of QFT's drawn in absence of a PPD	2	0	3	0	0	2	0	0	4		2	1	2	3	0	0	0	1	0	1	21
G. Positive QFT's for item F above	0	0	0	0	0	0	0	0	0		0	0	0	0	0	0	0	0	0	0	0
H. Total # of QFT's drawn (d+f)	2	0	6	16	0	2	0	0	4		2	3	2	3	0	0	0	1	0	1	42
I. Offenders with new Dx of TB infection	0	0	0	4	0	0	0	0	0		0	0	0	0	0	2	0	1	0	0	7
J. Number of offenders diagnosed with TB infection	12	0	1	4	0	68	36	7	66		15	0	0	41	0	3	0	1	4	0	258
K. Offenders receiving treatment for TB infection	0	0	1	0	0	0	2	0	0		1	0	1	2	0	3	0	1	0	0	11
L. Number completed treatment this month	1	0	0	0	0	0	0	0	0		0	0	0	0	0	0	0	0	0	0	1
M. Number Dx with an active TB this month	0	0	0	0	0	0	0	0	0		0	0	0	0	0	0	0	0	0	0	0
N. Number of offenders with active TB	0	0	0	0	0	0	0	0	0		0	0	0	0	0	0	0	0	0	0	0
O. Number of PPD's Read	57	11	270	310	22	89	31	21	87		43	42	28	76	8	53	30	116	38	19	1,351
11. HEPATITIS																					
A. Number of Hepatitis currently	52	0	123	47	44	89	40	30	105		59	19	40	72	11	57	12	14	54	29	897
1. Newly diagnosed with HEP-A	0	0	0	0	0	0	0	0	0		0	0	0	0	0	0	0	0	0	0	0
2. Newly diagnosed with HEP-B	0	0	0	0	0	0	0	0	0		0	0	0	0	0	0	0	0	0	0	0
3. Newly diagnosed with HEP-C	0	0	0	3	0	2	0	1	1		2	0	0	0	0	0	0	1	0	0	10
4. Newly diagnosed other Hepatitis	0	0	0	0	0	2	0	1	0		0	0	0	0	0	0	0	0	0	0	3
5. # of HEP-C cases being tx for purpose of a cure	1	0	4	0	1	0	0	1	2		0	1	0	1	0	0	0	0	0	3	14
6. Number of cases where treatment was stopped	0	0	3	0	1	0	0	1	1		0	1	0	1	0	0	0	0	0	2	10
a. Non-compliant	0	0	0	0	0	0	0	0	0		0	0	0	0	0	0	0	0	0	0	0
b. Ineffective therapy	0	0	0	0	0	0	0	0	0		0	0	0	0	0	0	0	0	0	0	0
c. Completed therapy	0	0	3	0	1	0	0	1	1		0	1	0	1	0	0	0	0	0	2	10
B. Number of Hep C only	42	8	123	47	33	75	30	28	96		52	19	36	71	11	57	12	14	46	28	828
C. History of Hep C	14	9	22	8	11	16	12	5	13		15	0	7	4	0	0	0	4	10	3	153
12. STD TESTS																					
A. VDRL tests done	5	0	14	261	0	8	0	0	10		12	3	2	2	0	0	9	63	9	2	400
1. Reactive VDRL tests	0	0	0	1	0	0	0	0	0		0	0	0	0	0	0	0	1	0	0	2
B. Chlamydia tests done	0	0	0	2	0	0	0	0	4		0	0	0	0	0	0	11	66	0	0	83
1. Positive Chlamydia tests	0	0	0	0	0	0	0	0	0		0	0	0	0	0	0	0	2	0	0	2
C. Gonorrhea tests done	0	0	0	0	0	0	0	0	4		0	0	0	0	0	0	11	66	0	0	81
1. Positive Gonorrhea tests	0	0	0	0	0	0	0	0	0		0	0	0	0	0	0	0	3	0	0	3
13. AMERICANS W/ DISABILITIES ACT STATS																					
A. Offenders w/ a significant hearing deficit	11	0	1	2	33	7	8	2	6		3	1	1	4	0	2	0	0	3	0	84

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B. Offenders who are deaf	4	0	0	2	1	1	3	1	1		0	0	0	0	0	0	0	0	0	0	13
C. Offenders w/ a significant vision deficit	5	0	12	3	38	10	7	0	4		4	0	0	1	1	5	0	1	4	0	95
D. Offenders who are blind	3	0	0	1	1	8	1	0	1		0	0	0	0	0	0	0	0	0	0	15
E.																					
F. Offenders w/ medical issues resulting in disability	0	0	3	3	1	4	6	2	2		3	1	0	1	0	0	0	0	3	0	29
G. Offenders who are frail	5	0	5	5	33	8	9	2	57		25	1	2	0	0	0	0	0	0	0	152
1. Due to a medical issue	1	0	3	3	24	3	3	0	47		13	1	2	0	0	0	0	0	0	0	100
2. Due to age	4	0	2	2	9	5	6	2	10		12	0	0	0	0	0	0	0	0	0	52
H. Offenders w/ mobility issues	83	0	136	6	232	65	74	13	228		74	6	23	29	5	7	2	1	17	0	1,001
1. Walking assistance required	9	0	3	1	104	6	17	1	26		17	2	10	7	4	5	1	1	4	0	218
2. Wheelchair	0	0	24	1	11	1	8	0	21		12	1	1	3	0	1	0	0	0	0	84
3. No Stairs	72	0	107	3	85	53	41	10	165		39	3	10	19	1	1	1	0	9	0	619
4. Bathing/Dressing assistance required	0	0	0	0	0	0	0	0	4		0	0	0	0	0	0	0	0	0	0	4
5. Requires an aid worker	0	0	2	1	29	2	7	0	9		6	0	0	0	0	0	0	0	3	0	59
6. Prosthetic device required	2	0	0	0	3	3	1	2	3		0	0	2	0	0	0	0	0	1	0	17
I. Number of offenders on O2	0	0	2	1	3	0	0	0	1		3	0	0	0	0	0	0	0	0	0	10
J. Number of offenders using CPAP	9	0	1	1	12	5	8	0	16		9	2	9	8	1	5	0	0	6	3	95
14. MISCELLANEOUS																					
A. Offenders diagnosed w/ new fungal infections	6	0	12	4	0	5	2	1	7		2	0	1	4	0	1	0	0	0	0	45
B. Newly arrived offenders w/ lice/scabies/crabs	0	0	0	0	0	0	0	0	0		0	0	0	0	0	0	0	1	0	0	1
C. Stable offender population w/ lice/scabies/crabs	0	1	0	0	0	0	0	0	0		0	0	0	0	0	0	0	1	0	0	2
D. Number of offenders diagnosed w/ MRSA	1	0	7	0	5	2	2	0	2		1	0	0	1	0	3	0	1	1	0	26
E. Offenders w/ MRSA that receive treatment	1	0	7	0	5	2	2	0	2		1	0	0	0	0	3	0	1	1	0	25
15. CLASSIFICATIONS																					
B. Class II	402	23	161	115	160	514	164	136	714		207	102	120	438	50	66	21	13	248	99	3,753
C. Class III	13	0	17	5	52	18	15	4	130		36	4	13	15	0	9	11	0	11	0	353
D. Class IV	0	0	1	0	0	1	0	0	5		0	0	0	0	0	0	0	0	0	0	7
E. Class V	91	3	26	11	6	14	2	1	29		0	1	0	6	0	4	2	1	6	1	204
16. PREGNANCIES																					
A. Pregnancies currently	0	0	0	0	0	0	0	0	0		0	0	0	0	0	2	2	9	0	0	13
B. Newly diagnosed pregnancies	0	0	0	0	0	0	0	0	0		0	0	0	0	0	0	0	2	0	0	2
C. Pregnancies delivered/terminated	0	0	0	0	0	0	0	0	0		0	0	0	0	0	2	1	2	0	0	5
17. DIETS																					
A. Cardiac/HTN diets prescribed	12	2	31	0	4	4	1	1	14		8	1	2	0	0	0	0	0	9	3	92
B. Diabetic diets prescribed	6	0	7	0	28	1	0	0	63		25	2	13	0	0	0	0	0	20	6	171
C. Renal diets prescribed	0	0	0	0	6	0	0	0	3		0	0	0	0	0	0	0	0	0	0	9
18. INTENTIONALLY LEFT BLANK																					
A. Intentionally Left Blank																					



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19. OFFENDER DEATHS																					
A. Total Deaths	0	0	1	0	0	0	0	0	1		0	0	0	0	0	0	0	0	0	0	2
1. Deaths due to injuries	0	0	0	0	0	0	0	0	0		0	0	0	0	0	0	0	0	0	0	0
2. Deaths due to homicide	0	0	0	0	0	0	0	0	0		0	0	0	0	0	0	0	0	0	0	0
3. Deaths due to suicide	0	0	0	0	0	0	0	0	0		0	0	0	0	0	0	0	0	0	0	0
4. Medically expected deaths	0	0	1	0	0	0	0	0	1		0	0	0	0	0	0	0	0	0	0	2
5. Medically unexpected deaths	0	0	0	0	0	0	0	0	0		0	0	0	0	0	0	0	0	0	0	0
20. KDOC CONTRACT STAFF																					
A. Needle sticks	0	0	0	0	0	0	0	0	0		0	0	0	0	0	0	0	0	0	0	0
B. Completed orientation training	0	0	4	0	0	2	0	0	2		0	0	0	0	0	0	0	0	0	0	8
C. Completed 16 hour KDOC training	0	0	0	0	0	24	0	0	10		0	0	0	0	0	0	0	0	0	0	34
21. KDOC EMPLOYEES																					
A. KDOC & Contractor TB Skin Tests Planted	15	0	20	0	0	70	0	0	72		0	33	0	39	5	6	0	0	0	0	260
B. TB new hire positive	2	0	0	0	0	0	0	0	1		0	0	0	0	0	0	0	0	0	0	3
C. TB converters	0	0	0	0	0	0	0	0	0		0	0	0	0	0	0	0	0	0	0	0
D. HEP-B vaccine administered	1	0	7	0	3	13	0	0	1		0	5	0	9	1	0	0	0	0	0	40
E. Flu shots administered	0	0	0	0	0	0	0	0	0		0	0	0	0	1	0	0	0	0	0	1
F. Pre-Employment physicals	3	0	20	0	0	15	0	0	21		0	10	0	8	1	6	0	0	0	0	84
G. Training hours provided by contract staff	0	0	33	0	0	10	0	0	13		0	12	0	4	0	0	0	0	0	0	72
22. BEHAVIORAL HEALTH ENCOUNTERS																					
A. Psychiatric nurse encounters	0	0	177	14	0	0	0	0	96		7	0	0	0	0	58	34	26	0	0	412
B. Psychiatric encounters	61	0	667	232	33	369	81	19	492		123	69	37	123	0	83	98	58	92	11	2,648
C. Follow-up encounters by MHP	43	0	548	100	14	349	47	3	333		21	77	46	120	0	175	240	128	78	16	2,338
D. Individual therapy encounters	1	0	29	0	0	31	3	0	58		1	2	5	0	0	17	31	0	7	0	185
E. Group therapy encounters	216	0	425	0	35	48	22	10	238		9	68	73	174	0	64	114	14	192	18	1,720
F. Activity therapy individual encounters	0	0	8	0	28	14	0	0	159		0	0	0	0	0	0	5	0	0	0	214
G. Activity therapy group encounters	0	0	1,354	0	79	113	0	0	1,055		0	0	0	0	0	17	103	8	0	0	2,729
H. Initial diagnostic encounter	2	0	5	109	0	4	0	2	17		37	10	5	7	0	0	0	78	15	1	292
I. Segregation rounds	84	0	4,130	220	0	5,618	0	0	2,284		0	145	9	41	0	0	281	0	12	0	12,824
J. Special needs	72	0	515	0	44	231	63	4	605		127	63	29	228	0	100	70	34	72	8	2,265
23. DIAGNOSIS																					
A. Newly dx w/ BH clinical disorder (exclude dx of subs abuse)	0	0	7	83	0	5	0	0	10		5	5	0	2	0	0	0	32	2	0	151
B. Newly dx w/ dual dx (substance use + BH clinical disorder)	0	0	3	61	0	1	0	0	3		3	1	0	2	0	0	0	26	3	0	103
C. Total number of crisis level	2	0	264	28	1	214	0	0	267		0	6	0	19	0	0	130	0	0	0	931
1. Level I	1	0	153	16	1	126	0	0	171		0	4	0	16	0	0	58	0	0	0	546
2. Level II	1	0	73	8	0	71	0	0	57		0	2	0	3	0	0	30	0	0	0	245
3. Level III	0	0	38	4	0	17	0	0	36		0	0	0	0	0	0	42	0	0	0	137

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	E C F - C	E C F - E	E D C F C	E D C F R	E D C F S	H C F - C	H C F - E	H C F - S	L C F - MX	L C F - MD	L C F - E	LC MH F - C	LC MH F - W	N C F - C	N C F - E	T C F - C	T C F - I	T C F - J	W C F - C	W C F - WR	T O T A L
4. Level IV	0	0	0	0	0	0	0	0	3		0	0	0	0	0	0	0	0	0	0	3
5. Level V	0	0	0	0	0	0	0	0	0		0	0	0	0	0	0	0	0	0	0	0
D. Total number of offenders on crisis level	1	0	44	3	1	25	0	0	32		0	2	0	5	0	0	18	3	0	0	134
E. Offenders w/ the diagnosis of Intellectually Disabled	4	0	47	13	20	23	4	1	82		19	3	1	9	1	0	1	0	11	1	240
F. Offenders w/ the diagnosis of Borderline IQ (70-79)	5	0	41	0	3	11	1	0	39		7	2	0	3	0	1	0	0	4	2	119
G. Offenders w/ history of traumatic brain injury (TBI)	0	0	8	1	2	3	1	0	18		0	1	1	4	1	0	0	0	0	1	41
H. Offenders meeting SPMI criteria	17	0	251	30	5	90	29	4	243		36	4	4	20	0	39	30	24	23	1	850
1. % of offenders meeting SPMI criteria	2	0	20	6	1	8	6	1	18		5	1	1	2	0	7	19	12	4	0	8.68 %
I. Offenders meeting SMI criteria	99	4	312	93	46	247	91	34	397		165	62	42	179	7	317	84	115	132	38	2,464
1. % of offenders meeting SMI criteria	12	4	24	19	17	22	19	13	30		27	27	14	21	5	59	53	58	24	15	25.16 %
J. Offenders meeting MI criteria	42	1	98	84	39	110	30	21	82		53	12	15	97	4	16	8	3	36	4	755
1. % of offenders meeting MI criteria	5	1	8	17	15	10	6	9	6		9	5	5	11	3	3	5	2	7	2	7.71 %
24. REVIEWS																					
A. Behavioral health screens	2	0	1	268	3	0	5	2	17		38	10	0	21	0	0	0	78	6	0	451
B. Interfacility transfer file review	66	0	186	263	20	280	69	35	138		28	66	9	153	30	100	62	12	96	26	1,639
C. Release planning	17	3	41	34	0	113	55	34	7		26	0	3	51	8	29	13	29	0	0	463
D. Case Consultations	5	0	93	2	0	8	0	0	67		1	7	0	65	0	23	15	3	96	0	385
E. PV screens reviewed	1	0	0	6	0	6	0	0	35		1	4	0	2	0	0	9	0	8	0	72
F. Segregation 30/90 reviews	9	0	81	0	0	9	0	0	68		0	9	0	3	0	0	12	0	0	0	191
G. Segregation review board	21	0	146	0	0	252	0	1	97		1	95	0	25	0	0	84	0	0	0	722
H. Number of RDU reports completed	0	0	2	240	0	0	0	0	0		0	0	0	0	0	0	0	41	0	0	283
25. MEDICATIONS																					
A. Offenders on Psychotropic medications	95	0	491	181	36	379	105	40	518		168	55	35	133	0	188	86	97	130	16	2,753
B. % of offenders on psychotropics / KPB	12	0	39	37	13	35	21	16	39		27	24	12	15	0	16	54	48	23	6	28 %
C. Involuntary medications	1	0	44	0	0	0	0	0	19		0	0	0	0	0	0	0	0	0	0	64
D. Recommended for involuntary medications	0	0	0	0	0	0	0	0	2		0	0	0	0	0	0	0	0	0	0	2
E. Approved for involuntary medications	0	0	0	0	0	0	0	0	2		0	0	0	0	0	0	0	0	0	0	2
F. Offenders on forced medications	0	0	0	0	0	0	0	0	0		0	0	0	0	0	0	0	0	0	0	0
26. CSRs																					
A. KDOC CSRs	0	0	0	0	0	0	0	0	0		0	0	0	0	0	0	0	0	0	0	0
B. KBP CSRs	1	0	0	0	0	1	0	0	0		0	0	0	0	0	0	0	0	0	0	2
C. MDT CSRs	1	1	0	0	0	1	1	1	13		0	1	0	1	0	0	0	0	1	1	22
27. TRANSFERS																					
A. Transfers to LCMHF	3	0	12	21	0	0	0	0	2		1	0	0	0	0	0	0	0	0	0	39
B. Transfers to LSSH	0	0	0	0	0	0	0	0	0		0	0	0	0	0	0	0	0	0	0	0
C. Transfers from LCMHF	1	0	5	0	0	0	0	0	2		1	0	0	0	0	0	0	0	0	0	9
D. Transfers from LSSH	0	0	0	0	0	0	0	0	0		0	0	0	0	0	0	0	0	0	0	0
28. SELF-HARM, SUICIDES, AND DEATHS																					

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	E C F - C	E C F - E	E D C F C	E D C F R	E D C F S	H C F - C	H C F - E	H C F - S	L C F - MX	L C F - MD	L C F - E	LC MH F - C	LC MH F - W	N C F - C	N C F - E	T C F - C	T C F - I	T C F - J	W C F - C	W C F - WR	T O T A L
A. Self-harm episodes	0	0	21	2	0	0	0	0	9		0	1	0	0	0	0	4	0	0	0	37
B. Suicide threats/gestures	1	0	26	2	0	16	0	0	15		0	0	0	2	0	0	1	0	0	0	63
C. Suicide attempts	0	0	3	0	0	0	0	0	0		0	0	0	0	0	0	0	0	0	0	3
D. Suicides	0	0	0	0	0	0	0	0	0		0	0	0	0	0	0	0	0	0	0	0
29. CONTRACT STAFF																					
A. Staff court testimony hours	0	0	0	0	0	0	0	0	0		0	0	0	0	0	0	0	0	0	0	0
B. Staff supervision hours (giving/receiving)	1	0	10	0	0	0	0	0	32		0	1	1	24	0	4	13	20	0	0	106
C. Mental Health In-Service Hours	3	0	0	0	0	0	0	0	24		0	0	0	20	0	0	0	0	4	0	51
30. MISCELLANEOUS																					
A. Number of offenders in special needs	54	0	467	102	44	245	60	7	526		132	58	29	85	0	103	71	42	75	8	2,108
B. Average daily population of offenders (ADP)	817	95	1,251	481	261	1,088	478	243	1,317		609	223	281	845	128	532	157	198	550	239	9,793
ASCA.																					
V 1.1 Behavioral health assessments	510	1	4,149	1,160	158	2,712	203	40	2,994		371	505	275	695	7	589	946	628	607	55	16,605
V 1.2 Behavioral health diagnosis/assessments	88	0	566	296	49	326	90	17	612		161	81	49	155	0	200	121	137	133	18	3,099
V 1.3 Behavioral health diagnosis - prevalence KDOC	440	33	997	254	109	745	272	112	1,059		379	185	133	498	47	379	117	123	291	109	6,282
V 1.4 BH clinical disorder dx/assessment	74	0	520	228	45	276	87	14	535		142	63	38	130	0	189	106	131	120	14	2,712
V 1.5 BH clinical disorder dx/prevalence	187	6	648	184	68	424	162	64	698		248	77	62	294	9	341	97	113	190	42	3,914
V 2.1 BH tx for clinical disorder - prevalence/assessment	24	0	130	151	9	88	28	4	190		45	22	10	52	0	66	44	76	53	4	996
V 2.2 BH tx for clinical disorder - prevalence KDOC	86	0	554	265	37	355	101	37	503		154	60	46	123	0	267	120	154	126	14	3,002
V 3.1 Number of Behavioral health beds	0	0	186	0	0	0	0	0	290		0	0	0	0	0	0	14	0	0	0	490
V 3.2 BH placements in non-KDOC facility	0	0	0	0	0	0	0	0	0		0	34	0	0	0	0	10	0	0	0	44
SPECIALTY.																					
1. Healthcare encounters by healthcare professionals VIII.1.1	246	23	701	409	146	1,525	583	233	515		267	179	154	228	44	445	195	178	228	36	6,335
2. Health care visits by health care practitioners VIII.1.2	334	12	635	354	42	273	113	40	466		197	105	100	273	31	277	101	115	278	12	3,758
3. Offenders tx'ed for an emergency health condition VIII.4.2	1	0	17	0	10	16	0	1	15		8	1	2	3	0	2	1	0	1	0	78
4. Specialty consults completed VIII.4.3	58	0	35	0	6	11	11	1	41		9	5	6	17	0	47	1	6	7	5	266
CONTRACT FTE																					
1. Ellsworth Correctional Facility																					27.08
2. El Dorado Correctional Facility																					121.50
3. Hutchinson Correctional Facility																					73.80
4. Lansing Correctional Facility																					94.90
5. Larned Correctional Mental Health Facility																					20.75
6. Norton Correctional Facility																					26.90
7. Topeka Correctional Facility																					51.65
8. Winfield Correctional Facility																					25.38

	July 2018	August 2018	September 2018	October 2018	November 2018	December 2018	January 2019	February 2019	March 2019	April 2019	May 2019	June 2019	Totals 2019
1. SICK CALL													
A. INITIAL SICK CALL	3,748	4,260	3,597	3,533	2,826	2,643	3,063	2,631	2,968	3,024	2,946	2,705	37,944
1. RN/LPN	3,515	3,939	3,322	3,308	2,597	2,412	2,772	2,429	2,758	2,765	2,635	2,482	34,934
2. RN/LPN	233	321	275	225	229	231	291	202	210	259	311	223	3,010
B. SICK CALL FOLLOW-UP	4,230	4,953	4,094	4,266	3,799	3,856	4,114	3,620	3,790	4,243	4,156	3,697	48,818
1. RN/LPN	2,998	3,519	2,965	2,971	2,814	2,780	2,874	2,494	2,803	2,999	2,947	2,558	34,722
2. PA/APRN/MD	1,232	1,434	1,129	1,295	985	1,076	1,240	1,126	987	1,244	1,209	1,139	14,096
C. SEGREGATION SICK CALL	930	1,018	922	1,002	1,002	1,052	1,014	935	887	1,127	1,287	1,187	12,363
1. RN/LPN	806	875	792	891	830	892	838	805	790	1,010	1,151	1,018	10,698
2. PA/APRN/MD	124	143	130	111	172	160	176	130	97	117	136	169	1,665
D. INITIAL DENTAL SICK CALL	919	951	771	931	783	736	772	662	729	769	811	733	9,567
1. RN/LPN	279	288	244	322	264	268	231	217	286	280	285	277	3,241
2. PA/APRN/MD	640	663	527	609	519	468	541	445	443	489	526	456	6,326
E. REQUESTS	1,933	1,706	1,298	1,396	1,247	1,267	1,333	1,286	1,030	1,102	1,292	1,199	16,089
1. Medical requests (written response only)	1,421	1,181	838	923	831	886	880	866	725	733	753	728	10,765
2. Dental requests (written response only)	512	525	460	473	416	381	453	420	305	369	539	471	5,324
2. DENTAL													
A. Dental visits	1,992	2,383	1,992	2,446	2,145	1,865	2,316	1,970	1,642	1,930	1,702	1,771	24,154
B. Initial dental tx plans	718	826	662	1,056	796	769	791	530	522	621	618	603	8,512
C. Oral surgeries	112	121	140	148	200	114	128	126	129	157	141	108	1,624
D. Dental x-rays	206	439	300	445	290	233	420	316	206	304	301	259	3,719
E. Dentures and partials completed	64	79	60	71	84	20	45	40	34	77	75	70	719
F. Dental treatment plans completed	160	141	118	205	136	116	189	150	123	249	115	98	1,800
G. New Admits with severe decay	11	10	7	19	16	14	21	8	17	16	18	15	172
3. IN-HOUSE SERVICES													
A. Physicals	931	1,056	812	911	730	670	733	672	723	843	864	674	9,619
B. Emergency visits on-site	758	843	686	769	666	630	651	635	760	837	930	968	9,133
C. Optometrist visits	291	304	300	301	327	221	290	316	308	346	296	291	3,591
D. Physical therapy visits	71	69	61	84	88	132	39	39	68	133	147	137	1,068
E. Consultant visits	104	68	160	62	69	18	117	60	85	67	116	46	972
F. Medical X-Ray/Imaging by offender	291	362	317	304	242	275	281	287	313	326	321	302	3,621
G. Medical X-Ray/Imaging by total	911	1,157	1,118	1,028	770	820	865	961	1,012	1,164	1,082	955	11,843
H. Injuries due to fire related medical treatment	0	0	1	0	0	2	0	0	0	0	0	0	3
I. Injuries (other than fire) requiring medical treatment	409	470	362	406	356	361	290	387	328	341	322	327	4,359
J. Number of offender grievances	569	553	515	433	384	408	435	400	400	429	437	351	5,314
1. Formal (grievance form)	42	43	35	50	37	35	29	34	31	39	33	32	440
2. Informal (form 9 complaint)	490	464	449	352	318	341	378	339	338	357	380	289	4,495
3. Number of grievance appeals	37	46	31	31	29	32	28	27	31	33	24	30	379
K. Admission intake screening	538	498	458	465	425	432	481	412	449	525	445	438	5,566

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L. Inter/Intra facility transfer screening forms completed	1,890	1,920	1,620	1,678	1,395	1,428	1,629	1,604	1,617	1,646	1,567	1,643	19,637
M. Number of medical segregation rounds	22,099	22,346	22,107	22,675	21,506	26,296	24,864	22,637	24,123	27,182	28,132	26,984	290,951
N. Mammograms	15	23	18	12	1	3	4	5	11	0	5	2	99
O. Dialysis	84	93	90	92	72	75	91	72	91	90	79	69	998
P. Chemotherapy	2	5	5	2	3	3	4	5	5	4	0	4	42
Q. Telemedicine	3	11	0	0	3	0	10	5	3	9	17	3	64
1. Cardiology	0	0	0	0	0	0	0	0	0	0	12	0	12
2. Neurology	0	0	0	0	0	0	0	0	0	0	0	0	0
3. Orthopedics	3	11	0	0	3	0	10	5	3	9	5	3	52
4. Dermatology	0	0	0	0	0	0	0	0	0	0	0	0	0
5. General Surgery	0	0	0	0	0	0	0	0	0	0	0	0	0
6. Infectious Disease	0	0	0	0	0	0	0	0	0	0	0	0	0
7. Other (Do not include Tele psychiatry)	0	0	0	0	0	0	0	0	0	0	0	0	0
4. MEDICATIONS													
A. Pharmacy dispensing errors	7	6	3	2	5	3	2	5	1	2	5	2	43
B. Nursing-medication-administration errors	12	16	12	20	11	7	15	25	21	14	23	24	200
C. Number of new RX's (non BH)	10,193	12,110	10,120	11,138	9,910	10,164	10,405	9,616	9,757	10,029	10,112	9,518	123,072
D. Number of offenders on medication RX's (non BH)	7,528	7,504	7,568	7,583	7,192	6,357	7,107	7,129	7,318	7,257	7,355	7,235	87,133
E. % of population currently on meds (non BH)	76	75	76	76	72	64	71	71	73	73	74	74	73    %    average
5. OFF-SITE SERVICES													
A. Office visits	197	212	204	218	167	160	166	181	183	208	178	183	2,257
B. Office visits with procedures	31	38	26	33	28	10	28	36	39	42	44	24	379
C. Off-site x-rays	68	59	43	50	61	46	61	85	90	57	63	53	736
D. Hospitalizations	113	101	145	99	126	103	87	91	79	91	105	110	1,250
E. Outpatient 1-day surgeries	34	40	30	39	39	34	33	27	42	41	40	26	425
F. Emergency room	48	49	32	49	54	50	44	40	35	45	54	52	552
G. Ambulance	33	28	25	32	29	18	24	22	20	30	30	26	317
H. Stat labs	30	30	28	40	19	45	31	32	49	41	49	38	432
I. Dialysis	0	0	0	0	0	6	1	0	0	0	0	2	9
J. Chemotherapy	8	4	4	7	7	3	4	2	2	2	2	2	47
K. Radiation Therapy	0	0	0	2	22	45	42	19	18	20	26	29	223
L. Total number of approved referral requests	429	415	384	414	383	348	439	356	456	416	413	389	4,842
M. Total # of referrals not approved/alter tx plan provided	38	66	85	38	40	32	26	53	58	75	57	67	635
N. Off-site trips greater than 35 miles from facility	73	85	78	65	65	64	54	48	68	76	75	92	843
O. Off-site dental/oral surgical appointments	3	7	9	6	8	3	5	5	4	6	2	4	62
6. INFIRMARY ADMISSIONS													
A. Number of infirmary admissions	218	203	179	170	186	161	158	159	165	193	234	194	2,220
B. Total infirmary days	1,572	1,554	1,546	1,593	1,541	1,531	1,517	1,537	1,638	1,525	1,687	1,497	18,738
C. Total care offenders	6	6	6	12	10	7	8	7	7	4	9	8	8    average

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7. CHRONIC CARE OFFENDERS														
A. Total chronic care offenders	4,816	4,968	4,983	5,078	5,023	4,998	4,990	5,101	5,104	5,077	4,968	4,999	5,009	average
B. Chronic care clinics done by RN/LPN	2	1	25	51	13	5	5	8	2	10	5	8	135	
C. Chronic care clinics done by HCP	1,360	1,727	1,563	1,495	947	952	1,025	1,057	1,106	1,152	1,322	1,067	14,773	
D. Current number of offenders with Asthma	833	1,059	1,071	1,067	1,039	992	986	987	971	975	964	970	993	average
E. Current number of offenders with CV/Hypertension	1,652	1,774	1,788	1,961	1,914	1,885	1,980	2,068	2,105	2,140	2,178	2,174	1,968	average
F. Current number of offenders with COPD	173	200	231	202	198	191	187	185	181	182	180	175	190	average
G. Current number of offenders with Diabetes	542	695	732	673	675	655	664	672	685	680	672	689	670	average
H. Current number of offenders with Seizures	224	225	225	217	220	208	204	206	238	237	236	237	223	average
I. Current number of offenders with Special needs	3,292	3,079	3,027	3,063	2,784	2,774	2,684	2,807	2,844	2,819	2,835	2,916	2,910	average
J. Current number of offenders with Dialysis	7	7	7	7	6	6	6	6	7	7	6	10	7	average
K. Current number of offenders with Cancer	111	116	123	130	128	119	122	127	128	131	136	139	126	average
L. Number of offenders over 50	1,781	1,816	1,837	1,798	1,760	1,696	1,653	1,663	1,668	1,635	1,635	1,635	1,715	average
8. HIV														
A. Total offenders currently with HIV	45	48	53	51	44	48	49	47	43	40	42	42	46	average
1. White	23	24	28	25	24	23	27	26	24	22	24	24	25	average
2. Black	18	21	23	23	19	22	19	18	15	14	14	14	18	average
3. Hispanic	4	3	2	3	1	3	3	3	4	4	4	4	3	average
4. Asian	0	0	0	0	0	0	0	0	0	0	0	0	0	average
5. American Indian/Alaska Native	0	0	0	0	0	0	0	0	0	0	0	0	0	average
6. Non-Black/Non-White	0	0	0	0	0	0	0	0	0	0	0	0	0	average
B. Newly diagnosed with HIV+ this month	5	2	1	2	1	1	0	2	0	0	0	0	14	
C. HIV+ treated with highly active antiretroviral	36	45	51	49	46	48	50	48	35	34	42	42	44	average
D. HIV+ converted to AIDS	0	0	0	0	0	0	0	0	3	0	0	0	3	
E. Pre-tests counseled for HIV	89	126	64	67	46	53	66	67	66	96	44	75	859	
F. HIV tests performed	97	128	74	78	65	83	99	90	133	149	87	93	1,176	
G. Transferred or released without results	2	1	1	4	2	3	3	0	3	0	2	2	23	
H. Post-test counseled for HIV	96	106	66	55	53	62	46	76	58	85	63	63	829	
9. AIDS														
A. Total offenders currently with AIDS	0	1	1	2	2	2	2	5	6	5	5	3	3	average
1. White	0	0	0	1	1	2	2	3	4	3	3	2	2	average
2. Black	0	0	0	0	0	0	0	1	1	1	1	1	0	average
3. Hispanic	0	1	1	1	1	0	0	1	1	1	1	0	1	average
4. Asian	0	0	0	0	0	0	0	0	0	0	0	0	0	average
5. American Indian/Alaska Native	0	0	0	0	0	0	0	0	0	0	0	0	0	average
6. Non-Black/Non-White	0	0	0	0	0	0	0	0	0	0	0	0	0	average
10. TUBERCULOSIS														
A. Number of PPD's planted	1,409	1,650	1,282	1,584	1,390	1,417	1,507	1,143	1,293	1,300	1,317	1,384	16,676	
B. Number of new admissions PPD positive	25	24	27	23	18	12	13	21	13	16	13	20	225	

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C. Number of TB converters	0	0	0	0	0	0	0	1	0	0	0	0	1	
D. Confirmatory QFT's drawn from positive PPD's	25	23	27	22	17	18	18	18	12	17	14	21	232	
E. Confirmatory QFT's positive from item "D" above	10	6	10	9	7	5	0	3	0	4	2	4	60	
F. F. QFT's drawn in absence of a PPD	13	13	5	15	14	15	14	11	17	23	14	21	175	
G. Number of Positive QFT's from item "F" above	0	0	0	0	3	1	2	2	2	5	0	0	15	
H. Total number of QFT's drawn	38	36	32	37	31	33	32	29	29	40	28	42	407	
I. Offenders with new Dx of TB infection	9	6	9	8	8	5	0	3	0	4	5	7	64	
J. Total number of offenders with Dx of TB infection	297	371	374	369	328	318	313	285	292	251	251	258	309	average
K. Offenders currently receiving TB treatment for TB infection	7	12	19	15	14	19	21	24	13	8	10	11	14	average
L. Total pop dx w/TB infection who completed Tx this month	0	3	4	3	5	5	1	3	7	4	3	1	3	average
M. Active TB disease cases diagnosed this month	0	0	0	0	0	0	0	0	0	0	1	0	1	
N. Active TB disease cases currently	0	0	0	0	0	0	0	0	0	0	1	0	1	
O. Number of PPD's Read	1,389	1,638	1,285	1,550	1,435	1,402	1,467	1,196	1,286	1,262	1,278	1,351	16,539	
11. HEPATITIS														
A. Number of Hepatitis currently	755	741	760	772	776	803	809	888	906	920	873	897	825	average
1. Newly diagnosed with HEP-A	0	4	0	0	0	0	0	0	0	0	0	0	4	
2. Newly diagnosed with HEP-B	8	4	3	0	1	0	1	1	1	2	0	0	21	
3. Newly diagnosed with HEP-C	17	29	17	61	50	47	33	39	39	20	11	10	373	
4. Newly diagnosed other Hepatitis	0	0	0	0	0	0	4	4	8	9	1	3	29	
5. # of HEP-C cases being tx for purpose of a cure	10	10	9	14	13	19	24	63	76	79	61	14	33	average
6. Number of cases where treatment was stopped	0	4	5	1	3	7	6	3	4	16	50	10	109	
a. Non-compliant	0	0	0	0	0	0	0	0	1	0	0	0	1	
b. Ineffective therapy	0	0	0	0	0	0	0	0	0	0	0	0	0	
c. Completed therapy	0	4	5	1	3	7	6	3	3	16	50	10	108	
B. Number of Hep C only						725	695	814	840	871	802	828	5,575	
C. History of Hep C						155	153	168	194	189	193	153	1,205	
12. STD TESTS														
A. VDRL tests done	537	560	462	513	490	459	492	428	482	490	452	400	5,765	
1. Reactive VDRL tests	14	7	11	13	10	5	8	6	12	5	1	2	94	
B. Chlamydia tests done	63	111	81	98	76	66	102	73	95	113	69	83	1,030	
1. Positive Chlamydia tests	2	2	0	8	4	1	4	1	2	7	12	2	45	
C. Gonorrhea tests done	64	109	80	98	75	65	102	72	95	111	69	81	1,021	
1. Positive Gonorrhea tests	2	2	0	3	3	0	3	1	3	5	2	3	27	
13. AMERICANS W/ DISABILITIES ACT STATS														
A. Offenders w/ a significant hearing deficit	53	52	56	60	63	66	68	78	73	72	75	84	67	average
B. Offenders who are deaf	7	9	9	8	10	10	9	10	10	7	14	13	10	average
C. Offenders w/ a significant vision deficit	37	40	47	43	46	66	66	79	74	76	79	95	62	average
D. Offenders who are blind	10	7	9	5	7	7	9	15	13	17	14	15	11	average
E.														

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F. Offenders w/ medical issues resulting in disability	32	39	35	31	36	31	35	40	34	30	36	29	34	average
G. Offenders who are frail	259	264	228	233	229	239	237	248	191	155	142	152	215	average
1. Due to a medical issue	173	170	138	148	136	149	152	156	128	99	95	100	137	average
2. Due to age	86	94	90	85	93	90	85	92	63	56	47	52	78	average
H. Offenders w/ mobility issues	936	912	903	914	917	948	865	941	993	968	965	1,001	939	average
1. Walking assistance required	130	138	128	138	128	148	142	164	208	199	209	218	163	average
2. Wheelchair	82	82	87	80	81	81	83	91	92	90	87	84	85	average
3. No Stairs	655	612	616	616	626	634	566	596	611	604	593	619	612	average
4. Bathing/Dressing assistance required	3	3	7	6	6	5	6	11	4	2	4	4	5	average
5. Requires an aid worker	54	65	53	60	62	65	55	63	65	57	56	59	60	average
6. Prosthetic device required	12	12	12	14	14	15	13	16	13	16	16	17	14	average
I. Number of offenders on O2	7	7	9	5	9	8	9	11	10	8	9	10	9	average
J. Number of offenders using CPAP	77	77	86	86	77	92	85	87	92	90	93	95	86	average
14. MISCELLANEOUS														
A. Offenders diagnosed w/ new fungal infections	51	59	40	37	29	47	59	56	48	65	50	45	586	
B. Newly arrived offenders w/ lice/scabies/crabs	2	1	1	1	1	0	0	1	0	1	0	1	9	
C. Stable offender population w/ lice/scabies/crabs	6	3	12	16	0	5	2	2	0	0	2	2	50	
D. Number of offenders diagnosed w/ MRSA	42	37	29	30	21	23	24	27	25	32	29	26	345	
E. Offenders w/ MRSA that receive treatment	38	37	29	30	21	21	25	27	24	32	29	25	338	
15. CLASSIFICATIONS														
B. Class II	4,131	3,979	3,934	3,953	3,919	3,915	3,884	3,883	3,889	3,863	3,936	3,753	3,920	average
C. Class III	328	335	346	359	340	358	360	357	364	352	380	353	353	average
D. Class IV	9	8	11	11	10	9	9	9	8	7	10	7	9	average
E. Class V	198	212	198	177	181	182	180	179	184	190	202	204	191	average
16. PREGNANCIES														
A. Pregnancies currently	10	11	9	11	7	9	8	8	11	12	13	13	10	average
B. Newly diagnosed pregnancies	1	4	4	2	0	4	2	1	3	5	3	2	31	
C. Pregnancies delivered/terminated	4	2	3	1	2	2	1	1	1	1	0	5	23	
17. DIETS														
A. Cardiac/HTN diets prescribed	202	169	153	151	138	122	117	117	140	108	94	92	134	average
B. Diabetic diets prescribed	245	260	233	220	204	192	181	168	163	156	157	171	196	average
C. Renal diets prescribed	20	13	11	10	9	11	11	10	13	10	10	9	11	average
18. INTENTIONALLY LEFT BLANK														
A. Intentionally Left Blank														
19. OFFENDER DEATHS														
A. Total Deaths	1	3	0	2	4	3	1	0	1	8	4	2	29	
1. Deaths due to injuries	0	0	0	0	0	0	0	0	0	1	0	0	1	
2. Deaths due to homicide	0	0	0	0	0	0	0	0	0	0	0	0	0	
3. Deaths due to suicide	0	0	0	1	1	0	0	0	0	1	0	0	3	



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4. Medically expected deaths	0	3	0	0	1	0	0	0	1	1	2	2	10
5. Medically unexpected deaths	1	0	0	1	2	3	1	0	0	5	2	0	15
20. KDOC CONTRACT STAFF													
A. Needle sticks	1	2	1	3	1	1	0	0	1	0	1	0	11
B. Completed orientation training	17	14	11	11	9	12	9	11	14	14	14	8	144
C. Completed 16 hour KDOC training	0	0	2	9	22	7	41	46	77	33	56	34	327
21. KDOC EMPLOYEES													
A. KDOC & Contractor TB Skin Tests Planted	206	307	278	217	186	222	483	264	338	300	233	260	3,294
B. TB new hire positive	0	1	0	1	0	0	0	2	1	6	1	3	15
C. TB converters	0	0	0	0	0	0	0	0	1	0	0	0	1
D. HEP-B vaccine administered	68	44	42	33	33	31	30	23	17	11	15	40	387
E. Flu shots administered	0	0	0	0	0	0	1	0	0	0	0	1	2
F. Pre-Employment physicals	63	59	54	66	33	46	56	45	58	53	43	84	660
G. Training hours provided by contract staff	87	76	87	124	82	76	122	99	80	76	77	72	1,058
22. BEHAVIORAL HEALTH ENCOUNTERS													
A. Psychiatric nurse encounters	252	405	334	404	321	222	529	492	494	436	430	412	4,731
B. Psychiatric encounters	2,384	2,700	2,372	2,935	2,605	2,437	2,830	2,532	2,551	3,062	2,811	2,648	31,867
C. Follow-up encounters by MHP	2,921	3,287	2,575	2,895	2,641	2,288	2,803	2,319	2,364	2,607	2,685	2,338	31,723
D. Individual therapy encounters	211	277	256	229	235	183	201	164	197	212	210	185	2,560
E. Group therapy encounters	1,733	2,182	2,109	2,136	1,961	1,710	1,775	1,611	1,729	2,047	2,002	1,720	22,715
F. Activity therapy individual encounters	250	206	177	323	203	161	213	248	260	248	283	214	2,786
G. Activity therapy group encounters	2,162	2,871	2,606	2,200	2,838	1,904	2,345	2,878	2,533	2,886	2,902	2,729	30,854
H. Initial diagnostic encounter	374	369	290	369	341	322	347	282	326	356	304	292	3,972
I. Segregation rounds	11,439	12,364	10,663	12,492	11,608	11,477	11,891	11,168	11,806	14,016	13,326	12,824	145,074
J. Special needs	2,066	2,000	1,916	2,257	2,055	2,092	2,274	2,159	2,311	2,354	2,392	2,265	26,141
23. DIAGNOSIS													
A. Newly dx w/ BH clinical disorder (exclude sole dx of subs abuse)	205	235	198	214	176	203	237	187	216	247	231	151	2,500
B. Newly dx w/ dual dx (subs use + BH clinical disorder)	85	119	71	115	47	88	131	94	109	130	130	103	1,222
C. Total number of crisis level	1,036	816	751	841	917	1,196	1,122	980	986	923	1,126	931	11,625
1. Level I	498	375	365	404	375	534	520	411	461	468	570	546	5,527
2. Level II	308	254	206	258	351	323	311	310	257	276	398	245	3,497
3. Level III	225	186	171	158	184	333	281	256	264	172	150	137	2,517
4. Level IV	4	1	6	18	6	5	9	3	3	7	8	3	73
5. Level V	1	0	3	3	1	1	1	0	1	0	0	0	11
D. Total number of offenders on crisis level	146	119	116	111	121	130	154	125	139	137	165	134	133      average
E. Offenders w/ the diagnosis of Intellectually Disabled	184	193	199	204	208	213	217	227	232	242	246	240	217      average
F. Offenders w/ the diagnosis of Borderline IQ (70-79)	134	134	140	137	139	140	144	136	139	139	125	119	136      average
G. Offenders w/ history of traumatic brain injury (TBI)	34	41	46	40	46	34	44	41	73	38	40	41	43      average

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H. Offenders meeting SPMI criteria	1,088	1,096	1,097	1,100	1,095	855	868	867	846	865	863	850	958	average
1. % of offenders meeting SPMI criteria	11	11	11	11	11	9	9	9	8	9	9	9	10	% average
I. Offenders meeting SMI criteria	2,176	2,191	2,193	2,202	2,191	2,352	2,456	2,305	2,414	2,457	2,455	2,464	2,321	average
1. % of offenders meeting SMI criteria	22	22	22	22	22	24	25	23	24	25	25	25	23	% average
J. Offenders meeting MI criteria	597	600	600	602	598	773	811	780	778	761	756	755	701	average
1. % of offenders meeting MI criteria	6	6	6	6	6	8	8	8	8	8	8	8	7	% average
24. REVIEWS														
A. Behavioral health screens	517	570	457	527	461	450	565	399	521	501	454	451	5,873	
B. Interfacility transfer file review	1,188	1,322	1,100	1,103	1,071	1,163	1,583	1,715	1,665	1,639	1,620	1,639	16,808	
C. Release planning	821	813	700	799	779	750	819	520	533	625	582	463	8,204	
D. Case Consultations	745	896	443	520	592	479	528	431	475	527	518	385	6,539	
E. PV screens reviewed	107	78	53	62	63	97	85	56	75	58	63	72	869	
F. Segregation 30/90 reviews	304	300	269	293	282	308	277	204	210	211	284	191	3,133	
G. Segregation review board	778	979	818	842	739	749	867	558	670	699	1,056	722	9,477	
H. Number of RDU reports completed	298	370	276	338	304	256	319	253	339	324	302	283	3,662	
25. MEDICATIONS														
A. Offenders on Psychotropic medications	2,840	2,710	2,795	2,745	2,752	2,772	2,702	2,688	2,741	2,751	2,814	2,753	2,755	average
B. % of offenders on psychotropics / ADP	29	27	28	27	28	28	27	27	27	27	28	28	28	% average
C. Involuntary medications	49	50	48	46	59	53	54	40	34	55	55	64	51	average
D. Recommended for involuntary medications	12	3	1	10	5	1	4	3	5	9	3	2	5	average
E. Approved for involuntary medications	12	3	0	10	5	1	4	3	5	8	3	2	5	average
F. Offenders on forced medications	1	0	2	0	1	1	1	0	1	0	0	0	1	average
26. CSRs														
A. KDOC CSRs	0	0	5	0	1	4	4	0	0	0	0	0	14	
B. KBP CSRs	1	3	0	1	1	0	0	3	0	0	16	2	27	
C. MDT CSRs	36	33	24	24	24	21	19	24	26	19	9	22	281	
27. TRANSFERS														
A. Transfers to LCMHF	0	3	1	3	2	1	1	18	25	19	22	39	134	
B. Transfers to LSSH	1	0	0	0	0	0	0	1	0	2	0	0	4	
C. Transfers from LCMHF	12	8	8	6	9	7	7	35	8	12	14	9	135	
D. Transfers from LSSH	0	0	4	7	5	1	0	1	0	1	0	0	19	
28. SELF-HARM, SUICIDES, AND DEATHS														
A. Self-harm episodes	41	37	40	45	43	37	40	39	39	41	53	37	492	
B. Suicide threats/gestures	53	39	38	57	62	63	64	53	53	55	82	63	682	
C. Suicide attempts	10	8	7	7	11	7	9	8	11	7	5	3	93	
D. Suicides	0	0	0	1	1	0	0	0	0	1	0	0	3	
29. CONTRACT STAFF														
A. Staff court testimony hours	2	1	0	1	3	0	5	2	3	1	15	0	33	
B. Staff supervision hours (giving/receiving)	310	233	258	251	229	117	124	142	130	192	187	106	2,279	

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C. Mental Health In-Service Hours	124	169	172	158	149	119	35	118	179	180	105	51	1,559	
30. MISCELLANEOUS														
A. Number of offenders in special needs	1,611	1,702	1,900	2,044	2,007	2,007	2,018	2,057	2,084	2,116	2,131	2,108	1,982	average
B. Average daily population of offenders (ADP)	9,892	9,972	9,970	10,005	9,956	9,904	9,945	9,986	10,019	10,007	9,982	9,793	9,953	average
ASCA.														
V 1.1 Behavioral health assessments	17,442	19,673	16,973	19,337	17,410	16,549	17,867	16,452	17,786	18,593	18,839	16,605	213,526	
V 1.2 Behavioral health diagnosis/assessments	3,492	3,583	3,507	3,760	3,446	3,423	3,658	3,479	3,693	3,366	3,237	3,099	41,743	
V 1.3 Behavioral health diagnosis - prevalence KDOC	6,689	7,116	7,038	7,231	7,204	7,225	7,216	7,163	7,259	6,314	6,320	6,282	6,921	average
V 1.4 BH clinical disorder dx/assessment	2,890	2,959	2,843	3,120	2,916	2,940	3,048	2,928	3,126	2,893	2,743	2,712	35,118	
V 1.5 BH clinical disorder dx/prevalence	3,758	4,093	4,085	4,236	4,249	4,315	4,351	4,328	4,457	3,892	3,919	3,914	4,133	average
V 2.1 BH tx for clinical disorder - prevalence/assessment	619	1,060	865	1,209	1,000	1,016	1,208	1,045	1,056	993	942	996	12,009	
V 2.2 BH tx for clinical disorder - prevalence KDOC	3,181	3,205	3,130	3,221	3,225	3,310	3,364	3,383	3,375	2,993	3,014	3,002	3,200	average
V 3.1 Number of Behavioral health beds	490	490	490	490	490	490	490	490	490	490	490	490	490	average
V 3.2 BH placements in non-KDOC facility	44	44	44	44	44	44	44	44	44	44	44	44	44	average
SPECIALTY.														
1. Healthcare encounters by healthcare professionals VIII.1.1	7,598	8,621	7,323	7,492	6,505	6,352	6,715	5,945	6,637	7,054	7,018	6,335	83,595	
2. Health care visits by health care practitioners VIII.1.2	4,221	4,944	4,053	4,686	4,050	3,800	4,564	3,873	3,379	4,039	3,884	3,758	49,251	
3. Offenders tx'ed for an emergency health condition VIII.4.2	81	77	57	81	83	68	68	62	55	75	84	78	869	
4. Specialty consults completed VIII.4.3	270	294	264	299	263	258	274	265	284	313	290	266	3,340	
CONTRACT FTE														
1. Ellsworth Correctional Facility	26.98	26.98	27.00	27.00	27.08	27.08	27.08	27.08	27.08	27.08	27.08	27.08	27.05	average
2. El Dorado Correctional Facility	122.00	121.50	122.00	122.00	121.50	121.50	121.50	121.50	121.50	121.50	121.50	121.50	121.63	average
3. Hutchinson Correctional Facility	71.00	71.00	71.00	71.00	73.80	73.80	73.80	73.80	73.80	73.80	73.80	73.80	72.87	average
4. Lansing Correctional Facility	94.90	94.90	95.00	95.00	94.90	94.90	94.90	94.90	94.90	94.90	94.90	94.90	94.92	average
5. Larned Correctional Mental Health Facility	19.75	19.75	20.00	20.00	20.75	20.75	20.75	20.75	20.75	20.75	20.75	20.75	20.46	average
6. Norton Correctional Facility	25.90	25.90	26.00	26.00	26.90	26.90	26.90	26.90	26.90	26.90	26.90	26.90	26.58	average
7. Topeka Correctional Facility	52.00	52.00	52.00	52.00	51.65	51.65	51.65	51.65	51.65	51.65	51.65	51.65	51.77	average
8. Winfield Correctional Facility	24.00	24.38	24.38	0.00	25.38	25.40	25.38	25.40	25.38	25.40	25.40	25.38	22.99	average

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PAGE 1	YTD	JULY 18	AUG 18	SEPT 18	OCT 18	NOV 18	DEC 18	JAN 19	FEB 19	MAR 19	APR 19	MAY 19	JUNE 19
<b>1. SICK CALL</b>													
KJCC HEALTH SERVICES REPORT FY-2019	5921	503	520	445	651	490	412	546	493	459	455	456	491
1. RN/LPN	5485	474	491	415	610	445	390	500	444	424	415	420	457
2. Physician/APRN	436	29	29	30	41	45	22	46	49	35	40	36	34
<b>B. SICK CALL FOLLOW-UP</b>	5225	473	459	373	568	501	480	332	363	497	360	408	0
1. RN/LPN	4734	406	391	323	502	466	461	284	330	470	332	382	387
2. Physician/APRN	491	67	68	50	66	35	19	48	33	27	28	26	24
<b>C. SEGREGATION SICK CALL</b>	6	0	1	5	0	0	0	0	0	0	0	0	0
1. RN/LPN	6	0	1	5	0	0	0	0	0	0	0	0	0
2. Physician/APRN	0	0	0	0	0	0	0	0	0	0	0	0	0
<b>D. INITIAL DENTAL SICK CALL</b>	131	5	1	17	19	15	11	12	7	14	6	15	9
1. RN/LPN	131	5	1	17	19	15	11	12	7	14	6	15	9
2. Physician/APRN	0	0	0	0	0	0	0	0	0	0	0	0	0
<b>E. Requests</b>	0	0	0	0	0	0	0	0	0	0	0	0	0
1. Medical requests (written response only)	0	0	0	0	0	0	0	0	0	0	0	0	0
2. Dental requests (written response only)	0	0	0	0	0	0	0	0	0	0	0	0	0
<b>2. DENTAL</b>													
A. Dental visits	693	70	61	54	67	33	66	61	54	62	60	48	57
B. Initial dental treatment plans	166	8	13	12	11	7	25	20	14	14	15	15	12
C. Oral surgeries	11	3	0	0	0	0	0	3	0	1	0	0	4
D. Dental x-rays	620	83	68	40	46	29	81	56	46	40	46	38	47
E. Dental treatment plans completed	65	8	6	5	8	2	1	5	7	6	7	7	3
F. New admits with severe decay	2	0	1	0	0	0	0	0	0	0	1	0	0
G. Orthotic appliances (includes braces)	3	0	0	0	0	0	0	2	0	0	1	0	0
<b>3. IN-HOUSE SERVICES</b>													
A. Physicals	306	19	27	16	24	33	29	22	29	15	36	32	24
B. Emergency encounters	1338	84	92	72	98	118	144	111	126	118	124	116	135
C. Optometrist visits	159	11	11	15	14	10	13	14	19	16	16	9	11
D. Consultant's visits	0	0	0	0	0	0	0	0	0	0	0	0	0
E. Medical X-ray/Imaging	365	28	40	32	25	22	31	26	36	33	39	22	31
F. Physical therapy visits	27	5	4	0	3	0	7	8	0	0	0	0	0
G. Number of Use of Force Assessments	377	43	35	32	13	24	36	31	21	40	36	39	27

<b>PAGE 2</b>	<b>3. IN-HOUSE SERVICES (CONTINUED)</b>	<b>YTD</b>	<b>JULY 18</b>	<b>AUG 18</b>	<b>SEPT 18</b>	<b>OCT 18</b>	<b>NOV 18</b>	<b>DEC 18</b>	<b>JAN 19</b>	<b>FEB 19</b>	<b>MAR 19</b>	<b>APR 19</b>	<b>MAY 19</b>	<b>JUNE 19</b>
	H. Number of grievances	0	0	0	0	0	0	0	0	0	0	0	0	0
	1. Formal (formal grievance form)	0	0	0	0	0	0	0	0	0	0	0	0	0
	2. Informal ( Form 11 complaint)	0	0	0	0	0	0	0	0	0	0	0	0	0
	3. Central Office/Hotline Response	0	0	0	0	0	0	0	0	0	0	0	0	0
	I. Admission intake screening	166	9	12	12	14	12	16	20	14	14	16	15	12
	J. Inter/intra facility transfer screening forms completed	0	0	0	0	0	0	0	0	0	0	0	0	0
	K. Number of youth placed in clinic observation	50	4	3	6	6	4	3	0	2	8	6	2	6
	L. Number of youth placed in medical seg housing	1	0	0	0	0	0	0	1	0	0	0	0	0
	<b>4. MEDICATIONS</b>													
	A. Pharmacy dispensing errors	11	5	1	0	0	0	0	0	0	0	2	3	0
	B. Nursing-medication-administration errors	15	1	2	1	1	1	0	1	2	0	0	3	3
	<b>5. OFF-SITE SERVICES</b>													
	A. Office visits	45	11	4	6	2	5	3	4	1	4	2	3	0
	B. Office visits with procedures	4	2	0	1	1	0	0	0	0	0	0	0	0
	C. Mammograms	1	0	0	0	0	0	0	0	1	0	0	0	0
	D. Off site x-rays	11	1	3	2	2	3	0	0	0	0	0	0	0
	E. Hospitalizations	2	0	1	0	0	0	0	0	0	1	0	0	0
	F. Out patient 1 day surgeries	1	0	0	0	0	0	0	0	1	0	0	0	0
	G. Emergency room	5	0	1	0	0	2	1	0	0	1	0	0	0
	H. Ambulance	0	0	0	0	0	0	0	0	0	0	0	0	0
	I. Stat Lab	3	0	0	1	0	0	0	0	0	2	0	0	0
	J. Dental	7	0	1	1	2	0	0	0	0	0	1	1	1
	<b>6. SEGREGATION/USE OF FORCE</b>													
	A. Number of youth cleared for seg in the clinic	567	52	44	42	27	38	60	53	38	54	47	63	49
	B. Number of youth cleared for seg cell side	0	0	0	0	0	0	0	0	0	0	0	0	0
	C. Number of youth assessed after UOF in clinic	377	43	35	32	13	24	36	31	21	40	36	39	27
	D. Number of youth assessed after UOF cell side	0	0	0	0	0	0	0	0	0	0	0	0	0
	E. Number of segregation rounds	1959	266	208	151	95	134	193	168	91	145	147	199	162
	<b>7. CHRONIC CARE YOUTH</b>													
	A. Total chronic care youth	AVG	38	34	26	30	25	29	31	30	29	29	33	32
	B. Chronic care clinics done by HCP	131	17	14	3	15	12	3	14	14	3	15	17	4
	C. Chronic care clinics done by nurse	342	36	31	24	27	23	28	31	29	27	27	32	27
	1. Asthma	154	9	9	9	12	11	12	15	17	15	15	16	14
	2. Diabetes	23	4	4	3	2	2	2	1	1	1	1	1	1
	3. Obesity	0	0	0	0	0	0	0	0	0	0	0	0	0
	4. Seizure	7	0	0	0	0	0	1	1	1	1	1	1	1
	5. TB disease or infection	0	0	0	0	0	0	0	0	0	0	0	0	0
	6. CV, Hypertension	29	4	4	3	2	1	0	2	3	3	3	2	2
	7. Sick cell anemia	0	0	0	0	0	0	0	0	0	0	0	0	0
	8. Immunosupressed	0	0	0	0	0	0	0	0	0	0	0	0	0
	9. Special needs	210	21	17	20	22	17	19	19	15	13	13	17	17

[illegible]

[illegible]

<b>PAGE 5</b>	<b>YTD</b>	<b>JULY 18</b>	<b>AUG 18</b>	<b>SEPT 18</b>	<b>OCT 18</b>	<b>NOV 18</b>	<b>DEC 18</b>	<b>JAN 19</b>	<b>FEB 19</b>	<b>MAR 19</b>	<b>APR 19</b>	<b>MAY 19</b>	<b>JUNE 19</b>
<b>17. DIETS</b>													
A. Allergy diets prescribed	251	22	21	20	20	17	16	20	23	23	25	23	21
B. Diabetic diets prescribed	2	1	1	0	0	0	0	0	0	0	0	0	0
C. Pregnancy diet prescribed	1	1	0	0	0	0	0	0	0	0	0	0	0
D. Other special diet prescribed	16	2	2	2	4	1	1	0	0	0	1	2	1
E. Nutritional supplements prescribed	49	4	4	3	5	4	3	3	5	7	5	3	3
<b>18. DEATHS</b>													
A. Total deaths	0	0	0	0	0	0	0	0	0	0	0	0	0
B. Deaths due to injuries	0	0	0	0	0	0	0	0	0	0	0	0	0
C. Deaths due to homicide	0	0	0	0	0	0	0	0	0	0	0	0	0
D. Deaths due to suicide	0	0	0	0	0	0	0	0	0	0	0	0	0
E. Medically expected death	0	0	0	0	0	0	0	0	0	0	0	0	0
F. Medically unexpected death	0	0	0	0	0	0	0	0	0	0	0	0	0
<b>19. JJA EMPLOYEES</b>													
A. Number of TB skin test planted	342	38	42	33	27	26	33	33	23	19	28	19	21
B. Number of new employees with positive TB	1	0	0	0	1	0	0	0	0	0	0	0	0
C. Number of TB converters	0	0	0	0	0	0	0	0	0	0	0	0	0
D. Number of Hepatitis B vaccine administered	0	0	0	0	0	0	0	0	0	0	0	0	0
E. Number of flu shots administered	115	0	0	0	106	8	1	0	0	0	0	0	0
F. Pre-employment physicals	0	0	0	0	0	0	0	0	0	0	0	0	0
G. Training hours provided	AVG	4	2	2	2	4	2	0	2	2	2	2	2
<b>20. HEALTH CARE STAFF</b>													
A. Number of needle stick incidents	0	0	0	0	0	0	0	0	0	0	0	0	0
B. Completed orientation training	9	2	0	0	2	0	1	1	0	1	0	1	1
C. Number of JJA training hours completed	290	0	0	38	42	72	0	48	80	10	0	0	0



#### 4.15 INMATE GRIEVANCE MECHANISM:

Specify the policies and procedures to be followed in dealing with inmate complaints regarding any aspect of the health care delivery system and in accordance with applicable Kansas Administrative Regulations, which can be found at [https://www.kssos.org/pubs/pubs\\_kar.aspx](https://www.kssos.org/pubs/pubs_kar.aspx).

##### KAR 44-15-102 Procedure

When an appeal of the warden's decision is made to the secretary, the secretary shall then return in a timely manner the grievance report form to the inmate with an answer. The answer shall include findings of fact, conclusions made, and actions taken.

The total number of pages of inmate grievance text shall not exceed 10 pages. Text appearing on the front and back of a page shall count as two pages. Any page of text beyond 10 pages shall not be considered when determining the merits of the grievance.

##### KAR 44-15-105 Records

Confidentiality- Records regarding the participation of an individual in grievance proceedings shall be considered confidential and shall be handled under the same procedures used to protect other confidential case records.

##### 44-15-106 Emergency Procedure

In emergency situations the inmate may bypass the prerequisite of informal resolution if going to the unit team would not obtain a solution to the problem. The inmate shall indicate on the face of the grievance form the nature of the emergency and shall write the word "emergency" at the top of the grievance report form.