



University of Connecticut Health Center

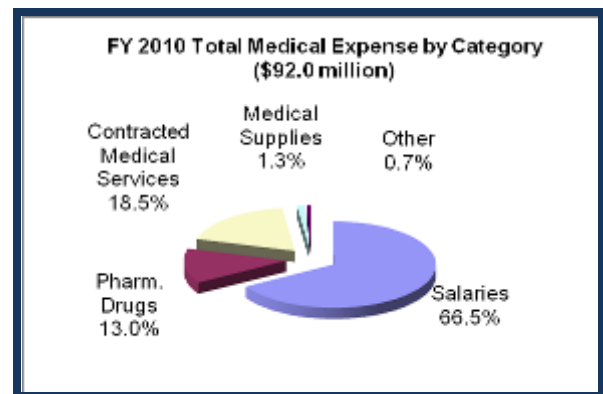
Correctional Managed Health Care

July 2009 - June 2010 CMHC ANNUAL REPORT

Introduction

Correctional Managed Health Care (CMHC) provides global medical, mental health, pharmacy, and dental services at 17 CDOC facilities statewide clustered into ten functional units, at 42 CDOC-contracted halfway houses and at JDH. As of June, 2010, services were provided by 734 full-time equivalent staff (a total of 807 individuals) to a population of 19,246 individuals (18,819 incarcerated and 838 in halfway houses). We provide this care under Memorandum of Agreement (MOA) with the Connecticut Department of Correction (CDOC). These two agencies cooperated since November 1997.

The FY 2010 expense for inmate care was \$92.0 million.



Background

The Connecticut Department of Correction (CDOC) 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 CDOC in November 1997.

Connecticut is one of only six states with an integrated jail and prison system. It has an incarceration rate of 524 per 100,000. Jails (serving the unsentenced/pre-adjudicated) are located in Hartford, Bridgeport, New Haven, & Uncasville (male facilities) and 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 40 intakes every night. Statewide, each of the 29, 773 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 2010 was 7,608 or 40% 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 2010 cost per inmate (both genders) was \$4,780 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 multiple court orders, consent decrees and settlement agreements. Broadly speaking, these focus on HIV/AIDS, mental health, and timely general medical 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

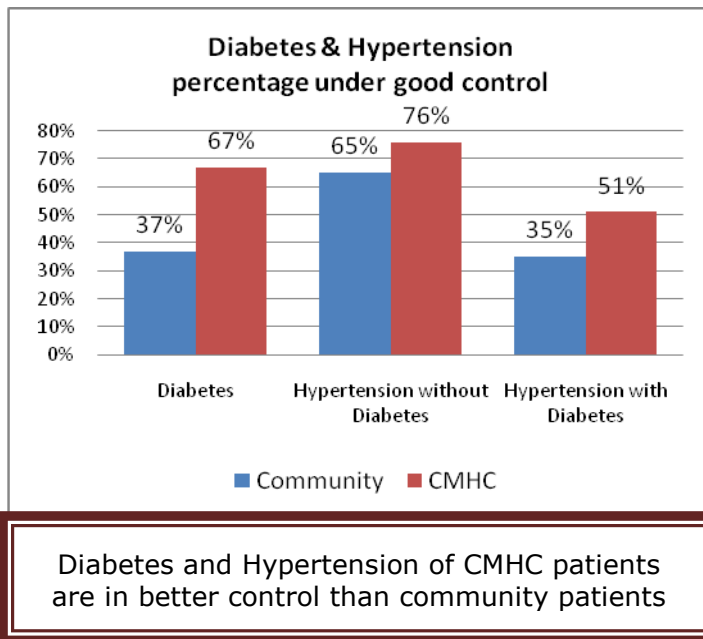
Program Overview

Medical Services (Flow Chart Appended)

HIV/AIDS (currently 346 patients), tuberculosis, Hepatitis B & C, drug and alcohol addiction, STDs, and hypertension are among the serious illnesses overrepresented in this population.

- The active medical caseload represents approximately 20% of the inmate population, about 3900 unique individuals.
- In FY 2010, there were 19,280 visits for care at specialty clinics in CDOC facilities (orthopedic services, infectious diseases/HIV, optometry, podiatry and chronic care).
- Interferon-based therapy for Hepatitis C costs approximately \$25,000 per patient per year; as of June 2010, 20 inmates were in Hep C treatment.

On an average day, CMHC sees 572 inmates at medical sick call, cares for 191 inmates in infirmary beds and cares for 7 inmates hospitalized at the John Dempsey Hospital



- CMHC provides on site dialysis to inmates. There are currently 15 inmates receiving treatment. Necessary treatment costs are approximately \$46,000 per patient per year.
- Chronic Disease guidelines assist with consistency of care.
- An Assistant Medical Director has been recruited this year, with responsibility for quality assurance, operational efficiency, and cost containment in specialty and hospital services.

Nursing Services

Nursing services include patient education, medication administration, coordination of care, nurse sick call, emergency response, and health screenings. Specialized nursing roles include: Discharge Planner, HIV Coordinator, Utilization Review Nurse, and Mental Health Nurse Clinician.

CMHC employs approximately 17 Advanced Practice Registered Nurses, 220 Registered Nurses, 120 Licensed Practical Nurses, 24 Nurse Clinicians, 18 Nursing Supervisors, and 49 per diem nurses in clinical positions.

- At York Correctional Institution, nurses conduct weight management clinics.
- MacDougall CI and Osborn CI nursing staff collaborate with CDOC in pilot programs for care of inmates with diabetes.

- In conjunction with the Department of Education and Training, nursing staff works closely with faculty from various schools to supervise nursing student experiences.
- With the CDOC, CMHC nurses assist in the training and supervision of inmates admitted to the Certified Nursing Assistant Program.
- CMHC Education & Training, Research & Evaluation, and Nursing are developing correctional nursing competencies.
- CMHC nurses Alan Kaminski, RN, Kathryn Porter, LPN, Jeffrey Stamp, RN, and Gloria Suarez, RN received the prestigious Nightingale Award for nursing excellence this year.



Mental Health Services (Flow Chart Appended)

Schizophrenia, bipolar disorder, post traumatic stress disorder (PTSD), depression, severe personality disorders, traumatic brain injury and addictive disorders are overrepresented in this population.

- The active mental health caseload represents approximately 18% of the inmate population, about 3500 unique individuals.
- Mental health services include 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.
- A complete suicide assessment is done for every first-time admission and referrals.
- Every inmate receiving mental health services has an individual treatment plan.
- Fifteen facilities provide outpatient mental health services; ten of the seventeen correctional facilities have inpatient mental health infirmaries; 4 facilities offer supported congregate housing; six facilities offer specialized sex offender services.
- Safe Passage, a partial hospital program for women was expanded at York Correctional Institution.
- Through increased education, supervision, the implementation of disease management guidelines, prescribing practices have become more evidenced-based.
- CMHC includes rotations for UCHC psychiatry residents and Yale Psychiatry and Law fellows.
- The Behavioral Engagement Unit (BEU), was started at Garner Correctional Institution. The BEU is designed to house adult male inmates who present with significant character/personality disorders that result in self-injurious acts, threats of self-harm, and maladaptive behaviors that contribute to the repeated disruption of the facility and to high risk of self-injury.
- Comprehensive statewide supervision for mental health staff was initiated. This program has been designed to enhance skills, monitor performance, improve patient care and enhance staff retention goals.

In FY 2010 there were 221,699 visits to social workers, psychologists and psychiatric nurse clinicians, including suicide risk assessments. In addition, there were 22,175 visits to psychiatrists and 22,014 visits to Advanced Practice Registered Nurses.

Dental Services

Along with medical and mental illnesses in the incarcerated population, oral disease is disproportionately high. In June 2010, 2672 inmates (13.8 % of the total population) were treated by CMHC staff.

- Dental Services include routine exams, x-rays, dentures, restoration, root canals and oral surgery.
- In 2009 a new part time dental director was recruited to oversee the dental program focusing on productivity and improved dental practice.

In FY 2010, 16 dentists, 2 oral surgeons, and 19 dental assistants performed 30,646 assessments and conducted 23,358 procedures.

Adolescent Services

CDOC on June 30, 2010 housed 217 adolescents under the age of 18 at Manson Youth Institution and York Correctional Institution

- In 2010, CDOC and CMHC participated in an ongoing collaborative review of CDOC Administrative Directives and CMHC policies to ensure that the specific needs of the adolescent and young adult population continue to be addressed.
- In 2010, CMHC continued ongoing participation in collaborative efforts with CDOC and other state agencies including Office of Child Advocate, DCF, CSSD, Office of the Public Defender, and DMHAS to enhance partnerships and improve discharge planning for the youthful offender population.
- CMHC continued its active participation in the Multi-Agency Work Group for Youth meetings and the development of strategic goals/plans.
- CMHC participated in weekly CDOC youthful offender multidisciplinary meetings at Manson Youth Institution and York Correctional Institution.

Pharmacy Operations

The CMHC Pharmacy moved its location in 2009 to increase space and improve overall operations.

- Recycling efforts in the pharmacy expanded throughout the year. Total savings from recycling in 2010 were over \$1.4 million.
- The CMHC pharmacy increased efficiency and improved service by replacing its automated machinery with modern robotic dispensing machines. With this improved technology the pharmacy has been 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.

CMHC dispensed and delivered over 8.6 million doses of medication over the last year at a cost of \$12.0 million. A statewide system of Pyxis 3500/Connect equipment is supported by three Automated pharmacy robots and a team of pharmacists.

Education and Training

With over 600 licensed health care providers, CMHC has an ongoing need for active training and education. 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.

- CMHC provides training for all new health services staff in addition to providing mental health training to all new custody staff.
- Training is provided to all CMHC staff on an annual basis. Examples include training in CPR, medical equipment use, emergency response, medication administration, and mental health care.
- In collaboration with UCHC and the CDOC, CMHC has instituted a computer based learning management system.
- Medical, nursing, mental health, laboratory assistant and dental system-wide meetings/conferences were held for staff, providing Continuing Medical/Continuing Education credits.
- Education and Training has begun the development and implementation of facility-based Nurse Educator programs.
- In collaboration with UConn Organizational Psychology faculty and graduate students, CMHC has begun the development and implementation of employee 'civility' education and training.
- In collaboration with UConn School of Nursing, CMHC is developing and implementing curricula in nursing and social worker core competencies and a core competency based preceptor/mentor program.
- Medical education includes rotations in Adolescent and Adult Psychiatry (UCHC), Forensic Psychiatry (Yale University) and Physician Assistant internships (Quinnipiac University).
- Psychology internships and post-doctoral placements with the University of Hartford, Antioch University and the University of New Haven.
- Social work internships are supported with UConn, Central Connecticut State University, Springfield College, and St. Joseph College.
- Nursing internships are supported with UConn, Yale University, St. Joseph College, Quinnipiac University, and Sacred Heart University.

*During 2010,
Education and
Training provided
over 15,000 hours of
training events.*

Community Transition

Approximately 29,000 people return to Connecticut communities from DOC facilities annually. Many require close support from other state agencies such as DMHAS. With a goal of maintaining health and reducing re-incarceration, 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.
- 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.
- Continued expansion of the Re-entry Model for Mentally Ill Offenders has included working collaboratively with CDOC Health & Addiction Services, Board of Pardons and Parole, Mental Health Parole Unit, DMHAS Forensic Services, and CSSD Adult Probation. The Re-entry Model for Mentally Ill Offenders was presented at national and regional professional conferences.

In a typical month, discharge planners arrange 100 community appointments, submit 180 SAGA applications, and hold 650 planning meetings with soon-to-be-released inmates.

Judicial Contract – Court Support Services Division (CSSD)

CMHC through a contract with CSSD is responsible for all health care quality assurance for Connecticut Juvenile Detention Centers.

- CMHC, in collaboration with CSSD, participated in the March 2010 successful National Commission on Correctional Health Care (NCCHC) reaccreditation of the three state-operated Juvenile Detention Centers.
- As CSSD expands Juvenile Residential Services sites, CMHC continues to consult and participate in efforts to standardize approaches to health services across the system whenever possible.
- CMHC continues to perform a wide-range of Health Care Continuous Quality Improvement (CQI) activities including policy and procedure development, review and revisions; auditing a broad range of health care services utilizing community, nationwide and NCCHC standards, training, consultation and clinical case reviews at the request of CSSD.
- Annual suicide prevention physical plant reviews of all CSSD Juvenile Residential Services sites, investigation and review of all health care complaints and in-depth case reviews, ongoing collaborative work with the CSSD contracted nursing services and quarterly meetings with all CSSD health care contractors are a routine component of the CQI contract structure.

Research

Although research with prisoners is tightly controlled by federal regulations a recent Institute of Medicine report concludes that prisoners have become over-protected and denied appropriate access to benefits and participation of research. Federal agencies (such as the National Institutes of Health) have developed are guidelines appropriate for correctional settings. To meet this need, CMHC has built one of the Nation's leading Correctional Health research centers.

- The National Institutes of Mental Health funded a Research Partnership Grant (\$998,989) for translational science in correctional healthcare.
- The Center for Behavioral Health Services & Criminal Justices Services provided \$10,000 to explore psychotropic medication adherence among incarcerated persons with mental disorders. This is a collaboration between the Schools of Nursing and Pharmacy.
- The mental health section of the Bureau of Justice Statistics 2012 National Inmate Survey was developed (jointly funded by NIMH and the Bureau of Justice Statistics).
- The Corrections Modified-Global Assessment of

Pharmacy, psychiatry, psychology, medicine, nursing, public health and social work faculty and students are engaged in research with CMHC.

In partnership with CDOC, CMHC obtained a total of \$1,691,582 in external funding.

- Functioning, funded by the National Institute of Mental Health, was developed and pilot tested.
- A collaboration with researchers at Duke University and the CT Department of Mental Health and Addiction Services determined the relative costs of caring for the severely mentally ill who are incarcerated compared to those in the community.
- START NOW, a cognitive behavioral treatment, was the product of a National Institute of Justice award. A START NOW implementation team has been developed and is meeting monthly for integration of this evidence-based program into the practice setting.
- Two awards were received for research and nursing practice this year. One through the International Association of Forensic Nursing for research entitled "Modeling vulnerabilities and stressors of co-occurring mental disorders among a prison population"; and the second was awarded by the Connecticut Nurses Association, the Florence Wald Award for Outstanding Contributions to Nursing Practice.

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, Medical Pharmacy and Therapeutics (P&T) Committee, and dental programs, working with Dental Director Richard Benoit, DMD. Dr Buchanan also oversees community transitional services.
- *Assistant Director for Utilization Review*, Kathy Maurer, MD, MPH, MBA oversees both strategy and daily operations for CMHC's utilization review department, responsible for evaluating requests for outside specialty services, efficiently scheduling approved services, and coordinating inpatient care with hospital medical and nursing staff.

- *Director of Mental Health and Psychiatric Services*, Robert Berger, MD, is responsible for oversight of all mental health programming and psychiatric care, policy development, inter-agency mental health collaboration and sex offender treatment. He also chairs the Psychiatry P&T committee, and provides discipline specific leadership.
- *Director of Nursing and Patient Care Services*, Constance Weiskopf PhD, APRN, PMHCNS-BC, CCHP oversees patient care across all of our clinical disciplines. She chairs the Policy and Procedure Committee, and oversees quality improvement/assurance, infectious disease tracking and support. Her responsibilities include direct oversight of the administrative duties of Health Services Administrators at Garner CI, York CI, Osborn CI, Enfield CI, Bergin CI, Northern CI, Willard Cybulski CI, Robinson CI.
- *Assistant Director Nursing and Patient Care Services*, Mary Ellen Castro, MSN, APRN, assists the Director of Nursing in nursing operations and supervision of Health Services Administrators. In her role, she collaborates with the directors of medicine, mental health, and nursing for clinical issues and directly supervises the Health Services Administrators for New Haven CC, Bridgeport CC, Hartford CC, Corrigan Radgowski CI, Brooklyn CI, MacDougall Walker CI, Manson YI, Cheshire CI.
- *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 enhanced agenda that includes a substantial Continuing Medical Education curriculum. 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 a Professor in the Schools of Medicine and Nursing. She is a federally funded nurse researcher and Co-PI with Dr. Trestman on an NIMH RC-4 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 PharmD, MBA oversees CMHC's pharmacy operations. Under her leadership, the many dedicated staff involved in pharmacy have continued to improve the accuracy and efficiency of our system state-wide.

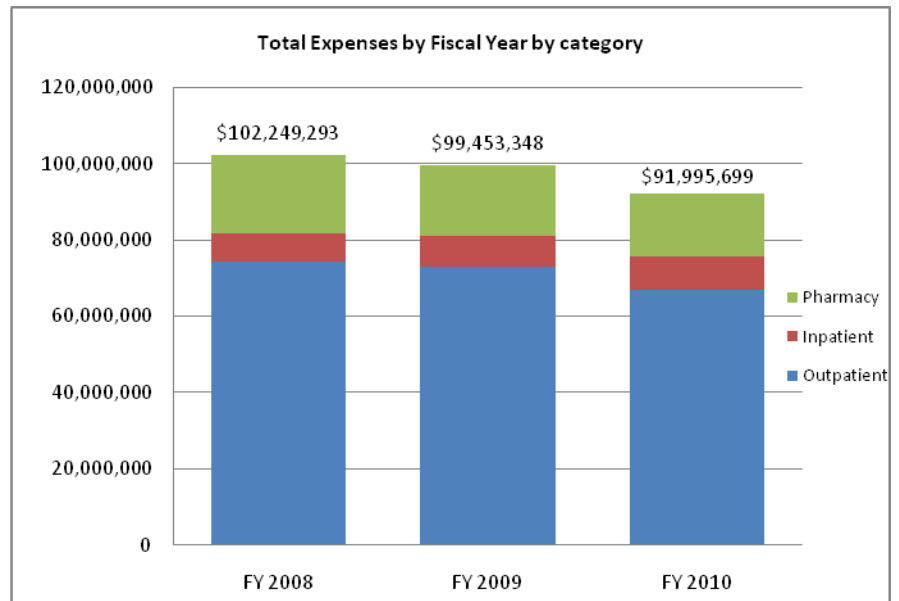
Human Resources

- Staffing – The time to fill positions has been greatly reduced; this has been a result of the availability of more qualified applicants due to the economy and closer collaboration between Human Resources and facility management to ensure interviews are held and candidate selections are well documented.
- Recruitment – for 2009-2010 there were few vacancies throughout the year in hard to fill prescriber positions due to personal recruitment efforts of senior clinical staff. Three excellent Board certified psychiatrists and one principal physician were hired as well as four advanced nurse practitioners. We also held two nursing per diem classes during the year filling critical temporary staffing needs and providing a pool of qualified applicants for permanent nursing positions.
- Retention – Retention efforts focused on increased educational and training opportunities for staff. There were also increased opportunities for facility staff to serve on various management committees, such as policy and procedures, pharmacy and therapeutics and attend discipline specific conferences, providing enhanced professional growth.
- During 2010 in cooperation with the University of Connecticut and with the 1199 union a civility study began to gather input on civility issues and target potential improvements in the workplace.

Financial Performance

Staff resources were reallocated between facilities and within disciplines to meet the medical, mental health and dental needs of inmates with less staff.

- Expenditures were closely tracked throughout the year and adjustments made as necessary to meet the fiscal appropriation.
- Overtime costs were about \$600,000 below budget in FY'10 following an \$800,000 reduction in the previous year.
- In FY'10 we were able to take advantage of 340b pharmaceutical pricing resulting in a reduction in pharmacy costs of over \$800,000.



Information Technology

- The Physician Order Entry (POE) module of the Patient Safety System (PSS) was implemented in all facilities, automating Laboratory and Radiology test orders.
- A TB tracking module of the Infectious Disease application was implemented statewide. This module streamlines data entry and provides facilities and central office with reports to track all relevant testing and follow up activities.

- A request for proposals for an Electronic Health Record system was released.
- An inmate data warehouse was formulated, incorporating data fields from disparate information systems used by Correctional Managed Health Care (CMHC). This warehouse is now the source for monthly reports, as well as the source for user-created queries. This database is extremely useful in the analysis of prescriber/facility pharmacy practice and trends.
- The Kronos scheduler program was implemented in three pilot facilities, allowing electronic input of staff schedules; full rollout is anticipated by November 2010.
- Implementation of the inmate scheduling system occurred at York Correctional Institution, allowing for electronic tracking of appointments and follow ups.
- The CMHC technical infrastructure was upgraded to increase transmission capacity and reliability. File server storage capacity was increased and the scheduled PC/Printer purchasing/deployment cycle continued.

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 Operational Administrator, played a major role in developing, implementing, and analyzing process/outcome QI studies.
- QI process transferred to the facility level to enhance staff participation with monthly facility meetings.
- QI study designed to monitor blood pressure management with comparison to community benchmarks demonstrated program compliance above community benchmarks.
- Completed review of intake screenings at all jails.
- Inmate Health Care Satisfaction survey introduced into system. Initial data identified common trends especially high compliance with privacy and confidentiality.
- QI study designed to identify management of diabetes demonstrated benchmark achievement in patient encounters.

*The Inmate Health
Care Satisfaction
survey is the first of
its kind in the nation.*

Legislative Relationships

- Meetings with legislators to explain CMHC have been ongoing. The Executive Director jointly appears with the Commissioner of CDOC 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.

PUBLICATIONS and PRESENTATIONS (CMHC Staff in bold)

Peer Reviewed Publications

- Shelton D**, Sampl S, Kesten K, Zhang W, **Trestman RL**. Treatment of Impulsive Aggression in Correctional Settings. *Behavioral Sciences and the Law*, 27:787-800, 2009.
- Sohrab Zahedi**, Robert Burchuk, David C. Stone, and Alex Kopelowicz. Gun Laws and the Involuntarily Committed: A California Road Map. *J Am Acad Psychiatry Law* 37:545–8, 2009.
- 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*, 24:396-398, 2009.
- Wakai S, **Shelton D**, **Trestman RL**, Kesten K. Conducting Research in Corrections: Challenges and Solutions. *Behavioral Sciences and the Law*, 27:743-752, 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.
- Kamath J, **Shelton D**, Wakai S, Kesten K, Zhang W, **Trestman RL**. Disseminating Best Practices for Bipolar Disorder Treatment in a Correctional Population. *Psych Services*, 61(9):1-3, 2010.
- Sampl S**, Wakai S, **Trestman RL**. Translating evidence-based practices from community to corrections: An example of implementing DBT-CM. *Journal of Behavioral Analysis of Offender and Victim Treatment and Prevention*, 2(2): 114-23, 2010.
- Shelton D**, Kesten K, Zhang W, **Trestman RL**. Impact of a Dialectic Behavior Therapy- Corrections Modified upon Behaviorally Challenged Incarcerated Male Adolescents. *Journal of Child and Adolescent Psychiatric Nursing*. In Press.
- Kesten KL, Leavitt-Smith E, Rau DR, **Shelton D**, Zhang W, Wagner J, **Trestman RL**. The Connecticut Offender Re-Entry Program (CORP) and Standard Re-entry Treatment Planning Services: A Comparison of Recidivism Rates Among Mentally Ill Inmates in CT. *J Corr Health Care*, In Press.
- Shelton D**, **Weiskopf C**, **Nicholson M**. Correctional Nursing Competency Development in the CT Correctional Managed Health Care. *J Correctional Health Care*. 16(4) 299-309, 2010
- Kamath J, Temporini H, Zhang W, Kesten K, Wakai S, **Shelton D**, **Trestman R** (2010). Disseminating Best Practices for Bipolar Disorder Treatment Correctional Pop'n. *Psych Services* (61)9, 865-867.
- Shelton, D.**, Ehret, M J. Wakai, S, Kapetanovic, T., & Moran, M. (2010). Psychotropic medication adherence in correctional facilities – A review of the literature. *Journal of Psychiatric and Mental Health Nursing* (17)7, 603-613.
- Ehret, M., **Shelton, D.**, Wakai, S., Zhang, W., Kamath, J. (2010). The effect of psychotropic medication dosing on symptom control for inmates with Bipolar Disorder. (Abstract). *Journal of Pharmacy Practice*, 23(2), 150.
- Shelton, D.**, **Sampl, S.**, Kesten, K., Zhang., **Trestman, R.** (2009). Treatment of impulsive aggression in correctional settings. Special Issue: Correctional Health Services. *Beh Sci and the Law*, 27 (1), 1-14.
- Shelton, D.** (2009). Forensic nursing in secure environments. *Journal of Forensic Nursing*, 8(1), 131-142.
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Non-Peer Reviewed Publications

- Harlow MC, **Trestman RL**. The Professional Imperative and Challenges of Psychiatry Research. *American Academy of Psychiatry and Law Newsletter*, Vol 34(3), p20, 2009.
- 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 RL**. Managing the Disruptive/Aggressive Inmate, In: *Handbook of Correctional Mental Health*, 2nd Edition, Charles Scott, Ed. APPI, pp197-230, 2009.
- Helfand, SJ**. Managing Disruptive, Violent Offenders: A Behavioral Perspective, In TJ Fagan, RK Ax (Eds). *Correctional Mental Health: From Theory to Best Practice*. Sage Publications, In Press.

Editorials

Trestman RL, Lazrove S. On the Coming of Age of Antisocial Personality Disorder: A Commentary on the NICE Treatment Guidelines for Antisocial Pers Disorder. *Personality Ment Health*, 4:12-15, 2010.

Regional or National Presentations

Berger, RH, Diagnostic Assessment and Treatment of the Correctional Inmate, Statewide Meeting of Psychiatrists and APRN's, CMHC, University of Connecticut Health Center, 07/22/09

Berger, RH, Psychiatric Interviewing Skills, 2nd Year Medical Student Neurobehavioral Science Curriculum, New York University School of Medicine, NYC, NY, October and November 2009

Berger, RH, Clinical Assessment of Malingering, 3rd year psychiatric residents, UCHC, 01/04/2010

Berger, RH, Clinical Assessment of Malingering, Grand Rounds, Manhattan Psych Center, Wards Island, NY, 04/19/2010

Trestman RL. National Center for Health Statistics, "Correctional Health and Healthcare: Epidemiology of Mental Illness and Process of Service Delivery," Hyattsville, MD June 28-29, 2010

Trestman RL. National Association of State Forensic Mental Health Program Directors Annual Meeting, Plenary Speech, "*Psychopharm Formulary: The Right Medicine, At The Right Time, and On Budget*," Virginia Beach, VA September 30, 2009

Trestman RL. WNPR, Colin McEnroe Show, "Dealing with the Holiday Blues," Hartford CT Dec 9, 2009

Trestman RL. NBC News Channel 30, CT, "The Problem Gambler and March Madness" March 22, 2010

Weiskopf, C. (2010). "Updates in Correctional Healthcare". Spring Conference, Northeast American Psychiatric Nurses Association, Middletown, CT, April 30, 2010.

Shelton, D. (2010). "Updates in Correctional Healthcare". Spring Conference, Northeast American Psychiatric Nurses Association, Middletown, CT, April 30, 2010.

Panosky, D. & **Shelton, D.** (2009). "Correctional Nursing: An Orientation for Nursing Students". Custody & Caring: 20th Intl Conf on Nurse's role in Criminal Justice System. Saskatoon, Can. 9/30–10/2/2009.

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

Shelton, D. (2009). "A Biopsychosocial Stress Model for Incarcerated Persons". Custody & Caring: 20th International Conf on the Nurse's role in Criminal Justice System. Saskatoon, Can. 9/30–10/2/2009.

Shelton, D. (2009). "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.

Shelton, D. 2010 "A Stress-Vulnerability Model for Corrections". State of the Science Congress on Nursing Research, Washington, DC, September 27th – 29th, 2010.

Shelton, D., Wakai, S., Kesten, K., Cepelak, C., Sharpe, K. & **Trestman, RL.** (2010). Instrument Development: The Corrections-Modified Global Assessment of Functioning". Update in Correctional Health Care: Partners in Public Health. NCHC: Nashville, TN, April 24-27, 2010.

Ehret, M., **Shelton, D.,** Zhang, W., Maruca, A (2010).. "The Effect of Psychotropic Medication Dosing on Symptom Control for Inmates with Bipolar Disorder". (poster) 13th Annual Conference of the College of Psychiatric and Neurologic Pharmacists. San Antonio, TX, April 18-21, 2010.

Shelton, D. (2009). "The Challenge of Correctional Health". 36th Annual Meeting & Conference of the American Academy of Nursing. Atlanta, GA. November 5-7, 2009.

Trestman, R.L., Shelton, D. & Wakai, S. "A Process Evaluation of the Implementation of START NOW". 40th Ann Mtg, American Academy of Psychiatry and the Law. Baltimore, MD. 10/29/2009.

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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
- 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 S, Temporini, Kesten K, **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. Washington , D.C., July 20–21, 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

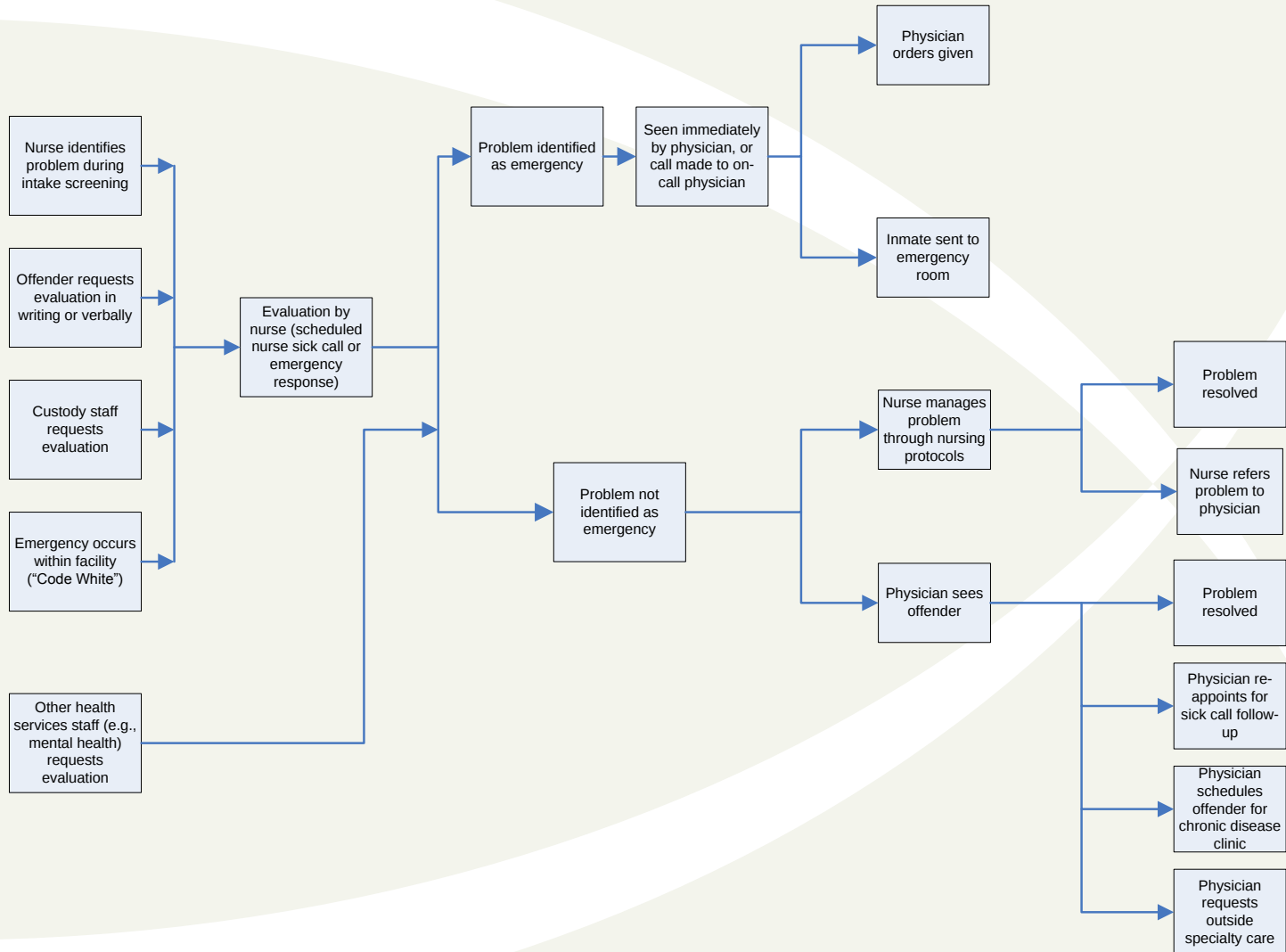
National Committee Involvement 2009-2010

- Alston V** Member, Juvenile Health Committee, National Commission on Correctional Health Care
- 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** National Institute of Correction, Norval Morris Keystone Member
- Trestman RL** American Academy of Psychiatry and the Law, Chair, Research Committee

Current Grant Support

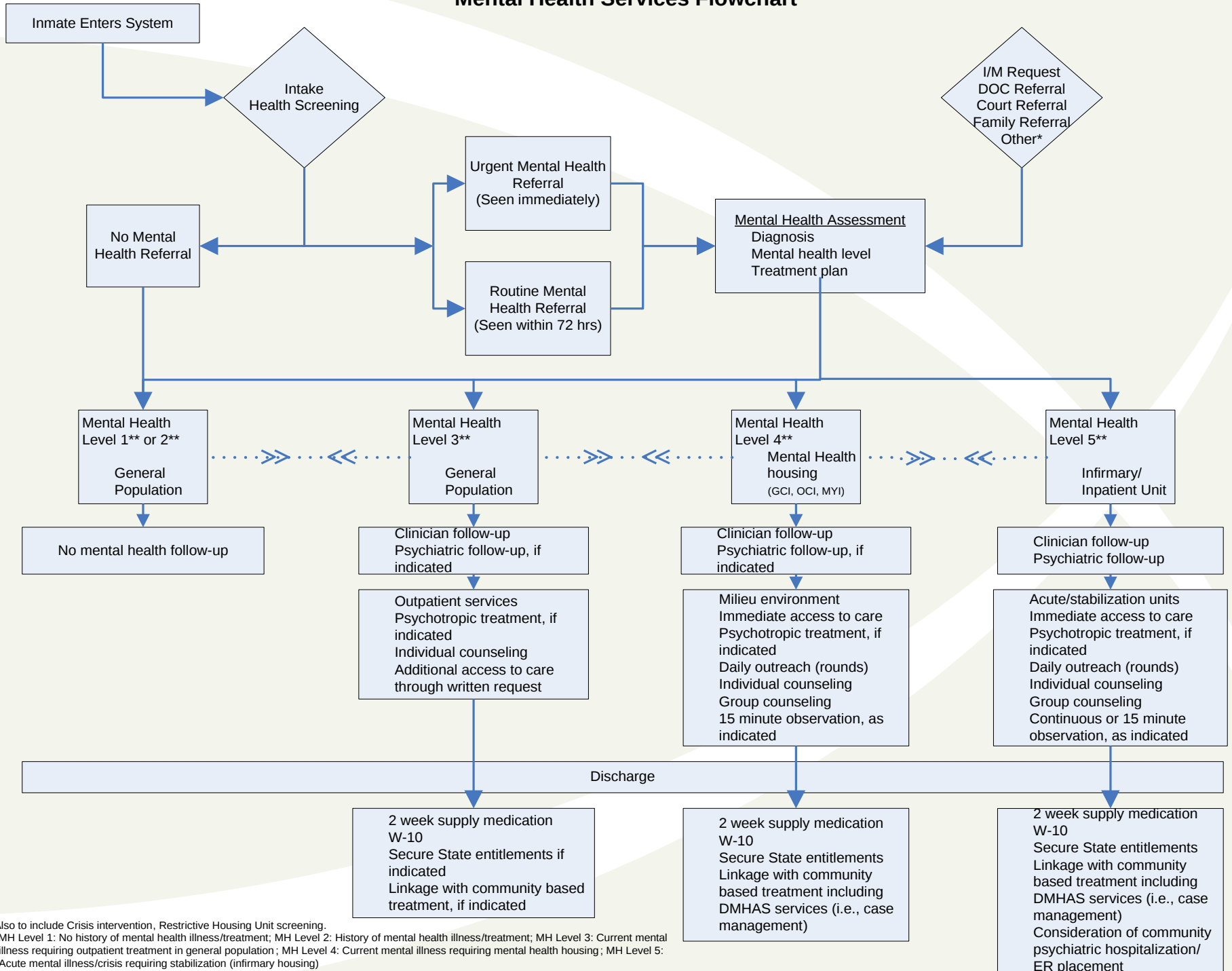
- Deborah Shelton Co-PI with Robert Trestman
"Mental Health Research Infrastructure in Corrections". Supplement NIMH. No. 1R24-MH067030-05. (\$389,848). 2009-2010
- Deborah Shelton Co-PI with Robert Trestman
"Connecticut Correctional Health Research Program". NIJ Grant # 2002-IJ-CX K009). (\$3,000,000). 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

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 (infirmary housing)