



University of Connecticut Health Center

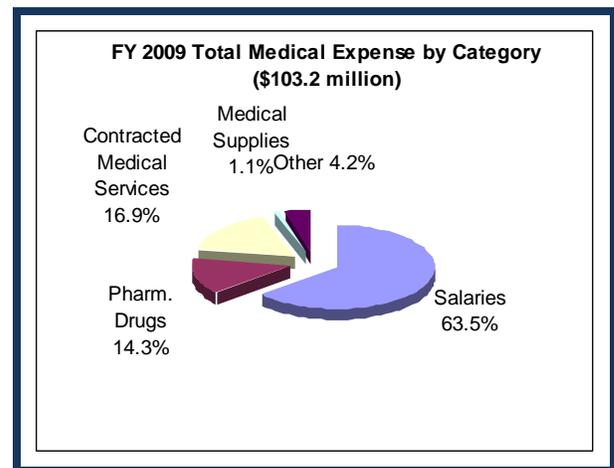
Correctional Managed Health Care

July 2008 - June 2009 CMHC ANNUAL REPORT

Background

The Connecticut Department of Correction (DOC) historically provided health services to inmates directly, using local hospitals and medical specialists as necessary. A correctional inpatient unit at UCHC's John Dempsey Hospital (JDH) opened in 1995 with 12 beds. Following that positive experience and through subsequent negotiations, UCHC assumed responsibility for all global medical, mental health, pharmacy, and dental service provision from DOC in November 1997. Services are provided at 18 DOC facilities statewide clustered into ten functional units, at 38 DOC-contracted halfway houses and at JDH. As of June, 2009, services were provided by 811 full-time equivalent staff (a total of 867 individuals) to a population of 19,657 individuals (18,819 incarcerated and 838 in halfway houses).

The FY 2009 appropriation for inmate care is \$103.2 million.



Connecticut is one of only six states with an integrated jail and prison system. It has an incarceration rate of 410 per 100,000. Jails (serving the unsentenced/pre-adjudicated) are located in Hartford, Bridgeport, New Haven, & Uncasville (male facilities) and in Niantic (women). Jails have a high inmate admission and discharge rate, much higher per inmate costs, and present distinct management and clinical challenges. For example, the Hartford jail alone averages over 37 intakes every night. Statewide, each

of the 30,762 annual admissions requires a medical and mental health intake health screening. Generally, one out of five requires prompt medical or mental health intervention.

In virtually all categories, incarcerated populations have general medical and psychiatric disease prevalence rates significantly greater than those found in the community. The number of inmates on medications as of June 2009 was 8,889 or 45% of the total population. Notwithstanding administrative efficiencies, pharmaceutical costs continue to rise sharply, with increasing demand for costly medications for treating HIV, Hepatitis C and psychiatric conditions.

Of note, CMHC's FY 2009 cost per inmate (both genders) was \$5,250 to provide global health services (medical, dental and mental health) to a population with significant health problems. Health care services for female inmates cost approximately twice that of male inmates.

Legal Context of Correctional Healthcare

As determined by the US Supreme Court, the only population with a constitutional right to healthcare (general medical and mental health) is incarcerated offenders, whether sentenced or unsentenced. In general, these rights include access to competent professional medical care that is equivalent to the community standard. In Connecticut, we work under 10 court orders, consent decrees and settlement agreements. Broadly speaking, these focus on HIV/AIDS, mental health, and timely general medical care.

Program Overview

Medical (Flow Chart Appended)

- The active medical caseload represents approximately 20% of the inmate population, about 4000 unique individuals.
- In FY 2009, there were 18,427 inmate visits for care at specialty clinics in DOC facilities (orthopedic services, infectious diseases/HIV, optometry, podiatry and chronic care).

Vision

Correctional Managed Health Care will become a national leader in correctional health care in collaboration with the Connecticut Department of Correction and the University of Connecticut Health Center.

Mission

Correctional Managed Health Care shall provide compassionate and clinically appropriate health care to inmates within the DOC correctional facilities and halfway houses. Our services shall be resource-sensitive and promote a safe, secure and healthy environment that supports successful re-integration into the community.

Values

- Clinical and organizational excellence
- Respectful and supportive work environment
- Professionalism, compassion, innovation and diversity
- Integrity, teamwork and trust
- Education, research and continuous improvement of services

*On an average day,
CMHC see 578
inmates at sick call,
care for 189 inmates
in infirmary beds and
care for 8 inmates
hospitalized at the
John Dempsey
Hospital*

- HIV/AIDS (currently 396 patients), tuberculosis, Hepatitis B & C, drug and alcohol addiction, STDs, hypertension (currently 2334 patients) are among the serious illnesses overrepresented in this population.
- Interferon-based therapy for Hepatitis C costs approximately \$42,000 per patient per year; as of June 2009, 20 inmates were in Hep C treatment.
- CMHC provides on site dialysis to inmates. There are currently 15 inmates receiving treatment. Necessary treatment costs are approximately \$48,000 per patient per year.
- During 2009 Chronic Disease guidelines continued to be worked to assist with consistency of care. Chronic disease clinics are being implemented slowly across the facilities.
- An Assistant Medical Director position is being recruited to allow for increased clinical supervision and utilization review.

Mental Health (Flow Chart Appended)

- The active mental health caseload represents approximately 18% of the inmate population, about 3500 unique individuals.
- Mental Health services are comprehensive from admission to discharge, and focus on access to care and outreach, screening and assessment, identification, treatment planning, classification, provision of distinct levels of service and continuity of care upon discharge to the community.
- Intake assessments are conducted for every admission system-wide. A complete suicide assessment is done for every first-time admission, as well as for others referred for suicide assessment as a result of the initial intake screening. Every inmate classified as needing mental health services (Mental Health Classification Scores of 3, 4 & 5) has an individual treatment plan.
- Inpatient mental health services are provided at nine of the eighteen correctional facilities.
- Supported congregate housing is an intermediate milieu level of service offered at 4 facilities.
- Outpatient mental health services are provided at fifteen of the eighteen facilities.
- Six facilities have specialized sex offender services.
- Schizophrenia, bipolar disorder, post traumatic stress disorder (PTSD), depression, severe personality disorders, traumatic brain injury and addictive disorders are overrepresented in this population.

In FY 2009 there were 202,088 visits to social workers, psychologists and psychiatric nurse clinicians, including 24,590 suicide risk assessments. In addition, there were 27,755 visits to psychiatrists and 23,551 visits to Advanced Practice Registered Nurses.

- During the past year Mental Health 4 programming (Safe Passage) was developed and successfully implemented at the York Correctional Institution.
- Mental Health staff and leadership have been working collaboratively with DOC over a number of years to improve mental health services at Northern and Garner to meet the requirements of the Office of Protection and Advocacy (OPA) court settlement agreement. DOC and CMHC met the necessary standards outlined in the settlement agreement, allowing this agreement to sunset this past year.
- In 2009 the Pharmacy and Therapeutics Committee carefully reviewed prescribing practices and the formulary. Through increased education and training for prescribers and formulary changes a significant reduction in pharmacy costs for psychotropic drugs was achieved without adverse impact on patient care.
- Also, in 2009 a review was done of the practice of assigning one on one “watch” for inmates who were deemed potential suicide risks. This review and subsequent education efforts resulted in a reduction of this practice, saving costs and providing more appropriate interventions for individuals with possible suicidal intentions.
- Established affiliation with Yale University as a primary rotation site for Yale Psychiatry and Law fellowship program.

Dental Services

- Dental Services include routine exams, x-rays, dentures, restoration, root canals and oral surgery.
- In FY 2009, 17 dentists, 2 oral surgeons, and 21 dental assistants made 21,042 assessments and conducted 23,140 procedures.
- In 2009 a new part time dental director was recruited to oversee the dental program focusing on productivity and improved dental practice. Dr. Benoit has almost 20 years of experience in all aspects of dentistry, including military dental experience. He continues his clinical work in his own practice on a part time basis.

Adolescent Services

- In 2009 a CDOC/CMHC chaired committee was established to develop, review and revise Administrative Directives specific to the adolescent and young adult population. The committee has jointly drafted AD 12.1 “Management of Offenders Under the age of 18”.
- In 2009 participation in collaborative efforts with CDOC and other state agencies continued including Office of Child Advocate, DCF, CSSD, Supervisor of the Public Defender Social Workers, and DMHAS to enhance partnerships and improve discharge planning for the youthful offender population.
- Throughout 2009 CMHC staff worked collaboratively with CDOC and DCF to revise the CDOC/DCF Memorandum of Understanding (MOU).
- CMHC continued its active participation in the Multi-Agency Work Group for Youth meetings and the development of strategic goals/plans.
- During 2009 CMHC with CDOC reviewed the health care policies and procedures against the 2004 NCCHC Standards for Health Services in Juvenile Detention and Confinement Facilities.

Pharmacy

CMHC dispensed, delivered and administered over 9.8 million doses of medication over the last year at a cost of \$14.7 million dollars. A statewide system of Pyxis 3500/ Connect equipment is supported by three Automated pharmacy robots and a team of pharmacists.

- The installation of Pyxis Connect scanners (instead of faxing) in 2008 has resulted in a significant improvement in turnaround time for medication processing and delivery.
- Recycling efforts in the pharmacy expanded throughout the year. Total savings from recycling in 2009 were over \$1.2 million.
- In 2009 the CMHC pharmacy in an effort to increase efficiency and improve service replaced its three automed machines and added two smaller machines for dispensing discharge medication. With this improved technology the pharmacy will be able to improve patient safety and shorten turnaround time for medication delivery.
- An upgrade to the pharmacy system was completed and a new allergy monitoring module was installed.
- At the end of the year the CMHC Pharmacy moved its location to increase space and improve overall operations. Given the expanded space the pharmacy estimates it can increase its recycling efforts with an expectation of yielding another half a million in reduced drug costs.

Education and Training

- With over 500 licensed health care providers, CMHC has an ongoing need for active training and education. Staff education and training embodies pre-service training, in-service education, and continuing education offerings via discipline specific conferences and case conferences.
- CMHC Education and Training provides “pre-service” training at the Maloney Center for Training and Staff Development Academy for all new health services staff in addition to providing medical and mental health training to custody staff. In 2009 a new two week pre-service program was developed and implemented for prescribers to ensure they received the necessary training without unnecessary time away from their practice.
- Training is provided to all CMHC staff on an annual basis. Examples of areas covered are: CPR, medical equipment, emergency response training, medication administration, and mental health trainings.
- During 2009, Education and Training provided over 15,000 hours of training events.
- Medical, Nursing, Mental Health, and Dental system-wide conferences were held for staff, providing Continuing Medical/Continuing Education credits.
- In collaboration with UCHC **Know Better Place** and UConn Organizational Psychology faculty and graduate students, CMHC has begun the development and implementation of employee ‘civility’ education and training to improve recruitment and retention.

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- In collaboration with UConn School of Nursing, and the CMHC Divisions of Research & Evaluation and of Mental Health, the CMHC Division of Education and Training is developing and implementing curricula in nursing and social worker core competencies and a core competency based preceptor/mentor program.
- CMHC provides a rich and evolving clinical and public health-oriented environment for health professional education. We have committed ourselves to becoming a key collaborator in health care provider education across all disciplines.
 - Medical education efforts now include rotations in Adolescent and Adult Psychiatry (UCHC), Forensic Psychiatry from Yale University and Physician Assistant internships from Quinnipiac University.
 - Psychology internships and Post-Doctoral placements with the University of Hartford and the Massachusetts School of Professional Psychology.
 - Social Work Internships are supported with UConn, American International College, University of New Haven, Springfield College, and St. Joseph College.
 - Nursing Internships are supported with UConn, Yale University, St. Joseph College, and Quinnipiac University.
- In 2009 two CMHC staff successfully completed Six Sigma Methodology Black Belt Training offered by the UCHC, and are expanding CMHC's capacity for process review and redesign.

Community Transition

- Twelve discharge planners deployed throughout the state assist inmates who have identified medical or mental health needs by coordinating access to services upon release.
- Through expanded collaboration with private and public agencies, discharge planners provide assistance with initial medications, state health care benefit programs, social service referrals and housing resources.
- APRNs provide direct care, and coordinate facility-based care, for offenders on community release in halfway houses.
- In 2009 additional discharge planning staff was added for Functional Units 1, 5, and 10.
- In collaboration with CDOC expanded efforts have been made to appropriately identify and seek the release of medically comprised inmates who are unsentenced or close to end of sentence.
- During 2009 a system was developed for expedited medical assistance application and immediate prescription coverage for discharging inmates, with roll-out to start in the fall of 2009. This effort will allow inmates to receive their medications from community pharmacies, improving access and reducing costs.

Judicial Contract – Court Support Services Division (CSSD)

- Since May of 2000 CSSD has contracted CMHC to provide Health Care Quality Improvement Consultation services to the statewide juvenile detention system. CMHC currently provides this service to a broad continuum of facilities including 3 state-operated detention sites, and 6 additional sites managed by contracted community providers. The contract amount has expanded to \$603,000 with

dedicated full and part-time CMHC resources including a RN Director, psychologist, part-time psychiatrist, an additional Master's Prepared RN, an APRN, and a Ph.D. biostatistician.

- CMHC, in collaboration with CSSD, spearheaded 2 successful National Commission on Correctional Healthcare (NCCHC) accreditation surveys of the 3 state juvenile detention centers located in Bridgeport, Hartford and New Haven, originally in March of 2004, and again in April of 2007. The 3 state-operated detention centers passed the recent re-accreditation with no deficiencies, and were noted by the NCCHC surveyors to be a "national model juvenile detention system."

Research

Research with prisoners is tightly controlled by federal regulations, and UHC faculty and a specialized IRB panel have both developed expertise in this area over the years. A recent Institute of Medicine report concludes that prisoners have become over-protected and denied appropriate access to research over the past several decades. This, in conjunction with greater awareness by federal agencies (such as the National Institutes of Health) of the need to develop situation appropriate care for correctional settings, is supporting an expanded research program within CMHC. It is in that context that CMHC has built one of the Nation's leading Correctional Health research centers.

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Ongoing Grants and Activities:

- Development of the Mental Health section of the Bureau of Justice Statistics 2012 National Inmate Survey. Jointly funded by NIMH and the Department of Justice.
- Completion of NIMH-funded study to adapt evidence based psychopharmacology decision support for treatment of Bipolar Disorder patients.
- Evaluation of an evidence-informed skills training treatment (START NOW) developed here from prior National Institute of Justice funding. Funded by the National Institute of Corrections.
- In partnership with the CT DOC, developing a corrections-specific adaptation of the Global Assessment of Functioning. Funded by the National Institute of Mental Health.
- In collaboration with researchers at Duke University and DMHAS, determining relative costs of caring for the severely mentally ill who are incarcerated compared to those in the community. Funded an investigator-initiated grant from Eli Lilly.
- Implementation of START NOW being integrated into the CMHC quality improvement system as a result of a research project.
- Expanded the faculty and students who are doing research with CMHC (in domains of pharmacy, psychology, nursing, public health, social work) and this year have two students from other Universities participating (Catholic University and U Michigan).
- Workforce development project which includes the undergraduate and graduate nursing student education yields data through clinical practice (IRB approved) and is

used as pilot data for grants (CareLink-C), and has resulted in 4 international presentations this year.

- With support from students in the UConn School of Nursing Center for Nursing Research, a detailed process to support annual maintenance of nursing competencies is being developed. This innovative, evidence based program will be piloted this fall.

Grants in Review or Development:

- Expansion of Care-Link-C grant submitted and in review.
- Veterans in corrections grant submitted and in review.
- Half-way house grant in development.
- EOS health behaviors grant in development.
- R34 partnership grant phase 2 in development.
- Gender differences grant submitted.
- TRIPP Center grant on psychotropic medication in development.
- Two Career development awards are in development with junior faculty.
- Two UConn psychology dissertation proposals underway with focus on workforce development.

Organizational Structure

Clinical Oversight

- *Director of Medical Services*, Mark Buchanan MD, is responsible for oversight of general medical services and program management, infectious disease management, utilization review program, Medical Pharmacy and Therapeutics (P&T) Committee, and dental programs, working with Dental Director Richard Benoit, DMD. Dr Buchanan also oversees community transitional services.
- *Director of Mental Health Services*, Steven Helfand PsyD, is responsible for oversight of all mental health programming and psychiatric care, policy development, inter-agency mental health collaboration and sex offender treatment.
- *Chief of Psychiatric Services*, Robert Berger MD, is our first full-time Director of Psychiatry. He reports administratively to Dr Helfand and for clinical supervision to Dr Trestman. Dr Berger is responsible for supervision and oversight of psychiatrists and psychiatric Advanced Practice Registered Nurses (APRN), chairs the Psychiatry P&T committee, and provides discipline specific leadership.
- *Director of Nursing and Patient Care Services*, Connie Weiskopf PhD, APRN, oversees patient care across all of our clinical disciplines. She and her team help to assure that we develop and implement the best approaches to patient care in a diverse range of settings. In addition, she chairs the Policy and Procedure Committee, and oversees quality improvement/assurance, infectious disease tracking, and aspects of radiology and laboratory services. Her responsibilities include direct oversight of the administrative duties of Health Services Administrators at Garner Correctional (GCI), York Correctional (YCI), and Functional Units 1 and 10.
- *Assistant Director Nursing and Patient Care Services*, Mary Ellen Castro, APRN, assists the Director of Nursing in nursing operations and supervision of Health

Services Administrators. This role created in 2008 reflects the key shift toward a clinical model in health services administration within CMHC. In her role, she collaborates with the directors of medical, mental health, and nursing for clinical issues and directly supervises most of the Health Services Administrators (other than at GCI, YCI, and Functional Units 1 and 10). Substantial benefits for staff and patients are occurring on a regular basis as our administrative decisions are being driven on the basis of clinical need.

- *Clinical Director* positions at York Correctional Institution and Garner Correctional Institution were created last year in response to specific facility needs. Two excellent board certified Psychiatrists were successfully recruited (Craig Burns MD at GCI and Steve Lazrove MD at YCI). In these roles, Clinical Directors provide onsite clinical direction to complex care delivery systems and to the many facility clinicians.
- *Director of Adolescent Services*, Kathy Coleman, RN, MS, supports enhanced service delivery and interagency coordination. Building on her years of accomplishments with the Juvenile Justice CSSD contract and CMHC, Kathy Coleman is helping coordinate our focus on the critical needs for adolescent programming, quality assurance, and inter-agency collaboration.

Administrative Oversight

- *Director of Administrative Services*, Gail Johnson, MBA is responsible for supporting and coordinating the Fiscal and Information Technology Divisions. She is working with her teams to invigorate these critical functions, and to make these areas more responsive, accountable, and end-user friendly.
- *Director of Education and Training*, Michael Nicholson RN, MBA drives an aggressively enhanced agenda that includes a substantial Continuing Education curriculum. The Director is working with a dedicated group of trainers, teachers, and faculty to expand this critical area. As a clinical enterprise, CMHC staff needs ongoing training to support and expand core competencies, and educational experiences to continue to grow in their careers to meet the growing demands of health care provision. Under his leadership, we have achieved Continuing Medical Education (CME) and National Association of Social Workers (NASW) accreditation for our Medical and Mental Health Conferences, and Case Conferences.
- *Director of Research and Evaluation*, Deborah Shelton PhD, RN, NE-BC, CCHP, FAAN is an Associate Professor in the Schools of Medicine and Nursing. She is a federally funded Community Based Participatory Researcher and Co-PI with Dr. Trestman on an NIMH R-24 research infrastructure grant. She is grant supported and is driving the initiative to build an expanded externally funded research base within CMHC.
- *Director of Pharmacy Operations*, Robyn Wahl, was recruited full-time to oversee CMHC's pharmacy operations. Under her leadership, the many dedicated staff involved in pharmacy has continued to improve the accuracy and efficiency to our system state-wide.

Health Services Administrators

- During 2009 we successfully recruited two new Health Services Administrators. Rikel Lightner RN, BS, MSA is now in charge of the Bridgeport Correctional facility

and Gloria Jones BS, MSN oversees Functional Unit 1 including Osborn, Enfield and Bergin correctional facilities. Both Ms. Lightner and Ms. Jones are two highly qualified clinical RNs with administrative experience.

Organization Restructuring

- In 2009 we split Functional Unit One, the largest functional unit into two separate units – Functional Unit One and Functional Unit Ten. The split of the unit was the result of a strategic plan objective to improve the management and the clinical continuity of care in the facilities that house approximately one third of all state inmates. This effort involved significant input from DOC, our staff and negotiation with the union, but was accomplished without major disruption to care delivery.
- During the year we also restructured our medical records function reducing central office oversight and increasing accountability at the facilities. This helped reduce costs and increased ownership at the facility level.

Human Resources

- Staffing – We have substantially improved our timelines in filling positions and reduced our vacancy rate to the lowest level in the past 10 years (under 5%). We've established an internal per diem nursing pool (about 50 nurses) to supplement coverage and reduce overtime. Our improvement in staffing is a direct reflection of closer collaboration with the UCHC human resources team and their willingness to fast-track hires for critical positions, and work collaboratively with hiring managers to ensure timely interviewing and follow-up.
- Recruitment – Targeted advertising in local newspapers and trade publications have yielded strong results particularly in attracting clinical social workers, psychologists and other health professionals. In 2009 through the personal efforts of our senior staff, we were able to significantly increase our prescriber coverage, successfully recruiting excellent Board certified Psychiatrists and Physicians. As a result, we have the lowest Psychiatrist vacancy rate in many years. Separately, our per diem nursing pool and our expanding undergraduate nurse education activities are providing an excellent source of candidates for full time nursing positions. We are currently at a record low of approximately 5% funded vacancies.
- Retention – Increased training and educational opportunities are being provided to support staff and improve retention. Improved communication such as the introduction of bi-weekly email communication to all staff is also expected to improve staff morale and connectedness to the organization. CMHC is part of the feedback process for “Know Better Place” and follow up on suggestions will be important in improving employee morale. CMHC is also piloting 12 hours shifts for nursing staff at one of our larger medical facilities with excellent staff feedback.
- During 2009 we participated in the UCHC engagement survey customizing the survey to address issues of civility and professionalism in the correctional environment. We received over a 50% response rate and have begun to share results with staff and develop new initiatives to address identified issues.

Financial Performance

- Cost management initiatives were put in place, allowing us to keep close track of expenditures, most notably personnel costs. Through aggressive oversight, we

reduced overtime costs by about \$800,000 in FY'09, compared to the prior year, without increased medical morbidity of patients or decreased staff morale.

- Our process to review position requests for adding new positions and refilling existing positions continues to improve decision making about resource needs and tradeoffs in this difficult financial environment.
- Pharmacy costs have been reduced and continue to be reviewed in terms of prescribing practices, use of generics and reduction of waste.
- During 2009 we improved our process to bill for reimbursement for qualified medical services from other states and the feds for non-Connecticut inmates yielding over \$125,000 in reimbursements.
- With JDH now qualified for 340b drug pricing, we explored ways to qualify inmate drug requirements and expect to yield savings during Fiscal Year '10.

We took advantage of opportunities to improve efficiency and reduce costs throughout the year yielding savings in almost all expense categories. Particular efficiencies were achieved in pharmaceutical management and overtime costs.

Information Technology

- CMHC, in keeping with an important national trend, is investing in expanded technology to improve safety, care and medical data management. During 2009 the patient safety system for computerized order entry for laboratory and radiology was rolled out to the majority of our correctional facilities. In addition, the requirements for an electronic health record system to replace the current manual paper system were developed with staff input and coordination with DOC and UCHC. A request for proposals will be sent out this fall.
- During 2009 a computerized Utilization Request and Review process was developed and rolled out to enhance communication, improve efficiency and foster timely delivery of care.
- In 2009 for the first time internet access was made available at the correctional facilities for medical information and access to other state agencies, etc.
- CMHC allocated funding and completed the contract for the purchase of the staff scheduling module of KRONOS, the current time keeping system. This system has the potential to replace the outdated and time consuming manual system still used by staff at most facilities. It has the added benefit of being integrated with the time keeping and payroll system for better monitoring and reporting on staff costs and overtime. It will be implemented in 2010.
- QPAR, an innovative inventory management and stock replenishment program, has been expanded over the course of the year, improving the ordering of routine medical supplies and reducing costs through standardization and elimination of stockpiling.
- In 2009 a CMHC website was developed and integrated with the UCHC website.

Quality Improvement

- The Continuous Quality Improvement (QI) Program was empowered to continue under the direction of the QI Administrator to move forward in overseeing issues of clinical practice and program progress.
- Sandi Tanguay RN MS, QI Administrator, played a major role in developing, implementing, and analyzing process/outcome QI studies for compliance with the Office of Protection and Advocacy settlement agreement.
- QI process transferred to the facility level to enhance staff participation.
- Chronic care nurses trained in the case management process to facilitate chronic care management.
- QI study designed to monitor blood pressure management with comparison to community benchmarks.
- Completed review of intake screenings at all jails.
- Inmate Health Care Satisfaction survey introduced into system.

The National Commission of Correctional
Healthcare awarded the York Correctional
Institution recognition as the Nation's
Facility of the Year

Accountability

- Received full re-accreditation by American Correctional Association for McDougall/Walker with 100% scores for health services.
- The National Commission on Correctional Health Care (NCCHC), after conducting a re-accreditation visit at York Correctional Institution, selected York CI to receive this year's **NCCHC Facility of the Year Award**. This prestigious award is presented each year to only one facility selected from among the 500 prisons, jails, and juvenile detention and confinement facilities that participate in NCCHC's nationwide accreditation program.
- Court Monitoring Panels: In March 2007, CMHC was not in compliance with two court-monitored decrees, both targeting the treatment of mentally ill inmates. In three day-long site visits, CMHC demonstrated complete compliance (West v. Manson, York Correction Institution, January 24, 2008), and nearly complete compliance (Office of Protection and Advocacy v. Choinski, Gomez, Lantz; Northern Correctional Institution and Garner Correctional Institution, January 28 & 29, 2008). These results reflected the dedicated efforts of teams of clinicians who worked under the auspices of the CMHC and DOC QI programs. These clinicians were empowered to problem solve, were given capable on-site clinical leadership, and worked collaboratively both with internal CMHC staff and with custody personnel.

Legislative Relationships

- Meetings with legislators to explain CMHC program have been ongoing. The Executive Director jointly appears with the Commissioner of DOC at legislative hearings to address clinical, programmatic and funding questions.
- Monthly reports have been provided outlining expenditures and staffing as requested to the Office of Fiscal Analysis. Ad hoc requests for information and/or reports have been answered in a timely and coordinated fashion with accurate data.
- Effective clinical and financial oversight has significantly improved confidence in the CMHC program and improved relationships with the legislative committees of cognizance.

Strategic Planning: August-December 2007

The Strategic Planning process for Correctional Managed Health Care (CMHC) began in August 2007. A Coordinating Committee made up of CMHC management, the Department of Correction (DOC) health services monitoring panel and other key DOC stakeholders was established to oversee the process. The purpose of the plan was to develop a blueprint that would identify the priorities of CMHC over the next one to five years. Many of the accomplishments in 2009 were identified as priorities in the strategic plan.

Consistent with the Strategic Plan, we now evaluate yearly our progress, reflect on the availability of resources and assess the changing needs of the inmate population.

PUBLICATIONS and PRESENTATIONS (CMHC Staff in bold)

Peer Reviewed Publications

Ford JD, **Trestman RL**, Weisbrok V, Zhang W. Validation of a Brief Screening Instrument for Identifying Psychiatric Disorders Among Newly Incarcerated Adults. *Psychiatric Services*, 60(6):842-6, 2009.

McClure M, **Trestman RL**, Koenigsberg H, Goodman M, New A, Silverman J, Siever L. The Effects of Risperidone on the Cognitive Performance of Individuals with Schizotypal Personality Disorder, *Journal of Clin Psychopharm*, In Press.

Wakai S, **Shelton D**, **Trestman RL**, Kesten K. Conducting Research in Corrections: Challenges and Solutions. *Behavioral Sciences and the Law*, In Press.

Shelton D, **Sampl S**, Kesten K, Zhang W, Trestman RL. Treatment of Impulsive Aggression in Correctional Settings. Special Issue: Correctional Health Services. *Behavioral Sciences and the Law*, 27, 1-14, 2009.

Shelton D. Forensic nursing in secure environments. *Journal of Forensic Nursing*, 8(1), 131-142, 2009.

Shelton D. Leadership, Education, Achievement, and Development: A nursing intervention for prevention of youthful offending behavior. [Special Issue- Violence, crime, and mental health]. *Journal of the American Psychiatric Nurses Association*, 14(6), 429-441, 2009.

In Review

Ford JD, **Trestman RL**, Weisbrock V, Zhang W. Empirical Validation of a Brief Posttraumatic Stress Disorder (PTSD) Screening Instrument for Newly Incarcerated Adults. In Review.

Sampl S, Wakai S, **Trestman RL**, **Keeney EM**. Functional Analysis of Behavior in Corrections: Empowering Inmates in Skills Training Groups. In Review.

Non-Peer Reviewed Publications

Wortzel H, **Trestman RL**. Forensic Neuropsychiatry. In: *Textbook of Neuropsychiatry and Behavioral Neurology*, Christopher Filley, David Arciniegas, and C. Alan Anderson, Eds. In Press.

Helfand, SJ, **Sampl, S**, **Trestman, RT**. Managing the Disruptive / Aggressive Inmate, In Charles Scott, M.D. (Editor). *The Handbook of Correctional Mental Health*, 2nd Edition. American Psychiatric Publishing, Inc. In Press.

Helfand, SJ. Managing Disruptive, Violent Offenders: A Behavioral Perspective, In Thomas J. Fagan, Ph.D., Robert K. Ax, Ph.D. (Editors). *Correctional Mental Health: From Theory to Best Practice*. Sage Publications, In Press.

Helfand, SJ. Mental Health Standards in Corrections. National Commission on Correctional Health Care (NCCHC). Member NCCHC Mental Health Standards Task Force, 2008.

Regional or National Presentations

Trestman RL, Potter RH, Noonan AS, May JP. Coping with Fiscal Realities in Correctional Healthcare. Annual Mtg of the American Correctional Health Services Association, Orlando FL, March 13 2009

Trestman RL, Potter RH, Lanier MM, McCuan R. Translation of Evidence-based Practice into Policy Changes in Correctional Health Care. Annual Mtg of the American Correctional Health Services Association, Orlando FL, March 13 2009

Trestman RL, Spaulding A, McCuan R, Lanier MM. Research Ethics in Corrections. Annual Mtg of the American Correctional Health Services Association, Orlando FL, March 14 2009

Trestman RL, **Helfand S**, Gallagher C. Suicide prevention: Performance Improvement Using the Six Sigma Method. International Association of Forensic Mental Health Services, Edinburgh, Scotland, June 25, 2009

Trestman RL, Ford J, Kesten K, Zhang W. Validation of the correctional mental health screen. International Association of Forensic Mental Health Services, Edinburgh, Scotland, June 26, 2009

Trestman RL, Temporini H, **Kamath J**, Kesten K, Zhang W. Evidence-based decision support for the treatment of bipolar disorder in correctional populations. International Association of Forensic Mental Health Services, Edinburgh, Scotland, June 26, 2009

Trestman RL, Sampl S, Wakai S, Keeney E. The Correctional application of group-facilitated functional analysis. International Association of Forensic Mental Health Services, Edinburgh, Scotland, June 26, 2009

Shelton D. Health Care Financing and the Incarcerated. Urban Service Track. University of Connecticut, CT Area health Education Center Program. Hartford, CT. February, 2009

Panosky, **Shelton D**, Riebe & Chakan. Correctional Nursing: An Orientation for Nursing Students. Custody & Caring: 20th International Conference on the Nurse's role in the Criminal Justice System. Saskatoon, Canada. Sept. 30 – Oct. 2, 2009

Shelton D, Panosky, Diaz. Promoting Student Learning in Correctional Settings. Custody & Caring: 20th International Conference on the Nurse's role in the Criminal Justice System. Saskatoon, Canada. Sept. 30 – Oct. 2, 2009

Shelton D. Building an Academic Partnership with the Connecticut Department of Correction for Nursing Workforce Development (poster). Custody & Caring: 20th International Conference on the Nurse's role in the Criminal Justice System. Saskatoon, Canada. Sept. 30 – Oct. 2, 2009

Shelton D. A Biopsychosocial Stress Model for Incarcerated Persons. Custody & Caring: 20th International Conference on the Nurse's role in the Criminal Justice System. Saskatoon, Canada. Sept. 30 – Oct. 2, 2009

Shelton D. Modeling Vulnerabilities and Stressors of Co-occurring Disorders among a Prison Population. (poster). 17th Annual Scientific Assembly: Celebrating the nurse in Forensic Nursing, Atlanta, GA. Oct. 21-24, 2009

Kamath J, Temporini H, Wakai S, Quarti S, Kesten K, Zhang W, DeMartinis N, **Shelton D**, **Trestman RL.** Evidence-Based Decision Support for Bipolar Disorder Treatment in Corrections. (poster). Ninth Annual International Association of Forensic Mental Health Services Conference, Edinburgh, Scotland. June 24-26, 2009

Shelton D. Trestman RL, Wakai S. A Process Evaluation of the Implementation of START NOW. 40th Annual Meeting, American Academy of Psychiatry and the Law. Baltimore, MD. October 29- November 1, 2009

Kamath J, Wakai, Temporini, Kesten, **Reischerl A**, Zhang, Quarti, **Shelton D**, **Trestman RL.** Evidence-Based Treatment of Bipolar Disorder In Connecticut Prison. 20th NIMH Conference on Mental Health Services Research (MHSR): Increasing the Efficiency of Research and Mental Health Services Delivery. July 20–21, 2009, Washington, D.C.

Kamath J, Wakai S, Temporini H, Kesten K, **Reischerl A**, Zhang W, Quarti S, **Shelton D**, **Trestman RL.** Evaluation of Algorithm-driven Treatment Of Bipolar Disorder In Connecticut Prison: Preliminary Findings from Phase II". Poster presented at the NCDEU (New Clinical Drug Evaluation Unit) Conference. June 30, 2009, Fort Lauderdale, FL

Shelton D & Panosky. Correctional Nursing Competency Development. American Correctional Health Services Association: turning Research into Solutions: Practical Options for today's correctional settings. March 12-15, 2009, Orlando, FL

Shelton D. Development of a biopsychosocial vulnerability-stress model of mental illness among a prison population. University of Connecticut, School of Nursing ATHENA Research Conference, April 16, 2009

Panosky & **Shelton D.** Competencies for Connecticut Correctional Nurses". University of Connecticut, School of Nursing ATHENA Research Conference, April 16, 2009

Shelton D. Transitional Services: Correctional Managed Health Care. Cheshire Field House. Cheshire, CT. August 27, 2009. Invited

Shelton D, Wakai S, Ehret M. Psychotropic Medication Adherence Patterns in Corrections. Occupational Medicine Colloquium. Farmington, Connecticut. April 2, 2009

Berger RH. Group Seminar and Teaching Psychiatric Interview Skills, 2nd Year Medical Student Neurobehavioral Science Curriculum, New York University School of Medicine, November 2008

Berger RH. Assessment of Risk and Dangerousness, Mental Health Conference, Correctional Managed Health Care (CMHC) – UCHC, April 8, 2008

Berger RH. Assessment of Risk and Dangerousness, Grand Rounds – Psychiatric Emergency Department, New York Presbyterian/Weill Cornell Medical Center, April 9, 2008

Berger RH. Suicide Risk Assessment in Jails and Prisons, Mental Health Conference, Correctional Managed Health Care, UCHC, January 29, 2009

Berger RH. Assessment of Malingering, 3rd year Psychiatry Residents, Department of Psychiatry, University of Connecticut Health Center (UCHC), April 20, 2009

Berger RH. Managing Psychiatric Illness with Treatment Guidelines, Mental Health Conference, Correctional Managed Health Care, UCHC, May 14, 2009

Helfand, SJ. Streamlining Mental Health Services to Cut Costs and Save Time. 2nd Annual Operational Excellence in Correctional Healthcare, World Research Group, June 25, 2009, Washington, DC

Helfand, SJ. Interdisciplinary Behavioral Management Plans. Academy of Correctional Health Care Professionals Regional Conference, June 12, 2009, Farmington, CT

Helfand, SJ, Wiborg, R. Treating PTSD in Returning War Veterans, National Commission on Correctional Health Care (NCCHC), Updates in Correctional Health Care, April 7, 2009 Las Vegas, NV

Helfand, SJ, Chavez, S. An Inside Look at the New NCCHC Mental Health Standards and Accreditation. National Commission on Correctional Health Care (NCCHC), Updates in Correctional Health Care, April 7, 2009 Las Vegas, NV

Helfand, SJ, Cox, J. An In-Depth Look at NCCHC's 2008 Standards for Mental Health Services in Correctional Facilities. National Commission on Correctional Health Care (NCCHC), Updates in Correctional Health Care, April 4, 2009 Las Vegas, NV

Berger, RH, Helfand, SJ. Assessment of Suicide Risk in Jails and Prisons. University of Connecticut Correctional Managed Health Care Mental Health Conference, January 29, 2009 Farmington, CT

Helfand, SJ. Psychologists in Corrections: Management of Maladaptive Inmate Behaviors. Connecticut Psychological Association Annual Conference, November 14, 2008 Windsor, CT

Helfand, SJ. Interdisciplinary Behavioral Management Plans. 5th Annual Correctional Security Network Conference, October 1, 2008 Cincinnati, OH

Gallagher, C, **Helfand, SJ, Trestman, RL** (2008) Suicide Prevention: The Six-Sigma Method. American Academy of Psychiatry and the Law (AAPL) October 2008 Seattle, WA

Gallagher, C, **Helfand, SJ, Trestman, RL,** Suicide Prevention: The Six-Sigma Method. National Commission on Correctional Health Care (NCCHC) October 20, 2008 Chicago, IL

Fagan, TJ, **Helfand, SJ,** Aufderheide, D, White, N, Cox, J. Mental Health Round Table Discussion, National Commission on Correctional Health Care (NCCHC) October 21, 2008 Chicago, IL

Helfand, SJ, Cox, J. An In-Depth Look at NCCHC's 2008 Standards for Mental Health Services in Correctional Facilities. National Commission on Correctional Health Care (NCCHC) October 18, 2008 Chicago, IL

Helfand, SJ, Lazrove, S, Sampl, S. Neither Twixt Nor Tween: Innovative Initiatives for "Mental Health 4" Women at York Correctional Institution. CT Women's Consortium, 2008

National Committee Involvement 2008-2009

Alston V Member, Juvenile Health Committee, National Commission on Correctional Health Care

Helfand SJ Member, National Governor's Association Public Programs Implementation Taskforce of State Alliance for e-health

Helfand SJ Member, Juvenile Health Committee, National Commission on Correctional Health Care

Helfand SJ Member, Academy of Correctional Health Professionals Board of Directors

Helfand SJ Member, Academy of Correctional Health Professionals – Education Committee.

Helfand SJ Member American Psychological Association Health Information Technology (HIT) Workgroup

Shelton D Member, Academy of Correctional Health Professionals – Education Committee.

Shelton D Member, American Academy of Nursing – Expert Panel on Mental Health and Substance Abuse.

Shelton D Member, National Institute of Corrections - Transforming the Corrections Workforce Project

Shelton D Member, Sigma Theta Tau Honor Society - Mu Chapter President

Shelton D Member, Academy of Correctional Health Association – Correctional Health Curriculum Committee

Trestman RL American Academy of Psychiatry and the Law, Executive Council

Trestman RL American Academy of Psychiatry and the Law, Chair, Research Committee

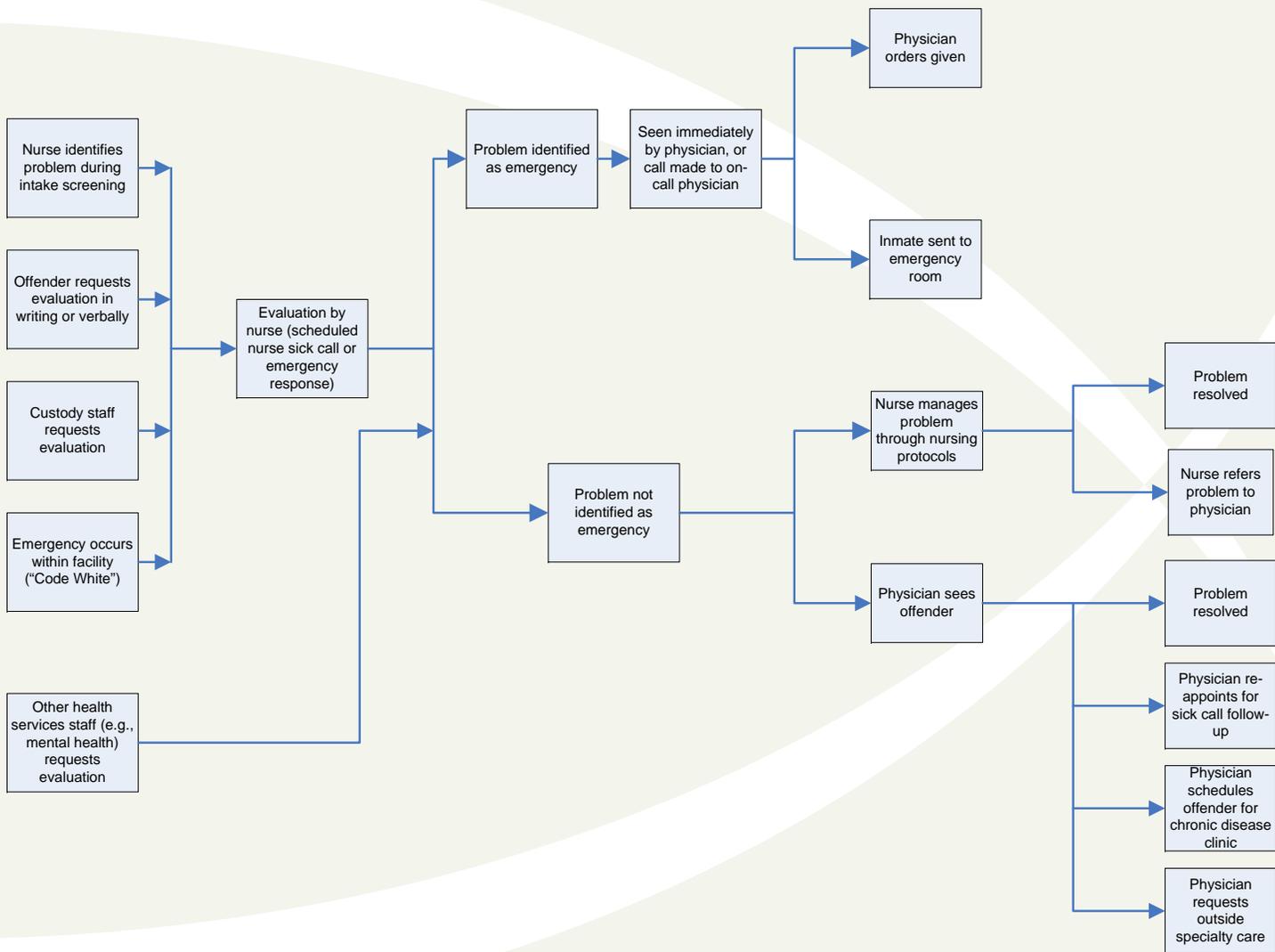
Current Grant Support

- Deborah Shelton Co-PI with Robert Trestman
 "Mental Health Research Infrastructure in Corrections". Supplement NIMH. No. 1R24-MH067030-05. (\$389,848). 2009-2010
- Deborah Shelton Co-PI with Robert Trestman
 "Connecticut Correctional Health Research Program". NIJ Grant # 2002-IJ-CX-K009). (\$3,000,000). 2006-2008
- Deborah Shelton "Correctional Health Nursing: Curriculum Development". College of Continuing Studies (\$65,000). 2006-2008. Awarded.
- Deborah Shelton "Formalizing a Research Partnership in Corrections" (\$163, 593), 2008-2009, awarded.
- Deborah Shelton "CT-CJDATS-Center", sub-contract w/ Dr. Frisman, CT DMHSAS (\$73,000), 2008-2013, awarded.
- Deborah Shelton "Psychotropic Medication Adherence among Mentally Ill Incarcerated Persons" 2008-2010 (\$50,000). awarded.
- Robert Trestman Site Investigator "Costs of Criminal Justice Involvement among Persons with SMI in CT" (\$128,418). 2007-2009. Duke University/Eli Lilly and Co
- Robert Trestman Principal Investigator "A retroactive analysis of depakote" (\$16,730.28). 2004-2008. Abbott

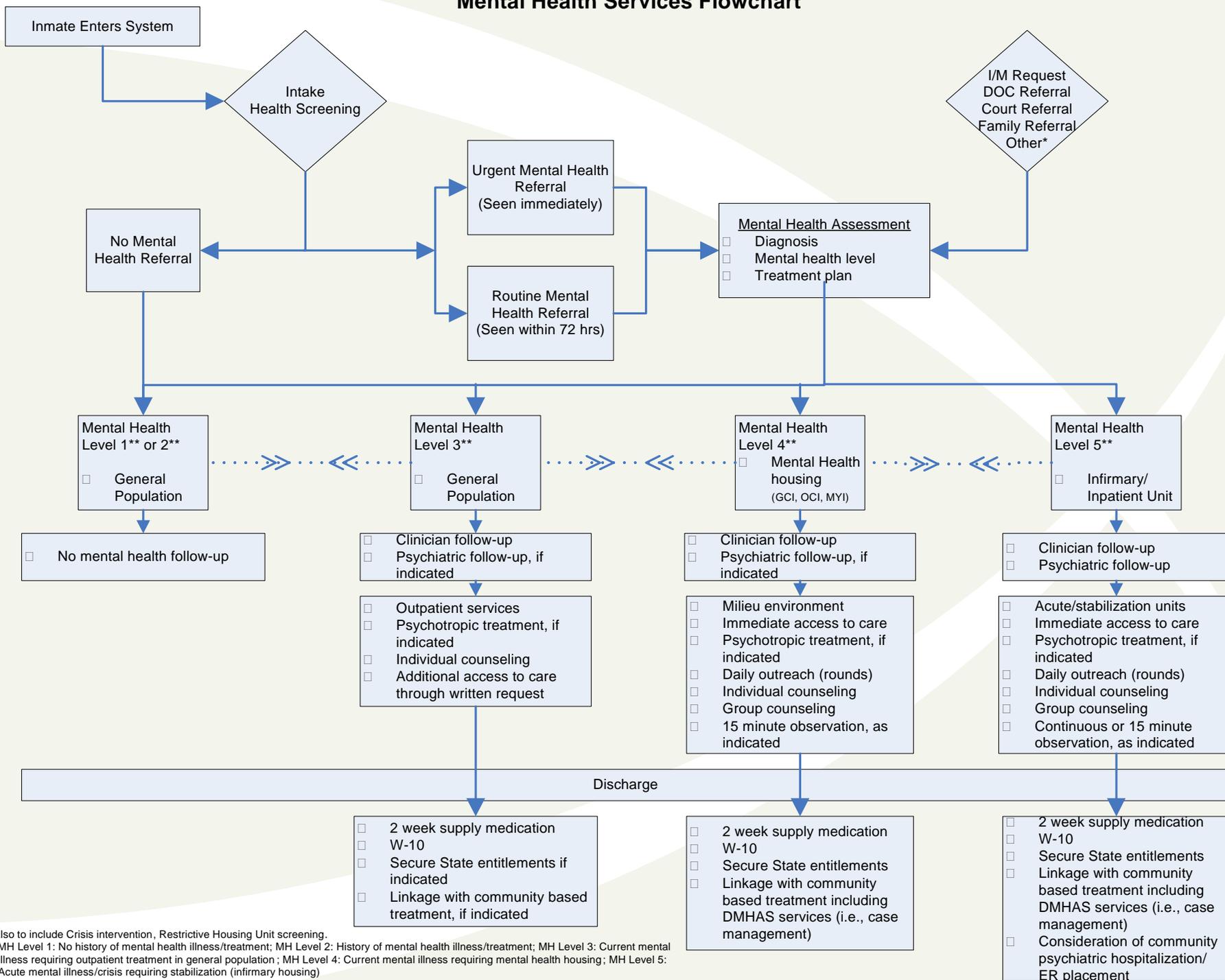
Research Grants in Review

- Deborah Shelton "Psychotropic Medication Adherence: Implications for Post-release success" (\$427,750) 2008-2011, submitted.
- Deborah Shelton "CareLink-C: Public-Academic Model for Transition of End-of Sentence Inmates: (5,000,000) 2010-1015, submitted.
- Deborah Shelton "Incarcerated Veterans with Mental Disorders" (5,000,000) 2010-2015, submitted.

CORRECTIONAL MANAGED HEALTH CARE Medical Services Flowchart



CORRECTIONAL MANAGED HEALTH CARE Mental Health Services Flowchart



* Also to include Crisis intervention, Restrictive Housing Unit screening.

** MH Level 1: No history of mental health illness/treatment; MH Level 2: History of mental health illness/treatment; MH Level 3: Current mental illness requiring outpatient treatment in general population; MH Level 4: Current mental illness requiring mental health housing; MH Level 5: Acute mental illness/crisis requiring stabilization (infirmatory housing)