

# UConn HEALTH

CORRECTIONAL MANAGED  
HEALTH CARE

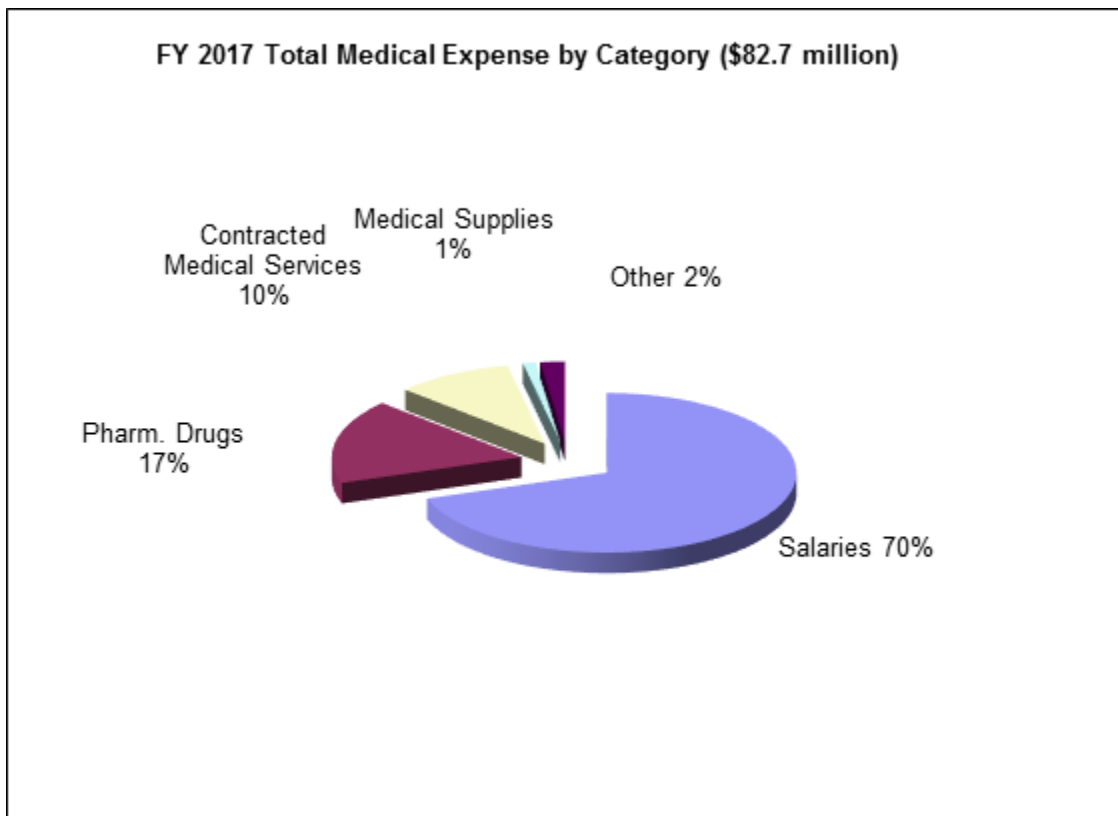
## ANNUAL REPORT

July 1, 2016 to June 30, 2017

### 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, and at UConn John Dempsey Hospital (JDH). During June 2017, 643 full-time equivalent staff (a total of 706 individuals) provided services to a population of 14,371 individuals.

CMHC provides this care under a Memorandum of Agreement (MOA) with CDOC that began in November, 1997. The FY17 expense for inmate care was \$82.7 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 (JDH) opened in 1995 with 12 beds. Following that positive experience and through subsequent negotiations, UConn Health assumed responsibility for all global medical, mental health, pharmacy, and dental service provision from CDOC in November 1997.

Connecticut is one of only five states with an integrated jail and prison system. It has an incarceration rate of approximately 312 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 31 intakes every night. Statewide, each of the 20,732 annual admissions requires a medical and mental health intake 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 2017 was 7,727 or 54.65% of the total population. There is an increasing demand for costly medications for treating Rheumatologic, Dermatologic, GI, HIV, Hepatitis C and psychiatric illnesses.

### 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. 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

Of note, CMHC's FY17 cost per inmate (both genders) was \$5,554 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 court orders, consent decrees and settlement agreements. Broadly speaking, these focus on HIV/AIDS, mental health, and timely general medical care.

On an average day, CMHC sees 548 inmates at medical sick call, cares for 151 inmates in infirmary beds and cares for 4 inmates hospitalized at the UConn John Dempsey Hospital

## **Program Overview**

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

#### **Facility Based Care**

HIV/AIDS (currently 195 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 28.93% of the inmate population, about 4,158 unique individuals.
- In FY17, there were 11,388 visits for care at specialty clinics in CDOC facilities (orthopedic services, infectious diseases/HIV, optometry, 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 CDOC transport costs and safety and security issues. In FY17, 304 Telemed appointments were completed.
- 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 (Eplclusa 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 \$50,000 using 340b pricing.
- During FY 2017, CMHC had a total of 28 patients approved for Hepatitis C treatment. In addition, another 15 patients came into the jails on Hepatitis C treatment and were continued. Total cost for Hepatitis C treatment exceeded 2 million dollars.
- CMHC provides onsite hemodialysis to inmates. There are currently 10 inmates receiving treatment. Necessary treatment costs are approximately \$50,000 per patient per year.
- Chronic disease guidelines assist with consistency of care.
- Five facilities have on-site infirmaries, which provide acute care services such as post-operative care, IV fluids and medications and wound care.

## **Hospital Based Care**

- Evaluation and management of emergent medical situations is done at the closest acute care hospital to an inmate's correctional facility. When emergency care is not provided by UConn John Dempsey Hospital (JDH), following stabilization inmates may be transferred to JDH for continuity of acute and follow-up care. These transfers are accommodated at any hour and any day of the week. 2,018 Emergency Room visits were completed last year throughout the state.
- Acute inpatient services are primarily provided at a dedicated 10-bed unit within JDH. The average daily census for FY17 was 4.
- Outpatient services for inmates requiring specialty services outside of CDOC facilities are also provided at JDH. Specialty services include cardiology, pulmonology, endocrinology, neurology, rheumatology, urology, orthopedics, general surgery, neurosurgery, interventional radiology, hematology, oncology, radiation oncology, physical therapy, occupational therapy, speech therapy, dermatology, gastroenterology, urology, nephrology, ophthalmology, ENT and oral maxiofacial surgery.
- In an average month, in FY17 CMHC completes 411 specialty provider appointments at JDH to an average of 390 inmates.
- Diagnostic tests and procedures provided at JDH, other hospitals and outside of CDOC facilities include MRIs, CTs, ultrasounds, cardiac catheterizations, bronchoscopies, biopsies, endoscopies, colonoscopies, chemotherapy and radiation therapy totaling 5,909 procedures completed at JDH last year.
- Outpatient surgeries including orthopedic surgeries. General surgeries such as hernia repairs, cardiovascular procedures including angioplasty and stent placement, pacemaker insertion/replacement, are also provided at JDH.

## **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, Utilization Review Case Manager, Mental Health Nurse, Nurse Educator and HIV Screener.

- In FY17, CMHC employed approximately 23 Advanced Practice Registered Nurses, 196 Registered Nurses, 116 Licensed Practical Nurses, 19 Nursing Supervisors, and approximately 91 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.
- In preparation for the electronic health record, nursing staff participated in multiple business categories and led the business categories for Med Pass, Nursing and Sick Call.

- CMHC nurses assist in training and supervision of inmates admitted to the Inmate Certified Nursing Assistant (CNA) Program In collaboration with the CDOC, CMHC Nursing, and Education and Training.
- The 2017 CMHC Director of Nursing Award for Excellence in Nursing was awarded to Shaina Jones RN, Sean MacRae Nursing Supervisor, Candace Pettigrew RN Nurse Education & Development Specialist, and Tiffany Dyke 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, 17 Psychologists, 16 Mental Health Nurse Practitioners, 65 Social Workers, and 24 Professional Counselors (as of June 2017).
- 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.
- Complete suicide assessments are done for every first-time admission and for every related referral.
- The active mental health caseload represents approximately 23.98% of the inmate population, about 3,447 unique individuals.
- Every inmate receiving mental health services has an individualized treatment plan.
- 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.
- The mental health division expanded the CMHC website for sex offender treatment and for psychological testing as a resource for clinical staff.

In FY17, there were 179,053 visits to social workers and psychologists including 16,967 suicide risk assessments. In addition, there were 18,781 visits to psychiatrists and 18,918 visits to Advanced Practice Registered Nurses.

- 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 2017 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, Mental Health expanded the 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, 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 2017, 1,261 inmates (approximately 11% of the total population) were treated by CMHC staff.

- Dental Services include routine exams, x-rays, dentures, restoration, select root canals and oral surgery.
- During FY 17, CMHC continued to use a dental hygienist in 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 continues successfully.
- FY 2017 was the second year of correctional externships for the dental assisting students, and third for hygiene students from Tunxis Community College. Our first Tufts externship begins in November with another in March.

In FY17, 13 dentists and 13 dental assistants performed 14,743 assessments, and conducted 14,568 procedures.

### **Adolescent Services**

CDOC on July 1, 2017 housed 51 adolescents under the age of 18 at Manson Youth Institution and 1 adolescent under the age of 18 at York Correctional Institution.

- In FY17, CMHC, in partnership with CDOC, the Office of the Child Advocate, and the Department of Children and Families, work to improve youthful offender's 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

During FY '17, 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 94%.

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. Youth are routinely interviewed at the multidisciplinary meetings to facilitate feedback and to ensure that their needs are being met.

- CMHC, in collaboration with the Department of Public Health and CDOC, continues with routine screening for sexually transmitted diseases at Manson Youth Institution.

### **Pharmacy Operations**

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

- More than 14,389 clinical interventions were documented for the year.
- Over 176,308 doses of medication were recycled saving over \$543,671 from the recycling of unused medications.
- The CMHC pharmacy continued its pharmacy residency program with two PGY1 residents (postgraduate year one).
- 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. This program will expand to Carl Robinson this fall.

During FY17, the average percentage of patients receiving antiviral therapy and incarcerated  $\geq 6$  months who achieved viral suppression was 92%.

CMHC dispensed and nurses administered/delivered over 12 million doses of medication during FY 2017 at a cost of \$14.2 million dollars. A statewide system of Pyxis 4000/was upgraded to Pyxis ES/Connect equipment and with three Automed pharmacy robots supports the pharmacy team.

### **Quality and Resource Management (QRM)**

The Quality and Resource Management (QRM) department is comprised 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).

## **QRM CQI**

- QI data is collected, analyzed and presented at quarterly system-wide Functional Unit and Central QI committee meetings, highlighting areas of needed improvement. These are reviewed as well of areas of achievement. Clinical data and system-wide and facility based opportunities for improvement are reviewed, with corrective action implemented as needed.
- CMHC QRM collaborates with CMHC Clinical 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 CDOC 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, with an emphasis on system-wide 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 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, CDOC Health Services and CMHC Clinical 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.
- Training is provided for all new health services staff.
- Education and Training has collaborated with Nursing Services in providing an expanded nursing orientation and onboarding processes to new nurse hires.
- 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/web-based education 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.
- Education and Training offers professional continuing education credits for Physicians, Nurses, Social Workers and Professional Counselors.

### **Community Transition**

Approximately 23,500 people return to Connecticut communities from CDOC facilities annually. With a goal of maintaining health and reducing re-incarceration, eight discharge planners and one clinical program manager 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. Discharge planners continue to identify appropriate candidates for specialized long-term care at the 60 West skilled nursing home.

In a typical month, discharge planners arrange over 200 community appointments, submit 311 Access Health applications, arrange for 1045 discharge medication orders and hold approximately 500 planning meetings with soon-to-be-released inmates.

During FY16, approximately 145 students, interns, and other clinical trainees were sponsored by CMHC.

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

- In collaboration with CSSD, CMHC continues to participate in auditing and ensuring compliance with NCCHC accreditation standards at the state operated detention facilities.
- CMHC, in collaboration with CSSD, continues 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 continues 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 and ongoing improvements to an electronic health record utilized in the CSSD Juvenile Residential Services facilities.
- 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 were 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, reviews of compliance with PREA training standards for health care contractors, 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.

#### **Organizational Structure - Clinical Oversight**

- *Interim Director of Medical Services*, Monica Farinella, DO, is responsible for oversight of general medical services and program management, infectious disease management and Medical Pharmacy and Therapeutics (P&T) Committee. Dr. Farinella 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. Dr. Farinella also chairs the Medical Pharmacy & Therapeutics Committee.
- *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, is a member of the UConn Health Executive Policy Committee and oversees CMHC NCCHC Accreditation for York CI.
- *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**

- *Interim Executive Director and Director of Administrative Services*, Gail Johnson, MBA is responsible for overall integration of care and care delivery, assuring that CMHC is in compliance with the Memorandum of Agreement with the CDOC. Along with her Interim Executive role, Ms. Johnson is also 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 responsive, accountable, and end-user friendly. Gail Johnson also oversees community transitional services, headed by Lynne Neff, RN, BSN, whose staff of 8 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 statewide. 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. He works in close collaboration with the technical staff 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.
- **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.

- Labor Management- HSA and Clinical Leads took an active role in staff investigations given a change in the UConn Health HR management structure.

### **Financial Performance**

- The overall budget for FY17 was \$82.7 million, a \$3.9 million reduction from FY16. The budget was achieved primarily due to lower staffing cost.
- Staffing reductions/adjustments were made in late FY16 and over the summer of FY17 to reduce expenses. In addition, turnover at some senior administrative positions in the second half of the year reduced salary expenses. These reductions were offset by a significant increase in pharmaceutical costs.
- 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 2017 were approximately \$3.2 million and remained unchanged from the prior year. Overtime costs have been reduced overall since FY07 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 increased by about \$2.0 million from FY16. Increase in patients approved for Hepatitis C treatment, changes in HIV medications as well as an increase in expensive biological and specialty medications were the major factors in the increased costs. Pharmaceutical costs now account for about 17% of the total expenses.

### **Information Technology**

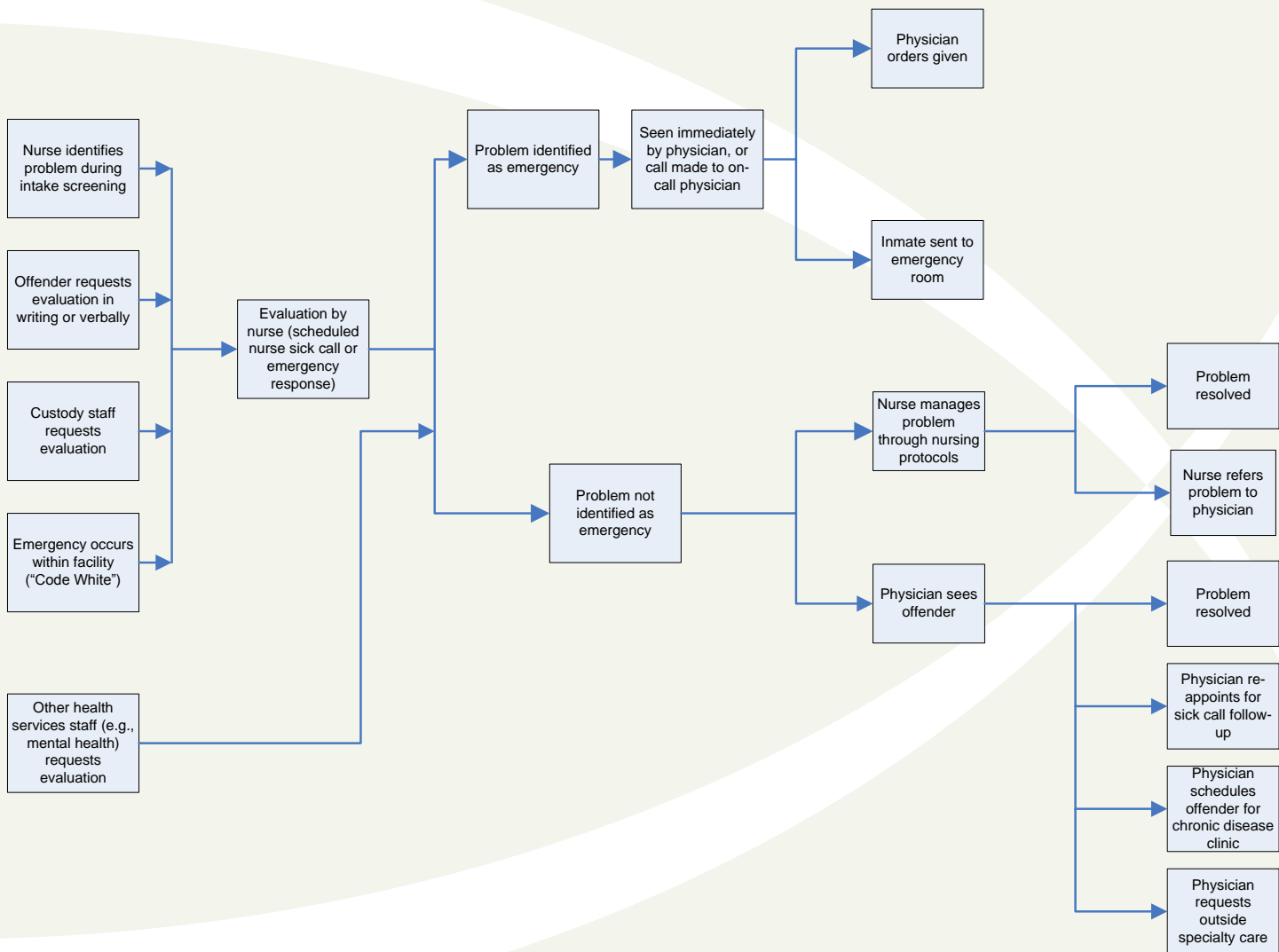
- Work continues in advance of the planned deployment of the GE Centricity – Electric Health Record (EHR) in spring 2018. This work includes:
  - Upgrade of the network infrastructure in all facilities (switching equipment, bandwidth capacity) along with increasing the number of available data ports to accommodate for additional drops in areas where medical/mental health services are provided, yet no network access currently exists.
  - Finalizing the business requirements and system workflow for all disciplines and functional practices (medication administration, sick call, etc.)
  - Work to ensure all relevant system interfaces will be seamless upon go-live.
  - Identification of locations and needed equipment (computers/laptops/printers/scanners) to provide the necessary end-user system access. Purchase and deployment to occur in fall 2017.
- In concert with CMHC Pharmacy:
  - Completed the Pyxis ES – Med Stations deployment, allowing for advanced quality control reporting and monitoring.
  - Completed a RFI-RFP-contracting process to select a vendor (Kalos) and product (CIPS) to replace the existing Pharmacy system. Project underway with a March 2018 go-live planned.

- In the summer of 2016, all older PC's were replaced, and all other machines were upgraded with enhanced RAM/Memory capacity. Additionally all of the 600+ PC's were re-imaged to include Microsoft 2016. These steps positioned CMHC such that all existing computing equipment meets or exceeds the EHR system requirements.
- Telehealth capacity was increased with the development of an additional 45 monitors/cameras in both Medical and Mental Health service areas.

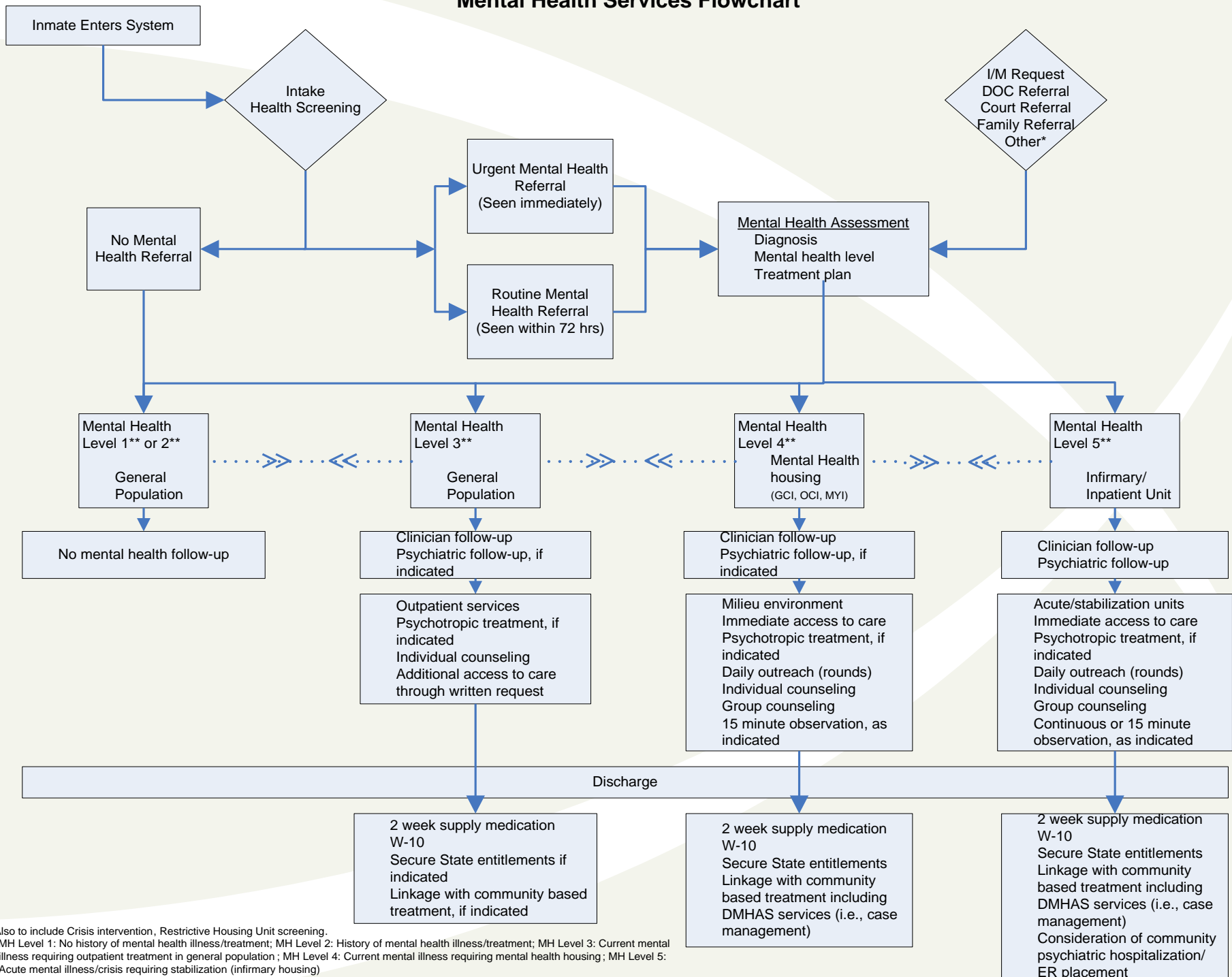
### **Collaborative Relationships**

- 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 monthly meetings with Secure Care Options (nursing home management), CDOC and CMHC.

## 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)