Needs Related to Regional Medical Facilities for TDCJ

A Study Submitted in Response to Rider 78, TDCJ Appropriations, Senate Bill 1, 79th Legislature, 2005

Correctional Managed Health Care

UTMB The University of Texas Medical Branch

TEXAS DEPARTMENT OF CRIMINAL JUSTICE

TEXAS TECH UNIVERSITY HEALTH SCIENCES CENTER AMARILLO • EL PASO • LUBBOCK • ODESSA

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Executive Summary

A review of the needs related to regional medical facilities within TDCJ was conducted pursuant to Rider 78, Senate Bill 1, 79th Legislature, 2005. This review examines the current TDCJ offender population in terms of health related characteristics; identifies key factors that must be taken into consideration when considering medical facilities; summarizes an inventory of current health care capabilities within the system; and examines current ongoing initiatives within the correctional health care program.

Without question, the single most important demographic factor impacting the correctional health care program is the aging of the offender population. The subset of the TDCJ population comprised of offenders aged 55 and older is growing at a rate of more than ten percent per year. This population consumes health care resources at a rate three-four times that of younger offenders. Absent changes in sentencing or release consideration policies, this growth is projected to continue.

This report contains several recommendations in three categories: a discussion of new health care facility needs, a review of how current initiatives are working to improve the use of existing facilities, and a summary of capital equipment needs that have been identified to maintain the current facility service capacities.

Three specific new facility related recommendations are suggested for further study:

- the development of 15-20 dedicated female offender infirmary beds;
- the development of an additional psychiatric inpatient facility for female offenders with a capacity of 150-180 beds;
- the development of an additional 150-200 geriatric extended care beds for older offenders within the TDCJ system.

In addition, the report recommends continuation of the use of the Clinical Acuity Rating System now being implemented to assist in identifying opportunities to cluster additional offender patients, especially those with end-stage liver disease, insulin dependent diabetes and cardiac/pulmonary care needs. Concentrating groups of these patients in existing facilities offers an opportunity to redistribute resources, develop specialized training and services and improve patient outcomes.

Finally, the report notes that the use of existing medical facilities faces some limitations due to the need to upgrade and replace critical capital equipment, especially medical imaging capabilities. Such equipment is necessary to the adequate delivery of services.

Needs Related to Regional Medical Facilities for TDCJ

Introduction

During the 79th Legislative Session, Rider 78 added to the TDCJ Appropriations in Senate Bill 1 required that a study of the use of regional medical facilities within the Texas Department of Criminal Justice be developed. The study was to examine the state, regional and local issues related to cost savings to the department by housing and treating offenders with similar medical conditions. The study was also charged with evaluating potential locations for any new such facilities based on location to current facilities and construction costs.

This report has been prepared and submitted in accordance with Rider 78 by a joint work group comprised of representatives of the Correctional Managed Health Care Committee, the Texas Department of Criminal Justice, the University of Texas Medical Branch and the Texas Tech University Health Sciences Center.

Approach

Any review of the needs associated with correctional medical facilities is a complex endeavor. Unique needs related to the correctional environment including facility security issues, offender classification needs, population management issues, health care status, transportation requirements, availability of health care staff, proximity to specialized care and a myriad of other such factors must be considered.

The joint work group assigned to this project determined that the study should include:

1. An inventory of current facilities, populations and systems;
2. The development of a needs assessment based on known health care service populations, issues and trends;
3. Consideration of ongoing initiatives and their projected impact on future needs;
4. Development of recommendations for consideration related to:
    a. improved utilization of current facilities; and,
    b. the need for new facilities to address current and projected health care needs; and,
5. A review of cost implications of the recommendations.

Key Considerations

Over the course of the review, a number of key considerations were identified that must be factored into any decision-making related to modifying or adding to the existing network of medical facilities supporting the correctional managed health care program.

Classification and Security

First and foremost among these considerations is the need for any recommendations to dovetail closely with the classification systems used by TDCJ to assign and manage the safety and security of the offender population. Offenders undergo an extensive intake processing that collects and considers a wide variety of information on the offender, his history and his needs. Facility assignments are then made based on consideration of the offender's safety, security and treatment needs. On the unit of assignment, an offender is given a custody designation which indicates where and with whom the offender can live, how much security supervision is needed, and what job the offender can be assigned to. An offender's custody level depends on current institutional behavior, previous institutional behavior, and current offense and sentence length.

Institutional Offender Custody Levels:	State Jail Offender Custody Levels:
1. Administrative Segregation	1. Special Management
2. General Population Level 5 (G5)	2. General Population Level 5 (J5)
3. General Population Level 4 (G4)	3. General Population Level 4 (J4)
4. General Population Level 3 (G3)	
5. General Population Level 2 (G2)	4. General Population Level 2 (J2)
6. General Population Level 1 (G1)	5. General Population Level 1 (J1)

Explanations of the various custody levels used within TDCJ facilities are explained below:

Administrative Segregation or Special Management refers to offenders who must be separated from the general population because they are dangerous, either to other offenders or staff, or they are in danger from other offenders. Additionally, offenders who, according to the SCC, are members of security threat groups designated by TDCJ may be given this custody level. These offenders leave their cells, for the most part, only for showers and limited recreation. (Offenders assigned to Administrative Segregation in expansion cellblocks shower in their cells.)

General Population Level 5 (G5) or (J5) custody refers to offenders who have assaultive or aggressive disciplinary records. G5 or J5 custody offenders must live in cells. They may not work outside the security fence without direct, armed supervision.

General Population Level 4 (G4) or (J4) custody means the offender must live in a cell, with few exceptions, and may work outside the security fence under direct **armed** supervision. J4 State Jail offenders may be housed in designated dorms.

General Population Level 3 (G3) refers to Institutional offenders who may live in dorms or cells inside the main building of the unit. G3 offenders are ineligible to live in dorms outside the main building of a unit, inside the security fence. G3 offenders will be generally assigned to field force and secure jobs inside the perimeter as designated by the Warden. They may work outside the security fence under direct **armed** supervision. (State Jail offenders are not assigned to level 3 custody.)

General Population Level 2 (G2) or (J2) custody refers to offenders who may live in dorms or cells inside the security fence. They may work outside the security fence under direct **armed** supervision.

General Population Level 1 (G1) or (J1) custody allows offenders to live in dorms outside the security fence. They may work outside the security fence with periodic unarmed supervision.

Note: *Offenders in all of the above general population custody levels may also be given a safekeeping status if they need an added level of protection from other offenders.*

Such considerations govern placement of offenders throughout the system and are necessary and critical to maintaining the safety and security of the staff, offenders and facilities. Additionally, from a health care delivery perspective, offenders in restrictive housing status (administrative segregation) present added resource and scheduling challenges as many of the services are delivered to these offenders cellside.

Facility Missions

Another key consideration that must be considered is that many TDCJ facilities have specific specialized missions. Certain TDCJ facilities, for example, serve principally as intake facilities for the system--processing incoming offenders, screening them for health care needs and collecting the information needed for classification purposes. Other facilities have specialized work or programmatic considerations. Some facilities have extensive prison industry or agricultural operations which must be manned with an offender work force healthy enough to perform the needed work. Specialized substance abuse, educational, vocational and treatment programs are located at various facilities throughout the system that must also be considered.

Facility Physical Plant

TDCJ has a wide variety of facilities, some dating back more than 50 years. The capabilities of various physical plants to handle expanded health care missions is limited by space considerations, the age of the buildings, the availability of infrastructure, the type of construction and other such factors. In many cases, the design and type of housing limits the offenders that may be housed at the facilities based on classification and security considerations.

Geography

The TDCJ system of institutions is wide-spread geographically. From Dalhart in the northwest panhandle to Raymondville in South Texas, from Beaumont on the eastern border of Texas to El Paso in the far west, more than 100 prison facilities dot the Texas landscape. Some of these facilities are located in clusters of two or more prison facilities and share certain services and capabilities, while other facilities stand alone. Mileage between facilities and regional and central service points must be a key consideration for any facility planning.

Current Health Care Facilities

Over the last couple of decades, the State has developed and constructed a number of health care facilities designed specifically for the correctional population. In addition to the prison hospital located in Galveston on the campus of the University of Texas Medical Branch, specific health care related facilities are located in Huntsville (Estelle Regional Medical Facility, UTMB Central Pharmacy Facility, Estelle Geriatric Facility), Lubbock (Montford Inpatient Psychiatric Facility, Western Regional Medical Facility), Sugarland (Jester IV Inpatient Psychiatric Facility), Rusk (Skyview Inpatient Psychiatric Facility), Texas City (Carole Young Regional Medical Facility and Sheltered Housing Unit) and Amarillo (Program for the Aggressive Mentally-ill Offender).

A number of other facilities have built-in infirmary space, clinics or other specialized construction designed for specific health-related missions. Health care facility planning must consider the capabilities, shortcomings, location and missions of the current facilities.

Staffing and Support Resource Availability

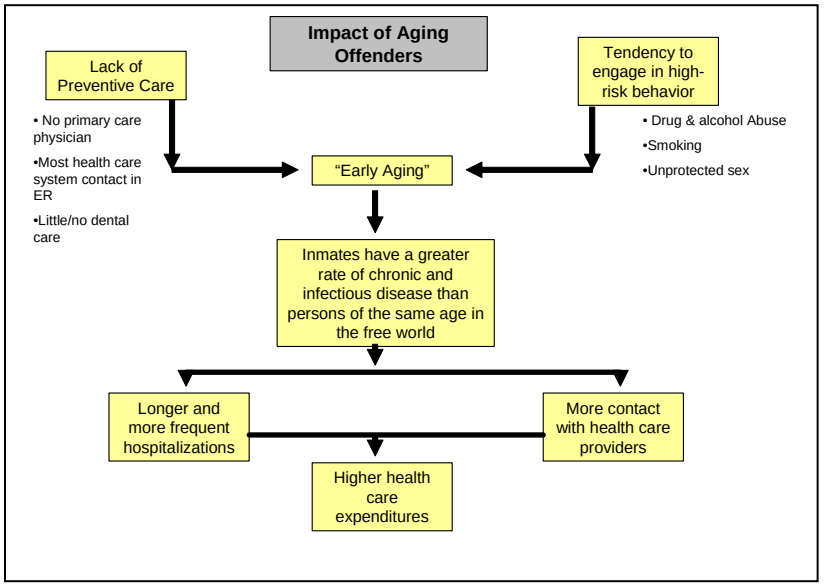
Both from a correctional supervision and from a health care point of view, consideration must be given to the ability to properly staff and support any modifications or additions to current health care facilities. Some areas of the state have historically had more difficulty in recruiting correctional staff or health care staff or both. Other considerations such as adequate hospital and emergency room capabilities in the immediate area must also be taken into account.

In developing plans for regionalizing health care services, one must also take into account the availability of specialists to support the concentration of patients with common disease states and needs. In some areas of the state the program has historically had difficulty finding certain types of specialty care support.

Key Service Population Characteristics

While some of the health care populations will be discussed in greater detail later in this report, it is important to begin the review with an understanding of some of the key demographics of the offender population served by the correctional health care program. Currently, comprehensive health care services are delivered to nearly 152,000 TDCJ offenders statewide. It is also important to note that the correctional population is in a constant state of change. Each year, more than 70,000 offenders come in to the system and more than 70,000 depart. This turnover as offenders move through the criminal justice system creates significant operational challenges for correctional health care systems.

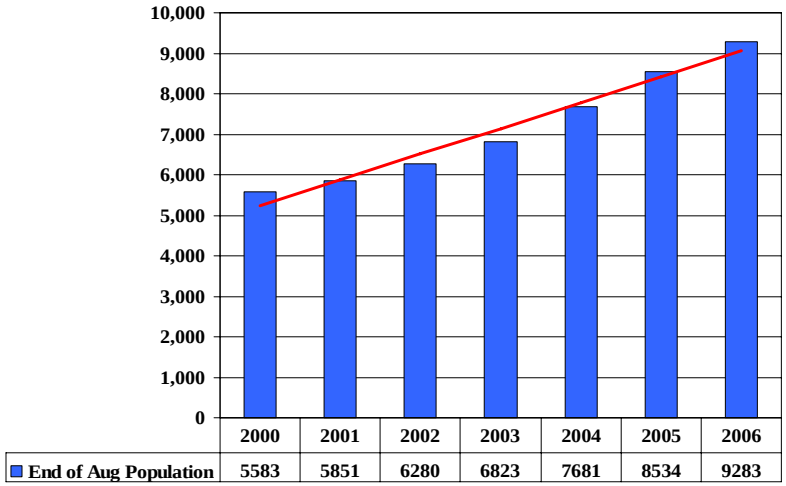
Demographically, the offender population served is about 7.8% female and 92.2% male. The average age of offenders is approximately 36 years; however more than 9400 are age 55 and older. The offender population is predominately minority with about 38.8% black, 31.6% white, 29.1% hispanic, and 0.5% other. Almost 48% of the on-hand population is incarcerated for a violent offense. The average IQ is less than 100 and the average educational achievement is less than the eighth grade. About 7% of the offender population is confined in administrative segregation, requiring higher security and more involved delivery of health care services. The average sentence length for on-hand offenders is 17.4 years.



The TDCJ offender population on the whole presents serious health care challenges. Prison offenders generally have health problems associated with persons ten years older in the general population, driven by a general lack of preventive care and a tendency to have engaged in high risk behavior such as drug and alcohol abuse. Therefore, a 55-year old in prison is, from a health care perspective, equivalent to a 65-year old in

the general population outside of the prison walls. As is noted in more detail later in this report, TDCJ offenders have a high rate of chronic and infectious diseases, have more extensive dental problems and are at a high risk of having mental health issues.

Historical Growth Offender Age 55+ Population



As the chart to the right indicates, the growth of the aging population has been significant. This trend is expected to continue into the foreseeable future and is the primary driver of correctional health care costs. Offenders age 55 and older access the health care delivery system at a much higher level and frequency than younger offenders. Encounter data in FY 2006 indicates that offenders aged 55 and over had a documented encounter with medical staff about three times as often as those under age 55. Further, an examination of hospital admissions by age category found that older offenders were utilizing hospital resources at a rate approximately five times higher than the younger offenders. While comprising about 5.9% of the overall service population, offenders age 55 and over account for more than 28% of the hospitalization costs.

During the course of a single year, health care staff will document more than 3.4 million medical, dental and mental health encounters with offenders. On any given day the population served by the correctional health care program includes:

- more than 170 offender inpatients in hospital settings,
- 355 offenders housed in prison infirmaries requiring 24-hour nursing care,
- 18 patients in hospice care,
- more than 20,000 offenders who have tested positive for Hepatitis C,
- 2400 HIV positive offenders,
- 180 offenders require dialysis,
- 233 offenders confined to wheelchairs,
- 725 offenders housed in the mentally retarded offender program,
- 1915 offenders in inpatient psychiatric facilities,
- and almost 18,000 offenders on the outpatient mental health caseload.

The health care needs for this population are very complex and require a diverse range of services, programs and facilities.

Inventory of Current Capabilities

A listing of each TDCJ facility and a brief description of the health care related capabilities found at each facility is found on the following pages. In describing the current health care system, it is helpful to understand that the correctional managed health care system serving TDCJ offenders is a multi-level system. The delivery system is comprised of various levels of care ranging from primary care (such as found in a doctor's office) through highly specialized care (inpatient hospitalization or specialist outpatient procedures).

The basic levels of care include:

- Basic Ambulatory Care Clinics
- Cluster/Regional Infirmaries
- Regional Medical Facilities
- Hospitalization
- Specialty Care

In managing these multiple levels of care, there are a number of key service components or processes that contribute significantly to the delivery of services, including:

- Initial Health Assessments
- Transfer Screenings
- Periodic Physical Exams
- Dental Clinics
- Chronic Care Clinics
- Telemedicine/EMR
- Inpatient, Outpatient and Specialized Mental Health Programs
- Inpatient, Outpatient and Specialty Care
- Pharmacy Services
- Physically Handicapped Offender Programs
- Medically Recommended Intensive Supervision Program
- In-Prison Hospice Program

Each of these service components must be integrated into the system to insure that the goals of timely access to care, a consistent and constitutional quality of care and managing of health care system costs can be achieved. It is also important to note that the delivery of health care services within TDCJ is already regionalized to a large extent. Facilities are generally clustered around infirmary capabilities. More extensive services are located regionally within specialized medical and mental health facilities. Services such as care for the physically handicapped offenders, mentally retarded offenders, visually impaired, those requiring dialysis services and other conditions are centralized at one or more facilities.

Current Unit Health Care Capabilities

In this section, the current health care capabilities of each facility within the TDCJ system of prisons and state jails is summarized.

Summary of TDCJ Units and Health Care Capabilities

UNIT CODE	UNIT NAME (CITY)	UNIT CAPACITY	GENDER	FACILITY TYPE	DESCRIPTION OF HEALTH CARE CAPABILITIES	CLINIC HOURS	HEALTHCARE STAFF MED/MH
JA	Allred Unit (Wichita Falls)	3682	Male	Prison	Ambulatory, dental and mental health services. Fully staffed 15-bed infirmary including hospice and 2 psychiatric crisis management beds. Single level. Telemedicine.	24	99/11
BL	Bartlett Unit (Bartlett)	1001	Male	Private State Jail	Ambulatory, dental and mental health services. Wheelchair accommodations are available.	16	19/1
B	Beto I Unit (Tennessee Colony)	3364	Male	Prison	Ambulatory, dental and mental health services. 23 infirmary beds, skilled nursing, acute care. Physical therapy, audiology, brace and limb clinic, telemedicine and DMS electronic specialty clinics, Resp TX available. Single level.	24	63/6
BY	Boyd Unit (Teague)	1330	Male	Prison	Ambulatory medical, dental & mental health services. 12-bed single cell housing area with wheelchair accommodations available. Physically Handicapped Offender Program (PHOP). DMS/Telemedicine.	16	26/3

BH	Bradshaw Unit (Henderson)	1980	Male	Private State Jail	Ambulatory medical, dental & mental health services With Wheelchair accommodations available. DMS/Telemedicine.	16	31/2
BR	Bridgeport Unit (Bridgeport)	518	Male	Private Prison	Contracted ambulatory medical & mental health services	12	4
DB	Briscoe Unit (Dilley)	1342	Male	Prison	Ambulatory medical & dental services. Single level. DMS/Telemedicine.	12	15/0
DU	Byrd Unit (Huntsville)	1321	Male	Prison	Ambulatory medical, dental & mental health services. Digital Medical Services (DMS) electronic specialty clinics. Two wheelchair accommodated cells available. Intake.	24	32/2
C	Central Unit (Sugarland)	948	Male	Prison	Ambulatory medical, dental & mental health services. Digital Medical Services (DMS) electronic specialty clinics, SOTP.	16	19/2
CN	Clemens Unit (Brazoria)	1108	Male	Prison	Ambulatory medical, dental & mental health services. Digital Medical Services (DMS) electronic specialty clinics. Youthful Offender Program, Therapeutic Community for Youthful Offenders.	16	22/1
BC	Clements Unit (Amarillo)	3714	Male	Prison	Ambulatory medical, dental & mental health services. 15-bed infirmary w/telemedicine center, 2 psychiatric crisis management beds onsite. Specialty clinics include oral surgery. Single level. Program for Mentally Ill Offenders (PAMIO) / Inpatient Mental Health Treatment Program.	24	131/93
CV	Cleveland (Cleveland)	628	Male	Private Prison	Contracted ambulatory medical, dental & mental health services.	12	10

CO	Coffield Unit (Tennessee Colony)	4032	Male	Prison	Ambulatory Medical, Dental & Mental Health Services, Physical Therapy (Pt). DMS/Telemedicine.	24	55/4
CL	Cole St. Jail (Bonham)	1112	Male	State Jail	Ambulatory medical, dental & mental health services. Wheelchair accommodations available. State Jail Modified Therapeutic Community.	16	16/3
CY	Connally Unit (Karnes City)	2848	Male	Prison	Ambulatory medical, dental & mental health services. 17- inpatient bed infirmary; single level. DMS/Telemedicine.	24	58/5
N4	Cotulla MUF (Cotulla)	606	Male	Transfer Facility	Ambulatory medical, dental & limited mental health services.	9	8/0
DH	Dalhart Unit (Dalhart)	1356	Male	Prison	Ambulatory medical, dental & mental health services. Telemedicine.	16	22/0
DL	Daniel Unit (Snyder)	1342	Male	Prison	Ambulatory medical, dental & mental health services. Single level. Telemedicine.	16	27/1
DA	Darrington Unit (Rosharon)	1824	Male	Prison	Ambulatory medical, dental & mental health services. Regional Digital Medical Services (DMS) electronic specialty clinics; housing for radiation therapy.	24	31/6
JD	Dawson Unit (Dallas)	2216	Male/ Female	Private State Jail	Ambulatory medical, dental & mental health services. Wheelchair accommodations available. Intake. DMS/Telemedicine.	24	42/2
DO	Diboll Unit (Diboll)	491	Male	Private Prison	Contracted ambulatory medical, dental & mental health services.	12	19/0

BX	Dominquez St. Jail (San Antonio)	2143	Male	state jail	Ambulatory Medical, Dental & Mental Health Services. With Wheelchair Accommodations. Intake. DMS/Telemedicine.	14	30/6
N6	Duncan MUF (Diboll)	604	Male	Transfer Facility	Ambulatory medical, dental & limited mental health services. Digital Medical Services (DMS) electronic specialty clinics .	13	6/0
EA	Eastham Unit (Lovelady)	2367	Male	Prison	Ambulatory medical, dental & mental health services. Digital Medical Services (DMS) electronic specialty clinics.	16	27/2
E	Ellis I Unit (Huntsville)	2170	Male	Prison	Ambulatory medical, dental & mental health services.	16	37/4
E2	Estelle Unit (Huntsville)	2208	Male	Prison	Ambulatory medical, dental & mental health services. Regional Digital Medical Services (DMS) hub for electronic specialty clinics. 133 bed infirmary, Specialty clinics onsite are audiology, brace & limb, dialysis (150 slots) , EEG, nephrology, occupational therapy, optometry, opthamology, oral surgery, physical therapy, podiatry, regional radiology, regional laboratory, & respiratory therapy. 20-wheelchair accommodated beds available i high-security; 60-bed Type II geriatric facility with limited wheelchair capabilities. Physically Handicapped Offender Program – vision & hearing; Substance Abuse Felony Punishment Facility / Intermediate Sanction Facility for Special Needs Offenders & Serious and Violent Offender Re-entry Initiatives (SVORI)	24	177/9
VS	Estes (Venus)	1000	Male	Private Prison	Contracted ambulatory, dental and mental health services.	16	19/0

FE	Ferguson Unit (Huntsville)	2421	Male	Prison	Ambulatory Medical, Dental & Mental Health Services. Digital Medical Services (DMS) Electronic Specialty Clinics.	16	27/3
FB	Fornby St. Jail (Plainview) 1100	1100	Male	State Jail	Ambulatory medical, dental & mental health services with wheelchair accommodations available. Telemedicine.	16	11/0
N5	Ft. Stockton MUF (Ft. Stockton)	606	Male	Transfer Facility	Ambulatory medical, dental & mental health services.	16	10/1
NH/NI/ W6	Garza Unit - East & West (Beeville)	4480	Male	Transfer Facility	Ambulatory medical, dental & mental health services. Intake. DMS/Telemedicine.	16	71/5
GV	Gatesville Unit (Gatesville)	2144	Female	Prison	Ambulatory medial, dental & mental health services. Specialty clinics onsite, OB/GYN, MROP (109 beds), SAFPF, Resp TX, & limited sheltered-housing beds. Intake. DMS/Telemedicine.	24	64/15
BJ	Gist State Jail (Beaumont)	2144	Male	State Jail	Ambulatory medical, dental & mental health services. Digital Medical Services (DMS) electronic specialty clinics with wheelchair accommodations available. Intake.	13	34/3
SO	Glossbrenner Unit (San Diego)	612	Male	Subs Abuse Felony Punish Facility	Ambulatory medical and dental services.	12	7/0

GG	Goodman Unit (Jasper)	600	Male	Transfer Facility	Ambulatory Medical, Dental & Limited Mental Health Services. Digital Medial Services (Dms) Electronic Specialty Clinics. Intake.	14	10/0
GR	Goree Unit (Huntsville)	1330	Male	Prison	Ambulatory medical, dental & mental health services. Digital Medical Services (DMS) electronic specialty clinics & Resp. TX. Sex Offender Treatment Program.	17	23/1
ND	Gurney Unit (Tennessee Colony)	2000	Male	Transfer Facility	Ambulatory medical, dental & mental health services. Intake.	16	29/3
BB	Halbert Unit (Burnet)	502	Female	Subs Abuse Felony Punish Facility	Ambulatory medical & dental services. Substance Abuse Treatment Program / Therapeutic community Model, Intermediate Sanction Parole Violators, In-Prison Therapeutic Community.	12	11/0
JH	Hamilton Unit (Bryan)	1166	Male	Prison	Ambulatory medical & dental services. Pre-Release Therapeutic Community (PRTC)	12	22/0
TH	Havins Unit (Brownwood)	596	Male	State Jail	Ambulatory medical & dental services.	16	11/0
LT	Henley Unit (Dayton)	613	Female	State Jail	Ambulatory medical, dental & limited mental health services. Digital Medical Services (DMS) electronic specialty clinics.	12	8/0

HI	Hightower Unit (Dayton)	1,342	Male	Prison	Ambulatory Medical, Dental & Mental Health Services. Digital Medical Services (DMS) Electronic Specialty Clinics. Geriatric Facility And Single Level. Sex Offender Treatment Program, Sex Offender Education Program.	12	17/3
HT	Hilltop Unit (Gatesville)	653	Female	Prison	Ambulatory medical, dental & mental health services. Youthful Offender Program, Sex Offender Treatment Program.	15	14/1
HB	Hobby Unit (Marlin)	1350	Female	Prison	Ambulatory medical, dental & mental health services. Single level. DMS/Telemedicine.	17	26/3
HD	Hodge Unit (Rusk)	989	Male	Mentally Retarded Offender Program	Ambulatory medical, dental & mental health services. Mentally Retarded Offender Program (MROP)	24	3/35
NF	Holliday Unit (Huntsville)	2000	Male	Transfer Facility	Ambulatory medical, dental & mental health services. Digital Medical Services (DMS) electronic specialty clinics. Intake.	16	33/4
HG	Hospital Galveston (Galveston)	482	Male / Female	Medical Facility	174-bed Skilled medical facility with medical / surgical, ICU & holding beds. Hospital care, acute care, & 45 specialty and subspecialty clinics available. Telemedicine clinics conducted. Inpatient medical.	24	230/0
AH	Hughes Unit (Gatesville)	2900	Male	Prison	Ambulatory medical, dental & mental health services. 17-bed infirmary with specialty clinics. Onsite brace & limb clinic, optometry, respiratory therapy, occupational therapy & telemedicine services. Single level.	24	58/6

HV	Huntsville Unit (Huntsville)	1705	Male	Prison	Ambulatory Medical, Dental & Mental Health Services.	17	25/3
HJ	Hutchins St. Jail (Dallas)	2144	Male	State Jail	Ambulatory medical, dental & mental health services. Limited wheelchair accommodations available. Intake.	16	30/4
J1	Jester I (Richmond)	328	Male	Substance Abuse Felony Punish. Facility	Ambulatory medical, dental & mental health services. Digital Medical Services (DMS) electronic specialty clinics. Substance Abuse Treatment Program, Therapeutic Community Model, Special Needs Offenders	16	12/3
J2	Vance (Richmond)	382	Male	Prison	Ambulatory medical, dental & mental health services. Digital Medical Services (DMS) electronic specialty clinics. Inner Change Faith Based Treatment Program.	16	8/7
J3	Jester III (Richmond)	1016	Male	Prison	Ambulatory medical, dental & mental health services. Digital Medical Services (DMS) electronic specialty clinics. 14-bed infirmary, brace & limb clinic, occupational therapy, physical therapy with 132 wheelchair accommodated beds. Speech TX & Physically Handicapped Offender Program (PHOP).	24	28/1
4	Jester IV (Richmond)	550	Male	Psychiatric Facility	Ambulatory medical & dental services. Digital Medical Services (DMS) specialty clinics. 550 inpatient mental health beds available.	24	10/93
HM	Joe Kegans Unit (Houston)	667	Male	State Jail	Ambulatory medical & dental services.	16	3/0

JT	Johnston Unit (Winnsboro)	608	Male	Substance Abuse Felony Punishment Facility	Ambulatory Medical & Dental Services. Substance Abuse Treatment Program / Therapeutic Community Model.	16	10/0
JN	Jordan Unit (Pampa)	1008	Male	Prison	Ambulatory medical, dental & mental health services. Telemedicine.	16	26/1
KY	Kyle Unit (Kyle)	520	Male	Private Prison	Contracted ambulatory medical, dental & mental health services. The Gateway Foundation Substance Abuse Treatment Program / Therapeutic Community Model, Intermediate Sanction Parole Violators	13	11
BA	LeBlanc Unit (Beaumont)	1224	Male	Pre-Release Facility	Ambulatory medical, dental & mental health services. Digital Medical Services (DMS) electronic specialty clinics, with 12-wheelchair accommodated beds. Pre-Release Substance Abuse Program / Therapeutic Community.	13	13/0
GL	Lewis Unit (Woodville)	2199 or 1349 / 850 High Security	Male	Prison	Ambulatory medical, dental & mental health services. Digital Medical Services (DMS) electronic specialty clinics with 20-wheelchair accommodated beds available in high security. Single level. Administrative Segregation Intermediate Care Program.	16 / 24 HS	38/8
LN	Lindsey Unit (Jacksboro)	1028	Male	Private State Jail	Ambulatory medical health services. Wheelchair accommodations available.	12	19/1
LC	Lockhart Unit (Lockhart)	500 – M 500 - F	Male / Female	Private Work Program	Contacted ambulatory medical, dental & mental health services.	16	20/0
RL	Lopez St. Jail (Edinburg) 1100	1100	Male	State Jail	Ambulatory medical, dental & mental health services with wheelchair accommodations available.	13	11/2

P2	Luther Unit (Navasota)	1316	Male	Prison	Ambulatory medical, dental & mental health services. Digital Medical Services (DMS) electronic specialty clinics with 14-infirmary beds & single level.	24	24/3
AJ	Lychner Unit (Houston)	2144	Male	State Jail	Ambulatory medical, dental & mental health services. Digital Medical Services (DMS) electronic specialty clinics with wheelchair accommodations available. Intake.	16	38/6
LH	Lynaugh Unit (Fort Stockton)	1374	Male	Prison	Ambulatory medical, dental & mental health services. Single level. Telemedicine.	16	26/1
ML	Mcconnell Unit (Beeville)	2950	Male	Prison	Ambulatory Medical, Dental & Mental Health Services. Specialty Clinics Onsite Include Optometry, DMS/Telemedicine & Telepsychiatry With 17 Infirmary Beds. Single Level.	24	52/5
MI	Michael Unit (Tennessee Colony)	3145	Male	Prison	Ambulatory medical, dental & mental health services with 21-bed inpatient hospice care. Resp TX, physical therapy & single level.	24	59/9
NE	Middleton Transfer (Abilene)	2128	Male	Transfer Facility	Ambulatory medical, dental & mental health services. Telemedicine. West Texas intake processing.	16	44/4
JM	Montford Psych / TC / RMF (Lubbock)	1034	Male	Psychiatric Facility	Ambulatory medical, dental & mental health services. Infirmary with 50-inpatient beds and 30-bed medical holding area, 550-Inpatient mental health beds. Type I geriatric facility, onsite surgical suite, 4-bed ICU, 8-bed dialysis facility & multiple onsite specialty clinics, including physical therapy and respiratory therapy. Telemedicine.	24	153/155
BM	B. Moore Unit (Overton)	500	Male	Private Prison	Contracted ambulatory medical, dental & mental health services.	12	15/1
CM	C. Moore Unit (Bonham)	1224	Male	Transfer Facility	Ambulatory medical, dental & mental health services.	12	19/0

MV	Mt. View Unit (Gatesville)	653	Female	Prison	Ambulatory medical care, dental & mental health services. 20 Inpatient psychiatric beds.	24	20/9
LM	Murray Unit (Gatesville) 1002	1342	Female	Prison	Ambulatory medical, dental & mental health services. PHOP services for hearing, vision and mobility impaired. Physical and occupational therapy onsite with 15 wheelchair beds available. Single level.	24	29/3
KN	Neal Unit (Amarillo)	1690	Male	Prison	Ambulatory Medical & Mental Health Services. Telemedicine.	16	38/7
HF	Ney Unit (Hondo)	604	Male	State Jail	Ambulatory medical & dental services.	12	8/0
P1	Pack I Unit (Navasota)	1478	Male	Prison	Ambulatory medical, dental & mental health services. Digital Medical Services (DMS) electronic specialty clinics. 14-Infirmary beds, 58-wheelchair accommodated beds. Type 1 geriatric facility & single level.	24	26/3
LJ	Plane St. Jail (Dayton)	2144	Female	State Jail	Ambulatory medical, dental & mental health services. Digital Medical Services (DMS) electronic specialty clinics with wheelchair accommodations available.	15	42/8
TL	Polunsky Unit (Livingston)	2858	Male	Prison	Ambulatory medical, dental & mental health services. 17-Infirmary beds, type I Geriatric Facility, Type I Sheltered Housing for visually impaired, PHOP Program and single level. DMS/Telemedicine.	24	62/8
B2	Powledge Unit (Tennessee Colony)	1141	Male	Prison	Ambulatory medical, dental & mental health services. 14-Infirmary beds, 58-wheelchair accommodated beds, Type I Geriatric Facility, physical therapy and single level.	24	26/1

R1	Ramsey I Unit (Rosharon)	1891	Male	Prison	Ambulatory Medical, Dental & Mental Health Services. Digital Medical Services (DMS) Electronic Specialty Clinics.	17	34/3
R2	Stringfellow Unit (Rosharon)	1212	Male	Prison	Ambulatory medical, dental & mental health services. Digital Medical Services (DMS) electronic specialty clinics.	17	24/5
R3	Terrell Unit (Rosharon)	1603	Male	Prison	Ambulatory medical, dental & mental health services. 12-Infirmary beds, specialty clinics onsite are telemedicine, DMS electronic specialty clinics and audiology. Type I Geriatric Facility and single level.	24	34/2
RV	Scott Unit (Angleton)	1000	Male	Prison	Ambulatory medical, dental & mental health services. Digital Medical Services (DMS) electronic specialty clinics.	16	23/3
RH	Roach Unit (Childress)	1842	Male	Prison	Ambulatory medical, dental & mental health services. Single level. Telemedicine.	16	29/0
RB	Robertson Unit (Abilene)	2900	Male	Prison	Ambulatory medical, dental & mental health services. Infirmary with 15 inpatient beds, 2 crisis management beds and specialty services available. Single Level. Telemedicine.	24	61/6
RD	Rudd Unit (Brownfield)	612	Male	Transfer Facility	Ambulatory medical, dental & limited mental health services.	16	12/0

R2	Sanchez St. Jail (El Paso) 1100	1100	Male	State Jail	Ambulatory Medical, Dental & Mental Health Services With Wheelchair Accommodations Available. Telemedicine.	16	21/0
SY	Sayle Unit (Breckenridge)	632	Male	Substance Abuse Felony Punishment Facility	Ambulatory medical & dental services.	16	13/0
EN	Segovia Unit (Edinburg)	1000	Male	Pre-Release Facility	Ambulatory medical & dental services.	13	20/0
SV	Skyview Psych (Rusk)	529	Male / Female	Psychiatric Facility	Ambulatory medical, dental & mental health services with 528 inpatient mental health beds. Telemedicine specialty clinics from TDCJ-ID Hospital in Galveston. .	24	23/91
SM	Smith Unit (Lamesa)	2125	Male	Prison	Ambulatory medical, dental & mental health services. Single level. Telemedicine.	16	56/3
SB	Stevenson Unit (Cuero)	1342	Male	Prison	Ambulatory medical & dental services. Single level. DMS/Telemedicine.	12	23/0
ST	Stiles Unit (Beaumont)	2900	Male	Prison	Ambulatory medical, dental & mental health services. 17-Infirmary beds, 17 wheelchair accommodations available, onsite infectious disease specialty clinics, Telemedicine and Digital Medical Services (DMS) electronic specialty clinics, Resp TX, Speech TX, HIV Program & Hospice. Single level.	24	77/8

TO	Telford Unit (New Boston)	2439	male	Prison	Ambulatory Medical, Dental & Mental Health Services. 17-Infirmary Beds, Telemedicine Clinic Capabilities. Single Level.	24	58/7
GC	Carole Young RMF/SHU (Texas City)	490	Male / Female	Medical Facility	Ambulatory medical, dental & mental health services. 133 Infirmary beds, pregnant offenders, female inpatient hospice program, female dialysis (15 slots). Digital Medical Services (DMS) electronic specialty clinics, wheelchair accommodations available & medical services coordinated with Hospital Galveston.	24	85/3
TE	Torres Unit (Hondo)	1342	Male	Prison	Ambulatory medical & dental services. Single level.	16	16/0
TI	Travis County State Jail (Austin)	1000	Male	State Jail	Ambulatory medical, dental & mental health services with wheelchair accommodations available. DMS/Telemedicine.	13	16/2
N3	Tulia MUF (Tulia)	606	Male	Transfer Facility	Ambulatory medical & dental services.	16	11/0
WL	Wallace Unit (Colorado City)	1342	Male	Prison	Ambulatory medical & dental services. Single level. Telemedicine.	16	27/0
DW	Ware St. Jail (Colorado City) 900	916	Male	Transfer Facility	Ambulatory medical & dental services.	16	20/0
WR	Wheeler Unit (Plainview)	576	Male	State Jail	Ambulatory medical & dental services.	16	9/0
WI	Willacy Unit (Raymondville)	1000	Male	Private State Jail	Ambulatory medical, dental & mental health services. Wheelchair accommodations available. DMS/Telemedicine.	16	20/1

WM	Woodman St. Jail (Gatesville) 900	913	Female	State Jail	Ambulatory Medical, Dental & Mental Health Services With Wheelchair Accommodations Available. Intake Facility.	16	25/4
WY	Wynne Unit (Huntsville)	2629	Male	Prison	Ambulatory medical, dental & mental health services. Digital Medical Services (DMS) electronic specialty clinics.	16	33/4

Geographical Unit Clusters

For the purpose of this analysis, the work group placed all the TDCJ facilities into 15 different groupings. Thirteen of the groupings were geographical in nature, pooling facilities into common unit clusters or areas. A separate grouping was made for all the female offender facilities in order to group those institutions together in examining the needs of the female patients. Finally, a separate group was established with the stand-alone health care facilities that serve the system. A summary listing of these groupings is found below:

Geographic/Regional Clusters

Female Facilities
BB-Halbert
GV-Gatesville
HB-Hobby
HT-Hilltop
LJ-Plane Jail
LM-Murray
LT-Henley
MV-Mountain View
WM-Woodman

Houston-Richmond Area
AJ-Pamela Lychner
C-Central
CN-Clemens
DA-Darrington
HM-Joe Kegans
J1-Jester I
J2-Jester II (Vance)
J3-Jester III
R1-Ramsey I
R2-Ramsey II
R3-Terrell
RV-Scott

Beeville Area
CY-Connally
ML-McConnell
NH-Garza West
NI-Garza East
SB-Stevenson

South Texas Area
EN-Segovia
RL-Lopez
SO-Glossbrenner
WI-Willacy

A Review of Needs Related to Regional Medical Facilities for TDCJ

Abilene-Wichita Falls Area
BR-Bridgeport
DW-Ware Transfer
JA-Allred
LN-Lindsey State Jail
NE-J.Middleton
RB-Robertson
SY-Sayle
TH-Thomas Havins
WL-Wallace

Huntsville-Navasota Area
DU-Byrd
E2-Estelle
EA-Eastham
E-Ellis
FE-Ferguson
GR-Goree
HV-Huntsville
NF-Holliday
P1-Pack I
P2-Luther
WY-Wynne

San Antonio Area
BX-Dominguez
DB-Dolph Briscoe
HF-Ney
N4-Cotulla
TE-Torres

Lubbock Area
DL-Daniel
FB-Formby
JM-Montford
N3-Tulia
RD-Rudd
SM-Smith
WR-Wheeler

Palestine-East Texas Area
B1-Beto
B2-Powledge
BH-Bradshaw
BM-B.Moore
BY-Boyd
CO-Coffield
HD-Hodge
MI-Michael
ND-Joe F.Gurney

Stand-Alone Medical Facilities
HG-Hospital Galveston
GC-Carole Young
HP-Montford RMF
Estelle RMF
SV-Skyview
J4-Jester IV

Amarillo Area
BC-Bill Clements
DH-Dalhart
JN-Jordan
KN-Neal
RH-Roach

Dallas-NE Texas Area
CL-Cole
CM-C.Moore
HJ-Hutchins
JD-Dawson State Jail
TO-Telford
VS-Estes

Beaumont-Piney Woods Area
BA-Leblanc
BJ-Gist
CV-Cleveland
DO-Diboll
GG-Goodman
GL-Gib Lewis
HI-Hightower
N6-Duncan
ST-Stiles
TL-Polunsky

Far West Texas Area
LH-James Lynaugh
N5-Fort Stockton
RZ-Sanchez

Austin Area
AH-Alfred Hughes
BL-Bartlett SJ
KY-Kyle
LC-Lockhart
TI-Travis Jail

Medical Alert Code Analysis

For each of these clusters, an analysis of the population's health care characteristics was conducted using the medical alert codes entered into the TDCJ mainframe computer system. These alert codes are designed to provide a flag for a wide variety of medical and mental health conditions. The number of medical alert codes can be used as a gross indicator of the health care resource load on the facility. A snapshot of the medical alert codes recorded in the system was taken as of January 2006 and used in this analysis.

The ranking of TDCJ units by medical alert code shows that current attempts to cluster offenders with health care needs at selected facilities is being accomplished to a significant degree. Almost 56% of the medical alert codes are found in the top 25 ranked facilities. In fact, the top ten ranked units by number of medical alert codes account for almost 30% of the medical alert codes recorded. Those ten facilities and their medical capabilities are summarized below:

Top Ten Ranked Units by Medical Alert Codes

Unit	Rank	Number of Alert Codes	Medical Capabilities
E2-Estelle	1	1942	Ambulatory medical, dental & mental health services. Regional Digital Medical Services (DMS) hub for electronic specialty clinics. 133 bed infirmary, Specialty clinics onsite are audiology, brace & limb, dialysis, EEG, nephrology, occupational therapy, optometry, opthamology, oral surgery, physical therapy, podiatry, regional radiology, regional laboratory, & respiratory therapy. 20-wheelchair accommodated beds available i high-security; 60-bed Type II geriatric facility with limited wheelchair capabilities. Physically Handicapped Offender Program – vision & hearing; Substance Abuse Felony Punishment Facility / Intermediate Sanction Facility for Special Needs Offenders & Serious and Violent Offender Re-entry Initiatives (SVORI)
R3-Terrell	2	1741	Ambulatory medical, dental & mental health services. 12-Infirmary beds, specialty clinics onsite are telemedicine, DMS electronic specialty clinics and audiology. Type I Geriatric Facility and single level.
BC-Bill Clements	3	1683	Ambulatory medical, dental & mental health services. 17-bed infirmary w/telemedicine center & PAMIO onsite. Specialty clinics include oral surgery & physical therapy. Single level. Program for Mentally Ill Offenders (PAMIO) / Inpatient Mental Health Treatment Program.
ST-Stiles	4	1632	Ambulatory medical, dental & mental health services. 17-Infirmary beds, wheelchair accommodations available, onsite infectious disease specialty clinics, Telemedicine and Digital Medical Services (DMS) electronic specialty clinics, Resp TX, Speech TX, HIV Program & Hospice. Single level.
MI-Michael	5	1586	Ambulatory medical, dental & mental health services with 21-bed inpatient hospice care. Resp TX, physical therapy & single level.
E-Ellis	6	1363	Ambulatory medical, dental & mental health services. Co-located next to the Estelle Facility.
CO-Coffield	7	1111	Ambulatory medical, dental & mental health services, physical therapy (PT)
P1-Pack I	8	1103	Ambulatory medical, dental & mental health services. Digital Medical Services (DMS) electronic specialty clinics. 14-Infirmary beds, 58-wheelchair accommodated beds. Type 1 geriatric facility & single level.
TL-Polunsky	9	1091	Ambulatory medical, dental & mental health services. 17-Infirmary beds, type I Geriatric Facility, Type I Sheltered Housing for visually impaired, PHOP Program and single level.
R1-Ramsey I	10	1055	Ambulatory medical, dental & mental health services. Telemedicine & Digital Medical Services (DMS) electronic specialty clinic.

Units Ranked by Number of Alert Codes

The table included on the following pages displays the ranking for each facility by the total number of alert codes recorded.

Sum of CASECOUNT UNITS	Grand Total	Percent of Total	Cumulative Percentage	RANK
E2-Estelle	1942	3.96%	3.96%	1
R3-Terrell	1741	3.55%	7.51%	2
BC-Bill Clements	1683	3.43%	10.95%	3
ST-Stiles	1632	3.33%	14.28%	4
MI-Michael	1586	3.24%	17.51%	5
E-Ellis	1363	2.78%	20.29%	6
CO-Coffield	1111	2.27%	22.56%	7
P1-Pack I	1103	2.25%	24.81%	8
TL-Polunsky	1091	2.23%	27.03%	9
R1-Ramsey I	1055	2.15%	29.19%	10
J3-Jester III	1016	2.07%	31.26%	11
AH-Alfred Hughes	1013	2.07%	33.33%	12
JA-Allred	995	2.03%	35.36%	13
EA-Eastham	991	2.02%	37.38%	14
WY-Wynne	982	2.00%	39.38%	15
B1-Beto	974	1.99%	41.37%	16
ML-McConnell	949	1.94%	43.30%	17
B2-Powledge	881	1.80%	45.10%	18
R2-Ramsey II	881	1.80%	46.90%	19
RV-Wayne Scott	873	1.78%	48.68%	20
TO-Telford	826	1.69%	50.37%	21
DA-Darrington	751	1.53%	51.90%	22
BY-Boyd	704	1.44%	53.33%	23
HV-Huntsville	665	1.36%	54.69%	24
KN-Neal	625	1.28%	55.97%	25
RB-Robertson	585	1.19%	57.16%	26
AJ-Pamela Lychner	574	1.17%	58.33%	27
GV-Gatesville	537	1.10%	59.43%	28
CY-Connally	525	1.07%	60.50%	29
LJ-Plane Jail	516	1.05%	61.55%	30
NF-Holliday	507	1.03%	62.58%	31
ND-Joe F.Gurney	504	1.03%	63.61%	32
JM-Montford	503	1.03%	64.64%	33

Units Ranked by Number of Alert Codes (Cont.)

JN-Jordan	444	0.91%	65.54%	34
BJ-Gist	442	0.90%	66.44%	35
SB-Stevenson	440	0.90%	67.34%	36
HD-Hodge	428	0.87%	68.22%	37
HJ-Hutchins	426	0.87%	69.08%	38
JD-Dawson State Jail	425	0.87%	69.95%	39
LH-James Lynaugh	421	0.86%	70.81%	40
HI-Hightower	418	0.85%	71.66%	41
LM-Murry	406	0.83%	72.49%	42
BA-Leblanc	403	0.82%	73.31%	43
DH-Dalhart	398	0.81%	74.13%	44
DL-Daniel	395	0.81%	74.93%	45
GR-Goree	391	0.80%	75.73%	46
HB-Hobby	390	0.80%	76.52%	47
GL-Gib Lewis	383	0.78%	77.31%	48
P2-Luther	379	0.77%	78.08%	49
BH-Bradshaw	378	0.77%	78.85%	50
DU-Byrd	366	0.75%	79.60%	51
FE-Ferguson	344	0.70%	80.30%	52
NE-J.Middleton	343	0.70%	81.00%	53
SV-Skyview	321	0.65%	81.65%	54
NH-Garza West	319	0.65%	82.30%	55
JH-Hamilton	316	0.64%	82.95%	56
J4-Jester IV	300	0.61%	83.56%	57
SM-Smith	290	0.59%	84.15%	58
DW-Ware Transfer	285	0.58%	84.73%	59
EN-Segovia	275	0.56%	85.30%	60

Units Ranked by Number of Alert Codes (Cont.)

WL-Wallace	264	0.54%	85.83%	61
BX-Dominguez	258	0.53%	86.36%	62
VS-Venus (Estes)	254	0.52%	86.88%	63
(blank)	250	0.51%	87.39%	64
KY-Kyle	243	0.50%	87.88%	65
NI-Garza East	242	0.49%	88.38%	66
CM-C.Moore	217	0.44%	88.82%	67
MV-Mountain View	215	0.44%	89.26%	68
TI-Travis Jail	208	0.42%	89.68%	69
HT-Hilltop	196	0.40%	90.08%	70
GC-Texas City (SRMF)	184	0.38%	90.46%	71
CL-Cole	177	0.36%	90.82%	72
GG-Goodman	171	0.35%	91.17%	73
XM-South Texas ISF	167	0.34%	91.51%	74
DO-Diboll	166	0.34%	91.85%	75
HG-Hospital Galveston	164	0.33%	92.18%	76
NJ-Pampa-Baten	164	0.33%	92.52%	77
BL-Bartlett SJ	162	0.33%	92.85%	78
CV-Cleveland	159	0.32%	93.17%	79
N6-Duncan	151	0.31%	93.48%	80
DB-Dolph Briscoe	149	0.30%	93.78%	81
XL-North Texas ISF	144	0.29%	94.08%	82
C-Central	137	0.28%	94.36%	83
BM-B.Moore	133	0.27%	94.63%	84
TE-Torres	133	0.27%	94.90%	85
BR-Bridgeport	132	0.27%	95.17%	86
LN-Lindsey State Jail	132	0.27%	95.44%	87
WM-Woodman	129	0.26%	95.70%	88
WI-Willacy	128	0.26%	95.96%	89
RL-Lopez	117	0.24%	96.20%	90
LT-Henley	112	0.23%	96.43%	91
RH-Roach	109	0.22%	96.65%	92
N3-Tulia	109	0.22%	96.87%	93

Units Ranked by Number of Alert Codes (Cont.)

LC-Lockhart	107	0.22%	97.09%	94
RZ-Sanchez	106	0.22%	97.31%	95
JT-Johnston	106	0.22%	97.53%	96
TH-Thomas Havins	101	0.21%	97.73%	97
FB-Formby	98	0.20%	97.93%	98
CN-Clemens	94	0.19%	98.12%	99
J1-Jester I	91	0.19%	98.31%	100
WR-Wheeler	86	0.18%	98.48%	101
N5-Fort Stockton	84	0.17%	98.66%	102
XN-West Texas ISF	75	0.15%	98.81%	103
RD-Rudd	73	0.15%	98.96%	104
J2-Jester II (Vance)	69	0.14%	99.10%	105
HP-West Texas Hospital	65	0.13%	99.23%	106
W6-Chase Field (Garza West)	61	0.12%	99.36%	107
XQ-EAST TEXAS ISF	60	0.12%	99.48%	108
N4-Cotulla	58	0.12%	99.60%	109
SO-Glossbrenner	54	0.11%	99.71%	110
HF-Ney	50	0.10%	99.81%	111
BB-Halbert (Burnet)	37	0.08%	99.88%	112
SY-Sayle	25	0.05%	99.93%	113
XH-Newton County Jail	8	0.02%	99.95%	114
XD-Limestone Co.	7	0.01%	99.97%	115
XC-Bowie Co.	7	0.01%	99.98%	116
XF-Jefferson Co.	5	0.01%	99.99%	117
W3-Wilderness III (San Angelo)	4	0.01%	100.00%	118
HM-Joe Kegans	1	0.00%	100.00%	119
Grand Total	49018	100.00%		

The following tables and narrative examine and summarize the alert codes by geographical cluster. Please note that the alert codes displayed are not all inclusive, but were selected to reflect some of the more prevalent chronic diseases.

FEMALE Facilities

Sum of CASECOUNT	ALERTID ALERTCODE																														
UNITS	AIDS,A3,B3,C123	ARTERIOSCLEROTIC CARDIOVASCULAR DISEASE	ARTHRITIS, RHEUMATOID	ASTHMA, CHRONIC OBSTRUCTIVE	ATHERO SCLEROTIC HEART DISEASE	CEREBRAL VASCULAR ACCIDENT (STROKE)	CIRRHOSIS WITH ACITES	CIRRHOSIS WITHOUT ACITES	CONGESTIVE HEART FAILURE	COPD WITH ACUTE EXACERBATION	COPD WITHOUT ACUTE EXACERBATION	DIABETES MELLITUS, TYPE I INSULIN DEPENDENT	DIABETES MELLITUS, TYPE II NON INSULIN DEPENDENT	EMPHYSEMA	ESSENTIAL HYPERTENSION	HEPATITIS, C TX- DISCONTINUED BEFORE COMPLETION	HEPATITIS, VIRAL B ACUTE	HEPATITIS, VIRAL B CHRONIC	HEPATITIS, VIRAL C ACUTE	HEPATITIS, VIRAL C CHRONIC	HIV DISEASE - ASYMPTOMATIC (A1,A2)	HIV DISEASE - SYMPTOMATIC (B1,B2)	HYPERTENSION, BENIGN	HYPERTENSION, MALIGNANT	HYPERTHYROIDISM	KIDNEY, BLADDER, URETHRA, S/P SURG PROC / CHRONIC IN	PERIPHERAL VASCULAR DISEASE	RENAL FAILURE, CHRONIC/DIALYSIS	TB CLASS 3	ULCER, GASTRIC, CHRONIC	ULCERATIVE COLITIS	Grand Total
BB-Halbert (Burnet)					1						1	1	4		12					14	2										35
GV-Gatesville	3	12	20	15	1	2	4	2	14	1	6	31	27		229			2		71	17	1	37	1	10			1		2		509
HB-Hobby	1		11	25	1	1			2		2	20	27	2	173	1				79	19		6		5					1		376
HT-Hilltop			7	1	1			2	2		3	6	11	1	86		1			54	5				3							183
LJ-Plane Jail	1	4	39	2		3		3	6	2	1	20	38		224			10		88	61		1							2		505
LM-Murry		11	9	11			2	3	2		9	23	31		152			3	1	86	14	1	12		4		1		1			376
LT-Henley			7					1	1			4	8		58			2		22	8									1		112
MV-Mountain View		2	3	11	1	3			1	2	4	6	8		64			1	1	53	9		27		4	1				2	1	204
WM-Woodman		2		1	2				3		3	10	11		79					10	4											125
Grand Total	5	31	96	66	7	9	6	11	31	5	29	121	165	3	1077	1	1	18	2	477	139	2	83	1	26	1	1	1	1	8	1	2425

For the purposes of this analysis, all facilities dedicated to housing female offenders were considered as a single grouping. Nine facilities as listed above were included in the group of female facilities. Collectively, these nine facilities have a maximum capacity of approximately 10,456 offenders in all custody levels. There are about 175 administrative segregation beds. It should be noted that there are additional facilities in the TDCJ system that serve both male and female offenders. As of February 2006, these facilities housed 303 offenders age 55 and older (almost 3% of the capacity). These nine facilities had 2538 medical alert codes recorded. The Gatesville Unit was the highest ranked facility in this group in terms of total medical alert codes and accounted for about 21% of the alert codes recorded for this grouping. Five of the nine facilities are located in very close proximity to each other in the Gatesville area and provide the majority of health care services for this population.

Note that the Carole Young Facility in Texas City, while not listed in this group because it serves both male and female offenders, does have a dedicated sheltered housing unit that houses pregnant and chronically ill female offenders who require

extensive specialty care or hospital visits. In addition, the Carole Young facility provides dialysis services for female offenders. Most notably, there is not a dedicated female infirmary serving this population. At the present time, infirmary needs in the Gatesville area must be shared with the Hughes Unit, a maximum security male facility. This arrangement limits the efficient use of that infirmary space and creates security and management challenges for the staff involved.

In terms of chronic diseases, hypertension, hepatitis, diabetes and HIV are the leading disease states found in this grouping. Approximately 42% of the female diabetics in this grouping are classified as insulin-dependent.

Beeville Area

Sum of CASECOUNT	ALERTID ALERTCODE																														
UNITS	AIDS A3,B3,C123	ARTERIO SCLEROTIC CARDIOVASCULAR DISEASE	ARTHRITIS, RHEUMATOID	ASTHMA, CHRONIC OBSTRUCTIVE	ATHERO SCLEROTIC HEART DISEASE	CEREBRAL VASCULAR ACCIDENT (STROKE)	CEREBRAL VASCULAR DISEASE	CIRRHOSIS WITH ACITES	CIRRHOSIS WITHOUT ACITES	CONGESTIVE HEART FAILURE	COPD WITH ACUTE EXACERBATION	COPD WITHOUT ACUTE EXACERBATION	DIABETES MELLITUS, TYPE I INSULIN DEPENDENT	DIABETES MELLITUS, TYPE II NON INSULIN DEPENDENT	EMPHYSEMA	ESSENTIAL HYPERTENSION	HEPATITIS, C COMPLETED TREATMENT	HEPATITIS, C TX, DISCONTINUED BEFORE COMPLETION	HEPATITIS, C TX WITH INTERFERON / INTERFERON + RIB	HEPATITIS, VIRAL B ACUTE	HEPATITIS, VIRAL B CHRONIC	HEPATITIS, VIRAL C ACUTE	HEPATITIS, VIRAL C CHRONIC	HIV DISEASE - ASYMPTOMATIC (A1,A2)	HIV DISEASE - SYMPTOMATIC (B1,B2)	HYPERTENSION, BENIGN	HYPERTENSION, MALIGNANT	HYPERTHYROIDISM	KIDNEY, BLADDER, URETHRA, SP SURG PROC / CHRONIC IN	PERIPHERAL VASCULAR DISEASE	TB CLASS3	ULCER, GASTRIC, CHRONIC	ULCERATIVE COLITIS	Grand Total
CY-Connally	3	5	5	4	9				3	2	1	5	27	37	1	206			1		10	2	108	14	2	32		4	4	1		3	1	490
ML-McConnell	4	18	4		38	6			2	5	9	46	59	4	348	2	2	7	2	26	7	194	31	8	65	2	8	5	5		7		914
NH-Garza West					7	3	1	2	4			9	8	49	5	154					2		48	6			3	4	1		2		308
NI-Garza East		1			6	2	1		1	3		3	5	42	2	122					3		37	1			1		1	1			232
SB-Stevenson		26	2	1	18				1			5	19	49	2	151		2	3		2	1	93	4		39			2	2		1	423
Grand Total	7	50	11	5	78	11	2	2	9	7	6	31	105	236	14	981	2	4	11	2	43	10	480	56	10	136	2	16	15	10	1	13	1	2367

In the Beeville Area, five facilities have been grouped together. These five facilities have a total capacity of 11,826 male offenders in the full range of custody classes. Collectively, these five facilities have an administrative segregation capacity of 1008 beds. As of February 2006, this area housed 465 offenders age 55 and older. These five facilities had a total of 2475 alert codes recorded, with the McConnell Unit ranking the highest in the group with 949 or 38.3%. Systemwide, the McConnell Unit ranks 17th by the number of medical alert codes recorded.

Health care services are provided within this area by two 17-bed infirmaries at the McConnell and Connally Units. In addition, the Garza units serve a major intake processing function. In terms of chronic disease states, hypertension, hepatitis,

diabetes and arteriosclerotic/cardiovascular disease are the most prevalent among this population. About 30% of the diabetic offenders in this area are classified as insulin-dependent.

San Antonio Area

Sum of CASECOUNT	ALERTID ALERTCODE																										
UNITS	AIDSA,3,B3,C123	ARTERIOSCLEROTIC CARDIOVASCULAR DISEASE	ARTHRITIS, RHEUMATOID	ASTHMA, CHRONIC OBSTRUCTIVE	ATHEROSCLEROTIC HEART DISEASE	CEREBRAL VASCULAR ACCIDENT (STROKE)	CEREBRAL VASCULAR DISEASE	CIRRHOSIS WITH ACITES	CIRRHOSIS WITHOUT ACITES	CONGESTIVE HEART FAILURE	COPD WITHOUT ACUTE EXACERBATION	DIABETES MELLITUS, TYPE I INSULIN DEPENDENT	DIABETES MELLITUS, TYPE II NON INSULIN DEPENDENT	EMPHYSEMA	ESSENTIAL HYPERTENSION	HEPATITIS, VIRAL B CHRONIC	HEPATITIS, VIRAL C ACUTE	HEPATITIS, VIRAL C CHRONIC	HIV DISEASE - ASYMPTOMATIC (A1,A2)	HIV DISEASE - SYMPTOMATIC (B1,B2)	HYPERTENSION, BENIGN	HYPERTHYROIDISM	KIDNEY, BLADDER, URETHRA, S/P SURG PROC/ CHRONIC IN	PERIPHERAL VASCULAR DISEASE	TB CLASS 3	ULCER, GASTRIC, CHRONIC	Grand Total
BX-Dominguez		3			3	1	2	1	4	1	5	17	24	2	121	4	1	50	11						2	1		253
DB-Dolph Briscoe	1			1	4	2			1		1	7	10	2	77			19	3	1	11	1	1				1	143
HF-Ney					1			1	1			3	10		23		1	5	3			1						49
N4-Cotulla					1			1			1		12	1	33	1		5			1			1		1	58
TE-Torres		2	2		1	1						5	12		71			17		1	9					1	122
Grand Total	1	5	2	1	10	4	2	3	6	1	7	32	68	5	325	5	2	96	17	2	21	2	1	3	1	3	625

In the San Antonio Area, five facilities have been included with a maximum capacity of 6142. No significant administrative segregation capacity is located on these facilities. Only 125 offenders age 55 and older were housed in these facilities as of February 2006. Only 648 medical alert codes were recorded for the population served by these units, with the Dominquez Unit having the highest number of medical alert codes, accounting for about 39% of the total.

No significant medical facilities are included within this cluster of facilities. Hypertension, hepatitis and diabetes are the most common medical alert codes noted. About a third of the diabetics in this cluster are insulin dependent.

South Texas Area

Sum of CASECOUNT	ALERTID ALERTCODE																						
UNITS	AIDS A3,B3,C123	ARTERIOSCLEROTIC CARDIOVASCULAR DISEASE	ATHEROSCLEROTIC HEART DISEASE	CEREBRAL VASCULAR ACCIDENT (STROKE)	CEREBRAL VASCULAR DISEASE	CIRRHOSIS WITH ACITES	CIRRHOSIS WITHOUT ACITES	COPD WITH ACUTE EXACERBATION	COPD WITHOUT ACUTE EXACERBATION	DIABETES MELLITUS, TYPE I INSULIN DEPENDENT	DIABETES MELLITUS, TYPE II NON INSULIN DEPENDENT	ESSENTIAL HYPERTENSION	HEPATITIS, VIRAL B ACUTE	HEPATITIS, VIRAL B CHRONIC	HEPATITIS, VIRAL C CHRONIC	HIV DISEASE - ASYMPTOMATIC (A1,A2)	HIV DISEASE - SYMPTOMATIC (B1,B2)	HYPERTENSION, BENIGN	HYPERTENSION, MALIGNANT	HYPERTHYROIDISM	KIDNEY, BLADDER, URETHRA, S/P SURG PROC/CHRONIC IN	PERIPHERAL VASCULAR DISEASE	ULCER, GASTRIC, CHRONIC	Grand Total
EN-Segovia	1	4	5	2		1	1	4	5	14	22	90	1	3	64	2		40	1			1	2	263
RL-Lopez		1	1	1						6	21	54		1	24	1	1	1	1	1		1		114
SO-Glossbrenner		1							1		17	1			4	2		28						54
WI-Willacy				1	1	1	1			2	25	60		1	19	1		8			1	2		123
Grand Total	1	6	6	4	1	2	2	4	6	22	85	205	1	5	111	6	1	77	2	1	1	3	2	554

Four facilities are located in the South Texas valley area and are grouped together in this analysis. Together, these four facilities have a maximum capacity of 4005 offenders. No administrative segregation capacity is found at these facilities. The older population at these facilities is limited, with only about 127 offenders age 55 and older. A total of 574 medical alert codes are recorded for this area, with about half of those found at the Segovia Unit. Segovia ranked 60th among all TDCJ facilities in total number of medical alert codes recorded.

Basic ambulatory care services are provided at these facilities, with no remarkable health care capabilities noted. Hypertension, hepatitis and diabetes are the predominant alert codes noted. Only about 20% of the diabetic offenders are insulin dependent in this grouping of facilities.

Abilene-Wichita Falls

Sum of CASECOUNT	ALERTID ALERTCODE																																
UNITS	AIDS A3,B3,C123	ARTERIOSCLEROTIC CARDIOVASCULAR DISEASE	ARTHRITIS, RHEUMATOID	ASTHMA, CHRONIC OBSTRUCTIVE	ATHEROSCLEROTIC HEART DISEASE	CEREBRAL VASCULAR ACCIDENT (STROKE)	CEREBRAL VASCULAR DISEASE	CIRRHOSIS WITH ASCITES	CIRRHOSIS WITHOUT ASCITES	CONGESTIVE HEART FAILURE	COPD WITH ACUTE EXACERBATION	COPD WITHOUT ACUTE EXACERBATION	DIABETES MELLITUS, TYPE I INSULIN DEPENDENT	DIABETES MELLITUS, TYPE II NON INSULIN DEPENDENT	EMPHYSEMA	ESSENTIAL HYPERTENSION	HEPATITIS, C COMPLETED TREATMENT	HEPATITIS, C TX, DISCONTINUED, BEFORE COMPLETION	HEPATITIS, C TX WITH INTERFERON / INTERFERON + RIB	HEPATITIS, VIRAL B ACUTE	HEPATITIS, VIRAL B CHRONIC	HEPATITIS, VIRAL C ACUTE	HEPATITIS, VIRAL C CHRONIC	HIV DISEASE - ASYMPTOMATIC (A1,A2)	HIV DISEASE - SYMPTOMATIC (B1,B2)	HYPERTENSION, BENIGN	HYPERTENSION, MALIGNANT	HYPERTHYROIDISM	KIDNEY, BLADDER, URETHRA, SP SURG PROC/CHRONIC IN	PERIPHERAL VASCULAR DISEASE	RENAL FAILURE, CHRONIC/DIALYSIS	ULCER, GASTRIC, CHRONIC	ULCERATIVE COLITIS	Grand Total
BR-Bridgeport		3	1		2	1			1	1	1	4	8	16	2	37					2		22			23				1			2		126
DW-Ware Transfer		5				1			3	1		5		20	1	5					3		58			158		1	1			5		267
JA-Allred	1	12	3	3	9	4	1		1	1	4	9	27	58	2	292	2	5	5	1	48	6	249	4	2	139	4	4	9	3	2	5	3	918
LN-Lindsey State Jail					1								6	14		7			1				34			66								129
NE-J.Middleton			1		1				1	1	1		7	20	1	20	1	1			2		75			203				1				336
RB-Robertson		7	2	2	9	3		1	1	2	2	8	23	32	4	145	1	4	6	3	14	3	148	4		93	1	1	6	3		3	3	534
SY-Sayle		2		2						1	1	2	4													13								25
TH-Thomas Havins										1		5	8	8						1	1		1			51		1				2		79
WL-Wallace		2			1				1		2		10	24		76		1	2		1	2	52			53	1	4		1		4	1	238
Grand Total	1	31	7	7	23	9	1	1	8	7	11	32	91	196	10	582	4	11	14	5	71	11	639	8	2	799	6	11	16	8	2	21	7	2652

Moving into the western portion of the state, nine facilities have been grouped together in a large geographical region from Abilene to Wichita Falls. These nine facilities have a maximum capacity of 13,747 and an administrative segregation capacity of about 1456 offenders. These units account for about 512 offenders age 55 and older. In terms of medical alert codes, these nine facilities recorded 2862 medical alert codes. The Allred Unit in Wichita Falls accounts for about a third of those and ranks 13th overall among TDCJ units in terms of medical alert codes recorded.

The Allred Unit has a 17-bed infirmary (2 of the beds are dedicated for psychiatric crisis management) and provides hospice care as needed for the Texas Tech sector of the state. The Robertson Unit also has a 17-bed infirmary, also providing 2 crisis management beds from the infirmary beds. The Middleton Unit is a major intake processing facility and has a considerable transient population flow.

The most common chronic disease states are hypertension, hepatitis, diabetes, artheriosclerotic/cardiovascular disease, and chronic obstructive pulmonary disease (COPD). About 31.7% of the diabetics are insulin dependent.

Lubbock Area

Sum of CASECOUNT	ALERTIALERTCODE																											
UNITS	ARTERIOSCLEROTIC CARDIOVASCULAR DISEASE	ARTHRITIS, RHEUMATOID	ASTHMA, CHRONIC OBSTRUCTIVE	ATHEROSCLEROTIC HEART DISEASE	CEREBRAL VASCULAR ACCIDENT (STROKE)	CEREBRAL VASCULAR DISEASE	CIRRHOSIS WITH ACITES	CIRRHOSIS WITHOUT ACITES	CONGESTIVE HEART FAILURE	COPD WITH ACUTE EXACERBATION	COPD WITHOUT ACUTE EXACERBATION	DIABETIES MELLITUS, TYPE I INSULIN DEPENDENT	DIABETIES MELLITUS, TYPE II NON INSULIN DEPENDENT	EMPHYSEMA	ESSENTIAL HYPERTENSION	HEPATITIS, C COMPLETED TREATMENT	HEPATITIS, C TX. DISCONTINUED BEFORE COMPLETION	HEPATITIS, C TX.WITH INTERFERON / INTERFERON + RIB	HEPATITIS, VIRAL B CHRONIC	HEPATITIS, VIRAL C ACUTE	HEPATITIS, VIRAL C CHRONIC	HYPERTENSION, BENIGN	HYPERTENSION, MALIGNANT	HYPERTHYROIDISM	KIDNEY, BLADDER, URETHRA, S/P SURG PROC/CHRONIC IN	PERIPHERAL VASCULAR DISEASE	RENAL FAILURE, CHRONIC/DIALYSS	ULCER, GASTRIC, CHRONIC	Grand Total
DL-Daniel	13		7	2	3		1	1		2	7	20	36	3	100	2		1	2	1	65	99		2	1	3	1	1	373
FB-Formby				1							1	8	8	1	5				1		22	49		1				1	97
N3-Tulia	1			1							3	1	8		5				2	1	20	46	19						107
RD-Rudd	1								1		1		5		3				1	1	23	36			1				73
SM-Smith	1	3	1	2	1	1		1			2	14	14		77	1	1	2	6	3	67	58		1	3	1		2	262
WR-Wheeler								1				4	12		5					1	19	41				1			84
Grand Total	16	3	8	6	4	1	1	3	1	2	14	47	83	4	195	3	1	3	11	7	216	329	19	4	5	5	1	4	996

In the Lubbock Area, six facilities are grouped with a total capacity of 6361 offenders. Note that the John Montford Unit has not been included in this grouping, even though it is located in Lubbock as it is considered a stand-alone health care facility that serves both medical and mental health needs. The Smith Unit has 515 administrative segregation beds. About 232 offenders age 55 and older were assigned to these facilities as of February 2006.

The Lubbock Area units accounted for 1051 recorded medical alert codes, with the highest facility being the Daniel Unit (accounting for a bout a third of the total). None of the six facilities have any notable health care capabilities beyond basic ambulatory care services, however as noted above, the Montford Regional Medical Facility is located in Lubbock and has

extensive medical and psychiatric services available. Hypertension, hepatitis and diabetes are the prevalent alert codes found. About 36% of the diabetics are insulin dependent.

Far West Texas

Sum of CASECOUNT	ALERTID ALERTCODE																						
UNITS	ARTERIOSCLEROTIC CARDIOVASCULAR DISEASE	ARTHRITIS, RHEUMATOID	ASTHMA, CHRONIC OBSTRUCTIVE	ATHEROSCLEROTIC HEART DISEASE	CEREBRAL VASCULAR ACCIDENT (STROKE)	CIRRHOSIS WITHOUT ACITES	CONGESTIVE HEART FAILURE	COPD WITH ACUTE EXACERBATION	COPD WITHOUT ACUTE EXACERBATION	DIABETES MELLITUS, TYPE I INSULIN DEPENDENT	DIABETES MELLITUS, TYPE II NON INSULIN DEPENDENT	EMPHYSEMA	ESSENTIAL HYPERTENSION	HEPATITIS VIRAL B ACUTE	HEPATITIS VIRAL B CHRONIC	HEPATITIS VIRAL C ACUTE	HEPATITIS VIRAL C CHRONIC	HIV DISEASE - ASYMPTOMATIC (A1,A2)	HYPERTENSION, BENIGN	HYPERTENSION, MALIGNANT	HYPERTHYROIDISM	KIDNEY, BLADDER, URETHRA, S/P SURG PROC/CHRONIC IN	ULCER, GASTRIC, CHRONIC	Grand Total
LH-James Lynaugh	9	1	3	7	2		1	2	6	19	40	2	113	2	11	2	110		59	2	1	4	4	400
N5-Fort Stockton	1		1							1	7		2	1			22	1	45					81
RZ-Sanchez	1			1		1			2	7	13		9	1	4	1	18		45			1		104
Grand Total	11	1	4	8	2	1	1	2	8	27	60	2	124	4	15	3	150	1	149	2	1	5	4	585

In the Far West Texas area, three units house a maximum of 3080 offenders. No administrative segregation capacity is noted. In February 2006, there were 167 offenders age 55 and older housed in these facilities, with the majority of those at the Lynaugh Unit. A total of 611 medical alert codes were recorded, with two-thirds of those at the Lynaugh Unit. Only basic ambulatory care services are provided at these facilities. Hypertension, hepatitis, and diabetes are the most common alert codes found. 31% of diabetics were considered insulin-dependent.

Amarillo Area

Sum of CASECOUNT	ALERTID ALERTCODE																																
UNITS	AIDS A3,B3,C123	ARTERIO SCLEROTIC CARDIOVASCULAR DISEASE	ARTHRITIS, RHEUMATOID	ASTHMA, CHRONIC OBSTRUCTIVE	ATHEROSCLEROTIC HEART DISEASE	CEREBRAL VASCULAR ACCIDENT (STROKE)	CEREBRAL VASCULAR DISEASE	CIRRHOSIS WITH ASCITES	CIRRHOSIS WITHOUT ASCITES	CONGESTIVE HEART FAILURE	COPD WITH ACUTE EXACERBATION	COPD WITHOUT ACUTE EXACERBATION	DIABETES MELLITUS, TYPE I INSULIN DEPENDENT	DIABETES MELLITUS, TYPE II NON INSULIN DEPENDENT	EMPHYSEMA	ESSENTIAL HYPERTENSION	HEPATITIS, C TX, DISCONTINUED BEFO RE COMPLETION	HEPATITIS, C TX WITH INTERFERON / INTERFERON + RIB	HEPATITIS, VIRAL B ACUTE	HEPATITIS, VIRAL B CHRONIC	HEPATITIS, VIRAL C ACUTE	HEPATITIS, VIRAL C CHRONIC	HIV DISEASE - ASYMPTOMATIC (A1,A2)	HIV DISEASE - SYMPTOMATIC (B1,B2)	HYPERTENSION, BENIGN	HYPERTENSION, MALIGNANT	HYPERTHYROIDISM	KIDNEY, BLADDER, URETHRA, SP SURG PROC/CHRONIC IN	PERIPHERAL VASCULAR DISEASE	RENAL FAILURE, CHRONIC/DIALYSIS	TB CLASS 3	ULCER, GASTRIC, CHRONIC	ULCERATIVE COLITIS	Grand Total
BC-Bill Clements	1	22	10	2	22	6	1	1	4	4	4	41	58	82	9	618	2	1	6	64	4	482	4	2	83	3	10	11	4		1	14	2	1578
DH-Dalhart		6		1	6	3			1	3	1	6	20	42	2	122			4	6		75			53	2	3	7	2			6		371
JN-Jordan		10	1		15	1		1	1	6	2	8	21	46		84				9	2	75			125		5	4	4			1		421
KN-Neal		6		4	12			3	3	2		11	29	61		154	1		1	9	1	164		1	114	2	2	6	2	1		3		592
RH-Roach		1						1				2	2	10	2	24				5		30	1		16		2				1	1	1	99
Grand Total	1	45	11	7	55	10	1	6	9	15	7	68	130	241	13	1002	3	1	11	93	7	826	5	3	391	7	22	28	12	1	2	25	3	3061

Five facilities in the Amarillo/Panhandle area of the state comprise about 9730 beds. Included in this total are about 526 administrative segregation beds. It should also be noted that the majority of those beds are used for the specialized mental health program for the aggressive mentally ill offender (PAMIO) and are located at the Clements Unit in Amarillo. Offenders age 55 and older occupied 640 beds in this area in February 2006.

These five facilities had 3259 medical alert codes recorded. Over half of those were found at the Clements Unit. In addition to the PAMIO program mentioned above, the Clements Unit also operates a 17-bed infirmary (including two crisis management beds) and provides specialty clinic care including oral surgery and physical therapy. The most prevalent alert codes recorded relate to hypertension, hepatitis, diabetes, atherosclerotic/cardiovascular disease and COPD. Consistent with most areas, just over a third of the diabetics were insulin dependent.

Austin Area

Sum of CASECOUNT	ALERTI ALERTCODE																																
UNITS	AIDS A3,B3,C123	ARTERIOSCLEROTIC CARDIOVASCULAR DISEASE	ARTHRITIS, RHEUMATOID	ASTHMA, CHRONIC OBSTRUCTIVE	ATHEROSCLEROTIC HEART DISEASE	CEREBRAL VASCULAR ACCIDENT (STROKE)	CEREBRAL VASCULAR DISEASE	CIRRHOSIS WITH ACITES	CIRRHOSIS WITHOUT ACITES	CONGESTIVE HEART FAILURE	COPD WITH ACUTE EXACERBATION	COPD WITHOUT ACUTE EXACERBATION	DIABETES MELLITUS, TYPE I INSULIN DEPENDENT	DIABETES MELLITUS, TYPE II NON INSULIN DEPENDENT	EMPHYSEMA	ESSENTIAL HYPERTENSION	HEPATITIS, C COMPLETED TREATMENT	HEPATITIS, C TX. DISCONTINUED BEFORE COMPLETION	HEPATITIS, C TX.WITH INTERFERON / INTERFERON + RIB	HEPATITIS, VIRAL B CHRONIC	HEPATITIS, VIRAL C ACUTE	HEPATITIS, VIRAL C CHRONIC	HIV DISEASE - ASYMPTOMATIC (A1,A2)	HIV DISEASE - SYMPTOMATIC (B1,B2)	HYPERTENSION, BENIGN	HYPERTENSION, MALIGNANT	HYPERTHYROIDISM	KIDNEY, BLADDER, URETHRA, S/P SURG PROC/CHRONIC IN	PERIPHERAL VASCULAR DISEASE	RENAL FAILURE, CHRONIC/DIALYSIS	TB CLASS 3	ULCER, GASTRIC, CHRONIC	ULCERATIVE COLITIS	Grand Total
AH-Alfred Hughes	6	15	4	5	15	6	1	1		2	3	9	43	63	1	386	6	9	16	16	3	228	38	4	48	4	7	7	7		1	10	3	967
BL-Bartlett SJ	3	1		1	4			2	1	1		3	11	17		55				2		33	4		14			2		1		2		157
KY-Kyle					2	2			1	1	1	1	9	13		86				7		110			3							1		237
LC-Lockhart			7						1	2		1	5	8		53						18	5		1									101
TI-Travis Jail	2				5				1			3	11	15		53				1	1	94	14		1		1							201
Grand Total	11	16	11	6	26	8	1	3	4	6	4	17	79	116	1	633	6	9	16	26	4	483	61	4	66	4	8	9	7	1	1	13	3	1663

In the central Texas area, five units provide a total of 6582 beds for TDCJ offenders. This total includes 504 administrative segregation beds at the Hughes Unit in Gatesville. In February, there were 247 offenders age 55 and older assigned to these facilities. A total of 1733 medical alert codes were recorded for these five units, with the Hughes Unit accounting for almost 58% of those. Overall, the Hughes Unit ranked 12th statewide in total number of medical alert codes noted.

The only medical capability beyond basic ambulatory care services found in this area is the infirmary at the Hughes Unit. This 17-bed infirmary also hosts several specialty clinics including brace and limb, optometry, respiratory therapy, occupational therapy and telemedicine services. As noted earlier in this report, the Hughes Unit infirmary also provides services for female offenders in the Gatesville area. Prevalent chronic diseases are hypertension, hepatitis, HIV and diabetes. In this area, 40% of the diabetics are insulin dependent.

Dallas-NE Texas

Sum of CASECOUNT	ALERTID ALERTCODE																														
UNITS	AIDS A,B3,C123	ARTERIO SCLEROTIC CARDIOVASCULAR DISEASE	ARTHRITIS, RHEUMATOID	ASTHMA, CHRONIC OBSTRUCTIVE	ATHERO SCLEROTIC HEART DISEASE	CEREBRAL VASCULAR ACCIDENT (STROKE)	CIRRHOSIS WITH ACITES	CIRRHOSIS WITHOUT ACITES	CONGESTIVE HEART FAILURE	COPD WITH ACUTE EXACERBATION	COPD WITHOUT ACUTE EXACERBATION	DIABETES MELLITUS, TYPE I INSULIN DEPENDENT	DIABETES MELLITUS, TYPE II NON INSULIN DEPENDENT	EMPHYSEMA	ESSENTIAL HYPERTENSION	HEPATITIS, C COMPLETED TREATMENT	HEPATITIS, C TX. DISCONTINUED BEFORE COMPLETION	HEPATITIS, C TX WITH INTERFERON / INTERFERON + RIB	HEPATITIS, VIRAL B ACUTE	HEPATITIS, VIRAL B CHRONIC	HEPATITIS, VIRAL C ACUTE	HEPATITIS, VIRAL C CHRONIC	HIV DISEASE - ASYMPTOMATIC (A1,A2)	HIV DISEASE - SYMPTOMATIC (B1,B2)	HYPERTENSION, BENIGN	HYPERTENSION, MALIGNANT	HYPERTHYROIDISM	KIDNEY, BLADDER, URETHRA, S/P SURG PROC/ CHRONIC IN	PERIPHERAL VASCULAR DISEASE	ULCER, GASTRIC, CHRONIC	ULCERATIVE COLITIS	Grand Total
CL-Cole		3			1				1	4	5	1	9		95					1	1	44			2			1	1			169
CM-C.Moore		3	1					2	2	2	1		14	1	116							49	2		8			2	2	2	1	208
HJ-Hutchins		4	19		7			2	2	1	7	11	23		115							110	11		90			2	2	2		408
JD-Dawson State Jail	5	2	10		2	2	1	3	2	2	9	12	29	2	153					2		82	12		67		2	1	3			403
TO-Telford	7	5	3	4	9	2	1	1	2	4	5	28	49		408	1	1	3	1	13	5	153	19	2	26	1	7	9	2	13	1	785
VS-Venus (Estes)		6	3		5		1	2		1	4	11	33		89					4		51			27			1		1		239
Grand Total	12	23	36	4	24	4	3	10	9	14	31	63	157	3	976	1	1	3	1	20	6	489	44	2	220	1	9	16	10	18	2	2212

In the northeast Texas area from Dallas towards Texarkana there are six facilities included as noted in the table above. These six units have a total maximum capacity of 8252, with an administrative segregation allotment of 504 beds (Telford Unit). There were 282 offenders age 55 and older housed at these facilities. This area had 2325 medical alert codes recorded with the Telford Unit accounting for about a third of those.

Beyond basic ambulatory care, only the Telford Unit has any extended medical capability. That facility has a 17-bed infirmary and telemedicine specialty clinics. Primary disease states prevalent include hypertension, hepatitis and diabetes. About 28% of the diabetic patients are insulin dependent.

A Review of Needs Related to Regional Medical Facilities for TDCJ

Houston-Richmond Area

Sum of CASECOUNT	ALERTIALERTCODE																																	
UNITS	AIDSA3,B3,C123	ARTERIOSCLEROTIC CARDIOVASCULAR DISEASE	ARTHRITIS, RHEUMATOID	ASTHMA, CHRONIC OBSTRUCTIVE	ATHEROSCLEROTIC HEART DISEASE	CEREBRAL VASCULAR ACCIDENT (STROKE)	CEREBRAL VASCULAR DISEASE	CIRRHOSIS WITH ACITES	CIRRHOSIS WITHOUT ACITES	CONGESTIVE HEART FAILURE	COPD WITH ACUTE EXACERBATION	COPD WITHOUT ACUTE EXACERBATION	DIABETES MELLITUS, TYPE I INSULIN DEPENDENT	DIABETES MELLITUS, TYPE II NON INSULIN DEPENDENT	EMPHYSEMA	ESSENTIAL HYPERTENSION	HEPATITIS, C COMPLETED TREATMENT	HEPATITIS, C TX. DISCONTINUED BEFORE COMPLETION	HEPATITIS, C TX.WITH INTERFERON / INTERFERON + RIB	HEPATITIS, VIRAL B ACUTE	HEPATITIS, VIRAL B CHRONIC	HEPATITIS, VIRAL C ACUTE	HEPATITIS, VIRAL C CHRONIC	HIV DISEASE - ASYMPTOMATIC (A1,A2)	HIV DISEASE - SYMPTOMATIC (B1,B2)	HYPERTENSION, BENIGN	HYPERTENSION, MALIGNANT	HYPERTHYROIDISM	KIDNEY, BLADDER, URETHRA, S/P SURG PROC/CHRONIC IN	PERIPHERAL VASCULAR DISEASE	RENAL FAILURE, CHRONIC/DIALYSIS	TB CLASS 3	ULCER, GASTRIC, CHRONIC	ULCERATIVE COLITIS	Grand Total
AJ-Pamela Lychner	1	6	2	2	13	2		2	3		3		15	43		157					18	2	162	56	4		7	1				7		506
C-Central	2				3	1		1				5	9	3		56					4		23	15		6						1		129
CN-Clemens		4	1									3	2	4		42					1	1	17	2	2	3		1	1			1		85
DA-Darrington	3	11	4	1	9	1	2	3	7	3	1	4	21	37	1	254	1	1	3	2	10	2	235	40	1	30	1	5	3	5		3	8		712
HM-Joe Kegans																							1												1
J1-Jester I		1			3						1	2	11	4		38							23	6		1								90
J2-Jester II (Vance)	1	2			1	2						2	3	5		16					3	1	17			11								64
J3-Jester III	7	34	8	1	48	31	4	4	14	8	6	20	64	74	4	277			2		11	4	188	31	5	71		1	16	9	1		9	2	954
R1-Ramsey I	12	29	5	1	20	4	3	1	4	6	6	14	44	71	3	305	3	4	6		6	2	300	34	6	85	1	7	3	10			15	1	1011
R2-Ramsey II	8	5	5	3	21	5	1	1	6	2	3	8	25	61		298		1		1	11		303	37	4	24		7	4	1			9		854
R3-Terrell	19	133	9	5	56	17	4	5	14	22	20	45	89	139	11	445	1		2		19	1	342	61	6	132	5	6	8	23	1	2	15	1	1658
RV-Wayne Scott	4	29	3	1	8	3		4	3	4	2	15	28	38	3	290		1			94		249	31	1	18		1	5	1		1	5		842
Grand Total	57	254	37	14	182	66	14	21	51	45	42	118	311	479	22	2178	5	7	13	3	177	13	1860	313	29	381	7	35	41	49	2	6	70	4	6906

Twelve facilities are clustered in the Houston-Richmond area. Collectively, these facilities have a maximum capacity of 14,817 beds. Included in this capacity are 362 administrative segregation beds. This area contains a significant number of older offenders (1383). As one might expect with the higher number of older offenders, the number of medical alert codes is also high, with 7283 recorded. Three of the 12 facilities with the highest number of older offenders (Jester III, Ramsey I and Terrell) also have the correspondingly highest numbers of medical alert codes recorded. The Terrell Unit, with 450 older offenders had more than 1700 medical alert codes registered and was second only to the Estelle Unit in overall ranking statewide of alert codes.

The health care services in this area include not only basic ambulatory care services, but also significant numbers of wheelchair accessible housing, 26-beds of infirmary space, a number of units offering specialty care clinics via telemedicine or digital medical services, and the Physically Handicapped Offender Program (PHOP) at Jester III. In addition, although considered a stand-alone health care facility in this analysis, the Jester IV inpatient psychiatric facility also offers comprehensive mental health care availability in the immediate area. Finally, the facilities in this area are relatively near to the Hospital Galveston facility and most are serviced with direct transportation routes to the hospital.

The medical alert code categories with signficant prevalence in this cluster are hypertension, hepatitis, HIV, atherosclerotic /cardiovascular disease, COPD, diabetes, cirrhosis and cerebral vascular disease. 40% of the diabetics are insulin dependent.

Huntsville/ Navasota Area

Sum of CASECOUNT

UNITS	ARTERIOSCLEROTIC CARDIOVASCULAR DISEASE	ARTHRITIS, RHEUMATOID	ASTHMA, CHRONIC OBSTRUCTIVE	ATHEROSCLEROTIC HEART DISEASE	CEREBRAL VASCULAR ACCIDENT (STROKE)	CEREBRAL VASCULAR DISEASE	CIRRHOSIS WITH ACITES	CIRRHOSIS WITHOUT ACITES	CONGESTIVE HEART FAILURE	COPD WITH ACUTE EXACERBATION	COPD WITHOUT ACUTE EXACERBATION	DIABETES MELLITUS, TYPE I INSULIN DEPENDENT	DIABETES MELLITUS, TYPE II NON INSULIN DEPENDENT	EMPHYSEMA	ESSENTIAL HYPERTENSION	HEPATITIS, C COMPLETED TREATMENT	HEPATITIS, C TX. DISCONTINUED BEFORE COMPLETION	HEPATITIS, C TX.WITH INTERFERON / INTERFERON + RIB	HEPATITIS, VIRAL B ACUTE	HEPATITIS, VIRAL B CHRONIC	HEPATITIS, VIRAL C ACUTE	HEPATITIS, VIRAL C CHRONIC	HIV DISEASE - ASYMPTOMATIC (A1,A2)	HIV DISEASE - SYMPTOMATIC (B1,B2)	HYPERTENSION, BENIGN	HYPERTENSION, MALIGNANT	HYPERTHYROIDISM	KIDNEY, BLADDER, URETHRA, S/P SURG PROC/CHRONIC IN	PERIPHERAL VASCULAR DISEASE	RENAL FAILURE, CHRONIC/DIALYSIS	TB CLASS 3	ULCER, GASTRIC, CHRONIC	ULCERATIVE COLITIS	Grand Total
DU-Byrd	1	1		9	3		2		6	1	8	9	25	3	82		1			6		104	19		56	2	1	2	1			1	1	345
E2-Estelle	36	7	8	50	24	5	5	8	22	22	47	115	95	6	544	1	3	4	3	25	5	315	60	19	159	8	6	20	19	118	1	16	2	1838
EA-Eastham	12	3	4	9		2	1	2	2	6	20	27	70	1	334		4	1	1	22	3	322	10	1	80	2	4	2	7		1	5	2	961
E-Ellis	21	8	7	21	6		2	1	3	3	27	29	65		371	1	1	2	2	36	9	421	26	4	204	1	10	2	10	2	4	7	3	1315
FE-Ferguson		1		2							2	3	15		204		2			10		62	2	1	21		2	2	1			3	2	336
GR-Goree	4	3	1	14	2	1	2	2	3	4	10	12	28	1	123	2				4	1	82	11	2	45		1	3	2			2		368
HV-Huntsville	15	4	4	19	4		1	1	2	7	15	24	57	2	181	1	3	2	3	8	3	149	10	3	96	1	4	5	3		1	3	3	634
NF-Holliday	3			15	2		1	1			4	15	43	5	215					12	1	119	10	2	11	1	3	3	1			2		479
P1-Pack I	21	6	3	38	14	3		9	9	13	28	61	102	6	310	1			3	1	8	2	214	24	2	104		2	8	20		1	11	1	1032
P2-Luther	10	1	2	17	2	2			4	4	5	30	24	2	126				1		3	50	13		46	1	2	5	6	1		2		360
WY-Wynne	11	4	2	22	5	2	2	2	1	10	16	44	77	4	208	1	1	3	2	16	4	216	21	6	216	1	8	4	7		2	4	3	938
Grand Total	134	38	31	216	62	15	16	26	52	70	182	369	601	30	2698	7	15	15	13	147	31	2054	206	40	1038	17	43	56	77	121	10	56	17	8606

The Huntsville-Navasota area includes 11 facilities with a total capacity of 22,506 offenders. These facilities have an administrative segregation capacity of 2,166. A total of 2209 offenders age 55 and older were also housed in these facilities in February 2006. Four of the 11 facilities housed over 300 older offenders (Estelle, Ellis, Pack I and Wynne).

A total of 9033 medical alert codes are recorded for these 11 facilities. Three of the 11 facilities have more than 1000 alert codes recorded (Estelle, Ellis and Pack I). These three facilities were ranked numbers 1, 6 and 8 respectively among all facilities statewide in numbers of alert codes recorded. The medical capabilities in this area are highlighted by the Estelle Regional Medical Facility with extensive inpatient infirmary space, extended care housing, dialysis services and numerous specialty clinics onsite including audiology, brace and limb, EEG, nephrology, occupational therapy, opthamology, oral surgery, physical therapy, radiology, and others. A 60-bed geriatric facility is also collocated at the Estelle facility. Specialized programs for the vision and hearing impaired, as well as special needs substance abuse programming are also housed at this facility. In addition, the Byrd Unit is the primary intake point for male offenders entering the Institutional Division. The Holliday Unit also provides extensive intake services. The Pack I and Luther Units provide additional infirmary space for 28 offenders, as well as offer wheelchair accessible housing.

Significant alert code prevalences among this population include hypertension, hepatitis, HIV, atherosclerotic cardiovascular disease, diabetes, COPD and renal disease. About 30% of the diabetic population is insulin dependent.

A Review of Needs Related to Regional Medical Facilities for TDCJ

Palestine / East Texas Area

Sum of CASECOUNT	ALERTIALERTCODE																																	
UNITS	AIDSA3,B3,C123	ARTERIOSCLEROTIC CARDIOVASCULAR DISEASE	ARTHRITIS, RHEUMATOID	ASTHMA, CHRONIC OBSTRUCTIVE	ATHEROSCLEROTIC HEART DISEASE	CEREBRAL VASCULAR ACCIDENT (STROKE)	CEREBRAL VASCULAR DISEASE	CIRRHOSIS WITH ACITES	CIRRHOSIS WITHOUT ACITES	CONGESTIVE HEART FAILURE	COPD WITH ACUTE EXACERBATION	COPD WITHOUT ACUTE EXACERBATION	DIABETES MELLITUS, TYPE I INSULIN DEPENDENT	DIABETES MELLITUS, TYPE II NON INSULIN DEPENDENT	EMPHYSEMA	ESSENTIAL HYPERTENSION	HEPATITIS, C COMPLETED TREATMENT	HEPATITIS, C TX. DISCONTINUED BEFORE COMPLETION	HEPATITIS, C TX.WITH INTERFERON / INTERFERON + RIB	HEPATITIS, VIRAL B ACUTE	HEPATITIS, VIRAL B CHRONIC	HEPATITIS, VIRAL C ACUTE	HEPATITIS, VIRAL C CHRONIC	HIV DISEASE - ASYMPTOMATIC (A1,A2)	HIV DISEASE - SYMPTOMATIC (B1,B2)	HYPERTENSION, BENIGN	HYPERTENSION, MALIGNANT	HYPERTHYROIDISM	KIDNEY, BLADDER, URETHRA, S/P SURG PROC/CHRONIC IN	PERIPHERAL VASCULAR DISEASE	RENAL FAILURE, CHRONIC/DIALYSIS	TB CLASS 3	ULCER, GASTRIC, CHRONIC	ULCERATIVE COLITIS	Grand Total
B1-Beto	4	23	6	1	7	2	1	3	5	5	27	10	43	46	1	204	2	2	3		11	3	183	18	3	288		5	5	3		1	4	1	920
B2-Powledge	2	62	4	1	20	17	4	4	4	12	6	32	31	80	3	296		3	2		10	1	130	12	1	33	1	3	5	13	1	1	9	1	804
BH-Bradshaw	1	1	1		4	1		1	1	2	2	3	15	31		43					1		92	8		129		1	3	3					343
BM-B.Moore	1		2		3	1			1	1	2	3	11	10		31					5		24	1		20	1	1					1	1	120
BY-Boyd	4	16	4	1	19	5			3	4	2	15	26	56	4	127	1	1			10	2	164	23	1	146	2	11	4	11			8	1	671
CO-Coffield	5	6	4	1	18	5		1	3	4	1	7	41	84	1	518	5	5	4		8		164	12	2	75	2	7	9	6	1	1	5	5	1010
HD-Hodge	3	6			2	3			1	1			19	52	1	162					3	6	89	11		28	1	2		1			1		392
MI-Michael	11	39	10	2	21	7	2	3	6	1	6	12	54	108	2	593	12	19	5	7	32	3	320	49	8	103	4	7	3	7		2	16	2	1476
ND-Joe F.Gurney		16			1	4				2	9	5	7	36		16					4		135	7		246		3	2	2					495
Grand Total	31	169	31	6	95	45	7	12	24	32	55	87	247	503	12	1990	20	30	14	7	84	15	1301	141	15	1068	11	40	31	46	2	5	44	11	6231

The nine units that comprise the Palestine-East Texas area have a total capacity of 18,895. Administrative segregation beds total 1603. There were 1124 older offenders at these facilities in February 2006. The facilities in this area accounted for 6699 medical alert codes recorded, with the Michael and Coffield Units having over 1000 each. The Michael Unit ranked 5th and the Coffield Unit ranked 7th among all units in terms of the number of medical alert codes recorded.

The Michael Unit provides a 21-bed in-prison hospice for the correctional health care program. The Beto Unit has a 23-bed infirmary with physical therapy, brace and limb and audiology clinics available on site. The Hodge Unit provides services for the Mentally Retarded Offender Program (MROP), and is co-located with the Skyview Inpatient Psychiatric Facility which is considered a stand-alone health care facility for this analysis. Chronic disease states found include hypertension, hepatitis, HIV, diabetes, atherosclerotic/cardiovascular disease, COPD and peripheral vascular disease. Approximately 33% of the diabetic population are insulin dependent.

Beaumont/ Piney Woods

Sum of CASECOUNT	ALERTID ALERTCODE																																
UNITS	AIDS:A3,B3,C123	ARTERIO SCLEROTIC CARDIOVASCULAR DISEASE	ARTHRITIS, RHEUMATOID	ASTHMA, CHRONIC OBSTRUCTIVE	ATHEROSCLEROTIC HEART DISEASE	CEREBRAL VASCULAR ACCIDENT (STROKE)	CEREBRAL VASCULAR DISEASE	CIRRHOSIS WITH ACITES	CIRRHOSIS WITHOUT ACITES	CONGESTIVE HEART FAILURE	COPD WITH ACUTE EXACERBATION	COPD WITHOUT ACUTE EXACERBATION	DIABETES MELLITUS, TYPE I INSULIN DEPENDENT	DIABETES MELLITUS, TYPE II NON INSULIN DEPENDENT	EMPHYSEMA	ESSENTIAL HYPERTENSION	HEPA TITIS, C COMPLETED TREATMENT	HEPA TITIS, C TX, DISCONTINUED BEFORE COMPLETION	HEPA TITIS, C TX WITH INTERFERON / INTERFERON + RIB	HEPA TITIS, VIRAL B ACUTE	HEPA TITIS, VIRAL B CHRONIC	HEPA TITIS, VIRAL C ACUTE	HEPA TITIS, VIRAL C CHRONIC	HIV DISEASE - ASYMPTOMATIC (A1,A2)	HIV DISEASE - SYMPTOMATIC (B1,B2)	HYPERTENSION, BENIGN	HYPERTENSION, MALIGNANT	HYPERTHYROIDISM	KIDNEY, BLADDER, URETHRA, S P SURG PROC/CHRONIC IN	PERIPHERAL VASCULAR DISEASE	RENAL FAILURE, CHRONIC/ DIALYSIS	TB CLASS3	ULCER, GASTRIC, CHRONIC	ULCERATIVE COLITIS	Grand Total
BA-Leblanc	1	3			2	3	1		1		5	8	9	27	1	164					7		128	7		17		1		1			4		390
BJ-Gist	4	13			5	1			3	3		15	10	39	1	138					6		101	32	2	36	2	3	2	2			3		421
CV-Cleveland		6		1	1	1	1		1		1	4	11	21		48			1	1	2		22	1	1	19	2	2		2			1		150
DO-Diboll	1	3			3							9	8	20	1	65			2		4		37	2		3			1				2		161
GG-Goodman	1	1		1	6	2			3		1	2	6	17		81					3	1	34	2	1	1			1				3		167
GL-Gib Lewis	1	5	1		6	2	1	1	1	1		10	3	16		211	2	4	4		2	1	73	6		4		2	1				6		364
HI-Hightower		5	1	1	17	2	2		2	3	2	10	20	32	3	166	2		1	1	11	1	57	5		32	2	4	3	4			1	1	391
N6-Duncan	1		2		13				1			1	5	15	1	69					1	1	31	2											143
ST-Stiles	160	18	6	2	42	5	1	3	8	7	6	32	57	72	5	479	3	2	2	5	39	2	209	225	55	68		9	7	6	3	14	3	1555
TL-Polunsky	10	15	2	3	26	4	3	3	2	7	5	28	56	71	10	448	4	1	9		13	1	223	21	2	63	2	6	7	4	1	9		1059
Grand Total	179	69	12	8	121	20	9	7	22	21	20	119	185	330	22	1869	11	7	19	7	88	7	915	303	61	243	8	27	22	19	1	3	43	4	4801

The ten facilities listed in the table above comprise the units grouped in the Beaumont-Piney Woods area. Together, these facilities have a maximum capacity of 15,085, with about 1010 administrative segregation beds. In addition, the Polunsky Unit has death row with a capacity of 448. At the time of this review, these facilities housed 869 offenders age 55 and older. A total of 5016 medical alert codes were recorded, with the Stiles and Polunsky units accounting for about half of the total. The Stiles facility was ranked 4th and the Polunsky Unit ranked 9th in overall numbers of alert codes statewide.

Health care capabilities in this area are augmented primarily by Stiles and Polunsky unit infirmaries, each with 17-beds and specialty clinic availability. The Stiles Unit has onsite infectious disease specialty clinics and houses a significant number of HIV+ offender patients. The Lewis Unit provides specialized mental health step-down services, as well as providing wheelchair accessible housing. The LeBlanc and Gist units also provide wheelchair accessible housing. Common disease states at these units are hypertension, hepatitis, HIV, AIDS, diabetes, atherosclerotic disease and COPD.

Stand-Alone Health Care Facilities

Sum of CASECOUNT	ALERTIALERTCODE																																
UNITS	AIDSA3,B3,C123	ARTERIOSCLEROTIC CARDIOVASCULAR DISEASE	ARTHRITIS, RHEUMATOID	ASTHMA, CHRONIC OBSTRUCTIVE	ATHEROSCLEROTIC HEART DISEASE	CEREBRAL VASCULAR ACCIDENT (STROKE)	CEREBRAL VASCULAR DISEASE	CIRRHOSIS WITH ACITES	CIRRHOSIS WITHOUT ACITES	CONGESTIVE HEART FAILURE	COPD WITH ACUTE EXACERBATION	COPD WITHOUT ACUTE EXACERBATION	DIABETES MELLITUS, TYPE I INSULIN DEPENDENT	DIABETES MELLITUS, TYPE II NON INSULIN DEPENDENT	EMPHYSEMA	ESSENTIAL HYPERTENSION	HEPATITIS, C COMPLETED TREATMENT	HEPATITIS, C TX.WITH INTERFERON / INTERFERON + RIB	HEPATITIS, VIRAL B ACUTE	HEPATITIS, VIRAL B CHRONIC	HEPATITIS, VIRAL C ACUTE	HEPATITIS, VIRAL C CHRONIC	HIV DISEASE - ASYMPTOMATIC (A1,A2)	HIV DISEASE - SYMPTOMATIC (B1,B2)	HYPERTENSION, BENIGN	HYPERTENSION, MALIGNANT	HYPERTHYROIDISM	KIDNEY, BLADDER, URETHRA, S/P SURG. PROC./CHRONIC IN	PERIPHERAL VASCULAR DISEASE	RENAL FAILURE, CHRONIC/DIALYSS	TB CLASS3	ULCER, GASTRIC, CHRONIC	ULCERATIVE COLITIS	Grand Total
GC-Texas City (SRMF)	4	8	2	1	5	2		2	2	3		7	8	13	2	57				2	1	16	16		3					4	2	2		162
HG-Hospital Galveston	7	7			7	3	1	1	1	2	1	4	11	14		37				2		20	7	1	13			2	5	6		2	1	155
HP-West Texas Hospital		2				2			1	1		1	6	3		11				1		12		1	6	1		3		3		1		55
J4-Jester IV	6	6		1	3	2			1	1	4	3	14	16		82		1	1	14	2	69	10	1	16		3		1			1	1	259
JM-Montford	1	8	3		7	4			3	2	5	12	48	33		98			1	7	2	113	6	1	68	5	1	8	6	13		1		456
SV-Skyview	1	2	1	1	4	1			1	1	1	3	16	27	2	118	1		1	7	3	82	3	2	13	1	6	1	1				300
Grand Total	19	33	6	3	26	14	1	3	9	10	11	30	103	106	4	403	1	1	3	33	8	312	42	6	119	7	10	14	13	26	2	7	2	1387

The stand-alone medical facilities consist of two basic types of facilities: inpatient psychiatric facilities and regional medical facilities.

The inpatient psychiatric facilities include the Jester IV, Skyview and Montford Units, each serving over 500 psychiatric inpatients at any given time. In addition, the PAMIO program located within the Clements Unit in Amarillo provides mental health treatment services for the aggressive mentally-ill offender. Collectively, these facilities serve approximately 1915 offenders on any given day. Due to the specialized health care missions of these facilities, offenders move in and out of the facilities on a constant basis.

The regional medical facilities at the Estelle, Carole Young and Montford Units provide extensive infirmary, acute and skilled nursing care services. As described earlier in this report, the facilities include inpatient beds, some extended care beds similar

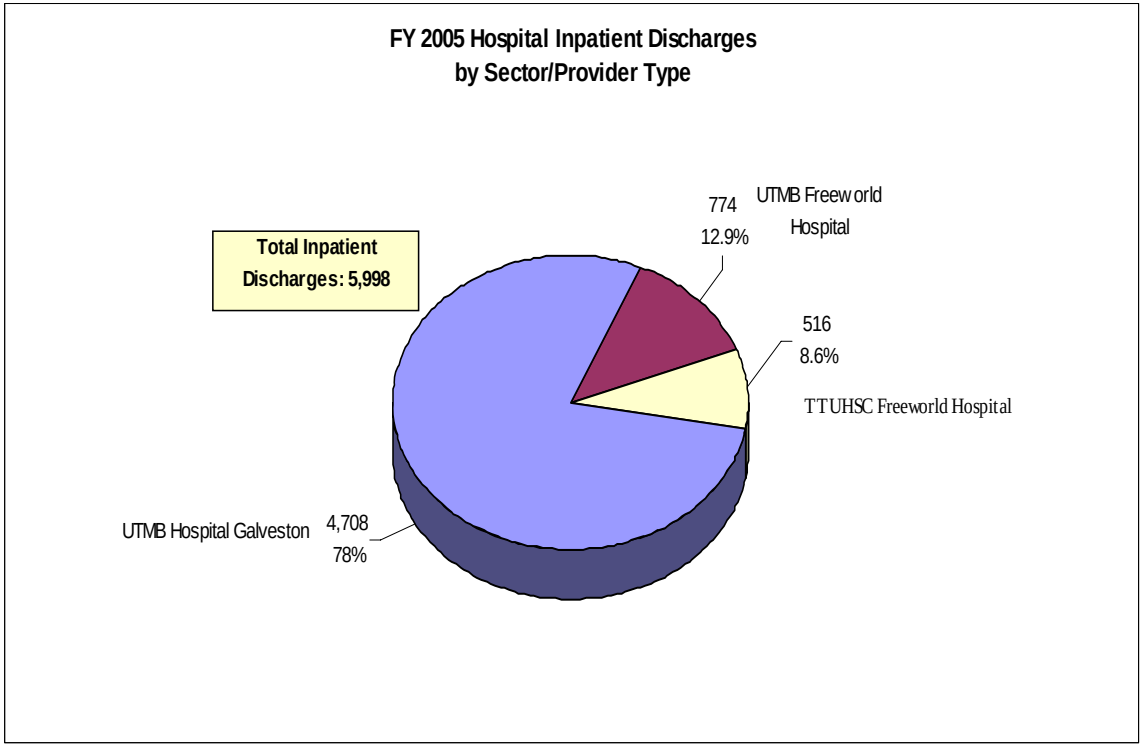
to nursing home services, and extensive onsite specialty care. The Carole Young facility additionally has a 200-bed Sheltered Housing Unit for female offenders serving chronic health care needs and offenders in their third trimester of pregnancy.

Analysis of Hospitalization Activity

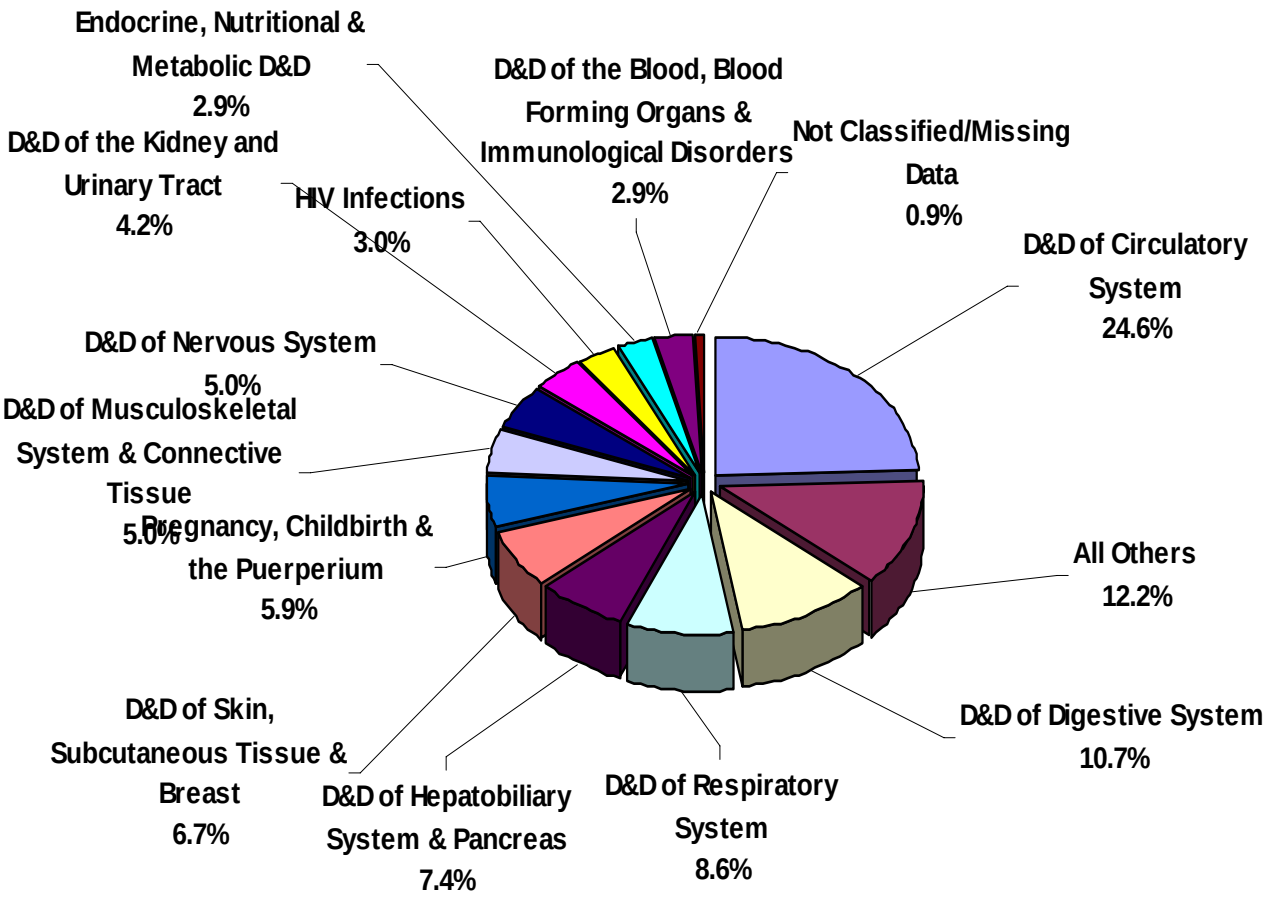
To further assist in gaining perspective on the health care needs of the offender population, the work group analyzed hospital discharge data for FY 2005. This data is summarized in the charts that follow.

During FY 2005, there were nearly 6000 hospital discharges for TDCJ offenders systemwide. The majority of those hospitalizations took place at the TDCJ/UTMB Hospital in Galveston.

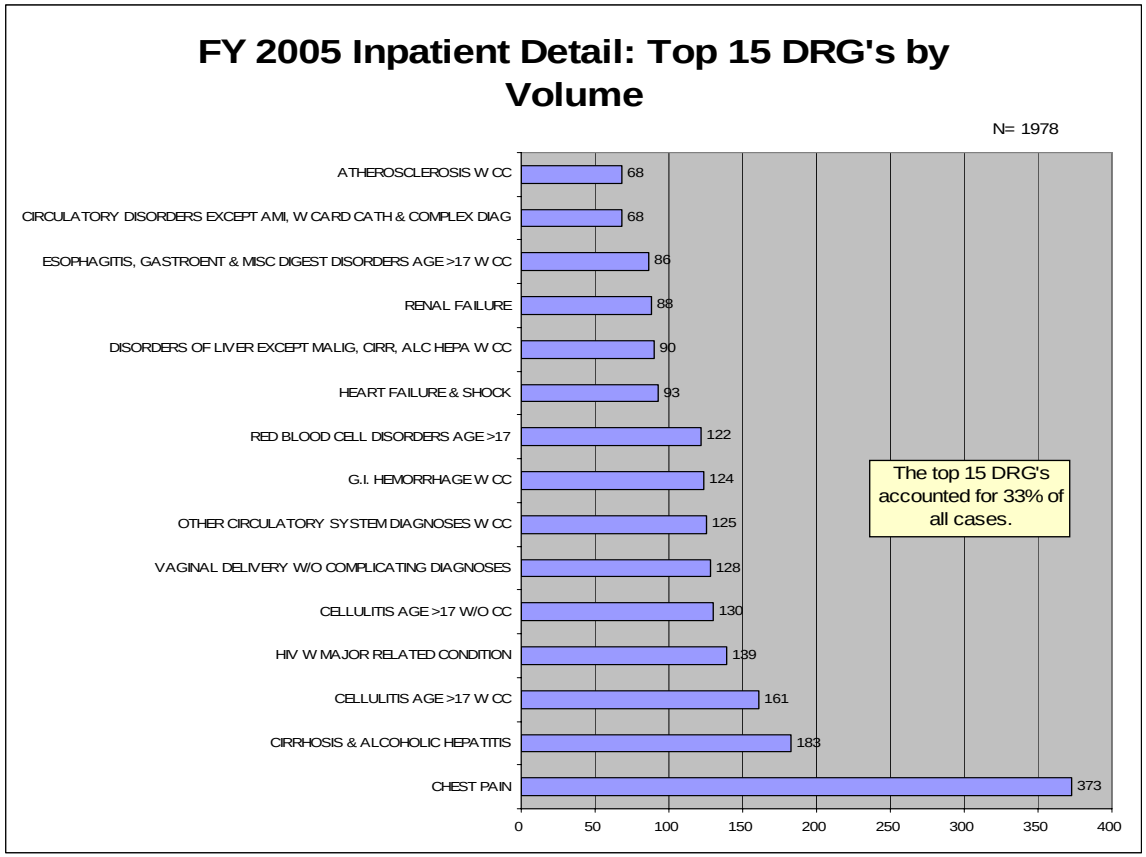
The chart on the next page indicates the number of hospitalizations by major disease category. Diseases and disorders of the circulatory system is the single largest disease category, accounting for nearly 25% of all hospital discharges.



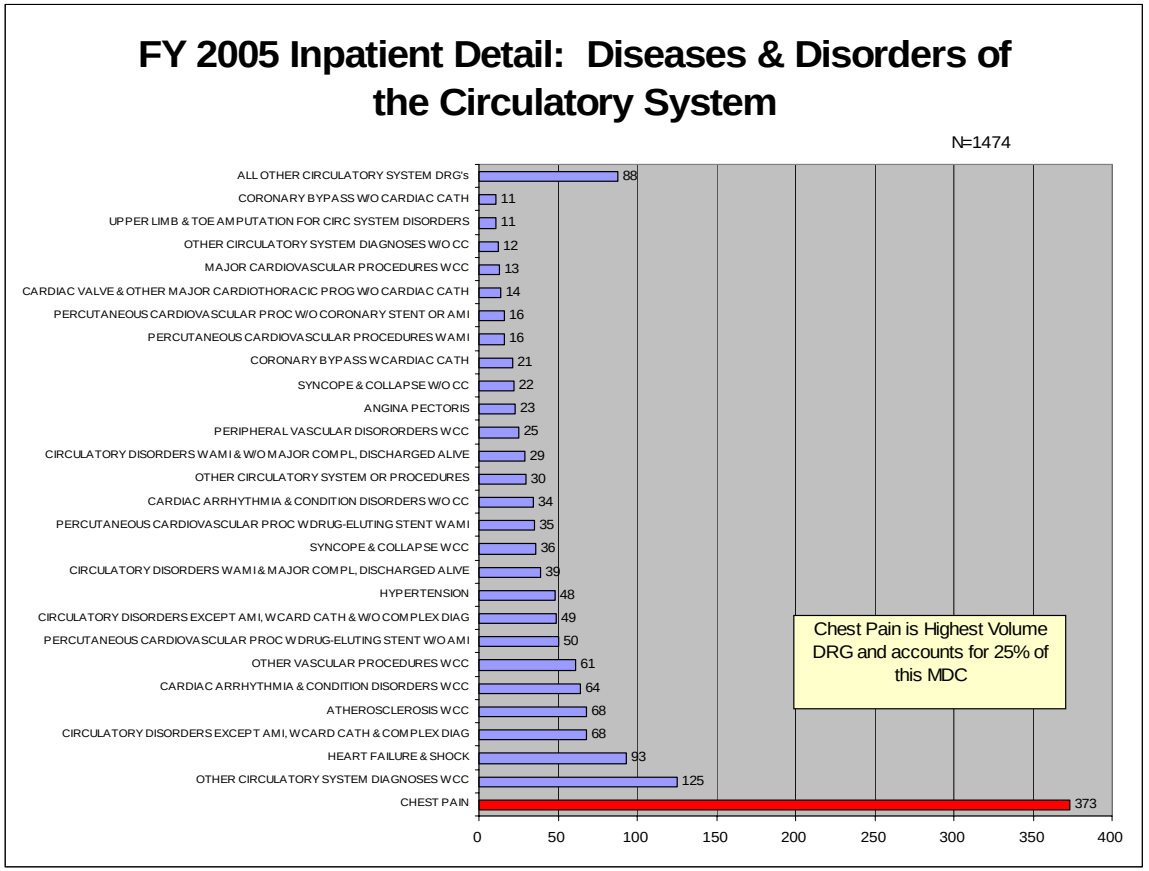
FY 2005 Inpatient Discharges by Major Disease Category



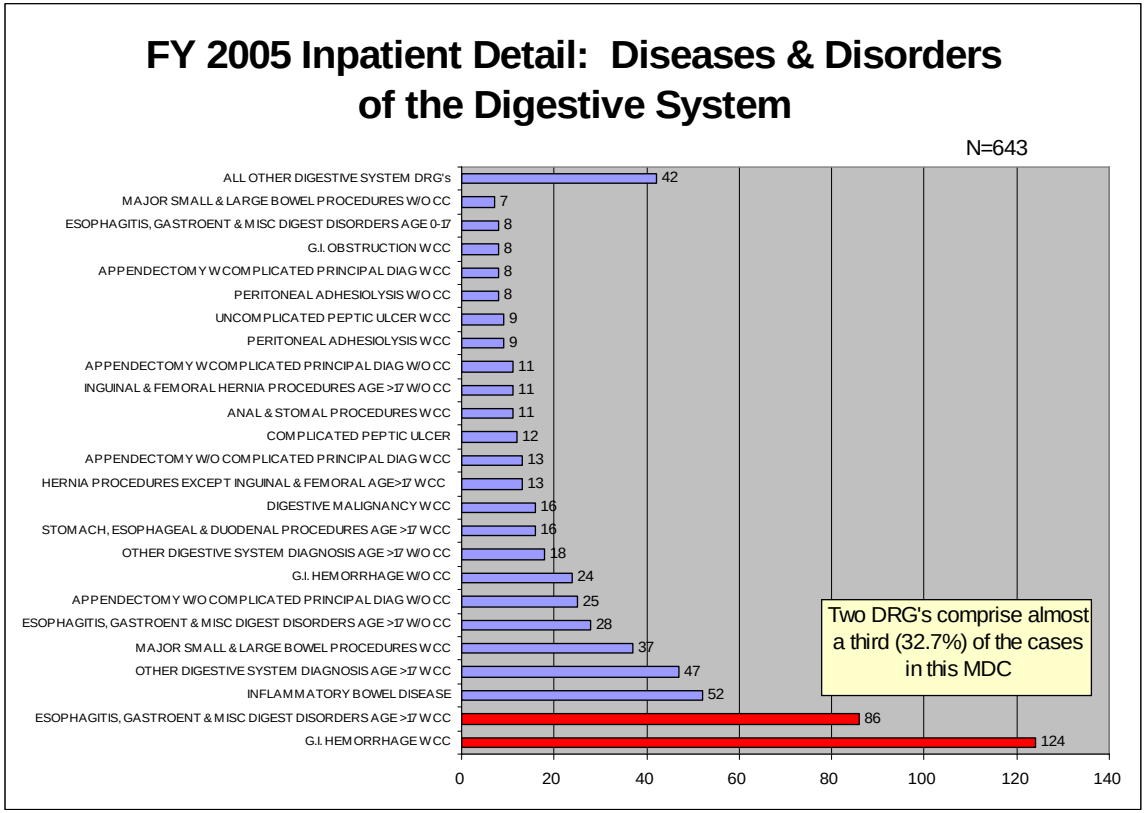
This table displays the top 15 diagnosis-related groups (DRGs) in terms of volume. The top 15 DRGs accounted for 33% of all the cases.



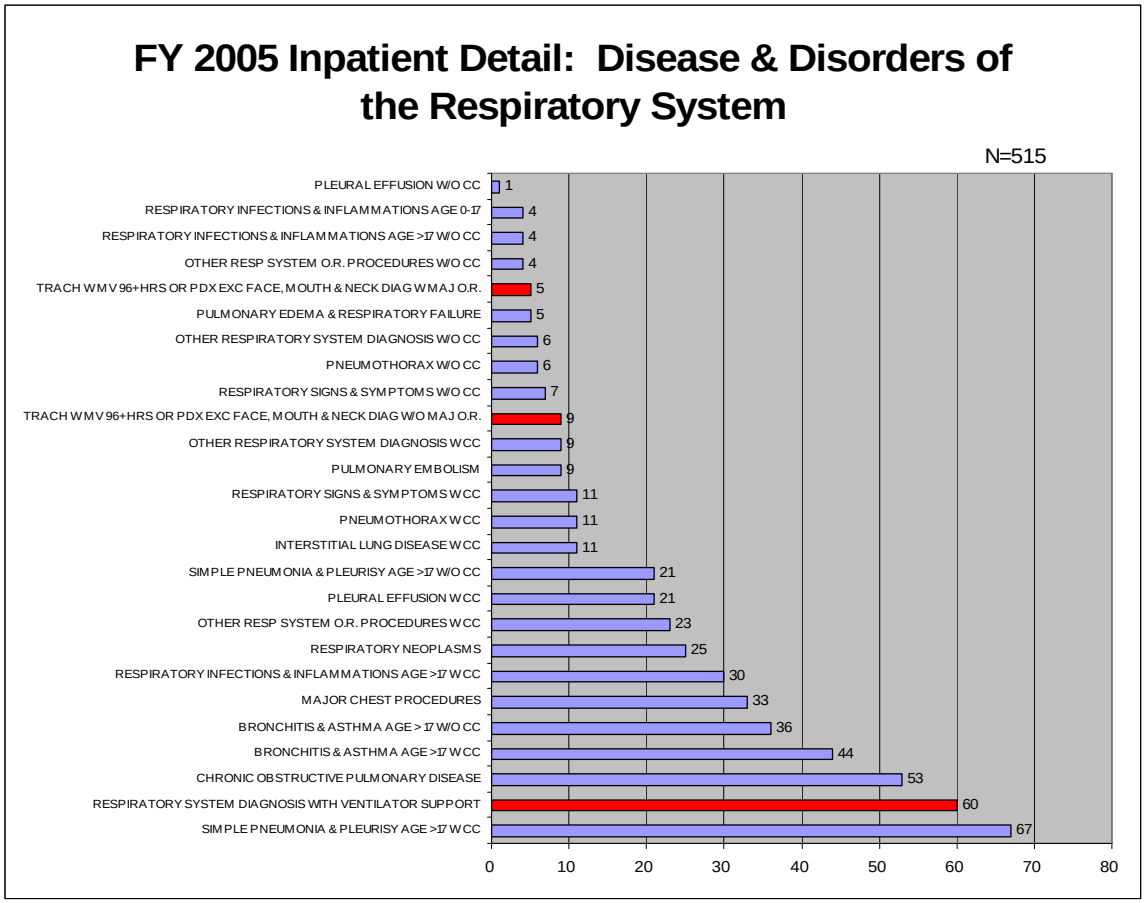
Chest Pain is the single highest volume DRG and accounts for 25% of the Disease and Disorders of the Circulatory System.



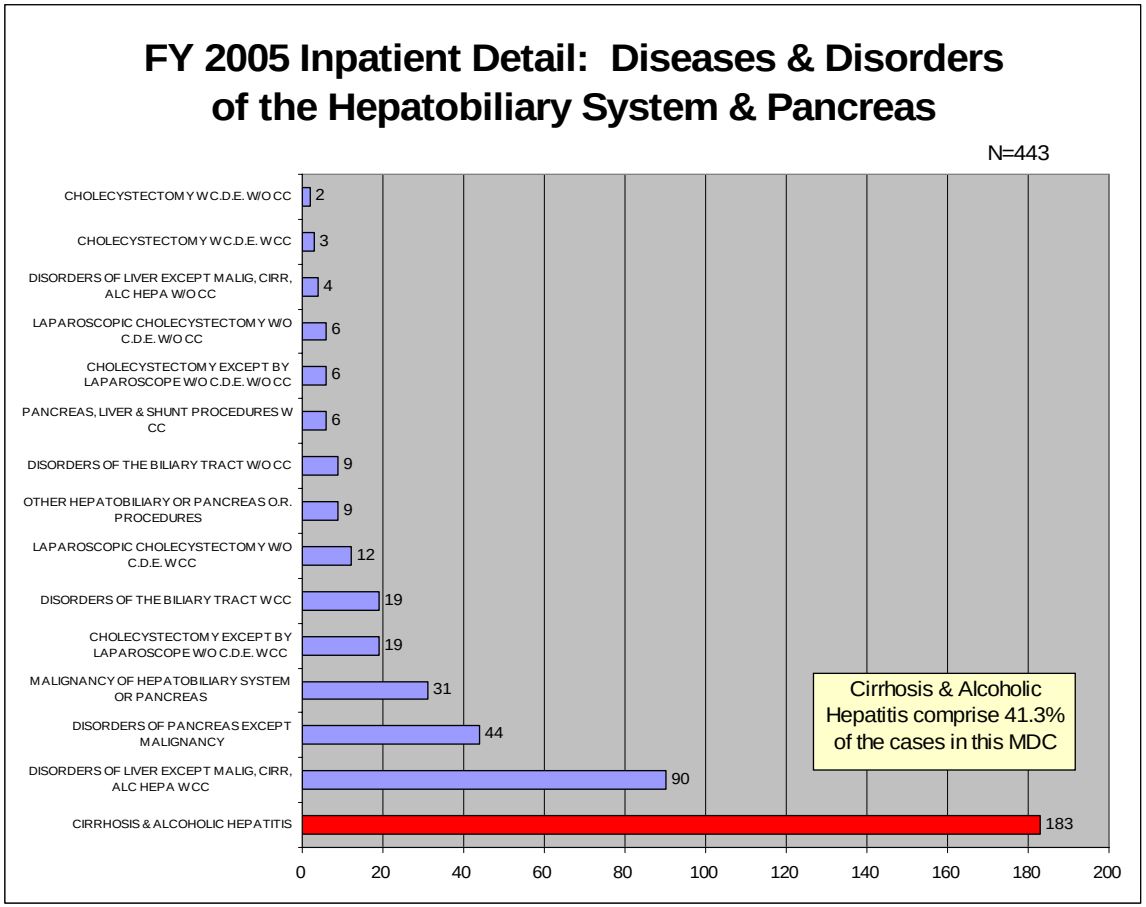
Just over 10% of the TDCJ hospitalizations in FY 2005 related to Diseases and Disorders of the Digestive System. Within this major disease category, two diagnoses account for almost a third of the cases (esophagitis & other digestive disorders with complications and comorbidity and gastrointestinal hemorrhage with complications and comorbidity).



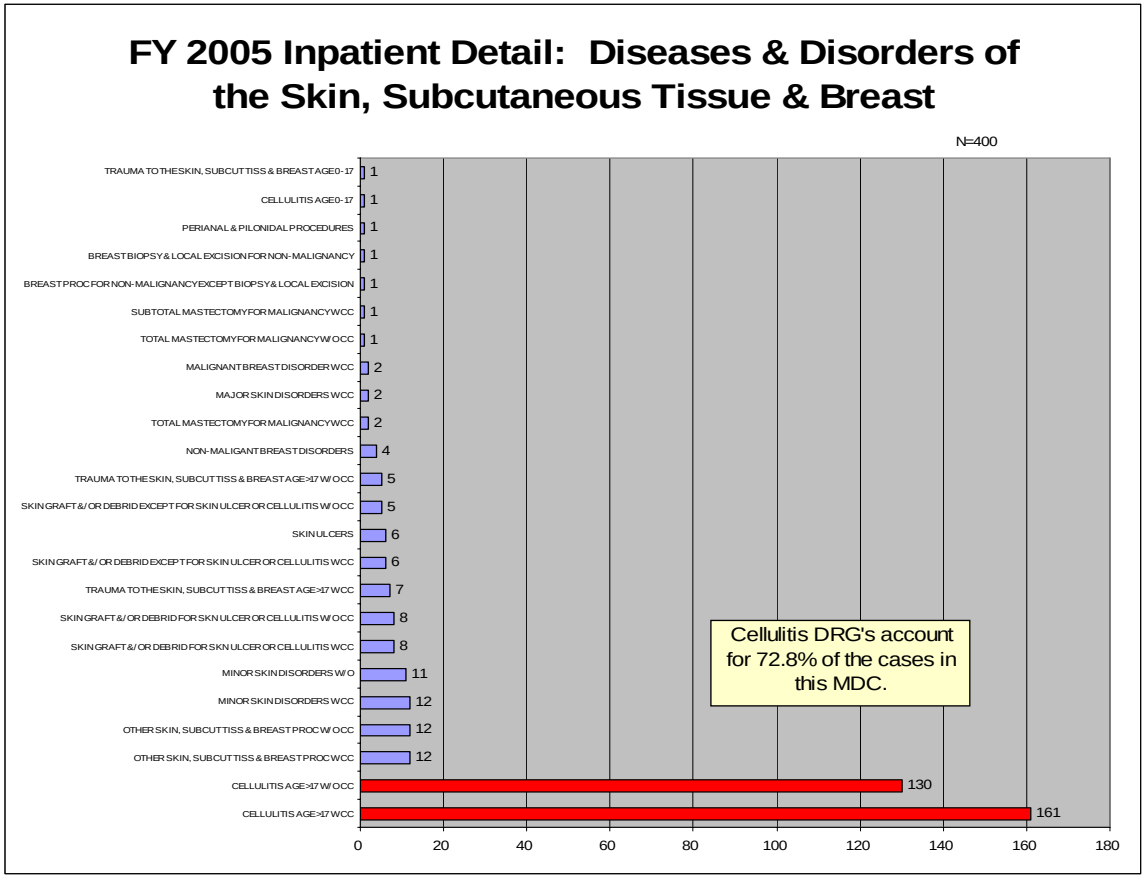
Almost 9% of hospitalizations were related to diseases and disorders of the respiratory system. Note that 74 (14.3%) of the 515 cases in this category were cases that clearly required expensive ventilator support. Such care is one of the most costly services required.



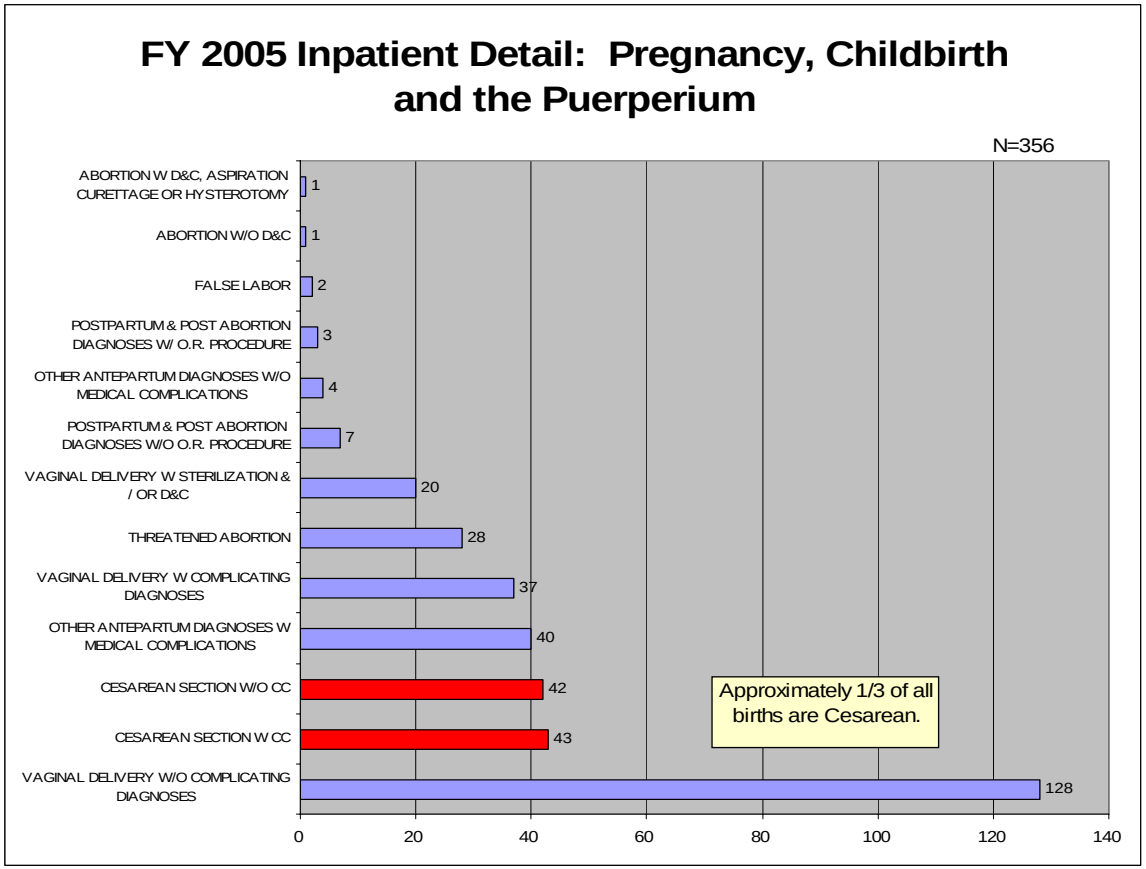
This chart examines the cases categorized in the diseases and disorders of the hepatobiliary system and pancreas. Note that the impact of cirrhosis and alcoholic hepatitis is significant--accounting for 41.3% of the cases in this category.



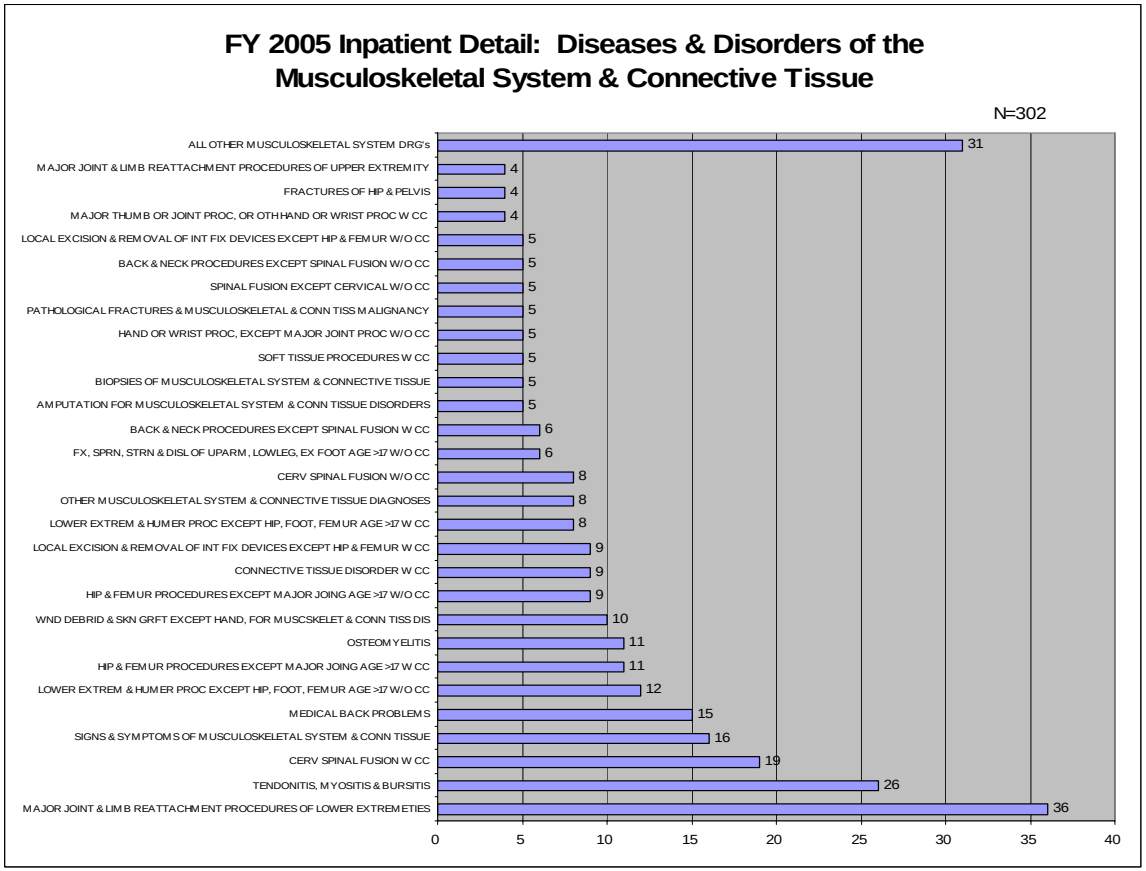
Cellulitis cases with and without complications and comorbidity account for nearly 73% of the diseases and disorders of the skin, subcutaneous tissue and breast. These cases involve serious bacterial infections of tissue commonly associated with other chronic disease states like diabetes, as well as aging and weakened immune systems.



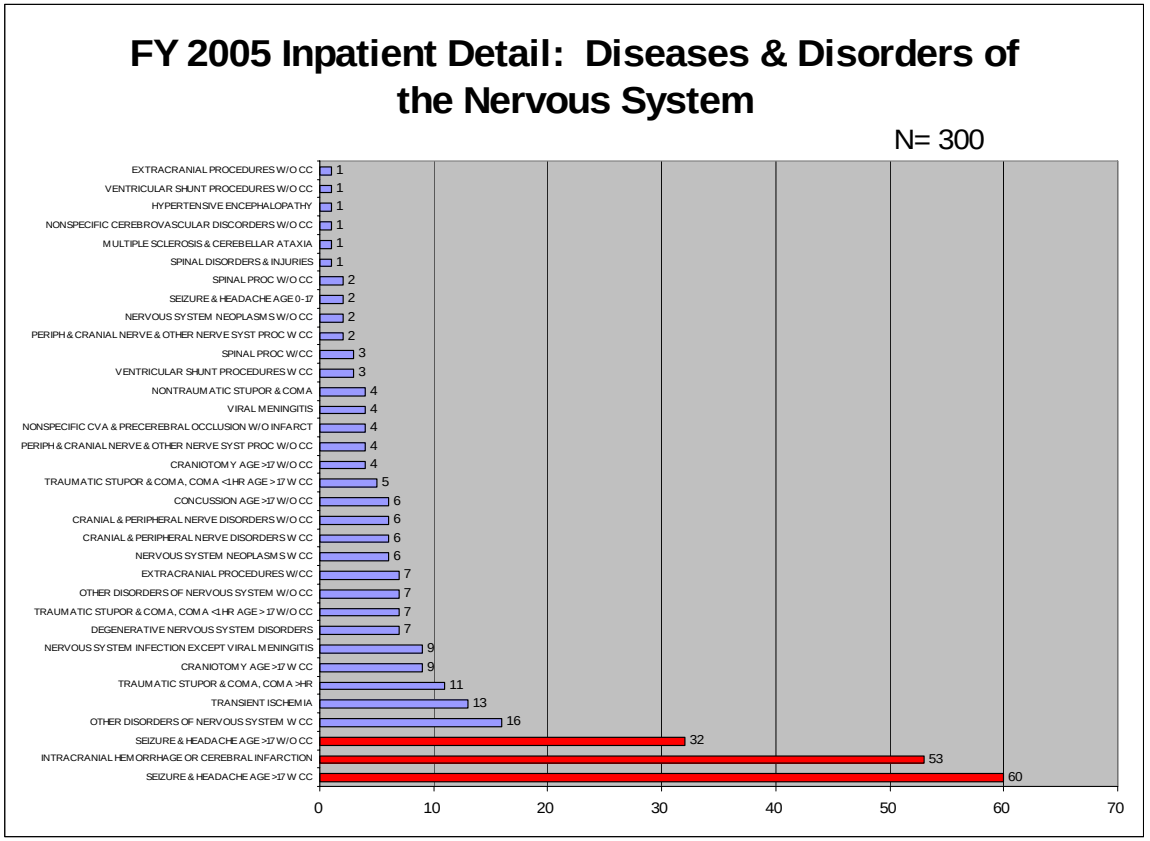
Pregnancy related hospitalizations accounted for about 6% of the cases in FY 2005. About a third of all births are by Cesarean section, with about half of those associated with complications and co-morbidities.



About 5% of all hospitalizations related to diseases and disorders of the musculoskeletal system. There are a wide range of disorders in this disease category.



Almost half of the diseases and disorders of the nervous system are accounted for by three diagnoses: seizure and headache with and without complications and comorbidity and intracranial hemorrhage.



Description of Key Ongoing Initiatives

Before discussing the areas of need identified through this review, it is important to take note of several ongoing initiatives that offer the potential for additional improvements and enhanced efficiencies within the system. Foremost among these are the development and implementation of a Clinical Acuity Rating Scale, the ongoing implementation of an electronic health record and the integration of telemedicine capabilities within this program and improvements in the medical transportation system.

CARS-Clinical Acuity Rating Scale

The intent of the Clinical Acuity Rating Scale (CARS), currently being implemented by UTMB in its sector of the state is to provide an additional tool to better match offender health care needs to the institutions and resources that can best meet those needs. This effort is particularly focused on intensity of care issues, access to medical resources and functional criteria. Most current classification systems focus upon the diagnosis, while the focus of the CARS system is on the intensity of the service and the functional status of the offender.

The CARS system utilizes a scale from 0 to 4 that grades an offender's health status from a medical, dental and psychiatric status. Level 0 includes offenders who are independent in activities of daily living (ADL), have no chronic medical or mental health illness and no need for subspecialty care is anticipated. Level 1 includes offenders that while independent in ADLs, may require routine chronic care and limited subspecialty care. Level 2 offenders include those who are still independent in ADLs, but may have moderate chronic medical or mental illness. These patients may require outpatient mental health services, may have frequent medication administration needs and minimal housing restrictions. Subspecialty care needs are limited. Level 3 on the CARS scale includes offenders who are limited in their ability to perform ADLs, unstable outpatients who require aggressive clinical management of severe chronic medical illnesses, and offenders with mental health disorders who do not require admission to an inpatient health facility. Finally, Level 4 patients are those with severe medical illnesses and/or mental disorders that require infirmary level care.

At this time, the CARS program is a UTMB only initiative that is being implemented during this biennium. By tracking individual offender CARS scores and working with the TDCJ Classification and Health Services Liaison, it is anticipated that improved matching of resources and patient needs can be accomplished. This effort will be monitored and if successful, considered for statewide implementation.

Electronic Health Record/Telemedicine

Over the last few years, the correctional health care program has migrated to an electronic medical record (EMR) system that offers opportunities for improved patient management. The EMR is in active use statewide, although some facilities have only recently made the transition from paper to electronic health records. The EMR is capable of integration with Telemedicine and Digital Medical Services technology to provide a full spectrum of electronic support for the health care program. The health record contains a comprehensive history of vital signs, clinic notes, medications, medical alerts, procedures, labs, etc. All providers within the correctional health care program have access to the EMR record, including TDCJ Health Services staff charged with monitoring the delivery of care.

Benefits of the EMR include the ability to efficiently document and access health care interactions with offender patients, to review medical histories, see prior testing and laboratory results and examine and better document treatment responses. When services are provided, information is recorded in real-time so that the information is consistent and current. Adding to the EMR record allows updating without the need for duplicate data entry. In addition, clinical information such as problem lists and medication lists are readily updated without duplicate data entry, so that changing medications within the charting application automatically updates the patient's medication list.

As the electronic health record continues to evolve, additional efficiencies are likely as more accurate, timely and detailed data on health care outcomes becomes available. Such data can help in the development of treatment pathways and guide the clinical decision-making processes using evidence-based outcomes.

Transportation System Improvements/Efficiencies

Currently one of the challenges for the correctional system is the efficient movement of patients to and from the prison hospital facility in Galveston. While a majority of the patients can be moved in routine bus transport and others require ambulance transportation, there are some patients that fall in-between these two types of transport currently available. These patients need some medical attention or alternative transportation arrangements (e.g., for wheelchair or the ability to lie down), but do not need expensive ambulance transport.

UTMB and TDCJ staff have been examining transportation alternatives that include developing specialized transport capabilities that would address such needs. In addition, the scheduling and transportation routes involved in moving patients to and from the prison hospital are examined on a regular basis.

An analysis of the use of EMS services found that a significant portion of the ambulance transports did not require the administration of medical protocols to any patients while enroute. A review and revision of ambulance transport guidelines has resulted in more transportation needs being met through routine transport capabilities. To insure that patient care remained at the appropriate level, UTMB has developed a hub system for patient transportation utilizing designated urgent care centers established within existing TDCJ facilities. Each hub site urgent care area is operational 24 hours per day, 7 days per week. Minimizing the amount of health care that must be provided in "free world" facilities reduces public safety risks, helps to control health care costs and reduces the need for security escorts and transportation offsite.

Other Cost Containment Initiatives

The Correctional Health Care program continues to work diligently to hold down costs related to the delivery of health care through a variety of strategies, including:

Use of Disease Management Guidelines

Disease management guidelines outline recommended treatment approaches for management of a variety of illnesses and chronic diseases. These guidelines are reviewed regularly and updated as necessary. Disease management guidelines focus on disease-based drug therapy and outline a recommended therapeutic approach to specific diseases. They are typically developed for high risk, high volume, or problem prone diseases encountered in the patient population. The goal is to improve patient outcomes and provide consistent, cost-effective care, which is based on national guidelines, current medical literature, and has been tailored to meet the specific needs of the patient population served.

Strict Formulary Controls

A standard statewide formulary is maintained by the Pharmacy and Therapeutics Committee and updated as needed and at least annually. This committee meets regularly to review the use of drugs within the health care system, evaluate agents on the

formulary and consider changes to the available medications. All medications prescribed for offenders must be listed in the formulary, unless specific medical necessity exists for authorizing a non-formulary medication. In such circumstances, a request for non-formulary approval will be processed and evaluated. Non-formulary determinations may be appealed by the referring provider for additional review and decision in accordance with established procedures.

Access to 340B (PHS) pricing for drugs
UTMB has been certified by the federal authorities to access 340B drug pricing for prison inmates confined in facilities operated by UTMB, resulting in significant reductions in overall CMHCC drug costs.

Utilization Management programs
Utilization management and review is a physician-driven system for making individual evaluations as to medical necessity. The review process entails consulting national accepted standards of care and comparing the individual circumstances of each case. Referrals for certain types of care require prior authorization through the utilization review process.

Participation in the MRIS process
The Medically Recommended Intensive Supervision (MRIS) program currently allows the Board of Pardons and Paroles to consider the supervised release of certain offenders with medical or mental health conditions. Medical staff refers offenders with extensive medical problems for consideration under the program.

Use of screening tools and technologies to more carefully triage ER visits
The university providers have adopted the use of technologies such as the EMR and telemedicine capabilities to augment facility staff, provide triage services and avoid unnecessary transfers to local ER facilities. Most recently, the training of staff and the use of troponin testing for chest pain assessments has significantly reduced unnecessary transfers, while still ensuring urgent cardiac cases are managed appropriately.

Increasing efficiency of UTMB prison hospital
UTMB operates the prison hospital in Galveston and has recently moved to a "hospitalist" model which is becoming a standard in many community hospitals. Under this model, a designated physician specializing in the care of hospital inpatients manages the hospital stay as a critical leader in the treatment team. This model enhances the efficiency of the staff delivering care. In addition, the hospital has redesigned its bed utilization patterns to make more effective use of the available bedspace, thereby reducing offsite hospital referrals.

Ongoing provider network management
Both university providers work diligently to manage the costs of external hospital, specialty and emergency care providers that deliver services to the correctional population. Most contracts are tied to standard reimbursement rates, such as Medicare, however in some communities with limited competition, such rates are difficult to negotiate.

While the program continues to seek cost savings from within its operations, it is important to note that the significant savings opportunities related to standard health care cost management practices have already been put in place and continue to be managed on a daily basis. Those initiatives have enabled the program to maintain the lowest health care cost per day of any large correctional system in the country.

However, the fiscal pressures on the system are significant and future cost avoidance from such efforts are likely to be reflected in a lower rate of increase than in significant reductions in the cost of care.

Continuing Challenges

No discussion of cost containment efforts would be complete without an understanding of the continuing challenges facing the correctional health care program. These challenges place tremendous upward pressure on costs. Note also, that most of these pressures are the same pressures that are driving health care costs in the state and nationally as well.

First and foremost is the strain on limited resources placed upon the program by a growing and an aging population. The program delivers health care services for nearly 152,000 offenders in more than 100 facilities scattered geographically all

across the state. This overall population has been steadily increasing and is projected to increase by more than 11,000 in the next five years. At the same time, the proportion of older offenders within the prison population has continued to climb dramatically. As mentioned earlier in this report, there are more than 9400 offenders in Texas prisons age 55 and older. This "aging" trend is expected to continue into the foreseeable future and will require significant resource commitments. **Obtaining and managing the increasing resource needs for this older population represents the most significant challenge facing the correctional health care program.**

Yet another challenge is remaining competitive in a marketplace for healthcare professionals in the face of a growing shortage of key health care provider positions, especially skilled nursing staff. The nationwide shortage of nursing staff impacts the correctional health care program by making it more difficult to recruit and retain the professional medical staff necessary to operate an effective health care system. The correctional healthcare program is subject to the same upward pressure on healthcare professional salaries created by national and regional shortages, especially for nursing, mid-level provider and physician staff. Access to care is directly correlated with the availability of medical staff. Vacancy rates vary by locality but currently range from 13-17% consistently.

Costs related to hospital and specialty care continue to rise nationally at a rate more than twice overall inflation. In order to continue to provide medically necessary hospital and specialty care services, additional funding for these services is necessary. In some areas of the state, the university providers are experiencing increased difficulty finding providers and hospitals willing to serve the offender population at the rates currently being paid. In some more remote locales, there is little or no alternative for emergency room care or certain types of specialty care.

Also confronting the program is the need to keep in step with constantly changing standards of care in the medical field. As medicines evolve and technologies develop, changes in how medicine is practiced occur. In the late 1990's the standard for treating HIV+ patients changed as antiretroviral medications were researched and their efficacy in combating the effects of HIV was proven. The changes were dramatic in two ways: costs and outcomes. The costs of HIV care increased dramatically as the new treatment regimens were introduced. These medications now comprise over 45% of the total drug costs for the correctional health care program, however there is also no denying the positive outcomes these drugs have had for HIV patients. The death rate for HIV patients has dropped dramatically within the system as a result of the use of these drugs. Similar changes in treatment of diseases such as Hepatitis C are currently becoming the standard. Standards of care also

increasingly call for more use of advanced medical technologies for diagnostic and treatment purposes. As standards change, the medical system must adapt to the new standards, often at higher prices

As with any healthcare delivery system, pharmaceutical costs are a basic expense item. Pharmacy expenses within the correctional health care program have historically been much lower than other health care entities within the state, however even with the tightly controlled formulary, extensive disease management efforts and access to public health service pricing for drugs, the costs for medications are increasing. Given the aging of the offender population, the corresponding increase in the number of heart and cancer patients and anticipated new drug therapies for Hepatitis C and HIV, pharmacy costs will continue to rise. While UTMB has the advantage of Federal 340B pharmacy-pricing, which has saved millions of dollars in recent years, this programs only guarantees "best price" it does not guarantee "fixed" price. Drug cost increases are being driven by three factors: higher product costs, new drug therapies and increased demand due to the aging of the offender population.

For the foreseeable future, the prison population trends indicate a continued aging of the prison population and additional overall population growth. These increases will present significant demands on the health care delivery system in terms of both facilities and services.

Key Areas of Need

Based on a review of the key considerations, population characteristics, current health care system capabilities and the available data, as well as consideration of ongoing cost containment initiatives, several key areas of need have been identified. Those needs are generally classified into three categories: additional facility needs, potential for increased clustering of patients, and the need for capital equipment upgrades and replacement. Each area of need will be discussed in the following sections.

Need for Additional Health Care Facilities

The most significant health care facility need is for additional space to provide health care services for female offenders. It is also projected that additional medical housing for geriatric offenders will be required. The recommendations outlined below

identify the area of need, however, additional study is needed to develop more specific information as to the design, location and projected costs associated with each recommendation.

Female Offender Infirmary Space

At the end of FY 2006, TDCJ housed more than 12,000 female offenders. Additional infirmary beds for female offenders are needed as this population continues to expand. Currently, a number of female infirmary beds are co-located at the Hughes Unit in Gatesville which is a male offender facility. Other female offenders are served at the Carole Young Medical Facility, even though their health care needs may not require the higher level of care available at that regional medical facility. Many of the newer and larger female facilities, such as the Plane Unit in Dayton and the Lychner Facility in Houston were constructed without dedicated female infirmary space. Adding female infirmary space would assist in more efficiently managing female offender health care needs.

> **Recommendation**: **That consideration be given to the development of 15-20 dedicated female offender infirmary beds. To the extent possible, these beds should be co-located with an existing female offender facility capable of housing female transient offenders**.

Female Offender Inpatient Psychiatric Space

A disparate ratio of available inpatient beds for male and female offenders has existed for some time. Crisis management and inpatient psychiatric admissions among females have risen significantly over the past several years. Examining the ratio of population by gender to the number of available inpatient psychiatric beds finds that the male offender inpatient bed ratio is about 1:69, while the female inpatient bed ratio is about 1:120. At the present time, Skyview (a predominately male offender facility) houses all female offenders in need of ongoing inpatient care as well as crisis management overflow. The total number of Skyview beds occupied by females is typically 70-80. Jester IV houses female crisis management offenders from Plane, Henley and Young, totaling around 10 beds. Mt. View adds another 10 crisis management beds. All female inpatients are housed in single cells/rooms.

The inpatient mental health program for females (Skyview) consists of individual and group therapy, occupational therapy and recreation/activities. All therapeutic activities take place within their designated housing area due to security constraints of a co-gendered facility. Interaction among female patients outside of group therapy is limited. They have few opportunities to demonstrate the acquisition of independent living skills such as eating meals in the dining hall, going to the pill window, performing work activities and attending school. Occupational therapy takes place in the housing area as opposed to the treatment room that contains the equipment, supplies and space necessary for full treatment programming. In addition to disparity in inpatient programming among males and females, there are no female equivalents to the PAMIO, the Step-Down Program, or the Administrative Segregation Intermediate Care Program.

No inpatient mental health beds have been added since Montford opened in 1995. Since then, the offender population has grown from 123,416 in FY1995 to over 151,000 in FY2006. UTMB, in cooperation with TDCJ, has taken a number of steps over the past several years to compensate for the relative shortage of inpatient beds for females. Ten additional crisis management beds have been allocated at Mountain View, special discharge and transportation processes have been implemented, lengths of hospital stay have been shortened, and additional beds were added for female patients at Skyview. In spite of these steps, the need to increase inpatient mental health beds for female offenders remains.

> **Recommendation: Consideration be given to the development of additional psychiatric inpatient facility for female offenders. Approximately 150-180 beds are suggested. If this space was made available, the currently allocated female beds at Skyview and Jester IV would be re-allocated to male offenders, bringing the male beds-to-offender ratio to a more manageable number as well. The additional inpatient psychiatric beds should be located in an area of the state amenable to the recruiting and retention of professional staff, and would need to include sufficient treatment space to provide the necessary services.**

Geriatric Offender Extended Care Housing

Additionally, as the prison population continues to grow and to age, additional geriatric extended care housing will be required. The recent addition of 44 beds at the Montford Regional Medical Facility has been designated for this purpose. However, as the population's health care needs continue to increase, it is anticipated that additional extended care beds, capable of providing assistance with an offender patient's activities of daily living and full-time nursing care will be needed.

It should be noted that policy options for managing the aging offender population, particularly those with extended care needs include the Medically Recommended Intensive Supervision (MRIS) program. Under current law, most offenders, with the exception of certain sex offenders can be considered for MRIS release if they have medical needs requiring long-term care. The largest obstacle to release of offenders under this program is finding suitable placement options. Projecting the number of extended care beds that may be required in the future is difficult due to the uncertainty as to the extent that this mechanism can be utilized to decrease the need.

> **Recommendation**: **Consideration should be given to the development of additional geriatric extended care housing for older offenders within the TDCJ system. Projections are that the population of older offenders will continue to rise at a rate of more than 10% per year. Given that trend, absent changes in policy or alternative options for managing the needs of this older population, the addition of 150-200 additional extended care beds should be considered.**

Improved Utilization of Current Facilities

Through the use of the Clinical Acuity Rating System and working collaboratively with TDCJ, it may be possible for additional "clustering" of like patients, providing opportunities to increase the efficiency and effectiveness of health care services for certain offender patient populations. By establishing selected facilities as "centers for excellence" in specific disease states, staff resources, training and facility space can be tailored for the specialized health care needs of certain offenders. The ability of effectively cluster like patient populations will always be limited to some extent by the classification, security and custody criteria of the offender, as well as other considerations noted earlier in this report. However, three patient population sub-groups have been identified for potential consideration as the CARS initiative unfolds:

End-Stage Liver Disease Management

A significant number of offenders have been diagnosed with various forms of liver disease that require significant health care resources and specialty care services. End-stage liver disease presents itself most commonly as cirrhosis of the liver which can result in decompensation and such complications as portal hypertension, splenomegaly, and gastroesophageal varices. In more

severe cases, patients may develop excess fluid within the peritoneal cavity (ascites), spontaneous bacterial peritonitis, and/or encephalopathy. The detection, prevention and treatment of such complications present clinical challenges that require access to specialized consultation services. Concentrating many of these patients at a single facility would allow the facility staff to be trained and augmented with specialized services for managing this disease.

Insulin Dependent Diabetics

Diabetes is a complex clinical condition requiring regular monitoring by health care professionals. Complications from diabetes can include heart and blood vessel disease, blindness, kidney failure, and foot ulcers. Unmanaged, these complications can lead to poor outcomes. Properly managed, diabetic patients can avoid many of the complications of this disease. Monitoring patients, especially those requiring regular doses of insulin is critical to insure timely checking of blood sugar levels, proper regulation of medications, regular eye examinations, regular foot exams and related testing. Given the large number of diabetic patients within the TDCJ system, clustering of all diabetics in a single or even a couple of facilities is not practical. However, the "brittle" diabetic patients whose disease is difficult to manage and requires more extensive monitoring could be concentrated in a facility or two that can develop the specialized staffing, training and resources to more effectively manage these patients.

Cardiac and Pulmonary Patients

As the TDCJ offender population ages, an increased prevalence of cardiac and pulmonary disease is being experienced. Disorders of the heart frequently cause pulmonary dysfunction because of the close structural and functional association of the heart and lungs. Managing the more advanced stages of cardiac and pulmonary disease requires more frequent consultation with specialty care physicians and often requires timely access to enhanced levels of diagnostic and laboratory services. Clustering of offender patients with these needs would afford the opportunity for specific training, staff and resources to be applied towards more effectively managing their disease.

Need for Capital Equipment Upgrades/Replacement

For some time now, the correctional health care program has been struggling with significant capital equipment replacement needs. A significant majority of the facilities within the TDCJ system have major medical equipment that is 20 years or older and in varying states of disrepair. As a part of the FY 2008-09 exception item request, the correctional health care program has requested funding for capital equipment replacement to address the following critical needs:

Radiology

At the current time UTMB has 24 X-ray machines that are more than 15 years only; with 10 of those being more than 20 years old. The technology of this equipment is outdated; in many cases, no longer supported by the manufacturer; and, there is difficulty and premium for repair and replacement parts. Due to fiscal limitations, the health care program has not been able to migrate radiology services into the "digital" arena, thus further capitalizing on the EMR system. Because the TTUHSC facilities are more recent, they have a smaller need, but still estimate some necessary replacements are required.

Medical Transportation

In east and south Texas, UTMB is responsible for all offender movements related to medical services, less those patients who can be accommodated on the TDCJ chain bus. As discussed earlier in this report, UTMB is attempting to develop an upgraded medical transportation system, which will reduce the number of Emergency Medical Services (EMS) staff required to meet their medical mission. The capital required for this program includes a new "Medical Bus", seven multi-passenger medical vans and a medical transportation command center. Because the changes in this transportation network are designed to reduce operating costs, UTMB is exploring options to proceed with the improvements during the current biennium.

Dialysis Chairs

UTMB manages a 155-person dialysis center within the walls of the Estelle facility in Huntsville. In addition to the significant staffing and drug costs associated with dialysis, the need for new dialysis chairs have become a high priority. At the present time UTMB has 37 Dialysis chairs; 32 of these chairs are more than six years old. Given that the useful life of these types of dialysis chairs ranges from 6 to 10 years, UTMB anticipates the need to replace all 32 chairs by fiscal year 2009.

Dental Chairs

Onsite Dental services are provided at all TDCJ facilities. Many of the dental chairs are well past their economic useful life. Over the past several years, it has been necessary to cannibalize many of the dental chairs, as replacement parts are no longer available. At the current time UTMB has 86 dental chairs that were all transferred to UTMB from TDCJ on or about August 1996. Given that the majority of these chairs were in use prior to their transfer to UTMB, the vast majority of dental chairs in use today within the TDCJ system are more than 15 years old. UTMB projects that they may need to replace as many as 50 dental chairs during the next biennium.

IT Equipment

TTUHSC has experienced difficulties with the infrastructure surrounding the electronic medical record and has embarked on an essential system upgrade to improve responsiveness of the system. Some additional capital equipment for this infrastructure is anticipated during the biennium.

Cost Implications

Cost implications related to the recommendations outlined in this study are discussed briefly below.

Additional Health Care Facilities

The costs associated with the additional facility recommendations cannot be determined at this time for a number of reasons. Estimating construction costs would require a more formalized development of a scope and design concept. Decisions would need to be made as to whether the recommended facilities could be combined into a single stand-alone project, be constructed as additions to current facilities or be broken down into individual projects. In addition, it may be possible to address some portion of the needs outlined in this report through the re-designation of existing facilities coupled with additional capacity expansions to be considered by the 80th Legislature. It may also be possible that alternative facilities could be made converted for TDCJ use to address some of these needs. Until such determinations are made, facility costs cannot be estimated. Further study of the potential options for such facilities is recommended.

Improved Utilization of Current Facilities

Further developing the CARS initiative and developing "centers of excellence" is not expected to result in increased costs for the correctional health care program. It is expected that the grouping of offender patients with selected specialized health care concerns would allow for the more effective distribution of existing resources and assist in managing the fiscal challenges presented by the aging offender population.

Capital Equipment Needs

The correctional health care program is requesting consideration of capital equipment needs in the FY 2008-09 biennium totaling $6.3M as detailed below:

Critical Capital Equipment Replacement	FY 2008-09
Radiology/Imaging Equipment	$3,878,113
IT Equipment/EMR Network Support	$408,000
Medical Transportation	$920,000
Dialysis Station Replacement	$416,000
Dental Chair Replacement	$750,000
Total Capital Equipment Replacement	**$6,372,113**

Limitations of Review

The findings of this study relied on a review of the available data on offender acuity and needs. The medical alert code system used to review much of the population is limited by the degree to which accurate and timely updates are made to the system. At this time, the correctional health care program is in the latter stages of a transition from a paper-based health record to an electronic health record. As the electronic systems are populated with offender patient data and histories, more precise patient data will be available.

To fully develop a cost-benefit analysis of the additional facilities proposed for consideration in this review requires further analysis of the facilities, their construction, capital equipment and annual operating costs. Such detail is not available until the recommendations are further defined and some key assumptions about the nature, location and missions of the facilities are adopted. It is recommended that further discussion on these areas of need continue.

Conclusion

Planning any new medical facilities is a complex endeavor that requires an analysis of offender patient needs, population trends, current capabilities and ongoing initiatives. The review identified recommendations related to new facility considerations, improved use of current facilities and capital equipment needs to maintain or improve current capabilities.

Three specific new facility related recommendations are suggested for further study:

- the development of 15-20 dedicated female offender infirmary beds;
- the development of an additional psychiatric inpatient facility for female offenders with a capacity of 150-180 beds;
- the development of an additional 150-200 geriatric extended care beds for older offenders within the TDCJ system.

Female offender health care facilities are needed to maintain services and improve the efficiency of current operations that require co-gender use of infirmary and psychiatric space. Projections indicate that the population of older offenders will continue to rise at a rate of more than 10% per year. Given that trend, absent changes in policy or alternative options for managing the needs of this older population, the addition of additional extended care beds will be needed.

By continuing to implement the CARS initiative, additional clustering of offender patients to improve the management of specific disease states including end-stage liver disease, insulin dependent diabetes and cardiac/pulmonary care is possible. Such initiatives are designed to improve the distribution of current resources to maximize their effectiveness in managing these complex chronic diseases.

Finally, this study made note of the need for replacing some key capital equipment that is considered critical to maximizing the use of current facilities. First and foremost among these needs is the replacement of outdated imaging equipment necessary to provide effective and efficient health care services.