



# University of Connecticut Health Center

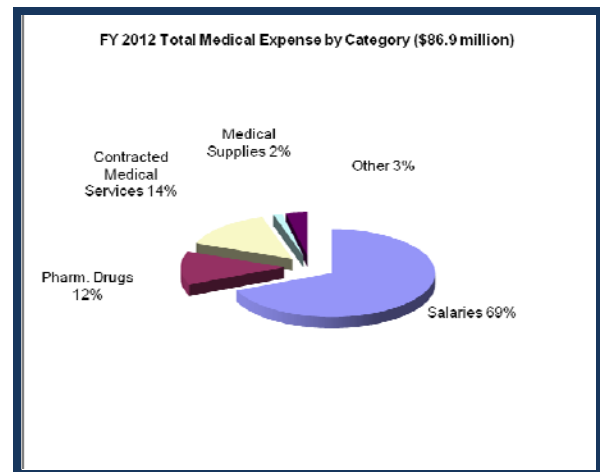
*Correctional Managed Health Care*

## CMHC ANNUAL REPORT July 2011 - June 2012

### Introduction

Correctional Managed Health Care (CMHC) provides global medical, mental health, pharmacy, and dental services at 16 CDOC facilities statewide clustered into ten functional units, at 42 CDOC-contracted halfway houses and at JDH. As of June, 2012, services were provided by 748 full-time equivalent staff (a total of 808 individuals) to a population of 17,590 individuals (16,587 incarcerated and 1,003 in halfway houses). We provide this care under a Memorandum of Agreement (MOA) with the Connecticut Department of Correction (CDOC) since November 1997.

The FY 2012 expense for inmate care was \$86.9 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 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 45 intakes every night. Statewide, each of the 26,143 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 2012 was 10,639 or 60% of the total population. Notwithstanding administrative efficiencies, pharmaceutical costs continue to rise, with increasing demand for costly medications for treating HIV, Hepatitis C and psychiatric conditions.

Of note, CMHC's FY 2012 cost per inmate (both genders) was \$4,735 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.

### **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.

### **Program Overview**

#### **Medical Services (Flow Chart Appended)**

HIV/AIDS (currently 281 patients), tuberculosis, Hepatitis B & C, drug and alcohol addiction, STDs,

### **Vision**

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

### **Mission**

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

### **Values**

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

*On an average day,  
CMHC sees 670  
inmates at medical sick  
call, cares for 127  
inmates in infirmary  
beds and cares for 7  
inmates hospitalized at  
the John Dempsey  
Hospital*

and hypertension are among the serious illnesses overrepresented in this population.

- The active medical caseload represents approximately 24% of the inmate population, about 4280 unique individuals.
- In FY 2012, there were 17,629 visits for care at specialty clinics in CDOC facilities (orthopedic services, infectious diseases/HIV, optometry, podiatry and chronic care).
- Interferon-based therapy for the new 3 drug Hepatitis C costs approximately \$30,000 per patient per year. During FY'12 we had an average of 8 patients in HepC treatment at any given time.
- CMHC provides onsite dialysis to inmates. There are currently 16 inmates receiving treatment. Necessary treatment costs are approximately \$45,000 per patient per year.
- Chronic Disease guidelines assist with consistency of care.

### **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, and Mental Health Nurse Clinician.

CMHC employs approximately 15 Advanced Practice Registered Nurses, 217 Registered Nurses, 115 Licensed Practical Nurses, 23 Nurse Clinicians, 18 Nursing Supervisors, and approximately 68 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.
- 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.

- In 2012, CMHC Lynne Suprenant, RN, Patricia Richardson, RN, Robin Maciag, LPN, and Mary Howe, RN received the prestigious Nightingale Award for nursing excellence this year.



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

Correctional Managed Health Care (CMHC) provides the Connecticut Department of Correction inmate population with comprehensive mental health assessment and treatment modalities specific to the individual's needs.

- The mental health department is comprised of approximately 17 Psychiatrists, 17 Psychologists, 10 mental health Nurse Practitioners, 22 psychiatric Nurse Clinicians, 69 Social Workers, and 14 Professional Counselors.
- Schizophrenia, bipolar disorder, post traumatic stress disorder (PTSD), depression, severe personality disorders, traumatic brain injury and addictive disorders are overrepresented 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% of the inmate population, about 3,400 unique individuals.
- Every inmate receiving mental health services has an individualized treatment plan.
- Fifteen facilities provide outpatient mental health services; ten of the sixteen correctional facilities have inpatient mental health infirmaries; four facilities offer supported congregate housing; six facilities offer specialized sex offender services.
- Through education, training, case conferences supervision, and the utilization of disease management guidelines, prescribing practices are increasingly more evidenced-based.
- A program of comprehensive statewide supervision for mental health staff enhances clinical skills, monitors performance, improves patient care and enhances staff retention goals. Statewide conferences were held bringing in outside experts to review state-of-the-art mental health prescribing practices.
- The position of Statewide Director of Psychological Services, created this year, provides increased oversight and implementation of therapeutic interventions and a broad system-wide training and utilization of psychodiagnostic testing batteries.
- 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.

*In FY 2012 there were 199,467 visits to social workers, psychologists and psychiatric nurse clinicians, including 20,371 suicide risk assessments. In addition, there were 22,821 visits to psychiatrists and 16,090 visits to Advanced Practice Registered Nurses.*

- 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 woman.
- CMHC provides rotations for University of Connecticut Health Center psychiatry residents and the Yale Psychiatry and Law fellows.

### **Dental Services**

Along with medical and mental illnesses in the incarcerated population, oral disease is disproportionately high. In June 2012, 2442 inmates (14% 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 2012, 14 dentists, 3 oral surgeons, and 17 dental assistants performed 27,981 assessments and conducted 17,729 procedures.*

### **Adolescent Services**

CDOC on July 1, 2012 housed 143 adolescents under the age of 18 at Manson Youth Institution and 8 adolescents under the age of 18 at York Correctional Institution

- In FY 2012, CDOC and CMHC collaborated in planning meetings focused on identifying evidence-based adolescent-specific health related screening tools for the population of youth under the age of 18 incarcerated in a CDOC facility, with the goal of implementation in 2012.
- In FY 2012, 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, including the collaborative development of strategic goals/plans, and participation in "Raise the Age" related initiatives statewide.
- CMHC continued participation in weekly 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.

### **Pharmacy Operations**

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

- In this past fiscal year, the Pharmacy participated in the selection and implementation of a new wholesaler. This new contract is saving approximately 10% off the wholesale pricing under the previous contract.

*CMHC dispensed and delivered over 11.2 million doses of medication over the last year at a cost of \$10.7 million. A statewide system of Pyxis 4000/Connect equipment is supported by three Automated pharmacy robots and a team of pharmacists.*

- The Pharmacy continues to separate patients eligible for 340b pricing on their medications in their purchasing order system. Through the reduced pricing for 340b eligible patients, we have been able to save over \$2.1 million on medication costs in 2012.
- Medication recycling efforts for fiscal year 2012 have resulted in savings of \$429,000.
- Pharmacy continues to participate in the P & T committees for both medical and mental health and this year was an integral part of introducing a new Hepatitis C treatment protocol and a pilot Medication Assistance Program.

### **Education and Training**

With over 650 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.
- 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 Nurse Educators. We utilize facility-based Mental Health Educators for new health services staff training.
- In collaboration with UConn Organizational Psychology faculty and graduate students, CMHC has implemented employee 'civility' education and training.
- Medical education includes rotations in Adolescent and Adult Psychiatry (UCHC); Forensic Psychiatry and School of Medicine (Yale University); School of Medicine (Harvard University) and Physician Assistant internships (Quinnipiac University).
- Social work internships are supported with UConn, Springfield College and Southern CT State University.
- Nursing internships are supported with UConn, Yale University, St. Joseph University, Quinnipiac University, and Southern CT State University.
- Education and Training offers professional continuing education credits for Physicians, Nurses and Social Workers and Professional Counselors.
- CMHC provides rotations for University of Connecticut Health Center psychiatry residents and the Yale Psychiatry and Law fellows.
- 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 is delivered utilizing computer-based training, traditional educational experiences and reality-based simulation training methods.*

### **Community Transition**

Approximately 33,000 people return to Connecticut communities from DOC 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.

In a typical month, discharge planners arrange 140 community appointments, submit 400 LIA applications, arrange for 1,000 discharge medication orders and hold 720 planning meetings with soon-to-be-released inmates.

- Through expanded collaboration with private and public agencies, discharge planners provide assistance with initial medications, state health care benefit programs, and social service referrals.
- In 2012, a medication voucher program was implemented 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 where medications are often not retrieved.
- 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.

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

CMHC, through a contract with CSSD, is responsible for all health care continuous quality improvement services and compliance with regulatory and National Commission on Correctional Health Care (NCCHC) standards for the Connecticut Juvenile Residential Services system. Responsibilities include the following:

- CMHC, in collaboration with CSSD, participated 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 continues to consult and participate in efforts to standardize approaches to health services (medical, mental health, dental and nursing) 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, and clinical case consultation at the request of CSSD.
- Comprehensive clinical case reviews are requested by CSSD and completed by CMHC for any health related issue requiring in-depth review.
- CMHC routinely conducts 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 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 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. A START NOW implementation team has been developed and is meeting monthly for integration of this evidence-based program into the practice setting.
- Lisa Barry, PhD, MPH (UCHC Center on Aging; Psychiatry) has partnered with CMHC to initiate research on mental health in prisoners age 50 and older (i.e., older prisoners). Dr.

*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 approximately \$1.8M in external funding.*

Barry, a 2012 recipient of a New Investigator Fellowship at the 5<sup>th</sup> Academic & Health Policy Conference on Correctional Health, was recently awarded a 2-year research grant by the American Foundation for Suicide Prevention to evaluate the association between disability and suicidal ideation in older prisoners.

- 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.

## **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, QI and Patient Care Services*, Constance Weiskopf PhD, APRN, PMHCNS-BC, CCHP oversees nursing/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, Northern CI, Willard Cybulski CI, Robinson CI, Manson YI, Cheshire CI.
- *Assistant Director Nursing and Patient Care Services*, Mary Ellen Castro, MSN, APRN. 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, Osborn CI, Enfield 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 helps to 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. 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.

- *Director of Research and Evaluation, Andrew M. Cislo, Ph.D.* is a research associate in the Center for Public Health and Health Policy. His current work investigates social selection processes in state policy implementation and health and adjustment outcomes among former inmates with severe mental illness and substance use disorders.
- *Pharmacy Manager, 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.

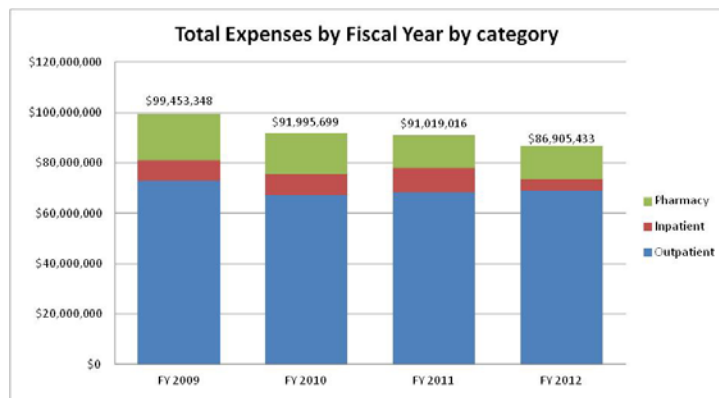
### Human Resources

- **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 2011-2012 efforts to recruit hard to fill prescriber positions were focused in the second half of the year as there was turnover in both medical physicians and psychiatrists. The personal recruitment efforts of senior clinical staff identified some excellent candidates for these vacancies. We also held three 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 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 2012 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 continue to be reallocated between facilities and within disciplines to meet the medical, mental health and dental needs of the inmate population without increasing costs.

- In October 2011, inpatient stays for DOC patients began to be billed to Medicaid in accordance with allowable federal regulations. Funds were transferred to DSS to cover the costs of Medicaid payments reducing the costs of Inmate Medical Services under the Memorandum of Agreement.



- Overtime costs were reduced in fiscal year 2012 to approximately \$3.0 million approximately \$400,000 less than FY'11. Overtime costs have been reduced each year over the last five years from a high of \$6.8 million in FY'07 as a result of careful management and more filled positions.
- Pharmaceutical costs were positively impacted in FY'12 by \$2.1 million in savings due to 340B pricing.
- Expenditures were closely tracked throughout the year and adjustments were made as necessary to meet the fiscal appropriation.

### **Information Technology**

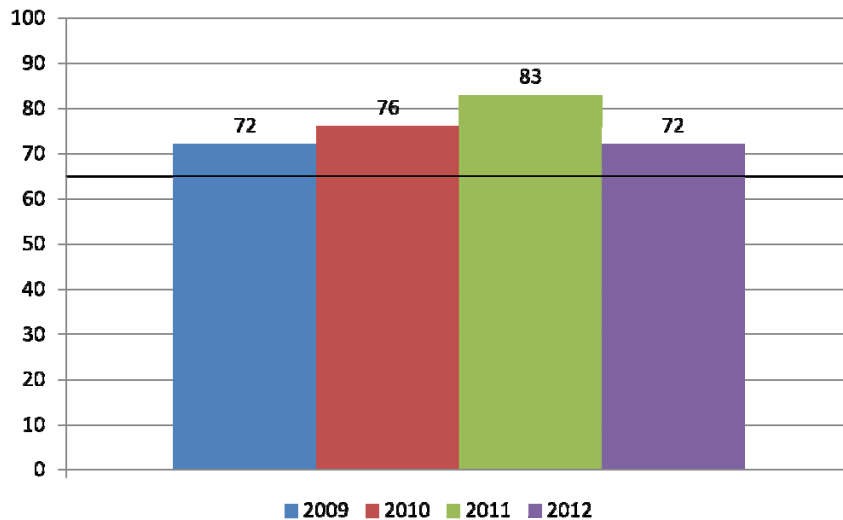
- CMHC has implemented an organizational wide web portal that is designed specific to each individual staff person in terms of focusing and targeting the content to meet the position responsibilities, thus providing ease of access to the necessary information and computer systems.
- CMHC IT has begun the process of virtualizing much of its technical environment as a way to more effectively manage the distribution of IT programs and resources, as well as providing a more cost effective means for the maintenance of such environment.
- Extensive end-user requested enhancements to the Utilization Review, Scheduling , Pharmacy, and Infectious Disease Applications have been incorporated into the re-release of these applications into the production environment
- The creation and management of W10 forms as part of the discharge planning process has been automated to incorporate data from relevant systems and save information in a technical environment that provides access and retrieval as needed.
- CMHC IT Training and Education has established a web based training program that is designed to allow remote users to remain at their work sites in a digital classroom type environment to receive training and develop the appropriate technical skills for use in their job functions.
- The technical environment for all CMHC data systems has been designed, developed, and implemented to ensure an appropriate and timely data recovery capacity, as well as provide a Disaster Recovery component to be used in emergency situations.

### **Quality Improvement**

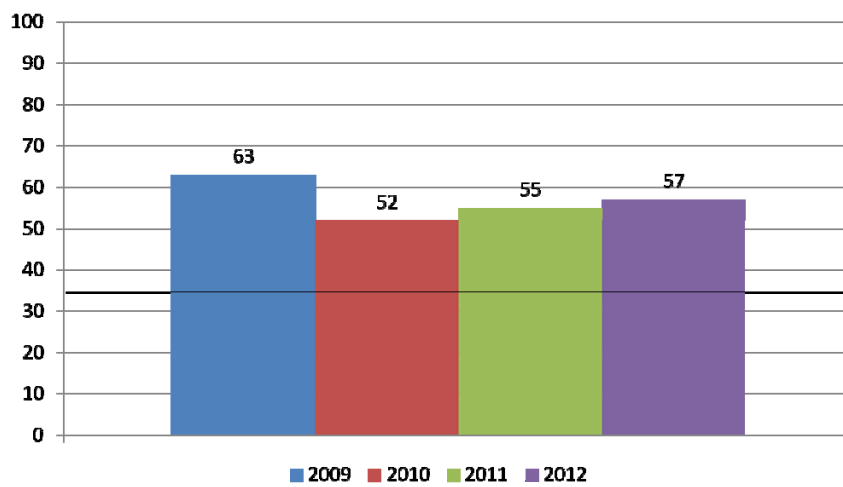
- The Continuous Quality Improvement (QI) Program is empowered under the direction of the QI Administrator to move forward in overseeing issues of clinical practice and program progress.
- Sandi Tanguay RN, MS, QI Operational Administrator, played a major role in developing, implementing, and analyzing process/outcome QI studies throughout the year.
- CQI continues to function with facility-based QI coordinators overseeing facility QI studies and presenting data at quarterly facility QI meetings.
- CMHC QI data continues to demonstrate on-going management of outpatient hypertension utilizing chronic care management guidelines with compliance above community benchmarks.

- For the third year in a row, management of diabetes QI data continues to demonstrate aggressive attention to this chronic disease.
- Feedback from the first CMHC Health Care Satisfaction survey in 2011 was used to improve care delivery. Plans are underway to repeat the survey in the Fall 2012.
- Medication audits identify medication patterns, use of nurse protocol medications, and staff workload in administering medications resulting in renewed education efforts and policy revisions.

Percent of Hypertension Control in Inmates without Diabetes as Exhibited by a BP of 140/90 or less----Community Achievement 65%



Percent of Hypertension Control in Inmates with Diabetes as Exhibited by a BP of 130/80 or less---Community Achievement 35%



**Collaborative Relationships**

- Meetings with legislators to explain CMHC have been ongoing. A results based accountability report card was developed and presented to the Appropriations Committee.
- 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.
- Effective clinical and financial oversight has significantly improved confidence in the CMHC program and improved relationships with the legislative committees of cognizance.
- In 2012, an executive senior team composed of OPM/CDOC/UCHC leadership began meeting to review opportunities for improved care delivery and cost-saving measures.

**PUBLICATIONS and PRESENTATIONS (CMHC Staff in bold)****Peer Reviewed Publications 2011-2012**

- 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*. 24: 105-113, 2011
- Shelton, D.** & Wakai, S. A process evaluation of START NOW Skills Training for Inmates with impulsive and aggressive behaviors." Special edition in Forensics and Corrections: *Journal of the American Psychiatric Nurses Association*, 17(2), 148-157, 2011.
- Appelbaum K, Savageau J, **Trestman RL**, Metzner J, Baillargeon JG. A National Survey of Self-Injurious Behavior in American Prisons, *Psychiatric Services*, Psychiatr Serv. 62(3):285-90, 2011.
- 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.
- Kamath J, Zhang W, Kesten K, Wakai S, Shelton D, **Trestman RL**. Algorithm-Driven Pharmacological Management of Bipolar Disorder in Connecticut Prisons. *International Journal of Offender Therapy and Comparative Criminology*, published online 24 November 2011.
- Jeffrey Swanson, Linda Frisman, Allison Robertson, Hsui-Ju Lin, **Robert Trestman**, Deborah Shelton, Kathryn Parr, Eleni Rodis, Alec Buchanan, Marisa Domino, Marvin Swartz. Costs of Criminal Justice Involvement among Persons with Severe Mental Illness in Connecticut, In Review.
- Tanguay S, Trestman RL, Weiskopf C**. Patient Health Satisfaction Survey in Connecticut Correctional Facilities, (May, 2012, In Review).
- 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, (May, 2012, In Review).
- Cislo, AM.** and **Trestman RL**. Research in Corrections: Challenges and Solutions, (June, 2012, In Review)
- Barry LC, Ford JD, **Trestman RL**. Comorbid Mental Illness and Poor Physical Function among Newly Admitted Inmates in Connecticut's Jails. (June, 2012, In Review).
- Gayman, MD., Turner, R.J., **Cislo, AM.**, and Eliassen, A.H. (2011). "Early Adolescent Family Experiences and Perceived Social Support in Young Adulthood." *The Journal of Early Adolescence*, 31(6):880-908.
- Gayman, MD., **Cislo, AM.**, Hansard, S. Under Review. "Time-Clustered Deaths and Health." *Journal of Health and Social Behavior*.
- Gayman, MD., **Cislo, AM**, Goidel, A. Ueno, K. Under Review. "Racial-Ethnic Differences in the Stress-Buffering Effects of Social and Personal Coping Resources for Mental Health among Young Adults." *Ethnicity and Health*.
- Ulasek, W.R., Lin, H.J., Frisman, L.K., **Sampl, S.**, Godley, S.H., Steinberg-Gallucci, K.S., Kamon, J.L., & O'Hagan-Lynch, M. Development and initial validation of a client-rated MET-CBT adherence measure. *Substance Abuse: Research and Treatment*, 6, 2012.
- Wakai, S., **Sampl, S.**, Hilton, L.A., & Ligon, B. Women in Prison: Self-injurious Behavior, Risk Factors, Psychological Function, and Gender Specific Interventions. Submitted to *The Prison Journal*, in review.

**Non-Peer Reviewed Publications 2011-2012**

- Wortzel H, **Trestman RL**. Forensic Neuropsychiatry. In: *Textbook of Neuropsychiatry and Behavioral Neurology*, Christopher Filley, David Arciniegas, and C. Alan Anderson, Eds. In Press.
- Trestman RL**, Bradford JMW, Scott CL. The 2011 AAPL Research Survey and the AAPL/AP-LS Forensic Research Collaborative. *AAPL Newsletter*, 37(1):21-30, 2012.
- Trestman RL**, Barry L. Implications of Clinical Assessment for Reentry Planning, in Dlugacz HA (Ed.) *Re-Entry Planning for Offenders with Mental Disorders: Policy and Practice*, Vol II, Civic Research Institute, Kingston NJ, In Press.
- Trestman RL**. Book Review of Cohen, F., Knoll, J.L., Kupers, T.A., Metzner, J.L. *Practical Guide to Correctional Mental Health and the Law*. Kingston, NJ: Civic Research Institute, 2011. In *PSYCHIATRIC TIMES*, 29(6):33, 2012

Spaulding AC, Kim AY, Harzke AJ, Sullivan JC, Linas BP, Brewer A, Dickert J, McGovern BH, Strick LB, **Trestman RL**, Ferguson WJ. Impact of New Hepatitis C therapeutics on the Funding of Prison Health. On Line Publication: <http://ACCJH.org>

#### **National Committee Involvement 2011-2012**

**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  
**Trestman, RL** Founding member of the Academic Consortium for Criminal Justice Health (ACCJH.org)  
**Berger R** Councilor, Tri State Chapter, American Academy of Psychiatry and the Law

#### **Regional or National Presentations 2011-2012**

**Lazrove, S., Sampl, S., & Oien, K.** Enhanced mental health treatment improves safety and security. National Commission on Correctional Mental Health Care Conference- Correctional Mental Health Care: Seeking Solutions, Las Vegas, July, 2011.  
**Sampl, S., Lazrove, S., & Loss, J.** Providing Day Treatment in a Correctional Environment. National Commission on Correctional Mental Health Care Conference- Correctional Mental Health Care: Seeking Solutions, Las Vegas, July, 2011.  
**Trestman, RL.** NIMH Conference on Mental Health Services Research, Plenary Speaker, “Translating Research into Systemic Solutions to Improve Mental Health Care,” Washington DC, July 28, 2011  
**Trestman, RL.** Justice Health of New South Wales, “Correctional Mental Health Care in Connecticut USA,” Sydney Australia, September 5, 2011.  
**Trestman, RL.** UConn Premed Student Club, “Medical Education and Medical Care: Current Challenges and Opportunities,” Storrs CT, November 8, 2011.  
 JW Swanson, MS Swartz, A Gilbert, LK Frisman, **RL Trestman**, Costs of Criminal Justice Involvement and Service Utilization among Persons with Severe Mental Illness in Connecticut. APHA 139<sup>th</sup> Annual Mtg, Washington DC, Oct 29 – Nov 2, 2011.  
 Spence, Naomi J. & **Cislo, Andrew**. “Access to Medicaid and Recidivism among Female Prison Releases by Psychiatric Disorder.” Presented at the Annual Meetings of the Eastern Sociological Society, February, 2012.  
**Trestman, RL.** UCHC Schwartz Center Rounds, “Informed Dissent and the Right to Refuse Surgery: Is it Reasonable?” March 19, 2012.  
**Trestman RL**, Barry L. Double-jeopardy: Mental illness and poor physical function in CT Prisoners. 5<sup>th</sup> Annual Academic & Health Policy Conference on Correctional Health, Atlanta, GA March 22-23, 2012.  
 Appelbaum, K., Metzner, J., **Trestman, RL**. Optimizing mental health care – What’s known and not known about efficient and effective care delivery. 5<sup>th</sup> Annual Academic & Health Policy Conference on Correctional Health, Atlanta, GA March 22-23, 2012.  
**Trestman, RL.** Podcast, Journal of Correctional Healthcare: Recidivism Rates Among Mentally Ill Inmates: Impact of the Connecticut Offender Reentry Program”, <http://jcx.sagepub.com/content/18/1/20/suppl/DC1> April 10, 2012  
**Trestman, RL.** 8<sup>th</sup> Annual Yale NEA-BPD Conference, Borderline Personality Disorder: Impulsivity, Aggression and Legal Involvement, Plenary Speaker, “Dialectical Behavior Therapy- Corrections Modified and START NOW,” New Haven CT, May 4, 2012  
 Magley, V.J., Walsh, B.M., **Trestman, R.**, & Dinnan, M. Initial Evaluation of the Civility Among Healthcare Professionals (CAHP) Workshop. Paper presented at the National Conference for Workplace Violence Prevention and Management in Healthcare Settings, Cincinnati, OH, May 2012,  
**Trestman, RL.** WNPR, Colin McEnroe Show, “Prison Love: It May be Different Than You Think,” Hartford CT, June 20, 2012 <http://www.yourpublicmedia.org/node/20562>

Rosen, David, Dumont, Dorothy, Traver Amy , **Cislo, Andrew M**, et al. "Nationwide Survey of Medicaid Policies and Practices in State Prisons." Presented at the Annual Research Meeting of Academy Health June, 2012.

**National Committee Involvement 2011-2012**

**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

**Trestman, RL** Founding member of the Academic Consortium for Criminal Justice Health (ACCJH.org)

**Berger R** Councilor, Tri State Chapter, American Academy of Psychiatry and the Law

**Fiscal Year '12 Grant Support**

Deborah Shelton - Sub-contract with Dr. Frisman "CT-CJDATS-Center", CT DMHSAS (\$73,000), 2008-2013

Deborah Shelton Co-PI with Robert Trestman "Connecticut Collaborative to Promote Mental Health Services Research In Corrections" RC4, NIMH, (\$998,989), 2010-2013

Deborah Shelton Co-PI with Megan Ehret "Psychotropic Medication Adherence among Incarcerated Persons" Center for Behavioral Health Services & Criminal Justice Services, (\$10,000), 2010-2011

Deborah Shelton Co-PI with Robert Trestman "Mental Health Instrument Development for Jails and Prisons", NIMH/BJA, continuation of 1R24-MH067030-01, (\$350,000) 2008-2011

Deborah Shelton Co-I with Robert Trestman "CJ/MH Cost Study", Duke University, Eli-Lilly Co (\$40,000) 2008-2011

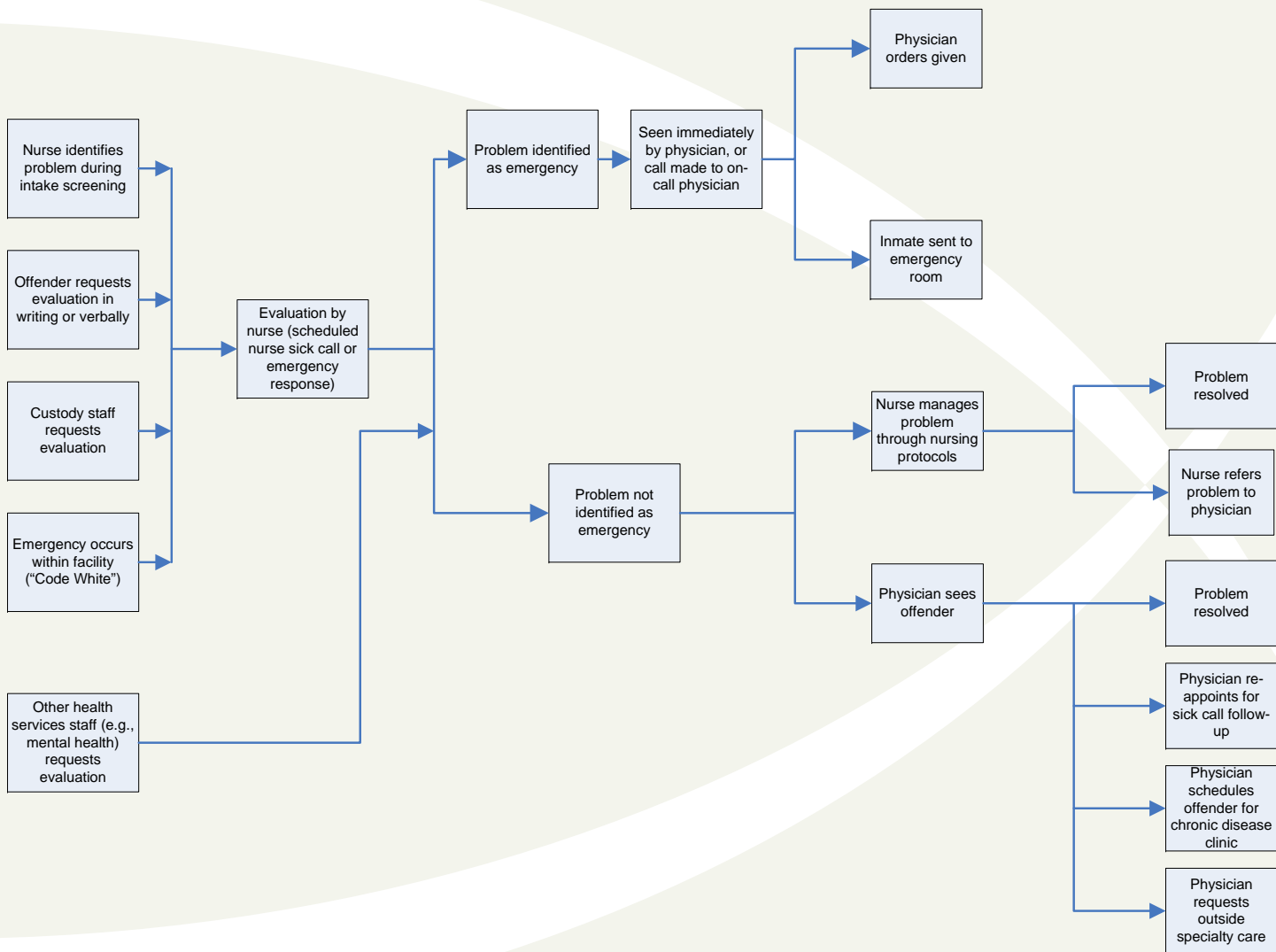
Andrew M. Cislo. PI. "Race-Ethnic Disparities in the Impact and Effectiveness of Expedited Medicaid Benefits Restoration Policy for Prisoners with Severe Mental Illness." National Institute on Minority Health and Health Disparities. National Institutes of Health Loan Repayment Program. (\$19,815) 2011-2013.

Andrew M. Cislo. Co-Investigator. (PI: Ann Ferris). *In Review*. An Evaluation of the Diabetes Prevention Program (DPP) Among Pre-Diabetic Cambodian Immigrants in the U.S. Subcontract with Khmer Health Advocates. Centers for Disease Control and Prevention. (\$542,333) 2013-2016.

Andrew M. Cislo. Co-Investigator. (PI: Robert Aseltine). *In Review*. An Analysis of Current Lupus Education Modalities in Connecticut. Interagency and Partnership Advisory Panel on Lupus, Connecticut Department of Public Health. (\$30,000). 2012-2013.

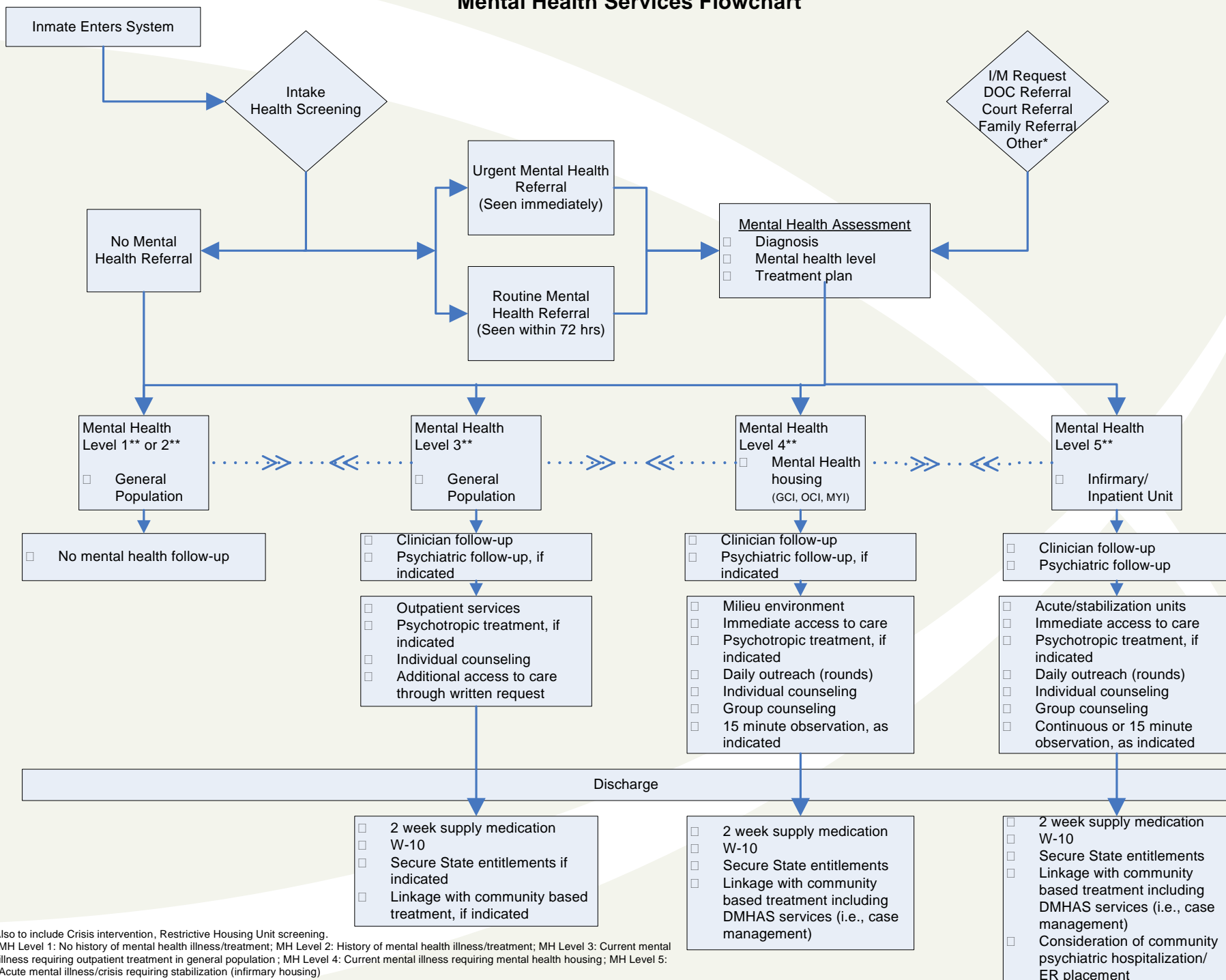


### CORRECTIONAL MANAGED HEALTH CARE Medical Services Flowchart



# 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 (infirmarium housing)