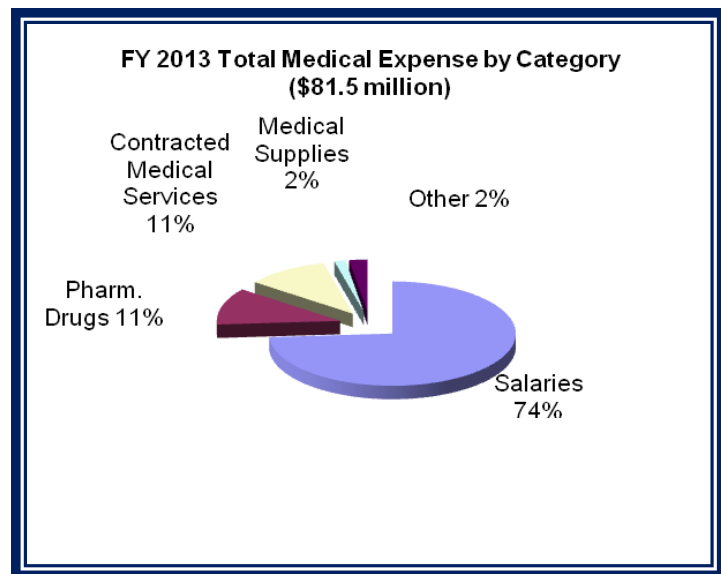


**ANNUAL REPORT
July 1, 2012 - June 30, 2013****Introduction**

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 37 CDOC-contracted halfway houses and at JDH. As of June, 2013, services were provided by 746 full-time equivalent staff (a total of 812 individuals) to a population of 17,998 individuals (16,985 incarcerated and 1,013 in halfway houses). We provide this care under a Memorandum of Agreement (MOA) with the Connecticut Department of Correction (CDOC) that began in November 1997.

The FY 2013 expense for inmate care was \$81.5 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 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 24,936 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 2013 was 10,551 or 58.4% 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 2013 cost per inmate (both genders) was \$4,605 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.

Vision

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

Mission

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

Values

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

Program Overview

Medical Services (Flow Chart Appended)

HIV/AIDS (currently 278 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 23% of the inmate population, about 4,174 unique individuals.
- In FY 2013, there were 16,666 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'13 we had an average of 15 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 \$47,000 per patient per year.
- Chronic Disease guidelines assist with consistency of care.

*On an average day,
CMHC sees 622
inmates at medical sick
call, cares for 132
inmates in infirmary
beds and cares for 4.5
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 16 Advanced Practice Registered Nurses, 223 Registered Nurses, 110 Licensed Practical Nurses, 19 Nurse Clinicians, 19 Nursing Supervisors, and approximately 75 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 2013, CMHC nurses Jason Cruz, LPN, Matthew Dobos, RN, Heidi Greene, RN and David Kibe, 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 14 Psychiatrists, 17 Psychologists, 10 mental health Nurse Practitioners, 19 psychiatric Nurse Clinicians, 69 Social Workers, and 15 Professional Counselors (as of June 2013).

In FY 2013 there were 191,202 visits to social workers, psychologists and psychiatric nurse clinicians, including 22,168 suicide risk assessments. In addition, there were 20,056 visits to psychiatrists and 16,826 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% 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.

- Medical legal risk management subcommittees were set up for Suicide Elimination and for Hunger Strikes and Self-Injurious Behavior. These committees have already made substantial contributions to our understanding and management of these conditions.
- 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 case conferences were held bringing in senior clinicians to review state-of-the-art mental health 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 Lifetime Clinical Record (LCR) which has now become routine.
- 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. Additionally, the sex offender treatment program has been reintroduced at York Correctional Institution.
- 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 2013, 1753 inmates (11% 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 2013, 17 dentists, 3 oral surgeons, and 19 dental assistants performed 24,387 assessments and conducted 17,892 procedures.

Adolescent Services

CDOC on July 1, 2013 housed 96 adolescents under the age of 18 at Manson Youth Institution and 2 adolescents under the age of 18 at York Correctional Institution

- In FY 2013, CDOC and CMHC collaboratively implemented the evidenced-based, MAYSI-2 screening instrument at Manson Youth Institution. Health care and custody staff were trained on the administration and interpretation of the findings. In FY 2013 CMHC, in partnership with CDOC, the Office of the Child Advocate, and the Department of Children and Families initiated a collaborative review and revision process of custody and health care practices for the youthful offender population. The goal is ongoing review and improvement of the care and custody of youthful offenders.
- 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, implemented 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.

CMHC dispensed and delivered over 10.1 million doses of medication during FY2013 at a cost of \$9.3 million. A statewide system of Pyxis 4000/ Connect equipment is supported by three Automated pharmacy robots and a team of pharmacists.

- More than 8,700 clinical interventions were documented for the year.
 - Over 275,000 Automated doses recycled at a savings of \$359,784 and an additional 19,838 unit dose and multidose containers recycled at a savings of \$117,128.18 for a total of \$476,912.33 in returned recycled medications.
 - An average of 2 day turn-around on medications.
 - Performing 8,785 documented clinical interventions avoiding serious adverse drug events and reactions.
- CMHC pharmacy education initiatives this year include the development in conjunction with the JDH pharmacy faculty, CT DOCP Drug Control Division and the UCONN SOP department of continuing education the first annual UCHC Pharmacy Professional Development Day (UPPDD). This continuing education program for pharmacists and pharmacy technicians will bring contemporary pharmacy education to the pharmacy departments and assist staff in meeting their annual continuing education requirements. Topics this year include an Update on the Diagnostic and Statistical Manual of Mental Disorders (DSM-5), Managing Drug & Drug Interactions in the HIV Patient, Medications and Dental Side Effects, Medical Marijuana, Preventing Transmission of HIV from Mother to Baby, Transforming the Practice of Pharmacy, and a Sterile Compounding Update.
 - In addition to the UPPDD the CMHC pharmacy has been an active participant providing CME for the dental staff with respect to medications at the CMHC Dental Conference.

Education and Training

With over 662 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 Clinical Nurse Educators. We utilize facility-based Mental Health Educators for new health services staff training.
- 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 Therapy – A formal IV Therapy training program was initiated within CMHC. Training has been provided to Functional Units 3 and 6 and will be expanded to other functional units.
- 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.
- 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.

- Through expanded collaboration with private and public agencies, discharge planners provide assistance with initial

In a typical month, discharge planners arrange 120 community appointments, submit 140 LIA applications, arrange for 920 discharge medication orders and hold 1030 planning meetings with soon-to-be-released inmates.

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)

In July of 2013, CMHC's contract with the State of Connecticut, Judicial Branch, Court Support Services Division (CSSD) to provide Health Services Compliance and Continuous Quality Improvement Services to the Juvenile Residential Services facilities was renewed. Under this contract, CMHC is responsible for umbrella 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. In collaboration with CSSD, CMHC assisted the state operated detention facilities in obtaining NCCHC reaccreditation in the spring of 2013. Additional 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 (RC-4; \$998,989) for translational science in correctional healthcare.
- The Center for Behavioral Health Services & Criminal Justices 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.

In partnership with CDOC and the UCONN Schools of Nursing and Pharmacy, CMHC obtained a total of approximately \$1.2M in external funding.

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

- 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-dozen states and two foreign countries. It is being used as the active treatment arm in a multinational European study with conduct disordered adolescents.
- 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). 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 the older inmate.
- 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.”



- CMHC’s Executive Director was the Co-Chair of the 6th Annual Academic and Health Policy Conference on Correctional Health. This event is partially funded by an NIH conference award and drew 300 participants from 22 states and five countries.

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 services. She chairs the CMHC Policy and Procedure Committee, and is a member of the UCHC Executive Policy Committee and UCHC Compliance Committee. She 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

- *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 100 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.
- *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.
- *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.

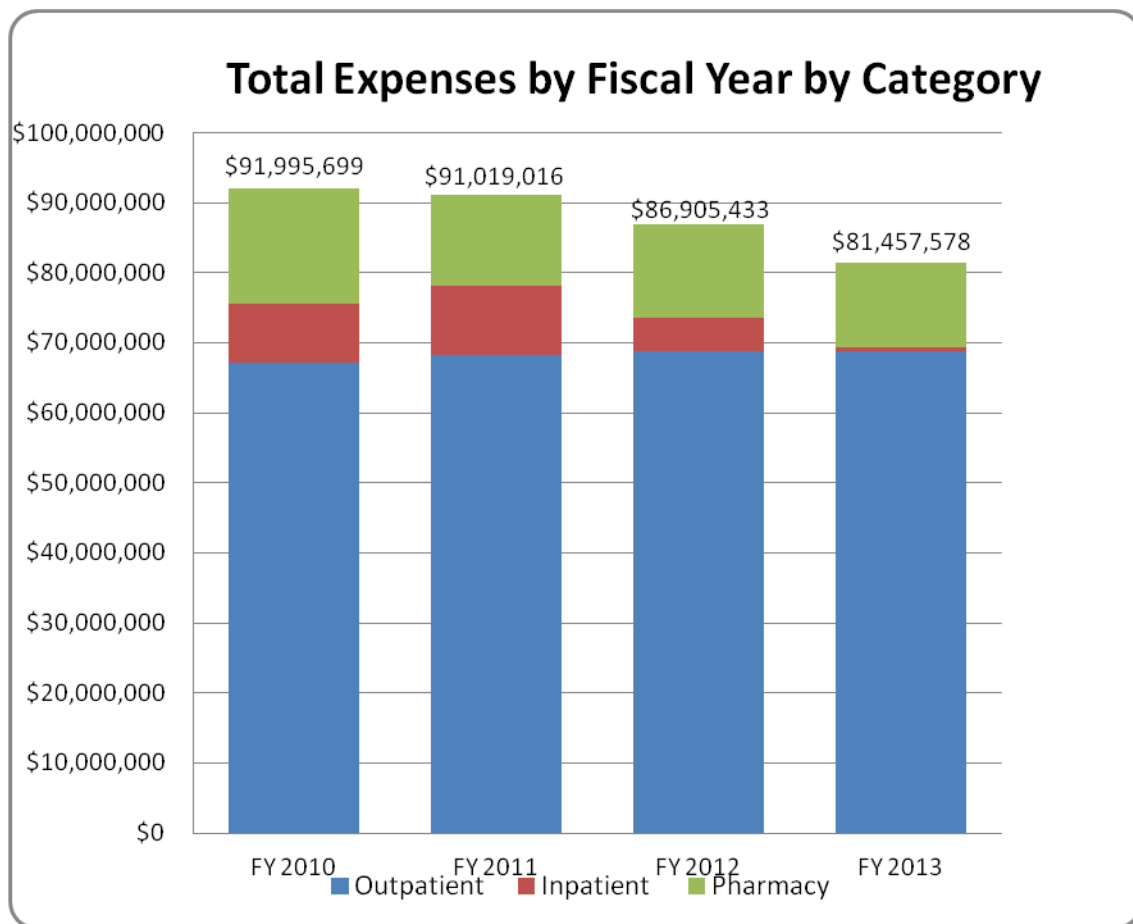
Human Resources

- 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 – In 2012-2013, CMHC had the lowest vacancy rate in five years for hard to fill medical physicians, psychiatrists and dentists. The personal recruitment

efforts of senior clinical staff identified some excellent candidates for periodic 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 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 2013 staff developed and rolled out a peer mediation process, entitled, “Empower,” to encourage staff to resolve conflicts through peer dialogue.

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.
- Overtime costs were reduced in fiscal year 2013 to approximately \$2.7 million approximately \$300,000 less than FY'12. 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.

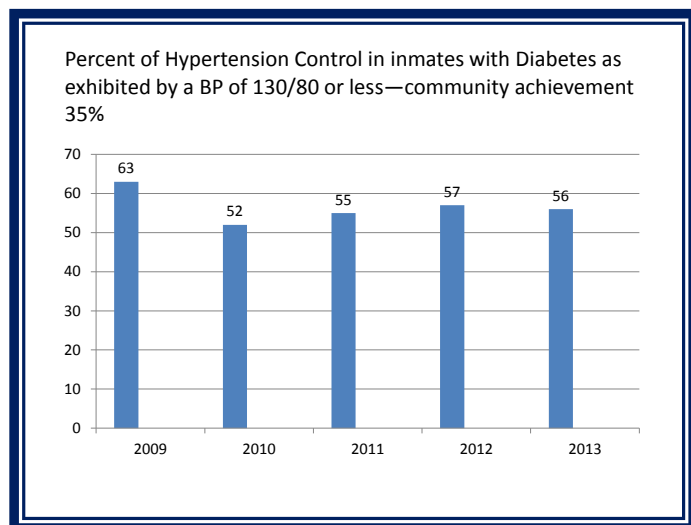
- Pharmaceutical costs were positively impacted in FY'13 by \$4.0 million in savings due to 340B pricing.

Information Technology

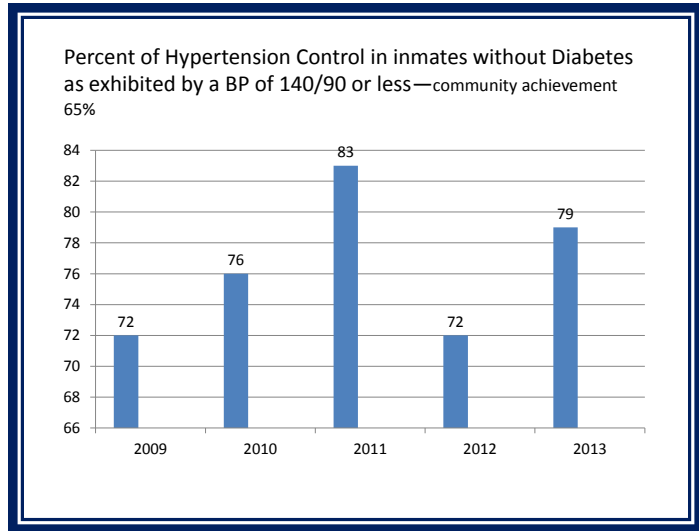
- CMHC has completed a major upgrade of its Wide Area Network (WAN) technical infrastructure. The new WAN provides faster transmission speed as well as substantially increased bandwidth capacity. This new architecture has allowed CMHC to begin exploring advancements in many communication sharing opportunities, with Telemedicine being an area of focus.
- CMHC IT in conjunction with the Department of Correction's MIS department has developed a real-time interface, allowing DOC inmate location data to flow into CMHC applications. This interface has allowed CMHC systems to provide staff with up to the minute location information, which is instrumental for systems such as the Inmate Scheduling application.
- In the spring of 2013, CMHC IT deployed the Inmate Summary Screen to all medical staff. Staff no longer are required to toggle between various applications but rather are presented with a consolidated view of all electronically held medical data for an inmate on a single screen. The application allows staff to navigate to additional detail, including the RT system, directly from this single view.
- Single-sign-on technology has been incorporated into all CMHC .NET applications used by medical staff. This technology employs Windows authentication to offer staff a seamless environment for navigation. After initial computer login credentials are passed from system to application allowing for appropriate security to take effect.
- Administrative Remedies application was released in January of 2013, allowing for the electronic documentation and tracking of all inmate health service grievances.

Quality Improvement

- The Continuous Quality Improvement Program (QI) 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.
- CMHC continues to demonstrate on-going management of outpatient hypertension, utilizing chronic care management guidelines with continued compliance above community standards.
- A second patient health care survey was conducted and results will be used in future planning.
- Utilization of nurse case management style for infectious disease patients has resulted in higher medication adherence and patient education.



- Implementation of revised Health Service Remedy policy and an automated database now provides for on-going monitoring of facility Remedy Requests and data supporting quality of care.
- On-going facility medication audits highlight the volume of medications being administered, category of medications being prescribed, volume of chronic care medications, and how the administration of medication impact of inmate movement within a facility. Medication audits also reflect on the workload of pharmacists, prescribers and nurses.



Collaborative Relationships

- A results based accountability report card was developed and sent 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/UHC leadership began meeting to review opportunities for improved care delivery and cost-saving measures. These meetings have continued in 2013 resulting in more dialogue around key initiatives and a joint proposal to the IT Investment Committee for funding of an Electronic Health Record.

PUBLICATIONS and PRESENTATIONS (CMHC Staff in bold)**Peer Reviewed Publications 2012-2013**

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- Trestman RL**, Aseltine RH. Justice-Involved Health Information: Policy and Practice Advances in Connecticut. In Press.

Non-Peer Reviewed Publications 2012-2013

- 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., Pettila, 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.

Spaulding AC, Kim AY, Harzke AJ, Sullivan JC, Linas BP, Brewer A, Dickert J, McGovern BH, Strick LB, **Trestman RL**, Ferguson WJ. (2012). Impact of New Hepatitis C therapeutics on the Funding of Prison Health. On Line Publication: <http://ACCJH.org>

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. Practical Guide to Correctional Mental Health and the Law. (2013). Kingston, NJ: Civic Research Institute, 2011. In PSYCHIATRIC TIMES, 29(6):33

National Committee Involvement 2012-2013

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 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)

Regional or National Presentations 2012-2013

Barry, L., **Trestman, R.L.** Disability and Suicidal Ideation in Older Prisoners: A Pilot Study. 6th annual Academic Correctional Health Care Conference in Chicago, IL, March, 2013

Castro, M.E., Trestman, R.L. Diabetes Screening in Inmates: A Quality Improvement Pilot Project. 6th annual Academic Correctional Health Care Conference in Chicago, IL, March, 2013

Cislo, A., Ehret, M., Trestman, R.L. Metabolic Syndrome in a Corrections Population Treated With Antipsychotics. 6th annual Academic Correctional Health Care Conference in Chicago, IL, March, 2013.

Kamath, J., **Trestman, R.L.** Adaptation of Cancer Supportive Care to the Correctional setting: A Proposed Model. 6th annual Academic Correctional Health Care Conference in Chicago, IL, March, 2013.

Pettigrew, C., Tapia, S., **Trestman, R.L.** Collaborating for Quality and Safety: Implementing Therapeutic Phlebotomy in Connecticut Correctional Infirmaries. 6th annual Academic Correctional Health Care Conference in Chicago, IL, March, 2013.

Reagan, L., Diaz, D., **Nicholson, M., Shelton, D.** Enhancing the Competency of the Correctional Nursing Workforce Through a Collaborative Approach: Process and Progress. 6th annual Academic Correctional Health Care Conference in Chicago, IL, March, 2013

Rosen, D., Dumont, D., Travers, A., **Cislo, A.M.**, et al. 2012. "Public Health Benefits of Linking Released HIV-Positive Offenders to Primary Care." Presented at the Annual Research Meeting of Academy Health, June, 2013.

Sampl, S., Trestman, R.L., Shea, K., Varma, M., **Krauss, W., & Houde, A.** START NOW: Implementing and Evaluating a Cognitive Behavioral Intervention for Offenders. Academic & Health Policy Conference on Correctional Health. Chicago, March, 2013.

Trestman, R.L. Correctional Services of Canada, Management of Extreme Behaviors, Abbotsford BC, Canada, October 16, 2012

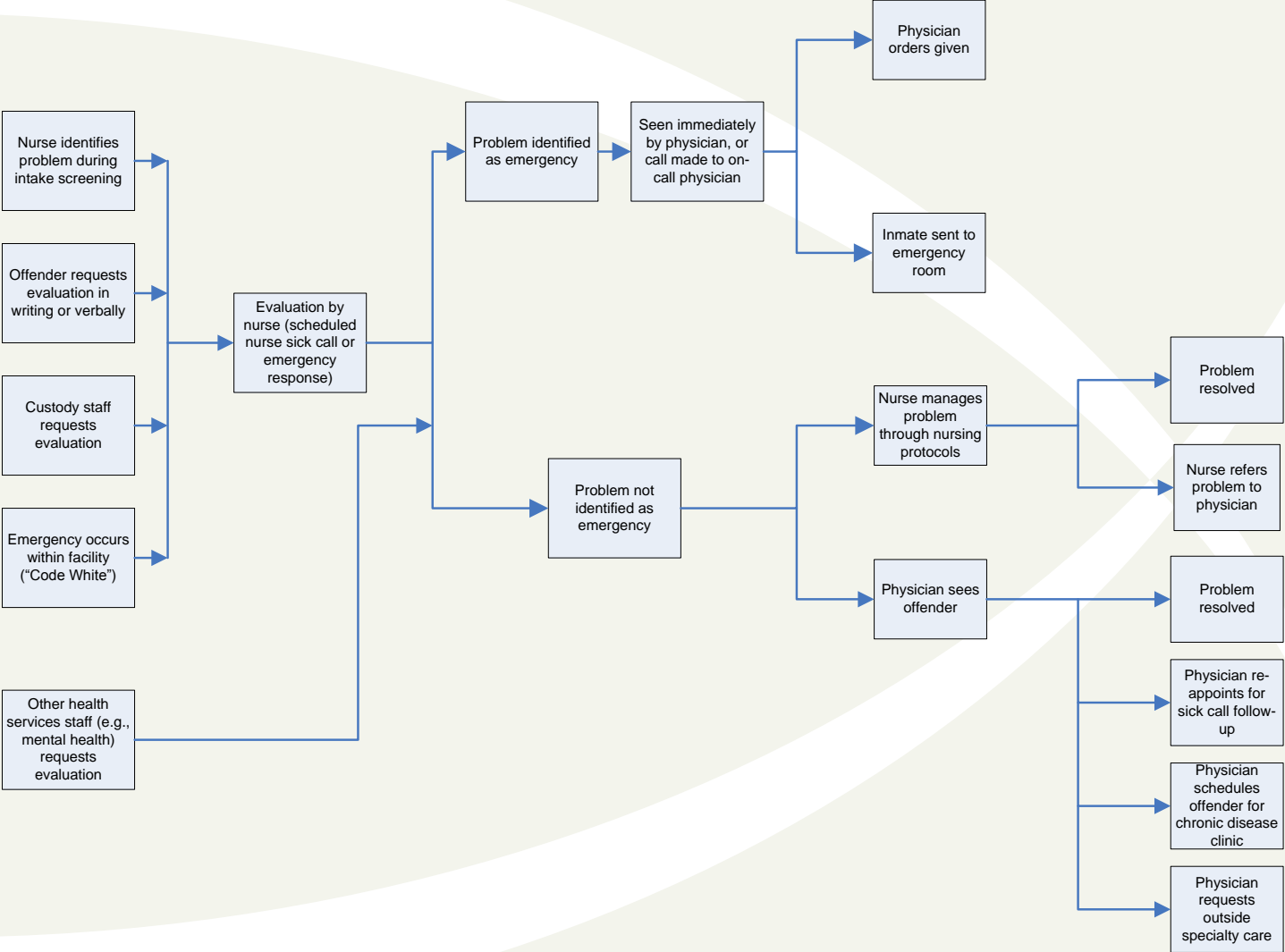
Trestman, R.L. University of Connecticut Health Center, Center for Public Health and Health Policy. Brown Bag series – "Correctional Health Services Research: Opportunities for Improving the Public's Health and its Healthcare", Farmington, CT, March 7, 2013.

- Trestman, R.L.** University of Medicine and Dentistry of New Jersey and the New Jersey Department of Corrections, "Psychiatric Assessment and Management of Chronic Pain in Correctional Settings," Trenton NJ February 18, 2013.
- Trestman, R.L., Appelbaum, K., Metzner, J.,** Making Things Better Academic Views about Consultative and Judicial Impact on Correctional Health Care. 6th annual Academic Correctional Health Care Conference in Chicago, IL, March, 2013.
- Trestman, R.L., Coleman, K., Krauss, W.** The Development of a Suicide Prevention Physical Plant Audit Process in Connecticut's Juvenile Residential Services. 6th annual Academic Correctional Health Care Conference in Chicago, IL, March, 2013.
- Vasquezna, M., Shea, K.** No Money? No EMR? No Problem. 6th annual Academic Correctional Health Care Conference in Chicago, IL, March, 2013.
- Wang, E., Aminawung, J., Ferguson, W., **Trestman, R.L.,** Wagner, E., Bova., C. Assessing Chronic Illness Care in Prison. 6th annual Academic Correctional Health Care Conference in Chicago, IL, March, 2013.
- Weiskopf, C;** Panosky, D., **Shelton, D.** One Key to Quality: Correctional Nursing Competencies. National Commission on Correctional Health Care, Las Vegas, October, 2012.
- Weiskopf, C .** Developing a Philosophy of Nursing in a Correctional Setting. National Commission on Correctional Health Care, Las Vegas, October, 2012.
- Wu, J.** CMHC HepCURB: A Thoughtful Approach to a Rapidly Re-Emerging Dilemma. 6th annual Academic Correctional Health Care Conference in Chicago, IL, March, 2013

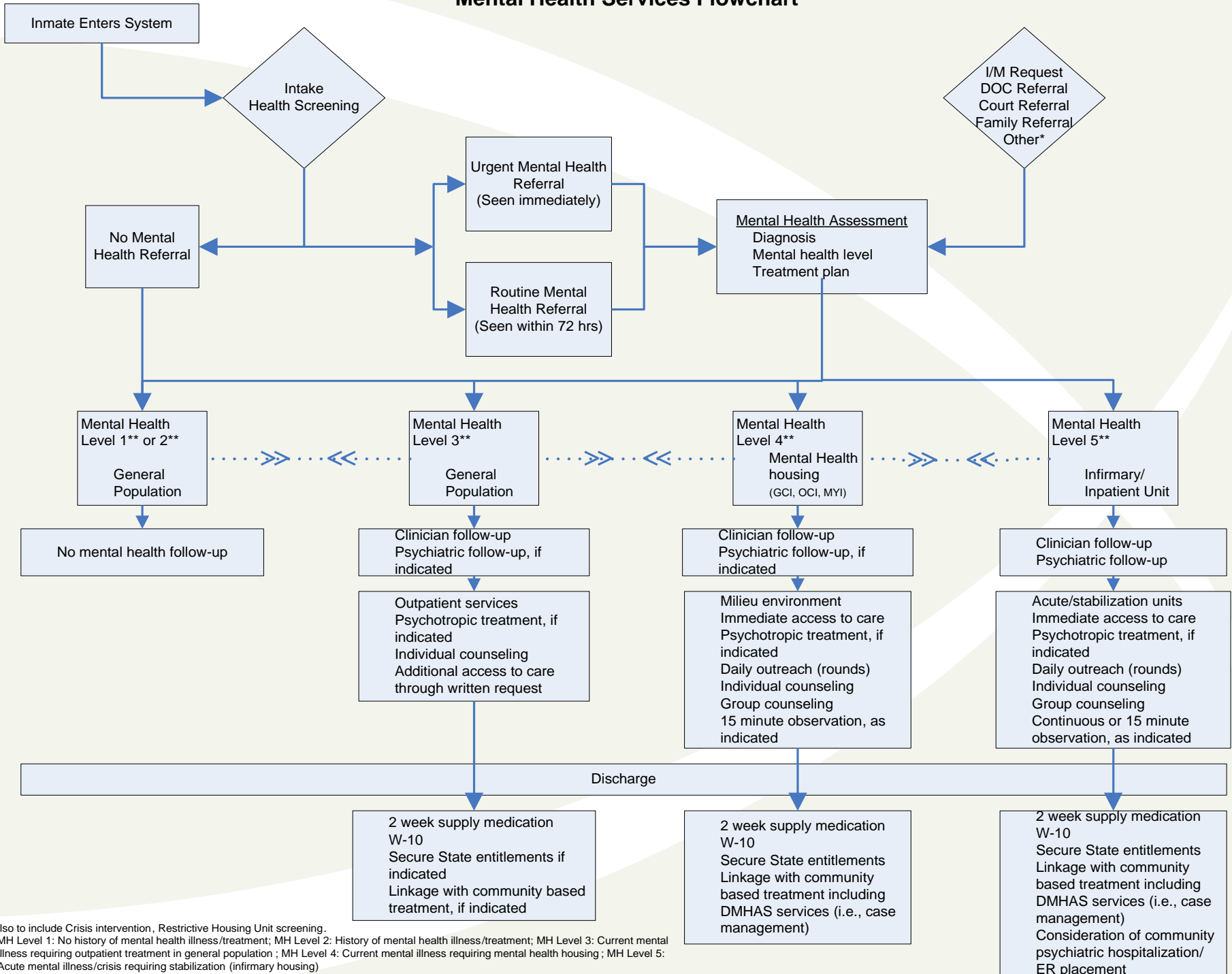
Fiscal Year '13 Grant Support

- Deborah Shelton** PhD- Sub-contract with Dr. Frisman "CT-CJDATS-Center", CT DMHSAS (\$73,000), 2008-2013
- Deborah Shelton** PhD Co-PI with **RL Trestman** PhD MD, "Connecticut Collaborative to Promote Mental Health Services Research In Corrections" RC4, NIMH, (\$998,989), 2010-2013
- 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).

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)