

# UConn HEALTH

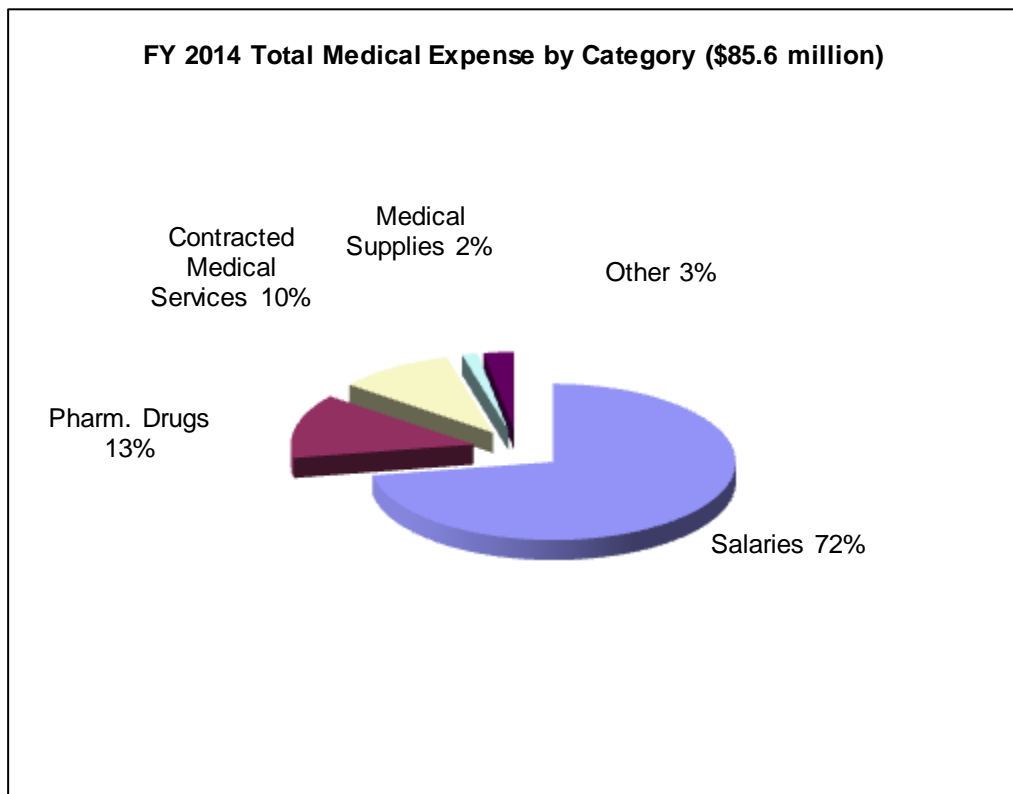
CORRECTIONAL MANAGED  
HEALTH CARE

## Annual Report July 1, 2013 - June 30, 2014

### Introduction

Correctional Managed Health Care (CMHC) provides global medical, mental health, pharmacy, and dental services at 16 Connecticut Department of Correction (CDOC) facilities statewide clustered into ten functional units, at 31 CDOC-contracted halfway houses and at JDH. During FY 2014, services were provided by 747 full-time equivalent staff (a total of 816 individuals) to a population of 18,717 individuals (17,746 incarcerated and 971 in halfway houses). CMHC provides this care under a Memorandum of Agreement (MOA) with CDOC that began in November 1997.

**The FY 2014 expense for inmate care was \$85.6 million.**



## Background

The CDOC historically provided health services to inmates directly, using local hospitals and medical specialists as necessary. A correctional inpatient unit at UConn Health's John Dempsey Hospital (JDH) opened in 1995 with 12 beds. Following that positive experience and through subsequent negotiations, UConn Health assumed responsibility for all global medical, mental health, pharmacy, and dental service provision from CDOC in November 1997.

Connecticut is one of only five states with an integrated jail and prison system. It has an incarceration rate of approximately 376 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 35 intakes every night. Statewide, each of the 23,837 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 2014 was 9,394 or 54.65% of the total population.

There is an increasing demand for costly medications for treating HIV, Hepatitis C and psychiatric illnesses.

Of note, CMHC's FY 2014 cost per inmate (both genders) was \$4,915 to provide global health services (medical, dental and mental health) to a population with significant health problems. Health care services for female inmates cost over twice that of male inmates.

## Vision

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

## Mission

Correctional Managed Health Care shall provide compassionate and clinically appropriate health care to inmates within the CDOC 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

## Legal Context of Correctional Healthcare

As determined by the U.S. 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.

## Program Overview

### Medical Services (Flow Chart Appended)

HIV/AIDS (currently 263 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 22.68% of the inmate population, about 3,900 unique individuals.
- In FY 2014, there were 15,700 visits for care at specialty clinics in CDOC facilities (orthopedic services, infectious diseases/HIV, optometry, podiatry and chronic care).
- Telemedicine began successfully this spring with an Oncology clinic. Additionally, seven other specialties are utilizing this format for patient encounters.
- In addition to orthopedics clinics being held at one of the correctional facilities, a general surgery clinic has been occurring monthly.
- The American Osteopathic Association has approved the establishment of a Correctional Medicine Fellowship at UConn Health, the second in the nation.
- Since the inception of the Hepatitis C Utilization Review Board protocol in 2012, thirty-nine patients have been approved for Hepatitis C treatment and thus far twenty-four individuals have successfully completed treatment and twenty-one of them have sustained virological response.
- Interferon-based therapy for the treatment of Hepatitis C is approximately \$30,000 per patient per year. During FY'14, we had an average of 18 patients in Hepatitis C treatment at any given time.
- CMHC provides onsite dialysis to inmates. There are currently 16 inmates receiving treatment. Necessary treatment costs are approximately \$48,000 per patient per year.
- Chronic disease guidelines assist with consistency of care.

*On an average day,  
CMHC sees 607  
inmates at medical sick  
call, cares for 131  
inmates in infirmary  
beds and cares for 4.2  
inmates hospitalized at  
the John Dempsey  
Hospital*

## Nursing Services

Nursing services include patient education, medication administration, coordination of care, nurse sick call, emergency response, hospice care and health screenings. Specialized nursing roles include: Discharge Planner, Hospice Nurse, Infectious Disease Case Manager, Utilization Review Case Manager, Mental Health Nurse Clinician and Nurse Educator.

- CMHC employs approximately 14 Advanced Practice Registered Nurses, 228 Registered Nurses, 113 Licensed Practical Nurses, 17 Nurse Clinicians, 18 Nursing Supervisors, and approximately 81 per diem nurses in clinical positions.
- In collaboration with CMHC Education and Training, UCONN School of Nursing faculty and CDOC, we are a recipient of the Department of Health Resources and Services Administration (HRSA) grant entitled “Advancing Correctional Nurse Competencies for Quality Care”. This grant has enabled us to purchase a state of the art simulation van to assist us in developing and practicing clinical competencies using simulation manikins and medical equipment. This grant supports the participatory work for CMHC and UConn School of Nursing to lead the state and the nation as innovators in correctional nursing. It is the only such correctional nursing simulation van operating in the U.S.
- A Medical legal risk management subcommittee on the “Patient Experience” focused on patient education, as patients who are educated about their health care needs can better participate in self-management of their health issues. In collaboration with the UConn School of Nursing, chronic disease education material was developed for inmates.
- In conjunction with the Department of Education and Training, nursing staff works closely with faculty from various schools to supervise nursing student experiences.
- Three summer nursing positions were offered at three CDOC facilities. Following initial student clinical placement in a correctional facility, the summer nursing student position offered an opportunity to enhance correctional nursing experience, provide clinical care to inmates, and support to nursing staff under preceptor and staff supervision.
- In collaboration with the CDOC, CMHC Nursing and Education and Training has assumed responsibility for oversight of the Inmate Certified Nursing Assistant (CNA) Program, under the auspices of DPH. CMHC nurses assist in training and supervision of inmates admitted to the program.
- The prestigious Nightingale Award for nursing excellence in 2014 was awarded to CMHC nurses Sheila Baudin, LPN Kathy Coleman, RN MS, Patricia Fink, RN, and Marianne Fuchs, RN.



### **Mental Health Services (Flow Chart Appended)**

CMHC provides the CDOC inmate population with comprehensive mental health assessment and treatment modalities specific to the individual's needs.

- The mental health department is comprised of 14 Psychiatrists, 13 Psychologists, 10 mental health Nurse Practitioners, 17 psychiatric Nurse Clinicians, 74 Social Workers, and 20 Professional Counselors (as of June 2014).

*In FY 2014 there were 214,882 visits to social workers, psychologists and psychiatric nurse clinicians, including 22,626 suicide risk assessments. In addition, there were 19,864 visits to psychiatrists and 17,770 visits to Advanced Practice Registered Nurses.*

- Schizophrenia, bipolar disorder, post-traumatic stress disorder (PTSD), depression, severe personality disorders, traumatic brain injury and addictive disorders are over-represented in this population.
- Mental health services include access to care and outreach, screening and assessment, diagnosis, 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 for every related referral.
- The active mental health caseload represents approximately 19.2% of the inmate population, about 3,300 unique individuals.
- Every inmate receiving mental health services has an individualized treatment plan.
- Sixteen facilities provide outpatient mental health services; ten of the sixteen correctional facilities have inpatient mental health infirmaries; four facilities offer supportive congregate housing; six facilities offer specialized sex offender services including York Correctional Institution for women.
- Through education, training, case conferences supervision, and the utilization of disease management guidelines, prescribing practices are increasingly more evidenced-based.
- Medical legal risk management subcommittees were set up for Suicide Elimination, Hunger Strikes and Self-Injurious Behavior. These committees have already made substantial contributions to our understanding and management of these issues.
- A program of comprehensive statewide supervision for mental health staff enhances clinical skills, monitors performance, improves patient care and enhances staff retention goals. Statewide mental health conferences, including discipline-specific conferences, were held bringing in senior clinicians and outside experts in the field to review state-of-the-art mental health assessment, treatment and prescribing practices.
- The mental health division has created a CMHC website for sex offender treatment and for psychological testing as a resource for clinical staff.
- With the assistance of the Information Technology division, CMHC expanded our use of computerized psychological testing and scoring instruments as well as implemented a mental health diagnosis entry program and database. During this past year, mental health has met the goals for data entry of psychiatric diagnoses into the Lifetime Clinical Record (LCR) system.
- Expansion of Safe Passage, a partial hospital program for women, as well as enhancements to the Social Rehabilitation Program continued at York Correctional Institution for women.
- CMHC provides rotations for UConn Health psychiatry residents and Child & Adolescent fellows and the Yale Forensic Psychiatry fellows.

### Dental Services

Along with medical and mental illnesses in the incarcerated population, oral disease is disproportionately high. In June 2014, 1718 inmates (10% of the total population) were treated by CMHC staff.

- Dental Services include routine exams, x-rays, dentures, restoration, root canals and oral surgery.

*In FY 2014, 13 dentists, and 16 dental assistants performed 20,942 assessments, and conducted 16,647 procedures.*

### Adolescent Services

CDOC on July 1, 2014 housed 79 adolescents under the age of 18 at Manson Youth Institution and 2 adolescents under the age of 18 at York Correctional Institution.

- In FY 2014, the evidenced-based, MAYSI-2 screening instrument was fully implemented at Manson Youth Institution and York Correctional Institution for youthful offenders under the age of 18 years old. Health care and custody staff have been fully trained on the administration and interpretation of the findings.
- In FY 2014 CMHC, in partnership with CDOC, the Office of the Child Advocate, and the Department of Children and Families continued an ongoing collaborative review and revision process of custody and health care practices for the youthful offender population. This initiative, along with youth satisfaction surveys jointly conducted by CMHC and the Office of the Child Advocate, has resulted in continuing improvements in the care and management of youthful offenders. This process will continue, with a focus on ongoing custody and health care staff training regarding the improvements.
- CMHC continued participation in routine CDOC youthful offender multidisciplinary meetings at Manson Youth Institution and York Correctional Institution to ensure that medical, mental health, dental and behavioral treatment of youthful offenders is appropriate to the population's age and developmental stage.
- CMHC, in collaboration with the Department of Public Health and CDOC, continues with routine screening for sexually transmitted diseases at Manson Youth Institution.

### Pharmacy Operations

CMHC Pharmacy through a set of performance indicators focused on accuracy and efficiency has dramatically decreased order turn-around time.

- More than 8,600 clinical interventions were documented for the year.
- Over 140,500 doses of medication were recycled saving over \$730,000 from the recycling of unused medications.
- An average of 2 day turn-around was achieved on medication

*CMHC dispensed and nurses administered/delivered over 12.3 million doses of medication during FY2014 at a cost of \$11.4 million dollars. A statewide system of Pyxis 4000/ Connect equipment is supported by three Automated pharmacy robots and a team of pharmacists.*

delivery.

- In conjunction with the JDH pharmacy faculty, CT Drug Control Division and the UCONN School of Pharmacy, the second annual UConn Health Pharmacy Professional Development Day (UPPDD) was held. This continuing education program for pharmacists and pharmacy technicians brought contemporary pharmacy education to the pharmacy departments and assisted staff in meeting their annual continuing education requirements.

### **Education and Training**

With over 642 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.
- Education and Training collaborates with the DOC Academy in providing Emergency Response Training to DOC cadets.
- 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.
- Medical, mental health and dental system-wide meetings/conferences were held for staff, providing Continuing Medical/Continuing Education credits.
- Education and Training implements annual nursing competencies/validations utilizing facility-based Clinical Nurse Educators. We utilize facility-based Mental Health Educators for new health services staff training.
- Clinical Nurse Educators presented the Poster Presentation: Correctional Nursing Workforce Development—Partnering for Practice Improvement through Simulation in Connecticut, at the 7<sup>th</sup> Academic and Health Policy Conference.
- Therapeutic Phlebotomy – In collaboration with clinicians from the John Dempsey Hospital, CMHC infirmiry nurses were trained in performing therapeutic phlebotomy expanding the scope of practice within CMHC infirmaries.
- Intravenous (IV) Therapy and IV Medication Administration – A formal IV Therapy and IV Medication training program continues within CMHC. Training has been provided to Functional Units 2, 3, 4 and 6 and will be expanded to other functional units.
- Education and Training collaborates with CMHC IT in delivering IT training to CMHC staff.
- Medical education includes rotations in Adolescent and Adult Psychiatry (UConn Health); Forensic Psychiatry and School of Medicine (Yale University); School of

*Education and Training is delivered utilizing computer-based training, traditional educational experiences and reality-based simulation training methods.*

Medicine (Harvard University) and Physician Assistant internships (Quinnipiac University).

- Social work internships are supported with UConn, Springfield College, Southern CT State University, New York University and Fordham University.
- Nursing internships are supported with UConn, Yale University, St. Joseph University, Quinnipiac University, Southern CT State University and Central CT State University.
- Psychology internships are supported with University of Hartford, University of Saint Joseph, Antioch University, Westfield State University and University of Maastricht.
- Education and Training offers professional continuing education credits for Physicians, Nurses and Social Workers and Professional Counselors.
- In collaboration with CMHC Nursing Services and UConn School of Nursing, CMHC Education and Training has developed reality-based training scenarios using state of the art simulation equipment to advance nursing competencies.
- Education and Training supports the operational and educational implementation of START NOW.

### **Community Transition**

Approximately 26,000 people return to Connecticut communities from CDOC facilities annually. With a goal of maintaining health and reducing re-incarceration, fourteen 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, and social service referrals.
- UConn Health and CMHC collaborated with CDOC, OPM & DSS on a process to establish a State-funded Medicaid coverage group to streamline healthcare service delivery for the halfway house population. This initiative was successfully piloted and will be fully implemented when state funding is available.
- The discharge medication voucher program, initiated in 2012, remains in place allowing discharged inmates to fill discharge medication orders at community pharmacies. The goal of this effort is to increase patient compliance with medication and to reduce the cost of packaging and delivery to facilities.
- 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. Beginning this year, significant efforts were made to identify appropriate candidates for specialized nursing care at the 60 West facility.

In a typical month, discharge planners arrange 167 community appointments, submit 276 Access Health applications, arrange for 541 discharge medication orders and hold 873 planning meetings with soon-to-be-released inmates.



### **Judicial Contract – Court Support Services Division (CSSD)**

- In collaboration with CSSD, CMHC continued to assist the state operated detention facilities in maintaining NCCHC accreditation.
- CMHC, in collaboration with CSSD, continued to participate in ongoing monitoring and auditing of health services contracts, practices and providers, and chaired statewide meetings regarding health service delivery at the Juvenile Residential Services sites, Central Office and Training Academy.
- CMHC continued to consult and participate in efforts to standardize approaches to health services (medical, mental health, dental and nursing) across the system whenever possible.
- CMHC continued 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, and clinical case consultation at the request of CSSD.
- Comprehensive clinical case reviews were requested by CSSD and completed by CMHC for any health related issue requiring in-depth review.
- CMHC routinely conducted annual suicide prevention physical plant reviews of all CSSD Juvenile Residential Services sites, investigation and review of all health care complaints, and ongoing collaborative work with the CSSD contracted nursing services, dental and pharmacy services. Quarterly meetings with all CSSD health care contractors, in collaboration with CSSD, 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 of participation in research. Federal agencies (such as the National Institutes of Health) have developed 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 (RC-4; \$998,989) for translational science in correctional healthcare.
- The Center for Behavioral Health Services & Criminal Justice Services provided \$10,000 to Dr. Megan Ehret (School of Pharmacy) to explore psychotropic medication adherence among incarcerated persons with mental disorders. This is 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 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 and supplemental NIMH funding. A START NOW

implementation team has been developed and is meeting monthly for integration of this evidence-based program into the practice setting. START NOW is now in various stages of review and implementation in over a half-

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

dozen states and two foreign countries. It is being used as the active treatment arm in a multinational European study with conduct disordered adolescents. Dr. Andrew M. Cislo, CMHC Director of Research and Evaluation, is leading an effort to evaluate the effectiveness of START NOW in reducing the number of disciplinary reports that participants receive.

- Lisa Barry, PhD, MPH (UConn Health Center on Aging; Psychiatry) has partnered with CMHC to initiate research on mental health in prisoners age 50 and older (i.e., older prisoners). She has received funding from the American Foundation for Suicide Prevention to look at risk factors in the older inmate population and from the Center for the Promotion of health in the New England Workplace (CPH-NEW) to evaluate the knowledge base of correctional and health care professionals working with older inmates.
- Dr. Robert Trestman is collaborating with and mentoring a Yale University researcher, Dr. Emily Wang, who is studying how to improve chronic medical care for incarcerated patients with cardiovascular risk factors using the framework of the Chronic Care Model. The Chronic Care Model was designed to improve chronic disease care in the community at the patient, practice, and organizational level through improving self-management strategies, community linkages, delivery system redesign, decision support, information support, and health system support. They are currently adapting this model to the correctional health setting. This work is being funded by the National Heart, Lung, and Blood Institute.
- CMHC is a founding member of the Academic Consortium for Criminal Justice Health, an initiative designed to “foster networks and interest in criminal justice health within the higher education community for mutual sharing, innovative thinking and creative problem-solving to move evidence-based practice initiatives into clinical realities; and to promote and disseminate outcomes from evidence-based practice through conferences, seminars, workshops and other learning opportunities.”

**ACCJH** Academic Consortium on  
Criminal Justice Health

- Dr. Andrew M. Cislo, CMHC Director of Research and Evaluation is conducting research on the timing and major causes of mortality among individuals released from CT correctional facilities over a 31 year period.

## **Organizational Structure**

### **Clinical Oversight**

- *Director of Medical Services*, Johnny Wu, MD, is responsible for oversight of general medical services and program management, infectious disease management and Medical Pharmacy and Therapeutics (P&T) Committee. Dr. Wu also oversees the Utilization Review department, headed by Kelly Quijano, MSN, which evaluates the need for and arranges provision of off-site specialty services.
- *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 Pharmacy & Therapeutics Committee, and provides discipline specific leadership.
- *Director of Psychological Services*, Paul Chaplin, Ph.D., is responsible for clinical and administrative supervision of the psychologists, the Sex Offender Treatment Program, therapeutic and group interventions, and the psychological testing process.
- *Director of Nursing and Patient Care Services*, Constance Weiskopf PhD, APRN, PMHCNS-BC, CCHP oversees nursing/patient care across all of our clinical services. She chairs the CMHC Policy and Procedure Committee, and is a member of the UConn Health Executive Policy Committee and UConn Health Compliance Committee.
- *Director of Medical Quality and Resource Management*, Mary Ellen Castro, DNP, APRN. In her role, she collaborates with the directors of medicine, mental health, and nursing for clinical issues to identify medical quality initiatives to improve clinical practice and ensure quality patient care Dr. Castro also oversees the Continuous Quality Improvement program, headed by Sandra Tanguay, MS, RN, CCHP and provides central oversight of inmate health records.
- *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 helps to coordinate our focus on the critical needs for adolescent programming, quality assurance, and inter-agency collaboration.

### **Administrative Oversight**

- *Executive Director*, Robert L. Trestman, Ph.D., M.D. is a professor of medicine, psychiatry, and nursing, and Executive Director of Correctional Managed Health Care. As Executive Director, Dr. Trestman is responsible for overall integration of care and care delivery, assuring that CMHC is in compliance with the Memorandum of Agreement with the CDOC. Dr. Trestman has studied the neurobiology and treatment of people with severe mood and personality disorders, and currently conducts translational research on correctional health. He has published over 130 articles and book chapters, consults to the National Institute of Mental Health, the Substance Abuse and Mental Health Services Administration, several branches of the U.S. Department of Justice, and is chair of the American Psychiatric Association Work Group on Persons with Mental Illness in the Criminal Justice System.
- *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. Gail Johnson also oversees community transitional services, headed by Lynne Neff, RN, BSN, whose staff of 14 discharge planners arranges for aftercare and in some cases expedited release for inmates with high medical and mental health needs.

- *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.
- *Associate Director of Pharmacy*, 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. She has expanded the pharmacist's role in clinical practice, serving as a key resource to both Medical and Psychiatric Pharmacy and Therapeutics Committees.
- *Director of Research and Evaluation*, Andrew M. Cislo, Ph.D. is an Assistant Professor in the Department of Medicine and the Center for Public Health and Health Policy. His correctional health research program includes investigations into variation in recidivism among female releases by psychiatric disorder classification, the timing and causes of death among former inmates, and the effectiveness of a group therapy program for inmates with behavioral disorders.

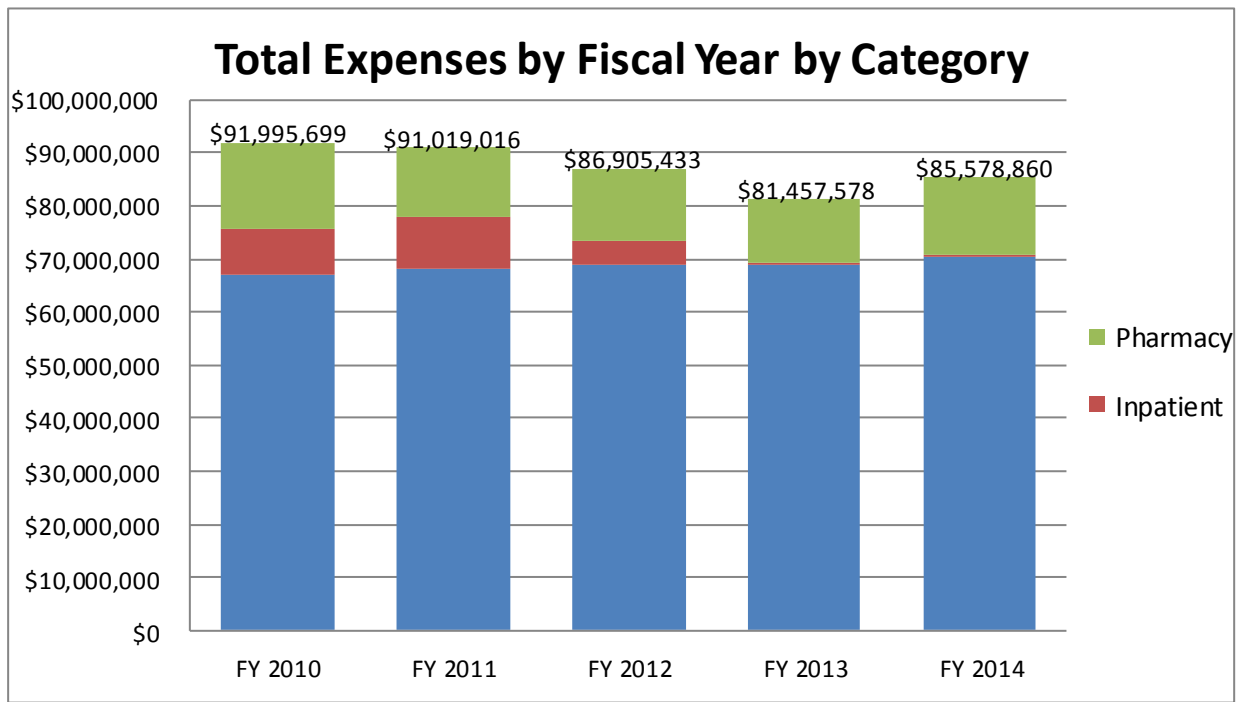
### **Human Resources**

- Staffing – Nursing vacancies continue to be filled quickly as a result of the availability of a larger pool of qualified applicants and due to a close collaboration between Human Resources and facility management to ensure interviews are held and candidate selections are well documented. We have hired some durational staff to fill temporary vacancies covering long term medical leaves or workman's compensation leaves. We have also added per diem dental assistants, laboratory assistants and radiology technicians to address staffing needs when permanent staff are absent.
- Recruitment – The personal involvement of senior clinical leads have identified some excellent candidates for periodic physician, psychologist, psychiatrist and dental vacancies. We also held two nursing per diem classes during the year filling critical temporary staff needs and providing a pool of qualified applicants for permanent nursing positions.
- Retention - Retention efforts focused on increased education and training opportunities for staff. There were also increased opportunities for facility staff to serve on various management committees, such as pharmacy and therapeutics and to attend discipline specific conferences, providing enhanced professional growth.

### **Financial Performance**

- Overall costs increased in 2014 primarily reflecting an increase in staffing costs due to negotiated contractual increases.
- Staff resources continue to be reallocated between facilities and within disciplines to meet the medical, mental health and dental needs of the inmate population and minimize cost increases.

- Overtime costs in fiscal year 2014 were reduced to approximately \$2.5 million about \$200,000 below FY'13 in spite of some additional costs due to multiple snow closings. Overtime costs have been reduced each year since FY'07 when it was at a high of \$6.8 million. This reduction has been achieved through careful management, an increase in filled positions and the use of durational and per diem employees.
- Pharmaceutical costs increased by \$2.5 million over FY'13; this was primarily due to a regulatory change that prohibited using group discount prices along with 340b pricing and required using higher wholesale prices with the 340b discount pricing. There was also an increase in costs for Hepatitis C treatment drugs. We did achieve approximately \$4.7 million in savings over wholesale pricing from use of the 340b discounts.



### Information Technology

- CMHC IT, in coordination with the Health Center IT Department, performed computer system upgrades to Microsoft Windows 7 and Office 2010 for all of the organization's 477 computers at 21 disparate locations. This was a time and resource intensive effort that was completed on time and on budget.
- The CMHC IT developed patient scheduling system has dramatically expanded in use to now incorporate the scheduling of optometry, podiatry, and mental health appointments and is beginning to be used in the scheduling of medical appointments. This has allowed for a much more efficient and streamlined allocation of resources to provide timely patient care.
- Use of telemedicine has expanded, as 29 video cameras and corresponding accounts are set up and deployed across the organization. This has reduced the need for patient/inmate transport, thus reducing the associated transportation costs,

as well as allowing more flexibility in scheduling the more necessary John Dempsey Hospital clinical resources.

- Digital Radiology readers have been purchased and deployed at the five highest volume correctional facilities. Digital x-ray images are now processed and integrated with the Health Center Radiology unit in a real time environment, eliminating the prior film processing and physical transport to the Health Center. Digitized images are now available for view by all CMHC relevant health care providers.
- Funding was obtained by DOC/CMHC through the State IT Investment Committee to purchase and deploy a comprehensive Electronic Health Record System. Specifications were developed and Requests for Proposals (RFP) were sent out in early 2014. A comprehensive review of the proposals has been completed with vendor selection set to occur in the fall of 2014 and projected implementation to start in the spring of 2015.

### Quality Improvement

- The Continuous Quality Improvement (CQI) program continues to serve as the facility motivator in overseeing quality of care.
- Facility QI coordinators analyze QI data for presentation at quarterly QI committee meetings, highlighting areas of needed improvement as well of areas of achievement. This process serves as a morale booster for facility staff by involving all disciplines and shifts.
- To achieve clinical outcomes that meet or exceed community benchmarks, CMHC continues to incorporate disease management guidelines in its care of outpatient hypertension and other chronic conditions.
- A process improvement initiative expanding the electronic patient scheduling system will help ensure that appointments for health services are timely and maintained when inmates transfer.
- Utilization of infectious disease nurse case managers continues to result in high medication and follow-up adherence and patient participation in treatment planning.
- Findings of the most recent patient health care survey are being used in quality assurance and improvement initiatives. These initiatives include ongoing civility and cultural awareness staff training and enrichment of patient education materials.
- The Health Service Remedy process continues to identify the need to maintain a strong focus on

***In June 2014, the percentage of HIV patients receiving antiviral therapy and incarcerated  $\geq$  6 months who achieved viral suppression was 90%.***

***The 2014 Patient Health Satisfaction Survey yielded 64% of male and 72% of female inmates reporting that health care providers treated them in a friendly and courteous manner. 79% of male inmates and 80% of female inmates reported understanding what they had to do to get better or take better care of themselves.***

communication, collaboration, coordination, patient education, and quality of care.

- On-going facility medication audits highlight progress made in reducing the number of medication variances.

### **Collaborative Relationships**

- Monthly financial 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.
- Significant work has been done with the AAGs office to assist in resolving medical/legal issues providing affidavits and assisting in development of court orders to bring before a judge.
- In 2012 an executive senior team comprised of OPM/CDOC/UCHC leadership began meeting to review opportunities for improved care delivery and cost savings measures. These meetings have continued in 2014 improving dialogue and consensus on key initiatives.
- Efforts to ensure inmates were appropriately evaluated for the 60 West nursing home placements continued throughout the year through weekly meetings with Secure Care Options (nursing home management), DOC and CMHC.

**PUBLICATIONS and PRESENTATIONS (CMHC Staff in bold)****Peer Reviewed Publications 2013-2014**

- Ahalt C, **Trestman RL**, Rich J, Greifinger R, Williams BA. (2013) Paying the Price: The Pressing Need for Quality, Cost and Outcomes Data to Improve Correctional Healthcare for Older Prisoners. *Journal of the American Geriatric Society*, 61:2013-2019, 2013. DOI: 10.1111/jgs.12510.
- Barry LC, Ford JD, **Trestman RL**. (2014). Comorbid Mental Illness and Poor Physical Function among Newly Admitted Inmates in Connecticut's Jails. *Journal of Correctional Health Care*, Volume 20, Issue 2, pp. 135-144..
- Ehret, M., Shelton, D., Barta, W., **Trestman, RL.**, Maruca, A., Kamath, J., Golay, L. (2013). Medication Adherence Among Female Inmates with Bipolar Disorder: Results from a Randomized Controlled Trial, *Psychological Services*, 2013, 10(1): 106–114 DOI: 10.1037/a0031433.
- Gayman, Mathew D., **Andrew M. Cislo** and Alexa Goidel. "Time-Clustered Deaths and Substance Use Disorder among Young Adults." *Stress and Health*, DOI: 10.1002/smi.2569.
- Kamath J, Zhang W, Kesten K, Wakai S, Shelton D, **Trestman RL**. (2013). Algorithm-Driven Pharmacological Management of Bipolar Disorder in Connecticut Prisons. *International Journal of Offender Therapy and Comparative Criminology*, 57(2) 251–264 2013, DOI: 10.1177/0306624X11427537.
- 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 Connecticut. *Journal of Correctional Health Care*, 2012, 18(1):20-8. Epub 2011 Nov 17.
- Krauss WJ, Sampl S, Houde A, Scudder M, Haga J, Bohannon S, Trestman RL**. The Development and Implementation of START NOW within a State-Wide Correctional System, In Review.
- Meyer JP, Cepeeda J, Wu J, **Trestman RL**, Altice, FL, Springer SA (2014). Optimization of human immunodeficiency virus treatment during incarceration. Viral suppression at the prison gate. *JAMA Intern Med*. doi: 10.1001/jamainternmed.2014.601. Published online March 31, 2014.
- Rosen, David L., Dora M. Dumont, **Andrew M Cislo**, Bradley W Brockmann, Amy Traver and Josiah D Rich. (2014). . "Medicaid Policies and Practices in US State Prison Systems." *American Journal of Public Health*, 104:418-442.
- Shelton D**, Barta W, Altomare M, Bannish D, Cepelak CL, **Trestman RL**. Implementing a Public Academic Partnership in Corrections: I. Organizational Assessment, In Review.
- Spaulding AC, Kim AY, Harzke AJ, Sullivan JC, Linas BP, Brewer A, Dickert J, McGovern BH, Strick LB, **Trestman RL**, Ferguson WJ. (2013). Impact of New Therapeutics for Hepatitis C Virus Infection in Incarcerated Populations. *Topics in Antiviral Medicine*, 21(1) 27-35.
- Swanson, J., Frisman, L., Robertson, A., Lin, HJ, **Trestman RL**, et al. (2013). Costs of Criminal Justice Involvement among Persons with Serious Mental Illness in Connecticut, *Psychiatric Services in Advance*, doi: 10.1176/appi.ps.002212012.
- Tanguay S, Trestman RL, Weiskopf C**. (2014). Patient Health Satisfaction Survey in Connecticut Correctional Facilities, *Journal of Correctional Health Care*, 20(2), 127-134.
- Trestman RL**, Aseltine RH. (2014). Justice-Involved Health Information: Policy and Practice Advances in Connecticut. . *Perspectives in Health Information Management*, 2014 Winter; 11 (Winter): 1e Published online Jan 1, 2014.
- Trestman, RL**. (2014) Ethics, the Law, and Prisoners: Protecting Society, Changing Human Behavior, and Protecting Human Rights, *Journal of Bioethical Inquiry*, DOI 10.1007/s11673-014-9560-1. Published online July 5, 2014.
- Trestman R.L.**, Ferguson W, Dickert J. (2014). Behind Bars: The Compelling Case for of Academic Health Centers Partnering with Correctional Facilities. *Academic Medicine*, Published online July 24, 2014.
- Wang EA, Aminawung JA, Ferguson W, **Trestman R.L.** Wagner EH, Bova C. (2014). A Tool for Tracking Chronic Illness Care in Prison (ACIC-P), *Journal of Correctional Healthcare*, 20(4), 313-333.
- Power J, **Trestman RL**, Smith H. What to do with the cutters? Best practices for offender self-injurious behaviors. In Review.
- Angela Di Paola, A., Altice, F.L., Powell, M.L., **Trestman, R.L.**, Springer, S.A. A Comparison of Psychiatric Diagnoses among HIV-Infected Prisoners Receiving Combination Antiretroviral Therapy and Transitioning to the Community. *Health and Justice*, 764 2014 2:11.



- Meyer JP, Cepeda J, Springer SA, Wu J, **Trestman R.L.**, Altice FL. HIV in people incarcerated in Connecticut prisons and jail observational cohort study, *The Lancet HIV*, Early online publication, October 10, 2014, doi: 10.1016/S2352-3018(14)70022-0.
- Barry LC, Wakefield DB, **Trestman R.L.**, Conwell Y. The Spectrum of Suicidal Ideation In Older Prisoners, In Review.
- Kersten L., **Cislo A., Shea K.**, Lynch M., **Trestman R.L.** Evaluating START NOW: A Skills-Based Psychotherapy for Inmates with Behavioral Disorders. In Review

#### **Books**

- Trestman R.L.**, Appelbaum K.L., Metzner J. (Eds). *The Oxford Textbook of Correctional Psychiatry*, Oxford University Press, In Preparation.

#### **Non-Peer Reviewed Publications 2013-2014**

- Berger, R., Chaplin, M. Paul, Trestman, RL.** Commentary. Toward an Improved Understanding of Administrative Segregation: What are we Trying to Achieve? (2013). *The Journal of the American Academy of Psychiatry and the Law*, 41:61-64.
- Cislo AM**, Aseltine RH. Report. *Lupus in Connecticut: 2013: A Report to the Interagency and Partnership Advisory Panel on Lupus*, CT Dept. of Public Health. East Hartford: University of Connecticut; 2013.
- Singh, J. P., Yang, S., Bjorkly, S., Boccacini, M. T., Borum, R., Buchanan, A., Cooke, D., de Ruiter, C., Desmarais, S. L., Douglas, K. S., Doyle, M., Edens, J. F., Elbogen, E. B., Endrass, J., Fazel, S., Grann, M., Guy, L. S., Hanson, R. K., Hare, R. D., Harris, G. T., Hart, S. D., Heilbrun, K., Larsen, M. A., Monahan, J., Montaldi, D. F., Mossman, D., Nicholls, T. L., Ogloff, J. R. P., Otto, R. K., Petrila, J., Pham, T. H., Rettenberger, M., Rice, M., Rossegger, A., Scurich, N., Skeem, J. L., **Trestman, R. L.**, Urbaniok, F., Viljoen, J. L., & Mulvey, E. (2013). Reporting standards for risk assessment predictive validity studies: The Risk Assessment Guidelines for the Evaluation of Efficacy (RAGEE) Statement. Tampa, FL: University of South Florida.
- Trestman RL**, *Clinical Implications of Working With Patients on Parole or Probation*. (2013). *Psychiatric Times*, <http://www.psychiatrictimes.com/clinical-implications-working-patients-parole-or-probation#sthash.67aj9O9h.dpuf>
- Trestman RL**. Book Review of Cohen, F., Knoll, J.L., Kupers, T.A., Metzner, J.L. (2013). *Practical Guide to Correctional Mental Health and the Law*. Kingston, NJ: Civic Research Institute, 2011. In *Psychiatric Times*, 29(6):33
- Metzner JL, Appelbaum KL, **Trestman RL**. *Correctional Psychiatry and the Forensic Psychiatrist* In: Robert Sadoff MD (Ed.): "Forensic Psychiatry: History, Current Developments, Future Directions". In Press
- Trestman RL**, Wall AT. Interdiction of Drugs in Correctional Settings, in Rich J, Kinner S (Eds), *Drug Abuse in Jails and Prisons*, In press.
- Trestman RL** and Volkmar F. Accessing Mental Health Treatment, in Liza H Gold MD and Robert I Simon MD (eds), *Gun Violence and Mental Illness* (American Psychiatric Publishing, Inc.), In press.

#### **National Committee Involvement 2013-2014**

- Berger R** Councilor, Tri State Chapter, American Academy of Psychiatry and the Law
- 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 Chair, American Psychiatric Association Work Group on Persons with Mental Illness in the Criminal Justice System**
- Trestman RL** National Institute of Correction, Norval Morris Keystone Member
- Trestman, RL** Founding member of the Academic Consortium for Criminal Justice Health (ACCJH.org)
- Trestman, RL** Expert panel members, Justice and Health Data Exchange Initiative, Vera Institute for Justice

### **Regional or National Presentations 2013-2014**

- Rosen, D., Dumont, D., Travers, A., **Cislo, A.M.**, et al. "Public Health Benefits of Linking Released HIV-Positive Offenders to Primary Care." Presented at the Annual Research Meeting of Academy Health, June, 2013.
- Hennig, B., **Trestman, R.L.** "Statewide Collaboration between a Correctional System and a Huntington' Disease Clinical Program." 2013 World Congress on Huntington's Disease, Rio de Janeiro, Brazil, September 15-18, 2013.
- Meyer JP, Cepeda J, Wu J, **Trestman RL**, Altice FL, Springer SA. Longitudinal Treatment Outcomes in HIV-Infected Prisoners and Influence of Re-Incarceration, CROI, Boston MA, March 4, 2014.
- Appelbaum, K., Metzner, J., **Trestman, R.L.** "Should Mental Health Clinical and Ethical Standards Differ in Correctional Settings?" 7<sup>th</sup> Academic & Health Policy Conference on Correctional Health in Houston, TX March 20-21, 2014.
- Thomas, D., **Trestman, R.L.**, Wu, J. "Correctional Fellowships" 7<sup>th</sup> Academic & Health Policy Conference on Correctional Health in Houston, TX March 20-21, 2014.
- Shelton, D., **Trestman, R.L.**, Cislo, A., Ehret, M. "Building Sustainable Research Teams with Correctional Partners" 7<sup>th</sup> Academic & Health Policy Conference on Correctional Health in Houston, TX March 20-21, 2014.
- Appelbaum, K., **Trestman, R.L.**, Metzner, J., "Correctional Mental Health: Historical Development of Existing Guidelines and Their Limitations Regarding Emerging Issues." 7<sup>th</sup> Academic & Health Policy Conference on Correctional Health in Houston, TX March 20-21, 2014.
- Cislo, A.**, Kersten, L., **Trestman, R.L.**, **Sampl, S.**, Le, Hoe, **Shea, K.** "Start Now: An Evidence-Informed Group Therapy for Inmates with Behavioral Disorders." 7<sup>th</sup> Academic & Health Policy Conference on Correctional Health in Houston, TX March 20-21, 2014.
- Drobiak, D., Dolan, E., Morris, P., **Badura, S.**, **Im, S.**, **Pettigrew, C.** **Nicholson, M.**, **Weiskopf, C.**, Reagan, L., Shelton, D. "Correctional Nursing Workforce Development—Partnering for Practice Improvement through Simulation in Connecticut." 7<sup>th</sup> Academic & Health Policy Conference on Correctional Health in Houston, TX March 20-21, 2014.
- Quijano, K., O'Halloran, J., Wu, J. American Academy of Psychiatry and the Law Annual Meeting, "Ongoing Analysis of Sleep Apnea Management." 7<sup>th</sup> Academic & Health Policy Conference on Correctional Health in Houston, TX March 20-21, 2014.

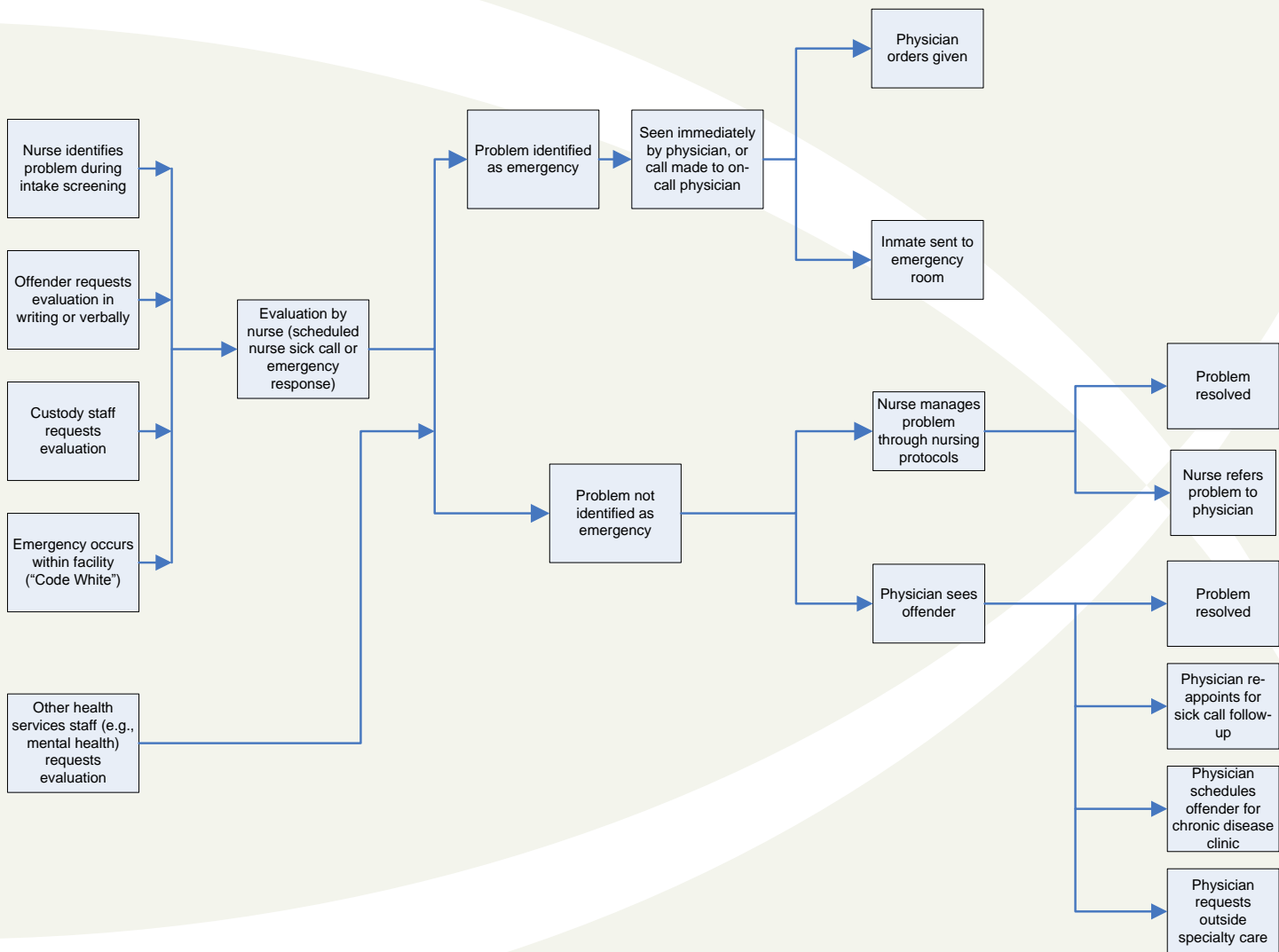
### **Fiscal Year '14 Grant Support**

- Megan Ehret "Psychotropic medication adherence among incarcerated persons with mental disorders", The Center for Behavioral Health Services & Criminal Justices Services (\$10,000).
- Barry, Lisa, CO-PI with **RL Trestman**, PhD, MD "A Community-Based SNF for Difficult-to-Place Patients" Donaghue Foundation (\$97,782).

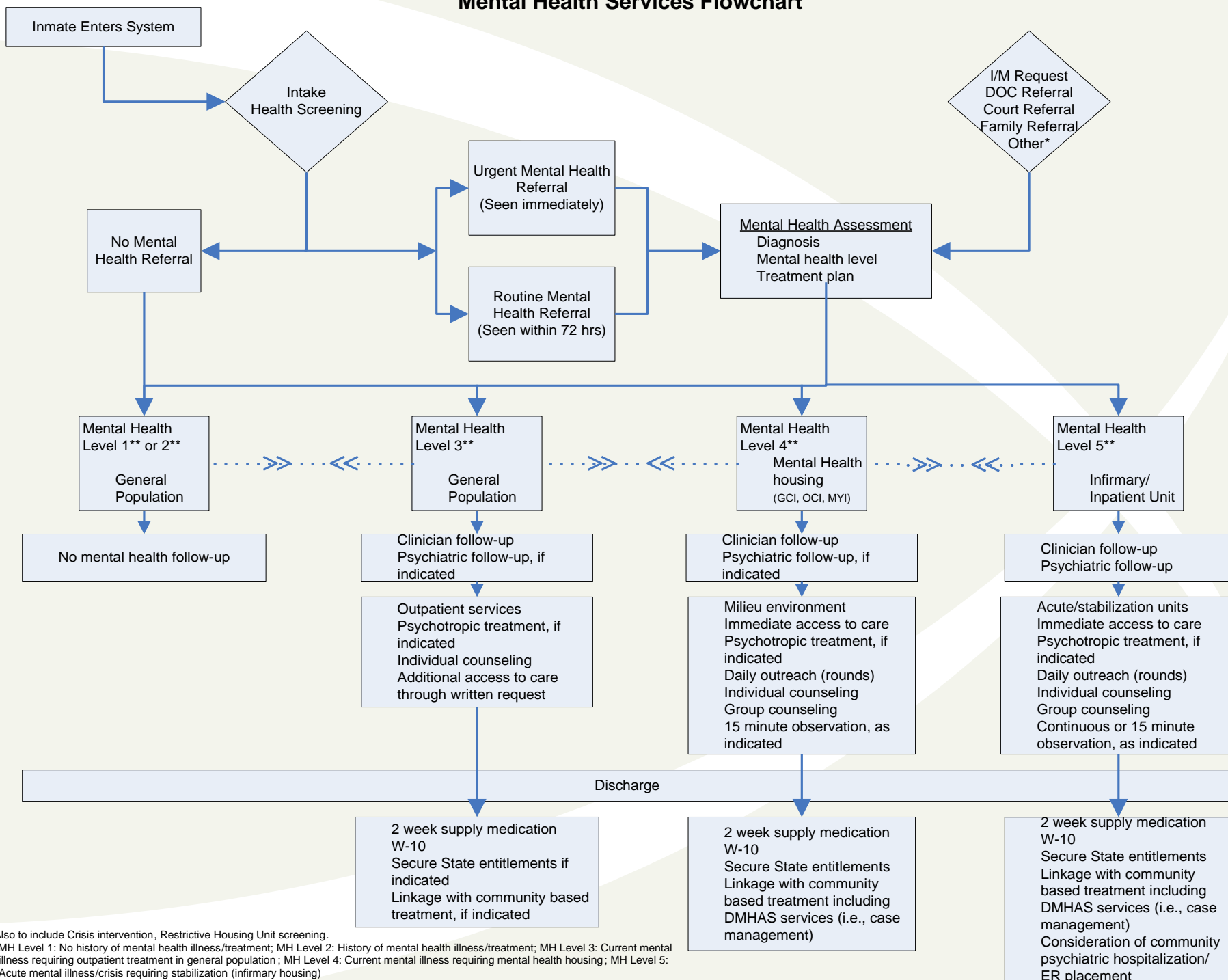
### **Fellowships & Career Support**

- Cislo, Andrew M.** New Connections Sponsored Scholar. Robert Wood Johnson Foundation. Statistical consultation services from the Center for Statistical Consultation and Research (CSCAR) at the University of Michigan. May-November, 2014.
- Cislo, Andrew M.** Conference Fellowship. National Institute on Drug Abuse and the Jacob and Valeria Langeloth Foundation. 7th Academic & Health Policy Conference on Correctional Health in Houston, TX, March 20-21, 2014.
- Cislo, Andrew M.** Selected Attendee. Robert Wood Johnson Foundation New Connections Eighth Annual Symposium. Travel and accommodations. Princeton University. June 11-13, 2014.
- Cislo, Andrew M.** Selected Attendee. UConn Center for Health, Intervention, and Prevention (CHIP) Grantsmanship Training Workshop for Health Behavior Researchers. University of Connecticut, Storrs. June 19 – 20, 2014.

### 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)