

UConn HEALTH

CORRECTIONAL MANAGED
HEALTH CARE

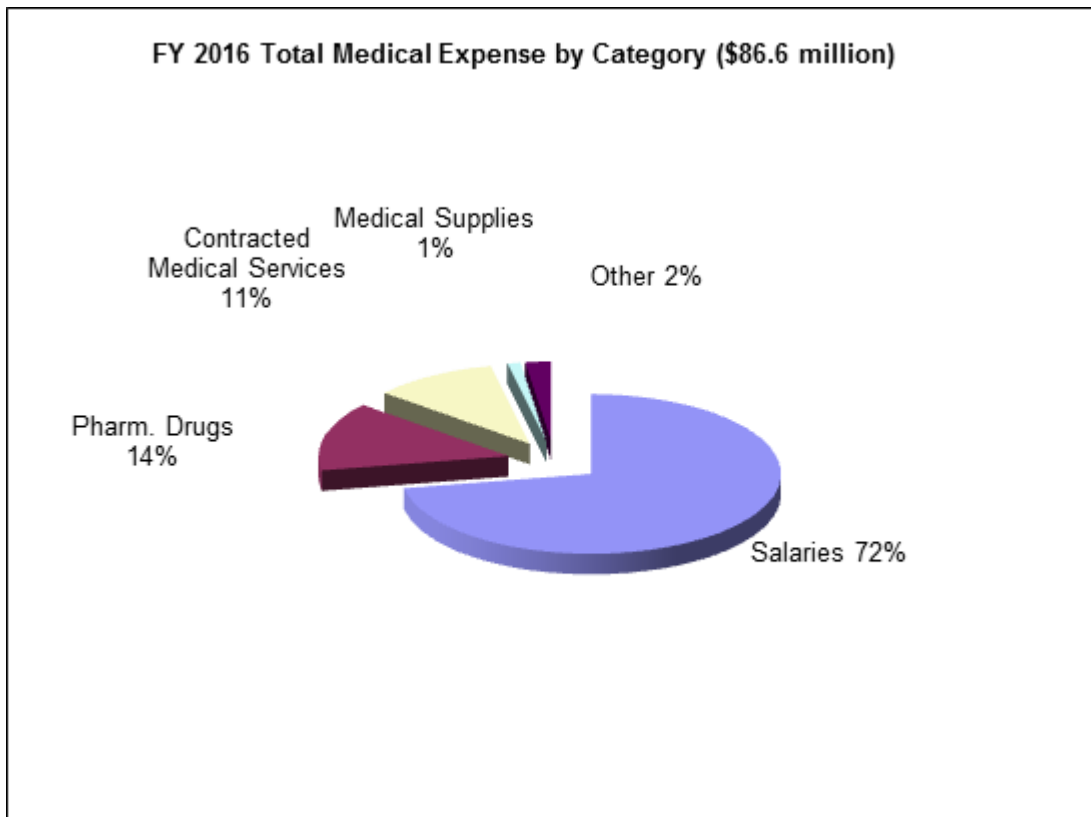
ANNUAL REPORT

July 1, 2015 to June 30, 2016

Introduction

Correctional Managed Health Care (CMHC) provides global medical, mental health, pharmacy, and dental services at 15 Connecticut Department of Correction (CDOC) facilities statewide clustered into ten functional units, at 29 CDOC-contracted halfway houses and at UConn John Dempsey Hospital (UJDH). During June 2016, services were provided by 686 full-time equivalent staff (a total of 750 individuals) to a population of 15,712 individuals (398 in halfway houses).

CMHC provides this care under a Memorandum of Agreement (MOA) with CDOC that began in November, 1997. The FY 2016 expense for inmate care was \$86.6 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 John Dempsey Hospital (UJDH) 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 326 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, higher per inmate costs, and present distinct management and clinical challenges. For example, the Hartford jail alone averages over 30 intakes every night. Statewide, each of the 22,084 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 2016 was 9,101 or 56.27% 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 2016 cost per inmate (both genders) was \$5,201 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 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.

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

Program Overview

Medical Services (Flow Chart Appended)

HIV/AIDS (currently 220 patients), tuberculosis, Hepatitis B & C, drug and alcohol addiction, STDs, asthma, diabetes, and hypertension are among the serious illnesses overrepresented in this population.

- The active medical caseload represents approximately 27.11% of the inmate population, about 4,386 unique individuals.
- In FY 2016, there were 12,581 visits for care at specialty clinics in CDOC facilities (orthopedic services, infectious diseases/HIV, optometry, podiatry, surgery, OB/GYN, and chronic care).
- Correctional Managed Health Care's telemedicine program successfully began with Oncology in March, 2014, and continues to expand. Since that time, eight other specialties have begun utilizing telemedicine for patient encounters. The program improves continuity of care with the specialist and facility staff all involved in this team approach. In addition to improved communication and care, it reduces DOC transport costs and safety and security issues.
- In addition to orthopedics clinics being held at one of the correctional facilities, a general surgery clinic continues to occur monthly.
- The American Osteopathic Association approved 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, eighty patients have been approved for Hepatitis C treatment and thus far fifty-nine individuals have successfully completed treatment and fifty-five of them have sustained virological response.
- New therapies (Solvaldi and Harvoni) have become the community standard for the treatment of Hepatitis C patients and these drugs have reduced side-effects and improved results. However, drug costs are approximately \$89,000 for a twelve week treatment; we are able to reduce that cost to about \$38,000 using 340b pricing.
- During FY 2016, CMHC had a total of 23 patients in Hepatitis C treatment resulting in costs of about one million dollars.
- CMHC provides onsite dialysis to inmates. There are currently 12 inmates receiving treatment. Necessary treatment costs are approximately \$50,000 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, Infectious Disease Case Manager,

On an average day, CMHC sees 597 inmates at medical sick call, cares for 58 inmates in infirmary beds and cares for 4 inmates hospitalized at the UConn John Dempsey Hospital



Utilization Review Case Manager, Mental Health Nurse Clinician and Nurse Educator.

- In FY' 16, CMHC employed approximately 19 Advanced Practice Registered Nurses, 204 Registered Nurses, 114 Licensed Practical Nurses, 13 Nurse Clinicians, 17 Nursing Supervisors, and approximately 69 per diem nurses in clinical positions.
- “Advancing Correctional Nurse Competencies for Quality Care” continues as a major initiative. Utilizing the CMHC Simulation Training Van with advanced robotic manikins and medical equipment, nursing staff develop and practice clinical competencies. This 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.
- The York Correction Institution was re-accredited by the National Commission on Correctional Health Care (NCCHC) for compliance with NCCHC’s Standards for Opioid Treatment Programs.
- CMHC nurses assist in training and supervision of inmates admitted to the Inmate Certified Nursing Assistant (CNA) Program In collaboration with the CDOC and CMHC Nursing and Education and Training.
- The prestigious Nightingale Award for nursing excellence in 2015 was awarded to CMHC nurses Frank Faccin LPN, Keisha Johnson LPN, Timothy Tralli RN, and Lynne Neff 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 10 Psychiatrists, 14 Psychologists, 7 mental health Nurse Practitioners, 64 Social Workers, and 20 Professional Counselors (as of June 2016).
- 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 22.38% of the inmate population, about 3,620 unique individuals.
- Every inmate receiving mental health services has an individualized treatment plan.

In FY 2016 there were 187,157 visits to social workers, psychologists and psychiatric nurse clinicians, including 20,579 suicide risk assessments. In addition, there were 19,677 visits to psychiatrists and 17,935 visits to Advanced Practice Registered Nurses.

- Fifteen facilities provide outpatient mental health services; ten of the fifteen 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.
- Evidence-based prescribing practices are supported through staff education, training, case conferences, supervision, and utilization of disease management guidelines. They have helped to develop a better understanding and management on the issues of suicide, hunger strikes and self-injurious behavior.
- 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.
- START NOW, an evidence-based cognitive behavioral treatment, is the product of a National Institute of Justice award to CMHC research clinicians. A START NOW implementation team oversees fidelity and supervision of this new standard of care, with over 250 patients in active treatment.
- The mental health division expanded the CMHC website for sex offender treatment and for psychological testing as a resource for clinical staff.
- Annually, pursuant to a federal court consent decree, a monitoring panel conducts an extensive onsite review of mental health services at York Correctional Institution for Women. In July 2016 the panel, once again, complemented the York CI mental health team for their dedication and for providing, quality comprehensive and innovative mental health treatment and programming to incarcerated women.
- 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.
- In 2016, the PREA (Prison Rape Elimination Act) Audits were completed and our Medical, Dental, and Mental Health Units all passed with high ratings.

Dental Services

Along with medical and mental illnesses in the incarcerated population, oral disease is disproportionately high. In June 2016, 1,517 inmates (approximately 10% of the total population) were treated by CMHC staff.

- Dental Services include routine exams, x-rays, dentures, restoration, select root canals and oral surgery.
- The oral surgery mentorship program continues which pairs CMHC dentists with a board certified Oral and Maxillofacial Surgeon for a hands-on learning experience. It is designed to increase staff comfort levels with routine surgical extractions and boost confidence in

In FY 2016, 14 dentists and 16 dental assistants performed 19,933 assessments, and conducted 17,036 procedures.

dental surgery. The program continues to be successful allowing more oral surgery to be completed at the facility level.

- During FY 16, CMHC incorporated a dental hygienist into the dental team to augment dental staff. The program has been helpful in increasing dental services for inmates. The development of an externship for dental hygiene students from Tunxis Community College successfully continues.
- Development has begun in FY 2016 for the incorporation of correctional externships in dental assisting, also in conjunction with Tunxis Community College, and for Tufts University School of Dental Medicine senior students. These programs should be implemented during FY 2017.

Adolescent Services

CDOC on July 1, 2016 housed 75 adolescents under the age of 18 at Manson Youth Institution and 1 adolescent under the age of 18 at York Correctional Institution.

- In FY 2016, CMHC, in partnership with CDOC, the Office of the Child Advocate, and the Department of Children and Families, work continues to improve youthful offenders access to programming, educational, and healthcare opportunities focused on the youth's general health, well-being and preparation for discharge. 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.

During FY '16, the average percentage of patients between the ages of 14 through 17, incarcerated at Manson Youth Institution, who had a physical exam within 30 days of admission or had documented evidence of a physical exam within one year of admission was 97%.

Pharmacy Operations

CMHC Pharmacy, through a set of performance indicators focused on accuracy and efficiency, continues to evaluate order turnaround time.

- More than 10,000 clinical interventions were documented for the year.
- Over 47,000 doses of medication were recycled saving over \$563,642 from the recycling of unused medications.
- The CMHC pharmacy continues its pharmacy residency program with two PGY1 residents (post graduate year

CMHC dispensed and nurses administered/delivered over 13 million doses of medication during FY 2016 at a cost of \$12.1 million dollars. A statewide system of Pyxis 4000/Connect equipment is supported by three Automated pharmacy robots and a team of pharmacists.

one). The correctional pharmacy residency program is one of only three in the U.S.

- In June, 2015 the pharmacy successfully participated in and passed the federal 340B drug program audit validating compliance with the 340B drug procurement process.
- The pharmacy department, working in collaboration with medicine and nursing, began a pilot program with over the counter medication dispensers at Willard and Cybulski. The program has been successful in promoting inmate responsibility for self-care, and improving the availability and access to over the counter medications and continuing health and safety of the inmate patients.

Quality and Resource Management (QRM)

The Quality and Resource Management (QRM) department comprises of QRM Continuous Quality Improvement and QRM Education & Training resources and initiatives. The QRM Department allows CMHC the flexibility to collaborate, share resources and expertise in the implementation of quality improvement (QI) and risk management initiatives. Through this

department, we have enhanced our focus on performance-based measures and implementation of continuous quality improvement (CQI).

During FY '16, the average percentage of patients receiving antiviral therapy and incarcerated \geq 6 months who achieved viral suppression was 93%.

QRM CQI

- Facility QI coordinators analyze QI data for presentation at quarterly QI committee meetings, highlighting areas of needed improvement as well of areas of achievement.
- System-wide Central QI meetings are conducted quarterly with DOC Health Services, CMHC Managers/Program Managers and CMHC Discipline Leaders highlighting areas of needed improvement as well of areas of achievement.
- CMHC QRM collaborates with CMHC Discipline leaders in identifying areas of needed improvement, the education of staff in the aforementioned areas and the development of audit tools to ensure continuous quality improvement.
- The QRM team has collaborated with CMHC Information Technology in converting 'paper audits' to electronically captured audits. This has streamlined processes, resulted in more efficient data collection and analysis, and allowed for easier access to report data for all parties.
- CMHC QRM has partnered with DOC Health Services in developing an enhancement to the Health Service Remedy Process. The Health Services Review process continues to identify the need to maintain a strong focus on communication with inmate patients, collaboration, coordination, patient education, and quality of care.

QRM 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

During FY '15, approximately 130 students, interns, and other clinical trainees were sponsored by CMHC.

for health professional education. We have committed ourselves to becoming a key collaborator in health care provider education across all disciplines.

- CMHC QRM Education/Training collaborates with CMHC QCI, DOC Health Services and CMHC Discipline leaders in identifying areas of needed improvement, the education of staff in the aforementioned areas and implementation of audit tools to ensure continuous quality improvement.
- CMHC provides training for all new health services staff in addition to providing mental health training to all new custody staff.
- Education and Training has played an integral part in revising the current nursing orientation and designing a new onboarding process of new nurse hires.
- Education and Training supports the DOC Inmate Certified Nursing Assistant (CNA) Program.
- 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/conference calls 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 Health Educators for new health services staff training.
- 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); and Physician Assistant internships (Quinnipiac University and University of Bridgeport).
- A variety of internships including social work, masters in mental health counseling, psychology, nursing and dental are supported with UConn and a number of area universities.
- Introductory Pharmacy Practice Experiences and Advanced Introductory Pharmacy Practice Experiences internships are supported by UConn.
- CMHC provided over 60 students from various disciplines the ability to observe health care in the correctional environment.
- Education and Training offers professional continuing education credits for Physicians, Nurses and Social Workers and Professional Counselors.

Community Transition

Approximately 25,000 people return to Connecticut communities from CDOC facilities annually. With a goal of maintaining health and reducing re-incarceration, twelve discharge planners deployed throughout the state assist inmates who have identified medical or mental health needs by coordinating access to services upon release.

- Through expanded collaboration with private and public agencies, discharge planners provide assistance with initial medications, state health care benefit programs, community appointments, and social service referrals.
- The discharge medication voucher program (initiated in 2012), allows discharged inmates to fill discharge medication orders at community pharmacies. The goal of this effort is to increase patient adherence with medication while reducing 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 pre-trial, low bond inmates with significant Medical and or Mental Health conditions, and also medically compromised inmates who are close to end of sentence or are unsentenced. Dispositions of these inmates include placements in psychiatric hospitals, skilled nursing facilities or home confinement programs with intensive community supervision. Beginning this year, significant efforts were made to identify appropriate candidates for specialized long term care at the 60 West skilled nursing home.

In a typical month, discharge planners arrange over 240 community appointments, submit 210 Access Health applications, arrange for 769 discharge medication orders and hold approximately 700 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. This effort has included participation in the implementation of an electronic health record utilized in the CSSD Juvenile Residential Services facilities.
- 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

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

leading correctional health research centers.

- The *Oxford Textbook of Correctional Psychiatry*, the first textbook in the field received national recognition with an award from the American Psychiatric Association and the American Academy of Psychiatry and the Law. It was published with leadership by multiple CMHC faculty and staff.
- The Center for Behavioral Health Services & Criminal Justice Services provided funding to explore psychotropic medication adherence among incarcerated persons with mental disorders. This is a collaboration between the Schools of Nursing and Pharmacy.
- START NOW is in continuous review and evaluation both nationally and internationally. In a recently published study, over 840 CMHC participants who completed at least 14 of 32 sessions demonstrated a 49% reduction in disciplinary infractions up to six months after program participation. Each session completed was associated with a 5% expected decrease in the number of disciplinary infractions in the post-program period.
- With funding from the National Institutes of Health, UConn Health Center on Aging researchers are looking at suicide risk factors in the older inmate population. An award from the Center for the Promotion of Health in the New England Workplace (CPH-NEW) is supporting an evaluation of the knowledge base of correctional and health care professionals working with older inmates.
- 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.”



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, and the Infectious Disease department, headed by Arleen Lewis, RN, MSN.
- *Director of Mental Health and Psychiatric Services*, Robert Berger, MD, is responsible for oversight of all mental health programming and psychiatric care, policy development and inter-agency mental health collaboration. 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.
- *Assistant Director of Clinical Services*, Mary Ellen Castro, DNP, APRN assists the director of medicine to ensure quality patient care. Additionally, in this capacity, she works with the director and with the AAG's office to manage habeas corpus cases before they go to trial.
- *Director of Quality Resource Management and 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.

Organizational Structure - Administrative Oversight

- *Executive Director*, Robert L. Trestman, Ph.D., M.D. is a professor of medicine, psychiatry, and nursing. 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 140 articles, books, 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 12 discharge planners arranges for

aftercare and in some cases expedited release for inmates with high medical and mental health needs.

- *Director of Quality Resource Management and 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 Information Technology*, Michael Vasquenza oversees and manages all aspects of the technical environment necessary for providing CMHC staff the tools and information to support the delivery of quality health care services. Works in close collaboration with the technical staff's from both the Department of Correction and UConn Health to ensure seamless and integrated data delivery architecture.

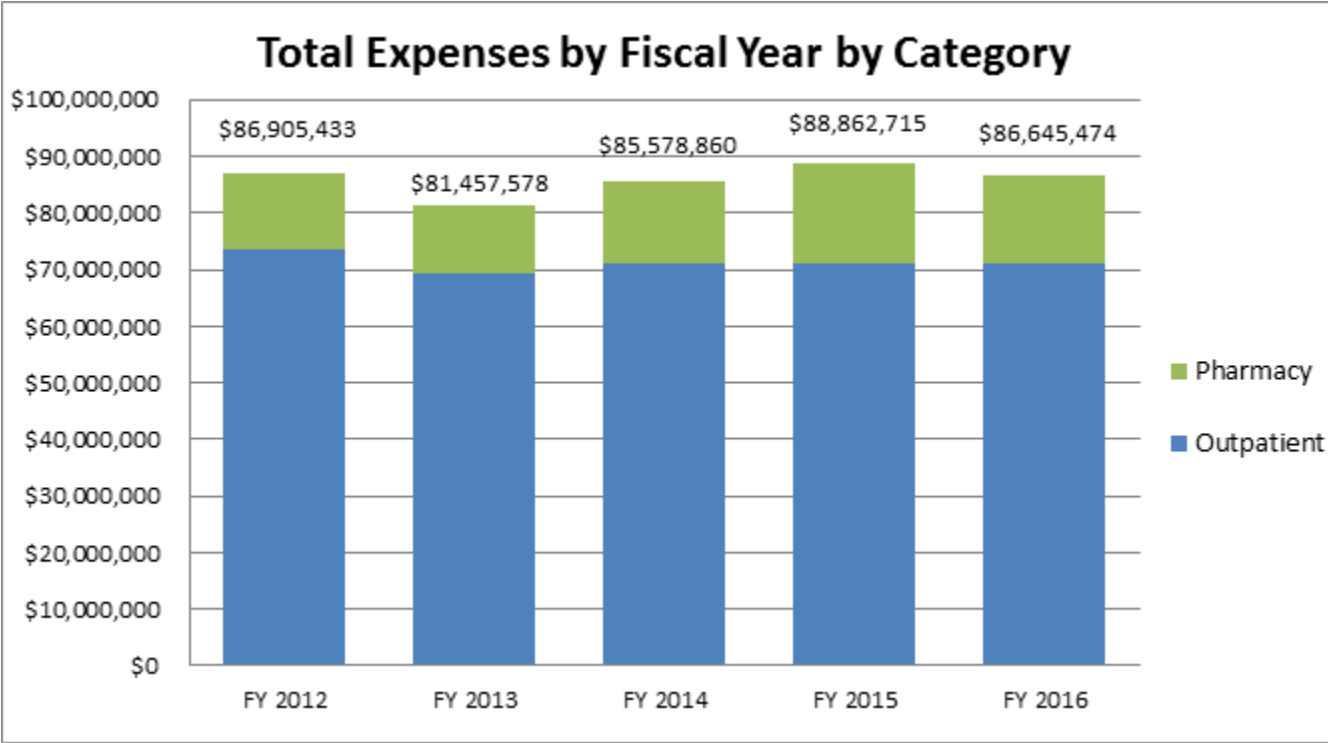
Human Resources

- Staffing- Nursing vacancies continued to be filled quickly throughout the first half of the year. This was 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 were held and candidate selections were well-documented. Late in the year hiring slowed as budget challenges required adjusting staffing levels and vacant positions were held to provide opportunities for impacted employees.
- Recruitment – the personal involvement of senior clinical leads have identified some excellent candidates for periodic physician, psychologist, psychiatrist and dental vacancies. Recruitment of psychiatrists continues to be a challenge reflecting a national shortage. We 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 declined in 2016 primarily reflecting a decrease in pharmaceutical costs and lower salary costs due to staffing reductions made early in the year.
- 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 costs.
- Overtime costs in fiscal year 2016 were approximately \$3.2 million a decrease of about \$300,000 from the prior year. Overtime costs have been reduced overall since FY'07 when it was 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 decreased by about \$1.8 million from FY'15, in spite of an overall increase in drug prices. Prior year contract rebates, a continued review of prescribing practices and the effective use of 340B drug pricing were the major factors in the reduction.



Information Technology

- Telehealth continues to expand. Sixty-five (65) PC’s across all correctional facilities UConn John Dempsey Hospital and CMHC Central Office are equipped with telehealth capacity. An average of 40 encounters occur each month, ranging from a JDH medical prescriber in his office performing a routine follow up with a facility based patient, mental health panels and reviews, facility to facility sick call appointments. Non-clinical encounters such as training both one-to-one and group sessions, and meetings such as monthly prescriber meetings make use of this technology. Collectively these efforts have significantly reduced inmate transportation needs and provided efficiencies in time and resource allocation.
- In collaboration with DOC MIS, finalized all planned network consolidation services with the work done at the Willard, Cybulski, Radgowski, and Walker facilities. This completes a multi-year effort that provides for an annual cost reduction of \$55,000.
- In concert with CMHC Pharmacy, a two-phased project was begun to upgrade the technical environment of the Pyxis Connect (used in the submission of facility prescription orders to Pharmacy) and Pyxis ES – Med Stations (used for the on-site dispensing of medications). The Pyxis Connect upgrade was completed in May 2016, with the ES – Med Stations upgrade underway, estimated completion by the end of the calendar year.
- CMHC IT continued technical reengineering efforts to make use of the efficiencies afforded in virtualizing our environment. The current environment consists of 13 physical servers and 23 virtual servers with over 50 terabytes of managed storage. These efforts have coincided

with an emphasis on providing an effective and enhanced Backup and Disaster Recovery capacity incorporating all relevant organizational wide system storage devices.

- Initial work for the development/deployment of the GE Centricity - Electric Health Record (EHR) has occurred. This work of defining business requirements and establishing system workflow has involved over 80 CMHC staff from all disciplines, along with representatives from DOC and the project vendor (Fusion). Overall system implementation is being managed through DOC and they anticipate an April 2018 go-live.

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.
- Close collaboration with the AAG's office in the management of habeas corpus cases has worked to resolve cases and inform quality improvement efforts.
- Efforts to ensure inmates are appropriately evaluated for the 60 West nursing home placements continued throughout the year through bi-weekly meetings with Secure Care Options (nursing home management), DOC and CMHC.

PUBLICATIONS & PRESENTATIONS

Peer Reviewed Publications

Jillani, S., Patel, P., Kamath, J., **Trestman R.L.** (2016). Atomoxetine for the Treatment of Attention-Deficit/Hyperactivity Disorder in Incarcerated Adolescents: Literature Review and Case Series, *Journal of the American Academy of Psychiatry and the Law*, 44:158-163.

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Fazel, S., Hayes, A.J. Bartellas K., Clerici, M., **Trestman, R.L.** The Mental Health of Prisoners: A Review of Prevalence, Adverse Outcomes and Interventions. *Lancet Psychiatry*. Published online July 14, 2016 [http://dx.doi.org/10.1016/S2215-0366\(16\)30142-0](http://dx.doi.org/10.1016/S2215-0366(16)30142-0).

Ferguson W, Cloud D, Taxman FS, **Trestman RL**, Champion-Lippmann C, Shelton D, Sltice R, Spaulding AC, Thomas D. (2016). A Call to Action: A Blueprint for Academic Health Sciences in the Era of Mass Incarceration. *Journal of Health Care for the Poor and Underserved*, 27(2):5-17.

Barry, L., Wakefield, D., **Trestman, R.L.**, Conwell, Y. Disability in Prison Activities of Daily Living and Likelihood of Depression and Suicidal Ideation in Older Inmates. *International Journal of Geriatric Psychiatry*. In Press.

L Kersten, M Prätzlich, S Mannstadt, K Ackermann, G Kohls, H Oldenhof, D Saure; B Herpertz-Dahlmann; A Popma; C M Freitag; **R L Trestman**; C Stadler START NOW: Study protocol of a quasi-randomised clinical trial testing a comprehensive skills training for adolescent females with oppositional defiant and conduct disorders, In Review.

Metzner JL, **Trestman RL**, Hurt BL, Hamilton JP. Alternatives to Long-Term Solitary Confinement. In Review.

Non-Peer Reviewed Publications

Metzner JL, Appelbaum KL, **Trestman RL**. Correctional Psychiatry and the Forensic Psychiatrist In: Robert Sadoff MD (Ed.): "Forensic Psychiatry: History, Current Developments, Future Directions." New York: Oxford University Press, pp.173-180, 2016.

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, Volkmar F, Gold LH. Accessing Mental Health Treatment, in Liza H Gold MD and Robert I Simon MD (eds), "Gun Violence and Mental Illness" (American Psychiatric Publishing, Inc.), 2015, pp 185-217.

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Kapoor R, **Trestman RL**. Mental Health Effects of Restrictive Housing. An Invited White Paper to the National Institutes of Justice, In Press.

Krauss W, Sampl S, Scudder M, Wright JA, Houde A, Haga J, **Trestman RL**. Development and Implementation of START NOW within a Correctional System, 2016, Accessible at: <http://cmhc.uchc.edu/pdfs/startnow/Publications/START%20NOW%20Development%20and%20Implementation%20Article.pdf>

Trestman RL, Baskin-Somers A. Research in Corrections, In Gold L, Frierson R, "Textbook of Forensic Psychiatry", American Psychiatric Press, In Press.

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National Committee Involvement

Dr. Robert Berger: Councilor, Tri State Chapter, American Academy of Psychiatry and the Law

Dr. Robert Trestman:

- Chair, American Psychiatric Association Work Group on Persons with Mental Illness in the Criminal Justice System
- National Institute of Correction, Norval Morris Keystone Member
- Founding member of the Academic Consortium for Criminal Justice Health (ACCJH.org)
- Expert panel members, Justice and Health Data Exchange Initiative, Vera Institute for Justice

- American Psychiatric Association, Fellow
- American Medical Association, Member
- International Society for the Study of Personality Disorders, Member
- American Academy of Psychiatry and the Law, Member
- International Association for Forensic Mental Health Services, Member
- American College of Physician Executives, Member

Regional or National Presentations

Trestman, RL New York State Office of Mental Health. “Evidence based practice.” Albany, NY, September 25, 2015.

Appelbaum, K., Ford, E., Metzner, J., Penn, J., **Trestman, R.L.** American Academy of Psychiatry and the Law Annual Meeting, “The New APA Guidelines on Correctional Psychiatry”, Fort Lauderdale, FL, October 22-25, 2015.

Minhas, H., Mazhar, M., Azhar, H., Fatima, M., **Trestman, R.L.** American Academy of Psychiatry and the Law Annual Meeting, “A Review of Forensic Psychiatric Practices in Pakistan”, Fort Lauderdale, FL, October 22-25, 2015.

Appelbaum, K., Metzner, J., **Trestman, R.L.** American Academy of Psychiatry and the Law Annual Meeting, “A Correctional Psychiatry Curriculum for the Next Generation”, Fort Lauderdale, FL, October 22-25, 2015.

Trestman, RL Congressional Briefing, United States House of Representatives, Rayburn Office Building “Decriminalizing Mental Illness.” Washington, D.C., October 29, 2015.

Trestman, RL Ninth Circuit Corrections Summit, United States Court of Appeals for the Ninth Circuit, “Treatment of the Mentally Ill During Incarceration.” Sacramento, CA. November 4-5, 2015.

Trestman, RL Connecticut Law Review Symposium on Criminal Justice Reform, University of Connecticut School of Law, “Mental Illness and Incarceration.” Hartford, CT. November 6, 2015.

Trestman, RL UConn Health, Center for Quantitative Medicine/Center for Public Health and Health Policy Brown Bag Lunch Seminar Series, “Health Care behind Locked Doors: Correctional Health Care Can Inform the American Healthcare Debate.” Farmington, CT. December 14, 2015.

Trestman, RL UConn Health, Psychiatry Grand Rounds, “The development, implementation, and dissemination of a skills based psychotherapy for justice-involved people.” Farmington, CT. January 8, 2016.

Trestman, RL Academic Health & Policy Conference on Correctional Health, 1st Quarter Board of Directors Meeting, Baltimore, MD, March 16, 2016

Trestman RL, Wright J. START NOW: Gender Specific Modification for Women. 9th Academic & Health Policy Conference on Correctional Health, Baltimore, MD March 16-18, 2016

Trestman, RL Yale University, Department of Psychology, Invited Lecture, "Mental Illness and Criminality," in the undergraduate course "Criminal Minds." New Haven CT, April 7, 2016

Trestman, RL Stepping Up Initiative, "Mental Health Screening and Assessment", Council of States Governments, National Association of Counties, and the American Psychiatric Association, Washington DC, April 18, 2016.

Trestman, RL American Psychiatric Association Annual Meeting, Manfred S. Guttmacher Award Lecture for outstanding contributions to the literature of forensic psychiatry as editor of the Oxford Textbook of Correctional Psychiatry, Atlanta, Georgia, May 14, 2016,

Trestman RL. Development and Implementation of a Correctional Skills-Based Psychotherapy: START NOW, American Psychiatric Association Annual Meeting, Atlanta GA, May 14, 2016

Trestman, RL American Psychiatric Association Annual Meeting, Presidential Symposium, "Correctional Psychiatry: Journey Into the Heart of Darkness," Atlanta, Georgia, May 17, 2016

Grant Support

Trestman, RL (Co-Investigator) Telemedicine & Practice Integration Faculty, Transforming Clinical Practice Initiative (TCPI) Practice Transformation Network (PTN) "UConn Health Practice Transformation Network" \$5,033,923 total costs

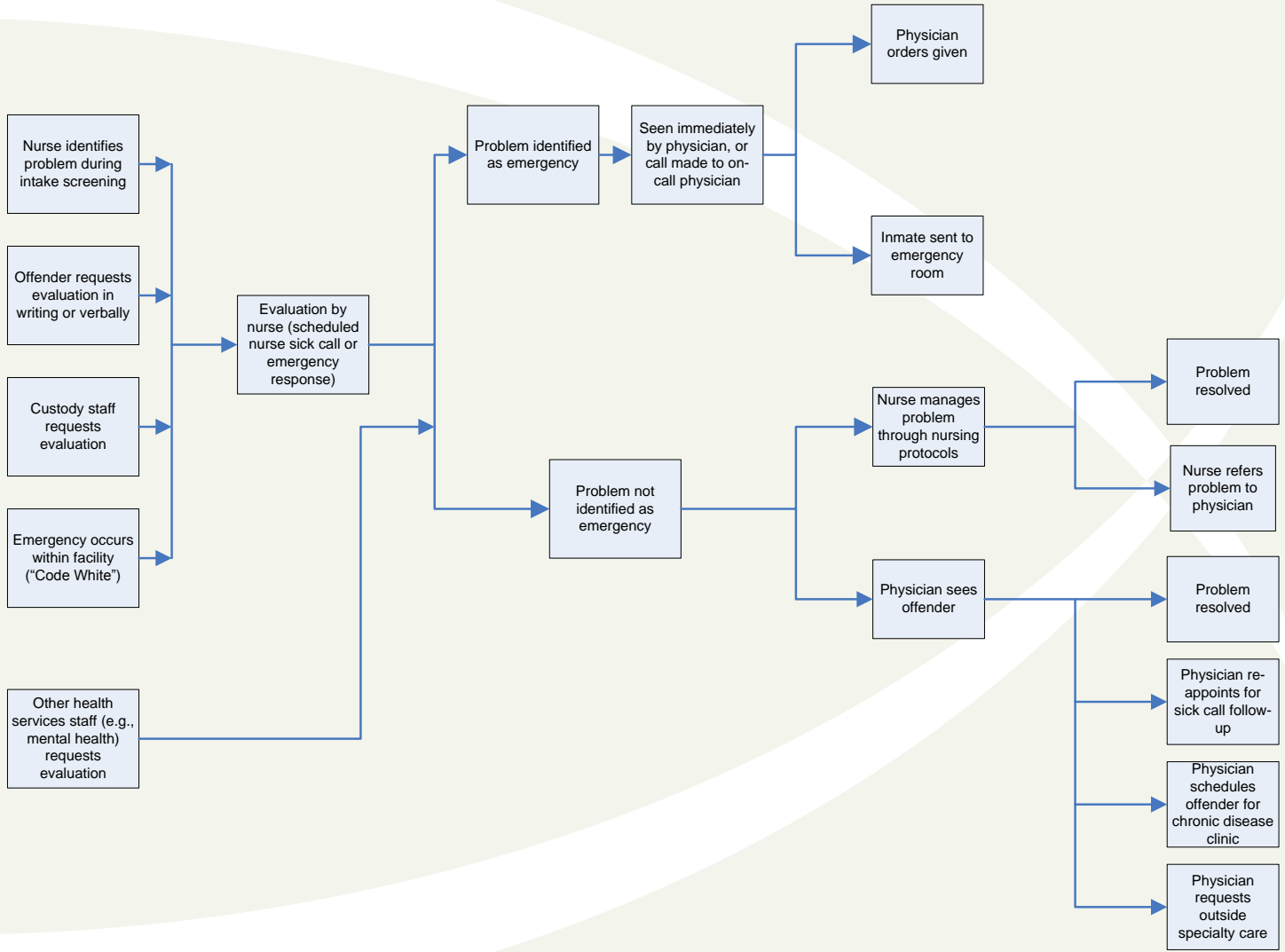
Trestman, RL (PI) State of Connecticut, Department of Public Health, "AIDS Prevention Education Services" \$514,273 total costs

Trestman, RL (PI) State of Connecticut, Department of Public Health "Tuberculosis (TB) Prevention and Control in State Correctional Facilities" \$210,000 total costs

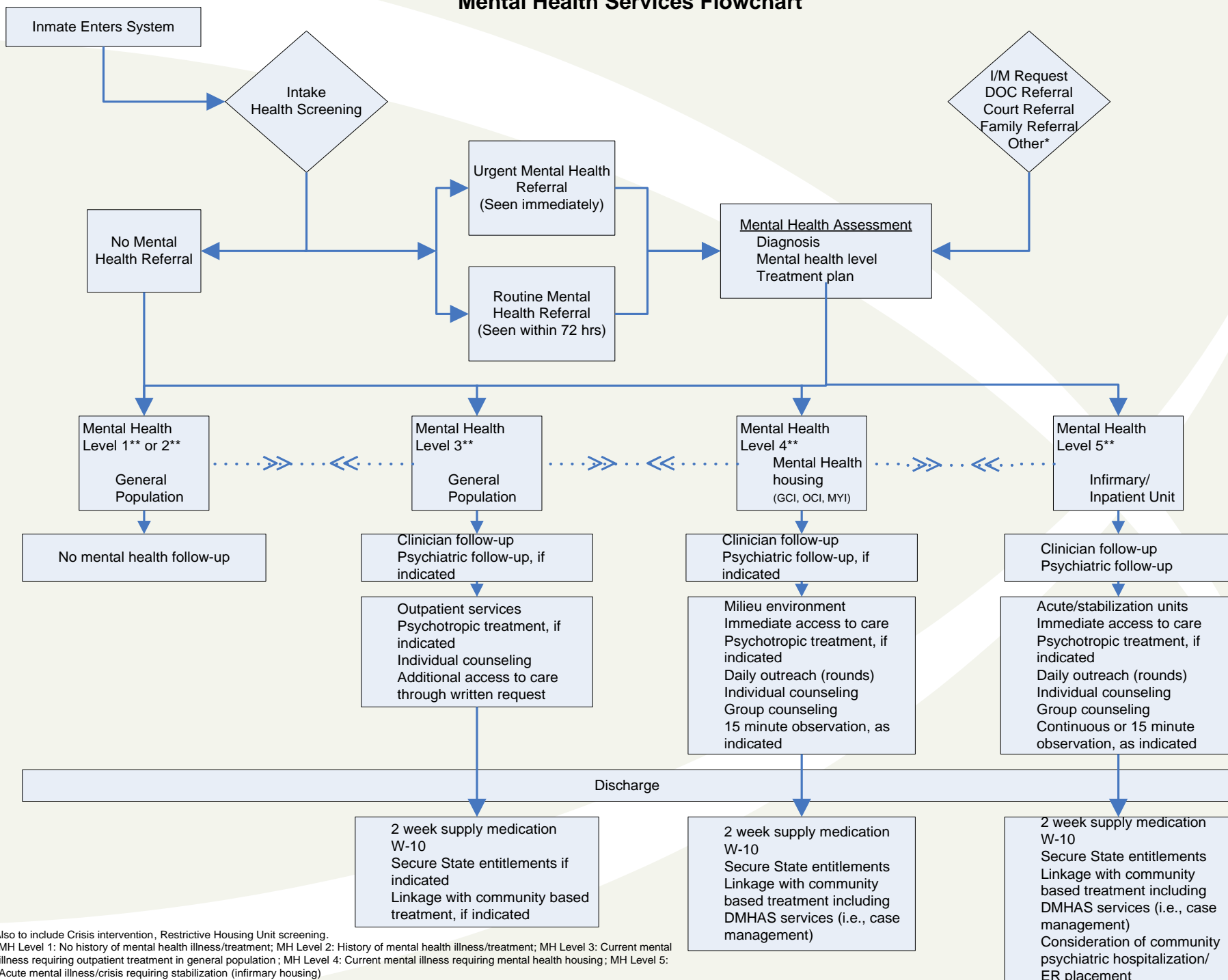
Trestman, RL (PI) Children's Fund of Connecticut Obesity Prevention Grant Focusing on Preventing Obesity in Children from Birth through First Two Years of Life "Data Development" \$80,000 total costs

Trestman, RL (Co-Investigator) National Institutes of Health "Aging Inmates Suicidal Ideation and Depression" (Aging INSIDE) Study \$1,993,750 total costs

**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)